

# RAO Bulletin Update

## 1 December 2006

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**Editor's Note:** I will be flying back to the Philippines on 15 NOV and do not anticipate being back on line until 18 or 19 DEC. Request hold any questions or comments you have until that time.



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Courtesy of The Gamewardens of Vietnam [www.TF116.org](http://www.TF116.org)

### NORAD SANTA TRACKING:

The North American Aerospace Defense Command (NORAD) has launched its annual tracking of Saint Nick on his journey around the globe. On 19 NOV Norad's web site [www.noradsanta.org/index.php](http://www.noradsanta.org/index.php) dedicated to the annual event was activated. The site features interactive games as well as information describing how NORAD tracks the world's premier gift giver, officials say. On Christmas Eve beginning at 0200 MST (i.e. 0400 EST & 0900 Greenwich Mean Time) the site will feature a minute-by-minute update on Santa's travels. All information will be available in English, French, German, Italian, Japanese and Spanish. This is the 51st year NORAD has tracked Santa Claus. The program began in 1955 after a child in Colorado Springs, Colo., accidentally dialed NORAD's predecessor, the Continental Air Defense Command, and asked about Santa's whereabouts. The commander who answered the phone was happy to oblige. Last year, the Web site received more than 900 million hits from 204 countries and territories worldwide. The "NTS" operations center, staffed by some 550 volunteers, answered nearly 55,000 phone calls and nearly 98,000 e-mails, according to reports. Island Web Studios, America Online, Akami, Analytical Graphics, Globelink Language and Cultural Services, Qwest Communications, Verizon, and Microsoft Virtual Earth help to make the program possible, NORAD officials said. [Source: NavyTimes Staff report 16 Nov 06 ++]

### VETERANS IN OFFICE:

Despite heavy media attention on Iraq and Afghanistan war veterans running for office this year, the number of veterans in Congress actually has declined in the wake of the recent mid term elections. In the 110th Congress the House of Representatives will have eight fewer veterans and the Senate one fewer after winning, losing and retiring lawmakers are all counted, said Shawn Olds, executive director of the Veterans for National Service Foundation. "Veterans did not do well," Olds said. "Prior to the election, 25% of members of Congress had worn the uniform at some point in their life. When the new Congress sits, that number will be down to 23.5%." Hundreds of veterans talked about running for office in 2006 and more than 100 filed, Olds said. But in the end, 20 made it through the primaries and only a handful won. Three veterans ran for governor, including combat veteran Rep. Jim Gibbons (R-NV) a retired Air National Guard colonel who won his race bid. Regarding the remainder:

- The seven retirements include Navy combat veterans Reps. Henry Hyde, (R-IL) and Jim Kolbe, (R-AZ) both former officers with active and re serve service.
- One combat veteran, Rep. Randy "Duke" Cunningham(R-CA) resigned earlier this year after being convicted of bribery charges. Cunningham is a retired Navy commander and Vietnam War fighter pilot.
- Five veterans were defeated in their re-election bids. Rep. Joe Schwarz (R-MI) a Navy combat veteran who served in the 1960s, lost in the primary. Four others were defeated in the general election, including Marine veteran Sen. Conrad Burns (R-MT) and Rep. Rob Simmons (R-CT), a combat veteran and retired Army Reserve colonel.
- The only female veteran in Congress, Rep. Heather Wilson (R-NM) narrowly won her re-election bid.

The number of veterans in Congress has been declining since 1994, largely as a result of the retirements and deaths of World War II veterans. That year, 44% of members of Congress had served in the armed forces. Olds said veterans, especially military retirees, have problems running for the House. "They may not have spent much time in the district because their military duties have taken them around the world," he said. "They do not know the political game, and they



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don't have resources." The Veterans for National Service Foundation helps teach candidates about local politics, fundraising and other aspects of running for office, Olds said. [Source: NavyTimes Rick Maze article 14 Nov 06 ++]

#### **VA RETRO PAY PROJECT UPDATE 04:**

If a retiree was awarded an increase in their disability percentage retroactively during a period of entitlement to combat-related special compensation (CRSC) or concurrent retirement and disability payments (CRDP), they likely are entitled to retroactive pay. The Defense Finance and Accounting Service (DFAS) and the VA now are making retroactive payments for those entitled to them. For the oldest cases, data is needed back to 1 JUN 03 (CRSC) or 1 JAN 04 (CRDP). In many cases, missing data is provided through exchanges with the VA. Project teams at DFAS were working through a backlog of approximately 133,000 cases to date with nearly 2,000 new cases received each month. As DFAS or the VA obtains the necessary data, the retiree receives his or her retroactive CRDP or CRSC pay. Nearly 40,000 retroactive pay cases have been paid since 1 SEP 06. Of these, more than 25,000 were paid by the VA alone. Some cases involved payments from both DFAS and the VA. More than 9,795 cases resulted in no payment, as either DFAS or the VA determined no payment was due. Some cases could result in a finding of debt to the government. DFAS is automating the payment of retroactive cases and is working through collecting the data needed to clear each case. The simplest cases already have been paid. Cases that require additional data or correction will be next. Complicated cases that must be paid manually or need significant work will take more time. Complicating factors include a change in dependency finding, garnishment, former spouse issues, casualty or collection of an overpayment of retired pay. DFAS anticipates the backlog will be cleared by September 2007. [Source: MOAA News Exchange 21 Nov 06]

#### **VA RETRO PAY PROJECT UPDATE 05:**

Following are a number of Defense Finance and Accounting Service (DFAS) frequently asked questions and their answers regarding the retroactive payment of Combat-Related Special Compensation (CRSC) or Concurrent Retirement and Disability Pay (CRDP):

1. What do I need to do to receive my money? You do not have to do anything - no application is required. The Department of Veterans Affairs (DVA) is providing DFAS with eligible retirees' Social Security Numbers. Both organizations are working together to provide eligible retirees with their full entitlements to both DVA compensation and CRSC or CRDP.
2. When will I receive my payment? The DFAS is planning to pay the accounts with the oldest retroactive award dates first. They ask that you be patient with them during this time as the payments are calculated utilizing a manual process. The DFAS has however developed some automated tools to assist in computing the payment. Every effort is being made to pay as many accounts as rapidly as possible without sacrificing correctness. A letter will be sent out shortly before any payment is released.
3. Who will pay me the money I am owed? Any monies owed may be paid by either DVA or the DFAS depending on account specific calculations. Retirees may be eligible for payment from the DFAS as a restoration of retired pay and/or from DVA as a part of disability compensation. The letter you will receive will indicate which agency will be making the payment.
4. I am rated at 100% due to individual unemployability. Am I eligible for a retroactive payment? You can only receive a payment for 100%



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with individual unemployability if the award is applied retroactively by the DVA.

5. I disagree with my rating. What should I do? Disability percentages do not come from the DFAS. Disagreements in disability percentages should be directed to the DVA. You can contact the DVA by calling toll free 1(800) 827-1000.

6. How do I contact the DVA for the money they owe me? Questions regarding any monies due to you from the DVA can be directed to their toll free number 1(800) 827-1000.

7. I received a letter in the mail from the DFAS but I never received the payment. What do I do now? If the letter indicated the payment was from the DVA, contact them by calling their toll free number. If the payment was from the DFAS, your payment was sent to the same address designated for your regular monthly payments. If your payment is delivered via electronic fund transfer (EFT) and it has not posted to your financial institution contact the DFAS telephone number contained in the letter you received. If your regular monthly payments are delivered via hard copy checks, please allow for mail times. If it has been at least 10 days since you received your letter and you still do not have your paper check write a letter including name, SSN, address, missing payment type, date and amount. Fax the letter to (216) 522-5898 or mail to: DFAS Cleveland Attn: Non-Receipt Department P.O. Box 998005, Cleveland , OH 44199.

8. Will I receive a separate 1099R for this payment? No. If your payment was issued by the DFAS for an increase in CRDP as a result of a retro DVA award, the DFAS is responsible for withholding and reporting taxes on a Form 1099R. The taxable income will be included in your annual 1099R. If your payment is issued by the DVA, DFAS is not responsible for any tax reporting and will not issue an additional or revised Form 1099R.

9. Is the retroactive payment taxable? Only payments made by the DFAS for CRDP are taxed. They will be taxed at the same rate as your normal monthly payment. If the VA retro payment was made by the DVA, contact them using their toll free number for taxability information.

10. Is the retroactive VA award pay subject to garnishment, former spouse, etc ? If you receive CRSC, you are subject to alimony and child support. Since CRDP is a restoration of retired pay, the same rules that would apply to your retired pay would also apply here.

11. How can I contact the DFAS if I have questions? DFAS has established the following toll free number 1(877) 327-4457 which is operational 0800 to 1630 EST M-F to answer questions from CRSC and CRDP recipients who believe they may qualify.

[Source: [www.dod.mil/dfas/retiredpay/frequentlyaskedquestions/retroactivepaymentofcrscandorcrdpfaqs.html](http://www.dod.mil/dfas/retiredpay/frequentlyaskedquestions/retroactivepaymentofcrscandorcrdpfaqs.html) 25 Nov 06]

#### WAL-MART HOLIDAY GIVEAWAY:

Defense officials have nixed Operation Homefront's plans to partner with the Wal-Mart Foundation to bring truckloads of free toys and gift cards for families inside the gates of military bases. Operation Homefront is a nonprofit 501(c)3 organization which was founded after 911. It provides emergency assistance and morale to our troops, to the families they leave behind, and to wounded warriors when they return home. Their website is [www.operationhomefront.net](http://www.operationhomefront.net). Operation Homefront leads more than 2,500 volunteers in 26 chapters nationwide. Since its



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inception, it has provided critical assistance to more than 40,000 military families in need. Meredith Leyva, spokeswoman for Wal-Mart and founder of Operation Homefront, said that after defense officials interceded bases affected declined their offer to bring trucks onto bases for holiday activities between 22 NOV and 20 DEC. DoD's alleged concern was security and logistical issues involving bringing those trucks on base.

Officials in the military exchanges and the industry that sells products to the exchanges found out about the scheduled "Operation Christmas" events last week. Sources said members of both groups contacted lawmakers in Congress and defense officials, concerned that having a rival on post would detract from exchange sales. In the long term, the exchanges fear such arrangements would take away from the dividends that come from profits, and are provided to military bases for morale programs. Wal-Mart's plan to provide \$20,000 to each base through Operation Homefront for family and morale programs is now also in limbo. The status of that donation was unknown when this article was written and further information was not immediately available from Wal-Mart officials.

The impact of DoD's decision affects mostly service members and their families who are financially strapped. Many were counting on this additional holiday assistance.

Not to be dissuaded by DoD's decision, alternate plans have been initiated by Operation Homefront to hold the parties outside the gates and they are making plans for the locations to do that at. They are handling all of the logistics and planning and the Wal-Mart Foundation is providing the toys and trimmings and the trucks to get them there. Events are scheduled for off base communities near Scott Air Force Base, Ill.; Hampton Roads, Va.; MacDill Air Force Base, Fla.; Naval Construction Battalion Center Gulfport, Miss.; Randolph Air Force Base, Texas; and Fort Stewart, Ga. The first event was scheduled to be held near Scott AFB on 22 NOV. Wal-Mart, which has built a number of stores outside military bases around the country, is generally acknowledged as the biggest competitor of the exchanges for the business of the military community. Although per Wal-Mart policy there were no plans to sell items on the bases, their press release said a Toyland of the latest toys and electronic games would have been available for children of all ages to try out. Appearances by Santa Claus, food, music, and tree-trimming craft tables were also planned.

Wal-Mart is an official partner in the Defense Department's America Supports You program, and officials from that program were actively involved in this project. Leyva said, the original plan was to give \$200 Wal-Mart gift cards to the first 200 families through Operation Homefront but Defense Department attorneys said the store chain could give no more than a \$20 gift card under federal ethics rules. America Supports You officials suggested that Wal-Mart contact Operation Homefront for logistical help. Wal-Mart plans to contribute \$100,000 to Operation Homefront for the purchase of voice-activated laptop computers for injured troops. The giant discount store has also been a contributor to the military community in other ways, including funding of a project for children of military personnel through Sesame Workshop, the nonprofit organization behind Sesame Street.

