Federal Health Update will not be published on Aug. 26, 2011

Executive and Congressional News

• The Senate and House are in recess from Aug. 8 to Sept. 5, 2011.

Military Health Care News

• The opportunity to purchase retroactive TRICARE Young Adult (TYA) coverage expires on Sept. 30, 2011.

Retroactive TYA provides coverage for young adults back to Jan. 1, 2011, or the day they became eligible if that was after Jan. 1.

TYA allows eligible adult children to purchase TRICARE coverage after their eligibility for "regular" TRICARE coverage ends at age 21, or 23 if enrolled in a full course of study at an approved institution of higher learning.

TYA-eligible beneficiaries may choose to purchase retroactive coverage if they’ve had significant health care expenses that weren’t covered by other insurance. Once enrolled in TYA, beneficiaries may file a claim for reimbursement of costs for covered care. Additionally, young adults in the Continued Health Care Benefit Program may elect to purchase retroactive TYA coverage and receive a refund for their CHCSB fees.

Those interested in purchasing retroactive TYA coverage must ensure their application form is received by the regional or overseas health care contractor by Sept. 30. All premiums, both retroactive and the initial three-month payment, must be submitted with the application. The application and payment can be dropped off at a TRICARE service center, or mailed or faxed to the regional or overseas health care contractor.

To be reimbursed for covered services, receipts for care must be included when a claim is filed.

TYA launched in May 2011, and has shown a steady increase in enrollment numbers. As of July 31, almost 6,600 young adults have purchased TYA, which currently offers TRICARE Standard coverage for $186 a month. To qualify for TYA, uniformed services dependents must be under 26, unmarried and not eligible for their own employer-sponsored health care coverage.

A premium-based TRICARE Prime benefit is scheduled to be available later in 2011.

Complete information and application forms are available at www.tricare.mil/tya.

• The Army released suicide data for the month of July.

Among active-duty soldiers, there were 22 potential suicides: three have been confirmed as suicide and 19 remain under investigation. For June 2011, the Army reported five potential suicides among not-on-active-duty soldiers. Since the release of that report, one case has been added for a total of six cases. Four cases have been confirmed as suicide, and two cases remain under investigation.

The Army's comprehensive list of Suicide Prevention Program information is located at http://www.preventsuicide.army.mil.

• Secretary of the Navy Ray Mabus and Chief of Naval Operations Adm. Gary Roughead announced the following assignments:

  Capt. Raquel C. Bono, who has been selected for promotion to rear admiral (lower half), will be assigned as fleet surgeon, U.S. Pacific Fleet/command surgeon, U.S. Pacific Command, Pearl Harbor, Hawaii. Bono is currently serving as deputy director, Medical Resources, Plans, and Policy Division, N931B, Office of the Chief of Naval Operations, Washington, D.C.

  Rear Adm. Colin G. Chinn will be assigned as director, Medical Resources, Plans, and Policy Division, N931, Office of the Chief of Naval Operations, Washington, D.C. Chinn is currently serving as director, TRICARE Region West, San Diego, Calif.

  Rear Adm. Michael H. Mittelman will be assigned as deputy chief, Bureau of Medicine and Surgery, Washington, D.C. Mittelman is currently serving as assistant deputy director, Medical Resources, Plans, and Policy Division, N931, Office of the Chief of Naval Operations, Washington, D.C.

• Secretary of the Navy Ray Mabus and Chief of Naval Operations Adm. Gary Roughead announced that Rear Adm. (lower half) Elaine C. Wagner will be assigned as commander, Navy Medicine East/commander, Naval Medical Center/chief, Navy Dental Corps, Portsmouth, Va. Wagner is currently serving as director, Medical Resources, Plans, and Policy Division, N931, Office of the Chief of Naval Operations, Washington, D.C.

Veterans Health Care News

• The Hospitals and Health Networks, a publication of the American Hospital Association (AHA), has named Ann Arbor-based VA VISN 11 Healthcare Network as one of the Nation's Most Wired Hospitals and Health Systems.

