



NEWSWIRE OCTOBER 2020

The Volunteer staff of the Jefferson Barracks Satellite Retiree Activities Office publishes this NEWSWIRE to inform all military retirees, spouses, widows, widowers and their families of changes to their benefits, the status of current legislation impacting their retirement, health related information, defense policies and other matters affecting their military rights, benefits and other obligations. It contains information about Scott AFB; Jefferson Barracks AFS and the local retired community.

From the Director

The Jefferson Barracks Retiree Office is open and ready to serve you once again. We are open Tuesday through Thursday 0900 – 1200. Our phone number is 314 527 8212.

The Deers Office is now open on Thursday and Fridays, 0900-1500 Hrs. Call to setup an appointment at 314 416 6619. Your current ID card, if expired, is still authorized until the September 30 2020. We expect that due to Covid-19 the expiration date may be extended even further.

Unfortunately, we still have continue to cancel our monthly luncheons.

Continue to be Safe. Social Distance and Mask Up

TRICARE Health Care Providers: Proposal Would Give Some Users a Wider Choice

Source: *Military.com: Patricia Kime*

The next iteration of Tricare will give some military families and retirees the option to choose a health network other than the two selected to manage the Tricare East and West regions, according to a report delivered by the Pentagon to Congress in August. The new contracts, known as T-5, will require the winning contractors to partner with local health plans or networks in their regions to provide health services to Tricare beneficiaries -- a test of the "multiple provider network" concept to determine how effectively the expanded opportunities might work.

The Defense Health Agency will also implement a separate pilot program to test the concept in certain areas, issuing contracts directly to provider networks so they can accept Tricare beneficiaries, according to the report sent 14 AUG to leaders of the Senate Armed Services Committee. "We believe this approach, which will allow local and regional contracted health plans and providers to focus solely on delivering health care services rather than these back office activities unique to Tricare, will lead to more plans and providers competing for Tricare business," defense officials wrote.

The fiscal 2017 National Defense Authorization Act required the DoD to make significant changes to the military health system and to Tricare, the department's program for managing private health services for military beneficiaries and retirees. The law also required the DoD to report on the structure of its managed care contracts and explain how it plans to comply with previous legislation requiring the department to give patients

more health care choices, part of an effort to improve access and quality and lower costs. In the report, the DoD said it plans to offer broader selection in phases, first as demonstration or pilot projects before rolling them out program-wide. "This demonstration will require education of beneficiaries on new options, assessment of the cost structure and other requirements of the innovations to ensure they improve care, quality and access, and analysis and evaluation to understand what could work," the report states.

To understand how the new system may work, Tricare beneficiaries can look to Atlanta, where Tricare East Region contractor Humana Military has partnered with Kaiser Permanente, the not-for-profit health care company, to offer Tricare Prime to area residents. Under the agreement, which runs through 2023, Kaiser Permanente is to provide "value-based care" to retirees and military family members, defined as a health program that rewards providers based on performance, quality and value, as defined by the DoD. The pilot, according to Humana Military, is a test as to whether Kaiser Permanente's version of managed care "can improve health care quality and reduce health care costs for Tricare beneficiaries."

The Pentagon released a draft request for proposal last week for the two T-5 contracts, which could be worth up to \$58 billion. Currently, Humana Military Healthcare Services holds the contract for Tricare East, while Health Net Federal Services manages the Tricare West contract. Responses to the draft RFP from interested bidders are due Sept. 18.

TRICARE Open Season

Source: TRICARE <https://www.tricare.mil/openseason>

TRICARE Open Season is the annual period when you can enroll in or change your health plan for the next year. Now is the time to review your health coverage and decide if changes are needed. Outside of Open Season, changes to your TRICARE policy can only be made following a qualifying life event. Mark your calendars; this year's Open Season runs from Nov. 9 through Dec. 14, 2020.

Starting Jan. 1, 2021

Are you a Group A retired beneficiary? You're in Group A if your initial enlistment or appointment or that of your uniformed services sponsor began before Jan. 1, 2018. If you're a Group A retired beneficiary, you and your family must pay a monthly TRICARE Select enrollment fee to maintain your TRICARE Select coverage.

- For an individual plan, you'll pay \$12.50 per month or \$150 annually.
- For a family plan, you'll pay \$25.00 per month or \$300 annually.
- The [catastrophic cap](#) will increase from \$3,000 to \$3,500.
- Your TRICARE Select enrollment fees will apply towards your catastrophic cap.

Your enrollment fee will be waived, if you're:

- An active duty family member
- A [survivor](#)
- A medically retired retiree or family member

Flu Shots: Fighting Flu Together: Get an Immunization!

Source: Vantage Point | Dr. Jane Kim, MPH

Getting a flu vaccine this fall is more important than ever to protect yourself, your family, friends, and coworkers. We are facing a tough 2020 flu season as we prepare to battle the coronavirus at the same time. Flu shots protect you against flu. By getting a flu shot, you will be less likely to spread flu to others. By keeping you healthy, our VA facilities won't be overwhelmed with flu patients during the pandemic. Flu and COVID-19 can lead to serious health complications resulting in hospitalization or death. The good news is both may be prevented by wearing a face covering, practicing physical distancing, washing your hands frequently and coughing into your elbow.

