

**Written Testimony of
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**Before the House Committee on Veterans Affairs
Subcommittees on Health and Oversight and Investigations**

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Introduction

Chairwoman Brownley and Chairman Pappas, Ranking Members Dunn and Bergman and Distinguished Members of the Health and Oversight and Investigations Subcommittees, it is a privilege to appear before you today. Thank you for your principled leadership and unwavering commitment to ensuring the Department of Veterans Affairs (VA) provides America's Veterans with timely access to the high-quality care they deserve, both within VA health care facilities and in the community.

Since 2013, those of us associated with TriWest Healthcare Alliance, from our company's non-profit and university health system owners to our nearly 3,500 employees, have proudly served as a committed partner to VA, working every day to ensure VA has a robust network of proven and effective community care providers to meet the unique health care needs of our nation's Veterans.

In fact, many of our employees are Veterans or Veteran family members committed to serving their fellow Veterans. TriWest has a long history of hiring those who have served this great nation in uniform; we understand that shared military experiences foster trust with fellow Veterans. For us, there is no higher calling than supporting government in giving back to the brave men and women whose selfless sacrifices have made this the greatest nation on Earth.

For example, at our Operations Center in El Paso, Texas, where support is provided for Veterans by processing health care requests, handling inbound and outbound telephone calls with Veterans and health care providers, and scheduling appointments for Veterans in the community with providers in El Paso and across Texas, we have hired many Veterans and Veteran family members to fill these important positions.

I would like to take a moment and highlight an extraordinary Army Veteran and El Paso native who was one of our first employees at the Operations Center. This great Veteran served our country through multiple deployments and is also the mother of an Air Force Veteran. In the Army, she oversaw the medical readiness of 1,200 soldiers. She now uses her leadership, organizational and team building skills to mentor Veterans transitioning into the workplace and to serve her fellow Veterans through our community care efforts. In the wake of last year's senseless and tragic shooting in El Paso that killed 22 people and injured 24 others, including two cherished TriWest employees, we are so grateful to have dedicated leaders like this Veteran as we embark on our renewed mission of supporting VA under the MISSION Act.

We are proud to have earned the opportunity to continue providing that vital support of VA in 2020 and beyond under the Community Care Network (CCN) contract for Region 4. We appreciate the opportunity to provide a detailed update on our progress of partnering with VA to implement CCN in Region 4, as well as our ongoing efforts to meet the current needs of Veterans through our existing Patient-Centered Community Care (PC3) contract and our support of the transition of VA facilities to VA's new partner – Optum Public Sector Solutions, Inc. – for CCN Regions 1, 2 and 3. While we find ourselves at yet another point of transition this year – to the new CCN regions – a transition that will take some time to get right, much is moving in the right direction and the system of care that will ultimately exist for all Veterans under the MISSION Act is starting to emerge as we gather here today.

One example of the partnership and effective “team based” effort needed to serve the needs of our nation's Veterans was conveyed to me by an Army Veteran from the Phoenix area. Like so many, he epitomizes the greatness of our country and the men and women who wear the uniform. He is a two-time cancer survivor and credits his recovery to the joint care he received from the Department of Veterans Affairs and in the community. VA health care providers and community care providers are partnering and collaborating together to save lives. This Phoenix Veteran now generously gives of his time and volunteers at a local VA clinic to help serve his fellow brothers and sisters. The dedicated Veteran-centric partnership, between VA and community health care professionals, is the heart and soul of the work in which we are all engaged under the VA MISSION Act.

Thank you for your bipartisan determination to focus us all on the right objectives to help VA honor its sacred mission and transform its services to improve care for Veterans today, tomorrow and well into the future. It is work worthy of nothing but our very best, and we consider ourselves very fortunate to be a part of the dedicated team all working together in support of our nation's heroes!

America's Veterans have earned the very best care possible and that includes a robust VA system of care as well as community care options when necessary. Our role at TriWest is to strengthen and support the overall VA system of care and ensure that Veterans are always at the center of everything we do. It is a solemn responsibility that we take very seriously.

History of Service to Veterans and Service Members

To better understand where we are going and how we can continue to improve VA community care services for Veterans, we must understand where we have been, what has worked and what must be improved. I would like to share with you some background on TriWest's history of service to America's military and Veteran communities, and some lessons learned along the way.

TriWest Healthcare Alliance has been privileged to be engaged in the important work of providing Veterans and military beneficiaries with community care services since being awarded its first contract on June 27, 1996. Our first 18 years were spent helping the Department of Defense stand-up, operate and mature the now very successful TRICARE program. Some would say that experience prepared us to effectively serve alongside VA as a full partner during a time of great challenge. In our book, there is no greater privilege than to be doing our part as grateful

citizens to serve those who have so honorably served in defense of our nation at home and abroad.

Supporting VA Since 2013

In September 2013, VA selected TriWest as the Patient-Centered Community Care (PC3) Third-Party Administrator (TPA) to support VA community care needs in three PC3 regions encompassing all or parts of 28 states and the Pacific. Several months later, the Veterans Access, Choice and Accountability Act (VACAA), which included the Veterans Choice Program, was enacted in response to a wait list crisis that first was discovered in our hometown of Phoenix, Arizona in April 2014. Congress gave VA 90 days to stand up the program, and VA asked TriWest to assist them in doing so. We worked diligently with VA to implement the Choice Program, and then with VA and Congress to refine it.

During the five years the PC3 and Choice programs were operational, VA, Congress and TriWest worked to refine these community care options. Ultimately, more than 90 program improvements and contract modifications were made – both to enhance the PC3 and Choice programs to better serve the needs of Veterans and to arm VA with additional tools to support its eligible Veteran population. These improvements ranged from the addition of primary care services to PC3, to expanding the mental health and women’s health provider bases, and to conducting collaborative and comprehensive demand capacity assessments at the local VAMC level to determine optimal community care provider sizing and configuration.

In the fall of 2018, VA extended TriWest’s initial PC3 contract and asked us if we would agree to expand our services in all 50 states, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands until the next generation of VA community care – the Community Care Network (CCN) – could be fully implemented this year. We agreed to do so. We began expansion efforts on December 7, 2018, and completed the expansion in spring 2019. Upon completion, we provided VA with access to a nationwide network of community providers to serve Veterans in all 50 states and territories. In addition to providing VA with a consolidated network of community providers and processing and paying their claims, TriWest also is performing appointment scheduling and providing customer service support in several areas as the CCN contracts are implemented. It has been an honor to serve constituents from all of your districts and states and to help stabilize the enterprise across all states as we all awaited the conversion to CCN in Regions 1, 2 and 3.

Progress Improving VA Community Care Services

From the beginning of our work in support of VA in 2013, TriWest has worked diligently to focus first on understanding and then responding to VA’s specific needs at all levels – the local VA Medical Center (VAMC), the Veterans Integrated Service Network (VISN) and VA Central Office (VACO). Today, TriWest’s provider network – tailored through use of VA demand and capacity assessments – is comprised of over 690,000 individual providers who represent more than 1.3 million access points. This robust network has helped to ensure that minimal authorizations for care had to be returned for no provider being available – currently less than 2 percent, in fact. TriWest’s tailored network has delivered more than 24 million total appointments since the start of this privileged work supporting VA community care.

At its apex, with TriWest serving nationwide, we received more than 400,000 requests for Veteran care in the community per month, are handling approximately 700,000 calls per month, and to date, we have processed and paid over 25 million health care claims to community care providers. Up until a complication with the annual fee update file arriving late, which backed up 400,000 claims... and is close to being fully resolved, we had been processing and paying clean claims, on average, within 18 days in our legacy area, and within just 10 days in the expansion states – with an accuracy rate of 96 percent. And, as you know, we still function without access to a federal bank account from which to draw, so we are paying the claims on the front end and then VA is reimbursing us on the back end. That is working much better than it was when we had more than \$200 million in outstanding payments owed our company; however, a few pieces still lack resolution due to the enormity of VA's list of critical issues to work. We remain hopeful that these pieces still will be resolved, and are partnering together to make things work for Veterans and the providers leaning forward in support of VA.

As TriWest transitions out of CCN Regions 1-3 and ultimately reduces its footprint to CCN Region 4, the volumes of work will re-set accordingly, and we will singularly focus on supporting the enterprise and its service to Veterans in that area of the country.

VA Stakeholder Collaboration - Listening & Learning

As we shared with the Health Subcommittee last September, TriWest has proactively engaged with Veteran Service Organizations and other key stakeholders since 2013 to gain a better understanding of how we are doing and where improvements need to occur. Examples of this engagement over the past year include:

