VA | U.S. Department of Veterans Affairs

Veterans Health Administration
VHA FOIA Office (105HIG)
810 Vermont Avenue NW
Washington, DC 20420

In Reply Refer To**: FOIA Request 21-06268-F**

February 10, 2023

Ryan Mulvey
Americans For Prosperity Foundation
1310 N. Courthouse Rd
Arlington, VA, 22201

Dear Mr. Mulvey:

This letter is the seventh email production in response to your May 27, 2021, request under the Freedom of Information Act (FOIA), 5 U.S.C. § 552, submitted to the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) Central Office FOIA Office, requesting the following records:

1. "Records reflecting aggregate totals and percentages for pending and completed appointment wait times and related data, as previously disclosed in summary form at the Veterans Health Administration ("VHA") "Patient Access Data" portal, https://www.va.gov/health/accessaudit.asp. The time period for this item is March 1, 2021 to the present records that reflect the requested data on a monthly basis (e.g., total number of scheduled appointments for each month of the requested time period) or per reporting period. If month-by-month or period-by-period data is unavailable, please provide the requested data in the form otherwise maintained by the agency. If responsive records are kept in a CSV or Excel format, please produce the records in their native format.

2. All records concerning the VHA's decision to eliminate proactive disclosure of patient access in nation-wide summary form, as previously available at the "Patient Access Data" portal, https://www.va.gov/health/access-audit.asp. The time period for this item of the request is January 1, 2021 to the present.

3. All guidance documents, legal opinions, administrative orders, directives, or policy statements issued by the VA concerning any of the following topics:
    a. Interpretation of the VCCP regulations and designated access standards, including the agency's method for calculating wait times (e.g., discussion of the difference between "date of request," "patient preferred date," and "clinically indicated date");
    b. The process by which the VA obtains patient consent to schedule an appointment outside the 20-/28-period established by the VCCP designated access standards;
    c. Limiting or dissuading veterans from using community care; and
    d. The impact of the COVID-19 pandemic on administration of the VCCP.

4. All records reflecting communications between or amongst any of the following entities, offices, or components concerning any of the topics listed in Item Three: (a) VHA, (b) VA Office of the Secretary, (c) VA Office of General Counsel, (d) White House Office of Management and Budget, (e) White House Domestic Policy Council, or (f) Office of the White House Counsel.

5. All records concerning congressional requests or inquiries pertaining to any of the topics listed in Item Three. This item includes, but is not limited to, records originating with any Member or entity of Congress, formal agency responses thereto, and internal VA communications regarding the congressional request or inquiry. Searches should be conducted, at a minimum, within the VHA, VA Office of the Secretary, VA Office of General Counsel, and VA Office of Public and Intergovernmental Affairs."

Additionally, on or around May 28, 2021; fourteen (14) VA Medical Center FOIA Offices received the following requests:

"Pursuant to the Freedom of Information Act, 5 U.S.C. § 552 ("FOIA"), AFPF hereby requests access to the following categories of records concerning operation of the (previously indicated) VA Medical Center hospital. The time period for all items of this request is January 1, 2020 to the present. Please note: to the extent an item of this request seeks data (i.e., Items 1–7 and 9), please provide records reflecting that data on a monthly basis (e.g., total number of scheduled appointments for each month of the requested time period). If month-by-month data is unavailable, please provide the requested data in the aggregate or in the form otherwise maintained by the agency. If responsive records are kept in a CSV or Excel format, please produce the records in their native format.

1. Records reflecting the total number of appointments scheduled.
2. Records reflecting the total number of appointments completed.
3. Records reflecting the total number of appointments cancelled:
    a. By a VA health care provider; and
    b. By a patient.
4. Records reflecting the total number and percentage of appointments for primary care, mental health care, or non-institutional extended care services scheduled:
    a. Within 20 days of a patient's date of request; and
    b. Over 20 days of a patient's date of request.
5. Records reflecting the total number and percentage of appointments for specialty care scheduled:
    a. Within 28 days of a patient's date of request; and
    b. Over 28 days of a patient's date of request.
6. Records reflecting the total number of patients who, in consultation with a VA health care provider, agreed to schedule an appointment outside the 20-/28-day period established by the VCCP designated access standards.
7. Records reflecting the total number of patients who refused to schedule an appointment outside the 20-/28-day period established by the VCCP designated access standards.

8. All records reflecting the policies and practices for documenting whether a patient agrees or refuses to schedule an appointment outside the 20-/28-day period established by the VCCP designated access standards. This item would include, for example, any blank, standardized form(s) for memorializing such patient consent.
9. Records reflecting the total number and percentage of patients:
    a. Eligible for community care under the VCCP;
    b. Who have elected to receive community care under the VCCP; and
    c. Who have declined to receive community care under the VCCP.
10. All guidance documents, legal opinions, administrative orders, directives, policy statements, or communications exchanged between the (previously indicated) VA Medical Center hospital and the Veterans Health Administration, VA Office of General Counsel, VA Office of the Secretary, White House Office of Management and Budget, or White House Domestic Policy Council concerning:
    a. Interpretation of the VCCP regulations and designated access standards, including the agency's method for calculating wait times (e.g., discussion of the difference between "date of request," "patient preferred date," and "clinically indicated date");
    b. The process by which the VA obtains patient consent to schedule an appointment outside the 20-/28-period established by the VCCP designated access standards;
    c. Limiting or dissuading veterans from using community care; and
    d. The impact of the COVID-19 pandemic on administration of the VCCP."

Consolidation:

Per communication in or about September 2021, we notified you through counsel that we consolidated all of the above-mentioned FOIA requests into one tracking number, 21-06268-F (appearing at the top of this letter), for ease of use and tracking post litigation filing. Any further communication will be under FOIA tracking number 21-06268-F.

Search Terms:

As agreed upon on in discussions and memorialized in writing (via email) around May 16, 2022, the parties agreed on the following search terms and custodians:

Search Item	Search Terms	Custodians
Search #1, **HQ FOIA ITEM 2**	[("access to care" OR "patient access") AND ("data" OR "numbers")] AND ("website" OR "site" OR "portal") AND ("transfer" OR "move" OR "shift" OR "relocate" OR "create date" OR "inspector general")	• Kirsh • Lieberman • Hudson • Oshinski • Stone

Search #2, **HQ FOIA ITEM 3a & 4-5 and VAMCs FOIA Item 10a** **(W/O CACMI)**	(“MISSION Act” OR “VCCP” OR “Veterans Community Care”) AND (“date of request” OR “request date” OR “patient preferred date” OR “create date” OR “clinically indicated date” OR “patient indicated date” OR “wait time standard” OR “access standard” OR “file entry date” OR “community care eligibility”) AND [(“guidance” OR “direct*” OR “policy” OR “memo*”) OR (“inquiry” OR “request” OR “question” OR “inspector general”)]	• Kirsh • Upton • Matthews • Boyd • Cunningham • Lieberman • Greenstone • MacDonald • Tucker • Bradsher • Sauber • Hudson • Blauert • Henson • Powers • Raftery • Stone • Clancy • Oshinksi • Wilkie (x2) • McDonough (x2)
Search #3, **HQ FOIA ITEM 3a & 4-5 and VAMCs FOIA Item 10a** (w/VHACACMI)	(“MISSION Act” OR “VCCP” OR “Veterans Community Care”) AND (“date of request” OR “request date” OR “patient preferred date” OR “create date” OR “clinically indicated date” OR “patient indicated date” OR “wait time standard” OR “access standard” OR “file entry date” OR “community care eligibility”) AND [(“guidance” OR “direct*” OR “policy” OR “memo*”) OR (“inquiry” OR “request” OR “question” OR “inspector general”)] AND “VHACACMI@va.gov”	• Mary Fields
Search #4, **HQ FOIA ITEM 3b & 4-5 and VAMCs FOIA ITEM 10b**	(“VCCP” OR “Community Care” OR “MISSION Act”) AND (“access standards” OR “wait times”) AND [(“method*” OR “calculat*”) AND (“process” OR “procedure” OR “direct*” OR “policy” OR “memo*”)]	• Upton • Matthews • Boyd • Cunningham • Lieberman • Greenstone • MacDonald • Tucker • Bradsher

		• Sauber • Hudson • Blauert • Powers • Henson • Raftery • Stone • Clancy • Oshinski • Wilkie (x2) • McDonough (x2)
Search #5, **HQ FOIA ITEM 3c & 4-5 and VAMCs FOIA ITEM 10c**	[(“community care wait time”) AND (“eligible” OR “eligibility”)] AND (“script” OR “referral coordination initiative”)	• Kirsh • Upton • Matthews • Boyd • Cunningham • Lieberman • Greenstone • MacDonald • Tucker • Bradsher • Sauber • Hudson • Blauert • Henson • Powers • Raftery • Stone • Clancy • Oshinksi • Wilkie (x2) • McDonough (x2) •
Search #6, **HQ FOIA ITEM 3c & 4-5 and VAMCs FOIA ITEM 10c** **(w/VHACACMI)**	(("community care wait time") AND ("eligible" OR "eligibility")AND ("eligible" OR "eligibility")) AND ("script" OR "referral coordination initiative") AND “vhacacmi@va.gov”	• Mary Fields

Search #7, **HQ FOIA ITEM 3d & 4-5 and VAMCs FOIA ITEM 10d**	[("COVID*" OR "pandemic") AND ("VCCP" OR "community care" OR "MISSION Act")] AND ("referral management" OR "consult management" OR "eligibility" OR "wait time standard" OR "access standard" OR "pause")	• Kirsh • Matthews • Boyd • Sauber • Hudson • Hipolit • Blauert • Upton • Tucker • Bradsher • Powers • Henson • Raftery • Stone • Wilkie (x2) • McDonough (x2)

Email Production:

In addition to the production outlined below, we are also enclosing Bates page 2289, released in full. Bates number page 2289 was inadvertently missed in the January 2023 production. This page would have occurred before Bates page #2174.

This production is in response to Search #4 of your request.

Search #4-

3. All guidance documents, legal opinions, administrative orders, directives, or policy statements issued by the VA concerning any of the following topics:
    b. The process by which the VA obtains patient consent to schedule an appointment outside the 20-/28-period established by the VCCP designated access standards;

4. "All records reflecting communications between or amongst any of the following entities, offices, or components concerning any of the topics listed in Item Three: (a) VHA, (b) VA Office of the Secretary, (c) VA Office of General Counsel, (d) White House Office of Management and Budget, (e) White House Domestic Policy Council, or (f) Office of the White House Counsel."

5. "All records concerning congressional requests or inquiries pertaining to any of the topics listed in item three. This item includes, but is not limited to, records originating with any Member or entity of Congress, formal agency responses thereto, and internal VA communications regarding the congressional request or inquiry. Searches should be conducted, at a minimum, within the VHA, VA Office of the Secretary, VA Office of General Counsel, and VA Office of Public and Intergovernmental Affairs."

10. All guidance documents, legal opinions, administrative orders, directives, policy statements, or communications exchanged between the (previously indicated) VA Medical Center hospital and the Veterans Health Administration, VA Office of General Counsel, VA Office of the Secretary, White House Office of Management and Budget, or White House Domestic Policy Council concerning:

    b. The process by which the VA obtains patient consent to schedule an appointment outside the 20-/28-period established by the VCCP designated access standards;

The time period for this item of the request is January 1, 2020 to the present.

As noted above, the search terms include:

(“VCCP” OR “Community Care” OR “MISSION Act”) AND (“access standards” OR “wait times”) AND [(“method*” OR “calculat*”) AND (“process” OR “procedure” OR “direct*” OR “policy” OR “memo*”)]

These search terms were applied to the following custodian mailboxes:

- Mark Upton
- Kameron Matthews
- Teresa Boyd
- Kristen Cunningham
- Steven Lieberman
- Clinton Greenstone
- Jennifer MacDonald
- Brooks Tucker
- Tanya Bradsher
- Richard Sauber
- William Hudson, Jr.
- Susan Blauert
- Pamela Powers
- Christopher Henson
- Meghan Raftery
- Richard Stone
- Carolyn Clancy
- Renee Oshinski
- Robert Wilkie (x2)
- Denis McDonough (x2)

We processed thirty-three (33) pages as non-responsive for this search. There were also two (2) blank pages that appeared in this search and were not processed. Additionally, we processed five hundred and two (502) responsive pages for this search.

The Bates numbers for this dataset start at number 2289 and are located at the top center of the pages. The Bates numbering appears on the top center of the documents, any additional numbering that appear are original to the documents.

Determination:

My review of the documents revealed that they contained information that falls within the disclosure protections of FOIA Exemption 5 U.S.C. § 552(b)(5) and FOIA Exemption 6, 5 U.S.C. § 552(b)(6).

FOIA Exemption 5 provides that an agency need not disclose “inter-agency or intra-agency memorandums or letters that would not be available by law to a party other than an agency in litigation with the agency.” Thus, Exemption 5 shields agency-created records that would be protected from civil discovery by a recognized evidentiary or discovery privilege.

Accordingly, Exemption 5 includes the deliberative-process privilege. That privilege covers records reflecting advisory opinions, recommendations, and deliberations that comprise part of a process by which governmental decisions and policies are formulated. Stated more concretely, the deliberative-process privilege exempts an agency record from disclosure under FOIA if the information it contains is both pre-decisional and deliberative.

My review of the records identified as responsive to your FOIA request reveals that they contain information that falls within the protection of Exemption 5. The opinions, recommendations, risks/issues, next steps, and mitigation factors within the enclosed records marked with Exemption 5 redactions are pre-decisional, as they were expressed in advance of their relevant agency decisions. Furthermore, the redacted portions are deliberative because they contain the unadopted opinions of VA personnel participating in the decision-making process. Release of this information would cause injury to the deliberative process, as the release of the pre-decisional records to the public would negatively impact frank discussion on matters of policy between agency personnel. Consequently, VA denies your request for this information under FOIA Exemption 5, 5 U.S.C. § 552(b)(5).

Additionally, Exemption 5 also permits the withholding of a document or information that is protected by “attorney work-product privilege” as well as “attorney-client privilege.” The specific information I am withholding consists of privileged communications for the purpose of providing legal guidance for which the client has sought legal guidance. I have determined disclosure would cause a reasonably foreseeable harm to the communication between the agency’s attorney and VHA. Consequently, I am withholding this information under the attorney-client and attorney work-product privilege of Exemption 5.

FOIA Exemption 6 permits VA to withhold a document or information contained within a document if disclosure of the information would constitute a clearly unwarranted invasion of a living individual’s personal privacy. Stated another way, VA may withhold information under FOIA Exemption 6 where disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government.

More specifically, the information I am withholding, as indicated on the enclosed documents, under FOIA Exemption 6 consists of: employee names, employee titles, employee email addresses, and connection and direct dial in information for employee meetings, as the individuals associated with this information have a personal privacy interest in it.

The coverage of FOIA Exemption 6 is absolute unless the FOIA requester can demonstrate a countervailing public interest in the requested information by demonstrating that the individual is in a position to provide the requested information to members of the general public and that the information requested contributes significantly to the public's understanding of the activities of the Federal government. Additionally, the requester must demonstrate how the public's need to understand the information significantly outweighs the privacy interest of the person to whom the information pertains. Upon consideration of the materials provided, I have not been able to identify a countervailing public interest of sufficient magnitude to outweigh the privacy interest in this case. The individuals associated with this information have a personal privacy interest in information that outweighs any public interest served by disclosure of their identities under FOIA. Consequently, I am denying your request for this information under FOIA Exemption 6, 5 U.S.C. § 552 (b)(6).

Thank you for your interest in VA. If you have any further questions, please feel free to contact me at (785) 230-8430 or via email at stacy.ekis@va.gov.

Sincerely,

Stacy Ekis
VHA FOIA Officer

Enclosures:

Community Care Business Program Management Review (PMR) #1

07/28/2020

ChooseVA

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

From:
Subject:
To: (b)(6)
(OCC NM); VHA OCC SEM Operations Leadership; (b)(6)
(b)(6)
(b)(6) ; VHA 10D1
OCM (b)(6)
(b)(6)
(b)(6) Matthews, Kameron; Upton, Mark T.; (b)(6)
(b)(6) Reed, Susan A.; (b)(6)
(b)(6)
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(b)(6) VHA OCC BOA PPS Leadership; (b)(6)
(b)(6)
(b)(6) VHA 10D1 OCM; (b)(6) (b)(6) @erpi.net'; (b)(6)
(b)(6)
(b)(6) Upton, Mark
(b)(6) (b)(6) @guidehouse.com'; (b)(6) (b)(6) @guidehouse.com'; (b)(6)
(b)(6) Reed, Susan A.; (b)(6)
(b)(6)
Cc: (b)(6)
Advisory Partners) (b)(6) (Business Information Technology Solutions (BITS), LLC) (b)(6)
(b)(6) (Federal Advisory Partners); (b)(6)
(b)(6) @federaladvisory.com'; (b)(6) @federaladvisory.com'; (b)(6)
(b)(6) (Federal Advisory Partners) (b)(6) (Business Information Technology Solutions
(BITS), LLC) (b)(6) (Federal Advisory Partners)
Attached: 20201124.November (2020).Community Care Project Management Review (PMR) v2.pptx

Agenda:

- Project Idea Evaluation (PIE)
  - VA Provider CCN Retail Pharmacy Capability
  - Referral Based Obligations
- OCC Priority Project Review
  - VA/DoD Advanced Payment and Referral Standardization
  - Provider Profile Management System (PPMS)
  - Community Care Reimbursement System (CCRS)

Thank you!
Please do not forward this meeting invitation.

Join Microsoft Teams Meeting

+1 872-701-0185 United States, Chicago (Toll)

Conference ID (b)(6)

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Community Care Business Program Management Review (PMR) #1

11/24/2020

ChooseVA

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

Agenda

- Project Idea Evaluation (PIE)
    - VA Provider CCN Retail Pharmacy Capability
    - Referral Based Obligations
- OCC Priority Project Review
    - VA/DoD Advanced Payment and Referral Standardization
    - Provider Profile Management System (PPMS)
    - Community Care Reimbursement System (CCRS)
- Appendix
    - Project Review
    - Project Idea Evaluation Updates

Project Idea Evaluation (PIE)

- VA Provider CCN Retail Pharmacy Capability
- Referral Based Obligations

VA Provider CCN Retail Pharmacy Capability

Originator & Date: 11/10/2020 (b)(6)	**Scope**: OCC to support the operationalization of the modification (Initially in Region 4) to allow Veterans who need an immediately needed (urgent/emergent) prescriptions prescribed by a VA provider to be filled at a CCN retail community pharmacy when access to a VA pharmacy is not possible for Regions 1, 2, 3 and 4.

Business Ops & Admin:	(b)(5)
Delivery Ops:	
Revenue Ops:	
Clinical & Network Mgmt:	
OCC Leadership (Includes IDA and BIC):	
Community Care Network (Contract Mod):	Contract Mod already in place for Region 4 – CO direction has been provided for implementation date (Dec 14). Contract mod in progress for Regions 1-3.

Additional Impact

Policy Impact:	No Additional Impacts identified
Funding Impact / Status:	(b)(5)
Impact on Other OCC Projects:	
Impact if Project Idea Not Approved:	

Recommended OCC Strategic Priority Alignment	Recommended Project Designation	Recommended Business Owner
Implement Community Care Network (CCN) Improve Customer Service	OCC Directorate Managed	(b)(6)

Discussion:

(b)(5)

Referral Based Obligations

Originator & Date (b)(6)
(b)(6) **11/17/2020**

Scope Definition: OCC needs to assess and establish an interim and long-term process for recording obligations for Community Care programs

Impact

Business Ops & Admin:	(b)(5)
Delivery Ops:	CCRS, FMS, eCAMS, PIT
Revenue Ops:	No impact identified at this time.
Clinical & Network Mgmt:	(b)(5)
OCC Leadership (Includes IDA and BIC):	
Community Care Network (Contract Mod):	

Additional Impact

Policy Impact:	(b)(5)
Funding Impact / Status:	
Impact on Other OCC Projects:	
Impact if Project Idea Not Approved:	

Recommended OCC Strategic Priority Alignment	Recommended Project Designation	Recommended Business Owner
Improve Claims Processing & Innovate Business Model	OCC Managed	(b)(6)

Discussion:
(b)(5)

OCC Policy, OCC Finance, and Portfolio Managers Vote Count: All Yes votes received (no dissents).

Priority Project Review

Project Status Slides

VA/DoD Advanced Payment and Referral Standardization

Project Phase - National Deployment

ELC Decision Needed/Priority Discussion

(b)(5)

Project Description

Creation of processes and procedures which allow for necessary data sharing to support quarterly advanced payments from VA to DoD for care provided to eligible Veterans, along with revenue capture and workload tracking for VA.

Key Performance Indicator

- 40,009 VA/DoD consults entered since FY20
- 6,160 open VA/DOD consults.
- Live Pilot Results for AP auto claims validation:
  - Biloxi VAMC/Pensacola NH: 96%
  - NCR Region: 74%

Accomplishments:

- ● 2020-10-05: SOP Update Release (VA HSRM use)
- ● 2020-10-08: Updated Care Coordination Training

Milestones:

- ○ 2020-11-27: HEC Approval of Next AP sites go-live
- ● 2020-12-18: CarePoint Exceptions Claims Worklist Rollout
- ● 2020-12-23: VA/DoD Leadership Meeting: FY21 Q2 Rollouts
- ● 2021-01-01: AP FY21 Q2 Rollouts
- ● 2021-04-01: AP FY21 Q3 Rollouts

OCC Business Dependencies

(b)(5)

Risks

Risk:

(b)(5)

Office of Information and Technologies/Data Dependencies

(b)(5)

Provider Profile Management System (PPMS)

Project Phase - National Deployment

ELC Decision Needed/Priority Discussion

(b)(5)

Project Description

Provider Profile Management System (PPMS): A consolidated repository to house provider information for multiple community network and federal partner provide along with a tool to allow VA staff to view and manage that information.

Key Performance Indicator

CCN Network growth
Provider processing capacity - backlog monitoring

Accomplishments:

- ● 2020-11-10: PIE - UAT Testing
- ● 2020-11-13: PIE - Go-Live WRJ

Milestones:

- ● 2020-12-07: PPMS 10.1 UAT
- ● 2020-12-08: PPMS 10.1 Go/No-Go
- ● 2020-12-15: PIE Restart Priority Sites
- ● 2020-12-17: PPMS 10.1 Go-Live

OCC Business Dependencies

- Clinical Integration
- Network Management
- Community Care Network
- Delivery Operations
- Revenue Operations
- VAMC/CPO & Pharmacy - (b)(5)

Risks

(b)(5)

Office of Information and Technologies/Data Dependencies

(b)(5)

Issues

-- No Issues Found --

Community Care Claims Reimbursement (CCRS)

Project Phase - Project Development

ELC Decision Needed/Priority Discussion

For awareness:
CCRS implemented a temporary bypass the PPMS check to mitigate payments being denied.
CCRS is establishing a grace period (72 hrs) for ER services due to the high denial volume based on misaligned validity dates on the referral.

Project Description

CCRS: A system to facilitate the receipt and validation of post-payment 837 COB invoices, reimbursement, post-payment audit activities, and facilitation of revenue operation activities (i.e., first party billing).

Key Performance Indicator

CCN Payment Metrics as of November 20, 2020:
Region 1: Invoices Received – 2,899,265, Confirmed Paid – 1,967,817, Sent for Payment – 84,184, "No Action" Optum denials - 716,105
Region 2: Invoices Received – 2,449,478, Confirmed Paid – 1,729,199, Sent for Payment – 100,245, "No Action" Optum denials - 540,310
Region 3: Invoices Received – 1,173,375, Confirmed Paid – 717,423, Sent for Payment – 75,102, "No Action" Optum denials - 353,692
Region 4: Invoices Received – 802,202, Confirmed Paid – 474,834, Sent for Payment – 95,770, "No Action" TriWest denials - 203,698

The total Invoice Amount Paid/Sent for Payment: $3,465,670,309.41

Accomplishments:

- ● 2020-10-15: CCRS Release 12.4
- ● 2020-11-05: CCRS Release 13.1

Milestones:

- ● 2020-12-03: CCRS Release 13.2
- ● 2020-12-17: CCRS Release 13.3
- ● 2021-01-07: CCRS Release 13.4

OCC Business Dependencies

- CCRA, FMS, PPMS, PIT, and MVI

Office of Information and Technologies/Data Dependencies

- CCRA, SEOC, PPMS, MVI, EDI, DAS, and CCN Contractors

Risks

(b)(5)

Issues

(b)(5)

Appendix

Project Status Slides

Data Governance

Project Phase - Project Development

ELC Decision Needed/Priority Discussion

No ELC decisions needed or priority discussion topics at this time

Project Description

This project establishes a Data Governance Program to ensure reliable, dependable, consistent, and well documented data. It includes creating a structure, adopting standards and policies that drive how data are used and maintained to ensure data quality.

Key Performance Indicator

- Number of data policies, practices, and standards established
- Percent of data issues resolved
- Number of completed data initiatives in data governance project portfolio
- Percent of data initiatives that meet or exceed established initiative targets

Accomplishments:

- ● 2020-10-21: Approved standard Systems Artifacts
- ● 2020-11-09: Confirmed e-repos data usability
- ● 2020-11-09: Draft Data Governance Communication Plan

Milestones:

- ● 2020-11-25: Draft Data Governance Structure
- ● 2020-11-30: Change Management Sponsor Plan

OCC Business Dependencies

(b)(5)

Office of Information and Technologies/Data Dependencies

(b)(5)

Issues

-- No Issues Found --

Cerner OCC Integration Project

Project Phase – Project Development

ELC Decision Needed/ ELC Priority Discussion

No ELC decisions needed or priority discussion topics at this time.

