

**Written Testimony**

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**Introduction**

Chairwoman Brownley, Ranking Member Dunn and Distinguished Members of the Subcommittee, it is a privilege to appear before you today as part of VA's Team working to ensure that Veterans are afforded access to high quality care to conveniently meet their health care needs, whether that be in the direct care system or in the community under the VA MISSION Act. For all of us associated with TriWest Healthcare Alliance, from our company's non-profit health plan and university health care system owners to our nearly 3,500 employees, most of whom are Veterans or Veteran family members, it is an honor to appear before you and to have been engaged in this critical work for the last six years in support of the Department of Veterans Affairs (VA) so that it might effectively execute the government's commitment to this nation's heroes.

Thank you for your leadership and complete engagement in making sure that we all are focused on the right objectives and are sufficiently stretching ourselves to accomplish that which needs to be done with intensity so that an enterprise that was struggling a few years ago to meet the country's commitments to those who have put it all on the line for our freedoms might effectively re-set itself for the benefit of this generation's Veterans and the next. It is work worthy of nothing but our very best, and we consider ourselves very fortunate to be a part of the team seeking to deliver that which is envisioned. That team of which we are fortunate to be a part is led by VA and involves providers from both VA and the community... all working together in support of our collective heroes!

While we have yet to arrive at the point at which we can declare we are in maintenance mode, and it will still be some time given the pieces yet necessitating our collective and individual focus, I would submit that much is moving in the right direction and the potential of what will ultimately exist for all Veterans under the MISSION Act is starting to be present. To make my point, I would like to highlight the experiences of two Veterans with whom we recently engaged.

A few weeks ago, one of my staff met a Veteran from Kansas while meeting with Legionnaires at the American Legion National Convention in Indianapolis – a group I was honored to personally address. This Veteran has suffered from severe back pain as a result of a service related injury and had been dependent on opioid pain medications for over a decade. He had tried a number of different options to lessen his dependency on these medications, but it wasn't until an encounter with an acupuncturist while on a vacation that he found success in addressing the pain. The Veteran returned to his VA Medical Center and asked about receiving acupuncture through VA and was told that he could be referred out

into the community for this treatment. The Veteran shared that he has since been off ALL opioid pain medications and continues to receive occasional acupuncture treatments. The strongest medication this Veteran now takes for pain is Ibuprofen.

Another example of the effective “team based” effort to serve the needs of Veterans was conveyed to me by a female Veteran who hails from the Phoenix area. Like so many, she epitomizes the greatness of our country and the men and women who wear the uniform. Her father served in the Army and she stated that she was honored to follow in his footsteps. When she came home from her service in Afghanistan, however, she faced many critical health care challenges such as PTSD and Lupus. She proclaimed that “VA saved my life,” and that her team of providers, from VA and the community, are doing an effective job of collaborating to keep her as healthy as she can possibly be. This 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.

I want to be clear up front, we are not here to privatize VA! In fact, our role at TriWest is not to replace VA, but rather to ensure that VA and Veterans are always at the core. Our responsibility is to help strengthen VA by providing it with effective elasticity to ensure that Veteran’s health care needs can be met on a convenient and timely basis.

### **History of Service to Veterans and Servicemembers**

To best understand the nature of our work and the lessons learned regarding community care, I would like to share with you some background on TriWest’s history of service to America’s military and Veterans communities.

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 was simply to prepare us to effectively come to the side of VA for a moment such as this... prepared to be a full partner at VA’s side as it sought to effectively meet the needs of those who would come to the doorstep of VA after all of these years of being engaged in the war on terror. In our book, there is no greater privilege than to be doing our part as grateful citizens during this moment.

### **Supporting VA Community Care Needs 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 about half of the country... three PC3 regions encompassing all or parts of 28 states and the Pacific. TriWest rose to the occasion by leveraging our existing networks and strong relationships already in place due to our prior work under the TRICARE program.

In April 2014, just a few short months after we had started that work, the wait list crisis was discovered in our hometown of Phoenix. Congress recognized that the problem was national in scope and further reform was needed to meet Veteran health care needs. This led to enactment of the Veterans Access, Choice and Accountability Act (VACAA), which included the Veterans Choice Program. Congress gave VA 90 days to stand up the program, and VA asked us 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.

