VHA Office of Community Care
Past, Present, and Future

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Office of Community Care

Briefing to Florida Association of Community Health Centers
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Agenda

What is VA Community Care?
Review the Veterans Care Journey
How to Partner with VA
Review Referral and Preauthorization
Review Claims Submission and Payment Process
Resources by Topic
Review VHA Community Care Contact Information
What is the Department of Veterans Affairs?

- Established in 1930
- Elevated to Cabinet level in 1989
- Federal government’s second largest department after the Department of Defense
- Three components:
  - Veterans Health Administration
  - Veterans Benefits Administration
  - National Cemetery Administration

Who is a Veteran?

**Definition of a Veteran for VA purposes**

- Veteran is a person who:
  - Served in the active military, Coast Guard, Army, Navy, Marine and Air Force plus Commissioned Officers of the Public Health Svc and NOAA
  - Was discharged or released under conditions other than dishonorable

- Former or current Reservists, if they served for the full period of active duty for which they were called (excludes training purposes)

- Former or current National Guard members if activated/mobilized by a federal order for active duty
**Veteran Eligibility**

- Veterans can learn more about their benefits and health care eligibility requirements at [https://www.va.gov/healthbenefits/apply](https://www.va.gov/healthbenefits/apply) or by calling 1-877-222-VETS (8387), Mon-Fri between 8 am and 8 pm, EST.
- A Veterans who served in the active military service and was separated under any condition other than dishonorable may qualify for VA health care benefits.
- Certain Veterans may be afforded enhanced eligibility status when applying and enrolling in the VA health care system.

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**DoD and VA Health Care Systems: Quick Look**

**Department of Defense (DoD)**
- Military Health System (MHS)
  - Provides care to those who *serve* in uniform (plus families and retirees) through the TRICARE program
  - 57 hospitals and ~400 clinics worldwide
  - Fiscal year 2015 budget = $47.4 B

**Department of Veterans Affairs (VA)**
- Veterans Health Administration (VHA)
  - Provides care to those who *served* in uniform
  - More than 1,500 sites of care, including 167 medical centers, 14 health care centers and 771 Community Based Outpatient Clinics
  - Fiscal year 2015 budget = $59.5 B
VA Community Care

When VA purchases Care outside the VA system

VA strives to provide exceptional health care, but we cannot do this alone. VA relies on community providers nationwide to share their skills and knowledge to deliver accessible high-quality care.

• VA provides Veterans access to community care when services are not available at a VA facility or due to geographic inaccessibility.
• Our care network delivers health care services to approximately 1.5 million Veterans and more than 350,000 beneficiaries every year.
### VA Community Care Programs

- VA Community Care includes a number of separate programs that have become a part of the broader community care tapestry over time.

<table>
<thead>
<tr>
<th>Programs for Veterans</th>
<th>Family Member Programs</th>
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<tbody>
<tr>
<td>• Patient-Centered Community Care (PC3)</td>
<td>• CHAMPVA</td>
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<tr>
<td>• Veterans Choice Program (VCP)</td>
<td>• Camp Lejeune Family Member</td>
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<tr>
<td>• Community emergency medical care</td>
<td>• Children of Women Vietnam Veterans</td>
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<tr>
<td>• Individual authorizations</td>
<td>• Spina Bifida Health Care Benefits</td>
</tr>
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<td>• Special programs</td>
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### Current Community Care Programs Are Confusing

- Following the implementation of the Choice Program, it became apparent that maintaining multiple community care programs was unsustainable and confusing.

