> RAO Bulletin
> 15 July 2008
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> VA VOTER REGISTRATION BAN: The U.S. Department of Veterans Affairs is
> facing mounting criticism over its national ban on voter registration
> drives on its property with Florida Secretary of State and chief
> election's officer Kurt Browning being the latest to join the chorus of
> criticism. Two states -- Connecticut and Washington -- have joined
> California in asking the VA to do away with its policy. And Browning,

> while saying he is legally powerless to force the VA's hand, nonetheless
> thinks their stand is wrong. Browning, Florida's, said in an interview
> that he is yet to receive a complaint from either a veteran or a group
> complaining that the VA is preventing the registration of voters in
> Florida. The agency has previously said it allows its official volunteers
> to assist residents of VA nursing homes, hospitals and shelters in
> registering when they ask for help. Tom Bowman, VA chief of staff, told
> the St. Petersburg Times in May that the VA needed to control access to
> its property so patient care would not be affected. On 10 JUL U.S. Sen.
> Daniel Akaka, chairman of the Senate's Veterans Affairs Committee, joined
> senators John Kerry and Dianne Feinstein in writing a letter to VA
> Secretary James Peake asking him to allow voter registration on VA
> property. The trio also said the VA's insistence that the Hatch Act
> prevents voter registration drives on federal property is simply a
> misreading of the law, saying it simply prevents federal employees from
> engaging in political activity on VA time. They said the act doesn't
> prevent employees from assisting veterans in registering and said the act
> doesn't prevent any third party from a voter registration drive.
> Washington attorney Scott Rafferty has sued the VA over its policy.
> [Source: St. Petersburg Times William R. Levesque article 10 JUL 08 ++]
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> VA DRUG TESTING on VETS UPDATE 02: In a congressional hearing this week,
> Secretary of Veterans Affairs James B. Peake, M.D., discussed the actions
> taken in the wake of published reports in the Washington Times about a VA
> research program on smoking cessation involving veterans with
> post-traumatic stress disorder (PTSD). Secretary Peake emphasized the
> research project was not a drug study, but an examination of the most
> effective way to treat heavy smokers who have PTSD, using medications
> approved by the Food and Drug Administration (FDA). None of the
> medications used in this study are investigational or experimental, all
> are FDA approved, and the drug that made headlines, Chantix, is in fact
> considered to be the most effective medication available for smoking
> cessation with six million prescriptions written.
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> Peake noted any veterans receiving Chantix in the study or anywhere in
> the VA had been put on the drug by their doctors as an individual
> doctor-patient decision, with continued monitoring the health status. As
> information within the VA and by the FDA suggested potential psychological
> side effects were being seen in some patients taking Chantix, clinical
> providers were notified promptly. Not only were letters sent by
> researchers to members of the study, but, additionally, a letter has been
> sent to every veteran prescribed Chantix by the VA discussing possible
> side-effects, encouraging them to contact their provider immediately if
> they experience side effects and assuring them that the VA will help them
> find another way to quit smoking if they are concerned about Chantix or

> are having side effects. Secretary Peake has directed four internal
> investigations:
> . A comprehensive review of the smoking cessation study within 30 days.
> . A review of all PTSD drug protocols in the VA system within 45 days.
> . A full review of our adverse event reporting system for pharmaceuticals
> within 20 days.
> . A review of VA's medication notification system to ensure the system's
> policies support timely communications to our patients and providers
> within 20 days.
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> Chantix has been linked to at least 40 suicides and 400 suicide attempts
> in the population at large according to the FDA, which published its first
> alert about the potential dangers of the drug on 20 NOV 07. A second
> warning was issued by the FDA and one from the drug's maker, Pfizer,
> before the VA finally began to warn veterans in the study on 29 FEB 08.
> Even then the word "suicide" was not mentioned in the letter sent to
> veterans. House Veterans' Affairs Committee Chairman Rep. Bob Filner asked
> Secretary Peake "Why don't you just stop if you know the drug induces
> suicidal thoughts?" No response was reported by this source. [Source: NAUS
> Weekly Update 11 Jul 08 ++].
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> GI BILL UPDATE 25: The Department of Veterans Affairs recently announced
> that the Montgomery GI Bill will soon be increased by 20% -- a total
> increase of nearly $220 a month increase over last year's rate. The
> increased full-time student payment rate of $1,321 multiplied by the
> 36-month brings the GI Bill total payout to over $47,500. If you are GI
> Bill eligible and have benefits remaining, you get this increase no matter
> when you became eligible or begin using it. This is increase that will
> help pay college costs until the new GI Bill goes into effect in AUG 09.
> [Source: NAUS Weekly Update 11 Jul 08 ++]
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> VA CLAIM BACKLOG UPDATE 16: As of two years ago, the Department of
> Veterans Affairs had a backlog of about 400,000 disability claims
> according to Iraq and Afghanistan Veterans of America, an advocacy group.
> Despite efforts to speed up the claims process, the backlog remains at
> about the same number now, VA officials said. In the week ending 5 JUL 08
> there were a total of 637,000 rating and non-rating cases pending of which
> 23% were over 6 months old, in addition the VA has over 172,000 cases on
> appeal. To make matters worse, the Department of Defense and the VA have
> lagged at making the transition to civilian life easy for soldiers.
> According to a report issued in April by the GAO, the departments still
> haven't developed a "one-stop shopping process" for soldiers that would
> provide standard discharge examinations, help with filing discharge
> claims, and assurances that vets don't get lost in a sea of paperwork.

> The departments also don't have a joint system to make it easier to keep
> track of soldiers' medical histories. The system, the report said, was
> supposed to have been in place three years ago. "They've treated our
> veterans like stepchildren," said U.S. Rep. Patrick Murphy, who in 2006
> became the first Iraq veteran elected to Congress. A number of legislative
> and bureaucratic steps have been taken to improve the transition process:
> The VA announced an effort this year to track down 550,000 veterans and
> remind them of the benefits to which they are entitled, and Murphy helped
> pass legislation that allowed the VA to add 1,800 disability-claims
> processors. But more needs to be done, he said. "We had to change the
> philosophy first and start making our vets a real priority," Murphy said.
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> The Department may have reached a turning point in its long battle to
> process a huge backlog of benefits claims - for the first time in years,
> the VA is processing more claims than it is receiving. Sen. Daniel Akaka
> (D-HI) called this "gratifying news," but expressed concern that faster
> processing may cause more errors on claims. "Timelines cannot take
> precedence over accuracy," Akaka said at a 9 JUL senate hearing. While
> pleased with the VA's progress, Akaka said, "It is far too soon to declare
> victory in the claims battle. Processing an initial disability claim takes
> an average of 185 days, about two months longer than the VA's goal.
> Getting a handle on incoming claims is important because the workload will
> only increase because of a combination of new Iraq and Afghanistan combat
> veterans with service-connected disabilities and an aging population of
> veterans whose health and disabilities worsen with age." Retired Rear Adm.
> Patrick Dunne, acting VA undersecretary for benefits, acknowledged that
> the workload is growing. The VA expected to get 855,000 claims this year
> but now projects it will receive 883,000, a 5% increase over 2007, Dunne
> said. But even with the increased volume, "we are now completing more
> claims than we receive," Dunne said. "As a result, the pending inventory
> at the end of May was reduced to 390,000." [Peninsula Daily News David
> Gambacorta & Army Times Rick Maze articles 30 Jun & 8 Jul 08 ++]
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> VA CLAIM BACKLOG UPDATE 17: In the last decade, the Department of
> Veterans Affairs has doubled the number of disability claim processors on
> staff, and yet the average time to process a claim has climbed during that
> period from four months to six. From JAN 07 through JUN 08, as VA added
> 2,700 claim processors to its inventory of 8,000, the average time to
> process a claim still fell unimpressively, from 183 days to 181.
> "Something's going on here that isn't right, that needs to be fixed. I
> don't know what the hell it is," said a frustrated Sen. Jon Tester (D-MT)
> during a hearing 9 JUL of the Senate Veterans Affairs Committee. "In the
> 1990s you were at 120 days" to process a claim. "Was there something in
> the process that changed," Tester asked Michael Walcoff, deputy
> undersecretary for benefits for the Veterans' Benefits Administration.

