

Federal Health Update

JAN. 31, 2014

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

- **House Appropriations Chairman Hal Rogers announced the Republican membership of the 12 Appropriations Subcommittees for the Second Session of the 113th Congress.**

The Defense and Military Construction and Veterans Affairs subcommittees Chairs and Members are as follows:

Defense Subcommittee:

Chairman Rodney Frelinghuysen (R-NJ)

Jack Kingston (R-GA)

Kay Granger (R-TX), Vice-Chairman

Ander Crenshaw (R-FL)

Ken Calvert (R-CA)

Tom Cole (R-OK)

Steve Womack (R-AR)

Robert Aderholt (R-AL)

John Carter (R-TX)

Military Construction and Veterans Affairs Subcommittee:

Chairman John Culberson (R-TX)

Alan Nunnelee (R-MS)

Jeff Fortenberry (R-NE), Vice-Chairman

Tom Rooney (R-FL)

Tom Graves (R-GA)

David Valadao (R-CA)

Martha Roby (R-AL)

- **On Jan. 24, 2014, President Obama signed into law: H.R. 3527, the “Poison Center Network Act.”**

This legislation reauthorizes appropriations through Fiscal Year 2019 for Poison Control Program activities at the Department of Health and Human Services, specifically a Poison Control Center grant program, a nationwide toll-free number, and a national media campaign.

MILITARY HEALTH CARE NEWS

- **The Departments of Veterans Affairs, Defense, Education and Justice, along with the Consumer Financial Protection Bureau and the Federal Trade Commission launched a new online complaint system designed to collect feedback from veterans, service members and their families who are experiencing problems with educational institutions receiving funding from federal military and veterans educational benefits programs, including benefits programs provided by the Post-9/11 GI Bill and the DOD Military Tuition Assistance Program.**

The centralized online reporting system is designed for veterans, service members and eligible dependents to report negative experiences with educational institutions; and gives the federal government the information needed to identify and address unfair, deceptive, and misleading practices and ensure high quality academic and student support services are available for veterans, service members, and their families.

Students can submit a complaint if they believe their school is failing to follow the Principles of Excellence, (i.e. unfair recruiting practices, credit transfer or change in degree requirements) through the centralized online reporting system accessed via the Department of Defense and GI Bill websites. When feedback is received, agencies will contact the school on behalf of the student and work toward a resolution. Complaints and their resolution will be forwarded to the Federal Trade Commission Consumer Sentinel Network, accessible by over 650 federal, state and local law enforcement agencies for use in enhancing and coordinating law enforcement investigations.

Executive Order 13607, signed April 27, 2012, addresses reports of unfair, deceptive or misleading behavior toward veterans, service members and their families pursuing higher education and directs agencies to establish, implement and promote compliance with “Principles of Excellence” for educational institutions receiving funding from federal military and veterans educational benefits programs for America’s veterans, service members and eligible dependents, including preventing abusive and deceptive recruiting practices. The new online complaint system is one of a range of tools being implemented by the federal government to ensure that service members, veterans and eligible dependents have access to meaningful information about the cost and quality of educational institutions.

- **The Defense Health Agency announced a new automated enrollment program to help TRICARE beneficiaries change primary care managers.**

Active duty service members and their families using TRICARE Prime can transfer their enrollment by phone through “Moving Made Easy.”

Beneficiaries moving within a TRICARE region can call their regional contractor to switch to a new primary care manager. If they’re switching regions or moving overseas, or moving from

overseas back to the United States, Prime beneficiaries can call their regional or overseas contractor to start the transfer process. Their information is sent to the new contractor, which will follow up within five days of the beneficiary's arrival at their new location to complete the transfer. The new regional contractor will work with the beneficiary to assign them a primary care manager best suited to their needs and location.

