

> RAO Bulletin Update

> 15 December 2007

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> THIS BULLETIN CONTAINS THE FOLLOWING ARTICLES

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- > == DFAS 1099-R for 2007 ----- (Availability Dates)
- > == Veteran Charities [03] ----- (Congressional Hearings)
- > == Veteran Charities [04] ----- (AIP Report Card)
- > == DoD/USPS Military Mail Policy ----- (Generic Addressees)
- > == Alabama Veterans Homes ----- (4th Home Planned)
- > == Utah Veterans Homes ----- (2nd Home Proposed)
- > == VA Fraud [04] ----- (Monessen PA/Ellington CT)
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- > == Filipino Vet Inequities [07] ----- (S.1315 Impasse)
- > == NDAA 2008 [11] ----- (Conference Committee Results)
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- > == Chapter 61 Disability Pay [01] ----- (CRSC Eligibility)
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- > == VA Secretary [05] ----- (Peake Hearing summary)
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- > == Medicare Part D [16] ----- (Less 2008 Coverage)
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- > == Pre-need Funerals ----- (Pitfalls)
- > == Ca & Federal Disabled Benefits (20% SC) ----- (List)
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- > == Estate Tax [02 (U.S) ----- (Exemptions vary)
- > == Veteran Legislation Status 13 DEC 07 ----- (Where We Stand)

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> MILITARY HEALTH CARE TF UPDATE 07: At a public meeting of the Defense Health Board, the Task Force on the Future of Military Health Care gave a briefing which included a general description of what their recommendations to the Secretary of Defense and Congress are going to be. While they were not a surprise; they are a real disappointment and worry for the future. Following are a few items they covered that could impact retiree financially:

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- > . Along with many structural changes the Task Force made clear that they are going to suggest increases in enrollment fees and deductibles for retirees under 65 enrolled in TRICARE Prime.
- > . A new "modest" yearly enrollment fee for TFL.
- > . Changes in the incentives for everyone using the TRICARE Pharmacy program (that translates into making co-pays to direct patients to choose the mail order pharmacy plan or the MTFs).
- > . Automatic increases in enrollment fees, cost shares and deductibles every 5 years
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- > No specific numbers etc. will be announced until they present the report to the SecDef on 19 DEC. Remember these are just recommendations-nothing is final. But it is clear that there will be much more work to do on this again next year. [Source: TREA Washington Update 14 Dec 07 ++]
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- > TRAUMATIC AMPUTEES: Recently, much national media attention has focused on the traumatic amputees of the Iraq and Afghan conflicts. However, there is little known about the long term outcomes of traumatic amputations arising from war. The largest remaining group with a lifetime of experience is the Vietnam War amputees. It is estimated there were 6,000 or more Vietnam veterans that came home with missing limbs. The Department of Defense has funded a partnership between Indiana University and Ohio State University to create the Indiana-Ohio Center for Traumatic Amputation Rehabilitation Research. They are trying to locate Vietnam veteran amputees in hopes of gaining a better understanding of the needs of these veterans. Their objective is to study the health, psychosocial, and rehabilitation needs of veterans with amputations to help determine the needs of Vietnam veterans and aid in the rehabilitation and adjustment of traumatic amputees from present and future conflicts. The Center is currently establishing a database of Vietnam veterans who had amputations. The researchers are asking for those veterans to register by filling out an online questionnaire or obtaining a hard-copy version through the mail. Participant confidentiality will be strongly protected. The study currently has 125 Vietnam vets enrolled but there are many more out there and are encouraged to call or visit the website for more details. For more info refer to [robbinsc@iupui.edu](mailto:robbinsc@iupui.edu) <<mailto:robbinsc@iupui.edu>> or [www.vietnamwaramputee.org](http://www.vietnamwaramputee.org) <<http://www.vietnamwaramputee.org>> or call (866) 283-2599. To obtain a hard-copy questionnaire, call the number or write: Mr. Chris Robbins, Project Coordinator, School of Health and Rehabilitation Sciences, Indiana University, 1140 West Michigan St., Coleman Hall CF 124, Indianapolis, IN 46202. [Source: Office of the Secy of VA VSO Liaison 13 Dec 07 ++]
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- > DFAS 1099-R FOR 2007:
  - > . Retirees and annuitants receiving compensation from the Defense Finance and Accounting Service can expect to receive their 2007 tax and account statements beginning in DEC 07.
  - > . DFAS customers with myPay access will be able to retrieve their tax statements electronically up to two weeks sooner than those relying on regular mail delivery.
  - > . Retirees can view their annual statement now on myPay, and their 1099R should be posted 18 DEC 07. These documents will be mailed via U.S. Postal Service beginning 16 DEC until the end of the year.
  - > . Annuitants can view their account statement and 1099R via myPay

beginning 18 DEC 07. These documents will be mailed via U.S. Postal Service beginning 19 DEC until the end of the year.

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> According to Lee Krushinski, acting DFAS operations director, tax statements available through myPay are approved for use by the IRS and have several added benefits - mainly availability -- for myPay users. Mr. Krushinski also pointed out the use of "restricted access PINs" allows users to have other family members, tax preparers or other trusted individuals view and print their tax statements without the ability to change any pay account information. This can be of particular interest to anyone who uses commercial tax preparation services. The restricted access personal identification number can be established after logging into a customer's myPay account. Using myPay to access tax and account statements eliminates the preparation and mailing costs incurred with the traditional distribution methods. Combined with the earlier availability of statements online, this makes myPay a better option for many DFAS customers and the Department of Defense, said DFAS officials. Customers who have forgotten their PIN, or wish to open a myPay account, can do so on the myPay Web site at <https://mypay.dfas.mil/mypay.aspx>. [Source: Air Force Retiree News Service 12 Dec 07 ++]

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> VETERAN CHARITIES UPDATE 03: Americans gave millions of dollars in the past year to veterans charities designed to help troops wounded in Iraq and Afghanistan, but several of the groups spent relatively little money on the wounded, according to a leading watchdog organization and federal tax filings. Eight veterans charities, including some of the nation's largest, gave less than a third of the money raised to the causes they champion, far below the recommended standard, the American Institute of Philanthropy (AIP) says in a report. One group passed along 1 cent for every dollar raised, the report says. Another paid its founder and his wife a combined \$540,000 in compensation and benefits last year, a Washington Post analysis of tax filings showed. There are no laws regulating the amount of money charities spend on overhead, fundraising or giving. The House Committee on Oversight and Government Reform was scheduled to hold its first hearing on veteran's charities 13 DEC. "People want to help the veterans," said Rep. Chris VanHolland (D-MD), a member of the oversight committee. "They don't want to enrich organizations that are cynically exploiting veterans for their own personal gain. "We need to make sure that the generous contributions of Americans to veterans will help veterans and not line the pockets of fundraisers and these organizations."

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> The AIP's report suggests that 20 of the 29 military charities studied were managing their resources poorly, paying high overhead costs and direct-mail fundraising fees and, in some cases, providing their leaders with six-figure salaries. The 12 charities rated as failing by the institute -- including the Military Order of the Purple Heart Service Foundation, the AMVETS National Service Foundation and the Freedom Alliance -- collected at least \$266 million in the past fiscal year. The charities' practices have sparked outrage among some members of Congress. Richard H. Esau Jr., executive director of the Military Order of the Purple Heart Service Foundation, said the cost of fundraising limits how much his group can spend on charitable causes. Three emergency relief groups that are holding massive asset reserves are the official armed forces charities for the U.S. Army, Air Force, Navy and Marines, which provide financial, educational and other assistance to current and past members of the armed services and their families. These three charities have combined fund

balances of \$638 million yet spent only \$59 million, according to their most recently available financial reports. Army Emergency Relief (AER) tops AIP's list of large asset reserve charities in relation to expenses with 17.6 years of available asset reserves and a fund balance of \$307 million as of 2005. Air Force Aid Society (AFAS) has 10.1 years of available asset reserves and as of 2005 holds fund balances of \$172 million. Navy-Marine Corps Relief Society (NCRS) has fund balances of \$158 million as of 2005. Its years of available assets is lower at 4.8, barely low enough to keep them from earning an automatic F grade for charities having over 5 years worth of available reserves.

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> Daniel Borochoff, president and founder of the AIP, said many veterans charities are woefully inefficient, spending large sums on costly direct-mail advertising. "They over solicit. They love to send out a lot of trinkets and stickers and greeting cards and flags and things that waste a lot of money that they get little return on," said Borochoff, who plans to testify before Congress. The AIF gave F's to 12 of the 29 military charities reviewed and D's to eight. Five were awarded A-pluses, including the Fisher House Foundation in Rockville, which the institute says directs more than 90% of its income to charitable causes. One group received an A, and one received an A-minus. One egregious example, Borochoff said, is Help Hospitalized Veterans (HHV), which was founded in 1971 by Roger Chapin, a veteran of the Army Finance Corps and a San Diego real estate developer. The charity, which provides therapeutic arts and crafts kits to hospitalized veterans, reported income of \$71.3 million last year and spent about one-third of that money on charitable work, the philanthropy institute said. In its tax filings, Help HHV reported paying more than \$4 million to direct-mail fundraising consultants. The group also has run television advertisements featuring actor Sam Waterston, game show host Pat Sajak and other celebrities.

> Chapin, 75, the charity's president, received \$426,434 in salary and benefits in the past fiscal year, according to a filing with the IRS. His wife, Elizabeth, 73, received \$113,623 in salary and benefits as newsletter editor, the Post's review of the tax filing showed.

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> Bennett Weiner, chief operating officer of the Better Business Bureau, said the agency has 20 standards for reviewing charities, including that a charity's fundraising and overhead costs not exceed 35% of total contributions. Weiner, who is scheduled to testify before the House committee said he could not comment specifically on veterans charities until after his testimony. Advocates for veterans said they worry that scrutiny could damage military charities in general. Sen. Charles E. Grassley (R-IA), one of Congress's leading critics of charities, said some of the groups are abusing their tax-exempt status. Rep. John Sarbanes (D-MD), a member of the oversight committee, wants veterans' charities to be held accountable. "I hope there is an explanation, but it seems that most of the funds they raise never reach the veteran community," Sarbanes said through a spokeswoman. "Some of the practices being described are simply outrageous."

