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Report to Congressional Requesters

June 2024

VETERANS HEALTH CARE

Opportunities Exist to Improve Assessment of Network Adequacy for Mental Health

Accessible Version

GAO-24-106410

GAO Highlights

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Highlights of GAO-24-106410, a report to congressional requesters

June 2024

VETERANS HEALTH CARE

Opportunities Exist to Improve Assessment of Network Adequacy for Mental Health

Why GAO Did This Study

The demand for mental health care at VA has increased in recent years. VA's Veterans Community Care Program allows eligible veterans to receive care in the community when they have challenges accessing timely care at VA. Since VA implemented the program in 2019, the number of veterans receiving mental health care in the community has also increased.

GAO was asked to review VA's CCN adequacy for mental health. Among other objectives, this report examines (1) how VA assesses CCN adequacy for mental health and (2) the extent to which VA collects information on the factors that contribute to scheduling timeliness challenges for community care appointments, including for mental health.

GAO reviewed relevant documentation, such as the CCN contracts. GAO also analyzed the most recent data available, including mental health care claims from April 2022 through March 2023, and the first three quarters of fiscal year 2023 data on community care scheduling timeliness. GAO also interviewed officials from VA, contractors, and four VA facilities selected for regional variation.

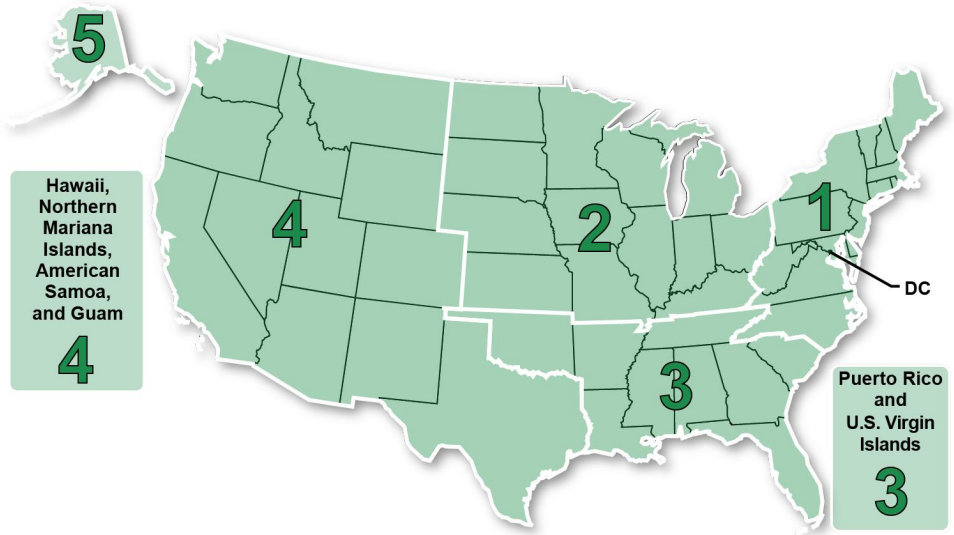
What GAO Recommends

GAO is making two recommendations to VA: (1) assess the risks of its methodology for calculating specialty care network adequacy and revise its approach accordingly and (2) capture the reasons for community care appointment scheduling challenges and use the information to address those challenges. VA concurred with the first recommendation and concurred in principle with the second, as discussed in this report.

What GAO Found

The Department of Veterans Affairs (VA) has five regional networks of community providers, known as Community Care Networks (CCN), to deliver care to veterans outside of VA facilities. VA oversees two contractors that developed and are responsible for maintaining the CCNs. (See figure.)

Map of Community Care Network Regions



Source: GAO analysis of Department of Veterans Affairs (VA) information (data); Map Resources (map). | GAO-24-106410

Under the CCN contracts, VA requires its contractors to meet two primary network adequacy standards for specialty care, which includes mental health. These standards establish limits on how long veterans should have to travel to, or wait for, an appointment. VA uses claims data to assess contractor performance against the standards. GAO found that VA's methodology excludes certain claims if the claims do not meet the applicable standard, such as when veterans prefer a specific provider or appointment day or time. In contrast, VA includes these claims if they meet the standard. As a result, VA's methodology may result in an incomplete, and potentially misleading, assessment of network adequacy. This poses a risk to VA's ability to fully assess the extent to which its CCNs are adequate to meet veterans' needs, including for mental health care.

VA collects information on its facilities' timeliness in scheduling veterans' community care appointments, including for mental health. However, VA does not have comprehensive information on the factors that contribute to scheduling challenges. These factors could be network adequacy-related, such as difficulty identifying a community provider. This is because it does not ensure that facility staff systematically capture a reason when they encounter scheduling delays or are unable to schedule an appointment. Having this information would help VA determine whether an insufficient number of providers could be affecting veterans' access to community care. It could also help VA take targeted actions, including actions to strengthen the CCN, if appropriate.

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Abbreviations

CCN	Community Care Network
VA	Department of Veterans Affairs
VCA	Veteran Care Agreement

U.S. GOVERNMENT ACCOUNTABILITY OFFICE
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Washington, DC 20548

June 3, 2024

The Honorable Jon Tester
Chairman
Committee on Veterans' Affairs
United States Senate
The Honorable Bernard Sanders
United States Senate

Providing timely access to mental health care is one of the top priorities for the Department of Veterans Affairs (VA) and its Veterans Health Administration, which operates the nation's largest health care system, as more veterans have sought mental health care services in recent years. VA has allowed eligible veterans to receive community care through various programs since 1945. More recently, in June 2019, VA implemented the Veterans Community Care Program, which allows eligible veterans to receive mental health and other care from community providers when they face certain challenges accessing care at VA.[1]

According to VA officials, from 2006 through 2023, the number of veterans who received mental health care from VA more than doubled. In addition, the number of times veterans have received mental health care services from providers in the community has also grown, more than doubling from fiscal year 2021 through 2023, according to VA officials. In fiscal year 2022, VA data showed veterans had approximately 37.8 million appointments with community providers for all types of care, and approximately 1.3 million of those appointments were for mental health.[2]

[1]The VA MISSION Act of 2018 aimed to strengthen and improve VA's health care system for veterans and their caregivers, and required, among other things, VA to implement a permanent community care program. See Pub. L. No. 115-182, § 101,132 Stat. 1393, 1395 (2018). In this report, we refer to the Veterans Community Care Program as "community care."

[2]The total number of community care appointments is inclusive of appointments for primary care, specialty care, and mental health. In these data, a single veteran may have had multiple appointments.

VA obligated just over $1 billion for mental health services provided through community care during this time frame.[3]

VA oversees two contractors that developed and are responsible for maintaining five regional networks of community providers, known as Community Care Networks (CCN), to deliver health care services to veterans. These contractors must ensure that each CCN region is adequate in size, scope, and capacity to ensure that veterans receive timely access to care. Under the CCN contracts for each of the five regions, the contractors are required to meet specific standards that VA established to ensure network adequacy. For example, the contractors must ensure that veterans in their networks have access to health care providers that are within specified travel time frames from the veterans' homes (drive time), and that these providers provide care to veterans within specified time frames (appointment availability).

In 2015, we added VA health care to our High-Risk List due to challenges we identified with VA's ability to provide timely access to care at both VA medical facilities and in the community, among other things.[4] Since 2019, we have issued several reports on community care and VA's management of the program. For example, our November 2022 report identified challenges with community care network adequacy for all types

[3]An obligation is a definite commitment that creates a legal liability of the government for the payment of goods and services ordered or received, or a legal duty on the part of the United States that could mature into a legal liability by virtue of actions on the part of the other party beyond the control of the United States whereas an expenditure is the actual spending of money. See *A Glossary of Terms Used in the Federal Budget Process (Supersedes AFMD-2.1.1)*, GAO-05-734SP (Washington, D.C.: Sept. 1, 2005).

[4]We maintain a high-risk program to focus attention on government operations that we identify as high risk due to their greater vulnerabilities to fraud, waste, abuse, and mismanagement or the need for transformation to address economy, efficiency, or effectiveness challenges. For the most recent report on our High-Risk List, see GAO, *High-Risk Series: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas*, GAO-23-106203 (Washington, D.C.: Apr. 20, 2023).

of care and in other reports we have noted challenges VA has had with community care appointment scheduling timeliness.[5]

In light of these concerns and the increasing demand for mental health services that has led to an ongoing, nationwide shortage of mental health providers, you asked us to review issues related to the adequacy of CCNs specifically for mental health. This report

1. describes the efforts of VA's contractors and VA to develop and maintain CCNs of mental health providers;
2. examines how VA assesses CCN adequacy for mental health; and
3. examines the extent to which VA collects information on the factors that contribute to scheduling timeliness challenges for community care appointments, including for mental health.

To address these objectives, we reviewed VA's CCN contracts for each of the five regions, standard operating procedures, and other relevant documentation related to network adequacy and community care appointment scheduling. For example, we reviewed reports the contractors submitted to VA, such as corrective action plans.[6] We also interviewed officials from VA's Office of Integrated Veteran Care—the office responsible for oversight of community care—and representatives from the two CCN contractors about the development, maintenance, and oversight of networks of mental health providers in CCN Regions 1 through 5, among other topics.

In addition, we analyzed several datasets from VA, including data on

- care provided outside of the CCNs through Veteran Care Agreements (VCA) from May 2020 through September 2023—the most recent data available at the time of our analysis. VCAs are agreements that VA facilities can enter with community providers who are not in the

[5]See GAO, *Veterans Community Care Program: VA Needs to Strengthen Its Oversight and Improve Data on Its Community Care Network Providers*, GAO-23-105290 (Washington, D.C.: Nov. 10, 2022); GAO, *Veterans Community Care Program: Additional Information on VA Statutory Appointment Timeliness Measurements Is Needed*, GAO-24-105308 (Washington, D.C.: Mar. 28, 2024); and GAO, *Veterans Health Care: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments*, GAO-23-105617 (Washington, D.C.: Jan. 4, 2023). For a full list of related GAO products, see the end of this report.

[6]If contractors or VA identify network adequacy deficiencies, the CCN contracts require the contractors to submit corrective action plans to VA.

CCN.[7] In addition, we interviewed officials from four of 139 VA facilities about their use of VCAs for providing access to mental health care. We selected facilities that had the highest number of VCA mental health care claims from July 1, 2021, through June 30, 2022, and that varied in geographic location.

- mental health care claims in CCN Regions 1 through 4 with dates of service from April 2022 through March 2023—the most recent and complete year of data available at the time of our analysis.[8] We assessed VA's monitoring of network adequacy against requirements found in the CCN contracts and against the federal internal control standard for risk assessment.[9]
- mental health community care appointment scheduling timeliness for the first three quarters of fiscal year 2023—the most recent and complete data available at the time of our analysis. We assessed the information that VA collects on community care appointment scheduling challenges against the federal internal control standard for information and communication.[10]

To assess the reliability of the data we used in all our analyses, we performed appropriate electronic data checks and interviewed VA officials about the data, including how they maintain and use these data (e.g., to assess network adequacy). We determined these data were sufficiently reliable for the purposes of our audit objectives.

We conducted this performance audit from November 2022 to June 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain

[7]For the purposes of this report, the term VA facility refers to VA medical centers and VA health care systems, which are systems comprised of several medical centers and clinics, such as community based-outpatient clinics, that work together to offer services to area veterans.

[8]For the purposes of our analysis, mental health care includes services such as psychiatric care (including for addiction), care for treatment-resistant depression, and psychotherapy, among others. We limited our analysis of mental health care claims to CCN Regions 1 through 4 and excluded Region 5, Alaska. We excluded Alaska because VA's drive time and appointment availability network adequacy standards for Region 5 differ from the standards in CCN Regions 1 through 4.

[9]Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved. See GAO, *Standards for Internal Control in the Federal Government,* GAO-14-704G (Washington, D.C.: Sept. 10, 2014).

[10]GAO-14-704G.

sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. See appendix I for more details on our scope and methodology.

Background

Veterans Community Care Program

VA established the Veterans Community Care Program in June 2019, which consolidated and replaced VA's previous community care programs into a permanent program. The program provides health care, including mental health services, to eligible veterans when they face challenges accessing timely care at VA, among other factors.