The Most Wired survey is conducted annually by Hospitals & Health Networks magazine, which uses the results to name the Most Wired hospitals and health systems. It focuses on how the nation's hospitals use information technology for quality, customer service, public health and safety, business processes and workforce issues. According to the AHA, hospitals that embrace technology demonstrate better patient satisfaction and better outcomes in risk-adjusted mortality, as well as other key quality measurements.

This year, 1,300 hospitals and health systems completed the AHA survey, roughly 24 percent of all U.S. hospitals. Even with additional and more stringent requirements, VISN 11 Healthcare Network ranked among the top, along with such institutions as Mayo Clinic, Memorial Sloan Treatment Center, Cancer Treatment Centers of America, and Yale, Harvard, and Stanford hospitals.

According to results from the annual Most Wired survey:

• Sixty-seven percent of Most Wired hospitals ordered medications electronically;

• Fifty-eight percent of all organizations reported that they have implemented computerized standing orders based on treatment protocols that have been scientifically proven to be effective;

• Most Wired hospitals are leading in the use of encryption on movable devices to safeguard information. All Most Wired hospitals encrypt data for laptops and 76 percent encrypt smart phones; and

• 22 percent of hospitals provide patients the opportunity to visit a physician virtually.


VA Veterans Integrated Service Network (VISN) 11 Healthcare Network, Veterans in Partnership, is the regional organization for VA healthcare facilities serving Veterans in Indiana, Michigan, Ohio, and Illinois. VISN 11 serves Veterans who receive care at VA medical centers in Marion, Fort Wayne, and Indianapolis.
Indianapolis, Battle Creek, Saginaw, Ann Arbor, and Detroit, Michigan; and Danville, Illinois; as well as the associated VA Community Based Outpatient Clinics in Indiana, Michigan, Ohio, and Illinois.

- Department of Veterans Affairs (VA) medical centers are now included in the Centers for Medicaid and Medicare Services (CMS) Hospital Compare Website.

  The website measures hospital quality based on what matters most to patients - the outcomes of care.

  Release of outcomes data to the public is not new for VA. Mortality and readmission results were first posted in 2010 on the VA Hospital Compare Web site (www.hospitalcompare.va.gov) using a similar method limited to only VA patients. VA results posted on VA's site are updated quarterly and will not match the results on CMS Hospital Compare, which are only updated annually and lag about year.

  CMS is reporting 30-day measures for three common and high-cost conditions: acute myocardial infarction (AMI), heart failure (HF) and pneumonia to the public through its Website. This year CMS is reporting results for patients treated in VA's health care system. Annual reporting on these measures furthers the goal of measuring and rewarding quality as a strategy for improving health care outcomes for veterans and for patients overall.

- The Department of Veterans Affairs (VA) released a policy directive regarding the secure use of Web-based collaboration and social media tools.

  The policy allows the Department and its employees to leverage emerging platforms that enhance communication, stakeholder outreach, and information exchange as the VA transforms itself into a 21st Century organization attuned to the needs of veterans of all generations.

  The policy, “VA Directive 6515: Use of Web-Based Collaboration Technologies,” encourages the adoption and use of social media by VA employees. It provides workplace boundaries and establishes the VA's philosophy for communication: VA is open and transparent, and VA is willing and able to engage and collaborate with its many stakeholders online.

  VA began launching social media sites in 2009 and has over 100 Facebook pages, more than 50 Twitter feeds, two blogs, a YouTube channel and a Flickr page. VA's Facebook pages have a combined subscription of over 293,000 fans, with the VA's main page reaching over 138,000. On Twitter, VA has a combined following of over 60,000, the VA blog has over 9,000 photos on Flickr, which have been viewed over a combined 1.1 million times. In November 2010, VA launched its first blog. VantagePoint, which distinguishes itself from other government blogs by actively soliciting guest pieces from both employees and the public. By the end of the year, the VA expects to have an active Facebook page and Twitter feed for all 152 VA Medical Centers.

  For more information, please visit: http://www.va.gov/vapubs/

- The HEALTHeLINK health information exchange in Buffalo, N.Y., is the newest pilot site for the federal government’s Virtual Lifetime Electronic Health initiative to share active military and veterans’ health information with civilian health care providers.

  The Departments of Defense and Veterans Affairs launched VLER in 2009, along with the Department of Health and Human Services and the Social Security Administration.

  The testing in Buffalo will build off previously selected pilots in San Diego with Kaiser Permanente, Hampton/Richmond in Virginia with the Med/Virginia HIE, and Spokane, Wash., with Inland Northwest Health Services.

  HEALTHeLINK also serves as one of 17 federally funded Beacon Communities to accelerate and demonstrate the benefits of health information technology.

  More information is available at anyhealthelink.com.

Health Care News

- The Department of Health and Human Services (HHS) announced additional preventive care services for women covered under “non-grandfathered” health care plans.

  Under the Affordable Care Act, these services must be provided with no cost-sharing in plan years starting on or after August 1, 2012. Plan sponsors that are no longer grandfathered or anticipate losing grandfathered status need to carefully determine how they are going to interpret and implement these newly listed preventive services.

  In July 2010, HHS issued interim final regulations under section 2713 of the Public Health Service Act as amended by the Affordable Care Act. Under the interim regulation, preventive health services must be provided under a group health plan, and the plan may not impose any cost-sharing (such as copayment, coinsurance, or deductible). The rules with respect to preventive health care services do not apply to grandfathered group health plans.

  Under the July 2010 regulations, preventive care services generally are defined as in-network coverage for the following:

  - Evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force;
  - Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
  - With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration; and
  - With respect to women, to the extent not listed with an A or B rating by the United States Preventive Services Task Force, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

  At the time the regulations were issued, the Health Resources and Services Administration (HRSA) had not issued any comprehensive guidelines.

  On Aug. 1, 2011, HRSA issued new guidelines specifying additional preventive care for women. The additional preventive services and frequency are as follows:

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-woman visits - includes preventive services that are age and risk factor appropriate</td>
<td>Annual, but more than one visit may be needed to obtain all necessary services*</td>
</tr>
<tr>
<td>Screening for gestational diabetes</td>
<td>Between 24 and 28 weeks of gestation and at first prenatal visit identified at high risk for diabetes</td>
</tr>
<tr>
<td>Human papillomavirus (HPV) testing</td>
<td>Beginning at 30 years of age and no more frequently than every 3 years</td>
</tr>
<tr>
<td>Counseling for sexually transmitted infections (STIs)</td>
<td>Annual</td>
</tr>
<tr>
<td>Counseling and screening for HIV</td>
<td>As prescribed**</td>
</tr>
<tr>
<td>Contraceptive methods, sterilization, and counseling - using FDA approved methods</td>
<td>In conjunction with each birth</td>
</tr>
<tr>
<td>Breastfeeding support, supplies, and education</td>
<td>Annual</td>
</tr>
<tr>
<td>Counseling for interpersonal and domestic violence</td>
<td>Annual</td>
</tr>
</tbody>
</table>

Under the July 2010 regulations, plans may apply reasonable medical management techniques to determine coverage limitations. Thus, it appears that plans may require a mandatory generic provision for the oral contraceptive method. It also appears that plans would have to cover the "morning after pill" as an FDA-approved form of contraception. Medical management and legal interpretation will determine if that results in an additional office visit and/or urgent care with an emergency room visit.

- Dr. Bernadine P. Healy, the first woman to lead the National Institutes of Health and the first physician to lead the American Red Cross, died.

  The cause was recurring brain cancer, which she had battled for 13 years. She was 67.

  Dr. Healy, trained as a cardiologist, was a professor at Johns Hopkins University, dean of the Ohio State University medical school, a White House science advisor and president of the American Heart Association. She wrote scientific papers and magazine columns, and once ran for the United States Senate.

  But she was best known as a tough, innovative administrator who, as director of the National Institutes of Health from 1991 to 1993, championed studies that overturned false assumptions about women's health. And as president of the American Red Cross from 1999 to 2001, she struggled to coordinate its complex, often contradictory missions of humanitarian disaster relief and the businesslike maintenance of blood supplies.

