United States Government Accountability Office

Report to Congressional Committees

February 2021

VETERANS COMMUNITY CARE PROGRAM

Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded

GAO-21-71

GAO@100 Highlights

Highlights of GAO-21-71, a report to congressional committees

February 2021

VETERANS COMMUNITY CARE PROGRAM

Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded

Why GAO Did This Study

The VA MISSION Act of 2018 established a new community care program, the VCCP, aimed at providing care to veterans when it could not reasonably be delivered by providers at VA medical facilities. The act also requires VA to exclude from participation in the VCCP providers who lost a license for violating medical license requirements in any state or who VA removed from employment for quality of care concerns or otherwise suspended from VA employment.

The VA MISSION Act included provisions for GAO to report on the implementation of restrictions on certain health care providers' participation in the VCCP. This report examines, among other issues, VA and contractor processes to implement these eligibility restrictions on provider participation in the VCCP.

GAO reviewed VA's contracts and contractor policies related to VCCP provider credentialing, interviewed VA and contractor officials, and assessed the provider credentialing requirements and processes. In addition, GAO collected data on former VA providers and compared these data to the database of VCCP providers.

What GAO Recommends

GAO is making three recommendations to VA, including that VA require its contractors to have credentialing and monitoring policies that ensure compliance with VA MISSION Act license restrictions and that it assess the risk to veterans when former VA providers with quality concerns continue to provide VCCP care. VA generally agreed with GAO's three recommendations.

View GAO-21-71. For more information, contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov

What GAO Found

The Department of Veterans Affairs (VA) has implemented contracts with Optum and TriWest to set up networks of community providers as part of the new Veterans Community Care Program (VCCP). However, the two contractors' processes for implementing eligibility restrictions established by the VA MISSION Act, as outlined in their policies and reflected in their contracts, may not consistently exclude all ineligible providers from participating in the VCCP. The VA MISSION Act prohibits providers from participating in the VCCP if they have lost a state medical license, for example, as a result of revocation or termination for cause or due to concerns about poor quality of care. However, VA's contracts with these contractors do not require the verification of providers' history of license sanctions, including a revoked license, in all states during credentialing. Only one of the two contractors has a process that includes verifying providers' licensure history in all states and neither has a sufficient process for continuously monitoring provider licenses.

Contractor Processes for Implementing VA MISSION Act Restrictions on Community Care Provider Eligibility

	VA MISSION Act state licensure restrictions		VA MISSION Act VA employment history restrictions
	Process for verifying history of lost license	Process for continuous monitoring	Process for verifying VA employment history (beginning May 2019)
Regions 1, 2, and 3 (Optum)	X	X	✓
Region 4 (TriWest)	✓	X	✓

✓ VHA performs check ✓ Contractor performs check X Check not performed

Source: GAO analysis of VA community care contracts and credentialing policies. | GAO-21-71

In May 2019, VA began tracking providers who do not meet the eligibility restrictions established by the VA MISSION Act. However, this tracking does not address providers removed from VA prior to this date. As of September 2020, VA had deactivated 136 ineligible VA providers from VCCP participation. GAO reviewed data going back to July 1, 2016 and identified an additional 227 providers that had been removed from VA employment and are potentially providing care in the VCCP. VA stated it has no plans to further review these providers. VA officials said these providers were eligible to participate in the VCCP because they were removed from VA employment before the VA MISSION Act restrictions were effective. Thus, there is a continued risk that former VA providers associated with quality of care concerns are participating in the VCCP.

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Abbreviations

CVO	credentials verification organization
FSMB	Federation of State Medical Boards
NCQA	National Committee for Quality Assurance
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
PPMS	Provider Profile Management System
VA	Department of Veterans Affairs
VCCP	Veterans Community Care Program
VCA	Veterans Care Agreement
VHA	Veterans Health Administration

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February 1, 2021

Chair
Ranking Member
Committee on Veterans' Affairs
United States Senate

The Honorable Mark Takano
Chairman
The Honorable Mike Bost
Ranking Member
Committee on Veterans' Affairs
House of Representatives

The Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) operates one of the largest health care systems in the nation. VA is responsible for ensuring that providers are qualified and competent to deliver safe care to veterans in VA medical facilities and through VA's community care program.[1] Since 1945, VHA has allowed eligible veterans to receive care from providers in the community when veterans faced challenges accessing care at VA medical facilities. In the last decade, Congress has taken steps to expand the availability of community care for veterans. While veterans still receive most of their care from VA medical facilities, the number of veterans that have received community care has increased 77 percent from 2014 through 2019. In fiscal year 2019, VA obligated approximately $15.5 billion for community care services.[2]

[1]We have previously reported on VHA's oversight of community care physicians' credentials and made recommendations for improving VA's oversight of contractors' verification of provider credentials and assessing the risk of VHA not verifying the licenses of physicians under Veterans Choice provider agreements. VA concurred with our recommendations and in July 2017, VHA developed a plan for monitoring and evaluating its staff's verification of Choice physicians' credentials, which also included a new annual audit component. In October 2017, VHA revised its standard operating procedures to instruct medical center staff to verify Choice physicians' licenses using state licensing board websites. See GAO, *Veterans' Health Care: Improved Oversight of Community Care Physicians' Credentials Needed,* GAO-16-795 (Washington, D.C.: Sept.19, 2016).

[2]The amount of obligations reflects community care services for both veterans and other eligible beneficiaries. In fiscal year 2019, VA obligated approximately $64.3 billion for services provided at VA medical facilities.

VA established the Veterans Community Care Program (VCCP) in June 2019 in response to a VA MISSION Act of 2018 (VA MISSION Act) requirement to establish a permanent community care program.[3] The VCCP consolidated and replaced many of VA's existing community care programs into one program aimed at providing care to veterans in need when it could not reasonably be delivered by providers at VA medical facilities.[4] VHA provides care through the VCCP using two main mechanisms: its networks of regional community providers, collectively the Community Care Network, which is administered by contractors; and through Veterans Care Agreements (VCA), which are individual agreements between VA and community care providers for particular care not available through the Community Care Network.

VA has faced challenges in ensuring that its providers, including providers participating in the VCCP, deliver safe and effective care to veterans. We have previously identified situations where providers who were removed from employment by VA medical facilities for quality of care concerns went on to provide care outside VA and to enroll in a community care network of providers, allowing them to care for veterans.[5]

Section 108 of the VA MISSION Act established requirements for VA to prevent certain providers from delivering VA community care to veterans by defining criteria under which VA must deny, revoke, or suspend a provider's eligibility to provide care to veterans through the VCCP.[6] Specifically, providers are ineligible to participate in the VCCP through the Community Care Network or a VCA, if they (1) have lost a state medical license in any state for violating the requirements of the medical license; (2) have been removed from employment with VA due to conduct that

[3]Pub. L. No. 115-182, tit. I, § 101, 132 Stat. 1393, 1395 (2018).

[4]The VCCP replaces VA's previous community care program, the Veterans Choice Program. Veterans are eligible to receive care through the VCCP under a variety of circumstances, such as when VA does not operate a full-service facility in the state in which the veteran resides or does not meet its designated access standards.

[5]See GAO, *VA Health Care: Improved Policies and Oversight Needed for Reviewing and Reporting Providers for Quality and Safety Concerns*, GAO-18-63 (Washington, D.C.: Nov. 15, 2017.)

[6]Pub. L. No. 115-182, tit. I, § 108, 132 Stat. 1393, 1416-1417 (2018).

violated VA policy relating to the delivery of safe and appropriate health care; or (3) have been suspended from employment with VA.[7]

The VA MISSION Act contains provisions that we report on VHA's efforts to implement the provider eligibility requirements in section 108. In this report, we examine

1. the processes VHA and its contractors have developed to implement the three VCCP provider eligibility restrictions in section 108 of the VA MISSION Act, and
2. how VHA monitors contractors to ensure that they comply with VA MISSION Act VCCP eligibility restrictions.

To examine the processes VHA and its contractors have developed to implement the VCCP provider eligibility restrictions, we reviewed (a) VHA's and its contractors' processes for identifying community care providers who have lost a medical license in any state for violating the requirements of that license, and (b) VHA's process for identifying VA providers who have been removed or are currently suspended from VA employment, and for using this information to determine community care eligibility.