Project Description

Manage all necessary integrations to appropriately operationalize Cerner EHR into OCC clinical operations processes

Key Performance Indicators (KPI)

TBD: Focusing on timeliness measures and qualitative surveys

Accomplishments

- **Mann-GrandStaff VAMC (Spokane) IOC Go Live: 10/24/2020**
- **Completed first iteration of lessons learned with OCM: 11/05/2020**

Upcoming Milestones

- **HSRM Release 11 (interface updates for HSRM, may not be in effect until Cerner CS2): 11/24/2020**
- **Chalmers P. Wylie VA ACC (Columbus) Go Live: Spring 2021**
- **Jonathan M. Wainwright Memorial VAMC (Walla Walla) Go Live: Spring 2021**
- **White City VAMC Go Live: Spring 2021**

OCC Business Dependencies

-Clinical Integration and Mann Grandstaff Facility CC Staff (b)(5)

(b)(5)

OIT / Data Dependencies

(b)(5)

Community Care Network (CCN)

Project Phase - National Deployment

ELC Decision Needed/Priority Discussion

No ELC decision was needed or priority discussion topics during this time period.

Project Description

Complete regional deployments to achieve CCN in Regions 1 – 6 and consolidate regional operations support as transitions complete to focus on stabilizing and optimization.

Key Performance Indicator

- CCN is fully deployed across 49 states within Regions 1-4.
- Regions 1-3 all reported more than 92% of referrals through CCN, remaining consistent with prior weeks.
- Region 4 continues to see a positive trend in CCN utilization (+87% last week in October).
- As of September 30, 2020, Urgent Care is live across CCN Regions 1-4.
- CCN Region 5, which includes all of Alaska, was awarded to TriWest Healthcare Alliance (TriWest) on 10/1.

Accomplishments:

- ● 2020-09-01: R2 & R3 URGENT CARE CUTOVER FROM PC3
- ● 2020-09-30: R4 URGENT CARE CUTOVER FROM PC3

Milestones:

- ● 2021-04-01: R5 HCD

OCC Business Dependencies

(b)(5)

Office of Information and Technologies/Data Dependencies

(b)(5)

Issues
-- No Issues Found --

Enterprise Program Reporting System (EPRS)

Project Phase - Phased Implementation

ELC Decision Needed/Priority Discussion

(b)(5)

Project Description

EPRS delivers a series of custom-built user interface (UI) screens and reporting system and data integrations for administering the CCN contract.

Key Performance Indicator

- Quality Check UI: 42/80 Users (Δ = +1)
- CCN Accreditation Waivers UI: 31/30 Users (No change)
- CCN Complaints & Grievances UI: 29/54 Users (No change)
- CCN Congressional Inquiries UI: 31/42 Users (No change)
- CCN Corrective Action Plans (CAPs) UI: 29/30 Users (Δ = +1)
- CCN Network Adequacy Deviations UI: 28/51 Users (No change)

Accomplishments:

- ● 2020-08-28: 7.0 D: eCAMS – Technical Release
- ● 2020-09-01: 8.0 - Attach U v007/v003
- ● 2020-10-28: 10.0 - Complaints & R4 QC

Milestones:

- ● 2020-11-24: EPRS Prod R10.1: Congressional Inquiries & N.A. Deviations
- ● 2020-11-25: EPRS Pre-Prod R10.2: Accreditation Waivers & CAPs enhancements
- ● 2020-12-04: R12.0: EPRS Technical Release: CCRS
- ○ 2020-12-14: EPRS Pre-Prod R10.3- Congressional UI Enhancements
- ○ 2020-12-23: Build 9.0 D: Technical Release: HSRM

OCC Business Dependencies

(b)(5)

Risks

-- No Risks Found --

Office of Information and Technologies/Data Dependencies

(b)(5)

Indian/Tribal Health Coordination (ITHC)

Project Phase - Phased Implementation

ELC Decision Needed/Priority Discussion

No ELC decision is needed or priority discussion topics at this time

Project Description

Integrate the IHS/THP Reimbursement Agreement Program (RAP) operations with other OCC efforts

Key Performance Indicator

1. Advisory Board meetings
2. Care Coordination Plan developed
3. Annual re-trainings conducted

Accomplishments:

- ● 2020-09-11: Brief BIMs
- ● 2020-09-23: Tribe and VA staff retraining

Milestones:

- ○ 2020-12-03: CC Plan Adopted

OCC Business Dependencies

(b)(5)

Office of Information and Technologies/Data Dependencies

- None-Upstream
- None-Downstream

Issues

-- No Issues Found --

Advanced Medical Cost Management Solution (AMCMS)

Project Phase - Project Developmen

ELC Decision Needed/Priority Discussion

No ELC decisions needed or priority discussion topics at this time.

Project Description

Deploy AMCMS (SaaS) product that integrates Community Care management through data analytics to accurately forecast, monitor and control Community Care's medical services. VISN 8 Nat. Insurance File model.

Key Performance Indicator

Upon deployment, key financial & utilization metrics tracked include, but are not limited to:

- UM Metrics: Average Paid per Claim, Average Number of Claims per Referral, Average Total Paid per Referral, Average Cost per CoC, Average Cost per SEOC, Average Length of Stay, Percent of ED Visits Resulting in Inpatient Admission, Expenditures per CC Provider.
- FM Metrics: Spent/Obligated Amounts versus Total Available Budget, Projected Total Expenditures versus Total Available Budget.

Accomplishments:

- ● 2020-10-26: AMCMS Virtual Webinar Trainings
- ● 2020-11-12: Lessons Learned Completed

Milestones:

- ○ 2020-11-30: VISN 8 ATO Finalization
- ● 2020-12-04: Payment Scenario Review Finish
- ● 2020-12-04: Phase 3 Requirements Gathering
- ● 2020-12-07: Phase 3 User Guide Development

OCC Business Dependencies

-- No Business Dependencies Found --

(b)(5)

Office of Information and Technologies/Data Dependencies

(b)(5)

Community Care Referral and Authorization System (CCR&A)

Project Phase - National Deployment

ELC Decision Needed/Priority Discussion

No ELC decisions needed or priority discussion topics at this time.

Project Description

HealthShare Referral Manager (HSRM) is an enterprise-wide COTS system in support of community care used by community care staff to generate referrals and authorizations for Veterans receiving care in the community.

Key Performance Indicator

- 3,659,485: Total Referrals FY 2020 (through 10/31/2020)
- 185,601: Total Referral FY 2019
- 18,761: Total number of VA user accounts provisioned
- 22,923: Number of Community Provider user accounts provisioned
- 10,024: Number of unique Community Provider NPIs
- 148: Number of VAMC sites actively using HSRM
- 5,195: Support Ticket Count for October

Accomplishments:

● 2020-11-13: Release 11 Go/No Go Presentation

● 2020-11-17: CAEC 2.0 Go/No Go Presentation

Milestones:

● 2020-11-20: CAEC 2.0 National Deployment

● 2020-11-23: Release 11 National Deployment

● 2021-01-25: Release 12 National Deployment (IRIS)

OCC Business Dependencies

(b)(5)

Risks

-- No Risks Found --

Office of Information and Technologies/Data Dependencies

(b)(5)

Issues

-- No Issues Found --

One Consult 2.0

Project Phase - National Deployment

ELC Decision Needed/Priority Discussion

No ELC decisions needed or priority discussion topics at this time.

Project Description

One Consult 2.0 project combines continuing enhancement and development activities for Consult Toolbox (CBT), Decision Support Tool (DST) and SEOC Database under a single project management umbrella.

Key Performance Indicator

CTB integrated into CPRS- Q3 FY21
Metrics for CTB v2.0 are under development

Accomplishments:

- 10/23/2020: completed national Deployment of CTB 1.9.0076
- 10/26/2020: Began Training And Comms For CTB V2.0

Milestones:

- 2020-01-15: CTB v2.0 production “Dark Release”
- 2020-12-01: CTB 1.9.0078 National Rollout begins
- 2020-12-23: SEOC DB Cloud Migration
- 2021-01-15: CTB 2.0 Deployment
- 2021-04-01: CTB v2.0 available to field users

OCC Business Dependencies

(b)(5)

Office of Information and Technologies/Data Dependencies

(b)(5)

Issues
-- No Issues Found --

OCC Continuity Of Operations Plan (COOP)

Project Phase - Project Development

ELC Decision Needed/Priority Discussion

No ELC decisions needed or priority discussions at this time

Project Description

The project scope is to develop a standardized Continuity of Operations Plan (COOP) Appendix for all mission critical OCC systems and functions.

Key Performance Indicator

Metric 1: Communication Strategy
Metric 2: Phase I – Prepare Complete
Metric 3: Phase II – Respond Complete
Metric 4: Phase III – Recover Complete
Metric 5: Development of Exercise, Maintenance, and Communication Plan
Metric 6: COOP Appendixes complete for each Directorate

Accomplishments:

- ● 2020-08-04: CCSC Go/No-Go
- ● 2020-08-13: Project Kick-off meeting

Milestones:

- ● 2020-11-25: Development of Communication Strategy
- ● 2020-12-16: Phase I Prepare Complete
- ● 2021-01-06: Phase II Respond Complete

OCC Business Dependencies

(b)(5)

Risks

(b)(5)

Office of Information and Technologies/Data Dependencies

(b)(5)

Issues

(b)(5)

Integrated Product Environment (IPE)

Project Phase - Project Development

ELC Decision Needed/Priority Discussion

No ELC decisions needed or priority discussion topics at this time.

Project Description

Develop an Integrated Product Environment for isolated E2E and UAT

Key Performance Indicator

KPIs are currently being reviewed and finalized with Executive Owner and Business Sponsor

Accomplishments:

- 2020-11-19: Project Kickoff

Milestones:

- 2020-12-01: Stakeholder Assessment
- 2020-12-03: Data Dependencies

OCC Business Dependencies

(b)(5)

Risks

(b)(5)

Office of Information and Technologies/Data Dependencies

(b)(5)

Issues

-- No Issues Found --

Community Care Integrated Billing and Accounts Receivable (CC IB/AR) Phase 2

Project Phase - National Deployment

ELC Decision Needed/Priority Discussion

No ELC Decisions needed or priority discussion topics at this time.

Project Description

VistA Integrated Billing (IB) and Accounts Receivable (AR) updates.

Key Performance Indicator

* No specific KPI’s were identified for this phase of the project.

Accomplishments:

- ● 2020-11-04: IB 689 Nationally Released
- ● 2020-11-12: AR 372 Nationally Released

Milestones:

- 2020-12-04: Current Contract PoP Ends
- 2020-12-05: 3 Month Extension Contract Begins
- 2020-12-11: RFP for new contract issued
- 2021-01-29: New Contract Awarded
- 2021-03-05: 3 Month Extension Contract Ends

OCC Business Dependencies

- No business dependencies outside of Revenue Operations (RO) were identified for this phase of the project.

Risks

- (b)(5)

Office of Information and Technologies/Data Dependencies

- No data dependencies at this time.

Issues

- No project issues at this time.

Enrollment System Community Care

Project Phase - National Deployment

ELC Decision Needed/Priority Discussion

No ELC decisions needed or priority discussion topics at this time.

Project Description

The ESCC project provides automation for Community Care static eligibility determinations allowing ES to determine, communicate and track Veteran eligibility.

Key Performance Indicator

1. Communicate the Community Care static eligibility to CCN and TPA (eligibility files sent daily to TPA and CCN) 100%
2. Tracking of Veteran eligibility to ensure accurate eligibility determinations (ESCC Data Quality Report) 100% daily

Accomplishments:

- ● 2020-11-13: Successfully completed technical evaluation for CCN VCE static eligibility within 24 hours
- ● 2020-11-17: ES CC Hardship Information from Cerner was tested in SQA (Team Liberty)

Milestones:

- ● 2020-12-16: Turn on ES Parameter to share CC Collateral Eligibility
- ● 2020-12-16: National Release of VistA functionality
- ● 2020-12-20: VistA IOC sites testing functionality

Office of Information and Technologies/Data Dependencies

(b)(5)

OCC Business Dependencies

(b)(5)

Risks

-- No Risks Found --

Issues

-- No Issues Found --

VA/DoD Revenue Standardization

Project Phase - Project Development

ELC Decision Needed/Priority Discussion	Project Description	Key Performance Indicator
No ELC Decisions needed or priority discussion topics at this time	The VA/DoD Advanced Payment methodology produces a standardized flat file of DoD claim elements which can be utilized to standardized revenue processes for billing on those DOD claims across the nation.	Align with the VA/DoD Advanced Payment Methodology.

Accomplishments:

- ● 2019-10-11: Gate 3
- ● 2020-10-30: VSSC Data Validation

Milestones:

- ● 2020-11-27: DoD Approved Expansion Outcome
- ● 2020-12-31: VSSC Data Validation
- ● 2021-03-05: Project Start/Finish

OCC Business Dependencies	Office of Information and Technologies/Data Dependencies
• No Business dependencies at this time **Risks** -- No Risks Found --	• No OI&T Data dependencies at this time. **Issues** -- No Issues Found --

Appendix

Project Status Slides

Project Idea Evaluation (PIE) Updates

Project Name	Received by PIE Team	Presented at PMR	PMR Idea Decision	Ops Notified	CCSC Presentation Date	CCSC Project Go / No Go	Ops PM Resource Assigned
Referral Based Obligations	11/17	11/24	TBD	TBD	TBD	TBD	TBD
VA Provider CCN Retail Pharmacy Capability	11/10	11/24	TBD	TBD	TBD	TBD	TBD
Community Care Customer Portal (Self Service)	10/30	11/10	Approved	11/16	TBD	TBD	TBD
Integrated Product Environment (IPE)	9/14	9/22	Approved	9/24	10/20	Go	10/9 (b)(6)
CP&E Close Out	8/26	9/8	Approved	9/14	TBD	TBD	Projected Resource (b)(6)
Veteran Family Member Program (VFMP) Foreign Medical Program (FMP) Electronic Fund Transfer (EFT) Payment	8/25	On Hold	TBD	TBD	TBD	TBD	TBD
Community Care Billing SSN Reduction	7/21	8/11	Approved	8/13	10/20	Go	10/2 (b)(6)

Project Idea Evaluation (PIE) Updates

Project Name	Received by PIE Team	Presented at PMR	PMR Idea Decision	Ops Notified	CCSC Presentation Date	CCSC Project Go / No Go	Ops PM Resource Assigned
Veteran Credit Database Program	7/16	8/11	Deferred	8/13	N/A	N/A	N/A
Community Administration of Vaccine Encounters (CAVE)	6/23	7/14	Approved	7/16	7/28	Go	7/21 (b)(6)
Comprehensive Disaster Recovery Plans / OCC Continuity Of Operations Plan (COOP)	6/19	6/23	Approved	6/29	8/04	Go	7/20 (b)(6)
ePrescribing	6/19	6/23	Approved	6/29	9/15	Go	8/24 (b)(6)

Veteran Credit Database

Deferred Project

Executive Leadership Committee (ELC) Decision Needed / Priority Discussion

- ***DECISION:* *No current ELC decision required at this time.***
- ***BACKGROUND:***
    - *Enactment of Law on 5/24/2018 – Implementation Deadline 5/24/2019*

(b)(5)

Project Description

To provide oversight for ongoing policy and IT funding efforts in conjunction with Sec. 302 Protecting Veterans Credit Protection Act of 2018 including efforts to obtain legislative relief.

Key Performance Indicators (KPI)

- ***Metric 1: The electronic VA claims are paid within 30 days and paper claims are paid within 45 days.***
- ***Metric 2: Ensures Veteran cost share and deductibles are adjudicated accurately.***
- ***Metric 3: 100% of information furnished to credit reporting agencies will be verified Veteran responsible debt.***
- ***Metric 4: Decrease in Appeals and Calls for improperly reported debt.***

Accomplishments

- VIPR V18-00312-000 for automated solution submitted.
- Status as of 1/08/2020 –Unfunded Request/Pending Resources

Upcoming Milestones

- JANUARY 2021-LEGISLATIVE RELIEF REQUEST FOR FY23 LEGISLATIVE CYCLE WILL BE SUBMITTED.

OCC Business Dependencies

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Office of Information and Technology (OIT) / Data Dependencies

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CCN R1-3 FY21 Incentives/Disincentives (IDF) Considerations

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Veterans Health Administration
Office of Community Care

Statement of Issue

- (b)(5)
- These slides outline each of the IDFs and the status of VA's ability to measure followed by options to be considered on a path forward.

IDF 1: High Performing Network

(IDF1) (High Performing Network) (b)(5)

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IDF 2: Network Usage

IDF2 Incentive Disincentive Factor 2 (IDF2) (Network Usage) (b)(5)

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IDF 3: Maintain Network Adequacy

IDF3 Incentive Disincentive Factor 3 (IDF3) (Maintain Network Adequacy) (b)(5)

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IDF 4: Claims Submission Accuracy

IDF4 Incentive/Disincentive Factor 4 (IDF4) (Claims Submission Accuracy) (b)(5)

(b)(5)

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IDF logic: Data source: claims reports submitted to VA

(b)(5)

IDF 5: IPERA Adjudication and Payment Rules

IDF5 Incentive/Disincentive Factor 5 (IDF5) (IPERA Adjudication and Payment Rules) (b)(5)

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IDF 6: Urgent/Emergent Prescription Fills

IDF6 Incentive/Disincentive Factor 6 (IDF6) (Urgent/emergent prescription fills) (b)(5)

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All IDFs with Projections

IDF 1- High Performing Network (Semi Annual)	Region 1	Region 2	Region 3	TOTALS
(b)(5)				
IDF 2- Network Usage (Monthly)				
(b)(5)				
IDF 3- Maintain Network Adequacy (Semi Annual)				
(b)(5)				
IDF 4- Claims Submission (Semi Annual)				
(b)(5)				
IDF 5- IPERA Adjudication and Payment Rules (Quarte				
(b)(5)				
IDF 6- Urgent/Emergent Prescription Fills (Quarterly)				
(b)(5)				

*** CLIN amounts are still under SAC review.

Options

Option	Considerations/Risks
Option 1: Change monthly and quarterly incentive review board to all align at semi-annually (first to occur in March 2021).	(b)(5)
Option 2: Defer applying IDF until OY3.	
Option 3: Hybrid between the two to apply those IDFs we can by March and defer the rest until OY 3.	

SAC Discussion

(b)(5)

VHA Office of Community Care
ELC – Post SL Meeting Follow Up

10/8/2020

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Veterans Health Administration
Office of Community Care

Agenda

- Community Care FY21 OCC Goals (pending)
- Overview of Directorate Priorities (actions) in support of OCC FY21 Goals
- Proposed Form for reporting purposes
- Actions completed to date
- The Way Forward

Community Care FY21 Goals

OCC FY21 Goals (pending):

- **Become a High Performing Integrated Delivery Network (High Reliability Organization)**
  - Quality (Optimizing health outcomes)
  - Experience (Customers/Employees/Stakeholders)
  - Value (Efficient use of resources)
  - Access (Provide best health care options for Veterans, cost efficiency)
  - Integrity (Building a culture of excellence)

- **Implement EHRM (Financial Management Systems)**

- **Mature the VCCP/FMP Programs (implementation, post implementation, standardizing the entire network)**

- **Innovate the Business Model (predictive and prescriptive data)**

Directorate Priorities (Actions) in support of OCC Goals

BOA

- Increase transparency and collaboration across OCC (Long-Term)
- Improve communications to promote the use of and understanding of available Shared Services resources to our stake holders.
- Maintain organizational flexibility, continuously evolving to meet the needs its stakeholders
- Continuous improvement of the Veterans' Community Care Program and Family Member Programs

CHIO

- Data Governance – Initiation
- AMCMS
- CDS (Consolidated Data Set)
- COOP (Contingency Disaster Recovery Plan)
- Develop an infrastructure of data governance and provenance, IT systems, and people to support the maturation of analytic capability (Long-Term)

Directorate Priorities (Actions) in support of OCC Goals

Clinical Integration & Field Operations

- Cerner/ EHRM
- C6
- Veteran Community Care Program (VCCP) Stabilization
- Alternative/Visionary goal- employee satisfaction and health

DO

- Continue implementing activities (action plans, initiatives, projects)
- Refresh – Innovate our Business Model
  - Transform to Program Management
- Reshape the Workforce

Network Management

- Enhancement to Acquisition/Modification processes and procedures
- Standardize and stabilize the VA network through maximizing the use of all resources by stakeholders
- Grow culture
- Develop optimal future-state acquisition strategy (Long-Term)

Directorate Priorities (Actions) in support of OCC Goals

Revenue Operations

- Organizational Change and Sustainment of Non-MCCF
- Alignment of Revenue Operations Personnel
- Revenue Utilization Review, Improve Operational Efficiencies
- Clinically Driven Revenue Cycle EHRM
- Clinical Documentation Improvements for the Revenue Cycle

Proposed Form for Reporting Purposes

Directorate Name – Priority #1

Project: **Implement Shared Services Model** **Leads:** XYZ

Project Description: Consolidation of directorate specific financials

Key Milestones

Milestone	Completion Date	Status
Notification of impacted staff	10/1/20	Complete
Implementation of new structure	12/31/20	In Progress

Metric	Target	Current value
Milestones	Achievement	On target
Improved customer service	TBD	
OCC cost management/ Medical care funds management	TBD	

Decision Points:

Project Updates

Key Updates

- Initial reporting restructure complete

(b)(5)

Upcoming Activities

- (b)(5)

Risks/Issues

(b)(5)

-
-

#	Deliverables	Target Date	Status	Comments
1	Org Chart final design for medical cost management	8/31/20	Complete	
(b)(5)				

Status
- ● Complete
- ● In Progress
- ○ Not Started
- ○ At Risk
- ● Late

Actions Completed to Date

Strategic Planning Team actions -

(b)(5)

[redacted]

OCC Team Express – Virtual Suggestion Box (VSB)

Included the following VSB topics in an effort to solicit input from all employees regarding the OCC Mission & Vision:

- **OCC Vision**

  From your perspective, what are your visionary goals for the future of Community Care?

- **OCC Mission**

  What do you think are the most important aspects of the work of the Office of Community Care?