[Source: NavyTimes Karen Jowers article 22 Nov 06 ++]

#### **VDBC UPDATE 08:**

The Veterans' Disability Benefits Commission is conducting a special survey of disabled veterans and a separate survey of survivors during the months of NOV 06 through APR 07. The purpose of these surveys is to ensure that a nationally representative sample of both groups is given the opportunity to share their views and experiences with the Commission and Congress. The surveys are being carried out by telephone interviews by ORC Macro, an independent research company that conducts surveys



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for the government and the private sector. Participants are contacted first in writing, followed by a phone call to either conduct the survey or arrange a more convenient time to talk. In some instances, participants may simply receive a phone call. The surveys ask questions about the individual's health status, life satisfaction, health care and employment. Participation in the survey is voluntary and extremely important because everyone selected to take part will help to give us a clearer picture of the effects of service-connected disability in the lives of veterans and survivors.

The Commission will use the survey results to develop its report and recommendations to Congress about benefits for service-disabled veterans and survivors. This final report will be available after OCT 07. If you are contacted and asked to participate: please do! You will be the voice for many other veterans or survivors like yourself. If you are not contacted, please note that our sample was drawn randomly to represent all disabled veterans and surviving spouses. Volunteers cannot be accepted for the survey because they must assure accurate representation of all disabled veterans and survivors. Adding volunteers would bias this representation. VDBC appreciates your time and values your input. If you have questions or concerns about these surveys you are requested to email them at [veterans@vetscommission.com](mailto:veterans@vetscommission.com). [Source: [www.vetscommission.org/displayContents.asp?id=3](http://www.vetscommission.org/displayContents.asp?id=3) Nov 06 ++]

#### VDBC UPDATE 09:

The 16 NOV 06 Veterans' Disability Benefits Commission (VDBC) hearing considered repeal of the law that reduces military SBP annuities by the amount of survivor benefits payable from the VA. Under current law, the surviving spouse of a retired member who dies of a service-connected cause is entitled to Dependency and Indemnity Compensation (DIC) from the VA. In the case of a military retiree enrolled in SBP, the surviving spouse's monthly SBP annuity is reduced by the amount of DIC – a little more than \$1,000 a month. This offset also affects many survivors of members killed on active duty – including all active duty deaths since 11 SEP 01. Most active duty deaths occur among relatively junior servicemembers, whose survivors are eligible for only modest SBP payments. That means most survivors of members killed on active duty lose most or all of their SBP benefit. Commission members didn't come to a consensus on the issue, so VDBC Chairman LTG Terry Scott, USA (Ret) tabled it asking the commission staff to provide additional information.

Commissioners then tackled several staff-developed topics to include VA claim-processing time limits, lump-sum payments, and resolution of pending claims that end with veteran's death. However, they came to a final decision on only one issue. The Commission unanimously agreed to eliminate from their final report any recommendation for a buy-out or lump-sum payments of VA disability compensation. CNA Corp., formerly known as the Center for Naval Analyses, was hired by this commission to study and report on the advantages and disadvantages of a lump-sum option for VA. CNA reviewed how an option might be designed, who should be eligible and what savings might be gained. To better understand the implications, CNA tracked how VA disabilities in the year 2000 changed over the next five years. CNA found that by 2005 almost no veteran saw his or her disability rating drop and only five percent of disabilities had a rating increase. The average increase was between 20 and 30 percentage points. Skin, hearing, sight, gynecological and lymphatic conditions showed the smallest rating changes, an average of less than two percent. Ratings for post-traumatic stress disorder rose sharply, with that average between 30 and 40 percentage points.

To estimate both near-term costs and long-term potential savings from use of lump-sum settlements, CNA assumed they would be offered only to veterans rated 10



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or 20 percent disabled and with conditions having no more than a two- percent probability of a rating increase over the next five years. Likely candidate conditions that fit the profile include tinnitus, thumb amputations, hypertension and scars on the face, neck or head. They calculated that offering lump sums to newly-rated veterans with these ratings and types of conditions would raise VA compensation costs by \$545 million in the first year. More surprisingly, the VA wouldn't break even and begin to see net savings from this change for 25 years. Their final report concluded:

- Veterans might view lump sums as more useful in transitioning to civilian life. They also might enjoy having a choice.
- Because lump sum recipients would have fewer interactions with VA, the timeliness of the VA claims process might improve.
- VA compensation costs, over time would fall because total dollars paid in lump sums would be a lot less than paid over a lifetime as monthly compensation. Compensation savings, in time, could be 10 to 20%.
- The VA would save on administrative costs. That would be especially true if veterans who accepted lump-sum payments were prohibited from applying for a "re-rating" as their disabilities worsened.
- Lump-sum settlements raise new worries about the welfare of veterans who accept such deals. Some would use lump-sum payments foolishly, placing their financial futures in greater jeopardy. Another issue is what these veterans can do if their disabilities worsened.

Finally, the Commission reported that three previously discussed issues (i.e line of duty, character of discharge, and concurrent receipt) are now undergoing legal and technical review: The Commission stated these issue papers are expected to be released in December and stakeholders, including military associations, will be allowed to provide comments in January 07. [Source: MOAA Leg Up & USDR Action Alert 22 & 23 Nov 06 ++]

#### **VA BUDGET 2007 UPDATE 07:**

Prior to Thanksgiving recess, the Senate passed a \$77.65 billion Military Construction and Veterans appropriations bill, an increase of nearly \$8.88 billion from last year. The bill (HR 5385) increases VA's funding by \$6.45 billion over last year's enacted level of \$77.9 billion.

Approximately half this increase in VA funding goes to medical services operations, including hospital staff personnel. The legislation includes an amendment Sen. Craig offered which will enable the Department of Veterans to spend up \$10 million on individual projects without having to seek specific Congressional authorization. The prior limit was \$7 million. Also under this bill, the U.S. Court of Appeals for Veterans Claims would receive nearly \$20 million for fiscal year 2007, a 6.4% increase over its 2006 appropriations. This level of funding would allow the Court to increase its staff, continue an electronic case-filing initiative, and continue studying the feasibility of constructing or obtaining a dedicated Veterans Courthouse and Justice Center.

Significant spending accounts include:

- Compensation and Pensions: Provides \$38.01 billion for compensation and pensions, which is \$4.11 billion above the FY06 enacted level.
- Medical



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Services: Provides \$28.69 billion for Medical Services, which is equal to the Administration's request and \$4.51 billion above the FY06 enacted level.

- Readjustment Benefits: Provides \$3.26 billion for Readjustment Benefits, which fully funds the Bush Administration's request. The readjustment benefits appropriation finances the education and training of veterans and servicepersons whose initial entry on active duty took place on or after July 1, 1985.

- Veterans Housing: Provides \$196.7 million for the Veterans Housing Benefit Program Fund Program Account, which is \$132.1 million above the FY06 enacted level.

The bill also contains \$16.3 billion in funding for military construction. This amount includes funds for barracks, family housing units and rebasing efforts under military transformation and the most recent round of BRAC (Base Realignment and Closure). Before the vote, the White House issued a Statement of Administration Policy urging the Senate to consider increasing co-payments and enrollment fees for higher-income, non-disabled veterans. The administration's advice, however, was rejected and the Senate passed the bill. To achieve the requested amount, the Senate appropriated \$795 million in direct funding to replace the President's request for new enrollment fees and increased copayments for prescription drugs, which the Senate denied. The VA spending bill still must be reconciled with the House version before it's completed. Until then, VA continues to operate under a continuing resolution at last year's lower enacted level. The House passed its version last May. [Source: NAUS Weekly Update 17 Nov 06 ++]

#### VA BUDGET 2007 UPDATE 08:

The Military Construction/VA Appropriations funding bill has been put on hold after being passed last week on the Senate floor. The bill contains funding for FY 2007 veterans medical care, benefits, research, facilities construction and maintenance, as well as military housing and funding for the defense health care system. The outcome means VA and DOD health care must continue to run on last year's inadequate funding levels. In a partisan maneuver Senators Tom Coburn (R-OK), Jim DeMint (R-SC), and Jeff Sessions (R-AL) with the blessing of the Republican Senate leadership, have held up the appointment of conferees effectively stopping the veteran's funding package dead in its tracks. The group of Republican senators apparently combined to halt assignment of Senate conferees because they feared that the conference will attract too many extraneous measures and become the vehicle for last-minute pork barrel spending. It's the type of thinking that comes as a result of a negligent Senate that failed to act on this critical spending bill or any of the others that fund the programs and policies of the federal government prior to the 1 OCT 06 start of the new fiscal year. Outgoing Senate Majority Leader Sen. Bill Frist (R-TN) has informed the 110th Congress Majority Leader Sen. Harry Reid (D-NV) that the Republican leadership plans to pass a stopgap spending measure (Continuing Resolution) that would last through JAN 07. The national commander of the nation's largest organization of combat veterans is furious that three Republican senators are holding hostage the passage of key fiscal year 2007 funding bills that prevent the federal government from improving upon the programs and services it provides to America's veterans, servicemembers and their families. Gary Kurpius, the commander-in-chief of the Veterans of Foreign Wars of the U.S., said the actions this week by Sens. Coburn, DeMint and Sessions were "nothing short of pure partisan politics and sheer arrogance towards the new Democrat-controlled 110th Congress." By holding up the process, the three senators are undercutting vital prosthetic and traumatic brain injury research for returning troops, delaying staffing increases and infrastructure improvements within the Department of Veterans Affairs, and exacerbating an already out of control VA backlog that



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exceeds 820,000 claims. The government's fiscal year began 1 OCT. Kurpius, a Vietnam veteran from Anchorage AK said, "There are 351,000 veterans in Oklahoma, 412,000 in South Carolina and 422,000 in Alabama who are going to be directly impacted by their senators who have put politics above their constituency. What occurred on 7 NOV was an exact reversal of what occurred in 1994 when Republicans swept control of both houses of Congress.

These three senators obviously forgot that it is the will of the people that keeps them in office, not their political party." Kurpius is now calling on all veterans and servicemembers to contact their U.S. senators to bring pressure upon Coburn, DeMint and Sessions before the 109th Congress adjourns next month. Those desiring to do so can reach their Senators via contact information provided at [www.senate.gov/general/contact\\_information/senators\\_cfm.cfm](http://www.senate.gov/general/contact_information/senators_cfm.cfm). [Source: VFW Legislative Alert 21 Nov 06 ++]

#### **COLA 2008:**

This week, the Bureau of Labor Statistics announced the October 2006 monthly Consumer Price Index (CPI), which is the metric used to calculate the annual cost-of-living adjustment (COLA) for military retired pay, VA disability compensation, survivor annuities, and Social Security. The Consumer Price Index indicates a downward start to a first quarter of the fiscal year by dropping 0.7% below the year's COLA base. The bulk of the downward fluctuation has been due to a 7.3% drop in energy prices. [Source: MOAA Leg Action Center Nov 06]

#### **DOD MENTAL HEALTH TASK FORCE:**

The Department of Defense (DoD) Task Force on Mental Health hosted an open meeting 21 NOV to hear concerns from San Francisco veterans, as well as local National Guard and Reserve members and families. The meeting was open to the public and provided an opportunity for all beneficiaries of DoD mental health care to share their experiences with Task Force members.

According to the Task Force co-chairs, members wanted to hear from beneficiaries about all aspects of mental health care, including access, quality, and even the stigma associated with seeking this care. They are also interested in understanding how deployments impact children and spouses, and about care received from civilian practitioners. Beneficiaries who did not wish to speak publicly or who were unable to attend the meeting can send their testimony or comments directly to [Cynthia.vaughan@us.army.mil](mailto:Cynthia.vaughan@us.army.mil). Comments should include the name, phone number, address and e-mail address of the writer. They will be forward directly to the Task Force members.

