FEDERAL HEALTH UPDATE

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Produced by Kate Connelly Theroux in collaboration with the Institute of Federal Health Care (IFHC)
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Executive and Congressional News

- On Sept. 15, 2010, the House Committee on Veterans’ Affairs approved six bills that would improve benefits and services to veterans provided by the Department of Veterans Affairs (VA).
  - H.R. 6132 – the Veterans Benefits and Economic Welfare Improvement Act of 2010 would establish a transition program for new veterans not eligible for other employment aid programs and who had a military occupational specialty of limited transferability to the civilian job market. The bill includes provisions to improve the disability claim system by extending the 120-day limit for the filing of an appeal to the Court of Veterans Appeals after a final decision of the Board of Veterans’ Appeals upon a showing of good cause for such time as justice may require. The bill would also increase the pension amount for Medal of Honor recipients; establish an award program that will permit the VA to recognize businesses for their contributions to veteran’s employment; and protect veterans from losing their non-service connected pension benefits because they received payments to cover expenses incurred after an accident, theft, loss, or casualty loss.
  - H.R. 3685 – Promotion of the VetSuccess Internet Web site would require the Secretary of Veterans Affairs to include on the home page of the Department of Veterans Affairs Web site a hyperlink to the VetSuccess Web site.
  - H.R. 5395, as amended – the Housing, Employment, and Living Programs for Veterans Act of 2010 improves vocational rehabilitation, internship, work-study, and on-the-job training programs offered by VA. The bill provides support for programs and facilities that provide services for homeless women veterans and their families. The bill also improves specially adapted housing assistance.
  - H.R. 5630 – Qualification for Vocational Rehabilitation Counselors and Employment Coordinators would provide qualifications for vocational rehabilitation counselors and vocational rehabilitation employment coordinators employed by the Department of Veterans Affairs.
  - H.R. 3787, as amended – Veteran Status for Certain Reserve Components would recognize the service in the reserve components of certain persons by honoring them with status as veterans under law.
  - H.R. 5993, as amended – SAVINGS Act of 2010 would ensure that beneficiaries of Servicemembers’ Group Life Insurance receive financial counseling and disclosure information regarding life insurance payments.

The bills will next be considered by the U.S. House of Representatives.

- On Sept. 15, 2010, the House Veterans Affairs Committee held a hearing to review how the VA characterizes personality disorder discharges. It also examined ways VA is addressing and responding to these veterans from the VA, and what progress DoD has made in implementing June 2008 policy guidelines that would authorize such separations only if the service member is diagnosed by a psychiatrist or PhD level psychologist of the personality disorder. Paul Sullivan, executive director, Veterans for Common Sense; Debra A. Draper, Ph.D., M.S.H.A., director, Health Care, U.S. Government Accountability Office; Lernes J. Hebert, acting director of Officer/Enlisted Personnel Management, U.S. Department of Defense were among those who testified.

Military Health Care News

- Military Spouse magazine released its fourth annual list recognizing the most successful companies in hiring and recruiting from the talent pool of 1.1 million spouses of military troops – 93 percent of whom are women.

With 1,686 military spouses in its ranks, USAA offers special programs to support the unique circumstances military spouses face, earning the company its second consecutive year at the top of the list. Military spouses working at USAA are provided access to a Work Life Referral counselor to help find alternative child care options during deployments. USAA also sponsors intranet sites specifically designed to support deploying employees and spouses with financial, legal and benefits-related information and guidance.

Between 15 and 20 percent of the 1,800 employees with TriWest Healthcare Alliance are military spouses, earning it the No. 2 position on this year’s list. TriWest runs an internal operation called “We Care,” which, among other things, offers flexible scheduling during deployment and provides free phone cards to the employees whose spouses are deployed, as well as care packages for the deployed service member.

Top companies were selected from a pool of approximately 2,500 which earned a minimum of $1 billion in annual revenues. Companies were evaluated on their efforts to recruit military spouses, results in recruiting them and policies affecting them.

