



Advocate



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Report from the Hill

[Editor's note: the following information was current as of press time. Because events can change rapidly in Congress, some of these issues may have already been decided by the time this edition of The Advocate is delivered to AMS members.]

Selected National Defense Budget Issues

By the end of June both Houses of Congress had passed their versions of the National Defense Authorization Act for FY 2007. The next step in the process was a joint conference committee composed of members from the Senate and the House of Representatives which met in the following weeks to try and work out an agreement on the differences and produce one bill before the beginning of the August recess. That bill would then be voted on by each chamber and sent

to the President for signature. If disagreements or other legislative matters interfere, completion would be delayed until this fall, which is what happened last year. Some of the key issues to be decided are shown below.

Active Duty and Reserve/NG Pay Raise

The House proposed a 2.7 percent pay raise, while the Senate proposed a 2.2 percent raise. AMS supports the greater increase and urged Congress not to compromise on this issue. Both Chambers should support this larger number during the conference process.

TRICARE Restrictions Proposed

Both the Senate and the House of Representatives proposed prohibiting employers of military retirees and their families from helping to pay for TRICARE enrollment fees, co-pays or deductibles. Some retirees who are working in second careers choose to use their TRICARE health benefit as their primary insurance because it is a better plan than that offered by the company they work for, or because it is less expensive, or for other reasons. However, both the Senate and House bills would not allow the employer to pay all or part of the cost, even though the employer would have savings if the retiree did not use the company plan.

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DoD, TRICARE Announce Additions to Health Care Benefits

The Department of Defense has released a list of recently enacted enhancements to TRICARE.

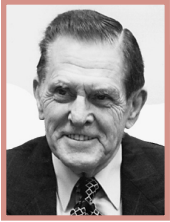
Enhancements for this year include:

- Colorectal cancer screening for beneficiaries age 50 and older who are at normal risk;
- The TRICARE Reserve Family Demonstration Benefit extension through Oct. 31, 2007, with a proposal to make it permanent;
- Medically necessary obstetrical ultrasounds, which TRICARE will cost share separate from the delivery fee; and
- Dental implants and related prosthetics covered at a 50 percent cost share under the new TRICARE Dental Program Contract that began Feb. 1, 2006.

Congress also enacted other program changes last year. On Jan. 6, 2006, the president signed legislation which authorized a number of additions to the TRICARE program, effective October 1, 2006, to include the following:

- Expansion of the TRICARE Reserve Select health plan offered for purchase by

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PRESIDENT'S COLUMN

Doug Russell

As the summer began the VA stolen data scandal erupted in Washington. It was the largest theft of personal data from the federal government in American history.

Thankfully, after about a month, the computer containing the stolen data was returned to a police station in Maryland where it was quickly turned over to the FBI. Much to the relief of Secretary of Veterans Affairs James Nicholson, the FBI's initial analysis indicated the data had not been accessed.

However, that didn't close the books on this incident. Members of Congress from both parties were united in their insistence that VA clean up its act with regard to the security of its data systems. It seems the case brought to light the fact that in an annual congressional scorecard of computer security the Department of Veterans Affairs has consistently ranked near the bottom of all federal agencies.

In addition, during testimony before the House Veterans Affairs Committee, Nicholson revealed that VA had compiled a ten page list of breaches of computer security in the department.

Prior to the recovery of the stolen computer the VA had announced it would provide a free credit monitoring service to all veterans whose data was stolen and who desired the service. However, once the data was recovered Nicholson declined to say whether or not the VA would fulfill on that pledge. In fact, members of Congress from both parties agreed that it was not clear that the service should be offered, since the data had not been accessed. Nicholson did make it clear that the VA had retained services of a data analysis company that will monitor whether veterans' personal data is being stolen or illegally used.