  (www.hospitalcompare.va.gov/)

For more information, please visit: http://www.va.gov/vapubs/
**Legislation**

- A federal appeals court rules against the individual mandate included in President Barack Obama’s health care reform.

  - The 11th Circuit’s ruling, which sided with 26 states that had sued to stop the law from taking effect, is the latest contradictory judicial opinion on the health care debate. Several lower court judges have also issued differing opinions on the debate.

- No legislation was proposed this week.

**Meetings / Conferences**

- The House and Senate will hold a joint hearing on Oct. 25-26, 2011, in Washington, D.C. [http://www.apha.org/meetings/]
- **The American Public Health Association Annual Meeting & Exposition will be held on**
- **CFHA’s 13th Annual Conference: Accelerating Adoption of Collaborative Care: Reaching the Tipping Point on**
- **The American Public Health Association Annual Meeting & Exposition will be held on Oct. 29-Nov. 2, 2011, in Washington D.C.**
  [http://www.apha.org/meetings/]
- **American Medical Informatics Association (AMIA) 2011 Annual Symposium will be held on Oct. 22-26, 2011, in Washington, DC.** [https://www.amia.org/amia2011]
- **The 13th annual World Vaccine Congress will be held Oct. 10-13, 2011, in Lyon, France.** [http://www.terrapinn.com/world-vaccine-congress-lyon/index.stm]
- **The GAO published “Long-Term Care Insurance: Carrier Interest in the Federal Program, Changes to Its Actuarial Assumptions, and OPM Oversight,”** (GAO-11-630) on Aug. 10, 2011. In this report, GAO describes factors affecting carriers’ interest in FLTCIP; how the actuarial assumptions used to set FLTCIP premiums have changed since the program’s inception; and OPM’s oversight of actuarial assumptions and experience and program communications. [http://www.gao.gov/new.items/d11t20.pdf]
- **The GAO published “Medicare Physician Feedback Program: CMS Faces Challenges with Methodology and Distribution of Physician Reports,”** (GAO-11-720) on Aug. 12, 2011. This report identifies methodological challenges CMS faces in developing feedback reports and approaches CMS has tested to address them, and challenges CMS faces in distributing feedback reports and CMS’s plans to address them. [http://www.gao.gov/new.items/d11t20.pdf]
- **The National Medical Home Summit West will be held on Sept. 20-22, 2011, in San Francisco, Calif.** [http://www.medicalhomesummit.com/]
- **The House and Senate will hold a joint hearing on Sept. 21, 2011, to receive legislative presentation from the American Legion.**
- **The American Public Health Association Annual Meeting & Exposition will be held on Oct. 29-Nov. 2, 2011, in Washington D.C.** [http://www.apha.org/meetings/]
- **The 13th annual World Vaccine Congress will be held Oct. 10-13, 2011, in Lyon, France.** [http://www.terrapinn.com/world-vaccine-congress-lyon/index.stm]
- **The GAO published “Medicare Physician Feedback Program: CMS Faces Challenges with Methodology and Distribution of Physician Reports,”** (GAO-11-720) on Aug. 12, 2011. This report identifies methodological challenges CMS faces in developing feedback reports and approaches CMS has tested to address them, and challenges CMS faces in distributing feedback reports and CMS’s plans to address them. [http://www.gao.gov/new.items/d11t20.pdf]
- **The GAO published “Long-Term Care Insurance: Carrier Interest in the Federal Program, Changes to Its Actuarial Assumptions, and OPM Oversight,”** (GAO-11-630) on Aug. 10, 2011. In this report, GAO describes factors affecting carriers’ interest in FLTCIP; how the actuarial assumptions used to set FLTCIP premiums have changed since the program’s inception; and OPM’s oversight of actuarial assumptions and experience and program communications. [http://www.gao.gov/new.items/d11t20.pdf]
- **The GAO published “Medicare Physician Feedback Program: CMS Faces Challenges with Methodology and Distribution of Physician Reports,”** (GAO-11-720) on Aug. 12, 2011. This report identifies methodological challenges CMS faces in developing feedback reports and approaches CMS has tested to address them, and challenges CMS faces in distributing feedback reports and CMS’s plans to address them. [http://www.gao.gov/new.items/d11t20.pdf]
