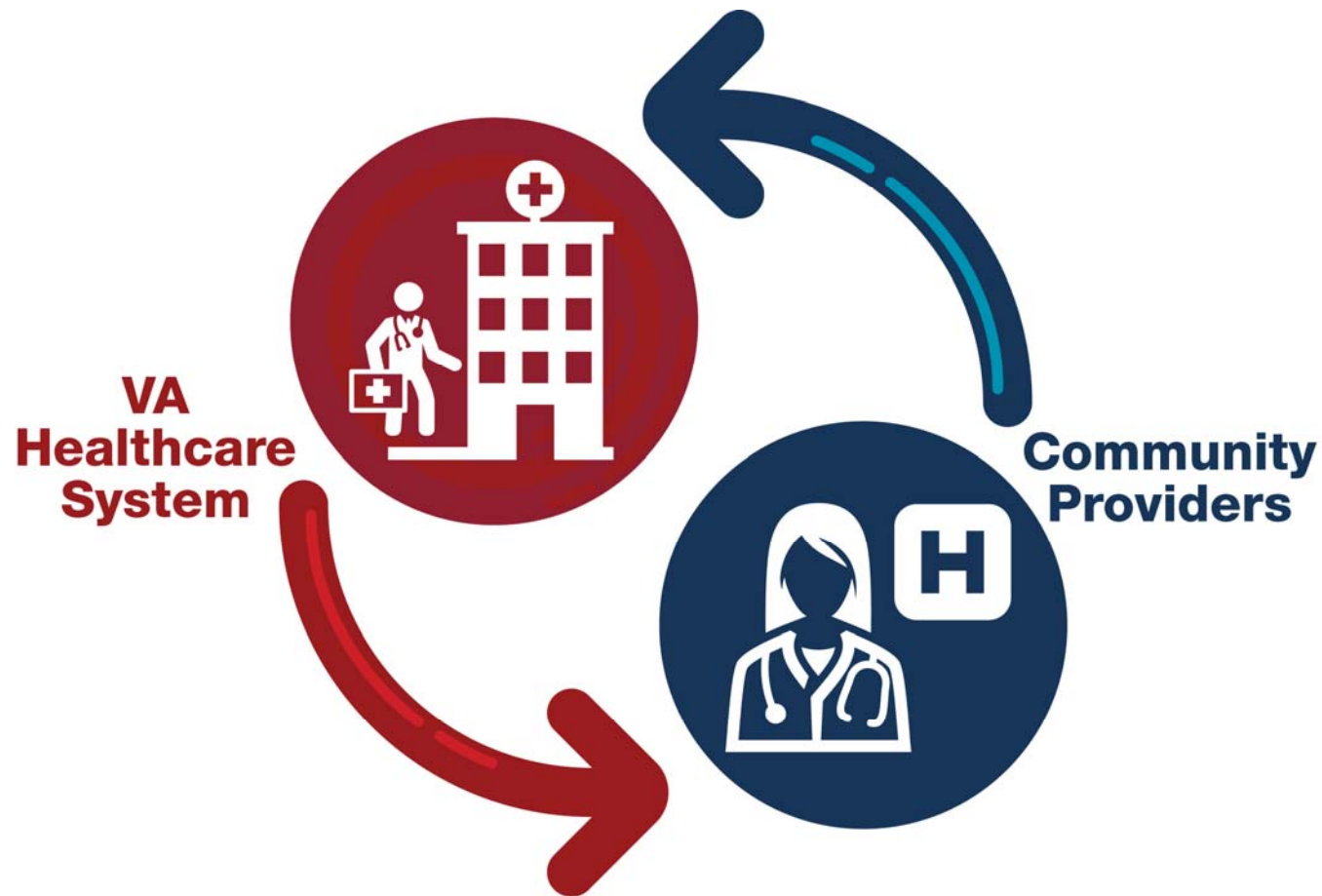




Building a Integrated Health Network





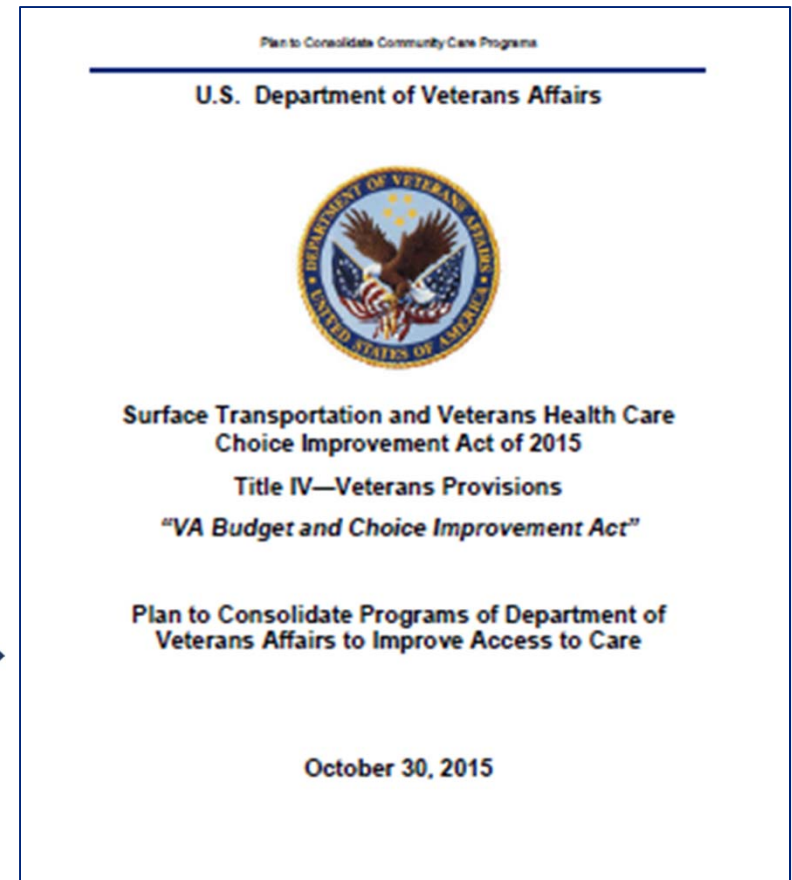
TRANSFORMING VA COMMUNITY CARE



Stakeholders Informed the Plan



- We made sure to incorporate feedback from key stakeholders representing diverse groups and backgrounds to create a plan.



[VA Community Care Plan](#)



Our Goal for Community Care



Deliver a program that is easy to understand, simple to administer, and meets the needs of Veterans, community providers, and VA Staff



Short- and Long- Term Approach

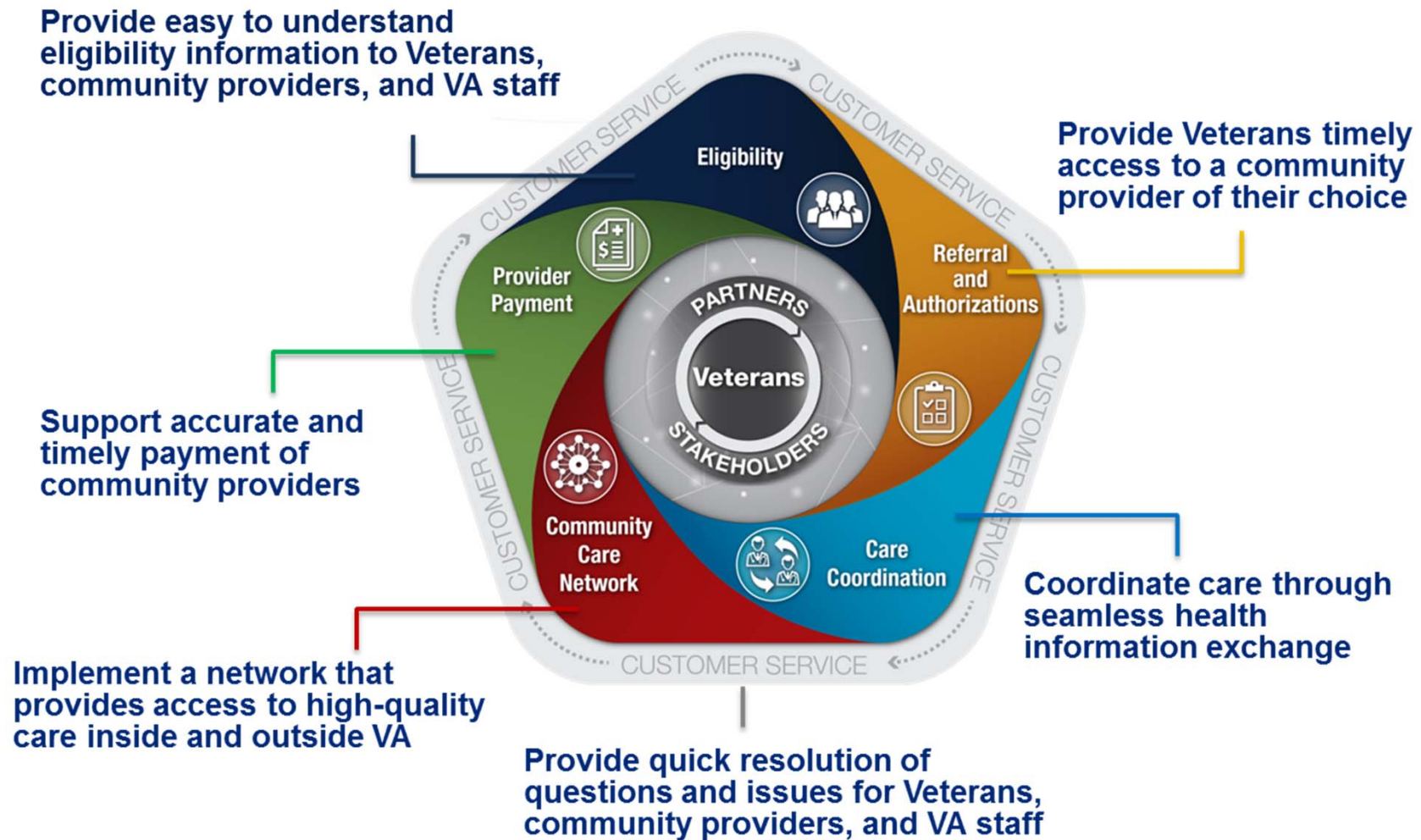


- VA is taking immediate steps to improve stakeholders' experiences while also planning and implementing long-term improvements for the new community care program.



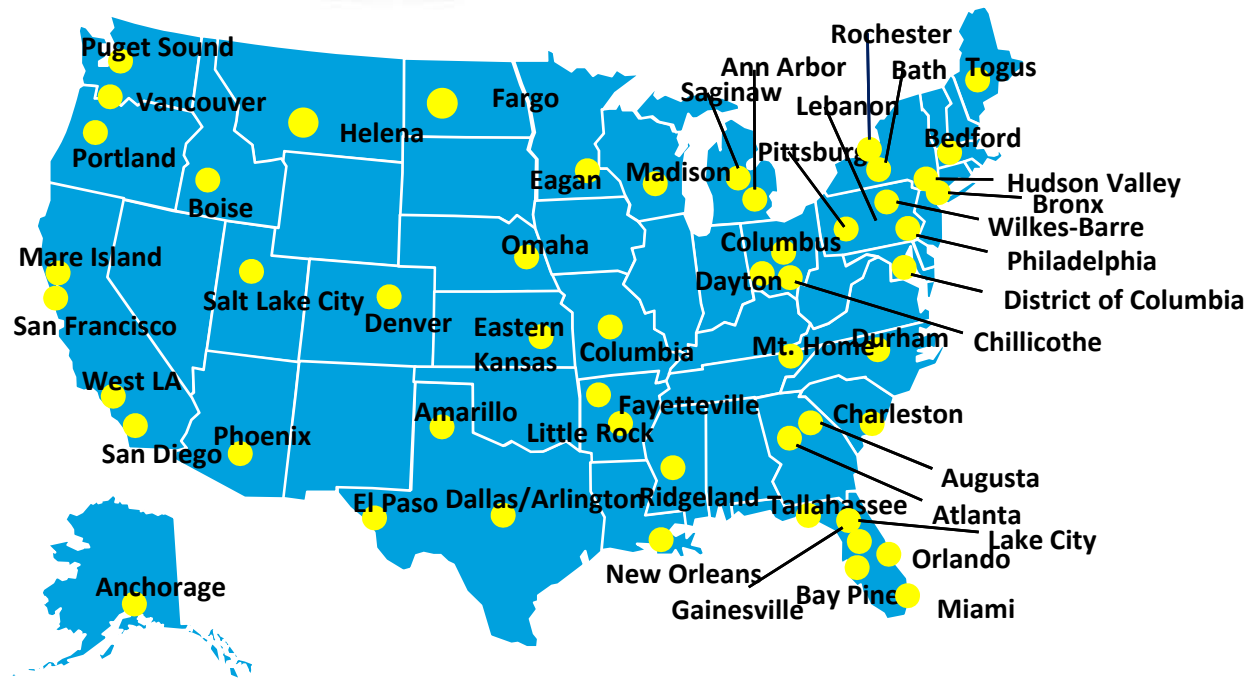


Improving the Veteran's Journey





- Our teams have conducted interviews, site visits, and data gathering exercises with VISN and VA medical center staff across the country to inform the future state design.



Field Based Portfolio Teams with Strong Integrated Support

- Diverse membership including Physicians, Nurses, Social Worker, Care Coordinators, Chief Medical Officers, Customer Service Representatives, Provider Relations, Business Office Chiefs, and Purchased Care Staff
- Engaged IT, Systems Engineers, Industrial Engineers, Performance Measurement Experts and Project Managers



Engaging External Stakeholders



- VA continues to engage key stakeholders including Veteran, Veteran Service Organizations, community providers, Congress, and private industry to collaborate and drive improvements.

Veterans



- Met with Veterans in following states:
 - Florida
 - Montana
 - New York
 - North Dakota
 - North Carolina
 - Pennsylvania
 - South Carolina
 - Texas
 - Washington DC

Veterans Service Organizations



- Regular Briefings
- Roundtables
- VSO breakfasts
- Planning Sessions
- Phone Calls

Community Providers



- Field Community Care Roundtables
- Care Coordination Roundtable
- Conference Calls
- Meeting with Academic Affiliates
- Meeting with Federal Partners (DoD and IHS)

Congress



- HVAC and SVAC Hearings
- Congressional Briefings
- Congressional Round Table

Industry



- Community Care Network Industry Days
- IT Industry Day
- Site Visits to High Performing Networks and Claims Processing Facilities
- Meetings with Professional Medical Societies and Organizations

* Engagements between October –April 2016 (not a comprehensive list)



Immediate Steps to Improve Stakeholder Experience



Rapid Changes to Community Care



2013

September 2013

- PC3 was established as the regional contracting vehicle to partner with community providers
- VA awarded the PC3 contract to TriWest and Health Net

2014

April 2014

- Completed PC3 rollout

August 2014

- Congress enacted the “Veterans Access, Choice and Accountability Act of 2014” (PL 113-146)
- VA established the VCP expanding access to community care in response to excessive wait times and delays

November 2014

- Rulemaking to implement PL 113-146
- Modified PC3 contracts to support the VCP

November 2014- January 30, 2015

- Contractors mailed out approximately 8.6 million Choice Cards to Veterans

2015

April 2015

- Changed eligibility requirement to 40 mile driving distance from geodesic

May 2015

- Congress enacted the “Construction Authorization and Choice Improvement Act of 2015” (PL 114-19)

June 2015

- Implemented three provisions related to unusual and excessive burden

July 2015

- Implemented Choice First 1B
- Congress enacted the “Veterans Health Care Choice Improvement Act of 2015” (PL 114-41)