To address this issue, VA proposed a plan to Congress. This plan addresses immediate improvements to community care while driving towards the future.
**Brief History of Community Care**

VA Community Care includes a number of separate programs that have become a part of the broader community care tapestry over time:

- **1946**: VA sets precedent for collaboration with community providers through Homestead Program provider agreements.
- **1947**: Congress enacts the VA and Department of Defense (DOD) Health Resources-Hiring and Emergency Operations Act to promote greater sharing of health care resources between the VA and DOD.
- **1953**: VA establishes Project 300 Health Services as a pilot program to improve managed care.
- **1964**: VA begins the Veterans Health Administration (VHA) to provide comprehensive health care to Veterans.
- **1978**: VA establishes a program to improve access care for rural Veterans.
- **1983**: VA establishes the Community Care Network (CCN) to increase access to care for rural Veterans.
- **1996**: VA establishes the Veterans Choice Program (VCP) to increase access to community care in response to excessive wait times and delays.
- **2014**: VA establishes the National Disability Contracting Program to provide additional care to underserved Veterans.
- **2017**: VA establishes the VCP to provide additional care to underserved Veterans.

**Our Goal for VA 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.
Veterans Choice Program

**Background**

- 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 (>30 days) OR
  2. Geographic Access / Distance (>40 miles from primary physician) OR
  3. Unusual or excessive travel burden

**Challenges**

- VA created and distributed 9 million choice cards, mostly to Veterans not immediately eligible for Choice.
- Original 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.
In 2014, the VA contracted with two third party administrators (TPA) to administer the Choice program. Community providers/organizations had to enroll with the TPA in order to receive Veteran Choice referrals. The TPAs for the Choice Program are TriWest (blue) and Health Net (yellow).

Pathways for Community Providers become a Veterans Choice Program Provider – **Pathway 1**

1. Participate in the Medicare Program or other similar program approved by VA
2. Be accessible to the Veteran and agree to accept rates as outlined in the Act
3. Enroll with the TPA covering your service area
• Join through VCP/PC3 contract partner
  - Visit Health Net at
    https://www.hnfs.com/content/hnfs/home/va/home/provider/options-for-providers.html
  - Visit TriWest https://joinournetwork.triwest.com/
• Under certain circumstances, VA will contact providers to join through VCP provider agreements to partner directly with us.

Pathways for Community Providers become a Veterans Choice Program Provider – **Pathway 2**

1. Participate in the Medicare Program or other similar program approved by VA
2. Be accessible to the Veteran and agree to accept rates as outlined in the Act
3. Enroll in the VCP Provider Agreement Program

Providers can enroll in both options
VCP Provider Agreements

- Community Care staff at the local VA Medical Center are responsible for outreach to community providers to establish a VCP Provider Agreement.
- Prior to providing health care services to Veterans, all community care providers who wish to enter into a VCP Provider Agreement will need to provide appropriate licensing and qualification documentation.
- Once the VCP Provider Agreement has been approved and signed by the Medical Center Director, a copy of the executed agreement will be sent to the VA Community Care provider.
- Payment for services are made in accordance with the terms of the agreement.
- For specific information on the licensing and qualification requirements please contact your local VA Medical Center.

Authorizations

The Referral Process & Getting an Authorization

All VA Community Care requires authorization in advance whether for initial start of care or reauthorization for a new episode of care. If a community provider fails to request an authorization prior to providing services, the services performed may not be reimbursable by VA.
Claims Submission and Payment

Timely Provider Payment

VA encourages the use of electronic health care claims for timely payment. When submitting a claim electronically, community providers must use the EDI for which care is authorized. Community providers for whom electronic filing is not an option can file by mail.

VCP Provider Payment Processes

TriWest or Health Net Authorized Care (Pathway 1)
Return claim electronically to TPA for authorized services rendered

VCP Provider Agreement authorized care (Pathway 2)
Return claim electronically directly to the VA office that authorized the services
Electronic Claims Filing

- VA encourages electronic health care claims for timely payment.
- Providers must use the EDI for which care is authorized.

