

Federal Health Update

APRIL 8, 2016

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House is in recess until April 11, 2016.**

MILITARY HEALTH CARE NEWS

- **The Defense Health Agency (DHA) announced that Army Command Sgt. Maj. Robert Luciano will be the senior enlisted adviser for the DHA on April 8, 2016.**

The 32-year career soldier comes to DHA from the Army's Regional Health Command - Pacific, Hawaii. Starting as a combat medic, Luciano has worked his way through the ranks of Army Medicine his entire career, serving in a variety of roles in its medical and administrative sectors. The veteran of two tours in Iraq believes being upfront with your people and giving them the tools for success are important.

"I have a pretty simple, straightforward philosophy using the acronym TAP: training, administration and people," said Luciano. "I believe if we take care of the training of our people to effectively do the mission, they'll be able to step up to take care of the mission. We need to make sure we have the administrative tools—evaluations, awards, promotions boards—working to help people advance in their careers. And we have to make sure we have equal opportunities for our

people by creating a command climate of dignity and respect.”

Moving into his new job, Luciano sees adapting to change as the biggest challenge facing the DHA, and the entire Military Health System, as new systems are implemented. He said the key is building cohesive teams as the DHA evolves. “We don’t need to be at odds with each other over any particular issue. We just need to get after the issue together.”

Luciano also sees himself as a team builder for DHA and feels honored to have the opportunity to come to the agency.

“I believe it takes all members of the team—military, civilian, contractors and veterans—to effectively do what we need to do. We’re leading change,” he said. “I’m here to help steer the organization through that change and support the other branches of the military, as well as the warfighters.”

- **Fort Belvoir Community Hospital recently became the first military treatment facility to receive accreditation in radiation oncology by the American College of Radiology.**

Radiation therapy within the Oncology field involves the careful use of high-energy radiation to treat cancer. The accreditation process, which saw an impartial peer review and evaluation of patient care, staff, equipment, and randomly selected treatment planning and records, ensures Belvoir Hospital is practicing the highest level of quality and patient safety.

By electively obtaining ACR accreditation, the department is able to demonstrate to patients that commitment to providing the best patient care and image quality possible, said John Pacyniak, PhD, lead physicist in the Belvoir Hospital Radiation Oncology clinic.

“The accreditation team, which consisted of an outside physician, administrative member and physicist, expressed to us that they were impressed by the fact that all our records and communications are electronic, meaning patients don’t have to bring a hard copy of their folder to each treatment,” said Pacyniak. This allows for streamlined care through the various planning processes, he added.

“The average time it takes a facility to receive official accreditation after being reviewed is six to eight weeks,” said Pacyniak. “We received ours in 10 days, which I think truly signifies we are doing the right things.”

- **The Defense Department ordered departure of about 700 family members of active-duty service members from southern Turkey, due to security concerns in the region.**

TRICARE is waiving the primary care manager (PCM) referral requirement for all evacuated beneficiaries. This will help them get medical care while away from their homes and doctors.

The evacuated families will relocate to various locations overseas and in the U.S. The waiver will last 180 days from March 30-Sept. 30. Normally, TRICARE Overseas Program (TOP) Prime and TOP Prime Remote beneficiaries need a referral from their PCM to get any specialty care.

While evacuated, beneficiaries can contact the [military treatment facility](#) closest to them to get primary care. If they stay overseas, but are not close to an MTF, they can contact [International SOS](#), the TOP contractor, for help. If they are in the U.S. and not close to an MTF, they should contact the International SOS TOP Regional Call Center or the appropriate [regional contractor](#).

If evacuated beneficiaries decide not to return to the region, they can change their TRICARE enrollment to their new permanent location by contacting the regional contractor for that area.

VETERANS AFFAIRS NEWS

- **According to *USA Today*, revealed findings from the VA Inspector General's report about VA supervisors instructing staff to falsify patient wait times at Veterans Affairs medical facilities in at least seven states to show they met performance measures.**

The *USA Today* article reports on the wide-spread scheduling manipulation was throughout the VA in 2014. It said the manipulations gave the false impression that wait times at facilities in Arkansas, California, Delaware, Illinois, New York, Texas and Vermont met agency targets.

The article is based on 70 reports released following a Freedom of Information Act request from *USA Today*. About half of the 70 reports are from investigations that were completed more than a year ago.

Investigations launched by the inspector general into more than 100 facilities after the Phoenix scandal found that manipulations had been going on in some cases for as long as a decade.

According to *USA Today* more than 480,000 veterans were waiting more than 30 days for an appointment as of March 15.

To read the article, please visit: <http://www.usatoday.com/story/news/politics/2016/04/07/results-va-wait-time-probes-state-list/82555692/>

- **House Veterans' Affairs Committee Chairman Jeff Miller, R-Fla., and Senator Marco Rubio, R-Fla., have teamed up in recent days to lobby for a pair of pending bills that would speed the process for firing any VA employee.**

The plan is controversial with congressional Democrats and union supporters, who argue the lawmakers are trying to undo fair employment laws.

The legislation has already passed the House but stalled in the Senate. The latest push to renew the proposal comes as Senate Veterans' Affairs Committee Chairman Johnny Isakson, R-Ga., prepares to offer a sweeping veterans' omnibus bill in coming days, including new employment rules governing senior VA executives.

