DEPARTMENT OF THE ARMY
CHIEF OF STAFF, ARMY, RETIREE COUNCIL
OFFICE OF THE DEPUTY CHIEF OF STAFF G-1
300 ARMY PENTAGON
WASHINGTON, DC 20310-0300

Army Retirement Services

25 April 2008

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Chief of Staff, Army, Retiree Council Report

1. The forty-eighth meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon during the period 21-25 April 2008.

2. The Council members reviewed and discussed 33 issues submitted by 12 installation retiree councils. Issues submitted by installation retiree councils, with Chief of Staff, Army, Retiree Council comments, are at enclosure 1.

3. The Council's Report to the Chief of Staff, Army, is at enclosure 2.

JACK TILLEY
Sergeant Major of the Army
U.S. Army, Retired
Co-Chairman

FREDERICK E. VOLLRATH
Lieutenant General
U.S. Army, Retired
Co-Chairman

2 Enclosures
1. Installation Report
2. Annual Report of the CSA Retiree Council

DISTRIBUTION:
SPECIAL

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-01-2008

IMCOM REGION: West

INSTALLATION: Fort Leonard Wood, MO

SUBJECT: Health Care Cost Increases

DISCUSSION: It should be Congress' responsibility, not the Pentagon's, to establish any rate increases in retired military health care fees. This would preclude any unnecessary increases in enrollment fee and co-payments. This would also avoid public perception that retirees are supplementing the cost of ongoing operations.

APPROVED BY FORT LEONARD WOOD RETIREE COUNCIL CO-CHAIRPERSON

MICHAEL WARREN MAJ (Retired), Co-Chairman (1 Jan 2006)

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue and is opposed to DoD and/or DOD (Health Affairs) having greater authority in establishing the TRICARE fees.

- The DoD Task Force on the Future of Military Health Care final report, December 2007, recommended significant fee increases for virtually all categories of TRICARE beneficiaries, with all but the pharmacy portion linked to income levels, with automatic, annual indexing of enrollment fees.
- The Surgeon General's office is actively studying these recommendations to determine the effect proposed increases would have on supporting unfunded requirements, and how future fee increases will be indexed for cost calculation.
- The Council is concerned that significant increases would serve to exclude current or future beneficiaries' from the Defense Health Program (DHP) by placing unfair burdens on this population. It could also give the impression, that premium increases are a decline in Title 10 entitlements and an erosion of health care benefits.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-02-2008

IMA REGION: West

INSTALLATION: Fort Leonard Wood, MO

SUBJECT: Premium for Health Care Benefit Programs Tax-Free

DISCUSSION: All fees paid by military retirees for TRICARE Prime enrollment, TRICARE supplements, and TRICARE dental insurance should be paid for with pre-tax dollars. These premiums should either be on a pre-tax basis (excluded from gross income) or as a tax deduction (available to those that itemize and non-itemizers).

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports the recommendation to allow payment of TRICARE fees with pre-tax dollars and recommends this proposal be elevated to the Office of the Assistant Secretary of Defense, Health Affairs.

- The Department of the Army does not have the authority to approve or implement this recommendation but there is already some precedent within the civilian system for seriously considering such a proposal. Title 5, CFR, Part 550, established authority for the Federal Employee Health Benefit (FEHB) pre-tax exclusion.
- Recommend the initiation of a high level panel or working group representing various Federal agencies, such as DoD General Counsel, Assistant Secretary for Defense (Health Affairs) (ASD(HA)), Internal Revenue Service, Defense Finance and Accounting Service (DFAS), Department of Treasury, US Office of Personnel Management (OPM), and/or other required representation not specifically noted. Support the recommendation to allow payment of TRICARE fees with pre-tax dollars and recommends this proposal be elevated to the Office of the Assistant Secretary of Defense, Health Affairs.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-03-2008

MACOM: Military District of Washington

INSTALLATION: Fort Myer, VA

SUBJECT: TRICARE Payments to Doctors

DISCUSSION: Health Care is deemed to be the most important benefit for retirees and their Families. In some areas of the country, doctors decline to participate in TRICARE on the basis of perceived inadequate payment for services rendered. Also, DOD has repeatedly submitted budget proposals to increase TRICARE Prime premium payments for budgetary savings. Such increases, however, present a detrimental posture towards the importance of the highly valued health care benefit to Soldier Families and retirees. In an effort to assure continuing full support for health care, DA should vigorously represent the interests of Army retirees in convincing DOD not to increase TRICARE PRIME premiums and to urge the Congress not to reduce MEDICARE/TRICARE payments to doctors but to formulate plans to index such payments to assure that they keep pace with inflated health care costs.

APPROVAL:

Frank Cohn
Col, US Army, Retired
Co-Chair

Robert L. Brown
SGM, US Army, Retired
Co-Chair

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports maximum possible payments for civilian providers/services. In addition, we are opposed to unnecessary increases in enrollment fees and pharmacy co-pays.

- TRICARE's reimbursement system for civilian healthcare providers is defined by Title 10, United States Code, 1079(h)(1). This code/law aligns TRICARE reimbursement rates with Medicare rates. The law requires the TRICARE program to follow the reimbursement system and rates of Medicare, unless the Department of Defense can justify a deviation. TRICARE and Medicare rates are identical for most services, but may vary by location and type of service.
- When access is limited due to low reimbursement rates, the TRICARE Management Activity (TMA) can offer incentives called locality-based reimbursement rate waivers. The TRICARE Reimbursement Manual 6010.55-M, August 1, 2002, Chapter 5, Section 2, defines locality-based waivers and the approval process. When waivers are approved, TRICARE reimbursement rates serve to entice providers to join the network or accept TRICARE patients. Stakeholders such as civilian providers and beneficiaries may request a waiver through the Director of the TRICARE Regional Office. The TMA Director has final approval authority.
- Locality waivers have been approved for 13 areas since FY02. In addition, TMA has implemented a 3 year demonstration project in Alaska that raises all reimbursement rates 35% above the maximum allowable charge.
- The Surgeon General's office is actively studying recommendations to increase fees to determine the effect such increases would have supporting unfunded requirements and how future fee increases will be indexed for cost calculation.
- The Council is concerned that significant increases would serve to exclude current or future beneficiaries' from the Defense Health Program by placing unfair burdens on this population. It could also give the impression, that premium increases are a decline in Title 10 entitlements and an erosion of health care benefits.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-04-2008

MACOM: IMCOM Northeast

INSTALLATION: Fort Myer, VA

SUBJECT: Advanced Medical Directives

DISCUSSION: More and more Soldiers and retirees execute Living Wills within their estate plans and Medical Power of Attorney directives, which specify what actions to take when incapacitated. Copies of these directives are often furnished for inclusion in the respective Soldier's and retiree's medical file. If these documents are filed upon receipt, they often end up mixed within a lot of other medical papers and may not be immediately noticed in case of an emergency. A notice should be posted on the outer jacket of the medical file that a Medical Directive is contained within the file. Similarly, when medical files are transferred to an electronic file, a notation about the presence of an Advanced Medical Directive should be noticeable immediately upon opening the file.

APPROVED BY: Frank Cohn Col, US Army, Retired Co-Chair

ROBERT L. BROWN SGM, (Retired) SGM, Co-Chair

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council fully supports the implementation of a method for immediately notifying providers that an Advanced Medical Directive is on file.

- The established procedure for filing documents, places all administrative items, including Advanced Medical Directives, on the right or left side of the patient record depending on whether it is the outpatient of inpatient record. For various reasons the procedure may not be followed, it may not be readily available in an emergency or it may have become too bulky requiring "thinning", i.e., a second volume.
- The Surgeon General's office is aware of this problem and is recommending that a distinctive "box" be placed on both the outside and the inside of the outpatient and the inpatient records.
- In addition, they are recommending that the automated patient records include a clearly visible indication that the directive is available when the electronic record is opened.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-05-2008

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Eliminate or Reduction of TRICARE Mail Order Pharmacy Co-Pay

DISCUSSION: The TRICARE Mail Order Pharmacy (TMOP) customer satisfaction rating is a remarkable 97 percent. Nonetheless, despite a yearlong marketing campaign, TMOP handles less than 20 percent of the pharmacy workload. Further, prescriptions filled by retail outlets cost TRICARE approximately 40 percent more than medications obtained through TMOP. Elimination or reduction of the TMOP co-pay would be an incentive for TRICARE/TFL beneficiaries to use the TMOP for maintenance medications instead of retail network pharmacies. This would produce significant savings for DoD and be more cost-effective for TRICARE/TFL beneficiaries.

Recommendation: Eliminate or reduce TRICARE Mail Order Pharmacy co-pays.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports eliminating the TRICARE Mail Order Pharmacy (TMOP) Co-Pay for generic and chronic care drugs. In addition, TMOP must be easy to use, not only for the patient, but for the civilian provider.

- In the December 2007 final report from the Task Force on the Future of Military Health Care, it was recommended that the co-payment for generic drugs be eliminated. This approach is being used to some extent in the civilian corporate world.
- Restructuring of the cost would serve to increase participation of those not living near a military pharmacy. Furthermore, this restructuring would have the added benefit of enhancing preventive care particularly where chronic care drugs are concerned.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-06-2008

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Insufficient Participation by Medical Providers to Meet the Growing Needs of TRICARE Beneficiaries

DISCUSSION: The effectiveness of the military TRICARE program, and largely TRICARE Standard, is hindered by a lack of participation by medical in many parts of the country. In rural areas, beneficiaries may have to drive hours to seek medical providers that accept TRICARE patients. The Department of Defense (DoD) has worked to improve TRICARE Prime, the HMO-style program, but has provided less diligence to TRICARE Standard. Given that DoD and TRICARE have little data on availability of TRICARE Standard medical providers in terms of demand or the number of medical providers refusing to accept TRICARE Standard patients, DoD and TRICARE need to compile data to determine demand and availability of medical services for TRICARE Standard beneficiaries to assure that their medical needs are fully met.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S)

Eileen K. Watson, COL, 23 Oct 04 Ray A. Quinn, SGM, 14 Oct 06

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports all efforts to provide competitive reimbursement for health care delivered to the beneficiary population, irrespective of age.

- The DoD Task Force on the Future of Military Health Care final report, December 2007, recommended significant fee increases for virtually all categories of TRICARE beneficiaries, with all but the pharmacy portion linked to income levels, with automatic, annual indexing of enrollment fees.
- The Surgeon General's office is actively studying these recommendations to determine the effect proposed increases would have supporting unfunded requirements, and how future fee increases will be indexed for cost calculation.
- There is concern that significant increases would serve to exclude current or future beneficiaries' from the Defense Health Program by placing unfair burdens on this population. It could also give the impression, that premium increases are a decline in Title 10 entitlements and an erosion of health care benefits.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-07-2008

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Department of Defense (DoD) Contention that Health Care Costs for Military Retirees under Age 65 Will Triple Defense Budget

DISCUSSION: Department of Defense (DoD) officials have contended that rising health care costs for military retirees under age 65 infringe on weapons programs with the Joint Chiefs of Staff endorsing DoD's excessive fee hike. Defense budgeters assume the excessive fee hike will save money by causing hundreds of thousands of retirees to stop using their earned military benefits and switch to private sector insurance companies. Defense leaders state that the increased fees should bring military closer to civilian practices. It is wrong for DoD to save money by inflating the costs of health care with the intent of running off retirees. The DoD should look to alternatives, set up a non-partisan committee to study the problem and to provide solutions outside the control and influence of the DoD. Passage of The Military Health Care Protection Act (HR 579 and S 604) would place responsibility of health care fees in Congress' hands. This would enable military retirees to hold those making health care funding decisions accountable and preclude DoD from playing retiree health care and weapons needs against each other.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):

Eileen K. Watson, COL, 23 Oct 04 Ray A. Quinn, SGM, 14 Oct 06

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports restricting any fee increases to the percentage increase in the current year's pay raise, if increases are essential. If control of these increases can best be accomplished by moving the setting of fees to Congress, we support this initiative.

The Retiree Council does not support significant TRICARE fee increases and does not support either DoD or DoD (Health Affairs) having increased control of the fee structure. If and when increases are essential, they must be controlled to preclude an unfair burden on beneficiaries.

- The DoD Task Force on the Future of Military Health Care final report, December 2007, recommended significant fee increases for virtually all categories of TRICARE beneficiaries, with all but the pharmacy portion linked to income levels, with automatic, annual indexing of enrollment fees.
- The Surgeon General's office is actively studying these recommendations to determine the effect proposed increases would have on supporting unfunded requirements, and how future fee increases will be indexed for cost calculation.
- There is concern that significant increases would serve to exclude current or future beneficiaries' from the Defense Health Program by placing unfair burdens on this population. It could also give the impression, that premium increases are a decline in Title 10 entitlements and an erosion of health care benefits.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-08-2008

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: TRICARE Reimbursement Rates, Payment and Paperwork

DISCUSSION: TRICARE's reimbursement rates are often cited as a major reason that it is difficult to find health care for retirees since TRICARE rates are tied to MEDICARE rates set by Congress with many health care providers unwilling to accept TRICARE/TFL beneficiaries as patients due to the low reimbursement rate for their services. Health care providers also cite the cumbersome paperwork and long delays in receiving payment as reasons they are unwilling to accept TRICARE/TFL patients. The lack of health care providers has especially caused considerable travel time and long delays for beneficiaries residing in rural areas.

APPROVED BY INSTALLATION RETIRE COUNCIL CHAIRPERSON(S):

Eileen K. Watson, COL, 23 Oct 04 Ray A. Quinn, SGM, 14 Oct 06

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports all possible efforts to increase access to care by all beneficiaries.

- TRICARE's reimbursement system for civilian healthcare providers is defined by Title 10, United States Code, 1079(h)(1). This code/law aligns TRICARE reimbursement rates with Medicare rates. The law requires the TRICARE program to follow the reimbursement system and rates of Medicare, unless the Department of Defense can justify a deviation. TRICARE and Medicare rates are identical for most services, but may vary by location and type of service.
- When access is limited due to low reimbursement rates, the TRICARE Management Activity (TMA) can offer incentives called locality-based reimbursement rate waivers. The TRICARE Reimbursement Manual 6010.55-M, August 1, 2002, Chapter 5, Section 2, defines locality-based waivers and the approval process. When waivers are approved, TRICARE reimbursement rates serve to entice providers to join the network or accept TRICARE patients. Stakeholders such as civilian providers and beneficiaries may request a waiver through the Director of the TRICARE Regional Office. The TMA Director has final approval authority.
- Locality waivers have been approved for 13 areas since FY02. In addition, TMA has implemented a 3 year demonstration project in Alaska that raises all reimbursement rates 35% above the maximum allowable charge.
- The Surgeon General's office is actively studying recommendations to increase fees to determine the effect such increases would have on supporting unfunded requirements and how future fee increases will be indexed for cost calculation.
- The Council is concerned that significant increases would serve to exclude current or future beneficiaries' from the Defense Health Program by placing unfair burdens on this population. It could also give the impression, that premium increases are a decline in Title 10 entitlements and an erosion of health care benefits.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-09-2008

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Support of HR 2319 Encouraging Participation in TRICARE Mail Order Pharmacy (TMOP) Pilot Program

DISCUSSION: The two-year pilot program would include 2,000 eligible beneficiaries in each TRICARE region, 1,000 of whom would also be enrolled in MEDICARE Part B who have yet to use the TRICARE mail-order benefit. Participants will have their prescription co-payment waived, received detailed information and instructions about TMOP and be surveyed on the results of their participation and experiences. The goal of the pilot program is to encourage more TRICARE/TCF beneficiaries to participate in the TMOP for their maintenance med cations. The pilot program will examine the following criteria: potential cost savings to DoD; whether or not participants consistently used the benefit; and if waiving the co-payment was a strong enough incentive to boost participation.

