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

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ktheroux@federalhealthcarenews.com

EXECUTIVE AND CONGRESSIONAL NEWS

- On Oct. 10, 2018, the president signed into law:
  - S. 2553, the “Know the Lowest Price Act of 2018,” which prohibits Medicare Prescription Drug Plan sponsors and Medicare Advantage organizations from restricting or penalizing the disclosure of certain drug pricing information to enrollees; and
  - S. 2554, the “Patient Right to Know Drug Prices Act,” which prohibits health insurers from restricting or penalizing the disclosure of certain drug pricing information to enrollees, and to require the filing of settlements between biosimilar product developers.

MILITARY HEALTH CARE NEWS

- On Sept. 26, 2018, the U.S. Secretaries of Veterans Affairs (VA) and Defense (DoD) signed a joint statement pledging that their two departments will align their plans, strategies and structures as they roll out a new electronic health records (EHR) system that will allow VA and DoD to share patient data seamlessly.

Signed by Defense Secretary James N. Mattis and VA Secretary Robert Wilkie, the joint statement reinforces both departments’ commitment to ensuring the successful transition from a legacy patient-data system to a modernized one that will continue to support active-duty service members, Veterans and their families.
VA signed a contract with Cerner Corp. May 17 to replace VA’s 40-year-old legacy Veterans Integrated System Technology Architecture (VistA) health care records technology over the next 10 years with the new Cerner system, which is in the pilot phase at DoD. Collaborating with DoD will ensure that VA: understands the challenges encountered as DoD deploys its EHR system called Military Health System Genesis (MHS GENESIS); adapts an approach by applying lessons learned to anticipate and mitigate known issues; assesses prospective efficiencies to help deploy faster; and delivers an EHR that is fully interoperable.

- **Beginning Nov. 12, TRICARE will kick off its inaugural TRICARE Open Season.**

  TRICARE is hosting a webinar to help beneficiaries and others to understand how the open season will work, who should enroll and how to prepare.

  **TRICARE Open Season** is the annual period when you can enroll in or change your health care coverage for the following year. TRICARE beneficiaries will experience open season for the first time, from Nov. 12 to Dec. 10, 2018. During TRICARE Open Season, you have three options:

  - If you want to stay with your current health care plan, you don’t have to take any action.
  - If you’re not enrolled in a TRICARE Prime or TRICARE Select plan, but eligible to do so, you may enroll.
  - If you are already enrolled in TRICARE Prime or TRICARE Select, you can switch plans.

  Any enrollment choices made during TRICARE Open Season will take effect on Jan. 1, 2019.

  If you have a premium-based plan and don’t plan to enroll in TRICARE Prime or TRICARE Select, TRICARE Open Season doesn’t apply. These health plans include:

  - TRICARE Retired Reserve
  - TRICARE Reserve Select
  - TRICARE Young Adult
  - Continues Health Care Benefit Program
  - TRICARE For Life

  If you’re thinking about changing plans, visit the Compare Plans page to make choosing a plan simpler and easier. You can compare the features of TRICARE Prime and TRICARE Select side-by-side.

  To learn more, join TRICARE on Oct. 18, from 1 to 2 p.m. ET, for the “Prepare for First Annual TRICARE Open Season Now” webinar. You will learn about open season, who should participate, and how to prepare. A Q&A led by the presenter will follow the presentation.

- **TRICARE announced there are emergency procedures in place in Florida, Georgia, Alabama, North Carolina, South Carolina and Virginia due to Hurricane Michael.**

  **Emergency Prescription Refills**

  To get an emergency refill, take your prescription bottle to any TRICARE retail network pharmacy.

  - To find a network pharmacy: Call Express Scripts at 1-877-363-1303
  - Search the network pharmacy locator
  - If possible, visit the pharmacy where the prescription was filled.
If you use a retail chain, you can fill your prescription at another store in that chain.

If your provider is available, he or she may call in a new prescription to any network pharmacy.

You can request assistance at another pharmacy, but it's at that pharmacy's discretion to help you.

**REFERRAL REQUIREMENT WAIVED**

If you are evacuated, you may not have to get a referral from your primary care manager to see a TRICARE authorized provider. This is also known as a blanket referral waiver. Please visit [https://tricare.mil/~link.aspx?id=E5A7B54D932F4E54AFE4E8120939BAC9&z=z](https://tricare.mil/~link.aspx?id=E5A7B54D932F4E54AFE4E8120939BAC9&z=z) to learn what counties are eligible.

**VETERANS AFFAIRS NEWS**

- **The U.S. Department of Veterans Affairs (VA) announced that President Donald J. Trump recently approved the appointment of four new Veterans Law Judges to VA's Board of Veterans' Appeals.**

  Veterans Law Judges are presidential appointees and go through a thorough vetting process. After an initial screening, the chairman of the Board recommends a list of candidates to the Secretary of the VA. If agreed to, the list of selectees is forwarded to the White House for final approval. Once approved, the selectees are notified by the chairman and officially sworn in.

