A n Air Force veteran of the first Iraq war and a military spouse and her two children have hit the Defense Department with a class action lawsuit seeking $4.9 billion in damages from the theft of a computer tape containing personal and sensitive health information from the car of an employee of Science Applications International Corp., a contractor with the TRICARE Health Management Activity. The company was not named as a defendant in the action.

The suit, filed Monday by the law firm Shulman, Rogers, Gandal, Pordy & Ecker of Potomac, Md., seeks $1,000 in damages for all 4.9 million TRICARE beneficiaries whose records were on the computer tape stolen Sept. 13 from the SAIC employee’s car in San Antonio. TRICARE and Defense Secretary Leon Panetta are named defendants.

Plaintiffs in the case are Virginia Gaffney of Hampton, Va., a TRICARE beneficiary described as the spouse of a decorated war veteran, along with her two dependent children, and Adrienne Taylor of Glendale, Ariz., an Air Force Operation Desert Storm veteran who also is a military spouse and TRICARE beneficiary.

The suit, filed in the U.S. District Court for the District of Columbia, charges that TRICARE “flagrantly disregarded” the privacy rights of TRICARE beneficiaries by failing to take the necessary precautions to protect their identity. The complaint said data on the stolen computer tape was “unprotected, easily copied... [and TRICARE] inexplicably failed to encrypt the information.”

TRICARE “compounded its dereliction of duty by authorizing an untrained or improperly trained individual to take the highly confidential information off of government premises and to leave unencrypted information in an unguarded car in a public location, from which it was stolen by an unknown party or parties,” the suit alleged.

The “intentional, willful and reckless disregard of plaintiffs’ privacy rights caused one of the largest unauthorized disclosures of Social Security numbers, medical records and other private information in recent history,” the complaint charged.

TRICARE has acknowledged that the stolen computer tape contained a wealth of patient...
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Keesler team drawn to Academy blood drive

By Keesler Blood Donor Center

KEESLER AIR FORCE BASE, Miss. -- A 10-person team from the Keesler Blood Donor Center recently participated in a five-day tri-service blood drive at the Air Force Academy in Colorado Springs that resulted in the collection of more than 1,100 units of blood.

The annual joint blood drive, conducted under the auspices of the Armed Services Blood Program, included both active-duty and civilian Air Force, Army and Navy laboratory technicians from seven military installations. Keesler provided the sole Air Force contingent among the 66 medical laboratory technicians involved.

Capt. Heidi McMinn, officer in charge from the Keesler center, said the "Dragon Medics" -- half of the center's assigned staff -- attended pre-drive briefings where they received their assignments and logistical information about the drive's set-up. The next day, the team completed training for their respective station assignments, including phlebotomy (the blood-drawing procedure), registering donors and blood processing.

"The first day of the actual drive, about 250 units were collected," said Tech. Sgt. Debra Hafner, donor center NCO in charge. "We collected 300 units the next day and about 600 the third.

While it's difficult to say exactly how many cadets attempted to donate, McMinn estimates at least 2,000.

"Many may have been turned away for various reasons, such as foreign travel or medical history," she said.

Hafner said most of the units collected will be used to meet overseas operational quota requirements.

"The blood will be used to treat both military members and civilians wounded in the wars in Iraq and Afghanistan, as well as conflicts in the Horn of Africa -- basically any contingencies for which they're needed. Any units not required overseas will be used in stateside military and Veterans Affairs hospitals."

The Military Treatment Facility West Point, N.Y.

In addition to McMinn and Hafner, the Keesler team consisted of Master Sgt. Traci Devereaux, Staff Sgts. Zachary Derringer and Travis Gray, Senior Airman Thomas O'Neal, Airman 1st Class Michael Brown and civilians Larry Bank, Robert Moody, Kevin Nguyen and Stacey Baird.

In addition to Keesler, Fort Leonard Wood, Mo.; Fort Hood and Fort Bliss, Texas; Fort Gordon, Ga.; Fort Bragg, N.C.; and the Armed Services Whole Blood Processing Laboratory (Navy), McGuire AFB, N.J., provided personnel and logistical support.

NMCSD provides several options for free prescription medication refill

By Mass Communication Specialist
3rd Class Eric C. Stelzel, and Aviation Ordnanceman Airman Tiara Hammond, Naval Medical Center San Diego Public Affairs

SAN DIEGO -- Naval Medical Center San Diego (NMCSD) would like TRICARE beneficiaries to know their least expensive options for filling prescriptions. Effective Oct.1, the Department of Defense Pharmacy and Therapeutics Committee changed the co-pay policy increasing the cost of medications purchased at retail pharmacies.

