

**Written Testimony of
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**Before the United States House of Representatives
Committee on Veterans' Affairs, Subcommittees on Health and Oversight and
Investigations**

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Introduction

Good afternoon Chairs Pappas and Brownley, Ranking Members Bergman and Dunn, and Members of the Subcommittees. Thank you for inviting VFR (Veteran and First Responder) Healthcare to testify today regarding our experience as a community provider working with the Veterans Health Administration (VHA) and its third-party administrators (TPA), OptumServe and TriWest Healthcare Alliance. As a former Naval Officer who suffered from Post-Traumatic Stress after my separation from the Navy, I am acutely aware of the importance of advancing and improving Veterans' access to health care and I thank you for the hard work these Committees do to ensure care for our brothers and sisters.

VFR Healthcare, along with our sister organization Strive Health, is a Veteran-owned and operated organization that was founded to increase the access to, and quality of, outpatient substance abuse and mental health treatment for Veterans, First Responders, and their families. Our clinical and medical leadership team, all of whom are Veterans, developed trauma-informed clinical programming designed to address the specific issues and unique needs, preferences, and values of Veterans, first responders, and their families.

Our network of Centers for Recovery and Community Health utilize this population-specific clinical programming and provide a wide range of trauma-informed, evidence-based treatment programs and services for individuals and families suffering from substance use and mental health disorders. In addition to providing behavioral health services, we are dedicated to promoting community collaboration to increase all Veterans' access to mental health as well as other health resources.

In June of 2018 we entered into a partnership with the U.S. Department of Veterans Affairs to enhance Veterans' access to substance abuse and mental health services to reduce suicide. Since then, we have been working together to advance and improve Veterans' mental health and well-being and expand and promote community collaboration to increase all Veterans' access to mental health and substance abuse resources. Through this partnership we have been able to successfully enhance Veterans' access to behavioral health care, which is evidenced by the fact that 100% of Veterans referred to any of our treatment programs could have scheduled an intake within 24 hours.

We are honored to be partnered with VA and have had the privilege of providing behavioral health treatment services to Veterans over the last few years. In doing so, we have had the unique experience of working with VA and providing health care services to Veterans through several different community care programs, TPAs, and transitions.

Challenges with Community Care

As a Veteran-run Community Care provider, we are mission focused on ensuring that Veterans and their families are getting the highest quality care that they need in a timely and efficient manner. As such, we assume the administrative burden on behalf of the Veterans we serve and deal with any issues with referrals, authorizations, and billing. Taking on the administrative burden for Veterans is especially important in mental health and substance use treatment as these administrative issues can cause stress and anxiety for the Veteran at a time when stability and structure in their lives is the difference between life and death.

Now, before discussing our experience and challenges we have faced as a community provider working with the TPAs I believe it's important to note that VFR Healthcare is contracted with over 15 separate commercial health insurance plans as well as two state Medicaid plans. The challenges we have experienced with the TPAs are not unique and unfortunately happen quite often with other health plans during a period of transition. It is our hope that illuminating these issues and providing some insight as a community provider, we can assist in making the Community Care Network more efficient as well as the transition to other regions easier.

Challenges

First: Clear Delineation of Roles, Responsibilities, and Trouble-Shooting Processes

I will provide an example that clearly highlights this challenge. In this instance, we received a complete and accurately authorized treatment referral from a VA Medical Center. The authorization covered the provision of intensive mental health treatment services for a Veteran-beneficiary, which were not immediately available through VA or through its other contracted providers of care.

We began providing care upon receipt of the authorized referral from VA, granting access to the specific modalities and services, which were critical for the treatment and well-being of the Veteran. After a few weeks we began receiving denial of claims from the TPA, stating there was no authorization on file. We followed protocol and spoke with a TPA employee who said that: (i) no authorization existed in the system for this Veteran; and (ii) even though we had a copy of the authorization in-hand, we would have to contact the community VAMC to resolve the issue.

We subsequently spoke to the local VAMC official, who stated that all proper steps were followed, and this was an issue on the TPA side. We then contacted the TPA a subsequent time, to no avail. This continued for two additional rounds of escalations from both the TPA and VA, each unable to apparently resolve this impasse. All the while we continued provision of care – the Veteran and their well-being must come first in our view. It has been almost a year since this issue began and we are no closer to resolving this matter.

Second: Ensuring a Seamless Referral Process

We have spent considerable time with our VA partners and with the TPAs to better understand the referral processes and potential pressure points. While the new CCN allows VA staff to refer Veterans directly to community providers, in practice there are several pressure points where a referral can be slowed down or “stuck.”

Third: Efficient and Accurate Uploading to the TPA System

A complete and accurate upload of a community provider to a payer system is critical to ensuring that proper referrals are generated, claims and payments are appropriately paid, and accurate

information is provided to Veterans and referring providers through the VA. Any issues with this upload present dire consequences to the community provider and significantly affects the care currently being provided as well as the care coordination with VA.

Fourth: Uniform Claim Submission and Reconsideration Policies

Claim forms, which healthcare providers submit to get paid for services rendered, are extraordinarily complex and comprehensive. As such, setting and adhering to uniform claim submission and reconsideration policies is paramount to ensuring that claims and payments are appropriately paid and erroneously denied claims can be resubmitted and properly adjudicated in a timely manner.

Conclusions

We appreciate the opportunity to address the Subcommittees today to assist VA and the TPAs with their collective mission to enhance the health and well-being of our nation's Veterans. We believe the Community Care Network is critically important to ensuring Veterans can access the necessary care in a timely manner. As such, it is imperative that processes, systems, and controls are in place so VA, the TPAs, and community providers can work seamlessly together to enhance the access to care for Veterans.

While community providers like us are bearing the brunt of these challenges in the near-term, they are not unique to VA or the TPAs and we believe they are solvable challenges. We are confident that VA and the TPAs will work diligently to resolve these issues and on a go-forward basis VA, the TPAs, and community providers will work together as a more efficient team to ensure that Veterans receive timely and adequate care.

Chairs Pappas and Brownley, Ranking Members Bergman and Dunn, and Members of the Subcommittees, this concludes my statement. We would be happy to answer any questions you or other members of the Subcommittees may have.