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RETIREE MOBILIZATION Update 05: The Air Force push-pull exercise held 6 thru 10 APR at Lackland Air Force Base TX put 140 retired airmen through the motions of getting ready to go to war. The bi-annual exercise allows the service to check out its processes for re-activating airmen. The dry run included transporting them from their homes to base, in-processing, medical checks, housing, assignments and payment. “We have a small test population that we work with [to] go through processes to activate people,” said Lt. Col. Steven Cramner, the reserve adviser at the personnel readiness division at the Pentagon. The exercise costs less than \$100,000 to bring the airmen to Lackland, Cramner said, plus the cost of their paychecks for a week. In the past, a select number of the retired airmen have been evaluated on their Air Force Specialty Code skill levels and then assigned and transferred to functional units across the service. The Air Force dropped that portion of the exercise this year to save time, money and disruption to participants. Retired airmen haven’t been involuntarily activated since Operation Desert Storm in 1991. Small numbers of retirees have volunteered for operations Enduring Freedom and Iraqi Freedom. [Source: AirForceTimes article 10 Apr 09 ++]

POW DESIGNATION: Prisoners of war suffer in ways most veterans don’t, enduring humiliating forced marches, torture or other trauma that may haunt them long afterward. In partial recompense, the government extends them special benefits, from free parking and tax breaks to priority in medical treatment. Trouble is, some of the much-admired recipients of these benefits apparently don’t deserve them. There are only 21 surviving POWs from the first Gulf War in 1991, the Department of Defense says. Yet the Department of Veterans Affairs is paying disability benefits to 286 service members it says were taken prisoner during that conflict, according to data released by VA to The Associated Press. A similar discrepancy arises with Vietnam POWs. Only 661 officially recognized prisoners returned from that war alive — and about 100 of those have since died, according to Defense figures. But 966 purported Vietnam POWs are getting disability payments, the VA told AP.

Being classified as a POW doesn’t directly increase a veteran’s monthly disability check. There’s no “POW payment.” But a tale of torture and privation can influence whether a vet receives some money or nothing at all in disability payments — and the VA’s numbers raise questions about how often such tales are exaggerated or invented altogether. For one Korean War veteran, a made-up story helped to ensure more than \$400,000 in benefits before his lies were discovered. A Gulf War vet told a tale of beatings and mock executions, though he was never even a POW. Four women Vietnam vets blamed disabilities on their time as prisoners — even though there’s no record of female POWs in that war. At the root of the problem is a disconnect between two branches of government: The Defense Department determines POW status and posts the lists online; the VA awards benefits, but evidently does not always check the DoD list to verify applicants’ claims. Result: Numbers of benefit recipients that are higher than the number of recognized POWs.

“They’re either phonies or there’s a major administrative error somewhere,” retired Navy Cmdr. Paul Galanti, who is on a VA advisory panel for POW issues, said when told of the agency’s numbers. VA spokesman Terry Jemison says POW status is confirmed “in conjunction with Department of Defense authoritative records.” But the agency has not explained discrepancies between its POW numbers and the DoD’s, despite repeated requests for comment. Galanti, who was shot down over North Vietnam in 1966 and spent nearly seven years in the infamous “Hanoi Hilton” prison, calls the discrepancy “outrageous” and adds: “Somebody ought to get fired for that.” But as service members return from Iraq and Afghanistan, he knows an investigation that could bog down benefits would be shouted down as anti-veteran. And so the investigating falls to private watchdog groups like the P.O.W. Network, which says it has outed some 2,000 POW pretenders. Nothing could be more pro-veteran, such groups say, than to go after people who are taking money meant for their comrades — and also, in effect, stealing their honor. [Source: MarineCorpsTimes Allen G. Breed article 12 Apr 09 ++]

POW DESIGNATION Update 01: The number of veterans classified as POW's by DoD is less than those recognized by the VA. One reason is that there's incentive for veterans to lie about being a Prisoner of War. A disability rating of 100% can be worth more than \$35,000 a year in tax-free VA benefits for a married veteran with at least one dependent child — not to mention also making the veteran eligible for Social Security disability payments, and full health coverage and significant educational benefits for himself and his family. And a POW designation in VA files puts a vet in a special category under federal regulations. Normally a veteran's "lay testimony" about traumatizing events — or stressors — is not considered proof when applying for disability with the Veterans Benefits Administration, the agency's claims arm. However, the regulations add: "If the evidence establishes that the veteran was a prisoner-of-war ... the veteran's lay testimony alone may establish the occurrence of the claimed in-service stressor." So, if a veteran told a VA psychiatrist that he had been a POW, and that story, true or not, formed the basis of the doctor's post-traumatic stress disorder diagnosis, what does that mean? "I would probably accept the paperwork," says Richard Allen of Wichita, Kan., who retired from the VBA in January after 25 years as a claims specialist. "They're home free if they're a confirmed POW," says Allen, himself a Vietnam-era Army veteran. "We don't ask any other questions as far as verification of stressors."

POWs are exempt from copays for VA inpatient and outpatient care and medications. And POWs are entitled to an annual evaluation at the Robert E. Mitchell Center for Prisoner of War Studies in Pensacola, Fla., travel and other expenses paid. That applies only to those on the Defense list, says Dr. Robert E. Hain, executive director of the Navy-run facility. "That's essentially the gold standard," says Hain, a retired Navy captain. Many states offer POWs free parking at public facilities, property tax exemptions and a waiver of vehicle registration fees. That can mean hundreds of dollars saved when buying a car and hundreds more in annual renewals with POW tags. All it takes is a letter from a VA facility, which may or may not have verified the veteran's story. The P.O.W. Network says most phonies are just braggarts puffing at the local Kiwanis luncheon or preening for women in bars, but many have received significant benefits while trading off their borrowed valor.

Edward Lee Daily of Clarksville, Tenn., collected more than \$412,000 in disability and medical benefits over 15 years before being exposed. Daily, who spent most of the Korean war as a mechanic and clerk, far from the front, took advantage of a fire that destroyed documents at the National Personnel Records Center in St. Louis. He forged paperwork not only to show he was a POW, but that he'd been wounded by shrapnel and given a battlefield promotion to first lieutenant. Daily pleaded guilty in 2002, and was sentenced to 21 months in prison and ordered to pay restitution. After years of garnishing his monthly Social Security check, the government has recouped just \$7,000. (Daily also gave fabricated information to the AP in interviews for an unrelated story in 1999.) VA's Jemison says the Veterans Health Administration, the agency's medical arm, confirms a veteran's POW status using DoD records. But that doesn't explain people like Daily or John Karl Lee, of El Paso, Texas.

Lee's POW tale is set at the time of the Gulf War in 1991. The Army reservist claimed in interviews that he and two comrades were taken while fighting was raging, and only after emptying their M-16s at the pursuing Iraqis. "We were beaten with the butt of their AK-47s," he told El Paso Inc. in 2002. "Sometimes in the leg, head, even the groin." The truth was that he and the other two were sightseeing in Kuwait after the war had ended, and their vehicle strayed into Iraq. They were arrested by Iraqi authorities and held for three days at a hotel, where they were fed well, his comrades later said. "I was held against my will," Lee told the AP in a recent interview. Lee told AP he received a VA medical card identifying him as a former prisoner. (His documentation included an application to the VBA for POW status.) For a time, he received full disability payments from the U.S. Labor Department, supposedly for injuries and PTSD from his three weeks — not days — in captivity. When authorities discovered Lee was running a business, they charged him with fraud and making false statements. He was convicted and ordered to pay nearly \$230,000 in restitution and fines. Lee is now applying to have some VA benefits reinstated.

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The phenomenon of the fake POW is nothing new — frauds have been outed from conflicts going back at least to World War II. And it's not limited just to men. When the landmark National Vietnam Veteran Readjustment Study came out in 1988, four of the 427 female veterans surveyed attributed their stress to their time as POWs. That's impossible, says B.G. "Jug" Burkett, co-author of the book, *Stolen Valor: How the Vietnam Generation was Robbed of its Heroes and its History*. "There just plain weren't any," says Burkett, himself an Army officer in Vietnam. [Source: MarineCorpsTimes Allen G. Breed article 12 Apr 09 ++]

VA HEADSTONES & MARKERS Update 03: At the Boulder City Veteran's Cemetery, each grave is marked with a memorial, 130 pounds of granite. It has been disclosed that a couple living close by have taken 77 gravestones, many of them still engraved with the names of the fallen, from the cemetery and been using them as a backyard patio. The wife works in the state veterans' home and her husband works at the cemetery where the stones were taken from. The couple, Jeri and Kevin Jenicke, contend they have done nothing wrong since there are no rules stopping them from taking gravestones from the veterans cemetery. In their mind, there was nothing to stop them from turning those stones into a backyard patio. "Everything that we have done has been within the policies that have been explained to us," said Tami Jenicke.

When the spouse of a veteran passes, husband and wife can be buried together. That means a new stone for both names and the old stone removed. According to Carole Turner with the Office of Veterans Services regarding disposal, "The Nevada Office of Veterans Services does not have a formal policy in place." That's why the couple felt the stones were up for grabs." Turner never expected anyone to take the old stones home for personal use. "Reasonable, prudent judgment and common sense should prevail," she said. The Department of Veterans Affairs in Washington says the gravestones are always government property and that they "cannot be used for any purpose other than to mark the grave of a veteran." Turner said the Jenicke's actions go against her department's mission, "To serve Nevada veterans in life and to memorialize them in death." Like an American Flag, the weighty memorials must have an honorable destruction, ensuring that none of them can be seen in the wrong light, not from the sky or from a backyard. The state Veterans Office said the Jenicke's may face sanctions and disciplinary action. They will return each and every one of the stones, nearly two tons of granite from where it shouldn't be, a backyard patio. [Source: LasVegasNow Eye witness news Jonathan Humbert report 9 Apr 09 ++]

DEBT STATUTE of LIMITATIONS: Even though debt collectors and creditors can contact you about a debt as long as you still owe it, they can only sue you for a certain amount of time. That amount of time is known as the statute of limitations. Each state has its own statute of limitations on debt - the amount of time the court will force you to pay a debt. The statute of limitations varies depending on the type of debt you have (credit card or loan) and is usually between three and six years, but is as high as 10 or 15 years in some states. Before you respond to a debt collection find out the debt statute of limitations for your state. At <http://credit.about.com/od/statuteoflimitations/a/entirestatesol.htm> you can find the statute of limitations for your state. For example, the statute of limitations on debt in California puts the following time limits on the amount of time you can be sued for a debt:

- **Oral Contract:** 2 years - An oral contract is an agreement that was made verbally. No contract was written or signed when the agreement was made. Oral contracts are legally binding, but they are harder to prove in court.

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- **Written Contract:** 4 years - A written contract is an agreement made on a printed document that has been signed by both the lender and the borrower. Written contracts are legally binding and easier to enforce than oral contracts.
- **Promissory Note:** 4 years - A promissory note is a written contract that includes a specific promise to pay. The promissory notes includes the interest rate, repayment schedule, and consequences of default.
- **Open-Ended Accounts:** 4 years - An open-ended account is an account that has a varying, revolving balance. A credit card is an example of an open-ended account.

Here are answers to some of the most frequently asked questions about the statute of limitations on debt.

- Do I still owe a debt after the statute of limitations has passed? Yes. The only thing that erases your obligation to pay a debt is a cancellation from the creditor, discharge in bankruptcy, or actual payment of the debt. Even after the statute of limitations has expired on a debt, you are still legally responsible for paying the debt. However, the creditor or collector no longer has the liberty of using the court to force you to pay.
- Can a collector contact me after the statute of limitations has passed? Yes. The statute of limitations doesn't stop creditors and debt collectors from trying to collect the debt from you. Instead, it limits the amount of time the court will force you to pay the debt given you can prove the statute of limitations has passed. You can stop debt collector calls by sending a written cease and desist letter.
- Can I be sued for a debt after the statute of limitations has passed? Technically, it's against the law for debt collectors to sue or even threaten to sue you for time-barred debts, that is a debt whose statute of limitations has expired. But, the collector might sue you anyway if it contends that the statute of limitations hasn't passed. Fortunately, if you can provide proof that the statute of limitations on the debt has indeed expired it's likely the case will be dismissed.
- When does the statute of limitations clock start? The clock starts running on the date of last activity on your account. Typically this is the date you last made payment, but it can also be the date you last made payment, a promise to pay, entered a payment agreement, or even acknowledged liability for the debt. Generally, you can check your credit report for the last date of activity to figure out when the statute of limitations clock started. If you have doubts about the timing of the statute of limitations, contact an attorney. If the clock restarts, it starts back at zero. This gives the creditor or collector more time to use the court to force you to pay the debt.
- What can restart the debt statute of limitations? Certain actions can restart the debt statute of limitations on a dormant account. This includes:
 - a.) acknowledging that you owe the debt
 - b.) making a payment
 - c.) entering a payment plan
 - d.) making an agreement to pay
 - e.) making a charge on the account
- Q: Are there debts without a statute of limitations? Some debts don't have a statute of limitations. This includes federal student loans, child support in some states, and income taxes.
- Why is an expired debt still on my credit report? If the credit reporting time limit for the debt has not run out, the debt can still be included on your credit report, if it's truly your debt. Most negative information stays on your credit report for seven years, but, in some states the statute of limitations runs out after three to five years.
- Can I remove a debt from my credit report after the statute of limitations has passed? Yes. The Fair Credit Reporting Act allows you to have old debts removed from your credit report.

[Source: About.com Credit/Debt Management Apr 09 ++]

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VA HEALTH CARE FUNDING Update 19: The Administration on 9 APR stated that they are in favor of advanced funding for VA health care. This new position was greeted with pleasure by Chairman of the Senate VA Committee Senator Akaka (D-HI) who has sponsored S.423 in the Senate which would make this change. He said "President Obama's reaffirmed commitment to securing timely and predictable funding for the veterans' health care system is welcome news. VA operates the largest health care system in the nation, but its funding has been late 19 of the past 22 years. This is no way to operate a national system that has such a solemn duty. I look forward to working with President Obama, my colleagues in Congress and veterans across America to make the hope of budget reform a reality." This proposed change is far from being a reality. While the Veterans Health Care Budget Reform and Transparency Act of 2009 (S.423) has 32 co-sponsors in the Senate (almost a 33% of the Senate); H.R.1016, Chairman Filner's companion bill in the House has only 69 co-sponsors (approximately 15% of the House). And a substantial number of members of the House are opposed to the change. To support S.423 and/or contact your Senators vets can send a message via <http://capwiz.com/usdr/issues/alert/?alertid=12703276>. To support H.R.1016 and/or contact your legislators, vets can send a message via <http://capwiz.com/usdr/issues/alert/?alertid=12704096>. [Source: TREA Washington Update 10 Apr 09 ++]

TRICARE BENEFICIARY WEBSITE: Users should find the Tricare Beneficiary Web site to be easy and simple to use. With so much important information available, its goal is to provide it to you clearly and conveniently. The site is organized into seven sections, to make it easy for you to find the information you need:

- **Overview** - A high-level summary of Tricare's organization, plans, eligibility requirements, enrollment options and special programs.
- **Medical** - Details about what's covered, finding a provider, getting care, costs, filing claims and more.
- **Dental** - Information about your dental options.
- **Vision** - Information about your vision coverage including eye exams and corrective lenses.
- **Prescriptions** - Details about filling prescriptions, covered medications, prescription costs, pharmacy claims and more.
- **Mental Health and Behavior** - Information about your mental/behavioral health coverage and how to get care based on your health plan option. You'll also learn about the types of mental health providers, types of covered treatments and symptoms for certain conditions.
- **Life Events** - What you need to do and how Tricare may change when you experience different life events. Topics include activating/becoming Medicare-eligible, having a baby, divorcing, retiring, moving and much more. Relevant topics appear based on your profile.

With the magnitude and complexity of the Tricare program there are a few shortcuts to quickly find what you need to obtain maximum benefits:

- 1.) Enter your profile: Once you've entered your profile, you'll get a tailored list of your most popular topics on your home page. Entering your profile first also ensures the site is tailored to you. If you click through the site without a profile, you'll be asked to enter it at some point once you look for detailed content.
- 2.) Need a phone number? All the toll-free numbers are found on the "Tricare Contacts" page found in the horizontal navigation at the top of every page.
- 3.) Need a form? Find enrollment forms, claim forms and other common Tricare forms in PDF format for download on the "Forms" page found in the horizontal navigation at the top of every page.

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- 4.) Use Google Custom Search: The Google Custom Search feature is quick and easy. Just enter a keyword and off you go.
- 5.) ¿Usted habla español? El sitio Web de Beneficiarios de TRICARE se encuentra disponible en español. Simplemente haga clic en el botón "Español" en la parte superior de la página.

[Source: The Tricare Blog 8 Apr 09 ++]

TRICARE TELEPHONE NUMBERS: Tricare uses several different contractors to administer your benefits--health care, pharmacy and dental--around the world. Because there is no "single" customer service number for everything you need the following are organized by category:

Regional Health Plan Numbers

- HealthNet Federal Services, LLC (North Region) 1-877-874-2273
- Humana Military Healthcare Services, Inc- (South Region) 1-800-444-5445
- TriWest Healthcare Alliance (West Region) 1-888-874-9378 y

TRICARE Programs Numbers

- DEERS (Eligibility) 1-800-538-9552
- Tricare Dental Program 1-800-866-8499
- Tricare for Life/Dual Eligibles 1-866-773-0404
- Tricare Mail Order Pharmacy 1-866-363-8667
- Tricare Online (TOL) 1-800-600-9332
- Tricare Retail Pharmacy 1-866-363-8779
- Tricare Retiree Dental Program 1-888-838-8737
- US Family Health Plan 1-800-748-7347
- Military Medical Support Office 1-888-647-6676

Tricare Overseas Program Numbers

All Overseas Areas non-Toll Number (available in the U.S. only) 1-888-777-8343

Tricare Area Offices (TAOs)

- TAO-Pacific 011-81-6117-43-2036
- TAO-Latin America & Canada 1-706-787-2424
- TAO-Europe 011-49-6302-67-7432

Puerto Rico Call Center 1-800-700-7104

TRICARE Dental Program Overseas 1-888-622-2256

International SOS Alarm Centers

- Tricare Europe 44-20-8762-8133
- Tricare Latin America/Canada 1-215-701-2800
- Tricare Pacific (Singapore) 65-6338-9277
- Tricare Pacific (Sydney) 61-2-9273-2760

[Source: Tricare Beneficiary website www.tricare.mil/mybenefit Apr 09 ++]

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DOD to VA TRANSITION Update 08: Veterans Affairs Secretary Eric K. Shinseki told American Forces Press Service (AFPS) the best way to ensure servicemembers transition seamlessly from the Defense Department to the Department of Veterans Affairs when they leave the military is to start the process at the swearing-in ceremony. "Seamless transition really has to begin when that servicemember is still serving, puts on the uniform, raises a right hand and takes the oath of allegiance," said Shinseki, who spent 38 years in uniform before retiring in 2003 as Army chief of staff. "We need to begin the transition then." Shinseki said he's had several conversations with Defense Secretary Robert M. Gates about ways to continue improving the transition process between the two departments. One concept, called uniform registration, would enroll servicemembers automatically in a single Defense-VA management system when they join the military. As envisioned, the system would have two components: one for personnel files and another for medical files.

Shinseki explained the benefits of uniform registration last month during a Senate Veterans Affairs Committee hearing. "Uniform registration will push both of us, both the VA and the [Defense Department], to create a single, electronic record that would govern how we acknowledge, identify, track and manage each of our clients," he said. "That way, we could begin to track them throughout the course of their service in uniform – whether it's two years, four years, 10 years, 30 years. And when the change in their status occurs and they take the uniform off and return to civilian life, the transition has already been done. They are already a member of our department, we know who they are, and we have been watching their development." The initiative, he said, would result in better, faster, more consistent management decisions, with less chance of lost files or destroyed claims and fewer backlogs in processing claims. Servicemembers leaving the military would come to VA as known entities, and their entitlements would be clear, Shinseki said. Meanwhile, VA could better project veterans' needs. Shinseki told the Senate committee both VA and the Defense Department are in agreement about the goodness of such a system and have people working toward making this a reality.

Uniform registration is really just an extension of other VA-administered programs that cover those in uniform, Shinseki said. These include Servicemembers' Group Life Insurance, educational loans and guaranteed home loans. "So this idea that your benefits begin when you take off the uniform is misleading," he said. "Those benefits are there in those categories from the time they begin serving." The Defense and Veterans Affairs departments have been working diligently to eliminate gaps as servicemembers – particularly wounded warriors – transition from military to civilian life. Congressional panels, blue-ribbon commissions and in-house investigations all have pointed to the need for the two departments to improve their coordination and cooperation to better serve transitioning troops. Shinseki told the Senate panel progress being made will help ensure better care and support for veterans. "Through a cooperative effort, we seek to improve the delivery of benefits and assure the availability of medical data to support the care of patients shared by VA and the Defense Department," he wrote in his written testimony. "This will enhance our ability to provide world-class care to veterans, active-duty servicemembers receiving care from both health-care systems, and our wounded warriors returning from Iraq and Afghanistan." [Source: AFPS Donna Miles article 8 Apr 09 ++]

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DOD to VA TRANSITION Update 09: President Barack Obama on 9 APR promised a more efficient record system to ease delays in health care for wounded veterans, as the government copes with more than 33,000 military personnel injured in wars in Iraq and Afghanistan. Under the new system, an electronic record would follow a service member in the military and then later in the Veterans Affairs Department's medical system. There is currently a six-month backlog in disability claims at the VA. Because the two agencies have different medical systems, veterans have complained about bureaucratic hurdles and long waits as they enter the VA system. Recounting the hundreds of stories he said he heard from frustrated veterans unable to receive needed treatment, Obama said: "It's time to change all that, it's time to give our veterans a 21st century VA." He said his new military and veterans affairs budget focuses heavily on more spending for diagnosing brain injuries and psychological disabilities that have gone untreated. "We have a sacred trust with those who wear the uniform of the United States

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of America, a commitment that begins with enlistment and must never end. But we know that for too long we've fallen short of meeting that commitment. Too many wounded warriors go without the care that they need," Obama said. More than 1.6 million troops have deployed in support of the Iraq and Afghanistan wars. Of those, more than 33,000 have been wounded.

Obama made the announcement with Defense Secretary Robert Gates and VA Secretary Eric Shinseki. He said he's asked them to come up with a unified systems, and they've taken the first steps to do that. The electronic record keeping system would handle military service members' administrative and medical records from the day they enter service and insure that those files are transferred automatically to the VA when they leave active duty. As the president tackles the larger problem of health care for all Americans, he is proposing massive spending to enable providers to keep patients' records on computer networks, a development that Obama says will cut costs in the long term and reduce medical errors. Obama has been pushing as well for increased spending for veterans, claiming those who have and are serving in Iraq and Afghanistan are not getting the care they deserve. The president's plan was praised by veterans advocates. "Historically, the onus for enrolling in the VA system has fallen on the service member once they come off active duty," said Ray Kelley, legislative director for AMVETS. The program introduced 9 APR will be part of overall Defense Department spending of \$47 billion on health care in the next fiscal year, the White House said. Over the next five years, the White House said, spending for veterans' affairs was set to grow by \$25 billion. There are more than 23 million veterans in the United States, and nearly 5.5 Million people sought health care at a VA facility last year. [Source: NavyTimes Kimberly Hefling article 9 Apr 09 ++]

TRICARE USER FEE Update 35: Leaders of the House Armed Services Committee say they expect the Pentagon will once again propose big Tricare fee hikes for military retirees. Their 15 MAR letter to the Chairman of the House Budget Committee was very specific on the latter point, and asked for extra budget authority to reject the expected increases. "The committee believes that the [end of April] budget request will again assume over \$1 billion in savings within the Defense health budget, based on recommendations from a previous Defense Department Task Force," said the letter signed by Chairman Ike Skelton (D-MO) and Ranking Minority Member John McHugh (R-NY). "The committee will need additional [budget headroom] to prohibit the fee increases that we expect will be proposed by the Department of Defense." Those who agree that that's the last thing the Defense Department should do, still have time to weigh in with the President and the Secretary of Defense need to act quickly. At <http://capwiz.com/moaa/issues/alert/?alertid=13015596&type=PR> you can send an email or letter to president Obama urging reconsideration of the unfair TRICARE fee increases proposed in the last three defense budgets.

You can also email Secretary of Defense Gates. The Secretary has no public e-mail address, so you have to go to the DoD Web site <http://www.defenselink.mil/faq/questions.aspx>, click on the "Ask a Question/Make a Comment" tab at the top, fill out the required information, and include a comment of your own making or this recommended comment: "For Secretary Gates: As you prepare the FY2010 budget, please don't resume past failed efforts to impose unfair Tricare fee increases on retired military families. Career military people were told that their decades of arduous service and sacrifice constituted a steep, pre-paid premium that earned lifetime health coverage. Large proposed Tricare fee hikes have been upsetting because they devalue those decades of sacrifice -- in wartime, no less. Please seize this opportunity to suspend these divisive efforts and work with military associations to develop positive incentives and 'win-win' solutions for all concerned." [Source: MOAA News Exchange 8 Apr 09 ++]

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VA FRAUD Update 19: A former Idaho sheriff's deputy who falsely claimed he was paraplegic has pleaded guilty in a \$1.5 million disability fraud case that U.S. attorneys say could be the largest in Veterans Affairs Department history. James M. Sebero, 59, of Laclede, Idaho, accepted an agreement with government lawyers and pleaded guilty Monday in U.S. District Court to wire fraud and making a false statement. He also agreed to forfeit personal assets and to pay \$950,000 in restitution. Sebero, a former Bonner County, Idaho, sheriff's marine deputy, could face 20 years and a \$250,000 fine when he is sentenced 10 JUL.U.S. Attorney James A. McDevitt said it was the largest disability-compensation fraud case in VA history. "By his actions, Mr. Sebero disgraced the system that compensates all those veterans who are truly disabled and who are fairly compensated for their injuries sustained in service to their country," McDevitt said.

Sebero served in the Air Force from 1969 to 1975, when he told military personnel he was injured while unloading a snowmobile. He later claimed he had lost the use of his legs. After he retired and began receiving disability compensation the next year, Sebero started Custom Excavation and continued operating the business until 1992, investigators found. Since 1992 he has owned and operated Custom Aviation, an aircraft-maintenance operation for small planes at Felts Field in Spokane. He also obtained a pilot's license after denying any medical problem or disability on his application to the Federal Aviation Administration, government lawyers wrote. He came under scrutiny after authorities accused him of operating the aircraft-maintenance business without FAA certification. Investigators used a hidden video camera to record Sebero's visit to a doctor for a physical examination on 26 SEP 07, at the Veterans Affairs Medical Center in Spokane, his first since 1978, according to documents filed in court. In that visit, he was in a wheelchair and told the doctor he had been unable to work or walk since he left the Air Force. The next day, investigators watched him walk into court without assistance to face charges in an unrelated federal false-statements case. He was arrested after that court appearance. [Source: ArmyTimes AP article 7 Apr 09 ++]

URBAN LEGENDS: All of us have at one time or another been fooled by email containing misinformation that is misleading or out-and-out false. If you are left wondering about something newly arrived in your inbox, you can check it out at the Urban Legends website <http://www.snopes.com/search>. Some recent misleading email addressed by Snopes is:

- Are the Boston Red Sox postponing their 2009 home opener to avoid a conflict with Passover? <http://www.snopes.com/politics/religion/redsox.asp>
- Cuteness alert: Photographs show Jasmine, a greyhound who cares for other animals at a wildlife sanctuary. <http://www.snopes.com/photos/animals/jasmine.asp>
- Did patients on life support die when a San Francisco hospital shut off all its power in observance of Earth Hour? <http://www.snopes.com/politics/satire/earthhour.asp>
- Photographs show Katie Kirkpatrick, a 21-year-old cancer victim who passed away five days after her wedding. <http://www.snopes.com/photos/people/katie.asp>
- Will the Pittsburgh Steelers be forced to surrender half their Super Bowl titles to less fortunate teams? <http://www.snopes.com/politics/satire/steelers.asp>
- Photographs show a snake trapped by an electrified fence. <http://www.snopes.com/photos/animals/fencesnake.asp>
- Article describes military gallantry of Medal of Honor recipient Ed Freeman. <http://www.snopes.com/politics/military/freeman.asp>
- Is California planning to ban black cars in order to curb global warming? <http://www.snopes.com/politics/traffic/darkcars.asp>

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- Politician cites the wrong verse as his favorite Biblical passage.
<http://www.snopes.com/politics/humor/bibleverse.asp>
- Unclothed woman distracts drivers by washing their windshields while her partner robs the cars.
<http://www.snopes.com/humor/jokes/windshield.asp>

[Source: www.snopes.com Update #409 5 Apr 09 ++]

MEDICARE OPT OUT RULE: Users of Original Medicare, the traditional Medicare health plan that is run directly through the federal government—not a private plan like an HMO or PPO—and can see any provider in the country who accepts Medicare, without referral. If a provider decides to “opt out” of Medicare, meaning that they would no longer participate in the Medicare program at all, their Medicare patients will be required to pay for their services received upfront. If a provider advises a patient they would still submit claims to Medicare on his/her behalf, so that he/she could be reimbursed for the cost of care, Medicare will initially deny the claim. Providers who have opted out of Medicare do not receive payments from Medicare at all and cannot submit claims to Medicare. They are required to have Medicare patients sign a form that says they understand Medicare will not pay and they must pay for services themselves. However, if a provider who has opted out fails to have the patient sign such a form, Medicare can pay if the patient asks for a redetermination of Medicare's decision not to pay.

Upon receipt of a request for redetermination Medicare will ask the provider for proof that a contract had been signed. If a provider fails to produce the contract, Medicare should reimburse the patient for the services up to 15% above Medicare's payment amount for the services received, minus the amount of any deductibles and coinsurance due. To avoid having to pay in full for doctor's services you should always see a doctor who accepts Medicare, preferably one who accepts Medicare's assignment. When you see a doctor who takes assignment, you are responsible only for the Medicare coinsurance amount—the amount you must pay for services covered by Medicare. Not all doctors who accept Medicare also accept Medicare's assignment, so you should ask. If they do not accept assignment, you can be charged up to 15% more than Medicare's approved payment for the service in addition to your Medicare coinsurance. All providers who have not opted out of Medicare, regardless of whether they accept assignment or not, must submit claims to Medicare. Providers who have properly opted out of Medicare may not submit claims to Medicare. [Source: Medicare Watch 7 Apr 09 ++]

SSA COMPASSIONATE ALLOWANCES PROGRAM: If you have a friend or loved one who has become disabled due to a serious medical condition, help may be on the way from the U.S. government—and more quickly than ever before. The Social Security Administration has set up a program called “compassionate allowances” to expedite disability claims for people with severe medical conditions. According to the Social Security website: “Social Security has an obligation to provide benefits quickly to applicants whose medical conditions are so serious that their conditions obviously meet disability standards.” Compassionate allowances are a way for the Social Security Administration to fast-track benefits for people who have diseases or other medical conditions that invariably qualify as disabilities under the agency's Listing of Impairments. Typically, such claims can be decided within days. “Compassionate allowances will allow Social Security to quickly target the most obviously disabled individuals for allowances based on objective medical information that we can obtain quickly,” according to the Social Security website. The Initial List of Compassionate Allowance Conditions includes 50 severe diseases or medical conditions such as Acute Leukemia, Amyotrophic Lateral Sclerosis (also known as Lou Gehrig's Disease), and several types of cancer. For all the conditions on the list refer to www.socialsecurity.gov/compassionateallowances/conditions.htm. The list was developed with the help of medical

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and scientific experts. The Social Security Administration also held a series of public outreach meetings: the first on rare diseases in DEC 07; the second on cancers in APR 08; and a third on brain injuries in NOV 08. The Social Security Administration may expand the list of Compassionate Allowance Conditions over time. [Source: AARP Sharon O'Brien article 6 Apr 09 ++]

Riverside National

VET CEMETERY ROLL CALLS: On 16 MAY, as part of its Memorial Day observance, the Riverside National Cemetery in California will begin a roll call of every military veteran buried there. The list is more than 150,000 names long. Cemetery officials are looking for volunteers willing to read names. They figure if they can get about 330 volunteers, each one will read names for an hour. The plan is to read the names around the clock until the list is finished. Cemetery Director Gill Gallo said Jim Buchholz, a cemetery representative, suggested the idea. Two other national cemeteries (Fort Bayard New Mexico & Dallas-Fort Worth Texas) have done roll calls of those interred within the past year, said National Cemetery Administration spokesman Michael Nacincik. But none has ever attempted a recitation of the entire list of buried veterans. Similar readings have been done at Ground Zero in New York for those killed in the 9/11 attacks and at the Vietnam War Memorial in Washington DC. None of those come close to the Riverside National Cemetery's list of names. Active military personnel, veterans and their families have been buried there since Veterans Day, 1978. With an average of 35 burials a day, it is the busiest national cemetery in the country.

Despite the daunting number of names and the time involved, Gallo said there has been strong support for the project with over 200 volunteers as of 6 APR. Jim Rueter, the cemetery's public affairs officer, said that while the goal is to find another 130 readers, he isn't going to turn anyone away. "If someone wants to do it, we'll find a way," Rueter said. "If we get 600, everyone will do half an hour." Volunteers can call 951-653-8417. The roll call will begin at 1400 16 MAY. During the daylight hours, Rueter said the names will be announced from the amphitheater area by two readers at a time, alternating the calling of the names. At night, the readers will move to the flagpoles near the cemetery entrance, where the area remains lighted. Both he and Gallo said they hope this will become an annual event. The Riverside National Cemetery is located at 22495 Van Buren Blvd., Riverside just off Interstate highway 215. Cemetery Administration Office hours of operations are Monday through Sunday 08-1630 except Memorial Day 08-1900. Office is closed Federal Holidays except Memorial Day and Veterans Day. Visitation is open daily from 0800 to sunset. [Source: The Press-Enterprise Mark Muckenfuss article 6 Apr 09 ++]

VETERANS CARE PROGRAM: According to a 2004 Harvard study, 11.9% of military veterans are uninsured. For veterans who do not have a service-connected disability, the VHA will only provide care if a veteran earns less than the Geographic Mean Income Threshold, which measures both income and assets. Furthermore, if a veteran does not have access to employer-subsidized health insurance, he or she may find it difficult to afford the \$4,000 premium that an average individual health insurance policy costs in Illinois. Veterans Care offers an affordable option for eligible Illinois veterans who are looking for comprehensive healthcare coverage. It is an insurance program designed to provide comprehensive, affordable healthcare to Illinois' uninsured veterans. The Veterans Care Program covers those veterans who have the least access to reliable healthcare. These are the veterans who cannot currently access VA benefits and who meet specific income requirements. Eligibility requirements are set to include those veterans who have the least access to reliable healthcare. To be eligible, veterans must meet all of the following requirements:

- Ages of 19 through 64; and

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- Not eligible for VA healthcare; and
- Not eligible for other state healthcare programs such as Family Care; and
- Not been dishonorably discharged; and
- Have served 180 consecutive days active duty after training; and
- Income is in the approved income range (varies by county and household size). Income thresholds can be found at www.illinoisveteranscare.com/county.html; and
- Have had no health insurance for at least six months. However, you may still be eligible if your only insurance coverage in the last six months:
 - a) Ended due to the loss of your employment or your spouse's employment.
 - b) Ended due to the loss of FamilyCare or other state medical assistance.
 - c) Ended due to the life-time benefit limit in your coverage.
 - d) Is through a spouse's plan that you are unable to access.
 - e) Is purchased through COBRA, or
 - f) Is through post active-duty Tricare coverage