Recommendation: Support of HR 2319 Encouraging Participation in TRICARE Mail Order Pharmacy (TMOP) Pilot Program.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports all efforts to increase use of the TRICARE Mail Order Pharmacy (TMOP).

- The Pilot Program was not included in the final NDAA 2008 bill for implementation requiring significant creativity on the part of the TRICARE Management Activity and beneficiaries to increase the use of this excellent program.
- In the December 2007 final report from the Task Force on the Future of Military Health Care, it was recommended that the co-payment for generic drugs be eliminated. This approach is being used to some extent in the civilian corporate world.
- Restructuring of the cost would serve to increase participation of those not living near a military pharmacy. Furthermore, this restructuring would have the added benefit of enhancing preventive care particularly where chronic care drugs are concerned.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-10-2008

IMA REGION: Southeast

INSTALLATION: Fort Knox, KY

SUBJECT: Continued effort should be made to attract more healthcare providers to participate in TRICARE.

DISCUSSION: The coverage and effectiveness of the military TRICARE program is still challenged by the lack of adequate providers, which varies in many parts of the country. DOD has emphasized the improvement of TRICARE Prime but the fee-for-service TRICARE Standard needs the same degree of attention. Providers for Prime referrals and those who accept Standard in the network need to be increased. Data needs to be developed on the availability of providers in conjunction with the need. Additionally, the number of providers who do not accept new TRICARE patients, and why they will not do so, needs to be tracked in order to make program adjustments. As appropriate, increases in payments should be made to increase the number of available healthcare providers. Improvements can be made with authorization requirements, improved portability and beneficiary education, and application of Medicare-based standards and codes to reduce TRICARE-unique administrative burdens for providers. Beneficiaries should be kept up to date and aided in locating providers willing to accept TRICARE patients.

TRICARE claims processing should be simplified and provide coverage equity for beneficiaries who have other health insurance. TRICARE should be a true second-payer to other insurance as it is now for Medicare, paying whatever the other insurance does not up to the amount TRICARE would have paid if there were no other insurance. Meeting beneficiary needs is paramount.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:
Leslie E. Beavers, BG US Army Retired, November 2007

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports all efforts to attract skilled providers/services, generalist and specialist, into the TRICARE system to include continuous systems improvement.

- TRICARE's reimbursement system for civilian healthcare providers is defined by Title 10, United States Code, 1079(h)(1). It aligns TRICARE reimbursement rates with Medicare rates. The law requires the TRICARE program to follow the reimbursement system and rates of Medicare, unless the Department of Defense can justify a deviation. TRICARE and Medicare rates are identical for most services, but may vary by location and type of service.
- When access is limited due to low reimbursement rates, the TRICARE Management Activity (TMA) can offer incentives called locality-based reimbursement rate waivers. The TRICARE Reimbursement Manual 6010.55-M, August 1, 2002, Chapter 5, Section 2, defines locality-based waivers and the approval process. When waivers are approved, TRICARE reimbursement rates serve to entice providers to join the network or accept TRICARE patients. Stakeholders such as civilian providers and beneficiaries may request a waiver through the Director of the TRICARE Regional Office. The TMA Director has final approval authority.
- Locality waivers have been approved for 13 areas since FY02. In addition, TMA has implemented a 3 year demonstration project in Alaska that raises all reimbursement rates 35% above the maximum allowable charge.
- The Surgeon General's office is actively studying recommendations to increase fees to determine the effect such increases would have on supporting unfunded requirements and how future fee increases will be indexed for cost calculation.
- The Council is concerned that significant increases would serve to exclude current or future beneficiaries' from the Defense Health Program by placing unfair burdens on this population. It could also give the impression, that premium increases are a decline in Title 10 entitlements and an erosion of health care benefits.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-11-2008

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Bragg, NC

SUBJECT: Chiropractic Service

DISCUSSION: Chiropractic service is a valuable asset in the treatment and prevention of Neuro-musculoskeletal conditions, especially sprains and strains, common to both active duty Soldiers, retirees and their family members.

The U.S. Department of Health and Human Services, Agency for Health Care Policy and Research Services along with four other countries found that manipulation is effective in reducing pain and speeding recovery, especially when received within the first month of symptoms.

Public laws 107-135(Sec.204), 108-170(Sec.302) Directs the Secretary of Veterans Affairs to establish chiropractic services, and authorizes the appointment of doctors of Chiropractic within the Veterans Health Administration. Additionally, HR 1470 which was introduced by Representative Bob Filner (D-CA) to direct that chiropractic benefits be expedited by the Veterans Affairs and requires that chiropractic care be available at all medical centers by the end of 2011, has passed by a vote of 421-1. Also HR 1554 by Representative Mike Rogers (R-AL) that would expand the Chiropractic benefit to TRICARE recipients.

There is an increase in active personnel's back pain and musculoskeletal disorders as a result of the weight of equipment, body armor and physical demands. This disorder also carries over to those retirees who were subjected to these load bearing problems as well as other retirees who are afflicted due to similar causes.

Although only on limited basis Medicare has recognized the valued benefit of using manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position.

Chiropractors have not received commission in spite of their extensive education and their care is obtained only by limited access, through medical referrals, Fee Basis programs in limited areas, and in only 20% of the VA's Major Facilities.

Those eligible for treatment through DoD Health Care Facilities, TRICARE, and TRICARE for Life should be afforded the opportunity to receive direct access to chiropractic treatment.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue. Full implementation of chiropractic services for all military beneficiaries would most likely require reducing or eliminating existing medical programs that are already competing for limited dollars. While chiropractic services appeared to complement and augment traditional medical care, Osteopathic Physicians and Physical Therapists can provide manipulative services even in a deployed situation as well as services beyond that possible by Chiropractors.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-12-2008

IMCOM REGION: SERO

INSTALLATION: Fort Campbell, KY

SUBJECT: Proposed reduction of Retirees TRICARE prime benefits during contract renewals in 2009.

DISCUSSION: TRICARE support contracts (Humana, Health Net, and TriWest) are scheduled for renewal in 2009. Several TRICARE Prime Service Areas (PSA) are located at a border between TRICARE regions. The PSAs that straddle a regional contractor border currently have military treatment facilities (MTF) that will move from one military command to another, as well as from one TRICARE region to another. For example, Fort Campbell is currently in the Southeast Regional Medical Command but in a TRICARE Prime PSA in TRICARE North. In 2009 the MTF will change to the Northeast Regional Medical Command and the TRICARE Prime PSA will move to TRICARE South. Retirees that have TRICARE Prime but live outside these PSAs currently have the option to waive the maximum driving distance, allowing them to use the MTF just as if they lived in that PSA. This change will have the effect of moving Retirees from one region to another, thus nullifying their opportunity to waive the maximum driving distance in order to use the MTF because they will no longer be in the same TRICARE region as the MTF. Additionally, these PSAs can be reduced in size or eliminated. Retirees, their family members, and survivors who currently waive the maximum driving distance would lose access to both TRICARE Prime and TRICARE Extra, the military's preferred provider option, and have to use TRICARE Standard, which is the most expensive of TRICARE options.

Recommendation: Prevent cost-cutting proposals in 2009 TRICARE support contract bids that are outlined below in order to ensure there is no reduction in TRICARE services or increase in cost:

- No reduction or elimination of the option for Retirees living outside Prime Service Areas to use military treatment facilities as TRICARE Prime enrollees by waiving the maximum driving distance.

