Agenda

Research and Office of Integrated Veteran Care (IVC) Meeting

Friday, May 3, 2024 at 12:00PM EST

Agenda

| # | Topic | Lead Speaker |
| --- | --- | --- |
| 1 | * Joint IVC and ACCENT quality of care meeting:  Date TBD
* Contractor requirements for transmitting CCN records back to VA
 | Dr. Kristin Mattocks |
| 2 | * Enrollment, Utilization, and Potentially Wasteful Spending Among Veterans in Medicare Advantage
 | Dr. Jose Figueroa, MD MPHAssistant Professor of Health Policy and ManagementHarvard TH Chan School of Public Health |

Meeting Minutes

| # | Topic | Lead Speaker |
| --- | --- | --- |
| 1 | * Joint IVC and ACCENT quality of care meeting:  Date TBD
	+ ACCENT stakeholders and IVC are working to collaborate on HPP.
* Contractor requirements for transmitting CCN records back to VA
	+ Are there any returns and are there any ties to reimbursement?
	+ Dr. Basu: No ties to reimbursement at this point in the CCN contract. It used to occur in the past.
	+ There are folks on IVC who are examining ways medicial documentation is returned to the VA (i.e. collaboration with TPAs to ensure documentation is required).
	+ Dr. Mattocks noted the need to have this information given certain case examples she has seen (i.e. pre-eclampsia cases).
	+ Dr. Hertz also provided a cardiology example in Dallas. If in Dallas, the cardiologist is entering request for additional services. As such, once PCP sends the patient on to community, a VA cardiologist who has never seen the patient is now requesting additional services if needed.
 | Dr. Kristin Mattocks |
| 2 | * Enrollment, Utilization, and Potentially Wasteful Spending Among Veterans in Medicare Advantage
	+ Medicare Advantage is rapidly growing (51% in 2023)
	+ Veterans can enroll in MA or Traditional Medicare
	+ In 2022, over 1.3 million verterans in MA plans
	+ Whenever a veteran is enrolled in medicare, the first way is through VHA paid care (community purchased care or VHA facilities) and MA plans paid by CMS.
	+ There is now shift to get care paid by VA (MA transitioning to VA).
	+ MA plans receive capitated fixed per month capitation rate regardless of vetgeran use. If veteransre predominantly care by VHA system, MA plans do not reimburse FVA care fo any veterans. Mission Act expanded great access for veterans to use community care.
	+ There is an emergence of MA plans for veterans.
	+ 3 questions in the study:
		- To what extent are Veterans enrolling in MA plans overall, and specifically, in MA plans that disproportionately enroll Veterans, which we refer to as the “High-Vet MA Plans”?
		- Are there substantial differences in utilization paid by VHA vs. MA among Veterans in High-Vet MA Plans vs. Other MA Plans?
		- Is there evidence of potentially wasteful federal spending increasing as more Veterans enroll in MA plans?
	+ Medicare Advantage increasingly enrolling veterans and non veterans.
	+ Certain MA plans have more than 80% who are veterans.
	+ 11.3% of veteran in MA are enrolled in high-vet plans.
	+ Key Takeaways
		- Veterans are increasingly enrolling in High-Vet MA Plans
		- Veterans in High-Vet MA Plans are substantially less likely to use any Medicare service paid by MA & more likely cared by VHA
		- Over $1.3 billion paid to MA plans for enrolling Veterans that did not submit a single Medicare claim, suggestive of wasteful spending
		- As MA continues to grow, policymakers should consider improving efficiency between CMS and VHA
 | Dr. Jose Figueroa, MD MPHAssistant Professor of Health Policy and ManagementHarvard TH Chan School of Public Health |

Action/Follow-up Items

|  | Action Item | Date Assigned | Person | Due Date | Status |
| --- | --- | --- | --- | --- | --- |
| 1 | Slides will be sent to IVC Research Meeting invitees. | 5/3/2024 | Vaish | 5/6/2024 | Complete |

Published Papers: