



October 2, 2024

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, Ineffective Oversight of Community Care Providers' Special-Authorization Drug Prescribing Increased Pharmacy Workload and Veteran Wait Times, 23-23-01583-183, issued on August 15, 2024.

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 regarding VA OIG's recommendations related to unauthorized dental procedures performed in the community.

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

Very Respectfully,

A handwritten signature in black ink, appearing to read "A. Roberts".

Amanda Roberts  
CEO, Optum Serve Community Care Services

**Ineffective Oversight of Community Care Providers’ Special-Authorization Drug Prescribing Increased Pharmacy Workload and Veteran Wait Times** (U.S. Department of Veterans Affairs (VA) Office of Inspector General (OIG) Audit 23-01583-183, published on August 15, 2024.)

Optum’s inputs regarding VA OIG’s recommendations 1-7, within Audit 23-01583-183, as of October 2, 2024, are outlined below in **orange**.

**Recommendation 1.** Require the Office of Integrated Veteran Care and Pharmacy Benefits Management Services to improve community provider compliance when prescribing special authorization drugs and being responsive to VA pharmacy inquiries. This should include consideration of electronic system capabilities to attach medical justifications, allow community providers to have real-time access to VA’s formulary when prescribing drugs, and enable two-way communication between community providers and VA pharmacists electronically.

**VHA Comments:** Concur in Principle. VHA recognizes the importance of ensuring the Third-Party Administrators (TPA) enforce contract requirements for community providers’ prescribing of special-authorization drugs. Integrated Veteran Care (IVC) and Prescription Benefit Management (PBM) will explore developing a plan to improve community provider accountability and compliance when prescribing special-authorization drugs and improve responsiveness to VA pharmacy inquiries.

**Status:** In Progress

**Target Completion Date:** May 2025

**Optum Inputs:** Optum concurs in principle. All participating providers are contractually required to adhere to the [Optum VA Community Care Network \(CCN\) Provider Manual](#). As outlined in the manual excerpt below, community providers must submit medical documentation with a prescription requiring prior authorization. However, Optum does not have visibility into this process nor provider compliance. Please know Optum stands ready to support all related contract modification activities.

*When a prior authorization is required, a provider must submit the medical documentation with the prescription to VA pharmacy for review. The referring VA pharmacy will determine if the Prior Authorization Drug Request (PADR) is approved and dispense the medication as appropriate. Providers can submit a PADR using electronic prescribing or by faxing to a VA pharmacy.*

**Recommendation 2.** Task the Office of Integrated Veteran Care to train community providers on the VA formulary and implement a process to improve tracking of training completion and community providers’ compliance with VA guidance on submitting prescriptions for special-authorization drugs.

**VHA Comments:** Concur in Principle. VHA recognizes the importance of ensuring the Third-Party Administrators (TPA) enforce contract requirements for community provider training. While IVC concurs with the spirit of the recommendations, contractual requirements will take precedence. IVC will examine the Community Care Network Contract terms that require third-party administrators to train community providers on the VA formulary. IVC will review the process for tracking and training completion and explore developing a plan to improve providers compliance with VA Guidance on submitting prescriptions for special authorization drugs.

**Status:** In Progress

**Target Completion Date:** May 2025

**Optum Inputs:** Optum concurs in principle. Currently, Optum's CCN contract is silent on tracking community provider training or compliance with VA guidance on submitting prescriptions for special-authorization drugs. However, Optum's VA CCN Provider Manual does indicate providers must complete applicable VA required trainings to successfully manage Veteran care. Additionally, VA trainings are highlighted during Optum's live provider trainings and periodically in quarterly provider newsletters. Please know Optum stands ready to support all related contract modification activities.

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**Recommendation 3.** Direct Pharmacy Benefits Management Services to update its dashboard to more accurately capture special-authorization drug request processing times and provide the Office of Integrated Veteran Care access to this information for contract management purposes.