> Rick Cohen, an expert on nonprofit groups and former executive director of the National Committee for Responsive Philanthropy, called the spending decisions of some charities grotesque. "I think in light of the Iraq war and the Afghanistan war, these veterans are the people who we should really be protecting and not using as excuses or avenues for ripping off charity philanthropy," Cohen said. [Source: Washington Post Philip Rucker article 13 Dec 07 ++]

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> VETERAN CHARITIES UPDATE 04: The American Institute of Philanthropy (AIP), a leading charity watchdog, issued a report card this month for 29 veterans and military charities. Letter grades were based largely on the charities' fundraising costs and the percentage of money raised that was spent on charitable activities. Following is an alphabetical summary of charities and grade assigned:

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- > Air Force Aid Society (A+)
- > American Ex-Prisoners of War Service Foundation (F)
- > American Veterans Coalition (F)
- > American Veterans Relief Foundation (F)
- > AMVETS National Service Foundation (F)
- > Armed Services YMCA of the USA (A-)
- > Army Emergency Relief (A+)
- > Blinded Veterans Association (D)
- > Disabled American Veterans (D)
- > Disabled Veterans Association (F)
- > Fisher House Foundation (A+)
- > Freedom Alliance (F)
- > Help Hospitalized Veterans/Coalition to Salute America's Heroes (F)
- > Intrepid Fallen Heroes Fund (A+)
- > Military Order of the Purple Heart Service Foundation (F)
- > National Military Family Association (A)
- > National Veterans Services Fund (F)
- > National Vietnam Veterans Committee (D)
- > Navy-Marine Corps Relief Society (A+)
- > NCOA National Defense Foundation (F)
- > Paralyzed Veterans of America (F)
- > Soldiers' Angels (D)
- > United Spinal Association's Wounded Warrior Project (D)
- > USO (United Service Organization) (C+)
- > Veterans of Foreign Wars and foundation (C-)
- > Veterans of the Vietnam War & the Veterans Coalition (D)
- > Vietnam Veterans Memorial Fund (D)
- > VietNow National Headquarters (F)
- > World War II Veterans Committee (D)
- > [Source: FDVA News Clips 13 Dec 07 ++]

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> DOD/USPS MILITARY MAIL POLICY: Hundreds of thousands of holiday cards and letters thanking wounded American troops for their sacrifice and wishing them well never reach their destination. They are returned to sender or thrown away unopened. Since the 911 attacks and the anthrax scare, the Pentagon and the Postal Service have refused to deliver mail addressed simply to "Any Wounded Soldier" for fear terrorists or opponents of the war might send toxic substances or demoralizing messages. Mail must be addressed to a specific member of the armed forces - a rule that pains some well-meaning Americans this Christmas season. Last season, despite the rule, officials say as many as 450,000 pieces of mail not addressed to anyone in particular managed to reach Walter Reed Army Medical Center in Washington. But they were returned or, if they had no return address, were thrown out altogether, because the hospital lacked the manpower to open and screen all the mail, spokesman Terry Goodman said. "A lot of this is because of security concerns because it's unsolicited mail that someone is going to have to go through. Also, being a democratic society, there could be

inappropriate mail from someone who, say, doesn't support the war, and then you've got a wounded soldier getting it.", said Goodman. Lt. Col. Kevin Arata, a spokesman with the Army Human Resources Command, said no one tracks the amount of unnamed-soldier mail being returned, so it is impossible to judge the size of the problem. The busiest part of the holiday season has yet to arrive, but officials said they are receiving far less mail this year addressed simply to "A Recovering American Soldier" or "Any Wounded Soldier."

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> USO spokesman John Hanson said that like the military, the nonprofit service organization does not deliver unopened mail to unspecified recipients. He said the USO worries about security as well as hateful messages from war critics. "We just want to make sure it's not, 'Die, baby killer,'" he said. "There are people out there who act irrationally, and we don't want anyone to get a message that would be discouraging." The USO is one of the organizations the military is encouraging people to support with donations as an alternative to sending cards to unspecified soldiers. The military is also referring people to the American Red Cross and a Defense Department Web site where supporters have posted thousands of messages to troops. Some groups are offering to forward mail to the troops. Aides to Sen. Jeff Sessions, (R-AL), are offering to accept letters, screen them through the U.S. Capitol mail operation, and get them to members of the armed forces. "We've had about a dozen complaints from constituents about returned mail that they sent to troops," said Steven Boyd, a Sessions spokesman. [Source: AP Jay Reeves article 11 Dec 07 ++]

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> ALABAMA VETERANS HOMES: The Alabama Department of Veterans Affairs is pressing forward on plans to build a fourth home in the state despite being pestered by problems at one home. The veterans' home committee of the state Board of Veterans Affairs met 11 DEC to discuss possible locations for the new home. A department survey found that Jefferson County or Shelby County was the best choice since the highest concentration of veterans lives in those areas. But the department also is considering locations in Pell City and Tuscaloosa. Commissioner Clyde Marsh said he wants to put the project on the fast track, and the committee decided to meet again in early January to choose a site and make a recommendation to the full board at its Jan. 11 meeting. Marsh said quick action is needed to get the budget request in for the upcoming legislative session. The department estimated the total cost of the home at \$40 million; the federal government will cover about \$26 million and the state will be responsible for \$14 million, he said. The new home will ease overcrowding at the state's other three homes in Alexander City, Bay Minette and Huntsville. Currently, there are only 450 beds available for the almost 800 veterans statewide eligible for long-term care.

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> Once a site is chosen, construction is expected to begin in 2009 and be completed by the end of 2011, department officials said. The department still is looking for ways to fund construction of the new home.

> The department has money in its Veterans Assistance Fund, but it's already being tapped to supplement the operational budget. Marsh said he's hoping for dollars out of the general fund, but noted that those funds also are limited. A third possible option is a bond, Marsh said. The committee also discussed the probationary one-year contract with its health-care provider, Human Management Resources (HMR) of South Carolina. The contract was announced 10 DEC as a result of an unfavorable report from the state health department. The problems were at the William F. Green home in Bay Minette.

Primarily, the report found that staffers failed to follow procedures. Initially, the report stated that the home was responsible for the deaths of two residents. But that finding later was retracted by the health department and the home was cleared of culpability in those deaths. The other two state veteran's homes, Bill Nichols in Alexander City and Floyd E. "Tut" Fann in Huntsville, were cited only for minor deficiencies by the health department. Although the company was cited for failure to follow procedure, officials said the majority of veterans are happy with their care and Marsh said he was confident HMR will correct the problems quickly. Committee chairman Ken Rollins said he too is confident in the care at the Bay Minette home.

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> Alabama State Veteran Home applications can be downloaded at <http://www.va.state.al.us/forms/Adva-33.pdf>. The site will also explain the eligibility and compliance requirements for admission. Homes are located at:

> . William F. Green State Veterans Home, P. O. Box 1461, 300 Faulkner Drive

Bay Minette, AL 36507-1461 Tel: (251) 937-8049/2472 FAX.

> . Bill Nichols State Veterans Home, 1784 Elkahatchee Road Alexander City, AL 35010 Tel: (256) 329-3311/3350F.

> . Floyd E. "Tut" Fann State Veterans Home, 2701 Meridian Street Huntsville, AL 35811 Tel: (256) 851-2807/2967F.

> [Source: Montgomery Adviser Jenn Rowell article 13 Dec 07 ++]

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> UTAH VETERANS HOMES: Gov. Jon Huntsman Jr. is urging lawmakers not wait for the federal government to pony up before breaking ground on a veterans nursing home in Ogden UT. Huntsman's proposed budget, released in DEC 07 includes \$20 million in construction costs for the facility, which would be the state's second nursing home for veterans and their spouses. In making the recommendation, officials from the governor's office said they are banking on a promise from federal Veterans Administration officials that Utah will be reimbursed several years down the road. Veteran's advocates began pushing in 2001 for the state Legislature to finance the project, which is high on the VA's priority list but not high enough to get funded by Congress. Rep. Brad Dee said those past efforts were unsuccessful chiefly because legislators were cautious about spending money on a project that one branch of the U.S. government said it wanted but another branch had yet to fund. That has frustrated supporters of the project, who note that construction costs will continue to rise while the state waits for a federal check. But Huntsman's budget chief now says he is absolutely assured that the federal VA will do its part. And though it may take three or four years to get the check from Congress, he's confident it is coming.

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> Utah has just one nursing home dedicated to veterans and their families. The 80-bed facility in Salt Lake City has been at capacity since it opened, nearly 10 years ago. The Ogden facility would offer more than 100 additional beds to the scores of veterans on the capital city facility's waiting list. Going ahead and building the new facility "won't speed up or delay" reimbursement, Nixon said. "It just depends on how much Congress puts toward veterans nursing homes and how far down the list that goes for this year and the next year." But Nixon noted that even if the state has to wait awhile to be refunded for the construction costs, it will start receiving a federal per diem for each resident of the home as soon as the doors open. And that, he said, makes good economic sense for the state. "We'll have the ability to create some jobs immediately," he said. Dee, who is sponsoring the legislation that would fill the governor's request, said he was among those lawmakers who were concerned in the past about whether the feds "were

serious about reimbursements." Now, he said, "I've had those concerns alleviated. I'm comfortable with what is going on." State Department of Veterans Affairs director Terry Schow said no one has stepped forward from the upper chamber to carry the legislation, but he's hoping that the governor's backing and a good showing for Dee's bill in the state House of Representatives will mean the legislation will have substantial momentum by the time it reaches the senators.

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> Utah State's first Veterans Nursing Home, located near the George E. Wahlen VA Medical Center, was dedicated on 22 April 1998 and became operational in May 1998. Quality nursing and health care services are provided for Utah veterans with U.S. military service during peacetime or wartime. While wartime service is not a requirement for admission to the nursing home, wartime veterans with one day or more of wartime service, as recognized by state and federal laws, have top priority. A veteran's spouse or surviving spouse may also qualify for admittance to the Home, providing the marriage to the veteran occurred at least one year before the application. For questions and applications contact the Utah Department of Veteran's Affairs at either (801) 326-2372 or 1(800) 894-9497. You can also contact the Veteran's Nursing Home directly at 700 Foothill Drive, SLC, UT, 84113-1104 Tel: (801) 584-1900/1960F. [Source: The Salt Lake Tribune Matthew D. LaPlante article 12 Dec 07 ++]

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> VA FRAUD UPDATE 04: Gregory East age 60, of 642 Braddock Ave. Monessen PA man pleaded guilty in federal court to fraudulently accepting \$28,000 in pension payments from the Department of Veterans Affairs. U.S. Attorney Mary Beth Buchanan said that East was found guilty of one count of fraud for knowingly accepting the pension checks after his right to collect ceased due to his earning of income. East will be sentenced 29 FEB 08 and could face one year in prison, a fine of \$100,000, or both. He remains free on bond until his sentencing. In another case Kevin J. O'Connor, U.S. attorney for the district of Connecticut, said that an Ellington woman pleaded guilty before U.S. Magistrate Judge Thomas P. Smith in Hartford CT to one count of stealing government money. According to documents filed with the court and statements made in court, Kathleen M. Thibodeau, age 62, as a representative payee for both the Veterans Administration and the Social Security Administration, was entrusted by those agencies with money for the use of her mentally disabled brother. In pleading guilty, Thibodeau admitted that, between DEC 03 and AUG 05, she converted \$20,843 for her personal use. Thibodeau is scheduled to be sentenced by U.S. District Judge Vanessa L. Bryant on 21 FEB 08, and she faces a maximum term of imprisonment of 10 years and a fine of up to \$250,000. This case was investigated by the Social Security Administration and the Veterans Administration.

