

Federal Health Update

SEPT. 4, 2015

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

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until Sept. 8, 2015.**

MILITARY HEALTH CARE NEWS

- **The *Military Times* reports that the Defense Health Agency (DHA) is warning TRICARE beneficiaries of an elaborate mail scam designed to steal money from their banks.**

According to the DHA Office of Program Integrity, some TRICARE beneficiaries received letters from a bogus company called TRICARE Survey Inc., offering them the chance to work as "secret shoppers."

The mailings instruct recipients to cash enclosed checks for \$3,775 at their banks, keep a percentage of the money for themselves and use the rest to buy six \$500 shopping cards to be used at retailers for "secret shopping" excursions.

But when recipients report the card numbers to the company, as instructed in the letters, the fraudsters use the numbers to transfer the amount to their own accounts.

In the alert, issued by the Defense Department on Sunday, TRICARE officials "strongly advised" beneficiaries not to participate in the scheme, saying they may be held accountable by their banks for the money.

The FBI, Defense Criminal Investigative Service and Justice Department are investigating some of the companies and individuals involved, according to government officials, and recouping some of TRICARE's losses.

Defense health officials urge anyone who received a secret shopper letter to submit a report to the DHA Program Integrity Office. They can do so online [on the office's web page by clicking the "Report Health Care Fraud" button](#).

- **According to the *Military Times*, the Defense Health Agency (DHA) has launched a marketing effort to draw military health beneficiaries living in major metropolitan areas back to TRICARE Prime.**

The first phase of the campaign begins with the 57,000 military households in the "National Capital Region" that encompasses the District, Northern Virginia and Southern Maryland received packets from NCR Medical Director Rear Adm. Raquel Bono in August hyping the services available at 11 military hospitals or clinics across the area.

The mailings lists the locations and addresses of the facilities, features and available services, from routine care and extended pharmacy access to secure messaging with providers, wellness benefits and treatment specialties such as orthopedics, pediatrics subspecialists and an advanced cancer treatment facility.

Attracting additional TRICARE beneficiaries to the Prime option will lower costs for the military health system and ensure that military doctors and researchers have the opportunity to seeing a range of patients.

In fiscal 2012, the Defense Department spent \$15.4 billion for beneficiary health care outside the military system, more than double the cost in 2000 when adjusted for inflation.

In contrast, care provided "in house" at military treatment facilities cost \$15 billion in fiscal 2012, but 45 percent of that amount was for salaries of military doctors, nurses, staff and administrators, which the government pays regardless of how many patients are seen.

According to data provided by TRICARE, the Washington, D.C., area hosts 455,000 TRICARE-eligible beneficiaries. Only about 250,000 are enrolled in Prime.

According to Defense Health Agency data, some facilities in the Washington region, such as Naval Health Clinic Quantico, Virginia, have more enrollees than space, while others are functioning below expectations. The Andrew Rader Army Health Clinic at Joint Base Myer-Henderson Hall, Arlington, Virginia, for example, is running at 77 percent capacity, while the Joint Base Anacostia-Bolling Clinic in the District of Columbia is at just 74 percent capacity.

Other facilities in the area are in high demand but still have room for more patients. According to the data, Walter Reed National Military Medical Center in Bethesda, Maryland, is at 89 percent enrollment capacity and the Dumfries and Fairfax health centers, both in Virginia, are at 89 percent. Fort Belvoir, Virginia, tops the list for the facility with the most TRICARE Prime enrollees, 43,794; its capacity is 45,029.

Under Prime, retirees below age 65 and their family members pay enrollment fees of \$289 for an individual and \$555.84 for a family.

Retirees and their family members as well as family members of active-duty personnel pay no enrollment fees to use Standard, but they pay a portion of their visits to primary care or specialty providers.

DHA plans to roll out similar initiatives in cities with significant military populations may see similar marketing campaigns tailored to the needs of the beneficiaries and the military health care market in those regions.

VETERANS AFFAIRS NEWS

- **More than 5 million users have logged-on to the joint Department of Veterans Affairs (VA) and Department of Defense (DoD) *eBenefits* website in its first year.**

The number of *eBenefits* users is a key measure of VA's success in improving veterans' access to VA benefits and services and is reported on www.performance.gov.

To enroll in *eBenefits*, veterans and service members must obtain a DoD Self-Service Logon (DS Logon), which provides access to several Veterans and military benefits resources using a single username and password. The service is free and may be obtained online at www.ebenefits.va.gov or in person at a VA Regional Office.