Over the past 5+ years, over 90 program improvements and contract modifications have been made – to refine the Choice program so that it would better serve the needs of Veterans and arm VA with the tools it needed. Among the improvements:

- Adding primary care network services into the PC3 program and enhancing access standards for women’s health.
- Providing IVF case coordination and network practitioners to help wounded Veterans and their spouses start a family.
- Expanding the Choice mental health provider base by eliminating the Medicare participation requirement for psychiatrists, psychologists, Licensed Clinical Social Workers and Advanced Registered Nurse Practitioners.
- Adding outbound calls to Veterans to enable us to proactively reach out to Veterans in need of care rather than having to wait for them to contact us for an appointment, an improvement that increased the timeliness of the appointment making process, thus better ensuring Veterans receive timely care.
- Expanding the provider base for women’s health, audiology, pediatrics and optometry, by eliminating Medicare participation and moving to State licensure requirements.
- Embedding TriWest staff to work on the ground in collaboration with VA Medical Center staff.
- Enhancing the TriWest VA Portal to improve functionality of medical documentation and appointment information sharing between TriWest and VA and to help streamline processes, resulting in increased portal utilization and a better and more efficient end-user experience.
- Developing an entirely new Customer Relationship Management (CRM) system at TriWest that was customized to meet our customer service needs, resulting in improved customer service for Veterans.
- Implementing a Behavioral Analytics Call Monitoring System which helps improve staff interactions with customers, VA staff, providers and Veterans.
- Performing full, collaborative demand capacity assessments to determine VA community care network needs and sizing requirements. Our work surrounding these demand capacity assessments is further explained later in this testimony.

- Expanding women Veterans' health services to support VA's fastest growing population.
- Speeding up the payment of provider claims by decoupling the requirement for community providers to deliver medical documentation within specified timelines from claims payment.
- Adding 9 TriWest contact centers/operations hubs within our geographic markets to help better serve local Veterans' needs within their communities.

Last fall, after VA elected to not extend the contract of the third-party administrator that was serving the other half of the country, VA extended TriWest's contract and asked us if we would agree to stretch ourselves and expand our services to support it for a while in all 50 states, Puerto Rico, the U.S. Virgin Islands, Guam, and the Northern Mariana Islands until the next generation of VA community care – the Community Care Network (CCN) – could be implemented in 2019. Beginning on December 7, 2018, TriWest expanded services using a phased approach to implementation. We completed the expansion this past spring – at the end of March 2019 – and now offer VA 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 is also performing appointment scheduling and providing customer service support in the majority of our original service area, as well as on an as-needed basis across the expansion areas.

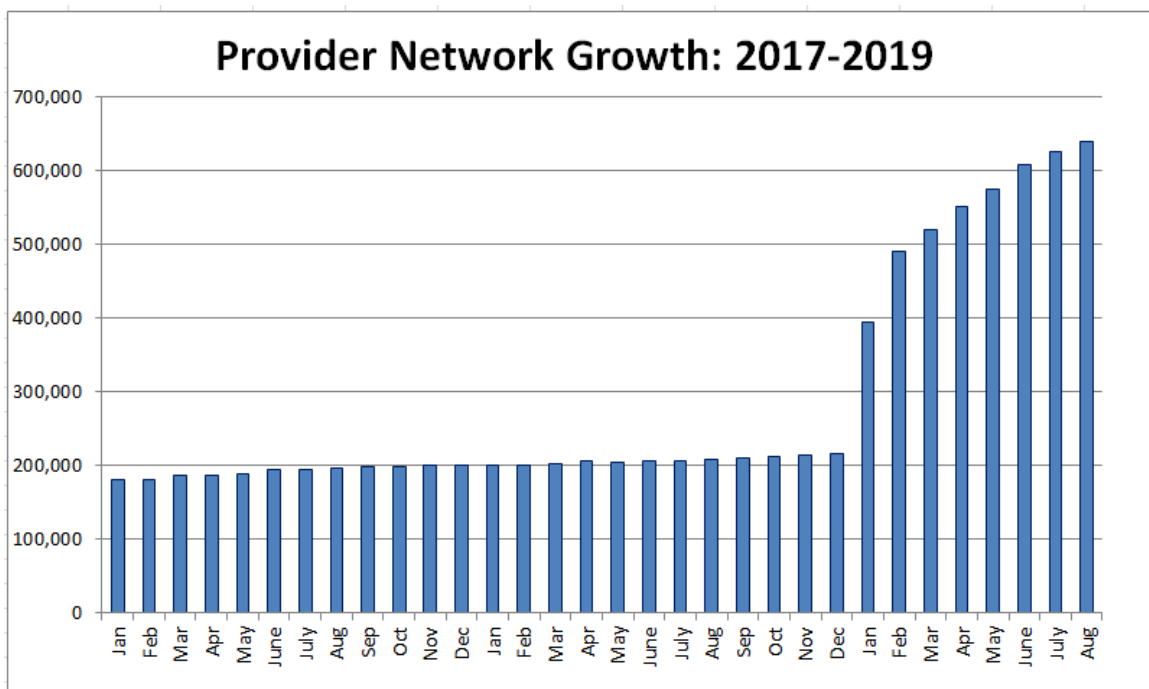
And, we are now beginning to be joined in this privileged work by Optum, which now is starting to stand up the CCN contracts it won. Soon, we expect to be implementing the CCN Region 4 (West Region) contract that we were honored to have been awarded a few weeks ago.