- No reduction or elimination of TRICARE Prime Service Areas as a result of military treatment facilities moving from one TRICARE region to another.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this recommendation. Should these changes be made, the Retiree Council recommends the greatest possible flexibility in determining who can remain with their primary physician/institution within the capability of resources to include grandfathering specific groups when possible.

Note: It is believed that the intended RMC referenced in the discussion should read "North Atlantic Regional Medical Command" verses "Northeast Regional Medical Command."

- Re-alignment of geographical territories and MTFs - if necessary will only be made after an in depth review demonstrates it is a sound business decision.
- That said, the best location for Ft Campbell has been the subject of discussion since 2004. The reason is it has been shown that the majority of Fort Campbell's "defer to network" civilian referrals must be sent south toward the Nashville, TN, area.
- Drive-time options as defined in HA Policy Memo 06-007, may become tighter. They will not be implemented until guidance for implementation is released (a new Operations Manual) and current contracts have been modified.
- The needs and capabilities of the treatment facility will play a major role in any consideration.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-13-2008

IMCOM REGION: United States Army, Europe

INSTALLATION: United States Army, Europe

SUBJECT: Managed Care Support Contract for Overseas

DISCUSSION: The number of military treatment facilities (MTFs) in Europe and other overseas commands continues to decrease. TRICARE beneficiaries, to include Retired Soldiers, their Families and survivors, and other eligible recipients, will be challenged to ensure they continue to receive adequate medical support from the enduring MTFs and host nation providers. In the latter case, this will involve the often complicated, confusing, and time-consuming process of seeking reimbursement for out-of-pocket expenses. The current TRICARE Service Centers located in most MTFs are not TRICARE funded and are primarily responsible for providing service to Active Duty members and their Families. The MCSC available to TRICARE beneficiaries in CONUS provide for regional contractors to help combine the services available at MTFs and those offered by the TRICARE network of civilian hospitals and providers to meet the health care needs of TRICARE beneficiaries.

Recommendation Recommend Chief of Staff, Army, support the TRICARE initiative to issue a Managed Care Support Contract for overseas beneficiaries.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this recommendation. The comments below were provided by The Office of the Surgeon General, Army, and provide a comprehensive review of how this recommendation will be supported.

"The TRICARE Management Activity (TMA) is pursuing a TRICARE Overseas Managed Care Support Contract (MCSC) as there is currently no contractor for OCONUS beneficiaries. The estimated implementation date of an overseas contract is the summer of 2009. The contractor selected for the award will have to provide the DoD with clinical and administrative services that are comparable to the best offered in the host Nation civilian community, Puerto Rico, and/or US practices. Information is sought to assure that the services will be delivered in a manner that achieves a fully integrated healthcare delivery and financing system for Active Duty and Active Duty Family Members permanently stationed in overseas locations.

The Overseas MCSC will be responsible for providing eligible beneficiaries with the following services:

1. Host Nation Networks. Establish and maintain healthcare networks around selected military treatment facilities (MTFs), inpatient case management of MTF enrollees admitted to host Nation facilities, and implement a review process of outpatient network host Nation provider credentials.

2. Referral Management. Review and schedule routine specialty care appointments.

3. Medical Management Program. Integrate areas such as case management, disease management, and clinical quality in order to better manage the clinical and social needs of beneficiaries.

4. Claims Processing. Ensure efficiencies in claims processing for both the beneficiaries and healthcare providers which would reduce the requirement to pay host Nation providers up-front and decrease incidences of providers not being paid in a timely manner.

5. Customer Service. Establish TRICARE Service Centers, staffed by beneficiary service representatives, to explain the different TRICARE options, provide TRICARE benefits interpretation, assist with TRICARE Prime enrollment, primary care manager selection and changes, assist with referrals and appointments to MTFs, and review/resolve claims."

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-14-2008

IMCOM REGION: IMCOM-West

INSTALLATION: Fort Lewis, WA

SUBJECT: Interstate Partnership Serving Veterans

DISCUSSION: Every exiting Soldier can not only take advantage of federal benefits and entitlements, but also state benefits. For a Soldier separating and moving back to his or her home state, there is a need to provide information on the benefits and services available in the home state. Creating network between the states would prevent interruption of services to the Soldier and ensure he or she is in receipt of all earned benefits. This network would also prevent a Soldier from experiencing gaps in service or financial hardships due to relocating after military service.

Partnerships currently exist in some states, most notably Washington State and Kentucky. They have proven themselves and are evidence that networks are effective. The Washington Department of Veterans Affairs works with ACAP, the medical treatment facility and the Wounded Warrior Battalion at Ft. Lewis to seamlessly transition the Soldier. On Ft. Lewis Retiree Appreciation Day, appropriate staff members from the Washington Department of Veterans Affairs sit side by side with Federal staff members to insure all Federal and State Benefits are made available to our military Families. Satisfaction can be immediate--they are linked electronically to DFAS in Cleveland, Ohio.

Recommendation: Strongly urge commanders to contact state Department of Veterans Affairs entities and work to create partnerships so that Soldiers have access to all federal and state benefits.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:

EDWARD L. TROBAUGH
Major General, U.S. Army Retired
Fort Lewis Retiree Council Co-Chairman

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue and all measures to ensure Retired Soldiers, as well as other beneficiaries, are made aware of the benefits available from state VA departments. The Council recommends that such partnerships be made a formal part of the Army Community Covenant Program. Efforts should be taken by installation RSOs to include state and local VA representatives in RADs and other applicable retiree events. RSOs are encouraged to have VA and installation websites available.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-15-2008

IMCOM REGION: IMCOM-West

INSTALLATION: Fort McCoy, WI (West Coast)

SUBJECT: Space Available Travel for Dependents After the Death of the Sponsor

DISCUSSION: In accordance with DoD Regulation 4515.13-R, Section C6, Sub-Section c6.1.10, except in special circumstances, spouses are allowed to travel on Space Available (Space-A) only when accompanied by their military sponsor. The California/Nevada Retiree Council proposes that spouses of deceased military retirees, upon presentation of proof of death of their sponsor and in possession of a valid military dependent Identification Card be allowed to continue to be authorized Space A travel.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:
Barton Gilbert, BG, January 1, 2007

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. The signing of the Army Family Covenant recognizes the support and enduring contributions of the Families. By extending Space Available travel to the Families left behind sends a strong message that their support of the Army will not be forgotten after the death of the sponsor.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-16-2008

IMCOM REGION: West

INSTALLATION: Fort Leonard Wood, MO

SUBJECT: Full Concurrent Receipt of Retirement Pay and VA Disability

DISCUSSION: All military retirees should be entitled to full concurrent receipt of their retirement pay and their Veterans Administration disability pay regardless of length of service or percentage of service connected disability. Twenty years of active duty service should not be required for those Soldiers who were medically retired because of service connected disabilities. Many military members are forced to retire even after completing less than 20 years of service. The percentage of disability is already being used to determine the compensation from the Veteran's Administration. It should not have an effect on the amount of retirement pay compensation.