There are six criteria that can qualify a veteran to receive care under the Veterans Community Care Program.[11] For example, veterans may qualify for community care when required services are not available at any VA facility or if VA cannot provide care within its designated access standards. VA's designated access standards for mental health specify that a veteran may generally be eligible for community care if the veteran's average drive time to a VA provider exceeds 30 minutes; or the next available appointment with a VA provider is not available within 20 days based on the date of the request for care, unless a later date has been agreed upon.[12]

[11]In addition to meeting at least one of the six criteria, veterans must either be enrolled in VA health care or eligible for VA care without needing to enroll, and in most circumstances, veterans must receive approval from VA prior to obtaining care from a community provider. See Pub. L. No. 115-182, tit. I, § 101, 132 Stat. 1393, 1395-1404 (2018), codified at 38 U.S.C. § 1703(d), (e), and implementing regulations at 38 C.F.R. §§ 17.4000 - 17.4040.

[12]VA considers certain types of mental health services, such as psychological testing and mental health vocational assistance, to be specialty care services. For these services, a veteran may be eligible for community care if the veteran's average drive time to a VA provider exceeds 60 minutes; or the next available appointment with a VA provider is not available within 28 days based on the date of the request for care.

Community Care Appointment Scheduling Process

As described in VA guidance, when scheduling community care appointments on behalf of veterans, VA facility staff are to take several actions to review the veteran's referral for care and schedule the appointment.[13] This process, including for scheduling mental health referrals, includes the following steps:

- **VA provider referral.** A VA provider determines a veteran needs mental health services and enters a referral into the veteran's electronic health record. Veterans may also request a referral to a mental health provider in the community.
- **Clinical review of referral.** VA facility staff conduct a clinical review of the referral to determine its urgency and appropriateness and to determine potential care options for the veteran, including whether the veteran is eligible for community care.[14]
- **Contact veteran to discuss care options and collect preferences.** VA staff contact the veteran to discuss their care options and to collect the veteran's scheduling preferences, including preferred dates and times that the veteran would like to schedule an appointment or if the veteran prefers a specific community provider.
- **Schedule appointment.** If the veteran is eligible for community care and chooses to receive such care, staff document the veteran's choice and either schedule the appointment or forward it to be scheduled, as appropriate. Schedulers are responsible for (1) identifying and contacting community providers to determine appointment availability, (2) creating and sending the veteran's referral information to the community provider, (3) scheduling the appointment, and (4) communicating appointment details to the veteran. Veterans may also have the option to schedule an

[13]In addition to VA facility staff scheduling on behalf of veterans, some VA facilities exercise a contract option to receive CCN contractor support in scheduling appointments. As of March 6, 2024, VA officials said that 33 of 139 VA facilities were receiving contractor scheduling support.

[14]In 2020, VA updated its process for scheduling appointments internally with VA providers and with community care providers by establishing a new procedure for reviewing referrals, called the Referral Coordination Initiative. According to the Veteran Health Administration's *Referral Coordination Initiative Guidebook*, a registered nurse will ideally conduct the clinical review, but other health care providers may also conduct the review.

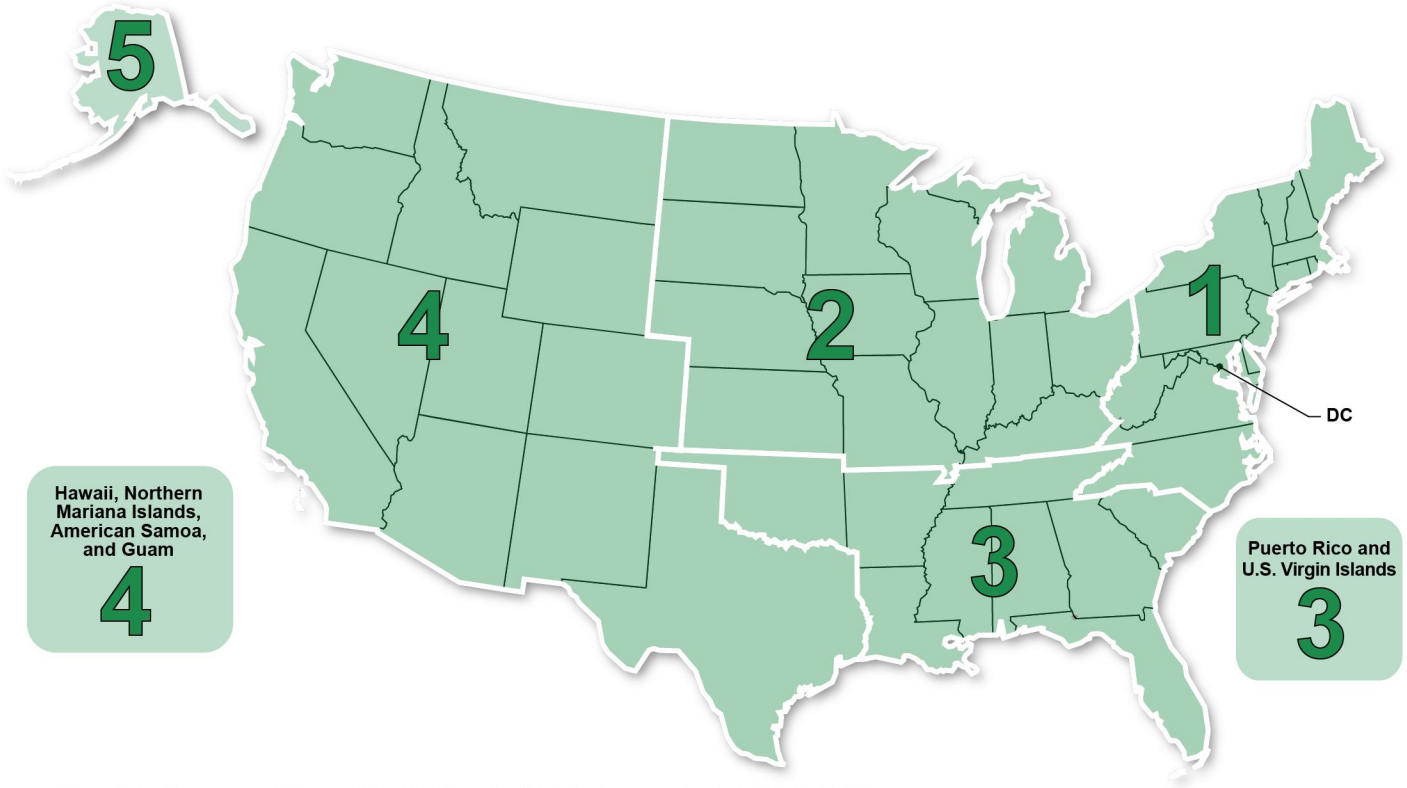
appointment directly with a community provider once the provider receives the referral from VA.

Based on VA's timeliness metric for community care, mental health appointments must be scheduled within 7 days of the "file entry date," the date a provider enters a referral into the veteran's electronic health record.

Community Care Networks

VA's Office of Integrated Veteran Care oversees two contractors that are responsible for maintaining five regional networks (known as CCNs) of community providers to deliver health care services to veterans. Contractors are required to ensure that the CCN regions are adequate in size, scope, and capacity. (See fig. 1 for a map of the CCN regions.)

Figure 1: Map of Community Care Network (CCN) Regions



Source: GAO analysis of Department of Veterans Affairs (VA) information (data); Map Resources (map). | GAO-24-106410

Note: VA awarded contracts for CCN Regions 1-3 in 2018, CCN Region 4 in 2019, and CCN Region 5 in 2020.

VA implemented the CCN contracts in a phased approach by VA medical facility across the regions. VA fully implemented CCN Region 1 in December 2019, Region 2 in March 2020, Region 3 in June 2020, Region 4 in August 2020, and Region 5 in June 2021.

The two contractors are responsible for establishing and maintaining networks of licensed health care community providers and practitioners, including hospitals, physician group practices, and individual physicians, and paying community provider claims. Services provided under the CCNs include primary care and specialty care. Under the contract, specialty care includes services such as mental health, cardiology, and gastroenterology.[15]

In March 2023, VA issued an initial request for information as it develops its strategy for the next generation of CCN contracts. According to an updated request for information in February 2024, VA plans to issue a draft request for proposals for new CCN contracts during the fourth quarter of fiscal year 2024 and the final request for proposals during the second quarter of fiscal year 2025.

Community Care Network Adequacy Standards

In each CCN contract, network adequacy is measured using two primary standards: (1) geographic accessibility based on drive time and (2) appointment availability. Both network adequacy standards vary by the category of care (e.g., primary or specialty care). For Regions 1 through 4, the network adequacy assessment for mental health care falls within the specialty care category of care. For Region 5, mental health falls within the primary care, mental health, and extended care category of care.

- The drive-time standard establishes maximum drive times to CCN providers. Drive times are calculated from the veteran's home address on record with VA to the provider's address.[16] The drive-time standard varies by the veteran's geographic location (e.g., urban or rural).
- The appointment-availability standard establishes maximum wait times—the maximum amount of time veterans should have to wait to

[15]The CCN contracts also provide for dental services, limited pharmacy services, and an assortment of complementary and integrative health services, such as biofeedback, massage therapy, Native American healing, and relaxation techniques.

[16]Drive times are calculated using mapping software and do not factor in traffic conditions between the two addresses.

obtain their appointments. Wait times are calculated from the date VA sends the referral to the contractor to the date the veteran receives care, using claims and referral data. The appointment-availability standard varies by the urgency of the care provided (e.g., routine or emergent/urgent).

See table 1 for more information on the network adequacy standards that are applicable to routine, specialty care, including mental health, in CCN Regions 1 through 5

Table 1: Drive-Time and Appointment-Availability Network Adequacy Standards, by Community Care Network (CCN) Region, as of March 2024

CCN Region	Applicable category of care for calculating network adequacy of mental health care claims	Maximum drive times	Maximum appointment availability wait times (for routine care[b])
1, 2, 3, 4	Specialty care	• Urban: 45 minutes • Rural: 100 minutes • Highly rural: 100 minutes[a]	30 days
5	Primary care, mental health, and extended care	30 minutes	20 days

Source: GAO analysis of CCN contracts and interviews with officials from the Department of Veterans Affairs (VA). | GAO-24-106410

[a]According to VA officials, the drive-time standard for highly rural claims changed to help increase access to care. For claims paid prior to April 1, 2022, the standard was 180 minutes. For claims paid on or after this date, the standard is 100 minutes.

[b]VA also defined appointment availability standards for emergent and urgent care—24 hours and 48 hours, respectively.

Contractors Work with VA to Develop and Maintain Mental Health Provider Networks; VA Facilities Supplement Networks with Separate Provider Agreements

Contractors Use Existing Networks of Mental Health Providers, Communicate with VA to Identify Needs, among Other Steps to Develop and Maintain Networks

When VA awarded the existing CCN contracts, the two contractors utilized multiple approaches to build networks of providers to serve veterans within their regions, which included mental health providers, according to contractor officials and contract documentation we reviewed.[17] For example, according to officials from one contractor, the contractor strategically identified mental health providers who were already credentialed and contracted through an existing non-VA contract and presented them with the opportunity to join the CCN.[18] The contractor also utilized veteran data provided by VA in conjunction with geospatial tools to identify any markets requiring additional recruitment efforts. Beyond this, contractor officials said they met with VA facility officials as they developed the networks to learn about the specific needs of each facility. These needs included the types of providers and services veterans would need in the community to ensure that the contractors targeted their provider recruitment efforts accordingly to fulfill these needs.

As part of ongoing network maintenance—that is, efforts to recruit new providers and retain existing providers—contractor and VA officials said that they continue to communicate regularly about network utilization and needs. Contractor officials said they utilize data on network capacity and demand for specialties and sub-specialties to conduct ongoing reviews of network adequacy and report related information periodically to VA regarding average drive time, appointment availability, and any gaps in

[17]VA awarded the contracts for CCN Regions 1-3 in 2018, the contract for CCN Region 4 in 2019, and the contract for CCN Region 5 in 2020. In addition, contractors said that they have recruited federally qualified health centers and community mental health centers to participate in each CCN region.

[18]Credentialing is the process of obtaining, verifying, and assessing the qualifications of a provider to deliver care or services in or for a health care organization.

coverage.[19] For example, officials from one contractor said that within the broad category of psychotherapy, the contractor examines network capacity—the number of available providers—and veterans' demand for services from different types of providers, such as psychologists and licensed clinical social workers.

VA and contractor officials said there can be challenges identifying mental health providers available to recruit in certain locations, especially in rural areas, according to the contractors. Furthermore, they said that individual providers or small practices may not have the administrative capacity, such as support staff to submit CCN claims, to participate in the CCN. Given these conditions, contractors can submit a request for a rate waiver to VA. If VA approves a rate waiver request, contractors can reimburse individual CCN providers and practices for specific services at higher than the typical rates.[20] From May 2020 through September 2023, VA data showed that it approved 10 rate waivers for mental health services to provide higher reimbursement to seven individual providers and three practices.[21]

According to VA officials, VA grants the contractors' requests for rate waivers when VA officials determine there is an insufficient number of providers that offer a specific service and a higher level of payment is required to help ensure network adequacy. Once approved, rate waivers have no end date, according to VA officials.