Rounding out the top 10 employer rankings after USAA and TriWest Healthcare Alliance – in order of rank – were T-Mobile, Army & Air Force Exchange Service, CSC, Aedco, RE/MAX International, The Home Depot, Health Net Inc. and Kelly Services, Inc.

- According to the Marine Times, military data show a steep rise in prescriptions for anti-psychotics, anti-convulsants and antidepressants not just among active-duty troops, but also kids.

Among TRICARE beneficiaries ages 18 to 34, mostly first-term and midcareer troops and spouses, such prescriptions rose 42 percent from 2005 to 2009. Over the same period, the number of prescriptions for those same powerful medications rose 18 percent among dependent children and 24 percent for beneficiaries ages 45 to 64, mostly senior leaders or retirees and their spouses.

All the increases outpace overall growth in the TRICARE population over the same period.

At a recent conference in Washington, D.C., the issue was discussed among military health officials who worry about overprescribing, as well as the practice of mixing multiple medications in potentially dangerous “cocktails.”

Veterans Health Care News

- The Department of Veterans Affairs (VA) announced its findings from its review of the account administered by Prudential that includes Service members’ Group Life Insurance (SGLI) and Veterans’ Group Life Insurance (VGLI) program.

The VA conducted this review to ensure beneficiaries are protected, being treated fairly, and accorded the utmost care and respect. In addition, the VA wants to ensure that benefits are delivered in a transparent way that clearly outlines all available options.

VA will continue to provide a full explanation of terms up-front, increase clarity of options and more actively promote current financial counseling to assist in decision making. These efforts will further enhance the transparency that will continue to ensure confidence in this important program.

The department will provide better clarity of payment options by using new documents that ask the beneficiary to choose one payment option, including a lump sum check, or a lump sum Alliance Account (retained asset account) that allows beneficiaries the option to immediately write a check for the entire payment or any lesser amount. VA will also continue to offer the option for payment in 36 monthly installments.

VA worked with beneficiaries, regulators and subject matter experts to determine appropriate improvements to provide beneficiaries all benefits due under current life insurance programs to include Alliance Accounts in a secure and timely manner.

VA is also taking the following actions:

- All SGLI/VGLI related information, including frequently asked questions, website information and handbooks will be modified to clearly and completely explain all aspects of the Alliance Account and all options available to the beneficiary.
VA will require Prudential to conduct a follow-up contact with beneficiaries whose accounts remain open after six months to confirm the beneficiary understands the terms of the account.

VA will clearly designate the source of correspondence by removing the SGLI seal from all checks, forms, and correspondence and replacing it to show that it is from Prudential, with the subtitle of “Office of Servicemembers’ Group Life Insurance”.

VA will identify additional opportunities to encourage beneficiaries to use the free financial counseling service.

VA will, in coordination with the Department of Defense (DoD), improve support to Casualty Assistant Officers and Transition Assistance Program (TAP) Personnel by helping to prepare additional training materials and instruction.

SGLI provides group life insurance for the Uniformed Services, such as service members on active duty, ready reservists, and members of the National Guard, among others. More information on the SGLI/VGLI program is also available at http://www.insurance.va.gov/sglisite/sgli/sgli.htm.

Humana Veterans Healthcare Services announced that the Honorable Gordon H. Mansfield, former deputy secretary of the Department of Veterans Affairs (VA), and Scott F. Denniston, former VA director of Small Business Programs and the Center for Veterans Enterprise, accepted appointments to the company’s Advisory Board.

The Humana Veterans Advisory Board was formed to provide guidance and insight to the company regarding the changing needs of Veterans in health care and disability benefits.

Deputy Secretary Mansfield, an Army captain medically retired for combat wounds suffered in Vietnam, received his undergraduate degree from Villanova University and a law degree from the University of Miami. As Deputy Secretary, Mansfield served as the department’s Chief Operating Officer. In 2007, he served as Acting Secretary of Veterans Affairs. His combat decorations include the Bronze Star, two Purple Hearts, the Combat Infantryman’s Badge and the Presidential Unit Citation.

