

Written Testimony of
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Subcommittee on Health
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INTRODUCTION

Chairwoman Brownley, Ranking Member Dunn and Distinguished Members of the Subcommittee, 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 2,200 employees, most of whom are Veterans or Veteran family members – it is an honor to appear before you to discuss our experience as part of the Department of Veterans Affairs’ (VA’s) team working to ensure Veterans have timely access to high quality care in the VA health care system and in the community.

Thank you for your leadership and this Subcommittee’s bipartisan approach to enable and equip VA to honor its sacred mission and transform its services to improve care and access for Veterans today, tomorrow and well into the future under the VA Mainlining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (VA MISSION Act, P.L. 115-182). America’s Veterans have earned the very best care possible from a robust VA system of care and an integrated community care option when necessary, and it is a privilege to be part of this critical journey.

TriWest and the VA Community Care Network

Our role at TriWest is to strengthen and support the overall VA system of care by providing VA with the elasticity it needs to ensure Veterans receive needed health care on a timely and convenient basis. It is a solemn responsibility that we have taken very seriously for the seven years we have been supporting VA’s mission and will continue to be so. We consider ourselves fortunate to be a part of a dedicated team working together in support of our nation’s heroes, and trust that our work to date and in the future will honor those we are privileged to serve. Veterans are always at the center of everything we do!

Over the last several years, we have worked closely with VA under the Patient-Centered Community Care (PC3) program and the Veterans Choice Program (Choice), as well as to implement components of the MISSION Act. And, we have just rolled out and are now refining VA’s Community Care Network (CCN). It has been quite a journey.

As the Subcommittee is aware, one leg of the journey even included VA extending our initial PC3 contract in the fall of 2018 and asking us to expand our services in all 50 states, Puerto

Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands until CCN could be fully implemented. We agreed to do so, and ultimately provided VA with access to a consolidated nationwide network of over 710,000 community providers to serve Veterans in all 50 states and territories.

Throughout, we have collaborated with key stakeholders –VA, the VSOs, network community providers, Congress and, most importantly, with Veterans – with the objective of refining those programs and services to better serve our nation’s Veterans. To that end, VA and TriWest have jointly implemented over 100 contract modifications which have greatly enhanced the community care services available to Veterans. One of the most recent CCN contract modifications will have us supporting VA by providing appointing services to help supplement appointing services performed directly by VA. This will give VA access to the resources needed to help eliminate backlogs and provide for timely access to care when needed in the community.

We are proud to have earned the opportunity to continue providing vital support to VA in 2020 and beyond through the Community Care Network contract for Region 4. By working side-by-side with VA, we successfully rolled out the CCN contract platform last month, allowing us to serve more than 3 million Veterans and VA Medical Centers (VAMCs) in all 13 states within Region 4, all while adjusting to unique challenges presented by the novel coronavirus (COVID-19) pandemic and continuing to support some VA facilities outside of Region 4. We and VA then entered the joint refinement phase – which will run six months, through March 2021 – as we support the joint team in quickly making any needed adjustments to the integrated operating model and its tools and processes.

Together, we have achieved many successes and have collaborated to resolve a number of challenges. And, I am confident of our collective ability to achieve success going forward... to the benefit of all stakeholders.

Timely Access to Community Care

As the Committee is aware, one of the primary goals of the MISSION Act was to help ensure Veterans receive timely access to care when such services are unavailable at a VA facility due to capacity or capability constraints. TriWest works closely with VA to ensure community-based health care is available to Veterans when VA determines it is needed. We are pleased to share that from the start of our work at the side of VA, to the end of August 2020, our tailored network of over 710,000 community providers has delivered more than 31.5 million *total* appointments (including initial appointment and follow-up care) in support of VA.

Ensuring VA has the elasticity it needs to deliver timely access to care for Veterans starts with developing a customized network sized in a manner that enhances VA capacity and capabilities. To develop a relevant customized network, 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,” which, beginning the summer of 2016, was conducted with nearly every VAMC within our service area, both under PC3 and more recently for CCN. 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. This targeted approach has resulted in the tailored construction of a network that is optimally fashioned to support Veterans where they reside and in support of each VAMC and Community Based Outpatient Clinic (CBOC) service territory.

