VHA Office of Community Care
Where Are We Going and How Will We Get There?
VHA Community Care includes a number of separate programs that have become a part of the broader community care tapestry over time.
Veterans Choice Program Overview

- Veterans Access, Choice and Accountability Act (VACAA), which established the Veterans Choice Program (VCP), passed in August 2014
- VCP expands availability of medical services for eligible Veterans with community providers
- **Broad Eligibility Requirements:**
  1. Wait times for care beyond stated VA wait-time goals  
     OR
  2. Geographic Access / Distance (>40 miles from primary physician)  
     OR
  3. Unusual or excessive travel burden

Program Challenges

- VA created and distributed 9 million choice cards, mostly to Veterans not immediately eligible for Choice
- Law required VA to be the Secondary Payer, as opposed to Primary Payer
- VA was given just 90 days to fully implement this nationwide program
- To achieve this timeline, VA modified existing purchased care contracts not designed to handle the scope of VCP
- The Choice program is significantly different than any other community care program
Community Care Appointments have increased by 61% overall and by 41% as a percentage of all VA appointments since FY14.
Relative Size of Veterans Choice Program

Traditional Community Care vs. Veterans Choice Program (FY16)

- Traditional Care in the Community** (NVCC/PC3) Excluding Choice (~19.5M)*
- Veterans Choice Program (~5.9M)*

Accounting for less than 25% of Community Care appointments in FY16, VCP is only a small portion of the overall Community Care landscape

* Data as of November 17, 2016
** Includes ER, Hospice, Dialysis and DoD
Plan to Consolidate

Community Care Challenges

Eligibility
Varied eligibility criteria

Referrals & Authorization
Multiple referral and authorization requirements

Care Coordination
Lack of standard care coordination model

Community Care Network
Multiple local provider contracting approaches

Provider Payments
Variable payment rates and structures

Customer Service
Multiple programs that result in confusion

Following the implementation of VCP, it became apparent maintaining multiple community care programs was unsustainable.
VA made sure to incorporate feedback from key stakeholders representing diverse groups and backgrounds to create the plan.
Driving Transformation from the Field

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
Alignment With Other Reports

The Independent Assessment, IG/GAO and CC reports all have similar findings. In response, VA's plan outlines solutions that address many of the recommendations.
Moving Toward a High Performing Network

Our future health care network will:

- Evolve from fee-for-service reimbursement to preferred providers with value-based reimbursement
- Develop processes to monitor healthcare quality, utilization, patient satisfaction, and value.
- Transform our care model to support more personalized and coordinated Veteran care
- Transition to more seamless electronic exchange of healthcare information
Our Goal for Community Care

Deliver a program that is easy to understand, simple to administer, and meets the needs of Veterans and their families, community providers, and VA staff
Five Key Components of the Veteran Community Care Journey

Provide easy to understand eligibility information to Veterans, community providers, and VA staff

Support accurate and timely payment of community providers

Implement a network that provides access to high-quality care inside and outside VA

Provide quick resolution of questions and issues for Veterans, community providers, and VA staff

Coordinate care through seamless health information exchange

Provide Veterans timely access to a community provider of their choice
VA is taking immediate steps to improve stakeholder’s experiences while also implementing long-term improvements for the new community care program.
Veterans had 25.5 million community care appointments in FY16, an 18% increase from FY15. Nearly 6 million of this total through VCP.

- **25.5M** Appointments Completed
- **>40** IT Solutions Test Sites
- **>6K** Staff Hired by Contract Partners
- **85** Health Exchange Connections
- **>445K** Network Providers
- **4** Legislative Changes
- **>3.5M** Issued Authorizations
- **>1.2M** Veterans Using VCP
- **18.9M** VA Community Care Claims Processed

Through 85 eHealth exchange connections, VA is now connected to more than 800 hospitals, 13,000 clinics, and 8,400 pharmacies.

In FY16, VA and Choice contractors created over 3.5 million authorizations, a 25% increase from FY15.

Over 1.2 million unique Veterans have used VCP since the program’s inception.

In FY16, VA processed nearly 18.9 million claims via all programs, a 13% increase since FY15.
Numerous Veteran Concerns were Expressed Regarding the Current Network Contracts:

- Veteran customer service and experience
- Access to Community Care
- Visibility into network coverage gaps
- Contractor performance
- Provider relationships
- Timely payments to providers
We Listened, Learned & Incorporated Feedback

VA followed a methodical approach to receive, categorize, analyze and incorporate feedback from all stakeholders.