The Task Force was established at the direction of Congress and will submit a report to Secretary of Defense in May 2007 that will include an assessment of, and recommendations for improving the effectiveness of mental health services provided to service members. The Task Force consists of seven DoD members and seven non-DoD members. It is co-chaired by LTG Kevin Kiley, Army Surgeon General, and Dr. Shelley M. MacDermid, Associate Professor in the Department of Child Development and Family Studies, Purdue University and the Co-Director for the Military Family Research Institute at Purdue. The San Francisco meeting was the latest in a series of open events the Task Force sponsored on its visits to numerous installations, VA facilities, and communities worldwide. For more information on the Task Force, go to: <http://www.ha.osd.mil/afeb/mhtf/default.cfm>. [Source: NMFA Government & You E-News 15 Nov 06 ++]

#### **VETERANS BENEFITS ACT 2006:**

One of the first orders of business for the "lame duck" House of Representatives after its return to Washington this week



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was to pass a stripped-down veterans' benefits bill H.R.6314. The bill will be the final benefits bill passed this year, although Representative Steve Buyer (R-IN-04), the House Veterans' Affairs Committee chairman, issued a plea for the Senate to dust off some larger proposals. H.R. 6314 sponsored by Buyer, would prevent the cutoff of some current programs and provide a new education benefit to spouses of severely injured active-duty service members. It must now be considered by the Senate. The bill, approved by the House on a 393-0 vote, prevents a cutoff of rehabilitation programs for homeless and seriously mentally ill veterans as well as grants for veterans' programs. It also extends the VA advisory committee on homeless veterans and health care for veterans exposed to biological and chemical testing under Projects SHAD and 112 in the 1960s and '70s. There is one new benefit, which is built upon a current survivor benefit:

Spouses and children of service members who are permanently and totally disabled from service-connected causes would be allowed to use VA survivor education benefits while the member is still on active duty. Under current law, that is allowed only after the disabled service member is separated from active duty. One major holdup on veterans' bills has been the inability of Buyer and Sen. Larry Craig, R-Idaho, the Senate Veterans' Affairs Committee chairman, to reach a compromise on details. Several sticking points have emerged, including Craig's wish that the House change federal law to allow veterans to hire attorneys to represent them when filing benefits claims and Buyer's insistence on changes in information technology oversight within the VA. Senate committee aides have been working with Buyer's staff to try and write a compromise bill that would pass before the current session of Congress ends, but an agreement has proven elusive. Buyer's concern about hard work being in vain results from the fact that neither he nor Craig will be veterans' committee chairmen next year because Democrats won control of Congress in the Nov. 7 election. Sen. Daniel Akaka, D-Hawaii, was named Tuesday as Senate Veterans' Affairs Committee chairman. No chairman has been named for the House committee. [Source: ArmyTimes Rick Maze article 14 Nov 06 ++]

#### **VA PRESCRIPTIONS ID METHOD:**

The VA started putting the last 4 of the SSN on prescription labels in the 1970's as a way to identify the patient by asking the last name and last 4. This was not unique at a lot of places so they increased this to the last 6. Prior to 1984 SSNs were issued when requested with the result that number assignment was more random. Since 1984, SSNs are being issued at the Hospital at time of birth to allow entry into schools. This reduced the randomness of number assignment and if one knew the location of where a SSA holder was born it would be easier to pin down what number was assigned. When the issue of privacy first came up the VA Pharmacy Service checked with the VHA privacy officer and found that putting this limited amount of information was within the VA privacy rules plus it not violate HIPAA regulations either. However, identity theft is now a big issue with everyone going out and buying shredders and expressing their concerns. The VA is going to take a number of actions in the next few months to a final solution with the re-engineered pharmacy (PRE) software. The mail order pharmacy, which dispenses 80% of the prescriptions, will begin using the last 4 digits of the SSN in the near future. The current VISTA applications will be modified this summer and hopefully by the end of the fiscal year we will go back to the last 4 digits of the SSN. This will increase the number of potential combinations into the billions. In PRE, the VA will use the last name of the patient and the picture of the patient from the VIC card as the 2 identifiers for patient's pickup of prescriptions. This solution will not be available until the 2009-11 timeframe. [Source: NAUS Weekly Update 17 Nov 06 ++]

#### **HOUSEHOLD GOODS FRV:**

The fiscal 2007 defense authorization act requires the government to pay service members "full replacement value" (FRV) for damaged and lost household goods



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(HHG), but the new system may not kick in until March of 2008, the date set by the legislation. The Defense Department has been implementing "Families First," a program that will include a goal of FRV, but Families First has fallen behind schedule. Implementation of FRV could occur earlier but must begin by 2008. Under current law, when a household item is lost or destroyed, the service member receives a depreciated value of 5% to 10% per year since it was new, depending upon the item. The new FRV formula also will cover the full cost of repairs. Exceptions to FRV payments will be cars, motorcycles and boats. [Source: Armed Forces News 17 Nov 06]

#### **EYE EXAMS/GLASSES UPDATE 01:**

The Naval Ophthalmic Support and Training Command (NOSTRA) introduced its latest "Frames of Choice" program, offering an additional six choices of civilian-style frames for active-duty Navy, Marine Corps and Coast Guard personnel 1 NOV 06. The new frames will be rolled out incrementally with availability depending on the service member's location. Military retirees are not eligible for the new frames under this program. Active-duty personnel or Reservists/Guardsmen serving on active duty more than 30 days may get frames of their choice by visiting their local optometry clinic or ordering on line at the Naval Ophthalmic Support and Training Activity Web site, <http://nostra.norfolk.navy.mil/sending.cfm>. A new Web site <http://nostra.norfolk.navy.mil> will be up by Nov. 30. An order form (DD771) and instructions on how to complete the form are at the Web sites.

Tricare Standard/Extra and Medicare for non-active duty and dependents does not cover routine eye exams and most eyeglasses. However, care not considered routine such as cataracts or an eye injury is covered. Additional eye exams are authorized under the Well-Baby and Well-Child care benefit. Under the Clinical Preventive Services of Tricare Prime a comprehensive eye exam is allowed every two years without a co-pay for all Prime enrollees ages 3 to 64. TRICARE Prime enrollees who are diabetic are allowed an annual comprehensive eye examination. Medicare and Tricare will pick up their share of the bill if a patient has a disease impacting on the eyes. Glaucoma, cataracts, torn retinas, the variety of eye disorders related to diabetics, etc. would apply. If you report to your doctor or ophthalmologist that you are having a problem with your eyes and that you are not there for a routine or annual exam you/they should be able to submit the claim. It is advisable that you first check with the doctor/nurse to see if the exam qualifies for Medicare/Tricare reimbursement. If they indicate it will not, call your Medicare office or Regional Tricare contractor and ask why not. Inconsistent interpretations by providers and payers of claims regarding the regulations do occur. If the claim is filed and is not honored you can request a review.

If you are rated 10% disabled or more by the VA you can get one pair of free prescription glasses a year from the VA even if the eye glasses are not for a service connected disability. This does not apply overseas. If you are a 100% disabled veteran who lives more than 100 miles from the nearest VA medical care facility in the states you may be eligible for local eye care through their Fee Basis Care program. Check with them to see if you can apply for a fee basis card to meet your dental, eye care, eyeglass needs up to a specified amount paid for by the VA to local participating providers.

If you are a retiree check out your local military treatment facility MTF if given a new prescription in the course of your visit. They will fill optical prescriptions for retirees, subject to local capacity and funding. Retirees can obtain eyeglasses from DoD by mail without an examination by a military optometrist. Have your civilian optometrist complete and sign DD Form 771 and mail to NOSTRA/NWS, PO Box 350, Yorktown VA 23690-0350. This form can be obtained from your local RAO or downloaded in PDF fillable format at <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd0771.pdf>. Glasses provided will be standard brown frame and are only authorized for the retiree, not dependents. [Source: Armed Forces News 17 Nov 06 ++]



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**CANCER PREVENTION:**

The American Cancer Society (ACS) has updated its nutrition and physical activity guidelines for individual actions to reduce the incidence of cancer. The recommendations are consistent with the American Heart Association and American Diabetes Association guidelines for preventing coronary heart disease and diabetes, as well as for general health promotion as intended by the Department of Health and Human Services' 2005 Dietary Guidelines for Americans. The ACS recommendations to reduce risk are:

1. Maintain a healthy weight throughout life.

- \*\* Balance caloric intake with physical activity.
- \*\* Avoid excessive weight gain throughout the life cycle.
- \*\* Achieve and maintain a healthy weight if currently overweight or obese.

2. Adopt a physically active lifestyle.

- \*\* Adults: engage in at least 30 minutes of moderate to vigorous physical activity, above usual activities, on 5 or more days of the week. Forty-five to 60 minutes of intentional physical activity are preferable.
- \*\* Children and adolescents: engage in at least 60 minutes per day of moderate to vigorous physical activity at least 5 days per week.

3. Consume a healthy diet, with an emphasis on plant sources.

- \*\* Choose foods and beverages in amounts that help achieve and maintain a healthy weight.
- \*\* Eat five or more servings of a variety of vegetables and fruits each day.
- \*\* Choose whole grains in preference to processed (refined) grains.
- \*\* Limit consumption of processed and red meats.

4. If you drink alcoholic beverages, limit consumption.

- \*\* Drink no more than one drink per day for women or two per day for men.

[Source: Consumer Health Digest 17 October 06]

**CANCER PREVENTION UPDATE 01:**

Because people are interested in the relationship that specific foods, nutrients, or lifestyle factors have to specific cancers, research on health behaviors and cancer risk is often widely publicized. Health professionals who counsel patients should emphasize that no one study provides the last word on any subject, and that individual news reports may overemphasize what appear to be contradictory or conflicting results. In brief news stories, reporters cannot always put new research findings in their proper context. The best advice about diet and physical activity is that it is rarely, if ever, advisable to change diet or activity levels based on a single study or news report. Diet has an impact on the cause and degree



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of risk in getting cancer.

Information on the use of dietary supplements, foods, food substances, and herbal products can be found at on the American Cancer Society (ACS) website <http://caonline.amcancersoc.org/cgi/content/short/56/5/254>. Here you can find the latest authoritative answers to the following:

Does ingesting alcohol, aspartame, coffee, fluorides, food additives, irradiated foods, pesticides in foods saccharin, salt, and/or sugar cause or increase cancer risk?

What are antioxidants, and what do they have to do with cancer?

Does beta carotene reduce cancer risk?

What are bioengineered foods, and are they safe?

Is calcium related to cancer?

Does cholesterol in the diet increase cancer risk?

Will eating less fat lower cancer risk?

What is dietary fiber, and can it prevent cancer?

Does eating fish protect against cancer?

What is folate, and can it prevent cancer?

Can garlic prevent cancer?

If our genes determine cancer risk, how can diet help prevent cancer?

Will lycopene reduce cancer risk?

Should you avoid processed meats?

How does cooking meat affect cancer risk?

Does being overweight increase cancer risk?

Does olive oil affect cancer risk?

Are foods labeled organic more effective in lowering cancer risk?

Will increasing physical activity lower cancer risk?

What are phytochemicals, and do they reduce cancer risk?

What is selenium, and can it reduce cancer risk?

Can soy-based foods reduce cancer risk?

Can nutritional supplements lower cancer risk?

Can you get the nutritional equivalent of vegetables and fruits in a pill?



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Can drinking tea reduce cancer risk?

Do trans-saturated fats increase cancer risk?

Will eating vegetables and fruits lower cancer risk?

What are cruciferous vegetables, and are they important in cancer prevention?

Is there a difference in the nutritional value of fresh, frozen, and canned vegetables and fruits?

Does cooking affect the nutritional value of vegetables?

Should you be juicing your vegetables and fruits?

Do vegetarian diets reduce cancer risk?

Does vitamin A, C, D, or E lower cancer risk?

