RAO Bulletin Update
1 September 2006

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RAO

Retiree Assistance Office (RAO) Bulletin

Courtesy of The Gamewardens of Vietnam www.TF116.org

AGENT ORANGE LAWSUITS UPDATE 04:

Veterans who patrolled the waters off Vietnam can now claim disability benefits for exposure to Agent Orange under an appeals court ruling that opens the door for thousands of servicemen to seek medical coverage. The ruling was handed down by the U.S. Court of Appeals for Veterans Claims in the case of Haas v. VADC-Nicholson by a former sailor who served on an ammunition ship during the Vietnam War but never st epped foot on land. The court's order, issued 16 AUG, reverses the Veterans Affairs Department's denial of benefits for Jonathan L. Haas, who blamed his diabetes, nerve damage and loss of eyesight on exposure to Agent Orange. Haas, represented by the National Veterans Legal Services (NVLS) argued that clouds of the toxic defoliate, which the U.S. sprayed on Vietnamese jungles, drifted out to sea, englfing his ship and landing on his skin. Veterans officials said that to qualify for coverage, Haas was required to have docked in Vietnam and come ashore.

The three-judge panel said regulations governing the benefits were unclear. The court said it made no sense for veterans who patrolled Vietnam's inland waterways and those simply passing through the country to receive medical coverage while those serving at sea do not. "Veterans serving on vessels in close proximity to land would have the same risk of exposure to the herbicide Agent Orange as veterans serving on adjacent land, or an even greater risk than that borne by those veterans who may have visited and set foot on the land of the Republic of Vietnam only briefly," Judge William A. Moorman wrote. The Court did not actually award a disability to Haas, but sent his case back to the Board for that determination. If the Board rules in his favor, the Court directed that his other Agent Orange-related medical conditions also must be compensated. The Veterans Affairs Department said Friday that it was reviewing the opinion and was not sure how many veterans would be affected or how much the added coverage would cost.

This VCAA decision could eventually expand to cover more veterans than the decision appears to now cover. During Vietnam was a short time frame where military service within the Theater of Operations within the Vietnam War justified the Vietnam Service Medal. This included w aters off the coast {so called brown water}, deep waters for air operations {so called blue water operations}, Thailand based Operations for USAF and other types of operations which included loading the Agent Orange aircraft. Most Vietnam combat veterans receive some medical benefits, but if their illnesses are related to their service, they could receive full coverage and their families might be eligible for benefits. David Houppert, director of veteran's benefits for the Vietnam Veterans of America, said the ruling could allow thousands of veterans to seek coverage for service-related illnesses. Most are Navy veterans, he said, but some Marines and Army veterans could be affected. Houppert said his group was encouraging these veterans to seek coverage quickly because the ruling left it up to government officials whether to change federal regulations in a way that could deny coverage. Vets can refer to www.vba.va.gov/bln/21/b enefits/herbicide/#bm04 to review what benefits they could be eligible for.

As of 20 AUG the VADC-legal office had not filed a request for a stay order pending an appeal to the Supreme Court. The Board of Veterans' Appeals is sitting at

the Phoenix VARO. The senior judge has agreed to contact his office in Washington DC to get current guidance on implementation of this decision. The VCAA ruling over turned a BVA decision on Haas. If the VADC-Sec Nicholson's office does not appeal they have no choice but to grant service connected for Agent Orange Presumptive Disabilities with military service with in the theater of Vietnam war for those with the Vietnam Service Medal. This decision will mean a potential liability of millions of dollars to the VA Medical budget and VA Administrative budget.

Potential claims from the wives of already deceased Vietnam veterans could also mean considerable liability. This helps explain why the VADC has been slow to provide positive guidance about this VCAA decision. Haas is now the law of the land and therefore VA must abide by it. However, it is possible that VA may amend their regulations in such a way that it is adverse to veterans who otherwise would have benefited from the court's decision. Service organizations are recommending that other veterans like Mr. Haas who served offshore but did not set foot in Vietnam, and who suffer from diseases or conditions that they believe to be caused by exposure to Agent Orange should consider filing a claim for disability. Members who have had such claims denied may wish to re-file based on the Court's decision. Veterans are encouraged to seek the advice and assistance of an experienced veterans' service organization before proceeding. [Source: Associated Press article 18 Aug & Arizona Department of Veterans' Services msg 23 Aug 06 ++]

VA PRESUMPTIVE AO ILLNESSES [VETS]:

The following health conditions are presumptively recognized for service connection. Vietnam vets with any of these conditions do not have to show that the illness is related to their military service to get disability compensation. A current medical diagnosis of the condition and a DD Form 214 showing Vietnam Service is normally all that is needed to accompany a completed Veterans Application For Compensation or Pension VA Form Number 21-526.

1. Chloracne (must occur within 1 year of exposure to Agent Orange). Chloracne is a skin condition that looks like common forms of acne seen in teenagers. The first sign may be excessive oiliness of the skin. This is accompanied or followed by numerous blackheads. In mild cases, the blackheads may be limited to the areas around the eyes extending to the temples. In more severe cases, blackheads may appear in many places, especially over the cheekbone and other facial a reas, behind the ears, and along the arms.

2. Non-Hodgkin's lymphoma. A group of malignant tumors (cancers) that affect the lymph glands and other lymphatic tissue. These tumors are relatively rare compared to other types of cancer, and although survival rates have improved during the past two decades, these diseases tend to be fatal.

3. Hodgkin's disease. A malignant lymphoma characterized by progressive enlargement of the lymph nodes, liver, and spleen, and by progressive anemia.

4. Kaposi's sarcoma or mesothelioma.

5. Soft tissue sarcoma other than osteosarcoma

and chondrosarcoma. A group of different types of malignant tumors (cancers) that arise from body tissues such as muscle, fat, blood and lymph vessels, and connective tissues (not in hard tissue such as bone or cartilage).

These cancers are in the soft tissue that occurs within and between organs. The following conditions fall under the term "soft-tissue sarcoma":

a. Adult fibrosarcoma
b. Dermatofibrosacoma protuberans
c. Malignant fibrous histicytoma
d. Liposarcoma
e. Leiomyosarcoma
f. Malignant granular cell tumor
g. Alveolar soft part sarcoma
h. Rhabdomysarcoma
i. Ectomesenchymoma
j. Malignant glomus tumor
k. Malignant hemangiopericytoma
l. Malignant Schwannoma
m. Malignant mesenchymoma
n. Epithelioid sarcoma
o. Extraskeletal Ewing's sarcoma
p. Congenital and infantile fibrosarcoma
q. Malignant ganglioneuroma
r. Epitheloid Leiomysarcoma (malignant meiomyblastoma)
s. Angiosarcoma (hemangiosarcoma and lymphagiosarcoma)
t. Proliferating (systemic) angioendotheliomatosis
u. Clear cell sarcoma of tendons and aponeuroses
v. Synovial sarcoma (malignant synovioma)
w. Malignant giant cell tumor of tendon sheath

6. Porphyria cutanea tarda (must occur within 1 year of exposure.) Porphyria cutanea tarda is a disorder characterized by liver dysfunction and by thinning and blistering of the skin in sun-exposed areas.

7. Multiple myeloma. A cancer of specific bone marrow cells that is characterized by bone marrow tumors in various bones of the body.

8. Respiratory cancers, including cancers of the lung, larynx, trachea, and bronchus. (Previously these conditions must have manifested within 30 years of the veteran's departure from Vietnam to qualify but this 30 year time limit has now been eliminated.

9. Prostate cancer. A cancer of the prostate and one of the most common cancers among men.

10. Peripheral neuropathy (transient acute or subacute. It must appear within 1 year of exposure and resolve

within 2-years of date of onset.) A nervous system condition that causes numbness, tingling, and muscle weakness. This condition affects only the peripheral nervous system, that is, only the nervous system outside the brain and spinal cord. Only the transient acute (short-term) and subacute forms of this condition (not the chronic persistent form) have been associated with herbicide exposure.

11. Diabetes mellitus: Often referred to as Type 2 diabetes: A condition characterized by high blood sugar levels resulting from the body's inability to respond properly to the hormone insulin.

12. Chronic lymphocytic leukemia (Final rule and regulations pending). A disease that progresses slowly with increasing production of and older) who live in areas where it's offered.

VA health care providers occasionally see combat veterans with multiple unexplained symptoms or difficult-to-diagnose illnesses that can cause significant disability. Two VA centers offer specialized evaluations for combat veterans with disabilities related to these difficult-to-diagnose illnesses. The War Related Illness and Injury Study Centers - WRIISCs (pronounced "risks") are at the VA Medical Cente rs in Washington, DC, and East Orange, NJ. Veterans who were deployed to combat zones, served in areas where hostilities occurred, or were exposed to environmental hazards while on duty may be eligible for services. [Source: NAUS Weekly Update for 22 AUG 03 & POVA VSO msg 28 JUL 04]

VA PRESUMPTIVE AO CONDITIONS [KIDS]:

The following health conditions are presumptively recognized in children of veterans for service connection. Vietnam veteran's children with any of these conditions do not have to show that their illness is related to their parent's military service to get disability compensation. A current medical diagnosis of the condition and a DD Form 214 showing the parent's Vietnam Service is normally all that is needed to accompany a completed Veterans Application For Compensation or Pension VA Form Number 21-526.

