

Federal Health Update

JUNE 9, 2017

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

Sponsored by:

SPECTRUM[®]
HEALTHCARE RESOURCES
www.spectrumhealth.com
800-325-3982

Additional Sponsorship Opportunities Available.

Please contact Kate Theroux if you are interested in supporting this service.
ktheroux@federalhealthcarenews.com

Happy Memorial Day!

EXECUTIVE AND CONGRESSIONAL NEWS

- There was no health-related news from Congress or the White House.

MILITARY HEALTH CARE NEWS

- **The Court of Federal Claims sided with the government, Humana and Health Net over UnitedHealth as it upheld \$58 billion in TRICARE contracts and agreed with a U.S. Government Accountability Office (GAO) rejection of several bid protests.**

On June 5, the Court of Federal Claims rejected the protest of UnitedHealth and WellPoint Military Care Corp to a \$40.5 billion contract for Humana Government Business Inc. and a \$17.7 billion contract for Health Net Federal Services LLC.

In its decision, the court also upheld \$58 billion in TRICARE contracts and agreed with a U.S. GAO rejection of several bid protests.

TRICARE awarded two contracts, with Humana responsible for the health care administration, covering 29 states and the District of Columbia in TRICARE's new consolidated East region, and Health Net responsible for the West region.

- **The Department of Defense officially launched the [Blended Retirement System \(BRS\) comparison calculator](#), providing BRS opt-in eligible service members their first opportunity for an individualized comparison of retirement systems.**

The comprehensive tool, in combination with the mandatory [BRS Opt-In Course](#), will assist the nearly 1.7 million opt-in eligible service members and their families make an informed decision on whether or not to elect the new retirement system. The BRS goes into effect on Jan. 1, 2018.

Service members can adjust 12 inputs to reflect their personal situation and planning assumptions to see how changes to their career and savings will impact retirement benefits over the long-term. With a simple click, service members can change any of the inputs and re-run the calculations as many times as needed. The comparison calculator provides personalized estimates based on a service member's individual information, career progression, pay and bonuses and retirement options. The all-in-one calculator was designed for the Total Force and can be used by active duty, National Guard and Reserve service members.

The official DoD comparison calculator is the only calculator endorsed by the DoD for supporting a service member's Blended Retirement System opt-in decision.

The comparison calculator is intended to be used in conjunction with the mandatory BRS Opt-In Course, which launched Jan. 31. The opt-in course is focused on comparing the current legacy military retirement system (often referred to as the high-3 system) and the new Blended Retirement System, along with elements on financial management and retirement planning for service members. Service members are encouraged to take the Opt-In Course prior to utilizing the BRS comparison calculator. The decision whether to opt into the BRS is a completely personal one and the DoD takes no position on which system a service member should elect.

Service members can also get free, personal support from an accredited personal financial counselor or manager through their installation's Military and Family Support Center. Search online at <http://militaryinstallations.dod.mil/> or <http://www.jointservicesupport.org/spn>.

VETERANS AFFAIRS NEWS

- **On June 5, 2017, Secretary of Veterans Affairs Dr. David J. Shulkin announced the VA would adopt the Department of Defense's electronic health record (HER) system.** To read his full statement, please visit: <https://www1.va.gov/opa/pressrel/pressrelease.cfm?id=2914>
- **The Department of Veterans Affairs (VA) has launched the [Physician Ambassador Program](#), an effort to recruit volunteer medical providers, at the more than 1,700 VA health-care facilities across the nation.**

The physician and clinician "ambassadors" are qualified, trained and licensed health providers who will meet the same requirements as VA professionals in terms of credentials, supervision and evaluation.

The Physician Ambassador Program will enhance access to urgent care, rural health care and emergency medicine for Veterans. In addition, the program will create stronger collaboration and allow both VA and community health providers to benefit from the sharing of best practices and

experiences.

Physicians or health-care providers interested in volunteering as a part of the Physician Ambassador Program should contact their [local VA medical center](#).

- **Federal Health IT, a print and digital publication, recognized 11 innovative, health-information technology (IT) programs within the Department of Veterans Affairs (VA) at a June 6 award ceremony in Washington, D.C.**

Federal Health IT saluted VA for the following innovations:

Video Connect: With online medical appointment visits estimated to increase tenfold by 2018, VA's Veterans Health Administration (VHA) recently expanded its video [telehealth](#) capability, virtually connecting caregivers and patients in this successful program.

Annie: VA's [Annie](#) app provides short message service (SMS) text-messaging capability, which allows patients to receive appointment reminders, messages from the patient's local VA Medical Center, as well as health-monitoring prompts.

VA Mobile's Veteran Appointment Request App (VAR): VA is rolling out the VAR, which allows Veterans to self-schedule primary-care appointments and request assistance in booking primary care and mental health appointments at VA facilities.

Health Hub: Aimed at boosting the health and well-being of America's Veterans, Health Hub is a one-stop shop for all VA programs, with guides to programs that may complement Veterans' care or help them better manage chronic illnesses.

Emerging Health Technology Advancement Center (EHTAC): EHTAC is a lab environment used to conduct investigations of emerging technologies or trends that are expected to mature within the next five years. Currently, the efforts focus on leading VA interoperability trials and demonstrations.