- **To review VHA's and its contractors' processes to identify community care providers who have lost a medical license in any state,** we reviewed VA's contracts with Community Care Network administrators, Optum Public Sector Solutions (Optum) and TriWest Healthcare Alliance (TriWest), and with Centretech Healthcare Systems Management Services, the credentials verification organization (CVO) that helps ensure non-network providers offering community care through VCAs are appropriately credentialed and eligible to provide care. We reviewed contractor policies for credentialing and utilizing state medical board information. We reviewed and compared National Committee for Quality Assurance (NCQA) and URAC credentialing accreditation standards and

[7]Section 108 of the VA MISSION Act also grants VA the authority to exclude providers from the VCCP if VA determines that this action is necessary to immediately protect the health, safety, or welfare of veterans and the provider is under investigation by the medical licensing board in the state in which the provider is licensed or practices, although VA is not required to use this authority.

contractor credentialing policies to VA MISSION Act eligibility restrictions.[8]

We also evaluated VA's contracts with Optum and TriWest against the VA MISSION Act eligibility restrictions and federal internal control standards for designing control activities.[9] In addition, we interviewed VA, VHA, and Optum and TriWest officials to better understand how the contractors' credentialing policies align with VA MISSION Act eligibility restrictions and NCQA and URAC officials to understand each organization's credentialing accreditation standards and processes. We also interviewed officials representing the National Practitioner Data Bank (NPDB)—a repository for certain information about the professional conduct and competence of providers and the Federation of State Medical Boards (FSMB)—an organization that represents state medical boards across the United States and administers a database with physician information, to better understand how provider licenses are monitored.

- **To review the process VHA uses to identify providers removed or suspended from VA employment,** we reviewed data from VHA's Office of Community Care on providers who had been excluded from participation in the VCCP because they had been removed or suspended. We compared provider data from VHA's Provider Profile Management System (PPMS)—VHA's master database of community providers, including Community Care Network and VCA providers—and a subset of VA personnel data to determine whether any providers who were ineligible to provide community care due to removal or suspension from VA employment were currently participating in the VCCP.[10] We assessed the reliability of the PPMS data by reviewing relevant documentation, interviewing

[8]URAC was originally incorporated under the name Utilization Review Accreditation Commission, but that name was shortened to the acronym URAC in 1996 when it began accrediting other types of organizations, such as health plans, pharmacies, and provider organizations.

[9]GAO, Standards for Internal Control in the Federal Government, GAO-14-704G (Washington, D.C.: Sept. 10, 2014). 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.

[10]According to VHA, PPMS was deployed nationally at the end of fiscal year 2018. PPMS receives and stores information about each provider such as provider name, the types of services the provider is authorized to deliver, the provider's credentialing status, the date the provider is due to be recredentialed, and whether the provider is excluded from VCCP participation. According to VHA officials, within PPMS, providers are identified by their National Provider Identifier, which is a unique 10-digit number issued to health care providers in the United States by the Centers for Medicare & Medicaid Services.

knowledgeable VHA officials, and reviewing the data for missing values. Although we determined that these data were sufficiently reliable for the purposes of our audit objectives, the PPMS data set VHA provided was not a complete list of all VCCP providers due to data extraction issues. As a result, there may be additional providers participating in the VCCP that are not included in our analysis. For additional information on how we compared community providers in PPMS to a subset of VA personnel data and the limitations of these data, see appendix I.

To examine the oversight processes VHA has in place to ensure contractors comply with VA MISSION Act eligibility restrictions, we reviewed VHA policies for oversight of the contractors that credential providers for the Community Care Network, and we reviewed VA's contract with the CVO and supporting documents for oversight of VCA credentialing. We requested monthly provider network credentialing quality review audit data on the number of audits conducted, the number of audits with discrepancies, and the reasons for the discrepancies, for August 2019, when the Office of Community Care began the Community Care Network audits, through June 2020. We reviewed the audit data and determined that these data were sufficiently reliable for the purposes of our audit objective. These audits covered a sample of 2,405 providers in the Community Care Network at the time the audits were conducted. We analyzed monthly audit data, including discrepancies identified through the audits. We interviewed officials from VHA's Office of Community Care regarding oversight of provider credentialing, processes for correcting any audit discrepancies or other problems identified during oversight of the Community Care Network, and VHA's process for oversight of the credentialing of VCA providers by the CVO. Section 108 of the VA MISSION Act also asked us to report on access to community care for veterans. We discuss VA's access standards for the VCCP and Optum and TriWest's plans for network adequacy in appendix II.

We conducted this performance audit from July 2019 through February 2021 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 the evidence obtained provides a reasonable basis for our findings and conclusions on our audit objectives.

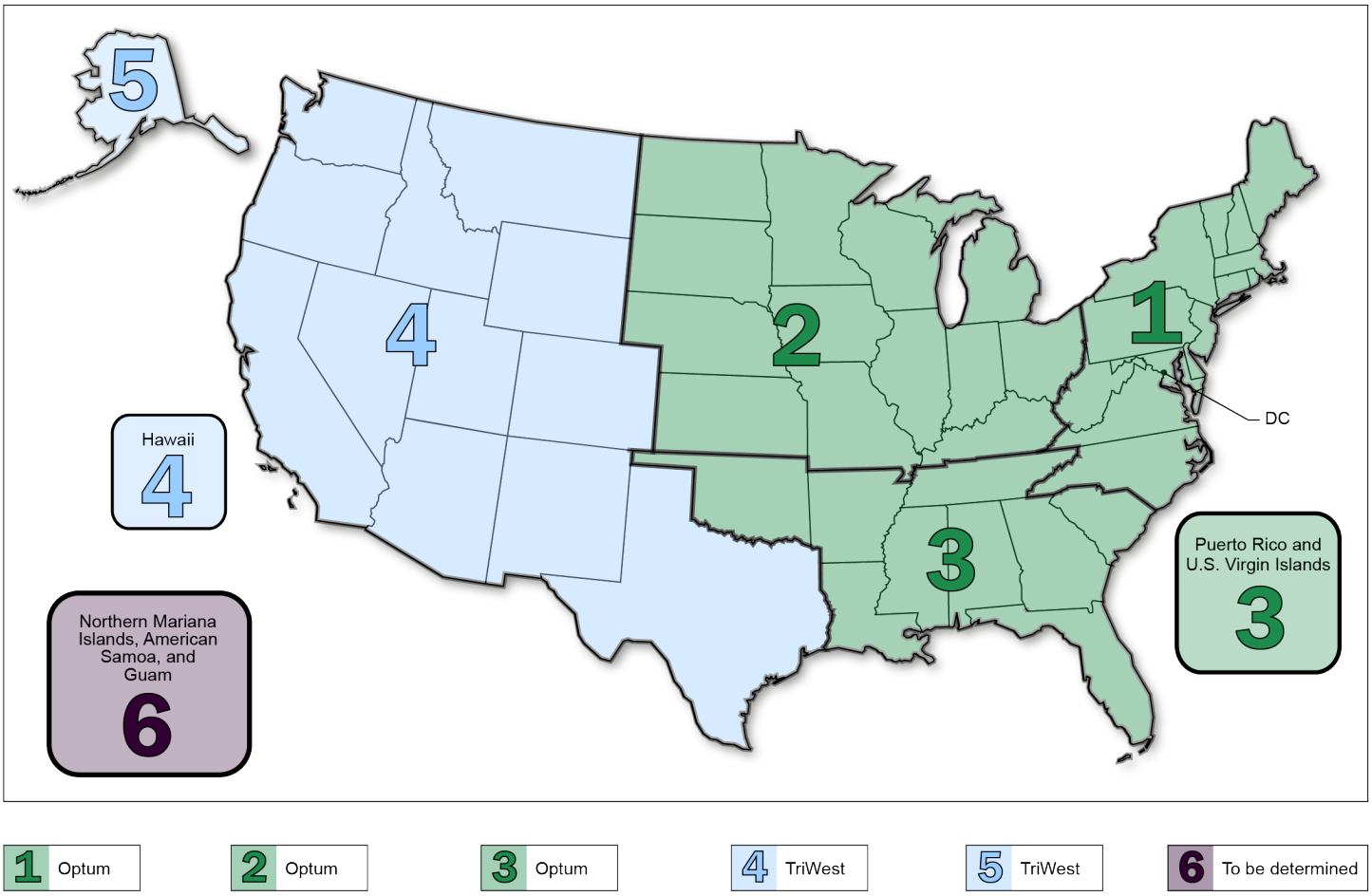
Background

Veterans Community Care Program

Through the VCCP, VHA purchases community care through its six regional networks that make up the Community Care Network and individual VCAs.

Community Care Network. Currently VA has awarded contracts to third-party administrators for five of the six regional networks that make up the Community Care Network—Optum (Regions 1-3) and TriWest (Regions 4 and 5). As of January 2021, VA has not awarded a contract for Region 6 and is using its existing Patient-Centered Community Care network and VCAs to provide VCCP care in the interim. See figure 1.

Figure 1: Map of Community Care Network Regions and Contractors for the Veterans Community Care Program (January 2021)



Source: GAO analysis of Veterans Health Administration information (data); Map Resources (map). | GAO-21-71

Notes: The contractors are Optum Public Sector Solutions (Optum) and TriWest Healthcare Alliance (TriWest).

VHA has implemented the regional networks using a phased approach:

- Region 1 was fully implemented in December 2019;
- Region 2 was fully implemented in March 2020;
- Region 3 was fully implemented in May 2020;
- Region 4 was fully implemented in August 2020;

- Region 5 has not been implemented, but the contract was awarded to TriWest in October 2020.

According to VHA officials, as of September 2020, there were 982,090 community providers furnishing care through the Community Care Network in Regions 1-4.

