

WICHITA CHAPTER
MOAA
MILITARY OFFICERS' ASSOCIATION OF AMERICA

PRESIDENT'S CORNER

FEBRUARY 10, 2019

BY LT. COL. MICHAEL R. GEORGE

Dear MOAA Members,

*Happy Valentine's Day! * Hope you and your spouse, family or significant other had a Happy Valentine's Day with all love and chocolate you were looking for. Hopefully by the time you read this our government has reached an agreement on the budget and border security. If not, we're probably into another government shutdown, I hope not.

As for happenings in our chapter, we will have just hosted the Kansas Council of Chapters quarterly meeting and will update everyone at our brunch on what was covered and upcoming events. LTC Roy Yenchsky, USA (Ret) is now our Surviving Spouse Coordinator and will have comments and news at our brunch. At our January Brunch we received an outstanding presentation from the JROTC cadet staffs from Wichita JROTC and Leadership Programs and the Derby AFJROTC cadets. It is sincerely heartwarming to know we have such superb young people getting ready to graduate from high school and go on to starting their college or military training. I feel that as long as we have young adults like them stepping up to take their place in society, our society will continue to advance and succeed.

Our presentation for February will be from the Chairman of the Sedgwick County Commissioners, David Dennis, Col, USAF (Ret). With all the recent changes to the County Commission and plans recently in the news, it should be a very enlightening talk. At our brunch in March we hope to have the new Professor of

Military Science, MAJ Eric Hollingsworth, for Wichita State University. If you haven't heard the news, WSU intends to open an Army ROTC unit this fall. It is a new concept in opening and setting up an ROTC unit. The Kansas Army National Guard will do the setup, manning and initial operation. MAJ Hollingsworth has quite a story about how the WSU unit was approved. I hope you can attend to hear it. Finally, a quick status update, Earl Shellner, Maj, USAF (Ret), came through his back surgery in good shape and may be able to join us at brunch. Thank you for your thoughts and prayers.

Further on in the newsletter you'll see a repeat of MOAAs goals for this year along with an update on what's happening with VA Urgent Care benefits and TRICARE Pharmacy Changes. As Heraclitus, the pre-Socratic Greek philosopher, once said, "Change is the only constant in life". Please help MOAA achieve these goals and make needed changes to benefits by contacting our Congressman/Senators and advocating for the necessary legislation. As always, your input is always welcome. Email all concerns to me at m2george@gmail.com. Also, please save these dates for upcoming MOAA meetings: 17 Feb., 17 Mar., 14 Apr., and 19 May.

MOAA Chapter Meeting Brunch

David Dennis, Representative for District 3 of the Sedgwick County Board of Commissioners, will be our guest speaker for our brunch Feb. 17. Commissioner Dennis served in the U.S. Air Force for 29 years and retired as a colonel. He earned a B.S. in Business Administration and Education from Fort Hays State University, and a M.A. in Public Administration from the University of Oklahoma. After retiring from the Air Force, he earned a teaching certificate from WSU and taught at North High School for 11 years. He was elected to the Kansas State Boards of Education in 2008 and served as the chairman for two years. He also served as the

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Chairman of the District V Advisory Board for eight years and as Commissioner on the Wichita and Sedgwick County Metropolitan Area Planning Commission for nine years. Commissioner Dennis and his wife Janet have been married for 47 years. They have two sons, David, a teacher at Northwest High School, and Eric, a principal in the Conestoga School District, Nebraska. They have five grandchildren. Lunch begins at 11:30 a.m., at Rolling Hills Country Club. The business meeting begins at 12:45 p.m.

PLEASE PAY YOUR CHAPTER DUES

Dues for 2019 are due. Our Treasurer, Maj. Shellie Harmon, reminds us that the cost is \$30 for one year; \$55 for two years, and \$80 for three years. So far more than 30 members have taken advantage of the deal which lowers the cost of a 2-year membership by \$5, and a savings of \$10 on the 3-year program. ***You can mail your dues to: Wichita MOAA, P.O. Box 780292, Wichita, KS 67278.***

MOAA's Advocacy Mission: Legislative Goals for 2019

1. Ensure any TRICARE reform sustains access to top quality care.
2. Prevent disproportional TRICARE fee increases.
3. Sustain military pay comparability with the private sector.
4. Stop erosion of compensation and non-pay quality of life benefits.
5. End financial penalties for military survivors.
6. End concurrent receipt penalties for military retirees.

7. Achieve equity of benefits for Guard and Reserve members with their active duty counterparts.
8. Strengthen DoD-VA collaboration and services to support wounded warriors and an expanding population of women veterans.
9. Ensure timely access to service-earned VA benefits.
10. Protect military and veteran family support programs and policies.

URGENT Care Update: The following article by Jim Absher originally appeared on *Military.com*, the premier resource for the military and veteran community: The VA Mission Act of 2018 directed the department to provide access to walk-in care for veterans who are eligible for VA health care. While the law refers to “walk-in” care, the VA will call it “urgent care,” a well-known industry standard.