Veterans can apply through any of the Illinois Department of Veterans Affairs offices which can be located at www.illinoisveteranscare.com/vetoffices.html or by calling 877-483-8779. Applications can be downloaded at www.illinoisveteranscare.com/assets/hfs2378vc.pdf. Participants will have to pay monthly premiums of \$40 or \$70 based on their income. Applicants will be ineligible for reenrollment for three months if they are cancelled due to not paying their premiums. There are also co-payment charges for medical services. Co-payments will be:

- Doctor visits - \$15
- Generic prescription drugs - \$6
- Name brand prescription drugs - \$14
- Hospital emergency room visits -\$50
- Hospital admissions - \$150
- Hospital or Ambulatory Out-patient treatment - 10% of covered services
- Dental visits -\$15

Services covered are: Hospital care; Doctor services; Prescription drugs; Care at clinics; Physical, occupational, and speech therapy; Laboratory tests and X-rays; Alcohol and substance abuse services; Medical equipment, supplies, and appliances ; Emergency medical transportation; Hospice care; Home healthcare; Renal dialysis; Family planning; Optometric care; Podiatric care; Limited Dental care; Chiropractic care; Audiology services; and Mental health services. [Source: www.illinoisveteranscare.com/about.html Apr 09 ++]

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AHLTA Update 05: Three high-ranking officers of the Army, Navy and Air Force health services took turns before a House joint subcommittee hearing in late MAR to criticize the Military Health System's AHLTA outpatient electronic health-record system, but in their written and oral testimony, none called for scrapping the troubled system, at least not immediately. Problems with what formerly was called the Armed Forces Health Longitudinal Technology Application but later officially shortened to AHLTA go way back, noted Rep. Susan Davis (D-CA), chairwoman of the Military Personnel Subcommittee of the House Armed Services Committee. Davis' subcommittee co-hosted the joint hearing with the Armed Services Subcommittee on Terrorism, Unconventional Threats and Capabilities. Work began in 1999 on what is now called AHLTA by defense, intelligence, aerospace and information technology contractor Northrop Grumman Corp. Davis said her personnel subcommittee held a previous hearing on growing discontent with AHLTA back in OCT 07. "Many promises were

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made about the plan to fix the system, and after the meeting a road map was provided to the members,” Davis said in her opening statement. “However, the committee was surprised when the former president’s (fiscal 2009) budget for the Department of Defense contained none of the initiatives from that road map. One of our frustrations is that we keep hearing a fix is on the way, but it never comes,” Davis said.

Last summer, the Defense Department held a virtual “town hall” meeting of military health system providers to get feedback on AHLTA, and providers blasted the EHR in a majority of the more than 200 comments posted on the Web site of the AHLTA forum. Rep. Joe Wilson (R-SC), the ranking member of personnel subcommittee, who has four sons serving in the military, said “Congress is aware of military providers’ difficulties with AHLTA. While I applaud the department for the tremendous effort it has taken to deploy this system, I have serious concerns about the state of the system today. The committee has heard from military doctors and nurses who use AHLTA that it is unreliable, difficult to use and has decreased the number of patients they can see each day. We have also heard that medical professionals leave the profession because of their frustrations with AHLTA.” Rep. Jeff Miller (R-FL), the ranking member of the terrorism panel, warned that congressional patience was wearing thin. “We have to get this right,” Miller said. “Four billion dollars later and it appears that things are not working as advertised. Again, \$4 billion later, we have to get this right.”

To emphasize the point, Miller asked the service branch leaders, “Do your folks spend more time working with or working around AHLTA?” Lt. Gen. Eric Schoomaker, the commanding general of the Army Medical Command and the surgeon general of the Army, answered first. “Sir, I’d have to say candidly at the provider level, they spend as much or more time working around the system as they do working with the system,” Schoomaker said. For primary care, the functional problems with the system are not so bad, according to Schoomaker, but for medical specialists, “the system is hard to use.” Discontent came to a head last summer around the time of the town hall forum in July. “We faced a near mutiny of our healthcare providers, our doctors, our nurse practitioners,” Schoomaker said. One bright light with AHLTA, Schoomaker said, was the system makes it easier for leadership to access some population data that had been impossible to obtain before. But overall, he said, “At the provider level, there are too many work-arounds.”

Maj. Gen. Charles Bruce Green, the deputy surgeon general of the Air Force, said in his written testimony that AHLTA even lacks the capability to efficiently capture standard Defense Department forms, such as physical examinations and service profiles. “The current (updated) AHLTA version was scheduled for worldwide deployment by the end of last year, but problems with the initial large-scale rollout caused this date to slip,” Green said. “As a result, there have been no substantial functionality improvements in AHLTA in the last four years.” Schoomaker said the Army has taken “significant steps” to increase its usability and increase provider satisfaction with AHLTA, but the military is, basically, stuck with the system. “It should be noted there is no easy alternative to AHLTA, and there is no commercial system or federal system that can currently meet the needs of the (Defense Department) given its global and mobile population,” Schoomaker said. “The most recent version of AHLTA despite its past and current challenges, is showing improvement and appears to be well-accepted by providers.”

But Rep. Vic Snyder (D-AR), a physician, said he didn’t believe the mobility of the military population itself was what ails AHLTA. “I don’t know a population that is not global and mobile,” Snyder said. “I don’t think that’s the core of the problem. Other businesses deal with the global/mobile problem all the time.” Schoomaker conceded in his oral testimony there were other problems with AHLTA. “In my opinion, the failures of AHLTA can be attributable to the overall lack of a clear actionable strategy and poor execution from its genesis,” Schoomaker said. He said the system is deployed at 70 hospitals and 410 medical clinics and six dental clinics in the Military Health System, plus 14 theater hospitals and 208 of what he called “resuscitative sites.” The system is slated for rollout this spring at another 362 dental sites. Schoomaker also said providers within the armed services should have more say about changes to the EHR they have to use. C. Ward Casscells, the head of the Military Health System, promised to make improvements. One is a long-term plan to switch from AHLTA’s client-server architecture with a centralized

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database to a Web-based, service oriented architecture and a network of distributed databases. "I'm cautiously optimistic that the direction taken (by Casscells) will move us in that direction," Schoomaker said. [Source: HITS Joseph Conn article 31 Mar 09 ++]

ARLINGTON NATIONAL CEMETERY Update 05: The Washington Post reported 5 APR that a funeral home that helps handle veterans awaiting burial at Arlington National Cemetery left corpses in an unrefrigerated garage, hallways and on makeshift gurneys, according to a former embalmer who has given his photographs and notes to authorities. "It was disturbing and disrespectful and unethical," said Steven Napper, a retired Maryland trooper who worked at the funeral home for nine months. "I never could have imagined what I saw there or the things we were asked to do." Napper said he saw as many as 200 corpses not properly cared for while working at National Funeral Home in Falls Church, Va., from MAY 08 until he quit in FEB 09. National Funeral Home also embalms and stores bodies for four other funeral homes in the region that are all part of Houston-based Service Corporation International, the world's largest funeral services conglomerate. The Post reported that Napper's documentation as well as the observations of three other employees and a grieving son have sparked an investigation by the Virginia Board of Funeral Directors and Embalmers. The newspaper also reported that several people said a board investigator had interviewed them in recent weeks.

Lisa Hahn, the board's executive director, told the Post she could not confirm a current probe or talk about allegations. Service Corporation International's Virginia Funeral Services is investigating the allegations, but has found its facilities comply with laws and regulations, company president J. Scott Young said in a statement. No employee brought any such conditions to the company's attention, he said. "Our company is committed to treating all human remains with the utmost dignity and respect at all times," he said. Photos in a video on the Post Web site show several coffins stacked on a rack in what Napper said was an unrefrigerated garage. Another photo shows a body wrapped in a white sheet on top of a cardboard box. A message left 5 APR by The Associated Press for Napper at a listed home number was not immediately returned. In 2003, Service Corporation International reached a \$100 million settlement with hundreds of families over allegations involving two Florida cemeteries, including digging up graves and burying people in the wrong places.

Ronald Federici saw a lukewarm cooler overflowing with exposed bodies when his Army colonel father's body was taken to National in DEC 08. "The stench was disgusting," Federici of Clifton, Va., told The Associated Press. He described seeing about 1 to 2 inches of feces and urine on the floor. Federici immediately reported his observations to officials at Alexandria's Demaine Funeral Home, which was to handle his father's embalming. They told him it was a misunderstanding. He later took his complaints to the state and in a 2 JAN letter, National Funeral Home's general manager told Virginia officials that the conditions Federici spoke of didn't exist. Federici said he'd like to see the company be fined or shut down, "because obviously they didn't learn from the \$100 million settlement a few years ago." "They need to make a public statement and make public reparation for this kind of egregious and vile behavior," he said. [Source: NavyTimes AP article 6 Apr 09 ++]

GI BILL Update 42: In a welcome surprise, the VA announced this week that USPHS and NOAA Commissioned Corps officers will be entitled to educational benefits under the Post-9/11 GI Bill if they performed qualifying active duty after 10 SEP 01. The language of the new law doesn't specifically cite their eligibility, but VA lawyers found a 1985 legal opinion that let them include the USPHS and NOAA Corps in the new program. Under the Post-9/11 GI Bill, the VA will pay the full cost of undergraduate tuition and fees at any public college or university program for veterans who have 36 months active duty since 10 SEP 01. The benefit can be used for

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undergraduate, graduate or PhD-level programs. The VA also will pay a monthly housing allowance equal to the basic allowance for housing payable to an E-5 with dependents, in the same zip code as the school; and, a yearly book stipend of \$1,000 per year. Benefits may be paid during active duty service, with the exception of the housing stipend.

The VA's decision leaves no wiggle room to permit the USPHS/NOAA Corps officers to transfer their benefits to a spouse or dependent children. The law gives DoD the exclusive authority over "transferability" as a tool to induce longer service through reenlistment or a service extension agreement. For instance, the Post-9/11 GI Bill permits DoD to offer transfer of benefits to spouses at the sixth year of service in exchange for a four-year extension or reenlistment and at the completion of the 10th year to children. A law change now will be required to authorize the Dept. of Health and Human Services in the case of USPHS officers and the Dept. of Commerce in the case of NOAA Corps officers to transfer the benefits to spouses or children. MOAA has been working closely with the Commissioned Officers Association of the US Public Health Service, a Military Coalition partner, VA officials and congressional staff to urge the change. USPHS and NOAA Corps officers have been entitled to every GI Bill program since World War II. [Source: MOAA Leg Up 3 Apr 09 ++]

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VA CLAIM SHREDDING Update 04:

- 1. What happened?** • An audit of mail processing procedures at four Veterans Administration regional offices by VA's Office of Inspector General (OIG) found 36 claims documents had been inappropriately placed in shred bins for disposal. VA immediately ceased all shredding activities while a nationwide review was conducted of all documents in shred bins. Approximately 500 documents that could potentially affect a claimant's entitlement to benefits were found improperly placed in shred bins at various regional offices. These regional offices are taking appropriate action on all of the documents found.
- 2. What is VA doing to keep this from happening again?** • VA has established tighter controls over all claims documents and conducted special training for all employees who process veterans' applications. All regional office shredding equipment and operations are now under the strict control of the facility records management officer. Every employee has been given a separate receptacle for all papers determined appropriate for shredding. These receptacles are subject to review by supervisory personnel and the records management officer. Before any duplicate claims document can be shredded, it must now be reviewed by two persons and the facility records management officer.
- 3. How do I know if any of my claims documents were destroyed?** • You may contact VA on our toll-free number, 1-800-827-1000, or send an inquiry through IRIS.VA.GOV. You may also review your claims folder at your local regional office. VA electronically tracks documents for currently pending claims and can verify receipt of your documents through its tracking system. VA also retains your claims applications and supporting documents in your VA claims file. Public contact representatives will review VA's record systems to verify receipt of applications and supporting evidence.
- 4. What is VA doing about missing documents?** • VA has special new procedures to assist claimants in establishing that an application or other claims document was previously submitted to VA, but was not properly acted upon by VA or retained in the veterans' claim record. The special procedures cover any missing documents submitted by a veteran or other claimant during the 18-month period immediately preceding the date VA ceased all shredding activities, or between April 14, 2007 and October 14, 2008. VA will process any missing applications or evidence resubmitted under these special procedures as if they were received on the date originally submitted, as identified by the claimant. Claimants have one year, or until November 17, 2009, to file previously submitted documents under these special rules.
- 5. If I believe that some of my documents are missing, what should I do?** • If VA does not currently have one or more of the documents you submitted between April 14, 2007 and October 14, 2008 in connection with your claim

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for VA benefits, you should submit a request for consideration under VA's Special Claims Handling Procedures for Missing Documents.