APPROVED BY FORT LEONARD WOOD RETIREE COUNCIL CO-CHAIRPERSON:

G. Michael Warren MAJ (Retired), Co-Chairman (1 Jan 2006)

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. The Council supports action to permit all Retired Soldiers who have VA service-connected disabilities, of a combined percentage of 10% or greater, to receive their disability compensation from the Department of Veterans Affairs and their full retired pay entitlement based on their years of military service. Further, the Council supports action to eliminate the 10-year phase-in and 50% service connected requirement under the current law with respect to Concurrent Receipt Disability Payments (CRDP), further adding that any amount of the CRDP that is determined by the respective service department to be Combat-Related be coded as tax free.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-17-2008

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Active and Retired Military Beneficiaries should be allowed a Tax Exemption or Credit on Premiums Paid Health, Dental or Long-Term Care Insurance

DISCUSSION: A directive from the President in 2000 allowed federal employees who participated in the Federal Employees Health Benefits Program (FEHBP) to deduct premiums on a pre-tax basis. Comparable legislation for all active and retired military and federal civilian beneficiaries would restore equity with the private sector. Many private sector employees pay their health care and dental premiums with pre-tax dollars today. This tax incentive helps to offset the cost of medical and dental coverage, promotes participation in the programs and helps reduce costs in case of catastrophic expenses. While S 773 and HR 1110, bills would allow active and retired military beneficiaries the opportunity to pay TRICARE enrollment fees with pre-tax dollars, they do not provide for pre-tax exemptions for dental coverage. Active and retired military should be granted the same pre-tax exemptions as their civilian counterparts for health, dental and long-term care.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):

Eileen K. Watson, COL, 23 Oct 04 Ray A. Quinn, SGM, 14 Oct 06

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports the recommendation to allow payment of TRICARE fees with pre-tax dollars and recommends this proposal be elevated to the Office of the Assistant Secretary of Defense, Health Affairs.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-18-2008

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Repeal of the Law that Disabled Military Retirees Surrender Part or all Military Retirement for VA Disability Compensation and Allow Full Concurrent Receipt

DISCUSSION: Permit all retired military members who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay due for their years of military service or Combat Related Special Compensation (CRSC) and eliminate the 10-year phase-in period under the current law with respect to such concurrent receipt.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):

Eileen K. Watson, COL, 23 Oct 04 Ray A. Quinn, SGM, 14 Oct 06

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. The Council supports action to permit all Retired Soldiers who have VA service-connected disabilities, of a combined percentage of 10% or greater, to receive their disability compensation from the Department of Veterans Affairs and their full retired pay entitlement based on their years of military service. Further, the Council supports action to eliminate the 10-year phase-in and 50% service connected requirement under the current law with respect to Concurrent Receipt Disability Payments (CRDP), further adding that any amount of the CRDP that is determined by the respective service department to be Combat-Related be coded as tax free.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-19-2008

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Reserve Component Retirement System

DISCUSSION: This council is appreciative of the CSA Council's past support of a transformation of the Reserve Retirement System and again requests your support. With the rapid transformation of the total Army and the seamless integration of Active and Reserve components, it is time to lower the age to less than age 60. A study on this was due for release on 1 June 2006 but has not been seen.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):

Eileen K. Watson, COL, 23 Oct 04 Ray A. Quinn, SGM, 14 Oct 06

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. The National Defense Authorization Act 2008 provides for earlier receipt of retired pay benefits for Reserve Component Soldiers. Section 647 of the NDAA 2008 allows a reduction in retirement age of three months for every 90 days spent mobilized in support of contingency operations. However, this authorization only applies to those activated after January 2008. The Council supports appropriate action to make the provisions outlined in NDAA 2008 section 647 authorizations be retroactive to September 11, 2001.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-20-2008

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Air Transportation Eligibility

DISCUSSION: Department of Defense Directive 4515.13R "Air Transportation Eligibility" allows dependents of military retirees accompanied by their sponsor to travel aboard Department of Defense (DoD) owned or controlled aircraft to, from and between overseas areas. Dependents of retired military personnel are authorized to travel to and from locations within the continental United States (CONUS) with their sponsor as a result of the calendar year 2003-2004 Dependent CONUS test which has been continued.

The surviving spouse and minor children of deceased military retirees are presently not allowed to utilize the space available air transportation that was available to them when the sponsor was alive. There is excess space available on many DoD aircraft that could be used to provide flights for the surviving spouse and accompanied dependent children to add to the quality of life of the deceased retiree's family.

The Council recommends the surviving spouse and accompanying minor children are included in General Category VI (retirees and dependents) for space available travel consistent with the original sponsor accompanied authorized space available travel.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):

Eileen K. Watson, COL, 23 Oct 04 Ray A. Martin, SGM, 14 Oct 06

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. The signing of the Army Family Covenant recognizes the support and enduring contributions of the Families. By extending Space Available travel to the Families left behind sends a strong message that their support of the Army will not be forgotten after the death of the sponsor.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-21-2008

IMCOM REGION: SERO

INSTALLATION: Fort Rucker, AL

SUBJECT: Final Retirement Pay is Withdrawn Without Notification.

DISCUSSION: Currently, retirement pay stops on a retiree's date of death and Defense Finance and Accounting Service (DFAS) withdraws the entire payment for that month. This action can cause a financial burden to the beneficiary. DFAS provides no advance notification of this action to the survivor. This can leave the survivor without sufficient funds to cover immediate expenses, leading to financial difficulty. Request beneficiary be notified at least ten working days prior to withdrawal of the full month's pay.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSONS: Willis R. Bunting, COL, 6 January 2005 and Charles E. Frye, CSM, 9 January 2003

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. In the spirit of the Army Family Covenant, implementation of this issue would help to reduce the hardships on the surviving Retired Family during their greatest time of need.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-22-2008

IMCOM REGION: PARO

INSTALLATION: Schofield Barracks, HI

SUBJECT: Elimination of One-Year Period to Make a Deemed Survivor Benefit Plan (SBP) Election

DISCUSSION: Under current law, a military member required by court order to provide Survivor Benefit Plan (SBP) coverage for a former spouse must notify the Defense Finance and Accounting Service (DFAS) within one year of issuance of the divorce decree. If the Member fails or refuses to notify DFAS of the court ordered SBP, an election is "deemed" to have been made if the former spouse provides a written request and a copy of the court order to DFAS within one-year period. And, if the former spouse is not aware that the member failed to comply with the court order and did not notify DFAS to make a deemed election within the one-year period, the former spouse will not receive SBP coverage even if it is included in the written court order. Former spouses are not always aware of the deemed election provision and, at the time they inquire, the one-year period has already passed. Also, some former spouses whose divorce occurred when the member was still on active duty believed that notification to DFAS had to be made when the member retired from active service. In addition the one-year provision to notify DFAS is unjust and inconsistent in allowing some former spouses the SBP while disallowing the benefit to other former spouses. For example, if a former spouse is unaware of the one-year limitation and the military member assures the former spouse that he/she will notify DFAS but fails to do so, the former spouse is automatically precluded from SBP coverage even though it is court ordered because of the one-year limitation for notifying DFAS.

RECOMMENDATION: Recommend that the one year period to notify DFAS be repealed.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:
ALLEN K. ONO, Lieutenant General, USA Retired, Date of Appointment: 16 June 2006

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue. Court ordered SBP coverage is property that may be awarded the former spouse as part of a divorce settlement. It is the former spouse's obligation to ensure that the conditions for receiving this property are met. This can be accomplished by either the member or the former spouse. Since the Former Spouse SBP was court ordered, the spouse can use the court system to ensure the Retired Soldier complies with the court order or, in noncompliance, makes suitable restitution.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-23-2008

IMCOM REGION: PARO

INSTALLATION: Schofield Barracks, HI

SUBJECT: Indefinite ID Card for Spouses and Widow (er)s at Age 65

DISCUSSION: Spouses and widow (er)s of military retirees are now issued an indefinite ID card on renewal at age 75 or older. The U.S. Army Retiree Council, Hawaii, recommends consideration be given for authorizing the indefinite ID card to be issues at age 65. Spouses and widow (er)s are currently reissued ID cards, which expire at age 65 due to expiration of civilian medical care and when entitlement to Medicare benefits begin. Subsequently, renewals are issued every 4 years at age 69, 73 and the indefinite ID card after reaching age 75. Since a replacement is required due to expiration at age 65 anyway, recommend an indefinite ID card be authorized at age 65 vice age 75. A huge cost savings to the Department of Defense could be realized by not having a reissue a new ID card three additional times for spouses and widow (er)s after age 65.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:
ALLEN K. ONO, Lieutenant General, USA Retired, Date of Appointment: 16 June 2006