How much water and other fluids should you drink?

[Source: <http://caonline.amcancersoc.org/cgi/content/short/56/5/254> Oct 06]

#### **VA REGISTRIES UPDATE 03:**

One way VA tracks the special health concerns of veterans is with their Health Registries. All eligible veterans who want to be included in VA registries can get a health registry examination at most VA facilities and performed by a VA Environmental Health (EH) Clinician. Health examinations by a private physician may also be accepted as long as the VA registry examination protocol is followed. Most VA facilities have EH Coordinators assigned to assist veterans in obtaining health registry examinations. Contact the EH Coordinator at the nearest VA facility to request the registry examination in which you are interested. The names and telephone numbers of these EH Coordinators are listed on the Environmental Agents Service (EAS) Web site [www.VA.gov/EnvironAgents](http://www.VA.gov/EnvironAgents). Another resource is VA's toll-free special health issues helpline 1(800) 749-8387.

A health registry examination is not a claim, nor is it required, for VA benefits or compensation. It is a personalized and comprehensive examination which includes blood work, urinalysis, and, where medically indicated, a chest x-ray and EKG with answers to questions relating to any environmental exposures.

The results of the health registry examination are maintained in the veteran's medical record. This health registry exam provides an opportunity to enroll in the VA healthcare system but is not a prerequisite to submit a claim. This exam is available to all eligible veterans with no co-payment requirement. The demographic information (personal details), exposures, reported symptoms and diagnoses are all included in a computerized index or list of veterans located at the Austin Automation Center in Austin, TX. To learn more about these special programs refer to [www.va.gov/EnvironAgents](http://www.va.gov/EnvironAgents) VA has the following registries for which the number of vets who have been examined is indicated in parenthesis:

- Agent Orange for Vietnam veterans and others exposed to Agent Orange and other herbicides used in Vietnam and other military locations. (403,046)

- Gulf War/Operation Iraqi Freedom (OIF) for veterans of the 1991 Gulf War or who served in OIF. (95,899)



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- Depleted Uranium (DU) for veterans possibly exposed to DU. (557)
- Ionizing Radiation for veterans who participated in nuclear tests, the occupation of Nagasaki/Hiroshima, Japan and other radiation-risk activities or who received nasopharyngeal (NP) (nose and throat) radium irradiation treatments. (23,541)

Eligible veterans may receive follow-up (2nd, 3rd, etc.) registry examinations based on any new health problems they may develop. VA can only provide health care to veterans; hence, family members are not eligible for a health registry examination. Enrollee's automatically receive or have access to VA's newsletters with updates or special information on health care and other benefits for them. [Source: eVeteran News 31 Oct 06 ++]

#### **VA REGISTRIES UPDATE 04:**

Following are the prerequisites for enrollment in the VA Registry program:

1. Agent Orange Registry is open to:

- Any U.S. male or female Vietnam era veteran who served in the Republic of Vietnam between 1962 and 1975, regardless of length of service (i.e., 1 hour, 1 day, 1 month, 1 year, etc.). Verification of service during the Vietnam era is required.
- Any U.S. veteran who served in Korea during 1968 or 1969.
- Any U.S. veteran who may have been exposed to dioxin, or other toxic substance in a herbicide or defoliant, during the conduct of, or as a result of, the testing, transporting or spraying of herbicides for military purposes.

Note: The Department of Defense (DoD) has provided a list (about 75% complete) of locations and dates where herbicides, including Agent Orange, were used. For those sites that are not listed, Vietnam vets should provide some proof of exposure to be able to obtain a registry examination.

2. Gulf War Registry is open to:

- Iraqi Freedom. Any veteran who served on active military duty in southwest Asia during the Gulf War which began in 1990, and continues to the present including operation Iraqi freedom.
- Those who served in the following areas are eligible for the lab test that measures Du in urine: Iraq, the Neutral Zone (between Iraq and Saudi Arabia), Saudi Arabia, Kuwait, Qatar, The United Arab Emirates, Oman, Gulf of Oman, Gulf of Aden, or waters of the Persian Gulf, Arabian Sea and Red Sea.

3. Depleted Uranium Registry is open to veterans who are identified by DoD because of possible DU exposure during military activities in the 1991 Gulf War, Bosnia, Operation Iraqi Freedom, or Operation Enduring Freedom. Veterans who came to VA because they are concerned about potential exposure to DU, are offered a Depleted Uranium evaluation. For more information refer to [www.VA.gov/enviroAgents](http://www.VA.gov/enviroAgents)

4. Ionizing Radiation Registry is open to:

- On site participants of tests involving the atmospheric detonation of a nuclear device, whether or not the testing nation was the United States.



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- Participants in the occupation of Hiroshima or Nagasaki from 6 AUG 45, through 1 JUL 46.
- Internees as POWs in Japan or service on active duty in Japan immediately following such internment during World War II which the Secretary of Veteran Affairs determines resulted in an opportunity for exposure to ionizing radiation comparable to that of veterans involved in the occupation of Hiroshima or Nagasaki.
- Service at Department of Energy gaseous diffusion plants at Paducah, KY, Portsmouth, OH, or the K25 area at Oak Ridge, TN, for at least 250 days before 1 FEB 92, if the veteran was monitored for each of the 250 days using dosimetry badges to monitor radiation to external body parts or if the veteran served for at least 250 days in a position that had exposures comparable to a job that was monitored using dosimetry badges;
- Service at Longshot, Milrow or Cannikin underground nuclear tests at Amchitka Island, AK, before 1 JAN 74.
- Veterans who received nasopharyngeal (NP) nose and throat radium irradiation treatments while in the active military, naval, or air service who are concerned about possible adverse effects of their NP radium treatments [Source: eVeteran News 31 Oct 06 ++]

#### **MARINE CORPS MUSEUM:**

Located in the Jacksonville Lejeune Memorial Gardens, the Marine Corps Museum of the Carolinas is slated to open late 2009. It will display the history of the Marines and the surrounding communities of North and South Carolina from 1941 into the future. The preliminary plans display a 40,000 square foot building with two floors consisting of three major exhibit galleries, which will be comprised of 8 to 10 subjects of interest and a great hall. Museum development will accommodate a wide audience. Chief patrons will be military personnel and their families, young Marine trainees, retired and former Marines and Sailors. Military reunions will be a significant audience for the museum and research center. Local civilians are anticipated to be a core visitor group, from school age on up. Organized tours, both military and civilian, along with general tourists, history buffs, and collectors, will be drawn to this venue.

The museum will contain displays illustrating the founding of each Carolina base, profiling the families whose land formed the bases. In addition, it will display World War II activities, including the training of the First Marine Division at Camp Lejeune. World War II exhibits will showcase the unique Marine Corps training that occurred in North Carolina, including the Women Marines, African American Marines, and the War Dogs. The heart of the museum will be II Marine Expeditionary Force and its elements which include the Second Marine Division, the Second Marine Aircraft Wing, the Second Force Service Support Group and the bases and their histories. The facility will also have a Hall of Honor designed as a place to recognize, honor, and reflect upon individual achievements and sacrifices of the Carolina Marines. Visitors can access information about these exemplary Marines through computers linked to a database of images, video footage, audio interviews, and written content about each honoree. The Museum is currently accepting donations which can be made online. For more information, visit the Museum's website at <http://www.mcmuseum.com> or call 910-937-0033. [Source: Veteran's Report 23 Oct 06 ++]

#### **CERTIFICATE OF CREDITABLE COVERAGE:**

A certificate of creditable coverage is a document that shows your prior health care coverage. This certificate usually reduces how



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long a health care plan may exclude you from coverage for a pre-existing health condition. For former Tricare beneficiaries, the certificate shows a new employer insurance company that you had previous Tricare health care coverage, for the period noted on the certificate. The Health Insurance and Portability Act (HIPAA) requires Tricare to issue you a Certificate of Creditable Coverage if you lose Tricare eligibility. Thus, If Tricare covered you before you lost your eligibility, even when you were an active duty member separating from the service, you are entitled to a certificate of creditable coverage. Retirees do not get a certificate because they do not lose their eligibility Tricare eligibility. If needed, they must request one in writing. Tricare issues certificates when:

- The sponsor separates from active duty; the certificate lists all eligible family members.
- A member of the National Guard or Reserves demobilizes; the certificate lists all eligible family members.
- A dependent child (age 21, or 23 if a full-time student) loses eligibility; Tricare will issue a certificate to a dependent child.
- A former spouse loses eligibility after divorce.

A certificate reflects each period of continuous Tricare coverage that occurred within the 24 months before you lost eligibility. It identifies the sponsor's or family member's name for whom it is issued, the dates Tricare coverage began and ended, and the certificate issue date. If you are a former Tricare beneficiary who purchases or is offered health care coverage, the other insurance plan may require you to present a certificate of creditable coverage. For example, if you leave active duty and seek a job with a civilian employer, the new employer may require a certificate for reducing the time the new health plan may keep you from receiving health care for a preexisting condition.

All certificates are issued by the Defense Manpower Data Center Support Office (DSO), which manages the Defense Enrollment Eligibility Reporting System (DEERS). Anyone can request one in writing and it will be provided at no charge. To do so send the request to: Defense Manpower Data Center Support Office (DSO), Attn: Certificate of Creditable Coverage, 400 Gigling Road, Seaside, CA 93955-6771. The request must include the following:

- Sponsor's name and Social Security number
- Name of person for whom the certificate is requested.
- Reason for the request.
- Name and address to whom and where the certificate should be sent.
- Signature of the requester

If you urgently need a certificate of creditable Coverage, you may fax your request to the DSO at (831) 655-8317 or request that DSO fax it to a particular number. For questions about the certificate of creditable coverage, sponsors and family members may contact DSO at (800) 538-9552. For TTY/TDD, dial (866) 363-2883. You may also send questions via e-mail to the TRICARE Management Activity HIPAA Program Office at [hipaamail@tma.osd.mil](mailto:hipaamail@tma.osd.mil). Additional HIPAA information is available on the TRICARE Web site at [www.tricare.osd.mil/certificate/index.cfm](http://www.tricare.osd.mil/certificate/index.cfm). [Source: Tricare Fact Sheet 2 Nov 06  
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### **TRICARE WEBSITE:**

The Department of Defense launched TRICARE.mil as the official website site for all TRICARE information on 10 NOV 06. Beneficiaries can now go to one site to look up benefit information, schedule an appointment or track claims. Everything's in one place making the site easier to use. TRICARE.mil comprises five main content areas:

- My Health (TRICARE Online) - personal health information and online appointment scheduling for TRICARE Prime enrollees;
- My Benefit - TRICARE benefit information;
- MHS Staff - resources for Military Health System staff members;
- TRICARE Providers - information for TRICARE network providers; and
- The Pressroom - the latest news about TRICARE and the military health system.

In the next phase of website improvements, beneficiaries will be able to enter their profile and receive benefit information tailored to them. TRICARE expects this feature to be available next year. [Source: FRA News Bytes 3 Nov 06]

### **TRICARE PROVIDERS:**

A provider is an individual, supplier, or institution that delivers health services, supplies, or equipment. For example, doctors, hospitals and ambulance companies are providers. Tricare authorizes providers, suppliers and institutions. Most hospitals and many doctors are Tricare-authorized (check with them to be sure). For other types of providers, check with your regional contractor, beneficiary counseling and assistance coordinator or Tricare Service Center before getting care. You can locate a Tricare-authorized provider at [www.tricare.osd.mil/ProviderDirectory/](http://www.tricare.osd.mil/ProviderDirectory/). Tricare issues authorized providers a number, which allows them to file Tricare claims for services they deliver to you. Generally, Tricare doesn't authorize active duty service members and federal government civilian employees to be providers.

