

**HOUSE COMMITTEE ON**  
**VETERANS' AFFAIRS**

February 10, 2005 Hearing Room C

8:30 A.M. Tapes 20 - 22

(corrected 07/28/05)

**MEMBERS PRESENT:** Rep. Donna Nelson, Chair

Rep. Phil Barnhart, Vice-Chair

Rep. Debi Farr, Vice-Chair

Rep. Brian Boquist

Rep. Scott Bruun

Rep. Dave Hunt

Rep. Betty Komp

**STAFF PRESENT:** Jim Stenbridge, Committee Administrator

Erin Seiler, Committee Assistant

**MEASURES/ISSUES HEARD:**

Healthcare for Veterans? - Informational Meeting

**These minutes are in compliance with Senate and House Rules. Only text enclosed in quotation marks reports a speaker's exact words. For complete contents, please refer to the tapes.**

**TAPE/#Speaker            Comments**

**TAPE 20, A**

002 Chair Nelson Opens the meeting at 8:39 a.m. Opens an informational meeting on Healthcare for Veterans'

**HEALTHCARE FOR VETERANS' - INFORMATIONAL MEETING**

020 Scott Celley Vice-President for External Affairs, TriWest Healthcare Alliance. Submits copies of TriWest Healthcare Alliance: Serving America's Finest PowerPoint presentation (**EXHIBIT A**). Explains who the military health system provides healthcare coverage and the region of the United States that they oversee (**EXHIBIT A, Pages 4 - 5**).

092 Celley Explains the services and care provided by Military Treatment Facilities (MTF) (**EXHIBIT A, Pages 6 - 7**).

141 Chair Nelson Asks if TriWest is a parent company of TRICARE or a separate company.

156 Celley Clarifies that the parent company for TriWest is TRICARE and TriWest is the private sector contractor that delivers healthcare for the federal government.

186 Celley Speaks to who is TriWest, length and scope of TriWest's federal contract, and who is served by TriWest (**EXHIBIT A, Pages 9 - 10**).

224 Celley Explains that TriWest works off a platform of Blue Cross/Blue Shield systems (BCBS) and it is BCBS who lines up the local doctors and specialists who provide the medical care.

246 Joe Nortz National Guard/Reserve Liaison, TriWest Healthcare Alliance. Explains the Reserve Health Care Continuum model and how it was designed to serve National Guard and Reserve soldiers and their families (**EXHIBIT A, Page 12**).

284 Nortz Gives the details of healthcare services available to National Guard and Reserve soldiers and their families when they reach each stage of the Reserve Health Care Continuum (**EXHIBIT A, Page 12**).

360 Nortz Submits and explains the contents of the TRICARE Beneficiary Handbook (**EXHIBIT B**). Submits and explains the TRICARE Choices Handbook (**EXHIBIT C**). Submits copies of brochures titled TRICARE - Transitional

Health Care Benefits (**EXHIBIT D**) and titled TRICARE – Choices for the Reserve Component (**EXHIBIT E**).

401 Rep. Hunt Asks how TriWest advises returning National Guard and Reserve soldiers with regards to enrolling in just the TRICARE Health Plan or enrolling in a private healthcare plan in conjunction with TRICARE.

**TAPE 21, A**

009 Nortz States that TriWest does not provide this type of advice to soldiers. Explains that TriWest focuses on providing soldiers with the appropriate information about healthcare benefits and directs them to seek benefits counseling.

021 Rep. Hunt Asks if a soldier does decide to have dual coverage is the TriWest coverage limited.

027 Nortz Explains that in cases of dual healthcare coverage, TriWest is the second payer.

060 Celley Explains that National Guard and Reserve soldiers eligible for TRICARE are those who have served twenty years and have retired and it is those soldiers who have served any length of time and retire are eligible for Veterans' Administration (VA) benefits.

099 Nortz States that there are currently 1,875 mobilized Oregon National Guard. Therefore, there are roughly 5,000 Oregon National Guard and their families currently eligible for TriWest healthcare coverage.

115 Rep. Farr Verifies that 1,875 are all mobilized Reserve soldiers from Oregon.

121 Rep. Bruun Verifies that the surviving spouse retains TRICARE healthcare benefits.

137 Nortz Clarifies that a twenty year National Guard or Reservist retiree is not eligible for retirement pay and benefits until the age of sixty.

151 Rep. Boquist Explains that TRICARE coverage is for active duty personal, mobilized reserve components, and twenty year retirees, before, during, and after mobilization.

190 Chair Nelson Asks how did the Department of Defense (DOD) determined who would be awarded the healthcare contract.

- 193 Celley Responds that it was a delivery-based contract, based on an estimated per-person delivery cost.
- 203 Chair Nelson Asks if the DOD determines the type of health services that TriWest provides.
- 209 Celley Confirms that it is the DOD who determines what type of health services is provided.
- 223 Celley Explains the local partnership, service delivery, and benefit to the local economy (**EXHIBIT A, Page 17**).
- 244 Celley Concludes presentation with statement about commitment to the soldiers, their families, and their communities (**EXHIBIT A, Pages 20 – 21**).
- 278 Rep. Boquist Referencing to the Reserve Health Care Continuum model, asks how a rural Oregon city and its soldiers would be served by TriWest.
- 307 Nortz Presents a hypothetical situation and outlines the changes in an Oregon National Guard member's healthcare eligibility from call up to demobilization.
- 370 Nortz Explains how soldiers know that they are eligible for TriWest healthcare coverage and addresses the difficulty of educating soldiers and their families about eligibility and availability of benefits.