> Yes, Walcoff said. Congress in 2000 passed the Veterans Claims Assistance
> Act. Since then, two-thirds of the time required to process a claim is
> committed to blocks of time set up to develop evidence to support the
> claim. A recent study of VA claims processing, conducted by IBM, confirmed
> that compliance with the VCAA has created bottlenecks for processors.
> "It's good law . set up to guarantee that veterans have certain rights and
> they are protected. It's something we all agree with," Walcoff said. But
> courts have interpreted that law "in various ways that have made it very
> difficult to administer and have added time to the process."
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> Passage of the VCAA, in effect, overturned a 1999 decision by the
> Court of Appeals for Veterans Claims that veterans had to submit a "well
> grounded" claim for VA officials to be required to help them obtain
> further evidence - such as doctor files or witness statements - to prove
> their claim. While the VCAA lowered evidentiary standards for veterans, it
> also spelled out in great detail what actions VA had to take, and what
> deadlines it had to set, to help veterans develop evidence to support
> claims. When a claim is filed, the VCAA mandates that claim processors
> carefully analyze it and send a letter to the veteran explaining evidence
> on file and evidence still needed. The letter also must explain that VA
> will help obtain evidence if names and addresses of doctors or witnesses
> are provided and that VA will obtain government records pertinent to the
> claim. But the VCAA letter also tells a veteran that he or she has 60 days
> to submit the required evidence. And if the claim is to be based on the
> medical findings of a private physician, the doctor too is given a 60-day
> deadline to submit medical records. The process can be delayed further if
> their original claim fails to include a signed privacy form required for
> VA to request medical records from private physicians. "We then have to go
> back to the veteran to get the privacy form," Walcoff said. All of this,
> he said, is required by VCAA.
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> Some veterans' service organizations and lawmakers have criticized VA
> for implementing the VCAA, and follow on court rulings, like a lumbering
> bureaucracy rather than like a dynamic agency bent on speeding up the
> claims process. VA officials told senators they soon will implement some
> of the IBM report recommendations to speed the claims process. The study
> said, for instance, that the VA should reduce the 60-day period given
> veterans to provide evidence supporting their claim. "We are shortening
> that to 30 days so we can act faster," said retired Navy Rear Adm. Patrick
> W. Dunne, acting undersecretary for benefits for the Veterans Benefits
> Administration. VA also will make the VCAA letter more understandable for
> veterans and make it available electronically in November after a software
> update.
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> VA disability claims have climbed by 5% from last year, to 883,000,
> the result of Iraq, Afghanistan and an aging veteran population. The

> claims backlog is still a hefty 390,000. Though decision timeliness
> remains a concern, said Sen. Daniel Akaka (D-HI) committee chairman,
> decisions finally are being handed down faster than claims are being
> filed. But North Carolina Sen. Richard Burr, ranking Republican on the
> committee, said claim timeliness remains very frustrating for veterans and
> their families. "Simply drawing more money and more personnel to the
> problem clearly - clearly - has not been the solution," Burr said. It's
> time "to seriously explore other options" including conversion to
> paperless claims and overhauling VA's overly complex disability rating
> system. Howard Pierce, chief executive officer of PKC Corp., testified
> that his company in 2001 was tasked to set up a computerized decision
> model that could be used by VA disability raters and claim adjudicators.
> PKC analysts were stunned by the complexity of the decisions. "What a
> rater is asked to do on a day-to-day basis is extraordinarily complicated.
> We live in a world of complexity in my company. We work with very
> challenging science. We have never seen anything more complex" than the VA
> claims system, Pierce said. But Kerry Baker, with Disabled American
> Veterans, suggested other ways for VA to speed claim decisions and be
> fairer too. He said most claims still hinge on medical opinions, and VA
> should be more willing, as is the Social Security system, to accept well
> documented private medical opinions. VA also should be required, "as a
> matter of fairness," to inform claimants on basic elements that render a
> private medical opinion adequate for rating disabilities. "VA relays this
> exact information to its own doctors when it seeks medical opinion," Baker
> said. Source: Stars & Stripes Tom Philpott article 12 Jul 08 ++]
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> FAMILY FILM FESTIVAL: While school's out, kids and their parents can
> visit selected Regal theatres around the country for their no charge
> Family Film Festival for nine weeks of movies. Regal has provided this
> service to the community since 1991. Selected G & PG movies start at 10AM
> each TUE and WED during the festival. First-come, first-served seating is
> limited to theatre capacity. The Family Film Festival is safe, lots of fun
> and a great way for kids to spend a weekday morning in the summer. To see
> if the no charge movies are playing in your city go to
> http://www.regmovies.com/nowshowing/familyfilmfestivalschedule.aspx and
> use the drop down box to find your state. It will then display the local
> theaters, movies, show times, etc. [Source: EANGUS Minuteman Update 10
> Jul 08 ++]
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> MEDICARE REIMBURSEMENT RATES 2008 UPDATE 11: The Senate sent
President
> Bush a controversial Medicare bill H.R.6331 passed by an unexpectedly wide
> margin 9 JUL. However, the President has threatened to veto it. The
> Senate cleared it by voice vote after voting 69-30 to overcome a final

> procedural hurdle. That tally is more than the two-thirds majority needed
> to override a presidential veto. Similarly, the House passed the bill by a
> vote of 355-59 on 24 JUN. The legislation would stop a 10.6% cut to
> doctors' Medicare payment rates, replacing them with steady payments for
> the next 18 months. After that, more cuts would go into effect. The cuts
> technically went into effect on 1 JUL, but the administration has put a
> freeze on payments until 15 JUL, extending the deadline for work to be
> completed. Tricare provider payments are tied to Medicare payment rates.
> If the Senate had not passed the bill, Tricare payment rates would have
> been cut, which may have meant that doctors and dentists would no longer
> take Tricare patients, existing or new, having a significant effect on the
> military community. By passing the bill, the rate cuts are averted (if
> the President signs the bill) and rates will actually rise a bit.
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> The bill also would make cuts in privately administered Medicare
> Advantage plans to pay for the decreases in provider payments, and it was
> those cuts that the White House and Senate Republicans had objected to
> most vigorously. Republicans who initially had voted against the bill
> joined Democrats at the last minute, after Senator Ted Kennedy made his
> surprise appearance on the Senate floor. A senior Senate aide said Kennedy
> had been following the issue closely from Massachusetts and that he
> personally called Majority Leader Harry Reid on 7 JUL to say he would
> likely come back for the vote. The aide said Kennedy would return to work
> in the Senate in September. Kennedy is recovering from a brain tumor. The
> bill does a lot more than roll back a drastic Medicare pay cut to doctors.
> Following is a list of reforms a number of which the Medicare Rights
> Center has advocated for years:
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> . New preventive services of proven benefit will be covered by Medicare.
> . Patient coinsurance for mental health services will be lowered from 50%
> to 20, the same rate that now applies to other doctor visits.
> . A life insurance policy or in-kind help from friends and family (e.g.
> with groceries, heating bills) will no longer disqualify people from help
> with their drug costs.
> . Bureaucratic obstacles that prevent low-income people from receiving
> help with their drug and medical costs will be eliminated.
> . The Centers for Medicare & Medicaid Services will be required to rein in
> the exorbitant broker commissions that have fueled aggressive and
> fraudulent marketing of Medicare private health plans.
> . Medicare private health plans will be required to provide care
> coordination and other services that meet the special needs of the
> enrollees they are designed to serve.
> . All Medicare private health plans will be required to implement programs
> to improve the quality of care they provide.
> . Fewer Medicare private health plans will be exempt from requirements
> that they have networks that guarantee access to specialists and other

> local providers.
> . The Part D drug benefit will cover benzodiazepines, a class of drugs
> used to treat seizure disorders and anxiety disorders, which are now
> excluded from coverage.
> . Part D coverage for anticancer drugs will be expanded to encompass more
> treatments that have been shown in respected medical journals to be
> effective.
> [Source: EANGUS Minuteman & Asclepios Updates 10 Jul 08 ++]
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> VA THIRD-PARTY INSURERS: According to a report released on 10 JUL by the
> Government Accountability Office (GAO) a sample of medical centers
> managed by the Veterans Affairs Department failed to follow proper billing
> procedures on about $1.7 billion in uncollected payments to check if
> private insurance companies owed money to the department, In a study of
> 18 VA medical centers, GAO found that delays, billing mistakes or a lack
> of oversight led to the centers failing to check if $1.7 billion in fiscal
> 2007 should have been billed to third-party insurance companies. The
> medical centers have valid reasons for not billing for certain medical
> procedures, such as treatment received during military service, services
> covered by Medicare and a patient not having private health insurance. But
> "medical center management did not always validate the reasons for these
> unbilled amounts," said the report which can be viewed at
> http://www.gao.gov/new.items/d08675.pdf. "VA still has significant
> weaknesses in their controls in billing, follow-up and collection," said
> Kay Daly, GAO's acting director for financial management and assurance and
> the one of the report's authors. "They could be obtaining hundreds of
> millions in revenue from third-party insurers if they addressed these
> weaknesses."
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> GAO performed the case study as a follow-up to a 2004 report that also
> identified failures in VA's ability to bill third-party insurers for care
> given at medical centers. The department often did not bill private
> insurance companies that covered patients treated at its facilities. The
> most recent report acknowledges VA has made some progress in correcting
> those shortcomings issue, but concludes many patient visits still are not
> billed to third-party insurers. "We found that VA didn't have the full
> range of reports they needed to manage this at a high level perspective,"
> Daly said. "They didn't have information on the billing and collection
> process or formal procedures to provide them with that information." GAO
> found 10 medical centers took, on average, 109 to 146 days to bill
> third-party insurers. VA's goal is 60 days. "We also found these centers
> had significant documentation, coding, and billing errors and performed
> little or no management oversight of the billing function," the report
> stated. GAO said the lack of reporting was closely tied to problems in the
> design of VA's computer systems.

