

Federal Health Update

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Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate resumed business this week.**

MILITARY HEALTH CARE NEWS

- **TRICARE and Military OneSource are co-hosting a webinar to educate TRICARE beneficiaries about the TRICARE For Life (TFL) health plan and how it works with Medicare. The webinar will take place Jan. 16, 2014, from 1-2 p.m. EST.**

To sign up, go to <https://www2.gotomeeting.com/register/133595426>. Registration is on a first-come, first-served basis and is limited due to system capacity. Participants must avoid sharing personal health information when asking a question.

TFL provides secondary coverage to Medicare for all TRICARE beneficiaries who have both Medicare Parts A and B. Both Parts A and B are required to be eligible for TFL.

The speaker for this event is Anne Breslin, senior health program analyst in the Defense Health Agency. Breslin serves as the TFL Program Manager and Liaison to the Centers for Medicare and Medicaid Services. She has devoted over 25 years of service to the needs of our nation's senior and disabled populations. For more information about TFL, visit www.tricare.mil/TFL.

- **The Defense Health Agency (DHA) was established in October 2013 to help achieve better medical readiness among troops and improve care for all 9.6 million military**

beneficiaries while lowering costs.

Air Force Lt. Gen. Douglas Robb, DHA director, recently spoke about his vision for the new agency. To view his remarks, please visit: http://www.health.mil/blog/14-01-08/New_Defense_Health_Agency_Focused_on_Medical_Readiness.aspx.

- **Military Update reports that TRICARE beneficiaries soon will have to pay out of pocket for certain diagnostic genetic tests that their civilian physicians order, but that the Defense Health Agency doesn't view as appropriate or medically necessary.**

According to the Tom Philpott, in January 2013 — without notice to beneficiaries or to health care providers — TRICARE stopped reimbursing clinical laboratories for more than 100 different genetic or “molecular pathology” tests.

To date, labs have provided about \$10 million worth of free tests to TRICARE users.

Medical science has seen an explosion of clinical tests designed to diagnosis and treat ailments based on a patient's DNA. With thousands of new tests added annually, driven by demand for personalized medicine, the Food and Drug Administration is weighing the need to regulate the industry.

One of the more routine genetic tests that TRICARE no longer covers is used to determine if a woman who is pregnant carries a marker for cystic fibrosis, which would increase chances of the baby having the disease.

If the woman has the marker, the father usually is tested too because both parents must have the CF gene for the fetus to be at risk of CF. If both parents are found to have it, the likelihood of their baby having CF is one in four, according to the Cystic Fibrosis Foundation

With this test no longer covered, TRICARE beneficiaries will not receive the standard of care or benefits equal to other insured patients,” said Julie Khani, vice president of American Clinical Laboratory Association (ACLA). The American Congress of Obstetricians and Gynecologists has recommended prenatal testing for CF for more than a decade, she said.

“It's covered by Medicaid and other commercial health plans. It is also the standard of care under VA-DoD clinical practice guidelines for management of pregnancy,” Khani said. “Clearly an important test.”

The Defense Health Agency disagrees. In its written responses to Philpott's questions, it dismissed the significance of the prenatal CF testing. “Awareness that a fetus is at increased risk of having CF, in and of itself, does not usually change the management of labor, delivery and the neonatal period,” wrote DHA officials.

Also, they noted, infants at birth are tested for a host of health conditions, including CF, and those tests continue to be covered by TRICARE.

In July, DHA did remove the CF test from its “no government pay” list but DHA has continued to refuse to reimburse laboratories such tests.

- **The TRICARE Retiree Dental Program (TRDP) is open for enrollment.**

TRDP offers comprehensive dental coverage to all enrolled members. Available to retired service members and their family, retired National Guard and Reserve members and their family, Medal of Honor recipients, their family and survivors,

TRDP covers diagnostic and preventive services, like exams and cleanings at 100 percent. Emergency services and basic restorative services, like fillings, are covered at 80 percent. The annual deductible is \$50 per person, each benefit year, and \$150 per family per benefit year.