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> Under VA regulations as authorized by 38 U.S.C. 5502 payment of benefits to a duly recognized fiduciary (i.e. representative payee) may be made on behalf of a person who is mentally incompetent or who is a minor. Also, payment may be made directly to the beneficiary or to a relative or other person for the use of the beneficiary, regardless of legal disability, when it is determined to be in the best interest of the beneficiary by the Veterans Service Center Manager. Unless otherwise contraindicated by evidence of record, immediate payment of benefits may be made to the spouse of an incompetent veteran having no guardian for the use of the veteran and his or her dependents prior to referral to the Veterans Service Center Manager. [Source: Tribune Review & The Hartford Courant articles Dec 07 ++]

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> TRICARE DATA BREACH UPDATE 02: A limited amount of Tricare beneficiary data has been placed at risk through unauthorized access to claims information. Proactive measures are being taken to ensure that affected Tricare beneficiaries are informed. Analysis thus far has not produced indications of the beneficiary data being misused. Patient data was found to be accessible in a manner that did not meet stringent security specifications for the Department of Defense or Tricare's information technology services provider Electronic Data Systems (EDS). The data included personal information such as the full or partial Social Security number of the primary beneficiary, and for a dependent, name, birth date and limited health information. The data was held on a Web application server that allowed external entities an unauthorized level of access without going through the required authentication process if the Web address was known. That situation has since been remedied. EDS has sent out approximately 4,700 notification letters informing affected beneficiaries of the risk. The envelopes contain a cover letter from Army Maj. Gen. Elder Granger, deputy director, Tricare Management Activity. They also contain an informational letter about the incident from EDS, including identity protection information. EDS has established a specific "help line" to handle questions and concerns. The beneficiary notification letters contain the number (800) 556-3195 that can be used in the U.S. and from overseas. Those located outside the United States must dial the country's AT&T USADirect access number first to prevent being charged a long distance fee. EDS is offering beneficiaries put at risk a free, one-year subscription to a credit monitoring and protection service. Through this service, beneficiaries will have access to specialists with a leading identity theft and mitigation firm. These specialists will be able to respond to concerns about any actual identity theft as well as provide more detailed information on credit, fraud and identity theft matters. Additionally, those affected will receive up to \$20,000 identity theft protection coverage with no deductible as it relates to this matter. Additional information about the incident can be found at the Tricare Web site press room at [www.tricare.mil](http://www.tricare.mil) <<http://www.tricare.mil>>. Information

on steps Tricare beneficiaries can take to protect themselves from identity theft is available at [www.tricare.mil/tmaprivacy/itpr.cfm](http://www.tricare.mil/tmaprivacy/itpr.cfm) <<http://www.tricare.mil/tmaprivacy/itpr.cfm>>. Veterans are once again reminded that financial protection up to one million dollars against identity theft is available at nominal fees if they are concerned about their government and/or commercial companies keeping their personal data secure. Companies offering this service can be found online. Information on the one I use is available at <<http://www.lifelock.com>>. [Source: TMA News Release 07-94 dtd 7 Dec 07 ++]

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> FILIPINO VET INEQUITIES UPDATE 07: S.1315, the Veterans Benefits Enhancement Act, would authorize additional wounded warrior benefits including a new term life insurance program for disabled veterans. The sticking point is that the bill also would increase disability benefits for World War II Filipino veterans, including non-citizens living outside the US, in part by barring recent court-directed expansion of VA compensation to certain additional categories of disabled US veterans. Senate Veteran Affairs Committee (SVAC) Chairman Daniel Akaka (D-HI) says Congress never intended the expansion directed by the court. His legislation S.13415 would block the court-directed expansion and use those savings to pay for other

upgrades in the bill for US veterans, as well as the Filipino benefits expansion. Sen. Craig has blocked action on the bill because he opposes funding expanded benefits for Filipino veterans by barring the court-directed expanded benefits. Under Senate rules, any Senator may place a "hold" on a bill to prevent a floor vote.

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> Senator Richard Burr (R-NC), the SVAC's new Ranking Member said this week, "Having talked to at least those that I know have holds on [the bills], nobody has a position where they would entertain lifting the holds by the end of the year." That leaves wounded warriors caught in the middle. S.1315 contains \$633 million in benefit upgrades for Afghanistan and Iraq conflict veterans. But the bill also would provide \$332 million for Filipino veterans. Some of its other provisions would:

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> . Create a new term life insurance program for disabled veterans (\$326 million).

> . Allow retroactive coverage (to 7 OCT 01) of traumatic injury insurance (TSGLI) payments to severely disabled veterans (\$47 million).

> . Upgrade veteran's mortgage life insurance (\$51 million).

> . Increase job training benefits (\$31 million).

> . Improve adaptive housing and automobile equipment benefits for severely wounded warriors (\$22 million).

> . Increase Supplemental Disabled Veterans Insurance (\$26 million).

> . Authorize COLAs for surviving spouse dependent benefits (\$9 million).

> [Source: MOAA Leg Up 8 Dec 07 ++]

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> NDAA 2008 UPDATE 11: On 6 DEC, House and Senate leaders agreed to drop the last contentious item from the FY2008 Defense Authorization Act - a Senate-proposed provision that would have stiffened penalties for discrimination against homosexuals. The agreement cleared the way for passage and presidential signature of the Act, which includes a substantial number of improvements for virtually all segments of the military community.

. The compromise defense bill was passed by the full House with a vote of 370 to 49 on 12 DEC. As of this writing the Senate has not acted but is expected to pass before Congress adjourns. Adjournment is programmed for 15 DEC but there is talk of extending that by one week. A detailed summary of the conference report to H.R. 1585 is available at

<<http://armedservices.house.gov>>. Following are some of the military community's high interest items which are included in the bill:

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> . Authorize full, immediate concurrent receipt for disabled retirees with at least 20 years of service deemed "unemployable" by the VA, with payment retroactive 1 JAN 5. Payments will begin 1 OCT 08.

> . Extend eligibility for Combat-Related Special Compensation (CRSC) to all military disability (chapter 61) retirees with less than 20 years of service who suffer from combat- or operations-caused conditions.

> . Prohibit increases in TRICARE fees, including pharmacy copays, for FY2008. Military Pay Raise:

> . Authorize a 3.5% raise in January 2008 for active duty, Guard and Reserve personnel and increase hardship duty pay to a maximum of \$1,500 a month.

> . Authorize a special "indemnity allowance" payment of \$50 per month to survivors of members entitled to retired pay (or of Guard/Reserve retirees who died before age 60) whose SBP annuities are reduced by tax free VA survivor benefits (DIC), effective 1 OCT 08. That amount will increase by

\$10 each year for 5 years. Directs the Defense Accounting and Finance Center to implement simplified and more sympathetic recoupment processes to assist affected survivors. The indemnity allowance might be perceived as a first step toward easing the ban on concurrent receipt for military widows.

> . Reduce the Guard/Reserve retirement age by 3 months for each cumulative 90 days spent on active duty since 7 OCT 01.

> . Increase the maximum Guard/Reserve annual drill points creditable for retirement (from 90 to 130), effective for 2007.

> . Authorize Selected Reserve members 10 years after separation to use their 1607 GI Bill benefits earned from active duty service. Also allow Reservists who rejoin to reclaim their previously earned 1607 benefits and use them for 10 years after any subsequent separation. Selected Reserve members who spend at least 3 years on active duty can earn up to 80% of the active duty GI Bill benefit.

> . Require comprehensive plan for care, management and transition of wounded servicemembers by 1 JUL 08. Requires recovery, medical and non-medical care case managers for recuperating servicemembers and establishes maximum caseloads for each.

> . Authorize medical care, training, and job placement service for family members of recovering servicemembers and authorizes respite care for primary caregivers of servicemembers with a serious injury or illness.

> . Authorize leave (from civilian employers) for family members of injured personnel.

> . Implement a fully interoperable electronic DoD/VA health record and a joint interagency office to serve as a single authority for the development and administration of the system. Requires the development of a process to send electronic records necessary to support eligibility for VA benefits, including the DD Form 214, from DOD to VA.

> . Require procedures to ensure parents with minor dependents have adequate plans for family care upon deployment. Authorizes request for deployment deferment in certain circumstances.

> . Establish a Council of servicemembers, spouses, and representatives of military family organizations to make recommendations for DoD policy on military family readiness and to evaluate programs and services that prepare and support military families.

> . Authorize active-duty-level TRICARE coverage for members separated or retired from the armed forces for a serious injury or illness when care is not reasonably available in the VA. Note" Provision expires 31 DEC 12.

> . Require by 1 JUL 08 a standardized process for medical and physical disability evaluations that takes into account timely decisions, uniformity between services, and provides servicemembers with advice and counsel.

> . Require DoD to include all conditions that render a member unfit for duty in determining disability ratings for military disability retirement purposes. Requires three pilot programs: use of the disability rating assigned by the VA, use of joint DoD/VA rating system, and use of a single DoD website for accessing DoD disability evaluation information.

> . Require review of all disability separation cases between 11 SEP 01 and 21 DEC 09 in which a rating of 20% or below was assigned. Review is to be conducted upon request of member or next of kin or under the board's own initiative.

> . Eliminate offset of disability severance pay by VA disability compensation. Increases minimum disability severance pay to 12 months of basic pay and maximum to 38 months of basic pay. Applies to separation pay for injuries incurred in combat.

> . Authorize 5 years (versus 2) of automatic VA health care eligibility for members who serve in a combat theater.

