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FEDERAL TAX LAW CHANGES: Many of the tax breaks in recent tax-relief bills were designed to be phased in over a number of years, or are indexed to inflation. To help you determine how these tax laws affect your tax returns for 2009 refer to the following:

Tax Credit of Up to \$8,000 for First-Time Homebuyers - If you purchased a primary residence in 2009 before 1 DEC 09 and are a "first-time" homebuyer, you can qualify for a tax credit equal to 10% of up to \$80,000 of the purchase price. To be eligible, you must not have owned a residence in the United States in the previous three years. The credit phases out between \$150,000 and \$170,000 of Adjusted Gross Income for joint filers, and \$75,000 to \$95,000 for single filers. The credit is refundable to the extent it exceeds your regular tax liability, which means that if it more than offsets your tax liability, you'll get a refund check. But it does not offset the Alternative Minimum Tax. You can even elect to claim the credit for a 2009 home purchase on your 2008 tax return. (If you filed for 2008 before buying, but before the 1 DEC 09 deadline, you can claim your credit by filing an amended return using Form 1040X. Doing so will guarantee you a refund check.) Unlike the credit for 2008 purchases, the credit for 2009 purchases doesn't have to be paid back over 15 years. But you will have to repay the credit if you sell the house within three years of the date you bought it.

Payroll Tax Credit - For 2009 and 2010, Congress gave workers a credit of 6.2% of their earned income, capped at \$400 for single filers and \$800 for joint filers. For single filers, the credit starts phasing out at \$75,000 of Adjusted Gross Income and dries up at \$95,000. The phase-out zone for couples is \$150,000 thru \$190,000. Employees will get the credit in advance via lower income tax withholding in each paycheck, not as a rebate check. Self-employed can reduce their quarterly estimated payments to get an advance benefit from the credit. The exact amount of the payroll tax credit for the year will be calculated on the filers' tax returns. Recipients of Social Security benefits, Railroad Retirement benefits, Supplemental Security Income or veteran disability pensions will get a one-time \$250 check instead for 2009. Federal retirees who don't receive any Social Security will also get a \$250 check.

Sales Tax Deduction for New Vehicles - Buyers of new vehicles can deduct the sales tax paid on the purchase, even if they don't claim sales taxes as itemized deductions. They can add the tax they pay to their standard deduction. This break applies to new cars, motor homes, light trucks and motorcycles purchased after 16 FEB 09 and before 1 JAN 2010. Sales tax paid on the first \$49,500 of cost qualifies. The benefit begins phasing out for married couples with AGI over \$250,000 and singles with Adjusted Gross Income over \$125,000. It is completely gone for single filers with Adjusted Gross Income of \$135,000 or more, or joint filers with AGI of at least \$260,000. Itemizers who elect to deduct state sales taxes in lieu of state income taxes get no benefit from this change, since the auto sales tax is already included in the sales tax deduction. Itemizers who deduct state income taxes will get a separate deduction for auto sales taxes; non-itemizers will add the sales tax amount to their standard deduction amount.

Indexed Tax Brackets - Thanks to higher inflation in the past year, the 10%, 15%, 25%, 28%, 33% and 35% tax brackets all kick in at approximately 5% higher levels of income than in 2008.

Larger Personal Exemptions - For 2009, each personal exemption you can claim is worth \$3,650, up by \$150 from 2008.

Higher Standard Deductions - For 2009, the standard deduction for marrieds filing a joint return rises to \$11,400, up by \$450 from 2008. Joint filers can also add in up to \$1,000 of property taxes paid. For single filers, the amount increases to \$5,700 in 2009, up by \$250 over 2008. Singles can also deduct up to \$500 of real estate tax payments. Heads of household can claim \$8,350 in 2009, a jump of \$350 from 2008. Non-itemizers who pay real estate taxes

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can claim even larger standard deductions. Non-itemizers can also add any casualty losses that occurred in presidentially-declared disaster areas.

Reduction in Itemized Deductions and Personal Exemptions for High-Income Taxpayers - As noted earlier, itemized deductions and personal exemptions are phased out as your income rises. In 2009, the reductions are a bit less painful. The cutback in itemized deductions occurs once your Adjusted Gross Income exceeds \$166,800, regardless of your filing status. Your itemized deductions are reduced by 1% of the amount by which your AGI exceeds \$166,800, but you can never lose more than 80% of your itemized deductions. Also, your medical expenses, investment interest deduction, deductible gambling losses and any casualty and theft losses are not subject to the cut. Personal exemptions are reduced by 2% for each \$2,500 of Adjusted Gross Income over \$250,200 for married filing jointly, \$208,500 for heads of households and \$166,800 for singles, but the reduction cannot exceed \$1,217 per exemption.

Section 179 Expense Deduction - The maximum amount of equipment placed in service in 2009 that businesses can expense stays at \$250,000. And the annual investment limit remains \$800,000. Thus, you won't begin to lose the benefit of expensing until you place more than \$800,000 of assets in service in 2009.

Tax-Free Parking for Employees - Starting in 2009, firms can pay for \$230 a month of parking tax-free for employees, up \$10 per month from 2008. The cap on tax-free transit passes is now \$230 a month as well, the same as for parking. The limit had been \$115 a month in 2008.

Tax Credit for College Tuition - For 2009 and 2010, the Hope credit is replaced by a new credit of up to \$2,500 per student a year for four years of college, not just the first two years. It now also covers the cost of books, and begins to phase out at \$80,000 of Adjusted Gross Income for single filers and \$160,000 for joint filers. If the credit is more than your income tax liability, 40% of it is refundable. Also, the full credit is allowed against the Alternative Minimum Tax.

Child Tax Credit - If the credit exceeds the filer's tax liability, all or part of the credit will be refunded if the filer earns more than \$3,000 in 2009 and 2010, down from \$12,550 in earnings previously.

Earned Income Tax Credit (EITC) - For families with three or more children, the maximum Earned Income Tax Credit for 2009 and 2010 rises by \$628.50. And the phaseout of the credit for joint filers starts at higher income levels in 2009 and 2010, allowing more of them to claim the credit.

Higher Income Limits for Deductible IRAs and for Roth IRAs - If you are covered by a retirement plan at work, you can take a full IRA deduction in 2009 if your modified Adjusted Gross Income is less than \$89,000 (married filing jointly) or \$55,000 (single or head of household). A partial deduction is allowed until your Adjusted Gross Income reaches \$109,000 if you are married filing jointly, or \$75,000 if you are single or a head of household. Also, the opportunity to contribute to a Roth IRA is now phased out as your modified Adjusted Gross Income rises between \$166,000 and \$176,000 if you are married filing jointly, or \$105,000 to \$120,000 if you are single or a head of household.

Increased Contribution Limit for 401(k) Plans - The maximum employee contribution rises to \$16,500 from \$15,500 in 2009 for these and similar workplace retirement plans, including 403(b)s and the federal Thrift Savings Plan. Workers age 50 and older in 2009 can put in an additional \$5,500 this year, also a \$500 increase from 2007. Thus, their maximum contribution is \$22,000.

State Tax Exemption - In 2009, the federal estate tax exemption rises to \$3,500,000 from its 2008 level of \$2,000,000.

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Higher Annual Gift Tax Exemption - For 2009, you can give up any individual up to \$13,000 without owing any gift tax—a \$1,000 increase over 2008.

Exemptions for the Alternative Minimum Tax (AMT) - For 2009, the exemption levels rise to \$70,950 for married filing jointly, \$46,700 for singles and heads of household, and \$35,475 for married couples filing separately. Otherwise, more than 20 million filers would have been added to the AMT rolls. Congress is likely to act again to prevent this from happening for the 2010 tax year. Also, interest on private-activity bonds issued in 2009 and 2010 is exempt from the Alternative Minimum Tax.

Credit for Residential Energy-Efficient Property - The credit for 30% of the cost of installing solar water heating equipment, solar electric equipment, geothermal heat pumps or small wind turbines in your primary residence or a second home is no longer limited to \$2,000 after 2008. But the credit for fuel cell property still cannot exceed \$500 per half-kilowatt capacity.

Credit for Energy-Saving Home Improvements - The old 10% tax credit of the cost of energy-saving home improvements is increased to 30% for 2009 and 2010, up to a maximum of \$1,500 in the two-year period. It applies to qualified skylights, windows, outside doors, biomass fuel stoves and high-efficiency furnaces, water heaters and central air conditioners. In addition, the dollar limits on the particular type of improvement, such as a \$200 cap on the credit for windows, are repealed.

Converting a Second Home to a Primary Home - If you convert a second home into a principal residence after 2008, you may not be able to exclude all of your gain. A portion of the gain on a subsequent sale of the home will be ineligible for the home-sale exclusion of up to \$500,000, even if the seller meets the two-year ownership-and-use tests. The portion of the profit that's subject to tax is based on the ratio of the time after 2008 when the house was a second home or a rental unit, to the total time you owned it. So if you have owned a vacation home for 18 years and make it your main residence in 2011 for two years before selling it, only 10% of the gain (two years of nonqualified second home use divided by 20 years of total ownership) is taxed. The rest qualifies for the home-sale exclusion of up to \$500,000.

Refundable Child Tax Credit - The \$8,500 income threshold needed to qualify to claim the child tax credit if it exceeds your regular income tax bill decreases to \$3,000 for 2009.

Partial Exclusion for Unemployment Benefits - For 2009, the first \$2,400 of unemployment benefits you receive is tax-free.

College Savings Plans - Beginning in 2009, 529 College Savings Plans can be tapped tax-free to pay for a computer or Internet access.

Estimated Tax Relief for Owners of Small Businesses - If an individual's Adjusted Gross Income for 2008 was less than \$500,000 and more than half of the gross income was from a business with fewer than 500 workers, the estimated income taxes for 2009 estimated tax payments can be based on the lesser of 90 percent of tax liability for 2008 or 2009. The usual estimated tax benchmarks of 100 percent or 110 percent of tax liability do not apply.

[Source: Military.com Taxes Jan 2010 ++]

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SCAMS: Better Business Bureau on 6 JAN released a list of the top 10 scams and rip-offs of 2009. Not surprisingly, many scams sought to take advantage of people who were suffering under tough economic circumstances—such as the unemployed. Additionally, the use of free-trial offers to lock consumers into recurring credit and debit card charges was widespread online. "While many of the scams on the list are perennial problems, some scams were distinct in 2009 because of the economic climate and scammers' penchant for taking advantage of the top headlines," said Steve Cox, Council of Better Business Bureaus President and CEO. "Some scams plagued different parts of the country more than others. For example, in places particularly hit by the housing crisis, bogus offers for foreclosure rescue or debt assistance ran rampant." Following, in no particular order, is BBB's list of top scams and rip-offs that took advantage of consumers and small business owners across the U.S. in 2009:

1. **Acai Supplements and Other "Free" Trial Offers** – Ads offering trial offers for teeth whiteners, acai anti-aging pills and other miracle supplements blanket the Internet, including trusted Web sites of national news organizations. The marketing campaigns often falsely claimed an endorsement by Oprah, Rachel Ray and Doctor Oz. Thousands of consumers complained to BBB that the free trial actually cost them as much as hundreds of dollars, month after month.
2. **Stimulus/Government Grant Scams** – Even before President Obama announced the stimulus plan in February, scammers had already set up schemes for misleading consumers and small business owners into thinking they could get a piece of the pie. Offers for worthless assistance and advice on how to get government grants bombarded consumers online, over the phone and via mail and e-mail.
3. **Robocalls** – Owning a cell phone or having their phone number on the do-not-call list did not help thousands of people across the US put a stop to harassing automated telemarketing calls in 2009. The robocalls often claimed that their auto warranty was about to expire—which wasn't true—or offered help in reducing their interest rate on their credit card. The prevalence of robocalls violating federal telemarketing laws prompted the FTC to increase restrictions on the practice in 2009.
4. **Lottery/Sweepstakes Scam** – The victim receives a letter in the mail pretending to be from Reader's Digest, Publisher's Clearing House or a phony foreign lottery claiming that he or she has won millions. The letter comes with a check that represents only a portion of the total winnings. In order to get the rest, the victim has to deposit the check and then wire hundreds of dollars back to the scammers supposedly to cover taxes or some other bogus fee. The victim wires the money, but the prize never arrives.
5. **Job Hunter Scams** – Scams targeting job hunters vary and include attempts to gain access to personal information such as bank account or social security numbers and requirements to pay a fee in order to even be considered for the job. Another common scam was reported to BBB by job hunters who were told by a prospective employer that they had to check their credit report before being considered for a job. The job offer is actually a marketing ploy for online credit monitoring that costs the victim every month until they cancel.
6. **Google Work from Home Scam** – Countless Web sites cropped up in 2009 that claimed you could learn how to make money from home using Google or Twitter and offered a free trial of learning materials. The Web sites often included the Google or Twitter moniker and logo. As a result, many people who complained to BBB thought they were getting a job with Google or Twitter when in, fact, they were being lured into another misleading free-trial offer and were billed every month for the materials and other mystery charges that added up to hundreds of dollars.