### Access

The most important component of VA community care is ensuring ready access to community providers when needed to supplement VA. To develop a customized network sized for VA and its specific needs, we initiated a process with the team from 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," which, beginning the summer of 2016, was conducted with nearly every VAMC within our service area. We met one on one with each medical center 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 first leveraged these tools, used by us in customizing a network to support the Idaho Guard and their families at the start of this generation's wars, for a process over Memorial Day weekend of 2014 in preparation for assisting the Phoenix VA in working off the backlog of nearly 15,000 Veterans waiting in line for care. Those tools allowed us to assess the demand and determine the needed providers and level of staffing to assist the Phoenix VA in successfully eliminating the initial backlog by the end of August 2014.

Armed with the Demand Capacity Assessment Tools, we and the VAMCs in our geographic areas of responsibility worked to assess demand and then mapped the supply of providers that would be needed in each community to supplement VA care. This targeted approach has resulted in the tailored construction of a network that now grown from 150,000 providers in early 2016, to 180,000 in early 2017, to 200,000 in 2018, and 400,000 in early 2019. Today, there are 639,000 unique providers leaning forward across the country in the network we constructed to support VA.



**Stakeholder Communications and Collaboration**

In addition to working with VA and Congress on program improvements, TriWest also has proactively engaged with Veteran Service Organizations and other Veteran outreach and advocacy groups to gain a better understanding of how we are doing and where refinements might be needed. Examples of the outreach and engagement of TriWest staff – regional directors, operations hub directors, community relations leadership and other TriWest staff – so far in 2019 include:

- Attendance at over 45 VA Town Halls, with active involvement/outreach to Veterans in attendance.
- Participation in more than 30 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 – September 2019).
- 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 numerous Veteran Stand Downs designed to ensure homeless and low-income Veterans are aware of, and educated on, community care benefits.
- Supporting and attending 9 national VSO conventions and VA events between January and September 2019, connecting with thousands of Veterans and providing education and issue support.
  - 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 has:

- Conducted 273 provider education webinars with a total of 3,400 attendees (April 2019 – Sept. 17, 2019).
- Sent 595,416 faxes related to provider education or provider relations (January 2019 – Sept. 17, 2019).
- Sent nine monthly Provider Pulse e-newsletters to an average of 48,973 recipients, resulting in an average open rate of 26% (January 2019 – September 2019).

### **Results to Date**

From the beginning of our work in support of VA in 2013, TriWest has worked diligently to approach the work by first understanding and then responding to the specific needs, at all levels – at the local VA medical center, 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 639,000 individual providers who represent more than 1.2 million access points. This robust network helps ensure that minimal authorizations are returned for not having a network provider available. In fact, in August, only .14 percent of authorizations were returned for no network available – well below the industry standard. TriWest has helped schedule over 1.9 million unique Veterans for care since the start of our work with VA, and our tailored network has delivered over 6.2 million initial Veteran appointments and 10 million follow up appointments.

With our expansion across the country, TriWest now receives between 16,000-20,000 requests for initial care each day, resulting in more than 400,000 requests for Veteran care in the community per month. Most recently, in August, TriWest received a total of 419,000 requests for care. In addition, TriWest handles approximately 1.1 million calls per month, and to date, we have processed and paid over 19 million health care claims to community care providers. We are 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.

With regard to IVF services, TriWest has developed a very personalized and customized approach to supporting Veteran couples authorized to receive these services. Because most IVF providers are not accustomed to contracting with and billing third parties, we worked closely with VA on addressing IVF provider issues and processes. And, in recognition of the fact that IVF is an extremely personal service, we work closely with VA-authorized couples to contract with the providers they prefer to use. The results of this highly-coordinated approach are solid. To date, we are privileged to have supported around 320 IVF cases, with 46 IVF pregnancies discharged to OB care.