VA Facilities Fill Gaps in Community Care Networks with Agreements with Individual Mental Health Community Providers and also May Use Federal Partners

VA allows its facilities to fill any gaps in the contractor-built community care networks for mental health by entering into separate agreements

[19]These efforts are also part of VA's monitoring of network adequacy, which we describe later in this report.

[20]The typical reimbursement rates for CCN providers are equivalent to those outlined in the Medicare fee schedule.

[21]The same contractor requested the 10 rate waivers for mental health. During this time frame, VA approved all rate waiver requests for mental health. According to VA and contractor officials, of the requested rate waivers that the other contractor submitted during this time frame, none were related to mental health.

with individual providers.[22] Such agreements, referred to as Veteran Care Agreements (VCA), are intended to allow VA facilities to address gaps in the CCNs. VCAs generally last for 3 years or until the VCA is no longer needed or the provider has joined the CCN, according to VA documentation and officials. According to officials from the four selected VA facilities we interviewed, VCAs allow facilities to schedule appointments with providers in the process of joining the CCN, with providers who choose not to participate in the CCN pending VA's review to determine if there is sufficient justification, and for types of care not included in the CCN medical benefits package.[23] VCAs have authorized veterans to receive care from multiple providers within a group practice as well as from providers who practice in more than one location, according to VA officials.

According to VA data, 78 of VA's 139 facilities entered into 516 VCAs with individual mental health providers and practices in the community who were not part of the CCN between May 2020 and September 2023 (see table 2).[24]

Table 2: Number of Mental Health Veteran Care Agreements (VCA), by Community Care Network (CCN) Region and Start Date, May 2020–September 2023

CCN Region	Fiscal year 2020 (partiala)	Fiscal year 2021	Fiscal Year 2022	Fiscal Year 2023	Total
1	51	47	31	20	149
2	8	7	33	17	65
3	7	25	13	10	55
4	3	122	95	26	246
5	0	1	0	0	1
Total	69	202	172	73	516

Source: GAO analysis of Department of Veterans Affairs data. | GAO-24-106410

[22]VA facilities can request approval to enter into these agreements for all types of health care, including mental health, according to VA policy.

[23]Officials from the VA facilities we interviewed mentioned all of these uses. Officials at three facilities said that being able to use VCAs enhances the ability to provide continuity of care for veterans. Officials from three facilities discussed the need to use a VCA to provide intravenous ketamine infusions in the community, as this type of care is not included in the CCN medical benefits package, according to officials.

[24]The 516 VCAs for mental health were 7.6 percent of the total 6,818 VCAs that started between May 2020 and September 2023. VCAs were intended to help ensure continuity of care as the CCNs were being implemented. As a result, VA officials said that they saw a general decrease in the number of VCAs over time, including those for mental health.

Note: All data in this table represent unique VCAs. A VCA can be with an individual provider or a group practice. VCAs generally last for 3 years.

[a]The data in this column are for part of fiscal year 2020, representing VCAs with start dates from May 1, 2020, through September 30, 2020.

As of September 30, 2023, 13 VA facilities had entered into 10 or more VCAs for mental health, 15 had entered into between five and nine, 50 had entered into between one and four, and 61 facilities had not entered into any VCAs for mental health. There was an average of 15,203 mental health care claims using a VCA each year for fiscal years 2021 through 2023, according to VA data.

In most cases, VA officials said they expect the contractors to attempt to enroll VCA providers in the CCN once the agreements are active.[25] To enable recruitment to the CCN of providers with VCAs, VA facilities are to communicate information to contractors about such providers. Officials at two VA facilities we spoke with said they also take a more active role in recruitment, communicating with providers themselves about participation in the CCN.

Eligible veterans also may receive care at other federal facilities, including Department of Defense facilities and Indian Health Service/Tribal Health Program/Urban Indian Organization facilities.[26] VA has previously utilized sharing agreements with these federal partners to deliver care to veterans when services were not available at a VA facility.[27]

However, VA officials said, and available data indicated, that veterans do not often receive mental health care services at facilities operated by federal partners. Moreover, these facilities have their own constraints on the availability of mental health providers. For instance, in February 2024, we found that the Department of Defense increasingly refers service

[25]When a provider with a VCA joins the CCN, VA officials said that they deactivate the provider's VCA.

[26]According to VA officials, Indian Health Services/Tribal Health Program/Urban Indian Organization facilities can enroll in the CCN. In addition, separate from the CCN, VA can reimburse Indian Health Service, Tribal Health Program, and Urban Indian Organization facilities for care, including mental health, provided to eligible American Indian and Alaska Native veterans through the Indian Health Service/Tribal Health Program/Urban Indian Organization Reimbursement Agreements Program. As of March 2023, there was a total of 196 Indian Health Service/Tribal Health Program/Urban Indian Organization facilities in 31 states participating in this program.

[27]GAO, *Veterans Choice Program: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of Its Community Care Programs*, GAO-18-281 (Washington, D.C.: June 4, 2018).

members to providers in the community because demand for mental health care at Department of Defense facilities often exceeds available supply of providers.[28]

VA Uses Contractor Reports to Assess Network Adequacy, but Its Calculations Are Based on Incomplete Information

VA Uses Contractor Reports and Other Mechanisms to Assess Network Adequacy for Specialty Care, Including Mental Health

VA assesses network adequacy for specialty care, including mental health, primarily by reviewing contractor-submitted reports that show the contractors' performance for each CCN region against VA's network adequacy standards.[29] The contractors are required to submit network adequacy reports to VA on either a monthly or quarterly basis, depending on the contractor. As we previously reported in November 2022, to develop these reports, the contractors calculate the percentage of adjudicated (paid) claims from the previous month that met VA's drive-time and appointment-availability standards.[30] According to the CCN

[28]GAO, *Defense Health Care: DOD Should Monitor Urgent Referrals to Civilian Behavioral Health Providers to Ensure Timely Care*, GAO-24-106267 (Washington, D.C.: Feb. 6, 2024).

[29]Similarly, VA also uses contractor-submitted performance reports to assess network adequacy for other services, such as primary care and general dental care.

In April 2024, the VA Office of Inspector General recommended that VA routinely evaluate contractor-submitted network adequacy performance reports to ensure that the reports are sufficiently reliable and comply with the contracts. In addition, it recommended that VA develop its own network adequacy performance reports for each facility and communicate the results to the facilities monthly. For more information, see Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration: Improved Oversight Needed to Evaluate Network Adequacy and Contractor Performance,* 23-00876-74 (Washington, D.C.: April 2024).

[30]As we previously reported, representatives from one contractor said that, in addition to submitting quarterly network adequacy reports to VA, they create and review the reports internally on a monthly basis. (See GAO-23-105290.)

contracts and VA officials, VA requires contractors to submit network adequacy corrective action plans to VA within 10 days if contractors self-identify deficiencies based on their network adequacy performance reports.

VA requires at least 90.00 percent of all specialty care claims (which include mental health care claims) to meet each standard. According to VA data we reviewed, 94.69 percent of specialty care claims from April 2022 through March 2023 met the drive-time standard and 91.24 percent of claims met the appointment-availability standard.[31]

VA does not assess network adequacy separately for mental health or other individual specialties, but rather assesses mental health as part of a broader assessment of specialty care network adequacy. However, officials noted several mechanisms by which they may identify or address network adequacy issues specifically related to mental health through (1) network adequacy meetings, (2) contractors' corrective action plans, (3) VA's approval of deviation requests, and (4) VA's internal assessment of health care claims.

Network adequacy meetings. According to contractor and VA officials, VA, contractors, and individual VA facilities meet at least monthly to discuss network adequacy, particular services, and ways to address any identified issues, including for mental health. For example, officials from one contractor said they discuss mental health explicitly in state-level network optimization meetings with officials from all VA facilities in that state. At one such meeting, some VA facility officials requested that the contractor recruit more mental health providers to meet veterans'

We also previously reported that the performance data that contractors were submitting were incomplete, such as one contractor not including 50 percent of claims that did not meet network adequacy standards each month from the performance reports during the period we reviewed. We recommended that VA ensure that contractors report complete claims data when calculating performance against network adequacy standards, and clearly document when VA and contractors agree that certain claims should not be included in these calculations. VA has partially addressed this recommendation by developing the Advanced Medical Cost Management Solution and documenting any agreed-upon exclusions within the contracts and associated quality assurance surveillance plans.

[31]These data include routine specialty care claims with dates of service from April 1, 2022, through March 31, 2023, from CCN Regions 1 through 4—the most recent and complete year of data available at the time of our analysis. We excluded Region 5, Alaska, from our review because the network adequacy standards for drive time and appointment availability for Region 5 differ from the standards in CCN Regions 1 through 4.

demand. According to contractor officials, they recruited more providers to join the CCN and provided that information to the affected VA facilities.

Contractors' corrective action plans. Our review of the contractors' network adequacy corrective action plans found that a few of the plans from one contractor included issues related to mental health.[32] For example, in 2023, at one VA facility experiencing timeliness issues for mental health community care scheduling, the contractor reviewed the psychologists and psychiatrists in the network, leading the contractor to recruit more mental health providers, according to the corrective action plan. In 2023, another VA facility requested that the contractor review the behavioral health network in specific counties. After doing so, the contractor provided the facility with a list of participating providers in those counties, according to the corrective action plan.

Approval of deviation requests. Contractor-requested deviations may signal to VA that a given locality may lack sufficient providers to meet veterans' needs—such as for mental health care services. According to VA officials, VA will approve a deviation if there are two or fewer providers that offer services for a particular specialty in a given geographic area. A deviation allows contractors to exclude, from applicable network adequacy performance calculations, any applicable claims that did not meet performance standards during the deviation's approved time frame (up to one year). According to VA, 23 mental-health-related deviations were effective at some point from April 2022 through March 2023.[33] A deviation may be applicable to more than one geographic area. For example, one CCN region had a deviation that covered 20 counties for the Behavioral Health Facility specialty.

Internal assessment of health care claims. According to VA officials, its internal reporting system, the Advanced Medical Cost Management Solution, allows it to (1) validate the data within contractors' network adequacy performance reports on a regular basis; (2) independently

[32]In addition, according to VA officials, if VA identifies network adequacy deficiencies based on the contractors' network adequacy reports, VA will mandate its contractors to develop and complete a corrective action plan. VA officials stated that there have been two VA-mandated corrective action plans related to network adequacy as of January 2024. For all corrective action plans, the contractors are responsible for completing the actions required to mitigate the deficiencies identified.

[33]According to VA officials and the data we reviewed, deviations generally are paired, meaning that each deviation generally applies to the drive-time and appointment-availability network adequacy standards.

assess network adequacy, particularly by examining individual health care claims; and (3) research any issues related to network adequacy, including for mental health, on an ad-hoc basis.

For example, VA officials said that several VA facilities recently identified instances in which claims for mental health and other types of specialty care were not meeting VA's appointment-availability standard. The VA facilities worked with VA and its contractors to identify solutions to these network adequacy issues. Officials said that they started using the system in April 2023 to validate the contractors' performance reports for CCN Regions 1 through 4, and that VA facility staff received training on how to use the system to assess network adequacy at their individual facilities.