Appointment Scheduling

Under CCN, VA has assumed primary responsibility for scheduling Veteran appointments in the community. However, under PC3 and Choice, TriWest scheduled Veterans for care in the community across the vast majority of areas we served from the start of our work alongside VA beginning in 2013. We continue to schedule appointments under PC3 in a limited number of areas, as well as IVF care nationally, and are preparing to assist VA with appointment scheduling in VA-defined areas under CCN beginning tomorrow. This assistance is built on a modification to our contract that provides optimal flexibility to VA as it matures its tools and processes, and gets a sense of stable demand, while giving us reasonable predictability. Our collective goal of a dynamic, flexible framework geared toward protecting the taxpayer from paying for something that was not needed two years from now, while ensuring VA optimal elasticity to meet its changing needs and providing us reasonable protection, was achieved. We stand ready to support the VAMCs in Region 4, and the Veterans they are charged with supporting, as they figure out what, if any, support is needed to clear any current backlogs and ensure none build in the future.

When we started this privileged work seven years ago, we used an outsourced model for much of this critical function of appointing but quickly decided to pivot and bring the work inside after we found it to be much more challenging than we had anticipated. The scheduling process is complex and is dependent on various factors and influencers – time required to reach the Veteran; Veteran appointment preferences, such as date/time/provider/distance from home or office; provider availability; and accessibility considerations such as geographic location (mountains, ferries), road conditions and weather conditions, including flooding, snow storms, and even natural disasters. Most recently, we have learned that a pandemic has a substantial impact on scheduling medical appointments.

In the early days of the program, both the GAO and VA Office of the Inspector General conducted reviews of the scheduling processes employed by VA and its third-party administrators, including TriWest, and identified unacceptable substantial delays in the appointment process. They found that it took on average 180 days for a Veteran to get from an encounter with a VA doctor who concluded they needed an appointment with a community provider to the actual appointment. At the time, VA was taking 90 days to get the appointment request to us, and we and the other TPA at the time were taking 90 days for our part of the appointing process. This Committee appropriately expressed serious concern. And, we made a commitment to roll up our sleeves and get to work to bring our performance to a place befitting of the service of our nation's finest.

TriWest worked diligently to address scheduling issues and made a number of refinements to our approach – we added additional staff, worked with VA on streamlined referral and authorization processes, created operational “hubs” assigned to support scheduling for specific geographical areas in order to obtain familiarity with local community providers, developed an entirely new

Customer Relationship Management (CRM) system, and embedded TriWest staff at VAMCs to work closely with VA on the referral and scheduling process. These improvements took time and a considerable amount of resources, but ultimately paid off to the benefit of Veterans.

As a result of these changes made and the streamlining of the processes, by early 2017, we were scheduling 90 percent of all appointments within **5 business days of receiving the authorization**. And, the number of days for a Veteran to be seen by the provider with which they were scheduled averaged 22 days.

We continued this strong appointing performance until our rapid expansion into the former TPA's service areas when the sheer volume of community care authorizations across the country overwhelmed us. Once again, we focused on refining processes and deploying the additional staff needed and returned to our previous scheduling standards.

The collaboration between VA and TriWest, and the commitment of our network of community providers to service the needs of Veterans in support of VA, has delivered very solid results. One such beneficiary of our collective focus was a 86-year old Veteran suffering from insomnia issues that VA wanted to have seen by the neurology department at one of the Mayo Clinic sites in the country. TriWest was able to work with VA and Mayo leadership to help coordinate making it possible for him to be seen at the Mayo Clinic. The Veteran was approved for treatment at the Mayo Clinic earlier this year and a few weeks later he reached out to thank us for all our efforts that made it possible for him to be served at Mayo. He stated it was "the best medical experience he had ever had in his life."

