

CONCERNED VETERANS FOR AMERICA ENSURE PROPER IMPLEMENTATION OF THE VA MISSION ACT



Signed into law on June 6, 2018, the VA MISSION Act overhauled the VA health care system and set into motion a series of reforms to modernize and improve the delivery of care to our veterans. Many significant deadlines have passed; however, sections of the law remain in the early stages of implementation and require ongoing oversight by policymakers.

COMMUNITY CARE NETWORKS (SEC. 101)

Summary

The Community Care Network (CCN) contracts serve as the VA's link to community providers to deliver care to veterans. Currently TriWest Health Alliance and Optum are serving as the third-party administrators (TPAs) for all community care. In 2020, the new contracts required by the VA MISSION Act will begin to be fully deployed and contracts for regions 5-6 are expected to be awarded.

Contracts for regions 1-3 were awarded to Optum, part of UnitedHealth Group and the region 4 contract was awarded to Triwest. Currently these TPAs are expanding their network of community providers.

Oversight and Recommendations

When the VA fails to pay community providers in a timely manner for authorized care, veterans should not be held liable for medical bills. Additionally, in late 2019, it was reported Optum is concerned it will be unable to build a network large enough to meet VA access standards.¹

Congress should:

- Ensure the VA and/or TPAs pays community providers in a timely manner as per the VA MISSION Act for new authorizations and erases the backlog of unpaid claims under the old Choice program.
- Monitor the transition to CCN contracts including community care wait times.
- Ensure CCN capacity to meet demand and access standards for all CCN contracts as well as the new urgent care benefit.

Inflection Points

- Early 2020 – The remaining regions (5 and 6) are expected to be awarded.
- Ongoing – CCN contractors will continue phasing in their deployment to VA facilities and replace the Triwest contract established under the Choice Program.

CENTER FOR INNOVATION FOR CARE AND PAYMENT (SEC. 152)

Summary

The Center for Innovation is authorized to carry out pilot programs to develop innovative approaches to testing payment and delivery service models at the VA. The criteria for evaluating potential pilot programs is that they both preserve or enhance quality and access to care while reducing expenditures.

Oversight and Recommendations

These pilots are a key opportunity for an infusion of new ideas into the VA health care system. In a public comment, CVA recommended the VA consider pilots based on recommendations from the Commission on Care that have yet to be implemented, modifications to the personnel system, and moving the VA to secondary payer for non-service-connected care in the community.² The success of the pilots will be dependent upon proactive management by the VA and oversight by Congress.

Congress should:

- Monitor pilots in development.
- Approve appropriate waiver requests from the VA.
- Provide oversight if the VA requests expansions of pilot programs.

Inflection Points

- Early 2020 – The VA begins accepting pilot program ideas from the public and stakeholders via an online portal.
- Ongoing – The VA submits waiver requests to Congress for approval and to the Federal Register for public comment as pilot programs are developed, including for the dental pilot sent to Congress on Dec. 13, 2019.

EXPANSION OF CAREGIVERS PROGRAM (SEC. 161-162)

Summary

The VA MISSION Act expands eligibility for the Comprehensive Assistance for Family Caregivers Program to veterans with a serious injury incurred or aggravated in the line of duty in a phased-in fashion, beginning with those injured on or before May 7, 1975, and then two years later, the program will allow for all veteran cohorts to apply for eligibility.

Oversight and Recommendations

Deadlines for the expansion were not met due to the VA's inability to implement an IT program to support the program as required by law. After multiple failed attempts, a third IT system is beginning to be rolled out called the Caregiver Record Management Application (CARMA). The VA started utilizing the new off the shelf product in October 2019 for new applications.

Congress should:

- Provide ongoing oversight over the IT tool to delivery necessary reports and metrics to track implementation and consistency across the VA.
- Monitor the program for long application wait times, inappropriate payments, and inconsistent eligibility determinations.
- If possible, tailor definitions and eligibility during the regulatory process to align with those used by Medicaid, Medicare, and other long-term care programs.
- Have VA provide Congress with an expansion implementation plan.

Inflection Points

- Early 2020 – Proposed regulations published to expand and reform the Post-9/11 Caregivers Program.
- Summer 2020 – Regulations finalized, and the expanded program is rolled out if IT system is operable.
- Two years later – Full expansion of the caregivers' program to all veterans.

ASSET AND INFRASTRUCTURE REVIEW (SEC. 202, 203)

Summary

The VA MISSION Act instructs the VA to realign and modernize its infrastructure to reflect the changing needs and demographics of the veteran population. The process includes an independent commission providing recommendations to the President. The President can then approve or revise the recommendations, then implementation begins within three years unless Congress passes a joint resolution of disapproval.

According to the VA's capital planning methodology, they have identified \$51 billion in needs over the next 10 years and this would lead to the need for an additional \$25-35 billion if funding levels remain constant.³ If asset realignment is implemented, the Independent Assessment estimates the cost of the VA's capital needs could be reduced by \$12-17 billion, narrowing the unfunded gap.

Oversight and Recommendations

According to Secretary Wilkie, market assessments are set to be completed in summer 2020 and will provide data to inform realignment recommendations. However, the AIR Commission is restricted to meeting in 2022 and 2023.

Congress should:

Pass H.R. 3083, the AIR Acceleration Act introduced by Congressman Phil Roe so the data utilized is the most accurate. The bill will remove restrictions on when the AIR Commission can meet and allows them to begin their work when they have the necessary data to inform decision-making.

Provide ongoing oversight and ensure accomplishment of the below inflection points.

Inflection Points

- Summer 2020 – Completion of the market assessments.
- February 1, 2021 – VA publish in the Federal Register and transmit to Congress its criteria proposed to be used in making recommendations. Public will have a 90-day comment period.
- May 31, 2021 – President submits commission nominations to the Senate.
- May 31, 2021 – Deadline for finalizing criteria.
- January 31, 2022 – VA publish in the Federal Register and submits to Congress the Commission's report.
- January 31, 2023 – President receives the commission's report including analysis by the VA.
- March 30, 2023 – If the President disapproves, the realignment process is terminated.
- Three Years later – If the President approves or revises, the VA has three years to begin implementing recommendations unless Congress passes a joint resolution of disapproval.

1. Steinhauser, Jennifer. "Early Problems as Trump's Signature Veterans' Health Plan Rolls Out, The New York Times. Nov. 6, 2019. <https://www.nytimes.com/2019/11/06/us/politics/veterans-health-care-trump.html>
2. Anderson, Nate. Comment on the Proposed Rule, Center for Innovation for Care and Payment, Aug. 29, 2019. <https://www.regulations.gov/document?D=VA-2019-VACO-0021-0009>
3. Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment K (Facilities), September 1, 2015, pg v, https://www.va.gov/opa/choiceact/documents/assessments/Assessment_K_Facilities.pdf