• Spina bifida (except spina bifida occulta): A neural tube birth defect that results from th e failure of the bony portion of the spine to close properly in the developing fetus during early pregnancy.

• Other (than spinal bifida) disabilities in the children of women Vietnam veterans. Covered birth defects" means any birth defect identified by VA as a birth defect associated with the service of women Vietnam veterans in Vietnam from 28 FEB 61 to 7 MAY 75, and that has resulted, or may result, in permanent physical or mental disability. However, the term does not include a condition due to a familial (this is, inherited) disorder; birth-related injury; or fetal or neonatal infirmity with other well-established causes.

Covered birth defects include, but are not limited to, the following conditions:

1) achondroplasia,
2) cleft lip and cleft palate,
3) congenital heart

disease,
4) congenital talipes equinovarus (clubfoot),
5) esophageal and intestinal atresia,
6) Hallerman-Streiff syndrome,
7) hip dysplasia,
8) Hirschprung's disease (congenital megacolon),
9) hydrocephalus due to aqueductal stenosis,
10) hypospadias,
11) imperforate anus,
12) neural tube defects,
13) Poland syndrome,
14) pyloric stenosis,
15) syndactyly (fused digits),
16) tracheoesophageal fistula,
17) undescended testicle, and
18) Williams syndrome.

** Not covered are conditions that are congenital malignant neoplasms, chromosomal disorders, or developmental disorders. In addition, conditions that do not result in permanent physical or mental disability are not covered birth defects. All birth defects that are not excluded under the language above are covered birth defects. (Source: Extracted from Agent Orange Review, Vol. 19, No 2, Dated July 2003)

ALZHEIMER'S UPDATE 01:

If treatment to prevent Alzheimer's disease is going to work, it may have to begin in middle age — or even younger, new research by Seattle scientist s suggests. The researchers found that in people genetically prone to Alzheimer's, significant amounts of a brain-clogging protein start moving from the spinal fluid to the brain at about age 50 or younger. Previous research has indicated that Alzheimer's begins years before symptoms appear. But this latest work by Dr. Elaine Peskind, associate director of the University of Washington Alzheimer's Disease Research Center at the VA Puget Sound Health Care System in Seattle and her colleagues is the first to look at early signs across a wide range of ages — from 21 to 88. The research is particularly significant because scientists predict a dramatic increase in Alzheimer's in the decades ahead. About 4.5 million people in the United States have the disease, and researchers say that could increase to 16 million by 2050.

Peskind and scientists from five other medical centers analyzed the effects of aging and the presence of a g ene connected to Alzheimer's, APOE4, on 184 adult volunteers with an average age of 50 and all mentally normal. People with the APOE4 gene have a higher Alzheimer's risk because it produces a sticky protein, called beta amyloid, in the form of a plaque that is thought to damage brain cells. Among the volunteers with the gene, the level of one important form of the protein in the spinal fluid was dramatically lower in participants 50 and older than in the younger ones. The decline in levels possibly begins in young adulthood in those with the gene,

the scientists report in the July edition of the Archives of Neurology. Among the volunteers without the gene, the protein levels dropped slowly into old age. About a quarter of the population has the APOE4 gene, though there are other physical factors that also influence whether a person develops the disease.

Peskind said more research is needed to confirm the study's findings. As part of that effort, the scientists will follow about half of the participants, those older than 60, to see which ones develop Alzheimer's and to analyze more spinal-fluid samples. She predicts that spinal-fluid tests someday could help identify who will develop Alzheimer's. Because there is no cure or vaccine for Alzheimer's, such tests would be unwise now, because they could affect whether someone could obtain health insurance or long-term-care insurance, she said. The four prescription drugs now available for Alzheimer's merely ease the symptoms for a few years.

Other drugs are under investigation, including two at the UW. One is to remove the plaque. The other is to prevent its production. But Peskind predicts it will be many years before a major drug will be available to prevent or control the disease but believes that within 10 years, it will definitely be possible. [Source: Seattle Times medical reporter Warren K ing 11 JUL 06]

TFL CLAIM PROCESSING UPDATE 02:

TRICARE For Life (TFL) beneficiaries are strongly encouraged to find out what type of Medicare provider they have prior to making an appointment with their health care professional. If you don't, you may wind up paying more than you think. Medicare currently has three types of providers:

- Opt-out providers: Opt-out providers have chosen to not see Medicare patients and cannot submit claims to the Medicare program. They are considered nonauthorized and nonparticipating. If you use a unonauthorized provider, you will be responsible for the full bill, including the portion TRICARE would have paid.

- Participating providers: Participating providers are Medicare-authorized providers who agree to accept the Medicare-allowable charge as payment in full, and who agree to file claims.

- Nonparticipating providers: A nonparticipating provider does not agree to accept the allowable charge as payment in full, and may or may not file claims.

Beginning 5 JUN 06, a small number of TFL beneficiaries who were treated by providers who "optd-out" saw their claims denied by both Medicare and Tricare. This was incorrect. The TFL claims processor will automatically reprocess those claims that were improperly denied. No action by the beneficiary is necessary. Tricare will continue to pay claims at the Tricare Standard rate for any Medicare-eligible beneficiary who is treated by a provider who has opted-out of Medicare only until 30 SEP 06.

After that date, a TFL or Dual Eligible beneficiary who seeks care from a provider who has opted out of Medicare will be responsible for the entire bill.

About 93% of all doctors accept Medicare patients (and therefore also accept Tricare for Life). Although your present providers might be participating at the moment, come 1 JAN 07 many could decide to opt out of Medicare because of the scheduled 5.1% reduction in fees to be paid by Medicare after that date. When Medicare fees are cut, TFL payments are also reduced thus making it less desirable for providers to see a military retiree/spouse/surviving spouse. An AMA survey of providers in early 2006 indicated that if the payment cuts kick in, 45% of physicians plan to either stop accepting or decrease the number of new Medicare patients and 43% will either stop accepting or decrease the number of new Tricare patients. This government action and the recently implemented Tricare third tier pharmaceutical copay upgrades is making the lifetime medical care benefit of retirees much more restrictive and costly to users. To find out what type of health care provider you have, call Medicare toll-free at 1(800) 633-4227. The November elections will give veterans an opportunity to show Congressional incumbents what they think of their acti ons that have allowed this erosion of our health care benefit. [Source: MOAA News Exchange 16 Aug 06 ++]

RECRUITERS:

As the military struggled to attract new troops to fill its billets, instances of wrongdoing by recruiters skyrocketed between fiscal 2004 and fiscal 2005, Government Accountability Office (GAO) investigators concluded in a report released 14 AUG. Ongoing

operations in Iraq and Afghanistan, coupled with low U.S. unemployment rates, have made lining up new enlistments a challenging duty, compelling some recruiters to employ illegal or unethical tactics to meet their quotas. Cases of wrongdoing vary widely, ranging from paperwork errors to serious allegations, such as sexual harassment, falsifying documents and concealing serious medical conditions. In May, for instance, The Oregonian reported that the Army had accepted an autistic recruit and signed him up to become a cavalry scout. The recruit has since been discharged. The GAO reported last year, allegations of wrongdoing among the military's 22,000 recruiters grew by 50% over fiscal 2004 claims, while substantiated cases increased by more than 50%. Criminal violations, meanwhile, jumped by more than 100%, The actual number of cases of wrongdoing may be even higher than the number provided by GAO, whose investigators concluded that many of the services do not have an effective way to track complaints and allegations. They contend DoD is not in a sound position to assure the general public that it knows the full extent to which recruiter irregularities are occurring. Its investigation follows two other reports in 1997 and 1998 that recommended the military improve performance among recruiters and reduce the number of violations by rewarding recruiters for every enlistee's successful completion of basic training rather than the number of enlistment contracts written fo r applicants they attracted.

Rep. Fortney Stark (D-CA) said in a statement 14 AUG that, "DoD has twice ignored GAO recommendations on how best to account for and limit

recruiters' violations. This third inquiry confirms the two prior reports' findings and demands immediate action." Stark, who requested the report with House Armed Services Personnel Subcommittee ranking member Vic Snyder (D-AR) urged the military to take overdue steps to enforce the Uniformed Code of Military Justice and called on the House Armed Services Committee to increase oversight on the matter. In 2005, the Army, Army Reserve and Navy Reserve failed to meet recruiting goals, however DoD reported last week that all services met or exceeded their recruiting targets for JUL 06. [Source: GOVEXEC.com Daily Briefing 14 Aug 06 ++]

RECRUITER MISCONDUCT UPDATE 01:

More than 100 young women who expressed interest in joining the military in the past yea r were preyed upon sexually by their recruiters. Women were raped on recruiting office couches, assaulted in government cars and groped en route to entrance exams. A six-month Associated Press investigation found that more than 80 military recruiters were disciplined last year for sexual misconduct with potential enlistees. The cases occurred across all branches of the military and in all regions of the country. At least 35 Army recruiters, 18 Marine Corps recruiters, 18 Navy recruiters and 12 Air Force recruiters were disciplined for sexual misconduct or other inappropriate behavior with potential enlistees in 2005, according to records obtained by the AP under dozens of Freedom of Information Act requests. That's significantly more than the handful of cases disclosed in the past decade. The AP also found:

- The Army, which accounts for almost half of the military, has had 722 recruiters accused of rape and sexual misconduct since 1996.
- Across all services, one out of 200 frontline recruiters - the ones who deal directly with young people - was disciplined for sexual misconduct last year.
- Some cases of improper behavior involved romantic relationships, and sometimes those relationships were initiated by the women.
- Most recruiters found guilty of sexual misconduct are disciplined administratively, facing a reduction in rank or forfeiture of pay; military and civilian prosecutions are rare.
- The increase in sexual misconduct incidents is consistent with overall recruiter wrongdoing, which has increased from just over 400 cases in 2004 to 630 cases in 2005, according to a General Accounting Office report released this week.

The Pentagon has committed more than $1.5 billion to recruiting efforts this year. Defense Department spokeswoman Lt. Col. Ellen Krenke insisted that each of the services takes the issue of sexual misconduct by recruiters very seriously and has processes in place to identify and deal with those members who act inappropriately. In the Army 53 of 8000 recruiters were charged with misconduct last year. Recruiting spokesman S. Douglas Smith said the Army has put much energy into training its staff to avoid these problems.

For this story, the AP

interviewed victims in their homes and perpetrators in jail, read police and court accounts of assaults and in one case portions of a victim's journal. A pattern emerged. The sexual misconduct almost always takes place in recruiting stations, recruiters apartments or government vehicles. The victims are typically between 16 and 18 years old, and they usually are thinking about enlisting. They usually meet the recruiters at their high schools, but sometimes at malls or recruiting offices. Not all of the victims are young women. A former Former Navy recruiter is serving a 12-year sentence for molesting three male recruits. One of the victims is suing him and the Navy for $1.25 million. The trial is scheduled for next spring. All of the recruiters the AP spoke with said they were routinely alone in their offices and cars with girls.

Although the Uniform Code of Military Justice bars recruiters from having sex with potential recruits, it also states that age 16 is the legal age of consent. This means that if a recruiter is caught having sex with a 16-year-old, and he can prove it was consensual, he will likely only face an administrative reprimand. But not under new rules set by the Indiana Army National Guard. There, a much stricter policy, apparently the first of its kind in the country, was instituted last year after seven victims came forward to charge a National Guard recruiter with rape and assault. Now, the 164 Army National Guard recruiters in Indiana follow a "No One Alone" policy. Male recruiters cann ot be alone in offices, cars, or anywhere else with a female enlistee. If they are, they risk immediate disciplinary action. Recruiters also face discipline if they hear of another recruiter's misconduct and don't report it. At their first meeting, National Guard applicants, their parents and school officials are given wallet-sized "Guard Cards" advising them of the rules. It includes a telephone number to call if they experience anything unsafe or improper. [Source: Military.com AP- 21 Aug 06 ++]

SOCIAL SECURITY NAME CHANGE:

A new law, the Intelligence Reform and Terrorism Prevention Act, includes several provisions that change rules for assigning a Social Security number and issuing a Social Security card. This Social Security changes became effective 17 DEC 05. It is important to know the rules for getting a replacement Social Security card before you apply. If you need to change your name on your Social Secu rity card, you must show proof of your legal name change. SSA can accept the following documents as proof of the legal name change: marriage document, divorce decree stating you may change your name, Certificate of Naturalization showing your new name, or a court order for a name change.

In the past, you could change the name by showing your driver's license with the old name and the document giving the reason for the name change. The change now requires an extra step. You must change your name on your driver's license first so that SSA can see a document with the new name already on it. You can then use your old license, the new license (not the temporary license), and the document authorizing the name change. If the document authorizing a name change has enough information on it to identify you, then you can get the name changed on your Social Security card without having to change it on your driver's license first. Proo f of identification must include the applicant's name and date

of birth, Social Security number, age, parents' names, or a photograph. Some name change documents do not contain this information, so people will have to change the name on their driver's license before changing it on their Social Security card. SSA must see original or certified copies of your documents. Photocopies are not accepted.

These new rules help ensure that only those who should receive a Social Security number do so. They make Social Security numbers less accessible to those with criminal intent and prevent individuals from using false or stolen birth records or immigration documents to obtain a Social Security number. SSNs have never been reissued after their owner's death even though over 420 million SSNs have been issued to date. The current numbering system will provide enough new numbers for several generations into the future with no changes i n the numbering system. [Source: www.seniorjournal.com 14 Aug 06]

DFAS CONTACT INFO UPDATE 01:

The Defense Accounting and Finance Service (DFAS) reminds all military retirees and annuitants to review their retirement or annuitant pay account status to ensure all information is up-to-date. DFAS relies on current personal information to provide their customer service. Officials emphasize that it's imperative that retirees notify the agency as soon as possible about any change in marital or family status, beneficiaries, mailing address and bank account information. This ensures that the individual's retirement pay is processed correctly and on time. If beneficiary information needs to be updated, customers can access the new Designation of Beneficiary form online at http://www.dod.mil/dfas/retiredpay/beneficiarycard.html. Changes to much of a retiree's pay account can be made via myPay AT http:/mypay.dfas.mil or by ca lling the Retired/Annuitant Pay Customer Service Center at 1(800) 321-1080. Retirees may also send an e-mail via myPay or by regular mail to: DFAS, U. S. Military Retirement Pay, P. O. Box 7130, London, KY 40742-7130. Any account changes must be completed and submitted by the end of November 2006 in order to be effective for the end-of-year processing (1099R's, RAS's, etc.). This includes both retired and annuitant pay accounts. [Source: Air Force Retiree News Service 17 Aug 06]

COMPUTER TIP:

Having trouble reading the small print in the text of your oncoming messages. If so, hold down the Ctrl key on your keyboard and turn the small wheel in the middle of your mouse. This will change the print size to either larger or smaller depending on which way you turn the wheel. [Source Tom Kelly, Las Vegas msg 14 Aug 06]

AMERICAN AMICABLE REFUNDS:

More than 70,000 service members and former service members are due some $70 million in refunds or policy upgrades based on a settlement between American Amicable Insurance Co. on one side and the Justice Department, insurance commissioners from 42 states, Washington, D.C., and Guam, and the Securities and Exchange Commission on the other. American Amicable does not have to admit to or deny

allegations that it improperly marketed and sold insurance to junior ranking service members. However, American Amicable may not do business on U.S. military bases for five years.

In addition, the company is barred from:

- Using allotment or MyPay forms for insurance premium funding;

- Accepting applications from soldiers in pay grades E-1 through E-3 without proof they have been counseled according to Army regulations; and

- Offering gifts worth more than $5 to those with direct authority over service members in pay grades E-1 through E-4.

[Source: Armed Forces News 18 Aug 06 & www.gainsurance.org.]

EXPEDITIONARY WARFARE PIN:

The Navy's Enlisted Expeditionary Warfare (EXW) Specialist qualification program and pin were approved 31 JUL 06. The pin, which will be equivalent to the Navy's other warfare qualification designations, could be initially awarded to as many as 40,000 Sailors within six months. The EXW pin will be available to Sailors assigned to SEAL units under Navy Special Operations Command if the units institute a qualification program to be mandated by a pending Navy instruction. According to Command Master Chief (EWS/SW) of the Naval Expeditionary Combat Command (NECC). the pin will not be available initially to Sailors on individual augmentee (IA) tours with the Army because it is being established for Sailors qualifying with expeditionary skills involved with maritime security. That exclusion could change if the IA program moves to the NECC. [Source: Armed Forces News 18 Aug 06]

AIR FORCE ENLISTMENT:

The Air Force says that, despite rumors to the contrary, the service is still recruiting. Next year's recruiting goals have been reduced by nine percent in comparison to the numbers sought in 2006. Nevertheless, according to the Air Force Recruiting Service Operations Division superintendent, the Air Force is still

hiring a mix of people in all of its career fields. The service is seeking 27,760 high school graduates or the equivalent, ages 17-28, to join its enlisted ranks from October to September 2007. The Air Force is also looking for 482 college graduates to join its officer corps. The most available positions are pilot, combat systems officer (navigator), air battle management and electrical engineering. After the 482 Officer Training School positions are filled, additional applications will move out to fill the following year's jobs. For more information about Air Force careers, visit www.airforce.com. [Source: Armed Forces News 18 Aug 06]

SERVICE MEMBERS' RIGHTS WEBSITE:

Attorney General Alberto R. Gonzalez announced 14 AUG a new Web

site that would help the Justice Department keep civil rights laws for American service members a priority. The Justice Department Web site, www.servicemembers.gov, outlines the rights service members have under the Uniformed Services Employment and Reemployment Rights Act, the Uniformed and Overseas Citizens Absentee Voting Act and the Service Members Civil Relief Act. The attorney general said these are not just "pie in the sky" rights, but issues that directly affect people. Mr. Gonzales urged any service member with questions to go to the Justice Department Web site. Military lawyers can help service members and their families navigate through the laws. [Source: NGAUS NOTES 18 Aug 06]

WALTER REED ARMY MEDICAL CENTER:

Officials at Walter Reed Army Medical Center announced 16 A UG the construction of a temporary medical annex at the hospital to provide better facilities for wounded troops undergoing post-amputation care. The 30,000-square-foot addition is being built onto Walter Reed's general medical facility building and will be called the U.S. Army Amputee Patient Care Center. According to retired Col. Charles Scoville, the future director of the annex upon completion will improve the capabilities to return soldiers to the highest level of function. The annex will provide better facilities and equipment as well as additional room. Groundbreaking for the facility has been initiated with completion slated by OCT 07. Walter Reed's amputee care facility mostly treats wounded soldiers since the war on terror began, as well as some Marines transferred from the National Naval Medical Center, in Bethesda, MD. The daily amputee care caseload averages eight to 10 inpatients and around 75 to 100 outpatients.