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> The Veterans Health Information Systems Architecture, or VistA, a
> medical records system that includes accounts receivable, operates as a
> stand-alone system at each medical center. That prevents officials from
> directly accessing individual medical center data and requires officials
> to call each center to ask for information. To collect the data in one
> accessible location, VA developed the Performance and Operations
> Web-Enabled Reports System, which serves as a data warehouse for VistA
> data. GAO noted, however, that the system does not provide all the
> required standard management reports to conduct oversight and additional
> queries and data compilations are needed to collect the billing data. VA
> has undertaken initiatives to upgrade its systems. The Clinical Data Entry
> program will allow the department to capture clinical data automatically
> during a patient's first visit. The system also will compile procedures
> that are expensive and conducted frequently but are not billed. VA wanted
> to complete the system in MAY 07 but so far the department has yet to set
> a deployment date. Another major driver in VA's efforts to optimize
> revenue collection is the Patient Financial Services System, which will
> resolve business processes and technology issues in VA's revenue
> collection and financial management systems. [Source: GovExec.com
> newsletters Gautham Nagesh article 14 Jul 08 ++]
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> ADVENTURE EXCURSIONS FOR OEF/OIF VETS: Outward Bound, an
international
> non-profit outdoor education program, is offering fully funded outdoor
> adventure excursions to all OEF/OIF veterans. It doesn't matter what your
> current military status is (active, inactive, discharged, retired) -
> you're eligible to attend as long as you deployed in support of OEF/OIF
> combat operations while in the military. These five-day excursions offer
> adventure activities such as backpacking, rock climbing, canyoneering,
> canoeing, and dog sledding in wilderness areas in Maine, Texas, Colorado,
> California, and Minnesota. Scheduled courses from 8 SEP 08 thru 9 FB 09
> are listed below, and future courses will be scheduled soon. All
> expedition costs for lodging, equipment, food, and instruction are
> completely funded by a multi-million dollar Sierra Club grant, including
> the participants' round-trip transportation between home and the
> wilderness site. The excursion is offered at no cost to the participant.
> To sign up for one of the prescheduled courses, contact Doug Hayward at
> 1-866-669-2362, ext. 8387, or e-mail him at obvets@outwardbound.org. To
> learn more about the OEF/OIF program, visit the website at
> www.outwardboundwilderness.org/veterans.html. You can also contact two of
> their retired Judge Advocates, Joe and Amy Frisk, who are working for
> Outward Bound on this program at vetsor@outwardbound.org, or at (303)
> 968-4420. The open enrollment course schedule is:
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> . Leadville CO - Backpacking and Rock Climbing in the Colorado Rockies:
> 3-7 SEP & 4-8 OCT 08.
> . Newry ME - Backpacking and Canoeing: 7-11 & 19-23 OCT 08 .
> . Big Bend TX - Back packing and Canyoneering: 2-6 & 15-19 NOV 08.
> . Joshua Tree National Monument CA - Backpacking and Rock Climbing:
> December 3-7 & 14-18 DEC 08.
> . Ely MN - Dog Sledding: February 3-7 FEB 09.
> [Source: Student Veterans of America John D. Mikelson Notice 10 Jul 08
> ++]
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> VET JOB UPDATE 02: Both Schneider National and Con-way Freight have
> implemented programs to attract former military personnel to the trucking
> business, helping train and prepare armed forces members for a life behind
> the wheel. The trucking industry needs good, quality workers. Former
> servicemen and women need a post-military career. It seems like a natural
> fit. Schneider National announced last week its Veterans Owner-Operator
> Program, which will give former military personnel the training,
> mentoring, financial incentives and purchasing power necessary to become
> an owner-operator, the carrier said. Schneider signed a Memorandum of
> Understanding with the U.S. Department of Veterans Affairs that will
> subsidize veterans' commercial drivers' license training through their GI
> Bill benefits. The carrier added that it will work closely with veterans
> to ensure they are able to become owner-operators six months sooner than
> prospective owner-operators without a military background. According to
> Schneider, more than 25% of the company's employees have military
> backgrounds, and the carrier ranks sixth on G.I. Jobs' Top
> Military-Friendly Employer list. Con-way Freight is also looking to
> attract armed forces personnel, launching last week a public-private
> partnership with the U.S. Army Reserve that will allow both organizations
> to recruit, train and employ those interested both in serving their
> country and joining the commercial freight transportation industry.
> According to Con-way, the agreement gives Army Reserve soldiers employment
> opportunities with Con-way Freight after they complete their military
> occupational training, formally creating a relationship between the armed
> forces and the private sector. [Source: Fleet Owner Online Justin Carretta
> article 7 Jul 08 ++]
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> MOBILIZED RESERVE 9 JUL 08: The Army, Air Force and Marine Corps
> announced the current number of reservists on active duty as of 9 JUL 08
> in support of the partial mobilization. The net collective result is 2,267
> fewer reservists mobilized than last reported in the Bulletin for 15 JUN
> 08. At any given time, services may mobilize some units and individuals
> while demobilizing others, making it possible for these figures to either
> increase or decrease. The total number currently on active duty in support

> of the partial mobilization of the Army National Guard and Army Reserve is
> 85,517; Navy Reserve, 5,757; Air National Guard and Air Force Reserve,
> 11,499; Marine Corps Reserve, 8238; and the Coast Guard Reserve, 787. This
> brings the total National Guard and Reserve personnel who have been
> mobilized to 111,799, including both units and individual augmentees. A
> cumulative roster of all National Guard and Reserve personnel, who are
> currently mobilized, can be found at
> http://www.defenselink.mil/news/Jul2008/d20080709ngr.pdf . [Source: DoD
> News Release 576-08 9 Jul 08 ++]
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> VA VET CENTERS UPDATE 05: Combat veterans will receive readjustment
> counseling and other assistance in 39 additional communities across the
> country where the Department of Veterans Affairs (VA) will develop Vet
> Centers by fall 2009. The existing 232 centers conduct community outreach
> to offer counseling on employment, family issues and education to combat
> veterans and family members, as well as bereavement counseling for
> families of service members killed on active duty and counseling for
> veterans who were sexually harassed on active duty. Vet Center services
> are available at no cost to veterans who experienced combat during any war
> era. They are staffed by small teams of counselors, outreach workers and
> other specialists, many of whom are combat veterans. The Vet Center
> program was established in 1979 by Congress, recognizing that many Vietnam
> veterans were still having readjustment problems. The centers have hired
> 100 combat veterans who served in Iraq and Afghanistan as outreach
> specialists, often placing them near military processing stations, to
> brief servicemen and women leaving the military about VA benefits.
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> VA's 2009 budget proposal seeks $20 million more than this year's
> budget for Vet Centers, to include operating and leasing space for the new
> centers. Eighteen of the counties that will have new centers already have
> one or more; the other 21 do not. The communities receiving new VA Vet
> Centers will be: AL - Madison; AZ - Maricopa; CA - Kern, Los Angeles,
> Orange, Riverside, Sacramento, San Bernardino, San Diego; CT - Fairfield;
> FL - Broward, Palm Beach, Pasco, Pinellas, Polk, Volusia; GA - Cobb; IL -
> Cook, DuPage; MD - Anne Arundel, Baltimore, Prince George's; MI - Macomb,
> Oakland; MN - Hennepin; MO - Greene; NC - Onslow; NJ - Ocean; NV - Clark;
> OK - Comanche; PA - Bucks, Montgomery; TX - Bexar, Dallas, Harris,
> Tarrant; VA - Virginia Beach; WA - King; and WI - Brown.
> [Source: VA News Release 9 Jul 08 ++]
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> OHIO VET TUITION: In an effort to attract more veterans to Ohio's public
> universities, Gov. Ted Strickland announced 8 JUL that the state would
> charge in-state tuition to all veterans attending college on the G.I.
> bill. The Ohio plan, the first of its kind in the nation, makes all

> veterans "honorary Ohioans" for the purpose of a college education. On 30
> JUN, President Bush signed into law a new G.I. bill, doubling college
> benefits for eligible troops and veterans, essentially guaranteeing full
> scholarships at their in-state public colleges or universities, as well as
> providing monthly housing stipends. But generally, veterans can attend
> college under the law only in their home states. The Ohio plan, called
> the Ohio G.I. Promise, changes residence requirements at the state's 36
> colleges and universities to allow all veterans, their spouses and
> dependents to attend Ohio colleges and universities at in-state tuition
> rates. Ohio, which has about 47,000 students enrolled in its public
> institutions, recently adopted a 10-year strategic plan with a goal of
> enrolling about 230,000 more over the next decade.
>
> Eric D. Fingerhut, chancellor of the Ohio Board of Regents said, "We
> have for years had a net out-migration, not only for the state generally,
> but for people with college degrees. So one of our goals, specifically
> delineated in the strategic plan, is to reverse the out-migration of
> people with degrees. In order to achieve that, we have to graduate more
> students and keep them here, and also attract more from out of state."
> Mr. Fingerhut said the veterans plan will work in tandem with other new
> programs to encourage students to stay in Ohio. "If we are able to attract
> veterans to Ohio, we can link them and their families to internships,
> co-op and other opportunities, and if they get good jobs here, we'll have
> Ohioans. We want veterans to know Ohio wants them to come here, and that
> we think they're incredibly valuable high potential students. We already
> have a number of very good programs, which we'll be expanding, to provide
> the type of counselors, advisers, and mentors who can work one on one with
> veterans to help them make the transition to civilian life and navigate
> the academic environment." Currently, out-of-state students make up about
> 7.2% of those enrolled in Ohio's state colleges and universities. [Source:
> New York Times Tamar Lewin article 9 Jul 08 ++]
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> MEDICARE FRAUD UPDATE 08: Congressional investigators said 8 Jul 08 that
> Medicare has paid as much as $92 million since 2000 to medical suppliers
> who billed the government for wheelchairs and other home equipment
> purportedly prescribed by physicians who, according to records, were dead
> at the time. The Centers for Medicare and Medicaid Services (CMS) honored
> about 500,000 such claims despite pledging six years ago to correct the
> problem, which was identified by the Health and Human Services
> Department's inspector general in 2001. In more than half the cases
> studied, the doctor listed as having ordered the equipment had died more
> than five years earlier, said a report by the Senate Homeland Security and
> Governmental Affairs Committee's permanent subcommittee on investigations.
> The report is part of the committee's ongoing investigations into waste,
> fraud and abuse in the fast-growing federal health program, which serves