Veterans Care Agreements. In addition to care provided through the Community Care Network, VHA uses VCAs to provide community care. VHA's Office of Community Care is responsible for working with VA medical facilities to establish VCAs with providers not included in the Community Care Network. VCAs are locally administered by VA medical facilities and are used for particular care not provided by VA medical facilities and not available through the Community Care Network. According to VHA officials, there were more than 18,000 approved or pending VCAs as of September 2020.

Provider Credentialing Standards

Credentialing, or verifying the state medical license(s) or other professional credentials of a provider, is an important means by which health care organizations can help ensure that patients receive safe, high-quality care.[11] VA's contractors, Optum and TriWest, are required by their contracts to verify the credentials of each community provider prior to joining the Community Care Network and providing care through the VCCP. In addition, VA has contracted with a CVO—Centretech Healthcare Systems Management Services—to complete primary source verification of credentials for providers seeking approval to participate in the VCCP through a VCA.

To help ensure that VA's contractors follow nationally recognized credentialing standards, VA requires that its Community Care Network contractors, Optum and TriWest, and its CVO be accredited by a national accreditation organization, such as NCQA or URAC. At the time of our review, Optum and the CVO were NCQA accredited and TriWest was URAC accredited. To become accredited by NCQA or URAC an organization must follow certain standards when credentialing providers to join their networks of providers. (See table 1 for NCQA and URAC accreditation standards.)

[11]Credentialing is the process of obtaining, verifying, and assessing the qualifications of a practitioner to provide care or services in or for a health care organization. Credentials are documented evidence of licensure, education, training, experience, or other qualifications.

Table 1: National Accreditation Organization Standards for Provider Credentialing and Monitoring

	National Committee for Quality Assurance (NCQA)	URAC
Standards for initial credentialing and recredentialing every 3 years	Requires an organization to verify: • current, valid professional license in all states of practice • work history • valid Drug Enforcement Administration certificate • professional education and training • board certification status • history of professional liability claims • state sanctions, restrictions on licensure, or limitations on scope of practice in all states where practitioner provides care to members • Medicare/Medicaid sanctions	Requires an organization to review credentialing information for completeness, accuracy, and conflicting information. Providers must submit the following credentialing information: • professional license history • education, professional training, and board certification status • history of disciplinary actions or loss or limitations of privileges • current Drug Enforcement Administration certification • professional liability claims history • history of sanctions • coverage by liability insurance • hospital affiliations and privileges
Standards for ongoing monitoring between recredentialing cycles	Requires an organization to monitor sanctions and other quality issues involving providers between recredentialing cycles. • Monitoring must occur at a minimum of every 6 months. • Standards do not specify which sources organizations should use to monitor providers.	Requires an organization to monitor sanctions and other quality issues involving providers between recredentialing cycles. • Monitoring must occur at least every 3 months. • Standards do not specify which sources organizations should use to monitor providers.

Source: GAO analysis of NCQA and URAC information | GAO-21-71

Notes: Privileges are the specific set of clinical services that a provider is approved to perform independently at a medical facility, based on an assessment of the provider's professional performance, judgment, clinical competence, and skills. Sanctions are disciplinary actions against a provider and can include license revocations or restrictions.

VCCP Provider Credentialing Process

Credentialing of providers to participate in the VCCP is a multi-step process.[12]

Step 1: Primary source verification—verification of the provider's credentials from the original source. For example, VA's contractors verify whether each provider has an unrestricted state license to practice; is eligible to participate in federally funded health care programs, such as Medicare and Medicaid; and meets other credentialing standards set by NCQA and URAC. To help verify state license history during the

[12]The same process would generally be followed at initial credentialing and recredentialing every 3 years.

credentialing process, contractor staff may consult with the NPDB or the FSMB.[13] Although these databases serve similar purposes during credentialing, certain adverse actions against providers are required under federal law to be reported to the NPDB, while reporting to the FSMB is voluntary and the database includes a more general history of a provider's education, licensure, and disciplinary actions taken by state medical boards. (See table 2.)

Table 2: Summary of Provider Credentialing Information Available From the NPDB and the FSMB Databases

	National Practitioner Data Bank (NPDB)	Federation of State Medical Boards (FSMB)
Database	Includes: • license revocations, suspensions, or terminations, and adverse licensure actions • restrictions on hospital privileges to provide care • medical malpractice payment reports • adverse action reports • adverse professional society membership actions • Medicare/Medicaid and other federal health care program exclusions • judgment or conviction reports	Includes: • license information and history for physicians and physicians' assistants • sanctions, such as license revocations or restrictions, taken by state medical boards and other regulatory agencies • certification history • professional education and training history
Reporting	Mandatory for most health care entities, state medical boards, and professional societies, among others	Voluntary for state medical boards
Options for one-time and continuous queries	• **One-time query** allows authorized users to query a provider or organization, but does not include notification of any new or updated reports submitted to the NPDB after the initial query date. • **Continuous query** allows authorized users to receive a one-time query response and all new or updated report notifications during a year-long enrollment period for each provider or organization.	• Submission of a **one-time query** includes notification of any alerts on the provider's profile for one year.

Source: GAO analysis of NPDB and FSMB information. | GAO-21-71

[13]The NPDB is an electronic repository administered by the U.S. Department of Health and Human Services that collects and releases information on providers who either have been disciplined by a state licensing board, professional society, or health care entity, or have been named in a medical malpractice settlement or judgment. Health care entities may query the NPDB and verify with the appropriate state licensing board that a provider's medical licenses are current and in good standing before appointing a provider to the entity's medical staff and when renewing clinical privileges. The FSMB is an organization that represents state medical boards across the United States and administers The Physician Data Center, which includes physician information that can be used for credentialing.

Step 2: Credentialing committee decision—a designated credentialing committee reviews provider credentials and recommends whether the provider should be added to the Community Care Network or approved for a VCA.

Step 3: Ongoing monitoring—monitoring of provider sanctions, complaints, and quality issues between recredentialing cycles, which generally occur every 3 years. Sanctions are disciplinary actions against a provider and can include license revocations or restrictions.

VHA Processes May Not Exclude All Ineligible Providers under the VA MISSION Act

VA and contractor policies may not exclude providers who are ineligible under the VA MISSION Act from participating in the VCCP. In particular, providers may not be consistently excluded or removed as appropriate in accordance with section 108 of the VA MISSION Act if they have (1) lost a state medical license in any state for violating the requirements of the medical license; (2) been removed from employment with VA due to conduct that violated VA policy relating to the delivery of safe and appropriate health care; or (3) been suspended from VA employment. (See figure 2.)

Figure 2: VHA's and Its Contractors' Processes for Implementing VA MISSION Act Restrictions on Community Care Provider Eligibility (September 2020)

		VA MISSION Act state licensure restrictions		VA MISSION Act VA employment history restrictions
		Process excludes providers who have lost licenses for violating medical license requirements in any state	Process offers continuous monitoring and assurance that providers continue to meet medical license requirements in all states	Process excludes providers who have been removed from VA employment due to conduct that violated VA policy relating to the delivery of safe and appropriate health care or were otherwise suspended from VA employment
Veterans Health Administration (VHA) Contractor	Regions 1, 2, and 3 (Optum)	X [a]	X	✓ [b]
	Region 4 (TriWest)	✓	X [c]	✓ [b]
	All Regions (Credentials Verification Organization)	✓	✓	✓ [b]

✓ VHA performs check ✓ Contractor performs check X Check not performed

Source: GAO analysis of VA community care contracts and credentialing policies. | GAO-21-71

Notes: VA is the Department of Veterans Affairs, Optum is Optum Public Sector Solutions, and TriWest is TriWest Healthcare Alliance. The credentials verification organization, Centretech Healthcare Systems Management Services, provides credential verification services across all Community Care Network regions on behalf of VA for providers seeking Veterans Care Agreements.

[a]Optum officials told us that they use the National Practitioner Data Bank (NPDB) to verify the history of license sanctions in all states during the credentialing process; however, Optum's policy states that use of NPDB is just one of multiple options that can be used and does not specify that all states must be verified.

[b]VHA's process excludes providers who have been removed or suspended from VA employment beginning May 1, 2019.

[c]TriWest officials told us that they check the NPDB on a continuous basis using continuous query, but this procedure is not specified in their policy for ongoing monitoring of licensure and sanctions.

VA's Community Care Contracts Do Not Ensure That Providers Who Lost a State Medical License Outside Current State of Practice Are Excluded from Provider Networks

Credentialing of community providers—state licensure. Two mechanisms that would allow VA to help ensure that its contractors exclude providers who have lost their medical licenses from participating in the VCCP are: (1) the credentialing policies of its Community Care Network contractors—Optum and TriWest—and (2) VA's contracts with Optum, TriWest, and the CVO. However, VHA has not utilized these two mechanisms to help ensure that ineligible providers are excluded from VHA's community provider networks.

