

President's Input

Seventy-five years ago, the Axis is on the brink as Allied forces in Europe and Asia continue to progress in their efforts for victory. But there is also sadness as some notable personalities will not see the end of the war. President Franklin Roosevelt dies suddenly on April 12 and Vice President Truman takes over as nation's Chief Executive. Ernie Pyle is killed by a sniper on April 18 as he is filming the battle on Ie Shima, a small island near Okinawa. So many other significant events mark this period of time that brought to fruition the efforts of the "Greatest Generation" to hold back the tide of evil and aggression. Never forget their service, their commitment, their sacrifice. And that spirit continues today in the young men and women who respond to the call to serve this great nation. Thank them for serving when you see them.

Robocalls are annoying, right?! Now we're in an election year and they will probably be

Continued on page 3

Treasurer's Report for Mar 2020

Checking Account Balance ...	\$485
Savings Account Balance	\$8,607
Certificates of Deposit	\$15,327
Total	\$24,419



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Visit our website: www.moaa-swil.org

2020 USO/Fisher House Donation Drive

by

The Southwest Chapter of MOAA

USO and Fisher House Drive a Rousing Success!

The generosity of our community is amazing. Thank you all for your donations to our annual USO and Fisher House drive. Between the Southwest IL Chapter and St Michael's Episcopal Church we will deliver a total of \$9,250.00, almost evenly split between the two sites.

In addition, we again had great support from the Dupo High School JROTC Corps. It took a pickup, a trailer, and my van to haul their collection my sorting garage. The results will be a pickup and trailer load of goodies to Fisher House and a pickup and van load to USO. Judging from our backs, I would say it was over 1000 pounds of things, including Lysol wipes and toilet paper.



Continued on page 4

From left to right, Walt Evans, Frank from the Fisher House, and MOAA SW IL Member Bob Koss.

Inside this Issue

➤ President's Input	1	➤ Chapter Officers	5
➤ USO/Fisher House Drive	1	➤ Editorial Policy	5
➤ Treasurer's Report	1	➤ IT Awareness	6
➤ Programs	2	➤ Chapter News/Take Action!	15
➤ Legislative Issues	3	➤ Need to Know -- Robocalls	16
➤ COLA Watch	4	➤ Meeting Announcement	18

This Month's Program

**DUE TO THE CURRENT RESTRICTIONS ON GATHERINGS,
OUR APRIL PROGRAM IS CANCELLED.**

**WE WILL KEEP YOU INFORMED ABOUT FUTURE
PROGRAMS IN THE NEWSLETTER.**

MENU

No menu this program

No menu this program

Upcoming Programs

Date	Venue	Topic
16 May 2020	Ann Morey's Home	Annual Business Meeting (Tentative)
13 June 2020	Black Stallion Room, Fairmount Park	Horse Races (Tentative)
12 Sep 2020	Tavern on Main	2020-2021 Chapter Kickoff Social
10 Oct 2020	Cardinal Creek Golf Course Clubhouse	Aging Successfully
14 Nov 2020	Cardinal Creek Golf Course Clubhouse	O'Fallon Fire Chief
12 Dec 2020	Cardinal Creek Golf Course Clubhouse	Scholarship Auction

President's Input (continued)

coming in hot and heavy. Some are legit. Some are not. Read about how to avoid, block, and report scam robocalls in our IT Awareness section of the newsletter.

Coronavirus is the talk of the town. Lots of cancellations, including MOAA's annual Storming the Hill! That never happens! Read about how you can help with MOAA's message to the elected representatives on Capitol Hill in the Legislative Update.

So, this Coronavirus or COVID-19 must be pretty serious. Just as with any illness or germs, be careful. Wash your hands frequently for at least 20 seconds. Cover your mouth when you cough, and cough into a tissue or handkerchief or your sleeve, not into your hand. Disinfect appropriately. And try to stay away from others who exhibit signs of cold, cough, flu, etc. Not as easy to do in a public place, but just be aware. And eat healthy, drink plenty of fluids, and don't overdo! More people die from the flu and just driving! So be careful all around.

For those of you were or even still are members of ROA, the name has been changed to Reserve Organization of America from Reserve Officers Association. The membership is now open to Enlisted personnel of all 5 uniformed services. The magazine Reserve Voice is out in print and greatly improved. The organization has been revitalized and is back on sound financial footing.

I will submit our Chapter for the Level of Excellence Award for 2019 by the end of April. Thank you to all who are members and support our activities in the Chapter to help our local military and civilian communities. You have continued to prove and demonstrate how important serving is for those served. God bless you, our currently serving families, and this great United States of America!

Something unexpected has happened with MOAA's annual Storming the Hill for 2020 (March 25). The Coronavirus has caused the event to be cancelled. Our own Col (ret) Richard Smith, USAF, was planning to attend along with several other State Council attendees from across the US whose goal is to spread the word to the US Senators and Representatives about the issues that are foremost in the minds of many of our currently serving and retiree armed forces members. MOAA has made great progress in the past with efforts to educate the elected representatives, as we have seen with TRICARE for Life and recently the end of the Widows' Tax, and this year the goal is nothing less. While the two issues for this year—Control Copays to Protect Military Health Care and Ensure Proper Pay and Benefits to Maintain the All-Volunteer Force—will not be presented to the legislators, you can help at the Grassroots level to provide the same information to the representatives in our area, when circumstances allow. Read more about these two topics, see the Issue Papers, and learn about MOAA's position in the article from the MOAA website:



[moaa.org/.../2020-news-articles/join-moaa-for-storming-the-hill-2020/](https://www.moaa.org/.../2020-news-articles/join-moaa-for-storming-the-hill-2020/)

But there are also other issues that continue to need advocacy for our warriors, such as Concurrent Receipt. The article "Bill Would Restore Disabled Vets With Their 'Unjustly Denied' Benefit," by Mark Belinsky, describes a bill recently introduced in the House of Representatives starts the effort to correct the current policy on concurrent receipt under Chapter 61 of Title 10.