In another instance, TriWest staff regularly participates in Veterans Day parades across our region, to include building a float for the parade in Phoenix. A TriWest staff member assisting with last-minute float preparation sought assistance from a home improvement center employee on Veterans Day who turned out to be an Air Force Veteran recently diagnosed with cancer. The Veteran had been referred through TriWest to a community cancer center for treatment and noted that TriWest had been able to quickly appoint him with his first appointment happening later that day – Veterans Day. He was very thankful for the efforts to get him appointed, and he personally escorted the TriWest staffer to the checkout line, where he asked the cashier to waive the charge for the lumber being purchased as his way of thanking our staff for both his needs and for taking time on Veterans Day to honor all Veterans. That TriWest staff member has kept in touch with this Veteran over the past several months and recently shared that the Veteran has been cancer-free since his treatment last December, spending two months on the road this summer with his wife, traveling the country while remaining socially distant.

Earlier this spring, we encountered numerous unanticipated challenges as the COVID-19 pandemic spread across the country. In response to the pandemic, community providers reduced services at the same time that VA also reduced its throughput to keep Veterans and its staff safe and to respond to the needs of those dealing with the effects of COVID. While we certainly continue to deal with COVID-19 across our CCN Region 4, with certain areas more significantly affected than others, health care providers in the community, like VA, are returning to seeing patients more broadly. However, they have generally adopted procedures in consideration of the "new normal" that, in some cases, have impacted the volume of appointments they can accommodate. For example, some providers require a COVID-19 test prior to scheduling an appointment and other offices want to talk to Veterans to ensure they want to be seen in person

prior to scheduling an appointment. In addition, many community providers have quickly adjusted their practices to include telehealth services.

Community providers who are resuming operations, consistent with CDC guidelines, are again enabling us to return to normal appointment scheduling timelines. For the referrals we have received from VA since July, 90 percent of all initial primary care appointments have occurred within 26 days from receipt of the referral, 90 percent of all initial mental health care appointments have occurred within 27 days of receipt, and 90 percent of all initial specialty care appointments have occurred within 28 days from receipt.

SUCSESSES

Along our journey working in partnership with VA, we and VA, with support from this Committee, have achieved some key successes.

Urgent Care

One of the most significant new benefits for Veterans contained in the MISSION Act was the creation of an urgent care/retail clinic benefit. It allows eligible Veterans to be able to receive care at an urgent care center 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. They can go when they feel the need and it works for them, including at night and on weekends.

Asked to execute the benefit nationwide following passage of the MISSION Act in 2019, we and VA felt strongly that the benefit needed to be accessible to as many Veterans as possible regardless of where they lived, provided that there was an urgent care center nearby. CVS, who we had done the pilot with in Phoenix, had generally an urban footprint. We needed Walgreens as well, but they do not serve all of the communities in which Veterans live. Many of the rural areas had sites that were stand alone and not part of a broader company.

Solving the challenge required several things. It took cataloguing all sites that existed in the country with which we might contract. We also needed the addresses of all enrolled Veterans. Lastly, our company harnessed sophisticated mapping tools to cross match the rooftops of the eligible Veterans to the parking lot of the urgent care centers within 30 minutes of their homes. In this manner, we were able to pinpoint those urgent care centers we needed under contract in order to provide a network that allowed all to have access where urgent care centers exist.

We developed a national network of over 6,700 urgent care centers and retail locations, providing access to the benefit for more than 92 percent of enrolled Veterans. This exceeds the goal in Medicare of 70 percent access. To make it all work, we then 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. To ensure support for Veterans, urgent care centers and pharmacies with this newly created feature to VA, we established a support line so help could be provided at the time of the encounter... serving some 3,000 calls this last month alone.

This benefit was not designed to detract from the VA direct care system, but to provide easy and timely access to certain services. And, with just shy of 450,000 claims now paid for services provided in our urgent care network since the rollout of the benefit, it has clearly been an invaluable enhancement to access for Veterans.

