Nebraska- Western Iowa Veterans Health Care in the Community

10/17/19

Presenters

- David Williams, MD, MBA
  Chief of Staff, Nebraska- Western Iowa Health Care System (NWIHCS)
- Naganna Channa, MD, MBA, CPE, FACHE
  Medical Director, Care in the Community (NWIHCS)

Poll Question

Raise you hand
If you have heard of Mission Act 2018
**Agenda**

- Nebraska-Western Iowa VA overview
- VA MISSION Act of 2018
- Care in the Community Overview (Dr Channa)

**Nebraska-Western Iowa VA HCS**

- Hospital - Omaha VAMC
- CLC – Grand Island VAMC
- CBOCs – Lincoln, Holdrege, Norfolk, O’Neil, and Shenandoah, IA

**History of VA Community Care**

- VA Community Care
- Department of Defense
- VA Mission Act
- Project ARCH
- Congress enacts the VA
- DoD Health Resources
- Emergency Operations Act
- Congress establishes Project
- Access Received
- Closer to Home
- Congress establishes Project
- Access Received
- Closer to Home
- Indian Health Service
- Tribal Health Service
- Established
- Reimbursement agreements for care
- Provided to eligible
- Veterans.
- Patient-Centered
- Community Care (PC3)
- Established as contracting
- vehicle to partner with
- community providers.
- National Dialysis Contracts
- to assist in purchasing care
- Veterans Choice
- Program (VCP)
- Congress expands
- Veterans access to
- community care in
- response to
- excessive wait-times
- and delays
- Plan to
- Consolidate
- VA submits
- Community Care
- Consolidation Plan
- to Congress
- VA MISSION Act
- Passage
- Consolidated multiple
- community care
- programs and
- appropriated $5.2
- billion in VCP
- funding
The Mission Act of 2018 will fundamentally transform VA’s health care system.

The Act includes four main pillars:
1. Consolidating VA’s community care programs.
2. Expansion of Caregivers Program
3. Flexibility to align its asset and infrastructure
4. Strengthening VA’s ability to recruit and retain health care professionals.
MISSION Act: Expanded Eligibility Overview

- Best medical interest of the Veteran
- Care or services not compliant with VA's standards for quality
- Care or services not provided within designated access standards
- Services not provided at the facility
- Drive time
- Wait time
- Exceptional circumstances (floods, road access issues...)

Key Elements

<table>
<thead>
<tr>
<th>ACCESS STANDARDS</th>
<th>Primary Care, Mental Health, Non-institutional Extended Care</th>
<th>Specialty Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive Time</td>
<td>30 minutes</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Wait Time</td>
<td>20 days</td>
<td>28 days</td>
</tr>
</tbody>
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Eligibility for Community Care

- Services not provided at the facility
- Drive time
- Wait time
- Best Medical Interest (BMI)
- Exceptional circumstances (floods, road access issues...)
Scope of CCN Region 2 Contract - Benefits

Service connection/Other insurance coverage determines the eligibility

Factors Impacting Coverage:
- Is the condition emergent?
- Is condition service connected?
- Is care pre-authorized?
- Has veteran been seen in VA w/in 24 months?
- Does veteran have Other Health Insurance?

Processing Claims:
- In network facilities
- Notification with in 72 hours - 1-402-995-3249/3250
- Community care will review eligibility and approve or deny within 7 days.
MISSION Act: New Urgent Care Benefit

Coverage
Access to urgent, non-emergency care (e.g., non-life threatening conditions) through the VA contracted network. Services such as:
- Colds
- Ear infections
- Minor injuries
- Pink eye
- Skin infections
- Strep throat

To be eligible for urgent care, Veterans must:
- Be enrolled in the VA health care system
- Have received care through VA from either a VA or community provider within the past 24 months

Eligibility
Veterans access providers in the network when it is convenient for them without needing pre-authorization.

