

Statement of Mr. David J. McIntyre, Jr.
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Before the
Subcommittee on Health
House Committee on Veterans' Affairs
February 12, 2025

Introduction

Chairwoman Miller-Meeks, Ranking Member Brownley and Distinguished Members of the Health Subcommittee, it is a privilege to testify before this Subcommittee as it examines the roles and responsibilities of the Department of Veterans Affairs (VA), Third-Party Administrators (TPAs), and community care providers in administering VA community care. Thank you for your principled leadership and unwavering commitment to ensuring America's Veterans receive timely access to the high-quality care they deserve, both within VA health care facilities and in the Community Care Network (CCN) that supports VA when it is unable to provide that care directly.

Background on TriWest

Established nearly 30 years ago by a group of non-profit health plans and two university hospital systems, TriWest Healthcare Alliance's sole purpose has been supporting VA and the Department of Defense (DoD) in meeting the health care needs of the military and Veteran communities. Since inception, we at TriWest have worked collaboratively with the federal government agencies we have been privileged to support to fully understand their unique requirements, down to the local level, to meet the health care needs of military service members, their families, retirees and Veterans. Our mission has been – and continues to be – doing Whatever it Takes!® to ensure our Nation's heroes and their families have ready access to needed care when the federal systems on which they rely are unable to meet their needs directly.

Our first 18 years were spent supporting DoD in standing up and operating the TRICARE program in a 21-state area. I am proud of the work we did to assist DoD in implementing and refining TRICARE to meet the needs of millions of TRICARE beneficiaries across the western United States who relied on us for services and support. The first 24 months was neither an easy nor painless road, which involved a 15-month preparation for the start-up of TRICARE and nine months to stand up the program before the demand for services arrived. Getting to success in TRICARE, just like other new large health programs (e.g., Medicare and Medicaid), took working closely with DoD and Congress. Through this partnership, TriWest, DoD and the military services developed many key process and program improvements that benefited the entire TRICARE community including in such critical areas as behavioral health and suicide prevention, as well as case management, disease management and cross-contractor continuity of care.

Our years of experience with TRICARE were essential to our work over the last seven and a half years supporting VA's community care programs beginning in September 2013, when TriWest was awarded a Patient-Centered Community Care (PC3) contract for a 28-state region. PC3 was a nationwide program designed to give VA Medical Centers (VAMC) an efficient and consistent way to

provide access to coordinated care for Veterans from a network of credentialed specialty care providers in the community when VA was unable to deliver the care directly. With only 90 days to begin operations, we immediately tapped into our Whatever it Takes!® ethos and our strong commitment to partnership and leveraged our long-standing relationship with community providers to deliver a network and service operation designed specifically to support the VA health care system across 28 states and the Pacific.

Building VA's Community Care Program

From the start, PC3 was a dynamic effort as VA and Congress sought to refine it. Shortly after access to specialty care from our provider network began in January 2014, VA expanded PC3 to include primary care providers. During that expansion of PC3, an access to care crisis erupted in April 2014 at the Phoenix VA Medical Center which revealed the fact that 14,700 Veterans were on a wait list for care at VA. This spurred immediate congressional action and led to the enactment of the Veterans Access, Choice, and Accountability Act of 2014 (P.L. 113-146) in August 2014.

Based on the short implementation timeframe for the new VA Choice Program, and the fact that many in the health care industry said it couldn't be done in 90 days, VA turned to TriWest and its other PC3 contractor to take on the challenge. Working once again in close collaboration with VA, we were able to design and implement the Choice program within the statutory requirement, by November 5, 2014. In just over 30 days, we created the infrastructure, hired and trained hundreds of staff, sent Choice cards to 4 million Veterans in our area of responsibility, and operationalized a state-of-the-art contact center making sure that callers to the toll-free line were greeted by the voice of then-Secretary McDonald to underscore the importance of this new initiative.