Denniston received his Bachelor of Arts in Economics from Waynesburg College and a Masters of Science in Government from Southern Illinois University. He is an Army veteran. He is now president and chief executive officer of The Scott Group of Virginia, LLC, a strategic business development firm providing services to small businesses in the federal marketplace. Denniston has received numerous awards and honors for his leadership advocacy on behalf of veteran small business owners.

The Washington Post reports that a company has filed a protest over the ground rules of the Department of Veterans Affairs’ (VA) $12 billion, five-year technology and telecommunications program.

Vetrepreneur, a service-disabled, veteran-owned small business based in Herndon, filed the protest late last month with the Government Accountability Office, according to Ralph White, managing associate general counsel at the GAO. The company is protesting the competition’s ground rules, contending that existing statutes require a greater proportion of the contract winner be veteran-owned small businesses, he said.

The program, known as Transformation Twenty-One Total Technology, or T-4, is slated to award up to 15 prime contracts, at least four of which will go to small businesses owned by veterans who incurred disabilities in the line of duty and three or more of which will go to other veteran-owned small businesses. The broad program will include work as wide-ranging as supporting facilities and cybersecurity. The protest argues that selecting seven veteran-owned businesses for T-4 is not sufficient.

The protest, which the GAO is set to decide on by Dec. 8, restricts the VA from making any awards in the program until it is settled.

The Department of Veterans Affairs said it is preparing a response that it will submit to the GAO.

Health Care News

The U.S. Census Bureau announced that, the number of people without health insurance coverage rose from 46.3 million in 2008 to 50.7 million in 2009, while the percentage increased from 15.4 percent to 16.7 percent over the same period.

This among the findings contained in the report Income, Poverty, and Health Insurance Coverage in the United States: 2009. The following results for the nation were compiled from information collected in the 2010 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC):

- The number of people with health insurance decreased from 255.1 million in 2008 to 253.6 million in 2009. Since 1987, the first year that comparable health insurance data were collected, this is the first year that the number of people with health insurance has decreased.
- Between 2008 and 2009, the number of people covered by private health insurance declined from 194.5 million to 194.4 million, while the number covered by government health insurance climbed from 87.4 million to 93.3 million. The number covered by employment-based health insurance declined from 176.3 million to 169.7 million. The number with Medicaid coverage increased from 42.6 million to 47.8 million.
- The uninsured rate for children in poverty (15.1 percent) was greater than the rate for all children.
- In 2009, the uninsured rates decreased as household income increased: from 26.6 percent for those in households with annual incomes less than $25,000 to 9.1 percent in households with incomes of $75,000 or more.
- The uninsured rate and number of uninsured in 2009 were not statistically different from 2008 for Asians while increasing for all other race groups and for Hispanics. See Table C [PDF].
- The proportion of the foreign-born population without health insurance in 2009 was nearly two-and-a-half times that of the native-born population. The uninsured rate was not statistically different for naturalized citizens but rose for noncitizens and the native-born.
- The Northeast had the lowest uninsured rate in 2009. Between 2008 and 2009, the uninsured rates and number of uninsured increased in all four regions.
- The Census Bureau’s statistical experts, with assistance from the Bureau of Labor Statistics and in consultation with the Office of Management and Budget, the Economics and Statistics Administration and other appropriate agencies and outside experts, are now developing a Supplemental Poverty Measure.

On Sept. 15, 2010, the American Medical Association (AMA), the Centers for Disease Control and Prevention (CDC), the March of Dimes and seven other groups sent a letter to health care professionals urging them to counsel pregnant patients to get a seasonal flu shot.

The 2010 seasonal flu shot provides protection against the pandemic H1N1 influenza virus as well as two other flu viruses that are expected to be circulating this winter.