The facility admits 10 to 15 new patients each month. Walter Reed will close in 2011 as part of the 2005 Base Realignment and Closure Act. Amputee recovery services at Walter Reed will be moved into a new joint medical facility to be built in Bethesda, and other patients will be moved to Fort Belvoir VA. [Source: NGAUS NOTES 18 Aug 06]

MEDICARE PART D UPDATE 07:

Per Express Scripts, some people that are Tricare For Life members were automatically enrolled in Part D and are now experiencing difficulties getting their prescriptions. The number automatically enrolled is unknown but there are 129,000 Tricare beneficiaries that are enrolled in Part D. Very few actually benefit from Part D unless they qualify for Part D with no premiums.

Express Scripts is recommending the pharmacy process the Rx under Part D and then it will go to Tricare for the balance. Beneficiaries are told to contact Medicare to disenroll from Par t D and obtain a letter from Medicare. The letter then should be faxed to (831) 583 2340 Defense Manpower Data Center (DMDC) (formerly DSO) and the Part D will be removed from DEERS within 24 hours. DMDC can also accommodate DEERs change of address inputs at www.dmdc.osd.mil/udpdri/owa/change.address. Express Scripts is working with TMA to determine the best resolution of the inadvertent TFL user's automatic Part D signup. [Source: NAUS Weekly Update 18 Aug 06 ++]

MEDICARE PART D UPDATE 08:

Under the 2003 Medicare drug legislation, coverage was provided for most medically necessary drugs. Yet millions of seniors are learning which prescription medications are covered under their drug plans and which are not. Considerable attention has been devoted to the fact that Part D plans are permitted to limit the coverage of drugs through the use of formularies, "step therapy" (requiring that patients first try less expe nsive drugs), prior authorization, and quantity limits. Less well known, however, is the fact that nine entire categories of drugs were excluded under the Medicare Modernization Act of 2003 Part D legislation. Medicare will not cover them under any circumstance.

These excluded drugs include:

1. Agents when used for anorexia, weight loss, or weight gain
2. Agents when used to promote fertility
3. Agents when used for cosmetic purposes or hair growth
4. Agents when used for the symptomatic relief of cough and colds
5. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
6. Nonprescription drugs
7. Outpatient drugs for which the manufacturer seeks to require associated tests or monitoring services be purchased exclusively from the manufacturer or its designee as a condition of sale
8. Barbiturates
9. Benzodiazepines

Some of the drugs have been the subject of controversy fo r years, and this no doubt led to their exclusion. Those drugs have significant side effects that may be exacerbated in older patients, such as over-sedation causing falls and hip fractures, and addiction. In addition, when Congress considered legislation to add a prescription drug benefit, many of the major bills advanced by both Democrats and Republicans adopted some or all of the categories of drugs that are excluded under state Medicaid programs, and excluded them from coverage under Medicare. The TRAS Senior citizens League (TSCL) questions some of the exclusions. Particularly those of drugs that are currently covered under most state Medicaid programs. The blanket exclusion of medically necessary drugs could result in serious harm to Medicare beneficiaries who really need them. TSCL is studying the issue and believes that certain categories could be legitimately modified by the Secretary of the Department of Health and Human Services, for coverage under Part D. [Source: TSCL Social Security Advisor 26 Aug 06]

VA NEW YORK HOSPITALS:

VA Secretary Nicholson announced that the VA will keep both the Manhattan and the Brooklyn VA medical centers open and will make major renovations and improvements at the St. Albans VA Medical Center in Queens. There has been an ongoing 2 year analysis studying if the centers should be consolidated. The decision was based both for

the convenience of the veterans and the VA's desire to continue retain its close ties with NYU's Medical School and the medical school of the State University of New York. The Secretary also said he wanted to personally thank the local advisory panels for the Manhattan/Brooklyn study and the St. Albans study, along with many others, including the New York congressional delegation, veterans groups, city and state leaders, other stakeholders and VA employees which have guided VA in these decisions [Source: TREA Leg Up 18 Aug 06]

COLA 2007 UPDATE 05:

In mid-August, the Bureau of Labor Statistics announced the JUL 06 monthly Consumer Price Index (CPI), which is used to calculate the annual cost-of-living adjustment (COLA) for military retired pay, VA disability compensation, survivor annuities, and Social Security. The CPI continued its upward trend, rising another 0.3% in July — for a cumulative increase of 3.4% so far this fiscal year. Once again, a large share of the increase was due to a jump in energy prices. The July CPI-W contained a 3.1% increase in energy costs and a 1.8% increase in transportation costs which influenced the increase in inflation. Last year, the CPI had risen 3.2% through the month of July and ended up the year at 4.1%. With inflation running slightly ahead of last year's pace so far, it would seem likely that we'll end this year in the same ballpark. We can stil l hope that inflation in the last two months of this year may not match last year's experience, when Hurricane Katrina sent energy prices soaring. For more information, More information at:
www.moaa.org/controller.asp?pagename=lac_issues_second_career_cola
[Source: MOAA Leg Up 18 Aug 06]

TMOP UPDATE 05:

Tricare's mail-order pharmacy (TMOP) is getting a lot of legislative attention, and military beneficiaries would do well to pay attention. Each prescription dispensed through the mail-order system saves the Pentagon an average of $50 to $150 dollars, depending on what's counted. Also, those who use TMOP save 67% because they get a three-month supply for the same copayment that buys only a one-month supply in a retail pharmacy. But for whatever reason, only 6% of prescriptions are currently filled through the mail-order system, and the most rapid growth is in the retail system – the one that's most expensive for both the government and beneficiaries.

MOAA believes there are several reasons for underutilization of the TMOP, including a lack of publicity about it by the Defense Department and beneficiaries' reluctance to change what has worked for them in the past, even if the change would save them a modest amount of money.

The cost difference is a big deal for the government, and Congress is determined to do all it can to encourage use of the much-cheaper mail-order program. One way is to significantly sweeten the program for beneficiaries, and both the House and the Senate put provisions in the FY2007 Defense Authorization Bill that will eliminate any copayment for most drugs obtained through the mail-order system. That should make using the mail-order system a no-brainer

for the vast majority of people who use long-term maintenance medications. Why pay a copayment or make an extended trip to a military installation if you can get the same medications delivered right to your doorstep — for free? But some in Congress aren't convinced that voluntary incentives will generate enough migration to TMOP. So the Senate also passed a provision that would require military beneficiaries to obtain all refill prescriptions of maintenance medications through TMOP. The Military Coalition (TMC) thinks that's going too far. There are some instances when the mail-order system isn't appropriate or efficient - such as when the doctor changes the dosage or when replacing lost medication.

Another way to reduce government costs is to require drug companies to provide the defense department the same prices through the retail system that it charges for drugs dispensed through military and VA facilities. The Senate version of the defense bill would do that, but the Administration's Office of Management and Budget is opposing that provision - seemingly putting the i nterests of the drug companies ahead of the Defense Department's. TMC supports the Senate provision requiring reduced retail drug prices and heartily endorses elimination of any beneficiary copayments for drugs obtained through the mail-order system. TMC opposes mandatory refills of maintenance medications through the mail-order system. That doesn't allow enough latitude for individual circumstances - especially when White House budgeteers are taking the drug companies' side in opposing consistent price discounts for all military-purchased drugs.