We at AMS believe this is very important issue but

we have heard stories that veterans didn't seem to be very concerned about what happened. However, we believe we've had to report to you about it because of the potential for serious damage to your financial records. Stolen personal and financial data, such as Social Security numbers and credit information, exposes you to risk of identity theft, credit fraud and other criminal activity. It is even possible it could cause you to be put on the "no fly list" of the Transportation Security Administration, meaning you couldn't fly anywhere until you were able to clear your records. In addition, it could result in someone being refused a security clearance.

So even though the immediate crisis seems to be over, we urge you to continue to closely watch your financial and credit records and immediately report any suspicious activity to the proper authorities. AMS will keep monitoring the situation at the VA and update you whenever new information is available.

Finally, it was my great pleasure a few weeks ago to go to Ft. Belvoir, Va., and present AMS awards to members of the U.S. Army Intelligence and Security Command. The winner of the Linguist of the Year award was SSGT Adrian M. Villegas. NCO of the Year was SSGT Stephen Vadovsky, Jr., and the award for Soldier of the Year was SPC Frank J. Muto. Congratulations to these fine soldiers for their outstanding service to our nation. Remarks during the ceremony were given by MG John De Freitas, III, INSCOM Commanding General and CSM Maureen Johnson, INSCOM Command Sergeant Major.

New Master Chief Petty Officer of the Navy Selected

Chief of Naval Operations Adm. Mike Mullen announced today that he has selected Master Chief Petty Officer Joe R. Campa to succeed Master Chief Petty Officer Terry D. Scott as Master Chief Petty Officer of the Navy.

The Master Chief Petty Officer of the Navy (MCPON) is the senior enlisted person in the Navy. The MCPON serves as an advisor to the Chief of Naval Operations and to the Chief of Naval Personnel in matters dealing with enlisted personnel and their families.

"Master Chief Campa follows a legacy of tremendous

service by MCPON Terry Scott," said Mullen. "Master Chief Campa has the fleet and fleet Marine force experience to represent our sailors not only standing watch at sea and ashore, but also serving in non-traditional missions across the globe. I am looking forward to working with him as we continue to address the important issues facing our sailors and their families."

Campa currently serves as Command Master Chief for Joint Task Force Guantanamo Bay, Cuba. He assumed his new position July 10, 2006. His biography is available at <http://www.navy.mil/navydata/bios/bio.asp?bioID=346>.

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AMS views this as discriminatory since similar prohibitions are not imposed on retired postal workers or federal civilian retirees. If retired federal civilians choose to use their earned Federal Employees Health Benefits Plan as their primary insurance while working in a second career, they are free to receive reimbursement from their employer for all or part of the cost of the premium, co-pays and deductibles. This is an outrageous proposal and should be defeated.

TRICARE Fee Action Delayed

There is good news concerning the proposed huge increases in TRICARE enrollment fees, co-pays and deductibles. Both Houses of Congress have prohibited the Department of Defense from raising fees over the next fiscal year. Both called for a review of the TRICARE program to look at cost saving efforts and examine alternatives to fee increases. However, given the increasing costs of health care, DoD will probably seek fee increases again in the next budget cycle. There are several reasons for the increase in costs. Over the past two decades DoD has relentlessly reduced the number of uniformed medical personnel on active duty. The result has been to force more and more beneficiaries into the more expensive private sector, which runs up the cost. DoD is also being forced to carry several billion dollars in charges against the TRICARE for Life program. These should more properly be charged directly against the US Treasury. Finally, there is a war going on and combat medicine is very expensive. Nonetheless, we should bar no expense in treating combat wounded warriors and caring for them when they return. Considering all that the military medical services are doing, military health care is a bargain for DoD and the nation. DoD should stop complaining and fund it without trying to saddle the retired veterans of earlier wars with the cost.

Pharmacy Cost Share Increases

The House has proposed increases in prescription drug co-payments at retail pharmacies beginning in fiscal year 2007; however, the Senate proposed a temporary prohibition on increases until Sept. 30, 2007, and called for a study by the Government Accountability Office to be completed within nine months of the passage of the Authorization bill. The study could very well result in an increase in fees as early as FY 2008. In addition to the increases in retail pharmacy co-pays, the House has proposed eliminating the co-pays for most prescription drugs obtained through the TRICARE Mail Order Pharmacy (TMOP). The purpose is

to encourage use of the TMOP instead of the more expensive retail pharmacies.

