

Minutes

April 24, 2008

Oregon State Capitol Building, Senate Caucus Room

Veterans' Services Task Force *Post-Separation Subcommittee*

In attendance: Mic Alexander, *Chair*; Jack Heims; Paul Evans; Amy Goodall; Karissa Caldwell; Val Conley; Mike Caldwell; Christopher Dauterman; Michelle Nelson; Theresa Arndt attending for James Booker

Absent: Jeff Barker, Debbie Koreski

Meeting commenced at 3:25 p.m.

Topic of the meeting was a continued conversation of main Task Force meeting of Tricare and Health Care.

Mic Alexander began meeting by looking at what can be done for post-separation veterans for health care.

Mike Caldwell explained how citizen soldiers are covered by Tricare while in the National Guard. Provided they meet veteran criteria, they can enroll in the VA Health Care system to have medical care. However, families do not have medical coverage and the family is left out. Suggested that including all families in the Oregon Health Plan would be a bold plan. Unidentified attendee cited that families have suffered from the deployments too.

Mike Caldwell said that the Tricare physicians tax break was also bold, but it changed throughout the process, including an 11th hour change. Stated the end result was not "what was set out to do". Explained how Tricare is setup differently for contracted versus non-contracted medical providers.

Mic Alexander questioned the billing system and how to go out to doctors' offices and help providers understand billing system. This could help make Tricare more attractive to providers.

Amy Goodall stated that most physicians do not know the details. Office managers dictate the payer's mix, which ultimately boils down to the profitability of the physician's private practice.

Mike Caldwell stated that Champus was budget driven as the forerunner to Tricare. Explained historical vantage point and relationship to billing clerks concerning timely payments, interest accrued, collections based on federal restrictions.

Amy Goodall reiterated Dr. Eliason's view of a group of Tricare providers fostered to take more patients to ease process. Explained how providers processing a claim every six months is much more difficult than processing everyday.

Mic Alexander questioned outreach to educate. Began discussion of educating doctors or office managers and billing managers.

Amy Goodall explained OMA seeks to educate doctors. Collaboration is one way for doctors to become informed through understanding billing process. Doctors could then send office and billing managers to workshops to get trained. Mike Caldwell asked if the post-separation subcommittee would request dollars for providing training seminars.

Amy Goodall explained that their constituents are already familiar with their training and workshops are already offered to physicians and office managers. This is something that can be facilitated without charge.

Mic Alexander asked if any workshops are provided about Tricare. No specific training is currently offered however physicians are interested. Amy Goodall will look deeper into the training issue. TriWest may be eager to team up for the training.

Amy Goodall discussed Medically Underserved Areas for maintaining physicians in rural areas, including those who see Tricare patients. The Rural (Liability) Area Subsidy program is expiring which provides doctors and nurse practitioners in rural areas in paying the liability premium. This took a cut last session, but was been maintained for providers delivering babies and offering family practice care. More money is needed in 2009 to maintain the eight-year program. Without this program, it could make practicing medicine in rural Oregon even less attractive.

Mic Alexander restated his notes of understanding if Tricare community can be identified as a Medically Underserved Community (population). Clarification and questions need to be answered by the Office of Rural Health.

In responding to Mike Caldwell's suggestion of a bold step in providing the Oregon Health Plan to all veterans, Paul Evans stated that the state must be careful about taking away from scarce funds that are already stretched. Stated that in a supplemental this may be possible. Caldwell said that he would be okay if it applied just to the Guard members and families.

Paul Evans asked about discussion for mental health access and access to psychotropic drugs. Posed the question of access to mental health care through Tricare. Amy Goodall stated that most mental health is done by primary care physicians who can also prescribe psychotropic medications. Jack Heims stated that VA primary care physicians prescribe psychotropic medications.

Paul Evans stated that as the war continues he is concerned about future mental health care and access to the psychotropic medications. Jack Heims stated that VA VET Centers do a good job in serving Oregon veterans with small operations of mental health. Restated the new 5-year eligibility rule for VA serving combat veterans health care, including access to health care. Mike Caldwell explained how there is no ticking clock for access to VET Centers from veterans of previous wars.

Mic Alexander recapped meeting information and adjourned at 4:55 p.m.