The importance of the Urgent Care benefit has been reinforced during the COVID-19 pandemic, as it has served as a critical access point for Veterans who find themselves residing in an area where both VA and community providers have limited capabilities to provide in-person care. Moreover, as flu season fast approaches, Veterans enrolled in the VA health care system will be able to make a flu-shot only visit at in-network urgent care locations, beginning tomorrow – October 1st – as well as at network pharmacies, at no cost to them. This critical preventive measure can help reduce flu symptoms, reduce the burden on the health care system, and save medical resources for coronavirus patients. Equally important, VA has indicated it will not count a flu-shot only visit to an in-network urgent care location against the first-three visits per year that determine copayment rates.

Flu Shot Campaign

This year, health experts have been emphasizing the fact that it is more important than ever to get a flu shot. According to a VHA Office of Community Care fact sheet on flu shots, higher seasonal flu vaccinations in the elderly (65 years and older) correlated with fewer deaths from COVID-19. TriWest has worked closely with VA to communicate the VA flu vaccination program and to educate community providers about it. TriWest network pharmacies in CCN Region 4 have delivered nearly 20,000 flu vaccinations to date. And, our decision to include Walgreens in the Region 4 network not only provided maximal breadth of the pharmacy network, but has helped eliminate confusion for those Veterans who may have had flu shot access under the prior direct contract since Veterans who are used to going to Walgreens are not being turned away.

Behavioral Health

Ensuring our nation's Veterans have access to the full range of timely, high-quality mental health services they have earned and deserve must be our collective mission. Meeting Veterans' ever-growing demand for mental health services 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. We should strive to not only prevent tragedy from striking, but also afford our Veterans an opportunity to live a healthy, full life.

TriWest has undertaken a number of steps to more effectively deliver needed behavioral health services to Veterans. We have invested in and are training our community mental health providers in evidenced-based therapies that are known to be maximally effective in meeting the needs of Veterans. Known as Operation Treat a Veteran, this collaboration between TriWest, the Department of Veterans Affairs, the Center for Deployment Psychology, and PsychArmor Institute offers evidence-based training to all community-based network providers in the areas we serve and covers two broad topics: Military Lifestyle and Culture; and Evidence-based Psychotherapy.

We also have expanded community-based tele-mental health care services serving Veterans. Well before the coronavirus pandemic, TriWest designed and deployed a tele-behavioral health platform to connect community behavioral health providers with Veterans in need of counseling who desire the use of this tested modality of care delivery. The initial rollout of this initiative was in Phoenix, San Diego and Texas, and now has been expanded across the areas we serve. As we all know, telehealth services have been invaluable during the pandemic. TriWest is well prepared to support the tele-mental health needs of Veterans across CCN Region 4 and the other areas we continue to serve.

We are also one of the founding members of the “Be Connected” effort, birthed in the state of Arizona, which ties together the state with VA and social services organizations to provide a tight knit fabric to identify and serve those at risk of suicide. This successful and innovative program has impacted suicide rates positively including eliminating suicides for two years in a row in the local Guard.

We look forward to doing more in this critical space in the years ahead, and appreciate to Committee’s leadership in confronting this critical issue.

IVF

While it is a privilege for TriWest to serve all Veterans, we take special pride in our effective efforts over the past three years to support Veterans and their spouses who qualify for VA’s in-vitro fertilization (IVF) benefit. TriWest has developed a very personalized and customized approach to supporting Veteran couples authorized to receive these services. Since 2017, TriWest has coordinated IVF care for over 500 Veteran couples across the country, to include seeking their preferences in community providers and focusing our contracting efforts to meet those needs. Our dedicated IVF staffing for administrative and clinical care coordination for these couples and our close coordination with VA’s centralized IVF program office (which was stood up in late 2018 and patterned off of TriWest’s IVF case coordination model) have been praised by Veterans and providers.

In one instance, the TriWest IVF team was presented with an IVF authorization for a couple located in Oklahoma who due to the Veteran’s service-related injuries was unable to start a family without IVF assistance. The TriWest IVF team reached out to initiate contact and to seek the couple’s provider preference, as TriWest and its leadership have always believed that an effort as personal and emotional as IVF should start by respecting the reality that most couples conduct research and meet with providers to find the IVF provider they believe can best support their specific needs. This couple had a provider of choice, which TriWest was able to contract and appoint in a timely fashion for all of the IVF-related procedures. It is now 2 ½ years later, this couple is now a family of five, with two pregnancies and deliveries (the second being twins) completed through this IVF benefit.