Concurrent Receipt

In 2004 Congress voted to extend concurrent receipt payments to disabled veterans who are paid at the 100% disability rate by virtue of their being deemed unemployable. Then, in 2005, it voted to move up the phase-in period from 2013 to 2009. This year the Senate's NDAA bill would move the date of complete phase-in from 2009 to this year (2006) and the payment start date would be retroactive to Jan. 1, 2005. The House did not have a provision in its bill, so the matter had to be negotiated.

Survivor Benefit Plan

The Senate proposed that retirees who have paid SBP premiums for 30 years be allowed to consider their SBP as paid up and be allowed to stop paying premiums on Oct. 1, 2006. Under current law, these retirees may stop paying on Oct. 1, 2008. There was not a similar provision in the House bill.

The Senate also proposed that the SBP/DIC offset be ended for certain survivors effective Oct. 1, 2006. There was no provision in the House on this issue, so it had to be negotiated. This is an extension of legislation passed earlier and is long overdue.

Defense Budget Needs

Because of the studies and temporary policy changes Congress has written into this legislation, it seems clear that we will have our hands full next year dealing with attempts to increase fees and, in some cases, reduce benefits. Because of the war in Iraq and other commitments, the defense budget is under great pressure. All of us need to make the case, whenever given the opportunity, to support strong defense funding. Wartime is the wrong time to sacrifice defense spending. We also support effective action to manage the defense budget and cut out wasteful spending. However, this does not mean breaking promises made to warriors who fought the earlier conflicts and who have always been the nation's best recruiters. We must speak up because no one knows or understands the cost of failing to fully fund military needs better than retired professional military personnel, many of whom have served in 2 or 3 wars. 🍂

*Chuck Partridge
Government Relations*

Has Tricare Denied Your Claim?



Here's What to do Next

Dealing with Tricare can sometimes be frustrating, especially if your claim is denied and you want to file an appeal. However, knowing the proper steps to follow can help relieve your stress and maybe even solve your problem.

Here are some important things you need to know about your Tricare claims.

Explanation of Benefits

The Explanation of Benefits, or EOB, is the statement you receive after you file a claim with TRICARE or a claim has been filed on your behalf by the doctor. This statement is a summary of the action taken on your claim—how much of the bill was paid by TRICARE and how much is your responsibility to pay (you may already have paid that portion at the time of service).

It's Important to Fill Out A Claim Form Correctly

The TRICARE contractors get thousands of claims every day. The claims are computer-processed for speed in paying you or your health care provider. Any mistake, forgotten signature, or other missing information can slow down your claim because the contractor may have to call or write back to get the needed information.

Reminder: *Whoever submits the claim should be sure to enter the **military sponsor's** social security number on the claim form.*

TRICARE APPEALS

Beneficiaries who disagree with certain decisions related to their benefits made by TRICARE Management Activity (TMA) or by a TRICARE contractor have the right to appeal that decision. The appeals process varies, depending on whether the denial of benefits involves a medical necessity determination; a factual determination; provider authorization; provider sanction; and/or a dual-

eligible determination. Beneficiaries will be notified of the appeals process they should follow at the same time they receive a written decision. All initial determination and appeal denials explain how, where, and by when to file the next level of appeal.

What can be appealed?

- A decision denying TRICARE payment for services or supplies received.
- A decision denying preauthorization for requested services or supplies.
- A decision terminating TRICARE payment for continuation of services or supplies that were previously authorized.
- A decision denying a provider's request for approval as a TRICARE-authorized provider or expelling a provider from TRICARE.

What cannot be appealed?