6. How do I submit a request for consideration under these special procedures? • If you submitted an application or other supporting evidence between April 14, 2007 and October 14, 2008, and you believe VA does not have the document, you should submit a request for consideration under VA's Special Claims Handling Procedures for Missing Documents. Your request should be made in writing and sent to your local regional office or through your veterans service officer. Your request should include the date the document was originally submitted to VA. To support your statement, please include copies of any of the missing documents, if available, such as a copy of your application form, a dated transmittal or cover sheet from your veterans' service officer, or confirmation from the mail deliverer. VA public contact representatives are available to assist anyone desiring to file a claim under the Special Claims Handling Procedures for Missing Documents. You may call our toll-free telephone line (1-800-827-1000) or visit any of VA's regional offices for assistance.

7. What if I don't have a copy of the previously submitted document(s)?

- If the missing document is a completed application form for VA benefits, and you have not yet re-filed that application, you should complete another application form and submit it with your request for consideration under the Special Claims Handling Procedures for Missing Documents.
- If you have already resubmitted your application form, but want VA to consider that application from the earlier date of your original submission, you should state that in your request for consideration under the Special Claims Handling Procedures for Missing Documents.
- If the missing document is a VA or private medical record or other supporting evidence, please provide as much information as possible to specifically identify the missing document. VA will assist you in obtaining a duplicate copy.

8. What if I submitted my claim through my Veterans Service Officer? • If you think claims-related documents submitted through your representative were lost, you should contact your representative to obtain more information. If your representative has a copy of the evidence previously submitted, you may submit that documentation along with your request for consideration under VA's special claims handling procedures.

9. What if I have new evidence to submit? • If you have additional evidence related to your pending claim that you have not previously submitted, please send that evidence to your local VA regional office as soon as possible. VA will consider that evidence along with all other evidence in making a decision on your claim.

10. How long do I have to submit a request for consideration under the Special Claims Handling Procedures for Missing Documents? • You have until November 17, 2009 to submit previously submitted documents.

11. If VA determines I am entitled to benefits, will VA pay me from the date I originally submitted the missing documents? • VA will process any missing applications or evidence resubmitted under these special procedures as if they were received on the date originally submitted, as long as the date of original submission is between April 14, 2007 and October 14, 2008.

12. What if the missing claim document was submitted before April 14, 2007? • To support your statement that you originally filed your claim before April 14, 2007, please submit any documents you have that show you previously submitted this claim, such as a copy of your claim with a VA date stamp or date stamp of your representative, a dated transmittal or cover sheet from your representative's office, or confirmation from a deliverer of mail. We ask that, in addition to proof that you submitted a claim previously, you submit copies of whatever documents you submitted with that claim. If you did not retain copies of the documents that accompanied the claim you previously submitted, please clearly describe the documents. VA will consider your claim based on all evidence received, including evidence already in your claims folder. Effective dates earlier than April 14, 2007 may be established based upon receipt of credible corroborating evidence supporting the earlier date of document submission.

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13. **How can I protect myself when I submit my claim/evidence in the future?** • You are encouraged to make a copy of your application and supporting documents before submitting them to VA.

[Source: Ft. Myers FL News-Press article 1 Apr 09]

VA VET CONTAMINANT EXPOSURE Update 02: The Department of Veterans Affairs (VA) has announced 3,174 Veterans have already been notified of the results of testing they underwent recently. That testing was conducted because of improperly reprocessed endoscopy equipment that may have been used in their care. These Veterans, in the Tennessee, Georgia and South Florida areas were among 10,555 Veterans sent letters offering free testing. VA patients, who believe that they may have been exposed to cross contamination, were patients that received endoscopic procedures at the VA's Murfreesboro, Tenn., facility from APR 03 to DEC 08 and the VA's Augusta GA hospital from JAN to NOV 08, and the VA's Miami hospital from MAY 04 to MAR 09.

As of 1 APR 09, 17 Veterans have tested positive for Hepatitis B, Hepatitis C, or the Human Immunodeficiency (HIV) Virus. Five Veterans tested positive for Hepatitis B virus; eleven for Hepatitis C; and one for HIV. Of the positive test results, eleven were tested at VA's Murfreesboro, TN facility, and six were tested at VA's Augusta, Ga., hospital. These results do not indicate that there is any relationship between these patients' conditions and the endoscopy procedures they underwent. However, VA is conducting an epidemiologic investigation to look into the possibility of such a relationship. While reviews indicate that the transmission of Hepatitis B and Hepatitis C virus as a result of endoscopy procedures is extremely small and that transmission of HIV through endoscopy has never been reported, VA will appropriately counsel and care for these patients, no matter what the source of their infections may be. "Secretary Shinseki has demanded that all Veterans enrolled with VA get the best health care available anywhere," said Michael J. Kussman, MD, MS, MACP, VA's Under Secretary for Health. "We have an obligation to provide those who have served and sacrificed for our Nation the care they deserve."

VA is continuing the process of testing and counseling Veterans who may be affected by this issue. The Department has added additional personnel at its Murfreesboro, Augusta and Miami hospitals to ensure that affected Veterans receive prompt testing and appropriate counseling. It is attempting to locate individuals whose letters have been returned as undeliverable, and to reach out to homeless Veterans with no known address. Affected Veterans are notified about their test results as soon as their results are verified. "The VA prides itself on being accountable and we are extremely concerned about this matter and as a result we have initiated an investigation," said Kussman. "Additionally, we are making sure to take corrective measures to ensure Veterans have the information and the care necessary to deal with this unacceptable development." VA is committed to reducing and preventing inadvertent harm to our patients as a result of their care. The Department is a leader in the health care industry in developing and nurturing a culture of safety at all its facilities. Patient safety managers at all 153 VA hospitals lead VA's 280,000 employees in efforts to reduce and eliminate harm VA patients and their families may call 1-877-575-7256, 24 hours a day, seven days a week, for additional information. [Source: VA News Release 3 Apr 09 ++]

MEDICARE HOSPITAL DISCHARGE Update 01: A large study found that one in five Medicare patients end up back in the hospital within a month of discharge and that practice costs billions of dollars a year. The findings suggest patients aren't told enough about how to take care of themselves and stay healthy before they go home, the researchers said. A few simple things like making a doctor's appointment for departing patients can help, they said. The study found that a surprising half of the non-surgery patients who returned within a month

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hadn't even seen a doctor between hospital stays. "Hospitals put more effort into the admission process than they do into the discharge process," said Dr. Eric Coleman, one of the study's authors from the University of Colorado in Denver. Coleman, who runs a program to improve "hand-offs" between health care systems, said patients often have a honeymoon notion about how things will be once they're home. Then when they become confused about how to take their medicine or run into other problems, they head back to the hospital because they don't know where to turn, he said.

The issue of hospital readmissions and their cost has come under scrutiny in recent years. And it's getting attention now because President Barack Obama's budget calls for reducing spending on Medicare readmissions to pay for health care reform. For their study, reported in the 2 APR New England Journal of Medicine, the researchers looked at Medicare records from late 2003 through 2004. They found that about 20% of 11.9 million patients were readmitted to the hospital within a month of discharge; about a third were back in the hospital within three months. About half of the patients hospitalized for ailments didn't see a doctor before they landed back in the hospital within a month. Patients with heart failure and pneumonia had the most readmissions overall; among surgical procedures, heart stents and major hip and knee surgery had the highest returns. About 10% of all readmissions were probably planned, such as putting in a stent, the researchers said. They estimated that the cost of unplanned return visits in 2004 was \$17.4 billion.

"It's a big hunk of money and it's a big hunk of misery," said another study author, Dr. Stephen Jencks, an independent consultant who worked for the Centers for Medicare and Medicaid Services. Besides making follow-up doctor appointments, Jencks said hospitals should give patients a list of all their medications, explain what to do at home and where to call if they run into problems. He said the hospitals should also call the patient within two days and make sure that the patient's doctor knows they were in the hospital. He said the goal is to keep patients from getting really sick again, not to keep them out of the hospital if they do. The differences in readmission rates among states suggest that improvements can be made, he said. Iowa had the lowest rate with 13%, while Washington, D.C., had the highest at 23%.

Dr. Brian Jack at Boston Medical Center tells the story of a patient who didn't understand that the blood pressure medicine that the hospital told her to take was the same as the one she had at home _ just with different names. She took both and returned to the hospital with kidney failure. Jack and his colleagues tested a new checklist that nurses used when they sent patients home. The patients who used the checklist had 30% fewer visits to the emergency room or return hospital stays over the next month, compared to patients who didn't use it, they found. "There are not too many things that improve health and save money," said Jack, who was not involved in the new research. In 2007, a panel that advises Congress on Medicare suggested ways to cut hospital readmissions. One recommendation was to change how Medicare pays hospitals and to cut payments to those with high rates, an approach included in Obama's budget proposal. Currently, hospitals get the same payment for each hospital stay and critics say there's no incentive to reduce readmissions. [Source: Washington Post AP Stephanie Nano article 1 Apr 09 ++]

MEDICARE FRAUD Update 12: Attorney General Anne Milgram and Criminal Justice Director Deborah L. Gramiccioni announced that a Monmouth County New Jersey pain management doctor was sentenced 2 APR for fraudulently billing Medicare and private health insurance companies for more expensive medical procedures than were actually administered to his patients. According to Insurance Fraud Prosecutor Greta Gooden Brown, Frederic Feit, 59, of Manalapan, was ordered by Superior Court Judge Ronald Lee Reisner in Monmouth County to serve five years probation and to pay \$578,978 in restitution to the Medicare program and private health insurance companies. He was also ordered to pay a \$15,000 criminal fine. The sentence was based on Feit's guilty plea to theft by deception, a charge contained in a 27 SEP 06 state grand jury indictment. Feit, a physician licensed

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in the State of New Jersey, owned and operated Modern Pain Therapy, located at 42 Center Street in Freehold. In pleading guilty on 24 DEC 08, Feit admitted that between DEC 96 and MAR 04, he knowingly submitted false claims to the Medicare program, Aetna Insurance Company and Horizon Blue Cross Blue Shield. The claims were false in that Feit billed for nerve block injections used to alleviate pain but, in reality, simply administered less costly and less invasive intramuscular injections. The Board of Medical Examiners will consider disciplinary action against Feit now that he has been sentenced.

In a separate case a Maryland Heights Missouri podiatrist admitted on 2 APR that she created phony medical records to fool a Medicare audit. Dr. Bic Chau Stafford, 59, of St. Louis, pleaded guilty in federal court in St. Louis to a felony charge of obstructing a federal audit and now faces the possibility of 10 to 16 months in prison and a fine of \$25,000. After a 2007 audit, a Medicare contractor said Stafford had been overpaid \$6,840 for foot care provided to 39 patients. Stafford appealed, then created phony treatment records to try back up her claims. Stafford's lawyer told U.S. District Judge Catherine Perry that Stafford was "taking steps" to retire. [Source: OAG News Release 2 Apr 09 ++]

Medicare Fraud Update 13: A trio of health clinic operators in southern Florida has been indicted by a federal grand jury accusing them of cheating the Medicare program out of \$12 million by filing false claims. Alejandro Gonzalez, of Davie, Robert Rodriguez and Manuel Camacho, both of Miami, are charged with multiple counts of mail fraud, money laundering and conspiracy. The defendants made their initial appearances in federal court on 6 APR 07, before Federal Magistrate Judge Barry S. Seltzer in Fort Lauderdale. They remain in custody, officials said. According to the indictment, the three men operated a number of medical clinics purportedly providing infusion drug therapy treatments to patients suffering from AIDS or HIV. The treatments were not medically necessary, but blood work was altered to make it appear they were, prosecutors charge. From NOV 03 to approximately NOV 06, prosecutors said, the defendants filed false claims totaling \$40 million to Medicare, and got back \$12 million. If convicted, the defendants face up to 20 years in prison for each of the 14 counts of mail fraud and conspiracy and 10 years imprisonment for each of the 15 counts related to money laundering, prosecutors said.