Tricare-Authorized Providers must have a state license, a national organization accreditation (if needed) and meet other medical community standards. They must also be listed as an individual provider or institution, as described below: A Medicare-certified provider is considered a Tricare-authorized provider. Tricare authorized providers are categorized as:

- Individual Providers who include, but are not limited to attending physicians, Certified nurse practitioners, Clinical nurse specialists (if state-approved), Certified psychiatric nurse specialists, Christian Science Practitioners and nurses (listed in the Christian Science Journal), Dentists (DDSs or DMDs), most clinical psychologists (with Ph.D.s or Psy.D.s), Physician assistants, Podiatrists, Optometrists, independent laboratories, and medical equipment and supply firms. If you seek care from Audiologists, Mental health counselors, Occupational therapists, Pastoral counselors, Physical therapists, Registered nurses, or Speech therapists you must be referred by a physician, who must sign the claim form for Tricare to pay for part of the covered services.
- Institutions which include College or university infirmaries, Christian Science sanatoriums (if part of the First Church of Christ, Scientist), Hospitals, Skilled nursing facilities (not including retirement homes or



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homes for the aged or infirm, which Tricare doesn't cover), Tricare-approved ambulatory surgery centers, Tricare-approved birthing centers (separate approval is required for care at a birthing center, even if the center is otherwise a Tricare-authorized provider), Tricare-approved residential treatment centers for emotionally disturbed children and adolescents, and Tricare-approved special treatment centers such as drug and alcohol treatment centers.

Note: Check with the individual provider or institution, and your regional contractor, to see if it's Tricare-authorized. If it's not, Tricare cannot pay for the services.

Tricare Network Providers contract with the regional contractor to deliver health services, supplies or equipment for all Tricare beneficiaries, including those who are also Medicare eligible. Network providers accept Tricare-negotiated rates as full payment for services. They file claims and Tricare pays them directly. Non-Network Providers are Tricare authorized providers who have not contracted with the Tricare regional contractor. Ask your providers if they are authorized and if they will participate on the claim for your care. Non-Network Providers are subcategorized as:

- Participating Providers who will accept the Tricare allowable charge as full payment for services, including your cost share and deductible. Individual providers may participate on a case-by-case basis. Hospitals that participate in Medicare must participate in Tricare for inpatient care. For outpatient care, hospitals may participate on a case-by-case basis. A participating provider will normally file Tricare claims for you.

- Non-Participating Providers who will not accept the Tricare allowable charge as the full payment for services. They may charge you up to 15% above the Tricare-allowable charge for services, and you must pay the additional charges. A non-participating provider may or may not file Tricare claims for you. You may have to pay for the services first and file your own Tricare claim. Tricare will not reimburse you for charges exceeding the allowable charge.

If you get medical care from providers not authorized by Tricare, it is likely that you will be responsible for all billed charges. For more information, you refer to the TricareWeb site at [www.tricare.osd.mil](http://www.tricare.osd.mil). Individual providers, institutions, or suppliers interested in becoming Tricare-authorized should contact a regional contractor provider relations representative at one of the following:

- Tricare North Region: [www.healthnetfederalservices.com](http://www.healthnetfederalservices.com), 1(877) 874-2273.
- Tricare South Region: [www.humana-military.com](http://www.humana-military.com), 1(800) 444-5445.
- Tricare West Region: [www.triwest.com](http://www.triwest.com), 1(888) 874-9378.

[Source: TMA Fact sheet 23 Oct 06]

#### **VIRGINIA HIGH SCHOOL EXAM RECIPROCIITY:**

For many military families with school aged children, year end tests taken in one state under the No Child Left Behind (NCLB) requirements do not always count in the state of a new duty assignment. This issue becomes increasingly frustrating for high schools students who must pass certain exams in order to meet graduation requirements. Several years ago, on behalf of the 68,000 military connected students in the Hampton Roads area of Virginia, the Joint Military Services School Liaison Committee (JMSSLC) initiated discussions with state legislators, school district superintendents, and others, regarding granting credit for year end tests taken in other states under the NCLB requirements. The Virginia Board of Education and Virginia Department of Education



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administrators were briefed on the need for granting verified credits for high stakes testing reciprocity for mobile (military) students. With the support of many parties and organizations reciprocity is now a reality in Virginia. On 24 MAY 06 the Virginia Board of Education adopted revised Regulations Establishing Standards for Accrediting Public Schools in Virginia. This regulation became effective 7 SEP 06 and reads in part: "...to permit tests administered as a part of another state's accountability program to be approved as substitute tests..." For a complete text of the revised regulation go to: [www.doe.virginia.gov/VDOE/suptsmemos/2006/inf180.html](http://www.doe.virginia.gov/VDOE/suptsmemos/2006/inf180.html). [Source: NMFA Government & You E-News 15 Nov 06 ++]

#### INDIANA VET INITIATIVES:

Indiana Governor Mitch Daniels chose the Veterans' Day holiday to announce a set of initiatives designed to help the state's veterans and military families as a part of his 2007 legislative agenda. The governor's proposals include:

- Exempt all military pay earned while serving in combat theater from Indiana state income tax for all active duty, ational Guard, and Reserve personnel who file Indiana tax returns.
- Increase the maximum allowable state income tax deductions on military pay (including retirement pay and survivor's benefits) to \$5,000 per year for individuals and \$10,000 for couples filing jointly. The current allowable state income deduction on active or reserve military pay, retirement pay, or survivor's benefits is capped at \$2,000, or \$4,000 for a couple filing jointly.
- Provide state matching funds of up to \$350,000 annually for Indiana Military Families Relief Fund. This will dedicate state funds of up to \$350,000 to match all private contributions to the Indiana Military Families Relief Fund as well as revenue generated for the fund from the sale of Hoosier veteran specialty plates. Senate Enrolled Act 75, part of the governor's 2006 legislative agenda, established the fund, which provides grants for the families of Indiana Guard and Reserve members who have been called to active duty since 11 SEP 01.
- Extend delayed high school diploma program. Military veterans of the Korean and Vietnam wars who left high school before graduation to perform military service will now be eligible to receive a high school diploma. This program is currently available to the state's veterans of World War II.

Two other initiatives in the governor's agenda were developed in conjunction with the National Governor's Association and U.S. Department of Defense to work toward consistent and uniform policies to support members of the military and their families:

- Allow in-state tuition rates for out-of-state soldiers assigned to Indiana. This would allow service members and families assigned to Indiana to be immediately eligible for in-state tuition rates at state colleges and universities, and would enable children enrolled in Indiana institutions to continue paying in-state rates even if parents are transferred elsewhere.
- Establish a spouse employment program. This program will work with relevant professional licensing organizations to expedite the process through which military spouses must go to more efficiently transfer professional licenses such as teaching, nursing, real estate, and others to be recognized in Indiana from their previous states of residence.

The Indiana Department of



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Veterans Affairs (IDVA) estimates that there are currently 546,000 veterans in Indiana. Approximately 16,000 Indiana residents are currently on active duty, with an additional 4,000 reservists. Nearly 10,000 members of the Indiana National Guard have been deployed overseas since September 11, 2001, with an estimated 2,000 Guard members currently serving overseas. Since 2005, the governor has spearheaded a number of initiatives aimed to help Indiana's veterans and military families, including the creation of two veterans' specialty plates, restoring a fee remission program at state colleges and universities for disabled veterans, regardless of the extent of their disability, and a ban on protests within 200 yards of military funerals. (Source: Governor Mitch Daniels News Release 10 Nov 06 ++]

#### **FRAUDULENT ON BASE SALES UPDATE 01:**

Life insurance companies are being held accountable for their improper sales practices to military members. Four companies in the past three months have agreed to a multi-state settlement agreement after Texas Department of Insurance investigators uncovered a pattern of deception to young troops. Under the agreements, the companies will refund more than \$70 million to more than 93,000 consumers, including about 71,000 servicemembers, according to Texas Department of Insurance news releases. The first settlement, reached 3 AUG came after a 20-month investigation by Texas and Georgia, together with the U.S. Department of Justice and the U.S. Securities and Exchange Commission, into the sales practices of three Waco, Texas-based companies: American-Amicable Life Insurance Company of Texas, Pioneer American Insurance Company and Pioneer Security Life Insurance Company. State regulators and federal agencies claim that the life insurance companies targeted young recruits and misled them into believing they were buying an investment product.

The servicemembers were actually purchasing an expensive term-life product that was coupled with a side fund and called the "Wealth Builder" or "Horizon Life," according to the release. The second settlement, reached 17 OCT, involves the Boston Mutual Life Insurance Company. In 2004, TDI investigators learned that several Boston Mutual agents were soliciting and selling life insurance to low-ranking soldiers in the Fort Hood, Texas, area by misrepresenting the insurance as a savings or investment plan, said Jim Hurley, TDI spokesman. The activity led to the multi-state examination of the company's sales to military personnel. The company will refund a total of \$427,529.57 to 1,784 military members who bought life insurance policies between 1 JAN 02, and 30 APR 05. Hurley said The companies are notifying servicemembers with current or lapsed policies affected by the agreements. Consumers who feel they are affected but have not received notification can call the companies' consumer service center at (800) 736-7311. [Source: American Forces Press Service 27 Nov 06 ++]

#### **DAV TRANSPORTATION NETWORK:**

The DAV Transportation Network is the only way many veterans are able get to Department of Veterans Affairs (VA) medical facilities for needed treatment. Many of these veterans answered our country's call in times of war with resultant lost limbs, sight, hearing, or good health. And many live a great distance from a VA hospital. With fixed incomes, the cost of transportation to a VA hospital is just too high. They're left with two choices. They could go without the treatment they need, or skimp on food or other necessities to pay for transportation. Veterans disabled in our nation's service should never face such dire options. So DAV and Auxiliary volunteers respond, driving vets to and from VA hospitals and clinics at no charge. The network is administered by DAV Hospital Service Coordinators (HSCs) at the VA's 172 medical centers. The DAV has also donated vans, where needed, to make the program work.

All DAV van drivers are volunteers and do not receive payment for the services they provide. Across the



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nation, more than 196 HSCs operate more than 180 active programs at VA hospitals and outpatient clinics. These HSCs have recruited a corps of nearly 5,000 volunteer drivers whom they coordinate to provide transportation for veterans needing this service. Additionally DAV Departments and Chapters purchase and donate most of the vans to the VA medical facilities for use in the Transportation Network. DAV HSCs also help veterans file claims for VA benefits, and refer veterans to DAV National Service Officers for professional benefits assistance. If you or someone you know needs transportation, view the Hospital Services Information at [www.dav.org/volunteers/transportation\\_network.html](http://www.dav.org/volunteers/transportation_network.html). DAV is always in need of volunteers to participate in this program. Volunteers interested in becoming drivers must pass a physical examination and health screening administered at a VA Medical Center. Volunteers must show proof of a safe driving record, a valid driver's license, and current motor vehicle bodily-injury liability and property damage, and be willing to attend training. Those interested should contact the Voluntary Service Chief at their nearest VA Medical Center or call DAV Voluntary Services at (202) 554-3501, or make your desires known by contacting the DAV via [www.dav.org/feedback.asp](http://www.dav.org/feedback.asp). [Source: [Military.com](http://Military.com) 27 Nov 06 ++]

#### DSHS VETERANS PROJECT UPDATE 01:

Many low-income U.S. military veterans are using Medicaid benefits because they do not realize they are eligible for comprehensive federal health care programs. Washington state's Department of Social and Health Services (DSHS) became aware of this in the course of reviewing how to stretch the state dollars used in Medicaid to meet the increasing demands. A win-win solution was to help veteran's get the federal benefits they have earned and redirect the state money veteran's would have received into service for others in need. Thus, the DSHS Veterans project was born. A key to the project's success is access to records. DSHS joined a multi-state consortium called PARIS (the Public Assistance Reporting Information System) that connects records of DOD, VA, other states and the DSHS client eligibility computerized system. The information allows the project team to research a veteran's records to determine the level of eligibility for benefits. Ultimately, the goal is to immediately identify all Washington's veterans as they enroll in Medicaid and automatically help them locate all the benefits they are due. Washington is home to 600,000+ veterans and their dependents. By law, Washington and many other states must pursue reimbursement for Medicaid costs associated with receiving long term care (LTC) services, from the estates of deceased Medicaid recipients. This is usually facilitated through the state's Estate Recovery process. Veterans, who use veteran's health care benefits, can reduce the amount of Medicaid used and reduce or eliminate the amount owed by their estates. The federal government does not try to recover veterans health care costs because they are benefits of service to the nation.

