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United States Senate

COMMITTEE ON VETERANS' AFFAIRS

WASHINGTON, DC 20510

August 8, 2018

The Honorable Robert Wilkie
Secretary of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Wilkie,

Congratulations on your confirmation as Secretary of Veterans Affairs. There is no doubt that you have a great many challenges ahead as you lead the Department of Veterans Affairs (VA) after a particularly turbulent period in its history, but you will have my support as long as you make decisions that are firmly rooted in doing what's best for veterans.

I am writing to you today to share several concerns relating to VA's plans for transitioning from the Veterans Choice Program to the new Veterans Community Care Program, in accordance with the VA MISSION Act. Specifically, my concerns relate to (1) VA's expected timeline for awarding Community Care Network (CCN) contracts, (2) VA's plans for transitioning from the Choice Program's third-party administrators (TPA) to the future CCN contracts, and (3) how VA plans to handle appointment scheduling under the future CCN contracts.

Timeline for Awarding CCN Contracts

As I mentioned during your confirmation hearing, Congress and veterans have heard for years from VA that part of the problem with the Veterans Choice Program is that the Department had very little time, 90 days, to prepare before the Program went live. We don't have that concern with the VA MISSION Act's Veterans Community Care Program. Congress provided VA with a full year, ample time, to implement the Program so that veterans could receive timely, quality care beginning on day one.

However, the success of the Veterans Community Care Program is, in part, predicated on VA standing up CCNs nationwide. I am troubled that the awarding of these contracts has been repeatedly delayed, given these CCNs will facilitate veterans receiving care in the community by establishing networks of providers ready and willing to see veterans.

My current understanding is that VA plans to award contracts for Regions 1-3 by the end of this calendar year and Region 4, which houses my home state, in the January 2019 timeframe. After being awarded a regional contract, contractors will have 180 days to stand up one site in an urban area and one site in a rural area. The CCNs for Regions 1-3 are not expected to be fully operational until December 2019, or even later for Region 4. This means that nearly

six months *after* the VA MISSION Act eligibility requirements go “live”, a new contractor will help facilitate veterans’ appointments in the community.

I am extremely frustrated that veterans may not receive the benefit of a fully-operational network to go along with their revamped eligibility for community care beginning on day one. The timing of the VA MISSION Act’s eligibility requirements were meant to work in concert with a fully operational CCN. Instead, six months into the new Program, many community providers will have to begin working with a new contractor. This is less than ideal and not at all what was intended and what VA led Congress to believe would occur during the year and half we have been jointly working on new community care legislation.

Transition from Veterans Choice Program TPAs to CCNs

It is my understanding that without the CCNs in place for areas presently served by Health Net, VA plans to rely on provider agreements to facilitate community care until the new contracts are stood up, and VA staff will need to directly connect veterans with community providers and schedule their appointments. It is also my understanding that while VA Montana has demonstrated its staff can perform this function, other VA facilities are not prepared to establish provider agreements and schedule veterans in the community as ably. To what extent are VA facilities that are currently served by Health Net prepared to take on the increased workload that will come along with scheduling patients for appointments and maintaining provider relationships? How will the Department educate community providers in Health Net states that they will go from working with Health Net to VA to a CCN—all within the span of a year? In a rural state like Montana, VA cannot afford to alienate providers who want to serve veterans, so I would appreciate information on what the Department is doing to mitigate impact on community providers during this period of transition. In addition, has VA determined whether it has already established a sufficient number and mix of provider agreements in locations that are presently served by Health Net? How many provider agreements are now in place, and how many does VA expect still need to be signed?

My understanding is that VA will need to continue working with TriWest in the current states that it services until the CCNs are fully operational. Under what contractual authority will VA work with TriWest? What is the expected cost of continuing to do business with TriWest, and has the Department budgeted for these costs? For how long is TriWest’s contract intended to last?

Appointment Scheduling Under Future CCN Contracts

Montanans experienced significant difficulties accessing Veterans Choice Program care via Health Net. Among other things, the contractor was delayed in scheduling veterans’ appointments, and some veterans’ appointments were scheduled with providers not located near their homes. I am very concerned that veterans nationwide will again face potential delays in care while CCNs are coming online. This delay may be exacerbated if, rather than VA staff, a contractor does the scheduling of appointments; particularly, if a state has unique geographic challenges. For example, veterans in Montana may face delays if appointments are scheduled by contractor staff with limited knowledge of the state’s geography, rather than by local VA staff who are familiar with the state’s travel challenges. What is VA’s plan on who will schedule veterans’ appointments when the CCNs become operational?

Mr. Secretary, I understand that you have inherited this situation, but my expectation is that you will work to mitigate the damage that has been done to the rollout of the VA MISSION Act's requirements by not having CCNs fully in place on day one. In truth, these CCNs are shaping up to be more of the same hassles for veterans and the community providers who participate in them. Montana's veterans and providers went through this hassle once before, and we need to make sure that doesn't happen again.

I look forward to your response.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Tester". The signature is written in a cursive style with a long horizontal stroke at the end.

Jon Tester
Ranking Member