

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House will be in recess until April 11 and the Senate will be in recess until April 5, 2016.**

MILITARY HEALTH CARE NEWS

- **The Defense Health Agency reports that concussion can cause changes to vision that are sometimes overlooked during an initial medical evaluation.**

Vision experts stress that eye exams should be part of the diagnosis and treatment of mild traumatic brain injury (TBI), according to Felix Barker, associate director of research for the [Vision Center of Excellence](#) in Bethesda, Maryland.

Because a patient's vision may not be affected at first, and issues such as bumping into objects or having double vision may seem subtle, providers and patients may not realize vision is a problem.

"Undiagnosed, such 'invisible' eye problems can interfere with near tasks such as reading, which, in turn, can be confused with TBI issues, such as cognitive dysfunction," Barker said.

To help eye care providers diagnose and treat eye problems associated with a concussion, the Vision Center of Excellence created a [clinical recommendation and support tools](#) for eye problems following a TBI. This clinical tool offers a practical approach to help identify patients with mild TBI who may benefit from further assessment and care. There is also [an educational brochure for patients](#).

Patients with moderate or severe TBI may have more serious vision injuries and may TBI may experience central vision loss or loss of half of their visual field due to direct brain trauma.

In these cases, treatment may not restore vision back to what it was before the TBI. However, rehabilitation can help patients return to daily activities. Rehab specialists should work with eye care providers to support these individuals.

The [Vision Center of Excellence website](#) has information for service members, families and health care providers to help recovery after an eye injury.

- **The TRICARE Health Plan announced new reimbursement rates effective April 1, 2016 for applied behavior analysis (ABA) services, which are provided under the Autism Care Demonstration (ACD).**

TRICARE's ABA coverage and benefits are not changing. The new provider rates align ABA with all other TRICARE rates, ensuring the rates are reviewed and appropriately adjusted each year.

Rates were determined using two studies and included input from providers and advocates in the autism community. McBroom explained the rates are based on extensive research and evaluation, and will be annually reviewed, using three factors: The national Medicaid reimbursement rates; The Medicare locality factors that account for the cost of living in 89 current and 14 newly designated geographic areas; And, the calculated National Rate. Approximately 23,500 approved providers are available nationwide for TRICARE's approximately 10,500 beneficiaries currently receiving ABA services under the ACD. The new calculation process ensures the rates are reviewed each year and not frozen for another seven years.

TRICARE officials recognize that unrelated to payment rates, a handful of geographic locations have fewer providers than desired and this presents a challenge. The ABA provider network is closely monitored and more than 700 new providers were recruited into the ACD in recent months.

For more information on TRICARE's ACD benefit and ABA coverage, visit www.tricare.mil/acd. The new rates have been published and can be viewed at www.health.mil/autism.

- **The welcome reduction of casualties from major conflict brings a new challenge for military surgeons at home: ensuring they have enough time with patients to maintain their clinical skills.**

Military Health System (MHS) leaders are evaluating a wide-ranging set of options so that medical personnel can practice their skills to maintain what is known as clinical currency. "Recapturing care" from the civilian sector – convincing beneficiaries who are located within driving distance of a military treatment facility (MTF) to seek care there first – is first among those solutions.

"Recapturing care into MTFs is a strategic priority," said Navy Vice Adm. Raquel Bono, director of the Defense Health Agency. Bono explained that the recapture efforts help provide military surgeons with an active clinical practice to sustain skills, offers superb care to patients, and lowers costs for the entire system by more efficiently using military hospitals and clinics.

Bono explained that in addition to recapture, she and other MHS leaders are looking at a variety of options to help ensure surgeons have access to clinically complex care. Options include

greater sharing of patients between Department of Defense and Department of Veterans Affairs' facilities, as well as increased partnerships between military and civilian hospitals.

Bono also discussed the MHS journey toward a high reliability organization, emphasizing the need for greater internal and external transparency – where patients and providers can more easily access information already available – to drive improvement system-wide. She added that transparency is also a critical piece of ongoing efforts to modernize TRICARE.