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports issuing indefinite ID cards at age 65. The risk associated with the issuance of an indefinite ID card to those that could lose their eligibility is considered negligible in comparison to the savings in time and resources that accrue, while taking care of the member.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-24-2008

IMCOM REGION: IMCOM-West

INSTALLATION: Fort McCoy, WI (Midwest)

SUBJECT: Dedicated Retired Service Office (RSO) Funding

DISCUSSION: Funding for an installation Retiree Service Office (RSO) is currently not dedicated to that office. Funding is discretionary on the part of the installation Commander. This situation does not assure adequate and uniformed support of the retired military community. Funds earmarked for support of the RSO can easily be diverted to other projects. Recommend that each installation with a RSO be required to create a fiscal line item in its budget dedicated to the RSO. This funding should be sufficient to allow for full time manning of the RSO office in addition to personnel required to provide off-site programs.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:
John C. Nowicki, LTC, January 1, 2007

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council continues to support adequate funding levels for Installation Retirement Services Officers (RSO) to properly implement the Army Retirement Services program within their areas of responsibility. While the Council acknowledges that no programs at the Installation/Garrison level have dedicated funding, there is an established commitment, outlined in the Deputy Chief of Staff, G-1, Memorandum, dated 02 March 2006, subject: Support of the Military Retired Community, which emphasizes that installations have a full-time RSO, staffed to properly implement all aspects of the Retirement Services program, and identified and resourced in an annual budget plan. The recommendation for a fiscal line item in an Installation/Garrison budget dedicated to Retirement Services programs is beyond the purview of the Council.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-25-2008

IMCOM REGION: IMCOM-West

INSTALLATION: Fort McCoy, WI (West Coast)

SUBJECT: Reserve Retired Service Training Program

DISCUSSION: The California/Nevada Retiree Council recommends that all Major Reserve Component Commands establish a pre-retirement training program to ensure that Reserve Component Retired Soldiers receive adequate training/information on retired benefits and procedures involved with applying for retired pay and benefits. As it is now, Reserve Component Soldiers often times do not receive any information when transferring to the Reserve Retired roles. Nor do they receive any updated information prior to applying for and receiving retired pay at age 60. Establishing Retirement Service Officer (RSO) positions in the major commands (to include National Guard) would better serve the Reserve Component community.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:
Barton Gilbert, BG, January 1, 2007

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports the placement of Retirement Services Officers (RSOs) at major Army Reserve and National Guard Commands. This is currently an active issue and the Council supports timely resolution of the issue.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-26-2008

IMCOM REGION: NE

INSTALLATION: FT MONROE, VA

SUBJECT: Information dissemination of Long Terrn Care insurance policies to Retirees

DISCUSSION: There appears to be a lack of readily available information on the relationship between Tricare, TFL, and the Federal Long Term Care (LTC) policy for Retired Veterans and spouses. Retirees do not know how these LTC policies work, what they cover, the cost of these policies, nor how they may coordinate with their Retiree benefits.

RECOMMENDATION: Develop an information packet that can be distributed to all Army Installations for their annual RAD meeting beginning in 2008. Handouts and web-site links would help the Retiree Councils provide this valuable information to Retirees.

Thomas E. Vaughan, LTC Retired
Co-Chair of Ft Monroe Retiree Council
Since July 2005.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports providing Retirement Services Officers (RSOs) all available information regarding Long-Term Care (LTC) for Soldiers, Retired Soldiers and spouses. Army Retirement Services (ARS) will provide the information and web sites for LTC to all RSOs. ARS will continue to provide follow-up LTC articles in *Army Echoes*.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-27-2008

IMCOM REGION: Northeast

INSTALLATION: Fort Drum, NY

SUBJECT: Separate Budget for Installation Retirement Services

DISCUSSION: AR 600-8-7, Retirement Services Program, states the Commander, IMCOM will ensure sufficient financial resources, staffing and physical facilities are provided at installations to enable RSOs to perform their primary program duties and responsibilities effectively, efficiently and equitably. Some RSOs have a large area of responsibility that spans several states. Some Council members must travel more than 200 miles to attend Retiree Council Meetings or the RSO must travel long distances to meet with sub-councils which require TDY or Invitation Travel Orders. Some members who travel more than 200 miles need to have lodging paid for as well. RSOs are required to mail an annual retiree newsletter to their Army retiree population which in some cases cost in excess of $10,000. Retiree Appreciation Days must be conducted annually which requires some funding by the installation to pay for such things as advertising, programs, refreshments, facility fees, etc. If there isn't a specific and separate budget for RSO activities, as outlined and required by AR 600-8-7, many times there is not sufficient BASOPS funds left to enable the RSO to perform their primary program duties and responsibilities effectively and equitably.

RECOMMENDATION: Provide a separate budget which is specifically allocated for Installation Retirement Services activities. Identify this service as a Common Levels of Support (CLS) action and fund it to the Army desired capability level.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSONS:
Mario Fabi, COL(Ret), 31 Dec 2002
Stanley L. Kaminski, CSM(Ret), 31 Dec 2002

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council continues to support adequate funding levels for Installation Retirement Services Officers (RSO) to properly implement the Army Retirement Services program within their areas of responsibility. While the Council acknowledges that no programs at the Installation/Garrison level have dedicated funding, there is an established commitment, outlined in the Deputy Chief of Staff, G-1, Memorandum, dated 02 March 2006, subject: Support of the Military Retired Community, which emphasizes that installations have a full-time RSO, staffed to properly implement all aspects of the Retirement Services program, and identified and resourced in an annual budget plan.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-28-2008

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Continued Appropriated funding of the Installation RSOs

DISCUSSION: The Fort Stewart Retiree Council would like to resubmit the issue of funding Installation RSOs. The Army retiree community is very appreciative of the U. S. Army's proud tradition of being the only service that supports its installation RSOs with appropriated funds. This level of commitment by the Army's senior leadership has contributed greatly to making installation RSOs effective providers and able advocates for the Army Retiree community. Continuation of this proud tradition is essential to sustaining installation RSOs as visible and viable resources for the retiree community. Elimination of or reduction of appropriated funding for installation RSOs or outsourcing of their functions as a cost saving measure would diminish the existing bond between the active and retired Army communities.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):

Eileen K. Watson, COL, 23 Oct 04 Ray A. Quinn, SGM, 14 Oct 06

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council continues to support adequate funding levels for Installation Retirement Services Officers (RSO) to properly implement the Army Retirement Services program within their areas of responsibility. There is an established commitment, outlined in the Deputy Chief of Staff, G-1, Memorandum, dated 02 March 2006, subject: Support of the Military Retired Community, which emphasizes that installations have a full-time RSO, staffed to properly implement all aspects of the Retirement Services program, and identified and resourced in an annual budget plan.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-29-2008

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Continued Funding for Retiree Informational Programs

DISCUSSION: Continued support for informational services provided through "Army Echoes," Retiree Appreciation Days, training for RSOs, and full access to Army Knowledge Online (AKO) for retirees, their spouses and family members.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):

Eileen K. Watson, COL, 23 Oct 04 Ray A. Quinn, SGM, 14 Oct 06

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports efforts to maintain effective communications with Retired Soldiers, annuitants, and Family members. Currently, *Army Echoes* has been redesigned, as was directed by the Director, Human Resources Policy Directorate. A new contract for this is in the works. DA RSO has always supported Retiree Appreciation Days, advertising them in the Echoes & providing keynote speakers. DA RSO also provides training workshops for RSOs and is being reinvigorated by IMCOM. Retired Soldiers can request an AKO account & sponsor dependent Family members listed in DEERS for an account.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-30-2008

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Bragg, NC

SUBJECT: High-3 Earnings Amount Added to Individual LES

DISCUSSION: Changes in the Retired Pay System requires service members who first entered military service between September 8, 1980 and July 31, 1986 to average basic pay for the highest three earning years before calculating retired pay. When a service member completes 14 – 15 years of active duty, the LES should reflect the average basic pay for the highest three earning years. This figure can be automatically updated as changes occur. The service member needs this figure to calculate the potential retirement pay, as does those in the immediate chain of command. The figures are all readily available; therefore, there should be little to no problem for DFAS in creating the formula to keep the figure updated on the individual LES. This quick-glance data provides the service member and others (Supervisors, Commanders, Retention Counselors, Pay Clerks, Casualty assistance Officers, etc.) with this vital information required when making future career decisions.

