

United States Senate

WASHINGTON, DC 20510

December 21, 2015

COMMITTEES:
AGRICULTURE, NUTRITION AND FORESTRY
BANKING, HOUSING AND
URBAN AFFAIRS
HOMELAND SECURITY AND
GOVERNMENTAL AFFAIRS
INDIAN AFFAIRS
SMALL BUSINESS AND ENTREPRENEURSHIP

The Honorable Robert McDonald
Secretary of Veterans Affairs
U.S. Department of Veterans Affairs
810 Vermont Ave NW
Washington, D.C. 20420

Dear Secretary McDonald,

As the Department of Veterans Affairs (VA) moves forward with the proposal to consolidate community care, I am writing to raise some of the key concerns facing rural veterans in my state, address ongoing inefficiencies within the Choice Program that must be resolved, and follow up on your commitment to visit North Dakota to see firsthand the challenges veterans in rural and highly rural areas face.

Since the rollout of the Choice Program in November 2014, an overwhelming number of veterans, family members, doctors, and health care providers have contacted me out of frustration, disappointment, or despair as veterans tried to make appointments for critical health care needs, including cancer treatments, X-rays, physical therapy, and other issues. After funding shortfalls for Care in the Community left veterans with fewer options for non-VA care, many were forced to drive hundreds of miles to obtain VA care or wait an unreasonable amount of time to be seen for urgent matters, some of which were terminal. It is so very disheartening to hear these stories, especially when veterans tell me they opted out of taking an urgent appointment because the long drive was simply too much of a burden or they did not have the time to wait for an appointment that would further delay treatment of a terminal illness. In many of these cases, veterans sought care locally but at their own expense, and others did not receive the timely care they needed. When this happens, we have failed our veterans. Unfortunately, even with the flexibility given to the Choice Program this past year, the problems have persisted.

I am encouraged by VA's proposal to improve community care programs by consolidating eligibility requirements, expanding access to emergency treatment and urgent care, simplifying the referral and authorization processes, implementing a tiered network that leverages multiple community providers, and improving medical records sharing to enable better care coordination. However, I remain concerned about potential gaps and administrative burdens that could arise after a comprehensive effort to streamline the referral and authorization process for community care takes effect. The plans and recommendations I have seen would certainly be a step in the right direction, but they offer little insight into how the VA will specifically resolve complications and confusion veterans encounter in dealing with a third party administrator. As you are probably aware, Health Net is the third party administrator servicing veterans in North Dakota, and one of the top complaints I hear is that veterans frequently get the "runaround" when trying to make appointments through a middleman and would prefer to schedule their own

appointments directly. Oftentimes, veterans are placed on hold for several minutes to an entire hour, wait weeks to hear back for an appointment only to be told more information is needed, and find themselves duplicating efforts as they go back and forth between Health Net and the VA to get required information to the appropriate person.

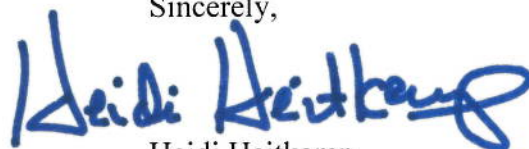
These problems can be even more challenging in rural areas where access to health care is not nearby and administrative procedures are less systematic than those of larger providers. To properly address these concerns, I would appreciate your response to the following questions:

1. How was the unique challenge of serving rural veterans – who are some of the most underserved veterans in the nation – considered in the new proposal?
2. What VA Community-Based Outpatient Clinics in North Dakota meet the VA's definition of having a full-time primary care physician and would make veterans within a 40 mile driving distance ineligible for non-VA care under the VA proposal?
3. What role, if any, will third party administrators like Health Net play under the VA's plans to consolidate community care?
4. Has the VA considered options to locate third party administrator representatives at VA medical centers to ensure more local knowledge and more efficient coordination with VA personnel?
5. Will additional options be available to make appointments and help reduce call wait times or lags in returned calls, such as online scheduling or offering a more direct method for veterans to schedule their appointments?
6. What type of process can be implemented to ensure veterans who call for an appointment but receive a follow up call days or weeks later are prioritized in the order they first attempted to make the appointment?

With these questions in mind, I hope you will take time to read the enclosed letter I received from the daughter of a World War II veteran depicting just one example of the frustration and disappointment veterans are still experiencing as they attempt to access non-VA care closer to home. These issues have become all too common, but I believe it is difficult to truly understand the problems veterans are facing in rural areas without seeing them firsthand. And with the challenges the VA has experienced in finding the right path forward on community care programs, any final changes to these programs would be unwarranted without first seeing the obstacles facing those in rural America.

I was pleased by your commitment to visit North Dakota when we met prior to your confirmation as VA Secretary and the time has come to take a firsthand look at the issues facing veterans in my state. I look forward to your reply on the issues I have raised and to working with you to identify a time when I can host you for a visit in the near future.

Sincerely,



Heidi Heitkamp
U.S. Senate

Enclosure