- > . Establish the Chief of the National Guard Bureau as a 4-star position.
- > . Restore Tricare eligibility for Selected Reserve members and families whose coverage previously earned by active service since 7 OCT 01 had expired.
- > . Bar courts from vacating child custody agreements because of the deployment of a military member.
- > . Authorize reimbursement of up to \$300 in drill-related travel expenses for certain members, effective upon the date the president signs the legislation into law.
- > . Authorize retroactive payment of inflation-adjusted promotion pay amounts for Navy and Marine Corps POWs of World War II (equalizes with past treatment of POWs of other services).
- > . Authorize veterans the option of saluting the US Flag (vs. putting the hand over the heart).
- > . To hold down drug costs for the Department of Defense, drug manufacturers will have to provide the same federal discounts on prescriptions filled through the Tricare retail network that they do for military base and VA hospital pharmacies.
- > . Prohibit additional shifting of military medical personnel positions to civilian positions or contract positions.
- > [Source: MOAA Leg Up 8 Dec 07 ++]
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- > PENNSYLVANIA VET BONUS: Enabling legislation for Pennsylvania's Persian Gulf Conflict Benefit Program became law on 24 APR 07, however, applications for payment haven't yet become available for the anticipated 30,000 eligible veterans. Anissa Fetchen, veteran service officer with the Lackawanna County Department of Veterans Affairs, said 7 DEC that the department has not yet received the bonus applications from the state. And, she added, the applications now are not expected to arrive until some time in the first quarter of 2008, according to information from the state Department of Military and Veteran Affairs. The DMVA had expected the applications to be available late this year, and previously stated it would begin to accept them in the fourth quarter. It announced the first payments were expected to be made this month or early next year. The tardy production shouldn't affect veterans (unless they need the money now) because they have until 31 AUG 15 to submit applications. Eligible veterans are those who have served on active duty in the Persian Gulf theater of operations during the period from 2 AUG 90 to 8 31 91, and received the Southwest Asia Service Medal. They must have been legal residents of Pennsylvania and have served under honorable conditions. Vets will receive \$75 per month for each month (or major fraction) of active service, up to a maximum of \$525. The sum of \$5,000 will be paid on behalf of veterans who died in active service or as a result of service-connected wounds, and \$5,000 to prisoners of war in the conflict. The benefit program will cost the state an estimated \$20 million. The Pennsylvania Merchant Marine World War II Veterans Bonus Act 22 of JUN06 expired on 30 JUN 07. For more information, refer to the Pennsylvania Department of Military and Veterans Affairs Web site at [www.dmva.state.pa.us](http://www.dmva.state.pa.us) <<http://www.dmva.state.pa.us>>. [Source: The Times Tribune Bill Wagner article 9 Dec 07 ++]
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- >
- > CHAPTER 61 DISABILITY PAY UPDATE 01: Tens of thousands of veterans forced from service short of 20 years because of combat-related injuries will be eligible for Combat-Related Special Compensation (CRSC) effective 1

JAN 08, under a compromise 2008 defense authorization bill worked out by House and Senate conferees. The compensation payments would be set using the same formula as military retirement, usually 2.5% of base pay multiplied by years of service. The payments would be paid on top of disability compensation, thus ending for these combat-injured the long time ban on "concurrent receipt." The size of the eligible population among so-called "Chapter 61" retirees was not immediately available, but the projected cost of the combat-related program is \$678 million over the next 10 years. Conferees rejected a more modest House plan that would have restricted compensation eligibility to the most seriously disabled who served at least 15 years. [Source: The News Tribune Tom Philpott article 8 Dec 07 ++]

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> MEDICARE REIMBURSEMENT RATES UPDATE 07: Georgia physicians will lose \$410 million for the care of elderly and disabled patients over the next two years due to the 10% cut in Medicare payments for 2008 and an additional 5% cut in 2009. The state's physicians will lose \$6.4 billion for the care of elderly and disabled patients by 2016 due to nine years of cuts for this important medical care. For Georgia:

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> . 83,686 employees, 969,070 Medicare patients and 428,854 TRICARE patients in Georgia will be affected by these cuts.

> . Compared to the rest of the country, Georgia, at 207 practicing physicians per 100,000 population, has a below-average physician-to-population ratio, even before the cuts take effect.

> . 39% of Georgia's practicing physicians are over 50, an age at which surveys have shown many physicians consider reducing their patient care activities.

> . In 2008, the "Rest of Georgia" locality faces cuts of an additional 1.1% on top of the 10% cuts across the country. The 2003 Medicare law provided a temporary increase in geographic payment adjustments for certain states. This increase also will expire on January 1, 2008 under current law.

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> To find out how the cuts in authorized payments to physicians for Medicare services impact on your state refer to <http://www.ama-assn.org/ama/pub/category/14332.html>. Scroll down and select your state. The law provides for Medicare physician payment rates to be updated each year as follows:

> . Each year's payment update calculation starts with the Medicare Economic Index or MEI, which is a conservative government index of practice cost inflation.

> . The update is then adjusted up or down from MEI based on a national spending target called the Sustainable Growth Rate (SGR).

> . The SGR was created by Congress in 1997 as a target rate of growth in Medicare spending for physician services.

> . The key factors in setting the SGR are Gross Domestic Product (GDP) growth, Medicare enrollment, price changes and changes in Medicare benefits or other changes in law.

> . If spending exceeds the SGR targets, then annual physician payment updates are less than annual increases in practice cost inflation, even if they produce steep reductions from current payment rates.

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> The present Medicare physician payment update formula is producing disastrous effects. In addition to generating the pending steep pay cuts, the formula:

> . Has kept average 2007 Medicare physician payment rates about the same as

they were in 2001.

> . Prevents physicians from making needed investments in staff and health information technology to support quality measurement.

> . Punishes physicians for participating in initiatives that encourage greater use of preventive care in order to reduce hospitalizations.

> . Has led to a severe shortfall in Medicare's budget for physician services that have driven Congress to enact short-term interventions with funding methods that have increased both the duration of cuts, as well as the cost of a long-term solution.

> . Hurts access to care for America's military families because payment rates in the Department of Defense's TRICARE program are tied to Medicare rates

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> In November the CBO released a study titled The Long-Term Outlook for Health Care Spending. The study presents the CBO's federal spending projections on Medicare and Medicaid and health care spending generally over the next 75 years. The CBO reports that the goal of the study is to examine the implications of continuing current federal law, and finds that federal spending for health care would eventually reach unsustainable levels. In fact, in the absence of federal law changes, the CBO projections suggest that total spending on health care would rise from 16% of gross domestic product (GDP) in 2007 to 25% in 2025, 37% in 2050 and 49%. It also projects that federal spending on Medicare (net beneficiaries' premiums) and Medicaid would rise from 4% of GDP in 2007 to 7% in 2025, 12% in 2050 and 19% in 2082. [Source: MRGRG Don Rehwaldt msg 10 Dec 07 ++]

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> VA CLAIM TIPS: Three things that will help a veteran with a claim are to know the process; to know how to find info about your illness or injury; and to determine how the VA has handled cases like yours in the past.

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> 1.) A web site where you can see the C&P Exam the VA uses, and print it out, and can show it to your private doctor.

[www.vba.va.gov/bln/21/Benefits/exams/index.htm](http://www.vba.va.gov/bln/21/Benefits/exams/index.htm)

<<http://www.vba.va.gov/bln/21/Benefits/exams/index.htm>>. These 57 Disability Examination Worksheets are in use both by the doctors of VHA (Veterans Health Administration) who do the disability examinations and by the rating specialists, hearing officers, and Decision Review Officers of VBA (Veterans Benefits Administration) who do the disability evaluations.

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> 2.) A web site you can search, review and print out various pages of regulations, etc about the VA system and claims is

[www.warms.vba.va.gov/TOCindex.htm](http://www.warms.vba.va.gov/TOCindex.htm) <<http://www.warms.vba.va.gov/TOCindex.htm>>, which includes:

> == Compensation and Pension - 21

> == 38 Code of Federal Regulations - REGS

> == Book A - General

> == Book B - Adjudication

> == Book C - Schedule for Rating Disabilities

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> 3.) A web site where you can search Veteran Board of Appeals to see how the VA has handled your illness or injury, what they were looking for, and what paragraphs in VA regs apply is

<<http://www.index.va.gov/search/va/bva.html>>. Decisions are current through 31 AUG 07.

> [Source: USDR Daniel Cedusky Dec 07 ++]

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> SALVATION ARMY: A warning has been issued by the Salvation Army in St. Johns County FL of a scam in the name of The Salvation Army as a result of being contacted by concerned citizens. Salvation Army Capt. Bethany Delaney advised two individuals have been pulling a scam by "going door-to-door in neighborhoods posing as Salvation Army bell ringers, soliciting donations wearing red aprons while carrying bells. "We would like the community to know that The Salvation Army does not solicit door-to-door, nor have we ever done so," Delaney said. "Our bell-ringers and kettles are located at local stores, and these are legitimate and secure ways of donating to The Salvation Army." Delaney notes that the kettles are an important fundraising effort that supports The Salvation Army's seasonal and year-round services in America. "If you are approached at your home for donations to The Salvation Army, please contact the local law enforcement immediately." Delaney said. [Source: St. Augustine Record staff article 8 Dec 07 ++]

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> VA SECRETARY UPDATE 05: A Congressional hearing was held 6 Dec on the nomination of retired Army Lt. Gen. James B. Peake to be secretary of veteran's affairs. The confirmation hearing lasted 2 1/2 hours and was reported by a number of news media who took the following slants on the hearing results.

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> - The Washington Post /AP (12/6, A12) reported, "Pledging to do the right thing, the nominee said that he would be an independent advocate for thousands of injured veterans and would fight for the needed funding for their care." Peake also vowed to work on fixing gaps in care and reducing delays in disability pay, although he hedged on offering specific solutions, deferring to the detailed briefings he would receive later, if confirmed.

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> - A longer version of the AP article appearing in the Washington Times (12/6) reported, "No major veterans organization is opposing Mr. Peake, and the full Senate is expected to confirm his nomination as early as this month. Still, members from both parties on the Senate Veterans Affairs Committee questioned Mr. Peake closely about his independence and how he would set himself apart from former VA Secretary Jim Nicholson, who almost immediately after taking office in 2005 was forced to admit to a \$1.3 billion agency shortfall that put veterans' health care at risk."

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> - The Los Angeles Times (12/6, Macias) reported, "Peake...assured senators during his confirmation hearing Wednesday that he would fight to improve care for military personnel injured in Iraq and Afghanistan." He also "promised to look into senators' complaints about the lack of staffing and facilities for veterans in rural areas, reduce delays in healthcare claims, put mental health issues at the forefront and be truthful about the department's budget needs."

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> - The San Antonio News-Express (12/6, Martin) said, "Peake sailed through the hearing after senators quizzed him about his ties to private sector firms and his views on how to improve care at Walter Reed Army Hospital. Peake faces minimal opposition to his nomination, although the group Veterans for Common Sense has called Peake the wrong man at the wrong time. And the Iraq and Afghanistan Veterans of America, which represents 62,000 members in 50 states, questioned how Peake would address the backlog of VA

claims and improve services."

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> - In contrasting coverage, the St. Louis Post-Dispatch (12/6, Vines) said skepticism ran high at the hearing, particularly when Peake said he knew little about the 22,000 veterans who have been discharged for pre-existing personality disorders. Sen. Patty Murray (D-WA), a committee member and leading administration critic on the issue, said she found Peake's answers disappointing. Leaders of several veterans organizations at the hearing also said they were surprised by what they said appeared to be a lack of preparation by Peake, a physician who recently served as Army surgeon general. Matthew Cary, president of Veterans & Military Families for Progress, said, "He's been in the system for a long time, he's an M.D., and he should be more knowledgeable about these issues." The Post-Dispatch adds, though, that problems at the VA and a leadership vacuum led most senators to say they would support the nomination, which is expected to go to the full Senate later this month.

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> - CQ (12/5, Yoest) reports Peake appears poised for confirmation by the end of the month, with several Senate Democrats offering support for him at a hearing Wednesday. According to Veterans Affairs Chairman Daniel K. Akaka (D-HI) a committee vote on Peake's confirmation will occur after senators submit last-minute questions. Akaka said he expects committee and full Senate votes on confirmation to occur before Congress adjourns for the year. Akaka said he plans to support Peake, and Murray, a frequent critic of the department, said she too is likely to support Peake's nomination. Another Democrat, Montana's Jon Tester, offered his support as well. Republicans, meanwhile, had nearly unequivocal praise for Peake.