Join MOAA for Storming the Hill 2020

By: Kevin Lilley | March 4, 2020

This article discusses a key part of MOAA's Storming the Hill 2020. For more, visit our Storming the Hill page (<https://www.moaa.org/content/take-action/storming-the-hill/storming-the-hill-2020/>) Not Storming? Show your support by writing to your representatives at [takeaction.moaa.org/app/write-a-letter](https://www.moaa.org/app/write-a-letter).

Legislative News (continued)

MOAA members and staffers will Storm the Hill on March 25, continuing the fight for issues at the heart of MOAA's advocacy efforts while passing along a message of thanks for lawmakers who were part of historic efforts on behalf of the military community.

The signature event comes alongside MOAA's [2020 Council Presidents Seminar](#) and [annual awards ceremony](#) honoring legislators, congressional staffers, and others who've made a difference in the lives of veterans. Members from across the nation will take part in the year's signature advocacy effort.

Here's more about this year's issues:

Control Copays to Protect Military Health Care. Beneficiaries seeking mental health treatment, physical or occupational therapy, or other conditions that require regular provider visits face mounting bills – some to the point where they've discontinued care. Other beneficiaries are faced with rising TRICARE pharmacy copays that far outpace the cost-of-living adjustment (COLA). In some cases, costs will more than double.

Stormers will help MOAA fight these increases, the effects of which will be worsened as retirees and others are [transitioned out of military treatment facilities](#).

Ensure Proper Pay and Benefits to Maintain the All-Volunteer Force. MOAA continues its push to ensure the annual military pay raise matches the Employment Cost Index (ECI), which this year [calls for a 3% increase](#). But servicemembers' needs go far beyond their paychecks: Congress must keep faith with the force by protecting earned benefits for servicemembers past and present, and their families – an often-overlooked part of the retention equation.

Stormers also will pass along a message of thanks from MOAA to legislators whose efforts as part of the FY 20 National Defense Authorization Act (NDAA) led to, among other achievements:

- Approving a 3.1% military pay raise.
- Repealing the Survivor Benefit Plan (SBP)-Dependency and Indemnity Compensation (DIC) offset, better known as the "[Widows Tax](#)."
- Improving accountability for providers of privatized military housing, including the establishment of a Military Tenant Bill of Rights. Learn more about these issues .

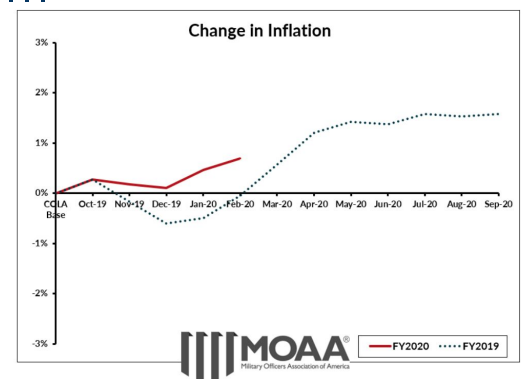
Continued on page 6

COLA Watch

moaa.org/content/take-action/cola-watch

The February 2020 CPI is 251.935, 0.7 percent above the FY 2020 COLA baseline.

the Consumer Price Index for March is scheduled to be released April 10. The CPI baseline for FY 2020 is 250.200.



USO/Fisher House Drive (continued)

A special thanks to Nick and Sonja Wartonick for working so very hard on the project. Nick's motivating articles certainly helped make this a record year for us. Unfortunately, the spring baseball games have taken a hit but hope they enjoy Florida anyway.

Thank you to Bob Koss and Walt Evans for making another rainy trip to Dupo with me to pick up JROTC donations; to Bob and Nancy Norman for helping to sort all said donations; to Richard and Starla Smith for helping with the delivery to the USO warehouse; and, to Bob Koss and Walt Evans for doing the delivery to Fisher House.

A simple thanks doesn't seem like enough but thanks again. Stay safe everyone. Ann Morey

IT Awareness

by Col (ret) Bob Norman

Robocalls are seemingly epidemic—well, not like Coronavirus—but, they can quickly become annoying. There is relief, though. The Federal Communications Commission (FCC) changed its rules on blocking unwanted calls. Cell phone providers are also trying to do their part by offering blocking services. Now, there's [new United States legislation](#) (signed at the end of last year by President Trump) to tackle the problem. American's phones rang 5 billion times in the month of November 2019 just from robocalls alone - almost 2,000 calls per second. There are some Robocalls allowed. Since 2020 is an election year in the US, recorded messages regarding candidates running for office or charities asking for donations are allowed. Messages that are solely informational, for example a reminder from your doctor's office, are permitted. Pre-recorded messages from banks, telephone carriers and charities also are exempt from these rules if the organizations make the calls themselves. If the recording is a sales message and you haven't given your written permission to get calls from the company on the other end, the call is **illegal**. A telemarketer must have your written consent, whether through paper or electronic means, to receive a call or message. Simply buying a product, or contacting a business with a question, does not give them legal permission to call you. The new rules also require telemarketers to allow you to opt out of receiving additional telemarketing robocalls immediately during a pre-recorded telemarketing call through an automated menu.

How to avoid robocall scams:

The Federal Trade Commission [recommends three key steps](#) consumers can take to help reduce unwanted calls: Hang up. Block. Report.

