

U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Community Care

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)

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Poll Question

Raise you hand
If you have heard of Mission Act 2018



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Agenda

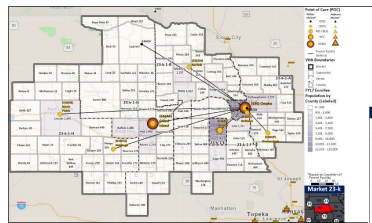
- Nebraska-Western Iowa VA overview
- VA MISSION Act of 2018
- Care in the Community Overview (Dr Channa)

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Nebraska-Western Iowa VA HCS



Key Market Statistics	
Total 2017 Enrollee Population:	70,755
• Top Sources by Enrollee Population:	
• Douglas, NE:	24,499
• Gary, NE:	5,500
• Lincoln, NE:	5,082
• Total Enrollees:	50th of 96 markets
• Estimated 10-Year Enrollee Change:	-0.5%
• 46th of 96 markets	
Total 2017 Eligible Veteran Population:	106,783
• 13.7% estimated 10-Year Eligible Veteran Population Change	
2018 Core Uniques:	49,799
VAMC:	
• (V21) (016) Omaha Nebraska	
• (V02) (0004) Grand Island	

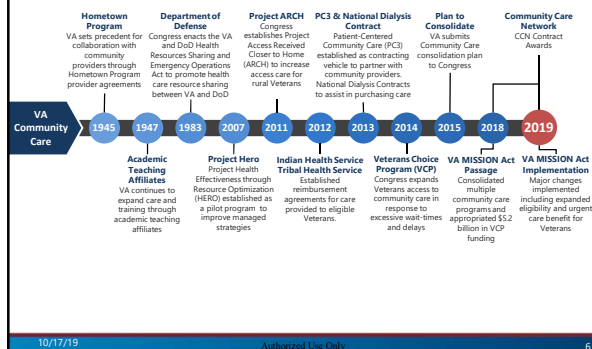
Care Sites

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

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History of VA Community Care



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VA MISSION Act of 2018

Maintaining Internal Systems and Strengthening Integrated outside networks

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MISSION Act: An Overview

What is the MISSION Act?

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.

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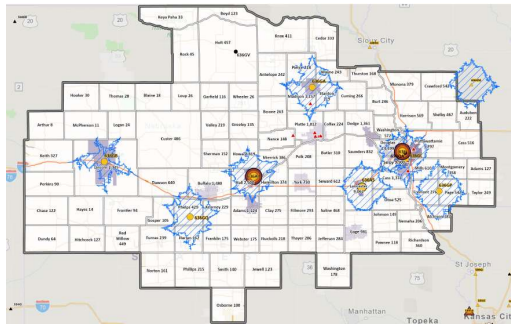
Key Elements

ACCESS STANDARDS	Primary Care, Mental Health, Non-institutional Extended Care	Specialty Care
Drive Time	30 minutes	60 minutes
Wait Time	20 days	28 days

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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...)
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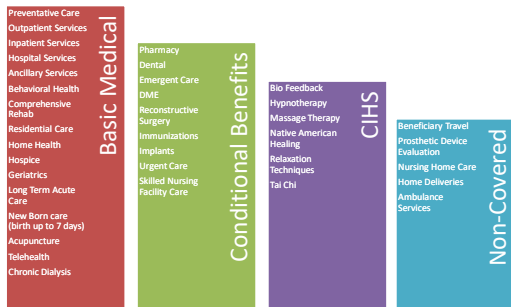
Drive Time - Primary Care



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Scope of CCN Region 2 Contract - Benefits



Service connection/Other insurance coverage determines the eligibility

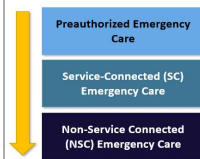
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Emergency Care

Determining Proper Authority



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?

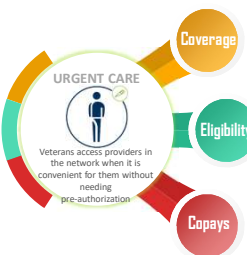
Processing Claims:

- 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.

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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

Eligibility

To be eligible for urgent care, Veterans must:

- Be enrolled in the VA health care system AND
- Have received care through VA from either a VA or community provider within the past 24 months

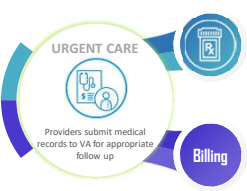
Copays

Priority Group(s) Copayments based on number of visits in a calendar year

1-5	• First three visits: \$0 • 4 th and greater visits: \$30 per visit
	If related to a condition covered by special authority or exposure:
6	• First three visits: \$0 • 4 th and greater visits: \$30 per visit
	If not related: \$30 per visit
7-8	\$30 per visit

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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.

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MISSION Act: Required Provider Training

VA MISSION Act (Section 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:
 - PC3 (and TriWest)
 - CCN (and CCN TPAs (Optum and TriWest))
 - Veterans Care Agreements (and VA)

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Want to know more about Mission Act?

<https://www.va.gov/oei/missionAct/index.asp>

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**COMMUNITY CARE NETWORK OVERVIEW
(CCN)**

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

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Community care department- NWIHCS

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

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Community care department-NWIHCS

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

"Alpha split system"

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Thought of the day!