Our legislators need to be told by their constituents how they feel about the NDAA proposed changes. It is not too late to influence the Compromise Committee's vote on the 2007 NDAA content. [Source: MOAA Leg Up 18Aug 06]

CAPTIONED TELEPHONE:

Captioned Telephone (CapTel) service is available in the vast majority of states, for the hearing impaired. This is a new telephone technology that allows people to receive word-for-word captions of their telephone conversations. It is similar in concept to Captioned Television, where spoken words appear as written text for viewers to read. The CapTel phone looks and works like any traditional phone, with callers talking and listening to each other, but with one very significant difference of captions being provided live for every phone call. The captions are displayed on the phone's built-in screen so the user can read the words while listening to the voice of the other party. Thus, if the CapTel phone user has difficulty hearing what the caller says, he can read the captions for clarification. In many states, CapTel equipment is provided free or at a reduced rate to people with hearing loss. You can check the specifics of your state at www.captionedtelephone.com/availability.phtml. There is no cost for using the CapTel captioning service which is provide d free as part of your state's relay service. Veterans and retired federal (civilian & military) employees can qualify for a free CapTel phone if they:

- Have a hearing loss; and
- Complete an application form availble at www.captionedtelephone.com/Federal_CapTel_Vet_App.pdf; and
- Submit offical verification of their retirement status (i.e. DD-214, SF50 or other official verification)

Signed applications should be mailed to: Sprint-Federal Relay, Attn: Free CapTel Phone, 401Ninth St., NW, Ste 400, Washington DC or via Fax to (202) 585-1841. Federally recognized U.S. Tribal member are also eligible. For additional information refer to www.captionedtelephone.com. [Source: Paul Hart msg 15 Aug 06]

VA CLAIM REPRESENTATION UPDATE 03:

According to Disabled American Veterans National Commander Bradley S. Barton, federal legislation that would allow lawyers to charge veterans for helping them file a claim for benefits from the Department of Veterans Affairs is unnecessary and would increase costs to veterans. Barton, who is himself an attorney and a veteran's advocate, said veterans should not have to hire and pay a lawyer to help them with the largely administrative claims process which is designed to be open, informal and helpful to veterans. He disagrees with what the Senate passed Veterans' Choice of Representation Act would do because:

- Involvement of lawyers would increase costs to veterans and to the VA without significantly improving the process.
- The VA is required to assist veterans in completing and filing the relatively informal application for benefits and then takes the initiative to advance the claim through the appropriate steps.
- Veterans can get free help from the DAV's professionally trained National Service Officers or other organizations in navigating the VA claims process.

The VA is also opposed to the legislation, noting that attorney fees would consume significant amounts of payments under programs meant to benefit veterans. If enacted the VA would have to create a substantial new bureaucracy to perform the additional accreditation and oversight responsibilities. Instead the VA should use its scarce resources to hire more claims adjudicators and provide them with the training needed to improve the quality as well as timeliness of decisions. Unfortunately there has been no indication that the VA would take this tack and the backlog of claims continues to grow.

Congress placed the duty on the VA to ensure all alternative theories of entitlement are exhausted and all laws and regulations pertinent to the case are considered and applied. Under present regulations veterans may hire an attorney for advice and counseling prior to filing a claim for benefits or after the VA administrative proceedings have been completed.

There does not appear to be any evidence that attorneys would provide service superior to that rendered by veterans service organization (VSO) representatives. In fiscal year 2005, the Board of Veterans' Appeals granted one or more of the benefits sought in 21.3% of the appeals in which claimants were represented by attorneys, who have the luxury of hand picking their clients. The board granted one or more of the benefits sought in 22.3% of the cases in which a claimant was represented by a veterans' service organization. The 1.3 million-member Disabled American Veterans, a non-profit organization founded in 1920 and chartered by the U.S. Congress in 1932, represents this nation's disabled veterans. Its sole purpose is building better lives for our nation's disabled veterans and their families. [Source: DAV News Release 18 Aug 06 ++]

VA DATA PRIVACY BREACH UPDATE 24:

Although some might think of it as locking the ba rn door after the horse got out, the VA announced 14 AUG it will be improving data encryption on its computer systems to make it harder to copy or misuse personal information. VA Secretary R. James Nicholson announced a $3.7 million contract was signed 1 AUG with a Syracuse, N.Y., business, SMS Inc., which is a small business owned by a disabled veteran. Under the contract, all computers will receive encryption programs, starting with laptops and then desktops.

Devices that transfer data, such as compact discs, portable hard drives and flash drives, also will have security encryption. The VA announcement said. two software programs will be used which are now undergoing final tests. Program installation on laptops could start as early as 18 AUG. The statement estimates it will take four weeks for installation on all VA laptop computers. [Source: NavyTimes staff writer Rick Maze article 14 Aug 06 ++]

FDA ASSESSMENT:

Time d to coincide with the Food and Drug Administration's (FDA) 100th anniversary, a new report by Rep. Henry A. Waxman (D-CA) examines how the Bush Administration has carried out FDA's enforcement responsibilities. The report is based on a 15-month investigation that included a review of thousands of pages of internal agency records. Concluding that FDA enforcement has dropped precipitously over the last five years, the report states:

**The number of warning letters issued by the agency for violations of federal requirements has fallen by over 50%, from 1,154 in 2000 to 535 in 2005, a 15-year low. During the same period, the number of seizures of mislabeled, defective, and dangerous products has declined by 44%.

**In at least 138 cases over the last five years involving drugs and biological products, FDA failed to take enforcement actions despite receiving recommendations from agency field inspectors describing violations of FDA requirements.

**Although the Federal Records Act and internal agency procedures require FDA to keep records that document agency enforcement decisions, FDA does not appear to comply with these requirements. FDA's response to Committee requests for relevant enforcement documents was haphazard, incomplete, and untimely.

FDA officials explained that FDA could not provide prompt and complete responses because the agency lacks a system that enables it to track enforcement recommendations from field offices. The report entitled Prescription for Harm: The Decline in FDA Enforcement Activity. U.S. House of Representatives Committee on Government Reform Minority Staff Special Investigations Division, June 2006 can be viewed at www.casewatch.org/fda/waxman/prescription_for_harm.pdf .

For additional documents, refer to www.democrats.reform.house.gov/story.asp?ID=1074&Issue=Prescription+Drugs. [Source: Consumer Health Digest Weekly Update 22 Aug 06]

SBP OPEN SEASON UPDATE 03:

SBP Open Enrollment period signup for increased SBP coverage terminates 30 SEP 06 and none of the services have experienced any great influx of applications. T he less than staggering numbers is attributed to the significant buy-in costs faced by retired members who have been retired a long time. Even with large buy-in costs mandated by Congress to ensure the integrity of the fund is maintained, officials still feel that the SBP is a tremendous bargain. To match the SBP would take a high-dollar insurance policy with premiums beyond the reach of most. In addition, retired members don't have to take physical exams to get into the SBP. Two provisions enacted in recent years make the SBP even more attractive:

1. Phased in elimination of the Social Security offset, which previously meant a widow's annuity payment dropped from 55% of the selected base amount to 35% when the surviving spouse reached the age of 62. Payments to surviving spouses increased to 40% on the base amount on 1 OCT 05 and to 45% 1 APR 06 SBP payments will go to 50% on 'APR 07 and 55% on 1 APR 08.

2. Enactment of a paid-up provision which means that beginning 1 OCT 08, retired members who are age 70 and older and who have paid into the SBP for 30 years will no longer have to pay premiums. Retired members, who buy-in during the current SBP enrollment period, GAIN CREDIT BACK TO THE TIME THEY FIRST BECAME ELIGIBLE TO ELECT SBP COVERAGE, meaning that some will pay monthly premiums for just over two more years.

Those who took SBP coverage and later elected to terminate that coverage are not eligible to make an open enrollment election. Open enrollment elections require a lump sum buy-in premium as well as future monthly premiums. The lump sum equates to all back premiums, plus interest, from the date of original eligibility to make an election plus any amount needed to protect the Military Retirement Fund. The latter amount applies almost exclusively to those paying fewer than seven years of back payments. The lump sum buy-in premium can be paid over a two-year period. Monthly premiums for spouse or former spouse coverage will be 6.5% of the coverage elected, the same premium paid by those currently enrolled. Reserve component members under age 60 and not yet eligible for retired pay do not pay back premiums or interest, but must pay a monthly SBP premium "add-on" once their retired pay starts. Elections are effective the first day of the month after the election is received.

To make an open enrollment election, a retiree must complete and submit a DD Form 2656-9, "Survivor Benefit Plan (SBP) and Reserve Component Survivor Benefit Plan (RCSBP) Open Enrollment Election." available at www.dtic.mil/whs/directives/infomgt/forms/e forms/dd2656-9.pdf. For assistance with the form, retired members should contact the office managing the SBP for their Service. Air Force retirees should call 1(800) 531-7502 anytime between 0730 & 1630 CST, M-F except holidays.

Those residing outside the CONUS may need to obtain an AT&T direct access number to call the SBP toll-free number. If someone other than the retired member calls for information, that person

should have the retiree's most recent retiree pay statement available. Privacy Act restrictions do not permit SBP counselors to access the retiree's account for a second party. Mail the completed form to the address specified on the form. Applicants will be formally notified of their cost and have 30 days from the date of the notice to cancel the election by notifying the Defense Finance and Accounting Service or the reserve component, as applicable, in writing. [Source: Afterburner Aug 06 ++]

TRICARE ALLOWABLE CHARGES:

President Bush signed an Executive Order on 22 AUG titled "Promoting Quality and Efficient Health Care in Federal Government Administered and Sponsored Health Care Programs," directing federal agencies that administer health care programs to take steps to promote quality care. It also states that agencies must do these three things: create incentives for beneficiaries to care about the quality and price of their health programs; address interoperability of health information technology products; and make health information more transparent to consumers. To support this and other health initiatives in the President's Management Agenda, the Department of Defense has initiated several activities intended to realize the promise of improved and more efficient health care for all beneficiaries of the Military Health System (MHS).