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> - CBS News.com (12/5, Malbran) noted in a blog entry that Peake faced questions about veteran suicides and a CBS News investigation during his confirmation hearing before the Senate Veterans Affairs Committee. CBS added, "The committee will now need to vote on Peake's confirmation which could happen before the end of the year. Then, the nomination will go to the Senate floor. A Senate Veterans Affairs staffer told CBS News the nomination appears to be a shoo-in"

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> - The Navy Times (12/6, Maze) adds that Peake's comments during the hearing appeared to seal the deal on his nomination, with plans for a Senate vote before Congress adjourns for the holidays.

> [Source: VA Secy Vet Group Liaison Officer News 6 Dec 07 ++]

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> VA CAREGIVER PROGRAM: The Department of Veterans Affairs announced 6 DEC it will provide nearly \$4.7 million for "caregiver assistance pilot programs" to expand and improve health care education and provide needed training and resources for caregivers who assist disabled and aging veterans in their homes. The pilot programs will support eight caregiver projects across the country. In addition, VA provides support and assistance through a variety of programs such as care management, social work service, care coordination, geriatrics and extended care, and through its nationwide volunteer programs. Among the key services provided to caregivers are transportation, respite care, case management and service coordination, assistance with personal care (bathing and grooming), social and emotional support, and home safety evaluations. Education programs teach caregivers how to obtain community resources such as legal assistance, financial support, housing assistance, home delivered meals and spiritual support. In

addition, caregivers are taught skills such as time management techniques, medication management, communication skills with the medical staff and the veteran, and ways to take better care of themselves.

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> Many of the projects use technology, including computers, Web-based training, video conferencing and teleconferencing to support the needs of caregivers who often cannot leave their homes to participate in support activities. The VA pilot programs announced include:

> . At the Memphis (Tenn.) and Palo Alto (Calif.) VA medical centers, a project will provide education, support and skills-building to help caregivers manage both patient behaviors and their own stress. This intervention will be provided in 14 Home-Based Primary Care (HBPC) programs across the country and also to caregivers in non-HBPC settings at the Palo Alto VAMC.

> . At the VA medical center in Gainesville, Fla., caregivers will take part in a Transition Assistance Program to provide skills training, education and supportive problem solving using videophone technology.

> . At the VA Healthcare System of Ohio, headquartered in Cincinnati, caregiver advocates will be available around the clock to coordinate between VA and community services.

> . At the VA Desert Pacific Network and the VA Sierra Nevada Healthcare System, VA will work with a community coalition to provide education, skills training and resources for caregivers of veterans with traumatic brain injury using computer-based telehealth, including Web, telephone and videoconferencing.

> . At the VA medical center in Albany, N.Y., a pilot project will convert a three-hour workshop developed by the National Family Caregivers Association called "Communicating Effectively with Health Care Professionals" into a cost-effective multimedia format.

> . At the Atlanta VA Medical Center, use of computer-based technology will provide instrumental help and emotional support to caregivers who live in remote areas or to those who cannot leave a patient alone.

> . The Tampa VA Medical Center and the Miami VA Healthcare System are working on a collaborative project. In the Tampa area, the current program will be expanded to provide 24-hour in-home respite care to temporarily relieve caregivers up to 14 days a year. In Miami, the program will coordinate comprehensive community-based care services, including respite, home companions, adult day care and use of emergency response system.

> . The VA Pacific Islands Health Care System will use the "medical foster home" model of care, in which caregivers in the community take veterans into their homes and provide 24-hour supervision. This program will take place on the islands of Kauai, Hawaii, Maui and rural areas of Oahu.

> [Source: VA News Release 6 Dec 07 ++]

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> SBA VET ISSUES UPDATE 06: The House passed legislation by a vote of 407-2 on 6 DEC that would expand Small Business Administration (SBA) programs for veterans and military reservists. The bill (HR 4253), which was sponsored by Jason Altmire (D-PA) would authorize \$4.4 million to support Veterans Business Outreach Centers. Approximately 4 million veterans own small businesses, making up about 14% of all such enterprises. The House measure also would establish a Women Veterans Business Training Resource Program. The program would compile and distribute information on resources available to women veterans and would provide technical and regulatory assistance to small businesses owned by armed forces reservists. [Source: Congressional Quarterly 7 Dec Homan article ++]

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> MEDICARE PART "D" UPDATE 16: Medicare beneficiaries are likely to see a smaller number of drugs covered under their Part D insurance plans next year, as insurers have revised offerings and the government has culled hundreds of products from a list of approved drugs. On average, the number of drugs offered by the 10 insurers with the largest enrollment shrank by 26% from this year to next, according to data analyzed by Washington consulting firm Avalere Health. Two of the largest insurers - UnitedHealth (UNH) and Humana (HUM) - saw drops of 30% in some of their plans, from more than 3,750 drugs to just more than 2,620, Avalere's analysis shows. Even so, the two insurers still have among the largest drug lists of the 10 biggest insurers. The drop came mainly because of changes made by Medicare, which shrank the list of drugs it will pay for, culling those that have been pulled by the FDA, are no longer being made, had duplicative billing codes or were drugs deemed "less than effective" by the FDA.

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> Medicare officials and the insurers say most beneficiaries are unlikely to be affected. Enrollees taking drugs that were pulled will usually be able to find alternates or can go through an appeals process to try to stay on their current drugs, they said. "Most of those (removed) drugs were not used," says Jeff Kelman, chief medical officer for Medicare's Center for Beneficiary Choices. UnitedHealth spokesman Daryl Richard says even with the drop, the company's Medicare Rx Preferred plan covers "100% of the drugs" on Medicare's approved list. Humana spokesman Tom Noland says, "As the Part D program develops, the size of the formulary is becoming more aligned with utilization patterns, consumer preferences, health outcomes and value for consumers." Avalere's Jon Glaudemans says the enrollees should check the drug lists of plans they are considering before signing up, to see if the medications they take are included. The deadline for enrolling is 31 DEC 07. "Every year, insurers revise their formularies, and every year, beneficiaries should reassess their choices," Glaudemans says.

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> One group that may be particularly affected by the change are some beneficiaries who qualify for government premium subsidies because they are low-income. About 2.1 million low-income-subsidy enrollees will be automatically switched to new insurers in 2008 because their current insurers raised premiums above a government benchmark. An Avalere analysis of those being switched from plans in Texas to other plans found that, on average, enrollees will be switched to coverage with 14% fewer drugs than if they had been able to remain with their current insurers, based on the revised 2008 drug lists. In addition, the new insurers require prior authorization on 15% of all drugs offered, compared with 10% under the plans no longer eligible to take low-income enrollees in Texas. That means the patient has to get approval from the insurer before getting the drug. "This means they will have a harder time accessing what they need," says Dan Mendelson, president of Avalere. Medicare spokesman Jeff Nelligan says there is no way to determine if the Avalere findings from Texas also hold true nationally. Nelligan said that insurers must meet Medicare's requirements for offering drugs in all classes of products, provide at least a 30-day transition for those who must change drugs and offer an appeals process. He added that subsidy-eligible enrollees can change insurers even after the open enrollment period closes. Other enrollees cannot change. Following is a breakdown by Part D insurer indicating their number of enrollees as of JUL 07, the number of drugs covered in 2007, and the number of drugs that will be covered in 2008.

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- > - AARP MedicareRx Preferred : 3.1 million : 3,763 : 2,627
- > - Humana PDP Standard : 2.1 million : 3,752 : 2,623
- > - Humana PDP Enhanced: 1.1 million : 3,755 : 2,623
- > - Community Care Rx Basic: 1.0 million : 1,835 : 1,627
- > - AARP MedicareRx Saver: 0.9 million : 3,167 : 2,184
- > [Source: USA TODAY Julie Appleby article 4 Dec 07 ++]

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> VA PSYCHOLOGISTS: Providing the very best mental health care to soldiers returning from combat in Iraq and Afghanistan is one of the highest priorities for the U.S. Department of Veterans Affairs. But at the nation's busiest VA hospital, the James A. Haley VA Medical Center in Tampa, the most-troubled and vulnerable veterans are often treated by the least-experienced psychologists, according to a complaint to the state. About 12 of Haley's 34 psychologists - more than a third - are unlicensed and receive little if any direct supervision, according to a complaint filed 29 NOV with the Florida Board of Psychology. The VA disagrees with the complaint's figure, saying just nine are unlicensed. The complaint, filed by Haley psychologist Brian Nussbaum, said some of these psychologists still use the title of either "psychologist" or "clinical psychologist" with patients. If true, that would violate state law. In an interview on 3 DEC, Nussbaum said three of the four psychologists working in Haley's Post Traumatic Stress Disorder Clinic are unlicensed. Nussbaum is the only licensed psychologist in the clinic. And he said Haley's suicide-prevention coordinator also is an unlicensed psychologist. Nussbaum fears patient care is endangered by this inexperience. Unlicensed psychologists, he said, are typically people who have recently obtained their psychology doctorate and have far less clinical experience than their licensed counterparts.

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> VA officials denied that patient care is impacted and said that all unlicensed psychologists receive ample supervision and are on track to receive their licenses in the future. Florida and federal law allows unlicensed psychologists to work as long as they receive constant supervision, the VA and state said. Regional VA spokesman John Pickens said the VA places the highest priority on veteran mental health treatment and that unlicensed psychologists do receive constant supervision. At the Bay Pines VA Medical Center in St. Petersburg, which also operates a PTSD clinic, all of the hospital's 22 psychologists are licensed, said Pickens. Mary Kay Hollingsworth, a representative of the North Florida/South Georgia Veterans Health System speaking on behalf of the section of the VA that serves veterans in North Central Florida, Hollingsworth "said there are a total of 37 psychologists on staff; of those, only four are not yet licensed." Hollingsworth "said Nussbaum's complaint only took in part of the picture at facilities that serve veterans in Florida and Georgia. The full picture is that this system allows the VA a unique opportunity to grow our own clinical staff, with the training they need in PTSD and other concerns particular to veterans."

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> Some veteran advocates questioned the practice of relying heavily on unlicensed psychologists at a time when the numbers of veterans requiring mental health treatment is increasing. To obtain a state license, the state says an applicant must complete 2,000 hours of supervised clinical work, which must include a supervisor reviewing their notes. In addition, the state says applicants must have two hours of direct supervision each week with a licensed psychologist. At least one hour must be face-to-face, rather

than over the phone. Complaints to the Board of Psychology, a division of the Florida Department of Health, are confidential and the department won't comment on or confirm a pending complaint. The state investigates such complaints and can take a range of actions, from suspending a license to levying a fine against anyone accused of misconduct. But it was unclear whether the state has jurisdiction over the VA. The VA employs 10,000 mental health professionals nationally, up 15% since 2003. The James A. Haley VA Medical Center is a 327-bed tertiary care teaching hospital with 180 authorized nursing home care beds. [Source: St. Petersburg Times William R. Levesque article 4 Dec 07 ++]

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> VET BONUS PAYBACKS: A wounded Iraq war veteran came forward last month to say the Pentagon asked him to repay a large chunk of his enlistment bonus, and Congress was outraged. Lawmakers condemned the practice, and more than 250 signed on to sponsor legislation designed to right the wrong. They promised to rein in the heartless government bureaucrats who dared to implement a policy that could snatch soldiers' money away like this. Problem is, there doesn't appear to be much of a problem. Only a handful of cases have been found in which a wounded soldier was asked to repay a bonus, and those turned out to be clerical mistakes. But Iraq is such an emotional issue that initial reports of mistreated veterans put many in Congress into a state of high dudgeon. Those watching such developments say the problem appears to have been wildly overstated.