October 2015

- Removed the Choice enrollment date
- Submit report to Congress October 30

November 2015

- Contractors began to make outbound calls to Veterans
- Dr. Yehia appointed ADUSH Community Care

December 2015

- Rulemaking to implement PL 114-19 & PL 114-41
- Implemented final provision related to unusual and excessive burden
- Conducted Network PWS Industry Day

2016

January 2016

- Changed episode of care from 60 days to 1 year

February 2016

- Released Draft Network PWS
- Provider expansion to begin phased implementation of provider types to mental health and treatment facilities
- Authorization return codes standardized

March 2016

- Removed requirement for medical records for provider payment
- Clarified type of medical information to be returned
- IT Industry Day

April 2016

- Draft Network RFP Released
- Follow up Network Industry Day for

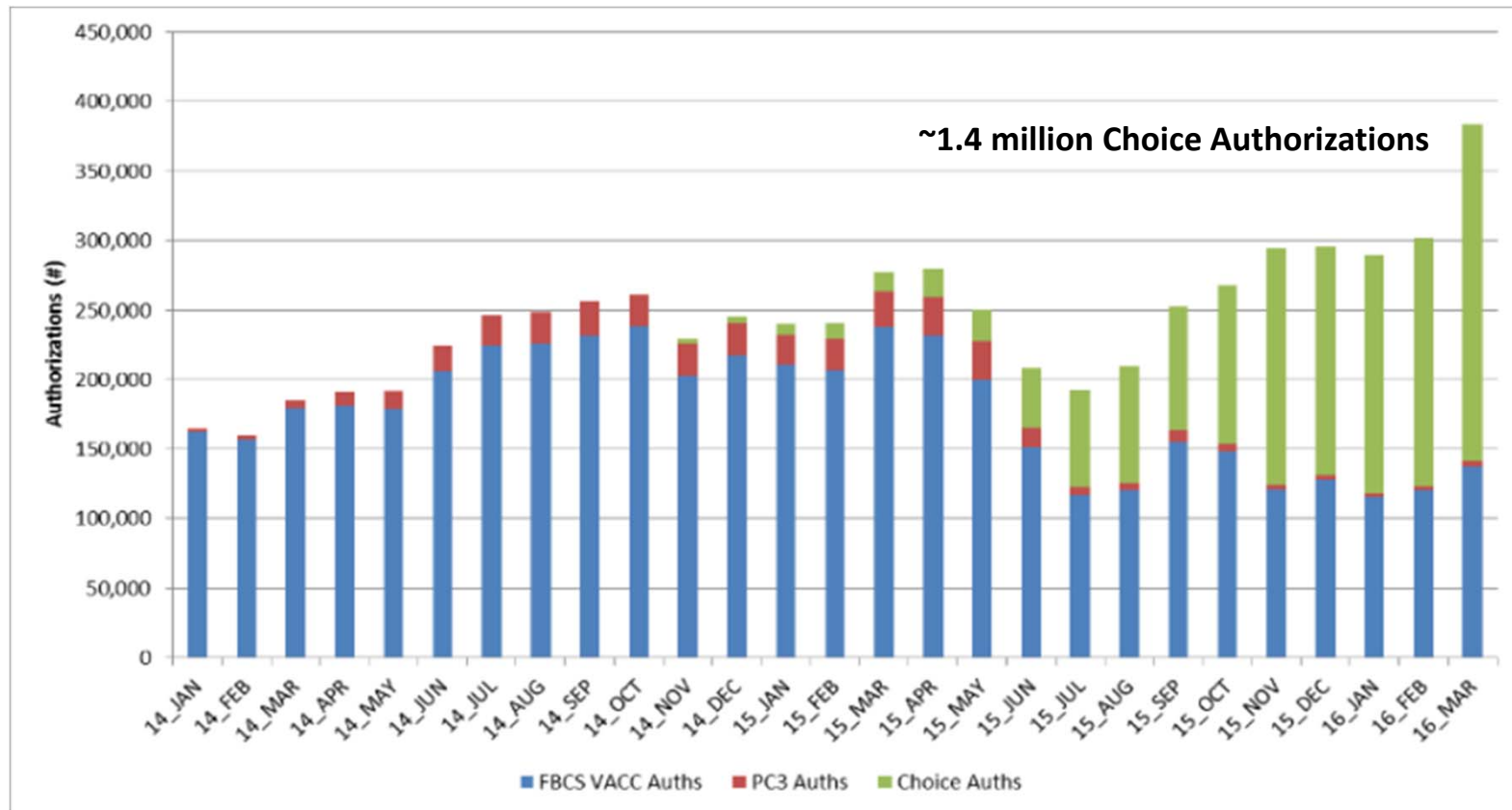


Rise in Community Care



- From FY14 to FY15, Community Care appointments increased by approximately 20% from 17.7M to 21.3M.

Community Care Authorizations



Note: includes VACC and PC3 authorizations in to FBCS and Choice authorizations created by the contractors (11/05/2014-03/31/2016).

Source: CDW FBCS inpatient and outpatient authorization files and contractor's non-validated weekly data through 04/01/2016.



Working Together to Improve Choice



- VA and our contract partners (TriWest and Health Net) are working together to discuss challenges and opportunities to improve the Choice program.

Open communication between VA and contracting partners:



Daily communications at all levels of the organizations to provide care to Veterans



Standing **weekly** engagements with senior leaders from all organization



Quarterly performance management reviews



Conducting **joint visits** at VAMCs and VISNs

VA and contractors have established a joint team to address the following five priorities.

1

Improve Customer Service

2

Simplify Referral and Authorization Process

3

Decrease Returned Authorizations

4

Match Veterans with Right Provider

5

Better Visibility Into the Network



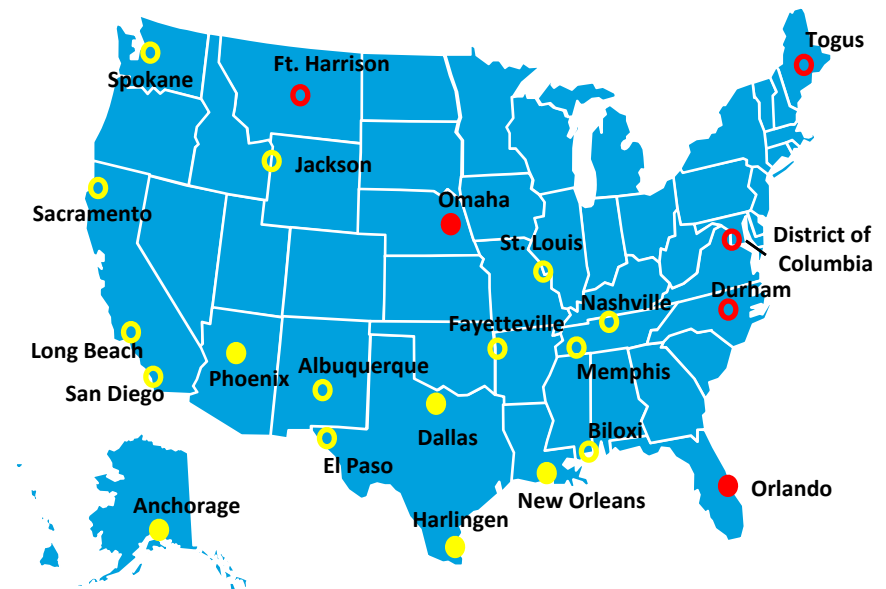
Collaborating Makes a Difference



Accomplishments

- **Delivering care faster and closer to home**
 - The average number of days to schedule an appointment is ~7 days which represents a reduction in 6 days from Dec. 2014.
 - The average commute time is ~32 minutes which is 4 minutes less from Dec. 2014.
- **Expanding the provider network**
 - VA's Choice Provider Network has ~289,000 providers, an increase of 20% from Oct. 2015 to Feb. 2016.
- **Reducing administrative burdens for providers**
 - Removed requirement for submission of medical records prior to payment.
 - Clarified and simplified medical record submission requirements.
- **Improving provider payment**
 - Set up joint Rapid Response Team.
 - Deployed electronic tools to check claims status.
- **Improving customer service**
 - Contractors are answering the phones faster and the average abandonment rate has decreased.