- *Credentialing policy.* We found that TriWest's policy requires its staff to verify providers' history of license sanctions in all states during credentialing using a query of the NPDB. However, Optum's policy for reviewing license sanctions does not specifically require verification in states other than where the provider furnishes community care services, which does not guarantee it can appropriately prevent all providers who have lost licenses from participating in the network.[14] Specifically, Optum's credentialing policy states that use of the NPDB is just one of multiple options that can be used by staff. According to Optum's policy, credentialing staff may instead check the FSMB or individual state licensing agency websites to verify license history. The latter would not guarantee identification of licenses lost or surrendered in states where the provider is not currently working unless Optum credentialing staff checked state medical boards in all 50 states and 14 territories; Optum's credentialing policy does not specify that credentialing staff must perform these checks in all states. (See table 3).

[14]TriWest's Policy for Credentialing and Recredentialing Providers (P & P 42003.19) requires primary source verification of all active licenses and querying of the NPDB to compare against information providers submit on their credentialing application. VHA's contract with the CVO requires the CVO to check for license sanctions via the NPDB at the time of credentialing, which would provide information on issues related to licensing in any state in which the provider has or ever held a license.

The NPDB includes information on health-care providers who have been disciplined by a state licensing board, professional society, or health-care entity (such as a hospital), have been named in a health care–related judgment or criminal conviction, or have been identified in some other adverse action.

Table 3: Veterans Health Administration (VHA) Contractors' Processes for Implementation of VA MISSION Act Eligibility Restrictions Related to Licensure (September 2020)

VHA contractor	Review of all states required? (yes/no)	Summary of contractor processes for implementation of VA MISSION Act eligibility restrictions related to licensure
Optum	no	Optum's policy indicates that its staff can complete license verification using NPDB, FSMB, or individual state licensing agency websites, but the policy does not state that this verification must occur in all states.
TriWest	yes	TriWest policy requires the use of NPDB to review, in all states, each provider's license history and history of sanctions for the past 10 years.
CVO	yes	According to its contract, the CVO must utilize the NPDB to check license sanctions, malpractice history, and Medicare/Medicaid sanctions as part of the primary source verification of provider credentials.

Source: GAO analysis of contractor credentialing policies and VA's contract with the CVO | GAO-21-71

Notes: Optum is Optum Public Sector Solutions and TriWest is TriWest Healthcare Alliance. The credentials verification organization (CVO) is Centretech Healthcare Systems Management Services. NPDB is the National Practitioner Data Bank and FSMB is the Federation of State Medical Boards.

VHA Office of Community Care officials said they believed Optum's credentialing policy to be sufficient to ensure compliance with section 108 of the VA MISSION Act because the options for verifying history of license sanctions include the use of NPDB, or information from state medical boards, among other verification methods.[15] Office of Community Care officials told us they reviewed a sample of credentialing files for providers in Community Care Network Regions 1, 2, and 3, administered by Optum, to ensure that contractors are following the processes outlined in their credentialing policies. Officials told us that the sample of files they reviewed included an NPDB report; however they did not provide us with documentation from the file review of the use of NPDB, or another method to review provider information in all states.[16]

- *VA contracts.* VA's contracts with the Community Care Network contractors—Optum and TriWest—do not require verification of providers' history of license sanctions in all states. Unlike its contracts

[15]Other methods include querying the FSMB (for physicians), the Federation of Chiropractic Licensing Boards Chiropractic Information Network-Board Action Databank (for chiropractors), or the Federation of Podiatric Medical Boards (for podiatrists).

[16]We requested documentation from VHA showing that the files they reviewed as part of the annual audit included NPDB reports for all selected providers. VHA provided documentation from Optum, however, this documentation did not include evidence that NPDB was queried for selected providers.

with Optum and TriWest, VA's contract with the CVO requires verification of providers' history of license sanctions in all states using NPDB. The credentialing processes used by the Community Care Network contractors, Optum and TriWest, and the CVO contractor are based on requirements outlined in their respective community care contracts with VA, including being in accordance with the requirements of the national organizations, NCQA and URAC, that accredit them.[17] However, according to VHA officials, the specifications for VA's contracts with Optum and TriWest were written prior to enactment of the VA MISSION Act. Further, the national accreditation organizations' standards do not require VA's contractors to check licensure history and sanctions in all states. The situation creates a risk that the contractors may not identify a health care provider's loss of a state medical license and, therefore the provider's ineligibility to participate in the VCCP under section 108 of the VA MISSION Act.[18]

As a result of these policy and contract limitations, VHA cannot ensure that the Community Care Network contractors will consistently meet the VA MISSION Act requirement for state licensure that requires that providers be excluded if they have lost a license in any state for violating medical licensing requirements from providing care to veterans through the VCCP. Not excluding these providers may put veterans at risk of being cared for by providers that have been the subject of quality and safety concerns in the past and based on the VA MISSION Act, should not be providing care in the VCCP.

[17]Under NCQA's standards, organizations conducting credentialing need to verify a provider's license in the state in which they are providing care. Providers must attest in their applications that they have included information about all state licenses and any history of a lost license and credentialing organizations should verify state sanctions, restrictions on licensure, or limitations on scope of practice in all states where practitioners provide care to members. Under URAC standards, providers must include in an application information on state licensure, including current license(s) and history of licensure in all jurisdictions. Credentialing organizations, accredited by URAC, must review credentialing information for completeness, accuracy, and conflicting information. NCQA and URAC officials confirmed that these standards do not require credentialing organizations to verify history of licensure in every state, as is required by the VA MISSION Act section 108 eligibility restriction related to licensure.

[18]The Community Care Network contractors and the CVO are required by their contracts with VA to be accredited by a nationally recognized credentialing organization. Optum and the CVO are accredited by NCQA and TriWest is accredited by URAC.

Monitoring providers credentials between credentialing cycles. Optum's and TriWest's credentialing policies do not clearly outline continuous monitoring procedures to identify ineligible providers between 3-year recredentialing cycles, creating a risk of non-compliance with section 108 of the VA MISSION Act. The CVO's monitoring process, in contrast, provides for continuous monitoring that would identify ineligible providers.[19] (See table 4.)

Table 4: Summary of VHA Contractors' Processes for Continuous Monitoring of Veterans Community Care Program Providers (September 2020)

Veterans Health Administration (VHA) contractor	Continuous monitoring process required? (yes/no)	Monitoring actions to identify providers who lost licenses for violating medical license requirements between 3-year credentialing cycles
Optum	no	Optum officials stated that they periodically monitor providers, at a minimum of every 6 months, between 3-year recredentialing cycles. Optum's credentialing plan states that it reviews reports on providers who appear on the Department of Health and Human Services' Office of Inspector General List of Excluded Individuals/Entities, the General Services Administration's System of Awards Management exclusion list, Medicare/Medicaid sanctions, and other actions against a provider's license.
TriWest	no	TriWest's credentialing policy states that it reviews state medical board actions on a monthly basis for sanctions, restrictions, and other actions taken against a providers' licenses in the states in which the providers are practicing under their contracts with the Community Care Network. In addition, they review Medicare/Medicaid sanctions on a weekly basis. However, TriWest's policy for ongoing monitoring of licenses does not specify whether the organization reviews license sanctions in all states for all providers.
CVO	yes	According to its contract, the CVO uses the NPDB continuous query, state medical boards, and the Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities, among other sources, to monitor licensing sanctions and disciplinary actions. On a weekly basis, the CVO reports any issues related to state license information, sanctions, or disciplinary actions to VHA.

Source: GAO analysis of VA contractor policies, CVO contract, and contractor interviews | GAO-21-71

Notes: Optum is Optum Public Sector Solutions, TriWest is TriWest Healthcare Alliance, and NPDB is the National Practitioner Data Bank. The credentials verification organization (CVO) is Centretech Healthcare Systems Management Services.

[19]VA policy requires VA medical facilities to enroll all its licensed independent practitioners into the NPDB continuous query and VA's contract with the CVO requires it for community care providers using a VCA. The CVO uses the NPDB's continuous query to monitor actions against medical licenses between provider's credentialing and recredentialing every 3 years, as required by its contract, to ensure compliance with VA MISSION Act restrictions on the participation of providers that lost a license for violating medical license requirements in any state.

Optum's and TriWest's processes, as outlined in their policies, reflect their VA contracts, but these contracts do not address VA MISSION Act restrictions on providers who have lost a state medical license in any state for violating the requirements of the medical license. As a result, VA's contracts lack provisions to ensure VA's compliance with section 108. Further, VA's failure to establish a control activity to ensure legal compliance is inconsistent with federal internal control standards for control activities. The standards require an entity to design appropriate control activities to achieve its objectives and respond to risks.

By failing to design a sufficient control activity, VA may be missing providers who have lost a license in another state, putting veterans at risk of obtaining care from a provider that should not be participating in the VCCP due to quality of care concerns. Office of Community Care officials said that they believed the processes outlined in Optum's and TriWest's credentialing policies to be sufficient to comply with section 108 of the VA MISSION Act. However, without a continuous monitoring technique to identify ineligible providers continually, such as the NPDB continuous query—which allows authorized users to receive continuous information for each provider or organization during a year-long enrollment period—VA's contractors may not be receiving timely information on providers who have lost licenses and, therefore, should be excluded from providing care in the VCCP.