- The amount that the TRICARE contractor determines to be the allowable charge for a particular medical service. Beneficiaries may ask the TRICARE contractor for an allowable charge review—not an appeal.
- The decision by TRICARE or its contractors to ask for more information before action is taken on the beneficiary's claim or appeal request.
- Beneficiaries cannot appeal decisions relating to the status of TRICARE providers. Although a TRICARE beneficiary may want to receive care, or already has received care, from a particular provider, the beneficiary cannot appeal a decision that denies the provider authorization to be a TRICARE provider, or a decision that suspends, excludes or terminates the provider. The provider in question may appeal on his or her own behalf.
- Decisions relating to eligibility as a TRICARE beneficiary cannot be appealed. Eligibility is determined by enrollment in the Defense Enrollment and Eligibility Reporting System (DEERS). Beneficiaries must address decisions regarding eligibility through their service branch.

Remember, beneficiaries must:

- Meet all the required deadlines.
- Send appeals in writing with signatures.
- Include copies of all supporting documents in the appeal. If the paperwork is not available, beneficiaries may send the letter, by the deadline, and note that more information will be sent.
- Keep copies of everything.

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Has Tricare Denied Your Claim?

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Appeals and appeal correspondence for TMA should be addressed to:

TRICARE Management Activity
Appeals, Hearings, and Claims
Collection Division
16401 E. Centretech Parkway
Aurora, CO 80011-9066

For more information or assistance with appeals, contact one of the following:

- Regional TRICARE contractor (See the TRICARE Regional Map to determine who is the contractor for the beneficiary's region at www.tricare.osd.mil)
- Local TRICARE Service Center (www.tricare.osd.mil/tricare-servicecenters/default.cfm)
- Beneficiary Counseling and Assistance Coordinator (BCAC) at the TRICARE Regional Office or Military Treatment Facility (www.tricare.osd.mil/baca)

For a more detailed explanation about how to file a claim or appeal, see your TRICARE Handbook or go to www.tricare.osd.mil. 🌸

Reynolds Introduces Legislation for Veterans Park Pass

Congressman says bill provides veterans simpler access to America's public lands

Congressman Thomas M. Reynolds (R-NY) recently announced he has introduced legislation (H.R. 5452, *Veterans Eagle Parks Pass Act*), which will provide veterans with a discounted pass card to any federal park that charges an admissions fee.

"This legislation is a small but important way to recognize and honor [our veterans'] sacrifices," said Reynolds. "This pass will allow the men and women who have served in uniform greater access to the very land they have defended."

Reynolds introduced the legislation in response to a letter he received from Robert Kupp, a Silver Spring resident and Korean War veteran. Kupp was discouraged to find out he was required to pay an admission fee for entrance to a park on Veterans Day in 2005.

"I was saddened to hear about Mr. Kupp's experience which was simply unacceptable," added Reynolds. "It is veterans like Mr. Kupp that have made America the great country that it is. Mr. Kupp and his fellow veterans have done so much for America, so it is right that we provide them with the freedom and ease to visit our national parks and lands."

This bill also conforms to the upcoming change to the Golden Eagle Passport program. The Golden Eagle Passport will be phased out within the next several months in order to establish the America the Beautiful Passport as the primary discount pass for entering federal public lands. Additionally, this legislation is supported by the American Military Society, the American Legion, AMVETS, and Veterans of Foreign Wars. The bill currently has 22 co-sponsors, and has been referred to the House Resources Committee.

"I am proud of the support from my colleagues and veteran's groups for this bill," Reynolds concluded. "This legislation is a fitting offer to our veterans so they may have easier access to America's great public lands like Yosemite National Park in California, Fort Sumter National Monument in South Carolina, Arthur R. Marshall Loxahatchee National Wildlife Refuge in Florida, Washington and Jefferson National Forests in Virginia, and hundreds more federal public lands that charge an entrance fee." 🌸

VA Issues Internet Scam Alert

In recent weeks the Department of Veterans Affairs released an alert regarding a "phishing scam" that has been taking place since the personal data of millions of Veterans, Active Duty and Guard and Reserve personnel that was stolen in May.

