

Federal Health Update

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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

- **The House and Senate are in recess until after the election.**
- **On Sept. 28, 2012, President Obama signed into law: H.J. Res. 117, which provides fiscal year 2013 appropriations for continuing projects and activities of the federal government through March 27, 2013.**

MILITARY HEALTH CARE NEWS

- **TRICARE Management Activity (TMA) announced its Philippine Demonstration will begin Jan. 1, 2012.**

The Philippine Demonstration will provide health care to eligible TRICARE Standard beneficiaries who live in the Philippines and receive care in a designated demonstration area. TRICARE Standard beneficiaries include those who are using TRICARE Standard Overseas, TRICARE For Life, TRICARE Reserve Select, TRICARE Retired Reserve and TRICARE Young Adult-Standard Option.

Those eligible will have access to approved providers who deliver quality medical care without having to file claims. Approved demonstration providers have agreed to file claims on your behalf.

Beneficiaries will be responsible for their deductible and cost shares, but not be required to make up-front payments. Approved demonstration providers have agreed to collect only the applicable deductible and cost shares after receiving the TRICARE explanation of benefits.

Beneficiaries will have reduced out-of-pocket costs. Approved demonstration providers have agreed to accept established reimbursement rates. You must provide your physical address to the provider (for the claims) to receive the reduced out-of-pocket costs. P.O. boxes and Retired Activity Office boxes are not acceptable.

International SOS Assistance, Inc. (International SOS), the TRICARE Overseas Program

contractor, and its subcontractor, Global 24 Network Services, will administer the TRICARE Philippine Demonstration as it rolls out into each [designated area](#). International SOS provides the assistance you need for customer service, finding an approved provider, authorization, claims and much more.

For assistance, contact a customer service representative in the Philippines: Customer Service Regional Direct: +63 2687 8656; Customer Service Email: support@global24NS.com.

- **TRICARE Management Activity (TMA) announced that beneficiaries enrolled in TRICARE Reserve Select or TRICARE Retired Reserve will need to pay through an electronic form of payment beginning Jan. 1, 2013.**

TRS and TRR are premium-based health plans. TRS is available for eligible members of the Selected Reserve - Air Force Reserve Command unit reservists and individual mobilization augmentees - and their families. TRR can be purchased by retired Reserve members, their families and eligible survivors of deceased retired Reserve sponsors.

Starting next year, TRICARE will only accept TRS and TRR monthly premium payments using recurring automatic payments by credit or debit card, or by recurring electronic funds transfer from a linked bank account. The Defense Manpower Data Center is notifying current TRR and TRS beneficiaries directly by email. New beneficiaries will be informed in their welcome package information when enrolling. Electronic payments streamline account management and ensure continuous coverage for beneficiaries. Failure to pay premiums by the due date results in termination of coverage.

Beneficiaries can contact their regional contractor to set up automatic payments and get more information. Contact information for each region is available online at www.TRICARE.mil/contacts.

- **In the past three years, the number of U.S. Public Health Service Commissioned Corps officers detailed to the Department of Defense has grown dramatically due in part to the expansion of psychological health initiatives at military treatment facilities and installations in the U.S. and abroad.**

Overall, 270 PHS officers are detailed to DoD. To better connect them and their supervisors with a central source of information, a new [webpage](#) has been launched. The page focuses on the information that PHS officers need during their time serving at DoD/TMA, as well as a place they and their supervisors can go to ask questions and exchange ideas.

In addition to messages from PHS leaders, the webpage features resources and personnel policies. Officers and their supervisors can find out about awards programs, leave status, promotions and mentoring programs.

The U.S. Public Health Service Commissioned Corps is overseen by the U.S. Surgeon General and includes more than 6,500 public health professionals who fill public health leadership and clinical service roles at federal government agencies.

- **MinuteClinic, the walk-in medical clinic inside CVS/pharmacy, announced that it has become an in-network provider with TriWest, the Western Region plan contractor for TRICARE.**

TRICARE provides health care insurance services to 2.9 million lives in the Western region, including those in six western states where MinuteClinic operates walk-in medical clinics inside select CVS/pharmacy stores: Arizona, California, Kansas, Minnesota,

Missouri and Nevada. MinuteClinic is already contracted with Health Net, the TRICARE North region contractor, and Humana Military, the TRICARE South region contractor, and now offers care to TRICARE members across the United States.