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7. **Mortgage Foreclosure Rescue/Debt Assistance** – Many families are struggling in the current economy and hucksters are offering to help them save their house from foreclosure or help them get out of credit card debt. Unfortunately, victims are paying hundreds of dollars up front for the assistance they desperately need but ultimately never receive.
8. **Mystery Shopping** – Consumers across the country thought that they could make some extra money by becoming a secret shopper and evaluating the customer service of various stores. The victim is asked to evaluate their shopping experience at a few stores as well as a money wiring service such as Western Union or MoneyGram by wiring money back to the scammers. A seemingly real looking check is supposed to cover the costs, but ends up being a fake. The victim is out hundreds, if not thousands, of dollars.
9. **Over-Payment Scams** – Over-payment scams typically target small business owners, landlords or individuals with rooms to rent and sellers on classifieds or sites like Craigslist. Typically the scammer pretends to be a customer, possible renter or interested buyer, respectively. The victim receives a check for more than the amount requested. The scammers then ask the victim to deposit the check and wire the extra amount elsewhere, such as to a shipping company. Ultimately though, the check is fake and the victim is really wiring money back to the scammers.
10. **Phishing e-mails/H1N1 spam** – A perennial problem, phishing e-mails pop up in inboxes and can take various forms such as appearing to be from a business, a government agency or official or even a friend. Whatever the setup, the goal of any phishing e-mail is the same: to trick victims into divulging sensitive financial information or to infect the victim's computer with viruses and malware. In addition to phishing e-mails, spam e-mail selling wares to prevent the spread of the H1N1 virus were particularly rampant in 2009.

Consumers or small business owners victimized by a scam can contact their local BBB or file a complaint at www.bbb.org. Always research a business with BBB before you sign any contracts or hand over any money. For more information or to schedule an interview with a BBB spokesperson, contact Alison Southwick at (703) 247-9376. [Source: BBB Press Release 6 Jan 2010 ++]

TRAUMATIC BRAIN INJURY UPDATE 11: According to a clinical perspective published in the January issue of the American Journal of Roentgenology researchers at Emory University in Atlanta, GA, recommend that progesterone (PROG), a naturally occurring hormone found in both males and females that can protect damaged cells in the central and peripheral nervous systems, be considered a viable treatment option for traumatic brain injuries. "Traumatic brain injury (TBI) is an important clinical problem in the United States and around the world," said Donald G. Stein, PhD, lead author of the paper. "TBI has received more attention recently because of its high incidence among combat casualties in Iraq and Afghanistan. Current Department of Defense statistics indicated that as many as 30% of wounded soldiers seen at Walter Reed Army Hospital have suffered a TBI, a finding that has stimulated government interest in developing a safe and effective treatment for this complex disorder. Growing evidence indicates that post-injury administration of PROG in a variety of brain damage models can have beneficial effects, leading to substantial and sustained improvements in brain functionality. PROG given to both males and females can cross the blood-brain barrier and reduce edema (swelling) levels after TBI; in different models of cerebral ischemia (restriction of blood supply), significantly reduce the area of necrotic cell death and improve behavioral outcomes; and protect neurons distal to the injury that would normally die," said Stein.

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PROG was recently tested in two phase 2 clinical trials for traumatic brain injury and will begin a phase 3 NIH sponsored trial soon. "Given its relatively high safety profile, its ease of administration, its low cost and ready availability, PROG should be considered a viable treatment option - especially because, in brain injury, so little else is currently available," said Stein. This study appears in the January issue of the American Journal of Roentgenology. [Source: American College of Radiology / American Roentgen Ray Society Heather Curry article 3 Jan 2010 ++]

VA BENEFITS-PROGRAMS STATEMENT: The Department of Veterans Affairs (VA) wants to inform Veterans and other beneficiaries of the following changes that will take effect in 2010:

- **VA will Freeze Increase in Prescription Copayments:** Any increase in Veterans out-of-pocket payments for pharmaceuticals will be delayed until June 30, 2010. This means the department will delay a scheduled \$1 increase – to \$9 – in the copayments facing Veterans for each 30-day supply of medicine for the treatment of conditions not related to military service. During this period, VA will also keep \$960 as the maximum, annual out-of-pocket payments for pharmaceuticals for non-service-related conditions. The \$960 cap will not apply to Veterans in priority groups seven and eight. The yearly maximum out-of-pocket payment was scheduled to increase to \$1,080. There are no copayments associated with the treatment of conditions related to military service.
- **VA will Distribute Insurance Dividends:** Approximately 900,000 Veterans are in line to share \$286.4 million in annual insurance dividends during 2010. VA operates one of the nation's largest life insurance programs, providing more than \$1 Trillion in coverage to seven million servicemembers, Veterans, and family members. These payments will be made to insurance policy holders on the anniversary date of their policies. Payments will be sent automatically through different payment plans and the amounts will vary based on the age of the Veteran, the type of insurance, and the length of time the policy has been in place. Consistent with private mutual insurance company practice, the VA is returning a portion of premium payments back to policyholders because the agency had strong financial results. Veterans who have questions about their policies may contact the VA insurance toll-free number at 1-800-669-8477 send an email to VAinsurance@va.gov. They may also visit the Internet at www.insurance.va.gov.
- **No Adjustment in COLA for Disability Compensation + Pension Benefits:** As a result of negative inflation and the consumer price index going down over the past year the Social Security Administration has announced there will be no COLA this year for Social Security recipients. Under federal law VA's COLAs cannot exceed the Social Security COLAs. Therefore, VA is barred from making a COLA increase for recipients of its benefits.

VA provides compensation and pension benefits to over 3.8 million Veterans and other beneficiaries. Presently, the basic monthly rate of compensation paid to Veterans ranges from \$123 to \$2,673. Annual income limits for disability pension begin at \$11,830 for a Veteran without dependents and increase for Veterans who have dependents, who are housebound, or who need regular aid and attendance. Veterans who have questions about their benefits may contact the VA's financial benefits toll-free number at 1-800-827-1000 or go to www.vba.va.gov/VBA. [Source: VA News Release 8 Jan 2010 ++]

MEDICARE EXTRA HELP PROGRAM UPDATE 02: The Extra Help program is estimated to be worth an average of \$3,900 per year to Medicare beneficiaries. Under a new law, more beneficiaries

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could qualify for Extra Help with their Medicare prescription drug plan costs because some things no longer count as income and resources. To qualify for the Extra Help, a person must be on Medicare and have limited income and resources. Specifically:

- You must reside in one of the 50 states or the District of Columbia; and
- Your resources must be limited to \$12,510 for an individual or \$25,010 for a married couple living together. Resources include such things as bank accounts, stocks, and bonds. Your house and car are not counted as resources. Beginning 1 JAN 2010, when determining your eligibility for Extra Help SSA will:
 - a.) No longer count as a resource any life insurance policy; and
 - b.) No longer count as income the help you receive regularly from someone else to pay your household expenses—food, mortgage, rent, heating fuel or gas, electricity, water, and property taxes.; and
- Your annual income must be limited to \$16,245 for an individual or \$21,855 for a married couple living together. Even if your annual income is higher, you still may be able to get some help. Some examples where your income may be higher are if you or your spouse:
 - a.) Support other family members who live with you;
 - b.) Have earnings from work; or
 - c.) Live in Alaska or Hawaii.

If you already receive Extra Help, you will not need to reapply in 2010. Social Security will see if you are entitled to any additional Extra Help because they no longer count your life insurance or help with household expenses. If you do not already receive Extra Help beginning 1 JAN 2010, when you file your application for Extra Help you also can start your application process for the Medicare Savings Programs (i.e. state programs that provide help with other Medicare costs). Social Security will send information to your state unless you tell them not to on the Extra Help application. Your state will contact you to help you apply for a Medicare Savings Program. These programs help people with limited income and resources pay for their Medicare expenses. The Medicare Savings Programs help pay for your Medicare Part B (medical insurance) premiums. For some people, the Medicare Savings Programs also may pay for Medicare Part A (hospital insurance) premiums, if any, and Part A and B deductibles and co-payments.

To apply for Extra Help complete Social Security's Application for Extra Help with Medicare Prescription Drug Plan Costs (SSA-1020). This can be done online at www.socialsecurity.gov; over the phone or to request an application at 1(800) 772-1213 (TTY 1(800)325-0778); or at your local Social Security office. After you apply, Social Security will review your application and send you a letter to let you know if you qualify for the Extra Help. Once you qualify, you can choose a Medicare prescription drug plan. If you do not select a plan, the Centers for Medicare & Medicaid Services (CMS) will do it for you. The sooner you join a plan the sooner you begin receiving benefits. For more information about getting Extra Help with your Medicare prescription drug plan costs, refer to www.socialsecurity.gov or call Social Security at 1(800) 772-1213 [TTY 1(800)325-0778]. Social Security representatives are available to help you complete your application. If you need information about Medicare Savings Programs, Medicare prescription drug plans, how to enroll in a plan, or to request a copy of the Medicare & You handbook, visit www.medicare.gov or call 1(800) 633-4227 [TTY 1(877) 486-2048]. When you call, you also can request information about how to contact your State Health Insurance Assistance Program (SHIP). In addition, you can find your local SHIP contact information on the back of your Medicare handbook or obtain the information online at www.medicare.gov/contacts/staticpages/ships.aspx. [Source: www.socialsecurity.gov/prescriptionhelp Jan 2010 ++]

VA OUTSIDE MEDICAL CLAIMS (*Corrected*): Occasionally veterans go to or are transported to non-VA civilian health care facilities for "emergent" treatment of their particular non-service

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connected medical conditions. To obtain VA payment for this care certain procedures must be followed to file a claim for consideration of payment for these services. The current recommended procedure for veterans is to contact the closest VA facility via telephone within 72 hours of the emergency, either the veteran if they are able, or the veteran's family member, or the non-VA facility should contact the closest VA facility as soon as possible. If this is not possible, then send their Mill Bill claims to the closest VA facility for adjudication to the non-VA site which provided the emergency care. However, for veterans who are serviced by Veterans Integrated Service Network (VISN) 20 and VISN 22 facilities the Chief Business Office is overseeing a pilot with Financial Service Center (FSC) for FSC to process Mill Bill Claims. If you are located in the following geographic areas and receiving VA services it is recommended you comply with the pilot program procedures:

- VISN 20 - Northwest Health Network includes the states of Alaska, Washington, Oregon, most of the state of Idaho, and one county each in Montana and California.
- VISN 22 - Desert Pacific Healthcare Network is comprised of five hospitals and 29 community clinics serving 1.4 million veterans in Southern California and Southern Nevada (i.e. Los Angeles, San Diego, Loma Linda, and Las Vegas area).

The pilot was initiated in Fiscal Year 2009, and rolled out in JAN 09, to determine if an alternative claims process would assist sites with reducing processing time, consistent clinical adjudication of claims, and using consistent payment methodology. Evaluation of the pilot is in process and a decision will be made at a later date on if it will be expanded, or terminated. Beginning with dates of service on and after 1 JAN 09, dependent on site affected, veterans/providers are required to submit claims for VA payment consideration for emergency care not previously authorized to: Department of Veterans Affairs, Financial Services Center (FSC), Non-VA Emergency Claims, P.O. Box 149364, Austin, TX 78714-9364. To expedite claims processing, be sure that each claim is complete and filed within 90 days following the episode of care. Incomplete claims will be returned. Do not forget to include documentation of any communication with the VA regarding patient treatment or disposition. A call center at FSC is available to assist you with payment and claims processing inquiries. You may contact the customer call center at 1(866) 372-1144, M-F 08-1630 (CST) excluding Federal holidays. A claim file is complete if it has the following documentation:

1. Complete UB-04 or CMS-1500 claim form to include the National Provider Identification (NPI) number
2. Supporting medical documentation for the following services is needed for claims adjudication:
 - Inpatient: Admission sheet, discharge summary, operation reports, daily progress notes, and doctor orders.
 - Outpatient: Emergency room treatment notes (including chief complaint, and examination/evaluation results), applicable observation notes, any consultation reports, and diagnostic findings.
 - Emergency Transportation: Transportation notes indicating location the episode of emergency care took place and facility and address the patient was transported to. The transportation notes should include the chief complaint, examination/evaluation results, applicable observation notes, and any diagnostic findings

[Source: California VFW VSO msg. 18 Dec 09 & CBO National Fee Program Manager Joe Enderle ++]

HEALTH SCREENING: As you age, being aware of issues related to health becomes more important. Several illnesses appear more frequently with increasing age. For example, illnesses like high blood pressure (hypertension), diabetes, high blood cholesterol (hyperlipidemia) and some types of cancer. Screening is done to find a condition (or risk factor) in a person who has no signs or symptoms of that condition. The goal of screening is to identify conditions early. Treatment works better during an early stage of a condition. Guidance for screening varies, depending on age, gender, past medical history, family history and other factors. Talk with your

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health care team about the screening tests that are recommended for you. The United States Preventive Services Task Force has studied the effectiveness of screening and suggested the following tests and immunizations:

- Blood pressure for High Blood Pressure, also known as Hypertension - At least every two years.
- Lipid profile for High Cholesterol, also known as Hyperlipidemia - Every 5 years. May need to be more often if already diagnosed with diabetes or heart disease.
- Blood glucose for High Blood Sugar, also known as Diabetes - Periodically in patients with blood pressure of 135/80 or higher.
- Weight for being more than 20 pounds overweight, also known as Obesity - Periodically.
- Bone mineral density for loss of bone health, also known as Osteoporosis - At least once in all women at age 65. May need to screen at age 60 if at increased risk for osteoporosis.
- Ultrasound for Abdominal Aortic Aneurism Screening (for Alcohol Use and Depression) - Once in men ages 65 to 75 who have ever smoked
- Fecal occult blood test (FOBT) (or Colorectal Cancer - Annually for persons age 50 to 75.
- Sigmoidoscopy or Colorectal Cancer - Every 5 years
- Colonoscopy for Colorectal Cancer - Every 10 years
- Mammogram or Breast Cancer - Every 1-2 years
- Pap Smear for Cervical Cancer - At least every 3 years, stopping at age 65 if previous Pap Smears normal
- Influenza Vaccine - Annually
- Pneumonia Vaccine - Once at age 65. May be recommended earlier for persons at increased risk of complications of pneumonia
- Shingles Vaccine - Once at age 60 or later for most people.
- Tetanus Vaccine - Every 10 years.

