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

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Best wishes for a happy holiday season and a wonderful 2019!

The Update will not be published on Dec. 28, 2018.

EXECUTIVE AND CONGRESSIONAL NEWS

- On Dec. 19, 2018, the Senate unanimously passed a stop-gap funding bill, keeping the federal government until Feb 8, 2019. After President Trump announced he would veto any bill without funding for his wall, the House passed a bill that included $5 billion on Dec. 20. The Senate is not expected to pass this bill.

- On Dec. 20, 2018, Secretary of Defense James Mattis announced his resignation, which will occur at the end of February 2019.

MILITARY HEALTH CARE NEWS

- The Defense Health Agency announced there will be new procedure codes for providers of applied behavior analysis (ABA) services under the TRICARE Comprehensive Autism Care Demonstration (ACD), effective Jan.1, 2019.

The ACD covers ABA services for all eligible TRICARE beneficiaries diagnosed with autism spectrum disorder. Behavior Analysis is based on the science of learning and behavior. The goal
of ABA services is to increase behaviors that are helpful and decrease behaviors that are harmful or affect learning. ABA providers use ABA techniques to help children diagnosed with autism reach their maximum potential.

**Current procedural terminology (CPT) codes** are the U.S. standard for how health care professionals document and report medical, surgical, radiology, laboratory, anesthesia and evaluation and management services. CPT codes are used by all providers, payers, and facilities. Updating these codes is expected to improve the provider claims process and bring the ACD more in line with the TRICARE basic benefit.

The Category III CPT codes currently in use for ABA services under the ACD will be replaced by Category I CPT codes on Jan. 1, mandated by the American Medical Association, which is responsible for the creation and implementation of CPT codes. This change applies to all funding sources and providers, including TRICARE.

One of the significant changes with the new codes will be the ability to make claims based on 15-minute increments. The existing codes were either not timed or were in 30-minute increments. The new codes do not provide a separate code for supervision of paraprofessional ABA providers, who often provide much of the “hands-on” ABA services, eliminating the mechanism to reimburse for supervision independently.

In light of this, TRICARE has also removed the TRICARE-specific requirements for the supervision of paraprofessional ABA providers by ABA supervisors. Supervision will no longer be a separate reimbursable service. However, paraprofessionals still will be supervised. TRICARE will rely on the certifying and licensing bodies for behavior analysts, which require supervision as a core requirement for certification.

Information sessions for providers are scheduled for Dec. 19 and Jan. 9. For ACD announcements and invitations to future meetings, providers can subscribe to [GovDelivery](mailto:GovDelivery). Information for the provider meetings are sent with the meeting invites or can be requested at [DHA.ACD@mail.mil](mailto:DHA.ACD@mail.mil). Providers may also contact the managed care support contractor for their region.

- **TRICARE has extended the open enrollment window to Dec. 31, 2018.**

  For this year only, beneficiaries can enroll in or change their **TRICARE Prime** or **TRICARE Select** plan through Dec. 31, 2018, for coverage starting on Jan. 1, 2019. They may also change the type of enrollment, like switching from individual to family coverage.

  Starting on Jan. 1, 2019, beneficiaries will only be able to enroll or make changes to **TRICARE Prime** or **TRICARE Select** plan during open season or after a **Qualifying Life Event** (QLE). The next TRICARE Open Season will take place in fall of 2019.

  A Qualifying Life Event is certain change in one’s life, such as marriage, birth of a child, or loss of a family member, which may mean different TRICARE options are available. QLE opens a 90-day period for a beneficiary to make eligible enrollment changes. A QLE for one family member means all family members may make enrollment changes. For more on QLEs, visit [Life Events](https://www.tricare.mil/) on the TRICARE website.

  There are three options to enroll in a TRICARE Prime or TRICARE Select plan:

  - Online: Go to the [Beneficiary Web Enrollment](https://www.beneficiaries.mil) website. (Stateside only)
  - By phone: Call your [TRICARE regional contractor](https://www.tricare.mil/)
  - By mail: Send your [enrollment form](https://www.tricare.mil/) to your regional contractor.