1. Hang up. If you pick up the phone and get a recorded sales pitch, hang up. The call is illegal. Don't speak to them. Don't press a button to supposedly remove your name from a list. (That could result in even more calls.) Hang up. Furthermore, alert your employees that if they see a call that says it's from the IRS or Social Security Administration, don't trust it. Scammers know how to fake the Caller ID information.

Continued on page 16

Chapter Officers	
President	Col (ret) Bob Norman
2nd VP/Communications	Maj (ret) Rick Sunner
Secretary	Lt Col (ret) Ann Morey
Treasurer	Col (ret) Dick Glogowski
Membership	Maj (ret) Sabrina Luttrell
Programs	Yasemin Koss
ROTC Liaison	CDR (ret) Tim Grout
Spouses Liaison	Narni Cahill

Call for Articles! If you want to submit an article for the Eyes to the Skies, just send the draft article to me at rick.sunner@gmail.com. Please keep these things in mind:

- Submit your article by the 10th of the month prior
- The article must be in MS Word or text format

We reserve the right to edit the article so it fits in the newsletter and meets our (and MOAA's) editorial policy.

Editorial Policy

The Southwest Illinois Chapter Newsletter is published monthly by the Southwest Illinois Chapter which is an affiliate of the Military Officers Association of America (MOAA). MOAA and its affiliated chapters and councils are nonpartisan.



Legislative News (continued)

- Requiring further study into DoD's plans to [eliminate 18,000 medical billets](#).
- Allowing servicemembers to file claims over alleged military medical malpractice, a change to the so-called "**Feres Doctrine**."

Storm From Home

Send your representatives a MOAA-suggested message at:

- <http://takeaction.moaa.org/app/write-a-letter?0&engagementId=506664>

to show your support.

You also can follow MOAA's social media channels:

- Facebook (<https://www.facebook.com/moaa>)
- Twitter (<https://twitter.com/militaryofficer>)
- Instagram (<https://www.instagram.com/moaaofficial/>)

for the latest, and use the hashtag #MOAAstorms for your Storming-related posts.

Bill Would Restore Disabled Vets With Their 'Unjustly Denied' Benefit

By: Mark Belinsky | March 4, 2020

Maj. Richard Star is a combat veteran who has never smoked a day in his life; he also has terminal lung cancer. As such, Star will medically retire early from the Army after a distinguished career as a combat engineer that included critical route clearance and road construction missions in Afghanistan and Iraq.

Those who traveled on those IED-infested roads know the route clearance engineers are absolute heroes who saved countless military and civilian lives. Unfortunately, following his early retirement, Star and his family will suffer a financial penalty for being forced out of the military and medically retiring him under Chapter 61 of Title 10 – Retirement or Separation for Physical Disability.

Servicemembers who are unable to complete 20 years of service due to service-connected injuries are known as "Chapter 61 retirees." Some retirees who suffered from injuries incurred in combat are eligible for Combat Related Special Compensation (CRSC) which mitigates to varying degrees some loss in pay due to the offset.

The Maj. Richard Star Act, announced in a Capitol Hill press conference on Tuesday, provides total offset relief for those with combat injuries – ensuring they get their full service-earned retirement based on time in service and grade, as well as their disability compensation from the VA for service-connected injuries or illness.

"These retirees are unjustly denied the benefits they deserve, and in this country that should never, never happen," said Rep. Gus Bilirakis, R-Fla., who introduced the bill in the House. A companion bill is pending in the Senate from Sen. Jon Tester (D-Mont.). This is a bipartisan and bicameral effort to correct an injustice and keep us on the path towards concurrent receipt for all.

Background on Concurrent Receipt

A retired servicemember, who also receives VA disability compensation, has an amount equal to that compensation deducted from their military retirement pay. In some cases, the servicemember forgoes their entire military retirement pay. Congress has approved concurrent receipt of both retired pay and disability compensation only for those who are 50% or more disabled and completed at least 20 years of creditable service. Remaining to be approved are those same retirees who are 40% disabled and below, and retirees with less than 20 years creditable service with combat-related and other injuries or illnesses.

Legislative News (continued)

Prior to 2004, military retirees could not receive both retirement pay and disability pay because it was erroneously perceived as a duplication of benefits or “double dipping.” In 2004, MOAA and The Military Coalition successfully lobbied Congress to implement concurrent receipt for retirees who are rated 50 percent disabled or greater. This alone was a hard-fought battle over many years.

Remaining to be approved are those who are 40% disabled and below, and those who were unable to complete 20 years of service due to service-connected injuries or illness. There are approximately 210,000 Chapter 61 retirees. Some retirees who suffered from injuries incurred in combat are eligible for Combat Related Special Compensation (CRSC) which mitigates some loss in pay due to the offset, but the injustice remains. There are approximately 42,000 of these individuals.

MOAA has long argued that retired pay and VA service-connected disability compensation are fundamentally different benefits, granted for different reasons. Military retired pay is an earned benefit for vested years of service. Service-connected disability compensation is for injury. To deny retired pay because of a disability is an injustice.

The Congressional Budget Office estimates that eliminating full concurrent receipt would cost more than \$30 billion over 10 years. An incremental approach, such as the Maj. Star Act, chips away at the total cost by first eliminating subsets of the population who are still awaiting concurrent receipt of both pays.

Passage of this act would reduce the number of people still awaiting total concurrent receipt, which ultimately reduces the cost of continued wins toward total concurrent receipt. We acknowledge the Maj. Star Act is not the whole solution, but it is progress.

Star and his wife Tonya attended the press briefing, and they are resilient.

“At this point, my goal in life is to take care of family and friends,” Maj. Star said at the briefing. Among those in attendance were caregivers of combat veterans and NCOs the Star family had become close with during treatment at Walter Reed Hospital. An impressive drive to never stop serving.