The clinics are staffed by MinuteClinic nurse practitioners and physician assistants who specialize in family health care and can diagnose, treat and write prescriptions for common family illnesses such as strep throat and ear, eye, sinus, bladder and bronchial infections. Minor wounds, abrasions, skin conditions and joint sprains are treated, and common vaccinations such as influenza, tetanus, pneumonia and hepatitis A & B are available at most locations. Walk-in camp, sports, college and DOT physicals are available daily. In addition, MinuteClinic administers a series of wellness services designed to help consumers identify lifestyle changes needed to improve their current and future health, including screenings and monitoring for diabetes, high blood pressure and high cholesterol.

MinuteClinic is open seven days a week, including weekday evening hours. No appointment is necessary. For patients paying cash or credit, treatment prices are posted at each clinic and on www.minuteclinic.com. The cost for most services starts at \$79.

- **The Department of Defense has launched a new health initiative, encouraging healthy living across the defense community.**

Operation Live Well is a DoD-wide campaign intent on encouraging healthy behaviors and making healthy living the easy choice and social norm for service members, families, veterans, retirees and DoD civilians. The campaign is designed to educate and inform key audiences about healthy behaviors, encourage healthy behaviors by providing accessible and actionable information and resources and enhance the resiliency of the force and support the DoD objectives of moving from health care to health.

For more information, news and healthy living tips visit [Operation Live Well](#).

- **TriWest Healthcare Alliance (TriWest) announced it will start holding TRICARE claims for the annual fiscal year updates on Sept. 28, 2012.**

TriWest has received the Diagnosis-Related Group (DRG) calculator from TRICARE Management Activity (TMA), but not the DRG Provider weights and rates. As a result, DRG claims will be held until the DRG weights and rates are received. In addition, TriWest requires the following from TMA before these claim types can be released:

- DRG Standard cost-shares for 2013
- Mental health per diem rates and cost-shares
- Residential treatment center (RTC) rates
- Skilled nursing facility (SNF) rates
- Outpatient Prospective Payment System (OPPS) groupers
- Partial Hospitalization Program (PHP) rates

TriWest will continue to process non-OPPS and non-Institutional claims. Institutional claims will be processed if the admit and discharge dates are both before Oct.1, 2012.

Wisconsin Physicians Service Insurance Corp. (WPS), the TRICARE West Region claims processor, requires up to 30 days testing the new rates to ensure they are correct before releasing payment.

- **On Sept. 28, 2012, the Department of Defense (DoD) has awarded SofTec**

Solutions, Inc. a firm-fixed price commercial services contract to provide E-Commerce Operational Systems Support (EOSS) services to TRICARE Management Activity (TMA).

The award for the base year is \$6,789,678.24. The total contract value, including the base period and four, one-year option periods is \$32,325,116.

The E-Commerce Operational Systems Support (EOSS) contract provides technical support staff for the TRICARE Management Activity (TMA) E-Commerce program and hence includes tasks to cover the entirety of an enterprise system. This contract provides for information technology (IT) services to maintain, operate, and provide engineering and technical support for the TMA E-Commerce program.

This contract was competitively procured using the Best Value Lowest Price Technically Acceptable Source Selection process with 13 offers received. The TRICARE Management Activity, Aurora, Colorado, is the contracting activity (HT9402-12-C-0004).

SofTec Solutions, Inc. is a small business administration-certified, small disadvantaged business in Englewood, Colorado.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs leads the nation in breast cancer screening rates, outperforming non-VA health care systems in breast cancer screenings for more than 15 years.**

Eighty-seven percent of eligible women receiving mammograms in the VA health care system in fiscal year 2010. In comparison, in 2010, the private sector screened 71 percent of eligible women, Medicare screened 69 percent and Medicaid screened 51 percent, according to Healthcare Effectiveness Data and Information Set, a tool used by more than 90 percent of U.S. health plans to measure performance on important dimensions of care and service.

Since 2000, the number of female veterans using VA health care has more than doubled, from nearly 160,000 to more than 337,000 in fiscal year 2011.

VA provides mammograms for all veterans, with 45 facilities providing services on-site utilizing digital mammography. Some facilities offer mammograms to walk-in patients and same-day ultrasounds. VA also offers mobile mammography in some areas of the country. This mammogram technology-on-wheels allows women veterans in rural areas to get screening mammograms and have their mammograms read by a VA breast radiologist, without traveling far from home. All this improves access for more than 337,000 women VA health care users.