> more than 43 million elderly and disabled Americans. Medicare pays
> annually more than $400 billion in benefits and is a fixture on the
> Government Accountability Office's "high-risk" list of troubled programs.
>
> The Medicare program's durable medical equipment component, in
> particular, has been a frequent target of companies seeking to bilk the
> government. The subcommittee has scheduled a hearing on the problem. When
> the system works properly, a physician writes a prescription for home
> medical equipment for a Medicare beneficiary. He takes the order to a
> supplier, who sells or rents the equipment to him. The supplier, in turn,
> submits a claim for payment to a Medicare contractor for processing. The
> claim includes a number issued by Medicare that identifies the prescribing
> physician. Senate investigators obtained from the American Medical
> Association a computer file of physicians who had died between 1992 and
> 2002. They selected 1,500 at random and asked Medicare officials to turn
> over medical-equipment claims filed with those doctors' Medicare ID
> numbers between 2000 and 2007. During that time, the review said, ID
> numbers for 734 deceased doctors were used to file 21,458 claims that
> totaled $3.4 million. Investigators counted the claims only if the
> equipment was bought more than a year after the doctor's death.
>
> Extrapolating from the sample, investigators estimate that 384,730 to
> 572,238 such fraudulent claims were submitted during that period, and
> Medicare paid an estimated $60 million to $92 million. There are still
> active ID numbers in Medicare's system for as many as 2,895 dead
> physicians, investigators said. They examined separate data for Florida,
> home to many retirees and a perennial leader in Medicare fraud. They found
> that more than a quarter of deceased Medicare doctors there still have
> active ID numbers in Medicare's system. Medicare officials had promised to
> do a better job screening claims after the 2001 inspector general's report
> found that the agency had paid $91 million for medical supply claims with
> invalid or inactive physician ID numbers in 1999. Medicare officials said
> several new steps should help, including a plan to match monthly Social
> Security Administration data about U.S. deaths against a revamped Medicare
> provider-identification system. They also pointed to new accreditation
> requirements for suppliers under a new program, opposed by the industry,
> that sets some equipment prices through competitive bidding. [Source:
> Washington Post Christopher Lee article 9 Jul 08 ++]
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> MEDICARE PART B PREMIUMS UPDATE 03: Some military retirees disabled in
> the wars in Iraq and Afghanistan pay more for health care than other
> retirees, and a new report recommends waiving their insurance premiums to
> correct the inequity. The report 8 JUL by inspectors general of the
> Department of Defense and the Department of Veterans Affairs suggests
> waiving for life the Medicare Part B premiums for service members who have

> been medically retired and are unlikely to get another job. Service
> members judged unfit for continued service after a service-related injury
> or illness are called "medically retired" and are eligible to continue
> receiving care through the military health care system. But those who
> don't live near VA facilities can enroll in Medicare and go to civilian
> providers, the report said. Such retirees pay roughly $1,160 annually in
> monthly premiums until reaching the age of 65, while other retirees remain
> in the military health care system and don't need the Medicare plan. The
> proposed change is among recommendations made after a review of services
> available for troops injured in Afghanistan and Iraq as they transition
> from active duty in the military to the responsibility of the VA.
>
> The review, started two years ago, didn't study the quality of medical
> care or individual cases, but rather efforts to improve the transition
> process. Release of the report was delayed to take into account
> legislation passed or proposed since the study started - as well as
> recommendations by more than a half-dozen commissions and task forces that
> have looked at veteran and troop health care in recent years. Those other
> studies made more than 400 recommendations - now in varying stages of
> review or implementation. "Since 2005, DOD and VA made significant
> progress modifying, updating and improving the systems supporting injured
> service members and veterans," the report said. "The final step will be to
> ensure implementation." Some veterans have complained about falling
> through the cracks of the bureaucracy as they leave the Pentagon's care
> and transition to the VA. Some have complained about long waits to get
> appointments or about being discharged at a fraction of their pay, then
> waiting for months before their full disability payments arrive. Cynthia
> O. Smith, a Pentagon spokeswoman, said that among other efforts, the two
> departments have provided coordinators to guide wounded warriors and their
> families through medical recoveries and have set up a pilot program to
> simplify what was two exhaustive medical exams into one at the start of
> the disability process. [Source: Air Force Times AP Pauline Jelinek
> article Posted 9 Jul 08 ++]
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> TRICARE BACK SURGERY: A policy change is retroactive to 1 MAR 07 will
> allow beneficiaries with pain from fractured vertebrae to now seek surgery
> under Tricare. Percutaneous vertebroplasty and kyphoplasty, two minimally
> invasive back surgeries, are now covered. Either may replace spinal
> fusion, an invasive surgical procedure, for treatment of fractured
> vertebrae. Usually occurring in patients with osteoporosis, many vertebral
> fractures heal on their own with bed rest and anti-inflammatory medication
> in approximately three months. It is only when pain persists beyond three
> months that surgery is recommended. The traditional treatment was spinal
> fusion surgery which requires up to 12 hours in the operating room with
> days of hospitalization afterward. Percutaneous vertebroplasty and

> kyphoplasty are outpatient surgeries which have patients back to relative
> normality in 24 hours. Although minimally invasive, all surgeries come
> with risk and decisions need to be consulted with a doctor. Approval must
> be obtained from a provider for either surgery. Beneficiaries with
> questions about this procedure and its coverage under Tricare should
> contact their primary care manager. Check www.tricare.mil for this and
> other healthcare benefit information. [Source: Tricare News Release No.
> 08-64 dtd 8 Jul 08 ++]
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> VET CEMETERY ARKANSAS UPDATE 01: Officials say a fifth veterans
> cemetery for Arkansas will be established by the state on 99 acres near
> this Cross County community. Of the four current veterans cemeteries in
> Arkansas, only three are open for new burials - national cemeteries at
> Fayetteville and Fort Smith and a third being developed by the state at
> Camp Robinson in North Little Rock. The Little Rock National Cemetery has
> no more room for gravesites. The new veterans cemetery, to be a state
> operation, will be developed on land bought from the Maurice Smith family
> of Birdeye, near the intersection of Arkansas 42 and Arkansas 163,
> northeast of Wynne and east of Cherry Valley. The Smith family sold the
> land for $150,000, but that is only a small part of the cost. Jerry Bowen,
> a former undersecretary in the federal Veterans Affairs Department Bowen
> said that, in addition to the land, the estimated cost of developing the
> cemetery will be $5.6 million. The state Legislature has appropriated $1.3
> million to start the project. According to Bowen, 46% of all veterans in
> the state live in central Arkansas, 34% in northwest Arkansas, 16% in
> northeast Arkansas, 4% in southeast Arkansas and 5% in southwest
> Arkansas. The cost of development will be paid for by the federal
> government through the state. David Fletcher, director of the Arkansas
> Department of Veterans Affairs, said the need for a new veterans burial
> ground was made apparent by the large pool of World War II veterans living
> in the region. The cemetery will have a full-time staff of five and an
> estimated annual operating budget of $250,000. Officials estimate the
> first burial could be as early as Memorial Day or Veterans Day in 2010.
> [Source: Arkansas Democrat Gazette AP article 7 Jul 08 ++]
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> RHODE ISLAND STATE DVA: A renewed proposal to establish a state
> Department of Veterans Affairs has been defeated again. Rep. Kenneth
> Carter, a North Kingstown Democrat and chairman of the House Committee on
> Veterans Affairs, resubmitted the measure that last year was passed by the
> Rhode Island General Assembly but vetoed by Governor Carcieri. This time,
> the bill won House passage but died in a Senate committee. Currently,
> veterans issues are dealt with by a division of the state Department of
> Human Services. [Source: Veterans Journal George W. Riley article 7 Jul 08
> ++]