APPROVED BY INSTALLATION COUNCIL CO-CHAIRMEN:

Lawrence L. Law	Donald Latella
Sergeant Major, USA Retired	Colonel, USA Retired
Co-Chairman, NCARC	Co-Chairman, NCARC

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue at this time. With the implementation of a new joint pay and personnel system, NO changes can be made to the old system. Also, any new ideas for the new DIMHRS system would be considered enhancements and will not be entertained until after complete implementation estimated 1 Oct 2008. This issue should be resubmitted in 2009.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-31-2008

IMCOM REGION: PACIFIC

INSTALLATION: Torii Station, Okinawa Japan

SUBJECT: Military retirees in overseas areas were completely unaware of the challenges they will face when moving overseas.

DISCUSSION: Due to local manning constraints in the local MTF's, many retirees, when seeking healthcare, are referred "downtown" for treatment. While this may not be an issue in the CONUS, those retirees OCONUS are often times hindered by the language barrier and up-front payment requirements by the local hospitals. Dental care at an MTF is non-existent OCONUS and unfortunately, most retirees don't find out about this until after their arrival. They arrive without supplemental dental insurance, expecting treatment at the MTF only to be turned away. Many times it is cost prohibitive to see a dentist, and many don't the entire time they reside overseas. Additionally, restrictions on receiving mail to APO/FPO addresses, possible limitations on commissary/PX privileges and local banking facilities are sometimes not clear until it is too late for the Retiree to take action.

Recommendation: Include in the Handbook for Retired Soldiers and Family Members an OCONUS section that can deal and address specific challenges Retired Service members and their Families may face while overseas. Currently paragraph 2-9 covers this topic briefly, however one area within this handbook that addresses each issue – as opposed to scattered throughout the handbook, would greatly benefit anyone considering moving overseas.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports efforts to expand and enhance information that will assist Retired Soldiers in making sound decisions. As the proponent for the Handbook for Retired Soldiers and Family Members, Army Retirement Services will revise paragraph 2-9 of the handbook to highlight the challenges of living overseas. Nevertheless, it is and will continue to be the Retired Soldier's responsibility as to where they establish residency upon retirement. Budget limitations and tight funding for some Army programs will continue to create many challenges for Retired Soldiers and Families who voluntarily choose to reside in many overseas locations.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-32-2008

ASCC: Army in Europe

INSTALLATION: Army in Europe

SUBJECT: DFAS Representation in Federal Benefits Units of US Embassies

DISCUSSION: For military retirees and surviving family members residing outside the United States, it is extremely difficult to obtain assistance from DFAS on financial matters due to the time change, the different hours of operations of DFAS, and the fact that many survivors are not capable of explaining their problems and understanding the answers to their questions in English.

In every foreign country in which a fairly large number of Americans live, the Department of State has established a Federal Benefits Unit (FBU) to assist US citizens, as well as non-citizens, with obtaining benefits and solving problems arising with US governmental entitlements, such as those from the Social Security Administration, the US Railroad Retirement Board, the Department of Veterans Affairs, and the Office of Personnel Management. The FBUs are staff with local national employees trained to be subject-matter experts.

However, the FBUs are neither staffed nor trained to provide similar assistance to DFAS beneficiaries, even through retired pay and annuitant pay are federal benefits.

If the personnel is selected FBUs were augmented or cross-trained, they could provide expert assistance in responding to questions and in solving problems on DFAS matters, both English and in the language of the host nation.

The FBU in Consulate in Frankfurt, Germany would be such a location and would be an ideal for a test of the recommended program.

Recommend Chief of Staff, Army, urge the Director of the Defense Finance and Accounting Service to coordinate with the Department of State to provide FBUs in countries in which a relatively large number of US military retiree and survivors reside with the capability of providing expert assistance on DFAS matters.

APPROVED BY THEATER RETIREE COUNCIL CHAIR: COL Robert A. Mentell, United States Army Retired.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports any effort to enhance access to DFAS to all Retired Soldiers, annuitants, and Family members in the European Theater. The Council recommends a formal request be initiated from the Army in Europe asking DFAS to examine the possibility of augmenting or cross-training FBU staff to provide itinerant DFAS services and assistance to retirees and other beneficiaries in Europe. The Council further urges DFAS to put into place a toll-free telephone number in countries where there is sufficient population to make it commercially viable, such as Germany and Korea. This issue will be shared with the DFAS.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-33-2008

ASCC: Army in Europe

INSTALLATION: Army in Europe

SUBJECT: Implementation of Standard RSO Position Description and Grade

DISCUSSION: In April 2007, the standardized job description and grade for garrison retirement services officers was approved as a part of the Common Levels of Service initiative.

Since then, the funding and implementation of the standard job description and grade has yet not been initiated let alone completed.

Recommend Chief of Staff, Army, urge Commander, US Army Installation Management Command, to fund and implement expeditiously the standard job description and grade of installation Retirement Services Officers, to include those in OCONUS IMCOM regions and garrisons.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council continues to support the sustainment of a full-time installation and garrison RSO whose position is staffed and funded to properly implement the Army Retirement Services program within their areas of responsibility. This commitment to providing a high, world-wide standard of service for retiring and retired Soldiers and their Families is emphasized in the Deputy Chief of Staff, G-1, Memorandum, dated 02 March 2006, subject: Support of the Military Retired Community. In his memorandum, the Army G-1 endorsed the Installation Management Agency's Standards of Service Checklist, which emphasizes that installations have a full-time RSO, staffed to properly implement the program, and identified and resourced in an annual budget plan.

DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF, G-1
CHIEF OF STAFF, ARMY, RETIREE COUNCIL
300 ARMY PENTAGON
WASHINGTON DC 20310-0300

Army Retirement Services 24 April 2008

MEMORANDUM FOR CHIEF OF STAFF, ARMY

SUBJECT: Annual Report of the Chief of Staff, Army, Retiree Council

1. The forty-eighth meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon, 21-25 April 2008.

2. The Council extends its gratitude to General George W. Casey, Jr, and the Honorable Mr. Pete Geren for their strong support of current and future Retired Soldiers and their Families while The Army and our Nation are at war and to Lieutenant General David H. Huntoon, Jr., Sergeant Major of the Army Kenneth O. Preston, and Lieutenant General Michael D. Rochelle for providing the Council their insights on critical programs.

3. Health Care: The single greatest issue for both current and future Retired Soldiers continues to be Health Care. Consequently, the transformation of the Military Health Care System raises concerns that the earned entitlement will be eroded based strictly on budgetary constraints, without consideration of the sacrifices being asked of the current force. These concerns have the potential of significantly impacting recruitment in general and retention especially of the active duty Soldiers with more than 10 to 12 years service. Actions needed to avoid these consequences include those listed below.

Improvement a: Sustain the viability of the military health care program by full resourcing of the defense health programs with emphasis on robust direct care.

Improvement b: If an increase of TRICARE fees must be implemented by the DoD, increases should not exceed the annual rate of growth in retired pay, with special consideration given to not overburdening noncommissioned officers, E-7 and below.

Improvement c: Raise the TRICARE provider reimbursement levels, as necessary, to attract and retain a network of physicians needed to provide accessible health care services to all beneficiaries.