NMCSD offers four ways to reduce beneficiaries out of pocket expenses for filling prescriptions. In person at NMCSD's pharmacy or one of the nine Branch Health Clinic pharmacies, calling NMCSD's refill line at 619-532-8400, and online by visiting NMCSD's website www.med.navy.mil/SITES/NMCSD/Pages/default.aspx and clicking on the pharmacy page. NMCSD's online feature offers the option to refill your prescription online via mail or pick it up at one of three of NMCSD's Military Treatment Facility (MTF) pharmacies with no co-pay fee.

The military treatment facility remains the best option where patients can experience great service with no co-pay. The TRICARE Benefit Package has our patients covered," said Lt. (Dr.) Andrew Benson, NMCSD's Outpatient Pharmacy Assistant Division Officer.

The TRICARE pharmacy benefit program divides medications into three separate tiers that determine if a co-pay is required. Tier one medications are generic medications and Tier two medications are brand medications, both of these tiers fall under the program's formulary medications list. Formulary medications are a list of preferred generic and brand-name medications approved by the Food and Drug Administration and are provided by TRICARE. Non-formulary drugs are considered to be tier three medications.

TRICARE's Home Delivery program offers a 90 day supply of Tier one medications for $0 and a 90 day supply of Tier two for $9. For Tier three medications home delivery is $25 for a 90 day supply vice a 30 day supply for the same price at a retail pharmacy.

Retail network pharmacy co-pays have increased from $3 to $5 for a 30 day supply of Tier one medications and from $9 to $12 for a 30 day supply of Tier two. The co-pay for Tier three medications increased from $22 to $25 for a 30 day supply.
Above and right: Naval Medical Center San Diego’s Tactical Combat Casualty Course (TCCC) instructor Hospital Corpsman 2nd Class Joseph Gagucas instructs a TCCC participant on mass casualty responses during the TCCC training exercise. TCCC is an intensive three day course intended to provide Hospital Corpsmen familiarization with educational and skills training necessary to successfully perform tactical medical care in a field environment, care under fire, and tactical evacuation. TCCC was held in conjunction with NMCSD’s Operational Medical Symposium held from Oct. 24 to 28. The symposium provided training in a simulated combat environment to NMCSD staff who have not deployed before as well as familiarization with Fleet Marine Force Medical equipment and to experience medical operations in a simulated combat environment.

Bottom right: A Hospital Corpsman participating in Naval Medical Center San Diego’s Tactical Combat Casualty Course (TCCC) tries to comfort a simulated injured Sailor during the training exercise.
Mc Cain eyes barring retirees from Tricare Prime

By Rick Maze
Staff writer

The congressional panel tasked with making deficit-reduction decisions is facing sharply conflicting views on whether military retirement and health benefits should be put on the chopping block.

In the mix is a radical proposal from Sen. John McCain, R-Ariz., that would have potentially far-reaching effects on the health care of retirees and active-duty family members. McCain, ranking Republican on the Senate Armed Services Committee, has proposed barring military retirees from signing up for Tricare Prime, the least expensive Tricare option available to them.

The proposal was drawn from a March 2011 report from the nonpartisan Congressional Budget Office on ways to reduce the federal deficit.

Tricare Prime is the military’s managed care plan, with an annual enrollment fee of $460 for individuals and $520 for families and low co-pays for treatment. The CBO said barring retirees and their families from Prime would reduce Tricare costs by $111 billion over 10 years.

But the proposal could have the secondary effect of reducing the number of civilian doctors willing to be part of the Tricare networks that provide care to active-duty family members, according to industry sources who asked not to be identified because they did not want to be quoted criticizing McCain.

About 5.4 million people are enrolled in Tricare Prime, with 1.5 million potentially critically affected by McCain’s plan.

Seventy-one percent of retirees and retiree family members in Tricare Prime rely entirely on the military for health care. That would drop to 35 percent under the McCain proposal, according to the CBO’s estimate.

How much such a change would cost retirees and their families would depend on their health care needs. Outpatient visits under Tricare Prime are $12, but the other two Tricare options require paying a percentage of costs — 20 percent under Extra and 25 percent under Standard.

Because of the higher fees, the CBO expects that retirees and their families who were forced out of Prime and signed up for one of the other Tricare plans would voluntarily reduce doctor’s visits and other expenses, which is a factor in the overall savings estimate.

“This option would begin to curtail the growth in health care costs, freeing those resources for other important uses,” CBO said in its report.

A Government Accountability Office report in June said Tricare Extra and Tricare Standard have suffered problems getting civilian health care providers to accept military beneficiaries, largely because of low reimbursement rates that generally match the rates paid by Medicare. That’s not a problem for Tricare Prime beneficiaries, because doctors who are part of the networks must accept them as patients.

McCain’s recommendations on retired pay and health care are a shock to some.

Steve Strobridge of the Military Officers Association of America said the Arizona Republican’s support for cutting military benefits was unexpected. “MOAA is surprised and disappointed,” he said.