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> TRICARE OVERSEAS PROGRAMS UPDATE 01: TRICARE Area Office Pacific (TAO
> PAC) has announced they will be establishing a Philippines Satellite
> Office with a target opening date by the end of 2008. Negotiations with
> JUSMAGPHIL and the Department of State for space in the Embassy compound
> are currently ongoing. Once the office is set up Tricare users will be
> able to call or visit the office for help with their Tricare issues and
> problems. In the interim, Philippine support will continue from the TAO
> PAC Okinawa office which can be reached via TPAO.CSC@med.navy.mil, or
> Commercial Tel: 81-611.743.2036 or DSN: 315.643.2036 or DSN FAX:
> 315.643.2037 or no cost Tel: 888-777-8343 Menu Option # 4. Within the
> month all Philippine Tricare users will be sent a letter from Wisconsin
> Physician Services (WPS) to inform them about the new Philippines rates
> that have been established to pay for inpatient (hospital) and outpatient
> care. If you do not receive a letter either you have not updated your
> current local address or you are still registered under a Tricare region
> in the states. The new rates will begin on 1 OCT 08. They were developed
> by the Tricare Management Activity (TMA) office to replace the Puerto Rico
> caps that are currently used for outpatient services and for the inpatient
> daily rates in the Philippines. TMA used the World Bank International
> Comparison Program index for the Philippines to establish more reasonable
> rates to reflect costs in the Philippines. Generally the new rate caps
> will be lower than the current caps, so it is important that users know
> what these rates are in order to avoid significant out of pocket costs.
> These rates will be published on the TRICARE website:
> http://www.tricare.mil/tma/foreignfee/ . Inpatient rates are already
> listed on the site and below. Outpatient rates will be listed soon.
>
> Philippines Inpatient Allowed Daily Per Diem Rates:
> Group # Description Current 1 OCT 08
> 01 Infectious Disease $1,847 $1,144
> 02 Cancer $2,136 $1,196
> 03 Endocrine $2,119 $1,141
> 04 Mental Health $909 $395
> 05 Nervous System $1,906 $1,027
> 06 Circulatory $3,044 $1,769
> 07 Respiratory $1,828 $916
> 08 Digestive $1,888 $1,009
> 09 Genitourinary $1,980 $1,152
> 10 Pregnancy and birth $1,076 $555
> 11 Musculoskeletal and Skin .. $3,079 $1,998
> 12 Congenital anomalies $2,916 $1,657
> 13 Perinatal $731 $333
> 14 Symptoms, signs, etc. $1,950 $1,080

> 15 Injuries $2,246 $1,249
> 16 Poisoning $1,801 $1,069
> 17 Complications $2,333 $1,403
> 18 V-codes $1,640 $966
> [Source: TAO PAC Notice 1 Jul 08 ++]
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> Editors Note: The above rates changes will result in significant
> out-of-pocket medical care expense for Philippine users if they do not
> take steps to plan their health care in advance. It also sets the
> precedent to take similar steps in other overseas countries in which
> retirees reside. The revised rate structure for 1 OCT will result in all
> users in PI having to effectively pay higher Tricare fees than those in
> CONUS. By lowering the allowed amounts that can be reimbursed to providers
> the net result is that in addition to the 25% copay, retirees will also
> have to pay their providers the difference between what Tricare allows and
> what is charged to Philippine citizens. PI Tricare users should confirm
> that their current providers will accept the reduced rates before care is
> needed and, if not, attempt to locate alternate providers who will. At
> present less than 10% of the providers in the PI will accept direct
> reimbursement from Tricare. Since almost all PI provider's require
> payment in advance, it would be prudent to set aside funds to make these
> payments as needed. Readers are encouraged to write their legislators and
> request they either conduct a congressional inquiry or hold hearings to
> justify why DoD has taken steps for Tricare users overseas to pay more
> than those in CONUS.
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> ENLISTMENT WAIVERS UPDATE 01: This week the Department of Defense (DoD)
> and the nation celebrated the 35th Anniversary of the All Volunteer Force
> (AVF). Since its inception, our volunteer military has upheld the
> traditions of strong and selfless service to the nation. Presently, more
> than 1.4 million men and women choose to serve on active duty, along with
> nearly 1.1 million members of the National Guard and Reserves. DoD
> announced changes 27 JUN to improve the enlistment screening process by
> standardizing enlistment criteria and generating uniform reporting of
> waiver types across all services. The most noticeable change to the policy
> is in the area of conduct waivers. Previously, each service categorized
> offenses differently, making it impossible to provide reliable comparisons
> across services, over time. Under the new policy all conduct offenses will
> be classified into one of four different categories. The most severe
> offenses will be classified as "major misconduct," while less severe
> offenses will be considered "misconduct," "non-traffic," or "traffic"
> offenses. Also new is a coding system allowing services to track the level
> of the misconduct and the specific offense in question. Recent research
> suggests patterns of smaller offenses such as underage drinking and curfew
> violations are often more problematic over a career than a single major

> youthful offense such as burglary, which is the most common offense in the
> "major misconduct" category.
>
> About one in five recruits receives exceptional admission to the
> military by means of a waiver. About one third are for medical waivers-
> most frequently for high body fat - and nearly two thirds involve youthful
> misconduct waivers. The standardization of data will allow the department
> to better analyze the relationship between offenses or categories of
> offense on the one hand, and attrition or performance concerns on the
> other. This new policy, will go into effect on 1 OCT 08, does not
> prohibit further changes in the management of the military's screening for
> service in the armed forces, but it does represent another affirmative
> step in sustaining the pattern of success that has come to characterize
> AVF. Today's AVF is highly educated with nearly 95%t of recruits holding a
> high school diploma, compared to about 75% of contemporary youth.
> Moreover, two thirds are drawn from the top half of American youth in math
> and verbal aptitude. The new policy can be viewed online at
> http://www.defenselink.mil/news/d20080627DTM08-
018%20Final%20Signed%20compressed.pdf .
> [Source: DoD News release No.560-08 dtd 2 Jul 08 ++]
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> VA BRACHYTHERAPY TREATMENTS: On 2 JUL VA notified the major veteran
> service organizations about a medical treatment problem at the VAMC in
> Philadelphia. Specifically, VA had discovered that a specific treatment
> for prostate cancer, called brachytherapy, had not been conducted properly
> in a number of cases from 2002 to 2008. At this time this problem is
> known to exist at the Philadelphia VAMC only. Actions are underway to
> contact all patients who have received brachytherapy treatment at the
> Philadelphia VAMC during this time frame by mail. These letters will
> provide information on the error in treatment, information on obtaining
> follow-up care, a contact number for additional information, an apology,
> and assurances that any co-pays for additional testing will be waived. All
> other veterans who are concerned should call the VA hospital where they
> were treated. Following are responses to some anticipated questions from
> those who have received brachytherapy:
>
> . What will happen next to me? In order to determine which patients have a
> problem, VA will be performing repeat CT scans on some patients. Using
> these scans, they will then calculate the dose to the prostate and
> determine whether it was adequate. If it is determined that the dose was
> adequate, VA will inform you, and nothing further will be done except for
> routine follow-up. If it turns out that the dose was inadequate, see
> items 4 and 5 below.
> . What does inadequate dosage mean? Prostate brachytherapy is based on
> the delivery of a certain dose of radiation to the entire prostate gland

> using radioactive seeds. Based on a review of dosing to the prostate
> gland, VA determined that some doses may have been lower than optimal.
> Patients whose prostate gland received lower than optimal doses have a
> higher chance of their cancer returning than patients who received higher
> doses.
> . Will additional tests be required, and if so what tests? VA is
> requesting a repeat CT scan on patients who they suspect may have been
> under dosed. They will also be obtaining PSA levels on our patients,
> which is something which would be done even if there were no suspicion of
> under dosing. If there is a rising PSA, VA may obtain a bone scan. In
> some cases, a prostate biopsy might be recommended.
> . If it turns out that I received an inadequate dose, does it mean that I
> will have a relapse of my prostate cancer? Not necessarily. Properly
> delivered brachytherapy cures early stage prostate cancers in 90-95% of
> patients meaning that there is a 5-10% chance of the cancer returning. If
> it turns out that you received an inadequate dose, your risk is higher.
> However, it is still possible that it will never return.
> . If it is determined that I was under dosed, will I require more
> treatment? We is reviewing your case to determine whether to recommend
> further treatment at this time and if so what that therapy should be.
> This is an individualized decision based on many factors, including how
> long ago your implant was performed and your current and past PSA levels.
> If it is felt that your risk of relapse is high, VA may recommend further
> treatment such as a second implant. Alternatively, VA may recommend no
> further treatment and may continue to follow your PSA levels.
> . If no further treatment is recommended but only follow-up, how long do I
> need this? Prostate cancer can be very slow growing and may relapse many
> years later. For this reason, it is recommended follow-up at least every
> six months for a minimum of five years following treatment and preferably
> for ten years.
> . If I do have a relapse what further treatment could be given? After
> radiation therapy to the prostate has been given, most urologists are
> unwilling to perform surgery. The most likely course of action would be
> to place you on hormonal therapy (injections given every 3 months and oral
> pills).
> . Do I have the right to sue? Yes; for more information about filing a
> claim contact the Office of Regional Counsel (Mr. Jose Lopez). He may be
> reached by telephone at (215) 823-7811, or by mail at Jose H. Lopez,
> Regional Counsel, Office of Regional Counsel (642/02), Department of
> Veterans Affairs Medical Center, 3900 Woodland Avenue, Philadelphia, PA
> 19104 .
> [Source: NVS Weekly Updates 2 July 08 ++]
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> DOD PDBR: Former servicemembers who disagree with the disability
> ratings they received when they were discharged as unfit for military duty