VA's Methodology for Calculating Specialty Care Network Adequacy Does Not Use Complete Information

Based on our review of the CCN contracts and interviews with VA officials, we found that VA excluded certain claims from its drive-time and appointment-availability specialty care network adequacy calculations. In particular, VA excluded claims with deviations or veteran preferences from its calculations if the claims did not meet the standard. In contrast, if claims with deviations or veteran preferences met the applicable drive-time or appointment-availability standard, VA included them in the calculation. As noted, VA may approve deviations if it finds there are two or fewer providers that offer particular services in a given area. During the scheduling process, veterans have the option to choose specific providers or appointment days or times.[34]

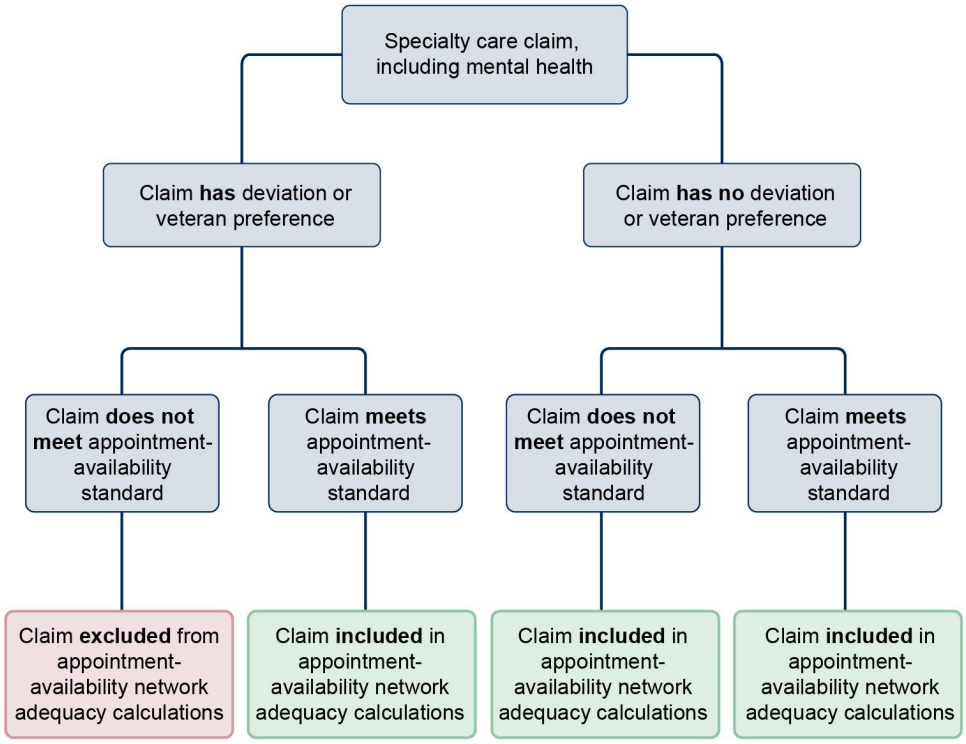
Some of the claims VA excluded from its calculations may be reasonable exclusions—such as excluding claims with invalid values.[35] However,

[34]Veteran preferences may (but not always) result in choosing providers that are beyond the specified maximum drive times for the drive-time standard, or appointments that occur beyond the specified maximum wait times for the appointment-availability standard.

[35]For illustrative purposes, we analyzed mental health care claims with dates of service from April 2022 through March 2023, using the drive-time and appointment-availability standards for specialty care (as previously stated, in CCN Regions 1 through 4, VA assesses mental health care claims as part of the network adequacy standards for specialty care, and not as a stand-alone calculation). For drive-time calculations, VA excluded 34 percent of claims because of "drive-time exclusion reasons." For example, VA excluded claims when the drive time could not be calculated because the appointment was via telehealth or VA did not have a valid address for the veteran.

other exclusions may result in VA using incomplete information to assess specialty care network adequacy. Our analysis of mental health care claims showed that VA excluded about 6 percent of claims from the drive-time calculations, and about 19 percent from the appointment-availability calculations because these claims had deviations or veteran preferences and did not meet the applicable drive-time or appointment-availability standard. Figure 2 describes VA's network adequacy methodology for calculating the appointment-availability standard for specialty care, which is the same methodology it uses for the drive-time standard.

Figure 2: VA's Network Adequacy Methodology for Calculating Appointment-Availability Standard for Specialty Care, Including Mental Health



Source: GAO analysis of community care network contracts and interviews with officials from the Department of Veterans Affairs (VA). | GAO-24-106410

For the appointment-availability calculations, VA excluded 13 percent of claims because the data for wait time were invalid (i.e., a negative value). VA officials said that wait times may appear as negative values if the veteran sought care before a provider was selected for the respective referral. Officials said that VA has special authorities in place that allow veterans to seek emergency care at the time of need and report these services to VA within 72 hours.

Accessible Text for Figure 2: VA's Network Adequacy Methodology for Calculating Appointment-Availability Standard for Specialty Care, Including Mental Health

Branch one of four	Branch two of four	Branch three of four	Branch four of four
Specialty care claim, including mental health	Specialty care claim, including mental health	Specialty care claim, including mental health	Specialty care claim, including mental health
Claim has deviation or veteran preference	Claim has deviation or veteran preference	Claim has no deviation or veteran preference	Claim has no deviation or veteran preference
Claim does not meet appointment availabilitystandard	Claim meets appointment availability standard	Claim does not meet appointment availabilitystandard	Claim meets appointment availabilitystandard
Claim excluded from appointment availability network adequacy calculations	Claim included in appointment availability network adequacy calculations	Claim included in appointment availability network adequacy calculations	Claim included in appointment availability network adequacy calculations

Source: GAO analysis of community care network contracts and inteiviews with officials from the Department of Veterans Affairs (VA). I GAO-24-106410

Note: For the appointment-availability network adequacy calculations, VA excluded any claims with invalid wait time data (i.e., a negative value). VA officials said that wait times may appear as negative values if the veteran sought care before a provider was selected for the respective referral.

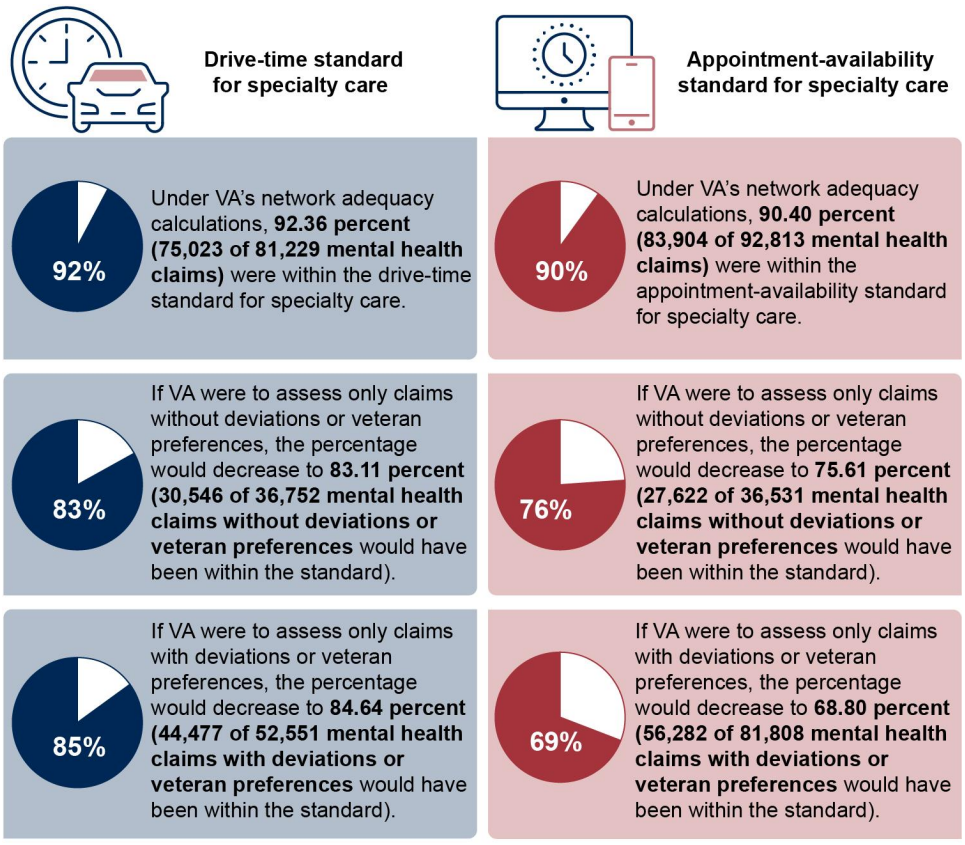
VA also excluded any claims with deviations or veteran preferences for a specific provider or appointment day or time that did not meet performance standards. According to VA officials, VA will approve a deviation requested by contractors if there are two or fewer providers that offer services for a particular specialty in a given geographic area.

VA's contracts across the CCN regions provide some general requirements for calculating specialty care network adequacy performance. VA officials told us that contractors are allowed to exclude certain claims from the standard's performance calculation if the claims did not meet the applicable drive-time or appointment-availability standard. Officials explained that because veteran preferences and the limited number of providers that may result in the need for deviations are outside of VA's control, they believe these claims should not be used to measure network adequacy. However, VA's decision to include such claims in the calculations when they meet the standard and exclude them when they do not meet the standard may result in an incomplete, and potentially misleading assessment of network adequacy.

Specifically, our analysis of mental health care claims suggest that VA's methodology may result in the appearance of better contractor performance (and in turn, the appearance of an adequate provider network), depending on how claims with deviations or veteran preferences are treated in the specialty care network adequacy calculations. For example, under VA's existing methodology, we found that 90.40 percent of mental health care claims from April 2022 through March 2023 were within the appointment-availability standard for specialty care. However, if VA excluded all claims with deviations or veteran preferences from its methodology, the percentage would

decrease to 75.61 percent (see fig. 3). As previously stated, VA requires at least 90.00 percent of specialty care claims to meet each network adequacy standard. (For more information on our analysis of mental health care claims, see app. II.)

Figure 3: Examples of the Effect of Various Calculations on Mental Health Community Care Network (CCN) Adequacy Performance



Source: GAO analysis of mental health CCN claims data from the Department of Veterans Affairs (VA) (data); M.style/stock.adobe.com (icons). | GAO-24-106410

Accessible Data for Figure 3: Examples of the Effect of Various Calculations on Mental Health Community Care Network (CCN) Adequacy Performance

Drive-time standard for specialty care (percentage)	Drive-time standard for specialty care (information)	Appointment-availability standard for specialty care (percentage)	Appointment-availability standard for specialty care (information)
92%	Under VA's network adequacy calculations, 92.36 percent (75,023 of 81,229 mental health claims) were within the drive-time standard for specialty care.	90%	Under VA's network adequacy calculations, 90.40 percent (83,904 of 92,813 mental health claims) were within the appointment-availability standard for specialty care.
83%	If VA were to assess only claims without deviations or veteran preferences, the percentage would decrease to 83.11 percent (30,546 of 36,752 mental health claims without deviations or veteran preferences would have been within the standard).	76%	If VA were to assess only claims without deviations or veteran preferences, the percentage would decrease to 75.61 percent (27,622 of 36,531 mental health claims without deviations or veteran preferences would have been within the standard).
85%	If VA were to assess only claims with deviations or veteran preferences, the percentage would decrease to 84.64 percent (44,477 of 52,551 mental health claims with deviations or veteran preferences would have been within the standard).	69%	If VA were to assess only claims with deviations or veteran preferences, the percentage would decrease to 68.80 percent (56,282 of 81,808 mental health claims with deviations or veteran preferences would have been within the standard).

Source: GAO analysis of mental health CCN claims data from the Department of Veterans Affairs (VA) (data); M.style/stock.adobe.com (icons). I GAO-24-106410

Notes: We analyzed 89,303 routine mental health care claims in CCN Regions 1 through 4 with dates of service from April 2022 through March 2023 using the drive-time standard for specialty care, and 118,339 claims using the appointment-availability standard. In these regions, VA assesses mental health claims as part of the network adequacy standards for specialty care, and not as a stand-alone calculation. VA requires at least 90.00 percent of specialty care claims to meet each standard.

The drive-time standard varies by the veterans' geographic location. For the claims in our review, the standard for urban designations is 45 minutes and 100 minutes for rural or highly rural designations. For these network adequacy calculations, VA excluded any claims with "drive-time exclusion reasons." For example, VA excluded claims when the drive time could not be calculated because the appointment was via telehealth or VA did not have a valid address for the veteran.

The appointment-availability standard is 30 days. For these network adequacy calculations, VA excluded any claims with invalid wait time data (i.e., a negative value). VA officials said that wait times may appear as negative values if the veteran sought care before a provider was selected for the respective referral.

VA also excluded, from applicable network adequacy performance calculations, any applicable claims—with deviations or veteran preferences for a specific provider or appointment day or time—that did not meet performance standards. According to VA officials, VA will approve a deviation requested by contractors if there are two or fewer providers that offer services for a particular specialty in a given geographic area.

VA's methodology poses a risk to VA's ability to fully assess the extent to which CCNs are adequate to meet veterans' needs, including for mental health care services. Assessing the risks associated with VA's methodology would be consistent with the federal standard for internal control for risk assessment, which states that management should identify, analyze, and respond to risks related to achieving the defined

objective.[36] Such an assessment would allow VA to determine whether its methodology effectively assesses the adequacy of its CCNs and, if not, to revise its methodology accordingly. For example, VA could examine the benefits and risks of using different calculations to examine contractors' specialty care network adequacy performance (e.g., performing separate calculations for claims with and without deviations or veteran preferences).