[Source: Army Echoes Jan - Apr 2010 ++]

LEGISLATIVE GAINS FOR 2009

Active / Reserve Force Issues

- Won 3.4% basic pay raise, effective Jan. 1, 2010 (.5% above budget proposal)
- Increased end strength – Army 30K, Marine Corps 8K, Navy 2.5K and Air Force 15K
- Authorized Army additional 30K end strength for FY11-FY12 if Army budgets
- Won absentee voter protections
- Reduced % of pay subject to recoupment from 20% to 15% for overpayments
- Expanded Homeowner Assistance Program for PCSing service members, wounded warriors, and survivors affected by an upside-down mortgage
- Authorized stop-loss pay through June 2011
- Won ROTH Thrift Savings Plan option for currently serving and federal employees
- Required DoD to report on child custody disputes of deployed parents

Health Care Issues

- Defeated \$110/day increase in TRICARE Standard inpatient copay
- Authorized special compensation for wounded warrior caregivers
- Won TRICARE coverage for gray area Reserve retirees
- Required retention of wounded on active duty until completion of disability evaluation process unless they request to separate from active duty

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- Required medical exam before admin separation of members diagnosed with PTSD/TBI
- Prohibited conversion of military medical positions to civilians
- Expanded window of active duty TRICARE coverage for mobilizing reservists
- Required measures to expand access to mental health providers
- Required person-to-person mental health assessments for deployed members
- Required DoD report on impact of law barring employer TRICARE incentives
- Required DoD chiropractic clinical trial program for active duty members
- Won protections for military/VA beneficiaries in national health reform bills

Retirement/Survivor/Veteran Issues

- Authorized recalculation of retired pay for guard/reserve retirees recalled for 2+ years
- Increased future payments of Special Survivor Indemnity Allowance
- Required DoD to establish website to explain all retirement and survivor benefits
- Won VA advance appropriations authority to prevent end-of-year funding disruption
- Won VA funding increase of \$25 billion over the next five years
- Won congressional approval of MOAA Federal Charter

Military Family Issues

- Expanded family medical leave to include families of deploying active duty members
- Won authority for military spouses to choose same domicile state as AD member
- Authorized \$49M in impact aid for schools with military children or affected by BRAC
- Authorized internship pilot program in federal agencies for active duty spouses
- 26 states signed Interstate Compact on Educational Opportunity for Military Children
- Required DoD report on impact of deployments on dependent children
- Increased DoD's cost share for National Guard Youth Challenge Program from 60% to 75%

[Source: www.moaa.org/lac_goals_progress_2009.htm Jan 2010 ++]

LEGISLATIVE GOALS FOR 2010:

Active/Reserve Force/Family Issues

- Sustain defense budget of at least 4% of GDP to fund both people and weapons needs
- Increase active duty, G/R force sizes (end strength) to match mission
- Restore full military pay comparability with private sector (2.4% gap remains)
- Upgrade G/R retirement/compensation to reflect "operational reserve" demands
- Amend Post-9/11 GI Bill to allow job training, Guard AGR (Title 32) access and transferability to family members of USPHS/NOAA Corps
- Authorize currently serving families to use pre-tax health/dependent care programs
- Strengthen financial, legal, reemployment protections for mobilized G/R force
- Protect funding for commissary, dependent schools and other military benefits
- Improve access to affordable child care
- Provide incentives for employers/government contractors to hire military spouses
- Raise relocation payments to cover members' costs for government-directed moves

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Health Care Issues

- Ensure proper DoD and VA care for/outreach to wounded warriors and families
- Protect against benefit cuts/avoid disproportional cost-shifting to beneficiaries
- Upgrade TRICARE to attract more providers and improve beneficiary access
- Allow three years of active-duty-level health care for disability retirees/families
- Fix Medicare/TRICARE payment rate formula to promote provider participation
- Improve seamless transition between the Defense and VA health care/benefits systems
- Provide full funding for veterans enrolled in the VA health care system
- Authorize option to subsidize retention of reservists' civilian family health insurance
- Increase orthodontia payment cap under active duty dental plan

Retirement/Survivor Issues

- Preserve full-inflation cost-of-living adjustments (COLAs)
- Eliminate the Dependency and Indemnity Compensation (DIC) deduction from SBP
- Authorize full concurrent receipt of military retired pay and VA disability compensation
- Restore VA survivor annuities for qualifying widows who remarry after age 55
- Oppose military benefit changes that are inconsistent with service career sacrifices
- Expand permanent ID card eligibility for elderly / disabled beneficiaries
- Reform the Uniformed Services Former Spouse Protection Act (USFSPA)
- Authorize survivors to retain the deceased sponsor's full final-month retired pay
- Implement a more equitable military disability retirement system

Veterans and Other Issues

- Improve quality, efficiency, and timeliness of VA claims-processing system
- Authorize pre-tax payment of health, dental and long-term care premiums
- Win congressional approval of Flag anti-desecration amendment
- Reduce Social Security penalties for certain civil service and state retirees/survivors
- Prevent disproportional Social Security/Medicare penalties for any population segment

[Source: www.moaa.org/lac/lac_goals/lac_goals_2010.htm Jan 2010 ++]

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MEDICARE THERAPY SERVICES UPDATE 01: Congress failed to approve an extension of the Medicare therapy cap exception before it expired on 31 DEC. Without the cap exception, Medicare payments for speech, physical, or occupational therapy will be limited to \$1,860 for 2010. Medicare beneficiaries needing therapy services in excess of that cap will pay any such excess expenses out of pocket. This could pose very significant costs for Medicare-eligibles recovering from stroke, hip fracture, or other severe conditions that require extensive therapy to continue their recovery. The therapy cap was originally approved by the 1997 Balanced Budget Act, but Congress delayed implementation of the cap three times from 1999 through 2003. In 2005 the therapy cap was allowed to take effect, but Congress authorized an exceptions process for beneficiaries if their therapy was deemed a medical necessity. With the exception to the cap now gone, many may go without necessary therapy until Congress takes action to reauthorize the exceptions for medically necessary care. Both the House and Senate health care reform bills contain provisions to extend the cap exceptions, but these bills are still up in the air and are most likely weeks away from passing. Renewal of the current therapy cap exception is the minimum action needed to protect the Medicare beneficiaries who need care most. However, total repeal is what is needed. Sen. John Ensign (R-NV) introduced The Medicare Access to Rehabilitation Services Act of 2009 Bill (S.46) to make repeal

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permanent. The bill currently has 27 cosponsors. MOAA has initiated an action alert on the issue which can be found at <http://capwiz.com/moaa/issues/bills/?bill=12631546>. Veterans are encouraged to go to this site and enter their zip code to facilitate an editable email message be sent to their Senators asking for their cosponsorship of the bill. [Source: MOAA Leg Up 8 Jan 2010 ++]

HEALTH CARE REFORM UPDATE 21: As soon as the New Year rang in the Congressional Democratic leadership came back to start the next phase of federal health care reform. On Christmas Eve the Senate passed its version: H.R.3590. It is very different from the House of Representative's version H.R.3962 which was passed on 7 NOV 09. It is completely clear now that leadership does not intend to have Conferees work on settling the many differences of the two bills. Instead the Democratic Leadership in the House and the Senate are negotiating the differences among themselves and the White House, sending the bills back and forth between the two Houses. Even though the House of Representatives formally started its session on 12 JAN and the Senate on 18 JAN, negotiations have already started. On 6 JAN, Speaker of the House Nancy Pelosi said after leaving a meeting in the White House: "The House and Senate plan to put together the final health care reform bill behind closed doors according to an agreement by top Democrats." This keeps the Republicans out of the negotiations as well as Blue Dog Democrats and other unhappy Democrats (like those concerned about abortion funding and other issues.) It also keeps the American people from knowing exactly what is going on. President Obama's proposal during the Presidential Campaign was to have the Conference be broadcast on C-SPAN. The President of C-SPAN, Brian Lamb wrote asking that they be allowed to broadcast the negotiations, but no luck. The idea is dead (if it ever was alive). But what we do know is that negotiations are already going hot and heavy.

Tricare and VA Healthcare like everything else is still up in the air. It is reported (and may even be true) that the House Leadership (read Mrs. Pelosi) is strongly opposed to the Senate's tax on "Cadillac health care plans" and wants higher taxes on the wealthy to be used to pay for this bill. It is also reported that the White House is saying that they want the Cadillac Plan tax in the final bill. We will see. As of 24 DEC, Tricare and VA health care was not included in the Senate's version of the Health Care plan either directly or as a source of tax funding. The referenced plans found in the IRS Code are not government plans. That is good. However, when writing this provision the Senate included FEHBP (which is surely a government plan) with the inclusion of a single phrase. We don't want that to happen to Military retirees, their families and survivors as well as veterans.

Both versions of the bill include approximately \$500 billion of cuts in Medicare. Since TFL is second payer to Medicare this must have some effects on TFL patients. An entirely different law that has been on the books for years requires a 21% cut in the rates that Doctors are paid for treating Medicare patients. If this cut ever went into effect it would/will affect anyone who is trying to find a doctor willing to accept Medicare/TFL. The legislatively mandated 21% cut has been put on hold until the end of February. By that time it is expected that Congress will pass, and the President will sign, a bill delaying the cuts for another year. But these repeated yearly delays just add on to past delayed cuts so next year the called for cut will be more than 21%. A permanent solution is needed but the Leadership already removed it from the overall health care bill and then withdrew its proposed permanent solution when numerous House and Senate members balked at the fact that there was no funding for the huge cost. So this is a problem that needs to be solved but is nowhere close to a solution. Predictable and sufficient funding is needed for both Medicare and Tricare (Tricare's payment levels are determined by Medicare payments.)

What should/can you do? Since there are no Conferees to refer you to and leadership is pretty distracted continue to contact your Senators and Representative and tell them how crucial it is to you –THEIR CONSTITUENT- that Tricare and VA healthcare is in NO WAY included in the present Health care reform and that a permanent solution for determining Medicare doctor rates is needed. If you don't know who your members of

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Congress are go to the CAPWIZ shield on TREA's web site <http://capwiz.com/trea/home>, type in your zip code and find who they are. Then write or call them. The Leadership is pushing to have a bill for President Obama to sign before he gives his State of the Union Address in early February. [Source: TREA Washington Update 8 Jan 2010 +]

OVERSEAS VOTERS UPDATE 01: Servicemembers and overseas voters shouldn't assume they automatically will receive ballots for the 2010 elections just because they have in the past. Bob Carey, Federal Voting Assistance Program director, said 7 JAN during the 2010 election year kick-off, "New laws require voters to submit federal postcard applications for absentee ballots on a yearly basis. Previously, voters would receive absentee ballots for up to two cycles following their request." In the coming months, Carey and his team will travel worldwide to train voting assistance officers at embassies, consulates and overseas military facilities to ensure voters understand the process and can exercise their right to vote. "We are training thousands to train millions," Carey said. "[We want] to make sure that each and every military and overseas voter has the opportunity to successfully request an absentee ballot, receive their absentee ballot and cast it in time so it is counted." The voting assistance program staff is striving to make it easy for voters to receive and cast their ballots for the upcoming election through the program's Web site, <http://www.FVAP.gov>.

Carey said his staff is converting to a Web-based process that's similar to many tax-filing programs, with an intuitive, easy-to-understand application. "You don't have to know how to go through the 250-page voter's assistance guide – all will be online," he said. Once voters answer a few questions, Carey explained, forms and ballots automatically will populate with relevant information, making it easier for users. Although the program's staff is doing its best to make the process easy for military and overseas voters, people need to move quickly to ensure they get to vote. Voter applications may take a while to make it to hometown election offices, and it could take up to a month after that for ballots to be sent to voters. Carey said voters who have applied for a ballot but don't receive their ballot at least a month before the election should instead use the federal write-in absentee ballot available on the voting assistance Web site. "When [voters] get their regular ballot, they should still complete and return it," he said. "If it gets there in time, it will take its place." In addition to starting the process in a timely manner, Carey said voters also should:

- Submit a new federal postcard application with every move so the most current address is on file;
- Fill out all forms in their entirety, because officials need an alternate way to reach an individual so their vote can be counted if the form is illegible; and
- Go to <http://www.FVAP.gov> to see their state's requirements.