In one initiative, Tricare is partnering with industry, current health managers and providers, who contract with DoD in developing robust measures of quality health care that can be consistently applied by the MHS as a unified effort. These ongoing "data quality summits" are developing a core set of metrics that will enable both MHS leaders and beneficiaries in making sound decisions about health choices. In another initiative, the MHS is actively engaged in strategic partnerships with both the public and private sectors to advance health care information science and to promote and define standards for health information technology systems interoperability.

DoD has made significant progress advancing health care information technology through large-scale adoption and deployment of AHLTA which is nearing full implementation. In still another initiative to promote transparency of health care pricing and quality, TRICARE has posted its allowable charges on an easy-to-use site at www.tricare.osd.mil/all owablecharges. The cost of medical care varies widely across the country. Neither hospitals nor doctors' offices typically post their charges for various procedures, making it hard for patients to judge if they are being charged a reasonable amount for operations or examinations. By making its charges easily available to the public, Tricare is leveling the playing field between medical service providers and users. The new Web site shows the Tricare maximum allowable charge tables, listing the most frequently used procedures - more than 300 of them - and the amount Tricare is legally allowed to pay for them. These charges are tied to Medicare allowable charges, effectively making them a federal standard for health care costs. [Source: DoD News Release 22 Aug 06]

DISABLED RETIREE BACK PAY UPDATE 02:

If all goes as planned some disabled retirees due retroactive pay

could start to see their payments in mid-October according to DoD and VA (VA) sources. A small number may see payments before that; however, VA officials caution that, if any unexpected glitches crop up, the payments will be delayed until the second half of January. That's because they'll have their hands full at the end of the year reprogramming and implementing new pay rates for 2007.

Over 100,000 retirees now drawing either Combat Related Special Compensation (CRSC) or Concurrent Retirement and Disability Pay (CRDP) ultimately will receive back payments and that number is growing daily with new awards. Because of the complexity of calculating who is due how much the majority of the payments will likely be phased in from January through next summer. This is because individual circumstances vary widely and many cases require manual review.

Why is retroactive pay due? While the VA disability award letter usually establishes a retroactive effective date, the VA doesn't initially make retroactive payments for retirees with less than a 100% disability rating. That's because there's usually at least some offset required for retired pay already received. If the VA paid all retroactive awards immediately, it would cause major headaches for many disabled retirees, who would then have to pay back large amounts of their military retired pay. Only if and when a disabled retiree is awarded CRDP or CRSC can the VA find out whether back disability pay is due – but it needs a ton of data from the Defense Department to figure out how much. On the other hand, retirees who experience changes in their disability awards may also be due retroactive CRSC/CRDP payments from the Defense Department.

The bottom line is that the new and complicated CRSC and CRDP programs have created major administrative and budgetary headaches for Pentagon and VA administrators. Their first priority has been to get the pays started while minimizing confusion or aggravation for disabled retirees. Now, they've invested months of combined effort to change their policies, systems, and budgets to finish the hard part – figuring out who is due how much in retroactive payments.

Defense Finance and Accounting Service (DFAS) sources say the affected retirees will receive specific details at the time their retroactive payment is made. DFAS expects to publish a detailed news release later this month. [Source: MOAA Leg Up 25 Aug 06]

MEDICARE PHYSICAL THERAPY PAYMENTS:

Barring congressional action before the end of 2006, Medicare payments for outpatient physical therapy will be limited to a flat $1,740 a year, starting in JAN 07.

But a bipartisan effort is underway in the House to change the law and suspend the payment cap.

The cap on outpatient physical, speech-language and occupational therapy services by any providers other than hospital outpatient departments was put in law by th e Balanced Budget

Act of 1997. That law required a combined cap for physical therapy and speech-language pathology, and a separate cap for occupational therapy, but Congress delayed its implementation for several years. The $1,740 annual cap went into affect in JAN 06, but Congress authorized an exception if such services are determined to be "medically necessary" – which most certainly are. But this exception is due to expire at the end of 2006.

In May, Reps. Benjamin Cardin (D-MD) and Philip English (R-PA) authored a bipartisan letter urging the leaders of the Ways and Means and Energy and Commerce Committees, which oversee the Medicare payment issue, to repeal the cap. At the very least, the letter said, the medical necessity exception should be extended through 2007. 177 representatives joined Cardin and English in signing the letter.

Absent a repeal of the cap or extension of the exception, Tricare For Life (TFL) ben eficiaries will experience more out-of-pocket expenses and may have to seek these services in a hospital setting. Military eligibles will have some protection in that TFL will become primary payer after the Medicare cap is reached, but Tricare deductibles and copays apply after that point. H.R.916 & S.438 have been introduced in Congress to repeal the increase. To support these bills refer to http://capwiz.com/moaa/issues/bills/?bill=7103976 to contact your Representative or to http://capwiz.com/moaa/issues/bills/?bill=7103896 to contact your Senator. [Source: MOAA Leg Up 25 Aug 06]

HEALTH CARE QUALITY AND PRICE:

On 22 AUG President Bush signed an Executive Order designed to promote more efficient sharing of medical data between government agencies. In the executive order,the President said, "It is the purpose of this order to ensure that health care programs administered or sponsored by the federal government promote qual ity and efficient delivery of health care through the use of health information technology, transparency regarding health care quality and price, and better incentives for program beneficiaries, enrollees and providers." In effect, the President tells providers in order to do business with the federal government have to show the government their prices. It requires that four major government agencies, DoD, Department of Health and Human Services, OPM and the VA, gather and share information about the quality and price of medical care. These four agencies provide` coverage to nearly 25 percent of all Americans with health insurance.

The agencies covered by the order must establish programs designed to measure quality of care. The beneficiaries must also be able to see the prices these agencies pay for common medical procedures, to develop and identify practices that encourage high quality care, and whenever possible, use com patible computer systems and electronic health records to help track a beneficiary's medical care and condition. These changes and new procedures must be underway by 1 JAN 07. The Executive Order should have the effect of improving quality and efficiency and ensure "Seamless Transition"

from active to inactive service is given a higher priority than it currently enjoys. The entire Executive

Order may be seen on the web at www.whitehouse.gov/news/releases/2006/08/20060822-2.html. [Source: NAUS Weekly Update 25 Aug 06]

USMC INVOLUNTARY RECALL:

Due to projected shortages in some specialties such as engineers, intelligence, military police and communications, the Marine Corps on 22 AUG announced that they will shortly begin involuntary recalls. They will begin by calling up 2500 members at a time, of the Individual Ready Reserve. They have decided to exempt those who are either in the first or last year of their reserve status . Marines can expect to be deployed for an average of 12-18 months but could be for as long as two years. They will receive five months to prepare before having to report for duty. [Source: NAUS Weekly Update 25 Aug 06]

AHLTA UPDATE 01:

William Winkenwerder Jr., assistant secretary of defense for health affairs, took time during a 23 AUG teleconference with journalists to tout his department's ability to transfer electronically the medical records of separating service members to the VA. His comments came in unveiling a new DoD instruction on deployment health which is a compilation of policy decisions taken over the last four years to enhance force health protection dramatically. Two of the initiatives are new.

- First, DoD is committed, as capabilities allow, to collecting data daily on the location of every service member deployed. This will allow officials to link environmental monitoring data to individual deployments and, over time, cor relate exposure data to veterans' health.

- Second, DoD will extend all health protection measures to deployed DoD civilian employees and contractors as well as service members.

In praising DoD's system, Winkenwerder ignored a rising chorus of critics who say AHLTA, the Department of Defense's digitalized medical record system, is a problem for the VA and for veterans because, in fact, it doesn't allow electronic record transfers outside the military network. The critics include the Government Accountability Office, senior VA officials and, most recently, the chairmen of the both the House and Senate veterans' affairs committees. GAO reported last month that the biggest obstacle remaining for severely wounded troops to experience "seamless transition" from military care to VA trauma centers is the inability to transfer AHLTA records.

Through June, more than 19,000 service members had been wounded in Iraq and Af ghanistan. Sixty-five percent had blast injuries, which often result in trauma requiring comprehensive rehabilitation.

GAO said that nearly 200 severely wounded members, while still on active duty, have been transferred to a VA poly-trauma centers for care and rehabilitation. Most of these cases involve brain injury, missing limbs and spinal cord injuries. GAO acknowledges that VA and DoD have strengthened

procedures for transferring war-injured members and veterans. Their joint programs have eased hassles for patients and families. VA social workers are assigned to large military treatment facilities to coordinate transfers. Military liaisons have been added to VA staff at poly-trauma centers to handle transition issues raised there. But GAO said there are problems electronically sharing the medical records VA needs to determine whether service members are medically stable enough to participate in vigorous rehabilitation activities. DoD radi ological images, vision and hearing tests, and anesthesia notes cannot be transferred electronically. Also, DOD has no system-wide approach to electronic medical record management.