The rapid and continued growth in the utilization of the *eBenefits* website demonstrates the importance of giving Veterans greater access to information about their own benefits. In addition to filing claims online and checking the status of those claims, Veterans can also message their VA doctor, order prescription drug refills and obtain official military documents through *eBenefits*. More than 7.5 million VA letters have been generated and downloaded by Veterans that show proof of disability, income or Veterans preference used in federal or state government hiring.

For more information about VA benefits, go to <http://www.benefits.va.gov>.

- **More than 200 veterans from across the country are set to participate in one of the nation's top adaptive golf events for blind and disabled veterans.**

The National Veterans Training, Exposure, and Experience (TEE) Tournament will kick off in Iowa City on Sept. 7 and run through Sept. 11.

Veterans will golf at several courses in the Iowa City area, including Lake McBride, Kalona Country Club, West Liberty Country Club, Elks Country Club and Blue Top Ridge golf courses.

While golf is the featured event, participants also can develop new skills and confidence through participation in other adaptive sports activities including bowling, kayaking, horseback riding, tandem biking, fishing and Frisbee golf.

Participation is open to veterans with visual impairments and other disabilities receiving care at any VA medical facility. VA research and clinical experience verify that physical activity is important to maintaining good health, speeding recovery and improving overall quality of life.

The event is hosted by the Iowa City VA Health Care System, with sponsorship support from Veterans Canteen Service (VCS) and many others. More than 300 volunteers are expected to donate their time and efforts to the event.

For more information visit www.tee.va.gov.

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services (HHS) issued a proposed rule to advance health equity and reduce disparities in health care.**

The proposed rule, *Nondiscrimination in Health Programs and Activities*, will assist some of the populations that have been most vulnerable to discrimination and will help provide those populations equal access to health care and health coverage.

Section 1557 of the Affordable Care Act (ACA) extended civil rights protections banning sex discrimination to health programs and activities. Previously, civil rights laws enforced by HHS's Office for Civil Rights (OCR) barred discrimination based only on race, color, national origin, disability, or age. The proposed rule also extends all civil rights obligations to the Health Insurance Marketplaces and HHS health programs and activities, and clarifies the standards HHS applies in implementing Section 1557 across all bases of discrimination.

The proposed rule establishes that the prohibition on sex discrimination includes discrimination based on gender identity. It also includes requirements for effective communication for individuals with disabilities and enhanced language assistance for people with limited English proficiency.

While OCR has already been accepting complaints under the ACA, the proposed rule makes clear that individuals can seek legal remedies for discrimination under Section 1557.

The proposed rule applies to Health Insurance Marketplaces, any health program that HHS itself administers, and any health program or activity, any part of which receives funding from HHS, such as hospitals that accept Medicare patients or doctors who treat Medicaid patients. Finally, the proposed rule extends these nondiscrimination protections to individuals enrolled in plans offered by issuers participating in the Health Insurance Marketplaces and explicitly bars any marketing practices or benefit designs that discriminate on the basis of race, color, national origin, sex, age, or disability. All the plans of insurers participating in the Marketplace are covered by the proposed rule.

The proposed rule requests comment on whether Section 1557 should include an exemption for religious organizations and what the scope of any such exemption should be. Nothing in the proposed rule would affect the application of existing protections for religious beliefs and practices, such as provider conscience laws and the regulations issued under the ACA related to preventive health services.

The proposed rule includes a number of new protections. Among them:

- Women must be treated equally with men in the health care they receive. Other provisions of the ACA bar certain types of sex discrimination in insurance, for example by prohibiting women from being charged more than men for coverage.
- Individuals may not be subject to discrimination based on gender identity. For example, some insurance policies have historically contained categorical exclusions on coverage of all care related to gender transition.
- The rule bolsters language assistance for people with limited English proficiency, so that individuals are able to communicate more effectively with their health care providers to, for example, describe their symptoms and understand the treatment they have been prescribed. The proposed rule provides clear guidance on the requirements of the law with regard to provision of language services, such as oral interpreters and written translations.
- For individuals with disabilities, the rule contains requirements for the provision of auxiliary aids and services, including alternative formats and sign language interpreters, and the accessibility of programs offered through electronic and information technology.

The proposed rule is open for public comment through November 6, 2015 and is available at: <https://www.federalregister.gov/public-inspection>.