VA leaders have pleaded with lawmakers for the change in executive employment rules, even though Congress updated them less than two years ago. VA Secretary Bob McDonald has argued the more flexible standards will allow him to run the department more like a business and less like a government bureaucracy.

VA officials haven't offered the same support for the Miller-Rubio plan. But several prominent veterans groups have, and the plan was included in early drafts of the omnibus negotiations. It has not been in the more recent discussions.

The measure is one of more than 20 veterans-related bills which have passed the House but stalled in the upper chamber in recent months. Isakson has not indicated which will be included in his final omnibus proposal, beyond promising there will be accountability provisions in the bill.

Both Miller and Isakson have said they hope to have the veterans' omnibus passed through Congress and to the president before Memorial Day. It remains to be seen whether the accountability fight derails that timeline.

GENERAL HEALTH CARE NEWS

- **The Departments of Health and Human Services (HHS), Labor (DOL) and Treasury announced key enhancements to the Summary of Benefits and Coverage (SBC) template and Uniform Glossary.**

The improvements include an additional coverage example and language and terms to improve consumers' understanding of their health coverage.

Under the Affordable Care Act, issuers and health plans are required to provide a brief summary of what the plan covers and the cost sharing responsibility of the consumer, in order to help individuals make more informed choices among health plan options and better understand their coverage. Plans and issuers are also required to provide a comprehensive uniform glossary of commonly used health coverage and medical terms.

The SBC includes coverage examples that demonstrate the cost sharing amounts an individual might be responsible for in three common medical situations. In addition to the current coverage examples that address diabetes care and childbirth, the updated template has a new coverage example that addresses coverage for a foot fracture so that a consumer understands what a plan covers in an emergency scenario.

Changes have also been made to the SBC to improve readability for consumers. The new templates include more information about cost sharing, such as enhanced language to explain deductibles and a requirement that plans address individual and overall out-of-pocket limits in the SBC. These improvements reflect input from consumer groups, the National Association of Insurance Commissioners, and other stakeholders. Health plans and issuers will use this final SBC template beginning on the first day of the first open enrollment period that begins on or after April 1, 2017.

The SBC is available for every Marketplace plan and most non-Marketplace plans.

Further information regarding the SBC and supporting materials can be found here: [https://www.cms.gov/ccio/Resources/Forms-Reports-and-Other-Resources/index.html#Summary of Benefits and Coverage and Uniform Glossary](https://www.cms.gov/ccio/Resources/Forms-Reports-and-Other-Resources/index.html#Summary%20of%20Benefits%20and%20Coverage%20and%20Uniform%20Glossary)

- **The Centers for Medicare & Medicaid Services (CMS) released the final Medicare Advantage and Part D Prescription Drug Program changes for 2017 that seek to provide stable payments to plans, and make improvements to the program for plans that provide high quality care to the most vulnerable enrollees.**

The final policies are similar to those proposed in February but incorporate several changes in response to feedback received during the public comment period. On average, the expected revenue change is 0.85 percent without accounting for the expected growth in coding acuity that has typically added another 2.2 percent. The final revenue increase is somewhat smaller than the increase estimated in the February Advance Notice due primarily to technical updates in the risk adjustment normalization factor.

This growth is consistent with last year's update and reflects a similar pattern in Medicare fee-for-service. Plans that improve the quality of care they deliver to enrollees can receive higher updates to enhance the benefits they offer to enrollees.

New policies will improve the accuracy of payments to Medicare Advantage plans that serve vulnerable populations, such as dually eligible or low income beneficiaries. Specifically, a revised methodology used to risk adjust payments to plans will more accurately reflect the cost of care for dually eligible beneficiaries. CMS will also implement an interim adjustment to the Star Ratings to reflect the socioeconomic and disability status of a plan's enrollees. Additionally, CMS's finalized policies will provide much needed stability to the Medicare Advantage program in Puerto Rico.

CMS is also finalizing policies that will further combat opioid overutilization by encouraging safeguards before an opioid prescription is dispensed at the pharmacy and maintaining access to needed medications.

For a general fact sheet on the 2017 Rate Announcement and Call Letter, please visit: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-04-04.html>.

REPORTS/POLICIES

- **The Institute of Medicine (IOM) published “*Systems Practices for the Care of Socially At-Risk Populations*,” on April 7, 2016.** The second of five reports the committee identifies what high-quality health systems do to achieve good health outcomes for socially at-risk populations. <http://nationalacademies.org/hmd/reports/2016/systems-practices-for-the-care-of-socially-at-risk-populations.aspx#sthash.LPaQibOn.dpuf>

HILL HEARINGS

- The House Veterans Affairs Committee will hold a hearing on **April 14, 2016**, to examine VA IT: scheduling modernization and choice consolidation.
- The House Veterans Affairs Committee will hold a hearing on **April 19, 2016**, to examine the delays in veterans' access to health care.
- The Senate Armed Services Subcommittee on Personnel will hold a business hearing on **May 10, 2016**, to examine to markup those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2017.
- The Senate Armed Services Committee will hold hearings on **May 11-13 2016**, to examine to markup the proposed National Defense Authorization Act for fiscal year 2017.

LEGISLATION

- **S.2742** (introduced April 4, 2016): Promoting Biomedical Research and Public Health for Patients Act was Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Lamar Alexander [TN]
- **S.2744** (introduced April 5, 2016): *Genetic Research Privacy Protection Act* was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Elizabeth Warren [MA]

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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