Information is maintained and stored at individual treatment facilities or in networks of facilities rather than system wide. GAO noted, for example, that health care providers at Walter Reed Army Medical Center and the National Naval Medical Center can access each other's electronic medical records but cannot access medical records from Landstuhl Regional Medical Center in Germany.

Perhaps the most obvious weakness of AHLTA, said GAO, is it captures outpatient records only. VA needs inpatient records to provide follow-care and rehabilitation. As of APR 06, Walter Reed Army Medical Center still had to fax records to VA poly-trauma centers. Rear Adm. John M. Mateczun, Navy's deputy surgeon general, said military patients transferred to the VA can ar rive with a digitized medical record. It must be brought over on a computer disk and read by an offline computer. But the record can't be transmitted by AHLTA nor can it be integrated into the VA's VISTA record system.

Winkenwerder suggested AHLTA is the more sophisticated system. Asked to reconcile his rosy view of AHLTA with such criticism, Winkenwerder said DoD is working with VA to be able to share images of x-rays, MRIs and CAT scans electronically. That might happen within 18 months, he said. Next year, work will begin on closing other gaps in electronic transfer capability raised by GAO.

Sen. Larry Craig (R-ID), chairman of the Senate Veterans' Affair Committee, told Government Health IT that the VA has an award-winning, highly touted electronic health records system while the DoD is still talking about requirements. This leaves him wondering whether DoD is just trying to justify building its own system. Rep. Steve Buyer (R-Ind.), Craig's counterpart in the House, also complained to the IT industry newsletter. He said AHLTA is less capable than VISTA in its ability to share data between its own hospitals. VISTA's architecture and software do not meet the requirements of DoD. It's sort of a hospital by hospital system and DoD's need was to be able to move the information globally, from the battlefield of Iraq or Afghanistan to Landstuhl, Germany to anywhere in the world. The Senate appropriations committee has urged DoD to switch to VA's record system. However, Defense officials say VISTA would need significant modification to meet military needs and the switch would be long and costly. [Source: Military Update Tom Philpott article 24 Aug 06 ++]

BEER BELLY CONTROL:

Over 90 million Americans enjoy drinking beer!

Drinking moderately has been proven by many doctors, as well as the New England Journal of Medicine, to be a healthy component of longevity. In fact, moderate consumption of alcohol, including beer, has been proven to reduce the effects of high cholesterol, heart disease, some forms of cancer and even impotence. Anything done in excess is naturally unhealthy. Moderation is defined by most doctors as 1-2 beers a day. And NO, you cannot save up through the week and catch up on the weekend drinking 10-12 beers in an evening. That is NOT moderation. There is even a U.S. Beer Drinking Team (www.usbdt.com) that links beer enthusiasts and promotes moderation, responsibility, and healthy living.

The average can of beer has over 100 calories. Drinking one beer is equivalent to eating a chocolate chip cookie. Drinking four is equal to eating a Big Mac Hamburger. In order to lose weight, you have to burn off these extra calories as well as the other calories that you ate for breakfast, lunch and dinner. Even the lightest of beers has the empty calories of alcohol, which is the cause of poor health if done in excess and without a regular exercise routine.

Unfortunately, too many Americans live under one of the worst stereotypes placed on a human being - the BEER BELLY. This is caused by excess calories in your diet and lack of activity to burn the extra calories. The solution to lose your beer belly is as simple as calories in must be less than calories out or Calories IN < Calories Out (burned thru exercise) = Weight Loss. If you can add exercise into your schedule for 20-30 minutes a day, your daily consumption of alcohol (1-2 beers) will not have any additional impact on your gut.

To lose your beer belly, you REALLY have to watch your food and beverage intake, drink 2-4 quarts of water a day, and fit fitness into your world. There is no other healthy answer! The exercise and workout ideas below can get you started on your calorie burning plan.

For more tips on burning calories refer to http://www.military.com/NewContent/0,13190,Smith_Index,00.html:

1. Workout #1: This is a great full body calorie burner: Walk, run or for 5 minuted + 20 squats + 10-20 Pushups + 20 situps or crunches. Repeat 3-5 times.

2. Workout #2: Swimming and elliptical gliding (cross country skiing) burn the most calories per hour (This workout can burn up to 1000 calories in one hour). Swim 20-30 minutes non-stop or elliptical glide 20-30 minutes. [Source: Military.com Weekly News 21 Aug 06]

PI TRICARE PROVIDER CERTIFICATION:

There are two types of provider certification. The first is an "institutional" certification for hospital, clinics, pharmacy, etc., and the second is for "non-institutional" providers, which are essentially independent doctors and specialists. Those already certifiedin the Philippines can be found at http://tpaoweb.oki.med.navy.mil/ by clicking the Tricare in the Philippines button and then the Philippine Provider Listing button. If the provider, either institutional or non-institutional, has not been previously certified, the first claim filed for health services rendered to a Tricare-eligible beneficiary

by either the beneficiary or provider initiates the certification process. If an institution (hospital, clinic, pharmacy, etc.) that is a certified Tricare provider employs a provider, that provider may or may not be certified. It depends on the arrangement between the institution and the providers. Since the institution has been certified, the cost of care including the professional fees can be filed using the institution's certified credentials and provider number. The institution can then pay the provider for his/her professional fees once reimbursement is received from Tricare. If a provider, however, wants to file directly to Tricare for his/her professional fee and not through the institution, then he/she should request to be certifie d separately from the institution to obtain his/her own provider number.

A beneficiary can file a claim on a non-certified provider but this may require the provider to issue a letter stating they wish to be certified by Tricare. This may result in significant delays in the processing of your claim(s), or possible denial of your claim if the provider declines certification or cannot be certified. When you submit a claim for service provided by a non-certified provider, the Tricare overseas claims processor places a hold on the claim and sends a request to the Tricare-contracted certifying agent to initiate a certification action. The provider is approached and asked if they are willing to participate in being certified by Tricare. If your claim was denied because the provider was not Tricare certified, it usually means that the provider either declined Tricare's request, or could not be certified for other reasons. Unless a provider agrees to be certified no claims filed for services obtained from that provider can be reimbursed by Tricare.

If the provider was initially unwilling to be certified and you can convince the provider to change their mind, then you can have the provider submit a letter requesting to be added to the Tricare Provider Network to the following address: International SOS, Inc., Suite 1205/6, One Magnificent Mile Bldg, San Miguel Avenue, Ortigas Center, Pasig City, Metro Manila, Philippines, 1600 Tel: (63) (2) 637-0700 or Fax: (63) (2) 637-4872. Keep in mind that you have one year from the date of service to resubmit a claim previously denied due to a then-uncertified provider. In some cases, a provider does not meet the requirements for certification; i.e., the provider does not have proper credentialing, or does not have a valid physical location that matches the address given for the provider. If the provider ca nnot be certified, then you will not be reimbursed for any out-of-pocket expenses you may have incurred with this provider. That is why it is highly recommend by TAO-P that you always seek care from a provider who has already been Tricare certified. [Source: http://tpaoweb.oki.med.navy.mil Aug 06 ++]

MILITARY LEGISLATION STATUS UPDATE:

Following is current status on some Congressional bills of interest to the military community. 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. At http://thomas.loc.gov you can determine the current status of each bill and if your legislator is a sponsor of the bill you are concerned with. The key to increasing cosponsorship is letting your representative know of your feelings on these

issues. At the end of most of the below listed bills is a web link that can be used to do that:

H.R.303: The 'Retired Pay Restoration Act of 2005' To amend title 10, United States Code, to permit certain additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation and to eliminate the phase-in period under current law with respect to such concurrent receipt. No new sponsors were added to this bill which has a total of 237. To support this bill and/or contact your Representative refer to http://capwiz.com/usdr/issues/bills/?bill=7728776.

H.R.602: The 'Keep Our Promise to America's Military Retirees Act' to restore health care coverage to retired members of the uniformed services and their eligible dependents. House version of S.407. No new sponsors were added to this bill which h as a total of 249.

H.R.808: The 'Military Surviving Spouses Equity Act' to amend title 10, United States Code, to repeal the offset from surviving spouse annuities under the military Survivor Benefit Plan for amounts paid by the Secretary of Veterans Affairs as dependency and indemnity compensation (DIC). A motion was filed to discharge the Rules Committee from consideration of H.RES 271 on 16 NOV 05. This resolution provides for the consideration of H.R.808 and requires 218 signatures for further action. No new sponsors were added to this bill which has a total of 207. To support this bill and/or contact your Representative refer to http://capwiz.com/usdr/issues/bills/?bill=7683586 To support the discharge petition and/or contact your Representative refer to http://capwiz.com/moaa/issues/alert/?alertid=8248891&type=CO

H.R.916: The 'Medicare Access to Rehabilitation Services Act of 2005' To amend title XVII I of the Social Security Act to repeal the Medicare outpatient rehabilitation therapy caps. Referred to the House Subcommittee on Health 14 MAR 05. House version of S.438. No new sponsors were added to this bill which has a total of 237. To support this bill and/or contct your Representative refer to http://capwiz.com/moaa/issues/bills/?bill=7103976 & http://capwiz.com/moaa/issues/bills/?bill=7103896.