4 Steps to Improve Special Education for Military Children

By: Eryn Wagnon | March 4, 2020

Despite federal and state regulations in place to protect students with special needs, aspects of military life such as frequent moves lead to significant educational deficiencies for these vulnerable children. These deficiencies create undue burdens on military families and their children with special needs, significantly decreasing military retention and impacting readiness.

Many military families that have children with special needs have voiced their frustration to MOAA about the lack of consistency of special education services through their time in the military.

Some struggle to receive the bare minimum of required special education when they move state to state. This has led to formal disputes against school districts and fear of reprisal for entering such actions, with schools “waiting families out” until they move to their next duty station. Other families have faced financial burdens connected with non-public education options.

MOAA continues to support these families through advocacy efforts and other avenues. While all families have unique needs, these four steps would make a major difference in this ongoing issue and may provide a better understanding of the overall problem:

1. Find the data. The services should collect and record the number of disputes filed, and the outcome of these disputes for military families. This information should be reported to the Office of Special Needs and Congress and help inform future programs and policies to ensure a (FAPE) for military special-needs

Legislative News (continued)

students. Dispute data should be collected from school district reports, state and federal courts, and the reports of families collected by installation leadership.

2. Understand the issue. The Government Accountability Office should do a study on whether military families have higher rates of disputes and loss of FAPE than the civilian population. Other considerations for this study should include:

- Accessibility barriers to dispute resolution processes
- What contributes to the loss of FAPE, and what happens when a state is found at fault for not providing FAPE
- What school districts are high-risk, and what resources they are lacking
- How funds are used in districts with high rates of disputes
- How to conduct oversight and enforce FAPE for special needs military students when school districts do not comply
- Efficacy of attorney support in special needs cases

3. Support continuity of education. Allow families the choice to maintain their child's current Individualized Education Program (IEP) for at least six months after they arrive at a new duty station before any changes are made.

4. Keep parents in the loop. Evaluating a child's educational needs requires parental consent, per the Individuals with Disabilities Education Act. The U.S. Department of Education should direct states to document parental consent before any IEP changes are implemented for military children.

Why Am I Being Kicked Out of My Military Treatment Facility?

By: Karen Ruedisueli | February 26, 2020

Last week, the Department of Defense released the Section 703 report outlining [proposed rightsizing and restructuring for 50 military treatment facilities](#) (see list at the end of the article). In a call preceding the release of the report, senior defense officials assured MOAA and other advocacy organizations there would be no immediate changes to MTF services — yet we've heard from numerous MOAA members who have recently been notified they can no longer be seen at their MTFs.

How is this possible?

After reviewing details from our member correspondence and consulting with the Defense Health Agency (DHA), it seems there are a few possible explanations:

Transition to TRICARE for Life

- When a beneficiary turns 65 or otherwise becomes eligible for Medicare (due to disability or certain diseases), they must sign up for Medicare Parts A & B to retain TRICARE. Once enrolled in Medicare, they automatically receive TRICARE benefits under TRICARE for Life (TFL).
- As a TFL beneficiary, they are no longer eligible for TRICARE Prime and are disenrolled from their MTF. Some MTFs offer TRICARE Plus to TFL beneficiaries. If available, you can enroll in TRICARE Plus at your MTF and it gives you access to MTF primary care on a space available basis with no copays.
- If your MTF does not offer TRICARE Plus, you must get your care from civilian providers as a TFL beneficiary. Some of the members who have contacted us about losing access to their MTFs are experiencing this transition to TFL.

Legislative News (continued)

Existing Limits to MTF Capacity

- Many MTFs already lack capacity to serve all Prime beneficiaries eligible for MTF care in their area. Priority for access goes to active-duty service members followed by active-duty family members enrolled in Prime. Since retirees and their families have lower priority access for MTF care, many are already receiving care in the TRICARE network and, as MTF capacity fluctuates, retirees are the beneficiaries most likely to be transitioned to civilian care.
- Across a direct care system serving about 3.4 million servicemembers, retirees and their families, at any given time there are likely a fair number of beneficiaries moving from direct to purchased care or vice versa based on changes to MTF capacity.

Previous MTF Downsizing/Closure Decisions

- In some cases, DHA or the services had already made plans to close or downsize particular MTFs for reasons unrelated to Military Health System Reform and the Section 703 report on restructuring the direct care system.
- Some of these changes have already occurred or are currently underway. Some beneficiaries being moved to civilian care related to these decisions.

Tell Us About It

- MOAA is committed to ensuring beneficiaries have access to high quality care. Have you experienced problems accessing medical care after being transitioned from your MTF to the TRICARE civilian network? If so, please contact us at info@moaa.org to share your story.
- Please share your location, your former MTF name, the type of providers you can't find (for example, primary care, cardiology, dermatology, etc.) and specifics about the problems you've faced (e.g., inaccurate provider directory, providers not taking new patients, providers not accepting TRICARE, long wait times for new patient appointments, etc.)
- Due to the volume of correspondence we are receiving on this issue, we may not be able to respond to you directly, but please be assured the feedback you provide is essential to MOAA's advocacy work and it is much appreciated. Thank you in advance for your assistance!

Active Duty Only

- Facilities scheduled to limit patients to active duty servicemembers:
 - Alabama: Maxwell AFB outpatient facility; Redstone Arsenal outpatient facility.
 - California: Branch Health Clinic San Onofre.
 - Connecticut: Naval Branch Health Clinic Groton (will continue to see active duty family members).
 - Delaware: Dover AFB outpatient facility.
 - Florida: Army Health Clinic SOUTHCOM outpatient facility*; MacDill AFB outpatient facility; Patrick AFB outpatient facility.
 - Georgia: Naval Branch Health Clinic Albany outpatient facility*; Robins AFB outpatient facility.
 - Illinois: Rock Island Arsenal outpatient facility*.
 - Louisiana: Barksdale AFB outpatient facility; Naval Branch Health Clinic Belle Chasse*.
 - Maryland: Barquist Army Health Clinic outpatient facility (Fort Detrick)*; Branch Health Clinic Indian Head outpatient facility; Kirk Army Health Center outpatient facility (Aberdeen Proving Ground); Naval Health Clinic Patuxent River outpatient facility.
 - Massachusetts: Hanscom AFB outpatient facility.