- Attendance at over 50 VA Town Halls, with active involvement/outreach to Veterans in attendance.
- Participation in more than 35 Congressional Town Halls/Veteran Resource Fairs/Briefings.
- Distribution of monthly Congressional updates to all congressional (DC) offices across the country with statistical data and general program updates (January 2019 – January 2020).
- Conducting 7 teleconference briefings on expansion efforts with Congressional staff – district/state and DC staff – across 11 VISNs, attended by approximately 350-400 staffers.
- Conducting 7 teleconference briefings on expansion efforts with local and state Veteran Service Organizations, County Veteran Service Officers and Veteran non-profit representatives across 11 VISNs, attended by approximately 300-350 Veteran representatives.
- Participation in Veteran Stand Downs designed to ensure homeless and low-income Veterans are aware of, and educated on, community care benefits.
- Supporting and attending 10 national VSO conventions and VA events between January and December 2019, connecting with thousands of Veterans and providing education and issue support. Events included:

- Paralyzed Veterans Wheelchair Games
- VFW, DAV, American Legion and VVA national conventions
- National Association of State Directors of Veterans Affairs national convention
- National Veterans Summer Sports Clinic
- National Disabled Veterans Winter Sports Clinic

Since the beginning of our work on behalf of VA, we also have focused on provider education, seeking to minimize provider confusion and Veterans challenges with community care. In 2019, TriWest:

- Conducted 526 provider education webinars with a total of 3,911 attendees (April 2019 – December 2019).
- Issued 16 fax blasts to more than 850,000 recipients with topics relating to provider education or provider relations (January 2019 – December 2019).
- Issued 12 monthly Provider Pulse e-newsletters to an average of 50,222 recipients, resulting in an average open rate of 26 percent (January 2019 – December 2019).

We will continue these proactive communications and education efforts as we transition to CCN.

MISSION Act Launch

Thanks in large part to the principled and diligent work of the House and Senate Veterans Affairs Committees in crafting the VA MISSION Act in 2018, VA has been armed with the authorities to reset the enterprise and, among other things, move the community care benefit to one that is more streamlined. Shortly after expanding our services across the country, VA and TriWest turned to collaborating in the implementation of the first community care components of the VA MISSION Act. TriWest and VA program leadership and project management teams met face-to-face on numerous occasions to discuss previous lessons learned and collaborate on the processes needed for a successful implementation and management of the MISSION Act requirements.

Thanks to the extensive collaboration on VA MISSION Act implementation, this much-needed reform of consolidating VA's various community care programs into a single community care program is now underway and beginning to make a positive difference for Veterans. The consolidation is helping to eliminate redundancies, reduce provider confusion, synchronize standards and rules, streamline processes and innovate vital community care services. Since the launch of the MISSION Act on June 6, 2019, over 2.7 million initial appointments have been scheduled with the providers in our community care network.

Urgent Care Benefit

As you well know, one of the most significant new benefits for Veterans contained in the MISSION Act is the addition of an urgent care/retail clinic benefit. Under the law, eligible Veterans can now visit an urgent care provider in VA's network for non-emergency yet time-sensitive, pressing health care services if they have received care through VA or a community provider within the past 24 months.

Since the MISSION Act went into effect on June 6, 2019, TriWest has developed a national network of urgent care providers. We also added pharmacy services for urgent medication requirements, created an online urgent care provider locator tool, developed a series of tools and education materials for urgent care providers, and partnered with VA to perform outreach to Veterans to spread awareness of the new benefit. In addition, we proactively sent information packets complete with signage and Frequently Asked Questions (FAQs) to each urgent care facility upon contracting to be in the network. While we continue to work to ensure that Veterans across the country have ready access to urgent care when needed – within 30 minutes of their home – our urgent care network is delivering access to timely care.

Key statistics that demonstrate this fact as of January 2020 include:

- Over 6,500 urgent care and retail locations are currently in our network.
- There have now been more than 175,000 urgent care visits.
- There have been more than 15,000 calls to the Urgent Care support line, which exists to assist Veterans, Urgent Care Centers and Pharmacies that are struggling with the use of the benefit... providing education and technical support at the point of encounter. This was deemed critical by TriWest and VA with a brand-new benefit, especially given this population presents differently than any other... given that there is no insurance “card.”
- The “2019 VFW Our Care” report, VFW’s most recent survey on the state of VA health care, notes that “an overwhelming majority of veterans, 89 percent, indicated that they would recommend community urgent care to other veterans.”

Currently, **90 percent of eligible Veterans** have access to at least one urgent care provider within 30 minutes of drive time, access that appropriately and substantially exceeds even Medicare standards (70 percent). That said, we are continuing to add providers until we reach our personal goal of all Veterans having access to an urgent care facility within 30 minutes, if a facility exists in their area and is willing to be available to meet the needs of those heroes who call their community home. For our part, we will continue to stay focused on working at VA’s side in refining processes to ensure that they are simple to execute and that provider bills are processed and paid quickly and accurately.