Innovators Network, Veterans Affairs Center for Innovation: The [VA Innovators Network](#) program began in early 2015 and was shaped by and built in response to VA employees' desire for a more networked organization to accelerate the department's ability to serve Veterans and their families through innovation. The VA Innovators Network provides a mechanism for employees to see and solve problems at the facility level.

Continuous Readiness in Information Security Program (CRISP): CRISP focuses on maintaining a strong cybersecurity posture across all of VA, including protecting over 50,000 medical devices connected to VA networks via the Internet of Things (IoT) at over 1,400 locations.

MyVA Performance Management Dashboard: The MyVA Task Force led an effort to implement a new performance management structure to improve VA programs and strategic initiatives.

Enterprise Veterans Operations: VA has built a customer relationship management system (CRM) system that allows care providers to create a 360-degree view of a Veteran, integrating information from nine systems in real time.

VistA Intake: VistA Intake leverages software solutions created by developers outside VA's Office of Information & Technology (OI&T). Over 20 local, field and open-source innovations have been deployed in VA Medical Centers across the country to improve services to Veterans.

Veterans Benefits Management System: Veterans Benefits Management System is a multi-year technology solutions project to transition the Veterans Benefits Administration from a paper-intensive claims processing environment to a paperless-based one.

For information about VA innovations, visit <https://www.research.va.gov/about/history.cfm>.

GENERAL HEALTH CARE NEWS

- **The U.S. Department of Health and Human Services officially changed the name of AIDS.gov, the federal government's leading source for information about HIV, to HIV.gov.**

The announcement coincides with the 36th anniversary of the Centers for Disease Control and Prevention's [first report](#) of the initial cases of what would become known as AIDS. The name change reflects major scientific advances that have transformed an almost universally fatal disease to a condition that, if diagnosed and treated early and continuously, can be controlled and prevented from progressing to AIDS. In fact, there are more people living with HIV in the United States now than people living with AIDS.

In 2016, more than 8 million people used the [AIDS.gov website](#) and its social media channels to find information about HIV or to find HIV-related programs and services, including HIV testing, medical care and treatment. The name change also embraces the way most people now search online for information about the disease. "HIV" is a much more common Internet search term than "AIDS."

REPORTS/POLICIES

- **The GAO published "*Medicare Advantage: CMS Should Use Data on Disenrollment and Beneficiary Health Status to Strengthen Oversight*," (GAO-17-393) on May 30, 2017.** This report examines the extent of any health-biased disenrollment; beneficiaries' reasons for leaving contracts with and without health-biased disenrollment; and how, if at all, CMS identifies contracts with health-biased disenrollment, for routine oversight purposes. <http://www.gao.gov/assets/690/684386.pdf>

HILL HEARINGS

- The House Armed Services Committee will hold a hearing on **June 12, 2017**, to examine fiscal year 2018 National Defense Authorization Budget Request from the Department of Defense.
- The House Appropriations Subcommittee on Military Construction, Veterans Affairs and Related Agencies will hold a hearing on June 12, 2017, to examine the Military Construction and Veterans Affairs budget for fiscal year 2018.
- The Senate Armed Services Committee will hold a hearing on **June 12, 2017**, to examine the Department of Defense budget posture in review of the Defense Authorization Request for fiscal year 2018 and the Future Years Defense Program.
- The Senate Appropriations Committee will hold a hearing on **June 14, 2017**, to examine proposed budget estimates and justification for fiscal year 2018 for the Department of Defense.
- The Senate Veterans Affairs Committee will hold a hearing on **June 14, 2017**, to examine the President's proposed budget request for fiscal year 2018 for veterans' programs and fiscal year 2019 advance appropriations requests.

- The Senate Veterans Affairs Committee will hold a hearing on **June 15, 2017**, to mark-up various legislation.

LEGISLATION

- **H.R.2788** (introduced June 2, 2017): To expand access to health care services, including sexual, reproductive, and maternal health services, for immigrant women, men, and families by removing legal barriers to health insurance coverage, and for other purposes was referred to House Ways and Means. Sponsor: Representative Michelle. Lujan Grisham [D-NM-1]
- **S.1307** (introduced June 2, 2017): A bill to amend the Internal Revenue Code of 1986 to expand eligibility to receive refundable tax credits for coverage under a qualified health plan was referred to the Senate Finance Committee. Sponsor: Senator Dianne Feinstein [D-CA]
- **H.R.2769** (introduced June 2, 2017): To prevent the application of the provisions of the individual mandate to individuals residing in rating areas with no qualified health plans offered on the Exchange was referred to the House Committee on Ways and Means. Sponsor: Representative David Loebsack [D-IA-2]

MEETINGS

- The AUSA 2017 Annual Meeting & Exposition will be held **Oct. 9-11, 2017**, in Washington DC. <http://ausameetings.org/2017annualmeeting/>
- The 2017 AMSUS Annual Continuing Education Meeting will be held on **Nov. 27- Dec. 1, 2017**, at the Gaylord National Harbor, Md. <http://www.amsus.org/annual-meeting/>

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.