Copays

<table>
<thead>
<tr>
<th>Priority Group</th>
<th>Copayments based on number of visits in a calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>First three visits: $0, 4th and greater visits: $30 per visit</td>
</tr>
</tbody>
</table>
| 6             | If related to a condition covered by special authority or exposure:  
- First three visits: $0, 4th and greater visits: $30 per visit 
- If not related: $30 per visit |
| 7-8           | $30 per visit |

MISSION Act: New Urgent Care Benefit (Cont.)

Urgent Care Prescriptions: VA will pay for or fill prescriptions resulting from Veteran's urgent care visit:
- The urgent care provider may write a medically necessary prescription for up to a 14-day supply.
- Veterans can fill a 14-day supply of medication at a contracted pharmacy within the VA network, in VA, or at a noncontracted pharmacy.
- If a noncontracted pharmacy is used, Veterans must pay for the prescription and then file a claim for reimbursement with the local VA medical facility.
- To find an in-network pharmacy, both urgent care providers and Veterans can use the VA Facility Locator.

Billing: Urgent care provider bills VA's Third Party Administrator (TPA), and VA may bill the Veteran the applicable copayment.

MISSION Act: Required Provider Training

VA MISSION Act (Sections 131 and 133): Establishes new requirements for non-department providers treating Veterans:
- Ensures safe opioid prescribing practices
- Establishes new competency standards and requirements
- VA developed training courses that all licensed independent providers must complete.

Independent Licensed Providers:
All providers with an NPI who treat Veterans must complete VA required training courses.

- VHA TRAIN (https://www.train.org/vha/), an external learning management system, to host the training courses.
- Providers must create an account in VHA TRAIN and include an NPI number in their VHA TRAIN profile before registering and completing training.
- Applies to providers who work through:
  - PCG (and Trilexus)
  - CON (and CON TPA's [Optum and Trilexus])
  - Veterans Care Agreements (and VA)
Want to know more about Mission Act?


COMMUNITY CARE NETWORK OVERVIEW (CCN)

Naganna Channaveeraiah, MD, MBA, CPE, FACHE
Medical Director, Care in the Community, NWIHCS

Community care department- NWIHCS

- Chief, Community Care
  Chris Banks, Jr
- Asst Chief
  Amber Spitzer
- Nurse Manager
  Heather Batt, RN, BSN
- Medical Director
  Naganna Channa
Community care department-NWIHCS

- Care coordination nursing team- 15
- Medical supporting staff- 42
- Program support staff- 2

"Alpha split system"

Thought of the day!

Is VA an insurance company
or
A health care delivery organization?

Community Care Referral-NWIHCS
Current State Challenges

Today, several challenges interfere with the ability to consistently deliver high quality, personalized care in the community.

- **Inconsistent Clinical and Business Processes**
- **Lack of Case and Disease Management Tools**
- **Unclear Governance Structure and Roles & Responsibilities**
- **Lack of Standardized Care Coordination Processes**
- **Limited Communication among Providers**

Care Coordination Challenges:

- Inconsistent Clinical and Business Processes
- Limited Communication among Providers
- Unclear Governance Structure and Roles & Responsibilities

Principles of Care Coordination

Five principles have been applied to ensure the success of the care coordination model in light of the CCN implementation:

- **Personalized Care Coordination Plan**
  - A care coordination plan is developed for each care coordination need of Veterans
- **Seamless Transmission of Information**
  - Health information is available when needed
- **Collaborative Relationships**
  - The Veteran, Veterans Affairs, and community partners are aligned on the care coordination plan and communicate actively
- **High Quality and Timely Care**
  - Clinical and administrative decisions are evidence-based, timely, and follow consistent protocols
- **Clear Governance Structure and Roles & Responsibilities**
  - Decision making follows established governance processes. Roles & responsibilities are clearly defined and understood by all stakeholders

VA Community Care

“Achieving personalized, integrated, and high-quality care for our Veterans”