### **MISSION Act Implementation**

Thanks in large part to the principled and diligent work of the House and Senate Veterans Affairs Committees, in crafting the VA MISSION Act last year, which was intended in the passage of the stop-gap Choice Act, you armed VA with the authorities to re-set the enterprise and, among other things, move the community care benefit to one that is more streamlined. Shortly after completing our work to expand 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 to collaborate on the processes needed for a success implementation and management of the MISSION Act requirements.

Thanks to the extensive collaboration on VA MISSION Act implementation, this much-needed reform of consolidating all of VA's separate 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. Under the law, VA developed new access standards for community care that require the Veteran to be seen within 18 days (Primary Care and Behavioral Health) and 26 days (Specialty Care) from the time of authorization for care. Since June 6, over 980,000 appointments have been scheduled with the providers in our community care network. This demand has outstripped projections, which has challenged a bit our ability to meet all of the timeframes. However, a few weeks ago we were able to assess what we now know to be the trend-line and are making tweaks to our tools and expanding personnel levels in an effort to be fully compliant with the new standards, in spite of increased demand, by the end of next month.

## **Urgent Care Benefit**

One of the most significant new benefits for Veterans contained in the MISSION Act is a new 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 and is growing a national network of urgent care providers, with additional providers joining the network every week. 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 are proactively sending 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 already is delivering access to timely care. Key statistics that demonstrate this fact as of September 17, 2019, include:

- Over 6,000 urgent care and retail locations currently are in our network.
- There have now been nearly 50,000 urgent care visits.
- The Provider Locator Tool has been used more than 404,000 times.
- We have received over 553,000 MISSION Act IVR calls.
- There have been more than 15,000 calls to the Urgent Care support line.

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 will continue to build and refine the network 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 it is willing to be available to meet the needs of those heroes who call their community home. For our part, we will make sure the processes are simple to execute and that provider bills are processed and paid quickly and accurately.

## **Challenges**

While the community care aspects of the MISSION Act are off to a promising start, there certainly are adjustments and refinements to be made as the program matures. Some early challenges include:

- Limited availability of urgent care/retail clinics in rural areas, where there are few to no national retail chains present. This requires finding and contracting with smaller, local urgent care facilities if they exist in the market. This challenge is not unique to this program, but one that exists in the commercial marketplace also.



- Limitations in the regulations that restrict the types of urgent care/retail clinic locations which can participate most readily. The regulations allow for specific types of urgent care facilities such as chain retail clinics and free-standing urgent care facilities. The construction of this rule has made it necessary for VA to develop a waiver process to allow other, more localized options to participate.
- The volume of care requests being received has greatly exceeded VA projections – by about 20 percent overall. This higher than anticipated volume has resulted in some Veterans seeking community care to experience appointing delays.
- Thanks to congressional engagement, we determined that the urgent care provider locator tool, custom-build for this effort, has some limitations in certain geographic areas, such as mountainous and waterway areas. The anomaly in the tool results in inaccurate drive times for those specific areas.
- Some providers have been reluctant to join the expansion network due to prior and outstanding claims issues, and some urgent care providers have been reluctant to join, based on previous (prior to MISSION Act) claims challenges.

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.
- Revisions to the urgent care locator tool to address the anomaly related to inaccurate drive times for mountainous and waterway areas.
- TriWest senior leadership engagement and outreach with key VA preferred providers to assist in closing remaining network gaps.

### **Conclusion**

Madam Chairman, Ranking Member Dunn and Members of the committee, 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 Veterans risk their lives to protect American values and society, so when their lives are at risk here at home, it is our moral obligation to protect them. They have had our back as a country, so now we should have theirs.

It is the honor of our lives 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 and communication. The work is complex and challenging, and there always seems to be more work to be done. We are all very focused, and I am very proud of the work we are doing together and all that we have accomplished thus far. And, I am confident that the trajectory on which we all are on will continue to improve this program 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 learn from it and to supplement that VA care in the community, when and where 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 the two systems that exist to serve those who serve, we have developed substantial experience in helping these systems implement and mature their programs to provide timely and convenient access to quality health care services. Just as we have done since 1996, we are committed to providing Congress our full support and cooperation as we continue our work alongside VA on the shared privileged mission of protecting the lives of our nation's heroes. Helping Veterans access high quality care in the community is the most sacred work in health care. For us, it is service first and then business. Our mission is to find and serve those in need, ensuring they have access to the right services with the right provider and supporting providers fully as they serve the needs of their hero.

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

Thank you.