  The [Federal Benefits Open Season](https://www.beneficiary.fec.gov) also ended on Dec. 10, 2018. If you were eligible, this open season allowed you to enroll in the **Federal Employees Dental and Vision Insurance Program** (FEDVIP). If you wanted to enroll in FEDVIP, but missed the open season for reasons beyond your control, you may have a chance to apply for belated enrollment. To find out what
options are available to you, visit the FEDVIP enrollment website at www.benefeds.com. You can also call 1-877-888-3337 for assistance.

- **The Uniform Formulary Beneficiary Advisory Panel (BAP) will hold its next meeting on Jan. 10, 2019, in Washington D.C.**

  The agenda includes a review of drugs that are used for chronic idiopathic constipation (CIC), constipation-predominant irritable bowel syndrome (IBS-C), and diarrhea-predominant irritable bowel syndrome (IBS-D). Members of the DHA Pharmacy Operations Division (POD) Formulary Management Branch (FMB) will present relative clinical and cost-effective analyses along with the DoD Pharmacy & Therapeutics Committee (P&T) recommendations for the Uniform Formulary (UF).

  For more information, please visit: https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/Operations/Pharmacy-Division/Beneficiary-Advisory-Panel

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**VETERANS AFFAIRS NEWS**

- **U.S. Department of Veterans Affairs (VA) announced veterans have increased trust in VA hospitals, according to its fiscal year 2018 customer experience feedback survey.**

  Beginning in fall 2017 through September 2018, VA surveyed 1.6 veterans regarding their trust of VA health care outpatient services and found that the “trust scores” of 128 out of 139 VA Medical Centers (VAMCs) increased by an average of 2.4 percent by the end of FY 2018.

  The survey revealed veterans were concerned with issues such as the accessibility of specialty providers and services, while typical recommendations from veterans incorporated ways to improve parking at facilities and methods of expediting access to medications.

  VA began soliciting customer feedback in fall 2017, inviting veterans to respond to a survey after completing a Veterans Health Administration outpatient service appointment. Trust was measured at the nationwide, hospital network and individual VAMC level. Veterans were asked to rate their trust of the VA on a scale of 1 (strongly disagree) to 5 (strongly agree). FY 2018’s customer experience feedback survey revealed 86 percent of Veterans surveyed “agreed” or “strongly agreed” to the trust question.

  Veterans also had the option to leave free text responses in their outpatient-services surveys. They selected whether they were leaving a compliment, concern or recommendation. The 439,730 veterans who participated in the customer experience feedback offered the following:

  - 68.2 percent were compliments
  - 19 percent were concerns
  - 12.8 percent were recommendations

  VA is implementing a customer experience feedback program across the entire department in alignment with the Office of Management and Budget’s Circular A-11 guidance on establishing and managing a customer experience program. The program also supports the design of a federal customer-experience framework as prescribed by the President’s Management Agenda.

  For more information on VA’s customer experience goals and progress, visit www.performance.gov.
A senior leader with the U.S. Department of Veterans Affairs (VA) was recently presented with the nation's highest civilian career leadership award for her extraordinary commitment and service to Veterans on behalf of the department.

Announced Dec. 13, Lisa Pape, the deputy chief patient care services officer for Care Management and Social Work for the Veterans Health Administration (VHA), was awarded the Meritorious Rank for her outstanding work in leading VA's efforts to prevent and end homelessness among Veterans.

In her current role, Pape is the principal clinical adviser to VA officials on policies and procedures pertaining to the development and oversight of programs; delivery and evaluation of services and clinical practices of VA's social work; transition care management; caregiver and chaplain workforce.

Pape provides executive leadership for VA's continuum of homelessness programs including Fisher House Programs, Temporary Lodging Programs, Caregiver Assistance Programs, VA Transition and Care Management Programs, Chaplain Services, and social work university and college affiliations. Her breadth of oversight and influence supports over 15,000 social workers and chaplains in VA medical centers and outpatient clinics nationwide.

Before her current position, Pape served as VHA's acting chief of staff and the chief officer for Policy and Services for VHA's Office of the Deputy Under Secretary for Health for Policy and Services. In these roles, she served as the senior adviser to VHA's executive in charge and the deputy under secretary for health for Policy and Services.