> can now apply to have those ratings reviewed by a new Physical Disability
> Board of Review (PDBR). The Defense Department announced formation of the
> new board to reassess the accuracy and fairness of disability ratings
> assigned to discharged troops. Several task forces and studies cited
> inconsistencies in the way the military departments assigned disability
> ratings for similar conditions. The Army tended to assign the lowest
> ratings, according to the studies. The findings were enough to warrant the
> creation of a PDBR. The board won't second-guess service determinations
> of fitness for continued service; it will only review the combined
> disability ratings associated with the specific unfitting conditions cited
> by the service Physical Evaluation Board. Their recommendations will be
> final and won't be reviewable by a service Board for Correction of
> Military Records. Any servicemember who meets eligibility qualifications
> (or the surviving spouse, next of kin, or legal representative) can submit
> a written request to the parent service to have his or her case considered
> by the PDBR if the servicemember:
>
> 1) Was separated from the Armed Forces between 11 SEP 01 and 09 due to a
> disability that made him or her unfit for continued military service; and
> 2) Received a combined disability rating of 20% or less from the parent
> service; and
> 3) Was not eligible for retirement.
>
> The new board could potentially affect almost half the 20,000
> servicemembers processed through the Disability Evaluation System each
> year. Of these, about 10% have combat- or training-related injuries.
> Disability ratings have a significant financial impact, determining if the
> servicemember qualifies for retired pay and military benefits such as
> health care and base privileges for life, or a one-time severance pay with
> no additional benefits. Those who receive 30% or higher disability
> ratings -- 1,296 during fiscal 2007 -- are medically retired. In addition,
> more than 4,200 servicemembers were put on a temporary disability retired
> list last year, a status they can retain for up to five years. If the
> combined rating is 20% or lower, troops are typically discharged with
> severance as unfit for duty. During fiscal 2007, almost 4,000
> servicemembers processed through the Disability Evaluation System were
> returned to duty. Of those separated as no longer fit for duty, more than
> 9,200 received a severance. Another 1,150 did not receive a severance,
> typically because their disabilities were due to misconduct or pre-service
> conditions. Not all were happy with their disability rating findings.
> About 10% appealed their cases. Now, under the PDBR troops will have one
> additional method of recourse. Retherford said he anticipates the board
> will review about 900 cases per year, all by request. Former
> servicemembers separated from the military after 11 SEP 01, must apply to
> have their case reviewed.
>

> The Defense Department plans to launch an awareness campaign to ensure
> people who qualify for a records review know about the new board and how
> to apply. The Defense Department designated the Air Force to operate and
> manage the new board, but it will include representatives from each
> military department. Board members will include line officers as well as
> medical experts, who will review documentary evidence. No former
> servicemember will appear in person before the board. The board can
> recommend that the appropriate service secretary increase a disability
> rating, uphold the previous finding, or issue a disability rating when the
> previous board did not assign one. However, the board cannot recommend a
> lower rating. Undersecretary of Defense for Personnel and Readiness David
> S. C. Chu called the board an important step in ensuring affected
> servicemembers are treated fairly. "The PDBR has no greater obligation to
> our wounded, ill and injured servicemembers and former servicemembers than
> to offer fair and equitable recommendations pertaining to the assignment
> of disability ratings," he said. [Source: AFPS Donna Miles article 1 Jul
> 08 ++]
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> DOD PDBR UPDATE 01: The Defense Department announced formation of the
> new Physical Disability Board of Review (PDBR) to reassess the accuracy
> and fairness of disability ratings assigned to discharged troop. The Air
> Force is to recommend someone to lead the PDBR immediately, and then the
> other services will determine who will represent them on the board.
> According to the legislation, the new board was supposed to be in place by
> the end of April. David S.C. Chu, undersecretary for personnel and
> readiness, in a memo dated 27 JUN wrote, "The purpose of the [board] shall
> be to reassess the accuracy and fairness of the combined disability
> ratings assigned service members who were discharged as unfit for
> continued military service. The [board] shall operate in a spirit of
> transparency and accountability, and shall impartially readjudicate cases
> upon which review is requested or undertaken on its own motion." One
> sentence of the new directive already has veterans service organization
> representatives concerned: "Only the medical condition(s) determined to be
> specifically unfitting for continued military service, as previously
> determined by the Military Department [physical evaluation board], will be
> subject to review by the [board]." The legislation makes no such
> limitations. Retired Army Lt. Col. Mike Parker, who has worked as an
> advocate for service members going through the physical evaluation board
> process, said there are at least two categories of veterans who could be
> hurt by this limitation:
>
> . He gave an example of a sergeant who was originally sent to the medical
> evaluation board because of a congenital cornea condition that caused his
> vision to be distorted. According to the surgeon general of the Army's
> policy, soldiers may not wear hard contact lenses to the field, as this

> soldier was required by his doctor to do. But when he went to the board,
> he was found fit for his cornea condition, which would have brought him a
> rating of at least 30%, and found unfit for two other lesser conditions
> and given a total rating of 10%. "They've been cherry-picking which
> unfitting condition to use," Parker said. The new board would not be
> allowed to make sure the 'fit' determination for the soldier's cornea
> problem was fair.
> . The Physical Evaluation Board is required to include all current medical
> conditions, but the Walter Reed scandal showed that often, medical records
> were lost or not included in board packets. If that happens, the Physical
> Evaluation Board doesn't get a chance to rate for all conditions, but
> those cases would not be covered by the new board.
>
> Pentagon Spokesman Lt. Col. Les Melnyk said in an e-mail, "Conditions
> that were not identified as unfitting are not within the scope of this
> board. A determination of unfitting is generally unique to the demands of
> the service member's military department. These decisions are best made by
> the military departments." However, he said conditions that were not rated
> because they were determined to be pre-existing, as was the case of
> thousands of service members discharged with no benefits for personality
> disorders, would be eligible for review by the new board. Parker said the
> new board needs to address all situations that can lead to a combined
> disability rating of less than 30% - otherwise, service members may have
> to take their cases to several boards to try to correct specific errors in
> their cases. "If the new board does not address all of these factors, I
> fear a service member may have to spend years going to multiple review
> boards to fix all the issues that led to an erroneous rating," Parker
> said, which is exactly the kind of bureaucratic quagmire the Wounded
> Warrior legislation sought to correct. Melnyk said a different board
> should, in fact, look at those other issues. "Service members may appeal
> those issues to the Military Department Board of Corrections for Military
> Records or the Discharge Review Boards," he said. But that could also
> cause a problem: After they receive a recommendation from the new review
> board, service members will not be eligible for review by the Board for
> the Correction of Military Records, according to Chu's directive and the
> legislation. [Marine Corps Times Kelly Kennedy article 8 Jul 08 ++]
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> VA FRAUD UPDATE 11: The Department of Justice announced 30 JUN that the
> director of the Hines IL Department of Veterans Affairs Consolidated Mail
> Outpatient Pharmacy (CMOP) has agreed to plead guilty to participating in
> a conspiracy that allowed a subordinate to make contracting decisions
> regarding a company owned by the subordinate's spouse. The director also
> has agreed to plead guilty to accepting illegal gratuities. In a plea
> agreement filed in U.S. District Court in Chicago , Joel M. Gostomelsky ,
> admitted to conspiring with a subordinate between 2000 and 2007 to allow

> the subordinate to be involved in the hiring and supervising of temporary
> pharmacist employees supplied to the CMOP by a company owned by the
> subordinate's spouse. Among other actions, Gostomelsky falsely represented
> to VA officials that the subordinate had no role at the CMOP in the
> ordering of these services, and that the subordinate would be removed from
> making decisions affecting the employees of the temporary staffing
> company. He also agreed to plead guilty to receiving illegal gratuities
> from 1998 through approximately 2005 from another vendor that provided
> supplies to the CMOP acknowledging that because of the gifts he received,
> he helped steer orders for mailing supplies to the vendor. According to
> the terms of the plea agreement, which is subject to court approval, he
> has agreed to cooperate in the government's ongoing investigation. His
> sentence will be determined by the court.
>
> Gostomelsky was the Director of the CMOP in Hines from 1995 until
> April 2007 . The CMOP in Hines is one of seven such pharmacies throughout
> the nation, and currently processes and sends more than 100,000
> prescriptions to veterans daily. The conspiracy charge carries a maximum
> penalty of five years of imprisonment and a fine of $250,000 and the
> acceptance of illegal gratuities charge carries maximum sentence of two
> years of imprisonment and a fine of $250,000. The maximum fine for each of
> these violations may be increased to twice the gain derived from the crime
> or twice the loss suffered by the victims of the crime, if either of those
> amounts is greater than the statutory maximum fine. George J. Opfer,
> Inspector General of the Department of Veterans Affairs said, "The VA
> Office of Inspector General investigates every credible allegation against
> VA employees who betray the trust of our veterans and taxpayers by acts of
> bribery, graft, and criminal conflict of interest. Former managers of two
> other VA Consolidated Mail Outpatient Pharmacies currently serving
> multi-year prison sentences for similar, yet unrelated, criminal acts have
> learned just how seriously we take these allegations." Anyone with
> information concerning bid rigging, fraud, kickbacks, bribery or other
> crimes relating to violations of federal procurement laws meant to foster
> competition concerning any of the VA's CMOP's should contact the Chicago
> Field Office of the Antitrust Division at 312-353-7530 or the VA Office of
> Inspector General at 1-800-488-8244. [Source: U.S. Department of Justice
> News Release 30 Jun 08 ++]
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>
> VETERANS' BENEFIT EXPIRATION UPDATE 01: Many of your benefits have an
> expiration date. Below are a few important federal ones to remember so you
> don't lose out. Most veterans are not aware, that their benefits can
> expire. For more detailed information of these programs go to
> http://www.military.com/benefits/veteran-benefits/veterans-benefit-expiration-dates
> or: www.va.gov:
>