23 Sites will have Embedded Staff (Tentative)



- Tri-West Operational
- Tri-West In Progress
- Health Net Operational
- Health Net In Progress



Responding to Veterans Needs



Issue: Adverse Credit Reporting

- Adverse credit reporting happens when there is a poor record for payment of medical claims
- If not addressed promptly, these past due items may appear in an individual's credit report and lower his/her credit score, making it difficult to obtain a loan or access credit

Action: Veteran Help Line (1-877-881-7618)

- Established a Hotline for Veterans to call and learn how to:
 - Appeal debts sent to collections
 - Worked to resolve the adverse credit reporting and/or deb collection issue

Results: Making a Difference

- Resolved more than 500 Issues during the first 10 weeks of the Hotline operation

"I feel the most supported through this situation and if VA keeps this up I think the VA is headed in the right direction."-Veteran

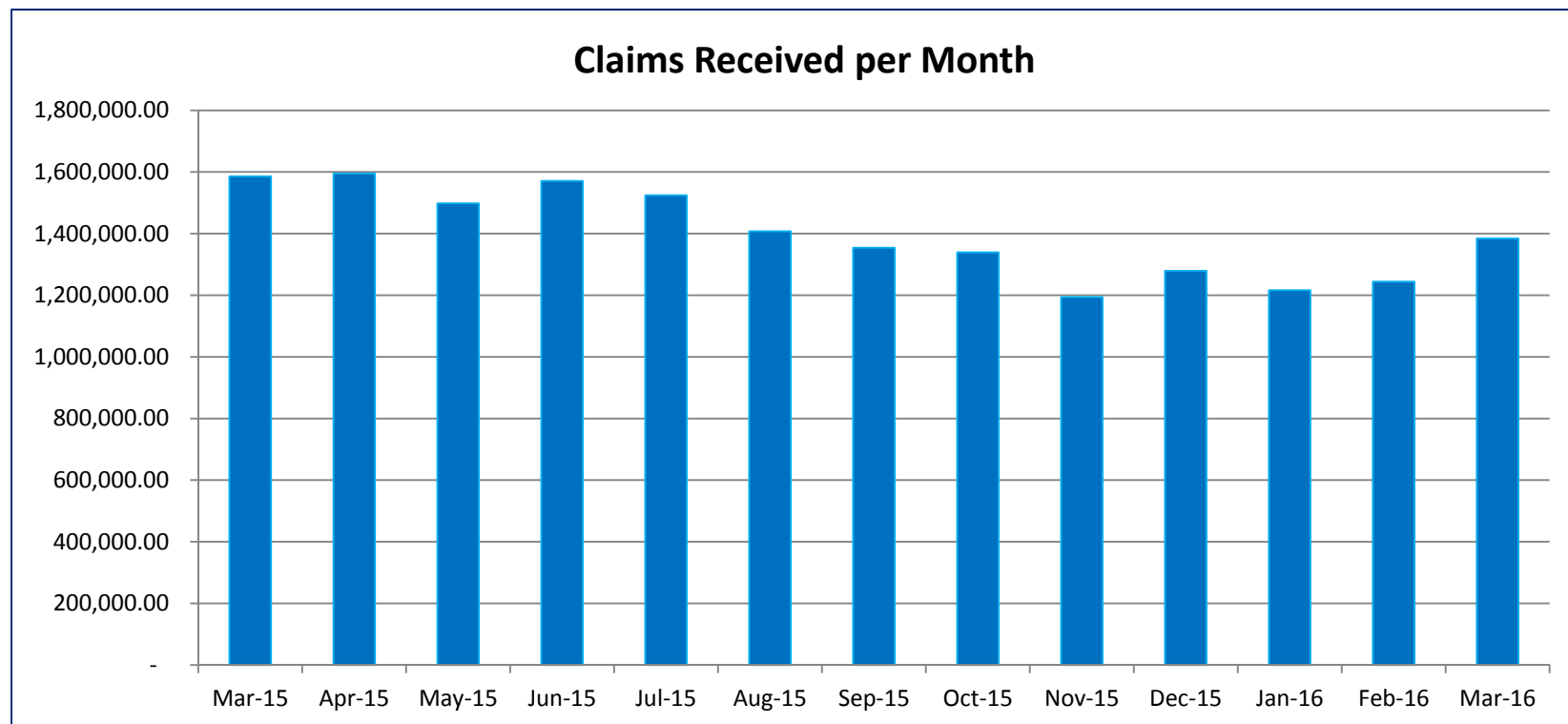
"You all have done a wonderful job. We need more VA employees like you. Thank you for taking the time to help me. You're the only ones who were able to help me.."-Veteran



Steady Growth in Claims



- During the last year, VA continued to receive more than 1M claims per month.
- To improve timeliness, VA implemented new strategies for processing claims efficiently focusing on people, processes and technology.



Source: Claims received per month through 3/31/2016 from the FBCS extract data.

Graph: Monthly count of claims received in FBCS.

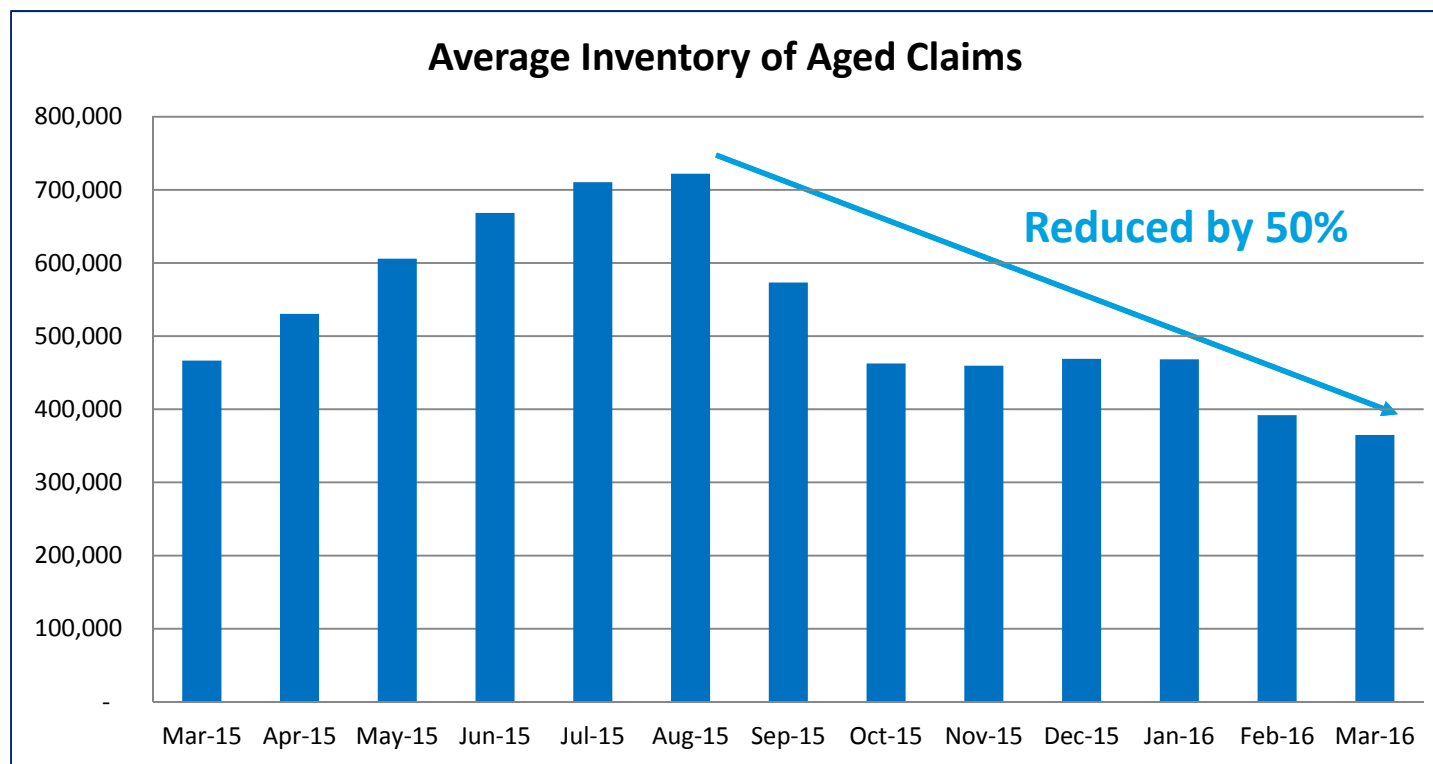
Exclusions: Choice data



Steadily Improving Prompt Payment



- In FY15, VA processed 16.8 M claims representing a 21% increase from last year.
- In the last 6 months, we continue to process claims faster. Now ~78% of claims are processed within 30 days (> =80% for clean claims).