McCain said in an interview that he expected complaints.

“As someone who has committed his life to serving our nation and the men and women who protect it, this was not an easy decision,” he said. “I believe we must all share in the burden to ensure that our nation’s debt does not imperil our economic and security future.

“Supporting modest Tricare reform to protect the long-term viability of this important program is a step we must strongly consider,” McCain said.

“Supercommittee” begins work

McCain’s proposal is one of many being considered in closed-door deliberations of Joint Select Committee on Deficit Reduction, the “supercommittee,” which began work Oct. 19, with decisions expected by Nov. 18.

The outcome is far from clear because the House and Senate Armed Services committees have vastly different opinions about whether military benefits should be candidates for cuts.

The differences are so stark they raise questions about whether any deficit reduction plan that targets retiree benefits could pass the House.

On one side, the House Armed Services Committee opposes calls to raise Tricare costs for retirees, and its Republican members strongly object to a White House proposal to appoint a commission to overhaul the military retirement system with an eye toward reducing costs by making it more like private-sector plans.

An Oct. 14 letter to the deficit panel from Republicans on the House committee urges “caution” when considering cuts in benefits for current and future retirees.

The proposals “ignore the fact that military retirement is deferred compensation for the extraordinary sacrifices made by military retirees through 20 to 30 or more years of service to the nation,” said the letter signed by Rep. Buck McKeon, R-Calif., the House committee chairman, and other Republican members.

According to McKeon’s letter, changes in retired pay and health care benefits “will be judged as breaking faith with current and former service members,” and it specifically opposes dismantling the 20-year retirement plan, at least for now. A letter to the supercommittee from the House committee’s ranking Democrat, Rep. Adam Smith of Washington, makes no recommendations about cuts in military benefits.

The view from the Senate Armed Services Committee is different. In separate letters to the supercommittee, Sen. Carl Levin, D-Mich., the armed services committee chairman, and McCain both endorse several deficit reduction proposals unveiled in September by President Obama.

They include a call to create a new $200 annual enrollment fee for Medicare-eligible retirees who sign up for Tricare for Life, to increase prescription drug co-pays for military family members and retirees, and to create the independent commission to study military retirement pay.

The Tricare for Life fee would be $200 in 2012 and $295 in 2013, and would continue to rise.

Levin supports that plan but wants to cap annual fee hikes. He believes the charge should increase by no more than the annual percentage increase in military retired pay, and by the same amount as any increases in Tricare enrollment fees for military retirees under age 65.

Levin also said a commission that looks at military retired pay should not stop there but also review the entire military compensation package, including basic pay, food and housing allowances, special pays and bonuses, health care and the tax-free status of some pays.

But Levin said a review does not necessarily mean cuts. He said he is looking for a discussion that would show the value of compensation and retirement to maintaining the viability of the all-volunteer force.

Levin agreed with his House counterpart McKeon that any changes to retired pay should not apply to current service members or retirees.

Sailor of the Year Run

Sailors attached to Naval Medical Center San Diego (NMCSD) run in formation through Balboa Park for the Sailor of the Year Run. Sailors participated in the run to show support for the Blue Jacket and Sailor of the Year candidates. Currently NMCSD has 174 personnel deployed to support operational forces around the globe.
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The Department of Medicine at the University of Illinois College of Medicine at Peoria seeks an academic internal medicine physician (hospitalist or other sub-specialty) to join a growing department known for innovative educational programs. There is protected administrative time as Associate Program Director of internal medicine resident training. The candidate will teach medical students and residents and treat patients at a 616-bed, tertiary care, academic medical center. Peoria is a mid-sized city ideal for convenient living while still close to major metropolitan centers. Candidate must be Board Certified/Board Eligible in Internal Medicine and eligible for licensure in Illinois. For fullest consideration, interested applicants should upload a letter of interest and curriculum vitae and apply online at:
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For more information contact Rochelle Woods at: 800-303-6893 or rdwoods@mountainmedgroup.com

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Currently, Tatum Highlands Medical Associates (THMA) is fully electronically integrated with state of the art technology. Billing is handled in-house, with a seasoned staff and a Certified Coder. A/R turnover is 2-3 weeks with an excellent collection ratio. THMA is very involved in a wide range of family practice services to include women’s health, preventative medicine, geriatrics and urgent care. THMA partners with Clinical Research Associates and is currently involved with the following studies: Diabetes, Gout, ED, Hypertension, Hyperlipidemia, COPD, Flu Vaccines. You can find out more about THMA from the website: www.tatummedical.com and you can check us out on Facebook under Tatum Highlands.

Please contact Kelly Chrisbacher, CMM, either by calling:
480-232-0087, or by e-mail at kelchris48@yahoo.com
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