“Transparency isn’t just a nice buzzword,” she said. “The Secretary of Defense demanded it, our patients expect it, and there’s a reason why leading high reliability organizations embody it. It fosters a culture of continuous improvement.”

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) awarded twelve major contracts that will enhance its ability to deliver timely disability benefits claims decisions to the U.S. veterans in line with the MyVA initiative.**

The contracts make up a \$6.8 billion enterprise-wide Medical Disability Examination Program under Public Law 104-275, and represent a major step forward in improving the disability examination experience for Veterans.

A unique feature of this multi-contract award will see the consolidation of the contracts under a single program management initiative, with representation in the central management group from both the Veterans Benefits Administration (VBA) and the Veterans Health Administration (VHA). To date, contracts for medical examinations have been managed by both administrations with varying degrees of efficiency and delivery time of exam reports, which are critical to veterans' disability determinations supporting their compensation and pension claim.

The new program management and delivery process will also continue to ensure broad national and international coverage of medical examination requirements to meet veterans' needs world-wide.

- VetFed Resources, Inc. of Alexandria, Virginia - Large Business
- Veterans Evaluation Services, Inc. of Houston, Texas - Large Business
- QTC Medical Services, Inc. of Diamond Bar, California - Large Business

The contracts are being awarded for a period of 12 months with four, 12-month options, with an aggregate ceiling of \$6.8 billion. The contract will be managed by VA's Strategic Acquisition Center based in in Frederick, Maryland.

- **The Department of Veterans Affairs (VA) announced today the award of \$783,421 in Specially Adapted Housing Assistive Technology (SAHAT) grants to eligible individuals, researchers, and organizations to develop new technologies that would enhance veterans and service members' ability to live in specially adapted homes.**

The SAHAT Grant Program was authorized by Congress to design assistive technologies to expand home modification options for veterans who apply for VA's Specially Adapted Housing (SAH) benefit. Grants of up to \$200,000 have been issued to four selected grantees.

VA issued a Notice of Funding Availability in January for the SAHAT Grant program via the Federal Register and www.Grants.gov. In order to foster competition and best serve the needs of veterans and service members, VA did not limit the type of entity or individual eligible to apply.

There was no restriction on the number of grants that could have been awarded within the \$1 million funding limit.

VA administers the SAH benefit, which helps veterans and service members with service-connected disabilities purchase or modify a home. Typical adaptations include ramps, wider halls and doors, and wheelchair accessible bathrooms. New technology from the SAHAT Grant Program will be added to the list of home modification options as they become available.

To view the grant awards, please visit:

<http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2771>

GENERAL HEALTH CARE NEWS

- **The U.S. Department of Health and Human Services (HHS) published a proposed rule to expand access to buprenorphine, one of three medications currently approved by the Food and Drug Administration (FDA) for treatment of opioid dependence through medication-assisted treatment (MAT).**

The Notice of Proposed Rulemaking (NPRM), entitled Medication-Assisted Treatment for Opioid Use Disorders: Increasing the Buprenorphine Patient Limit, will be open for comment for 60 days starting March 30, 2016.

In September of 2015, HHS Secretary Burwell announced that the department would begin the rulemaking process to increase access to MAT by developing a rule related to the prescribing of buprenorphine-containing products approved by the FDA for treatment of opioid dependence.

The proposed rule would increase access to MAT by increasing the highest limit on the number of patients waived practitioners can treat from 100 per practitioner to 200, if waived practitioners request approval for the higher patient limit and fulfill several additional requirements.

In March 2015, HHS announced a targeted initiative aimed at reducing prescription opioid and heroin-related overdose, death, and dependence. This initiative focuses on three priority areas: (1) increasing access to MAT; (2) improving prescribing practices; and (3) expanding the use of naloxone, a life-saving drug that can reverse the effects of overdose.

