

November 2, 2023

Office of Inspector General Department of Veterans Affairs Attn: Mr. Fred W. Baker III 810 Vermont Avenue Northwest Washington, DC 20420

Dear Mr. Baker:

Optum proudly serves as the Third-Party Administrator (TPA) for the Department of Veterans Affairs (VA) Community Care Network (CCN) in Regions 1, 2, and 3. We appreciate the opportunity to provide inputs on the Department of Veterans Affairs, Office of Inspector General (VA OIG) recommendations under Review Report, Oversight Could be Strengthened for Non-VA Healthcare Providers Who Prescribe Opioids to Veterans, 22-00414-113, issued on September 26, 2023.

We are proud to provide support to the six million eligible Veterans across our three regions comprising thirty-six states, the District of Columbia, U.S. Virgin Islands, and Puerto Rico. Please find attached our inputs on all three (3) of VA OIG's recommendations related to the oversight of opioids prescribed to Veterans.

It is truly an honor and privilege to serve all providers and Veterans in VA CCN Regions 1, 2, and 3.

Very Respectfully,

Edward J. Weinberg

President and Chief Operating Officer, Optum Serve



Oversight Could Be Strengthened for Non-VA Healthcare Providers Who Prescribe Opioids to Veterans (U.S. Department of Veterans Affairs (VA) Office of Inspector General (OIG) Audit 22-00414-113, September 26, 2023)

Optum's inputs regarding VA OIG's recommendations 1-3, within Audit 22-00414-113, as of November 2, 2023, are outlined below in orange.

Recommendation 1. Clarify roles and responsibilities of the Office of Integrated Veteran Care and third-party administrators with respect to ensuring non-VA providers receive and certify they have reviewed Opioid Safety Initiative guidelines in accordance with the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 and collaborate with the contracting office to modify the contracts as appropriate.

VHA Comments: Concur.

VHA Office of Integrated Veterans Care (IVC) recognizes the importance of clear roles and responsibilities for ensuring non-VA providers comply with the Opioid Safety Initiative (OSI). IVC will evaluate existing Community Care Network contract requirements pertaining to the OSI and clarify these roles and responsibilities, where applicable.

Status: In Progress

Target Completion Date: June 2024

Optum Inputs:

Optum concurs. Currently, Optum's CCN contract is silent on Opioid Safety Initiatives (OSI) training requirements. In fact, Optum's contract was awarded prior to the finalization of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 requirements. Although IVC and Optum have reviewed numerous change pages to modify its Prime contract to include such provision, at this time, no active contract modification requiring CCN providers to complete and attest to OSI training as a condition for CCN participation has been executed in VA CCN Regions 1, 2 or 3.

It is imperative when adding requirements to participate in VA Community Care Network (CCN), that the requirement(s) do not create an obstacle discouraging a provider from caring for our Nations Veterans which will directly impact overall Veteran access to care. Moving forward, it will be important to consider the utilization of existing trainings, such as state mandated training on opioid safety as required to obtain or renew a provider's Drug Enforcement Agency (DEA) license, which community providers have already taken outside of VHA Train to satisfy OSI training and attestation.

To support VA's goals around OSI guidelines and training, Optum partnered with our broader organization, UnitedHealth Group (UHG), and developed an accredited training requirement which could potentially allow for a provider to attest to satisfying the VHA training requirements while earning continuing education units (CEU) credit supporting their overall practice. You may view additional details related to this training online by clicking here: "<u>Current Opioid Prescribing Guidelines: Ensuring Safe and Effective Pain Management</u>."

Recommendation 2. Ensure the Office of Integrated Veteran Care strengthens controls to monitor the third-party administrators to ensure non-VA providers' completion of the VA Opioid Safety Initiative training module.

VHA Comments: Concur.

VHA IVC agrees that an opportunity exists to strengthen controls to monitor the Third-Party Administrators (TPA)s efforts to ensure non-VA providers' completion of the VA Opioid Safety Initiative training module. There are several options when setting up a system of internal controls. IVC will form an IPT of stakeholders to review the effectiveness of existing controls and determine if areas for improvement exist. The IPT will then analyze the information and recommend a way forward by

December of 2023. Follow up will be conducted throughout the year.

Status: In Progress

Target Completion Date: June 2024

Optum Inputs:

As stated above, Optum's CCN contract is silent on Opioid Safety Initiatives (OSI) training requirements and was awarded prior to the finalization of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 requirements. Moreover, Optum stands ready to work closely with VA on a contract modification to clarify the roles and responsibilities related to OSI guidelines as outlined in the MISSION Act.

It is important to note providers holding a DEA and state medical license(s) must comply with requisite training which includes opioid training. It is not industry standard to require providers to submit evidence of training completion and the requirement to do so could significantly limit the number of providers available to serve Veterans in their local communities.

Notably, on December 29, 2022, the the Consolidated Appropriations Act of 2023, enacted a new one-time eight-hour training requirement for all Drug Enforcement Administration (DEA) registered practitioners on the treatment and management of patients with opioid or other substance use disorders. Opioid training includes education on appropriate documentation. All providers must attest to completing the eight-hour training requirement prior to renewing or obtaining their DEA license. Additionally, providers must adhere to their state licensing requirements which may require evidence of opioid education.

Recommendation 3. Ensure the Office of Integrated Veteran Care strengthens controls to monitor the third-party administrators to ensure non-VA providers' completion of required prescription drug monitoring program queries.

VHA Comments: Concur

Responsible opioid prescribing practices are essential to Veteran safety and high-quality care. VHA IVC agrees opportunity exists to strengthen controls to monitor the TPA's efforts to ensure non-VA providers complete required prescription drug monitoring program queries. There are several options when setting up a system of internal controls. IVC will form an IPT of stakeholders to review the effectiveness of existing controls and determine if areas for improvement exist. The IPT will then analyze the information and recommend a way forward by December of 2023. Follow up will be conducted throughout the year.

Status: In Progress

Target Completion Date: June 2024

Optum Inputs:

Optum concurs with VA. States maintain PDMP via an electronic database which tracks controlled substance prescriptions in their state. Access is granted to providers and pharmacists. Outside entities, including Optum, do not have visibility or access into individual state PDMP systems. Additionally, it is not industry standard for Optum to impose requirements preventing a Veteran from receiving a prescription prior to Optum verifying a PDMP query was performed. However, providers participating in VA CCN are contractually required to adhere to their state licensing requirements. It is important to note, providers in VA CCN Regions 1, 2, and 3, are required by their state or applicable U.S. territory to use their PDMP system except in Kansas, Missouri, Nebraska and Puerto Rico.