Source: Weekly average of aged claims through 3/31/2016 from the [Non-VA Medical Care Claims Inventory Weekly Dashboard](#)

Graph: Trended monthly, using a calculated average of week ending aged claim inventory.

Exclusions: Choice data



Measuring Experiences to Drive Outcomes



- VA implemented a survey to measure Veterans experience with Community Care.

Developed and Validated Survey



- o Initial testing with Veteran Insights Panel
- o Piloted with ~1,800 respondents
- o Sample drawn from claims database

Implemented Final Survey



- o Now in the field with 40,000 Veterans sample (initial)
- o Online and mail surveys
- o Ongoing monthly random sampling

Will Deliver Impactful Improvements



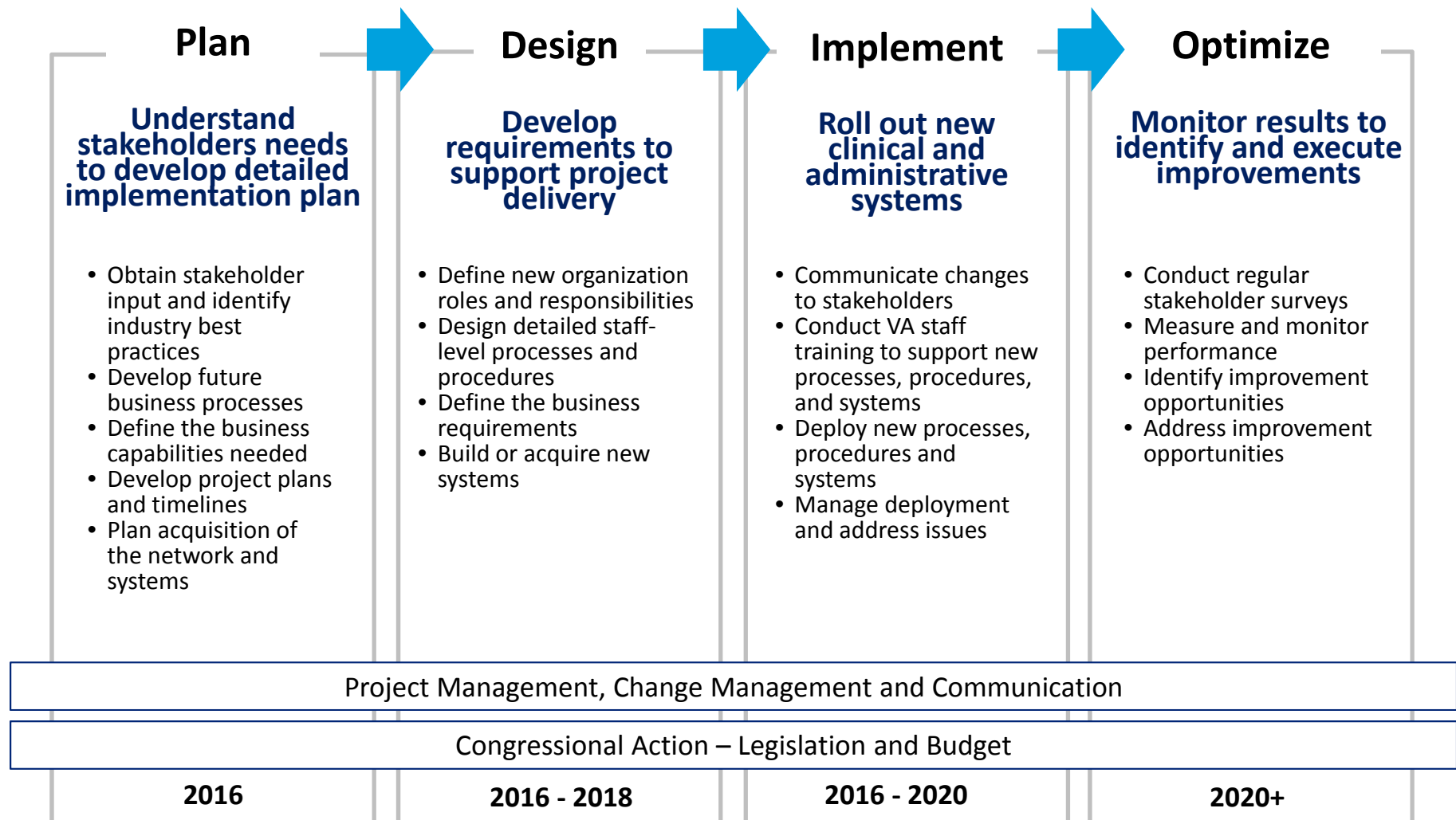
- o First wave of results expected mid-May
- o Results will inform potential changes
- o Ability to compare results with internal VA healthcare survey
- o Provide continuous monitoring of Community Care