The President's FY 2017 Budget proposes significant new discretionary and mandatory funding totaling nearly \$1.1 billion to expand access to treatment for prescription drug abuse and heroin use, and to execute on the HHS' three-pronged evidence-based approach to combat the opioids crisis. Increasing the patient limit for practitioners who prescribe buprenorphine through this regulation is one aspect of the overall HHS effort to increase access to MAT.

Major proposed changes include:

- The proposed rule would revise the existing patient limit of 100 patients to allow qualified practitioners to treat up to 200 patients. To be eligible, practitioners must have an active waiver to treat up to 100 patients for one year and either: 1) possess subspecialty board certification in addiction medicine or addiction psychiatry or 2) practice in a qualified practice setting, as defined in the NPRM.
- Practitioners seeking the higher patient limit must attest that they will: adhere to evidence-based treatment guidelines, provide patients with or connect patients to necessary behavioral health services, provide appropriate releases of information to permit care coordination, use patient data to inform the improvement of outcomes, adhere to a diversion control plan, consider how to assure continuous access to care in the event of practitioner incapacity or an emergency situation, and notify patients in the event that a request for the higher limit is not renewed. Practitioners must also reaffirm their eligibility every three years.

- Additionally, during emergency situations likely to exacerbate or be exacerbated by untreated substance use disorder, (e.g., natural or human-caused disaster, practitioner incapacity, or a local disease outbreak associated with drug use), practitioners with a 100-patient limit in good standing may be allowed the higher limit for up to six months.

HHS welcomes public comment on this proposed rule for 60 days after it publishes in the Federal Register on March 30, 2016.

- **The Centers for Medicare & Medicaid Services (CMS) finalized a rule to strengthen access to mental health and substance use services for people with Medicaid or Children's Health Insurance Program (CHIP) coverage, aligning with protections already required of private health plans.**

The Mental Health Parity and Addiction Equity Act of 2008 generally requires that health insurance plans treat mental health and substance use disorder benefits on equal footing as medical and surgical benefits.

The protections set forth in this final rule will benefit the over 23 million people enrolled in Medicaid managed care organizations (MCOs), Medicaid alternative benefit plans (ABPs), and CHIP. Currently, states have flexibility to provide services through a managed care delivery mechanism using entities other than Medicaid managed care organizations, such as prepaid inpatient health plans or prepaid ambulatory health plans. The final rule maintains state flexibility in this area while guaranteeing that Medicaid enrollees are able to access these important mental health and substance use services in the same manner as medical benefits.

Under the final rule, plans must disclose information on mental health and substance use disorder benefits upon request, including the criteria for determinations of medical necessity. The final rule also requires the state to disclose the reason for any denial of reimbursement or payment for services with respect to mental health and substance use disorder benefits.

This is one of our latest efforts to increase access to and improve mental health services and care for low income individuals, especially in light of the opioid abuse epidemic, which constitute significant health risks and cost drivers in the Medicaid program.

For more information, go to <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/mental-health-services.html>.

REPORTS/POLICIES

- There were no relevant reports released this week.

HILL HEARINGS

- There are no hearings scheduled next week.

LEGISLATION

- There was no legislation published this week.

MEETINGS

- The Heroes of Military Medicine Awards will be held on **May 5, 2016**, in Washington D.C. <http://www.hjfc3.org/heroes-dinner>
 - The 6th Annual Traumatic Brain Injury Conference will be held **May 11-12, 2016**, in Washington DC. <http://tbiconference.com/home/>
 - The Disaster Health Education Symposium: Innovations for Tomorrow will be held on **Sept. 8, 2016**, at the Uniformed Services University in Bethesda, Md. <https://ncdmph.usuhs.edu>.
 - The AUSA 2016 Annual Meeting & Exposition will be held **Oct. 3-5, 2015**, in Washington DC. <http://ausameetings.org/2016annualmeeting/>
 - 2016 AMSUS Annual Continuing Education Meeting will be held on **Nov. 29- Dec. 2, 2016**, at the Gaylord National Harbor, Md. <http://www.amsusmeetings.org/>
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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.