Two sisters convicted of conspiring to defraud Medicare and Medicaid were sentenced to prison by U.S. District Judge John D. Rainey in Texas. Brenda Davis Miller 37, of Kingwood, and her 46-year-old sister, Dorothy Ann Hawkins of Houston, pleaded guilty in SEP 08 to conspiring to defraud Medicare and Medicaid. Miller also pleaded guilty to money laundering. During a hearing 7 APR in Victoria, Rainey found Miller and Hawkins were organizers and leaders of the scheme, and abused their positions of trust as Medicare and Medicaid approved providers. Rainey sentenced Miller to eight years in prison and ordered her to pay \$1.8 million back to the federal health programs. Hawkins will serve four years in prison and pay \$1.1 million. All federal prison terms are served without the benefit of parole. The sisters owned AA Better Medical Supply and Genesis Medical Supply, two durable medical supply companies in the Houston area. They submitted fraudulent bills to Medicare and Medicaid for motorized wheelchairs and related accessories, as well as for individual psychotherapy. [Source: FraudNewsDaily 8 Apr 09 +]

TRICARE UNIFORM FORMULARY Update 28: The Department of Defense Pharmacy and Therapeutic committee (DoD P&T) has reviewed and selected a limited number of blood glucose monitor test strips that will save money for beneficiaries and DoD. Four self-monitoring test strips are included in the DoD Uniform Formulary. The Uniform Formulary is a standardized list of covered prescription medications available to the 9.4 million beneficiaries of the Military Health System (MHS). Co-pays are determined by "tier."

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The four approved test strips are now available to beneficiaries at a co-pay of \$9 (Tier 2). Accuracy of blood sample size, alternate site testing, result time, memory capacity, manufacturer customer support, and ease of use were some of the criteria taken into consideration for the review. The preferred test strips are the newest technology and the most cost-efficient according to the DoD P&T. “The review by the committee of all the available glucose strips, which included a review of respective meters, allowed us to select several strips that we feel meets the needs of our diverse patient population,” said Army Medical Corps COL John Kugler, Chairman of the DoD P&T Committee, TRICARE Management Activity. “Our analysis also drives down the cost to the government by narrowing the number of options in Tier 2 and moving others to Tier 3 on the Uniform Formulary list.” The test strips reviewed and chosen are:

- Precision Xtra
- Accu-chek Aviva
- Bayer Contour
- Freestyle Lite

TRICARE officials are encouraging beneficiaries to switch to the preferred test strips, which offers them a choice in strips and saves money. Additional options for test strips on Tier 3 are still available for the \$22 co-pay. Beneficiaries who choose to use the preferred strips will have the opportunity to order a new meter that corresponds with their test strips. There is no cost for the new meter. Beneficiaries who have used glucose test strips within the past year should have received a letter communicating details of the change. For more on glucose test strips click the medication tab, then over-the-counter medications and supplies at <http://www.tricare.mil/pharmacy>. Beneficiaries making the switch have many options including contacting a Military Treatment Facility pharmacy or clinic for information on how to receive a new no-cost formulary meter. To contact the companies directly refer to the following:

- **Bayer Contour:** To receive one free meter call 1-800-348-8100 or visit <http://www.bayerdiabetes.com/us>. To receive a free meter using the Web site click on the “home” tab then click on “Contour.”
 - **Precision Xtra, Freestyle Lite or Freestyle Freedom Lite:** To receive one of these three meters call 1-800-224-8892, weekdays from 08-2200 EST; or by E-mail at OrderFulfillment@abbottcustomercare.com; or visit <http://www.meters.abbottdiabetescare.com>.
 - **Accu-chek Aviva:** To receive one free meter call 1-800-858-8072 or visit <http://www.accu-chek.com>.
- [Source: Tricare News Release 09-26 dtd 3 Apr 09 ++]

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TRICARE UNIFORM FORMULARY Update 29: The following inhaler medications will remain at the lower copays of either \$3 or \$9: Asmanex, Pulmicort Respules, Flovent HFA and Diskus, Serevent, Floradil, Brovana, Advair HFA and Diskus, and Symbicort. The following drugs will be available at the \$22 copay: Alvesco, Pulmicort Flexhaler, QVAR, and Perforomist. Aerobid and Azmacort were also moved to the third tier but they are expected to be removed from the market because they contain chlorofluorocarbon (CFC) propellant. DoD proposed adding the TRUEtest blood glucose monitoring test strip to the regular formulary. The test strip is used in TRUEresult and TRUE2go meters. The new third-tier recommendations will be submitted to the Assistant Secretary of Defense (Health Affairs) for final decision. DoD will provide notifications to all beneficiaries currently taking the medications being moved to the third tier so that they and their doctors can consider alternative medications available at the lower copay. Information on alternative medications can be found via Tricare’s Formulary Search Tool <http://www.tricareformularysearch.org/dod/medicationcenter/default.aspx>. A doctor who believes it is important for a patient to take the third-tier medication can provide "medical necessity" justification to Tricare. If approved, the patient will continue receiving the medication at the lower copay.

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Note: Special TMA Announcement – The Military Health System's (MHS) pharmacy claims processing service is experiencing higher than normal processing times. This issue is affecting all three points of prescription services (Military Treatment Facilities, Tricare Mail Order Pharmacy, and Tricare Retail Network Pharmacies).

Beneficiaries may experience minor delays in pharmacies processing prescriptions while this issue continues. The slow system performance is not related to Tricare's pharmacy contractor, Express-Scripts, or the Military's medical information system. TMA is working closely with the vendor to resolve this situation.

[Source: MOAA Leg Up 3 Apr 09 ++]

ECS 2009 Update 09: The 2009 Economic Stimulus (ECS) package is a combination of tax reductions and government funded projects throughout the nation. For a listing of projects and funds allocated by state refer to http://www.stimuluswatch.org/project/by_state. Non-working military retirees or survivors are not eligible for the tax reduction, but will see the reduced withholding in their retired pay or survivor annuities. That's because DFAS is required to use the new tax withholding tables published by the IRS for retired paychecks or annuities arriving in bank accounts on 1 MAY. To add to the confusion, the stimulus bill also provides a \$250 payment to those drawing Social Security or VA disability compensation. So if a retiree or survivor draws VA disability or Social Security, he/she will get the \$250 payment on top of the reduced income tax withholding. A working retiree who also draws Social Security or VA disability compensation will get the \$250 payment and will also have the additional \$400 (\$800 married filing jointly) withheld from BOTH military retired pay AND employer pay. There will be some rude awakenings next year when retirees or survivors discover they've been "under-withheld" and owe an unexpectedly large tax bill on their 2009 taxes. To prevent this from happening you need to act on one of the below:

- **Non-working military retiree with Social Security or VA disability compensation** - Will get a \$250 check from Social Security or the VA soon, and will end up having \$400/\$800 (single/married) less withheld from their retirement checks this year, but will still owe that money when they file taxes next year. **SOLUTION:** DFAS executed the new withholding on April 1, therefore, retirees in this category can ask DFAS to restore the previous, higher withholding amount (note: the reduction in withholding will not appear in checks until 1 MAY.)
- **Working military retirees who DON'T receive Social Security or VA disability compensation** - Will have \$400/\$800 less withheld from BOTH their military retired pay AND from their employer's pay – a total of \$800/\$1,600 less withheld, which means they'll have to pay \$400/\$800 of that back when they file their 2009 taxes next year (you can only get the tax credit once). **SOLUTION:** People who don't want that to happen can ask EITHER DFAS or their employer to restore the original higher withholding now.
- **Working military retirees who DO receive Social Security or VA disability compensation** - Will get the \$250 payment soon and will also have \$400/\$800 less withheld from both their military retired pay AND from their employer's pay -- a total of \$800/\$1,600 less withheld. But the total tax credit they can qualify for will be \$400/\$800, and the \$250 counts against that. That means they'll end up having to pay back \$650 (single) or \$1,050 (joint filer) of that money when they file their 2009 taxes next year. **SOLUTION:** If they don't want that to happen, they should ask DFAS and/or their employer to increase their withholding an extra \$100-\$180/month for the rest of the year so they come out even.

Changes to much of a retiree's pay account can be made via myPay at <http://mypay.dfas.mil> or by calling the Retired/Annuitant Pay Customer Service Center at 1(800) 321-1080. Retirees may also send an e-mail via myPay or by regular mail to: DFAS, U. S. Military Retirement Pay, P. O. Box 7130, London, KY 40742-7130. Any account changes must be completed and submitted by the end of November 2009 in order to be effective for the end-of-year processing (1099R's, RAS's, etc.). This includes both retired and annuitant pay accounts. [Source: MOAA Leg Up 3 Apr 09 ++]

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ECS 2009 Update 10: The Internal Revenue Service released new withholding tables 21 FEB that will result in more take-home pay this spring for millions of American workers. [Note: Unfortunately the new tables are required to be used by DFAS for all military retirees and annuitants whose taxable pensions are not considered earned income. This will result in their having to pay the difference back to the government with their next tax filing]. The tables incorporate the new Making Work Pay credit, one of the key tax provisions included in the American Recovery and Reinvestment Act of 2009 that became law in FEB 09. "For most taxpayers, the additional credit will automatically start showing up in their paychecks this spring," said IRS Commissioner Doug Shulman. "Since employers and payroll companies will handle this change, people typically won't need to take any additional action. The IRS will continue working to implement this and other provisions of the new law as quickly as possible." The new withholding tables, along with other instructions related to the new tax law, are incorporated in a new Publication 15-T. This publication located at www.irs.gov/pub/irs-pdf/n1036.pdf was mailed to more than 9 million employers in mid-March. The IRS asked that employers start using these new tables as soon as possible but not later than 1 APR. Most workers will see a boost in their take-home pay soon thereafter.

Eligible workers will get the benefit of this change without any action on their part. This means that workers do not need to fill out a new W-4 withholding form to get the Making Work Pay credit reflected in their take-home pay. A Form W-4 will not need to be submitted for the automatic withholding change. Individuals and couples with multiple jobs may want to submit revised Form W-4 forms which can be downloaded at <http://www.irs.gov/pub/irs-pdf/fw4p.pdf> to ensure enough withholding is held to cover the tax for the combined income. Publication 919 provides additional guidance for tax withholding. Available for tax years 2009 and 2010, the Making Work Pay credit is 6.2% of a taxpayer's earned income with a maximum credit of \$800 for a married couple filing a joint return and \$400 for other taxpayers, but it is phased out for higher income taxpayers. Most workers will qualify for the maximum credit. Because the credit is refundable (people can get it even if they owe no tax), most low-income workers will also qualify for the full credit.

Though all eligible taxpayers will need to claim the credit when they file their 2009 income tax return next year, the benefit will generally be spread out over the paychecks they receive beginning this spring and continue until the end of the year. Many higher-income taxpayers will see little or no change in their take-home pay. That's because the Making Work Pay credit is phased out for a married couple filing a joint return whose modified adjusted gross income (AGI) is between \$150,000 and \$190,000 and other taxpayers whose modified AGI is between \$75,000 and \$95,000. Taxpayers will not get a separate, special check mailed to them from the IRS like last year's economic stimulus payment. [Source: IRS News Release IR-2009-13, 21 Feb 09 ++]

DOD BUDGET FY 2010 Update 01: The House and Senate approved their respective versions of the FY2010 Budget Resolution on 3 APR before taking off for the two-week Easter recess. In the meantime, House and Senate leaders will be working to resolve the differences between the two versions so they can pass a final resolution once Congress reconvenes. Of necessity, Hill leaders find themselves in a "cart-before-the-horse" mode this year. Their rules require finishing the budget resolution before 15 APR, on the assumption that the President's budget is delivered to them in February. But every newly elected administration needs extra time to prepare its initial budget - which won't be delivered to Congress until the end of April. In March, leaders of the House and Senate Armed Services Committees wrote their respective Budget Committees to request extra budget headroom for several specific priorities. Their requests included extra allocations for a 3.4% military pay raise (vs. the 2.9% proposed by the Pentagon), additional progress to ease VA compensation offsets to military retired pay and SBP

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annuities, and to reject any increases in TRICARE fees that the Administration may propose in its final budget submission.

