



July 23, 2018

Director, Office of Regulation Policy and Management
Department of Veterans Affairs
810 Vermont Avenue NW, Room 1063B
Washington, DC 20420

Re: Notice of Request for Information Regarding Health Care Access Standards

Dear Secretary Wilkie,

I am writing on behalf of URAC, a nationally recognized accreditation entity, in response to the Department of Veterans Affairs' (VA), request for information (RFI) regarding the development of access standards for the Veterans Community Care Program as required under the VA MISSION Act.

Since 1990, URAC has been a pillar in the healthcare community in the areas of accreditation and standards development. URAC's Health Plan Accreditation is utilized by the U.S. Department of Health and Human Services (HHS) and state insurance regulators to augment their oversight of Medicare, Medicaid, and commercial health plans. As a premier accreditor of health plans focused on quality and consumer protection, URAC has garnered extensive knowledge regarding the development of network adequacy standards applied nationally.

URAC, as well as other national standard setting bodies, has found it untenable to establish a quantitative standard for network adequacy that works for every community in the country. We believe this lesson may inform future challenges the VA may face given the VA provides care to veterans across the country. URAC encourages the VA to develop a dynamic process that allows national best practices to be adopted in a manner that conforms to the unique communities in which veterans receive their care. Such a process could be set at the national level while implemented and administered across the VA's regions.

We encourage the VA to consider the creation of a process that requires constant evaluation of veterans' needs against the existing provider network. This process should account for the demographics of the veterans in a given region or community as well as evaluate the capacity of the providers within said community. Considering the variability not only between states but within geographic areas within a state, imposing a strict universal time and distance standard will thwart access for some while expanding access for others. When designing provider networks, the most important elements to consider are the health needs of the local community and the availability and type of providers within that community. By having a universal process to assess provider networks based on community dynamics, the VA can build an infrastructure uniquely tailored and responsive to the individual veteran. Imposing quantitative standards as part of the overall dynamic evaluation process is simple and provides a benchmark to measure against. However, quantitative standards alone are not sufficient because they are merely a static marker in time.

URAC's standards governing network adequacy require health plans to evaluate the needs of their enrollees against their network, identify deficiencies, and implement timely corrections. For example, in the course of an evaluation, if a health plan discovered a trend in out-of-network claims for pediatric services, they may choose to

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American Psychiatric Association

Blue Cross Blue Shield Association

Case Management Society of America

National Alliance of Healthcare Purchaser Coalitions

National Association of Insurance Commissioners

Pharmaceutical Care Management Association

Peter Lund, M.D.
Board Chairperson

Kylanne Green
President and CEO

contract with additional pediatricians in-network. URAC has found this approach is the best way to evaluate the adequacy of a network from a national perspective because it puts the patient and their unique needs at the center.

Learning from the lessons of government and commercial insurance, the VA has an opportunity to build a dynamic system that is acutely focused on understanding the needs of veterans, evaluating a network against those needs, and implementing corrective action when required. To help guide the VA in structuring such a process, URAC recommends looking to the Department of Labor's (DoL) affirmative action provisions¹. The DoL's affirmative action policy program² evaluates the makeup of the workforce in a given geographic area against the makeup of the applicant pool within the area to ensure they are in alignment. If an employer finds the composition of their employees is not in line with the availability of women and minorities in their community, the employer must implement an action plan to take the necessary steps to address this issue. This process for evaluation, and the development and execution of an action plan is a great example of how the VA can establish a process that can be implemented and executed in a manner where the veteran remains the focus.

URAC encourages the VA to include a strong appeal and complaint process as part of the evaluation of provider networks. The right to appeal a decision and receive a timely determination is important to the adequacy of the network because it can help identify potential access issues. The VA should consider its existing appeal process as part of the network adequacy assessment because it will help inform their evaluation of existing provider networks.

URAC's nearly three decades evaluating healthcare organizations has taught us that static metrics are not the most effective way to protect patients and meet their needs. We encourage the VA to develop a system by which Community Care Networks are evaluated utilizing a dynamic process that remains focused on the unique needs of veterans in the communities they call home. As the VA continues to explore this question, URAC encourages the VA to leverage national quality standards currently being used by HHS, state regulators, and commercial insurers. We are happy to share the knowledge we have gained on this topic and stand ready to assist the VA in these efforts wherever possible.

Sincerely,

Kylanne Green

Kylanne Green

President and CEO

¹ Affirmative Action Programs, 41 C.F.R. § 60-2 (2000).

² The U.S. Department of Labor. (2018). *Sample Affirmative Action Plan*. Retrieved from https://www.dol.gov/ofccp/regs/compliance/AAPs/Sample_AAP_final_JRF_QA_508c.pdf