"Phishing" is defined as "The act of sending an e-mail to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering

private information that will be used for identity theft. The e-mail directs the user to visit a Web site where they are asked to update personal information, such as passwords and credit card, social security, and bank account numbers, that the legitimate organization already has. The Web site, however, is bogus and set up only to steal the user's information.

According to the advisory put out by VA, there have been increasing

reports of users receiving email from the address: abuse@vba.va.gov, asking them to check an account by clicking on a link.

VA is advising that this email is not a VA address and is fake, and the link in the email is to a web site in Asia. **Anyone who receives an email from the above address should delete it if you receive it. DO NOT OPEN THE EMAIL.** 🌸

DoD, TRICARE Announce Additions to Health Care Benefits

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Guard and Reserve service members.

- Enhanced mental health services such as:
 - (1) Additional coverage for Post-traumatic Stress Disorder (PTSD) and mental health conditions; and
 - (2) Development of plans addressing regional PTSD and mental health challenges.
- Extended coverage under TRICARE Prime for surviving children whose sponsor dies

while serving on active duty for a period of more than 30 days. Eligible beneficiaries should save their receipts for care received from Oct. 7, 2001, and submit for reimbursement upon full implementation of this benefit.

- Expansion of the TRICARE Dental Program (TDP) Survivor Benefit to include the surviving active duty spouse if:
 - (1) Both spouses are on active duty when one of the spouses dies; and

- (2) The surviving spouse enrolls in the TDP after retirement or separation within three years of the death.

Eligible beneficiaries should save their receipts for care received as of Jan. 6, 2006, and submit for reimbursement upon full implementation of this benefit.

For the most up-to-date information on the current benefit and changes, visit TRICARE's Web site at www.tricare.osd.mil. For the latest TRICARE updates, please visit www.tricare.osd.mil/tricaresubscriptions/ to sign up for the e-mail subscription service. 🍁

VA Expands Service by Opening 25 New Clinics

To provide world-class health care closer to where more veterans live, the Secretary of Veterans Affairs has announced plans to open 25 new community-based clinics in 17 states and American Samoa.

"VA has established itself as one of the top health care organizations in the country," said the Honorable R. James Nicholson, Secretary of Veterans Affairs. "By putting health care facilities in more communities, we're enhancing veterans' access to

VA's world-class health care."

With 156 hospitals and more than 700 community-based clinics, the Department of Veterans Affairs (VA) operates the largest integrated health care system in the country. VA's health care budget of nearly \$30 billion this year will provide health care to about 5.4 million people during nearly 600,000 hospitalizations and 55 million outpatient visits.

"Community-based medicine enhances preventative care, allows for closer doctor-patient relationships

and makes it easier for follow-up for people with chronic problems," said Dr. Jonathan B. Perlin, VA's Under Secretary for Health.

The new facilities, called community-based outpatient clinics, or CBOCs, will start becoming operational this year. Local VA officials will keep communities and their veterans informed of milestones in the creation of the new CBOCs.

A list of the new community clinics follows:

VA's Proposed Sites for New Outpatient Clinics

- **Alabama** -- Bessemer
- **American Samoa**
- **Arizona** – Miami-Globe, northwest Tucson, southeast Tucson
- **California** – S. Orange County
- **Delaware** – Dover
- **Georgia** – Athens
- **Idaho** – Canyon County
- **Iowa** – Spirit Lake
- **Kentucky** – Hazard, Florence
- **Minnesota** – Bemidji
- **Nebraska** -- Holdrege
- **Nevada** -- Fallon
- **North Carolina** – Franklin, Hamlet, Hickory
- **Ohio** – Cambridge, Newark
- **Tennessee** – Hamblen
- **Texas** -- Conroe
- **Virginia** – Lynchburg, Norfolk
- **Wisconsin** – Rice Lake 🍁

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Signature: _____

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