Assessing its methodology and making any needed adjustments would help VA identify and then address any gaps in provider networks—including for mental health. The majority (69 percent) of the mental health care claims in our analysis had veteran preferences for a specific provider or appointment day or time, and as noted above, VA is excluding some of these claims under its existing methodology. Additionally, VA is implementing an initiative to collect more veteran preferences for scheduling community care appointments.[37] Efforts to collect more veteran preferences, while appropriate, may lead to more referrals, and consequently, more claims, being excluded from specialty care network adequacy calculations under VA's existing methodology.

VA Lacks Comprehensive Information on the Extent to Which Various Factors, Such as Network Adequacy Issues, Contribute to Scheduling Timeliness Challenges

VA collects and monitors certain data on community care appointment scheduling timeliness, including for mental health. However, it does not have comprehensive information on the various factors that contribute to scheduling timeliness challenges—that is, the reasons why VA facilities may be delayed or unable to schedule community care appointments. This includes the extent to which reasons are network-adequacy related or due to other factors, such as administrative staffing shortages at VA.

[36]GAO-14-704G.

[37]According to VA, to help streamline the scheduling process for community care appointments and to ensure veterans have timely access to care, in October 2021, VA mandated that its facilities begin collecting information related to veterans' preferences for scheduling community care appointments.

VA collects data to determine the extent to which VA facilities are scheduling appointments within VA's timeliness metric for scheduling community care appointments within 7 days of the file entry date—the date a VA provider enters a referral into the veteran's electronic health record. In January 2023, we reported that VA's data showed that most VA facilities were not meeting VA's timeliness metric.[38] Specific to mental health, VA data show that for appointments in the community scheduled from October 1, 2022, through January 31, 2023, only four of the 138 VA facilities that referred mental health care to the community scheduled appointments within an average of 7 days as specified in the timeliness metric.[39]

As a result of VA facilities' challenges in meeting the timeliness metric, in February 2023, VA established a goal for each VA facility to reduce the average number of days it takes to schedule community care appointments by specific percentage targets over time.[40] As of the third quarter of fiscal year 2023, four of 133 VA facilities that referred mental health care to the community scheduled mental health appointments within an average of 7 days or less, and 106 facilities were averaging more than 14 days, according to VA data.

According to VA officials, several factors can contribute to delays in scheduling or the inability to schedule community care appointments,

[38]See GAO-23-105617. In that report, VA data from the third quarter of fiscal year 2022 showed that less than 40 percent of VA facilities scheduled more than half of their community care appointments within 7 days. We recommended that VA conduct a comprehensive analysis of appointment scheduling data to determine whether the community care timeliness metric was achievable and revise as necessary. VA agreed with this recommendation and has begun taking steps to address the recommendation. For example, in May 2023, VA officials reported that VA had conducted an analysis of community care scheduling for referrals VA facilities scheduled from October 2022 through January 2023 against the timeliness metric. Based on this analysis, VA identified additional steps it planned to take. We continue to monitor VA's actions, so we can evaluate extent to which they address our recommendation.

[39]VA facilities had similar performance for other types of care during this time frame. Specifically, four VA facilities were scheduling appointments within an average of 7 days for primary care and one VA facility was averaging within 7 days for specialty care, according to VA data.

[40]Using February 2023 data as the baseline, VA required VA facilities to decrease the average time to schedule by 3 percent by the second quarter of fiscal year 2023, 8 percent by the third quarter of fiscal year 2023, and 15 percent by February 2024. According to VA data, about 46 percent of VA facilities met the second-quarter goal and about 55 percent met the third-quarter goal for mental health appointment scheduling. According to VA officials, VA set the goal of 15 percent after reviewing average wait-time trends and ranges from prior years.

including for mental health. Some factors that may affect timely appointment scheduling include:

- **Unavailability of CCN providers.** One factor that relates to network adequacy is difficulty identifying an available CCN provider with whom to schedule an appointment, according to VA officials. In November 2022, we reported that of the 127 VA facilities that responded to our survey, more than half of these facilities indicated that an insufficient number of providers in the CCN significantly affected their ability to schedule initial mental health appointments in a timely manner.[41]
- **Shortage of mental health providers.** VA officials noted delays for mental health scheduling may be due, in part, to the overall shortage of mental health providers nationwide, especially for more specialized mental health services.[42] As of March 2024, the Department of Health and Human Services' Health Resources and Services Administration designated more than 6,200 mental health provider shortage areas in the United States, with more than 122 million people living in these

[41]See GAO-23-105290. Survey respondents also reported concerns about the accuracy of the Provider Profile Management System, which identifies participating community providers. We recommended that VA should review its processes for monitoring the accuracy and completeness of contractor-submitted provider data in the Provider Profile Management System and implement strategies under current or future contracts to increase the accuracy of provider information stored in the Provider Profile Management System. VA agreed with this recommendation and in September 2023, stated that it is working with the contractors to share technical information on data that would be considered inaccurate provider data in the Provider Profile Management System. In addition, VA officials stated that they continue to expand resources to the Office of Integrated Veteran Care to provide greater assistance to the field to improve the accuracy of contractor-submitted data. We continue to monitor VA's actions related to improving the accuracy of data in the Provider Profile Management System.

In April 2024, the VA Office of Inspector General recommended that VA develop a process to make sure the contractors regularly update their CCN provider lists to reflect accurate provider contact information and annotate providers who are not currently accepting VA patients. It also recommended that VA develop and communicate to facilities a standard process to request and document their needs for additional providers. See Department of Veterans Affairs, Office of Inspector General, *Improved Oversight Needed to Evaluate Network Adequacy and Contractor Performance*.

[42]For example, in many areas of the country, there are few community providers who have the appropriate training or expertise to provide certain specialized mental health services, such as cognitive behavioral therapy for insomnia, according to VA officials. Further, VA officials stated that certain evidence-based psychotherapies recommended in VA/Department of Defense Clinical Practice Guidelines for mental and behavioral health conditions are not widely available outside VA. VA clinicians have specialized training in these treatments and fewer community care providers have this training, according to VA officials.

shortage areas.[43] According to VA, approximately 70 percent of veterans live in areas with a shortage of mental health care services.[44]

- **Administrative staffing shortages.** VA officials told us that shortages of community care staff at VA facilities who are needed to schedule appointments can cause scheduling delays.[45]
- **Difficulty contacting veterans.** VA officials also cited difficulties contacting veterans during the scheduling process as another factor that caused delays. VA officials said that it can be especially challenging to contact veterans who have been referred for mental health services. According to VA policy, schedulers must make at least four contact attempts, including sending a letter when contact attempts by phone are unsuccessful, when trying to reach veterans to schedule a mental health appointment based on a referral.[46]

Although VA officials have identified some of the reasons for scheduling challenges generally, VA lacks comprehensive information on the extent to which each of the reasons—including any network-adequacy-related factors—may contribute to scheduling challenges. This is because VA does not ensure that VA facility staff systematically capture a reason when they encounter scheduling delays or are unable to schedule an appointment. We found that the capability for recording this information exists. For example, one of VA's systems for managing referrals contains a field where a reason can be recorded when staff are unable to schedule

[43]The Health Resources and Services Administration estimates that approximately an additional 6,127 mental health providers are needed to meet the estimated need in these areas. We have previously reported on actions that the federal government is taking to help recruit and retain mental health providers. See GAO, *Behavioral Health: Available Workforce Information and Federal Actions to Help Recruit and Retain Providers*, GAO-23-105250 (Washington, D.C.: Oct. 27, 2022).

[44]Department of Veterans Affairs Partnered Evidence-Based Policy Resource Center, *Access to Care: MISSION 401*, Policy Brief (Washington, D.C.: Nov. 2021).

[45]We have previously reported that an insufficient number of VA facility community care scheduling staff was a challenge that affected the timely scheduling of appointments. See GAO-23-105290 and GAO, *Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care*, GAO-20-643 (Washington, D.C.: Sept. 28, 2020).

[46]If the veteran cannot be reached, schedulers can discontinue contact after four attempts and cancel the referral after 14 days have elapsed since the second contact attempt. However, if a referral is for a veteran who has a high-risk flag for suicide on their medical record, a provider must review the referral before it is canceled. For non-mental health care, VA requires schedulers to make two contact attempts when trying to schedule the appointment.

an appointment.[47] According to officials, VA recommended—but did not require—that staff use this field during the COVID-19 pandemic to capture scheduling issues during that time. As of April 2024, officials said staff did not frequently use the field to record a reason for appointments that could not be scheduled.

Because VA does not ensure that staff record information on the reasons for community care appointment scheduling challenges, it cannot fully determine the extent to which scheduling challenges may be related to network adequacy—such as having insufficient CCN providers in a given area, including for mental health. If VA were to ensure that staff systematically captured reasons for scheduling challenges, VA would have more comprehensive information on the factors contributing to those challenges. Obtaining and analyzing comprehensive information on community care scheduling challenges would allow VA to identify actions the department or VA facilities could take to address these challenges, as well as areas in which VA could work with the contractors to strengthen the CCNs, if appropriate. This would help inform VA's efforts to deliver timely, accessible, and high-quality care to veterans as outlined in VA's Strategic Plan.[48] Further, it would be consistent with the federal standard for internal control for information and communication. This standard states that management should use quality information to achieve its objectives.[49]

Furthermore, this information would supplement the data that VA already collects to monitor CCN adequacy and community care scheduling timeliness. Specifically, any VA scheduling delays are reflected in VA's performance on its community care appointment scheduling timeliness metric.

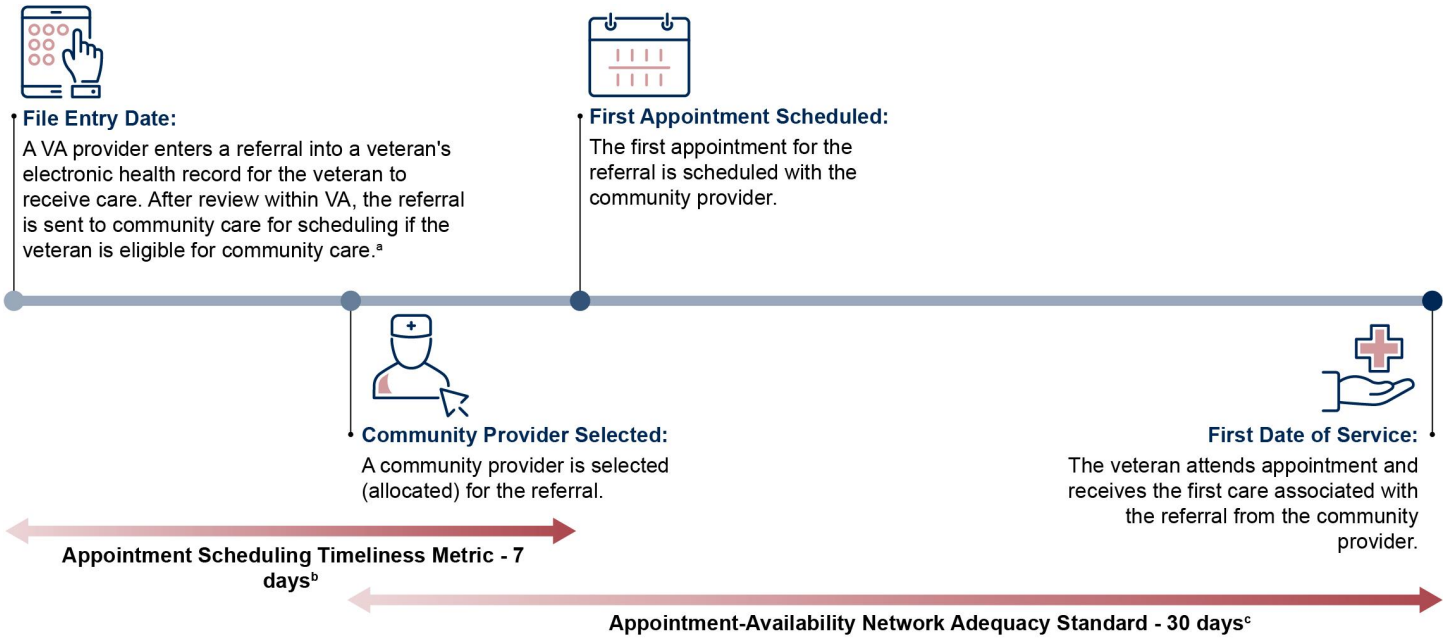
[47]VA policy uses the terms 'consult' and 'referral' when describing the requests that VA providers enter on behalf of veterans to seek the opinion, advice, or expertise of another provider regarding evaluation or management of a specific issue. For example, a primary care provider may enter a referral for a veteran to receive mental health services. For the purposes of this report, we use the term referral.