Longer Term Steps to Improve Stakeholder Experience



Approach to Improving the Community Care Experience

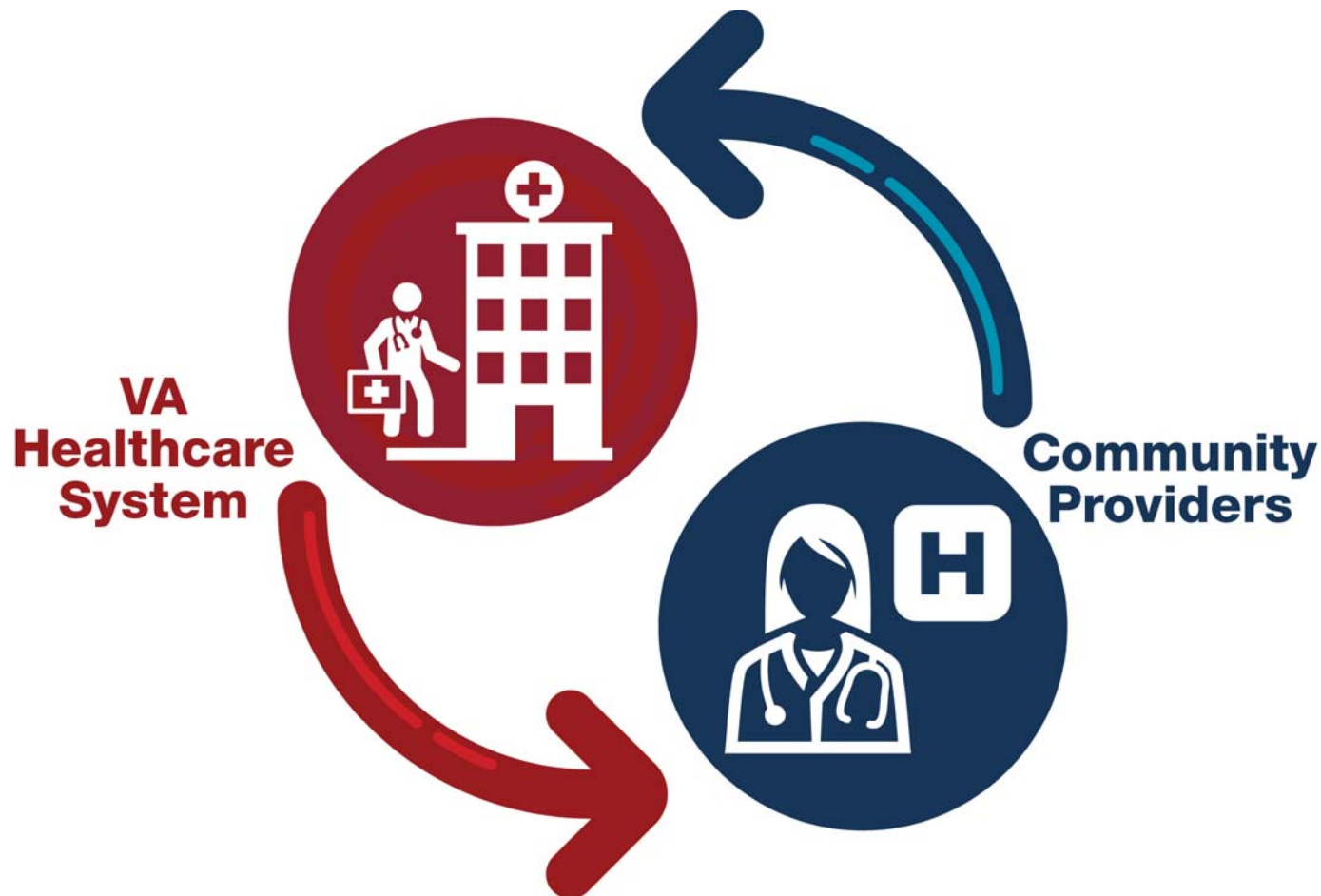




Integrated Healthcare Network

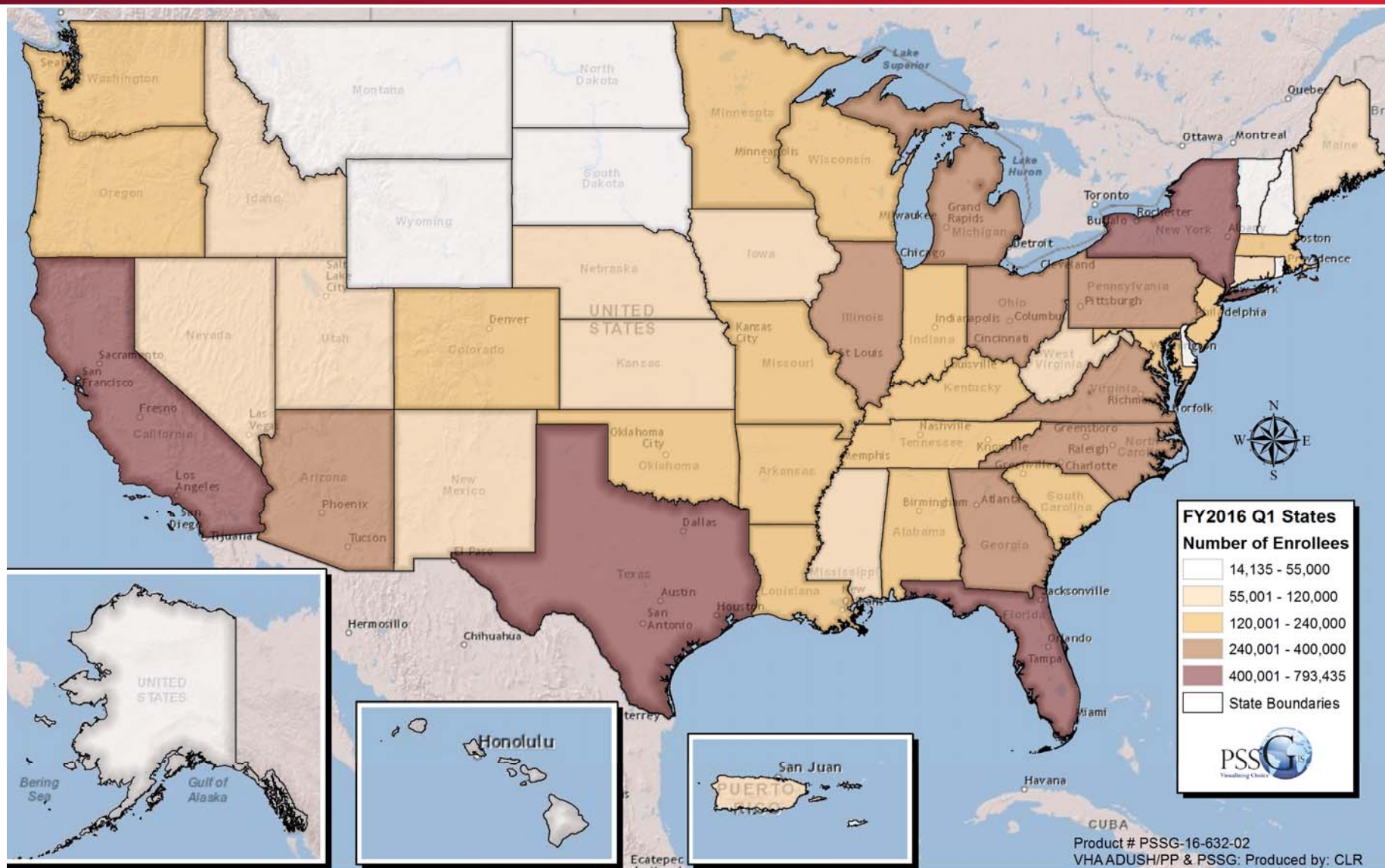


- VA Healthcare and Community Care are both critical to ensuring Veterans receive the care they need at the right time and place.





VHA Enrollees by State





Community Care Network RFP Overview



■ VA ■ Contractor ■ Both ■ Optional

Part 1 Community Care Network	Part 2 Veterans We Serve	Part 3 Access to Community Care	Part 4 Care Coordination	Part 5 Provider Payment
High Performing Network	Health Benefit Package	Referrals	Scheduling of Appointments	Claims Processing
Network Adequacy	Eligibility Data	Prior Authorizations	Discharge Planning	Invoicing
Network Credentialing	Enrollment	Medical Documentation	Disease Management	Claims Auditing
Clinical Quality Monitoring	Contractor Call Center to Support VA	Training	Case Management	Fraud and Abuse
Provider Call Center Support				Improper Payment
Part 6: Technology and Data Analytics				
Veteran Customer Service				



Care Community Network



Provider Networks include the following groups of providers:



Health Care Services: Includes medical care and services for inpatient, outpatient, professional, dental (for eligible Veterans), pharmacy (urgent only), DME (urgent only).



Complementary and Integrative Health Services: Includes alternative treatments such as relaxation therapy, Tai Chi, Native American Healing, Hypnotherapy, etc.