Although applications were distributed to all deploying troops before their departure, Carey said, many didn't know their future mailing address and therefore left portions of the application blank. Once troops have the needed information, they can complete the forms online, even from a computer outside of the military domain. [Source: AFPS Carmen L. Gleason article 8 Jan 2010 ++]

TRICARE PRIME UPDATE 07: Maintaining healthy eyes and vision is an important part of personal safety and quality of life, say Tricare officials, and getting an eye exam is a smart idea for anyone, whether or not they have vision problems. Retirees and their family members using Tricare Prime can get an eye exam every two years. Routine eye exams for retirees and their family members using Tricare Standard and Extra, and Tricare for Life are not covered. These exams are more than the standard letter charts and include a check into the health of the eye. Retirees and their families enrolled in Tricare Prime can make an appointment with any Tricare-authorized

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optometrist or ophthalmologist for an exam. Tricare Prime beneficiaries do not need a referral unless they see a provider outside of their region's Tricare network. [Source: Tricare News Release No. 01-03-10 dtd 8 Jan 2010 ++]

VETERAN CHARITIES UPDATE 10: On its Web site at www.saluteheroes.org the Coalition to Salute America's Heroes (CSAH) Foundation states the foundation was created to provide a way for individuals, corporations and others to help our severely wounded and disabled Operation Enduring Freedom and Operation Iraqi Freedom veterans and their families rebuild their lives. The veterans' charity is run by a controversial, self-described nonprofit entrepreneur Roger Chapin. Their website formerly said flatly that 75% of contributions received goes directly to programs that help service members. But the Ossining, N.Y., nonprofit's own data from its latest, just-filed financial statements (issued under penalty of perjury) tell a far different story. Thanks mainly to high fundraising costs from sending junk mail, the Coalition's actual level of charitable commitment was just 51%. That's one-third less than 75% and a percentage that leading charity watchdogs consider unacceptable. The average charitable commitment on the annual Forbes list of America's 200 largest charities, which uses a slightly different methodology and includes different kinds of nonprofits, is 86%. The Coalition's 51% charitable commitment includes millions of dollars of junk-mail costs that accounting rules allowed Chapin's nonprofit to count as being spent in furtherance of its charitable mission. Exclude that, and the remaining charitable commitment dropped to 33%, just \$1 of every \$3 contributed. In fact, of the \$26.2 million spent for calendar year 2008 (the latest reporting period available) the Coalition by its own accounting spent just \$5.7 million--22 cents of every dollar--on its two signature programs. They are direct financial assistance to the families of injured soldiers and job-placement conferences. The other \$20.5 million was spent on overhead, public awareness, promotion, junk mail and fundraising.

The Coalition did not respond to Forbes' requests for comment but it has deleted all reference on its website regarding what percentage of contributions go to programs that help service members. Chapin, a 77 year old onetime businessman, has over four decades launched 30 causes embracing such diverse topics as educational reform, anti-substance abuse, youth achievement, illnesses, national security and veterans benefits. Most withered away after lackluster fundraising. Besides the Coalition, the charity empire spawned by Chapin currently includes Help Hospitalized Veterans of Winchester Calif., and two advocacy groups, Help Wounded Heroes (also based in Ossining) and Make America Safe Foundation, which lists Chapin's San Diego home as its headquarters. Total annual contributions are about \$75 million. For the year ending 31 JUL 08 (the latest period available) Chapin received total compensation of \$364,000 from Help Hospitalized Veterans but reported drawing no pay from the other organizations. The Help Hospitalized Veterans Web site says he retired in AUG 09 and left its board. A protégé, Mike Lynch, assumed Chapin's presidency. Chapin's current pay arrangements with his nonprofits haven't been revealed.

The Chapin organizations have been the subject of stories by Forbes detailing omissions and other irregularities. Help Hospitalized Veterans and the Coalition have received withering reviews from charity watchdogs citing lapses in governance, transparency and financial efficiency. For example, Help Hospitalized Veterans raises money to provide therapeutic arts and craft kits to injured GIs. But in 2008, according to its financial statements, only \$14 million of the \$39 million raised was spent on the kits and trained specialists; almost all the rest was spent concerned junk mail and overhead. In 2008 Chapin was forced to testify before a U.S. House committee, the members of which took him to task for the massive spending on fundraising and junk mail. Chapin defended himself and his charities as useful and well-meaning. The same year, the New York State Attorney General's Office started an investigation of the Coalition that is said to be still continuing.

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Chapin launched the Coalition in 2004 with a flashy Washington, D.C., press conference featuring retired U.S. Gen. Tommy Franks, who, Forbes later revealed, secretly received \$100,000 for his endorsement. As late as 2006, the Coalition was claiming in filings that its fundraising efficiency--the amount of contributions remaining after fundraising costs--was a high 98%. But as first revealed by Forbes, most of the massive junk mail sent out on behalf of the Coalition was expensed by Chapin's Help Hospitalized Veterans, with only the net proceeds booked by the Coalition. This had the effect of making the Coalition appear very efficient financially when it wasn't. In another ploy described by Forbes, Help Hospitalized Veterans received goods it valued at \$18.75 million, then transferred them to the Coalition, allowing both to book charitable receipts and expenditures for the same material, improving their stated financial efficiencies. A truer picture emerged when the Coalition started including the junk mail expenses in its own financials. In 2007 and 2008, stated fundraising efficiency plummeted to 60%. The Forbes big-charity average is 91%. Among other revelations in the new Coalition financials, for the year ended 31 DEC 08:

- The \$25 million in contributions received represented a 15% drop from 2007. Perhaps as a result, Chapin this year loaned \$200,000 to the Coalition at an annual interest rate of 4.83%.
- The Coalition's balance sheet listed \$166,000 in loans to other Chapin charities.
- The Coalition managed to lose money raising funds over the Internet, bringing in \$728,000 but spending \$747,000.
- Although the Coalition plays up its efforts to provide injured soldiers with homes, only four residences were provided during 2008, at a total cost of \$403,000.
- The Coalition paid nearly as much, \$358,000, in fees to Williams and Connolly, the high-profile Washington law firm it hired to sue John and Raymond Clifford, two brothers fired in 2007 by the Coalition.

The Westchester County, N.Y., lawsuit, which is still pending, seeks return of documents, unspecified money damages and a court order blocking the brothers from revealing information about Chapin's organization. The Cliffords, who held high positions with the Coalition, have said they did nothing wrong and have a First Amendment right to speak out. According to the court's online docket, several recently scheduled hearings were canceled, which is often an indication of settlement talks. Perhaps understandably, the Coalition at this writing has yet to post its latest financial statements on its Web site. Indeed, in recent weeks the organization has removed links to its financial statements from previous years. [Source: Forbes.com William P. Barrett article 6 Jan 2010 ++]

MILITARY STOLEN VALOR UPDATE 13: A retired Coast Guard chief warrant officer 2 who claimed to be a decorated and combat-hardened SEAL — and managed to get a disability rating from the government — has pleaded guilty to wearing combat awards he did not earn. Thomas Barnhart pleaded guilty 6 JAN in federal court in Roanoke, Va. to two counts of violating the Stolen Valor Act. Barnhart served a combined 21 years in the Navy and the Coast Guard. He joined the Navy in 1969, then moved to the Coast Guard 10 years later, retiring in 1990. He entered the Coast Guard claiming to be a SEAL who had completed diving school and High Altitude-Low Opening parachutist school, according to court records. He also claimed to have earned the Silver Star, Bronze Star with "V" for valor, Purple Heart with four stars, a Combat Action Ribbon and Vietnam War-era awards. The Coast Guard clerk bought the story and added the awards to Barnhart's DD 214. Later DD 214 alterations would add a Navy Commendation with "V" device, Presidential Unit Citation with three stars, and Vietnamese Medal of Honor First and Second Class. "Witnesses have stated that the defendant would spin yarns about his secret missions with the Navy SEALs and describe various combat situations in which he was wounded," Assistant U.S. Attorney Craig "Jake" Jacobsen said in his comments to the court, which he provided to Navy Times. "As a result of what everyone believed, the defendant was promoted to warrant officer in the [Coast Guard] ahead of others, likely as a result of the defendant's stellar 'combat record.' "

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Barnhart, who did serve off the coast of Vietnam in 1969 and 1970, retired 31 DEC 90, and applied for disability through the Department of Veterans Affairs less than a year later. By this time, he was passing himself off as a member of SEAL Team 1 with five Purple Hearts and a nomination for the Medal of Honor. He claimed a scar on his left forearm was the result of a gun shot, though VA medical records from 1987 said the injury was the result of his cutting himself on a piece of metal. The VA claim was denied, but Barnhart was successful after giving it another try — this time with the help of his congressman — in 2005. This time, Barnhart claimed he suffered from post-traumatic stress disorder, and pointed to his altered DD 214 to support his claim. During a subsequent medical exam in Virginia Beach, Va., Barnhart told the examining physician he was a SEAL in Vietnam assigned to an elite HALO parachute unit. He claimed to have engaged in multiple combat missions and received two Silver Stars, three Bronze Stars and five Purple Hearts. But an alleged rescue of a downed pilot, seeing a soldier being blown up by a rocket and having a pilot die in his arms after their helicopter had been shot down led to his PTSD, he told the doctor.

Jacobsen told Navy Times, “The awards keep growing. Then he is a SEAL, then he has all the heroics. I’ve seen this in similar pattern in other cases. The phonies can’t help themselves. The awards and accolades always grow.” Still, the VA decided in 2006 to award Barnhart a 30% disability rating for PTSD. The case against him began when Mary Schantag of the POW Network got wind of the bogus claims. She began an exhaustive investigation that ultimately led to the state’s attorney’s office looking into the matter. On 25 JAN 08, he admitted his DD 214 was altered, and that he was neither a SEAL nor a combat veteran. By that time, Barnhart had received \$13,923 for his fraudulent PTSD claim. “He was very quiet and ’fessed up when he was arrested,” said Jacobsen, who is an Iraq war veteran. “He seemed sincere in his apologies and didn’t deny that he had fabricated his history.” Barnhart’s sentencing is set for 8 APR in Roanoke. He faces 10 years in prison and a \$250,000 fine for the theft of government funds and one year in prison and a \$5,000 fine for claiming medals he did not earn, which is a misdemeanor. He also is required to pay back the \$13,923 received from the VA for disability. [Source: NavyTimes Lance M. Bacon article 8 Jan 2010 ++]

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EYEGASSES FOR RETIREES: Retirees may receive standard issue glasses each year from the Naval Ophthalmic Support and Training Command (NOSTRA). To obtain go to the NOSTRA Web site www.med.navy.mil/sites/nostra/Pages/default.aspx and select the “How to Order: Retirees” link for information. If you are retired military and eligible for other medical services, you are authorized to receive annually one clear pair of Bifocals and one tinted pair of Bifocals if prescribed by your Optometrist/Ophthalmologist. If you choose not to request Bifocals, you can receive one pair of Distance Vision and one pair of Near Vision spectacles. One pair of Distance Vision tinted spectacles is authorized if prescribed by your Optometrist/Ophthalmologist. Selectable frames MS9/S91A/Half Eyes/FS9 for all can be viewed on the website.

If you are less than 50 miles from a military health clinic with optometry services, you should take your prescription for spectacles to them so that they may measure you for proper fit. They will order your spectacles from the appropriate facility. If you are more than 50 miles from a military health clinic with optometry services follow these instructions to order your glasses.

- Open form DD771 at www.med.navy.mil/sites/nostra/order/Documents/DD771_2008.pdf and save it to your computer. This form is created to save the information you type into it.
- Fill out the top section with your “name, “retiree”, and "last 4”, along with your shipping and contact information.
- About halfway down the form, indicate which standard issue frame you desire. Make sure to save the form with the information you added in your computer.
- Print the partially completed form, and take this with you to your eye exam.

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- Ensure that the examining facility writes the prescription, and includes your pupillary distance (PD) on the form.
- If your examining facility needs eye size, bridge or temple information, they can find instructions on how to determine this info at www.med.navy.mil/sites/nostra/order/Pages/Fitting.aspx.
- If you currently have Standard Issue frames provide the frame size and temple length. This can be found inside the frame.
- Forward one copy of the completed DD771 form along with your mailing address, a daytime phone number, and email address if available to NOSTRA.
- You can email your order to: NOSTRA-CustomerService@med.navy.mil; or
- You can Fax your order to: (757) 887-4647. Make sure you write: "Retiree Order" on the fax. Call NOSTRA Customer Service at (757) 887-7611 / 7152 / 7299 / 7476 right after you send your fax to insure it was received and that all the information is included to fabricate your orders; or
- You can mail your order to: NOSTRA, 160 Main Road, Ste 350, Yorktown, VA 23691-9984
- If you have any problems or questions call NOSTRA Customer Service Department or email: NOSTRA-CustomerService@med.navy.mil . Customer Service hours are M-F, regular business days, from 0630 to 1700 EST.
- There must be a DD771 for each request for eyewear. Note that orders are subject to a DEERS eligibility check.