Another Veteran couple recently reached out to us to share their joy in their new family member, stating “Thank you for all the support in the past couple of years to make our dream come true and (we are) definitely looking forward to work with you again when we are getting ready for [child’s name] little brother/sister.”

Claims Processing and Payment

At TriWest, we and our non-profit owners value the care our network of community providers delivers to Veterans. We know that paying them promptly and accurately plays a key role in their willingness to participate in the VA Community Care Network and is our obligation to those who agree to serve. To date, we have processed and paid over 34 million claims to health care providers for the care they have delivered to Veterans in support of VA and its critical mission, and have worked hard to arrive at a place where we are processing and paying their clean claims **within two weeks** to an accuracy rate of 98 percent. This is in half the time required. VA also has worked hard to refine its processes so that it is now reimbursing us effectively and timely for the nearly \$900 million we pay providers each month.

Achieving this level of claims payment has not been easy; it has taken close collaboration with VA to get to where we are today. As you may know, we pay our network provider claims *prior* to being paid by VA. Only after we have paid a community provider for care delivered to a Veteran do we invoice VA for that care. Over the years, there have been a number of challenges with claims processing – some due to the limited amount of time VA had to stand up PC3 and Choice and some due to system issues and/or limitations – both VA’s and our own. But, by working together we have been able to resolve much of that which was proving to be a challenge to the timely processing and payment of claims and in turn the timely processing and payment of invoices. We have worked hard to get here, and VA and TriWest are committed to ensuring that we sustain the record of timely claims payment to VA community health care providers.

Transplants

Thanks to the commitment of Members of this Subcommittee, in particular, Veterans now are able to more readily receive transplant services closer to home. TriWest has now case managed 235 transplant cases, including our first transplant case under CCN.

One such Veteran is a patient of the Clarksburg VAMC in West Virginia, who received a heart transplant at West Virginia University Hospital in August of this year. While pre-transplant tests and post-transplant care significantly reduce rejection, the Veteran was unfortunately readmitted to the hospital for organ rejection, which can be complex and difficult to treat. The TriWest care coordination team worked closely with the VA Transplant Coordinator and the Transplant Coordinator at the community facility to ensure timely clinical information sharing and coordination of care. Throughout the Veteran’s experience of additional admissions for rejection care, VA and TriWest care teams collaborated to ensure that care continued with little to no administrative burden. While the Veteran was ultimately discharged to home a few weeks ago, the Veteran is being closely monitored. This group continues to work together to ensure a safe and efficient transfer of care responsibilities to Optum for his ongoing post-transplant care.

CHALLENGES

As we moved forward with implementing CCN, we and VA have leveraged our past experience and lessons learned to refine implementation planning processes and approach. The collaborative effort included a phased structure for implementation, which provided an opportunity to review how the deployment played out and to apply lessons learned from one phase during the next phase of deployment. VA also established a virtual joint command center, which facilitated “just-in-time” resolution of implementation challenges and an approach to

refinement. The feedback we received from the VA field regarding the structured and collaborative approach to which we held was positive.

Some implementation challenges that we have worked together aggressively to address, or are continuing to be resolved, include:

Overall Network Contracting

Unfortunately, the coronavirus pandemic hit shortly before we began implementation of CCN and substantially complicated our continued efforts to build and refine our network. Provider practices and facilities across CCN Region 4, as well as the rest of the nation, substantially reduced operations and office staff and in some cases, closed down entirely. Practices that remained open focused their efforts on taking care of patients; they also focused on pursuing outstanding claims in order to cover the cost of continued operations. This made getting providers to sign and return final agreements or to complete credentialing documents very challenging. We doubled down on our efforts to obtain necessary documentation while also trying to be mindful of the current environment in which these provider practices are operating.