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> Joe Davis, a spokesman for Veterans of Foreign Wars said, "We're six years into a war. The military's been paying enlistment bonuses for a while, and we would have heard a lot about it if it were happening. There are other issues that are more important for the Congress to be taking up." The Pentagon says it has received just two complaints on the issue since a wounded warrior hotline was set up this summer. Pentagon policy and practice for at least 20 years has been to fully pay enlistment bonuses to soldiers forced to leave the military early for reasons beyond their control, such as a combat injury, according to Bill Carr, deputy undersecretary of defense. Administrative lapses have occurred, however. Most recently, Jordan Fox, an Army sniper from Mount Lebanon, Pa., who was partially blinded by a roadside bomb in Iraq, was mistakenly sent a letter asking him to repay \$2,800 of his enlistment bonus. A similar case, involving a veteran whose bonus payments were cut off, was found by a presidential commission formed earlier this year to recommend improvements in veterans' care. In both instances, the Pentagon said the problems were administrative errors that would be corrected. Fox, it turned out, would not be asked to repay his bonus. Despite that, lawmakers have rushed to respond introducing a bill in the Senate on 3 DEC. In the House, members stepped up by the dozens after hearing Fox's story to sign on as co-sponsors of a similar bill introduced in October by Rep. Jason Altmire (D-PA).

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> Susan Hosek, an economist at the Rand Corp. think tank who was the presidential commission's research director, said the commission was satisfied with the Pentagon's response. "It certainly didn't rise to the level of an important issue in our work," Hosek said of the panel, headed by former Sen. Bob Dole and former Health and Human Services Secretary Donna Shalala. "If it had, we would have made sure that it was highlighted in our report ... we literally only heard about it once that I know of." The commission did not mention the issue in its final report, but did discuss it with Defense Department officials and suggested that the policy be worded

more explicitly. The Pentagon implemented the revised wording in September. Paul Rieckhoff, executive director of the Iraq and Afghanistan Veterans of America, which pushed for the legislation, acknowledged that his group knows only of a few complaints. But he said the legislative effort will keep the Pentagon on its toes and highlight the bureaucratic hassles that veterans face when they return home. "I would rather have them focus on the fact that the Veterans Affairs budget is late. I would rather have them focus on traumatic brain injury," he said. "But in general, this kind of problem does raise awareness that the bureaucracy for everyone is still too difficult."

[Source: AP Ben Case article 4 Dec 07 ++]

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> IOWA VET BONUS: Vietnam-era veterans may be eligible for a little extra cash this holiday season under a state bonus program that has received an extended timeline. The Iowa Department of Veterans Affairs is promoting the Iowa Veterans Bonus program to veterans who served from 1 JUL 73 to 31 MAY 75. Anyone who served in Vietnam during that period will receive \$17.50 per month of service up to a maximum of \$500. Anyone who served on active duty anywhere during that period is eligible for a payment of \$12.50 per month for a maximum of \$300. The bonus applies to any Iowa resident who lived in state at least six months prior to service. Previously, the bonus program applied to anyone who served from 1 JUL 58 to 31 JUN 73. Any bonus previously paid for that time period would be subtracted from any additional payment under the extended time period. To learn whether you already received the bonus, or for more information on the program, call (515) 242-5331. A form to apply is available online at [www.iowava.org](http://www.iowava.org) <<http://www.iowava.org>>.

[Source:

The Hawkeye Newspaper article 5 Dec 07 ++]

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> GI BILL UPDATE 16: The Department of Veterans Affairs (VA) announced 3 DEC it has dramatically improved its ability to process applications for GI Bill education benefits from veterans and servicemembers. "Our processing time is good, and it's going to continue to get better," said Acting Secretary of Veterans Affairs Gordon H. Mansfield. "These improvements come despite a 40% increase in applications for GI Bill benefits since 2001." For first-time recipients of educational benefits, the average processing time decreased from 40 days in 2006 to 32 days in 2007. Claims from veterans reenrolling for subsequent school terms or additional training programs were processed in an average of 13 days, down from 20 days in 2006. VA developed short-term strategies for immediately processing more claims. As an example, VA created a temporary call center in late 2006 to respond to customer service calls, freeing additional employees to process education claims. The center's success led VA to develop plans for a permanent call center, scheduled to open in early 2008 at VA's Regional Processing Office in Muskogee, Oklahoma. VA has also developed programs that promote self-service among GI Bill users. Services that once demanded the attention of VA employees-from enrolling in direct deposit to updating contact information-can now be performed online. In OCT 07 alone, veterans and servicemembers completed more than 10,000 self-service transactions.

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> VA has also expanded its self-servicing approach to school officials, many of whom now submit veterans' enrollment information electronically. VA uses this electronically submitted data to process automatically more than 100,000 of the more than 1.5 million education claims received in fiscal year 2007. While these accomplishments are

significant, VA remains committed to continued improvement in the delivery of education benefits. The Department's performance goals are aggressive, calling for 20% reductions in processing time during the next year. In 2007, 524,000 veterans and beneficiaries received approximately \$21 billion dollars of education assistance. Since 1944, more than 21.4 million veterans and their beneficiaries have received GI Bill benefits. VA education benefits include Montgomery GI Bill for active duty personnel, Montgomery GI Bill for Selected Reserves, the Reservist Education Assistance Program and educational assistance for survivors and dependents. For more information on VA education benefits, refer to VA's education Web site at: [www.GIbill.va.gov](http://www.GIbill.va.gov) <<http://www.GIbill.va.gov>>. [Source: VA Media Relations 3 Dec 07 ++]

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> CRDP/CRSC OPEN SEASON: Retired servicemembers eligible for both Concurrent Retirement and Disability Pay (CRDP) and Combat-Related Special Compensation (CRSC), may participate in the CRDP/CRSC open season to choose which payment they prefer to receive. Federal law states retirees can receive CRDP or CRSC - not both. This year's annual open season is 1 JAN 08, to 3 JUN 08. Beginning in late December, all eligible retirees will be mailed a CRDP/CRSC Open Season Election Form. Retirees need to return the form only if making a change from CRDP to CRSC or vice versa. If a retiree prefers to keep things the way they are, no action is needed and the current payment will continue uninterrupted. The election form includes a comparison of the CRDP and CRSC entitlement amounts as well as information about the tax ramifications. If a retiree wants to change from CRDP to CRSC or vice versa, the form needs to be completed and mailed, and postmarked no later 31 JAN 08. If the form or envelope is dated after this date, it will not be processed and the current payments will continue. Return your form quickly and your change of payment should be effective by the first business day of FEB 08. Typical processing time is 30 days. Your change in pay will occur on the first business day of MAR 08, if it does not occur in February. For March payments, there will be a retroactive adjustment for the payment that would have been paid on the first business day in February. Your election will remain in effect unless changed in a subsequent annual open season. [Source: MOAA News Exchange 5 Dec 07 ++]

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> ELDERLY EMERGENCY ROOM USE: Side effects from just three drugs are responsible for a full third of all U.S. emergency room visits by senior citizens who had adverse reactions to medications, a new study found. Researchers found in 2004 and 2005, the blood thinner Warfarin, the diabetes drug Insulin and the heart drug Digoxin caused about 58,000 emergency room visits a year in those 65 and older. The major problem is that it's hard to determine the correct dose for each drug, said study lead author Dr. Daniel Budnitz, a medical officer with the U.S. Centers for Disease Control and Prevention (CDC). "It's challenging," he said, "and it takes work between the patient and physician to get the dose just right." Budnitz and his colleagues undertook the study to determine the danger posed to senior citizens by a long list of drugs that have been deemed "potentially inappropriate" for use in the elderly. The researchers looked at several surveys of emergency room visits from 2004 and 2005. The study findings are published in the Dec. 4 issue of the Annals of Internal Medicine.

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> Forty-one drugs are on the list-called the BEERS criteria-of medications considered inappropriate for the elderly. But they accounted for just 3.6% of a total of about 177,000 annual emergency room visits.

Warfarin (also known as Coumadin), insulin and digoxin which has a number of trade names) posed many more problems. (Digoxin is also on the list of potentially inappropriate drugs for the elderly, but it's only listed as a potential problem if taken in certain situations.) All three medications are well-known, commonly used drugs and all can create problems in some cases. Warfarin, often prescribed to heart patients, prevents blood clots by thinning the blood, but can cause excessive bleeding if the blood becomes too thin. Insulin treats diabetes but can sometimes cause blood sugar levels to drop to dangerous levels. And digoxin, a long-used drug, can cause a variety of problems from nausea to erratic heartbeats.

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> In some cases, there aren't good alternatives to these three drugs, although some doctors consider digoxin to have outlived its usefulness, the study authors noted. Doctors can monitor the levels of all three drugs with blood tests, Budnitz said. Simple finger-prick blood tests allow testing of blood sugar levels, and similar tests measuring clotting ability are now available in some clinics for people taking warfarin, he said. The study results are "a reminder that doctors and patients need to work on doing the best job we can managing these medicines," Budnitz said. "The answer isn't to take away medications." Dr. Knight Steel, head of geriatric medicine at Hackensack University Medical Center in New Jersey, said the study results aren't really surprising. Doctors have long known the risks of the three drugs in question, he said, adding that the research doesn't provide any new information. To learn more about the health risks that drugs can pose to the elderly, refer to <http://www.dukehealth.org/HealthLibrary/News/7994>.