In many cases, VA is using technology to bridge the distance between providers at facilities in its 21 regions throughout the nation. VA uses simulation technology to train VA providers in the latest breast exam techniques.

VA is also developing a breast cancer clinical case registry to track when a provider orders a mammogram, the results of the test, and the follow-up care provided. The system will improve care coordination and help VA track and study breast care outcomes throughout VA. It is expected to be available in 2013.

These efforts in breast cancer diagnosis and treatment are part of a larger VA initiative to enhance all health care services for women Veterans. Women make up six percent of Veterans who use VA health care, but they are expected to make up a larger segment of all VA health care users in the future. VA is preparing for this increase by expanding access to care, enhancing facilities, training staff, and improving services for women.

For more information about VA programs and services for women veterans, visit: www.va.gov/womenvet and www.womenshealth.va.gov.

- **The Department of Veterans Affairs has developed a new online Community Provider Toolkit (www.mentalhealth.va.gov/communityproviders) to deliver support, therapeutic tools and resources to community providers treating veterans for mental health concerns.**

The goal of the Community Provider Toolkit is to further enhance the delivery of mental health services to veterans through increased communication and coordination of care between community providers and VA. It provides information about accessing, communicating with, and making referrals to VA. The tool also provides effective tools to assist veterans who are dealing with a variety of mental health challenges. The Community Provider Toolkit also includes sections intended to increase providers' knowledge about military culture.

Last year, VA provided quality, specialty mental health services to 1.3 million veterans. Since 2009, VA has increased the mental health care budget by 39 percent. Since 2007, VA has seen a 35 percent increase in the number of Veterans receiving mental health services, and a 41 percent increase in mental health staff.

GENERAL HEALTH CARE NEWS

- **The percentage of teens in high school (aged 16 and older) who drove when they had been drinking alcohol decreased by 54 percent between 1991 and 2011, according to a Centers for Disease Control and Prevention (CDC) study.**

Nine out of 10 high school teens (aged 16 and older) did not drink and drive during 2011.

For the study, CDC analyzed data from the 1991-2011 national Youth Risk Behavior Surveys (YRBS). These national surveys asked high school students if they had driven a vehicle when they had been drinking alcohol one or more times during the 30 days before the survey; CDC researchers focused their analysis on students aged 16 and older.

The study also found that:

- Teens were responsible for approximately 2.4 million episodes of drinking and driving a month in 2011; some engaged in the dangerous behavior more than once a month.
- High school boys ages 18 and older were most likely to drink and drive (18 percent), while 16-year-old high school girls were least likely (6 percent).
- Eighty-five percent of teens in high school who reported drinking and driving in the past month also reported binge drinking. For YRBS, binge drinking means five or more drinks during a short period of time.

- **The proportion of Americans who are severely obese — those people 100 pounds or more overweight — continues to increase rapidly and at a faster than those with moderate obesity, according to a new RAND Corporation [study](#).**

The RAND study found that from 2000 to 2010, the proportion of Americans who were severely obese rose from 3.9 percent of the population to 6.6 percent, increasing about 70 percent.

Based on these findings, more than 15 million adult Americans are morbidly obese with a body mass index of 40 or more.

The study suggests that clinically severe obesity, instead of being a rare pathological condition among genetically vulnerable individuals, is an integral part of the population's weight distribution. The trend of severe obesity varies by gender and ethnicity, although the trend remained upward among all groups. The prevalence of severe obesity was about 50 percent higher among women than among men, and about twice as high among blacks when compared to Hispanics or whites. For all levels of obesity, the increases over time were faster among age groups younger than 40.

To be classified as severely obese, a person must have a body mass index (a ratio of weight to height) of 40 or higher—roughly 100 pounds or more overweight for an average adult man. The typical severely obese man weighs 300 pounds at a height of 5 feet 10 inches tall, while the typical severely obese woman weighs 250 pounds at a height of 5 feet 4 inches. People with a BMI of 25 to 29 are considered overweight, while a BMI of 30 or more classifies a person as being obese. For a 5-foot-10 inch male, a BMI of 30 translates into being 35 pounds too heavy.

The RAND study is based on the Behavioral Risk Factor Surveillance Survey (BRFSS), an annual survey conducted by the U.S. Centers for Disease Control and Prevention. The BRFSS, the world's largest annual telephone survey, tracks health risks in the United States. Height and weight is based on self-reporting. More than 3 million respondents were included in the analysis for the last decade.

