United States Senate

COMMITTEE ON VETERANS' AFFAIRS

WASHINGTON, DC 20510

May 7, 2024

The Honorable Denis R. McDonough
Secretary of Veterans Affairs
810 Vermont Ave. NW
Washington, DC 20420

Dear Secretary McDonough,

We write today to express our frustration with the Department of Veterans Affairs' (VA) lack of oversight of Community Care Network (CCN) adequacy. The CCN was designed to improve care coordination and make it easier for community providers and VA staff to serve veterans by expanding access to health care, improving customer service, enhancing how health information is exchanged, and refining the referral and scheduling process. Ineffective oversight, however, left VA medical facilities with insufficient access to a network of community providers who meet the needs of veterans.

The recent report from the Office of Inspector General (OIG) entitled, *Improved Oversight Needed to Evaluate Network Adequacy and Contractor Performance,* concluded VA's Office of Integrated Veteran Care (IVC), responsible for overseeing community care access, provided ineffective oversight of VA's contracts with the CCN network's two third-party administrators (TPAs)—Optum and TriWest. Specifically, IVC did not ensure the TPAs maintained provider networks accepting VA patients and had no mechanism for facilities to collect and report challenges with CCN network adequacy.

The CCN contracts include network adequacy requirements to ensure facilities have enough community providers to administer care to veterans within the defined timeliness and drive-time standards. However, due to network inadequacies, VA medical center staff reported spending hours trying to find community providers who will accept veteran patients and cite this issue as one of the biggest roadblocks to the timely scheduling of appointments. Staff at many facilities created their own provider lists on spreadsheets to ensure they have accurate and complete information for community providers.

For example, Fort Harrison's community care manager said an analyst pulls the CCN provider repository daily, highlights new providers added, calls them to confirm they will accept new VA patients, and then adds these providers to their own provider spreadsheet. A Togus community administrative manager also said facility staff compared the CCN provider repository to their internal spreadsheets once a week to ensure their lists contained all available providers. Similarly, Cleveland's community care chief said identifying available providers is a continuous process and they update their internal spreadsheets as they identify other available providers or remove providers who stop accepting VA patients. VA staff should not be put in a position where they need to rely on workarounds to schedule appointments in the community.

Additionally, VA medical facility staff reported the TPAs refuse to update inaccurate provider information and generally deny requests to add more providers to the network by relying on the same inaccurate provider repositories. When the OIG asked the TPAs why they didn't add more providers to the network, both TriWest and Optum cited the costs associated with adding providers. This is completely unacceptable. The TPAs are contractually obligated to build and maintain an adequate network of community providers that actually accept veteran patients. IVC has failed to oversee the CCN contracts and must immediately take steps to remedy the issues outlined in the report. Furthermore, given CCN contracts are up for rebidding in the fiscal year 2026, VA must determine what contractual changes should be made to future language to ensure the Department can better hold the TPAs accountable for network adequacy.

As part of VA's response to this letter, we ask for answers to these questions:

1. In the response to recommendation #2 of the OIG Report regarding provider lists, VA responded that TPAs are not contractually required to provide updates regarding providers that are not currently seeing veteran patients.
    a. What steps will IVC take to ensure the TPAs are not relying on an inaccurate provider repository to justify not adding additional providers?
    b. Does IVC track how many providers in each TPA's repository are not currently accepting VA patients?
    c. How will IVC hold the TPAs accountable for regularly updating their provider lists to reflect accurate information?
    d. Is requiring the TPAs to update provider data to reflect providers who no longer want to be in the network or are not seeing veterans something VA is exploring for the next generation of CCN contracts regardless of whether it is industry standard?
2. Regarding recommendation #4, what is the standardized process IVC developed for requesting and documenting additional providers? How has IVC communicated that process to all VHA facilities?
3. Regarding the Advanced Medical Cost Management Solution (AMCMS) network adequacy suite, when will IVC complete the verification process of reports? Have community care staff at all facilities been granted access to AMCMS and been trained on its functionality? Has IVC begun using AMCMS to monitor network adequacy on a consistent basis?
4. Regarding recommendation #6 and network adequacy performance reports, how is appointment availability measured?

Thank you for your attention to this matter. We look forward to hearing more about VA's efforts to provide oversight of the Community Care Networks.

Sincerely,

Jon Tester
Chairman

Sherrod Brown
United States Senator

Angus S. King, Jr.
United States Senator