#### **TAPE 20, B**

- 023 Chair Nelson Asks if TriWest will reimburse National Guard soldiers for out-of-pocket payments made for medical care after receipt of delayed-effective date orders.
- 028 Nortz Responds that if the National Guard soldier has been coded in the DEERS system as eligible for delayed-effective date orders, the soldier could turn in medical receipts for expenses incurred after the date the orders were given.
- 046 Celley Explains that there is a psychological health component in the DOD approved healthcare benefit package.
- 050 Celley Explains how the DOD expanded healthcare benefits for National Guard and Reservists in 2003 and 2004.

- 084 Rep. Boquist Identifies two of the primary problems preventing a National Guard soldier from attaining or using healthcare benefits.
- 123 Rep. Farr Asks for the identification of the website that is the best resource for military personal to access information about coverage and benefits.
- 135 Nortz States that the TRICARE website ([www.TRICARE.osd.mil](http://www.TRICARE.osd.mil)) is the most comprehensive resource for eligibility, benefits, and provider information.
- 141 Nortz Details the eligibility requirements, benefits, and coverage for TRICARE Prime (**EXHIBIT B, Pages 14 - 22**).
- 176 Chair Nelson Asks if National Guard soldiers can be treated at a VA hospital.
- 187 Nortz States that as of January 2005, all VA hospitals will be considered TRICARE providers and treat guard soldiers, but only if there is space available.
- 201 Nortz Addresses questions about TRICARE Extra and TRICARE Standard plan.
- 237 Celley Addresses questions about the meaning of indemnity and the co-payments associated with TRICARE Extra and TRICARE Standard plans.
- 269 Celley Explains that psychological health coverage is included in TRICARE Standard and TRICARE Prime benefit package, it is only if a soldier accesses services outside the network that additional fees are attached.
- 283 Rep. Boquist Asks how does TriWest know when a National Guard or Reserve soldier has been activated and how does a soldier know when TriWest covers them.
- 317 Celley Explains how TriWest works with family support coordinators to educate soldiers on the availability of benefits.
- 332 Celley Addresses the difficulties associated with identifying and locating all of the families of soldiers who have been called up and the problems with the DOD issuing, rescinding, and then reissuing call up orders.
- 390 Celley Cites communication pilot project conducted in Idaho by TriWest to educate soldiers and their families dispersed over a wide geographic area in Idaho.

## TAPE 21, B

- 027 Celley Expresses willingness to go to any Oregon Military unit that has been called up and conduct a briefing on the availability of TriWest healthcare benefits.
- 047 Rep. Hunt Questions why the mental health benefits are less comprehensive in comparison to medical coverage.
- 081 Nortz Verifies that DOD has established mental health benefits and has recognized the need for reevaluating these mental health benefits.
- 141 Celley Explains that provider lists can be found online at [www.triwest.com](http://www.triwest.com).
- 156 Rep. Farr Asks what the general turn around time is from the mail order pharmacy, particularly regarding emergency need for medication.
- 180 Celley Explains that there are network pharmacies for soldiers and their families to get prescriptions.
- 193 Nortz Confirms that TriWest does cover emergency care and emergency situations when the person is unable to access a network provider.
- 234 Rep. Boquist Asks when TriWest learns when a unit really has been mobilized or has received their mobilization order.
- 258 Nortz Explains that TriWest typically receives a request from a family support person, but that is often the only source of contact.
- 318 Jim Stembridge Committee Administrator. Submits written material on behalf of Gerald Lorang explaining the Federal Definition of Veteran (**EXHIBIT F**); submits Veterans' Administration Funding report on behalf of Congresswoman Darlene Hooley (**EXHIBIT G**); submits data report on Incarcerated Veterans' on behalf of Max Williams (**EXHIBIT H**).
- 343 Mac MacDonald Representative, Veterans' Organizations. Discusses the lack of TRICARE Dental benefits, in particular, the lack of dental care providers willing to contract with TRICARE.
- 369 Celley Addresses the ongoing difficulty with provider payments.

## **TAPE 22, A**

- 016 Herb Columb Retired Veteran, Marion County. Discusses the difficulty finding a healthcare provider in the Marion County area.
- 027 Celley Addresses the number of contracted providers in the Salem area.
- 057 Mike Sullivan Lobbyist, Association of Western Pulp and Paperworkers. Speaks to the need to have mandatory funding for medical care for all veterans.
- 090 Chair Nelson Closes the informational meeting on Healthcare for Veterans'. Adjourns the meeting at 10:34 a.m.

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## **EXHIBIT SUMMARY**

- **A. Healthcare for Veterans', TriWest Healthcare Alliance: Serving America's Finest PowerPoint Presentation, Scott Celley, 20 pp**
- **B. Healthcare for Veterans', TRICARE Beneficiary Handbook, Joe Nortz, 48 pp**
- **C. Healthcare for Veterans', TRICARE Choices Handbook, Joe Nortz, 24 pp**
- **D. Healthcare for Veterans', TRICARE – Transitional Health Care Benefits Brochure, Joe Nortz, 16 pp**
- **E. Healthcare for Veterans', TRICARE – Choices for the Reserve Component Brochure, Joe Nortz, 20 pp**
- **F. Veterans' Benefits Administration, Definition of A Veteran Report, staff, 9 pp**
- **G. Veterans' Issues, Veterans' Administration Funding Report, staff, 26 pp**
- **H. Veterans' Issues, Incarcerated Veterans' Report, staff, 2 pp**