The Way Forward

(b)(5)

Questions

Strategic Planning
MITRE Contract

2/1/2021

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VA

U.S. Department of Veterans Affairs

Veterans Health Administration

Office of Community Care

Strategic Planning & Support Contract

- OCC/Network Management have a contract that has been awarded to provide Strategic Planning services that are not in line with our current way forward
- (b)(5)

Introduction

- **Title of Requirement:** National Care Strategic and Future Planning Support
  - Contract 36C10A20D0004
  - Task Order 36C10A21N0003
- **Date of Award:** October 28, 2020
- **Contractor Name:** The MITRE Corporation
- **Period of Performance:**
  - Base: October 28, 2020 to October 27, 2021
  - Option Yr. 1: October 28, 2021 to October 27, 2022
  - Option Yr. 2: October 28, 2022 to October 27, 2023
- **Contract Type:** Cost-Plus-Fixed-Fee (CPFF)
- **Obligated Amount:** $5,394,288
- **Total Award Amount:** $14,187,753

Working Draft - Pre-Decisional Deliberative Document for Internal VA Use Only

Introduction

- **VA Team**
  - Executive Sponsor: Dr. Mark Upton
    - Recommend IPT Charters (Strategic Planning and Next Generation)
  - Program Manager: (b)(6)
  - Contract Management:
    - CO: (b)(6)
    - COR (b)(6)
- **MITRE Team**

(b)(6)

- **MITRE Leadership**

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Contract Statement of Work

5.2.1 National Strategic Planning Support

- Provide OCC Strategic Plan to redefine the vision, mission, and direction to project out 10-20 years
  - Assess the current state of OCC, identify inefficiencies and provide recommendation for improvement, including recommendations on integration of current CCN and other VHA business lines.
  - Assessments/analysis of potential future legislation, presidential administration changes, and political climate and the potential impact to VHA policy.
  - Provide advice for healthcare programs, strategy planning, and business process management as they relate to the OCC and the VHA enterprise. Strategic planning is to include research and advisory services of industry best practices.
  - Recommended initiatives, resources, and standard operating procedures that align with the OCC Strategic Plan and will enable OCC to adopt proven practices, reduce procedural variations between OCC existing contracts and improve management of planning and execution across OCC lines of business.
- GOAL: To develop an actionable long-term strategy for OCC
- POP Base: October 28, 2020 to October 27, 2021
  - Option Year 1: October 28, 2021 to October 27, 2022
  - Option Year 2: October 28, 2022 to October 27, 2023 (OCC strategic plan update)

Recommended Replacement Work (Plan A)

- Each Directorate has a distinct role in the organization which requires individualization of their plans
- MITRE would work with each individual Directorate, along with Strategic Planning staff, to create 5 Year Strategic Plans (FY21-26)
- All work previously accomplished during the Senior Leader Meeting and Directorate work would be incorporated into the MITRE work
- Directorate plans would then be incorporated by the OCC Strategic Planning staff into an OCC Strategic Plan using the VA and VHA Long Range Plan Goals and Objectives
- Ongoing annual Operational Plans would also incorporate this work
- Leveraging MITRE resources reduces the work burden of the Directorates

Chief Health Informatics Office (CHIO)	***Business Operations & Administration***	***Delivery Operations***	***Revenue Operations***	***Network Management***	***Clinical Integration & Field Operations***
Status: Contractor working on development of this plan	**Status:** No current Directorate 5-year plan	**Status:** Current 3-year FY20-22 Plan in place (Model)	**Status:** No current Directorate 5-year plan	**Status:** No current Directorate 5-year plan but completed work on the Acquisition Playbook	**Status:** No current Directorate 5-year plan
Recommendation: Do not include in MITRE work	**Recommendation:** Include in MITRE work	**Recommendation:** Include in MITRE work for extension of existing work for FY23-26	**Recommendation:** Include in MITRE work	**Recommendation:** Include in MITRE work	**Recommendation:** Include in MITRE work

Directorate/OCC Strategic Plan Components

- OCC Mission/Vision/Goals
- ICARE Values
- Directorate SWOT Analysis
- Directorate Priorities (FY21 and FY22)
- Overall Strategy
- Long Term Strategic Objectives
- Strategic Goals, Indicators and Activities (possible budget impact)
- VA/VHA Goals and Objectives Linkage
- VHA Long Range Planning Framework Linkage

Working Draft - Pre-Decisional Deliberative Document for Internal VA Use Only

Long Term Planning Areas of Consideration

- Maintaining and Improving our High Performing Integrated Delivery Network
- Maintaining and Improving our work as a High Reliability Organization (HRO)
- Impact of new health care technologies
- Impact of process automation/updates
- Impact of projected Veteran demand
- Ability to provide data feedback loop to the field for health care services planning
- Impact of proper field health care services planning
- Impact of improved network adequacy
- Impact of improved care integration
- Effective Use of Resources
- Building a culture of Excellence

Recommended Replacement Work (Plan B)

- MITRE would work with each individual Directorate, along with Strategic Planning staff, to create only an OCC 5-Year Strategic Plan
- Directorate input would be incorporated using the VA and VHA Long Range Plan Goals and Objectives and the Level III Operating Plan
- Ongoing annual Operational Plans would also incorporate this work
- All work previously accomplished during the Senior Leader Meeting and Directorate work would be incorporated into the MITRE work
- This option does not reduce the work burden on the Directorates as they will still need to develop Strategic Plans commensurate with the larger OCC plan

CCN ELC Update

12/23/2020

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ChooseVA

VA

U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Community Care

Agenda

- Regions 4 & 5 Deployment Updates
- Region 5 Flu Shot Decision
- R4 Referral Trends
    - R4 Referral Analysis: Follow-up Items
- Appendix
    - Optional Task Updates
    - R1-R3 Referrals Summary
    - R4 Referral Monitoring Snapshots

CCN Updates to ELC Meeting Frequency

- CCN team has provided weekly updates since deployment in 2019.
    - Given the aggressive deployment schedule and the high visibility of the program, timely issue escalation to and decision from ELC on CCN issues was critical to the success of the program.
    - The opportunity and a forum to brief ELC weekly fulfilled the need.
- CCN deployment has completed in four major regions and CCN is entering a more stable operating environment.
- With path to stabilization, there is less urgent matters or significant week-to-week updates regarding CCN.
- **Proposal**: (b)(5)

(b)(5)

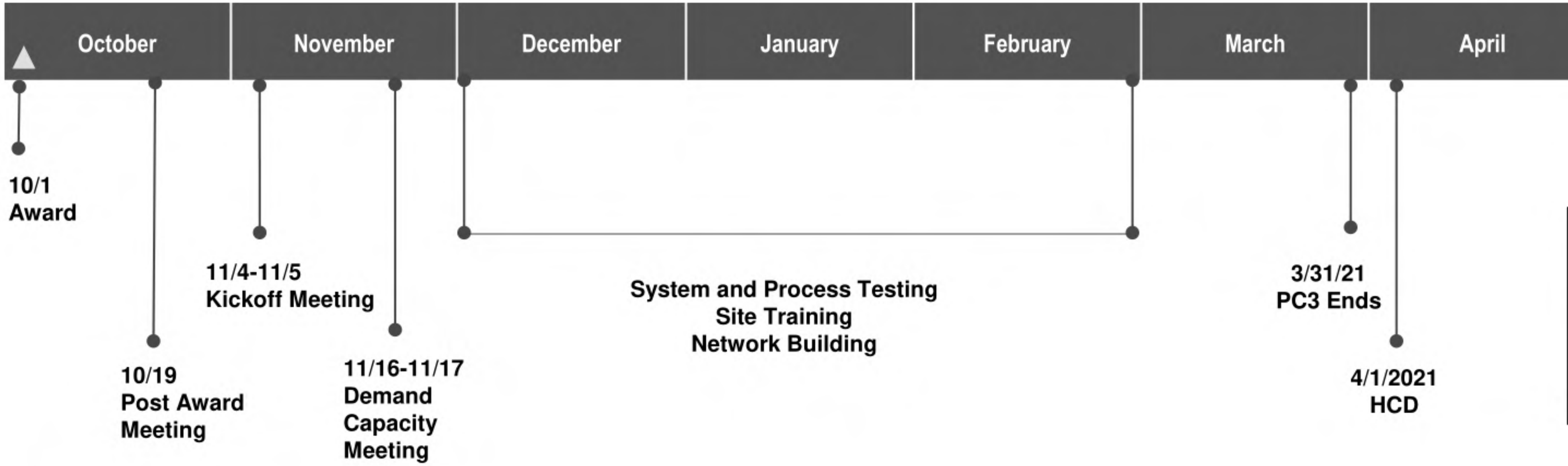
R4 & R5 CCN Deployment Updates

Region 4 Update

- **COVID-19 Impact**
    - Region 4 BIMs report VAMCs with shorter wait times for internal appointments than in the community du
        - Staffing shortages creating consult backlogs
        - Lack of availability of providers due to temporary office closures and pause on elective procedures
- **Deactivating Dental VCAs**
    - Align approach first with the national office and then communicate to dental chiefs.
    - 2 phased approach:
        - Review by VAMC and identifying VCAs for providers in the CCN network
        - Review zip codes of providers active in CCN and VCAs in the same zip code
    - Network Management to send listing of VCAs identified for deactivation at each VAMC to BIMs; deadline will be set for sites to provide justification to continue VCAs.
- **Optional Tasks**
    - **Initial 6 sites** utilizing Optional Tasks
        - HSRM Team continues to work on an update to the new CLIN drop issue.
        - As a short-term solution, HSRM will send daily referral “refreshes” to TriWest, to clarify status of referrals
        - TriWest to follow up with community care staff on information needed in order to start scheduling outreach
    - **Remaining R4 VAMCs** to commence use of OT
        - OCC Leadership has requested that Optional Task implementation be prioritized for the following sites as soon as possible; Two sites went live this week:
            - 668 – Spokane
            - 664 – San Diego

(b)(5)

Region 5 Status and Upcoming Activities



10/1
Award

10/19
Post Award
Meeting

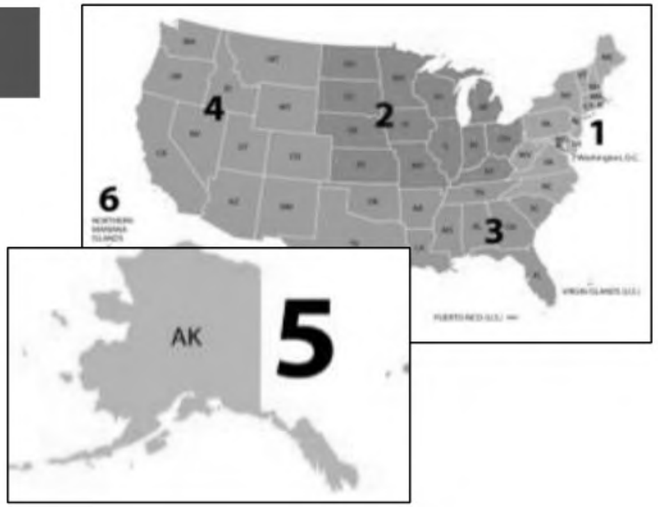
11/4-11/5
Kickoff Meeting

11/16-11/17
Demand
Capacity
Meeting

System and Process Testing
Site Training
Network Building

3/31/21
PC3 Ends

4/1/2021
HCD



Key Activities:

- Continued efforts with the payment hierarchy/fee schedule and dental mods. Cost mod change pages were presented to CCRB on 12/16.
- R5 Bundled mod was sent to TW on 12/18.
- (b)(5)
-
- A Tabletop Testing timeline was agreed upon by VA and TW to begin in January 2021. Scenarios were shared with TW on 12/18 for review.
- The liability insurance requirement guidance for TW was confirmed to remain as written in the contract until otherwise notified by VA. VA will internally discuss if there is a need to request a formal modification.
- An internal VA Tribal Health meeting to discuss next steps took place 12/10. There is not an incentive for tribal health to participate in CCN when they will keep their existing agreements. Network management is drafted a formal plan for leadership to review.

Region 5 Flu Shot Decision

BLUF: Region 5's expected Healthcare Delivery (HCD) date is beginning of April 2021. Retail flu shot availability will be limited or will not be available in April as pharmacies do not keep a surplus of flu vaccinations.

- Majority of the population including Veterans will have received their flu vaccinations in the beginning of this year's flu season
- AK Veterans have several options; VA, PC3 Urgent Care, and via their First Fill (Heritage) contract

Background: Region 5 contract requires an approved referral for flu shot benefit unlike the current Region 1-4 contracts which allows flu shots to be administered without an approved referral from VA.

Recommendation (b)(5)

(b)(5)

Region 5 Risks/Issues

Category	Risk Level	Risks/Issues	Status and Next Steps as of 12/18
Payment Hierarchy and Fee Schedule	Highest	(b)(5) VA created a CLIN structure to default to the VA Alaska Professional and Facility Fee Schedules and then the Maximum Allowable Charge (MAC) to replace the % of billed charge structure as the last resort payment schedule. (b)(5) (b)(5)	The mod package was presented to CCRB on 12/16. (b)(5)
Care Coordination Given HCD Timeline and PC3 Contract End Date	High		(b)(5) V20 and Alaska leadership has been informed of the contingency plan.

Region 5 Risks/Issues Continued

Category	Risk Level	Risks/Issues	Status and Next Steps as of 12/18
Dental Fee Schedule	High	• (b)(5) • •	• Information previously needed from the dental SME was receive (b)(5) (b)(5) (b)(5) This was presented to CCRB on 12/16.
Choice Providers in CCN R5 PC3	High	• 50% of current PC3 providers are Choice providers which means they will require full credentialing and provider contracting for CCN.	• (b)(5)
Provider Liability Insurance Requirement	Medium	• (b)(5) • The contract clause which specifies the amount has been in every version of the RFP throughout the acquisition process; TW has not raised this as a concern or issue and signed the contract with this clause. • (b)(5)	(b)(5) • VA provided guidance to TW on 12/9 to move forward with the contract language as it is written regarding the liability insurance requirement for providers. If TW notices an influx of issues as we move forward, they can bring to VA to reconsider.

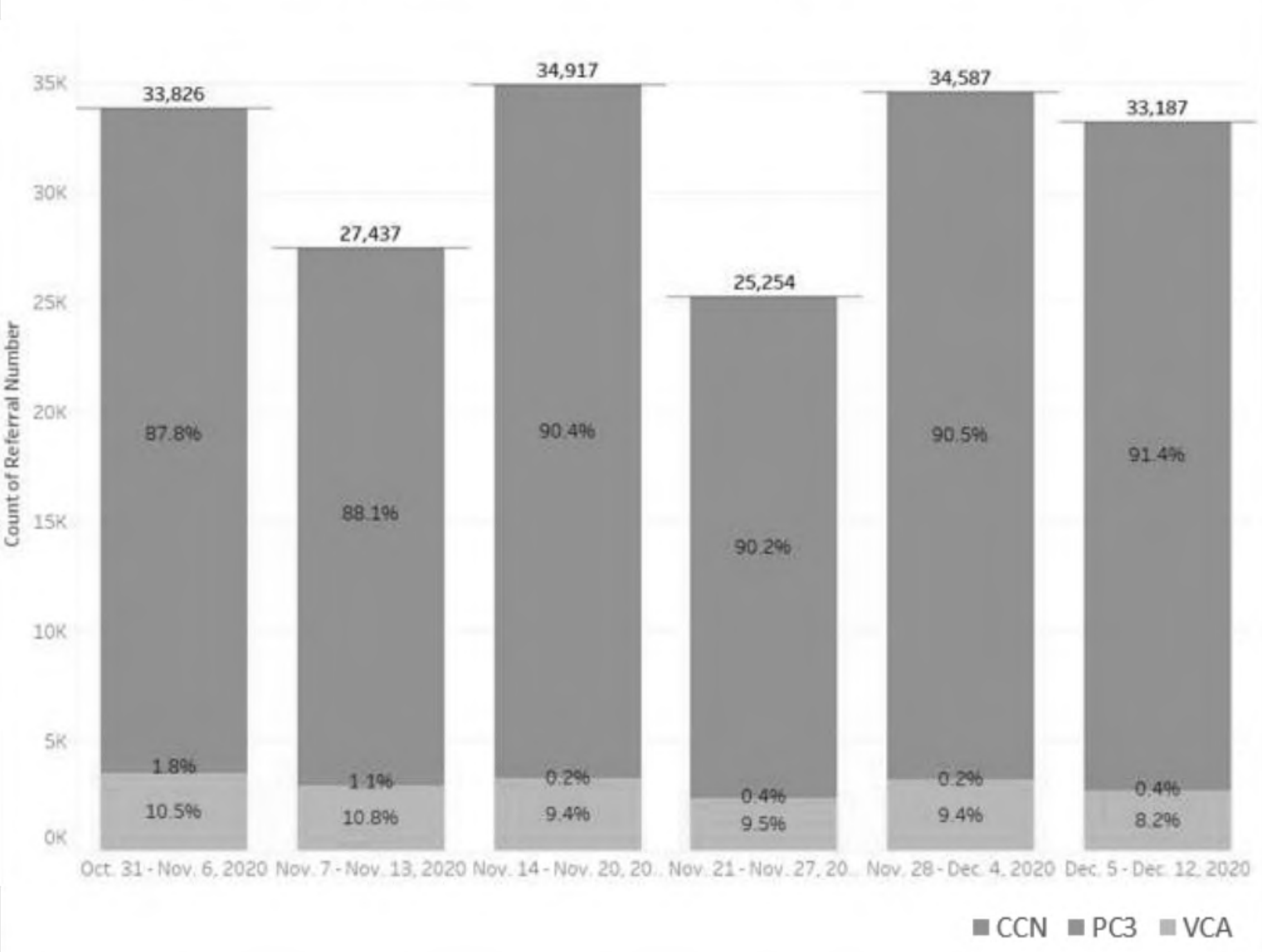
Region 5 Risks/Issues Continued

Category	Risk Level	Risks/Issues	Status and Next Steps as of 12/18
Tabletop and Testing	Medium	• (b)(5)	• Scenarios reviewed by a broad group of VA. • Scenarios were shared with TW for review on 12/18.
Tribal Health	Medium	• (b)(5)	• (b)(5) • VA held a meeting internally with V20, CI, NM and AK to discuss the communications strategy for tribal health on 12/10. The plan forward is to direct TW not to emphasize the use of resources on tribal health, and while CCN will be offered there is likely not an incentive for them to participate.
DAS Transport Funding	Resolved	• The DAS team is ready for December testing. • (b)(5) •	• Since the bulk of this work was performed during the Region 4 onboarding, barring no significant changes in the LOE, it was determined they will not be seeking additional funds for the Region 5 onboarding tasks. • DAS testing began the week of 12/7; however, an issue was identified which pushed the completion of the testing to the next DAS release cycle (in January).

R4 Referral Trends

Region 4: Referral Volume Snapshot

VISN Referral Network Breakdown



Referral Analysis

- PC3 utilization has increased slightly by **0.2%.**
  - This can be attributed to the increase scheduling for the R6 Pacific Islands by the HI scheduling team.
- **CNN utilization continues to increase**, except for the Thanksgiving holiday. CCN utilization increased by 0.9% compared to prior week.
- VCA utilization slightly decreased by **1.2%** and is at its **lowest usage in the past 6 weeks.**
- The field has been reporting major staffing shortages which could be attributing to the slight drop in referral volume
- *11/7 and 11/21 data accounts for federal holidays (i.e. Veterans Day and Thanksgiving), which may explain the decrease in referral volume during those weeks.*

This data was pulled from CDW for Oct. 31 – Dec. 12, 2020.

Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Most Recent Analysis update	Status
12/4/20	Dallas, San Antonio and Temple continue to have VCA utilization in the 10-13% range.	(b)(5) [redacted]	**12/9**: VISN 17 BIM has advised San Antonio has had to put together VCA's due to identified network gaps or continuity of care. Additional feedback from the field is pending for Dallas and Temple. **12/16**: VISN BIM has been working with Network Management on VCA utilization. Reported that referrals that were sent to providers that showed up as in the CCN network did now always show up as such in PPMS. That was the case for several Temple providers in researching this action and therefore, VCAs were used.	Closed

Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Most Recent Analysis update	Status
12/9/20	VCA utilization increased for the following sites: Big Springs (+1%), San Antonio (+2%), Harlingen (+3%), and El Paso (+9%).	(b)(5)	**12/9:** Issue identified on 12/9 and the analysis is ongoing **12/16**: Site has reported COVID impacts increasing the need to schedule outside of CCN.	Closed
12/9/20	Fresno and Palo Alto saw an increase in VCA/Contracts utilization by 4%.		**12/9:** Issue identified on 12/9 and the analysis is ongoing **12/16:** Site has reported major staffing issues and increasing number of unscheduled referrals impacting utilization.	Closed

Appendix – Optional Task Updates

Optional Task #1: **Contracting** Key Decisions (Regions 1-3)

Decisions/Status

- **Outstanding Issues:**
  1. Authority to Proceed
     - Status:
       - CO issued an Authority to Proceed on 12/10, which provides Optum 60 days to prepare as the contract modification is executed.
       - Optum submitted an Optional Task plan on 12/21. CI leadership and the Region 1 – 3 PMs are coordinating to conduct the proposal evaluation to be completed by 1/6. Optional Task Team and CI leadership will hold the first kickoff meeting with Optum the week of 12/28.
  2. Contract Mod:
     - Status:
       - Continued discussions with Optum on new monthly referral bundle strategy, including surge capacity.
       - Optum's proposal confirmed Optum's newly-developed provider search tool will be developed. (b)(5) (b)(5)
     - Next Step: (b)(5)
  3. Funding/Pricing Strategy.
     - Status: Use of CARES Funding in alignment with contract Option Year 2 (b)(5) (b)(5)
     - Next Step: (b)(5) (b)(5)
  4. New CLIN ID required for COVID-19 scheduling support.
     - Status (b)(5)
     - Next Step (b)(5) (b)(5)

Optional Task #1: **Contracting** Key Decisions (Region 4)

Decisions/Status

- **Decisions:**

  Estimated timeline for the additional TriWest scheduling support in CCN Region 4:

    - (b)(5)
        - (b)(5)
    - (b)(5)

Optional Task #1: **Operational** Key Decisions and Risks

Decisions/Status

Completed Actions Steps

OCC Leadership has prioritized Spokane (668) and San Diego (664) for OT deployment

- **San Diego went live on 12/21. Spokane went live on 12/22.**
- The Optional Task Team completed end-to-end referral testing the week of 12/14 in coordination with CERNER, TriWest, and HSRM to ensure that Cerner does not have any new system challenges for Spokane. (b)(5)
  - (b)(5)
- Clinical Integration created a new Optional Task SOP to include specific guidance for processing Optional Task referrals in Cerner.
- Live office hours support was held for Spokane staff, to educate them on the new Optional Task process for Cerner, and address questions.
  - Spokane staff were told numerous times to use S/T tool to establish referral is BASIC level of care coordination and to obtain CAN score data from VSSC.

Decisions Needed/Risks (Operations)

HSRM Optional Task CLIN Drop Glitch:

- On 11/23 the HSRM Team applied a patch that reassigned Optional Task CLINs that were dropped from referrals due to CPRS updates
- On 12/4, the TriWest Team shared that Optional Task CLINs continue to drop from referrals
- On 12/8, the HSRM Team clarified that the patch applied on 11/23 does not keep CPRS updates from dropping the CLIN but reapplies the CLIN to those referrals. Due to this process, TriWest is unable to clearly determine the CLIN status of the referral, and referrals continue to be tracked as "pended/held"
  - (b)(5)
- (b)(5)

Optional Task #1: **Operational** Key Decisions and Risks

▨ On Track in progress
□ Moderate risk; in progress
▨ Significant risk; mitigation plan not mature

Decisions Needed/Risks (Operations) Cont.

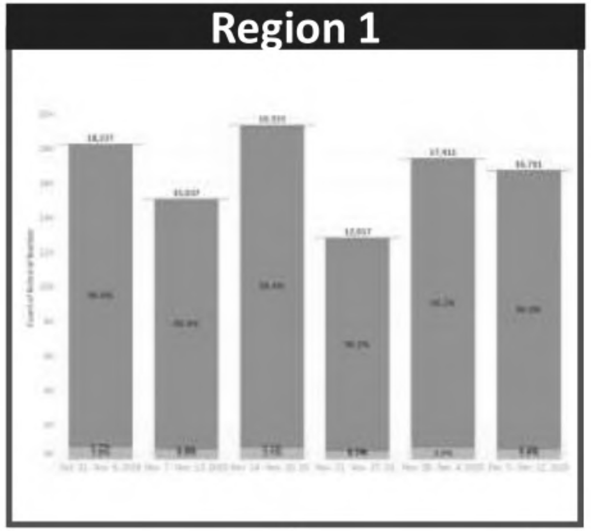
Comprehensive EPRS Reporting via Attachment U – EPRS(b)(5)

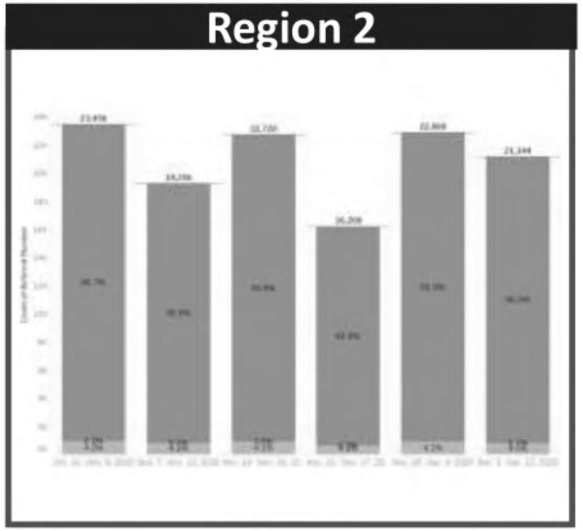
(b)(5)

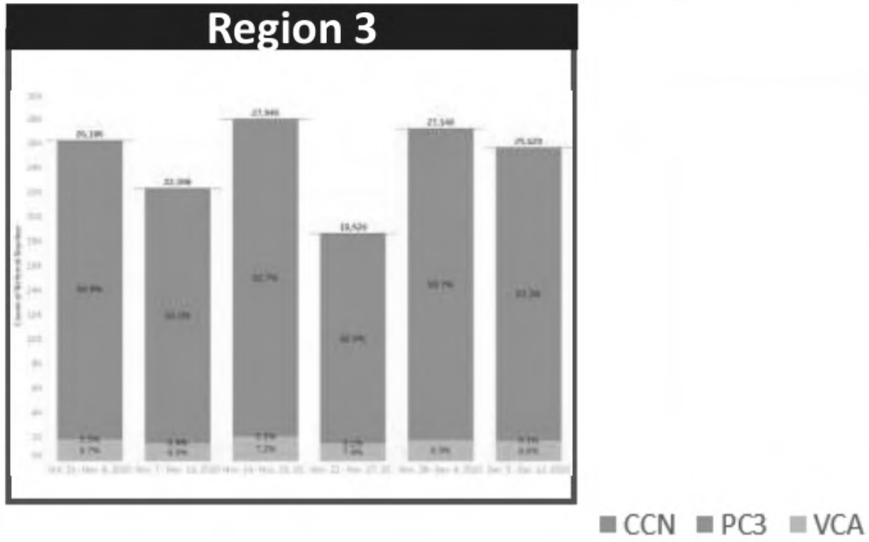
Next Steps (Region 4 Operations)	Dependency	Owner	Completion Date
(b)(5)	(b)(5)	(b)(6)	12/30/20

Appendix - R1-R3 Referrals Summary

Region 1-3 Referral Network: Key Observations


Region 1


Region 2


Region 3

Key Observations & Takeaways

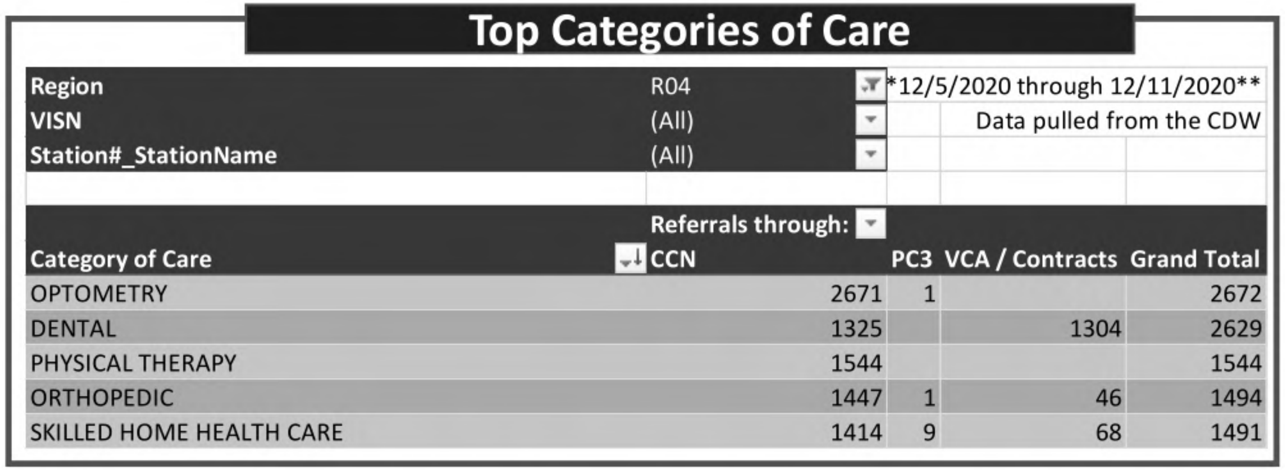
- Regions 1-2 reported **more than 96% of total referrals through CCN**, remaining consistent with prior weeks
- Region 3 reported **a slight decrease of 0.4% of referrals through CCN** which is a **1.7%** increase from prior week.
- **Dental and Homemaker/Home Health Aid** continue to remain at **the top categories of care for VCA referral utilization**.
  - Region 1 and Region 2 had a slight decrease in **VCA utilization**
  - Region 3 had a slight increase of **0.3% in VCA utilization.**
- *Week of 11/7 and 11/21 data accounts for federal holidays (i.e. Veterans Day and Thanksgiving), which may explain the decrease in referrals during those weeks across all 3 regions*

This data was pulled from CDW for Oct. 31 – Dec. 12, 2020.