[Source: NOSTRA website Jan 2010 ++]

FDA SCAM UPDATE 01: The FDA is warning the public about another scam in which criminals are posing as law enforcement personnel as part of an international extortion scam. The criminals call the victims-most of whom had purchased drugs over the Internet or via "telepharmacies" and identify themselves as special agents for the FDA, DEA, FBI, U.S. Secret Service, or U.S. Customs Service, as well as for U.S. and Dominican prosecutors and judges. They tell the victims that purchasing drugs over the Internet or the telephone is illegal, and that law enforcement action will be pursued unless a fine or fee ranging from \$100 to \$250,000 is paid. The criminals request that the money be sent by wire transfer to a designated location, usually in the Dominican Republic. Victims who refuse are often threatened with a search of their property, arrest, deportation, physical harm, and or incarceration. Recipients of such calls should refuse the demand and call the FDA's Office of Criminal Investigations Metro Washington Field Office at (800) 521-5783 to report the crime. The FDA warns consumers to use caution when purchasing prescription drugs over the telephone or the Internet. In addition to the increased risk of purchasing unsafe and ineffective drugs from Web sites operating outside the law, there is the danger that personal data can be compromised. Victims have also had fraudulent transactions placed against their credit cards. For more on FDA's concerns about unlawful drug sales on the Internet, refer to www.fda.gov/ForConsumers/ProtectYourself/default.htm. [Source: FDA news release 29 DEC 09 ++]

GI BILL UPDATE 65: When the Post-9/11 GI Bill became law over the summer, veterans and their family members showed up in masses to take advantage of it. As a result, VA became clogged with a backlog of claims and only had estimates of exactly how many individuals were using the landmark legislation. At the close of the first academic semester, VA has released a report that answers those questions, providing official statistics and giving an explanation for the backlog. The report notes:

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- 164,144 individuals have enrolled in classes under the GI Bill, and 130,309 of them have received payments. That leaves 34,000 students still waiting - a number which is down from about 240,000 in August but still seen as unacceptable by vet supporters.
- VA is paying about 4,500 students per day, and that it takes on average 47 days to process payments from the day the school certifies enrollment in VA. In all, 352,281 people have applied for a Certificate of Eligibility, and 292,896 have received one. They will receive funding when they enroll in a school.
- \$517 million has been paid out to students and \$385 million to schools. An additional 65,282 payments totaling \$193 million were made to students this fall during the emergency payment period, which sent advance funding to destitute individuals who were still waiting on their first GI Bill checks.
- Sometimes-controversial claims process takes about one to one and a half hours to process a single payment. Four nonintegrated systems store, calculate, pay and send letters - a setup that VA calls "a burdensome entry and reentry of data". The backlog was especially bad in the beginning of the semester, when many students were enrolled in school without having received payments.
- VA has hired 230 employees beyond the 520 original ones to remedy the situation. They all are required to work overtime at least three days a month.
- To improve the system, VA continues to review the process and streamline letters to veterans and their dependents who are attending school on their behalf.

[Source: American Legion My GI Bill.org article 7 Jan 2010 ++]

TAX DEDUCTION WISDOM: Tax season pressure may tempt you to accept a standard tax deduction, rather than exploring the potential benefit of itemizing your deductions. To figure out whether itemizing would be profitable for you, you need to determine whether the allowable expenses you paid during the year – for things like mortgage interest and property taxes, state income or sales taxes, medical expenses, charitable donations, etc.—exceed the standard deduction for your filing status. Here are the basic numbers to beat for filing a 2009 Form 1040 return:

- Standard deduction for single taxpayers - \$5,700
- Standard deduction for married taxpayers filing a joint return - \$11,400
- Standard deduction for head of household taxpayers - \$8,350

Those are the numbers for most, but some people get even higher standard deductions. If you're 65 or older or blind, you get to increase the standard tax deduction.

- Single or Head of Household: 65 or older \$1,400 - Blind \$1,400 - Both 65 or older and blind \$2,800
- Married, Widow or Widower:
 - One spouse 65 or older, or blind \$1,100
 - One spouse 65 or older, and blind \$2,100
 - One spouse 65 or older, and both blind \$3,200
 - Both spouses 65 or older \$2,200
 - Both spouses 65 or older, and one blind \$3,300
 - Both spouses 65 or older, and both blind \$4,400

[Source: Military.com Taxes Jan 2010 ++]

JOB SALARY NEGOTIATIONS: What you ask for during a salary negotiation doesn't just influence how much you earn -- it also tells your future employer whether you're good at negotiating, which is a

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skill you can put to work for the employer once you're hired. To win your best salary, continue talking until you get everything you want, whether that's a higher base, an early salary review or company-paid childcare. There's always a risk involved with any questions you raise when the offer is made, but it's better to ask questions then, because if [the company is] uncompromising, that's not a healthy situation. If they have no tolerance for questions, you need to know that up front. Think of a salary negotiation as your chance to shine. The person on the other side of the desk is evaluating you. This is going to show you're astute in dealing with the outside world. When you get the offer, don't let your guard down -- you're still on the firing line. Feel confident, because they've come to you with an offer. To make sure you get all you deserve recommend asking the following 10 questions. As you ask them, keep in mind that in addition to gathering necessary information, you're showing your new boss that you're a good negotiator. You want them to know they're smart to offer you the job, but you're not going to come cheap:

1. **"Thanks -- is this a firm job offer?"** Demonstrate that you're professional, polished and polite by saying thank you, and immediately follow to make sure that you really have just been offered a job.
2. **"Is this negotiable?"** Once the salary offer is revealed, it never hurts to ask if they'll put more money on the table. If they say no, you can move on to negotiate other items.
3. **"Is this base only?"** Asking if the figure you're offered is total compensation or base compensation lets the interviewer know you're interested in the details of bonuses and stock options, and it opens up other questions about bonus opportunities.
4. **"When would you like an answer?"** Never accept a job offer on the spot. In our society, you're perceived as more effective if you're thoughtful. Plus, stalling gives you time to consider your negotiation strategy. You can say, "This is a great job, and I really want it, but in my experience, I'm better off thinking about it and coming back to you." Never say you need to discuss it with your spouse -- you want to appear confident and capable of making a decision on your own.
5. **"Will I get the offer in writing?"** Don't accept an offer that isn't in writing. Not everyone is honest. If you quit a job based on the verbal promise of a new job that then falls through, you'll have no job and no recourse.
6. **"Will there be a sign-on bonus?"** If they say no, your response is, "OK, I'm just asking." Just because the pay isn't negotiable doesn't mean other aspects of the job aren't. Ask for flextime, telecommuting or anything else that's important to you.
7. **"What is the start date?"** This is a way to reaffirm that the offer is serious. Most people want you to start immediately but will be disappointed if you agree to do so. If you leave your current employer in the lurch, the concern is that you might do the same to this company someday. If you're switching jobs rather than coming off unemployment, build in time to close out your existing job and take a vacation.
8. **"May I please have a job description?"** This question verifies the job you're being hired to do is the job described during the interview process -- and is a job you're capable of doing.
9. **"How and when will I be evaluated, and will there be an increase on the basis of that evaluation?"** These questions separate out when you'll be evaluated and when you'll be eligible for a raise. Those two events are often, but not always, linked.
10. **"Regarding benefits, please provide the details -- when do they start?"** If your current employer's health coverage will end before you're covered by the new employer's plan, you can negotiate for the new employer to pay the cost of extending your old policy under COBRA.

[Source: Military.com Careers Dona DeZube article Jan 2010 ++]

EHR: Electronic Health Record (EHR) systems are the wave of the future in health care. The Defense Department soon will join a Veterans Affairs Department and Kaiser Permanente partnership designed to improve

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the way military veterans and the nation receive health care, the VA's top health affairs policy advisor said 6 JAN. For the past month, Kaiser Permanente and VA – the nation's two largest electronic medical records systems – have been working to integrate their standards for veterans through a pilot program in San Diego using the Nationwide Health Information Network (NHIN). The network was developed by the Health and Human Services Department in 2008, and allows government and several private sector health care providers like Kaiser to share health exchanges, such as integrated delivery networks, pharmacies, labs and patient information. More than 400 San Diego veterans are participating in the pilot. The partnership has been successful so far, and is the culmination of decades of work in the medical community, Dr. Stephen L. Ondra, senior VA policy advisor for health affairs, said in a press conference from Kaiser Permanente's Otay Mesa Outpatient Medical Center in San Diego.

The Defense Department plans to join those efforts in San Diego within the first quarter of this year. Ondra said, "It's a very exciting moment for us. This is the very first multi-party exchange to the nationwide health information network. [VA] feels committed and responsible to go forward to extend this to other providers and across the nation as we build on this effort." VA is the largest integrated health system in the nation, serving more than 5.4 million veterans. More than half of those veterans seek some of their medical services outside the VA. Also, there are more than 1.5 million veterans who don't use VA health-care services at all. Although, VA and the Defense Department are leaders in health information exchanges, Ondra said, it's important for their systems also to be integrated into the private sector. "We've got to take care of those patients, and we really need to have the visibility ... to understand conditions and to understand what treatment they've had, what medications, what allergies they've had," he said. "Those are all things that this exchange will do. It improves quality, safety and efficiency."

Ondra explained that the network isn't so much a system as it is a set of standards and protocols, meaning that no organization is tied to any single system. Interoperability in sharing health record information and administrative data can occur in any system that follows the nationwide standard, he said. "[The network] empowers the private sector with standards to develop more choices that are always good for consumers," he said. "With a standard, it opens up space for new solutions and ultimately it aims to lower cost and better the health system for the public." Ondra noted that such an integrated system will relieve the burden on patients and families who are often ill. With the network, and with patients' consent, they won't have to "scurry back and forth between providers with records," he said. "This is about making patients' lives and health better ... doing something that is sustainable for our country," he continued. "We are committed to making their lives better."

As the partnership moves forward and grows, Ondra said the medical community is one step closer to President Barack Obama's vision of a lifetime electronic records system. He called the initiative the embodiment of Obama's commitment to servicemembers, veterans and improving overall health care for the nation. Ondra also said their efforts are in keeping with VA Secretary Eric K. Shinseki's commitment to transform VA into a 21st-century organization centered on patients. "This healthcare record-sharing initiative is the most exciting development I've seen in my [25-year] medical career," Ondra said. "This has the greatest potential to improve and change how we deliver care than anything that's happened in my lifetime." Along with the efforts in San Diego, a number of other private institutions have expressed interest in joining the VA and Defense Department partnership. Ondra expects several more pilot programs to be established this year. [Source: AFPS Michael J. Carden article 6 Jan 2010 ++]

RETIREMENT PLANNING: Veterans have a great deal of control over whether or not their retirement will be comfortable. Millions of Americans are preparing for retirement by saving in tax-favored retirement accounts — principally Individual Retirement Accounts (IRAs) and employer-sponsored 401(k) plans. But savers must be aware of common practices that can derail even the best-laid retirement plans. In fact, there are 10 surefire ways to wreck your retirement:

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1. **Don't Make Saving a Habit.** Young workers may think they have plenty of time to save later, but setting aside a little bit of money on a regular basis throughout one's working years produces a greater nest egg than setting aside a large amount later on.
2. **Leave Matching Funds on the Table.** Not taking advantage of an employer's matching contributions to a 401(k) account is like turning down a raise.
3. **Borrow against 401(k) Savings.** About 85% of 401(k) plans allow employees to borrow against their account balances. The problem with a 401(k) loan is the loss of compound interest and dividends that would have accrued if the money had not been borrowed.
4. **Cash Out 401(k) Savings.** Cashing out a 401(k) account when changing jobs means that more than one-third of the balance can be eaten up in taxes and penalties.
5. **Jump In and Out of the Market.** In 2008, 401(k) plans lost an estimated \$2 trillion in value. But this "loss" would have been on paper only were it not for the fact that many workers essentially locked in their losses by selling their equity funds during the recent downturn.
6. **Rely on Home Equity.** Purchasing a home and selling it years down the road does not always produce a significant profit on which to retire.
7. **Do Not Diversify Savings.** Relying on one type of investment is a recipe for disaster. It is important to consider diversifying among asset types (stocks, bonds, money market funds), as well as diversifying within each type of asset (rather than holding one company's stock or one type of bond).
8. **Underestimate Longevity.** More people are living longer. This means that retirees should have strategies to ensure they don't outlive their money, including working past retirement age, annuitizing retirement account money and staying at least partially invested in stocks.
9. **Ignore Inflation.** When a household's income, combined with half of their annual Social Security benefits, exceeds a certain threshold, a portion of their Social Security benefits are subject to federal income taxes. The thresholds are not indexed. Over time, inflation pushes more and more retirees into the income range where they must add 50 cents of benefits to their taxable income for every dollar their income exceeds the threshold. This means their marginal tax rate will be 50 percent higher!
10. **Stay in Debt.** Entering retirement debt-free is essential to being able to maintain a comfortable standard of living.

There are many more ways to damage one's retirement, and even the best-laid plans can be derailed by unforeseen events. But uncertainty alone is no reason to not plan at the household level, which is where everyone who wants a secure retirement must begin. For more details refer to www.ncpa.org/pdfs/ba685.pdf. [Source: National Center for Policy Analysis Pam Villarreal article Jan 2010 ++]

TAX ON VET FIREARMS: An email is making the rounds citing S.2099, a bill that would supposedly require you to report all your guns on your tax return every April 15. Like many rumors, there's just a grain of truth to this one. Someone's recycling an old alert, which wasn't even very accurate when it was new. There actually was a U.S. Senate bill with that number that would have taxed handguns—nine years ago. Introduced by anti-gun Sen. Jack Reed (D-RI), the bill would have included handguns under the National Firearms Act's tax and registration scheme. This has nothing to do with anyone's annually tax obligation. S.2099 disappeared without any action by the Senate, back when Bill Clinton was still in the White House. To be clear, there is no such bill in the current Congress, and the emails about S.2099 being sent around are false and unnecessary distractions from real threats.