**VHA Comments:** Concur in Principle. VHA concurs in principle because activities to enhance the dashboard are under development and not dependent on the next generation of Community Care Network contracts. Pharmacy Benefits Management Services (PBM) is developing a tool to identify and track medications that require additional review and processing. PBM anticipates the prototype business intelligence report will be ready by late September 2024. Once the business intelligence report is validated, access will be provided to IVC. Based on the review of PBM reports, IVC will review current guidance and processes to identify opportunities for improvement and determine the most appropriate mechanism for capturing special authorization drug request processing times.

**Status:** In Progress

**Target Completion Date:** November 2024

**Optum Inputs:** Optum has not identified any necessary action(s) or comments regarding VA OIG's recommendation 3.

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**Recommendation 4.** Instruct Pharmacy Benefits Management Services to require that VA pharmacy personnel document community care prescriptions for special-authorization drugs in the veteran's medical record (in consults when applicable or medical notes) when the pharmacy receives the prescription and make clear that the 96-hour processing time is a requirement for these types of drug requests.

**VHA Comments:** Concur. PBM presented information on the November 1, 2023, Chief of Pharmacy teleconference and posted revised business rules for the adjudication of non-formulary and prior authorization requests on the PBM SharePoint site in February 2024. The actions taken and the evidence provided (see attachments to original report) demonstrate that PBM has issued requirements for pharmacy staff to document community care prescriptions in the Veteran's medical record and that 96 hours or less is the timeliness expectation. Closure of this recommendation is requested.

**Status:** Complete

**Target Completion Date:** February 2024

**Optum Inputs:** Optum has not identified any necessary action(s) or comments regarding VA OIG's recommendation 4.

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**Recommendation 5.** Require Pharmacy Benefits Management Services to routinely remind pharmacists that they are responsible for reporting a community provider to the medical facility's community care office when the provider does not comply with VA documentation requirements for special-authorization drug requests.

**VHA Comments:** Concur. PBM will edit the National Drug Consult Business Rules and present the information on a national pharmacy chief's call by July 31, 2024. After the initial presentation, PBM will add a standing agenda reminder for the Chiefs call at least quarterly.

**Status:** In Progress

**Target Completion Date:** August 2024

**Optum Inputs:** Optum has not identified any necessary action(s) or comments regarding VA OIG's recommendation 5.

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**Recommendation 6.** Charge facility community care offices to work with pharmacy personnel to report when they receive information from VA pharmacists that community providers did not comply with VA's documentation requirements for special-authorization drugs. Reporting mechanisms can include submitting Potential Quality Issue Referral reports or Health Care Quality Concern reports to third-party administrators.

**VHA Comments:** Concur in principle. VHA agrees coordination between facility community care offices and pharmacy personnel concerning community providers who are not complying with formulary processes can be improved. Current guidance and processes will be reviewed to identify opportunities for improvement and determine the most appropriate mechanism for the reporting of non-compliance of community care providers.

**Status:** In Progress

**Target Completion Date:** May 2025

**Optum Inputs:** Optum concurs in principle and although the requested action is directed to VA, Optum stands ready to support with educational outreach to community providers who are not complying with the formulary processes as well as conducting applicable investigations for any reported potential quality-of-care related issues.

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**Recommendation 7.** Direct Pharmacy Benefits Management Services to standardize requirements for how VA pharmacists code drug requests from community providers in the electronic system that were canceled, rejected, or removed to help VHA determine if corrective actions need to be taken on processes, contract terms, or guidance.

**VHA Comments:** Concur. PBM will develop standardized recommendations for the VA medical facilities related to coding/comments in the inbound e-prescribing software system and estimates guidance will be finalized and disseminated to the VA medical facilities no later than September 2024. Once this guidance is issued, PBM will coordinate with the VHA Operations Office and IVC to determine if any corrective actions are required.

**Status:** In progress

**Target Completion Date:** September 2024

**Optum Inputs:** Optum has not identified any necessary action(s) or comments regarding VA OIG's recommendation 7.

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