



MEMORANDUM

THE VA MISSION ACT

Summary

Introduced by Senator Johnny Isakson (R-GA)¹ on February 5, 2018 and signed into law on June 6, 2018, [the VA MISSION Act](#) ("Act") sought to streamline and improve community care. In order to accomplish this objective, on June 6, 2019, the VA implemented portions of the Act by launching its [Veterans Community Care Program](#) (VCCP). The VCCP allows Veterans to work with their VA health care provider or other VA staff to see if they are eligible to receive community care based on certain criteria.

The Act also [established a new Community Care Network \(CCN\)](#) of community providers, which is administered through Third Party Administrators (TPAs)². According to the VA's [Information for Providers](#), CCN is comprised of five regional networks covering all U.S. states and territories, and is being deployed in a phased approach. "Once fully implemented," the VA explains, "CCN will be the preferred national network VA uses to purchase care for veterans in their community." The existing PC3 network, meanwhile, will transition over time to allow for CCN implementation to occur region-by-region in a phased approach.

The VA's [breakdown by region](#) shows that Optum covers regions 1, 2, and 3, while TriWest Healthcare Alliance covers regions 4 and 5. In general, Optum covers the Northeast, the Midwest, and the Southeast, while TriWest covers the Northwest, the West Coast, and the Southwest.

The Act [provides for other improvements](#) to community care, as well, including modernization of the VA's IT systems in order to "speed up all aspects of community care - eligibility, authorizations, appointments, care coordination, claims, payments - while improving overall communication between Veterans, community providers, and VA staff members."

Additionally, the Act [directs the VA to take certain actions](#) related to community care including (but not limited to): (1) monitoring the VCCP and reporting to Congress on the care provided to veterans; and (2) establishing and submitting to Congress a strategy to ensure all VA and community care programs are operating efficiently and effectively based on a number of factors including veterans' satisfaction and access guidelines and quality standards, among others.

¹ The MISSION Act's original cosponsors were Senators John Tester (D-MT), Thom Tillis (R-NC), Lamar Alexander (R-TN), Steve Daines (R-MT), and Dean Heller (R-NV). The Act's other cosponsors were Senators Marco Rubio (R-FL), Orrin Hatch (R-UT), Richard Blumenthal (D-CT), Doug Jones (D-AL), and Deb Fischer (R-NE).

² TPAs add a level of coordination that may impact EHRM and how it reaches community care providers.

Aligning Community Care with Electronic Health Record Modernization (EHRM)

Section 1703(a) of the Act requires the Secretary of VA (“Secretary”) to “coordinate the furnishing of hospital care, medical services, and extended care services... to covered veterans,” including by “[e]nsuring that covered veterans do not experience a lapse in care resulting from errors or delays by the Department or its contractors or an unusual or excessive burden in accessing hospital care, medical services, or extended care services.” EHRM, then, appears to be a key component of the VA’s efforts as outlined by the Act.

What’s more, in authorizing the VA to enter into a “Veterans Care Agreement” (i.e., an agreement to provide care with an eligible entity or provider where such care is not available from the VA or another previously contracted provider), Section 1703A(e) of the Act directs such agreements to require that the contracting entity “*provide medical records to the Department in the time frame and format specified by the Department*” (emphasis added).

In [the rollout of EHRM](#), the objective is to ensure “that current patient records are accessible and there is no interruption in the delivery of quality care.” Aligning with this objective, Section 1725A(e) of the Act requires the Secretary to “ensure continuity of care for those eligible veterans who receive walk-in care service,” which includes establishing “a mechanism to receive medical records from walk-in care providers and provide pertinent patient medical records to providers of walk-in care.” Accordingly, effective EHRM rollout aligns with the VA MISSION Act’s commitment to delivering accessible, efficient, and uninterrupted community care.