While most health care practices have resumed operations in accordance with CDC guidelines, many still have not returned to previous staffing levels. As a result, we continue to encounter provider reluctance to participate in CCN because they simply do not have the staff needed for administrative requirements associated with participation.

One key challenge we hear from community providers is the statutory requirement that CCN providers file claims for services rendered to VA within 180 days. As mentioned earlier in the claims payment section, the 180-day timely-filing requirement previously created challenges under PC3, particularly since there were numerous changes with claims payers (VA, then Health Net, back to VA, then TriWest). The changes created provider confusion, resulting in claims being sent to the incorrect payer. While this issue is now being addressed collaboratively by VA and TriWest, many providers are still somewhat reluctant to commit to this standard, as they are more accustomed to the industry standard of 365 days and have their systems and processes mapped accordingly. In fact, we would recommend VA and the Committee seriously consider modifying this VA-program's unique requirement to bring it in line with other government programs such as TRICARE and Medicare. It would ease a source of great frustration for big systems and the academic medical center community.

Dental

As the Committee is aware, the MISSION Act consolidated several VA community care programs under VA's new Community Care Network. Many of the services that have been consolidated under CCN were not previously covered under the community care programs TriWest administered; these services generally were provided to Veterans through direct agreements between VA and the community providers. Dental is one such service.

As with any substantial change in how programs or services are administered, the transition of dental services to the consolidated CCN has caused some confusion with community providers, dental staff at VA facilities and ultimately Veterans. We have partnered with VA to address these challenges, working together to better educate VA staff and community dentists on the new

structure, including an approach to payment rates for community providers (negotiated rates versus the VA allowable rate structure). The confusion around rate payment in particular created some hesitancy among dentists to join the network, which initially affected dental network access levels. However, after an in-depth assessment performed by our dental network partner and TriWest, I am happy to report that we have successfully deployed a strategy for addressing dental network gaps and as of the end of August, our dental network access exceeds 90 percent.

Unskilled Home Health

Another service newly provided under CCN is unskilled home health. Much like the dental discussion above, the move from direct agreements with VA to a consolidated approach under CCN has not been without its challenges. Payment rates for unskilled home health have also created provider confusion even though the rates are set by VA. There was a delay when TriWest received updated VA payment rates for unskilled home health, which has negatively affected our ability to develop as robust a network as VA needs.

We are aggressively working to build an unskilled home health network that is tailored to the needs of each VAMC and the Veterans who reside in its service area, with a goal of making sure that the individual providers whom Veterans have relied on to provide care are available to be used under CCN. We are not required to do so, but we believe this to be critical to care continuity for Veterans and responsive to their safety concerns during this time of COVID threat and intend to meet this critical objective.

Acupuncture

The MISSION Act requires VA to pay up to 100 percent of Medicare, when Medicare rates exist for the services covered by VA. When there is no Medicare rate, our contract instructs us to pay the VA allowable. Until recently, Medicare did not cover acupuncture services and therefore there were no Medicare rates for acupuncture. However, earlier this year, Medicare did establish a limited acupuncture benefit for specific back pain and established rates to correspond with these services. As required by the statute, VA instructed TriWest to use these newly-established Medicare rates for a defined set of acupuncture services. This change in rate structure has generated a fair amount of concern among community-based acupuncturists. Some of that concern has been elevated to the congressional level. Again, TriWest is bound by both the contract and statute to apply Medicare rates when they exist.

CONCLUSION

Chairwoman Brownley, Ranking Member Dunn, and Distinguished Members of the Health Subcommittee, I salute you for placing a high priority on the critical issue of ensuring Veterans have timely access to care – both within VA facilities and when needed in the community. Our nation’s Veterans are our personal 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 and privilege to serve and protect them. They have had our back as a country, so now we have a duty to have theirs.

It is TriWest’s great honor to work on behalf of a grateful nation. The partnership between VA and TriWest has progressed and matured substantially over the past seven years into 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 needed.**

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 operating in support of the Department of Defense 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.