> Education, Training, and Employment Programs: 10 years from date of last
> discharge or release from active duty.
>
> Veterans Education Assistance Program (VEAP): 10 years from last discharge
> or release from active duty.
>
> Montgomery GI Bill for Selected Reserve (MGIB-SR): 14 years from the date
> of eligibility for the program, or until released from the Selected
> Reserve or National Guard. (Some extensions available if activated.)
>
> Reserve Educational Assistance Program (REAP): No time limit, while
> remaining in the same level of the Ready Reserve.
>
> Vocational Rehabilitation and Employment (VocRehab): Generally, 12 years
> of separation from service or within 12 years of being awarded
> service-connected VA disability compensation.
>
> VA Insurance Programs:
> . Servicemembers' Group Life Insurance (SGLI): Coverage ends 120 days
> after separation or Can be extended up to 1 year for totally disabled
> veterans.
> . Family Group Life Insurance (FGLI): Coverage ends 120 days after
> separation or Can be extended up to 1 year for totally disabled veterans
> after separation.
> . Veterans Group Life Insurance (VGLI): Within 120 days of separation.
> . Service Disables Veterans Insurance (SDVI): Within 2 years from the date
> of being notified of service-connected status.
> . Veterans Mortgage Life Insurance (VMLI): Must apply before age 70
>
> Veterans Health Care Administration (VHA) PROGRAMS:
> . Veterans Health care: No Time Limit
> . Combat Veterans Health Care: 5 years from release from active duty.
> . Dental Treatment: Within 90 days of separation.
>
> VA Pension And Compensation Programs:
> . Disability Compensation: No Time Limit.
> . Disability Pension: No Time Limit.
> . VA Home Loan Guaranty Program: No Time Limit.
> [Source: CFVI Newsletter Jun 08 ++]
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> ATRIAL FIBRILLATION: This subtle condition can have serious consequences
> for your health. Fortunately, diagnosis is easy and treatment reduces
> long-term effects. To understand this condition you need to know how the
> heart works. It has four chambers - two atria on top and two ventricles
> below them - that subsequently fill with blood and contract to circulate

> blood throughout the body. The timing and sequence of the contractions
> are crucial and are controlled by the heart's own internal cardiac
> pacemakers. Normally each chamber contracts about 70 times am minute,
> allowing it to fill with blood and empty, thus moving the blood
> efficiently. Atrial fibrillation occurs when the top two chambers of the
> heart flutter or quiver, rather than contracting rhythmically. These
> quivers are so fast and erratic that the atria does not have time to fully
> fill or empty. This means the ventricles, in turn, cannot fully fill or
> pump enough oxygenated blood throughout the body. As the heart's internal
> pacemakers try to regulate atrial fibrillation, the heart might beat too
> quickly or slowly. If too slowly there is not enough oxygenated blood
> circulated to meet the body needs and too quickly there is not enough time
> for the ventricles to fill between beats causing a similar reduction in
> oxygenated blood availability. In addition, if blood pools in the atria,
> clots can form and then travel to the brain causing a stroke.
>
> Though atrial fibrillation can have serious consequences, for many
> people it goes unnoticed for years. A doctor often will recognize the
> irregular irregularity of the atrial fibrillation heartbeat when he or she
> takes a patient's pulse or listens to the heart with a stethoscope during
> a physical examination. An EKG will show the altered electrical pathways
> and the irregular irregularity of the heart rate and confirm diagnosis of
> atrial fibrillation. Treatment depends on many factors. A doctor will
> look for predisposing conditions, such as hypoglycemia (low blood sugar),
> hypoxia (low oxygen) from lung disease, abnormal thyroid function, alcohol
> or drug use, etc. and treat them first. If the heart is beating too fast
> medication such as digoxin or propanolol can be used to slow ventricular
> rate. These medications may be needed for years. If too slow an
> antrioventicular sequential pacemaker can be inserted to signal the atria
> and ventricles so they will contract more normally and improve circulation
> and oxygenation. Anticoagulants such as aspirin or warfarin can reduce
> clots and the risk of stroke in chronic atrial fibrillation. If atrial
> fibrillation is of relatively recent onset, the heart is normal, and a
> patient is otherwise healthy, cardioversion can be used to electrically
> shock the heart back to its normal rhythm. Although this is the best
> procedure for some patients, it has serious risks and should be considered
> carefully. Almost 20% of people over 80 years of age have (or have had)
> atrial fibrillation. For more information click on "arrhythmias" on the
> American Heart Association's web site www.americanheart.org. [Source:
> Military Officer Ask the Doctor article Apr 05]
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>
> FORGOTTEN MILITARY ORPHANS: There are some statutory and regulatory
> problems that adversely effect many of the orphans of deceased military
> personnel. The problems are the result of how current Federal laws are
> written and thus need Congressional action to fix them.

> 1. Orphans (the children of a deceased military person) who are not the
> children of the deceased and his or her current spouse do not receive any
> of the death gratuity (DG).
> 2. Where there are minor children, but no spouse, the guardian of the
> minor child must go into state court and be declared the Guardian of the
> Minor's Estate in order for the Defense Finance and Accounting Service
> (DFAS) to pay the DG out.
> 3. Minor orphans who do not live in the deceased's household at the time
> of death do not usually get commissary and exchange shopping privilege.
>
> The original purpose of the death gratuity was to off set extra
> expenses that one's loved ones incur when there is a death and to bridge
> the gap between the military pay stopping and the other long term benefits
> such as social security, dependency indemnity compensation (DIC), and
> survivor's benefits starting up in a month or two. If one has a spouse
> and dies in the military, the DG is directed first to go to the surviving
> spouse. This is not a problem if the children of the deceased are all from
> the current spouse. The deceased's children only get the DG if there is no
> spouse. It is not uncommon for a deceased serviceman to have children from
> relationships with other people. Upon death of the serviceman the child
> support these other children are receiving stops. Thus, they suffer the
> same income interruption as the spouse but do not get any stopgap DG
> payment. A solution would be to change the current law at Sec. 1477 (a)
> (1) to give all the DG to the spouse if the deceased does not have
> children fathered or mothered from people other than his or her current
> spouse. If there are children that are not issue from the current spouse,
> then the widow or widower gets half the DG and the deceased's children
> from relationships other than with the current spouse equally share the
> other half of the DG.
>
> Death Gratuity (DG) money that is paid out for the benefit of minor
> children must be paid into a trust account which usually requires the
> hiring of an attorney to set up a "Guardianship of the Child's Estate"
> which is needed for them to set up a trust account at a bank in the
> child's name. DFAS does not recognize the mere fact that the natural
> parent or someone else has custody of the child, even if from a divorce or
> other legal proceeding. DFAS requires an adult member, usually the person
> with physical custody of the minor child, to have a state court name them
> as the guardian of the minor child's assets/estate. After this is done,
> the guardian then must open up a trustee bank account in the child's name.
> Only then will DFAS send a check on the child's behalf payable to the
> child's trust account. In many cases, this requires the guardian/trustee
> to spend $1000 or more in legal fees to get the DG. This often takes
> months to do which tends to defeat the original purpose of the DG, help
> with immediate expenses. A solution would be for Congress to add new
> wording to Title to Title 10 US Code Sections 1475 to 1477 stating the