[Source: HealthDay Reporter Randy Dotonga article 4 Dec 07 ++]

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> VA COMPENSATION RATES (DISABILITY): This benefit program evaluates disability resulting from all types of diseases and injuries encountered as a result of military service. The degree of disability as determined by VA represents (as far as can practicably be determined) the average loss in wages resulting from such diseases and injuries and their complications in civil occupations. Generally, the degrees of disability specified are also designed to compensate for considerable loss of working time from exacerbations or illnesses. By law, payment of VA compensation and military disability severance pay for the same medical condition or disability is prohibited. VA compensation will be withheld on a monthly basis until the total amount of military severance pay has been recovered. As required by the Veterans' Compensation Cost-of-Living Adjustment Act of 2008 the DVA has given notice of adjustments in certain benefit rates. These adjustments effective 1 DEC 07 for 2008 affect the compensation program as indicated below:

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> 10% - 20% (No Dependents): 10% \$117 20% \$230

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> 30% - 60% Without Children Dependent Status 30% 40% 50% 60%

> Veteran Alone \$356 \$512 \$728 \$921

> Veteran with Spouse Only \$398 \$568 \$799 \$1006

> Veteran with Spouse & One Parent \$432 \$613 \$856 \$1074

> Veteran with Spouse and Two Parents \$466 \$658 \$913 \$1142

> Veteran with One Parent \$390 \$557 \$785 \$989

> Veteran with Two Parents \$424 \$602 \$842 \$1057

> Additional for A/A spouse (see footnote b) \$39 \$52 \$64 \$77

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> 70% - 100% Without Children Dependent Status 70% 80% 90% 100%

- > Veteran Alone \$1,161 \$1,349 \$1,517 \$2,527
- > Veteran with Spouse Only \$1,260 \$1,462 \$1,644 \$2,772
- > Veteran with Spouse & One Parent \$1,339 \$1,553 \$1,746 \$2,783
- > Veteran with Spouse and Two Parents \$1,418 \$1,644 \$1,848 \$2,897
- > Veteran with One Parent \$1,240 \$1,440 \$1,619 \$2,641
- > Veteran with Two Parents \$1,319 \$1,531 \$1,721 \$2,755
- > Additional for A/A spouse (see footnote b) \$90 \$103 \$116 \$129
- > \*\*\*\*\*
- > 30% - 60% With Children Dependent Status 30% 40% 50% 60%
- > Veteran with Spouse & Child \$429 \$610 \$850 \$1068
- > Veteran with Child Only \$384 \$550 \$776 \$978
- > Veteran with Spouse, One Parent and Child \$463 \$655 \$907 \$1136
- > Veteran with Spouse, Two Parents and Child \$497 \$700 \$964 \$1,204
- > Veteran with One Parent and Child \$418 \$595 \$833 \$1046
- > Veteran with Two Parents and Child \$452 \$640 \$890 \$1114
- > Add for Each Additional Child Under Age 18 \$21 \$28 \$35 \$42
- > Each Additional Schoolchild Over Age 18 (see footnote a) \$68 \$90 \$113 \$136
- > Additional for A/A spouse (see footnote b) \$39 \$52 \$64 \$77
- > \*\*\*\*\*
- > 70% - 100% With Children Dependent Status 70% 80% 90% 100%
- > Veteran with Spouse & Child \$1,332 \$1,545 \$1,737 \$2,772
- > Veteran with Child Only \$1,228 \$1,425 \$1,603 \$2,623
- > Veteran with Spouse, One Parent and Child \$1,411 \$1,636 \$1,839 \$2,886
- > Veteran with Spouse, Two Parents and Child \$1,490 \$1,727 \$1,941 \$3,000
- > Veteran with One Parent and Child \$1,307 \$1,516 \$1,705 \$2,737
- > Veteran with Two Parents and Child \$1,386 \$1,607 \$1,807 \$2,851
- > Add for Each Additional Child Under Age 18 \$49 \$56 \$63 \$71
- > Each Additional Schoolchild Over Age 18 (see footnote a) \$158 \$181 \$204 \$227
- > Additional for A/A spouse (see footnote b) \$90 \$103 \$116 \$129

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> Footnotes:

> a.) Rates for each school child are shown separately. They are not included with any other compensation rates. All other entries on this chart reflecting a rate for children show the rate payable for children under 18 or helpless. To find the amount payable to a 70% disabled veteran with a spouse and four children, one of whom is over 18 and attending school, take the 70% rate for a veteran with a spouse and 3 children, \$ 1,430, and add the rate for one school child, \$158. The total amount payable is \$1,588.

> b.) Where the veteran has a spouse who is determined to require A/A, add the figure shown as "additional for A/A spouse" to the amount shown for the proper dependency code. For example, veteran has A/A spouse and 2 minor children and is 70% disabled. Add \$90, additional for A/A spouse, to the rate for a 70% veteran with dependency code 12, \$1,381. The total amount payable is \$ 1,471.

> [Source: <<http://www.vba.va.gov/bln/21/Rates/comp01.htm>> Dec 07 ++]

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> DRAFT EXPOSURE: Your normal body temperature can drop after prolonged exposure to cold drafts. The elderly and those who have compromised immune systems need to protect themselves because a decrease in the body's natural temperature can lower resistance to germs/viruses and make you feel stiff, uncomfortable and run-down. Stopping drafts can help you stay warm and healthy-and save money, too. As the cold weather rolls in, you may hear your windows rattle or feel a cold breeze through your back door, even when it is closed. These are sure signs of drafts stealing your heat and making it

harder for you to stay warm. Following are a few tips that will help you handle drafts and stay warm at the same time:

> . If you have older windows, they might not keep the heat in very well. Plastic sheeting can be affixed over the whole window to provide a layer of insulation without blocking the light. The plastic helps you stay warm by stopping drafts as well as the cold that just seeps through the window pane itself.

> . If you can see daylight through the edges of your doors that means they leak. You can't cover doors with plastic sheeting, but a storm door will probably pay for itself within a few heating seasons. There are also inexpensive insulation kits for doors that have foam, magnets or fleece to seal the edges, and weather stripping to put along the bottom.

> . Draft stoppers for the base of doors and windows can be found in colorful and playful designs. You can also make your own. Sew a fabric tube and fill it loosely with dried beans or popcorn kernels. Want to recycle? Cut the sleeve off an old shirt or fill pantyhose you aren't using anymore.

> . If you have double hung windows, check each one to ensure it is fully closed on both the top and bottom. They sometimes slide down a little bit during the warmer months and will cause a draft if not closed properly.

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> How to deal with drafts you can't stop:

> . Try rearranging your furniture to stay warm. If you feel a breeze on you while you sit in your favorite chair, consider rearranging the room to avoid drafts in the locations where you sit regularly.

> . Ceramic space heaters are very cost effective for heating a small area and cost much less to run than trying to heat your entire home. For safety from accidents, make sure that your heater has a timer on it or remember to unplug it when you leave the room.

> . Most of us use our ceiling fans only in summer, but try using the ceiling fan when the weather is cold too. Most styles have a reverse switch on them that will push down the warmer air that collects at the ceiling to help you stay warm.

> . Wearing several thin layers of clothes will help you stay warm in cold weather. The warmth from your body will get trapped in the air pockets between the layers. Long underwear is particularly good for helping you stay warm and dry.

> . Keep a throw blanket handy to cover your feet or shoulders, or use a fleece shawl across your lap or around your shoulders to help you stay warm. Fleece blankets and throws are particularly useful, because they are incredibly warm but lightweight and less bulky than most other fabrics.

> . Wearing fleece slippers around the house can help keep your feet warm. Look for non-skid bottoms because they prevent slipping and possible falls.

> . Heat from external sources can be helpful. If you use a heating pad for warmth, limit the length of time it's close to the skin to avoid a burn and always turn it off if you are sleepy. Some heating pads come with safety shut-off switches, which will turn off automatically after a set period of time. There are also wraps or pads that you can heat in the microwave. They provide temporary warmth and you don't need to remember to turn them off.

> [Source: About.com Senior Living Guide article 4 Dec 07 ++]

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> **DEEP VEIN THROMBOSIS:** Deep Vein Thrombosis (DVT) is a difficult-to-detect ailment that kills 200,000 people in the U.S. each year-more than AIDS and breast cancer combined. Yet few have heard of it and what you don't know can kill. Often the symptoms for DVT are subtle and can sometimes be mistaken for muscle strains, skin rashes or inflammation in the

veins. Left untreated, DVT may cause severe or fatal complications such as pulmonary embolism or blood clotting in the lungs. It has been dubbed the "economy class syndrome" because of its association with long flights in cramped conditions. However, it can also strike first class passengers, and has been known to afflict travelers on long journeys in cars, trucks, buses and trains. It also affects injured persons who are immobile for long periods of time. Anyone may develop DVT, but there are conditions that place some at higher risk including:

- > . Immobility or poor mobility
- > . Surgery that lasts more than 30 minutes
- > . Health conditions that cause the blood to clot more easily than normal
- > . Contraceptive pills and hormone replacement therapy
- > . Cancer or heart failure
- > . Pregnancy (about 1 in 1000 pregnant women have DVT)
- > . Obesity
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- > Nearly half of all people diagnosed with DVT have no symptoms; however, there are some warning signs that require immediate attention. Contact your health care provider if you notice:
  - > . Pain, redness, tenderness, or sudden swelling in one leg
  - > . Skin that is warm to the touch in one leg
  - > . Unexplained shortness of breath
  - > . Chest pain or rapid heart rate
  - > . Coughing up blood
- > For more information on DVT, visit [http://www.nhlbi.nih.gov/health/dci/Diseases/Dvt/DVT\\_WhatIs.html](http://www.nhlbi.nih.gov/health/dci/Diseases/Dvt/DVT_WhatIs.html). [Source: TMA Gail Cureton article 30 Nov 07 ++]

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> TRICARE COVERAGE UPDATE 01: Beneficiaries may have seen recent news reports alleging that health insurance company Health Net Inc., rewarded its senior analyst in charge of Tricare's managed care contractors, Tricare beneficiaries might think they are also at risk of cancellation or revocation of their TRICARE coverage. Tricare leaders say that is simply not true. Health Net Inc., has many divisions. The issue in the news report involves the civilian commercial health insurance portion of Health Net Inc., and is not related to the Federal Services part of the company. Unlike some commercial insurance policies, Tricare benefits are not limited by such things as pre-existing conditions or failure to report health information. If a person is entitled to care under the laws established by Congress, then they receive that care. Tricare Management Activity wants to reassure its beneficiaries that none of them are at risk of losing their Tricare coverage, regardless of the cost of their care or other conditions that might affect commercial insurance policies. Tricare is a statutory entitlement earned by Military service. No contractor can simply drop the health care coverage of its beneficiaries. [Source: TMA News Release No. 07-93 dtd 3 Dec 07 ++]

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> USERRA UPDATE 04: A Pentagon study reports that about four in ten returning civilian soldiers filing complaints against their employers are dissatisfied with the Department of Labor's (DOL's) response to their requests for help. And even though the number of actual employee complaints is going down slightly, companies still lack sufficient knowledge of the reemployment rules. The study found that 44% of the returning Reservists and National Guard members who filed a complaint under the Uniformed Services

Employment and Reemployment Rights Act (USERRA) were dissatisfied with the government's handling of their cases in 2006, compared with 27% in 2004. Roughly one-third said the Department of Labor's response was not prompt. In addition, about one in four (23%) said they could not find a job because their previous employers did not promptly rehire them as required by law.

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> Other findings in the Pentagon report include:

> . Nearly 15,000 of the returning Reservists and National Guard members didn't receive the training they needed to return to their former jobs;

> . Nearly 11,000 didn't get their health insurance back.

> . About one-third experienced difficulty getting reemployment assistance from government agencies.