### Veterans Choice Program/Patient-Centered Care

<table>
<thead>
<tr>
<th>HealthNet</th>
<th>TriWest</th>
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<tr>
<td>Payer Name: Health Net – VA Patient-Centered Community Care. Payer ID: (68021)</td>
<td>Step 2: Set up an EDI to submit electronic claims by calling Wisconsin Physicians Service (WPS) at 1-800-782-2680 and select Option 2 to register.</td>
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### VCP Provider Agreements & Traditional Community Care


While registering you will need the VA Fee Program payer IDs which include:
- 12115 for submission of medical claims
- 12116 for submission of dental claims
- 00231 for submission of any inquiry transaction

Paper Claims Filing

- Claims for VCP and PC3 are routed through contractors by region.
- Claims for Traditional VA Community Care and VCP Provider Agreements vary by facility.

### Where to Mail a Claim

<table>
<thead>
<tr>
<th>Health Net</th>
<th>TriWest</th>
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<tbody>
<tr>
<td>VETERANS CHOICE PROGRAM – VACAA</td>
<td>VETERANS CHOICE PROGRAM AND PC3</td>
</tr>
<tr>
<td>PO Box 2748</td>
<td>WPS-VA PC3</td>
</tr>
<tr>
<td>Virginia Beach, VA 23450</td>
<td>PO Box 981646</td>
</tr>
<tr>
<td>PATIENT-CENTERED COMMUNITY CARE (PC3)</td>
<td>El Paso, TX 79998-1646</td>
</tr>
<tr>
<td>PO Box 9110</td>
<td>Note: Must use form CMS 1500 or UB04.</td>
</tr>
<tr>
<td>Virginia Beach, VA 23452</td>
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Where to Mail a Claim

Submitting claims electronically may help community providers receive payment faster and reduce administrative costs.

If you are unable to file a claim electronically, please complete the appropriate form (original CMS 1500 and/or CMS 1450 (UB-04) and provide the codes for the treatment rendered just as you would when completing a Medicare claim. Contact the facility indicated in the authorization for further instruction on where to mail paper submissions.
For Additional Support, Contact Instructions

- VA offers multiple resources available such as fact sheets, websites, and hotlines to assist with claims filing.

Where can I find detailed instructions for VCP/PC3?

<table>
<thead>
<tr>
<th>Health Net</th>
<th>TriWest</th>
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<tr>
<td>Call 1-866-606-8198</td>
<td>Call 1-855-722-2838</td>
</tr>
<tr>
<td>Open 6:00am–7:00pm EST, Monday through Friday, excluding federal holidays</td>
<td>Open 8:00am–10:00pm EST, Monday through Friday, excluding federal holidays</td>
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<tr>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>Visit Health Net claims submission provider page</td>
<td>Visit TriWest Claims and Reimbursement Quick Reference Guide</td>
</tr>
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</table>

Where can I find detailed instructions for VCP Provider Agreements and Traditional Care?

For information on authorizations, call the number indicated on your authorization letter/form. OR
For information on claims payments, visit http://www.va.gov/PURCHASEDCARE/programs/providerinfo/provider_info_claimsPay.asp.

Filling a Claims Appeal

- If a community provider disagrees with the initial decision to deny the claim in whole or in part, they must follow the appeal process outlined in their remittance advice or notice of payment.
Track VA Invoices

- The Vendor Inquiry System (VIS) is a web-based application that allows registered users to access invoice status and payment information on the Internet.
- To register visit, https://www.vis.fsc.va.gov/.

Prescriptions Written by Community Providers

- VA will fill prescriptions prescribed by a community provider only if all of the following criteria are met:
  - Veteran is enrolled in VA health benefits
  - Veteran has an assigned a Primary Care Provider
  - Veteran provided VA provider with their medical records from the community provider
  - VA provider agrees with the medication prescribed by the community provider


- Under VCP and PC3 community providers can issue a prescription with up to a 14 day supply.
  - If a Veteran goes to a local pharmacy they must pay for the medicine out of pocket and submit a reimbursement request to the VA Medical Center.