Legislative News (continued)

- Mississippi: Naval Branch Health Clinic Meridian outpatient facility*.
- New Hampshire: Naval Branch Health Clinic Portsmouth (clinic in Kittery, Maine).
- New Jersey: Branch Health Clinic Colts Neck outpatient facility (NWS Earle); JB McGuire-Dix-Lakehurst outpatient facility.
- North Carolina: Joel Health Clinic outpatient facility and Robinson Health Clinic, both at Fort Bragg.
- Pennsylvania: Fillmore Army Health Clinic (New Cumberland) outpatient facility*.
- Rhode Island: Naval Health Clinic New England (Newport).
- Tennessee: Naval Branch Health Clinic Mid-South outpatient facility.
- Texas: Dyess AFB outpatient facility; Goodfellow AFB outpatient facility; Branch Health Clinic Corpus Christi outpatient facility.
- Virginia: Kenner Army Health Clinic outpatient facility (Fort Lee); Naval Branch Health Clinic Dahlgren outpatient facility.
- Note: Facilities marked with an asterisk (*) may enroll active duty family members “as necessary to round out the physician panels and maintain readiness,” per the report.

Active Duty Only: In Process or In Place

- Facilities already limiting patients to active duty servicemembers, or in the process of doing do, in realignments supported by the report:
 - California: Army Health Clinic Monterey
 - Colorado: Robinson-Carson outpatient clinic (Fort Carson)
 - Kansas: Farrelly Health Clinic (Fort Riley)
 - Texas: Charles Thomas Moore Health Clinic (Fort Hood)
 - Washington: Okubo Medical Home (JB Lewis-McChord)

Closures

- Facilities set to close entirely, or already closed in decisions supported by the report:
 - California: Department of Behavioral Health, Fort Irwin; Naval Branch Health Clinic Rancho Bernardo.
 - Florida: MacDill Sabal Park Clinic (Brandon)
 - Georgia: Community Based Medical Home North Columbus (Fort Benning) outpatient facility
 - Texas: Fort Hood Medical Home (Building 36000, replaced with sleep center supporting Carl R. Darnall Army Medical Center)

More Changes

- Other facilities facing changes:
 - Hawaii: Tripler Army Medical Center “will be considered for recapitalization of the aging platform,” per the report, “with the final location and capability dependent on further analysis of Hawaii market capabilities and military demand.”
 - Kansas: The report supports Munson Army Health Clinic’s suspension of surgical capabilities and transition to an outpatient clinic at Fort Leavenworth.
 - Maryland: Kimbrough Ambulatory Care Clinic (Fort Meade) will transition from an ambulatory surgery center to an outpatient facility.
 - New Jersey: Naval Branch Health Clinic Lakehurst “will be scoped to Occupational Health, Industrial Hygiene, and Preventive Medicine only,” per the report.

Legislative News (continued)

- North Carolina: The report supports Naval Medical Center Camp Lejeune's plan to become a Level II trauma center, to include 24-hour immediate coverage by general surgeons and a range of other capabilities.
- South Carolina: Naval Hospital Beaufort to become an ambulatory surgery center and outpatient clinic with medical holding bed capability.
- Virginia: JB Langley-Eustis: 633rd Medical Group-Langley to become an ambulatory surgery center and outpatient clinic. McDonald Army Health Clinic is transitioning from an ambulatory surgery center to an outpatient facility "with significant specialty services."

TRICARE Over 65 News (TRICARE for Life)

Who is eligible?

TRICARE For Life is Medicare-wraparound coverage for TRICARE-eligible beneficiaries who have enrolled Medicare Part A and B.

When you become eligible for and purchase Medicare, you become eligible for [TRICARE for Life](#) (TFL). The Social Security Administration is responsible for Medicare enrollment and should send you the necessary information 3-4 months prior to your 65th birthday. If you do not receive this information by one month prior to reaching age 65, you'll want to contact your local Social Security Office.

While the Social Security retirement age is increasing, the Medicare eligible age remains 65 regardless of when you are eligible for full Social Security retirement benefits. Once you enroll in Medicare, TFL automatically becomes the secondary payer to Medicare as long as you have a valid military ID card. Your military ID card expires on the first day of the month that you turn 65 so you will need to make sure it has been renewed in order to keep your TRICARE eligibility.

What does it cost?

There are no fees associated with TFL. Beneficiaries must pay the Medicare Part B premiums in order to stay enrolled in TFL.

TFL works as the secondary to Medicare. Medicare pays 80% of covered-services, and TFL pays the remaining 20%. TFL also pays the Medicare deductible. Beneficiaries should not have any out of pocket costs for Medicare and TRICARE-covered services.

For services covered by TRICARE but not by Medicare, such as pharmacy services or overseas care, you may be required to pay any applicable TRICARE co-payments. In situations where Medicare coverage does not apply, becomes primary payer and you will be responsible for the TRICARE Standard deductible and cost-shares.

For services covered by Medicare but not TRICARE, such as chiropractic care, Medicare pays 80 percent and you will be responsible for the remaining 20 percent.

How does it work?