With flu season approaching, talk to your health provider about where to safely get a flu shot this fall. The Centers for Disease Control and Prevention (CDC) recommends that everyone six months or older should get a yearly flu shot. Flu can be serious among young children, older adults and those with chronic health conditions, such as asthma, heart disease or diabetes. Every year, hundreds of thousands of Americans are hospitalized with the flu. During the 2019-2020 flu season, more than 4,600 Veterans were hospitalized at VA medical centers. More than 600 of them required intensive care stays. VA providers also saw over 27,000 Veterans for flu and spoke to more than 13,000 during phone triage calls.

If you are enrolled in VA health care, you can receive the seasonal flu vaccination at more than 60,000 locations through the Community Care Network in-network retail pharmacies and urgent care partners. VA will pay for standard-dose and high-dose flu shots. Even if you haven't had a flu shot lately, make this the year that you do! Enrolled Veterans can visit <https://www.va.gov/communitycare/flushot.asp> to find locations to get a no-cost flu shot. Help us help you: we are fighting flu and COVID-19 together. Important Resources

[Influenza](#)

[COVID-19](#)

[Coronavirus Frequently Asked Questions](#)

[CDC Similarities and Differences Between Flu and COVID-19](#)

Sprains & Strains: New Guidelines Urge OTC Painkillers, Not Opioids

Source: US News & World Report | Amy Norton

People with common muscle and joint injuries should skip opioids and instead reach for over-the-counter pain relievers, new treatment guidelines suggest. The recommendations, from the American College of Physicians and American Academy of Family Medicine (AAFP), cover acute musculoskeletal injuries -- woes ranging from sprained joints and strained muscles, to inflamed tendons and whiplash. The groups say that in general, treatment should start on the conservative end, with pain-relieving creams and gels. If that's not enough, common oral painkillers are good options. They include acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and naproxen.

On the other hand, the guidelines discourage prescribing opioids such as OxyContin, Vicodin and Percocet. While the drugs can help with shorter-term pain, they are also potentially addictive and carry a risk of serious side effects. "Opioids should not be routinely used for acute pain," said Dr. Timothy Wilt, who chaired the ACP Clinical Guidelines committee. "Acute" means pain that has been around for less than a month. Other research has found that opioids are also of little use for most cases of chronic pain unrelated to cancer. That's not to say no one who is in acute pain should get an opioid prescription. Some people may need the medications for a short time, said Wilt, a professor of medicine at the Minneapolis VA Center for Care Delivery and Outcomes Research. But in general, he said, the evidence shows "other options are safer and more effective."

The guidelines, published 17 AUG in the Annals of Internal Medicine, are based on a review of over 200 clinical trials testing treatments for recent musculoskeletal injuries. Patients had a range of injuries -- from sprained ankles to torn hamstrings to whiplash -- but did not have low back pain. A set of 2017 guidelines

tackled low back pain, and came to similar conclusions: If medications are used, NSAIDs should be the first choice, said Dr. Gary LeRoy, president of the AAFP. The new guidelines suggest topical versions of NSAIDs -- with or without menthol gel -- be tried first.

That emphasis on topical painkillers -- and stance on opioids -- are good to see, according to Dr. Houman Danesh, a pain management specialist who was not involved in the guidelines. "It's important for doctors to feel supported in not using opioids," said Danesh, who directs the division of integrative pain management at Mount Sinai Hospital in New York City. With the United States years into an opioid abuse epidemic, medical societies have been advising doctors to rein in their prescribing of the drugs when other options are available. Yet the drugs are still commonly prescribed for musculoskeletal pain, Wilt said. Danesh agreed, noting that patients sometimes ask for them.

It is true that NSAIDs can have side effects, like stomach upset or internal bleeding -- especially if used for a prolonged time. And some people are at increased risk of side effects from NSAIDs or acetaminophen, including older adults and people with heart, kidney or liver disease. That's why topical NSAIDs are suggested as a first choice: They have fewer side effects, LeRoy said. On balance, though, NSAIDs and acetaminophen are safer than opioids, and often ease acute pain, the guidelines say. Danesh did note that inflammation is part of the body's natural response to acute injury. And in general, he said, he tells patients that if the pain is tolerable, they can see how they do without oral NSAIDs.

There are non-drug options, too, LeRoy said. Two were singled out in the recommendations: acupuncture and transcutaneous electrical nerve stimulation. Trials show they help ease pain and -- in the case of acupuncture -- may improve people's physical functioning. Some others -- like physical therapy and massage -- were not cited in the guidelines but might help some people, according to LeRoy. The good news is musculoskeletal pain usually wanes within four to six weeks, according to Danesh. "If it doesn't," he said, "you may need a referral to someone like me." Ultimately, Danesh said, it's best to try to figure out the root cause of musculoskeletal pain. If imbalances in muscle strength or unconscious postural habits are underlying the pain, that should be addressed.

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