Note: VA is under no obligation to prescribe a medication recommended by a non-VA provider.
Community Care in your local VA Medical Center

The local VA Community Care department will be the ‘clinic’ that coordinates all services for Veterans outside the VA Healthcare System.
Future: Direct Communication with Veterans and 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.

New Tools and Technology to Support Transformation

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<tr>
<th>Tool</th>
<th>Benefit</th>
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<tr>
<td>One Consult Template</td>
<td>Provides VA providers, VA clinic staff and Community Care staff with a new community care consult template that standardizes and streamlines the internal and external consult process</td>
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<tr>
<td>Consult Tool Box</td>
<td>New program for use by VA providers and Community Care staff that documents standardized and trackable statements on a consult in order to track the veterans journey through the community care experience</td>
</tr>
<tr>
<td>PCAS</td>
<td>Provide staff the ability to generate workflow, track and monitor Veterans through their episode of care, including communication tools and reminders among staff</td>
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<tr>
<td>RefDoc</td>
<td>New program that compiles medical information and transform a complete referral package for Community Care staff to send to community providers</td>
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<tr>
<td>FBCS (mod)</td>
<td>Modified referral and authorization system such that a 10-0386 will no longer be required</td>
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<tr>
<td>VirtuPro</td>
<td>Secure email system for VA providers and Community Care staff to communicate with community providers</td>
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<tr>
<td>Community Viewer</td>
<td>Program that sends a referral to community providers securely giving them access data review that veterans record and a new platform similar to the joint legacy viewer</td>
</tr>
<tr>
<td>CUI</td>
<td>The community care portal allows communication and exchange of health information among community providers, VA providers, Community Care staff and potential scheduling and care coordination contractors</td>
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<tr>
<td>PPMS</td>
<td>Provider Profile Management System is a searchable database of community provider information</td>
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Market Area Optimization and Network Adequacy

- Desired Outcomes for Optimization
  - Enterprise strategy that informs national system design, market area health service realignment, and capital investment plan, using a robust data driven approach to meet Veterans’ needs.
  - Accountability for delivering the full range of services, quality outcomes, and Veteran satisfaction through VA coordinated care in their respective geographic area.
  - Market area high performance networks that provide high quality, accessible, cost-effective care through VHA, federal partners, academic affiliates, and private sector providers.
  - Focus on Foundational Services within the VA

FQHCs are able to support VA demand in areas of maternity care, women’s health, mental health, oral health, and other specialty care.

Future: Community Care Network and CARE

Our stakeholders have identified the following challenges with VA Community Care:

<table>
<thead>
<tr>
<th>Today</th>
<th>Tomorrow</th>
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<tbody>
<tr>
<td>1. Administrative Eligibility Criteria</td>
<td>Clinical Eligibility Criteria</td>
</tr>
<tr>
<td>2. Excessive Bureaucracy and Confusion</td>
<td>Single, Easy to Use Program with More Choice</td>
</tr>
<tr>
<td>3. Minimal Care Coordination</td>
<td>Robust Care Coordination</td>
</tr>
<tr>
<td>4. Lack of Timely Payments and Outdated Processes</td>
<td>Timely Payments and Contemporary Processes</td>
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Contact the VHA Office of Community Care

- Our Customer Service Center can be reached during business hours, Monday through Friday, while our interactive voice response system is available 24 hours a day, seven days a week.

Phone - 1-800-733-8387
Email - https://iris.custhelp.com/app/ask

Other Key Resources

- Provider Relations and Services, Office of Community Care, VHA
  - Kameron.Mathews@va.gov, (202) 461-4240
- Veterans Choice Act website
  - http://www.va.gov/opa/choiceact/
- VHA Choice Locator PC3 Provider Map
  - http://www.va.gov/opa/apps/locator/
- Veterans Choice Program Toolkit (outreach materials to easily share information and spread awareness about VCP)
- Military Culture Training Course (training for community providers on treating the unique Veteran patient community)
  - http://deploymentpsych.org/military-culture-course-modules