The recommendations of both Armed Services committees for 3.4% pay raise are a very good sign that it will be approved, as the full Congress has agreed with such joint recommendations in the past. Both budget resolutions also include "deficit-neutral reserve funds" that could potentially address compensation improvements for disabled retirees; SBP-DIC survivors; Guard-Reserve retirement, health and GI Bill benefits; and DoD and VA health care issues. It's nice that Congress acknowledged those needs, but these provisions offer no firm commitments. The "deficit-neutral" qualifier means they can be done only if Congress finds other mandatory spending reductions to offset any increases in those areas. The difficulty of identifying such offsets is why we haven't made more progress in past years. [Source: MOAA Leg Up 3 Apr 09 ++]

VETERANS CORPS Update 01: Legislation that would create a Veterans' Corps as a new element of the AmeriCorps national service plan has passed Congress and is on its way to the White House for President Barack Obama's signature. Rep. Phil Hare (D-IL), one of the chief sponsors of the Veterans' Corps portion of the national service expansion, said he has high hopes for the new program that will give veterans a way to help other veterans make the transition to civilian life. "As more and more troops return from Iraq and Afghanistan, fulfilling our promise to them will be an even greater priority for this nation," Hare said in a statement. "The Veterans' Corps will help us recruit and mobilize veterans into service projects providing educational and economic opportunities, job training, mentoring and outreach to other veterans." Rep. George Miller (D-CA), who helped shepherd the national service expansion through the House of Representatives, said having a program aimed at veterans makes sense. "With the economy in crisis, and unemployment for veterans returning from Iraq and Afghanistan at 11%, this bill rightly addresses the harsh realities facing veterans and their families," he said. "Veterans understand better than anyone the unique needs of their fellow servicemen, servicewomen and military families."

There is little doubt the bill will be signed into law, as the details are modeled after an expansion of national service that Obama called for last year during the presidential campaign. The bill, H.R.1388, does not specify how many people will be able to sign up for the Veterans' Corps, but it greatly expands the size of the U.S. national service program. Under the bill, which lawmakers decided to name the Edward M. Kennedy Serve America Act, the number of national service positions would be about 88,000 in 2010 but would grow to 250,000 by 2017. The Corporation of National and Community Service, which oversees the program, will decide how many of the positions would fall to the Veterans' Corps. [Source: NavyTimes Rick Maze article 31 Mar 09 ++]

VET JOBS Update 08: On 17 FEB 09 President Obama signed into law the American Recovery and Reinvestment Tax Act of 2009 (H.R.598). Among its many provisions, Section 1221 of the Act amends and supplements Section 51 of the Internal Revenue Code (IRC) to create additional incentives to hire an unemployed veteran. Effective for 2009 and 2010, the Act includes an unemployed veteran as a member of one of the targeted group for purposes of eligibility for the "Work Opportunity Tax Credit" (WOTC). For definition purposes, an *unemployed veteran* is an individual who

- (i) Has been discharged or released from active duty in the Armed Forces at any time during the 5-year period ending on the hiring date (the day the veteran is hired by the employer), and;
- (ii) Is in receipt of unemployment compensation (under State or Federal law) for not less than 4 weeks during the 1-year period ending on the hiring date.

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The credit equals 40% (if the veteran performs at least 400 hours of service to the employer) or 25% (if the veteran performs between 120 and 399 hours of service to the employer) of the first \$6,000 in wages (up to a maximum credit per employee of \$2,400) paid to the newly hired veteran. An employer may make the WOTC election at any time during the three (3) year period prescribed by law for filing (without regard to extensions) the federal income tax return. The U.S. Employment Service will notify an eligible employer of their availability for the WOTC. The WOTC will not be available to an employer if the employee had been previously employed by the employer at any time. However, a successor employer will be entitled to the WOTC to the same extent as if they were paid by the predecessor. Veteran who fit this criteria and are seeking employment are advised to make sure prospective employers are aware of the WOTC to enhance their chances of being hired. [Source: Veteran Advocate Marc Soss msg. 2 Apr 09 ++]

VA APPOINTMENTS Update 05: An eight-year-old, \$167 million project to develop a core computer application to schedule patient appointments at hospitals run by the Veterans Affairs Department has all but collapsed, and senior executives are worried about the repercussions it could cause on the Hill and in the White House, according to an internal memo obtained by NextGov. The Replacement Scheduling Application (RSA) Development Program, which VA began building in 2001, "still has not developed a single scheduling capability it can provide to the field, nor is there any expectation of delivery in the near future," wrote Dr. Michael Kussman, undersecretary for health at the Veterans Health Administration, in a 20 MAR memo to Stephen Warren, acting assistant secretary for information and technology. The scheduling application is a core piece of VA's new HealtheVet, a vast medical platform that will include patient enrollment and scheduling systems, a data repository, electronic health records, a pharmacy system, a workload management system, and a way for patients to manage their medical records and personal information. VA plans to use the system to replace its aging Veterans Health Information System and Technology Architecture (VistA), the Government Accountability Office (GAO) reported on 20 JUN 08.

The botched effort comes on the heels of another scheduling program -- a five-year, \$75 million failed project started in 2001. That program, the Scheduling Replacement Project, was started by IT staffs in the VA healthcare regions serving Louisiana, Oklahoma, Mississippi and Texas, but after five years of work they failed to develop a usable product. Top VA management then transferred development in NOV 06 to a new centralized VA IT operation. Kussman said the failure of the Scheduling Replacement Project precipitated a decision by then VA Chief Information Officer Robert McFarland to centralize all IT development in the Office of Information and Technology in the department's headquarters. A pilot version of the scheduling program was supposed to be installed at the VA Medical Center in Muskogee OK in the summer of 2008, Dr. Paul Tibbits, head of the Office of Enterprise Development at the Office of Information and Technology, told a House Veterans Affairs Committee hearing in 2007. He also said he anticipated the program would be in use in all VA hospitals by JAN 2011. But Kussman's memo detailed a series of significant test failures with a beta version of the scheduling system, which had less functionality than originally envisioned. In February, VA terminated its contract with the schedule application developer, Southwest Research Institute, based in San Antonio. A spokeswoman for the organization did not return a call for comment by deadline.

Kussman added his office was not notified until 18 MAR that the problems with the scheduling applications were so significant that the program has been suspended. The suspension is "significant and likely to generate intense congressional and Office of Management of Budget interest," Kussman said. "This is also of concern . . . because of the numerous representations of clear progress we have been making, not only to Congress and OMB, but more importantly to our health care providers, who are eagerly waiting for this capability." Rep. Steve Buyer (R-IN), the

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ranking member of the House Veterans Affairs Committee, said in a statement "The patient scheduling project has floundered under VHA's leadership since 1998." He added the current failure exemplifies the need for VA to develop a professional cadre of contracting officers and program managers. Buyer said VA must make significant management changes to improve its effort to centralize IT development. "Stovepiped management within the existing VA organization and hidden pockets of application dollars continue to challenge this consolidation," he said. "Bureaucratic backroom skirmishes that occur on a regular basis are hamstringing successful and disciplined development of new IT systems and applications and wasting taxpayer dollars."

VA needs the scheduling application to manage a forecasted sharp increase in the number of veterans seeking care at its medical facilities during the next several years, said Paul Sullivan, executive director of Veterans for Common Sense. He said VA will soon be hit by a tidal wave of veterans and predicted the number of Iraq and Afghanistan veterans will jump from 400,000 in SEP 08 to 600,000 in SEP 2010. "VA has a decade-long history of initiating IT programs, only to experience extensive delays and major cost overruns," said Gerald Manar, deputy director of the National Veterans Service at the Veterans of Foreign Wars. "The fact that VA has frittered away eight years and millions of dollars in developing the RSA, with no viable results and no end in sight, is extremely disappointing but, based on its track record, not surprising." Adrian Atizado, assistant national legislative director for the Disabled American Veterans group, urged VHA to take control of its IT programs to avoid problems such as suspension of the scheduling application. VHA "should regain its authority for planning, programming, operating and budgeting information technology matters that directly affect delivery of health care to enrolled veterans in coordination with the VA chief information officer." [Source: NextGov Bob Brewin article 31 Mar 09 ++]

SBP DIC OFFSET Update 15: H.R.1804, the Federal Retirement Reform Act, was approved by the U.S. House of Representatives on a voice vote 1 APR. Under current law, this \$50 monthly allowance will increase to \$100 over the next five years. Title II of HR 1804 would increase the monthly amounts paid under the Special Survivor Indemnity Allowance to surviving spouses or former spouses of deceased service members who are denied the full amount of their annuity under the Survivor Benefit Program (SBP) due to the offset required by the receipt of Dependency and Indemnity Compensation (DIC) from the Department of Veterans Affairs. H.R.1804 would incrementally increase the Special Survivor Indemnity Allowance, beginning in fiscal year 2010 with a \$35 increase resulting in a monthly payment of \$95, and concluding in fiscal year 2016 with a \$245 increase resulting in a monthly payment of \$345. House Armed Services Committee Chairman Ike Skelton (D-MO 4th) teamed up with House Oversight and Government Reform Committee Chairman Ed Towns (D-NY 10th) to attach special allowance increases to a bill to reform federal retirement. The idea is that changes to the Thrift Savings Plan will free up tax dollars to be able to raise the special allowance for widows. The thrift plan changes are projected to boost Treasury revenues by \$2.2 billion over the next decade. About \$500 million would be used to pay for raising the widows' allowance over the same period.

Skelton praised the House approved legislation which, if passed by the Senate and enacted into law, would reduce the so-called "widow's tax", a benefits offset that affects the surviving spouses of service members who have died as a result of service-connected conditions. "This legislation is latest step in our continuing effort to eliminate the so-called 'widow's tax', which has long denied surviving family members the full payment of their Survivor Benefit Plan (SBP) benefits," said Skelton. "I am grateful to Ed Towns for working with me on this initiative. Chairman Towns' cooperation made it possible to find the funding needed in order to change the law. I would also like to commend Congressman Solomon Ortiz (D-TX 27th), who has introduced legislation on the SBP offset and has been a great leader and advocate for the military families affected by this issue," said Skelton. "While I regret that this bill does not completely end the offset, the House Committee on Armed Services will continue to explore

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every opportunity to pursue legislation that brings us closer to eliminating the 'widow's tax'. [Source: HRSC News Release 1 Apr 09 ++]

IRS OFFSHORE EVADERS: As part of its plan to generate intelligence on accountants, bankers and lawyers who help clients evade U.S. taxes by hiding money in offshore accounts, the Internal Revenue Service will grant leniency to those who volunteer to pay taxes on overseas accounts in exchange for information on who aided them in hiding the money. Those who enter the new program — which will be offered for six months — will face lower penalties and in most cases avoid criminal prosecution. "This is a chance to come clean on their own," said IRS Commissioner Doug Schulman during a conference call. "For taxpayers who continue to hide their heads in the sand, the situation will only become more dire." The IRS has warned that it will crack down hard on evaders who don't come forward voluntarily. As part of the plan the IRS will reduce the penalty for failure to file an FBAR - Report of Foreign Bank and Financial Account. The nucleus of the plan developed during the investigation into Swiss banking behemoth UBS, which last month admitted that it had helped wealthy U.S. clients evade taxes. Meanwhile, tax-haven countries such as Switzerland and Liechtenstein have expressed moderate interest in establishing similar programs, as has Italy. [Source: WebCPA article 30 Mar 09 ++]