> [Source: VetJobs Veteran Eagle Dec Newsletter ++]

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> PRE-NEED FUNERALS: The notion of pre-need funerals dates back to the 1930s, when local morticians informally began allowing customers to pay for their services in advance. The deals were often sealed with little more than a handshake. "It was a matter of trust," says Ron Hast, publisher of the industry newsletters Mortuary Management and Funeral Monitor. By the 1980s, as national chains began gobbling up family-run funeral homes, the industry realized there was profit to be made in pre-need sales. Pre-payment would guarantee a steady stream of business in the future, and the pre-need money could be invested to keep pace with the rising cost of funerals. The companies developed more aggressive marketing tactics to convince Americans that pre-payment was a gift to one's survivors. Today, pre-need continue to be big business. A 2007 AARP survey of 1,087 Americans 50 and older found that 23% of them had made pre-payments on funerals, burials, or both. Dan Isard, founder of The Foresight Companies, a consulting firm for funeral homes, estimates that \$18 billion is currently invested in pre-need accounts. He projects that will increase by about \$2 billion a year. This money, however, isn't being stuck in file cabinets as in the old days. Funds are now invested in sophisticated life insurance policies or state-regulated trusts.

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> For many customers, their pre-need money is safe. But even customers dealing with trusted funeral homes must study their policies. Otherwise, details-often buried in the fine print-can pop up to surprise at the worst moment. One of the most common complaints about pre-need involves the casket bait and switch: the customer asks for a specific casket, but when the time comes, it's not available and the funeral home offers a lesser-quality model. Another problem occurs customers try to cancel their policies: many states don't require that funeral homes make full refunds. Also, customers in our transient society of who try to transfer their policies to other funeral homes sometimes have problems. Even worse are cases involving outright fraud. Most states require that pre-need sellers deposit 70 to 100% of their customers' pre-need payments into trust accounts, which are supposed to remain untouched until the money is needed to pay for the service. (In states that allow pre-paid funerals to be funded by insurance policies rather than trusts, those plans are regulated separately, under state insurance laws.) With industry profits on the decline, though, some morticians find it too tempting and easy to dip into pre-need funds for other purposes.

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> Depending on state law, customers often have little recourse when their pre-paid funeral policies disappear. Lawsuits are an option. But if

the funds are gone, they're gone. And big funeral chains don't necessarily offer more protection than the smaller family-run businesses. Even with mounting evidence of widespread abuse, the federal government has done little to regulate pre-paid funerals. Senator Christopher Dodd (D-CT) then-Representative Mark Foley (R-FL) twice introduced legislation to protect pre-need consumers, including giving them the right to transfer their policies from one funeral home to another. But Congress never took up the measures. The only federal agency currently concerned with protecting pre-need customers is the Federal Trade Commission. And it's not doing much. The FTC focuses mainly on funeral homes' compliance in providing itemized price lists to customers. But price lists can't protect customers against pre-need fraud. FTC attorney Monica Vaca says the agency is privately reviewing possible rule changes. The resulting lack of federal oversight leaves regulation of pre-need policies up to the states. A few take a tough stance. New York, for example, requires funeral directors to deposit 100% of pre-paid money in interest-bearing trusts that are refundable to customers at any time. The only exception: irrevocable contracts, designed to shield the assets of consumers who are spending down their assets to qualify for Medicaid. Such contracts are not refundable in New York but can be transferred to another funeral home. New York's tough oversight, though, is an exception. Most states "operate with a loosey-goosey patchwork of regulations" that enables unscrupulous behavior, writes Chris Raymond, editor of the National Funeral Directors Association's newsletter. Funeral-industry leaders say they support consumer-friendly laws, though their definitions of friendly vary wildly. [Source: AARP Barry Yeoman article Dec 07++]

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> CALIFORNIA & FEDERAL DISABLED BENEFITS (20% SC): Veterans who are residents of California who are rated 20% overall disabled by the VA as a result of a service connected (SC) determination are entitled to the following state and federal benefits. This list was last updated OCT 06. For residents of other states the federal benefits are the same but the state benefits will be in accordance with that state's laws. To determine what they are check the VA website associated with the state in question:

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> 1. VA fee basis outpatient medical card for SC condition(s) requiring treatment.

> 2. Enrollment in VA Healthcare Priority Group 3 (no healthcare co-payments required; pharmacy co-payments required for NSC medications, except for former POWs).

> 3. Eligibility for sensorineural aids-hearing aids, eyeglasses, contact lenses-without regard to whether the condition producing need for such is service-connected.

> 4. Eligibility for Service-Disabled Veterans' Insurance (RH).

> 5. Possible eligibility for special monthly compensation for loss or loss of use of a creative organ.

> 6. Possible eligibility for payment of annual clothing allowance for specified SC disorders resulting in need for prosthetic appliance or use of a wheelchair, or for certain skin conditions.

> 7. Eligibility for education or training under VA Vocational Rehabilitation.

> 8. Golden Access Passport for U.S. National Parks.

> 9. Eligibility for 10-point preference for Federal Civil Service employment.

> 10. Eligibility for 15-point preference for State of California

employment.

- > 11. Home loan guaranty funding fee exemption.
- > 12. Possible eligibility for Home Improvement and Structural Alteration (HISA) home modification grant.
- > 13. Eligibility for CAL-VET College Tuition and Fee Waiver for children (Plan B).
- > 14. Possible eligibility for DMV Disabled Person Parking Placard.
- > 15. If a 20-year military retiree, possible eligibility for CRSC.
- > 16. Possible eligibility for the California Disabled Veteran Business Enterprise (DVBE) and the Federal Service Disabled Veteran Owned Business (SDVOB) programs.
- > [Source: CA Dept of VA website Nov 07 ++]
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- > CALIFORNIA & FEDERAL DISABLED BENEFITS (30% SC): Veterans who are residents of California who are rated 30% overall disabled by the VA as a result of a service connected (SC) determination are entitled to the following state and federal benefits. This list was last updated OCT 06. For residents of other states the federal benefits are the same but the state benefits will be in accordance with that state's laws. To determine what they are check the VA website associated with the state in question:
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- > 1. Eligibility for additional allowance for dependents-spouse, children, dependent parent(s).
- > 2. Eligibility for additional aid and attendance allowance for disabled spouse.
- > 3. VA fee basis outpatient medical card for SC condition(s) requiring treatment.
- > 4. Enrollment in VA Healthcare Priority Group 2 (no healthcare co-payment required; pharmacy co-payments required for NSC medications, except for former POWs).
- > 5. Eligibility for sensorineural aids-hearing aids, eyeglasses, contact lenses-without regard to whether the condition producing need for such is service-connected.
- > 6. Eligibility for Service-Disabled Veterans' Insurance (RH).
- > 7. Possible eligibility for special monthly compensation for loss or loss of use of a creative organ; loss of a female breast; or, loss of use of one eye (blindness).
- > 8. Possible eligibility for payment of annual clothing allowance for specified SC disorders resulting in need for prosthetic appliance or use of a wheelchair, or for certain skin conditions.
- > 9. Eligibility for education or training under VA Vocational Rehabilitation.
- > 10. Golden Access Passport for U.S. National Parks.
- > 11. Eligibility for 10-point preference for Federal Civil Service employment. Under certain circumstances, may be employed on a noncompetitive basis.
- > 12. Eligibility for 15-point preference for State of California employment.
- > 13. Home loan guaranty funding fee exemption.
- > 14. Possible eligibility for Home Improvement and Structural Alteration (HISA) home modification grant.
- > 15. Eligibility for CAL-VET College Tuition and Fee Waiver for children (Plan B).
- > 16. Possible eligibility for DMV Disabled Person Parking Placard.
- > 17. If a 20-year military retiree, possible eligibility for CRSC.

> 18. Possible eligibility for the California Disabled Veteran Business Enterprise (DVBE) and the Federal Service Disabled Veteran Owned Business (SDVOB) programs.

> [Source: CA Dept of VA website Nov 07 ++]

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> ESTATE TAX UPDATE 02 (U.S): In 1789, Ben Franklin said, "In this world, nothing is certain but death and taxes." As you manage wealth preservation and transfer, truer words do not exist. In recent years, a significant number of states have radically changed how they deal with death and inheritance taxes. A 2001 federal tax law significantly changed the way state inheritance and death taxes are treated on federal estate tax returns. Because of threats of potential revenue drops some states, to protect and maintain these revenue streams decoupled their estate exemption from the federal level freezing the estate tax exemption at a lower level. Kansas, Maine, Maryland, Massachusetts, Minnesota, Nebraska, New York, Oregon & District of Columbia set exemption rates of \$1 million and New Jersey, Rhode Island, & Wisconsin set exemption rates of \$675,000. Other states imposed separate estate tax systems. The state estate tax threshold for Connecticut is \$2,000,000, Ohio is \$338,000, Oklahoma is \$2,000,000, & Washington is \$1,000,000. Some states impose an inheritance tax (also called a death tax) in addition to or in lieu of estate taxes. Indiana, Iowa, Kentucky, Maryland, Nebraska, New Jersey, and Pennsylvania all levy inheritance taxes.

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> Estate plans drafted in the late 1990s through 2001 –which relied on streamlined state and federal estate-tax treatment may need to be revisited. This especially is true of estates totaling \$1 million to \$2 million or more, which use credit shelter trust (also called A-B trust or bypass trust) techniques that might be exempt from federal taxes but are subject to a nasty surprise at the state level. Depending on the state, these recent changes could add tens of thousands of dollars or more in state taxes to your estate's tax burden, making where you die just as important as where you live - especially for large estate holders. If you live in one of the affected states, contact an estate-planning attorney to see if your estate plan needs to be updated. Don't get ambushed by estate taxes because you weren't paying attention. At [www.moaa.org/serv/serv\\_lawyerListing.htm](http://www.moaa.org/serv/serv_lawyerListing.htm) <[http://www.moaa.org/serv/serv\\_lawyerListing.htm](http://www.moaa.org/serv/serv_lawyerListing.htm)> is a listing of MOAA member lawyers who have agreed to give other MOAA members a 25% discount off their regular and customary charges. If you cannot find an attorney in your location, you check your local public library for the "Martindale-Hubbell Law Directory," which lists most attorneys in practice throughout the country or visit their web site at [www.martindale.com](http://www.martindale.com) <<http://www.martindale.com>>.

[Source: MOAA Phil Dyer, CFP article JUN 06 ++]

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> VETERAN LEGISLATION STATUS 13 DEC 07: For a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress refer to the Bulletin's House & Senate attachments. By clicking on the bill number indicated you can access the actual legislative language of the bill and see if your representative has signed on as a cosponsor. 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 to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. A cosponsor is a member of Congress who has joined one or more other members in his/her chamber

(i.e. House or Senate) to sponsor a bill or amendment. The member who introduces the bill is considered the sponsor. Members subsequently signing on are called cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can also review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d110/sponlst.html>. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting our representatives know of veteran's feelings on issues. At the end of some listed bills is a web link that can be used to do that. Otherwise, you can locate on <http://thomas.loc.gov> 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. [Source: RAO Bulletin Attachment 13 Dec 07 ++]

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