CCN Region 4 Implementation

On August 6, 2019, VA awarded TriWest a CCN contract to administer VA's 13-state Region 4 territory. Under the CCN contract, TriWest is responsible for building and maintaining a network of community health care providers, paying claims and providing customer service.

TriWest and VA conducted a CCN Region 4 kickoff meeting in Denver, CO, in early November 2019. At that meeting, TriWest briefed VA on our CCN Region 4 approach for implementation that included a detailed list of contract interdependencies and clarification questions. Subsequent to the kickoff meeting, TriWest and VA have established several joint work groups covering key functional areas such as training, claims and invoicing, network adequacy, customer service, clinical quality and systems integration and testing. These work groups are designed to refine new and existing processes, achieve informed decisions and implement lasting solutions.

Under CCN, there are several VA community care process changes, as well as the inclusion of several services and benefits that were not a part of PC3 or Choice. These changes require us to re-engineer existing solutions and systems, implement new services and review and test revised processes with VA. The work groups allow VA and TriWest to work on these changes collaboratively, ensuring consistent approaches and understanding.

In addition to conducting focused work group sessions and working to re-architect our systems and processes to make them CCN-ready, TriWest and VA also have worked closely with the leadership of each VISN and VAMC to assess Veterans' community care needs in their respective markets to ensure that we will have a network optimally tailored to support them. Through our years of working in collaboration with VA, we know it is essential to customize the network of community care providers according to the unique demand and referral patterns of each VA facility. That approach enables the network to effectively supplement VA's internal capacity, providing VA, and ultimately Veterans, access to the right care at the right time from the right provider.

To develop a customized network sized for VA in each market and tailored to its specific needs, TriWest initiated a process with VA to assess demand and determine the distribution and supply of network that would be needed in the community to support that demand. We call it the "Demand Capacity Assessment Process." We first leveraged this approach with VA in 2014, for a process over Memorial Day weekend in preparation for assisting the Phoenix VAMC in driving down the backlog of nearly 15,000 Veterans waiting in line for care. This tool allowed us to assess the demand and determine the needed number of providers and appropriate level of staffing to assist the Phoenix VA in successfully eliminating the initial backlog by the end of August 2014.

Beginning in the summer of 2016, we conducted demand capacity assessments with nearly every VAMC within our PC3 service area. Armed with the Demand Capacity Assessment Tool, we and the VAMCs in our geographic areas of responsibility worked together to assess demand and then map the supply of providers that would be needed in each community to supplement VA care. We met one on one with each VAMC to assess how many providers of each specialty would be needed in addition to the supply of providers working at the VAMC to meet the needs of Veterans in each geographic area. This included not only a projection of the demand that was already known to exist but also that which was anticipated to materialize. We then took the output of this data-driven process and started to tailor the network on a market-by-market basis to meet demand.

We already have begun demand capacity assessments in CCN Region 4, are constructing the network build sheets for each of the markets and have formally launched the CCN Region 4 contracting effort.

TriWest and VA continue to finalize implementation schedule details but are looking to April 7, 2020, when we will begin to operate under the CCN contract in Montana and Eastern Colorado, to be followed by VA converting the rest of the Region 4 geographic area to the CCN platform by July 14, 2020. We and VA are in the midst of implementing the new tools, systems and processes to make the next generation of our privileged work together a success; we have compared demand information so that we might effectively tailor the provider network for CCN

to meet community care needs of the Veterans who reside in Region 4; and, we are underway with setting the network for the start of health care under CCN.

Prior to the start of health care delivery, TriWest will demonstrate to VA several key capabilities:

- Appropriate toll-free lines have been established
- Callers can be routed to the correct call center representative
- Availability of Electronic messaging
- Highly functioning website capabilities
- Support for English and Spanish speaking and hearing/vision impaired callers is available both telephonically and online
- Warm Transfer capabilities are available

Following the start of health care delivery in Montana and Denver on April 7, 2020, TriWest will continue to work with VA to identify and implement lessons learned and refine processes, as needed, before continuing deployments across the region. In addition to our CCN Region 4 transition efforts, TriWest also is working with VA and Optum to transition out of community care and urgent care services in CCN Regions 1-3. We have been working together closely to ensure this transition is as smooth as possible.