[48]One of the strategic goals in VA's Strategic Plan is to deliver timely, accessible, and high-quality benefits, care, and services to meet the unique needs of veterans and all those that VA serves. See Department of Veterans Affairs, *Fiscal Years 2022-2028 Strategic Plan* (Washington, D.C.: 2022). In addition, one of the six priorities of VA's Veterans Health Administration is to "connect veterans to the soonest and best care".

[49]GAO-14-704G.

However, VA does not factor in scheduling delays when assessing contractor performance on the appointment-availability network adequacy standard, which may be appropriate because network adequacy is one of several factors that may contribute to scheduling delays, as described earlier in this report. Instead, the measurement of the network adequacy standard for appointment availability starts from the date a VA scheduler sends the referral to an available CCN provider and ends on actual appointment date for the first claim associated with that referral for care (see fig. 4). For routine primary and specialty care in CCN Regions 1 through 4, the network adequacy standard that contractors must meet for appointment availability is 30 days.[50]

Figure 4: Measurement of Community Care Appointment Scheduling Timeliness Metric and Community Care Network (CCN) Regions 1-4 Appointment-Availability Network Adequacy Standard



Source: GAO analysis of Department of Veterans Affairs (VA) documentation (information); M.style/stock.adobe.com (icons). | GAO-24-106410

[50]In Region 5, the network adequacy standard that the contractor must meet for appointment availability for primary care and mental health is 20 days. The standard is 28 days for specialty care.

Accessible Text for Figure 4: Measurement of Community Care Appointment Scheduling Timeliness Metric and Community Care Network (CCN) Regions 1-4 Appointment-Availability Network Adequacy Standard

Entity one of four	Entity two of four	Entity three of four	Entity four of four
File Entry Date: A VA provider enters a referral into a veteran's electronic health record for the veteran to receive care. After review within VA, the referral is sent to community care for scheduling if the veteran is eligible for community care.[a]	**Community Provider Selected:** A community provider is selected (allocated) for the referral.	**First Appointment Scheduled:** The first appointment for the referral is scheduled with the community provider.	**First Date of Service:** The veteran attends appointment and receives the first care associated with the referral from the community provider.

- Appointment Scheduling Timeliness Metric - 7 days[b]
- Appointment-Availability Network Adequacy Standard - 30 days[c]

Source: GAO analysis of Department of Veterans Affairs (VA) documentation (information); M.style/stock.adobe.com (icons). I GAO-24-106410

Notes: The time frame depicted is not drawn to scale. In addition, in some instances, steps presented sequentially may happen concurrently, such as the selection of the community provider and the scheduling of the first appointment.

In addition to VA facility staff scheduling on behalf of veterans, some VA facilities receive CCN contractor support in scheduling appointments.

[a]During this time, schedulers must contact the veteran to obtain their scheduling preferences, and they must identify and contact available community providers.

[b]VA's appointment scheduling timeliness metric is measured from the file entry date to the date when scheduling occurred for the first appointment.

[c]The CCN appointment-availability network adequacy standard is measured from the date a VA scheduler sends the referral to an available community provider to the actual appointment date on the first claim associated with that referral. The appointment-availability network adequacy standard for mental health services is 30 days in CCN Regions 1-4 and 20 days in CCN Region 5.

Conclusions

Providing timely access to mental health care is one of VA's top priorities, as more veterans have sought these services in recent years. Simultaneously, we have noted challenges with VA's ability to provide timely access to care at both VA medical facilities and in the community.

VA assesses community care contractors' network adequacy performance against two primary standards: drive time and appointment availability. VA's methodology to calculate specialty care network adequacy—specifically, excluding certain claims when they do not meet

the standard and including them when they do—poses a risk to VA's ability to fully assess the extent to which CCNs are adequate to meet veterans' needs, including for mental health care.

As VA begins to develop the next generation of CCN contracts, it is important for VA to understand the risks associated with its existing methodology, and whether an alternative approach might be warranted. This is particularly important because the number of claims that VA could potentially exclude may increase as the department aims to improve on collecting and meeting veterans' preferences during the community care scheduling process.

Further, while VA has taken steps to improve community care scheduling timeliness at its facilities, the department continues to face challenges with the timely scheduling of community care appointments, including for mental health. Systematically capturing and monitoring information on the reasons for scheduling challenges would provide VA with more comprehensive information. Such information could allow VA to determine the extent to which scheduling challenges are related to network adequacy. Further, it would provide VA better information to target actions that the department, VA facilities, or the contractors can take to enhance provider networks as needed and help improve veterans' access to care.

Recommendations for Executive Action

We are making the following two recommendations to VA:

The Undersecretary for Health should assess the risks associated with VA's methodology for calculating specialty care network adequacy and revise its approach accordingly. (Recommendation 1)

The Undersecretary for Health should ensure that VA facility staff systematically capture the reasons for community care appointment scheduling challenges and use this information to help address those challenges. (Recommendation 2)

Agency Comments and Our Evaluation

We provided a draft of this product to VA for review and comment. In its written comments, reproduced in appendix III, VA stated that it concurred

with our first recommendation and concurred in principle with our second recommendation. For our first recommendation, VA said that it will assess the methodology for specialty care network adequacy calculations and where appropriate, based on the assessment, revise its approach to the methodology for the next generation CCN contract.

Regarding our second recommendation, VA stated that it has put into place mechanisms to track appointment scheduling challenges but has not mandated the capture and reporting of reasons for scheduling delays due, in part, to the need for stronger contractual requirements that require the contractor to act on the reasons identified. Mechanisms VA has put into place include, for example, contractually required monthly meetings between the contractors and VA facilities, and the development of a ticketing system for VA facility staff to document recurring CCN access issues. Based on these actions, VA has requested closure of this recommendation.

While we agree that these are helpful actions likely yielding useful information, we maintain that our recommendation is still valid. It is unclear how VA's mechanisms will allow VA to systematically capture and monitor information to provide a comprehensive picture of scheduling challenges. As previously stated, such information would provide VA better information to target actions that the department, VA facilities, or the contractors can take to enhance provider networks, including altering the next generation CCN contract if existing contractual requirements serve as an impediment.

VA also provided technical comments that we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Veterans Affairs, and other interested parties. In addition, the report is available at no charge on the GAO website at https://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or HundrupA@gao.gov. Contact points for Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.

Alyssa M. Hundrup
Director, Health Care

Appendix I: Objectives, Scope, and Methodology

This report (1) describes the efforts of the Department of Veterans Affairs' (VA) contractors and VA to develop and maintain community care networks (CCN) of mental health providers; (2) examines how VA assesses CCN adequacy for mental health; and (3) examines the extent to which VA collects information on the factors that contribute to scheduling timeliness challenges for community care appointments, including for mental health. To address these objectives, we reviewed VA documentation, analyzed VA data, and interviewed VA and other officials.

Review of VA documentation. We reviewed VA's CCN contracts for each of the five regions, standard operating procedures, and other relevant documentation related to network adequacy and community care appointment scheduling. For example, we reviewed reports submitted to VA by its two contractors, such as network adequacy reports and corrective action plans.[1]

Analysis of VA data. We analyzed several datasets from VA, specifically data on

- care provided outside of the CCNs through Veteran Care Agreements (VCA) from May 2020 through September 2023—the most recent data available at the time of our analysis. VCAs are agreements that VA facilities can enter with community providers who are not in the CCN.[2]
- claims for routine mental health care in CCN Regions 1 through 4 with dates of service from April 2022 through March 2023—the most recent and complete year of data available at the time of our

[1]If contractors or VA identify network adequacy deficiencies, the CCN contracts require the contractors to submit corrective action plans to VA.

[2]For the purposes of this report, the term VA facility refers to VA medical centers and VA health care systems, which are systems comprised of several medical centers and clinics, such as community based-outpatient clinics, that work together to offer services to area veterans.

analysis.[3] We analyzed the data by using the two network adequacy standards for specialty care—the geographic accessibility (drive-time) and appointment-availability standards.

In CCN Regions 1 through 4, VA assesses mental health care claims as part of the network adequacy standards for specialty care, and not as a stand-alone calculation. We limited our analysis of mental health care claims to CCN Regions 1 through 4 and excluded Region 5, Alaska. We excluded Alaska because VA's drive time and appointment availability network adequacy standards for Region 5 differ from the standards in CCN Regions 1 through 4.

Specifically, we calculated the percentage of mental health care claims that were within each standard using VA's existing methodology and alternate methodologies to determine the effect of various calculations on network adequacy performance. We examined these data by CCN Region, rurality, and care setting.

To obtain a complete set of mental health care claims data within the scope of our analysis, we worked with VA to resolve several issues, including how VA identifies and uses certain variables in network adequacy calculations for mental health care claims. To minimize inconsistencies within our analysis, we focused our analysis on mental health care claims and excluded those related to hypnosis. After requesting and refining several datasets, we were able to resolve the data issues and identify mental health care claims within our scope. In doing so, we determined these data were sufficiently reliable for the purpose of our audit objective. We assessed VA's monitoring of network adequacy against requirements found in the CCN contracts and against the federal internal control standard for risk assessment.[4]

- deviations from network adequacy standards that were effective at some point from April 2022 through March 2023 (the same time frame as our claims analysis). According to VA officials, VA will approve a deviation requested by contractors if there are two or fewer providers that offer services for a particular specialty in a given geographic area.

[3]For the purposes of our analysis, mental health care includes services such as psychiatric care (including for addiction), care for treatment-resistant depression, and psychotherapy, among others.

[4]Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved. See GAO, *Standards for Internal Control in the Federal Government,* GAO-14-704G (Washington, D.C.: Sept. 10, 2014).

- mental health community care appointment scheduling timeliness for the first three quarters of fiscal year 2023—the most recent and complete data available at the time of our analysis. We assessed the information that VA collects on community care appointment scheduling challenges against the federal internal control standard for information and communication.[5]

To assess the reliability of the data we used in all our analyses, we performed appropriate electronic data checks and interviewed VA officials about the data, including how they maintain and use these data (e.g., to assess network adequacy). We determined these data were sufficiently reliable for the purposes of our audit objectives.

Interviews with VA and other officials. We interviewed officials from VA's Office of Integrated Veteran Care—the office responsible for oversight of community care—and representatives from VA's two CCN contractors about the development, maintenance, and oversight of networks of mental health providers in CCN Regions 1 through 5. We also interviewed VA officials about the mechanisms by which they assess network adequacy, such as by using the Advanced Medical Cost Management Solution.[6] In addition, we spoke with VA officials about any factors that may lead to community care appointment scheduling delays or an inability to schedule an appointment, and information VA collects on appointment scheduling challenges. Lastly, we interviewed officials from four VA facilities about their use of VCAs for providing access to mental health care.[7]

We conducted this performance audit from November 2022 to June 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that

[5]GAO-14-704G.

[6]The Advanced Medical Cost Management Solution is an internal reporting system that allows VA access to certain claims data.

[7]The four selected VA facilities were Washington, DC (Region 1), Nashville, TN (Region 3), Phoenix, AZ (Region 4), and San Francisco, CA (Region 4). We selected facilities that had the highest number of VCA mental health care claims from July 1, 2021, through June 30, 2022, and that varied in geographic location. In addition, we obtained information in writing from a fifth VA facility about how it uses VCAs for mental health (San Juan, Puerto Rico, Region 3). The information we obtained from these facilities is not generalizable to other VA facilities.

the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Analysis of Mental Health Community Care Network Claims

We analyzed 135,317 routine mental health care claims in Community Care Network (CCN) Regions 1 through 4 with dates of service from April 2022 through March 2023, by using the geographic accessibility (drive-time) and appointment-availability network adequacy standards for specialty care.[1] In these regions, the Department of Veterans Affairs (VA) assesses mental health care claims as part of the specialty care network adequacy calculations, and not as a stand-alone calculation.

The drive-time standard varies by the veterans' geographic location—for the claims in our review, the standard for urban designations is 45 minutes and 100 minutes for rural or highly rural designations. The appointment-availability standard is 30 days.

For both the drive-time and appointment-availability network adequacy standards, VA included claims with and without deviations or veteran preferences in its network adequacy calculations if they met the standard.[2] VA excluded claims with deviations or veteran preferences from the calculations if they did not meet the standard. VA requires at least 90.00 percent of all specialty care claims (which include mental health care claims) to meet each standard.

[1]These data were the most recent and complete year of data available at the time of our analysis. We excluded Region 5, Alaska, from our review because the network adequacy standards for drive time and appointment availability in Region 5 differ from the standards in CCN Regions 1 through 4. (For more information on our methodology, see app. I.)