The annual maximum benefit is \$1,300 per person per year for enhanced enrollees; this is an increase of \$100 from last year. The annual maximum for orthodontia increased from \$1500 to \$1750. For more information, visit www.tricare.mil/Dental/TRDP/Costs.

Eligible beneficiaries can enroll online through the Beneficiary Web Enrollment website (BWE), www.dmdc.osd.mil/appj/bwe or go to www.trdp.org to print, complete and mail in a TRDP enrollment application.

To enroll on the BWE, beneficiaries will need a DOD Self-Service logon, Common Access Card or DFAS login. Enrollees may be asked to enter information to establish an electronic funds transfer (EFT) method for payment of their monthly premiums, but EFT is not an option for the TRDP so enrollees should not enter anything in that section.

Federal law requires that TRDP premiums be deducted automatically through a monthly allotment from retirement pay. EFT is available only as an alternative method of payment for beneficiaries who do not receive retired pay or whose retired pay is insufficient to cover the allotment amount.

There is a 12-month commitment for initial enrollments. After a year, beneficiaries can decide to continue on a month to month basis as long as they haven't added additional family members to the plan. If a beneficiary and spouse are already enrolled, adding a child or any other family member resets the 12-month period.

Retirees who enroll in TRDP within four months of their retirement date have immediate access to the full benefit package. If they miss that four-month window, there is a 12-month waiting period for coverage of more advanced services such as crowns, bridges and implants.

Delta Dental of California manages the TRICARE Retiree Dental Program. Beneficiaries can register at www.trdp.org to access several online features such tracking claims, and adding or removing family members.

- **DocGPS, a mobile application that helps consumer find providers in their health care network, is now available to people enrolled in UnitedHealthcare's TRICARE West Region health benefit plans.**

DocGPS will allow beneficiaries traveling within or outside the 21-state TRICARE West Region to locate the nearest in-network, TRICARE civilian health care providers and facilities (including urgent care clinics) within a 100-mile radius of their current location, providing flexibility and convenience in locating care while on-the-go. The app uses mobile devices' GPS functionality to help people locate nearby hospitals and health care facilities in their health plan's care provider network.

With DocGPS, beneficiaries can quickly and easily search by facility or care provider name, provider specialty, city, state or ZIP code. With a single tap, they can also find the care provider or facility office locations on a map, get detailed directions, and call the facility to schedule an appointment.

DocGPS is now compatible with select Android smart phones and iPhones. DocGPS now covers the majority of smart phones currently on the market.

TRICARE West Region beneficiaries can visit the Apple AppStore or Google Play Store to download these apps for free from their Android smart phone or iPhone.

VETERANS AFFAIRS NEWS

- **CNN reports that members of Congress traveled to two Veterans Administration**

hospitals to visit the facilities and demand answers about why U.S. veterans needlessly died there.

The congressional delegations led by Veterans Affairs Committee Chairman Jeff Miller, R-Florida, visited the Dorn Veterans Administration Medical Center in Columbia, South Carolina, and the Charlie Norwood Medical Facility in Augusta, Georgia, after a CNN investigation that reported patients died as a result of delayed or denied care.

Six deaths have been confirmed so far, and sources tell CNN the number of veterans who are dead or dying of cancer because they had to wait too long for diagnosis or treatment could be more than 20. Thousands of veterans were forced to wait months for simple screening tests like colonoscopies, and by the time they got diagnosed, it was too late.

The wait lists for gastrointestinal appointments at the hospitals number in the thousands and go back as far as 2010. Both hospitals say the wait list issues have been resolved, but according to the visiting members of Congress, the VA still cannot explain why or who was responsible for the poor treatment of veterans.

Miller said the practice at the VA seems to be to hold no one accountable for errors, and instead transfer poorly performing executives and employees to other facilities instead of firing them.

