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 mid-term elections.

MILITARY HEALTH CARE NEWS

- The Defense Health Agency (DHA) awarded IntelliDyne LLC a $15,695,542 firm-fixed-price contract to provide direct IT support to the DHA Global Service Center and the enterprise.

The contract specifies IntelliDyne will fully support the integration of all desk side support, remote or onsite troubleshooting; onsite IT touch labor; network support services activity program management; network security; and infrastructure assurance activities.

This award is the result of a sole-source acquisition. This contract will have a six-month base period of performance (Oct. 30, 2018, to April 29, 2019) with one six-month option period. This short-term contract provides continuity of services until DHA is able to conduct a competitive award anticipated in the second quarter of fiscal 2019. This award utilizes fiscal 2019 operations and maintenance funds in the amount of $15,695,542.

- The Military Times reports military and veterans service associations are worried that military retirees may not be aware of the new dental program available to them and those
that are may not have enough information to make an informed decision.

For the first time, TRICARE beneficiaries will have to enroll during an open enrollment period (Nov. 12- Dec. 10). One of the changes to the benefits for retirees was ending the Tricare Retiree Dental Program (TRDP) on Dec. 31 and replacing it with the Federal Employees Dental and Vision Insurance Program (FEDVIP).

Approximately half of the eligible beneficiaries (1.6 billion) are enrolled in TRDP. To learn about the benefits and the options available during open enrollment, please visit: https://tricare.benefeds.com/InfoPortal/indexAction

VETERANS AFFAIRS NEWS

- The Department of Veterans Affairs (VA) announced veterans impacted by recent hurricanes Florence and Michael will have their pending appeals claims for benefits prioritized.

VA's Board of Veterans' Appeals has determined that the significant effects of hurricanes Florence and Michael were sufficient cause for the Board to advance the appeals for counties in Florida, North Carolina, South Carolina and Georgia determined to be disaster areas by the Federal Emergency Management Agency (FEMA).

By regulation, the Board may advance appeals on its docket by a motion of the chairman if sufficient cause is shown. All veterans and other appellants with an appeal currently pending before the Board whose addresses of record are in one of the affected counties will have their appeal automatically advanced on the Board’s docket. No action from veterans or appellants are needed if their addresses are current. Visit the list of counties affected by hurricanes Florence and Michael at this link: https://www.bva.va.gov/.

The advancement on docket (AOD) for these two storms is expected to last for six months from the date of the events. Therefore, Florence counties will be AODed from Oct. 1, 2018, to March 31, 2019; and counties affected by Hurricane Michael will be AODed from Nov. 1, 2018, to April 30, 2019. The Board will reassess AOD for these two storms once the six-month periods end.

The Board's mission is to conduct hearings and decide appeals in a timely manner. For more information about VA’s Board of Veterans’ Appeals, visit www.bva.va.gov/.

GENERAL HEALTH CARE NEWS

- On Oct. 29, 2018, the Deputy Secretary of the Department of Health and Human Services (HHS) Eric Hargan announced the official dedication of the Health Sector Cybersecurity Coordination Center (HC3).

The Health Sector Cybersecurity Coordination Center (HC3) is an operational cybersecurity center designed to support and improve the cyber defense of the healthcare and public health sector. HC3 strengthens coordination and information sharing within the sector and cultivates cybersecurity resilience by providing timely and actionable cybersecurity intelligence to health organizations and developing strategic partnerships between these organizations.

Within the U.S. health care and public health sector, more than 400 major breaches were reported from 2017 to 2018. The threats are significant and hackers covet having the potential to access sensitive medical data, damage medical equipment, secure intellectual property for financial gain, or even conduct terrorist attacks. The HC3 provides a service to healthcare
organizations that enables them to protect their assets and patients.

To address these threats to the sector, HHS has developed a "coordination center" in the HC3 to coordinate the activities across the sector and report to DHS threats, profiles, and preventive strategies. The HC3’s role is to work with the sector, including practitioners, organizations, and cybersecurity information sharing organizations to understand the threats it faces, learn the bad guys’ patterns and trends, and provide information and approaches on how the sector can better defend itself.

- The Centers for Medicare & Medicaid Services (CMS) finalized proposals to address provider burnout and provide clinicians immediate relief from excessive paperwork tied to outdated billing practices.

The final 2019 Physician Fee Schedule (PFS) and the Quality Payment Program (QPP) rule modernizes Medicare payment policies to promote access to virtual care, saving Medicare beneficiaries time and money while improving their access to high-quality services, no matter where they live. It makes changes to ease health information exchange through improved interoperability and updates QPP measures to focus on those that are most meaningful to positive outcomes. It also updates some policies under Medicare’s accountable care organization (ACO) program that streamline quality measures to reduce burden and encourage better health outcomes, although broader reforms to Medicare’s ACO program were proposed in a separate rule. This rule is projected to save clinicians $87 million in reduced administrative costs in 2019 and $843 million over the next decade.

For the first time this rule will also provide access to “virtual” care. Medicare will pay providers for new communication technology-based services, such as brief check-ins between patients and practitioners, and pay separately for evaluation of remote pre-recorded images and/or video. CMS is also expanding the list of Medicare-covered telehealth services. This will give seniors more choice and improved access to care. In addition, the rule reduces payment amounts for new drugs under Part B, effective January 1, 2019.

CMS is also finalizing an overhaul of electronic health record (EHR) requirements in order to focus on promoting interoperability. The rule finalized changes to help make EHR tools that actually support efficient care instead of hindering care. Final policies for Year 3 of the Quality Payment Program, will advance CMS’s Meaningful Measures initiative while reducing clinician burden, ensuring a focus on outcomes, and promoting interoperability. CMS also introduced an opt-in policy so that certain clinicians who see a low volume of Medicare patients can still participate in the Merit-based Incentive Payment System (MIPS) program if they choose to do so. In addition, CMS is providing the option for clinicians who are based at a healthcare facility to use facility-based scoring to reduce the burden of having to report separately from their facility.

To view the CY 2019 Physician Fee Schedule and Quality Payment Program final rule, please visit: https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-24170.pdf

REPORTS/POLICIES

- The GAO published “Defense Health Care: DoD Should Demonstrate How Its Plan to Transfer the Administration of Military Treatment Facilities Will Improve Efficiency,” (GAO-19-53) on Oct. 30, 2018. The report explores DoD’s plan included the statutory elements related to the transfer of administration of the MTFs to the DHA; and additional information would be useful to demonstrate that the plan will reduce or better manage duplication and improve efficiencies. https://www.gao.gov/assets/700/695157.pdf
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.7103** (introduced Oct. 30, 2019): The Suicide Prevention Analytics Act of 2018 was referred to the House Committee on Energy and Commerce. Sponsor: Representative John K. Delaney [D-MD-6]
- **H.R.7105** (introduced Oct. 30, 2019): The Brian Tally VA Medical Care and Liability Improvement Act was referred to the House Committee on Veterans’ Affairs. Sponsor: Representative Dave Brat [R-VA-7]

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/](http://www.amsusmeetings.org/home-2/)

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