

U.S. SENATE COMMITTEE ON
VETERANS' AFFAIRS
RANKING MEMBER JERRY MORAN

**The Veterans' HEALTH (Health Empowerment, Access, Leadership, and Transparency
for our Heroes) Act**

Sponsored by: Sen. Jerry Moran and Sen. Kyrsten Sinema

TITLE I—IMPROVEMENT OF VETERANS COMMUNITY CARE PROGRAM

Section 101: Codification of requirements for eligibility standards for access to community care from Department of Veterans Affairs.

- Codify the current community care access standards as the minimum access standard and expand them to include all extended care services (including mental health residential rehabilitation) except for nursing home care. Preserve the existing requirement that VA review the access standards, with an expanded group of stakeholders, and report to Congress every three years regarding any recommended changes.
- Prohibit VA from considering the availability of a telehealth appointment to satisfy the access standards so that veterans continue to have the option of choosing community care if VA is unable to provide them an in-person appointment within the access standards.
- Require that, if VA cancels an appointment at a VA medical facility, the veteran's wait time calculation for purposes of determining community care eligibility under the wait time access standard will start on the date of request for the original, canceled appointment.
- Require that, when determining eligibility for community care, if a veteran and their provider agree to a date that is later than the date of request under the wait time access standard or a distance that is greater than the drive time access standard, that agreement is documented in the veteran's medical record and the veteran receives a copy.
- Reiterate that the access standards apply to all of the care provided by VA, except for nursing home care, and to all veteran patients, regardless of whether they are a new or established patient.

Section 102: Requirement that Secretary notify veterans of eligibility for care under Veterans Community Care Program.

- Require VA to inform veterans of the eligibility for community care in a timely manner.

Section 103: Notification of denial of request for care under Veterans Community Care Program.

- Require that, if VA denies a request by a veteran to receive community care, VA provides that veteran, in a timely manner, with the reason for the denial and instructions for how to appeal the denial using the Veterans Health Administration's (VHA's) clinical appeals process.

Section 104: Discussion of telehealth options under Veterans Community Care Program.

- Require VA to discuss telehealth with veterans as an option for care, both in the VA healthcare system and in the community, if telehealth is available, appropriate, and acceptable to the veteran.

Section 105: Consideration of veteran preference for care and need for caregiver or attendant under Veterans Community Care Program.

- Expand the list of things VA must take into consideration when a veteran and their provider are considering whether it is in the best medical interest of a veteran to seek care in the community to include a veteran's preference for when, where, and how to seek care as well as a veteran's need or desire for a caregiver or attendant to accompany them for care.

Section 106: Finality of decision by veteran and veteran's referring clinician.

- Stipulate that a decision between the veteran and their provider that a veteran is eligible for community care or it is in the veteran's best medical interest to seek community care is final and may not be changed without the knowledge and consent of the veteran and their provider unless there is a legal or regulatory barrier preventing VA from providing such care.

Section 107: Outreach regarding care and services under Veterans Community Care Program.

- Require VA to inform veterans of their ability to seek community care, how to request community care, and how to appeal a denial of a request for community care by:
 - conducting public outreach and education campaigns;
 - prominently displaying relevant information on VA's webpages and at each VA medical facility; and,

- directly informing veterans upon enrollment in the VA health care system and every two years thereafter.
- Require VA to educate servicemembers separating from the military about how to enroll in the VA healthcare system and how to seek care in VA medical facilities and in the community during the Transition Assistance Program.
- Require VA to educate veterans who have recently transitioned out of the military about how to enroll in the VA healthcare system and how to seek care in VA medical facilities and in the community through the Solid Start Program.
- Require the Government Accountability Office (GAO) to assess VA's efforts under this section to better inform veterans of their options for care in the community.

Section 108: Plan to improve administration of care under Veterans Community Care Program.

