

**Congress of the United States**  
**Washington, DC 20515**

June 3, 2021

Denis R. McDonough  
Secretary of Veterans Affairs  
U.S. Department of Veterans Affairs  
1722 I Street NW  
Washington, DC 20421

Richard Stone, MD  
Acting Under Secretary for Health  
Veterans Health Administration  
U.S. Department of Veterans Affairs  
810 Vermont Ave NW  
Washington, DC 20571

Dear Secretary McDonough and Dr. Stone,

We write today to bring your attention to several significant challenges facing veterans accessing medical care throughout Washington state. We request your immediate action to resolve these issues and improve access to care provided by Veterans' Affairs Health Care Systems covering Washington state, to include the Veterans' Affairs (VA) Puget Sound Health Care System (VAPSHCS) at the Puget Sound VA Medical Center (VAMC) and the American Lake VAMC, and the VA Portland Health Care System at the Portland VA Medical Center. We have engaged in constructive discussions with the Director of VAPSHCS and the CEO of TriWest who are committed and willing to do their part to resolve the issues. We request your immediate assistance in resolving the systemic issues plaguing the veterans' health care system.

As you are aware, in 2018, Congress passed the VA MISSION Act to improve VA operations and provide veterans timely access to quality care. The Act increased veterans' access to health care within the VA's network and through approved community non-VA medical providers, known as community care providers. Veterans could also receive care via mobile health clinics which helped improve access in rural areas and via telehealth (care through a phone or computer).

For our region, Region 4, the VA awarded TriWest the contract to serve as the third-party administrator for the network of community providers, known as the Community Care Network (CCN). Unfortunately, since the VA MISSION Act became law, our offices have received numerous complaints from veterans and providers regarding difficulties in accessing health care including a lack of clear communication, long wait times to receive care, a lack of sufficient care facilities in the area, delays in approving claims, and understaffed facilities.

**Lack of Clear Communication with Veterans**

We are concerned that the VA and TriWest did not effectively communicate process changes regarding the shift from the VA's Veterans Choice Program (VCP) to the VA MISSION Act. We have received feedback from veterans regarding a communication vacuum resulting in a lack of guidance on upcoming procedural changes to request continuing care with their existing community providers. The VA must improve communications with veterans to ensure they can make informed decisions about their health care.

Veterans must also be informed of VA facility changes. The VA has closed several clinics in our region including in Lake City, Federal Way, and Bellevue and opened new primary care clinics in Olympia, Puyallup, and Edmonds. Looking ahead, the VA must ensure veterans are aware of these changes and the available options to access care.

### **Lack of Clear Communication with Providers**

Neither the VA nor TriWest notified providers if they were still part of the CCN, requiring existing providers to inquire about their status and complete a time and resource-intensive recredentialing process without any clear instructions or assistance. Providers report waiting on hold with the VA and TriWest for several hours before their calls were answered. The VA must improve communications with providers to ensure they understand process changes and recredentialing procedures.

### **Long Wait Times to Receive Care**

Veterans have experienced long wait times for appointments at VA facilities, as well as with community providers. Phone calls go unanswered, appointments are delayed, and community providers often wait up to two months to receive authorizations for necessary medical care. As you are aware, current VA standards for community care eligibility are 20 days for a primary care appointment and 28 days for a specialty care appointment, so 60+ days is simply unacceptable.

If a VAMC is unable to provide care within these wait-time standards, then the veteran is eligible to receive care through the CCN. Unfortunately, a concerning 2020 Government Accountability Office (GAO) report showed that veterans receiving care through the CCN could wait an indefinite amount of time for an appointment. The report highlights a potential 19-day wait period while the appointment request proceeds through the VA's referral and scheduling process. After the referral is forwarded to a CCN provider, there is no standard wait-time for the appointment to be scheduled. Internal data from the VA from October 2019 through June 2020 showed veterans waited an average of 41.9 days for an appointment in the community. We urge the VA to establish an achievable wait-time goal for CCN appointments in accordance with the GAO report recommendations.

Despite these challenges, we have heard that local VA offices and TriWest do not work together effectively in the scheduling of appointments, worsening existing schedule and care delays. While we recognize the COVID-19 pandemic has strained healthcare resources nationwide, the VA must be able to rely upon TriWest to help fulfill its statutory obligations to provide our veterans the care they earned for their service to our nation.

