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FIRST DISTRICT, NEW HAMPSHIRE

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January 28, 2020

The Honorable Richard Stone  
Executive in Charge  
Veterans Health Administration  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Dr. Stone,

This last year saw the start of a massive undertaking by the Department of Veterans Affairs (VA) to implement the VA MISSION Act of 2018 by establishing new Community Care Networks (CCNs). The CCNs encompass six different regionally-aligned networks that provide community health care services through third-party administrators, aiming to provide better access and more streamlined care for our veterans. Under the VA MISSION Act of 2018, VA partnered with Optum Public Sector Solutions as a third-party administrator responsible for managing CCN providers within Regions 1, 2, and 3.

We, the undersigned, all represent congressional districts located in Region 1, which will soon become the first region to fully transition to a contract with Optum. While we are hopeful that ultimately this new system will result in efficient and timely care for our veterans, we are deeply concerned about some of the problems long-time providers and veterans requiring care have reported to us, which are adversely affecting veterans' access to community care. By raising our concerns now, it is our hope that these problems can be avoided as the remaining CCN regions fully transition.

Perhaps most concerning are the countless providers who contacted our offices to say that they are still due payment on claims filed when TriWest Healthcare Alliance was the regional administrator. Across our region, these outstanding unpaid claims represent millions of dollars. Some providers stopped accepting new veteran patients as they simply could not afford to provide care until they were paid. Our caseworkers are actively working to find solutions to these problems, but this is clearly a pervasive issue, and veterans are suffering.

Unfortunately, this is not the only issue related to payments. We are also aware of some community providers' claims being inappropriately denied for "lack of prior authorization." This is despite providers being able to present evidence that VA authorized the care well in advance of rendering services. Furthermore, for certain types of providers, VA has historically set its own

fee schedule, rather than following the Medicare fee schedule or because Medicare has no applicable fee schedule. These providers have been reluctant to join VA's new CCNs because the established payment rates are much lower than what these providers were accustomed to receiving under past VA community care programs. Dental care providers in the Northeast have been particularly impacted.

On another matter of VA policy, community providers have contacted our offices to say that VA has suddenly imposed what appears to be a "lifetime maximum" number of visits for alternative pain management care. Specifically, VA is telling veterans that they may receive a maximum of 28 visits – total – per condition, for services like acupuncture, massage therapy, and chiropractic services. This seems to be an arbitrary guideline which does not take into consideration the individual needs a veteran may have. We do not believe this policy is consistent with VA's medical benefits package, or clinical practice guidelines related to non-pharmacological treatment for chronic pain.

Furthermore, we understand that Optum is not required to add to its network every provider that was in TriWest's network or participated in past VA community care programs. However, we have been contacted by community providers with longstanding relationships with VA, who report that they have not been added to Optum's provider directory. This is despite their signing contracts and going through the credentialing process months ago. These providers have experience treating veterans and want to have the ability to continue to do so. Losing access to a trusted provider is not only frustrating for veterans but could also negatively impact their health and well-being.

Finally, some of our offices heard from Region 1 providers that they were not notified prior to the transition from TriWest to Optum. They expressed confusion about how to enroll in Optum's network and when and how they should start sending new claims to Optum. Those providers who have been submitting claims to Optum are reporting delays in processing and payment. We understand that a transition of this size is bound to have small glitches, but the volume of calls we have received on this matter is deeply concerning.

We know you share our priority of seeing that we provide timely care to our veterans. The rollout of the CCN has the potential to do just that, assuming we can take care of these known issues quickly and prevent them from recurring in other regions. To that end, we request answers to the following questions:

- When will all outstanding legacy claims under TriWest be paid?
- What is the rationale behind VA's utilization of lower fee schedules? How did VA set its rates, and was any consideration given to a more gradual phase in of lower fees? How does this policy help our veterans?
- Why has VA suddenly imposed a "lifetime maximum" on the number of visits for alternative care?
- What is your plan for working with Optum to ensure that, barring questions of care quality, veterans can continue to receive care from providers who were covered under TriWest or other past VA community care programs?
- When and how were community providers notified of coming changes? How were they notified? What resources are available for providers who continue to have questions?

What are VA's and Optum's respective roles and responsibilities with regard to community provider outreach and education?

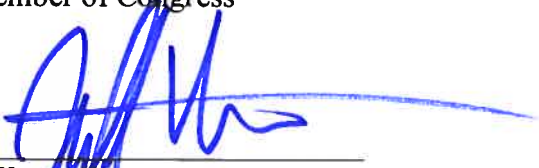
- How are you working with Optum to ensure timely payment of provider claims?

We ask that you respond to these questions by February 10, 2020. Our offices look forward to working closely with your staff to ensure that those who have worn the uniform of our country continue to have access to the benefits they have earned.

Sincerely,



Chris Pappas  
Member of Congress



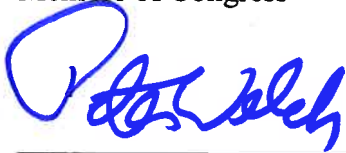
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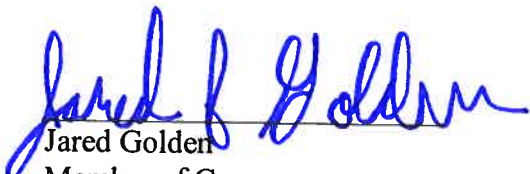
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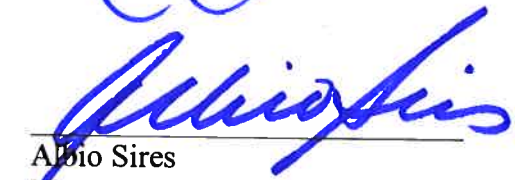
  
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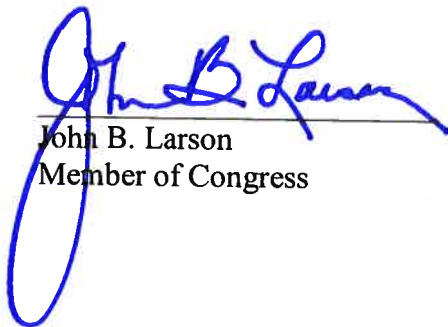
  
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