- **Department of Health and Human Services (HHS) officials presented awards to 404 hospitals, 38 organ procurement organizations (OPOs), and 174 transplant programs for their success in increasing the number of organs available and transplanted.**

Hospital representatives received the department's Medal of Honor for Organ Donation for achieving and sustaining national goals for donation, including a donation rate of 75 percent or more of eligible donors at their facilities. OPOs were recognized for their efforts based on similar criteria. Awards were presented for the work done during the time period of April 1, 2010, through March 31, 2012.

Transplant programs were recognized based on their performance on post-transplant survival rates, transplant rates, and mortality rates after patients are placed on waiting lists.

The Health Resources and Services Administration (HRSA) at HHS supports the Donation and Transplantation Community of Practice, which brings together donation and transplantation professionals, hospital staff, and other professionals involved in the donation process to identify and share best practices.

HRSA is also in the midst of a National Hospital Organ Donation Campaign, which enlists the help of hospitals across the country in increasing the number of people who enroll as future donors on their state donor registry. Fifty-six OPOs and Donate Life affiliates, 15 state hospital associations, and 653 hospitals and transplant centers were recognized for their leadership in this national campaign.

REPORTS/POLICIES

- **The GAO published “VA and DOD Health Care: Department-Level Actions Needed to Assess Collaboration Performance, Address Barriers, and Identify Opportunities,” (GAO-12-992) on Sept. 28, 2012.** This report examines the extent to

which VA and DOD assess effectiveness and efficiencies at collaboration sites; the barriers affecting collaboration; and VA and DoD identify opportunities for collaboration. <http://www.gao.gov/assets/650/648961.pdf>

- **The Institute of Medicine (IOM) published “Digital Data Improvement Priorities for Continuous Learning in Health and Health Care - Workshop Summary,” on Sept. 28, 2012.** This report identifies and characterizes the current deficiencies in the reliability, availability, and usability of digital health data. It also considers strategies, priorities and responsibilities to address such deficiencies. <http://www.iom.edu/Reports/2012/Digital-Data-Improvement-Priorities-for-Continuous-Learning-in-Health-and-Health-Care.aspx>

HILL HEARINGS

- There are no hearings scheduled.

LEGISLATION

- No legislation was proposed this week.

MEETINGS

- 1st Annual OSEHRA Open Source EHR Summit and Workshop will be held **Oct. 17-18, 2012**, at National Harbor, Maryland. <http://www.cvent.com/events/1st-annual-osehra-open-source-ehr-summit-workshop/event-summary-6c9df6adea0b49b9966cf660175ed5a8.aspx>.
- The 23rd Annual Symposium for the Health Facility Institute will be held **Oct. 21-24, 2012**, in Englewood, Colo. www.hfi.org
- The American Public Health Association (APHA) 140th Annual Meeting and Exposition will be held on **Oct. 27-31, 2012**, in San Francisco, Calif. <http://www.apha.org/meetings/AnnualMeeting/>
- The International Society for Traumatic Stress Studies (ISTSS) 28th Annual Meeting will be held on **Nov. 1-3, 2012**, in Los Angeles, Calif. <http://www.istss.org/Home1.htm>
- The AMIA 2012 Annual Symposium will be held on **Nov. 7-11, 2012**, in Chicago Ill. <http://www.amia.org/amia2012>
- The 118th AMSUS Annual Continuing Education Meeting will be held **Nov. 11-15, 2012**, in Phoenix, Ariz. <http://amsusmeeting.org>
- The 2012 American Academy of Medical Administrators (AAMA) Annual Conference will be held on **Nov. 13 - 16, 2012**, San Antonio, Texas <http://www.aameda.org/Conference/Annual/AnnualMain.html>
- The Radiological Society of North America (RSNA) 2012: Patients First will be held on **Nov. 25-30, 2012**, in Chicago, Ill. http://www.rsna.org/Annual_Meeting.aspx
- The 2012 Special Operations Medical Association (SOMA) Conference will be held on **Dec. 15-18, 2012**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/>
- The International Meeting of Simulation in Healthcare (IMSH) 2013 will be held on **Jan.**

26-30, 2013, in Orlando, Fla. <http://ssih.org/events/imsh-2013-central>

- The 2013 Military Health System Conference will be held **Feb. 11-14, 2013**, in National Harbor, Md.

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.