The U.S. Department of Veterans Affairs (VA) recently received its 20th consecutive clean audit opinion on the consolidated financial statements presented in its Fiscal Year (FY) 2018 Agency Financial Report.

The financial statements and financial report provide information to Congress, the president and public to assess VA stewardship over financial resources and its performance as an organization.

An independent public accounting firm selected by the VA Office of Inspector General reviewed VA's financial statements and provided a clean opinion.

The FY 2018 Agency Financial Report highlights VA accomplishments in providing health care and services to U.S. veterans, while displaying groundbreaking progress in accountability, transparency and efficiency.

Through the Financial Management Business Transformation initiative, VA will provide a modern financial and acquisition management solution to standardize business processes and reporting capabilities. These efforts reflect VA's commitment to fiscal accountability and improved care and services to veterans.

According to results from an independent Dartmouth study, Department of Veterans Affairs (VA) hospitals outperform private hospitals in most health care markets throughout the country.

Dartmouth researchers assessed 121 regional health care markets with at least one VA facility and one non-VA hospital in conjunction with Hospital Compare data, a public database that ranks hospitals on quality measures like mortality rates and patient safety indicators.

According to the findings, VA hospitals provided the best care in most referral regions and rarely provided inadequate care. VHA hospitals provided the best care in most referral regions and rarely provided the worst care. VHA hospitals provided the best care in most referral regions and rarely provided the worst care.
One of the most notable findings in study showed VA hospitals were the best or above average for treating heart attacks, heart failure and pneumonia. Additionally, VA ranked best in local markets at least half the time for measures including death rates among patients with serious complications after surgery; collapsed lung due to medical treatment; broken hip from a fall after surgery; and bloodstream infections after surgery.

To learn more about the study visit [http://annals.org/aim/fullarticle/2718687/veterans-health-administration-hospitals-outperform-non-veterans-health-administration-hospitals](http://annals.org/aim/fullarticle/2718687/veterans-health-administration-hospitals-outperform-non-veterans-health-administration-hospitals).

**GENERAL HEALTH CARE NEWS**

- **Adm. Brett P. Giroir, MD, assistant secretary for health and senior advisor for opioid policy, released guidance for health care providers and patients detailing how naloxone – the opioid overdose reversal drug – can help save lives and should be prescribed to all patients at risk for opioid complications, including overdose.**

  To reduce the risk of overdose deaths, the guidance released reinforces and expands upon prior CDC guidelines. It recommends that clinicians prescribe or co-prescribe (prescribed in conjunction with additional medication) naloxone to individuals at risk for opioid overdose, including, but not limited to individuals who are on relatively high doses of opioids, take other medications which enhance opioid complications or have underlying health conditions.

  By co-prescribing, or prescribing naloxone to at risk individuals, patients and their loved ones could be better equipped for a possible complications of overdose, including slowed or stopped breathing. Clinicians should also educate patients and those who are likely to respond to an overdose, including family members and friends, on when and how to use naloxone in its variety of forms.

  Naloxone is an FDA-approved medication that can save a person’s life when administered during an opioid overdose. Naloxone reverses the effects of opioids, such as stopped or slowed breathing. However, for naloxone to revive individuals who have experienced an opioid overdose, it must be in the right hands at the right time and administered within minutes of life-threatening symptoms. Naloxone is available in a variety of forms (nasal spray, injection, auto-injector); and at least one form is covered by most health insurance plans, including Medicaid and Medicare.

  To view the guidance, [click here](http://annals.org/aim/fullarticle/2718687/veterans-health-administration-hospitals-outperform-non-veterans-health-administration-hospitals).

- **On Dec. 18, 2018, the U.S. Surgeon General Vice Adm. Jerome M. Adams issued an advisory stressing the importance of protecting children from a lifetime of nicotine addiction and associated health risks by immediately addressing the epidemic of youth e-cigarette use.**

  E-cigarette use among youth has skyrocketed in the past year at a rate of epidemic proportions. According to data from the Centers for Disease Control and Prevention and the Food and Drug Administration’s National Youth Tobacco Survey, the percentage of high school-age children reporting past 30-day use of e-cigarettes rose by more than 75 percent between 2017 and 2018. Use among middle school-age children also increased nearly 50 percent.