VHA Has a Process to Identify Ineligible Providers Removed from VA Employment for Safety Concerns, but Risks Remain

Section 108 of the VA MISSION Act requires VA on or after June 6, 2019 to deny or revoke the eligibility of a provider to provide community care if the health care provider is removed from VA employment due to conduct that violated VA policies relating to the delivery of safe and appropriate care or suspend a provider who is suspended from VA employment.[20] However, VHA's process for identifying providers ineligible for VCCP participation does not include providers removed or suspended from VA employment for safety concerns before June 6, 2019.[21]

[20] Pub. L. No. 115-182, tit. I, § 108(a)(1), (c), 132 Stat. 1393, 1416-1417 (2018).

[21] According to VA officials and based on documentation we reviewed, providers may be ineligible if they have been subject to one of the following nature of action codes that VA uses to identify providers ineligible to provide community care under Section 108: retirement in lieu of involuntary action, resignation in lieu of involuntary action, removal, termination during probation or trial period, demotion, termination, indefinite suspension, or suspension. VA applied the eligibility requirements to select providers in the 0600 occupational series, including physicians, physician assistants, nurses, pharmacists, and optometrists. As a result of our inquiries and data request, VA expanded the requirement to include mental health providers, such as mental health counselors and psychologists.

According to VHA Office of Community Care officials, in May 2019, VA implemented a two-step process to track any providers who are ineligible to provide care through the VCCP because they have been removed from VA employment or suspended by VA:

- **Step 1: Review personnel records.** VHA officials told us that every two weeks officials from VA's Office of Human Resources and Administration review the personnel records of providers removed from VA employment in the prior two-week period. Based on their review they develop a list of all providers removed or suspended due to conduct that violated VA policy relating to the delivery of safe and appropriate health care and send this list to the Office of Community Care. If a National Provider Identifier (NPI), a unique 10-digit identifier issued to health care providers in the United States, is available in the provider's records, officials will include this number in the list sent to the Office of Community Care.
- **Step 2: Deactivate ineligible providers.** Upon receipt of the list, the Office of Community Care manually changes the Provider Profile Management System (PPMS) profiles for the listed providers to a "deactivated" status. If the ineligible provider does not have a PPMS profile, VHA officials explained, the office creates a new profile to show that the provider is in a "deactivated" status.[22] Only a limited number of PPMS users within the Office of Community Care can reactivate these providers.

According to Office of Community Care officials, marking an existing or new provider as deactivated in PPMS, both ensures that schedulers cannot schedule an appointment with a deactivated provider and that ineligible providers cannot be added to the network in the future. The officials also said that when a Community Care Network contractor sends a list of providers they would like to add to the network, the Office of Community Care adds the providers to PPMS and simultaneously verifies that the providers are not already marked as ineligible. VHA officials stated that if a provider is already marked as "deactivated" they notify the contractor that the provider is ineligible to participate in the VCCP.

[22]Providers who have been deactivated because they are excluded from participation in the VCCP, as a result, of being removed or suspended from VA employment are coded as "WMC-terminated" in PPMS, according to Office of Community Care officials.

VHA's Office of Community Care began tracking these ineligible providers in May 2019, one month prior to the start of the VCCP in June 2019.[23] At the time of our review, VHA data showed that between May 2019 and September 15, 2020, it had, using this process, deactivated 136 ineligible providers from participation in the VCCP because the providers were removed or suspended from VA employment for conduct that violated VA policy relating to the delivery of safe care.

We looked back over a longer period before the start of the VCCP and found that providers removed from VA employment may be participating in the VCCP. Specifically, we reviewed provider data from July 1, 2016 through April 30, 2019—before VA began tracking potentially ineligible providers—and found 227 providers who were removed from VA employment during this time frame but were potentially active providers in PPMS, meaning they were available to provide care through the VCCP. Reasons for removal could include quality of care issues, such as deficiencies in clinical performance and patient abuse.[24]

According to VA officials, regardless of whether providers like these were removed from VA employment for quality of care issues, they are eligible to participate because they were removed from VA employment before the agency implemented the VA MISSION Act section 108 requirements in May 2019. According to VA, the agency had the discretion to exclude providers removed prior to May 2019 from providing community care, but were not required to do so, and it has no plans to review any such providers.

However, even if these community providers are not prohibited from participating due to section 108 of the VA MISSION Act, there still remains a continued risk that they may not be meeting the high quality standards VA expects its providers to meet. Specifically, according to VA's Agency Financial Report 2019, one of VA's goals is that veterans receive highly reliable and integrated care throughout their life journey.[25] VA seeks, as part of this goal, to ensure that VA and community providers

[23]According to a VA official, VA interpreted the mandatory requirements in section 108 of the VA MISSION Act to be effective as of June 6, 2019. VA began tracking providers that were removed or suspended in May 2019.

[24]Data limitations prevented us from determining the reasons these providers were removed from VA employment. See appendix I.

[25]Department of Veterans Affairs, *Agency Financial Report 2019*, (Washington, D.C.: November 2019).

are held to the same high standards for quality of care regardless of whether veterans seek care within a VA facility or from a provider in the community. Our finding that over 200 providers are eligible to participate in the VCCP is inconsistent with VA's stated goal. Specifically, the fact that these providers had been removed from VA employment and that VA does not plan to review whether these providers were removed for quality of care issues is inconsistent with VA's stated goal of holding community providers to a high standard of quality.

VHA's decision to take no further action to review these providers is also inconsistent with federal internal control standards related to identifying, analyzing, and responding to risks. These standards require that management consider both inherent risk to the entity in the absence of a response and residual risk that which remains after management's response to inherent risk. VHA has taken steps toward meeting its goal of providing veterans with high quality care within VA facilities and in the community by removing providers from VA employment for quality of care issues and developing a process to help ensure that providers removed from VA employment beginning in May 2019 are excluded from participation in the VCCP. However, it has not addressed the residual risk that providers removed from VA employment prior to the start of the VCCP may continue to provide care to veterans through the community care program. The fact that these providers with possible quality of care concerns may be currently participating in the VCCP suggests that VA has not fully addressed its goal of holding providers to the same high standards of quality in both VA facilities and in the community care program.

In addition, our previous work suggests that VHA may not have assurance that providers removed for quality of care concerns before May 2019 would be identified through other means, such as a review of past license sanctions through state medical boards or the NPDB during credentialing. In November 2017, GAO reported that VA did not always report providers who should have been reported to state medical boards or the NPDB between October 2013 and March 2017—a period of time that overlaps with the subset of providers we reviewed as part of this current work.[26] VA did not take action to address this lack of reporting to state medical boards and the NPDB until December 2019. VA Office of Inspector General has also identified similar problems with VA's reporting

[26]GAO-18-63.

to the NPDB and state medical boards.[27] Our previous work and that of the VA Office of Inspector General suggests the information contained in these databases may not be complete and would not disqualify these former VA providers with quality of care concerns from participating in the VCCP when the Community Care Network contractors or the CVO query them during credentialing. The residual risk of these providers participating in the community care program would not be mitigated through these existing credentialing steps.

While data limitations, including incomplete data provided by VHA, prevented us from determining whether each of the providers we identified were removed from VA employment for quality of care concerns, VA officials could review provider personnel files and make this determination in order to keep providers with known quality of care concerns from participating in the VCCP.[28] The review could be similar to the actions VHA has taken to identify the 136 ineligible providers since implementation of section 108 of the VA MISSION Act. If providers with quality of care concerns participate in the VCCP, veterans will be at risk of being cared for by providers who have been removed from VA employment for failure to provide safe and appropriate care.

VHA Conducts Audits and Reviews that Help Ensure Adherence to VA MISSION Act Eligibility Restrictions

VHA has processes that help ensure its contractors adhere to VA MISSION Act eligibility restrictions. For Community Care Network providers, VHA relies on monthly and annual audits of Optum's and TriWest's credentialing files and processes for oversight. For VCA providers, VHA is directly involved in the credentialing and continuous monitoring processes of the CVO.

Community Care Network providers. VHA conducts audits of a sample of providers monthly and will conduct annual audits for each region. The

[27]Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration: Deficiencies in Provider Oversight and Privileging Processes at the Carl Vinson VA Medical Center in Dublin, Georgia*, VA OIG 19-07828-265 (Washington, D.C.: Sept. 28, 2020); and Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration: Oversight and Leaders' Responses Related to the Deficient Practice of a Pathologist at the Hunter Holmes McGuire VA Medical Center in Richmond, Virginia*, VA OIG 19-07600-215, (Washington, D.C.: July 29, 2020).

[28]See Appendix I for additional information on the data limitations we encountered during our review.

processes for each type of audit are outlined in VHA standard operating procedures.[29]

To conduct its monthly audits, Office of Community Care officials select a random sample of one of every 2,000 providers in each of the Community Care Network regions for review, according to VHA's standard operating procedure. According to VHA's procedure, Office of Community Care officials determine whether the contractor correctly verified during the credentialing process that each selected provider's license is valid and unrestricted in the state listed as the practice setting and that the provider held an active Drug Enforcement Administration number, if applicable.