H.R.968: To amend title 10, United States Code, to change the effective date for paid-up coverage under the military Survivor Benefit Plan from October 1, 2008, to October 1, 2005. No new sponsors were added to this bill which has a total of 143. To support this bill and/or contact your Representative refer to http://capwiz.com/usdr/issues/bills/?bill=7683511

H.R.994: To amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and t o allow a deduction for TRICARE supplemental premiums. No new sponsors were added to this bill which has a total of 335. This is the House version of S.484. To support this bill and/or send a message to your Representative refer to http://capwiz.com/usdr/issues/bills/?bill=7761876

H.R.995: The 'Combat Military

Medically Retired Veteran's Fairness Act of 2005' to amend title 10, United States Code, to provide for the payment of Combat-Related Special Compensation under that title to members of the Armed Forces retired for disability with less than 20 years of active military service who were awarded the Purple Heart. No new sponsors were added to this bill which has a total of 31. To support this bill and/or send a message to your Representative refer to http://capwiz.com/usdr/issues/bills/?bill=7683281

H.R.1366: The Combat-Related Special Compensation Act of 2005 to amend title 10, United States Code, to expand eligibi lity for Combat-Related Special Compensation paid by the uniformed services in order to permit certain additional retired members who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for that disability and Combat-Related Special Compensation by reason of that disability. No new sponsors were added to this bill which has a total of 51. There are no related bills. To support this bill send a message to your Representative refer to http://capwiz.com/usdr/issues/bills/?bill=7718711 To support Sen. Reid's amendment to the 2007 NDAA bill S.2766 send a message to your Representative refer to http://capwiz.com/usdr/issues/alert/?alertid=8371516&type=ML

H.R.2076: The 'Retired Pay Restoration Act of 2005' To amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive b oth disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation. No new sponsors were added to this bill which has a total of 28. Related bills are H.R.303, S.558, S.845. To support this bill and/or send a message to your Representative refer to http://capwiz.com/usdr/issues/bills/?bill=7728776

H.R.2356: The 'Preserving Patient Access to Physicians Act of 2005' to amend title XVIII of the Social Security Act to reform the Medicare physician payment update system through repeal of the sustainable growth rate (SGR) payment update system. No new sponsors were added to this bill which has a total of 173. Related bills are S.1081. To support this bill and/or send a message to your Representative refer to http://capwiz.com/usdr/issues/bills/?bill=7742321.

H.R.2962: The 'Atomic Veterans Relie f Act' to amend title 38, United States Code, to revise the eligibility criteria for presumption of service-connection of certain diseases and disabilities for veterans exposed to ionizing radiation during military service, and for other purposes. No new sponsors were added to this bill which has a total of 52. There are no other related bills. To support this bill and/or send a message to your Representative refer to http://capwiz.com/usdr/issues/bills/?bill=7784066

H.R.4914: The 'Veterans right to Know Act' to establish a Commission to investigate chemical or biological warfare tests or projects, especially such projects carried out between 1954 and 1973, placing particular emphasis on actions or conditions associated with such projects that could have contributed to health risks or been harmful to any United States civilian personnel or member of the

United States Armed Forces who participated in such a project or who was otherwise potentially exposed to any biological or chemical agent, simulant, tracer, decontaminant, or herbicide as a result of such projects; and to submit a report to Congress of its findings and recommendations. No new sponsors were added to this bill which has a total of 40. There are no other related bills. Referred to the House Subcommittee on Military Personnel 30 NOV 05.

H.R.4914: The 'Veterans' Choice of Representation Act' to amend title 38, United States Code, to remove certain limitations on attorney representation of claimants for veterans benefits in administrative proceedings before the Department of Veterans Affairs, and for other purposes. No new sponsors were added to this bill which has a total of 8. There are no other related bills. To support this bill and/or send a message to your Representative refer to http://capwiz.com/usdr/issues/bills/?bill=8835676

H.R.4949: The 'Military Retirees Heal th Care Protection Act' to amend title 10, United States Code, to prohibit increases in fees for military health care. No new sponsors were added to this bill which has a total of 160. There are no other related bills. To support this bill and/or send a message to your Representative refer to http://capwiz.com/usdr/issues/bills/?bill=8591231

H.R.4992: The 'Veterans Medicare Assistance Act of 2006' to provide for Medicare reimbursement for health care services provided to Medicare-eligible veterans in facilities of the Department of Veterans Affairs. No new sponsors were added to this bill which has a total of 20. There are no other related bills. To support this bill and/or send a message to your Representative refer to http://capwiz.com/usdr/index_frame.dbq?url=http://capwiz.com/usdr/issues/bills/?bill=8670886

H.R.5881: The 'Disabled Veterans Tax Termination Act' to amend title 10, United States Code, to elim inate the offset between military retired pay and veterans service-connected disability compensation for certain retired members of the Armed Forces who have a service-connected disability, and for other purposes. Introduced 26 JUL 06 by Rep Marshall, Jim (GA-03) the bill has no cosponsors. There are no other related bills. To support this bill and/or send a message to your Representative refer to http://capwiz.com/usdr/index_frame.dbq?url=http://capwiz.com/usdr/issues/alert/?alertid=8969606&queueid=[capwiz:queue_id]

S.185: The 'Military Retiree Survivor Benefit Equity Act of 2005' to amend title 10, United States Code, to repeal the requirement for the reduction of certain Survivor Benefit Plan annuities by the amount of dependency and indemnity compensation and to modify the effective date for paid-up coverage under the Survivor Benefit Plan. No new sponsors were added to this bill which has a total of 35. There are no other related bills. To support this bill and/or send a message to your Senator refer to http://capwiz.com/usdr/issues/bills/?bill=7709421

S.407: The 'Keep Our Promise to America's Military Retirees Act' to restore healthcare

coverage to retired members of the uniformed services and their eligible dependents. No new sponsors were added to this bill which has a total of 14. A related bill is H.R.602. To support this bill and/or send a message to your Senator refer to http://mrgrg-ms.org/fax-it.html

S.484: To amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for Tricare supplemental premiums. No new sponsors were added to this bill which has a total of 63. A related bill is H.R.994. To support this bill and/or send a message to your Senator refer to http://capwiz.com/usdr/issues/bills/?bill=7787396

S.2147: The 'Multiple Sclerosis' bill to extend the 7 year time period during which a veteran's multiple sclerosis is to be considered to have been incurred in, or aggravated by, military service during a period of war. Referred to the Senate Committee on Veterans' Affairs 20 DEC 05. The bill has no cosponsors and there is no related legislation in the House.

S.2617: The 'Military Retirees Health Care Protection Act' to amend title 10, United States Code, to limit increases in the costs to retired members of the Armed Forces of health care services under the TRICARE program, and for other purposes. No new sponsors were added to this bill which has a total of 9. There are no other related bills. To support this bill and/or send a message to your Senator refer to http://capwiz.com/usdr/issues/alert/?alertid=8675066&type=CO

S.2658: The 'National Defense Enhancement and National Guard Empowerment Act of 2006 ' to amend title 10, United States Code, to enhance the national defense through empowerment of the Chief of the National Guard Bureau and the enhancement of the functions of the National Guard Bureau, and for other purposes. No new sponsors were added to this bill which has a total of 39. A related bill is H.R.5200. To support this bill send a preformatted or edited message to your Senator by using the "Write to Congress" feature refer to www.ngaus.org.

S.2694: The 'Veterans' Choice of Representation and Benefits Enhancement Act of 2006' to amend title 38, United States Code, to remove certain limitation on attorney representation of claimants for veterans' benefits in administrative proceedings before the DVA, and for other purposes. This bill was passed/agreed to in Senate 3 AUG 06 by unanimous consent. To support this bill and/or send a message to your Senator refer to http://capwiz.com/usdr/issues/bills/?bill=8835 631

Note: The House of Representatives is out of session 31 July thru 3 Sept. The Senate is out of session 7 AUG thru 3 SEP. There are only 68 days until Election Day. Be sure you are registered to vote and make your vote count. . [Source: USDR Action Alerts 15-31 Aug 06 ++]

Lt. James "EMO" Tichacek, USN (Ret) Director, Retiree Assistance Office, U.S. Embassy Warden & VITA
Baguio City RP PSC 517 Box RCB, FPO AP
96517 Tel: (760) 839-9003 or FAX
1(801) 760-2430; When in RP:

(74) 442-7135 or FAX 1(801) 760-2430 Email: raoemo@sbcglobal.net. When in Philippines raoemo@mozcom.com Web: http://post_119_gulfport_ms.tripod.com/rao1.html AL/ AMVETS/DAV/FRA/NAUS/NCOA/MOAA/USDR/VFW/VVA/CG33/DD890/AD37 member

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