- Support VA’s vision of a single, high-performing network
- Seamless extension of VA’s network of facilities
- Meet the needs of all Veterans, VA staff, community partners, and other stakeholders
Care Coordination plan

- Personalized care coordination plan
- Collaboration relationships
- High-quality and timely care
- Seamless transmission of information

VA Office of Community Care
Provider Office/Facility in the Community
Veterans get the benefit
Community care providers get reimbursement

VA Community Care Major Initiatives

For Community Care Providers

1. HSRM - HEALTH SHARE REFERRAL MANAGEMENT
2. TPA PORTAL - TRIWEST OPTUM
**Common terminology...**

**Standardized Episodes Of Care (SEOC)** -
- A pre-approved bundle of services and procedures that relate to a specific category of care.
- Comprehensive package of the # visits, labs, diagnostic services, ancillary services
- Valid periods of service (3 months to one year depending on type of services)

Example:
1. **Primary care** - one year, 12 visits, labs routine X-ray, preventive services including services that can be done in office (procedures, vaccines, etc.)
2. **Orthopedics General** - 6 months, exam, labs, needed imaging, injections including Hyaluronic acid or steroids, anesthesia, preop medical and cardiac clearance, inpatient or observation admission for surgical procedure, Follow up visits as needed, OT-15 visits, OT-15 visits. Pharmacy meds up to 14 days.

**RFS**

- **Request for Services (RFS)** - ability for community providers to request additional services for Veterans they treat

Additional Information:
- Please visit the VHA Storefront [www.va.gov/COMMUNITYCARE/providers/index.asp](http://www.va.gov/COMMUNITYCARE/providers/index.asp) for additional resources and requirements pertaining to the following:
  - Pharmacy prescribing requirements
  - Durable Medical Equipment (DME), Prosthetics, and Orthotics prescribing requirements
  - Precertification (PRCT) process requirements. Example - MRI
  - Request for Services (RFS) requirements

**CPO**

- **Community Provider Orders (CPO)**
  - Mechanism by which Community care provider orders are entered to VA EHR for services like Prosthetics/DME, Labs, radiology.

Form: 10-10172
Clinical oversight of community care

- Clinical Review – standardized approach to review clinical appropriateness of community care consults.
- Care quality review- HEDIS metrics at NWI last year- sample

<table>
<thead>
<tr>
<th>HEDIS Metrics for Veterans</th>
<th>Due In The Community (CITI), NWIHCS, 2018-19</th>
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<tbody>
<tr>
<td>DM controlled (A1C &lt; 8)</td>
<td>Yes 1, No 2</td>
</tr>
<tr>
<td>HTN Controlled (&lt;140/80)</td>
<td>Yes 1, No 2</td>
</tr>
<tr>
<td>Statin Therapy for SPD</td>
<td>Yes 1, No 2</td>
</tr>
<tr>
<td>Pneumococcal Vaccination Status for Older Adults (PNU)</td>
<td>Yes 1, No 2</td>
</tr>
<tr>
<td>Colorectal Cancer Screening (COL) - (50-85 yrs)</td>
<td>Yes 1, No 2</td>
</tr>
</tbody>
</table>

- Pending national implementation of Milliman criteria.

High care quality performers

**High Performing Providers –**
Designation of high performing providers based on standardized criteria...In the pipeline

- Improved accountability: Performance measured at local VAMC level to ensure TRAs build provider networks that meet the needs of Veterans and VAMCs
- Improved provider payments: TRAs pay claims submitted by community providers; 95% clean bills in a timely manner
- Improved health information exchange: Direct health information sharing capability between VA and community providers
- Improved referrals and scheduling: VA staff refer Veterans directly to community providers and directly schedule community care appointments through local VAMC
- Improved health services: Services include medical, surgical, Complementary and Integrative Health Services, Durable Medical Equipment, pharmacy, and dental
- Improved customer service: VA staff directly manage Veteran touchpoints

CCN: What's In it for Me?