  Data from National Institutes of Health’s Monitoring the Future survey also shows that America’s teens reported a dramatic increase in their use of e-cigarettes in just a single year, with 37.3 percent of 12th graders reporting use in the past 12 months, compared to 27.8 percent in 2017.

  The surge in e-cigarette use among our nation’s youth has been fueled by newer cartridge-based devices that have become increasingly popular. Many of these e-cigarettes look like a USB flash drive, making them easy to conceal. One of the most commonly sold versions is JUUL, which now has more than a 70 percent share of the cartridge-based e-cigarette market in the United States.
A typical JUUL cartridge, or “pod,” contains about as much nicotine as a pack of 20 regular cigarettes.

As noted in the 2016 Surgeon General’s report on E-cigarette Use Among Youth and Young Adults, e-cigarette use poses a significant – and avoidable – health risk to young people. Besides increasing the possibility of addiction and long-term harm to brain development and respiratory health, e-cigarette use may also lead to the use of regular cigarettes that can do even more damage to the body.

For facts about the risk of e-cigarettes, and how to protect our youth, visit: e-cigarettes.surgeongeneral.gov.

### REPORTS/POLICIES


- **The GAO published “Medicare: Payments for Certain Long-Term Care Hospitals that Specialize in Spinal Cord Treatment,”** (GAO-19-141) on Dec 13, 2018. This report examines the health care needs of Medicare beneficiaries who receive services from the two qualifying hospitals; how Medicare LTCH payment policies could affect the two qualifying hospitals; and how the two qualifying hospitals compare with other LTCHs and other facilities that may treat Medicare patients with similar conditions. [https://www.gao.gov/assets/700/696032.pdf](https://www.gao.gov/assets/700/696032.pdf)

### HILL HEARINGS

- There are no health-related hearings scheduled next week.

### LEGISLATION

- **H.R.7348** (introduced Dec. 19, 2018): A bill to amend the Public Health Service Act to establish an Office of Drug Manufacturing was referred to the House Committee on Energy and Commerce. Sponsor: Representative Janice D. Schakowsky [D-IL-9]

- **H.R.7342** (introduced Dec. 19, 2018): A bill to amend the Internal Revenue Code of 1986 to protect children's health by denying any deduction for advertising and marketing directed at children to promote the consumption of food of poor nutritional quality was referred to the Committees on Ways and Means, and Education and the Workforce. Sponsor: Representative Rosa L. DeLauro [D-CT-3]

- **H.R.7339** (introduced Dec. 19, 2018): A bill to amend the Social Security Act to establish a Medicare for America health program to provide for comprehensive health coverage for all Americans was referred to the Committees on Ways and Means, Energy and Commerce, Education and the Workforce, Natural Resources, and the Judiciary. Sponsor: Representative Rosa L. DeLauro [D-CT-3]

- **H.R.7338** (introduced Dec. 19, 2018): A bill to establish the Food Safety Administration to protect the public health by preventing foodborne illness, ensuring the safety of food, improving research on contaminants leading to foodborne illness, and improving security of food from intentional contamination, and for other purposes was referred to the Committees on Energy and Commerce and Agriculture. Sponsor: Rep. DeLauro, Rosa L. [D-CT-3]
• **S.3798** (introduced Dec. 19, 2018): A bill to prohibit the Department of Health and Human Services from operating unlicensed temporary emergency shelters for unaccompanied alien children was referred to the Committee on the Judiciary. Sponsor: Senator Jeff Merkley [D-OR]

• **S.3797** (introduced Dec. 19, 2018): A bill to amend title XVIII of the Social Security Act to provide for coverage under the Medicare program of certain mental health telehealth services was referred to the Committee on Finance. Sponsor: Senator Kamala D. Harris [D-CA]

• **S.3782** (introduced Dec. 19, 2018): A bill to restore the application of the Federal antitrust laws to the business of health insurance to protect competition and consumers was referred to the Committee on the Judiciary. Sponsor: Senator Steve Daines [R-MT]

**MEETINGS**

• HIMSS 2019 Annual Conference will be held on **Feb. 11-15, 2019**, in Orlando, Fla. [http://www.himssconference.org/](http://www.himssconference.org/)


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