- **According to a new CDC Vital Signs report, 3 out of 4 U.S. adults have a predicted heart age that is older than their actual age. This means they are at higher risk for heart attacks and stroke.**

“Heart age” is the calculated age of a person’s cardiovascular system based on his or her risk factor profile. The risks include high blood pressure, cigarette smoking, diabetes status, and body mass index as an indicator for obesity.

This is the first study to provide population-level estimates of heart age and to highlight disparities in heart age nationwide. The report shows that heart age varies by race/ethnicity, gender, region, and other sociodemographic characteristics

CDC researchers used risk factor data collected from every U.S. state and information from the Framingham Heart Study to determine that nearly 69 million adults between the ages of 30 and 74 have a heart age older than their actual age. That’s about the number of people living in the 130 largest U.S. cities combined.

Key findings in the report include:

- Overall, the average heart age for adult men is 8 years older than their chronological age, compared to 5 years older for women.
- Although heart age exceeds chronological age for all race/ethnic groups, it is highest among African-American men and women (average of 11 years older for both).
- Among both U.S. men and women, excess heart age increases with age and decreases with greater education and household income.
- There are geographic differences in average heart age across states. Adults in the Southern U.S. typically have higher heart ages. For example, Mississippi, West Virginia, Kentucky, Louisiana, and Alabama have the highest percentage of adults with a heart age 5 years or more over their actual age, while Utah, Colorado, California, Hawaii, and Massachusetts have the lowest percentage.

The heart age concept was created to more effectively communicate a person’s risk of dying from heart attack or stroke – and to show what can be done to lower that risk. Despite the serious national problem of higher heart age, the report’s findings can be used on both an individual and population level to boost heart health, particularly among groups that are most at risk of poor cardiovascular outcomes.

U.S. adults can [learn their own heart age](#) and how to improve it. This could include quitting smoking or lowering blood pressure through eating a healthier diet, taking appropriate medication, or exercising more. State and local health departments can help by promoting healthier living spaces, such as tobacco-free areas, more access to healthy food options, and safe walking paths.

For more information, visit <http://www.cdc.gov/heartdisease> and <http://www.cdc.gov/stroke>.

- **The U.S. Food and Drug Administration approved Varubi (rolapitant) to prevent delayed phase chemotherapy-induced nausea and vomiting (emesis).**

Varubi is approved in adults in combination with other drugs (antiemetic agents) that prevent nausea and vomiting associated with initial and repeat courses of vomit-inducing (emetogenic and highly emetogenic) cancer chemotherapy.

Nausea and vomiting are common side effects experienced by cancer patients undergoing chemotherapy. Symptoms can persist for days after the chemotherapy drugs are administered. Nausea and vomiting that occurs from 24 hours to up to 120 hours after the start of chemotherapy is referred to as delayed phase nausea and vomiting, and it can result in serious health complications. Prolonged nausea and vomiting can lead to weight loss, dehydration and malnutrition in cancer patients leading to hospitalization.

Varubi is a substance P/neurokinin-1 (NK-1) receptor antagonist. Activation of NK-1 receptors plays a central role in nausea and vomiting induced by certain cancer chemotherapies, particularly in the delayed phase. Varubi is provided to patients in tablet form.

Varubi is marketed by Tesaro Inc., based in Waltham, Mass.

REPORTS/POLICIES

- **The GAO published “VA Health Care: Actions Needed to Assess Decrease in Root Cause Analyses of Adverse Events,” (GAO-15-643) on Aug. 28, 2015.** GAO was asked to review VA’s processes and procedures for responding to adverse events. In this report, GAO examined the extent to which VAMCs used the RCA process to respond to adverse events and how VHA oversees the RCA process and uses information from the process to make system-wide improvements. <http://www.gao.gov/assets/680/671748.pdf>

HILL HEARINGS

- There are no hearings scheduled next week.

LEGISLATION

- There was no legislation published the last two weeks.

MEETINGS

- The 2015 AHRQ Research Conference, “Producing Evidence and Engaging Partners to Improve Health Care”, will be held **Oct. 4–6, 2015**, in Crystal City, Va. <http://www.ahrq.gov/news/events/conference/index.html>
- The AUSA 2015 Annual Meeting & Exposition will be held **Oct. 12-14, 2015**, in Washington DC. <http://ausameetings.org/2015annualmeeting/>
- 2015 AMSUS Annual Continuing Education Meeting - The Society of Federal Health Professionals will be held on **Dec. 1-4, 2015**, in San Antonio, Texas. <http://amsusmeetings.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 katheroux@federalhealthcarenews.com.