* Information Relates to Draft Community Care Network RFP



Community Care Benefits Package



Preventative Care
Outpatient Services
Inpatient Services
Mental Health
Comprehensive Rehab
Residential Care
Home Health
Hospice
Long Term Acute Care
New Born care (birth up to 7 days)

Basic Medical

Pharmacy
Dental
Emergent Care
DME
Reconstructive Surgery
Immunizations
Implants

Conditional Benefits

Bio Feedback
Hypnotherapy
Massage Therapy
Native American Healing
Relaxation Techniques
Tai Chi

CIHS

Beneficiary Travel
Orthotic Device Evaluation
Nursing Home Care
Chronic Dialysis
Comp & Pen Evaluation

Non-Covered

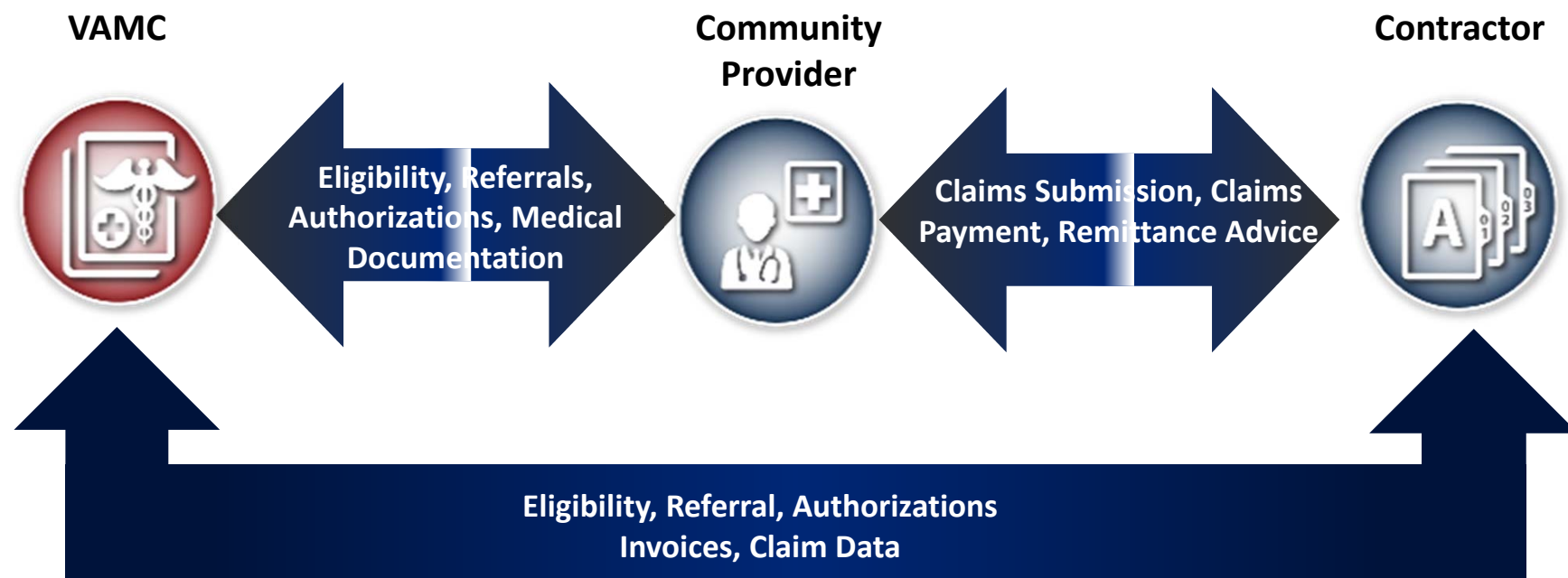
* Information Relates to Draft Community Care Network RFP



Direct Communication With Veterans & Providers



- Improve customer service by reducing handoffs
- Develop and communicate clear eligibility requirements for community care
- Ensure Veteran's choice for community care, providers, and scheduling
- Move toward electronic communication between VA and community providers



* Information Relates to Draft Community Care Network RFP



Paying Providers Timely and Accurately



- Auto-adjudicate claims
- Process and adjudicate 98% of all Clean Claims within 30 days of receipt
- Manage benefits and Other Health Insurance process
- Develop an Improper Payment Plan that includes a Healthcare Fraud Detection and Prevention Plan

* Information Relates to Draft Community Care Network RFP



Using Data to Improve Outcomes and Experience



Monitor Access and Healthcare Utilization



- o Monthly network adequacy report
- o Referral and prior authorization data
- o Utilization management

Monitor Provider Payments and Costs



- o Daily and Weekly claims performance report
- o Quarterly claims audit reports
- o Health care costs

Monitor Quality and Safety



- o Clinical Quality Monitoring Plan
- o Report on industry standards metrics
 - o National Quality Forum Serious Reportable Events
 - o CMS Hospital Acquired Conditions
 - o Agency for Healthcare Research and Quality Patient Safety Indicators
- o Interventions to resolve any potential quality issues

* Information Relates to Draft Community Care Network RFP



Network Quality Monitoring



Networks

- Networks must be accredited through NCQA and/or URAC.
- Contractor must establish a Clinical Quality Monitoring Plan (CQMP).

CQMP

Provider Network
healthcare outcomes

Patient Safety

Clinical Quality
Assurance

Clinical Quality
Improvement

Providers

- Providers must be credentialed.
- Veterans will be able to recommend providers to join the network.
- High quality providers will be recognized based industry standard metrics.
- Pending legislation authority, VA will to implement value-based payments.



* Information Relates to Draft Community Care Network RFP



Supporting Community Care by Improving IT Capabilities



Eligibility

Determine Eligibility

View Eligibility



Referral and Authorizations

Send Referral and Authorization Information

Automate Referral and Authorizations

Access Referral and Authorization Status



Care Coordination

Receive and Manage Patient Information

Access Patient Information



Community Care Network

Manage Provider Information

Access Provider Directory

Determine Performance of Network



Claims

Receive Claims Electronically

Auto-adjudicate Claims

Post-payment Auditing

Access Claim Status



Customer Service

Manage Knowledge Repository

Manage Customer Relationships

Customer Self-service

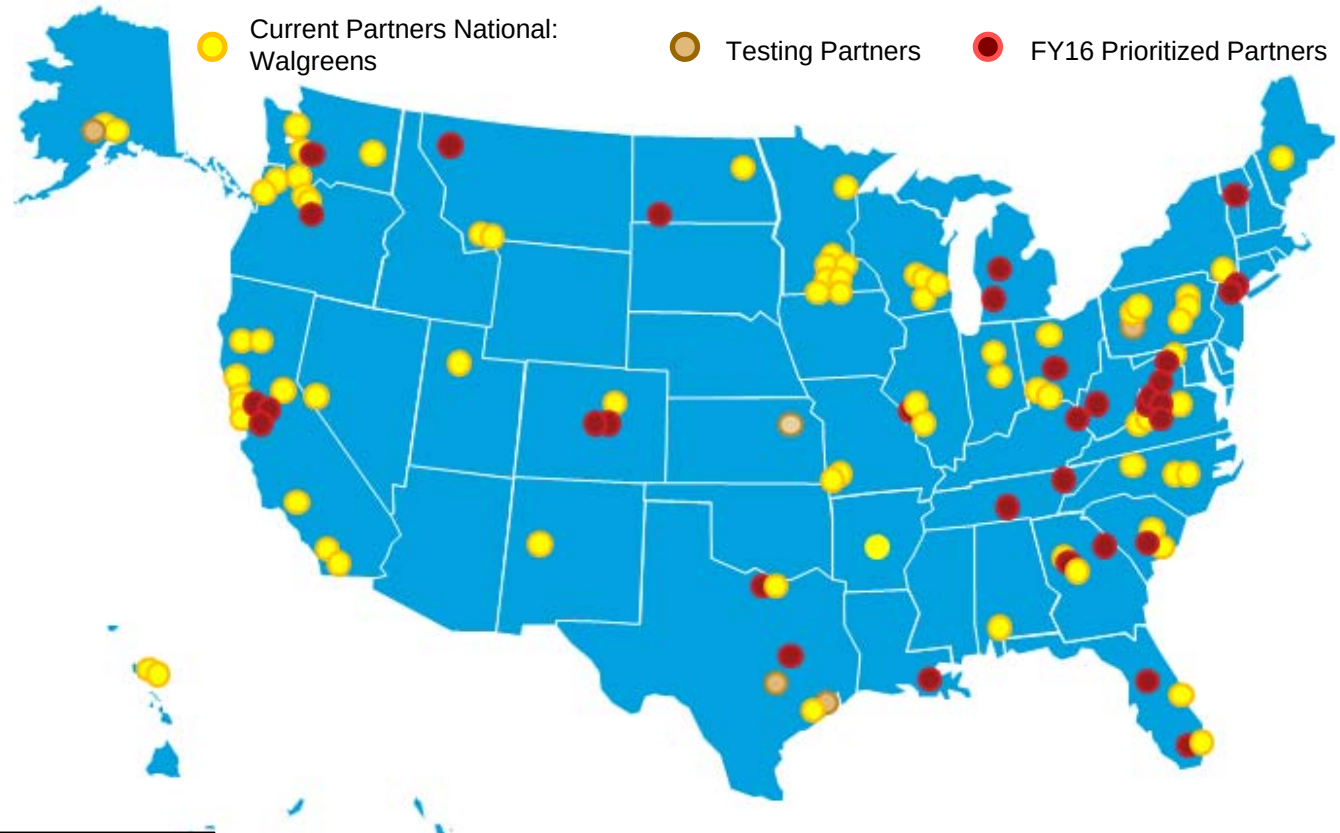


Expanding Health Information Exchange



Total Unique Veteran Patients Available for Exchange with VA	Hospitals	Clinics	FQHCs	Hospital Owned Practices	Labs	Pharmacies	Nursing Homes	Other Ancillary Sites
457,265*	713	6,644	427	3,805	285	8,425	142	596