Community Provider Input

Veteran Feedback Forums

Industry Site Visits

Internal VA Input

Thought Leader Roundtable

Industry Leaders

Industry Days

February Draft PWS

DRAFT PWS
964 Comments

622 Industry
342 VA

April Draft RFP

DRAFT RFP
1,340 Comments

956 Industry
384 VA

2,304 Total Comments
Key Themes and Features of RFP

In gathering feedback for the development of the RFP, certain key themes and features emerged:

**Overarching Themes**
- Flexibility in contracting approach
- Inclusion of contemporary industry standards
- Customization to local markets and Veteran population needs
- Addition of modular contract options (e.g., disease management, case management)

**Key Features**
- Distribution across 4 national regions instead of 2, along state lines
- Development of complementary and alternative medicine network
- Focus on transparency, accountability and quality monitoring
- Enhancement of communication between VA, providers and Veterans
- Emphasis on timely and accurate payments
The RFP, released Dec. 28, 2016, lays the ground work for establishing a high-performing network, streamlining business and clinical processes, and implementing the Plan to Consolidate...
The Community Care Network is divided into 4 integrated regions to allow for greater local flexibility and increased access to care.
Community Care Network Contract Services

<table>
<thead>
<tr>
<th>Basic Medical</th>
<th>Conditional Benefits</th>
<th>CIHS</th>
<th>Non-Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative Care</td>
<td>Pharmacy</td>
<td>Bio Feedback</td>
<td>Beneficiary Travel</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>Dental</td>
<td>Hypnotherapy</td>
<td>Travel</td>
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<tr>
<td>Inpatient Services</td>
<td>Emergent Care</td>
<td>Massage Therapy</td>
<td>Orthotic Device Evaluation</td>
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<tr>
<td>Mental Health</td>
<td>DME</td>
<td>Therapy</td>
<td>Nursing Home Care</td>
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<tr>
<td>Comprehensive Rehab</td>
<td>Reconstructive Surgery</td>
<td>Relaxation Techniques</td>
<td>Comp &amp; Pen Evaluation</td>
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<tr>
<td>Residential Care</td>
<td>Immunizations</td>
<td>Tai Chi</td>
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<td>Home Health</td>
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<tr>
<td>Hospice</td>
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<tr>
<td>Long Term Acute Care</td>
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<tr>
<td>New Born care (birth up to 7 days)</td>
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With the network RFP, VA has the ability to provide Veterans with services not previously available, such as complementary and alternative medicine.
Increased Transparency and Quality Monitoring

**Networks**

- Networks must be accredited through NCQA and/or URAC.
- Contractor must establish a variety of quality, network adequacy, patient experience and operational efficiency plans.

**Providers**

- Providers must be credentialed.
- Veterans will be able to recommend providers to join the network.
- High quality providers will be identified using industry standard metrics.

**CQMP**

- Provider Network healthcare outcomes
- Patient Safety
- Clinical Quality Assurance
- Clinical Quality Improvement
A Quality and Patient Safety Model and Framework was created to establish the baseline for moving to a value-based, more accountable model of care.

### Quality & Safety Model
*(Based on IOM)*

<table>
<thead>
<tr>
<th>Safe</th>
<th>Veteran Centered</th>
<th>Effective</th>
<th>Efficient</th>
<th>Equitable</th>
<th>Timely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid harm to patients from the care that is intended to help them</td>
<td>Provide care that is respectful and responsive to individual Veteran preferences, needs and values</td>
<td>Provide services based on scientific knowledge to all who could benefit from such services</td>
<td>Avoid waste, including waste of equipment, supplies, ideas, and energy</td>
<td>Provide care that does not vary in quality based on personal characteristics such as gender, ethnicity and socioeconomic status</td>
<td>Reduce wait times for both receivers and providers of care</td>
</tr>
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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

Veteran/VAMC

Eligibility, Referrals, Authorizations, Medical Documentation

Community Provider

Claims Submission, Claims Payment, Remittance Advice

Contractor

Eligibility, Referral, Authorizations
Invoices, Claim Data
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

Provider -> Claim -> Check
Developing the Solution: Timeline

- Site visits and Industry Day: Q1 FY16
- Draft PWS and Industry Day: Q2 FY16
- DRAFT RFP: Q3 FY16
- RFP Released on FedBizOpps: Q1 FY17
- Proposal Submissions and Evaluations: Q2 FY17
- Contracts Awarded: Q3/Q4 FY17
- Transition and Implementation Begin: Q4 FY17

Long Term Approach
VA developed an implementation plan that discretely links the vision/Veteran journey with the projects required to deliver the necessary capabilities.
VA developed a capability driven model to link VA’s vision with how it will be achieved through process, organization and technology changes.
Questions?