In many cases, the veterans and their families are not aware that they are eligible for V A related benefits. Additionally, there are even more that overlook the requirement to repay the state for LTC related Medicaid services. Major benefit targets for the DSHS veteran project include:

- Aid and Attendance: Many veterans on Medicaid may qualify to draw a monthly federally funded pension or compensation from the state Department of Veteran Affairs.
- Prescription drugs: Veterans enrolled in an appropriate VA health-care system are typically eligible for federal coverage of prescription drugs. Drugs are an enormous cost-driver for the state's Medicaid program, which spends up to \$1 billion a biennium purchasing medication. Any of this cost is shifted to the federal government helps ease that burden.
- Durable Medical Equipment (DME): Veterans may use Medicaid to purchase these items,



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but the federal government normally would cover this cost. DME includes medical devices ranging from wheelchairs to breathing aids and other essential equipment.

- Family benefits: Pensions or increased pensions may be available for not only veterans but also widows and children of veterans. Veterans and their families also may be eligible for federal financial or medical coverage through CHAMPVA or TRICARE benefits. Those cover about 80% of a veterans' long-term skilled nursing care and 100% of their prescription drug needs. Most VA-related prescriptions can be filled at easily accessible commercial pharmacies such as Rite-Aid, Wal-Mart or Albertson's.

Program Manager Bill Allman, a 53-year-old Vietnam veteran dedicated to taking care of old soldiers, started the detective project in 2001 with co-worker Tim Dahlin. Under it, more than 300 long-term Medicaid patients have received increased federal veterans benefits, and 2,000 veterans and family members have been enrolled in military-related health care. Allman said the program has saved the state \$4.3 million so by shifting health care costs from Medicaid to federal programs. Medicaid coverage is funded on a 50-50 federal-to-state match. When a vet can be matched with the proper federal programs, the federal government will cover up to 80% of the cost of health care, including prescription drugs and nursing home care. Citizens who have information about a veteran, veteran's widow or other dependents of a veteran on Medicaid may call the DSHS Veterans Project Team directly at 1(800) 280-0586. For information, vets should call Bill Allman, Veterans/PARIS Program manager, state Aging and Disability Services Administration, (360) 397-9508, or the State Department for Veterans Affairs (800)562-2308. To find out more about the program refer to [www.aasa.dshs.wa.gov/topics/PARIS/](http://www.aasa.dshs.wa.gov/topics/PARIS/). [Source: Columbian Dean Baker article 26 Nov 06 ++]

#### PTSD REEVALUATION UPDATE 08:

Government officials and veterans groups say military personnel on multiple and extended tours of duty in Iraq and Afghanistan are being diagnosed with post-traumatic stress disorder (PTSD) at rates that probably will match or exceed the rate among Vietnam veterans. The war in Iraq, with often-hidden enemies and explosives, has left many service members particularly vulnerable to combat stress and is driving the abuse of drugs and alcohol both in Iraq and at home, military health experts say. Yet many veterans and on-duty troops are not getting the treatment they need. As of AUG 06, more than 184,500 returning veterans had sought care of all kinds through the DVA, and about one in six of those had been diagnosed with PTSD, a rate expected to climb since it can take months and sometimes years for the condition to manifest itself. Symptoms include anxiety, sleeplessness, flashbacks and extreme wariness, a recipe that can strain relationships and make it hard for those suffering to get or keep jobs. Col. Charles Engel, a clinician at the Walter Reed Army Medical Center predicts up to 29% of troops returning from Iraq and Afghanistan will suffer from PTSD. As of August, the VA had diagnosed 63,767 discharged veterans with a mental disorder and 34,380 with post-traumatic stress disorder. Experts say the rate of the disorder among Iraq veterans could well eclipse the 30% lifetime rate found in a 1990 study of Vietnam veterans because military personnel are being deployed longer and more often to Iraq and because greater awareness of the disorder among doctors will lead to more diagnoses.

Some statistics show the cases climbing fast. The number of Iraq and Afghanistan veterans who have sought help for readjustment concerns including post-traumatic stress disorder doubled between October 2005 and June 2006, according to a recent survey of 60 VA-run centers by the Democratic staff of the House Committee on Veterans Affairs. That increase has made it only more difficult to get quality care, the survey found. Among active-duty military personnel who served in Iraq, 35% used military mental health care services in the year after coming home and 12% were diagnosed with a mental health



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problem, a study published in March in the Journal of the American Medical Association found. Veterans groups fear that the VA won't be able to handle the high proportion of service members seeking such help once they are discharged. They note studies showing that though post-traumatic stress disorder can resolve itself in some people over time, its symptoms can worsen if not treated quickly.

The VA says it has enough resources to offer treatment for post-traumatic stress disorder and substance abuse to all of the roughly 160,000 service members now in Iraq and Afghanistan once they are home. Dr. Ira Katz, deputy chief patient care officer for mental health for the VA, noted that there are 200 veteran readjustment centers nationwide and that mental health counseling is available over the Internet. As part of efforts on its part, the military in SEP 05 began giving returning troops a questionnaire aimed at catching early signs of the disorder.

Questions include whether they have nightmares, are feeling emotionally numb or super alert, or have physical reactions such as breathing trouble when reminded of a stressful experience. In JAN 06, the military put in place a secondary screening test to check for similar symptoms. But nearly 80% of returning troops who may have been at risk for PTSD were not referred for further mental health evaluation, according to a study released in May by the GAO, the investigative arm of Congress. About half of those diagnosed with a mental health problem got care, but fewer than 10% were referred through the military's new screening program, the JAMA study in March showed. The Pentagon told the GAO that it generally concurred with its recommendations and that a systemic evaluation of referrals is planned. However, after the study's publication the Pentagon said it was flawed because it did not include troops referred to chaplains, primary care physicians and group counseling. The GAO says the Defense Department was not able to provide any evidence that those referrals occurred and still has not provided figures on personnel who may have since received treatment.

Medical experts say mental health problems such as PTSD and substance abuse are often intertwined. "When they don't get the kind of mental health screening or physical, history tells us they will turn to coping mechanisms," said Steve Robinson, director of government relations for Veterans for America, a 35,000-member organization. He says many of the hundreds of troops he has interviewed at post-deployment sites are addicted to medications given to them in the field, such as painkillers and sleeping pills. But they are not getting the therapy that normally goes with such medications. Families are alarmed by military statistics showing that 80% of soldiers who have been flagged with mild symptoms of PTSD have been sent back to Iraq and Afghanistan, many with anti-depressant pills aimed at ensuring they can still fight. With a wave of PTSD cases arriving, outreach groups fear the VA will not have adequate resources to treat them and to pay disability benefits. The VA is proposing a \$339 million increase in mental health care spending next year which would bring total annual spending on those programs to about \$3.2 billion. Implementation is another question. The GAO found, that as of late SEP 06, about \$42 million of \$200 million directed for initiatives to close gaps in VA mental health care in 2006 had not been spent and that the VA lacked a comprehensive plan to implement the funding in last year's budget. About 144,000 of the 589,000 veterans who have served in Iraq and Afghanistan have already been seen at VA-run Vet Centers for "readjustment concerns" ranging from depression and marital problems to full-blown PTSD. Forty percent of the 60 centers surveyed in the study by the Democratic House staff have directed veterans for whom individualized therapy would be appropriate to group therapy instead. [Source: Austin American-Statesman Anne Usher article 26 Nov 06 ++]

#### AGENT ORANGE LAWSUITS UPDATE 06:

The Vietnam Service Medal (VSM) was awarded to members of the Armed Forces of the United States serving in Vietnam and contiguous waters or air space after 3 JUL 65 and before 28 MAR 73. The eligibility



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requirements are:

- (a) Attached to or regularly serving for one or more days with an organization participating in or directly supporting ground (military) operations.
- (b) Attached to or regularly serving for one or more days aboard a naval vessel directly supporting military operations.
- (c) Actually participate as a crew member in one or more aerial flights directly supporting military operations.
- (d) Serve on temporary duty for 30 consecutive days or 60 nonconsecutive days. These time limitations may be waived for personnel participating in actual combat operations.

It is clear that the Armed Forces Expeditionary Medal (AFEM) for Viet Nam is an equivalent award to the VSM. The AFEM was awarded as a result of a veteran's Vietnam service before the VSM was authorized. The interchangeable nature of the AFEM for Viet Nam and the VSM is demonstrated in the Department of Defense's Manual of Military Decorations and Awards, which states that those who received the AFEM for Vietnam service could not also be issued the Vietnam Service Medal.

In addition, service members could elect to receive the Vietnam Service Medal instead of the AFEM. However, no Service member may be issued both medals for service in Vietnam.

Accordingly, in view of the U.S. Court of Appeals for Veterans Claims decision in Haas v. Nicholson, the receipt of the equivalent award to the Vietnam Service Medal should entitle a veteran to the presumption of service in Vietnam. In the event that the VA does not accept that the AFEM (Viet Nam) entitles a veteran to the presumption of service in Vietnam, veterans should attempt to have their AFEM (Viet Nam) changed to a VSM. Note that the M21-1 provision upheld in Haas does not require receipt of the VSM to qualify for the presumption of Vietnam service, since the M21-1 mandates that the VA Regional Office go to the Navy to verify offshore service if the veteran was not awarded the VSM. Advocates can request the National Personnel Records Center (NPRC) replace their client's AFEM with the VSM. The request can be made online using the eVetRecs system or a Standard Form 180 can be mailed to the NPRC. Their website [www.archives.gov/st-louis/military-personnel/public/awards-and-decorations.html](http://www.archives.gov/st-louis/military-personnel/public/awards-and-decorations.html) provides more details, including where to send the request and what information to include in the request. Those submitting should be aware that it is not guaranteed that NPRC or the military will replace the AFEM (Viet Nam) with the VSM. [Source: [www.nvlsp.org/Information/ArticleLibrary/AgentOrange/AO-AFEMVietnam-VietnamServiceMedal.htm](http://www.nvlsp.org/Information/ArticleLibrary/AgentOrange/AO-AFEMVietnam-VietnamServiceMedal.htm) Nov 06]

#### **PAINKILLERS & CONSTIPATION:**

Constipation is a common side effect associated with the use of strong prescription pain medication and can be accompanied by loss of appetite, abdominal pain, and bloating. A clinical research study for this troubling condition is now underway. Doctors are now enrolling patients in a study of an investigational drug for constipation caused by strong prescription pain medicines such as morphine, fentanyl and Oxycontin. To qualify you must be:

- 18 years or older
- Currently taking a prescription medication such as morphine, fentanyl, or Oxycontin.
- Experiencing constipation and other abdominal side effects while taking your prescription pain medication.