Remaining Focused

As we move forward with CCN implementation, we will remain focused on addressing challenges, refining our processes and approach, and adding manpower where needed. Some early challenges we remain focused on addressing include:

- **Timely Appointment Scheduling**: The volume of care requests has been significant, with increased demand for behavioral health being the most substantial. This higher than anticipated volume has resulted in some Veterans seeking community care to experience appointing delays as it takes manpower to appoint and when demand increases substantially without notice, it creates complication.
- **Claims Processing**: Provider network development becomes complicated when there are claims processing challenges. We have worked very hard over the years of this work to get to a place of solid performance, but have recently found ourselves challenged in a few areas:
 - **Late arrival of VA fee schedule**: Providers are paid in line with Medicare or a VA fee schedule, depending on the service. Each year, we receive an update in the fee schedules. Unfortunately, the 2020 schedule arrived unusually late which necessitated that we backed up payment on nearly 400,000 claims. I am pleased to report that due to the hard work of many, this backlog is within days of being completely addressed, and we expect to return to achieving performance standards within the next few weeks.
 - **Emergency Room Claims**: In an effort to effectively address VA claims payment challenges, TriWest agreed to process and pay emergency room claims for VA. VA notified providers across the country to send emergency room claims to TriWest. However, in order to process these claims, we must

first receive authorization from VA. The relatively short notice in this process change has created some confusion and has resulted in less timely receipt of the authorizations. Hence, we are currently holding emergency room claims for which we have no authorization from VA while we seek to gain them so that we can process and pay the claims. We hope to have this resolved soon so that this backlog can be remedied. This approach seemed preferable to all versus denying claims and creating even more challenge and delay for the provider community given providers would have to otherwise refile the claims.

- Urgent care facilities: In processing and paying claims for this new benefit, we have determined that claims will process easier by using an “exclusion” versus “inclusion” method for the codes used for services. This change is being programmed and will bring the claims processing performance to the high standard we have worked hard to achieve for this critical component of our work. It should be completed in the next couple of weeks.

We are working aggressively to address these challenges, in coordination with VA. Efforts to resolve these issues include:

- Close collaboration with VA to refine volume projections, along with implementation of an aggressive staffing and training plan to address appointing delays.
- A firm commitment to timely claims payment, VA assistance in addressing old/outstanding claims payment issues and engagement of congressional Members and staff to encourage apprehensive providers at the local level to consider participating to serve Veterans. We continue to collaborate very closely with VA to address the claims challenges discussed above, and we also are working very closely with our claims processor to eliminate any claims backlogs as quickly as possible.
- TriWest senior leadership engagement and outreach with key VA preferred providers to assist in closing remaining network gaps.

Conclusion

Chairwoman Brownley and Chairman Pappas, Ranking Members Dunn and Bergman and Distinguished Members of the Health and Oversight and Investigations Subcommittees, I salute you for placing a high priority on the critical issue of ensuring Veterans have access to care – both within VA facilities and in the community – when needed. Our nation’s Veterans are our heroes. They have risked their lives to protect American values and society, so when their lives are at risk here at home, it is our moral obligation to serve and protect them. They have had our back as a country, so now we should have theirs.

It is TriWest’s great honor to be engaged in this privileged work on behalf of a grateful nation. The partnership between VA and TriWest has progressed and matured substantially over the past 6+ years. It is a dynamic relationship in which we both continue to refine and strengthen operational processes, efficiencies, and communication. The work is complex and challenging, but those of us associated with TriWest and in VA all are very focused, and I am very proud of the work we are doing together and our accomplishments thus far. Working at the side and in support of the leadership of VA and the staff at all levels has been and remains a privilege. They

are a group of very dedicated citizens working tirelessly and as solid partners to execute what you have envisioned as the future of VA, embodied in the MISSION Act. And, I am confident that the trajectory we are on will continue to improve this program in CCN Region 4 and provide the high-quality community care Veterans have earned and deserve.

No health care system in the country has more expertise than VA in addressing the health care needs of Veterans. **The work ahead should not be to reduce or replace the VA system, but to enhance it and to supplement VA care** in the community, **when and where VA determines necessary**. After all, ensuring our nation's Veterans have access to the full range of timely, high-quality health care services they need must be our collective mission. Meeting our Veterans' ever-growing demand for care is an urgent, life-saving priority. We owe it to those who have sacrificed so much for us to provide them with the best care humanly possible that affords our Veterans an opportunity to live a healthy, full life.

Through our nearly quarter of a century operation in support of DoD and VA, we have developed crucial experience in helping these systems implement and mature their programs to provide timely and convenient access to quality health care services. We are committed to providing Congress our full support as we continue our work alongside VA, helping Veterans to access high quality care in the community. For us, this is sacred work. Our mission is to find and serve those in need, ensuring they have access to the right services and health care providers while also supporting community care providers fully as they serve the needs of our nation's heroes.

Together, we can succeed, and we must succeed in this mission, because our Veterans and their families deserve no less! Thank you.