GENERAL HEALTH CARE NEWS

- **The U.S. Food and Drug Administration approved Farxiga (dapagliflozin) tablets to improve glycemic control, along with diet and exercise, in adults with type-2 diabetes.**

Type-2 diabetes affects about 24 million people and accounts for more than 90 percent of diabetes cases diagnosed in the United States. Over time, high blood sugar levels can increase the risk for serious complications, including heart disease, blindness, and nerve and kidney damage.

Farxiga is a sodium-glucose co-transporter 2 (SGLT2) inhibitor that blocks the reabsorption of glucose by the kidney, increases glucose excretion, and lowers blood glucose levels. The drug's safety and effectiveness were evaluated in 16 clinical trials involving more than 9,400 patients with type-2 diabetes. The trials showed improvement in HbA1c (hemoglobin A1c or glycosylated hemoglobin, a measure of blood sugar control).

Farxiga has been studied as a stand-alone therapy and in combination with other type-2 diabetes therapies including metformin, pioglitazone, glimepiride, sitagliptin, and insulin. Farxiga should not be used to treat people with type -1 diabetes; those who have increased ketones in their blood or urine (diabetic ketoacidosis); or those with moderate or severe renal impairment, end stage renal disease, or patients on dialysis.

The FDA is requiring six post-marketing studies for Farxiga:

- A cardiovascular outcomes trial (CVOT) to evaluate the cardiovascular risk of Farxiga in patients with high baseline risk of cardiovascular disease;
- A double-blind, randomized, controlled assessment of bladder cancer risk in patients enrolled in the CVOT;
- An animal study evaluating the role of Farxiga-induced urinary flow/rate and composition changes on bladder tumor promotion in rodents;
- Two clinical trials to assess the pharmacokinetics, efficacy, and safety in pediatric patients; and
- An enhanced pharmacovigilance program to monitor reports of liver abnormalities and pregnancy outcomes.

Farxiga is marketed by Bristol-Meyers Squibb Company, Princeton, N.J. and AstraZeneca Pharmaceuticals L.P., Wilmington, Del.

- **Only one in six adults -- and only one in four binge drinkers -- say a health professional has ever discussed alcohol use with them even though drinking too much is harmful to health, according to a new [Vital Signs](#) report from the Centers for Disease Control and Prevention.**

Even among adults who binge drink 10 or more times a month, only one in three have ever had a health professional talk with them about alcohol use. Binge drinking is defined as consuming four or more drinks for women and five or more drinks for men within 2-3 hours. Talking with a patient about their alcohol use is an important first step in screening and counseling, which has been proven effective in helping people who drink too much to drink less.

A drink is defined as five ounces of wine, 12 ounces of beer, or 1.5 ounces of 80-proof distilled spirits or liquor. At least 38 million adults in the United States drink too much. Most are not alcoholics. Drinking too much causes about 88,000 deaths in the United States each year, and was responsible for about \$224 billion in economic costs in 2006. It can also lead to many health and social problems, including heart disease, breast cancer, sexually transmitted diseases, fetal alcohol spectrum disorders, motor-vehicle crashes, and violence.

Alcohol screening and brief counseling can reduce the amount of alcohol consumed on an occasion by 25 percent among those who drink too much. It is recommended for all adults, including pregnant women. As with blood pressure, cholesterol and breast cancer screening, and flu vaccination, it has also been shown to improve health and save money. Through the Affordable Care Act, alcohol screening and brief counseling can be covered by most health insurance plans without copay.

Health professionals who conduct alcohol screening and brief counseling use a set of questions to screen all patients to determine how much they drink and assess problems associated with drinking. This allows them to counsel those who drink too much about the health dangers, and to refer those who need specialized treatment for alcohol dependence. CDC used 2011 Behavioral Risk Factor Surveillance System data to analyze self-reports of ever being "talked with by a health provider" about alcohol use among U.S. adults aged 18 and older from 44 states and the District of Columbia.

No state or district had more than one in four adults report that a health professional talked with them about their drinking, and only 17 percent of pregnant women reported this. Drinking during pregnancy can seriously harm the developing fetus.