VET JOB TRAINING Update 01: The Veterans Green Jobs Academy in Boulder CO is offering free and low-cost green job training to honorably discharged military veterans. The Academy combines classroom and on-the-job training for military veterans interested in environmental industries, business management or specific job skills such as home energy auditing. The Academy's next programs, which run in June and August, will include home energy audit training (HEAT) and certification, a natural resources conservation course and an introduction to alternative energy. Funded by a grant of nearly \$750,000 from the Wal-Mart Foundation, the group is setting up additional training sites in Louisiana, New Mexico and Washington in 2009. The Academy plans to expand its programs to 15 states in 2010 and all 50 states as soon as possible after that. For additional info on training and job applications refer to Veterans Green Jobs website <http://veteransgreenjobs.org/green-jobs-training/green-jobs-training-info>. [Source: Military.com Military Report 30 Mar 09 ++]

USERRA Update 07: In a settlement filed with the U.S. District Court for the Eastern District of Michigan in Detroit, Ecolab Inc. has agreed to pay \$118,000 to a returning Iraq war veteran to resolve a Uniformed Services Employment and Reemployment Rights Act (USERRA) complaint investigated by the U.S. Department of Labor's Veterans' Employment and Training Service (VETS). Following the Labor Department's investigation, the U.S. Department of Justice filed suit against Ecolab in the same court, alleging that Ecolab violated USERRA by failing or refusing to promptly reemploy Michigan veteran Stephen Alasin upon his return from military service. The Department of Justice also entered into a consent decree with Ecolab, which was subsequently accepted by the court, under which Alasin will receive \$88,000 in back pay and \$30,000 in damages. "It is important for all employers to realize that the Labor Department is here to protect the employment and reemployment rights of American service members," said U.S. Secretary of Labor Hilda L. Solis. "We owe these brave Americans every protection when they return from their military obligations." USERRA was enacted in 1994 to protect servicemembers from being disadvantaged in their civilian careers due to serving in the uniformed services. Subject to certain limitations, USERRA requires that individuals who leave their jobs to serve in the U.S. military be reemployed by their civilian employers in the same positions or comparable positions when they return. Information

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on veterans' employment or reemployment rights is available at www.dol.gov/vets or by calling the Department of Labor's helpline at 866-4USA-DOL (487-2365). [Source: Military.com Military Report 30 Mar 09 ++]

TAX BURDEN for ARIZONA RETIREES: Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation since higher sales and property taxes can more than offset the lack of a state income tax. The lack of a state income tax doesn't necessarily ensure a low total tax burden. Following are the taxes you can expect to pay if you retire in Arizona:

State Sales Tax: 6.3% on average (food and prescription drugs exempt). Arizona does not have a "Sales tax" but does have a gross receipts tax called the Transaction Privilege Tax. All counties and some cities levy a sales tax that could bring the combined tax rate to 10.7%.

Fuel, Cigarette, & Water Tax:

- Gasoline Tax: 19 cents/gallon
- Diesel Fuel Tax: 28 cents/gallon
- Cigarette Tax: \$2.00/pack of 20
- Water Use Tax: 65 cents per 1000 gallons of water

Personal Income Taxes:

- Tax Rate Range: Low - 2.59%; High – 4.54%
- Income Brackets: 5 - Lowest \$10,00; Highest \$150,000. For joint returns, the taxes are twice the tax imposed on half the income.
- Personal Exemptions: Single - \$2,00; Married - \$4,200 with no dependents, \$6,300 with one dependent; Dependents - \$2,300; 65 years or older - \$2,100
- Standard Deduction: Single - \$4,521; Married filing jointly - \$9,042
- Medical/Dental Deduction: Allows deductions for all qualified medical and dental expenses.
- Federal Income Tax Deduction: None
- Retirement Income Taxes: Social Security and Railroad Retirement benefits are exempt. Up to \$2,500 total of military, civil service, and Arizona state/local government pensions are also exempt. All out-of-state government pensions are fully taxed. For frequently asked questions refer to www.revenue.state.az.us/FAQS/individualincomeFAQ.htm#G5
- Retired Military Pay: Up to \$2,500 of retired pay and/or survivor benefits excluded.
- Military Disability Retired Pay: Retirees who entered the military before Sept. 24, 1975, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.
- VA Disability Dependency and Indemnity Compensation: VA benefits are not taxable because they generally are for disabilities and are not subject to federal or state taxes.
- Military SBP/SSBP/RCSBP/RSFPP: Generally subject to state taxes for those states with income tax. Check with state department of revenue office.

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Property Taxes - For information on property tax relief for seniors refer to www.tucsonelderlaw.com/Arizona-Property-Tax.htm

- There is no state property tax. Tax jurisdictions set tax rates, which may vary considerable from one area to another. Property tax is administered by county assessors. Single homeowners 65 and older who earn less than \$3,750 and married couples who earn less than \$5,500 are eligible for a tax credit of up to \$502. Persons at least 65 years old who have resided in their primary residence for at least two years and have total income not more than four times the Social Security supplemental security income (SSI) benefit rate may apply to the assessor by September 1 to have the valuation of the primary residents and up to 10 acres of adjoining undeveloped land frozen at the full cash value when the application is filed.
- Arizona also taxes personal property, which is defined as all types of property except real estate. Taxable personal property includes property used for commercial, industrial and agricultural purposes. Personal property is considered to be movable and not permanently attached to real estate.
- In lieu of a personal property tax on automobiles, the state imposes an annual motor vehicle license tax. The fee to register an automobile in Arizona is \$8.00 (or \$8.25 in metro Phoenix and Tucson, including a 25-cent air quality compliance sticker fee), plus an air quality research fee of \$1.50 and a vehicle license tax (VLT). The VLT is based on an assessed value of 60% of the manufacturer's base retail price reduced by 16.25% for each year since the vehicle was first registered in Arizona. As of Dec 1, 2000, the rate is calculated at \$2.80 for new vehicles or \$2.89 for used ones for each \$100 of the assessed value. For example, for a new vehicle that costs \$25,000, the first year's assessed value would be \$15,000 and the VLT would be \$420. The second year the assessed value would be \$12,562.00 and the VLT would be \$363.06. Call 800-251-5866 for details.

Inheritance and Estate Taxes - There is no inheritance or gift tax and the estate tax does not apply to decedents whose date of death is on or after January 1, 2006.

For further information, visit the Arizona Department of revenue website www.revenue.state.az.us For questions about moving to Arizona refer to www.azdor.gov/FAQS/movingfaqs.htm. For other tax questions, call 602-255-3381. [Source: www.retirementliving.com Apr 09 ++]

MILITARY HISTORY ANNIVERSARIES:

- Apr 01 1865 - Civil War: Battle of Five Forks - In Siege of Petersburg, Confederate General Robert E. Lee begins his final offensive.
- Apr 01 1945 - WWII: Operation Iceberg - United States troops land on Okinawa in the last campaign of the war.
- Apr 01 1948 - Cold War: Berlin Airlift - Military forces, under direction of the Soviet-controlled government in East Germany, set-up a land blockade of West Berlin.
- Apr 01 1954 - President Dwight D. Eisenhower authorizes the creation of the United States Air Force Academy in Colorado.
- Apr 02 1865 - Civil War: The Siege of Petersburg is broken - Union troops capture the trenches around Petersburg, Virginia, forcing Confederate General Robert E. Lee to retreat.
- Apr 02 1917 - WW I: U.S. President Woodrow Wilson asks the U.S. Congress for a declaration of war on Germany.
- Apr 02 1972 - Vietnam: The Easter Offensive begins - North Vietnamese soldiers of the 304th Division take the northern half of Quang Tri Province.
- Apr 03 1865 - Civil War: Union forces occupy the Confederate capital of Richmond, Virginia.

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- Apr 03 1942 - WWII: The Japanese begin their all-out assault on the U.S. and Filipino troops at Bataan.
- Apr 03 1945 - WWII: US 1st army conquers Hofgeismar, Germany
- Apr 04 1917 - WWI: The U.S. Senate votes 90-6 to enter World War I on Allied side.
- Apr 04 1918 - WWI: The Battle of the Somme ends.
- Apr 05 1968 - Vietnam: Operation Pegasus was launched by the 1st Air Cavalry Division to relieve the marines at Khe Sanh.
- Apr 06 1862 - Civil War: The Battle of Shiloh begins - in Tennessee, forces under Union General Ulysses S. Grant meet Confederate troops led by General Albert Sidney Johnston.
- Apr 06 1865 - Civil War: The Battle of Sayler's Creek - Confederate General Robert E. Lee's Army of Northern Virginia fights its last major battle while in retreat from Richmond, Virginia.
- Apr 06 1917 - WWI: The United States declares war on Germany (see President Woodrow Wilson's address to Congress).
- Apr 06 1972 - Vietnam: Easter Offensive - American forces begin sustained air strikes and naval bombardments.
- Apr 07 1862 - Civil War: Battle of Shiloh ends - the Union Army under General Ulysses S. Grant defeats the Confederates near Shiloh, Tennessee.
- Apr 07 1943 - Holocaust: In Terebovlia, Ukraine, Germans order 1,100 Jews to undress to their underwear and march through the city of Terebovlia to the nearby village of Plebanivka. There they are shot dead
- Apr 07 1945 - WWII: The Japanese battleship Yamato, the largest battleship ever constructed, is sunk 200 miles north of Okinawa while en-route to a suicide mission in Operation Ten-Go.
- Apr 07 2003 - Gulf War: U.S. troops capture Baghdad; Saddam Hussein's regime falls two days later.
- Apr 09 1865 - Civil War: Robert E. Lee surrenders the Army of Northern Virginia (26,765 troops) to Ulysses S. Grant at Appomattox Courthouse, Virginia, effectively ending the war.
- Apr 09 1916 - WWI: The Battle of Verdun - German forces launch their third offensive of the battle.
- Apr 09 1917 - WW I: The Battle of Arras - the battle begins with Canadian forces executing a massive assault on Vimy Ridge.
- Apr 09 1942 - WWII: The Battle of Bataan/Bataan Death March - United States forces surrender on the Bataan Peninsula
- Apr 09 2003 - Invasion of Iraq: Baghdad falls to American forces.
- Apr 10 1972 - Vietnam: For the first time since NOV 67, American B-52 bombers reportedly begin bombing North Vietnam.
- Apr 11 1951 - Korea: President Truman fires General Douglas MacArthur as head of United Nations forces in Korea.
- Apr 12 1966 - Vietnam: 1st B-52 bombing on North Vietnam
- Apr 13 1861 - Civil War: Fort Sumter surrenders to Confederate forces.
- Apr 14 1918 - WWI: Douglas Campbell is 1st US ace pilot (shooting down 5th German plane)
- Apr 14 1945 - WWII: US 7th Army & allies forces captured Nuremberg & Stuttgart in Germany.

[Source: Various Apr 09 ++]

VETERAN LEGISLATION STATUS 13 APR 09: Both the House and Senate will return from spring recess on 17 APR. Refer to the Bulletin's Veteran Legislation attachment for or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111th 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

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signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can 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/d111/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. You can reach their Washington office 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> your representative 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 dates that you can access your representatives on their home turf. [Source: RAO Bulletin Attachment 13 Apr 09 ++]

HAVE YOU HEARD?

The family of a retired Marine Master Gunnery Sergeant with 37 years in the Corps reluctantly decided that at age 92, he needed more care than they could provide. The only decent place close to their home was a nursing home for retired soldiers. They approached the facility and were told that, while Army vets got first choice, they would take vets of the other services if there happened to be an opening; which, by good fortune, there was.

A week after placing the retired Marine there, his sons came to visit. "How do you like it here, Pop?" they asked. "It's wonderful," said the old Jarhead. "Great chow, lots to do, and they treat everyone with great respect."

"How so, Pop?" "Well, take Harry, across the hall, 88 and was in the Air Force. He hasn't worn the uniform in 30 years, but they still call him 'General.' Then George, down the hall, used to lead the Army band. Hasn't conducted a note in 40 years, but they still call him 'Maestro!'. And Bob used to be a surgeon in the Navy, has not operated on anyone in 20 years, but they still call him 'Doctor' "

"That's fine for the other guys, Pop, but how do they treat you?" "Me? They treat me with even more respect. I'm 92, haven't had sex in 10 years, and they still call me 'That F'ing Marine!'"

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