Appendix - R4 Referral Monitoring Snapshots

Region 4: Referral Volume Snapshot

Top Categories of Care



Region R04 *12/5/2020 through 12/11/2020**

VISN (All) Data pulled from the CDW

Station#_StationName (All)

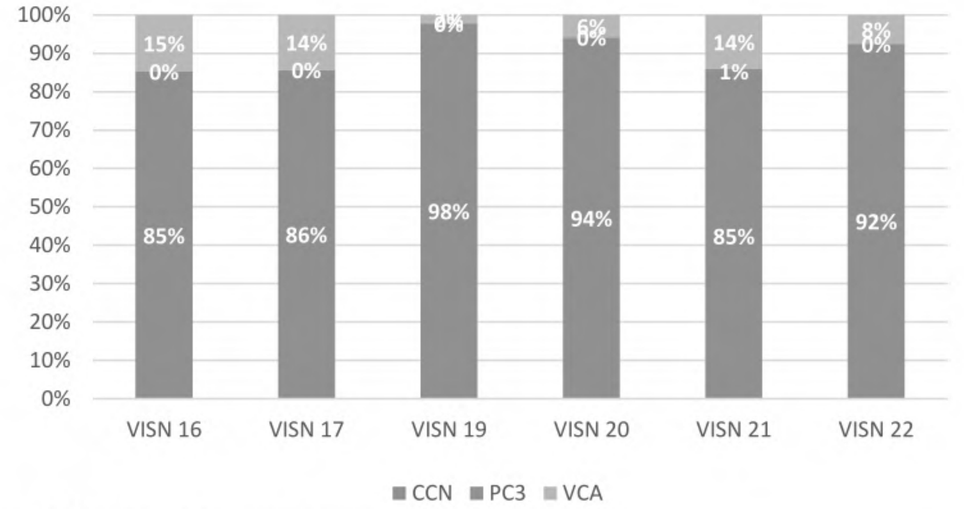
	Referrals through:			
Category of Care	**CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
OPTOMETRY	2671	1		2672
DENTAL	1325		1304	2629
PHYSICAL THERAPY	1544			1544
ORTHOPEDIC	1447	1	46	1494
SKILLED HOME HEALTH CARE	1414	9	68	1491

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Lab and pathology
4. Skilled home health care
5. Respite care

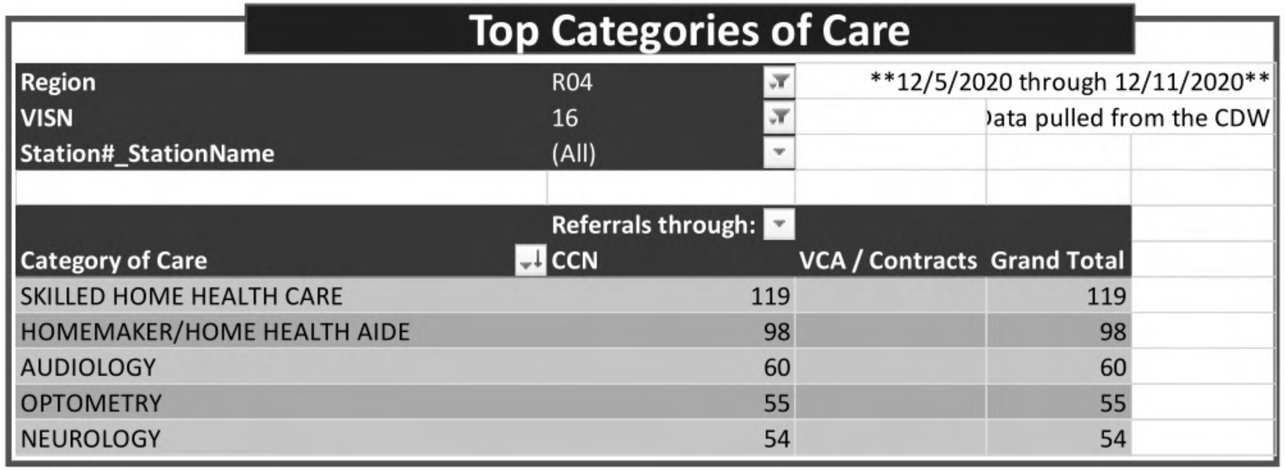
- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis. For Region 4, this accounted for **315 PC3 referrals**. 281 referrals were categorized as "ER/Urgent" and 34 referrals were categorized as inpatient.
- All VISNs CCN utilization increased or remain the same as prior week except for **VISN 20 who had a slight decrease of 1%.**
  - VISN 16 had the highest increase of 10**% in CCN utilization**

VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

Region 4 VISN 16 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04	**12/5/2020 through 12/11/2020**
VISN	16	ata pulled from the CDW
Station#_StationName	(All)	

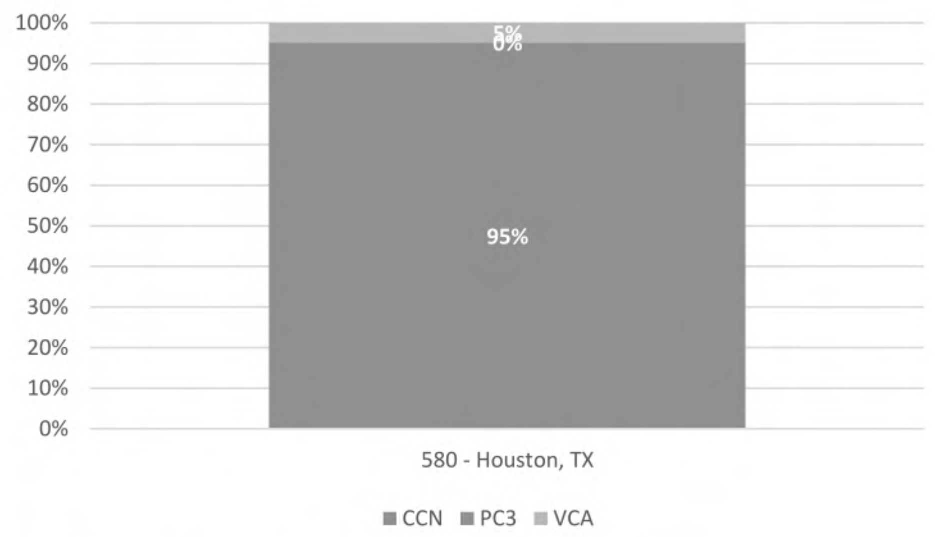
	Referrals through:		
Category of Care	CCN	VCA / Contracts	Grand Total
SKILLED HOME HEALTH CARE	119		119
HOMEMAKER/HOME HEALTH AIDE	98		98
AUDIOLOGY	60		60
OPTOMETRY	55		55
NEUROLOGY	54		54

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Nephrology ← 1 referral

- **Referrals generated from the CAEC** are not included in this data analysis.
    - For Region 4 VISN 16, this accounted for **60 PC3 referrals**.
    - 58 referrals were categorized as "ER/Urgent" and 2 referrals were categorized as inpatient.
- CCN utilization **increased 10%** compared to prior week.
- Field continues to report challenges with Dental referrals and noted many CCN Dental providers are not accepting new patients due to COVID; however, ***they have been working closely with Network Management on the issue.***

VISN Referral Network Breakdown



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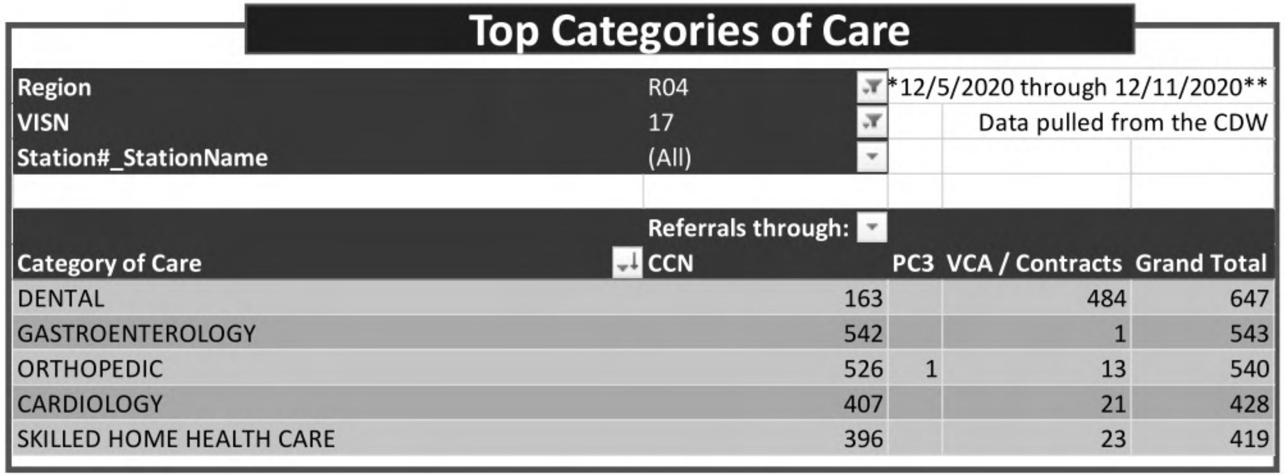
This data was pulled from CDW for December 5-11, 2020.

Region 4 VISN 17 Sites: Referral Volume Snapshot



Top Categories of Care

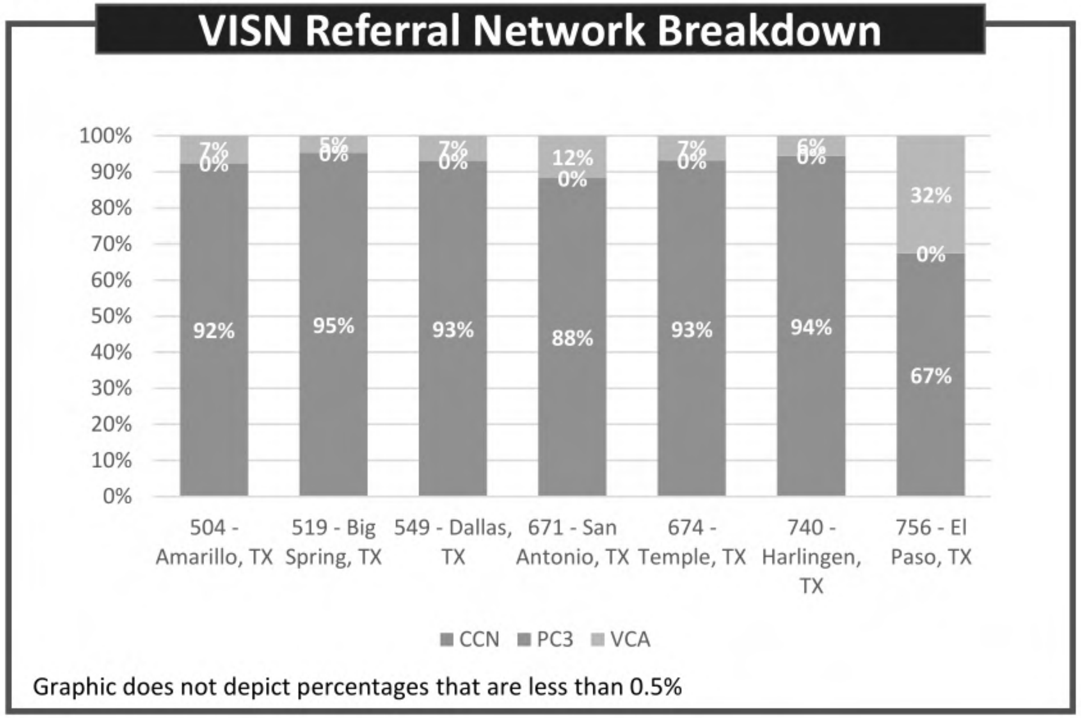
Region	R04	*12/5/2020 through 12/11/2020**		
VISN	17	Data pulled from the CDW		
Station#_StationName	(All)			

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	163		484	647
GASTROENTEROLOGY	542		1	543
ORTHOPEDIC	526	1	13	540
CARDIOLOGY	407		21	428
SKILLED HOME HEALTH CARE	396		23	419

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Veteran directed care
4. Skilled home health care
5. Cardiology

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 17, this accounted for **24 PC3 referrals**.
  - 18 referrals were categorized as “ER/Urgent” and 6 referrals were categorized as inpatient.
- CCN and VCA utilization remained steady compared to prior week. **Dallas and San Antonio had the largest change of +3% in CCN utilization.**
- **24%** of El Paso’s VCA/Contract utilization is contributed to DOD referrals.



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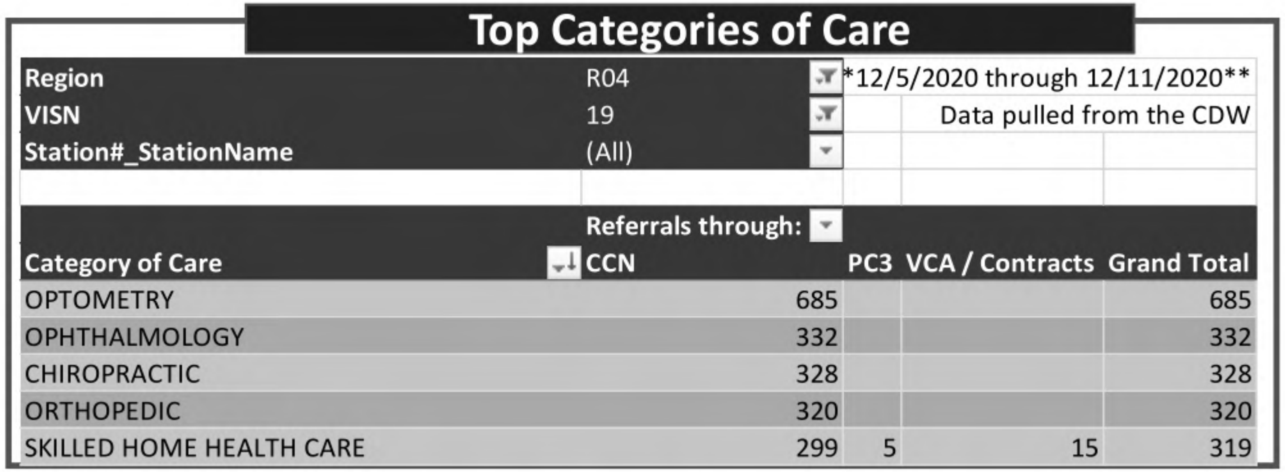
Region 4 VISN 19 Sites: Referral Volume Snapshot



Top Categories of Care

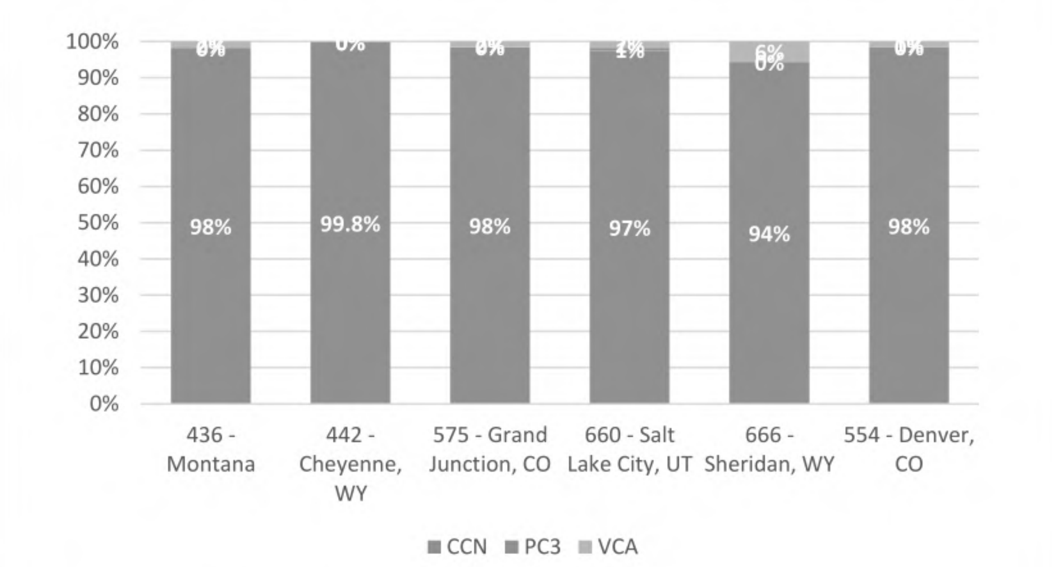
Region	R04	*12/5/2020 through 12/11/2020**		
VISN	19	Data pulled from the CDW		
Station#_StationName	(All)			
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	685			685
OPHTHALMOLOGY	332			332
CHIROPRACTIC	328			328
ORTHOPEDIC	320			320
SKILLED HOME HEALTH CARE	299	5	15	319

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Skilled home health care
4. Veteran directed care
5. Respite care

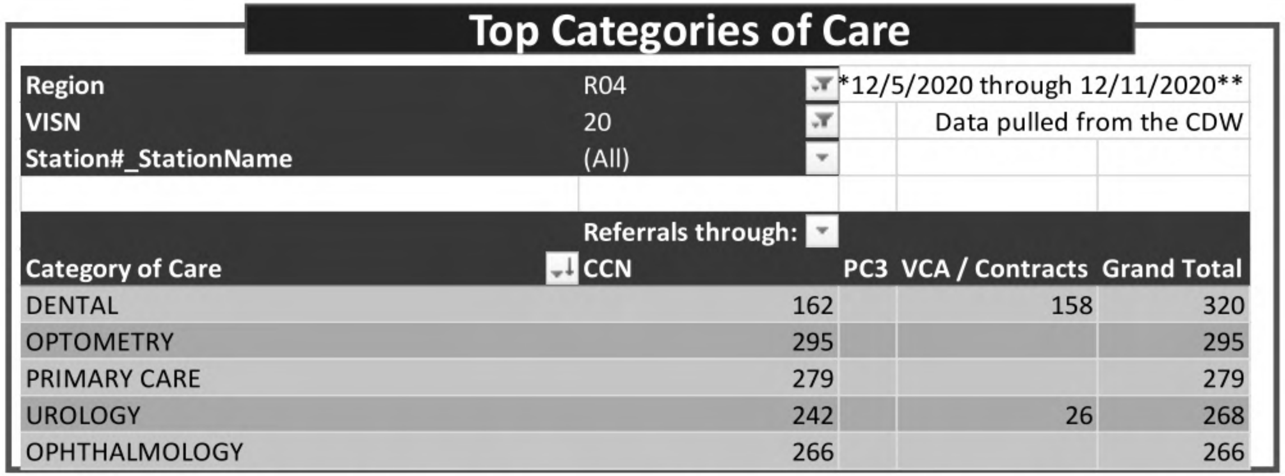
- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 19, this accounted for **19 PC3 referrals**.
  - 16 referrals were categorized as “ER/Urgent” and 3 referrals were categorized as inpatient.
- CCN utilization remained about the same for all sites. **Sheridan had the largest decrease of 4%.**
  - The VCA increase was due to an additional **7 Homemaker/Home Health Aide referrals.**
- **Cheyenne** CCN utilization reached an all time high of **99.8%.**

VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

Region 4 VISN 20 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04	*12/5/2020 through 12/11/2020**
VISN	20	Data pulled from the CDW
Station#_StationName	(All)	

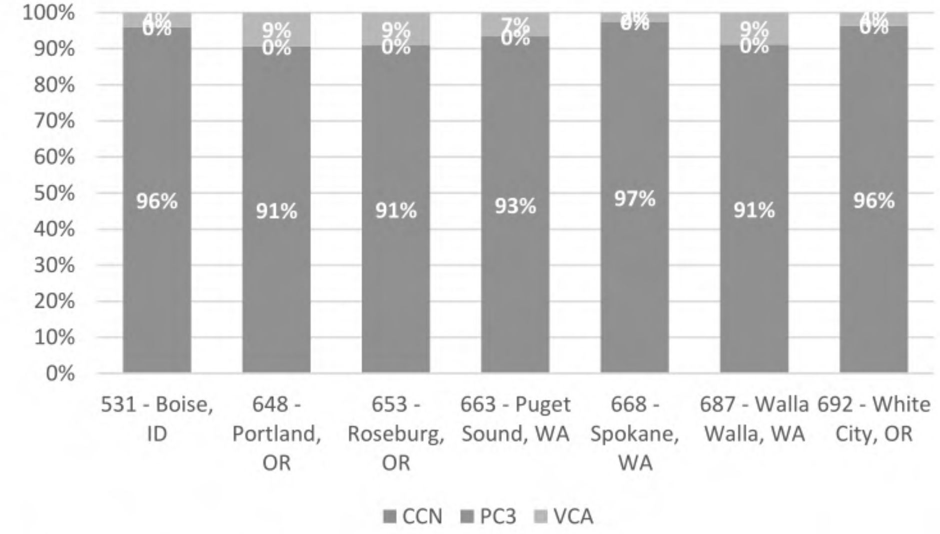
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	162		158	320
OPTOMETRY	295			295
PRIMARY CARE	279			279
UROLOGY	242		26	268
OPHTHALMOLOGY	266			266

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Respite care
4. Bowel and bladder
5. Adult day health care

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 20, this accounted for **67 PC3 referrals**.
  - 61 referrals were categorized as "ER/Urgent" and 6 referrals were categorized as inpatient.
- Portland, Roseburg, Walla Walla, and White City all had a slight increase of **1-4% in VCA utilization**.
  - VISN 20 has reported COVID impacts and noted Oregon governor increasing restrictions. Sites are experiencing an increasing number of unscheduled referrals and may be utilizing VCAs to maximize scheduling abilities.
  - R4 team will continue to monitor.

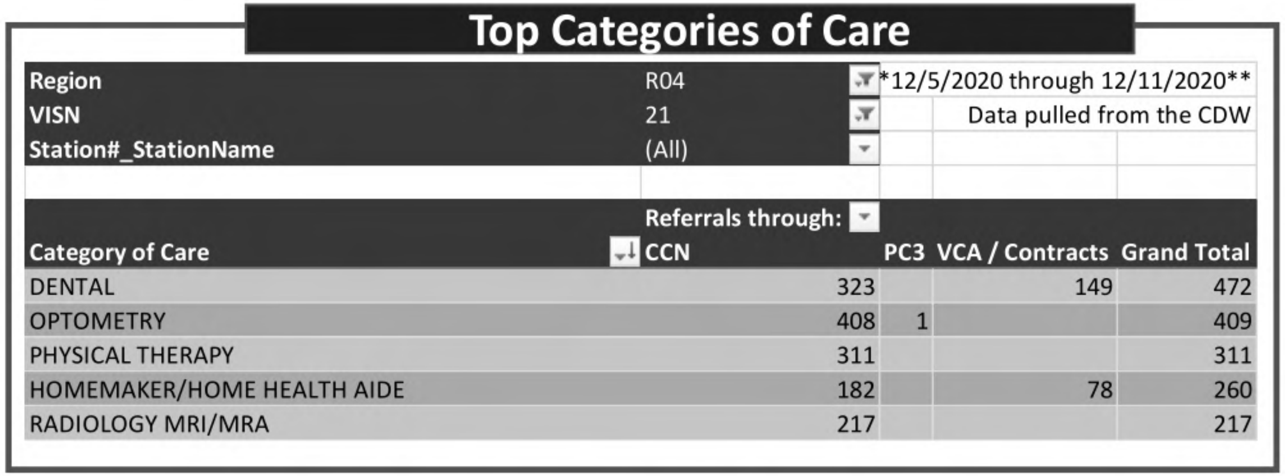
VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for December 5-11, 2020.