The letter notes that pregnant women represent only one percent of the U.S. population but account for five percent of all deaths during the swine flu pandemic. Severe illness also was documented in women after delivery. Immunization during pregnancy also provides protection to the newborn infant until he or she is old enough to receive a flu shot.

Many women fear getting the vaccine because they think it might harm the fetus. But the organizations note that the vaccine had been given to millions of women without harm.

The World Health Organization announced that fewer women die each year from complications during pregnancy and childbirth than previously estimated, but efforts to sharply cut maternal mortality by 2015 are still off track.

A new WHO report found that 358,000 women died during pregnancy or childbirth in 2008, mostly in poor countries of sub-Saharan Africa and South Asia.

As recently as April the Partnership for Maternal, Newborn and Child Health, a global alliance hosted by the World Health Organization, had estimated that maternal deaths would decline by 2030 by 60 percent from 2008 levels.

The latest figure shows a drop of about one third compared with 546,000 deaths in 1990, the global body said.

About 57 percent of maternal deaths occur in sub-Saharan Africa and 30 percent in South Asia. Five percent of maternal deaths happen in rich countries, WHO said.

Women in developing countries are 36 times more likely to die from a pregnancy-related cause during their lifetime than their counterparts in developed countries.

WHO warned in its report that improvements to maternal health are too slow to meet the global body’s goal of cutting deaths during pregnancy and childbirth by
As of Sept. 14, 2010, the total number of Guard and Reserve currently on active duty has decreased by 816 to 101,209. The totals for each service are Army National Guard and Army Reserve 73,840; Navy Reserve, 6,927; Air National Guard and Air Force Reserve, 15,600; Marine Corps Reserve, 4,051; and the Coast Guard Reserve, 791. www.defenselink.mil

Reserve/Guard
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Reports/Policies

The GAO published “Defense Health Care: Status of Efforts to Address Lack of Compliance with Personality Disorder Separation Requirements,” (GAO-10-1013T) on Sept. 15, 2010. In the report, the GAO recommended that the Department of Defense direct the military services to develop a system to ensure that personality disorder separations are conducted in accordance with DOD’s requirements; and monitor the military services’ compliance with DOD’s personality disorder separation requirements. http://www.gao.gov/new.items/d101013t.pdf

The GAO published “Medicare: CMS Has Addressed Some Implementation Problems from Round 1 of the Durable Medical Equipment Competitive Bidding Program for the Round 1 Rebid,” (GAO-10-1057T) on Sept. 15, 2010. In this report, the GAO reported how CMS has or plans to address implementation problems in the ongoing CBP rebid bidding process, particularly the bid submission information provided to suppliers, the electronic bid submission system, and the bid data submission notification process. For the 2009 report, GAO reviewed data provided by CMS and relevant laws and regulations, and interviewed CMS officials http://www.gao.gov/new.items/d101057t.pdf

Legislation
H.R.6109 (introduced Sept. 14, 2010): The Health Data Collection Improvement Act of 2010 was referred to the House Committee on Energy and Commerce. Sponsor: Representative Tammy Baldwin [WI-2]


H.R.6127 (introduced Sept. 15, 2010): To amend title 38, United States Code, to provide for the continued provision of health care services to certain veterans who were exposed to sodium dichromate while serving as a member of the Armed Forces at or near the water injection plant at Qarnat Al, Iraq, during Operation Iraqi Freedom.
Professional Education/Annual Conference/HL10088/events/HL10010/html/conference.html
electronichealthrecordssummit.
http://www.fedhealthinst.org/newsletter.html

If you need further information on any of the items in the Federal Health Update, please contact Kate Connolly Theroux at (703) 447-3257 or by e-mail at katetheroux@fedhealthinst.org. If you have any comments or feedback, please visit http://fedhealthinst.org/subscriber.cfm. To unsubscribe, please send an e-mail to unsubscribe@fedhealthinst.org with UNSUBSCRIBE as the subject.

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