Based on our review of VHA documents we found that community care officials completed 2,405 audits of provider credentialing files in Community Care Network Regions 1, 2, and 3 (Optum) from August 2019 to June 2020.[30] The audits identified discrepancies in 96 provider files, which resulted in eight providers being removed from the network.[31] Of these eight providers

- six providers were removed because of licensure issues, such as not having a current license;
- one provider was removed for not having an active Drug Enforcement Administration number; and
- one provider was removed because of issues related to both a state license and a Drug Enforcement Administration number.

In addition to the monthly audits, the Office of Community Care, according to the audit standard operating procedure, will conduct annual

[29]See "Monthly Provider Network Credentialing Quality Review" standard operating procedure and "Annual Network Credentialing and Accreditation Audit" standard operating procedure developed by VHA's Office of Community Care.

[30]Community Care Network Regions 1 through 3 were fully implemented during this time period. Region 1 audits began in August 2019, Region 2 in November 2019, and Region 3 in December 2019.TriWest began implementation in Region 4 in June 2020 and as a result, were not included in the Office of Community Care's audits for the August 2019 through June 2020 time-period we reviewed for this report.

[31]The remaining 88 discrepancies were resolved and involved issues such as changed names, Drug Enforcement Administration numbers that could not be identified because the provider was a non-prescribing provider and, thus, a Drug Enforcement Administration number was not applicable, or license not found because the provider type does require licensure (such as for Tai Chi).

audits of each regional Community Care Network. These annual audits are intended to ensure that the contractors are adhering to the credentialing process outlined in the contractors' credentialing policies. According to procedure, Office of Community Care officials will perform both off-site and on-site reviews of contractors' internal audit processes and results and will include an audit of 75 Community Care Network provider files for each region and 15 entity files, inpatient facilities, or skilled nursing facilities that are part of the Community Care Network.[32]

According to the VHA's standard operating procedure, prior to going on-site at the contractors' offices, Office of Community Care officials will review 70 of the 75 provider files per region, in a similar manner to those reviewed during the monthly audits. Once on-site, VHA officials plan to review additional credentialing elements and related documentation, beyond what is reviewed during the monthly audits, for the remaining 5 of the 75 files to assess the accuracy of the contractors' primary source verification of credentials and retention of the related documentation. These additional elements include the providers' (1) education and training, (2) board certification, if applicable, (3) professional liability history, (4) license sanctions and limitations, and (5) work history.[33]

Veterans Care Agreement (VCA) providers. VHA's Office of Community Care has a direct role in credentialing providers seeking VCAs. The CVO is required, per its contract with VHA, to establish a credentialing review board to review credentialing information, including any potentially problematic or missing information identified for each VCA provider, and to conduct a risk assessment of the provider.[34] The CVO credentialing review board will then make recommendations to VHA's

[32]The audit will also include 15 health care entities and will look at the credentialing process for the entities, ensuring that they are in adherence with the contractor's written policies. Additionally, community care officials will (1) review the entities' accreditation or appropriate certification and any associated documentation; (2) validate state licensure, if applicable; and (3) verify malpractice insurance coverage, if applicable.

[33]According to community care officials, the annual audit of Regions 1, 2, and 3 was completed in September 2020. Due to the impact of Coronavirus Disease 2019, the onsite portion of the audit was conducted remotely.

[34]The CVO follows a process to categorize applicants based on any issues that arise during credentialing. These categories are clean (no issues), auto-deny (for providers currently excluded from providing care at the Federal or state level), current or past sanction (license with a current or previous exclusion action), non-adverse actions, and unable to determine. All providers will be reviewed by the VHA Credentialing Committee, even those that are categorized as clean and auto-deny.

Credentialing Committee as to whether VHA should enter into a VCA with the provider.[35] VHA's Credentialing Committee reviews the CVO review board's recommendations and each provider's credentialing file before making its own determination on whether to enter into a VCA with the provider. VHA is the ultimate decision-making authority on whether to enter into a VCA with any provider.

In order to make a recommendation to the VHA Credentialing Committee, the CVO collects and reviews primary source data to support credentialing each VCA applicant including (1) license to practice; (2) Drug Enforcement Administration and Controlled Dangerous Substances certificates; (3) education and training; (4) board certification; (5) work history; and (6) license sanctions, which include license revocations.[36] The CVO uses an electronic system to create credentials files for each provider. Each file contains copies of the provider's primary source credentialing documentation. If a file is missing information or if the CVO could not verify a piece of information, the provider's file is flagged as problematic and identified as such in the system's summary page, according to VHA officials. Office of Community Care officials explained that the VHA Credentialing Committee reviews every provider credential file before VHA makes decisions on potential VCAs.

Additionally, the CVO is required by its contract with VHA to have a process for monitoring licensing sanctions and disciplinary actions against providers and supplies this information to VHA on a regular basis. This monitoring includes enrolling all VCA providers in the NPDB continuous query. If VHA receives a report from the CVO about sanctions or disciplinary actions identified from the NPDB or another source, VHA will be able to use that information to determine whether the VCA with the provider should be continued or terminated.

Conclusions

Under the VA MISSION Act, VA is required to prevent certain health care providers from participating in its community care program, the VCCP. Because licenses can be revoked due to concerns about quality of care, it is key for VHA to verify providers' history of license sanctions, including revocations, not only in the states where they provide community care,

[35]The credentialing committee has final authority to determine whether or not to credential the provider for VCA participation.

[36]In addition, the CVO collects, among other things, primary source data on malpractice history/ professional liability claims, Medicare/Medicaid sanctions, hospital privileges, and current malpractice coverage.

but in all states in which they hold or have ever held licenses. However, VA's contracts with Optum and TriWest do not ensure that contractors will always take this step when verifying providers' credentials and contractor processes do not always include sufficient monitoring of providers to ensure that they continue to hold licenses in good standing. Further, there is a risk that providers removed from VA employment for patient safety reasons prior to implementation of the VA MISSION Act eligibility restrictions are providing care through the VCCP. Until VHA takes steps to address these issues, veterans will continue to be at risk of receiving care from providers who should be prohibited from doing so.

Recommendations for Executive Action

We are making the following three recommendations to VA:

The Secretary of Veterans Affairs, in concert with the Undersecretary for Health, should require the Community Care Network contractors to amend their credentialing policies to ensure that providers who have violated the requirements of medical licenses that resulted in the loss of those medical licenses in any state are excluded from providing care to veterans through the Veterans Community Care Program. (Recommendation 1)

The Undersecretary for Health should ensure that Community Care Network contractors develop and implement a process for continuous monitoring of the eligibility requirements in section 108 of the VA MISSION Act, such as by using the National Practitioner Data Bank's continuous query function. (Recommendation 2)

The Secretary of Veterans Affairs, in concert with the Undersecretary for Health, should identify, analyze, and respond to the risk to veterans when providers who have been removed from VA employment for failure to provide safe care are not prohibited from providing care to veterans in the community. For example, the Undersecretary for Health could direct VHA to review the list of terminated VA providers generated from our data analysis; determine whether these providers were removed from VA employment due to conduct that violated VA policy related to the delivery of safe and appropriate health care; and determine whether these providers should be allowed to provide care to veterans through the Community Care Network or a Veterans Care Agreement. (Recommendation 3)

Agency Comments and Our Evaluation

We provided a draft of this product to VA for comment. In its written comments, reproduced in appendix III, the department concurred with recommendations one and three and described its plans for implementing them. VA also provided technical comments, including requesting further specificity in recommendations one and three, which we have incorporated as appropriate.

VA concurred in principle with our second recommendation that the department ensure that Community Care Network contractors develop and implement a process for continuous monitoring of the eligibility requirements in section 108 of the VA MISSION Act. VA stated in its comments that the Community Care Network contracts were written to require accreditation, which is a health care credentialing industry best practice. As discussed in our report, compliance alone with NCQA or URAC accreditation standards, is not sufficient to ensure compliance with VA MISSION Act provider eligibility restrictions, based on our review of the standards and affirmed by officials from both accreditation organizations. Specifically, the NCQA standard for monitoring of sanctions on licensure is only required in the state(s) in which the provider is providing care under the Community Care Network contract and, according to URAC officials, review of history of license sanctions in all states in not required under the standards. As a result, Community Care Network contractors' processes may meet accreditation standards but are not sufficient to ensure identification of potentially ineligible providers under the VA MISSION Act section 108 restrictions related to medical licensure.