The VA says “urgent care” is medical care that isn’t quite emergency care but is treatment that you can’t wait to get done. This could be an injury that isn’t bad enough to go to the emergency room (a bad splinter, sprained ankle, etc.), a bad cold or flu, or other non-life-threatening conditions. The VA says that most service-connected conditions aren’t part of this program, since veterans normally receive ongoing care from their VA care team for these conditions. An urgent-care visit is for a medical condition where there usually is no follow-up procedure. Many immunizations are also considered urgent care by the VA and the medical community.

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You probably have seen them where you live. Urgent-care clinics are either stand-alone buildings located near medical facilities or hospitals or in malls or drugstores. Most are open at least 12 hours a day. Both the Urgent Care Association of America and the American Academy of Urgent Care Medicine say that an urgent-care clinic must: Accept walk-in patients during business hours.

- Treat a broad spectrum of illnesses and injuries, as well as perform minor medical procedures.
- Have a licensed physician operating as the medical director.
- Be open seven days a week.
- Have on-site diagnostic equipment, including phlebotomy and X-ray.
- Contain a procedure room where stitches could be placed, a cast be put on a leg, or a minor surgical procedure could be performed, if it is not too risky and can be done under a local anesthetic.

For its part, the VA proposes listing participating urgent-care clinics on its website to make it easy for veterans to find one in their local area.

Who Is Eligible for Civilian Walk-In Care?

According to the law, all veterans enrolled in the VA health care system who have gotten treatment in the last 24 months will be eligible for civilian urgent care.

How Much Would It Cost?

For most veterans, the first two visits in any calendar year would be free. After that, veterans would pay a co-pay of \$30 directly to the VA for each visit. Those veterans in [Priority Groups 7 & 8](#) would be required to make a \$30 co-payment for each visit.

When Would All This Happen?

The VA published a notice in the Federal Register on Jan. 31, 2019. It will accept public comments for 30 days from that date. Once all public comments are received, reviewed and responded to, the VA will implement final regulations on this new law later this year.

TRICARE Pharmacy Changes

TRICARE is planning to add a new tier of drugs to its three-tier medication formulary - one that's made up of drugs *excluded from coverage* by TRICARE.

Medications now fall into one of the existing tiers: Generic (Tier 1), Brand Name (Tier 2), and

Generic and Brand Name (Tier 3, also known as "[non-formulary](#)"). The addition of a fourth tier

(to be referred to as "Excluded" or "Not Covered"), according to officials who recently briefed MOAA on the development, "aligns TRICARE's pharmacy benefit with current industry standards among commercial health care plans."

[RELATED: Tell Congress not to raise TRICARE fees]

The new tier will require beneficiaries to pay the full out-of-pocket cost for the drug.

So, where did this idea come from? Last year's National Defense Authorization Act included a provision allowing the DoD

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Pharmacy and Therapeutics (P&T) Committee, which resides in the Defense Health Agency (DHA), to identify the drugs to be excluded from TRICARE coverage. The P&T Committee may recommend, and the head of the DHA may approve, partial or full exclusion of a drug. The Beneficiary Advisory Panel, an appointed group of stakeholders to include one member from MOAA and one from [The Military Coalition](#) who represent TRICARE beneficiaries, will also have the opportunity to provide recommendation and comments in this process.

Specific criteria for placing any drug in the fourth tier will focus on the drug's efficacy, safety, and outcome characteristics. Tier 4 drugs would include those that:

- Offer little to no relative clinical benefit from an effectiveness perspective;
- Pose a significant safety risk that may outweigh any potential clinical benefit;
- Have available alternatives; and/or
- Are considerably more expensive compared with covered alternatives.

TRICARE is developing plans to minimize the impact on beneficiaries by:

- Evaluating only a limited number of drugs per quarter for possible exclusion status;
- Identifying available alternatives;
- Creating an extended implementation period (to allow for beneficiaries to discuss alternatives with their provider); and
- Provide affected beneficiaries with a mailed letter from Express Scripts which will notify them of the change 30 to 60 days prior to the

implementation, and of what steps they need to take.

Are there specific drugs ready to be slated for this change? Not at this time: The review process will determine which drugs meet the criteria outlined above. That process, which begins in February for the first drugs under consideration, can take up to six months from the time a recommendation is made before changes are implemented and beneficiaries are affected, officials said.

Beneficiaries can find out all drugs TRICARE currently covers by searching the [TRICARE Formulary](#) or calling Express Scripts at (877) 363-1303.

While we understand the rationale for establishing a fourth tier as an approach to formulary management, MOAA will remain vigilant and closely examine the drugs recommended for exclusion. This commitment, and your feedback, will be key to ensuring the leaders of the Defense Health Agency are aware of the impact these changes have on their beneficiaries.