TRICARE's regional contractors are:

North – Health Net Federal Services: 1-877-TRICARE (1-877-874-2273)

South – Humana Military: 1-800-444-5445

West – United Healthcare Military & Veterans: 1-877-988-WEST (1-877-988-9378)

Overseas –[International SOS](#)

It's important that beneficiaries do not disenroll from their plan before moving to make sure they're covered while en route to their new location. Equally important, after arriving beneficiaries need to update their Defense Enrollment Eligibility Reporting System record with their new address, phone number and other necessary information.

Moving does not affect TRICARE eligibility; however it may change a beneficiary's available health plan options, so make sure to follow all the steps. For more information on moving with TRICARE click [here](#).

- **General Leonard Wood Army Community Hospital was ranked first in outpatient care efficiency according to a study within the Medical Command.**

Top outpatient and inpatient care is also reflected in increasing enrollment numbers at the Missouri hospital, aside from the MEDCOM evaluation.

Hospital officials expect inpatient care, currently ranked third by the MEDCOM study, to change dramatically with the addition of the hospital's Electronic Intensive Care Unit, launched for the care of inpatients Jan. 8.

The state-of-the-art EICU brings board-certified, experienced critical-care doctors and nurses right into intensive care rooms electronically, and is the first-of-its-kind military-civilian partnership within DoD.

High-definition video and secure, real-time monitoring of vital signs, medications, test results, X-rays and other diagnostic information provide second- and third-opinion care that is typically only offered at much larger hospitals.

- **The Health.mil website is being redesigned to support the standup of the new Defense Health Agency (DHA). As a result, the Defense Health Services Systems Program Executive Office (DHSS PEO) content will be moved to a new location effective Jan. 31, 2014.**

DHSS customers will be able to reach the DHSS PEO "Organizational Overview" Web page on this new website by following the below steps:

- Go to www.health.mil
- Click "About MHS" (bottom left)
- Click "Organizational Overview" (left column)
- Find/Click "Defense Health Services Systems"
- A link to the monthly DHSS *eXpresso* will appear on this page, as well as links to all

product pages and downloadable factsheets.

- TRICARE Online brochures will now be available on the TRICARE Smart site located at <http://www.tricare.mil/publications.aspx> and can be accessed by searching the keyword "TOL".

The current DHSS PEO website (www.health.mil/dhss) will not be available once the new Health.mil website launches on Friday. However, all the content (brochures and fact sheets) have been moved to the new website location.

If customers have any problems locating DHSS content on this new website, contact Sharon Foster, DHSS communications manager, by email, Sharon.foster.ctr@dha.mil or phone 703-226-5492.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) decreased the time it takes to process requests for GI Bill benefits for returning students by nearly 50 percent compared to fiscal year 2012.**

VA attributes the faster process in large part to improved claims automation that uses rules-based, industry-standard technologies to deliver Veterans' benefits.

The Post-9/11 GI Bill builds on the great legacy of the original GI Bill, giving Iraq and Afghanistan Veterans and their families the opportunity to reach their educational goals, find a good job and improve their lives. The automation technology, part of VA's Post-9/11GI Bill processing system called "Long Term Solution" (LTS), was implemented in September 2012. This technology has more than 1,700 calculations and rules that support benefits delivery for eligible Veterans, Servicemembers, and dependents. Up to six distinct payments per beneficiary can be calculated automatically per term, including: housing, books and supplies stipend, tuition and fees and Yellow Ribbon payments.

In addition, a variety of different types of education and training programs are supported by the automated technology, including: graduate, undergraduate, non-college degree, correspondence, licensing and certification, apprenticeship and on-the-job training.

The improvement in timeliness was achieved despite a 27 percent increase in incoming education claims – 3.4 million in fiscal year 2013 compared to 2.7 million the prior year. Currently, VA is processing initial claims for new students in an average of less than 20 days, and supplemental claims for returning students in less than 8 days, down from 33 days and 16 days respectively since LTS was first fielded.