For more information about CDC's efforts in alcohol and public health, visit <http://www.cdc.gov/alcohol/>.

- **Overall national health expenditures grew at an annual rate of 3.7 percent in 2012, marking the fourth consecutive year of low growth, according to the Centers for Medicare & Medicaid Services (CMS) Office of the Actuary.**

Health spending as a share of gross domestic product fell slightly from 17.3 percent in 2011 to 17.2 percent in 2012.

The report found that the continued low growth in 2012 was driven by slower growth in prescription drug, nursing home, private health insurance, and Medicare expenditures. The report from CMS' Office of the Actuary also found that the Affordable Care Act (ACA) contributed to the slow growth for the Medicare program in 2012, but had a limited impact on overall spending as reforms were still being implemented in 2012.

The report's findings include:

- **Private health insurance spending growth remained low.** Private health insurance

spending continued to grow at a low rate, increasing 3.2 percent in 2012 compared to 3.4 percent growth in 2011.

- **Medicare spending growth continued to be low.** Despite a large uptick in Medicare enrollment, Medicare spending growth slowed slightly in 2012, increasing by 4.8 percent compared to 5.0 percent growth in 2011. Total Medicare spending per enrollee grew by only 0.7 percent in 2012.
- **Prescription drug spending growth was low.** Retail prescription drug spending slowed in 2012, growing only 0.4 percent as the result of numerous drugs losing their patent protection, leading to increased sales of lower-cost generics.
- **Nursing home spending growth slowed.** Spending for freestanding nursing care facilities and continuing care retirement communities increased by only 1.6 percent in 2012, down from 4.3 percent growth in 2011, due to a one-time Medicare rate adjustment for skilled nursing facilities.
- **Medicaid spending continued to grow at a historically low rate.** Total Medicaid spending grew 3.3 percent in 2012. While an increase over 2011, this increase still represents historically low overall growth rates tied to improved economic conditions, as well as efforts by states to control costs.

The report also found accelerated growth in hospital and physician and clinical services spending, and slightly faster growth in out-of-pocket spending, 3.8 percent in 2012 compared to 3.5 percent in 2011.

The full report can be found at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>.

REPORTS/POLICIES

- There were no reports this week.

HILL HEARINGS

- The Senate Armed Services Committee will hold hearings on **Jan. 15, 2014**, to examine the nominations of Brad R. Carson, to be Under Secretary of the Army, and William A. LaPlante, Jr., to be Assistant Secretary of the Air Force for Acquisition, both of the Department of Defense.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **Feb. 25, 2014**, to receive the legislative presentation of the Disabled Americans Veterans Association.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 5, 2014**, to receive the legislative presentation of the Veterans of Foreign Wars Association.

LEGISLATION

- **H.R.3811** (introduced Jan. 7, 2014): Health Exchange Security and Transparency Act of 2014 was reported to the House.
Sponsor: Representative Joseph R. Pitts [PA-16]
- **H.R.3812** (introduced Jan. 7, 2014): No Bailouts for Insurance Industry Act of 2014 was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Mike Coffman [CO-6]

MEETINGS

- The AAMA 2014 Conference will be held on **Feb. 25-28, 2014**, in Las Vegas Nev. <http://aameda.org/p/cm/ld/fid=98>
 - The HIMSS Annual Conference and Exhibition will be held on **Feb. 27-29, 2014**, in Orlando, Fla. <http://www.himssconference.org/>
 - The ACHE Congress on Healthcare Leadership will be held on **March 24-27, 2014**, in Chicago, Ill. <http://www.ache.org/congress/>
 - The 11th Annual World Health Care Congress will be held on **April 7-9, 2014**, in National Harbor, Md. <http://www.worldcongress.com/events/HR14000/>
 - The Heroes of Military Medicine Awards will be held on **May 1, 2014**, in Washington, DC. <http://www.hjfc3.org>
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