[2]According to VA officials, VA will approve a deviation requested by contractors if there are two or fewer providers that offer services for a particular specialty in a given geographic area.

For drive-time calculations, VA excluded any claims with "drive-time exclusion reasons." For example, VA excluded claims when the drive time could not be calculated because the appointment was via telehealth or VA did not have a valid address for the veteran.

For appointment-availability calculations, VA excluded any claims with invalid wait time data (i.e., a negative value). VA officials said that wait times may appear as negative values if the veteran sought care before a provider was selected for the respective referral.

Percentage of Mental Health Care Claims within the Drive-Time Network Adequacy Standard for Specialty Care

Using the drive-time standard for specialty care, the percentage of mental health care claims that were within this standard ranged from 89.75 percent in CCN Region 4 to 98.06 percent in CCN Region 2 (see table 3).

Table 3: Percentage of Mental Health Community Care Network (CCN) Claims that Were Within the Drive-Time Standard for Specialty Care, by Region and Rurality, April 2022–March 2023

Category	CCN Region and rurality	Percentage of mental health care claims
Region	Region 1	90.19
Region	Region 2	98.06
Region	Region 3	95.18
Region	Region 4	89.75
Rurality	Urban	91.17
Rurality	Rural or highly rural	95.83

Source: GAO analysis of mental health CCN claims data from the Department of Veterans Affairs (VA). | GAO-24-106410

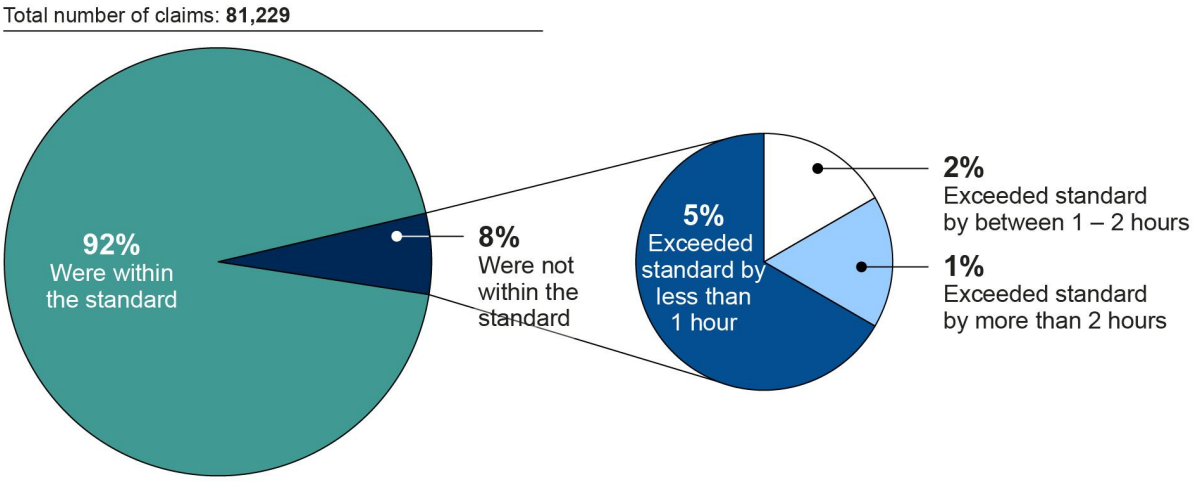
Notes: We assessed 81,229 routine mental health care claims in CCN Regions 1 through 4 with dates of service from April 2022 through March 2023 using the drive-time standard for specialty care. In these regions, VA assesses mental health care claims as part of the network adequacy standards for specialty care, and not as a stand-alone calculation.

The drive-time standard varies by the veterans' geographic location. For the claims in our review, the standard for urban designations is 45 minutes and 100 minutes for rural or highly rural designations. For these network adequacy calculations, VA excluded any claims with "drive-time exclusion reasons." For example, VA excluded claims when the drive time could not be calculated because the appointment was via telehealth or VA did not have a valid address for the veteran.

VA also excluded any claims with deviations or veteran preferences for a specific provider that did not meet performance standards. According to VA officials, VA will approve a deviation requested by contractors if there are two or fewer providers that offer services for a particular specialty in a given geographic area.

Of the mental health care claims assessed using the drive-time network adequacy standard for specialty care, about 5 percent exceeded the standard by less than 1 hour and 1 percent exceeded it by more than 2 hours (see fig. 5).

Figure 5: Analysis of Mental Health Community Care Network (CCN) Claims Using the Drive-Time Standard for Specialty Care, Regions 1–4, April 2022–March 2023



Source: GAO analysis of mental health claims data from the Department of Veterans Affairs (VA). | GAO-24-106410

Accessible Data for Figure 5: Analysis of Mental Health Community Care Network (CCN) Claims Using the Drive-Time Standard for Specialty Care, Regions 1–4, April 2022–March 2023

Total number of claims: 81,229

Entity one of five	Entity two of five	Entity three of five	Entity four of five	Entity five of five
92% Were within the standard	8% Were not within the standard	5% Exceeded standard by less than 1 hour	2% Exceeded standard by between 1 – 2 hours	1% Exceeded standard by more than 2 hours

Source: GAO analysis of mental health claims data from the Department of Veterans Affairs (VA). I GAO-24-106410

Notes: We assessed 81,229 routine mental health care claims in CCN Regions 1 through 4 with dates of service from April 2022 through March 2023 using the drive-time standard for specialty care. In these regions, VA assesses mental health care claims as part of the network adequacy standards for specialty care, and not as a stand-alone calculation.

The drive-time standard varies by the veterans' geographic location. For the claims in our review, the standard for urban designations is 45 minutes and 100 minutes for rural or highly rural designations. For these network adequacy calculations, VA excluded any claims with "drive-time exclusion reasons." For example, VA excluded claims when the drive time could not be calculated because the appointment was via telehealth or VA did not have a valid address for the veteran.

VA also excluded any claims with deviations or veteran preferences for a specific provider that did not meet performance standards. According to VA officials, VA will approve a deviation requested by contractors if there are two or fewer providers that offer services for a particular specialty in a given geographic area.

Percentage of Mental Health Care Claims Within the Appointment-Availability Network Adequacy Standard for Specialty Care

Using the appointment-availability standard for specialty care, the percentage of mental health care claims that were within this standard ranged from 88.79 percent in CCN Region 3 to 92.42 percent in CCN Region 1 (see table 4).

Table 4: Percentage of Mental Health Community Care Network (CCN) Claims that Were Within the Appointment-Availability Standard for Specialty Care, by Region, April 2022–March 2023

CCN Region	Percentage of mental health care claims
Region 1	92.42
Region 2	91.47
Region 3	88.79
Region 4	90.43

Source: GAO analysis of mental health CCN claims data from the Department of Veterans Affairs (VA). | GAO-24-106410

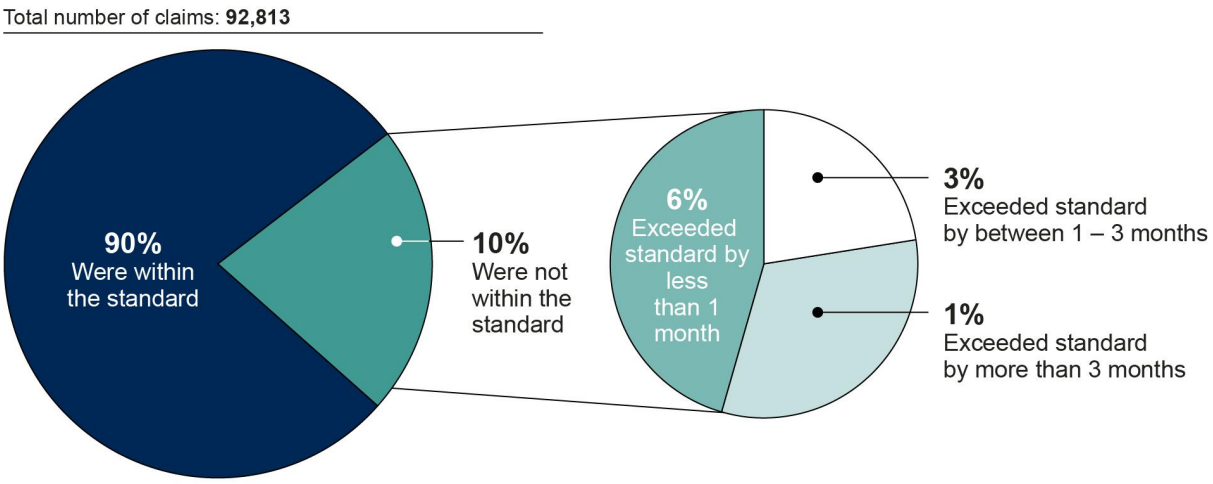
Notes: We assessed 92,813 routine mental health care claims in CCN Regions 1 through 4 with dates of service from April 2022 through March 2023 using the appointment-availability standard for specialty care. In these regions, VA assesses mental health care claims as part of the network adequacy standards for specialty care, and not as a stand-alone calculation.

The appointment-availability standard is 30 days. For these network adequacy calculations, VA excluded any claims with invalid wait time data (i.e., a negative value). VA officials said that wait times may appear as negative values if the veteran sought care before a provider was selected for the respective referral.

VA also excluded any claims with deviations or veteran preferences for a specific provider or appointment day or time that did not meet performance standards. According to VA officials, VA will approve a deviation requested by contractors if there are two or fewer providers that offer services for a particular specialty in a given geographic area.

Of the mental health care claims assessed using the appointment-availability network adequacy standard for specialty care, about 6 percent exceeded the standard by less than 1 month and 1 percent exceeded it by more than 3 months (see fig. 6).

Figure 6: Analysis of Mental Health Community Care Network (CCN) Claims Using the Appointment-Availability Standard for Specialty Care, Regions 1–4, April 2022–March 2023



Source: GAO analysis of mental health claims data from the Department of Veterans Affairs (VA). | GAO-24-106410

Accessible Data for Figure 6: Analysis of Mental Health Community Care Network (CCN) Claims Using the Appointment-Availability Standard for Specialty Care, Regions 1–4, April 2022–March 2023

Total number of claims: 92,813

Entity one of five	Entity two of five	Entity three of five	Entity four of five	Entity five of five
90% Were within the standard	10% Were not within the standard	6% Exceeded standard by less than 1 month	3% Exceeded standard by between 1 – 3 months	1% Exceeded standard by more than 3 months

Source: GAO analysis of mental health claims data from the Department of Veterans Affairs (VA). I GAO-24-106410

Notes: We assessed 92,813 routine mental health care claims in CCN Regions 1 through 4 with dates of service from April 2022 through March 2023 using the appointment-availability standard for specialty care. In these regions, VA assesses mental health care claims as part of the network adequacy standards for specialty care, and not as a stand-alone calculation. For the purpose of this analysis, one month is equal to 30 days.

The appointment-availability standard is 30 days. For these network adequacy calculations, VA excluded any claims with invalid wait time data (i.e., a negative value). VA officials said that wait times may appear as negative values if the veteran sought care before a provider was selected for the respective referral.

VA also excluded any claims with deviations or veteran preferences for a specific provider or appointment day or time that did not meet performance standards. According to VA officials, VA will approve a deviation requested by contractors if there are two or fewer providers that offer services for a particular specialty in a given geographic area.

Percentage of Mental Health Care Claims by Care Setting

Of the mental health care claims in our analysis, the majority (65 percent) of care was provided in outpatient facilities—such as offices or community mental health centers. About one-fourth of the care was provided via telehealth—in the veteran's home or in a place other than the veteran's home (see table 5).

Table 5: Percentage of Mental Health Community Care Network (CCN) Claims, by Care Setting, April 2022–March 2023

Care Setting	Number of mental health care claims	Percentage of mental health care claims (%)
Government-operated, -funded, or -designated facility (e.g., federally qualified health center, rural health clinic)	498	<1
Inpatient facility (e.g., inpatient psychiatric facility, inpatient hospital)	10,238	8
Outpatient facility (e.g., office, community mental health center)	88,121	65
Residential facility (e.g., substance abuse treatment facility, nursing facility)	349	<1
Telehealth (i.e., in the veteran's home or in a place other than the veteran's home)	30,910	23
Other (e.g., independent laboratory, in a private residence)	5,201	4
Total	135,317	100

Source: GAO analysis of mental health CCN claims data from the Department of Veterans Affairs. | GAO-24-106410

Note: We analyzed 135,317 routine mental health care claims in CCN Regions 1 through 4 with dates of service from April 2022 through March 2023.