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In early January of this year, U.S. Representative Bobby Rush (D-IL) introduced H.R.45, also known as "Blair Holt's Firearm Licensing and Record of Sale Act." The bill is, at its core and as its name implies, is a licensing and registration scheme. The measure would:

- Require all handgun owners to submit to the federal government an application that shall include, among many other things a photo; an address; a thumbprint; a completed, written firearm safety test; private mental health records; and a fee.
- Require the attorney general to establish a database of every handgun sale, transfer, and owner's address in America.
- Make it illegal to own or possess a "qualifying firearm"—defined as "any handgun or any semiautomatic firearm that can accept any detachable ammo feeding device..." without one of the proposed licenses.
- Make it illegal to transfer ownership of a "qualifying firearm" to anyone who isn't a licensed gun dealer or collector (with very few exceptions), and would require "qualifying firearm" owners to report all transfers to the attorney general's database.
- Make it illegal for a licensed gun owner to fail to record a gun loss or theft within 72 hours, or fail to report a change of address within 60 days.
- Make the owner of a firearm face a multi-year jail sentence if a minor obtains the firearm and injures someone with it,

H.R.45 is essentially a reintroduction of H.R.2666, which Rush introduced in 2007. H.R.2666 contained much of the same language as H.R.45, and was co-sponsored by several well-known anti-gun legislators--including Barack Obama's chief of staff, Rahm Emanuel. H.R.45 currently has no co-sponsors. It is in a committee and is not up for a vote. However, this is an important bill for gun owners because every element it contains--from regulation of all detachable-magazine semi-autos, to licensing and the elimination of private sales—is part of the agenda of major anti-gun groups. For additional info on this refer to www.nraila.org/Issues/Articles/Read.aspx?id=367&issue=047. [Source: NRA-ILA Grassroots Div Michael Land article Jan 2010 ++]

VET JOBS UPDATE 12: California Gov. Arnold Schwarzenegger announced on 6 JAN a new state initiative to better help returning combat veterans to land jobs and get whatever help they need in securing housing, health care and other veterans' services. Schwarzenegger unveiled the Operation Welcome Home outreach campaign during his State of the State address in Sacramento, citing "a fundamental obligation to anyone who has shed or risked blood for this country." The new program charges state agencies with providing better support for veterans. The state plans to hire 325 combat veterans to make contact with recently discharged troops in need of job assistance. Other plans call for recruiting 1,000 volunteers to help veterans cut through red tape so they can better tap into services provided by the Department of Veterans Affairs and state and municipal programs, as well as non-government organizations. Sparked by his pre-Thanksgiving visit to Camp Victory in Baghdad, Schwarzenegger said he felt compelled – despite the state's financial crisis -- to find better ways to help troops returning from the combat theater transition to civilian life. "They have seen and experienced some hard things. Many have served tour after tour after tour. As a result, some have lost homes, spouses, limbs and lives," he said. "Too often our soldiers bring back the enemy with them in their heads," noting cases of post-traumatic stress and suicides. [Source: AFPS Donna Miles article 6 Jan 2010 ++]

HIV TRAVEL BAN: The repeal of a federal regulation that prevents HIV-positive foreign nationals from entering the country for travel or immigration went into effect 4 JAN. President Barack Obama announced the

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ban repeal on 30 OCT 08 however, those living with HIV who wished to enter the United States for treatment, to become citizens or even visit family had to wait until the regulation changes were made official. There was some hope for HIV positive foreign nationals in 2008 when the President's Emergency Plan for AIDS Relief (PEPFAR) Bill was up for a vote in the Senate. In 2008, President Bush signed the PEPFAR Bill that included an amendment to remove the travel and immigration ban. The repeal of the ban was intended to help alleviate the stigma associated with the disease, as well as allow foreign nationals to access more effective treatment options. However, following the signing of the Bill, the Department of Health and Human Services (HHS) did not remove HIV from its list of "communicable diseases of public health significance." As a result, the amendment never became a reality.

Since the ban went into effect in 1993 by an Act of Congress, international HIV/AIDS activists and people living with HIV have pushed for the ban's removal. Many argue that although the US government encourages HIV positive citizens around the world to come forward for treatment, doing so would limit their civil rights because of discriminatory policies, such as travel and immigration bans. The ban limited international travel of HIV positive foreign nationals by preventing them from entering the US without a special waiver, which only permitted short-term travel and required a complicated application process. Additionally, the ban prohibited HIV positive people from obtaining legal residency, and denied citizenship to thousands of people already living in the United States.

When Obama announced the executive order to remove the ban, Senator John Kerry, one of the congressional sponsors of the effort to remove the ban, remarked, "We've now removed one more hurdle in our fight against AIDS, and it's long overdue for people living with HIV who battle against stigma and bigotry day in and day out." . This reform also allows the United States to host the International AIDS conference to be held in Washington DC in 2012. The conference will discuss the many issues that still need to be resolved concerning HIV/AIDS. Although now some people can travel to the US to receive better treatment, the majority of those affected by HIV/AIDS are not able to travel due to economic and political reasons. With this reform, and the hosting of the International AIDS conference, the Obama administration has positioned the United States as a leader in future efforts to prevent and treat HIV/AIDS. [Source: EDGE Health Fitness Annie Brown article 4 Jan 2010 ++]

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VA COPAY UPDATE 08: A \$1 increase in copayments for outpatient medications for veterans who do not qualify for free prescriptions is being delayed for six months while the Veterans Affairs Department reviews its options. Copayments are required for a 30-day supply of medication provided on an outpatient basis to people being treated for disabilities or conditions that are not related to military service. Copayments are not charged for veterans who have service-connected disabilities rated at 50% or more, regardless of whether they are being treated for a service-connected issue, and copayments are waived for some low-income veterans. The current charge of \$8 was supposed to rise to \$9 on 1 JAN 2010 under regulations that call for prescription drug charges to keep pace with prescription drug charges in the private sector. But on 31 DEC, VA officials announced in the Federal Register that they were delaying the increase until 1 JUL so they could reconsider how increases are calculated. This delays both the \$1 hike and a \$120 increase in the \$960 copayment cap on drug costs for veterans who have service-connected disabilities but are being treated for nonservice-related medical issues. "We need time to determine whether an increase might pose a significant financial hardship for certain veterans and, if so, what alternative approach would be appropriate relief for these veterans," the statement says.

Created in 2002, the copayment cap began as a \$2 fee for a 30-day prescription but increased to \$7 in 2008 and to \$8 in 2009. Under VA rules, the drug copayment is supposed to increase each 1 JAN based on the increase in the prescription drug portion of the Medical Consumer Price Index, a measurement maintained by the Labor Department's Bureau of Labor Statistics. The drug index, known as CPO-P, called for an automatic \$1 increase that can be delayed under current law but still has to take effect at some point. VA officials called their action a

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“temporary freeze,” with the expectation that the increase will take effect this summer unless a new way of calculating and applying the copayment is found. [Source: NavyTimes Rick Maze article 4 Jan 2010 ++]

STOP-LOSS PAY UPDATE 03: The fiscal 2010 defense budget extends payments to servicemembers involuntarily extended on active duty under the so-called "Stop Loss" program, but those who received a bonus for voluntarily re-enlisting or extending their service no longer qualify for retroactive Stop Loss pay. The Defense Department put the new policy into effect 5 JAN 2010, modifying eligibility for retroactive special pay to comply with Section 8108 of the 2010 Defense Department Appropriations Act, which took effect 19 DEC 09. Those affected by the new policy who already received Stop Loss payments will not be required to repay them, defense officials said. However, all outstanding applications from affected servicemembers will be returned, along with an explanation of the change in law that makes them no longer eligible to receive the payments, officials said. Department officials announced in March their intention to eliminate the Stop Loss policy, which kept servicemembers on active duty beyond their contracted end-of-service date. While the services work to phase out the policy, officials authorized a special pay of \$500 a month for anyone retained on active duty due to Stop Loss. Retroactive payments applied for anyone who served on active duty between Sept. 11, 2001, and Sept. 30, 2009, and the fiscal 2010 defense budget extended that authority through September 2010.

Servicemembers were able to begin submitting their claims for retroactive Stop Loss special pay on 21 OCT. They must provide documented proof they were stop loss with their claim. Family members of deceased service members should contact the appropriate military service for assistance in filing their claim. Information on how to contact each of the services is listed below:

- Army: Go to <https://www.stoplosspay.army.mil> or email RetroStopLossPay@CONUS.Army.Mil
- Navy: Email NXAG_N132C@navy.mil
- Marine Corps: Go to <https://www.manpower.usmc.mil/stoploss> or email stoploss@usmc.mil
- Air Force: Go to <http://www.afpc.randolph.af.mil/stoploss/>

[Source: AFPS Donna Miles article 5 Jan 1010 ++]

FILIPINO VET INEQUITIES UPDATE 18: United States Ambassador Kristie Kenney said Filipino World War II veterans have only about four weeks to apply for the lump-sum payment of \$9,000 for Filipino citizens and \$15,000 for US citizens. She reminded those eligible for the one-time payment authorized by the American Recovery and Reinvestment Act of 2009 that the non-extendible deadline is 16 FEB 2010 for receipt of applications. The application process is easy to do and can be done online, by phone, or in person. In an earlier advisory, the US embassy said application forms are available at the US embassy, the Veterans Memorial Medical Center in Quezon City, and the 13 Philippine Veterans Affairs Offices located throughout the Philippines. Applications may be submitted in person or by mail to: US Department of Veterans Affairs, 1131 Roxas Blvd., 0930 Manila, Philippines. Veterans needing assistance with their application may request an appointment with the US Department of Veterans Affairs Manila Regional Office by calling (2) 528-2500 within Metro Manila or 1(800) 1-888-5252 from outside Manila, or via e-mail at <https://iris.va.gov>. In many cases, any assistance needed to complete the application can be provided by calling these numbers avoiding the need to appear in person.

The following information or evidence is needed to submit with the application: two forms of identification such as a driver's license, birth certificate, senior citizen ID, postal ID, voter's ID card; copies of any military discharge documents showing service in one of the three qualifying types of service; the applicant's Philippines Veterans

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Affairs Office claim number; the applicant's Philippines Veterans Affairs Pension bank account number; and the US passport of US citizens. Claims from spouses, widows and children of Filipino WWII veterans cannot be accepted. To be eligible for the new benefit, service members in each of the below categories above must have been discharged or released from service under conditions other than dishonorable:

- Persons who served before 1 JUL 46 in the organized military forces of the Government of the Commonwealth of the Philippines while such forces were in the service of the Armed Forces of the United States;
- Members of the organized guerrilla forces under commanders appointed, designated, or subsequently recognized by the Commander in Chief, Southwest Pacific Area, or other competent authority in the Army of the United States;
- Persons who served in the Philippine Scouts under Section 14 of the Armed Forces Voluntary Recruitment Act of 1945.

[Source: Philippine Inquirer article 3 Jan 2010 ++]

SSA EARNINGS STATEMENT: The SSA-1099/1042S for Tax Year 2009 will be mailed by 31 JAN 2010. You can request a replacement SSA-1099/1042S for Tax Year 2009 on or after 1 FEB 2010. If you need a replacement SSA-1099/1042S for Tax Year 2008 or earlier: Call 1(800) 772-1213, or TTY number, 1(800) 325-0778; or visit your local Social Security Office. This can be found by entering your zip code and clicking the "Locate" tab on <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp>. If you live outside the United States refer to SSA's Office of International Operations (OIO) home page at www.socialsecurity.gov/foreign/index.html. For the Philippines contact the Social Security Division, U.S. Department of Veterans Affairs, Regional Office, American Embassy, 1131 Roxas Boulevard, Ermita 0930 Manila, Philippines Tel: 632-301-2000, extensions 5085, 6302 and 6319, Fax: 632-522-1514 and 632-525-9482, or email: FBU.Manila@ssa.gov. [Source: www.socialsecurity.gov Jan 2010 ++]

VA CLAIMS BACKLOG UPDATE 32: Leading Democrats like to hold up the Veterans Benefits Administration (VBA) as an example of how well government can provide health care. But veterans who deal with the complex federal bureaucracy have invented an unhappy refrain to describe the VBA: "Deny, deny until you die." VBA, the branch of the Department of Veterans Affairs that dispenses aid and assistance to veterans and their families, is simply overwhelmed. It reported on 28 DEC 09 that there are 481,751 pending claims, some of which will take more than a year to be processed. Among those flooding the VBA's facilities with claims are retirement-aged Vietnam veterans and elderly World War II veterans, middle-aged Gulf War veterans, and younger Iraq and Afghanistan veterans. All of these groups are applying in larger numbers because of the weak economy, said Larry Scott, the founder of the advocacy group VAwatchdog.org. Three government investigations released in September paint a picture of an agency that simply can't keep up with the demand:

- An audit released 3 SEP by the inspector general of Veterans Affairs found that 3% of all claims took more than a year for the VBA to process.
- A separate audit released 28 SEP, this one investigating VBA's control of veterans' claims folders, said that 437,000 claims - more than 10% of the 4.2 million on file - had been lost or misplaced.
- In a third report, released 30 SEP, the inspector general said employees at VA regional offices had shredded claims forms containing information needed to obtain benefits. Although the inspector general was unable to determine how many claims had been wrongly destroyed, the investigation found claims placed in shred bins, waiting to be destroyed, at 41 VBA locations nationwide.

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Efforts to speak with someone at the VA about these matters on the record were not fruitful. The only person the VA would make available was a high-level technology officer at the VA, and that interview was canceled twice at the last minute. The VA did provide information to The Washington Times attributable to a "VA spokesman," saying it hired an additional 4,200 people over the past three years to help reduce claims-processing times and is testing a number of pilot programs to streamline the process. The VA also has put new controls in place to prevent workers from shredding needed documents; two staffers and a facility records management officer must now review a document before it can be shredded.