Then, in September 2018, TriWest accepted another challenge from VA – to stabilize and protect VA by expanding our support of VA community care nationwide after VA elected not to extend the contract of the other PC3/Choice contractor. We accepted the challenge with one caveat, that we – TriWest and VA – do it collaboratively to ensure success for the Veterans ultimately being served. In just 90 days, after working closely with each VA medical center in the new region, we delivered a nationwide network of community providers to support VA in serving 9.2 million enrolled Veterans in all 50 states and territories.

At its apex, we provided VA with a consolidated network of over 639,000 individual providers offering more than 1.2 million access points of care. Monthly, we received more than 400,000 requests for care in the community and handled roughly 700,000 calls. From the start of our work supporting VA until the end of Fiscal Year 2019, we assisted over 1.9 million unique Veterans, scheduling more than 6.2 million initial appointments and 10 million follow-up appointments. We processed and paid over 19 million health care claims to community providers. On average, TriWest processed and paid clean claims within 18 days in our legacy area, and within 10 days in the expansion states, with an accuracy rate of 96 percent.

Subsequent to our national expansion implementation, we were honored to have been awarded the contract for CCN Region 4 in August 2019 and CCN Region 5 in October 2020. The Region 4 contract was then amended to include coverage of the Northern Mariana Islands, American Samoa and Guam. We continue to collaborate closely with VA in the regions we serve.

VA Community Care Program

The effectiveness of our partnership with VA is evident in the details of the community care services we have delivered to date. Since the start of our work supporting VA community care, Veterans have received more than 75 million community care appointments through our network provided in support of VA.

We have the privilege of serving nearly 4.7 million Veterans through our network of over 300,000 credentialed community providers offering Veterans and VA access to care at over 750,000 provider locations. The top ten categories of care provided in CCN include cardiology, chiropractic care, complimentary and integrative health, emergency care, homemaker/home health aide, mental health, ophthalmology, orthopedic, physical therapy, and skilled home health care. And, we are paying claims on average in 3 days to 99 percent accuracy.

Refining VA Community Care through Collaboration

In our constant effort to better serve VA, local VA facilities, Veterans and community care providers, we have worked closely with VA on a number of key initiatives designed to improve the Veteran experience and the provider experience – both within the community and in VA – and to enhance VA’s capacity to deliver needed health care services. We would like to highlight a few of these initiatives.

South Texas — In 2017, a collaboration led by the VA Valley Coastal Bend Health Care System (HCS) in Harlingen, Texas, and TriWest to pilot a high performing, integrated health care network with preferred providers in the community resulted in delivering timely, high-quality care for Veterans. For years, South Texas Veterans were burdened with having to drive eight or more hours to make the 500-mile round trip to receive care at the Audie Murphy Memorial VAMC.

This pilot has resulted in key process improvements: same-day community care authorizations; digital sharing of medical records between community providers and VA; navigators at preferred provider sites who assist Veterans with setting appointments; and better transition of care between providers and medical documentation return to VA. Only with the commitment and support of other important partners were these critical changes achieved including from VA Central Office, Veterans Integrated Services Network (VISN) 17 leadership and Community Care staff, local Congressional offices, Veterans Service Organizations and community care providers such as Doctors Hospital at Renaissance, Valley Baptist Medical Center, and Harlingen Regional Academic Health Center.

The integration of community care under VA’s leading role as primary provider and coordinator of Veteran care resulted in reducing the hardship on thousands of Veterans traveling hundreds of miles to VA for specialty care, and dramatically reduced community care claims processing times, dismissal rates and errors.

This South Texas effort is a good example of the importance of integrated VA community care. It means coordinated, quality, and timely care closer to Veterans’ homes and stronger partnership between VAMCs, VA clinics, and community providers.

Customized network and support — We redesigned our engagements with VAMC staff and leadership to achieve greater effectiveness, improve issue management, and attain higher satisfaction among our partners at VA.