Improvement d: Support legislation to authorize pretax payment of TRICARE Prime enrollment fees and premiums for TRICARE supplemental, long-term care, and TRICARE dental insurance.

Improvement e: Eliminate copayments for generic and chronic care drugs to encourage use of The Mail-Order Pharmacy Program.

Improvement f: Ensure that support to Alaska in the TRICARE Third Generation Managed Care Support Contract is identical to support given to beneficiaries and medical treatment facilities in the other 49 states and the District of Columbia.

Improvement g: Continue to support collaborative efforts between the Department of Defense and the Department of Veterans Affairs to improve the compatibility of the two health care systems to preserve and improve the benefits for all beneficiary groups, including Retired Soldiers of all services, and to ensure seamless transition, especially for Wounded Warriors.

4. Strategic Communications and Education: Current and future Retired Soldiers remain the most credible ambassadors of our Army. Providing them with the detailed knowledge and appropriate tools are essential to ensuring their own well-being and critical to marshalling support for our Army.

Improvement a: AKO Home Page Link: Improve communications with and the education of current and future Retired Soldiers and their spouses by creating a link on the AKO Home Page to provide information on retirement benefits and programs. Use of the recently approved Retired Soldier pin would be an easily identifiable icon.

Improvement b: Increase the understanding of future Retired Soldiers and their spouses on their entitlements and benefits, not just at the pre-retirement point, but at the 10 to 12-year point, as well. Modules should be included in both resident and non-resident courses of instruction for mid-grade and senior grade officers and non-commissioned officers, e.g., ANCOC, SMA, ILE, and SSC, and for those courses preparing individuals for command, e.g., First Sergeant's Course and Pre-Command Courses for both garrison and unit commanders. Spouses should also receive similar instruction in Family Readiness Groups and through Army Community Services.

Improvement c: Recommend the Chief of Staff, Army, and the Sergeant Major of the Army personally communicate with all Retired Soldiers at least annually, sharing with them Army priorities and providing them with the messages they should pass on to their fellow citizens.

Improvement d: Continue to provide funding for three issues per year of "Army Echoes." Although efforts continue to maximize the use of the electronic version, known as "E-Echoes," recipients should be encouraged, but not be forced, to forego receiving a hardcopy version.

Improvement e: Maintain contact with the surviving spouses of Active Duty Soldiers and Retired Soldiers who are annuitants by authorizing full account access to AKO.

5. In addition, the Council urges the Chief of Staff, Army, to:

a. Under the auspices of the Family Covenant, fully-fund the Retirement Services Program for the delivery of retirement services at installations/garrisons.

b. Support the amendment of military postal system rules to authorize mail privileges for Box R patrons (Retirees) for parcels up to five pounds, unless further restricted by host governments.

c. Continue efforts to meet established Standards of Service for the delivery of retirement services by expeditiously completing the transition to the standardized position descriptions and grades for all full-time Retirement Services Officers. Standardize all part-time RSO positions, with retirement services functions as the primary duty.

d. Establish Retirement Services Offices at major Reserve and National Guard commands to ensure all retiring and retired Reserve Soldiers and National Guard Soldiers and their Families and survivors are properly informed on retirement-related benefits and entitlements.

e. Take care of our Surviving Spouses by supporting efforts to eliminate the Dependency and Indemnity Compensation offset to the Survivor Benefit Plan annuity.

f. Recognize the contributions of our Surviving Spouses by authorizing Space Available Air Travel. This will send a strong message that their support of the Army will not be forgotten after the death of their Soldiers.

g. Take care of our current and future Retired Soldiers by supporting efforts to provide full concurrent receipt of military retired pay and disability compensation to all eligible military retirees regardless of disability rating or years of service.

h. Urge the Director of the Defense Finance and Accounting Service to take all necessary actions to put into place a toll-free telephone number in countries where there is a sufficient beneficiary population to make it commercially viable, such as Germany and Korea.

i. Acknowledge their long-term continuing membership on the Army team by issuing eligible surviving spouses an indefinite ID card at age 65.

6. The Council extends its thanks to the distinguished guest speakers listed at Enclosure 1 for the invaluable information and insight they provided.

SUBJECT: Annual Report of the Chief of Staff, Army, Retiree Council

7. The members of the Council participating in the meeting are listed at Enclosure 2.

JACK L. TILLEY
Sergeant Major of the Army
U.S. Army, Retired
Co-Chairman

FREDERICK E. VOLLRATH
Lieutenant General
U.S. Army, Retired
Co-Chairman

Enclosures
1. Guest Speakers
2. Council Members

STILL PROUD – STILL SERVING – STILL SALUTING

GUEST SPEAKERS

HON Pete Geren, Secretary of the Army

LTG David H. Huntoon, Jr, Director of the Army Staff, United States Army

SMA Kenneth O. Preston, Sergeant Major of the Army

Mr. William Carr, Deputy Under Secretary of Defense (Military Personnel Policy)

LTG Michael D. Rochelle, Deputy Chief of Staff, G-1, United States Army

LTG Theodore G. Stroup, Jr., USA (Retired), Vice President for Education, Association of the United States Army

VADM Norbert R. Ryan, Jr., USN (Retired), President, Military Officers Association of America

Dr. Joseph E. Kelley, M.D., Deputy Assistant Secretary of Defense (Clinical and Program Policy)

MG Raymond W. Carpenter, Special Assistant to the Deputy Director of the Army National Guard, National Guard Bureau

MG Galen B. Jackman, Chief, Legislative Liaison, United States Army

MG John A. Macdonald, Commanding General, Family, Morale, Welfare and Recreation Command / Deputy Commanding General, U.S. Army Installation Management Command

MG David A. Rubenstein, Deputy Surgeon General, United States Army

MG William M. Matz, Jr. USA (Retired), President, National Association of the Uniformed Services, representing the National Veterans Alliance

Mr. John O. McLaurin III, Director, Human Resources Policy (Military), Office of the Deputy Chief of Staff, G-1, United States Army

BG(P) David D. Halverson, Director of Operations, Readiness and Mobilization, Office of the Deputy Chief of Staff, G-3/5/7

Ms. Stephanie L. Hoehne, Principal Deputy Chief of Public Affairs / Director, Soldiers Media Center, Office of the Chief of Public Affairs, United States Army

COL John W. Radke, USA (Retired), Chief, Army Retirement Services, Office of the Deputy Chief of Staff G-1, United States Army

COL Robert Norton, USA (Retired), Deputy Director, Government Relations, Military Officers Association of America, representing the Military Coalition

GUEST SPEAKERS

LTC William Loper, USA (Retired), Director, Government Affairs, Association of the United States Army, representing the Military Coalition

Mr. Douglas Smith, Director, Retired and Annuity Pay, Defense Finance and Accounting Service

Mr. Timothy C. Cox, Chief Operating Officer, Armed Forces Retirement Home

MEMBERS OF THE CHIEF OF STAFF, ARMY, RETIREE COUNCIL

RANK/NAME	INSTALLATION	IMCOM REGION
LTG Frederick E. Vollrath Co-Chairman	At Large	At Large
SMA Jack L. Tilley Co-Chairman	At Large	At Large
BG Barton J. Gilbert	Fort McCoy	Northwest
COL Arlene F. Greenfield	Fort Myer	Northeast
COL Robert A. Mentell	Army in Europe	Europe
COL Mary L. Messerschmidt	Fort Sam Houston	Southwest
COL Alan B. Phillips	Army in Europe	Europe
CW4 Robert Cooper	Fort Rucker	Southeast
CSM Lonny L. Cupp	Fort Carson	Northwest
CSM G. Frank Minosky	Fort Hood	Southwest
SGM Steven R. Davis	EUSA	Korea
SGM Clifford M. Lovett II	Fort Leavenworth	Northwest
SGM Albert G. Williams	Fort Lee	Northeast
MSG James C. Elliott	Fort Sill	Southwest