



January 13, 2020

Director
Office of Regulation Policy and Management (00REG)
Department of Veterans Affairs
810 Vermont Avenue NW
Room 1064
Washington, DC 20420

RE: **Comments on Proposed “Care Coordination for Dental Benefits” Pilot Program**

Dear VA staff,

The National Association of Community Health Centers appreciate the opportunity to submit comments on the Veterans’ Administration proposed “Care Coordination for Dental Benefits” (CCDB) pilot program for veterans who do not receive dental benefits through the Veterans’ Administrative (VA).

NACHC is the national membership organization for Federally Qualified Health Centers (FQHCs). FQHCs are community-based organizations that provide comprehensive and cost-effective care to 29 million patients in roughly 12,000 medically-underserved communities across the country, including almost 400,000 veterans. All FQHCs provide comprehensive primary and preventive care services, and a growing number provide mental health, dental, vision, and substance abuse disorder services. Approximately 72% of FQHC patients have incomes below the Federal Poverty Level (FPL); these patients generally pay no more than a nominal fee for the full range of services the FQHC provide. An additional 20% of patients have incomes between 101% and 200% FPL; these patients are charged on a sliding fee scale based on income.

FQHCs share the VA’s commitment to ensuring that all veterans have access to affordable, high-quality health care when and where they need it. As you are aware, FQHCs have demonstrated this support by participating as community providers in a range of VA programs, including the new Community Care Network program created under the MISSION Act. As a further step in this partnership, FQHCs welcome an opportunity to work with the VA to address the dental needs of the 92% of veterans enrolled in VA health care who do not have access to dental care through VA, and we are honored that the VA’s new Center for Innovation for Care and Payment has chosen to work with FQHCs for its first pilot project.

To maximize the effectiveness of the CCDB pilot program, we encourage the VA to consider the following factors:

1. By law and by mission, FQHCs provide care for all individuals, regardless of ability to pay or other status. As a result, FQHCs must make open appointment slots available to all patients who request them, and are prohibited from setting aside appointments for a specific category of client, such as veterans. Therefore, when a FQHC adds a dental provider, a large share of the new provider's time will likely be spent caring for the FQHC's existing patients, rather than all being available for new patients or those that fall into a specific category (e.g., veterans.)
2. The Notice of Intent states that the VA will share the patient's medical record with the FQHC prior to the dental appointment, and the FQHC will share the patient's dental record with the VA afterwards. NACHC strongly supports this approach, as it will enhance coordination of patient care. However, FQHCs have historically faced significant challenges when seeking to share electronic health records with the VA. These challenges will need to be addressed in order to maximize the impact of this pilot program. Also, the NOI is unclear about whether FQHCs would be required to share records with the VA as a condition of participating in the CCDB pilot program. If record-sharing is a requirement, then failure to address these long-standing challenges will make it difficult for FQHCs to participate in the CCDB pilot.
3. As stated previously, FQHCs care for all individuals, regardless of whether they have insurance or their ability to pay. Thus, FQHCs will always strive to provide uninsured and underinsured veterans with the dental (and other health) services they need, charging no more than a nominal fee for those with incomes below 100% FPL, and on a sliding fee scale for those between 101-200% FPL. Nonetheless, FQHCs' ability to provide these discounted services is limited by their operational, clinical, and financial capacity. To the extent that a FQHC participating in this pilot program attracts a large number of low-income veteran patients – and particularly if they seek to share EHR data with the VA as envisioned in the NOI – this participation could put significant strain on its operational and financial resources. These strains could be reduced if the VA were able to provide some financial support to the FQHC to help cover some of these additional costs.

If you have any questions about these comments, please contact Colleen Meiman or Gina Capra at cmeiman@nachc.org or gcapra@nachc.org. Thank you again for the opportunity to provide input on the CCDB pilot project, and we look forward to expanding the role of FQHCs in caring for our nation's veterans.

Sincerely,



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National Association of Community Health Centers