  The following Veterans Law Judges will assume their roles Oct. 14, and will begin holding hearings and signing decisions for veterans and other appellants: Lauren Cryan, Evan Deichert, William Donnelly and Cynthia Skow.

  In fiscal year 2018, the Board issued a historic 85,288 decisions to veterans — 61.6 percent more than 2017. Expanding the roster of Veterans Law Judges will allow the Board to continue issuing more decisions for veterans, as VA prepares for full implementation of the AMA. This law transforms a complex appeals process into one that is simplified, timely and transparent by providing veterans with increased choice and control. The AMA will go into effect on Feb. 14.

  For more information about the Board and its progress on appeals modernization, visit [https://www.bva.va.gov](https://www.bva.va.gov).

- **The U.S. Department of Veterans Affairs (VA) recently won a 2018 Government Innovation Award for the VA Medical Images and Reports feature in My HealtheVet, VA's online health portal. VA will be recognized for the award at a ceremony Nov. 8 in McLean, Virginia.**

  Launched in April, the VA Medical Images and Reports feature allows veterans with a premium My HealtheVet account to view, download and share electronic copies of their radiology studies, such as X-rays, mammograms, MRI scans and CT scans from their VA electronic health records.

  Veterans can view a wide-ranging list of accessible radiology studies, which are all available in My HealtheVet three calendar days after a study report has been verified. Previously, veterans were required to submit a written request to get copies of radiology images. That request was then manually processed and could take up to 20 days for the veteran to get a physical copy of the results. Now, instead of going to a VA facility, veterans can choose an online self-service option on My HealtheVet to obtain a VA medical image or report.

  The VA Medical Images and Reports feature standardizes the viewing experience for users and makes transferring the image files and accompanying notes easier for veterans. Since VA Medical Imaging and Reports went live in early April, approximately 231,000 requests and nearly
870,000 reports have been viewed through the feature.


- **VA researchers recently identified three genetic mutations that govern cholesterol levels, which could lead to the development of new drugs to treat cardiovascular disease and diabetes.**

  Detailed results of the study can be found in the [Oct. 1 issue of Nature Genetics](http://www.nature.com/naturegenetics), a scientific journal.

  Using data from VA’s [Million Veteran Program (MVP)](http://www.mvp.va.gov), the researchers found that three genes — PDE3B, PCSK9 and ANGPTL4 — could be targets for treatment of heart disease, abdominal aortic aneurysm and diabetes, respectively. VA research showed that those with specific mutations to the genes had better cholesterol and triglyceride levels than those without the mutations.

  The PDE3B mutation appears to protect against heart disease. A mutation in PCSK9 seems to decrease the risk not only of heart disease, but also abdominal aortic aneurysm — a condition in which the aorta is enlarged, which could lead it to rupture and cause life-threatening bleeding. The ANGPTL4 mutation was linked to lower risk of Type 2 diabetes. The research was supported by VA, the National Institutes of Health and Stanford’s Department of Medicine.

  MVP is a national, voluntary research program funded by VA’s Office of Research and Development. MVP partners with Veterans receiving care in the Veterans Health Administration to study how genes affect health. As of late September 2018, MVP had enrolled more than 700,000 veterans. It is already one of the world’s largest databases of health and genomic information.

  The Nature Genetics publication is one of the first major papers describing scientific findings from MVP. The publication highlights the power of researchers having access to data from large numbers of individuals. In this instance, researchers were able to identify several novel genetic factors that affect people’s blood lipid [cholesterol and triglyceride] levels. Such findings may lead to new approaches to diagnose people at risk for cardiovascular disease, as well as identify candidate therapeutic targets.

  To learn more about VA research, including MVP, visit [www.research.va.gov](http://www.research.va.gov).

**GENERAL HEALTH CARE NEWS**

- **The U.S. Food and Drug Administration approved ID CORE XT, a molecular-based assay used in blood transfusion medicine to help determine blood compatibility.**

  The assay can be used to determine blood donor and patient non-ABO red blood cell (RBC) types. ID CORE XT is the second molecular assay approved for use in transfusion medicine, and the first to report genotypes as final results.

  Human blood can be classified into different groups based on the antigens on the surfaces of red blood cells. In addition to the ABO blood group antigens, the presence or absence of other specific blood group antigens can be important when matching blood for transfusions since some people develop antibodies to non-ABO antigens. People who receive repeated blood transfusions, such as individuals with sickle cell disease, are more likely to develop these antibodies. If red blood cells with poorly matched non-ABO antigens are transfused, red blood cell destruction and a transfusion reaction can occur in a transfusion recipient.

  Traditionally, red blood cell antigens have been identified using serological methods that involve the use of antisera, a blood serum that contains antibodies for testing. Serologic testing presents limitations and certain antisera may be scarce or unavailable.
A study was conducted to compare the typing results of the ID CORE XT Test with licensed serological reagents, the first FDA-approved molecular assay and DNA sequencing tests. The results demonstrated comparable performance between the methods.

The approval of the ID CORE XT Test was granted to Progenika Biopharma S.A., a Grifols company.

The Centers for Medicare & Medicaid Services (CMS) announced that Medicare beneficiaries continue to have access to high-quality health choices for their Medicare coverage as the agency releases the Star Ratings for the 2019 Medicare Advantage and Part D prescription drug plans.

Medicare Advantage premiums continue to decline while plan choices and benefits increase. In 2019, Medicare Advantage will be offering approximately 600 more plans with the number of plans available to individuals to choose from across the country is increasing from about 3,100 to about 3,700 – and more than 91 percent of people with Medicare will have access to 10 or more Medicare Advantage plans. On average, Medicare Advantage premiums in 2019 are estimated to decrease by six percent to $28.00, from an average of $29.81 in 2018.

As part of CMS’s recently launched eMedicare initiative, Medicare.gov will feature an improved “coverage wizard” to help users compare options at a deeper level to decide if Original Medicare or Medicare Advantage is right for them. CMS will also provide a stand-alone, mobile optimized out-of-pocket cost calculator that will provide information on both overall costs and prescription drug costs.

Each year, CMS publishes the Part C and Part D Star Ratings to measure the quality of, and reflect the experiences of beneficiaries in, Medicare Advantage and Part D prescription drug plans. In 2019, most areas across the country will have Medicare Advantage and Part D plans with four or more stars. Based on current enrollment, approximately 74 percent of Medicare Advantage enrollees with prescription drug coverage are projected to be in plans with four and five stars in 2019 as compared to 73 percent in 2018. Approximately 45 percent of Medicare Advantage plans that offer prescription drug coverage will have an overall rating of four stars or higher in 2019.

Enrollees in stand-alone Medicare Part D prescription drug plans will also have access to high-quality plans. In 2019, approximately 31 percent of stand-alone prescription drug plans will have a rating of four stars or higher in 2019. The majority of enrollees are in stand-alone prescription drug plans with 3.5 stars or higher.

CMS updates the Star Ratings for Medicare Advantage and Part D prescription drug plans every year to help beneficiaries distinguish between plans. In an effort to continually enhance the Star Ratings, CMS made changes to the measures used for the 2019 ratings for health and drug plans based on industry feedback.

The Star Ratings system helps people with Medicare, their families, and their caregivers compare the quality of health and drug plans being offered. Medicare health and drug plans are given a rating on a 1 to 5 star scale, with 1 star representing poor performance and 5 stars representing excellent performance. Medicare beneficiaries can compare health coverage choices and the Star Ratings through the online Medicare Plan Finder tool available at Medicare.gov.

Medicare Open Enrollment for 2019 Medicare health and drug plans begins on Oct. 15, 2018, and ends Dec. 7, 2018. Information about plans can be found on Medicare.gov (http://www.medicare.gov), call 1-800-MEDICARE, or contact their State Health Insurance Assistance Program (SHIP). Those people with Medicare who do not wish to change their current coverage do not need to re-enroll in order to keep their current coverage.

For more information on the 2019 Medicare Advantage and Part D Star Ratings, including a technical fact sheet, please visit: http://go.cms.gov/partcanddstarratings.
To view the premiums and costs of 2019 Medicare health and drug plans, please visit: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCoverageGenIn/index.html.

REPORTS/POLICIES


HILL HEARINGS

- The Senate Committee on Health Education, Labor and Pension will hold a hearing on Nov. 28, 2018, to examine reducing health care costs, focusing on improving affordability through innovation.

LEGISLATION

- H.R.7038 (introduced Oct. 5, 2018): A bill to improve the health outcomes in communities through community-relevant health information and new health supporting incentives and programs funded without further appropriations was referred to the House Committee on Energy and Commerce. Sponsor: Representative Jeff. Fortenberry [R-NE-1]
- S.3568 (introduced Oct. 10, 2018): A bill to amend the Social Security Act and Public Health Service Act to improve obstetric care in rural areas was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Heidi. Heitkamp [D-ND]

MEETINGS

- The 2018 AMSUS Annual Continuing Education Meeting will be held on Nov. 26-30, 2018, at the Gaylord National Harbor, Md. http://www.amsusmeetings.org/home-2/
- HIMSS 2019 Annual Conference will be held on Feb. 11-15, 2018, in Orlando, Fla. http://www.himssconference.org/

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.