As a Medicare beneficiary, you visit a physician who accepts Medicare. The provider files the claim with Medicare and once the claim is processed by Medicare, it is automatically forwarded on to TFL for payment. TFL pays the remainder of the claim provided that the service is a Medicare and a TRICARE covered benefit. There are very few Medicare covered benefits that are not TFL covered benefits which would require you to pay the remainder of the claim instead of TFL (i.e. chiropractic care is a Medicare but not TRICARE benefit).

Legislative News (continued)

If you choose a provider who has opted-out of Medicare, meaning they do not accept Medicare patients and will not file with Medicare, TRICARE will process the claim as second payer as long as the service is a covered benefit and the provider is TRICARE authorized. As second payer, TFL pays what it would have paid if Medicare processed the claim as primary (meaning TFL pays 20% of the TRICARE allowable charge). You are responsible for the remaining 80% of the bill.

The Medicare website provides a search tool to [find a provider](#) in your area. Should you have no option for reasonable access to medical care but to use an opt-out Medicare provider contact WPS at 1-866-773-0404 for details on the opt-out waiver process.

Traveling or Living Overseas and TFL

TRICARE Overseas Program (TOP) TRICARE for Life is available to beneficiaries residing overseas. The Medicare Part B enrollment requirement applies regardless of whether you live in the United States or abroad. Because Medicare is primarily a U.S. based program, there is no Medicare coverage overseas with the exceptions listed below*.

In locations where Medicare coverage does not apply, TRICARE is the primary source of health benefits. provides the same coverage and with the same cost shares and deductibles. However, TRICARE pays billed charges overseas vs. maximum allowable charge. TOP Standard beneficiaries are responsible for paying annual deductibles and cost shares. You may be required to pay up front for care and then file claims with Wisconsin Physicians Service (WPS) - the [TRICARE Overseas Claims Processor](#).

*Medicare is available in U.S. territories (Guam, Puerto Rico, the U.S. Virgin Islands, American Samoa, the Northern Mariana Islands, and for purposes of services rendered onboard ship, the territorial waters adjoining the land area of the United States). In these locations, TFL acts as the secondary payer after Medicare, just as with the stateside TFL program.

Medicare/TFL and Other Health Insurance

When you have Other Health Insurance (OHI) that is not based on current employment (an FEHBP for example), then Medicare pays first, your OHI pays second, and you have to file any remaining balances yourself with TRICARE.

Generally speaking, TRICARE/Medicare-eligible beneficiaries (without other health insurance) find that Medicare as their primary insurance and TFL as their secondary insurance is adequate for their health care needs. It is often more cost-effective as well, because TFL doesn't require any additional participation premiums outside the monthly Medicare Part B premium. There are very few Medicare-covered benefits that are not TFL-covered benefits which would require you to pay the remainder of the claim instead of TFL (for example, chiropractic care). The important question is whether or not you are required to pay for your employer-sponsored health coverage.

If you are not required to pay premiums for you and/or your spouse, then the only thing to consider is the fact that you are responsible for filing claims with TFL for any outstanding balances after both your OHI and Medicare have paid; however, there are probably very few instances where there would actually be an outstanding balance after both insurance plans have processed the claim.

If you are required to pay premiums for you and/or your spouse, then you will want to evaluate the cost-effectiveness of continuing enrollment in your OHI. Remember, you are already paying Medicare Part B premiums, and unlike your OHI, TFL doesn't require additional participation premiums. If you decided to drop your OHI, you would be saving the cost of those premiums, and have Medicare as your primary payer and TFL as your secondary. You will not be responsible for filing your own claims with TFL as long

Legislative News (continued)

as you seek care from providers that accept Medicare. The provider will file with Medicare and once the claim is processed by Medicare, it is automatically forwarded on to TFL for payment.

Keep in mind that TFL provides you with a pharmacy benefit at no cost (other than drug co-pays), whereas Medicare offers a separate pharmacy benefit (Medicare Part D) that requires a monthly premium on top of your Medicare Part B premium and generally higher drug co-pays. Medicare Part D is an optional benefit; but as far as TFL beneficiaries are concerned, there is generally no added benefit in enrolling in Medicare Part D.

Other items to consider are dental coverage, routine eye exams, and long term care; none of which are TFL or Medicare covered benefits. If your employer-sponsored health plan provides any of these services, you will want to take that into serious consideration in making your decision- especially if your OHI includes long term care.

TRICARE Pharmacy benefit

The pharmacy benefit under TFL is the same pharmacy benefit as TRICARE Prime and TRICARE Standard.

Can fill prescriptions three different ways: at a military treatment facility (MTF), at a local retail pharmacy, or through the mail-order pharmacy (TMOP).

For current pharmacy costs, and information on other TRICARE costs, see this TRICARE web page:

<https://tricare.mil/Costs/Compare>

To research currently covered medications, see the Tricare formulary list here:

<https://tricare.mil/CoveredServices/Pharmacy/Drugs>

MEDICARE

Who is eligible?

Medicare is a health insurance program for:

- people age 65 or older,
- people under age 65 with certain disabilities, and
- people with end-stage renal disease (ESRD)

Although the age for full Social Security payments has increased, the age for Medicare entitlement has not changed; it continues to be age 65.

If you already receive benefits from Social Security, you will automatically receive Part A and be enrolled in Part B starting the first day of the month you turn 65.

If you have not filed for Social Security, you must file for Part A and enroll in Part B. You must enroll in Part B during your Medicare Initial Enrollment Period (seven-month period that begins three months before you turn 65, includes the month of your birthday, and ends three months after you turn 65) to avoid the Medicare surcharge for late enrollment.

You can enroll online at [or](#) by calling the SSA at 1-800-772-1213 or by visiting your [local SSA office](#).

All TRICARE beneficiaries must enroll in Medicare upon gaining Medicare eligibility in order to retain TRICARE/TRICARE for Life coverage.