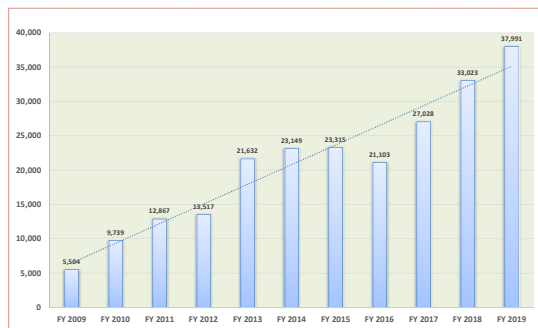
**Is VA an insurance company
or
A health care delivery organization?**

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Community Care Referral-NWIHCS



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Current State Challenges

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

Care Coordination Challenges

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

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Principles of Care Coordination

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

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

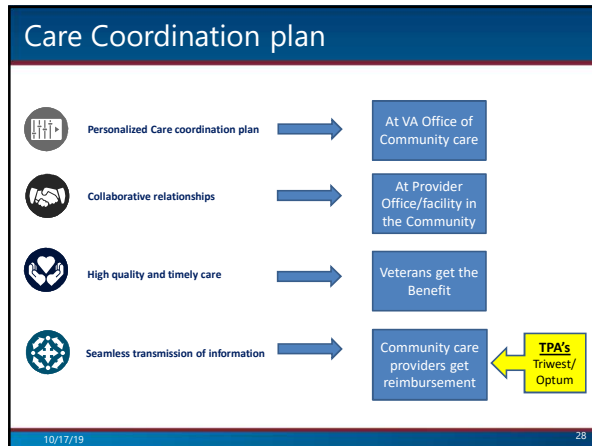
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VA Community Care

"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

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- ### For Community Care Providers
- HSRM-
HEALTH SHARE REFERRAL
MANAGEMENT**
 - TPA PORTAL-
TRIWEST
OPTUM**
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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, PT -15 visits, OT-15 visits. Pharmacy meds up to 14 days.

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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 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

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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

<https://vawww.va.gov/vaforms/medical/pdf/vha-10-10172.pdf>

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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

HEDIS Metrics for Veterans - Care in The Community (CIT), NWIHCS, 2018-19

DM controlled (A1C < 8%) Yes 1, No 2	HTN Controlled (<140/80) Yes 1, No 2	Statin Therapy for Patients With Diabetes (SPD) Yes 1, No 2	Pneumococcal Vaccination Status for Older Adults (PNU) Yes 1, No 2	Colorectal Cancer Screening (CCL) (50-85 yrs) Yes 1, No 2
84%	91%	100%	98%	98%

- Pending national implementation of Milliman criteria.

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High care quality performers

High Performing Providers –

Designation of high performing providers based on standardized criteria...In the pipeline

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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.

- **Improved accountability:** Performance measured at local VAMC level to ensure TPAs build provider networks that meet the needs of Veterans and VAMCs
- **Improved provider payments:** TPAs pay claims submitted by community providers -93% 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
- **Expanded health care 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



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TRIWEST Contact Info.

- **Missing an Auth**
(866) 245-3820
- **Credentialing/Contracting Issues and Questions-**
Provider Services: 866-284-3743
- **Claims and Billing Issues and Questions**
Phone: (855) 722-2838 Option 3 & 3
Address: TriWest/WPS Claims PO BOX 42270 Phoenix, AZ 85080
Payer ID: VAPCCC3
- **Claims Address:**
WPS MVH
PO BOX 7926
Madison, WI 53707-7926
- **GEC POC**
Bart Blaylock, RN CCM
Office Phone 602-474-2755
Email bblaylock@triwest.com
- **Medical Management Team**
Email Home_Infusion@TriWest.com
Phone 866-606-8196 and ask to speak to someone on the Clinical Services Line

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Optum Info

- Optum Portal-
<https://vacocommunitycare.com>
- Optum call center- (844)-839-6108
- **Medical Claims**- Payer ID – VACCN
mailing address- VA CCN Optum
P.O Box 202117
Florence, SC 29502

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Optum network

UNG Network	Provider Type	Website
UnitedHealthcare	Medical Professionals, Facilities and Ancillary Providers	uhcprovider.com > join
UnitedHealthcare	Nationally Contracted Laboratory and Ancillary Providers	naspl@uhc.com (Email)
UnitedHealthcare Vision	Routine Vision Services	spectera.com > Join Our Network
United Behavioral Health	Mental health Substance abuse	providerexpress.com > Our Network
Logistics Health Inc.	Dental providers	logisticshealth.com > Join Our Network
Optum Complex Care Management	Skilled Nursing Facilities	uhcprovider.com > join
OptumHealth Care Solutions, LLC	<ul style="list-style-type: none"> • Acupuncture • Massage Therapy • Physical Therapy • Tai Chi 	<ul style="list-style-type: none"> • Chiropractic • Occupational Therapy • Speech Pathology
		myoptumhealthphysicalhealth.com

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Common Scenarios

• Veteran was send to us for Primary care?

A Veteran lives 45 miles away from North Platte (Ogallala)- How does he gets 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 send 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 AOD (<72 hours a must)

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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

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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*

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Common scenarios

- Can a community care primary doc refer a Veteran without authorization?
- Can a specialist send/refer Veteran to another specialty without authorization?

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Common questions

- Can the providers see the Veteran for urgent care?
- Transplant services (Tracer program)...
- Bariatric Surgery at community.

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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*)

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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

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Questions



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