Region 4 VISN 21 Sites: Referral Volume Snapshot



Top Categories of Care

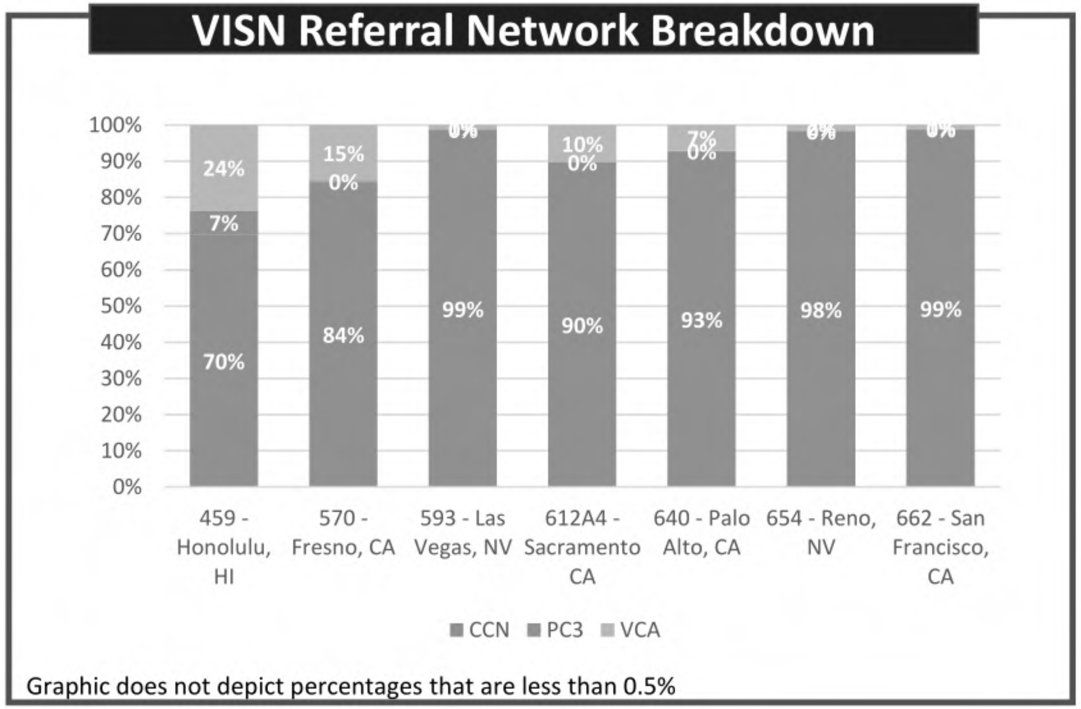
Region	R04	*12/5/2020 through 12/11/2020**		
VISN	21		Data pulled from the CDW	
Station#_StationName	(All)			

Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
DENTAL	323		149	472
OPTOMETRY	408	1		409
PHYSICAL THERAPY	311			311
HOMEMAKER/HOME HEALTH AIDE	182		78	260
RADIOLOGY MRI/MRA	217			217

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 21, this accounted for **64 PC3 referrals**.
  - 53 referrals were categorized as "ER/Urgent" and 11 referrals were categorized as inpatient.
- All sites saw an increase in CCN utilization and decrease in VCA/Contracts utilization compared to prior week. **Las Vegas and San Francisco has reached an all time high of 99% in CCN utilization.**
- Honolulu**'s PC3 utilization increased from 4% to 7%**; however, the PC3 referrals are for the Pacific Islands.

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Lab and pathology
3. Homemaker/home health aide
4. Orthopedic
5. Urology



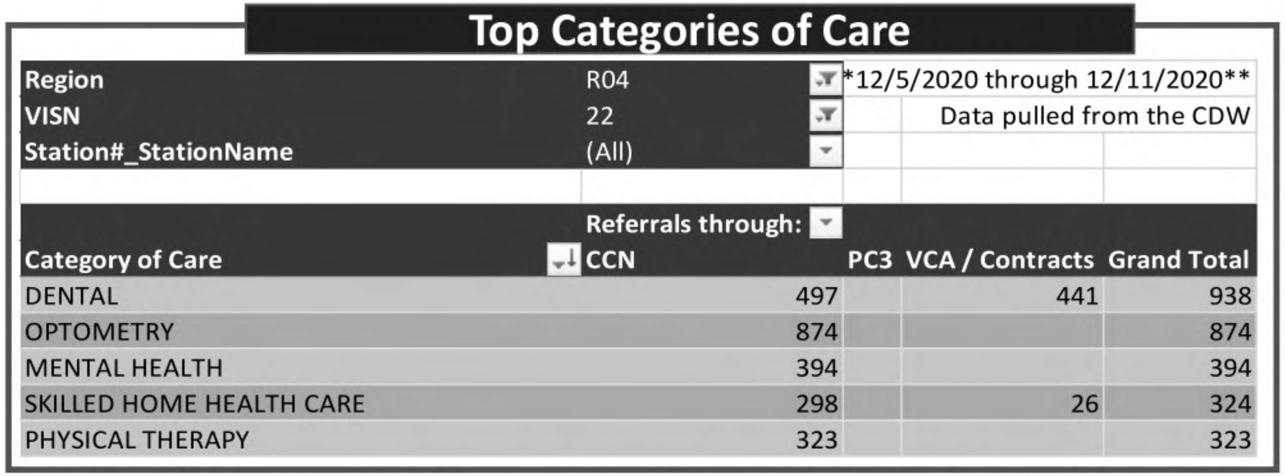
VISN Referral Network Breakdown

Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for December 5-11, 2020.

Region 4 VISN 22 Sites: Referral Volume Snapshot

Top Categories of Care



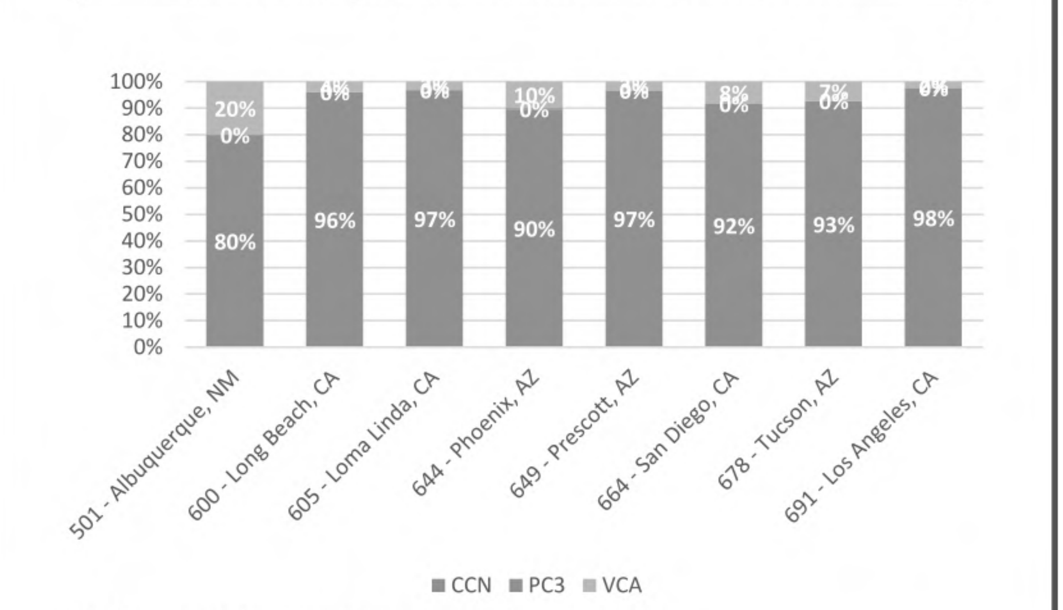
Region	R04	*12/5/2020 through 12/11/2020**		
VISN	22		Data pulled from the CDW	
Station#_StationName	(All)			
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	497		441	938
OPTOMETRY	874			874
MENTAL HEALTH	394			394
SKILLED HOME HEALTH CARE	298		26	324
PHYSICAL THERAPY	323			323

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 22, this accounted for **81 PC3 referrals**.
  - 75 referrals were categorized as “ER/Urgent” and 6 referrals were categorized as inpatient.
- CCN and VCA utilization remained steady compare to prior week with slight **1-2% variation.**
- Albuquerque continues to have the highest VCA/Contracts utilization; ***however, they are on a positive trend with a steadily decrease in VCA/Contracts utilization over the last three weeks.***
  - The main driver for the VCA/Contract utilization is due to dental. Network management is aware of the issue.

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Skilled home health care
4. Respite care
5. Ophthalmology

VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

TriWest: Access to COVID-19 Vaccines for Veterans CCN Regions 4, 5, and 6

12/30/20

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Office of Community Care

Agenda

1. Overview
2. Proposed Vaccine Process
3. TriWest's Proposed Framework Assumptions
4. Next Steps
5. Questions and Answers (Q&A)

Overview

- **Main Objective:** With the introduction of the COVID-19 vaccine, the Community Care Network (CCN) needs to ensure that all eligible Veterans, including Veterans residing in rural and highly rural areas, have access to the COVID-19 vaccine in their local communities as supplies are available.
    - (b)(5) [redacted]
- **Background**:
    - All Veterans eligible for the CCN Urgent Care (UC) benefits are also eligible for both the VA approved Flu and 3 approved COVID-19 vaccines.
    - Under the CARES ACT (set to expire on 12/31/2020), all pharmacies are legally required to provide COVID-19 vaccine, and VA may have authority under the CARES ACT to provide vaccines to all Veterans regardless of their Urgent Care benefit status.
    - Currently, 3 emergency National Drug Codes (NDCs) are approved for COVID-19 vaccines. Once government funding ends, it is expected that additional and new COVID-19 vaccine NDCs will enter the market.
    - The NDC's today have no average wholesale price (AWP) or cost associated with them since they are all government products. Once the government no longer funds the vaccines, new NDCs will be assigned with AWP attached to them.

Proposed Vaccine Process

(b)(5)

[redacted]

TriWest's Proposed Framework Assumptions

(b)(5)

- (b)(5)
- (b)(5)

TriWest’s Proposed Framework Assumptions Continued

(b)(5)

  ○ (b)(5)

  ○

The current status of COVID-19 vaccine Distributions Plan for major Pharmacy chains are listed below:

Pharmacy	Vaccine Distribution Plan
CVS	(b)(5)
Walgreens	
Costco	
Albertson’s	
Walmart	
Sam’s Club	

TriWest’s Proposed Framework Assumptions Continued

Invoice and Billing

- (b)(5)
  - (b)(5)

Data Assurance

- (b)(5)

Next Steps

Office of Community Care

(b)(5)

TriWest

(b)(5)

Q&A

CCN ELC Update

1/27/2021

(b)(6)

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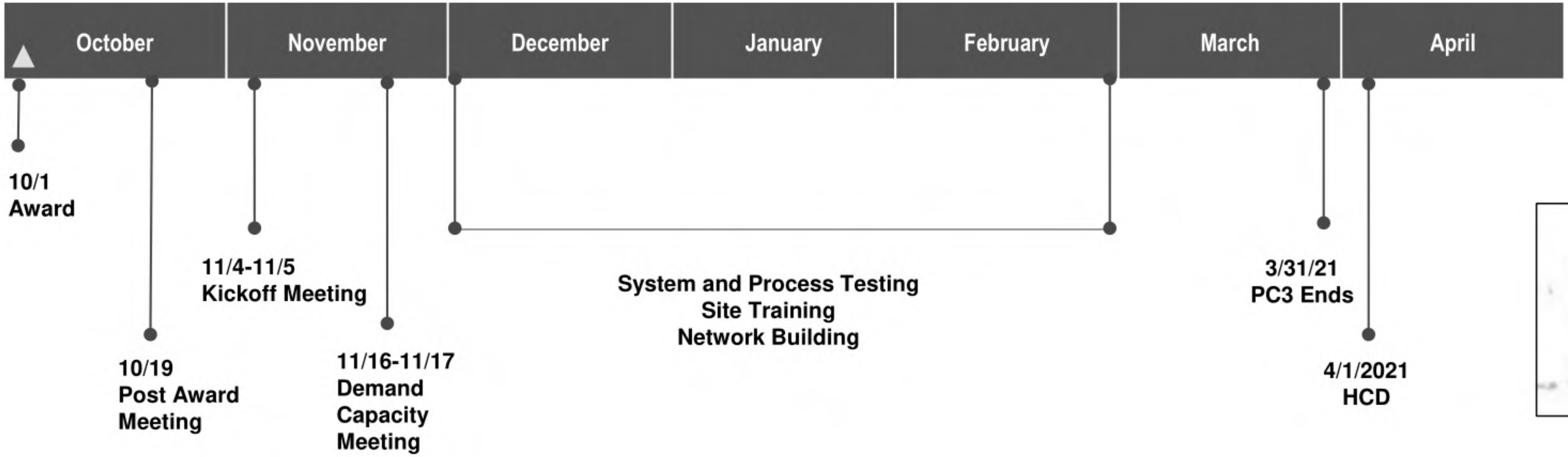
Office of Community Care

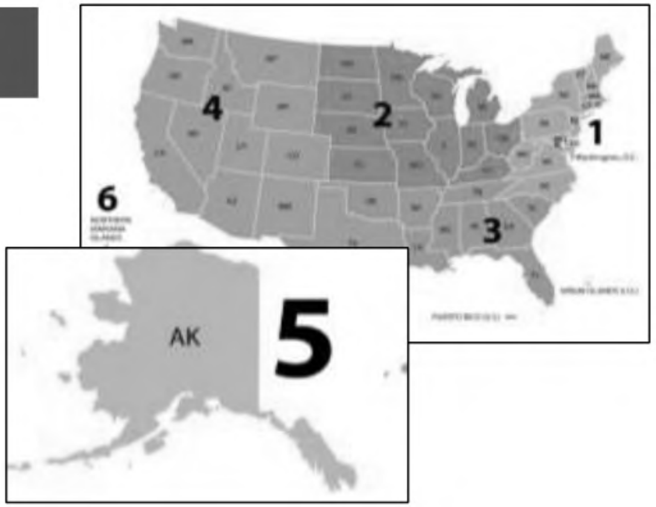
Agenda

- Region 5 Deployment Updates
- VA Provider Pharmacy Capability Update
- ART/IVF Pharmacy Update
- Retail Seasonal Flu Vaccine 2021-2022

R5 Deployment Updates

Region 5 Status and Upcoming Activities


October
November
December
January
February
March
April
10/1
Award
10/19
Post Award
Meeting
11/4-11/5
Kickoff Meeting
11/16-11/17
Demand
Capacity
Meeting
System and Process Testing
Site Training
Network Building
3/31/21
PC3 Ends
4/1/2021
HCD



Key Activities as of 1/25:

- (b)(5)
- R5 Tabletop Scenario Testing is complete.
- (b)(5)

Region 5 Risks/Issues

Category	Risk Level	Risks/Issues	Status and Next Steps as of 1/25
Payment Hierarchy and Fee Schedule Modification	High	(b)(5)	(b)(5)
Bundled Modifications	High	(b)(5)	(b)(5)
Dental Modification	High	(b)(5) (b)(5)	(b)(5)
HCD Date and PC3 Contract End Date	High		(b)(5)

VA Provider Pharmacy Capability Update

Project Milestones

Send communication products to 13D, (1/26) COMPLETED

- **Veteran facing Information Sheet, VA Provider Announcement, Scripting, Standardized Fax Cover Sheet developed**

CCSC Briefing - VA Provider Immediate Need Pharmacy Benefit Pilot, (1/26) COMPLETED

Conduct Pilot Provider Training Session, (1/26) COMPLETED

Upcoming Milestones

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

Pilot Update

- Training was held on 1/26/2021, at 3pm ET.
  - Providers and Pharmacists participated from VISN 21, along with TriWest
- TriWest confirmed the pilot participating providers are present in ESI's system, validating the PIE file process.
  - Update: Added additional providers (8) from NV who lost a capability to utilize SF first fill contract
- Communications artifacts developed and shared.
  - Email to providers and leadership
  - Veteran information sheet
  - Scripting
  - Example fax cover sheet template
- Support will be provided via the pilot Microsoft Teams channel for questions, issues, or feedback from Monday 2/1- Friday 2/6, from 10am-2pm PT.
- In early March, ELC will receive decision points for pilot next steps.

Provider	Specialty	Location
(b)(6)	CBOC (Primary Care)	Fresno CBOC
	CBOC (Primary Care)	Fresno CBOC
	CBOC (Primary Care)	Fresno CBOC
	Telehealth Urgent Care	Reno
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth	San Francisco
	Telehealth Urgent Care	San Francisco
	Telehealth Urgent Care	San Francisco
	Telehealth Urgent Care	San Francisco
	Telehealth Urgent Care	Sacramento
	Telehealth Urgent Care	Sacramento
	Telehealth Urgent Care	Sacramento
	Telehealth Urgent Care	Santa Rosa CBOC
	(b)(6)	Pacific Islands HCS
		Pacific Islands HCS
		Fresno Pharmacy

ART/IVF Pharmacy Issue Update

ART/IVF Pharmacy Issue - Update

BLUF: Veterans and eligible non-Veteran spouses receiving fertility care outside Veterans Administration (VA) facilities are required to get their medications from VA pharmacies. These medications are currently not eligible for urgent/emergency prescribing from the community care retail pharmacy. Because these medications are highly specialized and the use of them is time-sensitive, there is a need for flexibility in obtaining these medications from pharmacies outside VA.

- Issue 1: Veteran OOP reimbursement (Immediate/Interim Solution)

(b)(5)

- Issue 2: Availability of infertility/ART/IVF medications to Veterans (Ideal Future Solution)

(b)(5)

- Issue 3: Compounded drugs – sterile lab via local contract

(b)(5)

Retail Seasonal Flu Vaccine 2021-2022

Retail Seasonal Flu Vaccine 2021-2022

BLUF: (b)(5)

(b)(5)

- Background:
  - Veterans have historically leveraged VA's retail seasonal flu vaccine program. The need increased in the 2020-2021 flu vaccine season due to COVID-19 and given the status of COVID-19, the 2021-2022 flu season will also likely see a higher than usual demand.
  - (b)(5)
- Next Step(s): (b)(5)

  (b)(5)
- Timeline: Seasonal Flu Vaccine Availability September 1, 2021-April 30, 2022
  - (b)(5)
  - Communication development completed by July

    (b)(5)
  - Other coordination efforts (flu formulary update, NDC list development, escalation pathway, reimbursement, etc.)

Strategic Planning MITRE Contract

2/1/2021

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Strategic Planning & Support Contract

- OCC/Network Management have a contract that has been awarded to provide Strategic Planning services that are not in line with our current way forward
- (b)(5)

Introduction

- **Title of Requirement:** National Care Strategic and Future Planning Support
  - Contract 36C10A20D0004
  - Task Order 36C10A21N0003
- **Date of Award:** October 28, 2020
- **Contractor Name:** The MITRE Corporation
- **Period of Performance:**
  - Base: October 28, 2020 to October 27, 2021
  - Option Yr. 1: October 28, 2021 to October 27, 2022
  - Option Yr. 2: October 28, 2022 to October 27, 2023
- **Contract Type:** Cost-Plus-Fixed-Fee (CPFF)
- **Obligated Amount: $**5,394,288
- **Total Award Amount:** $14,187,753

Introduction

- **VA Team**
  - Executive Sponsor: Dr. Mark Upton
    - Recommend IPT Charters (Strategic Planning and Next Generation)
  - Program Manager: (b)(6)
  - Contract Management:
    - CO: (b)(6)
    - COR: (b)(6)
- **MITRE Team**
  - (b)(6)
- **MITRE Leadership**
  - (b)(6)

Contract Statement of Work

5.2.1 National Strategic Planning Support

- Provide OCC Strategic Plan to redefine the vision, mission, and direction to project out 10-20 years
  - Assess the current state of OCC, identify inefficiencies and provide recommendation for improvement, including recommendations on integration of current CCN and other VHA business lines.
  - Assessments/analysis of potential future legislation, presidential administration changes, and political climate and the potential impact to VHA policy.
  - Provide advice for healthcare programs, strategy planning, and business process management as they relate to the OCC and the VHA enterprise. Strategic planning is to include research and advisory services of industry best practices.
  - Recommended initiatives, resources, and standard operating procedures that align with the OCC Strategic Plan and will enable OCC to adopt proven practices, reduce procedural variations between OCC existing contracts and improve management of planning and execution across OCC lines of business.
- GOAL: To develop an actionable long-term strategy for OCC
- POP Base: October 28, 2020 to October 27, 2021
  - Option Year 1: October 28, 2021 to October 27, 2022
  - Option Year 2: October 28, 2022 to October 27, 2023 (OCC strategic plan update)

Recommended Replacement Work (Plan A)

- Each Directorate has a distinct role in the organization which requires individualization of their plans
- MITRE would work with each individual Directorate, along with Strategic Planning staff, to create 5 Year Strategic Plans (FY21-26)
- All work previously accomplished during the Senior Leader Meeting and Directorate work would be incorporated into the MITRE work
- Directorate plans would then be incorporated by the OCC Strategic Planning staff into an OCC Strategic Plan using the VA and VHA Long Range Plan Goals and Objectives
- Ongoing annual Operational Plans would also incorporate this work
- Leveraging MITRE resources reduces the work burden of the Directorates

Chief Health Informatics Office (CHIO)	***Business Operations & Administration***	***Delivery Operations***	***Revenue Operations***	***Network Management***	***Clinical Integration & Field Operations***
Status: Contractor working on development of this plan	**Status:** No current Directorate 5-year plan	**Status:** Current 3-year FY20-22 Plan in place (Model)	**Status:** No current Directorate 5-year plan	**Status:** No current Directorate 5-year plan but completed work on the Acquisition Playbook	**Status:** No current Directorate 5-year plan
Recommendation: Do not include in MITRE work	**Recommendation:** Include in MITRE work	**Recommendation:** Include in MITRE work for extension of existing work for FY23-26	**Recommendation:** Include in MITRE work	**Recommendation:** Include in MITRE work	**Recommendation:** Include in MITRE work

Directorate/OCC Strategic Plan Components

- OCC Mission/Vision/Goals
- ICARE Values
- Directorate SWOT Analysis
- Directorate Priorities (FY21 and FY22)
- Overall Strategy
- Long Term Strategic Objectives
- Strategic Goals, Indicators and Activities (possible budget impact)
- VA/VHA Goals and Objectives Linkage
- VHA Long Range Planning Framework Linkage

Long Term Planning Areas of Consideration

- Maintaining and Improving our High Performing Integrated Delivery Network
- Maintaining and Improving our work as a High Reliability Organization (HRO)
- Impact of new health care technologies
- Impact of process automation/updates
- Impact of projected Veteran demand
- Ability to provide data feedback loop to the field for health care services planning
- Impact of proper field health care services planning
- Impact of improved network adequacy
- Impact of improved care integration
- Effective Use of Resources
- Building a culture of Excellence

Recommended Replacement Work (Plan B)

- MITRE would work with each individual Directorate, along with Strategic Planning staff, to create only an OCC 5-Year Strategic Plan
- Directorate input would be incorporated using the VA and VHA Long Range Plan Goals and Objectives and the Level III Operating Plan
- Ongoing annual Operational Plans would also incorporate this work
- All work previously accomplished during the Senior Leader Meeting and Directorate work would be incorporated into the MITRE work
- This option does not reduce the work burden on the Directorates as they will still need to develop Strategic Plans commensurate with the larger OCC plan

CCN ELC Update

2/10/2021

(b)(6)

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Agenda

- Region 5 Deployment Updates
- VA Provider Pharmacy Capability Update

R5 Deployment Updates

Region 5 Status and Upcoming Activities

October	November	December	January	February	March	April

10/1
Award

10/19
Post Award Meeting

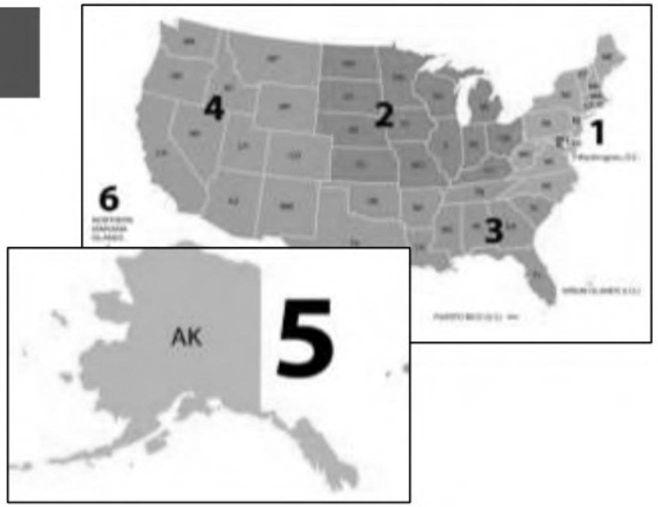
11/4-11/5
Kickoff Meeting

11/16-11/17
Demand Capacity Meeting

System and Process Testing
Site Training
Network Building

3/31/21
PC3 Ends

4/1/2021
HCD



Key Activities as of 2/9:

- (b)(5)
- Mod Bundle #1 has been fully executed (b)(5)
- (b)(5)
- The R5 Dental Deep Dive occurred 2/3 (b)(5)
- VA provided CO direction to TW on several items included in upcoming modifications as requested by TW.