Legislative News (continued)

If a TRICARE beneficiary chooses not to enroll in Medicare during their initial enrollment period, or to disenroll from Part B at a later date or stop paying their Part B premiums- their TRICARE/TFL coverage will be suspended until Medicare enrollment is established. TFL will not make any payments during which time a beneficiary is eligible for but not enrolled in Medicare Part B.

What does it cost?

There are no costs associated with Medicare Part A, but there are monthly premiums for Medicare Part B which are based on income.

For detailed cost information on Medicare programs, go to this Medicare page:

<https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html>

How does it work?

You must enroll in Medicare Parts A and B. If you are already receiving Social Security, you will be automatically enrolled. If you are not receiving SSA benefits, you will receive an application packet and you must enroll during your initial enrollment period. This window is three months before your birthday, the month of, and three months after your 65th birthday.

Your Medicare coverage begins on the first day of the month that you turn 65 and delaying enrollment will also delay coverage.

If you miss the initial enrollment period, you cannot enroll in Medicare until open enrollment, and you will be charged a penalty.

If you are working and have employer-sponsored healthcare, you can delay enrollment without incurring a penalty.

For more information please visit <http://www.medicare.gov/> or you can email a question to our benefits counselors at beninfo@moaa.org.

Cappadocia

by Yasemin Koss

Cappadocia is a historical region in Central Anatolia, largely in the Nevşehir, Kayseri, Kırşehir, Aksaray, and Niğde Provinces in Turkey. The name, traditionally used in Christian sources throughout history, continues in use as an international tourism concept to define a region of exceptional natural wonders, in particular characterized by **fairy chimneys** and a unique historical and cultural heritage.

Herodotus (ancient Greek historian) tells us that the name of the Cappadocians was applied to them by the Persians, while they were termed by the Greeks "Syrians" or "White Syrians". Cappadocia appears in the biblical account given in the book of Acts 2:9. The Cappadocians were named as one group hearing the Gospel account from Galileans in their own language on the day of Pentecost shortly after the resurrection of Jesus Christ. Acts 2:5 seems to suggest that the Cappadocians in this account were "God-fearing Jews".

Due to the State-mandated COVID-19 constraints on public gatherings and subsequent cancellation of the March 2020 meeting, Bob and Yasemin Koss were unable to talk to us about Cappadocia and Fairy Chimneys in Anatolia , Turkey.

We will be rescheduling this presentation for a future meeting, so stay tuned!

COUNCIL AND CHAPTER NEWS

TAKE ACTION!

For more information about the articles in this month's newsletter and how you can get more involved, visit the MOAA [Take Action Center](#) webpage.

- [Act now to Help Veteran Caregivers](#), the Transparency and Effective Accountability Measures (TEAM) for Veteran Caregivers Act improves the veterans caregiver program by ensuring all caregivers are included in the veterans' medical records, establishing a minimum standard of information in downgrade notification letters, and extending benefits for at least 90 days after a termination letter is sent for cases where a veteran is deemed "no longer clinically eligible" for the program.
- [Protect Gold Star Spouses During Future Shutdowns](#), under current law, Gold Star spouses receiving benefits from the Department of Defense are protected from interruptions in payments during a government shutdown. But because Coast Guard paychecks come from the Department of Homeland Security, these survivors are still at risk.
- [Act Now to Support Concurrent Receipt for Disabled Military Retirees](#), Act now to support the Retired Pay Restoration Act, a bill to provide concurrent receipt of both military retired pay and veterans' disability compensation.
- [Act Now to Extend CHAMPVA Coverage](#), Did you know that children of disabled veterans are the only group in America not covered by their parent's health insurance up to age of 26? The CHAMPVA Children's Care Protection Act of 2019. If passed, they would expand coverage under CHAMPVA for children of eligible veterans, family members, and survivors so they can maintain their health care coverage until age 26.
- [Support the Jobs and Childcare for Military Families Act](#), According to Department of Defense data, 24% of the military spouse labor force remains unemployed. That's over six times higher than the national unemployment rate. Additionally, many military families feel the impact of the rising cost of health and dependent care. To retain the best and brightest in an all-volunteer force, we must remove as many barriers to family financial stability as possible.

KEY BILLS

The following bills are currently under consideration:

- [Federal - HR 333](#), a bill to amend title 10, United States Code, to permit retired members of the Armed Forces who have a service-connected disability rated less than 50 percent to receive concurrent payment of both retired pay and veterans' disability compensation, to extend eligibility for concurrent receipt to chapter 61 disability retirees with less than 20 years of service, and for other purposes.
- [Federal - HR 413](#), a bill to amend the Internal Revenue Code of 1986 to allow the work opportunity credit to small businesses which hire individuals who are members of the Ready Reserve or National Guard, and for other purposes.
- [Federal - HR 847](#), a bill to provide interim appropriations for the Coast Guard Retired Serviceman's Family Protection and Survivor Benefits Plans for each fiscal year after fiscal year 2018, and for other purposes.

SW IL VETERANS SERVICE OFFICE

The [VSO](#) provides free assistance to veterans, their dependents, and survivors in navigating complex services and benefits. The nearest VSO is in Belleville, and can be contacted at 618-233-8445/5140.

IT Awareness (continued)

2. Block. You can reduce the number of unwanted calls you get by using call-blocking technologies. Your options differ depending the model of your phone, service provider and whether you use a traditional landline or internet phone service. Visit [ftc.gov/calls](https://www.ftc.gov/calls) for advice.
3. Report. After you hang up, report the unwanted or illegal call to the FTC at [ftc.gov/complaint](https://www.ftc.gov/complaint). The more information they have about the call, the better they can target our law enforcement efforts.