- Require VA, in coordination with the Third-Party Administrators (TPAs), to provide incentives to community care network providers to:
 - allow visibility into to their scheduling system to assess availability and assist with scheduling appointments;
 - complete certain VA training modules and better account for equivalent non-VA training;
 - improve the rate of timely medical documentation return;
 - improve the timeliness and quality of care in the community;
 - improve the rate of, and consider options for appropriately compensating for, no-show appointments;
 - recruit needed specialty service providers; and
 - achieve other objectives as determined appropriate by VA in consultation with the TPAs.
- Require VA and the TPAs to explore value-based reimbursement models to achieve the above objectives and to submit the plan to Congress and provide quarterly reports on its implementation. The plan would be required to include the value-based reimbursement models that were considered and why such models were or were not implemented.
- Stipulate that community care providers are not to be penalized if they are unable to meet the above objectives.

Section 109: Requirement to use value-based reimbursement models under Veterans Community Care Program.

- Require, rather than authorize, VA to incorporate value-based reimbursement models, to the extent practicable, to promote the provision of high-quality care through the Veterans Community Care Program.
- Require VA to report to Congress on VA's efforts to incorporate value-based reimbursement models through the Veterans Community Care Program and recommendations for administrative and legislative actions, if any, that VA deems appropriate to increase the use of such models.

Section 110: Extension of deadline for submittal of claims by health care entities and providers under prompt payment standard.

- Allow community care providers to submit claims for reimbursement for community care services up to a year after the date of service, rather than 180 days in accordance with industry standards.

Section 111: Inspector General assessment of implementation of Veterans Community Care Program.

- Require the VA Inspector General to assess the performance of each VA medical center on a regular basis to assess the medical center's performance with respect to appropriately identifying veterans who are eligible for community care, informing such veterans of their ability to seek community care and/or care via telehealth where appropriate, delivering community care to such veterans in a timely manner, and appropriately coordinating community care.

TITLE II—OTHER HEALTH CARE MATTERS

Section 201: Strategic plan on transition of Veterans Health Administration to value-based health care model.

- Require VA to establish a multi-disciplinary working group to develop, and submit to Congress, a strategic plan to: (1) identify the current VHA model of health care delivery in comparison to a value-based care system; (2) analyze VHA's leadership structure and ability to effectively manage change; (3) identify VHA's future goals; (4) identify VHA's current capabilities and challenges; (5) analyze value-based care models and select the model that best suits VHA; (6) define quality with respect to health care access and delivery at VHA; (7) define value with respect to VHA; (8) assess VHA's current IT infrastructure; (9) assess VHA's workforce challenges and needs; (10) assess VHA's current framework for health care innovation; (11) focus on value-based care for primary care, mental health care, and substance use care; and (12) describe the timeline, costs, and legislative or administrative action necessary to transition VHA to a value-based care system.

- Upon the submittal of the strategic plan referenced above, require VA to begin, and regularly report to Congress about, a 5-year pilot program to implement a value-based health care model throughout the VA health care system, beginning in Veterans Integrated Service Networks that: predominately serve veterans in rural and highly rural areas; predominately serve veterans in urban areas; have a high rate of veteran suicide; have a high rate of substance use disorder among veterans; and with recruitment and retention issues.

Section 202: Plan on establishment of interactive, online self-service module for care.

- Require VA to develop, implement, and report to Congress on an interactive, online, self-service module to allow veterans to request appointments, track referrals, appeal denials for care, and receive appointment reminders for care delivered both in VA medical facilities and through community care.

Section 203: Publication of wait times for care.

- Require VA to publicly report the average wait time for primary, specialty care, and mental health care appointments at each VA medical center, measured from the date of request for the appointment to the date on which the care was provided. VA would be required to update such wait times on at least a monthly basis.

Section 204: Documentation of preferences of veterans for scheduling appointments for care.

- Require VA to assess veterans' preferences for appointment scheduling when the veteran enrolls in the VA health care system and at least every 2 years after that; to document such preferences in VA's patient portal in such a manner that allows the veteran to change them at any time; and to make such preferences easily accessible to medical support assistants and other staff to use to improve the timelines of appointment scheduling both in VA medical facilities and in the community.