Region 5 Modifications and Risks Update

Category	Risk Level	Risks/Issues	Status and Next Steps as of 2/9
Payment Hierarchy and Fee Schedule Modification	High	(b)(5) [redacted]	• (b)(5) [redacted]
Mod Bundle #2	High	[redacted]	• [redacted]
Dental Modification	High	[redacted]	• [redacted]
TW Delta Dental Timeline	High	[redacted]	• [redacted]
HCD Date Modification	High	[redacted]	• [redacted]
VCE Modification	High	[redacted]	• [redacted]

VA Provider Pharmacy Capability Update

Project Milestones

Upcoming Milestones

Send communication products to 13D, (1/26) COMPLETED

- **Veteran facing Information Sheet, VA Provider Announcement, Scripting, Standardized Fax Cover Sheet developed**

CCSC Briefing - VA Provider Immediate Need Pharmacy Benefit Pilot, (1/26) COMPLETED

Conduct Pilot Provider Training Session, (1/26) COMPLETED

Soft test with VA provider, (1/27) COMPLETED

(b)(5)

(b)(5)

(b)(5)

(b)(5)

Pilot Update

- TriWest confirmed over 70 claim have been sent out under the immediate need pharmacy capability since November 2020
    - Even though the pilot did not go live until 2/1, TriWest/ESI's system capability was turned on in November 2020 and some pharmacy claims which meet the criteria (e.g., eligible VA prescriber, eligible Veteran, U/E formulary, etc.) have gone through this process
- Conducted lessons learned session with pilot participants
    - Only one issue so far
    - Many VA providers experienced long wait time (15 minutes) to speak to the pharmacists at the retail pharmacies to provide verbal orders
        - Outbound ePrescribing capability would help with this experience
    - Change management will be critical when we implement this capability region-wide or nation-wide, especially with sunsetting of local first fill contracts
    - U/E formulary management and ability to add routine/maintenance medications

Pilot Issue

BLUF: CCRS has not implemented the requirements needed to support the processing of invoices for VA provider prescription capability which could impact continuance of pilot

Background

- Two CCRS Change Requests (CR) were submitted for the VA provider prescription capability implementation. One CR for CCRS to accept the VP unique prior auth number on the NCPDP file (11/16/2020) and One CR for obligation mapping requirement from Finance team (12/15/2020).
- Both CRs were not properly or timely acted upon.
- CCRS team has gone through major transition (PM transition, new IT PM onboarded, etc.) in November/December.

Current Status

- Requirements will be implemented on 3/18, with the CCRS 14.3 release. Earlier implementation is not feasible per CCRS.
- CCRS, POM, Finance, and COR team engaged to finalize requirements and address clarification questions.
  1. *Obligations – Closed (Finance submitted updated CR)*
  2. *Allocation of PMPM (prescribing provider vs dispensing provider) – Open, with COR Invoice team*
  3. *Prescribing provider validation – Closed (CCN submitted updated CR, bypass prescribing provider validation)*

Impact, Next Steps

(b)(5)

Weekly Community Care Consult Management Meeting

2/10/2021

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Agenda

1. OVAC/OCC Joint Access Initiative- Workstream Status
    - i. Field Engagement – RCI Implementation
    - ii. Oversight & Dashboarding Monitoring
    - iii. Joint Operating Model

2. Scheduling Timeliness Data by VISN

OVAC/OCC Joint Access Initiative – Workstream Status

Field Engagement – RCI Implementation

Workstream

Description: **Field Engagement** - VISN RCI/Access meetings and immediate RCI implementation

Objective: Complete RCI Roll Out through engagement with VISN leadership

Risks & Issues (High, Medium, Low)

(b)(5)

- 1/29 (b)(6) transitioning from OCC to OVAC. Identify OCC-CI Business SME for approval. (H)

Past Decisions/Updates

- 1/29 Completed RCI VISN Meetings and each VISN received action plans from the RCI/OVAC team with OCC suggestions.

OCC Role

Responsible for VISN CC data slides. Provide OCC support and input with RCI implementation plan.

Key Activity

- ✓ 1/29 RCI Implementation Workgroup completed a lock down led by (b)(6) and (b)(6) cross walked checklist and guidance to drive communication & education trainings and updates to the guidebook.
- ✓ 2/3 SME team (b)(6) to create guidance (interim solution) for RCT Tracking tool until CTB 2.0 can track % consults automatically.
- ✓ 2/8 RCI Dashboard Iteration #1 under review with OCC CI leadership (b)(6) (b)(6).
- ✓ 2/8 Captured Scheduling Timeliness data by VISN (b)(6)

Next Steps

(b)(5); (b)(6)

Oversight & Dashboarding Monitoring

Workstream

Description: Oversight and Dashboard Monitoring - Joint OCC/OVAC dashboard (access, utilization, and outcomes). Initiation of JOC and HOC meetings.

Objective: Monitor outcomes on access to care and refine approach

Key Risk & Issues (High, Medium, Low)

- 2/5 CCRS data unable to connect with CDW due to data integrity issues. Initial solution pathway identified by IDA/VSSC was rejected by OIT due to vendor/contracting issues – Dr. Sandrow to escalate and resolve with OIT. (H)

Past Decisions

- 2/2 OVAC POCs identified – (b)(6) and Dr. Susan Kirsh..
- 2/3 Dr. Brill recommends OVAC to identify top 3 priorities and relevant metrics for initial dashboard first then add new metrics incrementally.

OCC Role

Accountable: Dr. Mark Upton Responsible for gathering OCC metrics and requirements for data dashboard; working with the dashboard developer

Key Activity

- ✓ 2/3 OCC, IDA, and CI reviewed the Palantir comments on OCC Dashboard Requirements and provided business and technical feedback. IDA to provide feedback on remaining questions.
- ✓ 2/3 OCC briefed OVAC leads and reviewed the analysis of primary and secondary OCC/RCI metrics. OVAC agreed to participate in the joint dashboard.
- ✓ 2/4 Creating data dictionary to match common language (b)(6)
- ✓ 2/5 OCC and VSSC confirmed project team members in R&R documents.

Next Steps

- (b)(6)
- (b)(6) Dr. Sandrow (b)(6)
- (b)(6)

Operating Model Refresh

Workstream

Description: Operating Model Refresh - Access Initiative: Adjust the Operating Model to reflect a current, unified structure between OVAC/RCI and OCC aligning to the original objectives and principles.

Objective: Expand OVAC/OCC partnership and establish joint operating model refresh

Key Risk & Issues (High, Medium, Low)

- 2/8 Discussions for Op Model refresh to begin. (L)

OCC Role

Accountable: (b)(6) **R**esponsible for developing Op Model Refresh artifacts, oversight mechanisms, and deployment strategy

Key Activity

1.Confirm goals and objectives for the Operating Model

a. Identify OCC stakeholders and determine roles and responsibilities

b. Conduct internal OCC working session to align OCC goals, objectives (including milestones and dependencies)

Next Steps

(b)(5)

Scheduling Timeliness Data by VISN
Data captured on 2/8/2021

Background

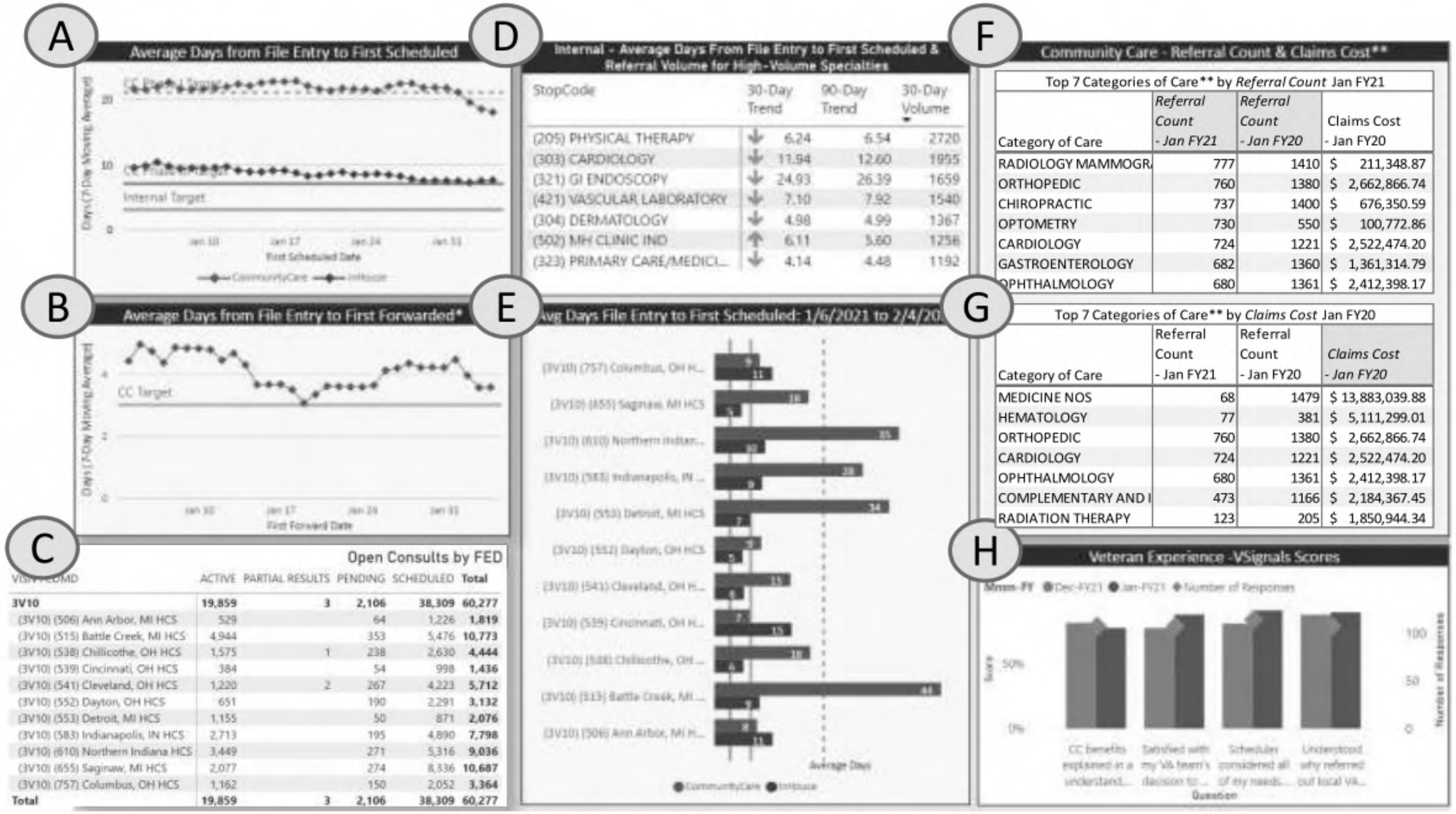
The following metrics displayed by VISN-level were identified by OCC and OVAC leadership to best measure scheduling timeliness, cost of care, and overall Veteran satisfaction.

Metrics

A. Average Days from File Entry to First Scheduled
B. Average Days from File Entry to Forward date
C. Open Consults by File Entry Date
D. Internal - Average Days from File Entry to First Scheduled and Referral Count for High-Volume Specialties
E. Average Days from File Entry to First Scheduled by Medical Center
F. Community Care - Referral Count & Claims Cost for Top 5 Specialties by Referral Count
G. Community Care - Referral Count & Claims Cost for Top 5 Categories of Care by Claims Cost
H. Veteran Experience - VSignal Scores

Data Sources

- RCI HOC Report (A-B, D-H)
- CI Dashboard (C)


A
Average Days from File Entry to First Scheduled
Days (7-Day Moving Average)
20
10
0
CC Phase 1 Target
CC Phase 0 Target
Internal Target
Jan 10
Jan 17
Jan 24
Jan 31
First Scheduled Date
CommunityCare
InHouse
B
Average Days from File Entry to First Forwarded*
Days (7-Day Moving Average)
4
2
0
CC Target
Jan 10
Jan 17
Jan 24
Jan 31
First Forward Date
C
D
E
Avg Days File Entry to First Scheduled: 1/6/2021 to 2/4/20
(3V10) (757) Columbus, OH H...
9
11
(3V10) (655) Saginaw, MI HCS
16
5
(3V10) (610) Northern Indian...
35
10
(3V10) (583) Indianapolis, IN ...
28
9
(3V10) (553) Detroit, MI HCS
34
7
(3V10) (552) Dayton, OH HCS
9
5
(3V10) (541) Cleveland, OH H...
15
6
(3V10) (539) Cincinnati, OH H...
7
15
(3V10) (538) Chillicothe, OH ...
18
6
(3V10) (515) Battle Creek, MI ...
44
9
(3V10) (506) Ann Arbor, MI H...
8
11
Average Days
CommunityCare
InHouse
F
G
H
Veteran Experience -VSignals Scores
Mmm-FY
Dec-FY21
Jan-FY21
Number of Responses
Score
50%
0%
100
50
0
Number of Responses
CC benefits explained in a understand...
Satisfied with my VA team's decision to ...
Scheduler considered all of my needs...
Understood why referred out local VA...
Question

Open Consults by FED

VISN-FEDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
3V10	**19,859**	**3**	**2,106**	**38,309**	**60,277**
(3V10) (506) Ann Arbor, MI HCS	529		64	1,226	**1,819**
(3V10) (515) Battle Creek, MI HCS	4,944		353	5,476	**10,773**
(3V10) (538) Chillicothe, OH HCS	1,575	1	238	2,630	**4,444**
(3V10) (539) Cincinnati, OH HCS	384		54	998	**1,436**
(3V10) (541) Cleveland, OH HCS	1,220	2	267	4,223	**5,712**
(3V10) (552) Dayton, OH HCS	651		190	2,291	**3,132**
(3V10) (553) Detroit, MI HCS	1,155		50	871	**2,076**
(3V10) (583) Indianapolis, IN HCS	2,713		195	4,890	**7,798**
(3V10) (610) Northern Indiana HCS	3,449		271	5,316	**9,036**
(3V10) (655) Saginaw, MI HCS	2,077		274	8,336	**10,687**
(3V10) (757) Columbus, OH HCS	1,162		150	2,052	**3,364**
Total	**19,859**	**3**	**2,106**	**38,309**	**60,277**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode		30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↓	6.24	6.54	2720
(303) CARDIOLOGY	↓	11.94	12.60	1955
(321) GI ENDOSCOPY	↓	24.93	26.39	1659
(421) VASCULAR LABORATORY	↓	7.10	7.92	1540
(304) DERMATOLOGY	↓	4.98	4.99	1367
(502) MH CLINIC IND	↑	6.11	5.60	1256
(323) PRIMARY CARE/MEDICI...	↓	4.14	4.48	1192

Community Care - Referral Count & Claims Cost**

Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
RADIOLOGY MAMMOGR	777	1410	$ 211,348.87
ORTHOPEDIC	760	1380	$ 2,662,866.74
CHIROPRACTIC	737	1400	$ 676,350.59
OPTOMETRY	730	550	$ 100,772.86
CARDIOLOGY	724	1221	$ 2,522,474.20
GASTROENTEROLOGY	682	1360	$ 1,361,314.79
OPHTHALMOLOGY	680	1361	$ 2,412,398.17

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
MEDICINE NOS	68	1479	$ 13,883,039.88
HEMATOLOGY	77	381	$ 5,111,299.01
ORTHOPEDIC	760	1380	$ 2,662,866.74
CARDIOLOGY	724	1221	$ 2,522,474.20
OPHTHALMOLOGY	680	1361	$ 2,412,398.17
COMPLEMENTARY AND I	473	1166	$ 2,184,367.45
RADIATION THERAPY	123	205	$ 1,850,944.34

*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis and Home Health have been removed in this extract

Data Interpretations

ID	Measure	Interpretation	Goals
A, D, & E	**Average Days from File Entry to First Scheduled**	(b)(5)	Internal – 3 days CC Phase I Target – 21 days, CC Phase III Target – 7 days
B	**Average Days from File Entry to Forward date**		3 days
C	**Open Consults by File Entry Date**		TBD
F & G	**Community Care - Referral Count & Claims Cost**		Ongoing monitoring for trends
H	**Veteran Experience - VSignal Scores**		Ongoing monitoring for trends

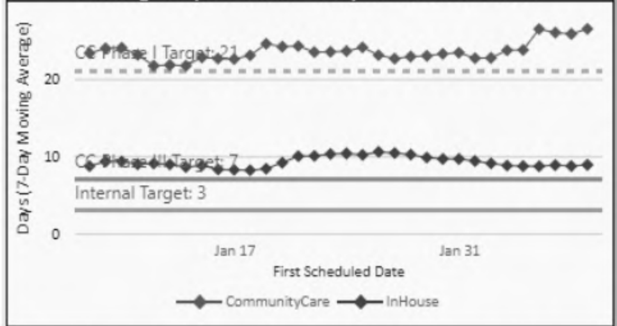
Detailed Data Definitions

ID	Metric	Definition	Source
A	**Average Days from File Entry to First Scheduled**	This chart shows the average number of days from File Entry to First Scheduled for in-house and community consults. Data is filtered to show consults with a First Scheduled Date within the last eight weeks. Future Care and Community Care Emergency Classification are excluded.	Screenshot of HOC RCI Report shared during weekly HOC meetings
B	**Average Days from File Entry to Forward Date**	This chart shows the average number of days from File Entry to Forward for community consults by Forward Date. Data is filtered to show consults that are forwarded from a different classification then Community Care. Community Care Emergency Care Consults.	
C	**Open Consults by File Entry Date**	This chart shows the open consults by File Entry Date. Data is filtered to show by VISN and station. • Update weekly	Screenshot of CI Dashboard: Consults Overview – Open Timeliness by FED
D	**Internal – Average Days from File Entry to First Scheduled and Referral Count for High-Volume Specialties**	This section shows the average number of days from the File Entry to First Scheduled. Data for in house high-volume specialties are presented for the prior 30 days, including the total number of consults scheduled in the prior 30 days and the average days from File Entry to First Scheduled for prior 90 day and the prior 30 days. Consults are included if they were first scheduled in the prior month. Community Care Emergency Care Consults and consults where the Appointment Made Date is after the Appointment Dare are excluded.	Screenshot of HOC RCI Report shared during weekly HOC meetings
E	**Average Days from File Entry to First Scheduled by Medical Center**	This chart shows the average number of days from File Entry to First Scheduled by Medical Center. Data is filtered to show consults that were first scheduled during the prior week. Future Care and Community Care Emergency Classification are excluded.	
F	**Community Care – Referral Count & Claims Cost for Top 7 Categories of Care by Referral Count**	• This table shows the referral count for the last completed month, the referral count for the last completed month for the prior fiscal year and claims cost from the last completed month for the prior fiscal year. Data is sorted by referral count in F and Claims Cost in G. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract • *See Notes section for additional data detail*	
G	**Community Care – Referral Count & Claims Cost for Top 7 Categories of Care by Claims Cost**		
H	**Veteran Experience – VSignal Scores**	• This table displays statement responses from the Choosing VA CC and Scheduling VA CC survey types with an agreement score (scores of 4 or 5) •My VA Primary care provider and/or VA coordinating team explained benefits offered through VA community care in a way I could understand. •I clearly understood why I was referred out of my local VA for care. •I am satisfied with my VA provider and/or VA coordinating team's decision to use VA community care. •The [Scheduling Entity] considered all of my needs when scheduling my VA community care appointment.	

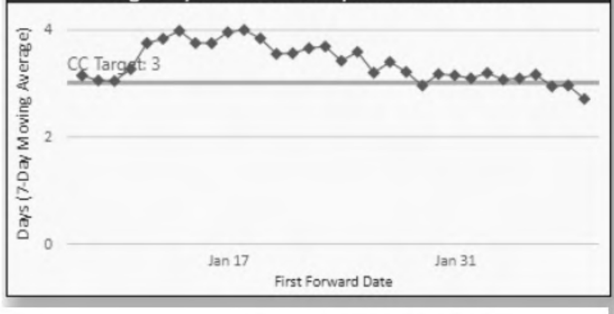
VISN 1

Data last updated: 02/08/2021

Average Days from File Entry to First Scheduled



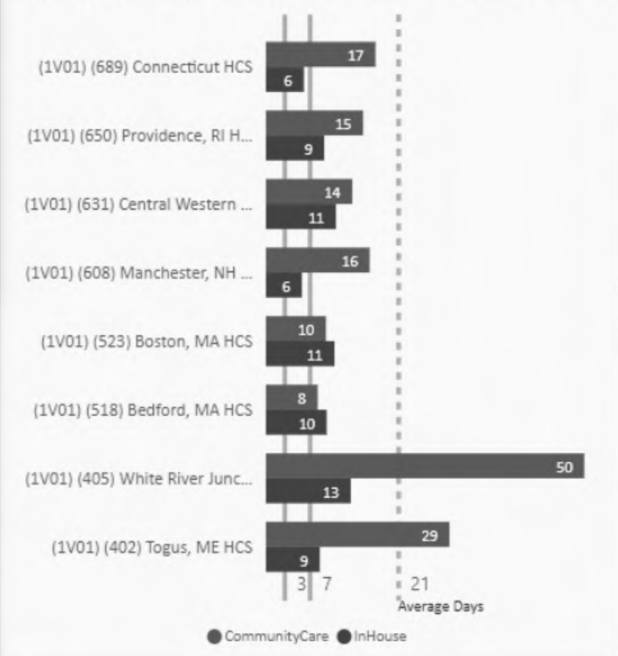
Average Days from File Entry to First Forwarded*



Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode		30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↓	5.14	6.09	1217
(674) ADMIN PAT ACTIVITIES (...	↓	1.23	1.68	1128
(502) MH CLINIC IND	↓	8.23	8.26	1025
(321) GI ENDOSCOPY	↑	43.47	40.29	902
(303) CARDIOLOGY	↓	6.53	6.79	839
(391) CARDIAC ECHO	↑	18.81	14.21	725
(323) PRIMARY CARE/MEDICI...	↑	5.76	5.71	699

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

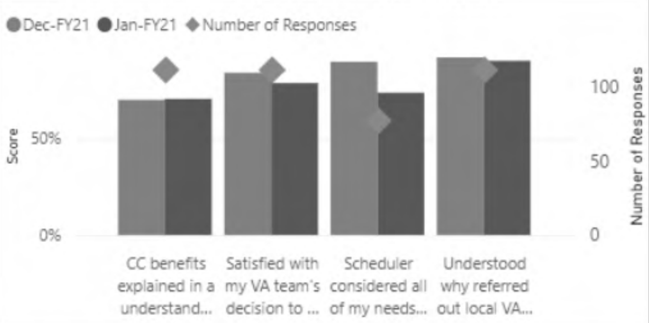
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
DENTAL	1094	1330	$ 594,363.28
GASTROENTEROLOGY	476	910	$ 746,396.60
CHIROPRACTIC	470	746	$ 251,319.86
ORTHOPEDIC	463	746	$ 1,282,221.20
PHYSICAL THERAPY	448	878	$ 476,265.77
COMP & INTEGR HEALTH	414	779	$ 1,069,152.85
CARDIOLOGY	295	495	$ 1,709,716.47

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	27	167	$ 1,938,062.10
MENTAL HEALTH	163	435	$ 1,715,971.89
CARDIOLOGY	295	495	$ 1,709,716.47
ORTHOPEDIC	463	746	$ 1,282,221.20
COMP & INTEGR HEALTH	414	779	$ 1,069,152.85
RADIATION THERAPY	50	73	$ 1,021,619.64
OPHTHALMOLOGY	290	517	$ 872,253.22

Veteran Experience -VSignals Scores



Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
1V01	**11,022**	**1**	**1,742**	**22,108**	**34,873**
(1V01) (402) Togus, ME HCS	4,532		806	7,679	**13,017**
(1V01) (405) White River Junction, VT HCS	2,813	1	243	2,558	**5,615**
(1V01) (518) Bedford, MA HCS	174		19	381	**574**
(1V01) (523) Boston, MA HCS	267		16	414	**697**
(1V01) (608) Manchester, NH HCS	1,216		218	2,926	**4,360**
(1V01) (631) Central Western Massachusetts HCS	776		289	2,941	**4,006**
(1V01) (650) Providence, RI HCS	536		64	1,693	**2,293**
(1V01) (689) Connecticut HCS	708		87	3,516	**4,311**
Total	**11,022**	**1**	**1,742**	**22,108**	**34,873**

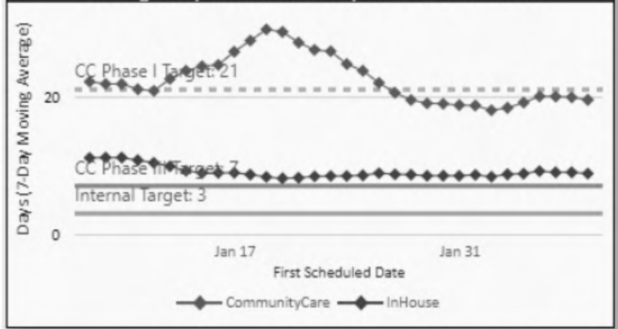
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