What you can do to stop robocalls:

Consumers can help the government combat robocall scams by reporting the calls they receive. The FTC recently announced , a partnership with state and federal partners to crack down on robocalls. As of June 2019, it's included 94 actions targeting operations around the country that are responsible for more than one billion calls. Be sure to report the unwanted or illegal call to the FTC at [ftc.gov/complaint](https://www.ftc.gov/complaint).

In the United States, the Federal Trade Commission initiative provides telecommunications companies and other partners with known robocallers' telephone numbers every day. The FTC collects scammers' telephone numbers from consumer complaints, and the more consumers who report numbers, the faster it can develop its blacklist database. [Reports a scam call using this link](#). In Canada, residents can also report illegal robocalls. Go to the [National Do Not Call list to file a complaint](#). Consumers can also report robocalls to [the Better Business Bureau Scam Tracker](#). BBB shares Scam Tracker information with government and law enforcement agencies, so every piece of information is helpful in tracking down scammers.

[Source: Better Business Bureau | January 29, 2020. ++]

Here's What You Need to Know About the New Law on Robocalls

Trump signed the anti-robocall act following its bipartisan support in Congress.

by Libby Cathey (1 Jan 2020)

President Trump has signed a new law aimed at tackling the scourge of illegal robocalls.

The bipartisan legislation expanded the power of the Federal Communications Commission to deter spam calls and reinforced the responsibility of individual phone companies to protect their own consumers.

"With this legislation, phone companies will be required to give all consumers meaningful new protections against these calls and Americans will finally get some relief from the ringing telephone," Maureen Mahoney, policy analyst with Consumer Reports, told The Associated Press.

However, while consumers may receive fewer spam calls in 2020, they won't disappear overnight or entirely, she explained.

The Telephone Robocall Abuse Criminal Enforcement and Deterrence Act, or TRACED Act, increases fines on spam robocallers from \$1,500 to as much as \$10,000 per illegal call. It also requires phone companies speed up their adaptation of "call authentication technologies" to verify that incoming calls are legitimate before ever reaching consumers, a point Mahoney said is a "big victory."

"The key is requiring these phone companies to help stop the calls before they reach the consumer and do it at no additional charge," she told The AP. While consumers can buy software like Hiya and YouMail to help weed out the billions of robocalls that Americans collectively receive each month on cellphones, this new legislation thrusts the responsibility on service providers to block those calls from ever reaching consumers.

The law also requires the Federal Communications Commission and service providers to develop a system which informs customers when they're receiving a "spoofed" call -- when the caller ID is made to look like it's coming from the same area code, a well-known agency, such as the Internal Revenue Service or company. That system, however, will not work for home phones connected to copper landlines, so the measure calls on the FCC and phone companies to find an alternative for those customers.

Need to Know -- Robocalls (continued)

Another key takeaway from the new legislation is that it allows the FCC four years to intervene and collect fines after an illegal robocall takes place instead of only one, as with previous legislation. The additional time may prove helpful. According to the Wall Street Journal, the FCC collected only 0.003 percent of the fines it imposed between 2015 and early 2019.

The FCC is also now required do more to try to protect hospitals because robocalls can divert staffers' attention when they appear to come from inside the hospital.

Beyond robocalls, the law also directs the FCC to create new rules that will help protect subscribers from receiving unwanted texts too.

Faking caller ID numbers and placing automated telemarketing calls to consumers without their written permission is already illegal in the U.S., but enforcing their subsequent fines has come with hurdles. While U.S.-based robocalls are easier to trace, many of the robocalls that Americans receive originate from overseas, and Consumer Reports says those will likely continue without sufficient interruption.

While Mahoney praises the final legislation overall, she told The AP that robocallers may exploit some protection gaps that were lost between the House and Senate versions -- such as a mandate to clarify that the consumer give or withdraw consent to telemarketers.

Since it was first introduced in November 2018, Sen. John Thune, R-S.D., championed the bill along with Sen. Ed Markey, D-Mass., and Rep. Frank Pallone, D-N.J. It passed Congress in 2019 with overwhelming bipartisan support: 417-3 in the House and 97-1 in the Senate.

The law going into effect represents a rare, bipartisan victory in a Congress otherwise paralyzed by partisan politics and impeachment. Thune took to Twitter Tuesday morning to share the news.

FCC Chairman Ajit Pai also issued a congratulatory statement. "Specifically, I am glad that the agency now has a longer statute of limitations during which we can pursue scammers and I welcome the removal of a previously required warning we had to give to unlawful robocallers before imposing tough penalties," Pai said.

The legislation comes after Americans' phones rang 5 billion times in the month of November due to robocalls alone -- almost 2,000 calls per second -- according to a May report by the Senate Committee on Commerce, Science and Transportation. The report also estimated that nearly half of all calls to cell phones are scam robocalls.

"American families deserve control over their communications, and this legislation will update our laws and regulations to stiffen penalties, increase transparency, and enhance government collaboration to stop unwanted solicitation," White House press secretary Stephanie Grisham said in a statement Monday night, when the president signed the legislation.

US Telecom, a phone industry trade group, praised the bill's passage, saying it "will supercharge" the fight against robocallers.

However, while some experts predict that as phone companies put more tools in place to combat robocalls, scammers will find new ways to reach victims. To prevent that, the FCC in December 2019 launched a study on blocking robocall services and their effectiveness.

Links:

- abcnews.go.com/congress/to-stop-annoying-robocalls
- abcnews.go.com/Politics/fcc-telecom-companies-block-illegal-robocalls
- consumerreports.org/robocalls/how-traced-act-robocall-law-will-protect-consumers
- robocallindex.com/

Southwest Illinois Chapter
Military Officers Association of America
P.O. Box 735
O'Fallon IL 62269

Meeting Announcement

This month's meeting has been cancelled. (See Program News for details.)