Any improvement will come too late to help Greg Hasler, who filed a disability claim with Veterans Affairs in MAY 08 after being diagnosed with a severe form of internal cancer. His oncologist recognized it as a kind of cancer commonly caused by radiation and said it likely was caused by Mr. Hasler's service in the early 1960s in Operation Dominic at Christmas Island, a Pacific Ocean atoll where many nuclear tests were conducted. Mr. Hasler died from his fast-spreading cancer on 4 FEB 09, at age 66. It wasn't until July that the VBA notified his wife that it was examining the claim; the agency told her in September - seven months after her husband's death - that his illness was service-connected and that she was entitled to benefits. Mrs. Hasler said she was able to get the claim opened only after seeking help from advocates at VAwatchdog.org, who exposed her problems with the VBA to the public as "the Case of the Atomic Widow." Other veterans, including former Vietnam helicopter pilot Jim Massey, are still fighting for benefits. Massey has retained legal counsel at his own expense after being spurned by the system. He can barely walk because of his back problems but was awarded a disability rating of only 20%, meaning the VA thinks he still has 80% of his normal function. Mr. Massey is appealing the ruling, but the process is time-consuming and requires frequent appointments at far-away military hospitals. His wife, Georgia, must schedule time off work in order to drive her husband to the appointments since he cannot drive himself.

Such problems are not uncommon, said Jim Strickland, one of the two men who run VAwatchdog.org. "It is routine for the majority of people to have some sort of major glitch with filing their claim," he said. Massey, whose military awards include the Distinguished Flying Cross, the Bronze Star and numerous Air Medals, first hurt his back while serving as a door gunner in Vietnam when his helicopter crashed from engine failure in NOV 66. He reinjured his back twice during his 20-year Army career, once in 1972 lifting a heavy roll-up door of a helicopter hangar and more severely in 1984 while extracting a fellow soldier from concertina wire during a field exercise. "Helicopters have vibrations, beats," said Massey, who served as a helicopter pilot and test pilot for 13 years. "It vibrates your head and just beats your neck and back continuously up and down and side to side." Since 2003, he has undergone 10 surgeries, five of which have been on his lower back. Because of the "horror stories" he had heard about the VA application process, he said, he delayed filing for service-connected disability benefits until JUN 07. He was given a disability rating of just 20% even though he has extreme difficulty walking and requires strong pain medication, making it hard for him to seek a job. "I'm basically housebound," said.

Massey and his wife are now appealing, a process requiring tremendous time and effort. Mrs. Massey, who keeps meticulous records, said she took her husband to 69 doctor appointments in 2008 alone. "One time, they just measured the scars on my back," Massey said, after traveling 240 miles to be evaluated by the VA. He was notified by mail about when and where to appear next and was not given any choices. Paperwork from his VA medical center warned: "Failure to report for any scheduled examination could have a detrimental effect on the outcome of your claim." In AUG 09, he received a mind-boggling letter from the VA. "We propose to rate you as incompetent for VA purposes," it said. "Evidence from your VA psychiatric examination dated 6 FEB 08, revealed you stated that your short-term memory is quite poor, and your wife often makes you a list that you at times will even forget to read or follow through on. "You said that you lose objects regularly, including telephone, camera, keys, and stated this has been going on for the past six to seven years. The examiner stated on the basis of this evaluation, you appeared minimally to partially capable of managing your VA benefits." Massey worries that such a ruling would mean someone else would be appointed to manage his personal finances. "Who doesn't misplace items?" he asked.

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Mr. Strickland has advised the Masseys to seek legal counsel, which they have done. "All I am asking for is fair compensation for the injuries my body and mind received during my 20 years of service in the defense of our country," Massey said. Drew Early, a veterans lawyer based in Decatur, Ga., who is working with the Masseys, said it is not unusual to be threatened with a finding of incompetency. "Any time they see anything that looks like it could be dementia or Alzheimer's, that rings a bell in their head, and they will automatically default to a finding of incompetency, which in and of itself can be harming," he said. "The problem is that this is a federal agency making a determination that has many ramifications beyond the scope of the VA. They can extend it to say you can't own a gun. 'We are a federal agency and we are declaring you incompetent,' and that has baggage throughout [an individual's] life and engagement with the government." Such findings are difficult for a veteran to appeal. "An enemy combatant in Guantanamo Bay has more rights than does a veteran," Early said. "And who has the time? These poor veterans don't have time to sit and wait and confront the nation's second-largest bureaucracy. They are in need of help, but this bureaucratic fortress stands in their way." [Source: Washington Times Amanda Carpenter article 31 Dec 09 ++]

FLU PREVENTION UPDATE 01: FDA has approved Fluzone High-Dose (sanofi pasteur), an inactivated influenza virus vaccine for people ages 65 years and older. The vaccine is intended to prevent disease caused by influenza virus subtypes A and B. Fluzone High-Dose is the first influenza vaccine that uses a higher dose to induce a stronger immune response and thereby better protect the elderly, whose immune systems typically have become weaker over time, against seasonal influenza. FDA's accelerated approval process—employed in certain cases to help safe and effective medical products for serious or life-threatening diseases become available sooner—was used in the vaccine's approval. As part of the accelerated approval process, further studies are required to verify that the Fluzone High-Dose will decrease seasonal influenza disease after vaccination. Fluzone High-Dose is formulated so that each 0.5 mL dose contains a total of 180 mcg of influenza virus hemagglutinin (HA) made up of 60 mcg of each of the three influenza virus strains. Other currently licensed seasonal influenza vaccines for adults are formulated to contain a total of 45 mcg of influenza virus hemagglutinin (15 mcg HA from each of the three influenza strains per dose). Sanofi pasteur also manufactures Fluzone, a seasonal vaccine for the United States approved for use in individuals ages 6 months and older. As expected, because of the higher HA content, nonserious adverse events were more frequent after vaccination with Fluzone High-Dose compared with Fluzone. Common adverse events experienced during clinical studies included injection site pain, redness and swelling plus headache, muscle aches, fever and malaise. The rate of serious adverse events was comparable between Fluzone High-Dose and Fluzone. People with hypersensitivity to egg proteins or life-threatening reactions after previous administration of any influenza vaccine should not be vaccinated with Fluzone High-Dose, which is administered as a single injection in the upper arm and is available in single-dose prefilled syringes without preservative. For additional info on vaccines for flu prevention refer to www.pharmacist.com. [Source: American Pharmacists Assn article 24 Dec 09 ++]

SGLI/VGLI UPDATE 10: The Minnesota Court of Appeals ruled that the father of a Marine killed in Iraq is not entitled to a share of death benefits that went to his mother. The appeals court said 29 DEC that Levi Angell, of Cloquet, had designated his mother as the sole beneficiary of his military life insurance policy and a related federal death benefit. The 20-year-old lance corporal was killed in combat in 2004. His mother received just over \$500,000. His parents, Gordon and Loretta Angell, divorced last year, and a lower court had awarded \$150,000 of those benefits to the Marine's father. He's 67, has no savings or pension and lives on Social Security. The appeals

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court says federal law prevents courts from dividing military death benefits when one parent is the sole beneficiary. [Source: MarineCorpsTimes AP article 1 Jan 2010 ++]

VA VOCATIONAL REHABILITATION UPDATE 03: VA provides Vocational Rehabilitation & Employment assistance to Veterans with service-connected disabilities to prepare for, obtain, and maintain suitable employment. For Veterans with serious service-connected disabilities, VA also offers services to improve their ability to live as independently as possible. There are five service delivery options available:

- Reemployment
- Rapid Access to Employment
- Self-Employment
- Employment through Long Term Services, and
- Independent Living

Assistance to Veterans may be provided in the form of job search, vocational evaluation, career exploration, vocational training, educational training and supportive rehabilitation services. Generally, Veterans have 12 years from the date VA informs them that they have at least a 10% rating for a service-connected disability. For detailed information about all VA benefits and services, refer to www.va.gov. [Source: VA Pamphlet 21-00-1 JUL 09 ++]

ENLISTMENT UPDATE 07: For enlistment purposes, the military breaks education into three overall categories (Tiers). Applicants in Tier I have a high school diploma, or at least 15 college credits. This means a high school diploma, not a GED. Depending on state law, completion of high school by home study may or may not be considered equivalent to a high school diploma. The vast majority (over 90%) of all enlistments are from the Tier I category. Tier II includes GEDs, home study (in some states), Certificate of Attendance, Alternative/Continuation High School, Correspondence School Diplomas, and Occupational Program Certificate (Vo/Tech). The services limit the number of Tier II candidates it will allow to enlist each year:

- In the Air Force, the limit is less than 1% each year. In such cases, the applicant must score a minimum of 50 on the AFQT to qualify (Note: The "AFQT" is the overall ASVAB score);
- The Army will allow up to 10% each year to be Tier II candidates, but they must score a minimum of 50 on the AFQT.
- The Marines will only allow about 5% each year but they must score a minimum of 50 on the AFQT;
- The Navy about 10% but they must score a minimum of 50 on the AFQT; and
- The Coast Guard only accepts Tier 2 candidates if they have prior military service, and even then requires them to score higher on the AFQT (50 for prior Coast Guard Service, 65 for prior service in other branches).

Tier III consists of individuals who are not attending high school and are neither high school graduates nor alternative credential holders. The services almost never accept a Tier 3 candidate for enlistment. If you fall into this category, your best bet is to get at least 15 college credits, so that you will be qualified as Tier I. [Source: About.com: U.S. Military Rod Powers article 19 Sep 09 ++]

MEDICARE FRAUD UPDATE 30:

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- **Powell OH** - Dr. Iskander, a medical doctor who is an Egyptian national here on a work visa, executed a scheme to defraud Medicare, Medicaid, and other health care benefit programs through his pain management business located in Bucyrus and Lewis Center, Ohio. On 23 DEC 09 he entered a plea of guilty to one count of Health Care Fraud. This followed the convictions of Dr. Iskander and his wife on 2 OCT 09, Evat Hanna when found guilty of obstruction of justice by shredding and concealing medical records to impede a federal investigation. As a part of the plea agreement he agreed to forfeit nearly seven million dollars which the government intends to use as restitution to the defrauded health care programs. In addition, Dr. Iskander agreed to serve at least 51 months' imprisonment to be determined at sentencing by Judge Oliver at a hearing set for 2 FEB 2010. He also agreed to forfeit his medical license and to be deported to Egypt following his release from prison. The government has entered into an agreement with the wife, pertaining to her conviction on the obstruction charges in which the government has agreed to recommend a sentence of home detention for her for one year, following which she will also be deported.
- **Miami FL** - Ihosvany Marquez, 38, was detained without bond 4 JAN on charges of submitting \$55 million in false claims to Medicare for bogus HIV and cancer services at his seven clinics in Miami-Dade and Orlando. The program paid Marquez and other partners in the alleged conspiracy about \$22 million from 2005 to 2007. Marquez spent millions of dollars on a fleet of Lamborghinis, Bentleys and other luxury cars, along with thoroughbred horses and diamond jewelry. He is accused of operating fraudulent Miami-Dade clinics with partner Michel De Jesus Huarte. Huarte, who pleaded guilty and will be sentenced later this month, was indicted separately in JUN 09 on charges of submitting more than \$50 million in bogus claims to Medicare for purported infusion therapy to treat patients with cancer, AIDS and varicose veins. The partners' infusion treatments, purportedly administered intravenously, were neither prescribed by doctors nor provided to patients at their six Miami-Dade clinics. The partners recruited Cuban immigrants to pose as the owners of their clinics, ``with the understanding that the `straw' owners would flee to Cuba to avoid law enforcement detection or capture," according to the indictment filed against Huarte.
- **New York NY** - Three New York City podiatrists are heading off to prison after a Manhattan federal judge sentenced them 6 JAN for scamming Medicare. Podiatrists Henry Borrelli, Albert Kalajian and Nicolas Errico, who worked in free clinics across the city, face prison sentences ranging from 18 to 37 months. The crooked foot doctors were convicted for lying about their patients' conditions to get reimbursements from Medicare and private insurance companies. "The treatment was 'free' only because the [doctors] purposely ignored Medicare's requirement that patients be responsible for the 20 percent co-payment," the U.S. Attorney's office said in a release. Six other podiatrists were sentenced from 2004 to 2007 to prison terms ranging from six to more than five years. Altogether, 17 former foot clinic workers have been convicted in connection to this scam.
- **Wheaton MN** - Wheaton Community Hospital, the city of Wheaton, Minn. and Stanley Gallagher, MD, (collectively known as WCH) have agreed to pay \$846,461 to settle a whistleblower suit charging that they violated the False Claims Act. The claim alleged that between 1998 and 2004, WCH knowingly made false claims to Medicare regarding "unreasonable" and "unnecessary" hospital admissions. WCH violated hospital admission practices by admitting some patients and keeping others admitted to acute care when not medically necessary. Subsequently, those unnecessary hospital stays were billed to Medicare for the cost of these hospital admissions. The lawsuit, originally filed under the qui tam, or whistleblower provisions of the False Claims Act in the federal court of Minnesota, was initiated by Steven Radjenovich, MD, a former practitioner at Wheaton Community Hospital, who previously worked with Gallagher. Radjenovich will receive \$203,150 of the settlement with WCH.
- **St. Louis MO** - Ear, nose and throat specialist Dr. Wallace Berkowitz, 66, has been indicted for health-care fraud by a federal grand jury on one felony count of health care fraud and 19 counts of making false statements relating to health care matters between 2003 and 2008. Berkowitz, who has offices in St. Louis City and County, and in Swansea, Alton and Glen Carbon IL, submitted numerous claims and received

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payment from Medicare and Medicaid for health care services he did not provide, the indictment alleges. Residents of nursing homes and other residential facilities were transported to St. Alexis Senior Services Center to receive health services from various providers, including Berkowitz, who submitted claims falsely stating that he spent 25 to 45 minutes examining and treating each patient when St. Alexis records show he typically spent less than five minutes with each patient, according to the indictment.