Though this new model requires resources and reengineering on our part, it allows us to provide a more consistent, tailored and direct engagement with VA, VISNs, and VAMCs to focus on and continually improve core items such as network adequacy, including access by specialty by geographic areas, efficient network utilization, timely appointment scheduling, and provider changes that may impact health care delivery. Equally important, this model also promotes issue identification and resolution through close collaboration, careful review of relevant information and meaningful feedback. Still in the refinement phase, we are pleased to report improved VAMC satisfaction with this new collaborative model. VAMCs report greater appreciation with the direct engagement and improved timeliness of our feedback, which allows them to focus on their own market to meet the health care needs of their local Veteran patient population.

Improving access to behavioral health — A VAMC and VISN team-led collaboration along with a dedicated TriWest team worked together to improve our network of community behavioral health providers, deliver better support to VA facilities through direct engagements, more consistently match the right specialty with the right skillset based on Veterans' needs and improve Veteran wait times and satisfaction of community behavioral health care.

We worked with four VAMCs including the Jennifer Moreno VAMC in San Diego, the Carl T. Hayden VAMC in Phoenix, El Paso VAMC, and Fresno VAMC. In this partnership, we worked closely with VAMC staff to create a local network of preferred behavioral health providers, create markets based on capabilities, improve the speed of appointing, and review business processes for efficiency and effectiveness. This joint effort had a simple goal of ensuring no Veteran was waiting in line for behavioral health care.

Community provider education and training — Our work in support of VA's health care mission also focuses on community provider education and training. We will be requiring community providers to certify they have reviewed the Opioid Safety Initiative guidelines. Also, in our communication with community providers, we continually promote VA training and urge network providers to take advantage of free training on Veteran culture, preventing suicide through lethal means safety and safety planning, and other topics that help providers understand the unique needs of Veterans.

We also provide webinars related to claims submission to improve claims payment accuracy and timeliness, appointing and approved referrals/authorizations, urgent and emergent care, and other CCN processes and procedures.

Community provider claims — Veterans' access to care in their local communities depends in large part on providers being willing to participate in CCN, and when needed care is rendered, on ensuring these providers are paid in a timely and consistent manner. A primary reason for CCN claims denials in the regions we serve (Regions 4 and 5) is the statutory requirement under 38 U.S.C. section 1703D(b) that CCN providers file claims to VA within 180 days. This requirement is inconsistent

with Medicare, Medicaid, TRICARE, and the private sector, which all allow up to one year for the filing of a claim to be considered timely.

Despite our efforts to ensure providers understand this VA-unique requirement, it continues to create substantial confusion and complication for community care providers. Additionally, many provider practices have claims submission systems that are set up to meet standard 365-day requirements, so the VA-unique 180-day standard requires expensive process modifications and/or manual overrides of claims submission. And, at the end of the day, those who are unable to file within six months don't get paid for the care they delivered. Obviously, this is inconsistent with keeping a strong and stable network.

As you know, the committees of jurisdiction attempted to address this issue in the last Congress. However, the provision to align the VA requirement with other federal programs was removed from VA authorization legislation due to a Congressional Budget Office projection of the cost to extend the deadline.

Based on our experience, we know that unless this issue is legislatively addressed, it likely will have an impact on community provider participation in CCN and thus on Veterans' access to care, especially in rural, highly rural, and remote areas. The requirement continues to be viewed as a significant administrative burden by many community health care professionals. As a result, we believe that VA, and especially Veterans, would be better served by adopting the same standard used by other federal programs and private health plans – a timely-filing requirement of one year.

We appreciate Chairman Bost for including this modification in the ACCESS Act of 2025. We strongly encourage Congress adopt this change. Doing so will result in increased provider satisfaction, reduced re-work by all parties, and unnecessary delays in claims payment.

Closing

Through nearly three decades of operating in support of DoD and VA, we have steadfastly sought to work very collaboratively to deliver tailored solutions designed to best meet the needs of those we serve. Through these efforts, 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 have honed expertise in navigating and supporting the department that was created to serve the needs of Veterans with the essential services they deserve. This is sacred work for us. Our mission is to 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. We know what it takes and will continue to do Whatever it Takes!® to flex in support of these systems that are critical to meeting the needs of those who sacrifice so much on our behalf.