



Federal Health Matters

Roswell Resigns VA Post

On April 5, VA Under Secretary for Health Robert H. Roswell, MD submitted his resignation to President Bush. Roswell, whose VA career spanned nearly 30 years, said he felt the VA needed “a new perspective in leadership.” Jonathan B. Perlin, MD, the VA’s current deputy under secretary for health, is serving as acting under secretary for health until a permanent replacement is found by a national search committee. In the interim, Roswell will be available for consultation.

According to an article published by the *St. Petersburg Times* (FL), Roswell’s resignation came after the trial run of a new VA computer system—called the Core Financial and Logistics System (CoreFLS)—caused serious problems at the Bay Pines VA Medical Center in Bay Pines, FL, including “scores of surgery delays.” Apparently, Roswell had recommended the Bay Pines facility as a test site for the new system, but “management and computer problems” turned the test into a disaster. Two other VA officials involved in the computer trial, CoreFLS Director John O’Connor and Bay Pines Chief of Staff Pramod K. Mohanty, have been reassigned. The VA has invested \$249 million in CoreFLS, which was developed to track and control finances, vendor payouts, and supply inventories.

In its announcement of Roswell’s resignation, the VA’s Office of Public Affairs stated that the former under secretary had been “instrumental in helping VA move from a hospital-centered organization to a 21st century patient-focused health care delivery system,” and highlighted his role in improving VA long-term care and mental health services. The *St. Petersburg Times* article, however, reported that House Appropriations Chair C.W. Bill Young (R-FL) “welcomed” Roswell’s resignation, saying that he had failed to “meet the challenge.”

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Temporary TRICARE Benefits for Reservists: One Down, Two to Go

In March, the first of three temporary TRICARE benefits for reservists and their family members

was implemented. These benefits were signed into law by President Bush late last year, and since that time, the DoD has been working on the policy, data, and contract changes needed for implementation. Two of the benefits have a retroactive effective date of November 6, 2003, and all three expire on December 31, 2004.

The recently implemented benefit temporarily extends the period of TRICARE coverage offered to newly separated service members and their eligible family members under the DoD’s Transitional Assistance Management Program from 60 or 120 days to 180 days. This extension applies to reservists and other eligible service members who separate from active duty between November 6, 2003 and December 31, 2004. Those who separated on or after November 6 but before the March 17 implementation date can apply for reimbursement of health care expenses incurred since separation. To do so, they must submit a TRICARE claim form, a copy of their itemized bill, an explanation of benefits, and proof of payment (if they’ve already paid the bill) to their TRICARE regional claims processor.

Once the second temporary benefit is in place, reservists activated for more than 30 days as part of a contingency operation will be eligible, along with their family members, for TRICARE medical and dental benefits. Eligibility begins 90 days before the activation date—

Continued on page 91

Continued from page 86

or, if the orders are given fewer than 90 days prior to activation, upon notification. As with the first benefit, this one will provide retroactive reimbursement as far back as November 6, 2003.

The last benefit will offer TRI-CARE coverage (medical only) to reservists who are unemployed or ineligible for health insurance from their employer. Unlike the others, this benefit is not retroactive. In addition, users must fill out an application and pay a premium. Since this benefit requires many contact and personnel system changes, the DoD estimated in March that implementation would take at least a few more months.

CHAMPVA Reinstatement Deadline Extended

Veterans' widows and widowers who thought it was too late to apply for reinstatement of the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) benefits they lost when they remarried after age 55 have been given another chance. The VA has extended the original February 4, 2004 deadline until December 16, 2004.

CHAMPVA benefits, which cover most medically and psychologically necessary services and supplies, are available for family members of living veterans rated as permanently and totally disabled from a service-connected condition and for family members of deceased veterans who were rated thus at the time of their death, whose death was caused by a service-connected disability, or who died on active duty (if the family

members are ineligible for TRI-CARE benefits). Prior to February 2003, if a surviving spouse remarried, CHAMPVA benefits were discontinued. The Veterans Benefits Act of 2002, however, authorized surviving spouses who remarry after turning 55 to retain their CHAMPVA coverage.

New Health Care Facilities for Oklahoma and Nebraska Tribes

A dedication ceremony on March 24 in Pawnee, OK celebrated the opening of a new health center nine years in the making. The new facility, which cost \$19.3 million, is the first to be completed under the Indian Self-Determination and Education Assistance Act (Public Law 93-638). This law allows tribes to assume responsibility for the direct operation of programs serving their tribal members and for construction management through the use of contract and compact agreements with the IHS.

The original facility, built by the PHS in 1929, had 55 inpatient beds that were closed in 1981. The new health center offers such outpatient services as medical imaging, laboratory services, pharmacy, physical therapy, audiology, dental care, optometry, behavioral health, public health nutrition, and health education. It's expected to house about 46,500 primary care visits each year from a population of approximately 14,500 Native Americans in north central Oklahoma. The current staff of 44 employees will be expanded to 108.

On April 8, the IHS held another dedication ceremony—this one for a \$48-million IHS hospital in

Winnebago, NE that replaces one built more than 70 years ago. Over the years, the original hospital had six annexes added to it, but the new 100,000-square foot facility is twice as big as all seven buildings put together.

This hospital will provide both inpatient and outpatient services—including acute care nursing, laboratory, emergency and urgent care, radiology, podiatry, optometry, diabetes prevention and treatment, behavioral health, public health nutrition, health education, and associated supportive services—to approximately 10,000 Native Americans living in the IHS Omaha-Winnebago Service Unit area. The staff will increase by 147 employees to handle the 8,000 admissions and 25,000 primary care visits expected annually. In addition, the new hospital offers a birthing center and, in a year's time, will open a drug dependency unit. ●

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