Section 205: Staffing model for Office of Integrated Veteran Care and performance metrics for certain employees of the Department of Veterans Affairs.

- Require VA to develop, validate, implement, and report to Congress on a staffing model for the Office of Integrated Veteran Care (IVC) that includes appropriate national, regional, and local staffing models to support timely access to care for veterans and effectively oversee the provision of care to veterans both in VA facilities and in the community.
- Require VA to develop, implement, and report to Congress on incorporating appropriate performance metrics and accountability measures within VA's performance appraisal systems for all employees, including those within IVC, who are responsible for ensuring timely access to care in VA facilities and through community care providers.
- Require GAO to assess IVC's performance with respect to improving access to care for veterans in VA facilities and through community care providers.

Section. 206: Modification of requirements for Center for Innovation for Care and Payment of the Department of Veterans Affairs and requirement for pilot program.

- Elevate the Center for Care and Payment Innovation (CCPI) to the Secretary's office rather than an entity within VHA and stipulate that CCPI have its own budget.
- Require, rather than authorize, CCPI to carry out pilot programs to develop innovative approaches to testing payment and service delivery models in order to reduce expenditures while preserving or enhancing the quality of care furnished by VA.
- Expand CCPI's mandate to include pilot programs that increase productivity, efficiency, and modernization.
- Expand CCPI's ability to request Congressional waivers of authority to include all of title 38 United States Code, title 38 Code of Federal Regulations, and internal VA policies.
- Accelerate CCPI's operational tempo to require at least 3 concurrent pilot programs.
- Expand the VA entities in which CCPI is required to obtain advice from to include IVC, the Office of Finance, the Veteran Experience Office, the Office of Enterprise Integration, and the Office of Information and Technology, in addition to the Under Secretary for Health and the Special Medical Advisory Group.
- Expand the external entities in which CCPI is required to consult with to include non-profit organizations and other public and private sector entities in addition to representatives of relevant Federal agencies.
- Require CCPI to provide an annual report to Congress accounting for the activities, staff, budget, and outcomes resulting from CCPI's efforts.
- Require GAO to report to Congress on CCPI's efforts and outcomes.
- Require VA to establish, and report to Congress on, a three-year pilot program to allow enrolled veterans to access outpatient mental health and/or substance use services through community care network providers without referral or preauthorization. This pilot is based on TRICARE Prime. VA would be required to carry out the pilot program in areas with varying degrees of urbanization, high rates of veteran suicide, high rates of veteran overdose deaths, high rates of calls to the Veterans Crisis Line, long wait times for VA mental health and substance use disorder services, and with outpatient mental health and substance use disorder services that utilize value-based care. VA would also be required to develop a care coordination plan with appropriate oversight and patient safety capabilities to monitor and support veterans participating in the pilot.

Section 207: Online health education portal for veterans enrolled in patient enrollment system of Department of Veterans Affairs.

- Require VA to establish an online health education portal to help veterans better understand their VA health care benefits.

Section 208: Reports.

- Require VA to assess, on an ongoing basis, the timeliness, transparency, objectivity, consistency, and fairness of the VHA clinical appeals process. VA would be required to consult with VSOs, veterans, caregivers, VA staff, and other stakeholders when conducting the assessment of the clinical appeals process and to report to Congress on the administrative and legislative actions, if any, that are needed to improve the clinical appeals process.
- Require VA to report to Congress, on an ongoing basis: the number of veterans eligible for community care under each of the MISSION Act eligibility criteria, including multiple such reasons for veterans eligible under more than one eligibility criteria; the number of eligible veterans who opt to seek community care; the number of eligible veterans who opt not to seek community care; the timeliness of community care referrals; the number of no-show community care appointments; the number of veterans who appeal a denial of a request for community care; and the timeliness and outcomes of such appeals.