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Study participation includes, at no charge to you:

- Study visits with a medical professional
- Investigational drug
- Study Procedures and tests
- Compensation for time and travel up to \$500.00

Trial is in Albuquerque, NM area. To participate call Albuquerque Clinical Trials at (505) 224-7407. If outside the area, check with your medical professional(s) to find a similar program. [Source: e-Veterans News 2 Oct 06]

#### **CASUALTY ASSISTANCE UPDATE 01:**

On 17 NOV DoD and the VA hosted military association representatives for an update on casualty assistance and survivor outreach efforts. The VA highlighted its issuance of a new pamphlet, "Benefits and Services for Survivors of Servicemembers Who Die on Active Duty". On the military side, DoD has been working to upgrade procedures for transporting servicemember remains, including providing an Honor Guard detail upon arrival at the destination. Additionally, DoD has been working to standardize all service casualty assistance programs, developing checklists and a survivor survey that will eventually provide performance standards and evaluations. Current service programs vary in support and service levels provided to surviving family members. For instance, only the Air Force provides a full-time person to assist with benefits. The Marines give each family a print-out of government survivor benefits as a planning tool for making financial decisions, while Army spouses must specifically request the print-out. DoD is finalizing a survivor notebook to help survivors organize the large amount of information they receive over time. The notebook (which will be updated semi-annually) will be in use by all services beginning 1 JAN 07. DoD and the VA also will provide long term-support services and counseling for surviving family members via Military OneSource and Vet Center programs. [Source: MOAA Leg Up 22 Nov 06 ++]

#### **TEST PREP SCAMS:**

The Defense Activity for Non-Traditional Education Support (DANTES) and several of the national testing programs such as the College Level Examination Program (CLEP), Thomson Prometric, and Excelsior College have received numerous complaints regarding test preparation companies selling highly questionable products and services. Before you invest hundreds or thousands of dollars for these preparation programs, beware of the following red flags:

- Attempts to sell you prep services for many tests at once, with payment up front or on credit.
- Credit arrangements with a company other than the one selling you the prep service.
- Direct sales contact at your home.
- Promises that you can get college credit without enrolling in college.
- Book lists that include dictionaries or encyclopedias.

Before you buy any test prep service, contact your Education Service Officer or Navy College Education Specialist. Numerous free and low-cost test preparation alternatives are available either at the education center, installation library or through local used college textbook stores. [Source: [Military.com](http://Military.com) 23 Nov 06]

#### **TRICARE REIMBURSEMENT RATES:**

An updated list of the Tricare reimbursement rates is now available to beneficiaries. The changes for fiscal year 2007 include updated rates for inpatient mental health, residential treatment centers, partial hospitalization, hospice, and inpatient cost-shares for civilian hospitals. Tricare reimbursement rates are aligned with Medicare rates as set by Congress. However, Tricare does have



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some dispensations that may not be available to Medicare to ensure that beneficiaries continue to have health care available. Medicare premiums also change annually and now the Medicare Part B premium is linked to income. In 2007, individual incomes will trigger premium increases at \$80,000, \$100,000, \$150,000 and \$200,000. For married couples the premium rises when the income is double those amounts. However, this change will have no effect on Tricare costs or benefits for those who are also Medicare beneficiaries. Beneficiaries can view the updated reimbursement rates on the Tricare web site at [www.tricare.osd.mil/tricarecost.cfm](http://www.tricare.osd.mil/tricarecost.cfm). [Source: TMA News Release No. 06-49 15 Nov 06 ++]

#### TRICARE REIMBURSEMENT RATES UPDATE 01:

The updated 2007 cost shares for Tricare beneficiaries are now available from the Defense Department. Every year, the federal government tweaks the elaborate system that determines the amount doctors get paid for care and procedures, known as "reimbursement rates". Those changes, in turn, translate into changes in cost shares, or co-pays, for insurance beneficiaries. Tricare officials said this year's changes are few and small. A comparison of the 2006 and 2007 charts revealed an increase in charges for civilian in-patient skilled nursing facility care, such as nursing homes, from \$11 per day co-pay to \$14.80 per day under Tricare Standard and Extra. The daily charges for active-duty family members to receive in-patient care will also creep up 45 cents a day under the same plans. Tricare Standard beneficiaries will also pay more for in-patient care at low-volume behavioral health facilities. Rates now are \$181 per day or 25% of the billed charges, on top of 25% of the allowable charges for separately billed services. That is up from \$175 per day in 2006. There will be no increases for Tricare Prime beneficiaries, according to the charts.

The updated rates are available on the internet at <http://www.tricare.mil/tricarecost.cfm>. For more detailed information and personal help, patients should contact their regional Tricare contractor. Tricare reimbursement rates are aligned with congressionally determined Medicare rates. There are some differences, however, with Tricare picking up some costs that Medicare does not. For those carrying Tricare coverage that are also eligible for Medicare, income-based changes to Medicare premiums are coming in 2007. In 2007, Medicare premiums will increase when an individual's income hits \$80,000, \$100,000, \$150,000 and \$200,000. For married couples, premiums increases are triggered by double those amounts. Tricare officials said changes to Medicare Part B will have no effect on their Tricare coverage. Those who are eligible for Medicare and are enrolled in Tricare for Life have separate payment charts which can be found at [www.tricare.osd.mil/tfl/tflcostmatrix\\_b.html](http://www.tricare.osd.mil/tfl/tflcostmatrix_b.html). [Source: ArmyTimes Gayle Putrich article 20 Nov 06 ++]

#### VA OUTPATIENT PHARMACY UPDATE 02:

The VA is developing a policy that would allow VA doctors to write prescriptions that could be filled at non-VA pharmacies. Currently, veterans pay \$8.00 for a 30-day supply of non-service-connected medication at a VA pharmacy. Wal-Mart has announced a \$4.00 prescription plan. In many states, Wal-Mart will fill a prescription for generic drugs for just \$4.00 for a 30-day supply. A number of other retailers have followed Wal-Mart's lead and announced similar plans. Target will institute a \$4.00 plan in many states. Some retailers, trying to fight Wal-Mart's "Big Box" retailing strategy, have even offered a limited number of generic medications for free.

When approved, the new VA policy could save veterans and the VA a considerable amount of money. It appears that the new Wal-Mart plan had a bearing on the VA's decision to provide prescriptions to veterans that could be filled outside the VA system, although there has been no official comment on this. The VA is currently finalizing this new policy. No date has been set for this policy to take effect.



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When VA was asked to comment on this Laurie Tranter Public Affairs official VA statement on the policy was, "It is likely that VA will issue guidance which will permit VA physicians to write prescriptions to be filled in non-VA pharmacies, providing they meet all State prescribing requirements." [Source: Veteran Advocate Carl Young msg 21 Nov 06 ++]

#### **PHILIPPINE CREDIT CARD SURCHARGE:**

Administrative Order 10 (AO 10) issued by the Department of Trade and Industry (DTI) prohibits the imposition of additional surcharges on products and services purchased through the use of a credit card. Up to now shops normally displayed two prices – one for cash payment and another for credit card use. Retailers normally impose a surcharge of five to 10% or more when a credit card is used. Under AO 10 shop keepers will be required to display only one tag which is in keeping with articles 81 to 83 of the Consumer Act. According to the Credit Card Association of the Philippines (CCAP) there are now almost five million card-carrying Filipinos.

The Philippine Retailers Association (PRA) and the CCAP have been blaming each other for the imposition of extra charges. According to the PRA cards issuers exact two to three percent of the purchase price as processing fees. Hence, retailers have no choice but to pass on the extra charges to card holders.

CCAP, on the other hand, said it has nothing to do with the extra fees and passed on the blame to retailers. Starting 5 NOV 06 anyone caught violating the DTI order will face up to six months imprisonment or a fine of up to P5,000. A second violation will result in the revocation of the shop's business permit and license. [Source: The Ville Newsletter 16 Nov 06 ++]

#### **MEDICARE PART D UPDATE 12:**

Medicare prescription drug coverage is available to everyone with Medicare, including Tricare for Life beneficiaries. However, for nearly all Tricare-Medicare beneficiaries, there is no added value in purchasing Medicare prescription drug coverage. The exception to this general rule may be for those with limited incomes and assets who qualify for Medicare's extra help with prescription drug plan costs. A tip sheet for Tricare-Medicare eligible beneficiaries is available at [www.cms.hhs.gov/partnerships/downloads/tricaretip.pdf](http://www.cms.hhs.gov/partnerships/downloads/tricaretip.pdf). A comparison chart of Medicare, Tricare and VA Prescription Drug Coverage is available on the Centers for Medicare and Medicaid Services website [www.cms.hhs.gov](http://www.cms.hhs.gov) by entering the words "Comparison Chart" into the search box. A new tip sheet for partners on the Medicare Part D 2007 Formulary Changes is available at [www.cms.hhs.gov/partnerships/downloads/2007FormularyChanges.pdf](http://www.cms.hhs.gov/partnerships/downloads/2007FormularyChanges.pdf). [Source: [Military.com](http://Military.com) 20 Nov 06]

#### **VA APPOINTMENTS UPDATE 03:**

Newly released data from the U.S. Department of Veterans Affairs indicates the agency has dramatically improved its performance in seeing new veterans. In the first part of 2006, nearly 18,000 veterans had to wait thirty days or longer to see a VA doctor for the first time. By October, that number had dropped to less than 4,000. Some of the biggest improvements have come in what the VA calls "VISN 20," an area of the country which includes most of Idaho, as well as Alaska, Washington, Oregon, and one county each in Montana and California. In the second quarter of 2006, over 7,000 veterans in those western states had waited thirty days or more to see a doctor. By October, that number had dropped to less than 2,000. The data is part of a new quarterly report Congress required VA to send in the wake of last year's budget problems with the Department of Veterans Affairs. There are over 7 million veterans enrolled in VA health care, and VA officials report that 96% are able to see a primary care doctor



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within 30 days. The number slips only slightly for specialty care doctors. VA reports that 94% of enrolled veterans are able to see a specialty care physician within 30 days.

Senate Committee on Veterans' Affairs Chairman Larry Craig (R-ID) said, "An 80% improvement in one year is nothing short of remarkable. The trend is in the right direction. When I discovered the budget shortfall last year, I worked with my colleagues to swiftly address the budget gap and provide the money VA needed. To prevent a shortfall from happening again, I requested that VA provide the Committee with quarterly budget reports. I believe the reports are working. They help us help keep our finger on the pulse regarding the needs of America's veterans. [Source: VA Jeff Schrade msg 21 Nov 06]

#### **MOBILIZED RESERVE 29 NOV 06:**

The Army, Navy, Air Force, Marine Corps and Coast Guard announced the current number of reservists on active duty as of 29 NOV 06 in support of the partial mobilization. The net collective result is 4,230 fewer reservists mobilized than last reported for 25 OCT 06. Total number currently on active duty in support of the partial mobilization for the Army National Guard and Army Reserve is 78,379; Navy Reserve 4,991; Air National Guard and Air Force Reserve 5,725; Marine Corps Reserve 7,006; and the Coast Guard Reserve, 363. This brings the total National Guard and Reserve personnel, who have been mobilized, to 96,464, including both units and individual augmentees. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at <http://www.defenselink.mil/news/Nov2006/d20061129ngr.pdf> [Source: DoD News Release 29 Nov 06]

#### **MILITARY LEGISLATION STATUS UPDATE:**

Following is current status on some Congressional bills of interest to the military community. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote. A cosponsor is a member of Congress who has joined one or more members in his/her chamber (i.e., House or Senate) to sponsor a bill or amendment. The first member to "sign onto" a bill is considered the "sponsor," members subsequently signing on are "cosponsors." Any number of members may cosponsor a bill in the House or Senate.

At <http://thomas.loc.gov> you can determine the current status of each bill and if your legislator is a sponsor or cosponsor of the bill you are concerned with. The key to increasing cosponsorship is letting our representatives know of veterans feelings on issues. At the end of some of the below listed bills are web links that can be used to do that. Otherwise, you can locate who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making:

**H.R.303: The 'Retired Pay Restoration Act of 2005'** To amend title 10, United States Code, to permit certain additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation and to eliminate the phase-in period under current law with respect to such concurrent receipt. No new representatives have signed on to support the bill which presently has a total of 240 sponsors. There are no related bills. Last major action was a motion to the Discharge Committee on 5/24/2005 to bring the bill to the floor for a vote. A discharge petition requires 218 signatures for further action. To support this bill and/or contact your Representative refer to <http://capwiz.com/usdr/issues/bills/>



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?bill=7728776.

**H.R.602: The 'Keep Our Promise to America's Military Retirees Act'** to restore health care coverage to retired members of the uniformed services and their eligible dependents. House version of S.407. H.R.602 responds to the Federal Court ruling that only Congress, not military recruiters, can authorize what kind of care will be provided to military retirees, and that only Congress can - and should - make good on promised and earned health care. Referred to the Subcommittee on Health 2/25/05, for a period to be subsequently determined by the Chairman. No new representatives have signed on to support the bill which presently has a total of 260 sponsors.