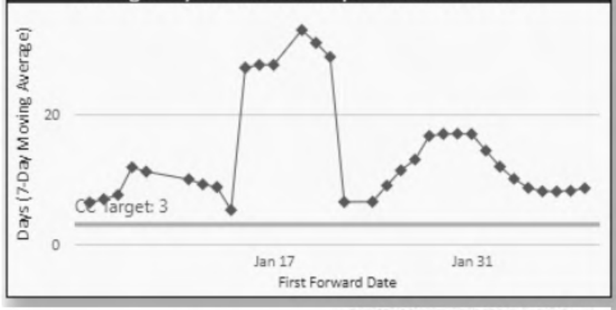
VISN 2

Data last updated:
02/08/2021

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



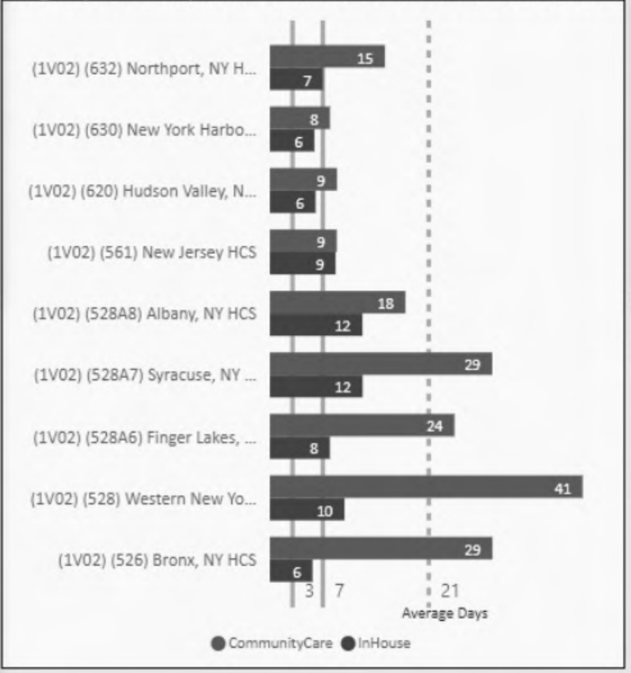
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
1V02	**5,179**	**2**	**311**	**13,768**	**19,260**
(1V02) (526) Bronx, NY HCS	236			464	**700**
(1V02) (528) Western New York HCS	589	1	24	602	**1,216**
(1V02) (528A6) Finger Lakes, NY HCS	1,124		80	2,002	**3,206**
(1V02) (528A7) Syracuse, NY HCS	1,441		77	6,348	**7,866**
(1V02) (528A8) Albany, NY HCS	750		58	1,715	**2,523**
(1V02) (561) New Jersey HCS	475	1	30	1,327	**1,833**
(1V02) (620) Hudson Valley, NY HCS	186		8	371	**565**
(1V02) (630) New York Harbor HCS	22		10	183	**215**
(1V02) (632) Northport, NY HCS	356		24	756	**1,136**
Total	**5,179**	**2**	**311**	**13,768**	**19,260**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode	30-Day Trend		90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↓	11.53	13.26	1158
(303) CARDIOLOGY	↓	5.52	7.01	903
(307) GASTROENTEROLOGY	↓	19.58	23.14	758
(502) MH CLINIC IND	↑	6.24	6.14	737
(315) NEUROLOGY	↓	12.41	13.02	679
(409) ORTHOPEDICS/JOINT S...	↓	5.99	6.04	646
(321) GI ENDOSCOPY	↓	20.28	22.84	638

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

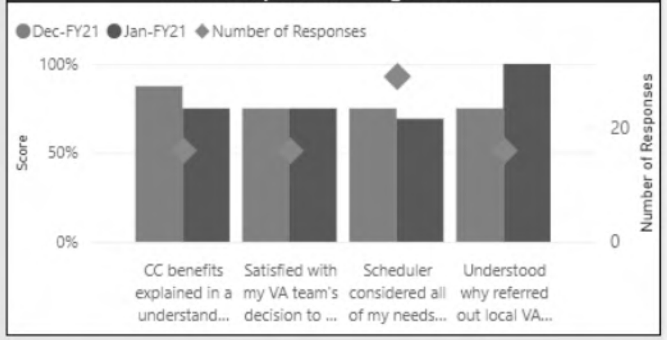
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
COMP & INTEGR HEALTH	280	450	$ 597,088.43
GASTROENTEROLOGY	276	699	$ 598,826.27
RADIOLOGY MAMMOGR/	261	427	$ 60,419.29
CARDIOLOGY	225	604	$ 1,122,929.92
OPHTHALMOLOGY	219	488	$ 588,424.51
ORTHOPEDIC	210	448	$ 600,409.03
RADIOLOGY MRI/MRA	195	314	$ 84,209.09

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	12	118	$ 1,347,656.89
CARDIOLOGY	225	604	$ 1,122,929.92
RADIATION THERAPY	76	99	$ 694,281.05
ORTHOPEDIC	210	448	$ 600,409.03
GASTROENTEROLOGY	276	699	$ 598,826.27
COMP & INTEGR HEALTH	280	450	$ 597,088.43
OPHTHALMOLOGY	219	488	$ 588,424.51

Veteran Experience -VSignals Scores



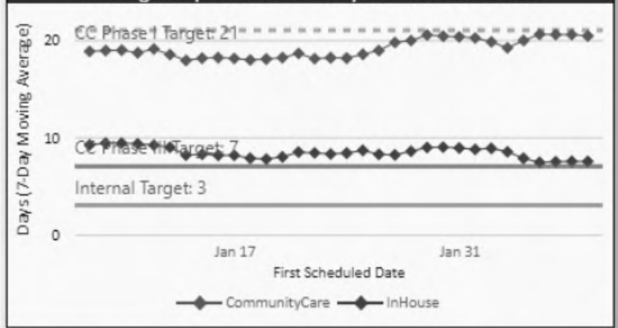
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

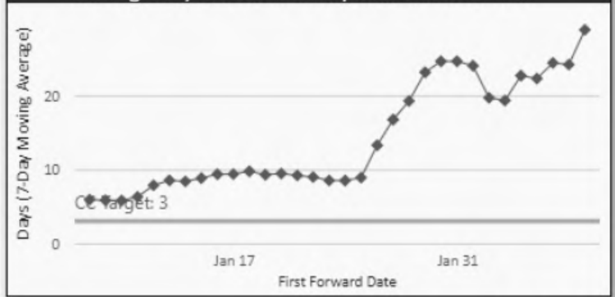
VISN 4

Data last updated: 02/08/2021

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



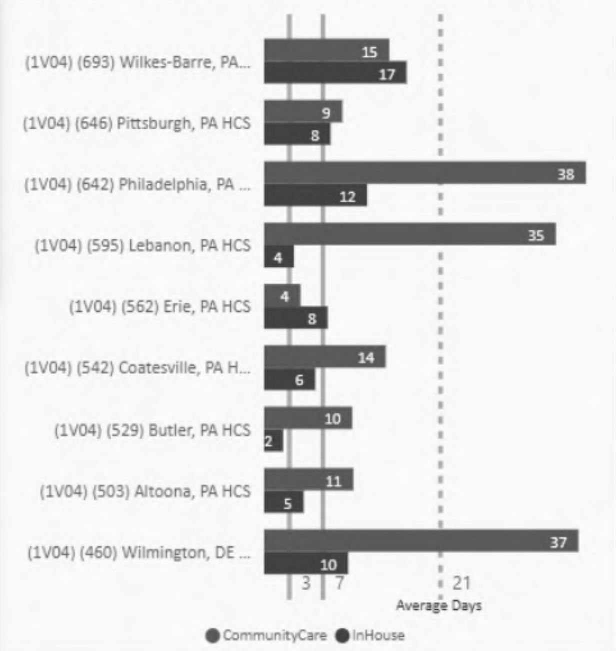
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
1V04	**9,242**	**12**	**454**	**22,199**	**31,907**
(1V04) (460) Wilmington, DE HCS	1,882		81	4,765	**6,728**
(1V04) (503) Altoona, PA HCS	650		16	2,117	**2,783**
(1V04) (529) Butler, PA HCS	403		49	1,815	**2,267**
(1V04) (542) Coatesville, PA HCS	222	8	11	786	**1,027**
(1V04) (562) Erie, PA HCS	302		16	3,517	**3,835**
(1V04) (595) Lebanon, PA HCS	2,594		69	3,343	**6,006**
(1V04) (642) Philadelphia, PA HCS	1,834	1	109	2,231	**4,175**
(1V04) (646) Pittsburgh, PA HCS	412	3	25	1,364	**1,804**
(1V04) (693) Wilkes-Barre, PA HCS	943		78	2,261	**3,282**
Total	**9,242**	**12**	**454**	**22,199**	**31,907**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode		30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑	5.70	5.41	1379
(303) CARDIOLOGY	↑	6.01	5.60	1101
(409) ORTHOPEDICS/JOINT S...	↓	8.74	9.05	846
(502) MH CLINIC IND	↑	14.65	13.91	814
(321) GI ENDOSCOPY	↓	21.70	30.75	800
(304) DERMATOLOGY	↑	6.66	6.21	630
(421) VASCULAR LABORATORY	↑	12.63	11.36	582

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

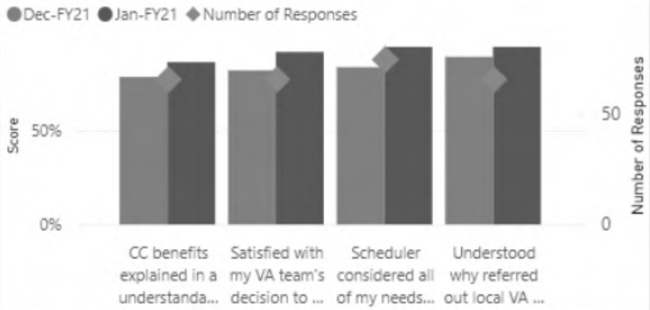
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
PHYSICAL THERAPY	578	1378	$ 654,597.88
GASTROENTEROLOGY	467	1054	$ 680,550.11
ORTHOPEDIC	328	832	$ 899,271.05
CHIROPRACTIC	314	618	$ 235,347.57
CARDIOLOGY	284	568	$ 1,158,988.20
RADIOLOGY MAMMOGR	282	556	$ 67,710.24
OPHTHALMOLOGY	268	478	$ 655,262.26

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	38	236	$ 2,121,869.72
CARDIOLOGY	284	568	$ 1,158,988.20
ORTHOPEDIC	328	832	$ 899,271.05
COMP & INTEGR HEALTH	224	547	$ 746,049.23
RADIATION THERAPY	72	94	$ 695,200.04
GASTROENTEROLOGY	467	1054	$ 680,550.11
OPHTHALMOLOGY	268	478	$ 655,262.26

Veteran Experience -VSignals Scores



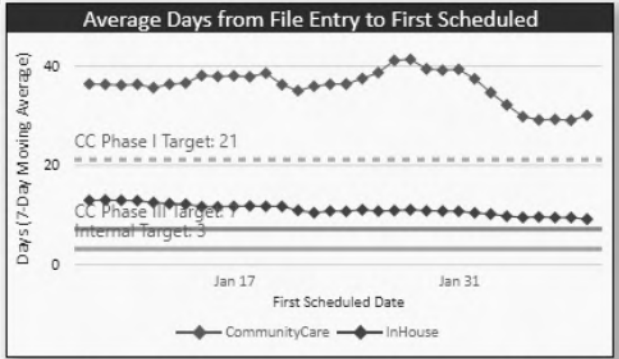
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

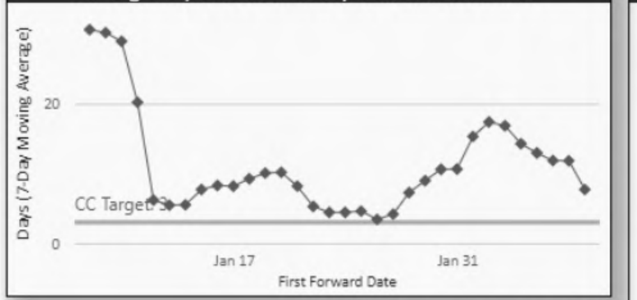
VISN 5

Data last updated: 02/08/2021

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



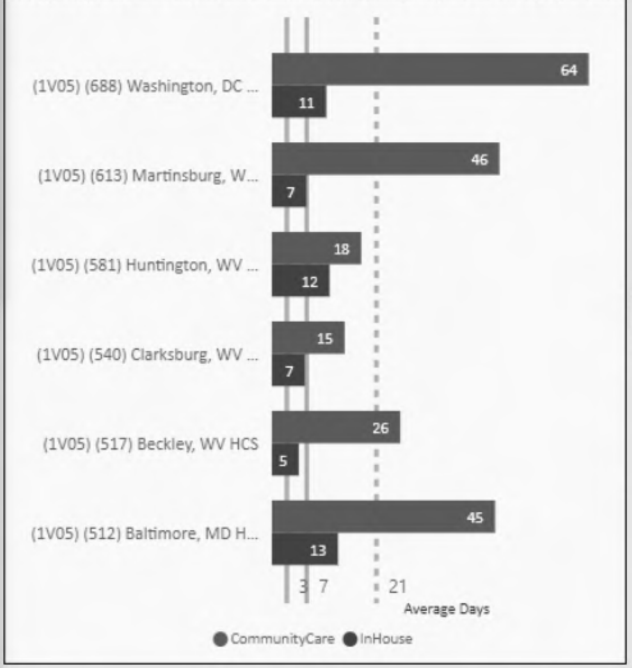
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
1V05	**16,953**	**11**	**820**	**34,033**	**51,817**
(1V05) (512) Baltimore, MD HCS	4,549	2	41	9,186	**13,778**
(1V05) (517) Beckley, WV HCS	593		372	1,524	**2,489**
(1V05) (540) Clarksburg, WV HCS	727		38	924	**1,689**
(1V05) (581) Huntington, WV HCS	1,632		121	6,210	**7,963**
(1V05) (613) Martinsburg, WV HCS	4,156		54	4,926	**9,136**
(1V05) (688) Washington, DC HCS	5,296	9	194	11,263	**16,762**
Total	**16,953**	**11**	**820**	**34,033**	**51,817**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode		30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑	11.72	9.20	928
(409) ORTHOPEDICS/JOINT S...	↑	12.54	11.96	703
(303) CARDIOLOGY	↑	6.05	4.86	689
(321) GI ENDOSCOPY	↓	26.93	32.89	626
(307) GASTROENTEROLOGY	↑	12.55	10.73	625
(502) MH CLINIC IND	↓	12.38	14.02	591
(304) DERMATOLOGY	↓	5.21	6.13	439

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

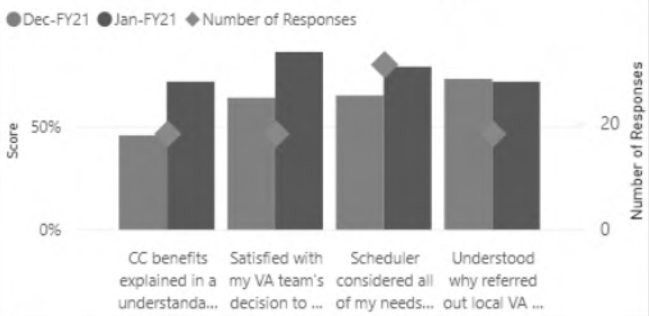
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
PHYSICAL THERAPY	600	1378	$ 783,213.36
DENTAL	379	728	$ 439,025.39
RADIOLOGY MAMMOGR/	371	811	$ 69,783.09
CARDIOLOGY	331	483	$ 672,837.01
GASTROENTEROLOGY	314	573	$ 607,262.27
ORTHOPEDIC	304	553	$ 909,670.37
NEUROLOGY	273	413	$ 259,926.46

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	37	250	$ 2,801,793.49
RADIATION THERAPY	86	114	$ 1,106,188.68
OPHTHALMOLOGY	258	472	$ 951,998.36
ORTHOPEDIC	304	553	$ 909,670.37
IV THERAPY/INFUSION, (	0	3	$ 799,775.98
PHYSICAL THERAPY	600	1378	$ 783,213.36
CARDIOLOGY	331	483	$ 672,837.01

Veteran Experience -VSignals Scores



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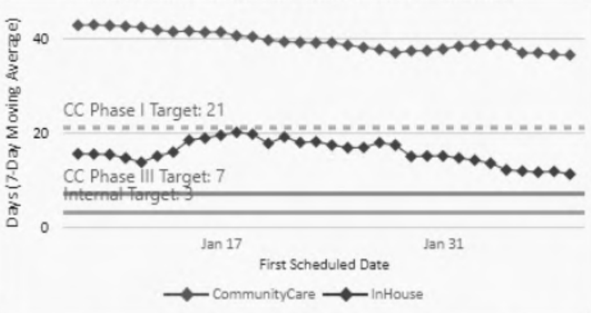
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

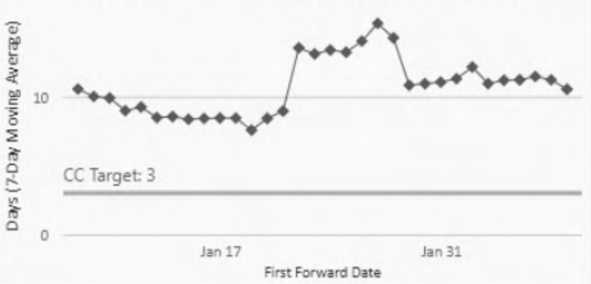
VISN 6

Data last updated: 02/08/2021

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



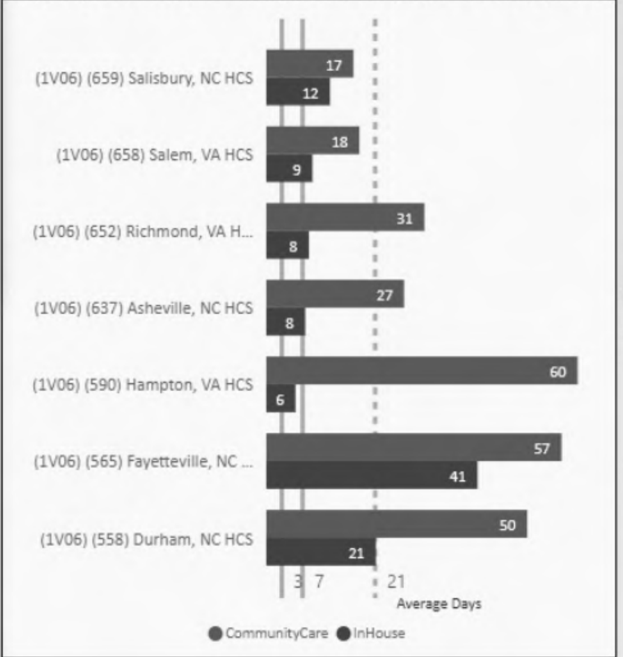
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
1V06	**35,221**	**1**	**2,444**	**43,921**	**81,587**
(1V06) (558) Durham, NC HCS	6,923		221	4,237	**11,381**
(1V06) (565) Fayetteville, NC HCS	13,374	1	685	12,767	**26,827**
(1V06) (590) Hampton, VA HCS	6,030		369	2,245	**8,644**
(1V06) (637) Asheville, NC HCS	1,522		71	2,886	**4,479**
(1V06) (652) Richmond, VA HCS	3,382		461	15,302	**19,145**
(1V06) (658) Salem, VA HCS	1,084		319	4,049	**5,452**
(1V06) (659) Salisbury, NC HCS	2,906		318	2,435	**5,659**
Total	**35,221**	**1**	**2,444**	**43,921**	**81,587**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode		30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑	14.70	13.40	2430
(502) MH CLINIC IND	↑	8.46	7.70	1876
(409) ORTHOPEDICS/JOINT S...	↓	6.90	8.95	1608
(323) PRIMARY CARE/MEDICI...	↑	15.94	14.48	1380
(411) PODIATRY	↑	14.71	11.37	1369
(303) CARDIOLOGY	↑	6.54	6.26	1345
(307) GASTROENTEROLOGY	↑	27.39	19.35	1285

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

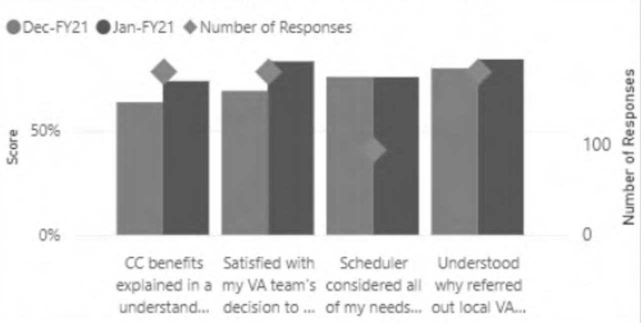
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
DENTAL	2201	5000	$ 2,562,928.70
OPTOMETRY	1305	1697	$ 479,156.78
PHYSICAL THERAPY	1092	3641	$ 1,653,177.01
ORTHOPEDIC	767	2474	$ 2,950,515.18
CHIROPRACTIC	693	2093	$ 678,677.76
OPHTHALMOLOGY	624	1636	$ 1,644,819.79
PAIN MANAGEMENT	554	1622	$ 1,425,503.43

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	27	375	$ 3,491,321.08
ORTHOPEDIC	767	2474	$ 2,950,515.18
DENTAL	2201	5000	$ 2,562,928.70
COMP & INTEGR HEALTH	498	1891	$ 2,416,146.93
RADIATION THERAPY	179	356	$ 2,330,587.88
PHYSICAL THERAPY	1092	3641	$ 1,653,177.01
OPHTHALMOLOGY	624	1636	$ 1,644,819.79

Veteran Experience -VSignals Scores



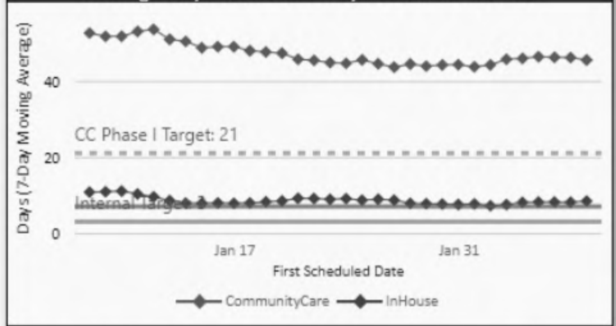
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

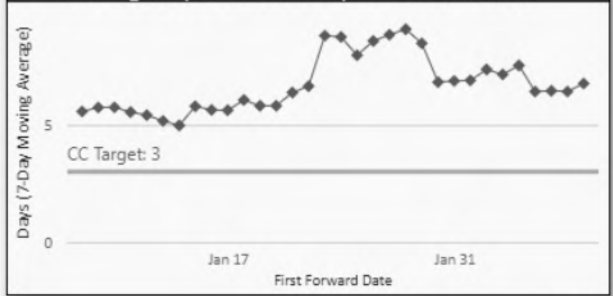
VISN 7

Data last updated: 02/08/2021

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



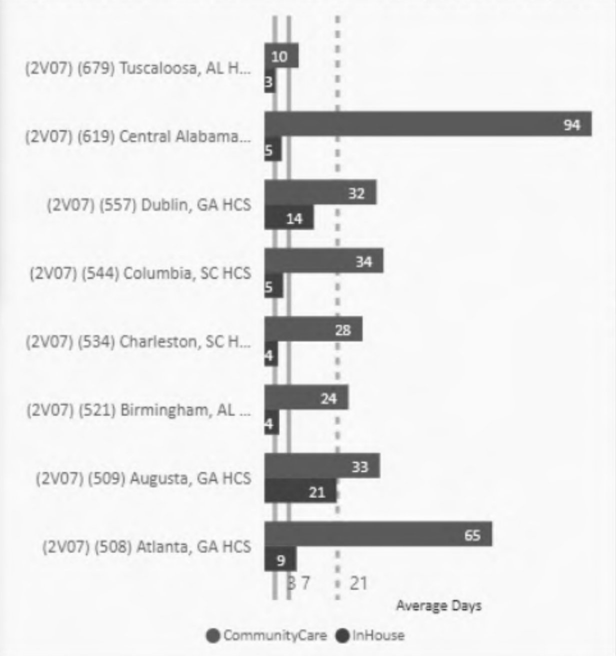
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
2V07	**54,919**	**16**	**1,702**	**51,864**	**108,501**
(2V07) (508) Atlanta, GA HCS	17,873		424	16,218	**34,515**
(2V07) (509) Augusta, GA HCS	2,810		253	3,744	**6,807**
(2V07) (521) Birmingham, AL HCS	2,357		22	4,524	**6,903**
(2V07) (534) Charleston, SC HCS	3,791		30	5,889	**9,710**
(2V07) (544) Columbia, SC HCS	3,537	16	152	3,965	**7,670**
(2V07) (557) Dublin, GA HCS	4,179		236	8,526	**12,941**
(2V07) (619) Central Alabama HCS	19,839		562	7,339	**27,740**
(2V07) (679) Tuscaloosa, AL HCS	533		23	1,659	**2,215**
Total	**54,919**	**16**	**1,702**	**51,864**	**108,501**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↓ 5.62	5.80	1870
(349) SLEEP MEDICINE	↑ 12.62	11.39	1503
(321) GI ENDOSCOPY	↑ 15.13	10.08	1372
(303) CARDIOLOGY	↓ 6.59	6.97	1249
(206) OCCUPATIONAL THERAPY	↓ 4.43	4.74	1237
(502) MH CLINIC IND	↑ 6.69	5.83	1144
(391) CARDIAC ECHO	↓ 22.04	22.04	854