- **The GAO published “Long-Term Care Insurance: Carrier Interest in the Federal Program, Changes to Its Actuarial Assumptions, and OPM Oversight,”** (GAO-11-630) on Aug. 10, 2011. In this report, GAO describes factors affecting carriers’ interest in FLTCIP; how the actuarial assumptions used to set FLTCIP premiums have changed since the program’s inception; and OPM’s oversight of actuarial assumptions and experience and program communications. [http://www.gao.gov/new.items/d11t20.pdf]
- **The GAO published “Medicare Physician Feedback Program: CMS Faces Challenges with Methodology and Distribution of Physician Reports,”** (GAO-11-720) on Aug. 12, 2011. This report identifies methodological challenges CMS faces in developing feedback reports and approaches CMS has tested to address them, and challenges CMS faces in distributing feedback reports and CMS’s plans to address them. [http://www.gao.gov/new.items/d11t20.pdf]
- **The GAO published “Long-Term Care Insurance: Carrier Interest in the Federal Program, Changes to Its Actuarial Assumptions, and OPM Oversight,”** (GAO-11-630) on Aug. 10, 2011. In this report, GAO describes factors affecting carriers’ interest in FLTCIP; how the actuarial assumptions used to set FLTCIP premiums have changed since the program’s inception; and OPM’s oversight of actuarial assumptions and experience and program communications. [http://www.gao.gov/new.items/d11t20.pdf]
- **The GAO published “Medicare Physician Feedback Program: CMS Faces Challenges with Methodology and Distribution of Physician Reports,”** (GAO-11-720) on Aug. 12, 2011. This report identifies methodological challenges CMS faces in developing feedback reports and approaches CMS has tested to address them, and challenges CMS faces in distributing feedback reports and CMS’s plans to address them. [http://www.gao.gov/new.items/d11t20.pdf]
- **The GAO published “Long-Term Care Insurance: Carrier Interest in the Federal Program, Changes to Its Actuarial Assumptions, and OPM Oversight,”** (GAO-11-630) on Aug. 10, 2011. In this report, GAO describes factors affecting carriers’ interest in FLTCIP; how the actuarial assumptions used to set FLTCIP premiums have changed since the program’s inception; and OPM’s oversight of actuarial assumptions and experience and program communications. [http://www.gao.gov/new.items/d11t20.pdf]
- **The GAO published “Medicare Physician Feedback Program: CMS Faces Challenges with Methodology and Distribution of Physician Reports,”** (GAO-11-720) on Aug. 12, 2011. This report identifies methodological challenges CMS faces in developing feedback reports and approaches CMS has tested to address them, and challenges CMS faces in distributing feedback reports and CMS’s plans to address them. [http://www.gao.gov/new.items/d11t20.pdf]
- **The GAO published “Long-Term Care Insurance: Carrier Interest in the Federal Program, Changes to Its Actuarial Assumptions, and OPM Oversight,”** (GAO-11-630) on Aug. 10, 2011. In this report, GAO describes factors affecting carriers’ interest in FLTCIP; how the actuarial assumptions used to set FLTCIP premiums have changed since the program’s inception; and OPM’s oversight of actuarial assumptions and experience and program communications. [http://www.gao.gov/new.items/d11t20.pdf]

mHealth Summit will be held on Dec. 5-7, 2011, in Washington, D.C. http://www.mhealthsummit.org/

The International Conference on Emerging Infectious Diseases 2012 (ICEID) will be held on March 11-14, 2012, in Atlanta, Ga. http://www.cdc.gov/eid/content/16/11/e1.htm

The 15th International Congress on Infectious Diseases (ICID) will be held on June 13-16, 2012, in Bangkok, Thailand. http://www.isid.org/15th_ICID/

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

Back issues available at Federal Health Update Archives.

© Copyright 2007, IFHC
5185 MacArthur Blvd. NW, Suite 103-656, Washington, DC 20016
(202)271-5814 postmaster@fedhealthinst.org