Community Health records that are available for VA Clinicians to view



Visit "[VLER Health Exchange in your Area](http://www.va.gov/VLER/vler-health-your-area.asp)" (<http://www.va.gov/VLER/vler-health-your-area.asp>) to view our Exchange Community Health Partners.

Social Security Administration is performing on-going production validation.

*The Veteran Patients Available for Exchange with VA is based on unique patients matched with Community Care Providers and is reported monthly.

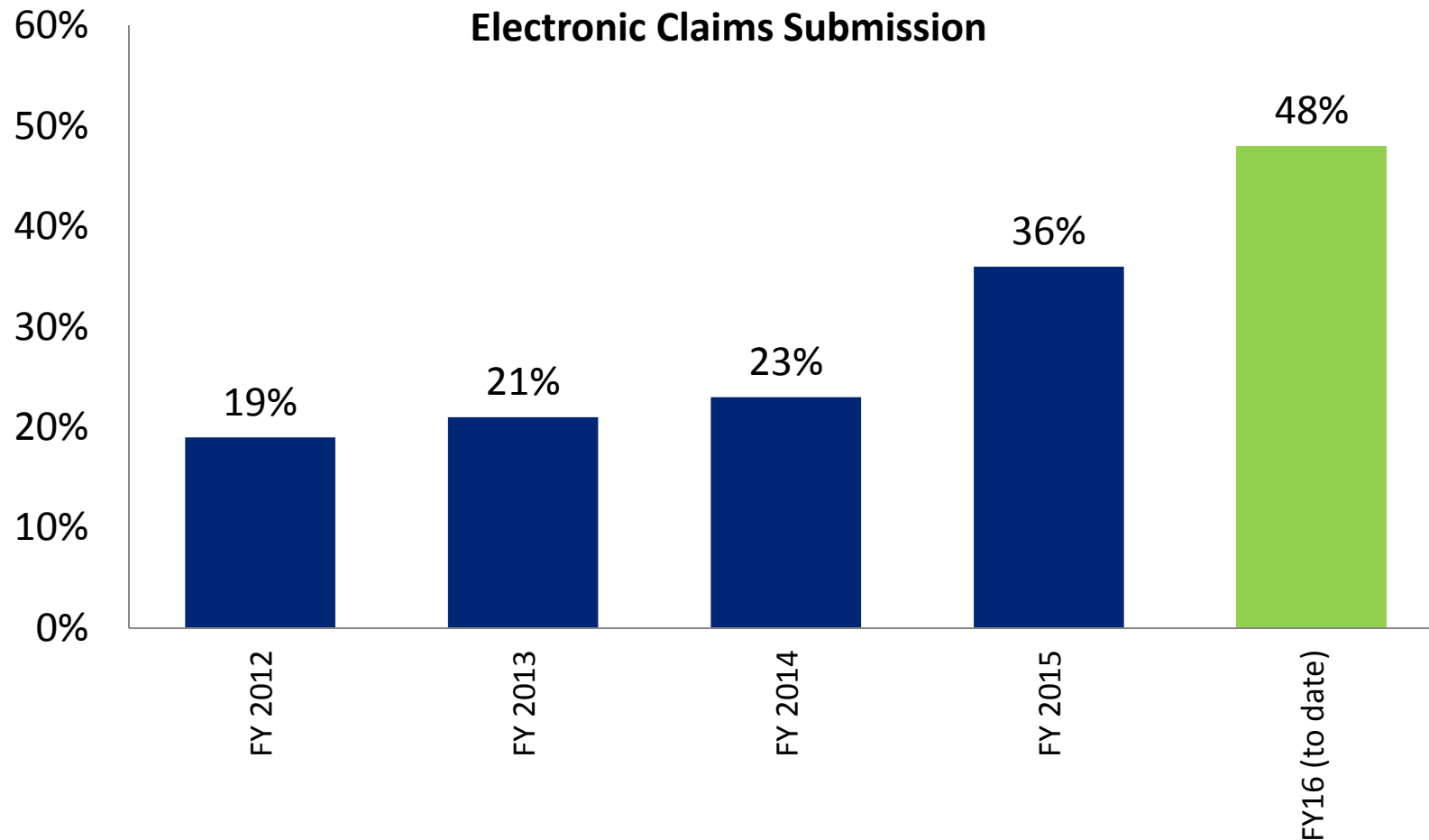
Note: Uni-directional Exchange Partners: MedVirginia: Queries VA and Wright State: Queried by VA



Improving Electronic Claims Submission



- In FY16, the portion of claims received electronically has increased to 48% compared to 36% in FY15.





Testing Access to Patient Information



- VA is developing strategic partnerships with community providers to allow them view only access to patient information

Approach

- Nov. 2015 - Reached agreement with CVS to deploy Community Care Viewer in Palo Alto
- Proof of concept testing to evaluate electronic transmission of patient information, read-only view of patient record, and information security processes
- Proof of concept was successful
- Next steps is to roll out implementation in the upcoming months



Immediate Legislative Needs for VCP



Current Challenges	 Solution	Outcome
Contracts create unnecessary administrative burdens for community providers.	Provider Agreements	Larger provider network would increase access to care.
Inconsistency of VA as primary or secondary payer creates confusion.	Primary Payer	More timely and consistent provider payments.
Obligate funding at the time of authorization leads to inaccurate accounting.	Obligation of funding	Improved accounting of community care funds.
Unnecessary funding constraints.	Funding Flexibility	More transparency into VA's community care funding.



Community Care Supporting Legislative Needs



VA cannot move to the future state without Congressional action. Our proposals are less complex, allow for flexibility, and reflect industry standards.

Action	Supporting Legislation Needed	Benefit
Simplify the Program	- Improving Veterans Access to Community Care by Establishing the New VCP - Improving Veterans Experience by Consolidating Existing Programs - Improving VA's Partnerships with Community Providers to Increase Access to Care (Provider Agreements)	Enables VA to provide simplified and consistent access to community care.
Improve Emergency Care	Improving Veterans Access to Emergency Treatment and Urgent Care	Provides clarity to Veterans when they need Emergent or Urgent care.
Ensure Accurate Provider Payment	- Formalizing VA's Prompt Payment Standard to Promote Timely Payments to Providers - Aligning with Best Practices on Collection of Health Insurance Information - Increasing Accuracy of Funding by Recording Community Care Obligations at Payment	Allows VA to pay community providers in a consistent and timely manner.
Flexibility in Community Care Funding	- Improving Access to Community Care through Choice Fund Flexibility - Increasing Access and Transparency by Requesting Budget Authority for a Community Care Account - Streamlining Community Care Funding	Supports transparency and visibility of VA's Community Care funding.
Improve Care Coordination	Improving Care Coordination for Veterans through Exchange of Certain Medical Records	Improves care coordination for Veterans.