In its comments, VA also noted that the department began excluding providers who were ineligible to participate in the VCCP because they were removed from VA employment in June 2019 when the Veterans Community Care Program was implemented—in accordance with the dates laid out in section 108 of the VA MISSION Act. While we agree that these actions met the requirements of sections 108(a)(1) and (c) of the VA MISSION Act, as we describe in our report, we believe there continues to be a risk that providers with quality of care issues removed from VA employment prior to June 6, 2019 may continue to provide care to veterans through the Community Care Network. This continued risk is unrelated to VA's internal controls over compliance with section 108, but rather is contrary to VA's goal that it provide the same quality of care regardless of whether veterans seek care within a VA facility or from a provider in the community and its commitment to provide veterans with safe, quality health care. We appreciate VA's willingness to review the full scope of providers identified as a result of our data analysis and continue

to recommend that VA should identify, analyze, and respond to this continued risk so that providers who have been removed from VA employment for failure to provide safe care are not providing care to veterans in the community regardless of when they were removed from employment.

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

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

Sharon M. Silas
Director, Health Care

Appendix I: GAO Methodology for Matching Providers Removed or Suspended from Department of Veterans Affairs (VA) Employment

To review how the Veterans Health Administration (VHA) tracks providers removed or suspended from VA employment, we compared provider data from VHA's Provider Profile Management System (PPMS) and VA personnel data from HR Smart to determine whether any providers who were ineligible to provide community care because they had been removed or suspended by VA, due to conduct that violated VA policy relating to the delivery of safe and appropriate health care, were currently participating in the Veterans Community Care Program (VCCP).[1] To do this we requested data from VA's Office of Human Resources and Administration on unique providers in specific occupational series who separated from VA between July 1, 2016 and January 31, 2020.[2] For our review, we included providers in specific occupational series that were removed or suspended from VA employment using the "Nature of Action" codes listed in table 5.

[1]According to VHA, PPMS is VHA's master database of community providers, including those connected to the Community Care Network and those with a Veterans Care Agreement (VCA), and deployed nationally at the end of fiscal year 2018. PPMS receives and stores information about each provider such as provider name, the types of services the provider is authorized to deliver, the provider's credentialing status, the date the provider is due to be recredentialed, and whether the provider is excluded from VCCP participation. According to VHA officials, within PPMS, providers are identified by their National Provider Identifier, which is a unique 10-digit number issued to health care providers in the United States by the Centers for Medicare & Medicaid Services.

[2]VA personnel data were obtained from HR Smart, which is VA's human resources information system that supports personnel suitability, payroll, and position management. VA transitioned to HR Smart in 2015, with full deployment in mid-June 2016. We requested data beginning July 1, 2016, after HR Smart had been fully implemented.

Table 5: VA Occupational Series and Nature of Action Codes Used to Identify Providers Ineligible to Provide Community Care

Occupational Series		Nature of Action Codes	
0601	General Medical and Healthcare	304	Retirement in lieu of involuntary action
0602	Physician	312	Resignation in lieu of involuntary action
0603	Physician Assistant	330	Removal
0605	Nurse Anesthetist	385	Termination during probation
0610	Nursing	713	Demotion
0633	Physical Therapist	357	Termination
0668	Podiatry	452	Indefinite suspension
0680	Dentistry	450	Suspension
0662	Optometrist		
0101	Mental Health Counselor		
0180	Psychologist		

Source: GAO analysis of Department of Veterans Affairs (VA) information | GAO-21-71

We also requested PPMS data from the Office of Community Care on unique providers, by National Provider Identifier (NPI), as of April 13, 2020. We requested that the PPMS data extract be inclusive of individual providers and organizations in an active, inactive, revoked, or suspended status. We assessed the reliability of the data by reviewing relevant documentation, interviewing knowledgeable VHA officials, and reviewing the data for missing values. We determined that these data were sufficiently reliable for the purposes of our audit objectives.

We matched providers in these data sets using full name, location, and specialty. Some of these matches were duplicates in the VA personnel data (i.e. one removed VA provider name matched multiple PPMS providers.)[3] However, we were limited in our ability to identify the full extent to which ineligible providers were active providers in PPMS for two reasons:

(1) lack of a common unique provider identifier in each data set to compare providers. VA does not use the same unique identifier for the two systems it uses to track and prevent potentially unsafe providers who are ineligible per the VA MISSION Act from participation in the VCCP. In

[3]To confirm our matching methodology, we provided VHA with a partial list of former VA providers that we matched with active PPMS providers. VHA officials reviewed these providers and reported to us whether the former VA provider we identified was, in fact, the same person available to provide care as an active provider in PPMS. Eighteen of the 36 former VA providers removed from VA employment before May 2019 in the partial list were active PPMS providers, according to VHA.

particular, VA does not use the same identifier in HR Smart, the personnel database it uses to develop the biweekly list of providers removed or suspended from VA employment for potentially unsafe conduct, and PPMS, the system it uses to mark providers as deactivated when appropriate. According to VA officials, although the NPI is sometimes available in VA's personnel data, the majority of the time it is not available. PPMS uses the provider's NPI as the unique identifier. Thus, we were limited in our ability to confirm whether the removed VA providers in our data whose names matched active PPMS providers were, in fact, the same provider in all cases. Office of Community Care officials told us that VA began including Social Security numbers in the biweekly list of removed or suspended providers beginning in summer 2020, which they said would help staff link data and accurately find and inactivate correct providers.

(2) data extraction issues encountered by VA that caused our PPMS data file to be incomplete. Office of Community Care officials told us they could not provide a complete data set for the entire population of community providers in PPMS due to data extraction issues encountered by VHA contractors when transferring data from PPMS to the VA Commercial Data Warehouse, including limitations on the amount of data that can be extracted at one time—100,000 rows of data. Specifically, officials said they encountered issues filtering the data when importing information to the VA Commercial Data Warehouse from PPMS. As a result, there may be additional providers participating in the VCCP who are not included in our analysis. Officials said they are working to resolve this issue by pulling data into another system to allow for easier and more complete extraction in the future.

Appendix II: Veterans Community Care Program, Community Care Network Adequacy

To ensure that veterans have timely access to providers in the community, network contractors must maintain an adequate network of providers across the Community Care Network. This requires contractors to have a sufficient number and variety of providers available to veterans that meet geographic accessibility standards based on drive times and appointment availability within pre-determined time frames.[1] If the Department of Veterans Affairs (VA) determines a contractor is not meeting network adequacy requirements in a region, it must recruit additional providers to meet the needs of the veterans utilizing community care. See table 6 for the drive time standards and appointment availability based on the type of care and location.

Table 6: VA's Drive Time and Appointment Availability Standards to Determine Network Adequacy in the Community Care Network

	Maximum Drive Times		Appointment Availability		
Location	**Primary Care**	**General Care**	**Emergent Care**	**Urgent Care**	**Routine Care**
Urban	30 minutes	45 minutes	24 hours	48 hours	30 days
Rural	45 minutes	100 minutes	24 hours	48 hours	30 days
Highly Rural	60 minutes	180 minutes	24 hours	48 hours	30 days

Source: GAO analysis of Department of Veterans Affairs (VA) contracts. | GAO-21-71

Note: General care refers to all other types of care offered under the Community Care Network other than primary care and complementary and integrative health services.

Optum Public Sector Solutions (Optum) developed a network adequacy plan that outlines its approach for establishing and maintaining an adequate Community Care Network by utilizing providers from its existing Optum and UnitedHealthcare networks.[2] Optum officials explained they determine which providers to include in the Community Care Network that are already part of an existing Optum or UnitedHealthcare network, based on the volume of providers, and provider types and specialties needed for the veteran population. These providers have already been credentialed under Optum's existing networks, which officials said would help them expedite the process for establishing the Community Care Networks under the Veterans Community Care Program (VCCP). Optum uses a network adequacy ratio based on Centers for Medicare & Medicaid Services network adequacy ratios for Medicare Advantage as well as

[1]Appointment availability is based on the location type and type of care needed (emergent, urgent, or routine) and range from 24 hours to 30 days.

[2]UnitedHealthcare is Optum's parent organization.

factors related to access, including drive times and urban or rural location.[3] Optum officials told us they plan to monitor the regional networks to continually evaluate the networks and develop strategies to address any variation identified.

TriWest Healthcare Alliance (TriWest) also drafted a plan that outlines its approach to developing and maintaining a regional network that meets VA's standards; determining network adequacy based on specialty ratios, demand, and drive times. TriWest plans to build upon its existing Patient-Centered Community Care Network, including providers furnishing care through TriWest's partners, such as BlueCross BlueShield, to establish the Community Care Network for Region 4. According to TriWest, some providers will have already been credentialed under the Patient-Centered Community Care Network and these providers will be converted to fully-contracted providers for the Community Care Network. Other providers will be credentialed by TriWest's network subcontractor or a third-party credentials verification organization (CVO), which is URAC accredited.[4]

[3]The Centers for Medicare & Medicaid Services' network adequacy requirements for Medicare Advantage provides that organizations maintain a network of appropriate providers that is sufficient to provide adequate access to covered services to meet the needs of the population served. To do this they must contract with a sufficient number of providers to ensure that at least 90 percent of enrollees within a county can access care within specific travel time and distance maximums and have sufficient providers to meet minimum number requirements to allow adequate access for beneficiaries. Minimum provider ratios and maximum time and distance requirements vary by geographic area and specialty. *Medicare Advantage and Section 1876 Cost Plan Network Adequacy Guidance, Feb. 20, 2018.*

[4]Network subcontractors are considered delegates for TriWest for credentialing purposes. Delegated entities must pass a delegation audit that verifies they meet URAC standards.

Appendix III: Comments from the Department of Veterans Affairs

DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

December 29, 2020

Ms. Sharon Silas
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Silas:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***VETERANS COMMUNITY CARE PROGRAM: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded*** (GAO-21-71).

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

Sincerely,

Brooks D. Tucker

Brooks D. Tucker
Assistant Secretary for
Congressional and Legislative Affairs
Performing the Delegable Duties of the
Chief of Staff

Enclosure

Enclosure

The Department of Veterans Affairs (VA) Comments to the Government Accountability Office (GAO) Draft Report
VETERANS COMMUNITY CARE PROGRAM: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality Care Are Excluded
(GAO-21-71)

Recommendation 1: The Secretary of Veterans' Affairs, in concert with the Undersecretary for Health, should require the Community Care Network contractors to amend their credentialing policies to ensure providers who have violated the requirements of a medical license that resulted in the loss of the medical license in any state are excluded from providing care to veterans through the Veterans Community Care Program.

VA Response: Concur. The Veterans Health Administration (VHA) strives to provide a high-quality, comprehensively credentialed, network that exceeds the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act requirements by adhering to industry best practices of network accreditation. To ensure providers participating in the Community Care Network (CCN) are qualified to render services under this program, VHA requires the Third Party Administrator (TPA) responsible for building the CCN to hold certification of accreditation by industry recognized bodies, such as the Utilization Review Accreditation Commission (URAC) and National Committee for Quality Assurance (NCQA), and to meet contractual requirements in section 3.7 of the contract.

VHA's commitment to building a robust credentialing program that focuses on provider quality was the driver behind the contract language contained in section 3.7 of the CCN contracts: "The Contractor must always notify VA of any action against the provider's state license immediately in writing. The Contractor must always report in writing, as soon as possible, but not later than fifteen (15) days after the Contractor is notified, to the Contracting Officer/Contracting Officer Representative (via email) and the Contractor's peer review committee, the loss of or other adverse impact to a CCN Healthcare Services Network provider's certification, credentialing, privileging, or licensing."

The following additional contract language from section 3.7.1 of the contract is intended to ensure adherence to the VA MISSION Act section 108 requirements for exclusion of providers who do not maintain licensure due to termination as a result to adverse action in a state where they had historically held licensure; "If a CCN provider is or has been licensed, registered, or certified in more than one state, the Contractor shall confirm that the provider certifies that none of those states has terminated such license, registration, or certification for cause, and that the provider has not involuntarily relinquished such license, registration, or certification in any of those states after being notified in writing by that state of potential termination for cause." To add additional safeguards to ensure that providers who have violated the requirements of a medical license that resulted in the loss of the medical license in any state are excluded from providing care to Veterans through the CCN, VHA will work with the Contracting Officer and our TPAs to ensure

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that controls are more clearly documented into the credentialing policies of our TPA contractors.

Target Completion Date: April 2021

Recommendation 2: The Undersecretary for Health should ensure that Community Care Network contractors develop and implement a process for continuous monitoring of the eligibility requirements in section 108 of the VA MISSION Act, such as by using the National Practitioner Data Bank's continuous query function.

VA Response: Concur in principle. VHA concurs in principle because we agree that continuous monitoring is an important quality assurance measure necessary for a robust credentialing program which we already have in place. VHA's Office of Community Care (OCC) will work with the Contracting Officer and TPAs to evaluate further opportunities that could strengthen current processes.

CCN contracts were written to require accreditation, which is considered an industry best practice in health care. TPA accrediting bodies, URAC and National Committee for Quality Assurance, both respectively require ongoing monitoring under their accreditation standards. Additionally, the CCN contract section 3.7 states the following: "The Contractor must always notify VA of any action against the provider's state license immediately in writing. The Contractor must always report in writing, as soon as possible, but not later than fifteen (15) days after the Contractor is notified, to the Contracting Officer/Contracting Officer Representative (via email) and the Contractor's peer review committee, the loss of or other adverse impact to a CCN Healthcare Services Network provider's certification, credentialing, privileging, or licensing."

VHA strives to have a comprehensive credentialed network that exceeds VA MISSION Act requirements and follows industry best practices. To achieve this, VHA performs monthly and annual audits of each TPA's network to ensure TPA compliance with the CCN contract credentialing requirements and section 108 requirements in the VA MISSION Act.

Target Completion Date: April 2021

Recommendation 3: The Secretary of Veterans' Affairs, in concert with the Undersecretary for Health, should identify, analyze, and respond to the risk to veterans when providers who have been removed from VA employment for failure to provide safe care are not prohibited from providing care to veterans in the

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community. For example, the Undersecretary for Health could direct VHA to review the list of terminated VA providers generated from our data analysis; determine whether these providers were removed from VA employment due to conduct that violated VA policy related to the delivery of safe and appropriate health care; and determine whether these providers should be allowed to provide care to veterans through the Community Care Network or a Veteran Care Agreement.

VA Response: Concur. VHA views the safety and quality of care for our Veterans as paramount. Since the inception of the VA MISSION Act, compliance with section 108 has remained a priority for VHA. To ensure providers who have been removed from VA employment for failure to provide safe care are prohibited from providing community care, OCC began processing provider exclusions from participation in the network in May 2019. To mitigate the risk for unsafe care to Veterans, any provider separated from VHA employment based on an adverse action is excluded from participation in the CCN. OCC works diligently to review a list of VA separated providers on a bi-weekly basis.

To provide safe and quality care, a specific algorithm is utilized to provide data identifying providers who have separated due to an adverse action. As of December 8, 2020, 162 providers have been excluded from the CCN based on the findings from this review process.

OCC will review any providers of potential concern identified by GAO regardless of their date of separation. OCC reviewed the list of 56 providers supplied from GAO's review (data prior to June 2019), and took appropriate action on providers that met requirements under the MISSION Act. OCC is committed to actively engaging with GAO and reviewing the full list of providers when received.

Target Completion Date: April 2021

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The Department of Veterans Affairs (VA) Comments to the Government Accountability Office (GAO) Draft Report
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General Comments:

The Government Accountability Office (GAO) draft report unnecessarily maligns the Department of Veterans Affairs (VA) efforts to ensure only qualified providers are permitted to participate in the Veterans Community Care Program (VCCP). In preparation for the effective date of the MISSION Act, June 6, 2019, VA proactively initiated its audit testing environment. Since then, VA consistently audited according to its standard operating procedure dated April 16, 2019, and took appropriate action. VA's auditing start date is based on section 108 of the MISSION Act where audit timeframes are established. Section 108 specifically states the MISSION Act was effective, "On and after the date that is one year after the date of the enactment of this Act." Meaning, the effective date of a provider's removal would be on or after June 6, 2019. GAO, without any clear legislative prerogative, independently decided to set its review of providers starting in 2016, 3 years before the MISSION Act.

Upon learning of GAO's data prior to June 2019, VA promptly reviewed the list of 56 providers supplied to the Veterans Health Administration's (VHA) Office of Community Care and took action on those providers that met the requirements for exclusion under the MISSION Act. VA's actions demonstrate our willingness to review any providers from GAO's analysis or within any timeframe deemed appropriate from this review.

Page 19, last line, through top of Page 20 reads as follows:

> *"Our finding that over 200 providers are eligible to participate in the VCCP is inconsistent with VA's stated goal. Specifically, the fact that these providers had been removed from VA employment and that VA does not plan to review whether these providers were removed for quality of care issues is inconsistent with VA's stated goal of holding community providers to a high standard of quality."*

VHA's decision to take no further action to review these providers is also inconsistent with Federal internal control standards related to identifying, analyzing and responding to risks. These standards require that management consider both inherent risk to the entity in the absence of a response and residual risk that which remains after managements response to inherent risk. VHA has taken steps toward meeting the goal of providing Veterans with high quality of care within VA facilities and in the community by removing providers from VA employment for quality of care issues and developing processes to help ensure that providers removed from VA employment beginning May 2019 are excluded from participation in the VCCP. However, it has not addressed the residual risk that providers removed from VA employment prior to the start of VCCP may continue to provide care to Veterans through the community care program. The

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fact that these providers with possible quality of care concerns may be currently participating in the VCCP suggests that VA has not fully addressed its goal of holding providers to the same high stands of quality in both VA facilities and in the community care program.

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

Sharon M. Silas, (202) 512-7114, silass@gao.gov

Staff Acknowledgments

In addition to the contact named above, Marcia A. Mann (Assistant Director), Emily Binek (Analyst-in-Charge), Emily Loriso, and Dhara Patel made key contributions to this report. Also contributing were Jennie Apter, Jacquelyn Hamilton, Vikki Porter, and Jeffrey Tamburello.