- **The Department of Veterans Affairs is seeking information on an integrated electronic health record system viewer as the agency plans to update EHR technology used by the VA and Defense Department.**

The VA's Office of Information Service Center [issued a solicitation](#) for a new EHR system viewer, intended for the Interagency Program Office to use for sharing health information between the DoD and VA under the **VistA Evolution Program**.

IPO wants technology to help military service members, veterans and other beneficiaries gain access to their electronic health records from a unified platform.

Interested vendors are being asked to develop methods for creating and storing coded data from the point of care, translating terms, indexing searches and integrating terminology across various domains.

The Health Systems Informatics tool is also intended to help build up EHR functional technologies through the VistA architecture.

A contract would contain a one-year base period and two option years.

GENERAL HEALTH CARE NEWS

- **The Centers for Medicare & Medicaid Services (CMS) released findings on a number of its initiatives to reform the health care delivery system.**

These include interim financial results for select Medicare Accountable Care Organization (ACO) initiatives, an in-depth savings analysis for Pioneer ACOs, results from the Physician Group Practice demonstration, and expanded participation in the Bundled Payments for Care Improvement Initiative. Savings from both the Medicare ACOs and Pioneer ACOs exceed \$380 million.

While ACOs are designed to achieve savings over several years, not always on an annual basis, the interim financial results released for the Medicare Shared Savings Program ACOs show that, in their first 12 months, nearly half (54 out of 114) of the ACOs that started program operations in 2012 already had lower expenditures than projected. Of the 54 ACOs that exceeded their benchmarks in the first 12 months, 29 generated shared savings totaling more than \$126 million – a strong start this early in the program.

In addition, these ACOs generated a total of \$128 million in net savings for the Medicare Trust Funds. ACOs share with Medicare any savings generated from lowering the growth in health care costs while meeting standards for high quality care. Final performance year-one results will be released later this year.

While evaluation of the program's overall impact is ongoing, the interim results are currently within the range originally projected for the program's first year. A great majority of the program's overall net impact was projected to phase-in over the program's ensuing performance years.

- **CMS released results for the Physician Group Practice Demonstration initiatives, which offered incentive payments for delivering high-quality, coordinated health care that generates Medicare savings.**

The Physician Group Practice Demonstration evaluation report confirmed overall savings over the 5-year experience with 7 out of 10 physician group practices earning shared savings payments for improving the quality and cost efficiency totaling \$108 million over the course of the Demonstration. The participating organizations consistently demonstrated high quality of care on a broad range of chronic disease and preventive care measures.

The above models represent just a few initiatives CMS is testing to improve the quality of care delivery, while lowering costs. CMS announced that 232 acute care hospitals, skilled nursing homes, physician group practices, long-term care hospitals, and home health agencies have entered into agreements to participate in the Bundled Payments for Care Improvement initiative.

Bundling payment for services that patients receive across a single episode of care, such as heart bypass surgery or a hip replacement, is one way to encourage doctors, hospitals and other health care providers to work together to better coordinate care for patients, both when they are in the hospital and after they are discharged.

This is the largest and most ambitious test ever of a bundled payment model in Medicare or any other payer in the U.S. Through this initiative, made possible by the Affordable Care Act, CMS

will test how bundled payments for clinical episodes can result in more coordinated care for beneficiaries and lower costs for Medicare.

REPORTS/POLICIES

- There were no reports published this week.

HILL HEARINGS

- 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.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **March 6, 2014**, to receive the legislative presentation from various veterans services organizations.
- The House and Senate Veterans Affairs Committees will hold a joint hearing on **Feb. 25, 2014**, to receive the legislative presentation of the American Legion.

LEGISLATION

- **H.R.3953** (introduced Feb. 24, 2014) To amend title I of the Patient Protection and Affordable Care Act concerning the notice requirements regarding the extent of health plan coverage of abortion was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Matt Cartwright [PA-17]

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>

If you need further information on any item in the *Federal Health Update*, please contact Kate Theroux at (703) 447-3257 or by e-mail at katetheroux@federalhealthcarenews.com.