- **Livonia MI** - Ingrid Mazorra pleaded guilty 12 JAN in U.S. District Court in Miami to participating in a conspiracy to defraud the Medicare program. In pleading guilty, Mazorra admitted that in approximately SEP 06, she agreed to help operate a fraudulent infusion and injection clinic, called Xpress Center Inc., in Livonia, Mich. Mazorra admitted that while the clinic was open, the clinic routinely billed the Medicare program for services that were medically unnecessary or were never provided. Mazorra admitted that she and her co-conspirators at the clinic had purchased only a small fraction of the medications that the clinic billed the Medicare program (approximately \$2.3 million), that Medicare beneficiaries were recruited to come to the clinic through the payment of kickbacks, that in exchange for those kickbacks, the Medicare beneficiaries would visit the clinic and sign documents indicating that they had received the services billed to Medicare, and that she and other co-conspirators created false patient files and other false documents to conceal the fraud at Xpress Center, and to make it appear that Xpress Center was a legitimate medical clinic. Kickbacks were made in the form of cash and prescriptions for narcotic drugs. Medicare paid approximately \$1.8 million on the claims. At her sentencing, which is scheduled for 26 MAR 10, Mazorra faces a maximum penalty of 10 years in prison and a \$250,000 fine.

[Source: Fraud News Daily reports 1-15 Jan 2010 ++]

MEDICAD FRAUD UPDATE 05:

- **New Jersey N.Y.** - A couple who falsely claimed they lived on Staten Island, bilked the state and city of more than \$35,000 in Medicaid benefits, prosecutors allege. Gobin Singh, 39, and Carrol Singh, 35, failed to report income and resources they earned from their actual residence on Forbes Avenue in Perth Amboy and a condominium in Punta Gorda, Fla., court papers said. They submitted a Medicaid application stating they lived on Manhattan Street in Tottenville, apparently to hide those assets. The scheme occurred between JAN 06 and JUL 09, court papers said. During that time, the Singhs illegally collected an excess of \$35,588 in Medicaid benefits through the city and state. The couple was arrested 7 JAN after a probe by NYPD Detective Squad and the city Human Resources Administration Bureau of Fraud Investigation. They were charged with single felony counts of grand larceny, welfare fraud and offering a false instrument. They also are accused of a misdemeanor count of falsifying business records.
- **Shenandoah VA** - A former health care administrator who conspired to defraud Medicaid of more than \$130,000 has been given probation. Pamela Kay Divine, 58, was sentenced 11 JAN to five years of probation. U.S. District Judge Norman K. Moon also ordered her to pay a \$10,000 fine plus restitution of \$130,157 paid by Medicare. Divine worked for Advantage Care of Shenandoah, the Staunton-based personal services firm owned by her husband. The company provided aides to help Medicaid patients with their daily tasks so they could stay in their homes. Divine told registered nurses to issue 40-hour training certificates to aides who didn't undergo the training, and gave one person a certificate after she "tested out" of the training. Authorities have said six untrained Advantage Care aides served Medicaid recipients between JAN 04 and OCT 05. Divine pleaded guilty in September to conspiracy to commit health care fraud. She could have faced up to five years in prison and a \$250,000 fine. Linda Utley McCrae, a registered nurse who was responsible for training aides, also was charged under the original indictment. McCrae's next court date has not yet been set.

[Source: Fraud News Daily reports 1-15 Jan 2010 ++]

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MILITARY HISTORY ANNIVERSARIES:

- Jan 16 1944 - WWII: The U.S. First and Third armies link up at Houffalize, effectively ending the Battle of the Bulge.
- Jan 16 1991 - Persian Gulf War: Allies start Operation Desert Storm with attacks on Iraq
- Jan 18 1911 - Naval Lieutenant Eugene Ely became the first man ever to land an airplane on the deck of a ship, the converted cruiser USS Pennsylvania, in San Francisco Bay.
- Jan 18 1942 - WWII: General MacArthur repels the Japanese in Bataan. The United States took the lead in the Far East war criminal trials.
- Jan 18 1962 - Vietnam: The United States begins spraying foliage with herbicides in South Vietnam, in order to reveal the whereabouts of Vietcong guerrillas.
- Jan 20 1944 - WWII: Allied forces in Italy begin unsuccessful operations to cross the Rapido River and seize Cassino.
- Jan 21 1954 - The first nuclear-powered submarine (USS Nautilus) was launched in Groton CT by Mamie Eisenhower.
- Jan 21 1968 - Vietnam: Siege of Khe Sanh begins as North Vietnamese units surround U.S. Marines based on the hilltop headquarters.
- Jan 21 1977 - President Jimmy Carter pardons nearly all American Vietnam War draft evaders inclusive of those who had immigrated to Canada.
- Jan 22 1944 - WWII: Operation Shingle. U.S. troops under Major General John P. Lucas make an amphibious landing behind German lines at Anzio, Italy, just south of Rome.
- Jan 23 1943 – WWII: The Battle of Mount Austen, the Galloping Horse, and the Sea Horse on Guadalcanal during the Guadalcanal campaign ends.
- Jan 23 1943 – WWII: Australian and American forces finally defeat the Japanese army in Papua. This turning point in the Pacific War marks the beginning of the end of Japanese aggression.
- Jan 23 1968 - North Korea seizes the USS Pueblo, claiming the ship had violated their territorial waters while spying.
- Jan 23 1973 - Vietnam: President Richard Nixon claims that Vietnam peace has been reached in Paris and that the POWs would be home in 60 days.
- Jan 24 1982 - Vietnam: A draft of Air Force history reports that the U.S. secretly sprayed herbicides on Laos during the war.
- Jan 24 1917 - WWI: Zimmerman telegram sent to the Mexican government by the German foreign minister intercepted. Promised Mexico that the lands taken from it by the U.S. during the 1846-1848 war would be returned if Mexico entered on Germany's side and the Germans won.
- Jan 25 1949 - WWII: Axis Sally, who broadcasted Nazi propaganda to U.S. troops in Europe, stands trial in the United States for war crimes.
- Jan 25 1951 -Korea: The U.S. Eighth Army in Korea launches Operation Thunderbolt, a counter attack to push the Chinese Army north of the Han River.
- Jan 27 1862 - Civil War: President Lincoln issues General War Order No. 1, setting in motion the Union armies.
- Jan 27 1943 - WWII: The first U.S. raids on the Reich blast Wilhelmshaven base and Emden.
- Jan 28 1909 - United States troops leave Cuba with the exception of Guantanamo Bay Naval Base after being there since the Spanish-American War.
- Jan 28 1915 - The U.S. Coast Guard is founded to fight contraband trade and aid distressed vessels at sea.
- Jan 28 1966 - Vietnam: Operation White Wing, a search and destroy mission, begins.

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- Jan 29 1943 – WWII: Battle of Rennell Island Guadalcanal. The last major naval engagement with Japan. The cruiser Chicago is torpedoed and heavily damaged by Japanese bombers.
- Jan 29 1991 - Gulf War: Iraqi forces attack into Saudi Arabian town of Kafji, but are turned back by Coalition forces.
- Jan 30 1944 - WWII: The Battle of Cisterna takes place in central Italy with a clear German victory.
- Jan 31 1944 - WWII: U.S. troops under Vice Adm. Spruance land on Kwajalien atoll in the Marshall Islands.
- Jan 31 1968 - Vietnam: Tet Offensive begins as Viet Cong and North Vietnamese soldiers attack strategic and civilian locations throughout the South including the ancient imperial capital of Hue.
- Jan 31 1968 – Vietnam: Battle of Hue begins

[Source: Various Dec 09 ++]

TAX BURDEN FOR MAINE 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 Maine:

State Sales Tax: 5.0% (food and prescription drugs exempt)

Fuel & Cigarette Tax:

- **Gasoline Tax:** 29.9 cents/gallon
- **Diesel Fuel Tax:** 32.2 cents/gallon
- **Cigarette Tax:** \$2.00/pack of 20

Personal Income Taxes

Tax Rate Range: Low - 2%; High - 8.5% In 2010 the four current marginal tax rates (2%, 4.5%, 7%, and 8.5%) are replaced with a flat tax of 6.5% of Maine taxable income. Taxpayers with taxable income greater than \$250,000 must pay an income tax surcharge equal to .35% of Maine taxable income in excess of \$250,000.

Income Brackets: 4 (Lowest - \$5,050; Highest - \$20,150). For joint returns, the taxes are twice the tax imposed on half the income.

Personal Exemptions: Single - \$2,850; Married - \$5,700; Dependents - \$2,850

Standard Deduction: Single - \$5,450; Married filing jointly - \$9,100. Beginning in 2010 the Maine standard and itemized deductions are repealed and replaced with several new tax credits.

- **Refundable household credit:** Only resident individuals qualify; nonresidents and part-year residents do not qualify. The base credit amount is \$700 for single tax return filers; \$1,050 for head of household (HH) filers; \$1,200 for married joint (MJ) filers; and \$600 for married, but filing separate (MS) filers. The base credit amount is increased by \$250 for each exemption allowed to be claimed on federal income tax returns. The credit is phased out by \$1.50 for every \$100 that Maine taxable income exceeds \$27,500 for single filers; \$41,250 for MS and HH filers; and \$55,000 for MJ filers. The credit is refundable up to \$70 for MJ returns and \$50 for all other returns.
- **Elderly Credit.** The credit is \$60 for each taxpayer who is 65 years of age or older. The credit is phased out by \$2 for every \$100 of Maine adjusted gross income that exceeds: \$32,000 for single filers; \$26,000 for MS filers; \$52,000 for MJ filers; and \$48,000 for HH filers.

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- **Additional Deductions: (2009)** Single or head of household over 65 - \$1,250; One spouse over 65 - \$950; Both over 65 - \$1,900; If over 65 and blind - add \$2,500
Medical/Dental Deduction: Federal amount.
Federal Income Tax Deduction: None.
Retirement Income Taxes: You and your spouse (if married) may each deduct up to \$6,000 of eligible pension income that is included in your federal adjusted gross income. Except for military pension benefits, the \$6,000 cap must be reduced by any Social Security and Railroad Retirement benefits received, whether taxable or not. Deductible pension income includes state, federal and military pension benefits, as well as retirement benefits received from employee retirement plans.
Retired Military Pay: Follows federal tax rules.
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.

Property Taxes

All real estate and personal property of Maine residents is subject to local and, if authorized by the legislature, state property taxes. Local property taxes, based upon assessed valuation, are assessed, levied and collected by municipalities. Homestead and veteran's exemption programs, administered by the state, are available to reduce property taxes for those who qualify. The Homestead Exemption program provides a measure of property tax relief for certain individuals that have owned homestead property in Maine for at least 12 months and make the property they occupy on April 1st their permanent residence. Property owners receive an exemption of \$13,000 on the assessed value of their home. A Veteran exemption of \$6,000 is available to those who served during a recognized war period, are 62 years or older, are receiving 100% disability as a veteran or became 100% disabled while serving. Paraplegic veterans who received a federal grant for a specially adapted housing unit may receive a \$50,000 exemption. A blind exemption of \$4,000 is available to those who are legally blind.

- A senior citizen property tax credit for volunteer service has been approved by the legislature. A municipality may adopt an ordinance to allow resident homeowners who are at least 60 years of age to earn up to \$750 in benefits by volunteering to provide services to the municipality. The municipality may establish procedures and additional standards of eligibility for the program. Because the volunteer benefits are not subject to Maine income tax, Maine adjusted gross income on the Maine individual income tax return may be reduced by the amount of the benefits, up to \$750, to the extent included in federal adjusted gross income. For more information on property taxes refer to www.state.me.us/revenue/propertytax/homepage.html.

Inheritance and Estate Taxes

There is no inheritance tax. Maine has partially decoupled from the federal estate tax law. The amount exempt from the Maine estate tax is different from the amount exempt from federal estate tax. A person dying in 2008 would have their estate exempt for up to \$1,000,000. Refer to www.state.me.us/revenue/incomeestate/estate/index.htm for more information.

[Source: www.retirementliving.com Jan 2010 ++]

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VETERAN LEGISLATION STATUS 13 JAN 2010: The second session of the 111th Congress in the Senate will begin in earnest starting at 10 a.m. 20 JAN. For the House it began on 12 JAN. For or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111th Congress refer to the Bulletin's Veteran Legislation attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. 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>.

Grassroots lobbying is perhaps the most effective way to let your Representative and Senators know your opinion. Whether you are calling into a local or Washington, D.C. office; sending a letter or e-mail; signing a petition; or making a personal visit, Members of Congress are the most receptive and open to suggestions from their constituents. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting legislators 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 legislator's 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 legislators on their home turf. [Source: RAO Bulletin Attachment 13 Dec 09 ++]

HAVE YOU HEARD?

While the C-5 was turning over its engines, a female crewman gave the G.I.s on board the usual information regarding seat belts, emergency exits, etc.

Finally, she said, 'Now sit back and enjoy your trip while your captain, Judith Campbell, and crew take you safely to Afghanistan'

An old MSgt. sitting in the eighth row thought to himself,
'Did I hear her right? Is the captain a woman?'

When the attendant came by he said 'Did I understand you right? Is the captain a woman?'
'Yes,!' said the attendant, 'In fact, this entire crew is female.'

'My God,' he said, 'I wish I had two double scotch and sodas. I don't know what to think with only women up there in the cockpit.'

'That's another thing, Sergeant,' said the crew member,
'We No Longer Call It 'The Cockpit'

'It's The Box Office.'