> person with physical custody of the minor child would have the right to go
> to Legal Aide or the closest military operated legal assistance office for
> help. The legal services would include not only preparing the paperwork,
> but also appearing in state court if necessary on that matter.
>
> The minor children of a deceased's current spouse or those who were
> living in the deceased's household automatically get full commissary and
> exchange privileges. Other orphans only qualify for these two privileges
> if they can establish at the time of death that the deceased was providing
> the residence they were living in and over 50% of their support. This
> unfairly penalizes the minor children from prior marriages and those born
> out of wedlock. These same children qualify for all other Federal benefits
> automatically. A solution would be to change current Federal law and DoD
> policies to state that all minor children of deceased military personnel
> receive full commissary and exchange privileges. There would be no need to
> establish any level of support being provided prior to the death of the
> military member. [Source: CDR Wayne Johnson, JAGC, USN (Ret) 5 Jun 05
> wayneljohnson@hotmail.com]
>
>
> LEGAL RESIDENCY: What follows is aimed at active duty military personnel
> who are covered under the Servicemembers Civil Relief Act (SCRA) of 2003.
> As to whether their nonmilitary spouses and dependent children get the
> same protections; one must look at state law. Most states allow the
> family members to maintain the same state of legal residence as the
> military spouse, but do not assume this to be so. Check with a legal
> assistance office. Under the Act (formerly known as the Soldiers' and
> Sailors' Civil Relief Act of 1940), a military member's state of legal
> residence (Home State) does not change every time they are transferred.
> If one is a legal resident of Ohio when one comes on full time active
> duty, that person stays an Ohio citizen so long as they are on active
> duty, even if they spend 20 years on active duty and never step foot in
> Ohio during the who period. This means they stay a legal resident of
> their home state for such things as their driver's license, car
> registration, income taxes, personal property taxes, and voting. Even if a
> service member no longer has any form of address in their home state, the
> member stays a legal resident. In some counties, for voting purposes, if
> you no longer have a physical address there the county makes your address
> the local courthouse. This is contrary to what happens to the average
> civilian or retiree who gets transferred or moves to another state since,
> by operation of law, they become a citizen/legal resident of the new
> state.
>
> Another effect of the Act is that a military member may obtain a state
> drivers license and/or register his or her car in the state in which he or
> she is assigned under orders. Under the Act doing either or both of these

> things does not automatically make one a legal resident of the state one
> is assigned to. You probably know someone who has kept a state's plates
> on their car after transferring to another state even though they are a
> legal resident of a third state. The danger is a person who keeps the
> plates or license of the host state they had been residing in after they
> transfer. Doing so could be used by the host state to argue you now owe
> them income taxes since keeping your license with them after you left the
> state shows that you are now a legal resident of that state. It could
> also lead to a traffic citation and fine. Remember, your registration and
> license can only be from your home state or where you are currently
> stationed/residing pursuant to military orders.
>
> If a military member wants to become a legal resident of the state
> they are physically present in due to PCS orders, they may do so by
> avowing that, for the foreseeable future, he or she desires to make that
> state their legal residence for the rest of their life. Thus, you must
> have both physical presence and the intent at the same time in order to
> make this change. You must also actually be living there for more than
> just a few weeks. If one decides to change their legal residence, one
> would do certain things to reflect this change to the rest of the world.
> DEFINITE INDICATORS are where one votes and where one files their state
> income tax returns as to one's military pay if the home state has a tax.
> Even if a return is not required, it is frequently a good idea to file a
> return and have a paperwork trail reaffirming your state of legal
> residence/home state. MAYBE INDICATORS are your driver's license and
> vehicle registrations. Some states, such as Florida, have a written
> affidavit one can file at the local courthouse that attests to a person
> becoming a legal resident of that state. If one does that, get a few
> certified copies from the court clerk of the newly filed affidavit and
> send one copy to your old home state with your income tax return for that
> year so they will know why you have quit filing with them.
>
> Legal residence or Home State is not to be confused with "Home of
> Record" which is a purely military term. Usually they are one in the same
> but "Home of Record" cannot be changed during one's enlistment. The main
> purpose of "Home of Record" is that it sets the limit the distance the
> government is willing to pay to move you when you get off of active duty.
> Retirees, however, get to move anywhere in the country when they retire
> compliments of the military. Retirees do not get the protections of the
> Act and must file taxes and do everything else that the state they are
> living in requires. Having said that, anyone who is, or has been in the
> military, should check with their state of residence to see if under state
> law they are entitled to any perks. Most states give military, veterans,
> retirees, and in some cases their family members some sort of special
> treatment when it comes to taxes and licenses. This is particularly true
> for wounded, disabled, or deceased personnel. Many states exempt all or

> part of a military pension from state income tax. Every state has its own
> "state" veterans affairs office which can provided such information. Do
> not confuse it with the local federal Department of Veterans Affairs
> office, which is a separate entity.
>
> The SCRA covers other matters The major areas the SCRA covers
> include the stay of legal actions, rent, installment contracts, mortgages,
> liens, assignment, leases, life insurance, taxes and public lands, powers
> of attorney, professional liability protection, health insurance
> reinstatement, guarantee of residency for military personnel, and business
> or trade obligations. To review the Servicemembers Civil Relief Act of
> 2003refer to http://www.servicemembers.gov/scratext.htm and
> http://legalassistance.law.af.mil/content/legal_assistance/cp/scratext.pdf.
> Some useful web sites containing Summaries and "How To" Guides are:
> . http://www.abanet.org/legalservices/lamp/downloads/SCRAguide.pdf.
> .
> http://www.justice.gov/usao/az/rights/Servicemembers_Civil_Relief_Act.pdf.
> . http://www.abanet.org/family/military/scrajudgesguidecklist.pdf.
> .
>
http://legalassistance.law.af.mil/content/content.php?qrylvl=3&lvl1id=1&lvl1folder=yes
&lvl2id=11&lvl2folder=yes
> [Source: Cdr Wayne Johnson, JAGC,USN (Ret) MAY 2008
> waynejohnson@hotmail.com
>
>
> SSA INTERNATIONAL AGREEMENTS: In today's global environment people often
> relocate from one country to another, either permanently or on a limited
> time basis. This presents challenges to businesses, governments, and
> individuals seeking to ensure future benefits or having to deal with
> taxation authorities in multiple countries. To that end, the Social
> Security Administration has signed treaties, often referred to as
> Totalization Agreements, with other social insurance programs in various
> foreign countries. Overall, these agreements serve two main purposes.
> First, they eliminate dual Social Security taxation, the situation that
> occurs when a worker from one country works in another country and is
> required to pay Social Security taxes to both countries on the same
> earnings. Second, the agreements help fill gaps in benefit protection for
> workers who have divided their careers between the United States and
> another country. Normally, non-resident aliens of foreign countries
> without a Totalization Agreement are taxed by the U.S. at a rate of 30% on
> all income derived in the U.S. To ensure payment the tax is normally
> withheld at source from payments forwarded to a SSA beneficiary overseas.
> The following countries with effective dates have signed Totalization
> agreements with the SSA:
>

> Australia (October 1, 2002)
> Austria (November 1, 1991)
> Belgium (July 1, 1984)
> Canada (August 1, 1984)
> Chile (December 1, 2001)
> Finland (November 1, 1992)
> France (July 1, 1988)
> Germany (December 1, 1979)
> Greece (September 1, 1994)
> Ireland (September 1, 1993)
> Italy (November 1, 1978)
> Japan (October 1, 2005)
> Luxembourg (November 1, 1993)
> Netherlands (November 1, 1990)
> Norway (July 1, 1984)
> Portugal (August 1, 1989)
> South Korea (April 1, 2001)
> Spain (April 1, 1988)
> Sweden (January 1, 1987)
> Switzerland (November 1, 1980)
> United Kingdom (January 1, 1985)
> [Source: Wikipedia Online Encyclopedia 1 Jul 08 ++]
>
>
> HAVE YOU HEARD: Think what you will of Ronald Regan and his politics but
> most cannot dispute the following comments of his regarding our
> government:
> . 'Here's my strategy on the Cold War: We win, they lose.'
> . 'The most terrifying words in the English language are: I'm from the
> government and I'm here to help.'
> . 'The trouble with our liberal friends is not that they're ignorant; it's
> just that they know so much that isn't so.'
> . 'Of the four wars in my lifetime, none came about because the U.S. was
> too strong.'
> . 'I have wondered at times about what the Ten Commandments would have
> looked like if Moses had run them through the U.S. Congress.'
> . 'The taxpayer: That's someone who works for the federal government but
> doesn't have to take the civil service examination.'
> . 'Government is like a baby: An alimentary canal with a big appetite at
> one end and no sense of responsibility at the other.'
> . 'The nearest thing to eternal life we will ever see on this earth is a
> government program.'
> . 'It has been said that politics is the second oldest profession. I have
> learned that it bears a striking resemblance to the first.'
> . 'Government's view of the economy could be summed up in a few short
> phrases: If it moves, tax it. If it keeps moving, regulate it. And if it

> stops moving, subsidize it.'
> . 'Politics is not a bad profession. If you succeed, there are many
> rewards; if you disgrace yourself, you can always write a book.'
> [Source: Words of wisdom by Margaret Gee 2001 ++]
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>
> VETERAN LEGISLATION STATUS 13 JUL 08: Refer to the Bulletin's House &
> Senate attachments for or a listing of Congressional bills of interest to
> the veteran community that have been introduced in the 110th Congress.
> 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. You
> can also reach his/her Washington via the Capital Operator direct at
> (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views.
> 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. Refer to
> http://www.thecapitol.net/FAQ/cong_schedule.html for future times that you
> can access your representatives on their home turf. [Source: RAO Bulletin
> Attachment 13 Jul 08 ++]
>
>
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