In this table, all categories for care settings are mutually exclusive. Percentages may not sum to 100 percent due to rounding.

Table 6 shows the percentage of mental health CCN claims that were within the drive-time or appointment-availability network adequacy standards for specialty care. For example, about 94 percent of mental health care claims associated with care provided in outpatient facilities were within the drive-time standard, and just under 90 percent were within the appointment-availability standard. Similarly, almost 90 percent of mental health telehealth claims met the appointment-availability standard.

Table 6: Percentage of Mental Health Community Care Network (CCN) Claims that Were Within the Network Adequacy Standards for Specialty Care, by Care Setting, April 2022–March 2023

Care setting	Percentage of claims within the drive-time standard (%)	Percentage of claims within the appointment-availability standard (%)
Government-operated, -funded, or -designated facility (e.g., federally qualified health center, rural health clinic)	99.73	80.70
Inpatient facility (e.g., inpatient psychiatric facility, inpatient hospital)	80.78	98.93
Outpatient facility (e.g., office, community mental health center)	93.76	89.89
Residential facility (e.g., substance abuse treatment facility, nursing facility)	88.50	85.47
Telehealth (i.e., in the veteran's home or in a place other than the veteran's home)	N/A	89.38
Other (e.g., independent laboratory, in a private residence)	71.84	94.05

Source: GAO analysis of mental health CCN claims data from the Department of Veterans Affairs (VA). | GAO-24-106410

Notes: We analyzed 81,229 routine mental health care claims in CCN Regions 1 through 4 with dates of service from April 2022 through March 2023 using the drive-time standard for specialty care, and 92,813 claims using the appointment-availability standard. In these regions, VA assesses mental health care claims as part of the network adequacy standards for specialty care, and not as a stand-alone calculation.

The drive-time standard varies by the veterans' geographic location. For the claims in our review, the standard for urban designations is 45 minutes and 100 minutes for rural or highly rural designations. For these network adequacy calculations, VA excluded any claims with "drive-time exclusion reasons." For example, VA excluded claims when the drive time could not be calculated because the appointment was via telehealth or VA did not have a valid address for the veteran.

The appointment-availability standard is 30 days. For these network adequacy calculations, VA excluded any claims with invalid wait time data (i.e., a negative value). VA officials said that wait times may appear as negative values if the veteran sought care before a provider was selected for the respective referral.

VA also excluded, from applicable network adequacy performance calculations, any applicable claims—with deviations or veteran preferences for a specific provider or appointment day or time—that did not meet performance standards. According to VA officials, VA will approve a deviation requested by contractors if there are two or fewer providers that offer services for a particular specialty in a given geographic area.

In this table, all categories for care settings are mutually exclusive.

Appendix III: Comments from the Department of Veterans Affairs

DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

May 10, 2024

Ms. Alyssa M. Hundrup
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Hundrup:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***VETERANS HEALTH CARE: Opportunities Exist to Improve Assessment of Network Adequacy for Mental Health*** (GAO-24-106410).

The enclosure contains general and technical comments, and the action plan to address the draft report recommendations. VA appreciates the opportunity to comment on your draft report.

Sincerely,

Kimberly Jackson
Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Response to the Government Accountability Office (GAO) Draft Report
VETERANS HEALTH CARE: Opportunities Exist to Improve Assessment of Network Adequacy for Mental Health
(GAO-24-106410)

Recommendation 1: The Under Secretary for Health should assess the risks associated with VA's methodology for calculating specialty care network adequacy and revise its approach accordingly.

VA Response: Concur. The Office of Integrated Veteran Care (IVC) will assess the methodology for specialty care network adequacy calculations. IVC firmly believes in continuous process improvement and has prioritized analysis of current contract requirements for the assessment of specialty care network adequacy, including the risks and opportunities for improvement.

IVC has incorporated lessons learned from the current contract as well as industry best practices as part of contract development for the Community Care Network (CCN) Next Generation contract (CCN NG) and will enhance monitoring of performance by developing stronger program structure and requirements for CCN NG.

IVC has set the target completion date to allow for the assessment of specialty care network adequacy calculations if and where appropriate, based on the assessment, VA will revise its approach to this calculation methodology.

Target Completion Date: January 2025

Recommendation 2: The Under Secretary for Health should ensure that VA facility staff systematically capture the reasons for community care appointment scheduling challenges and use this information to help address those challenges.

VA Response: Concur in principle. IVC recognizes the need to address appointment scheduling timeliness challenges and is actively seeking ways to assist VA staff in improving the overall timeliness of scheduling community care appointments. VA is aware that in many cases, the delays are due to an inability to locate a provider, delays in response from community providers, lengthy records review, and acceptance periods from community providers. VA has put into place mechanisms to track appointment scheduling challenges but has not mandated the capture and reporting of reasons for scheduling delays due, in part, to the need for stronger contractual requirements that require the Third-Party Administrations (TPA) to act on the reasons identified. Additionally, the administrative workload placed on VA staff to capture and report these barriers can be extensive and may pull staff away from direct engagement with Veterans. We do, however, have multiple mechanisms to track, communicate, and act on identified scheduling challenges.

The CCN contract requires monthly meetings between the CCN TPA and VA Medical Centers (VAMC) to discuss network needs. In these meetings, VAMCs can notify their

Enclosure

Department of Veterans Affairs (VA) Response to the Government Accountability Office (GAO) Draft Report
VETERANS HEALTH CARE: Opportunities Exist to Improve Assessment of Network Adequacy for Mental Health
(GAO-24-106410)

respective TPA of network adequacy issues or gaps, including anticipated community care workload increases, limited providers available for appointments, and any additional barriers that may affect the patient population and the ability to schedule appointments in a timely manner. This allows the TPA to proactively analyze the community care network capacity and add the needed resources if available.

In addition, IVC has developed a ticketing system for facility staff to document recurring CCN network access issues. Facility community care departments utilize the ticketing system to escalate concerns with the community care network to IVC. IVC's Network Adequacy team reviews submissions and follows up with the facility and TPAs until resolution. IVC will continue to monitor the issues raised during the monthly network adequacy meetings and will continue to systematically track and report issues documented in the ticketing system to identify trends.

IVC has also made other efforts to improve community care scheduling timeliness. The IVC Field Operations team utilizes the Field Operations Engagement Support Tool to identify when to offer more intensive site engagement to improve scheduling and access performance. As IVC identifies trends across the enterprise, IVC Field Operations captures themes and collaborates with IVC colleagues to create or update national guidance and trainings or initiate system enhancements. This includes collaboration with Network Adequacy colleagues.

IVC requests the closure of this recommendation. While VA does not agree that facility scheduling staff should systematically capture the reasons for community care appointment scheduling challenges, this information is captured through other mechanisms captured by other facility staff in a manner that meets the needs outlined in the report findings.

Accessible Text for Appendix III: Comments from the Department of Veterans Affairs

May 10, 2024

Ms. Alyssa M. Hundrup
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

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The enclosure contains general and technical comments, and the action plan to address the draft report recommendations. VA appreciates the opportunity to comment on your draft report.

Sincerely,

Kimberly Jackson
Chief of Staff

Enclosure

Department of Veterans Affairs fvA) Response to the Government Accountability Office (GAO) Draft Report
VETERANS HEALTH CARE: Opportunities Exist to Improve Assessment of Network Adequacy for Mental Health
(GAO-24-106410)

Recommendation 1: The Under Secretary for Health should assess the risks associated with VA's methodology for calculating specialty care network adequacy and revise its approach accordingly.

VA Response: Concur. The Office of Integrated Veteran Care (IVC) will assess the methodology for specialty care network adequacy calculations. IVC firmly believes in continuous process improvement and has prioritized analysis of current contract requirements for the assessment of specialty care network adequacy, including the risks and opportunities for improvement.

IVC has incorporated lessons learned from the current contract as well as industry best practices as part of contract development for the Community Care Network (CCN) Next Generation contract (CCN NG) and will enhance monitoring of performance by developing stronger program structure and requirements for CCN NG.

IVC has set the target completion date to allow for the assessment of specialty care network adequacy calculations if and where appropriate, based on the assessment, VA will revise its approach to this calculation methodology.

Target Completion Date: January 2025

Recommendation 2: The Under Secretary for Health should ensure that VA facility staff systematically capture the reasons for community care appointment scheduling challenges and use this Information to help address those challenges.

VA Response: Concur in principle. IVC recognizes the need to address appointment scheduling timeliness challenges and is actively seeking ways to assist VA staff in improving the overall timeliness of scheduling community care appointments. VA is aware that in many cases, the delays are due to an inability to locate a provider, delays in response from community providers, lengthy records review, and acceptance periods from community providers. VA has put into place mechanisms to track appointment scheduling challenges but has not mandated the capture and reporting of reasons for scheduling delays due, in part, to the need for stronger contractual requirements that require the Third-Party Administrations (TPA) to act on the reasons identified. Additionally, the administrative workload placed on VA staff to capture and report these barriers can be extensive and may pull staff away from direct engagement with Veterans. We do, however, have multiple mechanisms to track, communicate, and act on identified scheduling challenges.

The CCN contract requires monthly meetings between the CCN TPA and VA Medical Centers (VAMC) to discuss network needs. In these meetings, VAMCs can

notify their respective TPA of network adequacy issues or gaps, including anticipated community care workload increases, limited providers available for appointments, and any additional barriers that may affect the patient population and the ability to schedule appointments in a timely manner. This allows the TPA to proactively analyze the community care network capacity and add the needed resources if available.

In addition, IVC has developed a ticketing system for facility staff to document recurring CCN network access issues. Facility community care departments utilize the ticketing system to escalate concerns with the community care network to IVC. IVC's Network Adequacy team reviews submissions and follows up with the facility and TPAs until resolution. IVC will continue to monitor the issues raised during the monthly network adequacy meetings and will continue to systematically track and report issues documented in the ticketing system to identify trends.

IVC has also made other efforts to improve community care scheduling timeliness. The IVC Field Operations team utilizes the Field Operations Engagement Support Tool to identify when to offer more intensive site engagement to improve scheduling and access performance. As IVC identifies trends across the enterprise, IVC Field Operations captures themes and collaborates with IVC colleagues to create or update national guidance and trainings or initiate system enhancements. This includes collaboration with Network Adequacy colleagues.

IVC requests the closure of this recommendation. While VA does not agree that facility scheduling staff should systematically capture the reasons for community care appointment scheduling challenges, this information is captured through other mechanisms captured by other facility staff in a manner that meets the needs outlined in the report findings.

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

Alyssa M. Hundrup, (202) 512-7114 or HundrupA@gao.gov

Staff Acknowledgments

In addition to the contact named above, Michael Zose (Assistant Director), Alison Goetsch (Analyst-in-Charge), Adrian Good, and Melissa Trinh-Duong Ostergard made key contributions to this report. Also contributing were Jennie Apter, Joycelyn Cudjoe, Jacquelyn Hamilton, Giselle Hicks, Roxanna Sun, and Jeffrey Tamburello.

Related GAO Products

Veterans Community Care Program: Additional Information on VA Statutory Appointment Timeliness Measurements Is Needed. GAO-24-105308. Washington, D.C.: March 28, 2024.

Veterans Health Care: VA Has Taken Steps to Improve Its Appointment Scheduling Process, but Additional Actions Are Needed. GAO-24-107112. Washington, D.C.: November 10, 2023.

VA Mental Health: Additional Action Needed to Assess Rural Veterans' Access to Intensive Care. GAO-23-105544. Washington, D.C.: February 9, 2023.

Veterans Health Care: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments. GAO-23-105617. Washington, D.C.: January 4, 2023.

Veterans Health Care: Staffing Challenges Persist for Fully Integrating Mental Health and Primary Care Services. GAO-23-105372. Washington, D.C.: December 15, 2022.

Veterans Community Care Program: VA Needs to Strengthen Its Oversight and Improve Data on Its Community Care Network Providers. GAO-23-105290. Washington, D.C.: November 10, 2022.

Veterans Community Care Program: VA Took Action on Veterans' Access to Care, but COVID-19 Highlighted Continued Scheduling Challenges. GAO-21-476. Washington, D.C.: June 28, 2021.

Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care. GAO-20-643. Washington, D.C.: September 28, 2020.

Veterans Health Care: Opportunities Remain to Improve Appointment Scheduling within VA and through Community Care. GAO-19-687T. Washington, D.C.: July 24, 2019.

Veterans Choice Program: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its Community Care Programs. GAO-18-281. Washington, D.C.: June 4, 2018.

VA Mental Health: Clearer Guidance on Access Policies and Wait-Time Data Needed. GAO-16-24. Washington, D.C.: October 28, 2015.

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