CCN supports VA's vision of a single, high performing network achieving personalized, integrated, and high-quality care for our Veterans.
TRIWEST Contact Info.

- Missing an Auth
  (866) 245-3820

- Credentialing/Contracting Issues and Questions
  Provider Services: (866) 289-1740

- Claims and Billing Issues and Questions
  Phone: (877) 752-2838 Option 1 & 3
  Address: TriWest/WPS Claims PO BOX 42270 Phoenix, AZ 85080
  Payer ID: VAPCCC3

- Claims Address:
  WPS NAHC
  PO BOX 7908
  Madison, WI 53707-7926

- GEC FOC
  Bart Wajda Jr., RN-CCM
  Office Phone: 802-474-2755
  Email: bblaylock@triwest.com

- Medical Management Team
  Email: Home.tagliapin@triwest.com

  Phone: (800) 999-9999 and ask to speak to someone on the Clinical Services Line

Optum Info

- Optum Portal-
  https://vacocommunitycare.com

- Optum call center- (844)-839-6108

- Medical Claims: Payer ID – VACCN
  mailing address: VA CCN Optum
  PO Box 202117
  Florence, SC 29502

Optum network

<table>
<thead>
<tr>
<th>Network</th>
<th>Provider Type</th>
<th>Website</th>
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<tbody>
<tr>
<td>PPO Health</td>
<td>Medical Professionals, Facilities and ancillary providers</td>
<td>PPOhealth.com</td>
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Common Scenarios

• Veteran was sent to us for Primary care?

A Veteran lives 45 miles away from North Platte (Ogallala): How does he get medical care locally?

Primary care- Eligible- one year includes labs, ancillary services, vaccines, basic imaging (all at in-network facility)

* Needs to get medications from VA pharmacy- Through Pharmacy card (14 days can get local pharmacy and submit bill to local VA for reimbursement)

* Needs to get DME/Prosthetics at VA- Through RFS and 10-10172 form sent to care in the community department

Primary care refer to specialty- Yes, Through RFS- Fax request

Specialty all covered including labs, imaging, Pre op clearance...

Can the Veteran get admitted to hospital- Yes- Notification to ADD (>72 hours a must)

Common Scenarios

• Veteran was sent to us for specialty care...

Ortho...what to expect?

Veteran lives in Lincoln-

✓ Mileage eligible >60 minutes drive

✓ Specialty can order labs, imaging (MRI needs prior authorization), Preop, Surgery, post of care (all at sites in TPA Network)

✓ Needs Medications (14 days local), >14 days from VA

✓ Needs DME/Prosthetics- 10-10172 RFS

Prescriptions/DME

• Prescriptions...what and how?

-Pharmacy prescription cards with provider signature.
-VA formulary

• Orthotics and Prosthetics/DME...

-Needs to send form 10-10172 filled and sent to community care (fax), expedited and processed with in 24 hours

-Emergency DME*
Common scenarios

• Can a community care primary doc refer a Veteran without authorization?

• Can a specialist send/refer Veteran to another specialty without authorization?

Common questions

• Can the providers see the Veteran for urgent care?

• Transplant services (Tracer program)...

• Bariatric Surgery at community.

NWI-HCS community care department info

• Phone- 402-995-3104
• RFS (fax) -612-725-1339
• Medical records to send (fax) 612-725-1337
• If you have signed up with HSRM- no need to send records (we can pull it from the cloud* )
More info...

https://vaww.va.gov/COMMUNITYCARE/cchub.asp
1. Learn about the Mission act
2. How the community care providers can help to provide the best medical care in a timely manner to the Nebraska-Western Iowa Veterans.
3. How to sign up with Third party administrators in our region
4. How to get the streamlined process with community care department so that there will not be any delay in the care to the Veterans,
5. Urgent care benefits

Questions

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