

# GAO Highlights

Highlights of [GAO-23-105290](#), a report to congressional requesters

## Why GAO Did This Study

Under the Veterans Community Care Program, VA's two Community Care Network contractors are responsible for maintaining provider networks that are adequate in size and have the capacity to ensure veterans' timely access to care.

GAO was asked to review VA's Community Care Networks. This report, for Community Care Network Regions 1-4, (1) describes how VA monitors contractor compliance with network adequacy standards and related requirements; (2) examines the extent to which VA's contractors are meeting network adequacy standards; and (3) examines the experiences of VA medical facility officials when scheduling routine appointments for veterans.

GAO reviewed documentation, such as the Community Care Network contracts, and network adequacy performance data and assessed VA's relevant processes. GAO conducted a survey of VA medical facility officials in Regions 1-4, and conducted covert calls to a non-generalizable sample of community providers. GAO also interviewed VA officials and contractor representatives.

## What GAO Recommends

In addition to reiterating prior recommendations related to staffing and fraud risks, GAO is making two new recommendations to VA: (1) ensure that contractors report complete performance data and (2) implement strategies to increase the accuracy of community provider information. VA concurred with the recommendations and identified steps it would take to implement them.

View [GAO-23-105290](#). For more information, contact Sharon M. Silas at (202) 512-7114 or [silass@gao.gov](mailto:silass@gao.gov).

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# VETERANS COMMUNITY CARE PROGRAM

## VA Needs to Strengthen Its Oversight and Improve Data on Its Community Care Network Providers

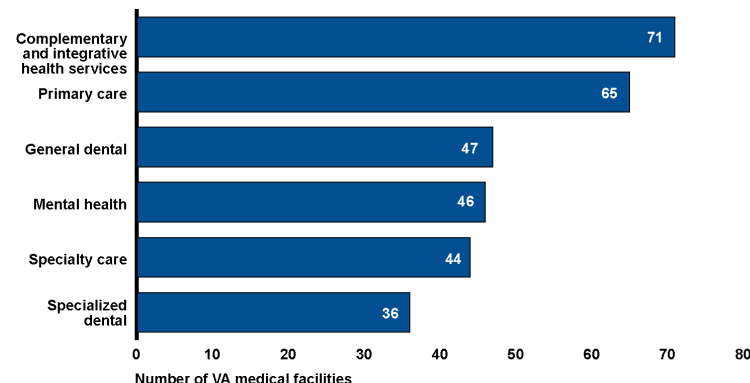
### What GAO Found

The Department of Veterans Affairs (VA) utilizes two contractors to manage its regional networks of community providers, called Community Care Networks, to deliver care to veterans under the Veterans Community Care Program. VA requires its contractors to meet two network adequacy standards that specify maximum drive-time distances and wait times for appointments.

VA monitors contractor compliance with network adequacy requirements by reviewing the contractors' analysis of claims data against the standards. VA officials determined the contractors generally met the standards for the period from April 2020 to May 2022. However, GAO found that VA's assessment was based on incomplete data, as the contractors did not include all claims. Further, VA was unaware of this, as it lacked a mechanism to ensure the contractors submitted complete data, limiting VA's performance assessment for Regions 1-4.

GAO's analysis of VA officials' responses from 127 of 138 VA medical facilities, and undercover calls to 80 community providers in Community Care Network Regions 1-4, revealed potential challenges with scheduling appointments. Specifically, officials cited challenges scheduling with certain types of providers within VA's routine appointment availability standard (care not deemed urgent or emergent by a VA provider). (See fig. below.) Responding officials noted concerns with insufficient VA facility staff to schedule appointments, and inaccurate provider information in VA's provider directory, including providers no longer participating in the network (also confirmed through GAO's undercover calls). These issues can delay appointment scheduling. GAO previously reported on these issues, and recommended in 2020 and 2021 that VA (1) direct its medical facilities to assess community care staffing and (2) improve controls to address risks related to inaccurate provider addresses, respectively. VA has taken some actions, but has not yet implemented these recommendations.

**Number of VA Medical Facilities Reporting More than Half of Routine Appointments Scheduled within 30 Days by Care Type, April 2022**



Source: GAO survey of community care officials at 127 Department of Veterans Affairs (VA) medical facilities, administered February-April, 2022. | GAO-23-105290