### **Lack of Sufficient Care Facilities in the Area**

We are troubled by a lack of sufficient health care facilities to include VA facilities and community care providers. We have received numerous reports of veterans being forced to travel great distances because of a gap in community care provider coverage. The MISSION Act stipulates that a veteran can receive care closer to their home if the closest VA care is more than

a 30-minute drive for standard care and a 60-minute drive for specialty care. However, there are no guarantees that the CCN includes providers within that distance. We've also received feedback from veterans who live in rural areas who indicate a lack of in-network providers near them. TriWest must ensure the CCN is built up to provide coverage to veterans in need.

### **Delays in Claim Adjudication**

We are also concerned with delays providers are experiencing in claims adjudication. Providers have indicated that the dashboard tool that TriWest has provided for claims adjudication is often broken. The providers who have been able to reach TriWest for assistance are told to fax claims to TriWest until the dashboard tool is operational. However, providers report their faxes go unanswered and their claims go unpaid. These delays are not only frustrating to providers but harmful to the health of our veterans. We urge the VA to exercise oversight of the software tools administered by third-parties to ensure the software is functional for seamless claims adjudication.

### **Understaffed Facilities**

Finally, we are troubled by the chronic understaffing and under-resourcing of VA health care facilities, to include the Medical Staff Assistant (MSA) position which is understaffed by 26% in the VAPSHCS region. Despite recruiting efforts and an increase in salary, the position currently has more vacancies than applicants. We urge the VA to allow the MSA position to be filled virtually which would attract applicants from other geographic locations who do not wish to relocate to the Pacific Northwest.

Local Patient Advocate offices are also understaffed. This office plays an important role in assisting veterans struggling to navigate the health care system or experiencing customer service issues. Currently, the VAPSHCS website lists only three Patient Advocates assigned to each VAPSHCS clinic for the over 112,000 veterans accessing VA health care in our region. Failing to provide funding for Patient Advocates only exacerbates wait times and compounds communications issues with the VA. This lack of funding also goes against the intent of current law. We urge the VA to hire additional Patient Advocates for Region 4.

To address these concerns, we ask that you provide the most up-to-date data available in response to the following questions no later than June 30, 2021:

1. What steps did the VA take to communicate to veterans the request process for continuing care with their pre-existing community providers when the VA VCP shifted to the VA MISSION Act? What steps did the VA and TriWest take to communicate re-credentialing procedures to community providers since the VA MISSION Act was passed in 2018?
2. From September 2020 through March 2021, how many days on average has it taken veterans to schedule an appointment in Region 4? How many days has it taken from when an appointment was scheduled to delivery of care? Please disaggregate data by

primary care and specialty care. Please also disaggregate data by care delivered at VA facilities and care delivered by community providers.

3. What steps are being taken to improve the timeliness of care delivery, both at the VA and through TriWest? Is the VA considering changes to its internal processes to reduce delays in processing and scheduling requests for care?
4. What steps are being taken at the VAMC level, including by Patient Advocates, to communicate expected delays to veterans and ensure they have the information they need?
5. Is the VA offering veterans other options for care that were authorized by the VA MISSION Act, such as telehealth, when an in-person appointment is not possible?
6. How long has TriWest's community provider dashboard tool been unusable? What steps are the VA and TriWest taking to fix the tool and when will it be fully operational? What are the official steps providers should follow until the dashboard is operational to ensure rapid claims adjudication? How is TriWest communicating these steps to providers?
7. What actions are the VA taking to hire additional staff such as MSAs and Patient Advocates?

We appreciate your attention to this matter and look forward to continuing to work together to support our veterans and ensure they can access the high-quality care they earned. Please reach out to Andrew Orlebeke ([andrew.orlebeke@mail.house.gov](mailto:andrew.orlebeke@mail.house.gov)) in Representative Strickland's office and Lena Kaman ([lena.kaman@mail.house.gov](mailto:lena.kaman@mail.house.gov)) in Representative Kilmer's office if you have any questions regarding this request.

Sincerely,



Marilyn Strickland  
Member of Congress



Derek Kilmer  
Member of Congress



Suzan DelBene  
Member of Congress



Jaime Herrera Beutler  
Member of Congress



Pramila Jayapal  
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