**H.R.808: The 'Military Surviving Spouses Equity Act'** to amend title 10, United States Code, to repeal the offset from surviving spouse annuities under the military Survivor Benefit Plan for amounts paid by the Secretary of Veterans Affairs as dependency and indemnity compensation (DIC). A motion was filed to discharge the Rules Committee from consideration of H.RES 271 on 16 NOV 05.

This resolution provides for the consideration of H.R.808 and requires 218 signatures for further action. Representatives Bill Shuster (PA-09) & Terry Everett (AL-02) have signed on to support the bill which presently has a total of 214 sponsors. There are no related bills. To support this bill and/or contact your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7683586>

To support the discharge petition and/or contact your Representative refer to <http://capwiz.com/moaa/issues/alert/?alertid=8248891&type=CO>

**H.R.916: The 'Medicare Access to Rehabilitation Services Act of 2005'** To amend title XVIII of the Social Security Act to repeal the Medicare outpatient rehabilitation therapy caps. Last major action was referral to the House Subcommittee on Health 14 MAR 05. House version of S.438. No new representatives have signed on to support the bill which presently has a total of 260 sponsors. To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=7103976> & <http://capwiz.com/moaa/issues/bills/?bill=7103896>.

**H.R.968: To amend title 10, United States Code**, to change the effective date for paid-up coverage under the military Survivor Benefit Plan from October 1, 2008, to October 1, 2005. Last major action was referral to the House Subcommittee on Military Personnel 17 MAR 05. No new representatives have signed on to support the bill which presently has a total of 146 sponsors. There are no related bills. To support this bill and/or contact your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7683511>

**H.R.994: To amend the Internal Revenue Code of 1986** to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for TRICARE supplemental premiums. Last major action was it being ordered to be reported by Voice Vote 6 JUN 05. No new representatives have signed on to support the bill which presently has a total of 340 sponsors. This is the House version of S.484. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7761876>

**H.R.995: The 'Combat Military Medically Retired Veteran's Fairness Act of 2005'** to amend title 10, United States Code, to provide for the payment of Combat-Related Special Compensation under that title to members of the Armed Forces retired for disability with less than 20 years of active military service who were awarded the Purple Heart. Last major action was referral to the House Subcommittee on Military Personnel 17 MAR 05. No new representatives have signed on to support the bill



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which presently has a total of 31 sponsors. There are no related bills. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7683281>

**H.R.1364: The 'Equal Justice for Our Military Act'** to amend title 28, United States Code, to enable the Supreme Court to review decisions in which the Court of Appeals for the Armed Forces denied relief. Last major action was referral to the House Subcommittee on Courts, the Internet, and Intellectual Property 4 APR 05. No new representatives have signed on to support the bill which presently has a total of 5 sponsors. There are no related bills.

**H.R.1366: The 'Combat-Related Special Compensation Act of 2005'** to amend title 10, United States Code, to expand eligibility for Combat-Related Special Compensation paid by the uniformed services in order to permit certain additional retired members who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for that disability and Combat-Related Special Compensation by reason of that disability. Last major action was Referral to the House Subcommittee on Military Personnel 6 APR 05. Representatives William Jefferson (LA-02) & James Oberster (MN-08) have signed on to support the bill which presently has a total of 54 sponsors.

No new S.2385 is a related bill. To support this bill send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7718711>. To support Sen. Reid's amendment to the 2007 NDAA bill S.2766 send a message to your Representative refer to <http://capwiz.com/usdr/issues/alert/?alertid=8371516&type=ML>

**H.R.2076: The 'Retired Pay Restoration Act of 2005'** To amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation. Last major action was referral to the House Subcommittee on Military Personnel 6/21/2005. Rep. William Jefferson (LA-02) has signed on to support the bill which presently has a total of 30 sponsors. Related bills are H.R.303, S.558, S.845. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7728776>

**H.R.2356: The 'Preserv ing Patient Access to Physicians Act of 2005'** to amend title XVIII of the Social Security Act to reform the Medicare physician payment update system through repeal of the sustainable growth rate (SGR) payment update system. Last major action was referral to the House Subcommittee on Health 23 MAY 05. No new representatives have signed on to support the bill which presently has a total of 177 sponsors. S.1081 is a related bill. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7742321>.

**H.R.2962: The 'Atomic Veterans Relief Act'** to amend title 38, United States Code, to revise the eligibility criteria for presumption of service-connection of certain diseases and disabilities for veterans exposed to ionizing radiation during military service, and for other purposes. Last major action was referral to the House Subcommittee on Disability Assistance and Memorial Affairs 2 8 JUN 05. No new representatives have signed on to support the bill which presently has a total of 53 sponsors. There are no other related bills. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7784066>

**H.R.4259: The 'Veterans right to Know Act'** to establish a Commission to investigate chemical or biological warfare tests or projects, especially such projects carried out between 1954 and 1973, placing particular emphasis on actions or conditions associated with such projects



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that could have contributed to health risks or been harmful to any United States civilian personnel or member of the United States Armed Forces who participated in such a project or who was otherwise potentially exposed to any biological or chemical agent, simulant, tracer, decontaminant, or herbicide as a result of such projects; and to submit a report to Congress of its findings and recommendations. Last major action was referral to the House Subcommittee on Military Personnel 30 NOV 05. No new representatives have signed on to support the bill which presently has a total of 43 sponsors. There are no other related bills.

**H.R.4914: The 'Veterans' Choice of Representation Act'** to amend title 38, United States Code, to remove certain limitations on attorney representation of claimants for veterans benefits in administrative proceedings before the Department of Veterans Affairs, and for other purposes. Last major action was referral to the House Committee on Veterans' Affairs 9 MAR 06. No new representatives have signed on to support the bill which presently has a total of 8 sponsors. There are no other related bills. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=8835676>

**H.R.4949: The 'Military Retirees Health Care Protection Act'** to amend title 10, United States Code, to prohibit increases in fees for military health care. Last major action was referral to the House Committee on Armed Services 14 MAR 06. Rep Bill Pascrell [NJ-8] has signed on to support the bill which presently has a total of 164 sponsors. There are no other related bills. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=8591231>

**H.R.4992: The 'Veterans Medicare Assistance Act of 2006'** to provide for Medicare reimbursement for health care services provided to Medicare-eligible veterans in facilities of the Department of Veterans Affairs. Last major action was referral to the House Subcommittee on Health 27 MAR 06. No new representatives have signed on to support the bill which presently has a total of 24 sponsors.

There are no other related bills. To support this bill and/or send a message to your Representative refer to [http://capwiz.com/usdr/index\\_frame.dbq?url=http://capwiz.com/usdr/issues/bills/?bill=8670886](http://capwiz.com/usdr/index_frame.dbq?url=http://capwiz.com/usdr/issues/bills/?bill=8670886)

**H.R.5881: The 'Disabled Veterans Tax Termination Act'** to amend title 10, United States Code, to eliminate the offset between military retired pay and veterans service-connected disability compensation for certain retired members of the Armed Forces who have a service-connected disability, and for other purposes. Introduced 26 JUL 06 by Rep Marshall, Jim (GA-03). There are no other related bills. Last major action was referral to the House Subcommittee on Military Personnel 25 JUL 06. No new representatives have signed on to support the bill which presently has a total of 3 sponsors. To support this bill and/or send a message to your Representative refer to [http://capwiz.com/usdr/index\\_frame.dbq?url=http://capwiz.com/usdr/issues/alert/?alertid=8969606&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/index_frame.dbq?url=http://capwiz.com/usdr/issues/alert/?alertid=8969606&queueid=[capwiz:queue_id])

**H.R.6100: introduced the 'Military Education Enhancement Opportunities Act of 2006'** to amend title 38, United States Code, to provide for certain servicemembers to become eligible for educational assistance under the Montgomery GI Bill. Introduced by Rep. Mike Bilirakis [R-FL-09] on 9/19/06. Rep. Bob Filner (CA-51) has signed on to support the bill which gives this bill a total of 1 sponsor. There are no other related bills. Last major action was referral to the House Subcommittee on Economic Opportunity 10/10/2006. No new representatives have signed on to support the bill which presently has no sponsors.

**S.185: The 'Military Retiree Survivor Benefit Equity Act of 2005'** to amend title 10, United States



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Code, to repeal the requirement for the reduction of certain Survivor Benefit Plan annuities by the amount of dependency and indemnity compensation and to modify the effective date for paid-up coverage under the Survivor Benefit Plan. There are no other related bills. Last major action was referral to the Senate Committee on Armed Services. No new senators have signed on to support the bill which presently has a total of 35 sponsors. To support this bill and/or send a message to your Senator refer to <http://capwiz.com/usdr/issues/bills/?bill=7709421>

**S.407: The 'Keep Our Promise to America's Military Retirees Act'** to restore health care coverage to retired members of the uniformed services and their eligible dependents. Last major action was referral to the Senate Committee on Armed Services 16 FEB 05. A related bill is H.R.602. No new senators have signed on to support the bill which presently has a total of 15 sponsors. To support this bill and/or send a message to your Senator refer to <http://mrgrg-ms.org/fax-it.html>

**S.484: To amend the Internal Revenue Code of 1986** to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for Tricare supplemental premiums. A related bill is H.R.994. Last major action was referral to the Senate Committee on Finance 1 MAR 05. No new senators have signed on to support the bill which presently has a total of 64 sponsors. To support this bill and/or send a message to your Senator refer to <http://capwiz.com/usdr/issues/bills/?bill=7787396>

**S.2147: The 'Multiple Sclerosis'** bill to extend the 7 year time period during which a veteran's multiple sclerosis is to be considered to have been incurred in, or aggravated by, military service during a period of war. Last major action was referral to the Senate Committee on Veterans' Affairs 20 DEC 05. The bill has no cosponsors and there is no related legislation in the House.

**S.2617: The 'Military Retirees Health Care Protection Act'** to amend title 10, United States Code, to limit increases in the costs to retired members of the Armed Forces of health care services under the TRICARE program, and for other purposes. There are no other related bills. Last major action was referral to the Senate Committee on Armed Services 6 APR 06. No new senators have signed on to support the bill which presently has a total of 9 sponsors. To support this bill and/or send a message to your Senator refer to <http://capwiz.com/usdr/issues/alert/?alertid=8675066&type=CO>

**S.2658: The 'National Defense Enhancement and National Guard Empowerment Act of 2006'** to amend title 10, United States Code, to enhance the national defense through empowerment of the Chief of the National Guard Bureau and the enhancement of the functions of the National Guard Bureau, and for other purposes. A related bill is H.R.5200. Last major action was referral to the Senate Committee on Armed Services 26 APR 06. No new senators have signed on to support the bill which presently has a total of 39 sponsors. To support this bill send a preformatted or e dited message to your Senator by using the "Write to Congress" feature refer to [www.ngaus.org](http://www.ngaus.org).

**S.2694: The 'Veterans' Choice of Representation and Benefits Enhancement Act of 2006'** to amend title 38, United States Code, to remove certain limitation on attorney representation of claimants for veterans' benefits in administrative proceedings before the DVA, and for other purposes. This bill was passed/agreed to in Senate 3 AUG 06 by unanimous consent and referred to House Committee after being received from the Senate. Last major action was unfavorable executive comment received from Veterans' Affairs. To support this bill and/or send a message to your Senator refer to <http://capwiz.com/usdr/issues/bills/?bill=8835631>



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**Note:** Congress recessed 17 NOV for Thanksgiving and will return on 4 DEC if necessary to complete work. Legislation not passed will die with the end of the 109th Congress. Veterans concerned with unpassed legislation need to encourage their representative to reintroduce the bills in the 110th Congress which will convene in JAN 07. [Source: <http://thomas.loc.gov> & USDR Action Alerts 15-30 Nov 06 ++]

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