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

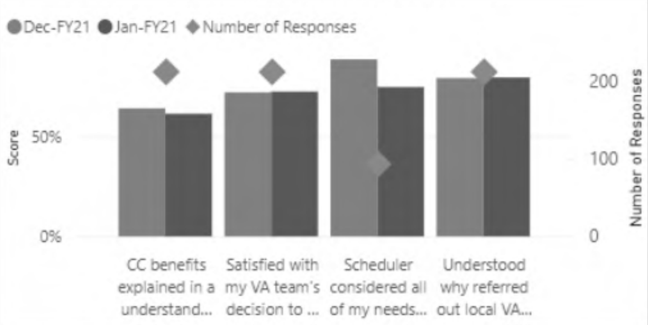
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
DENTAL	2618	4383	$ 2,996,403.33
GASTROENTEROLOGY	1163	3085	$ 1,771,245.83
OPTOMETRY	1090	1508	$ 227,383.99
ORTHOPEDIC	927	2088	$ 2,392,336.18
RADIOLOGY MAMMOGR/	849	2870	$ 255,060.60
PAIN MANAGEMENT	836	1610	$ 1,294,034.71
OPHTHALMOLOGY	805	1999	$ 1,724,797.34

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	134	600	$ 4,553,896.44
DENTAL	2618	4383	$ 2,996,403.33
RADIATION THERAPY	213	383	$ 2,548,964.47
ORTHOPEDIC	927	2088	$ 2,392,336.18
GASTROENTEROLOGY	1163	3085	$ 1,771,245.83
OPHTHALMOLOGY	805	1999	$ 1,724,797.34
CARDIOLOGY	610	1183	$ 1,503,865.01

Veteran Experience -VSignals Scores



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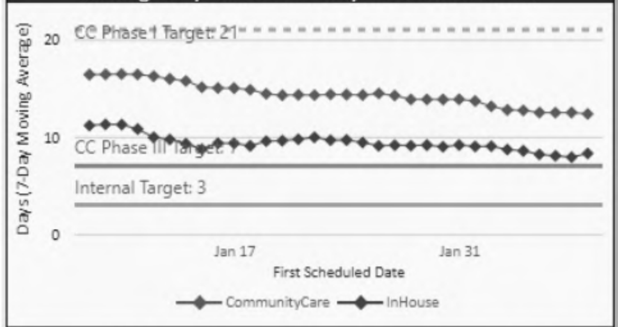
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

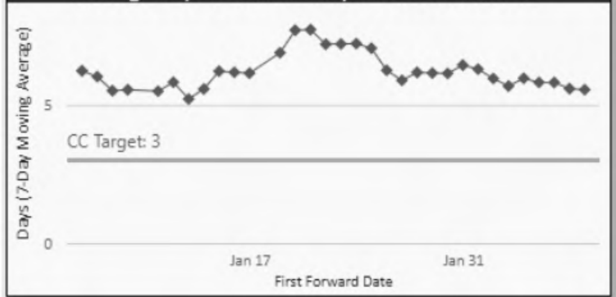
VISN 8

Data last updated: 02/08/2021

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



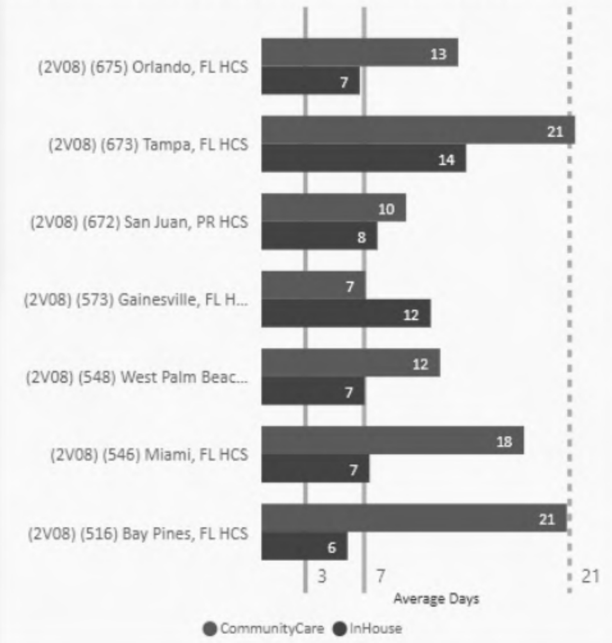
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
2V08	**10,012**	**4**	**1,555**	**35,599**	**47,170**
(2V08) (516) Bay Pines, FL HCS	3,157	1	309	8,246	**11,713**
(2V08) (546) Miami, FL HCS	376	1	38	1,056	**1,471**
(2V08) (548) West Palm Beach, FL HCS	555		55	2,015	**2,625**
(2V08) (573) Gainesville, FL HCS	1,318		452	6,973	**8,743**
(2V08) (672) San Juan, PR HCS	778	1	66	3,827	**4,672**
(2V08) (673) Tampa, FL HCS	1,399		191	7,413	**9,003**
(2V08) (675) Orlando, FL HCS	2,429	1	444	6,069	**8,943**
Total	**10,012**	**4**	**1,555**	**35,599**	**47,170**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode	30-Day Trend		90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑	16.49	12.85	3501
(303) CARDIOLOGY	↓	5.33	6.07	3302
(321) GI ENDOSCOPY	↓	9.13	15.21	3220
(304) DERMATOLOGY	↑	10.30	8.04	1971
(414) UROLOGY	↑	8.30	7.94	1830
(201) PM&RS PHYSICIAN	↑	10.34	9.29	1597
(407) OPHTHALMOLOGY	↑	27.38	27.23	1560

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

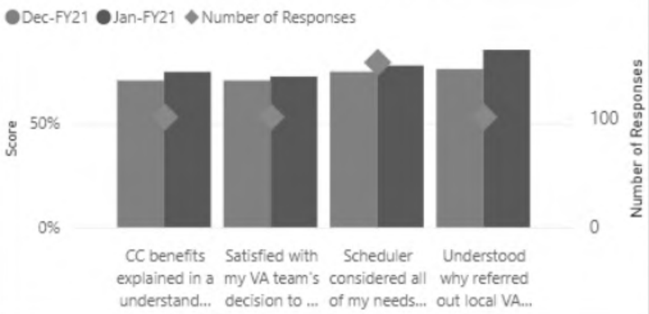
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
DENTAL	1540	2947	$ 3,301,584.25
OPTOMETRY	1354	1739	$ 410,328.80
CHIROPRACTIC	776	1928	$ 856,256.32
PHYSICAL THERAPY	743	2406	$ 1,410,094.58
ORTHOPEDIC	651	1266	$ 1,801,290.50
OPHTHALMOLOGY	587	1661	$ 2,088,167.28
MENTAL HEALTH	563	1150	$ 2,568,898.46

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
COMP & INTEGR HEALTH	394	1723	$ 6,056,432.71
HEMATOLOGY	78	571	$ 5,689,444.44
RADIATION THERAPY	148	303	$ 3,530,606.38
DENTAL	1540	2947	$ 3,301,584.25
MENTAL HEALTH	563	1150	$ 2,568,898.46
OPHTHALMOLOGY	587	1661	$ 2,088,167.28
IV THERAPY/INFUSION, (	0	0	$ 2,013,250.94

Veteran Experience -VSignals Scores



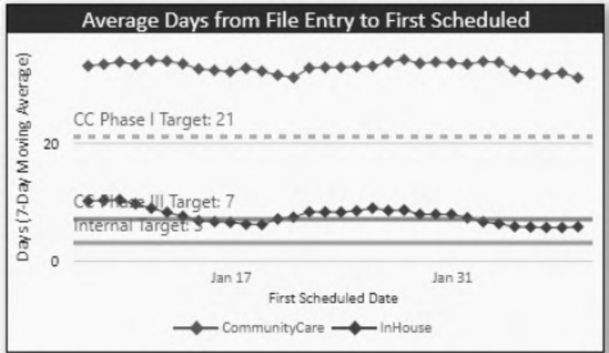
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

VISN 9

Data last updated:
02/08/2021

Average Days from File Entry to First Scheduled



Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode	30-Day Trend		90-Day Trend	30-Day Volume
(303) CARDIOLOGY	↑	7.92	6.10	1582
(205) PHYSICAL THERAPY	↑	6.69	5.41	920
(502) MH CLINIC IND	↑	6.68	5.32	858
(304) DERMATOLOGY	↑	4.34	4.03	801
(321) GI ENDOSCOPY	↓	12.43	14.11	791
(409) ORTHOPEDICS/JOINT S...	↑	7.38	6.73	690
(349) SLEEP MEDICINE	↑	11.57	10.95	600

Community Care - Referral Count & Claims Cost**

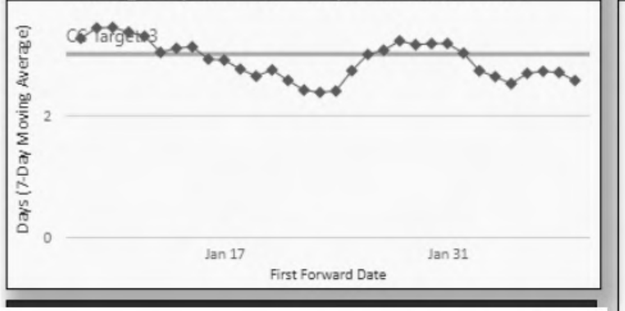
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
DENTAL	852	1207	$ 768,672.74
PHYSICAL THERAPY	684	1722	$ 902,060.08
ORTHOPEDIC	677	2001	$ 2,531,617.86
GASTROENTEROLOGY	672	2475	$ 1,275,930.62
OPTOMETRY	629	1352	$ 183,963.03
PRIMARY CARE	501	767	$ 321,159.21
CARDIOLOGY	478	1113	$ 1,355,621.24

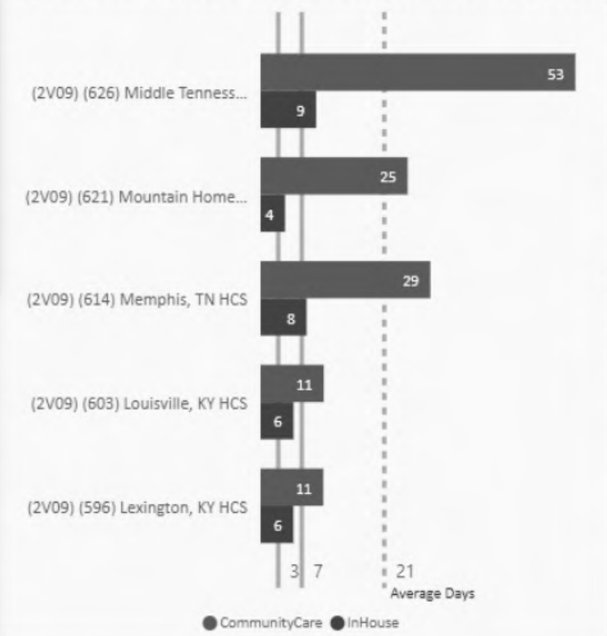
Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	35	293	$ 2,695,797.44
ORTHOPEDIC	677	2001	$ 2,531,617.86
COMP & INTEGR HEALTH	268	965	$ 2,090,764.06
RADIATION THERAPY	104	277	$ 1,442,111.31
OPHTHALMOLOGY	448	1348	$ 1,420,956.33
CARDIOLOGY	478	1113	$ 1,355,621.24
GASTROENTEROLOGY	672	2475	$ 1,275,930.62

Average Days from File Entry to First Forwarded*



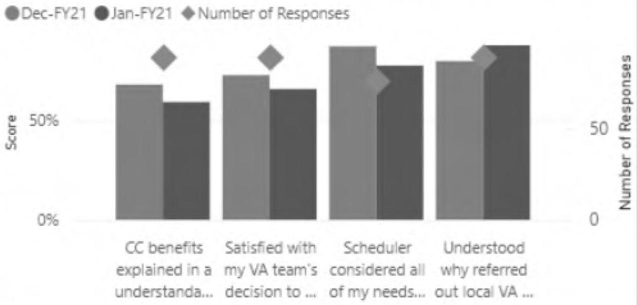
Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	**Total**
2V09	**20,123**	**3**	**985**	**62,006**	**83,117**
(2V09) (596) Lexington, KY HCS	572	1	87	2,782	**3,442**
(2V09) (603) Louisville, KY HCS	718		129	2,682	**3,529**
(2V09) (614) Memphis, TN HCS	2,488		176	5,723	**8,387**
(2V09) (621) Mountain Home, TN HCS	4,532		263	13,637	**18,432**
(2V09) (626) Middle Tennessee HCS	11,813	2	330	37,182	**49,327**
Total	**20,123**	**3**	**985**	**62,006**	**83,117**

Veteran Experience -VSignals Scores

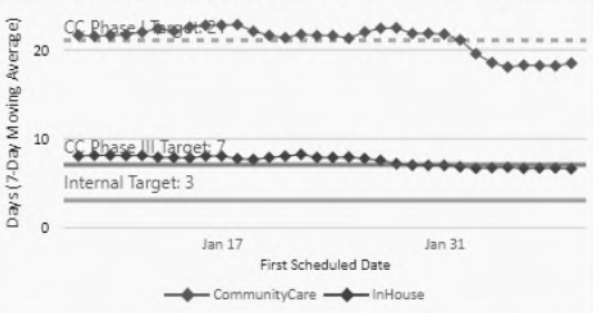


*This metric does not include consults that are entered directly to community care

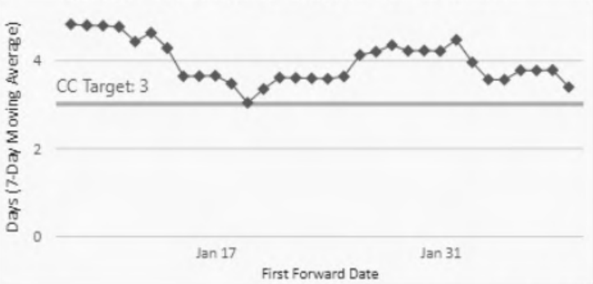
**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

VISN 10

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



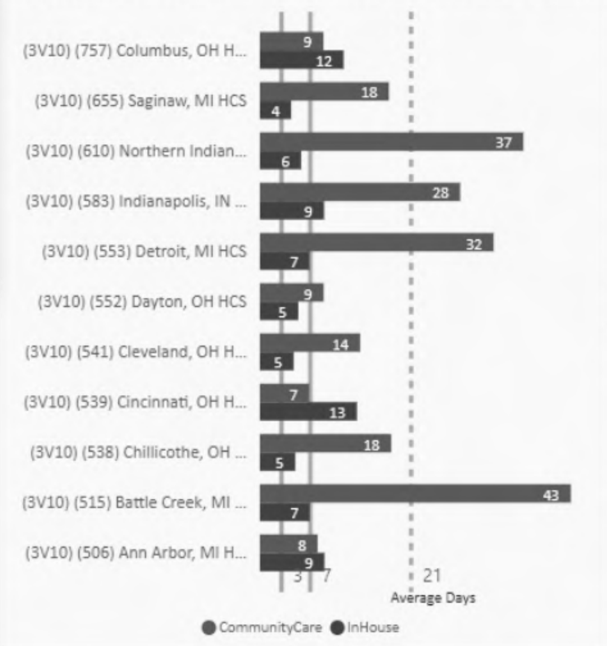
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
3V10	**19,859**	**3**	**2,106**	**38,309**	**60,277**
(3V10) (506) Ann Arbor, MI HCS	529		64	1,226	**1,819**
(3V10) (515) Battle Creek, MI HCS	4,944		353	5,476	**10,773**
(3V10) (538) Chillicothe, OH HCS	1,575	1	238	2,630	**4,444**
(3V10) (539) Cincinnati, OH HCS	384		54	998	**1,436**
(3V10) (541) Cleveland, OH HCS	1,220	2	267	4,223	**5,712**
(3V10) (552) Dayton, OH HCS	651		190	2,291	**3,132**
(3V10) (553) Detroit, MI HCS	1,155		50	871	**2,076**
(3V10) (583) Indianapolis, IN HCS	2,713		195	4,890	**7,798**
(3V10) (610) Northern Indiana HCS	3,449		271	5,316	**9,036**
(3V10) (655) Saginaw, MI HCS	2,077		274	8,336	**10,687**
(3V10) (757) Columbus, OH HCS	1,162		150	2,052	**3,364**
Total	**19,859**	**3**	**2,106**	**38,309**	**60,277**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode		30-Day Trend	90-Day Trend	30-Day Volume ▾
(205) PHYSICAL THERAPY	↓	6.23	6.57	2692
(303) CARDIOLOGY	↓	10.96	11.61	1922
(321) GI ENDOSCOPY	↑	14.38	12.79	1580
(421) VASCULAR LABORATORY	↓	7.37	8.26	1477
(304) DERMATOLOGY	↓	4.98	5.01	1353
(502) MH CLINIC IND	↑	6.10	5.64	1246
(323) PRIMARY CARE/MEDICI...	↓	4.14	4.46	1190

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

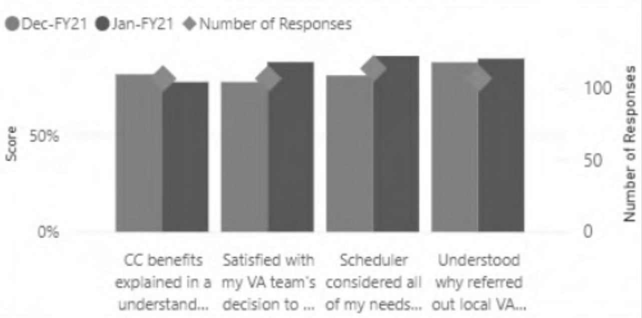
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
RADIOLOGY MAMMOGR/	777	1410	$ 211,348.87
ORTHOPEDIC	760	1380	$ 2,662,866.74
CHIROPRACTIC	737	1400	$ 676,350.59
OPTOMETRY	730	550	$ 100,772.86
CARDIOLOGY	724	1221	$ 2,522,474.20
GASTROENTEROLOGY	682	1360	$ 1,361,314.79
OPHTHALMOLOGY	680	1361	$ 2,412,398.17

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	77	381	$ 5,111,299.01
ORTHOPEDIC	760	1380	$ 2,662,866.74
CARDIOLOGY	724	1221	$ 2,522,474.20
OPHTHALMOLOGY	680	1361	$ 2,412,398.17
COMP & INTEGR HEALTH	473	1166	$ 2,184,367.45
RADIATION THERAPY	123	205	$ 1,850,944.34
UROLOGY	550	1166	$ 1,771,744.81

Veteran Experience -VSignals Scores



Data last updated:
02/08/2021

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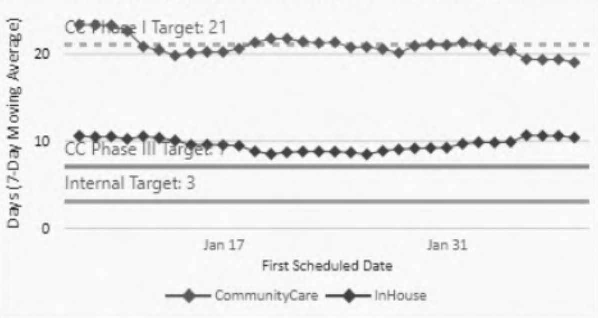
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

VISN 12

Data last updated: 02/08/2021

Average Days from File Entry to First Scheduled



Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode	30-Day Trend		90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↓	7.36	9.03	1872
(303) CARDIOLOGY	↑	5.75	5.52	1283
(421) VASCULAR LABORATORY	↑	20.61	14.29	948
(321) GI ENDOSCOPY	↓	29.67	32.26	827
(304) DERMATOLOGY	↓	3.53	3.73	723
(502) MH CLINIC IND	↑	6.10	5.74	720
(201) PM&RS PHYSICIAN	↓	16.46	27.38	698

Community Care - Referral Count & Claims Cost**

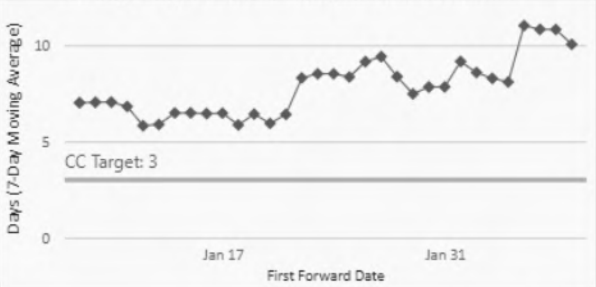
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
ORTHOPEDIC	592	905	$ 1,527,418.88
CHIROPRACTIC	592	947	$ 372,594.30
GASTROENTEROLOGY	498	972	$ 1,126,597.72
DERMATOLOGY	473	740	$ 440,140.01
COMP & INTEGR HEALTH	464	793	$ 1,776,245.24
PHYSICAL THERAPY	450	1085	$ 722,895.92
CARDIOLOGY	427	745	$ 1,359,997.03

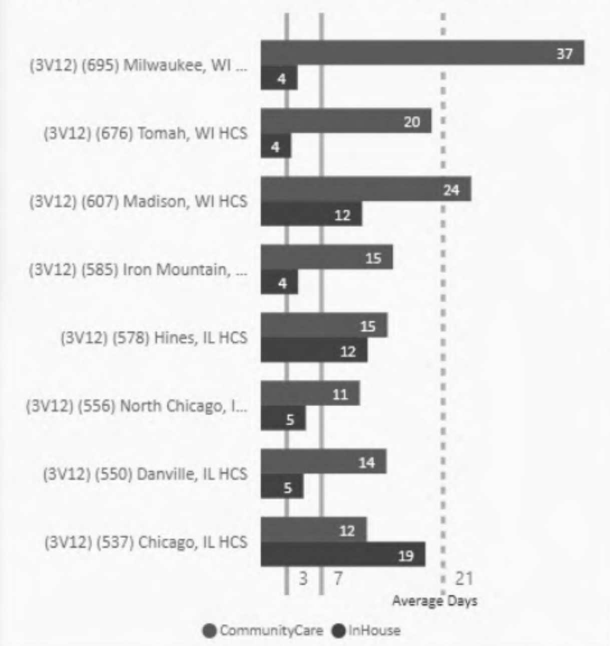
Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	59	281	$ 2,938,048.27
COMP & INTEGR HEALTH	464	793	$ 1,776,245.24
ORTHOPEDIC	592	905	$ 1,527,418.88
RADIATION THERAPY	78	147	$ 1,423,341.34
OPHTHALMOLOGY	420	658	$ 1,402,862.31
CARDIOLOGY	427	745	$ 1,359,997.03
GASTROENTEROLOGY	498	972	$ 1,126,597.72

Average Days from File Entry to First Forwarded*



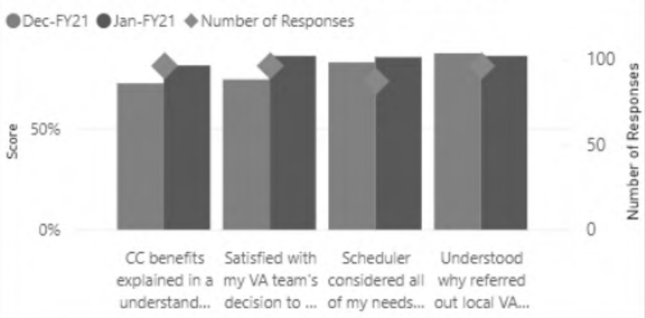
Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
3V12	**11,934**	**4**	**599**	**24,777**	**37,314**
(3V12) (537) Chicago, IL HCS	351	2	109	1,268	**1,730**
(3V12) (550) Danville, IL HCS	1,437		100	3,404	**4,941**
(3V12) (556) North Chicago, IL HCS	249		45	401	**695**
(3V12) (578) Hines, IL HCS	744	2	87	1,202	**2,035**
(3V12) (585) Iron Mountain, MI HCS	1,718		39	6,068	**7,825**
(3V12) (607) Madison, WI HCS	1,995		67	3,785	**5,847**
(3V12) (676) Tomah, WI HCS	1,687		29	4,452	**6,168**
(3V12) (695) Milwaukee, WI HCS	3,753		123	4,197	**8,073**
Total	**11,934**	**4**	**599**	**24,777**	**37,314**

Veteran Experience -VSignals Scores



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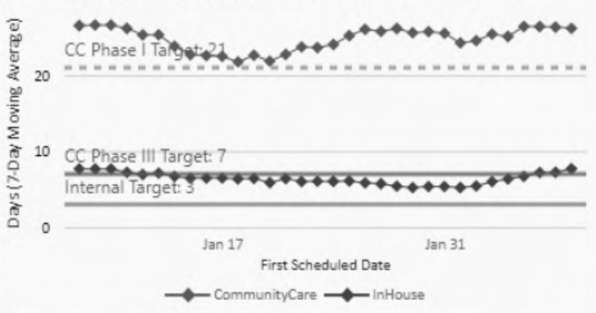
**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

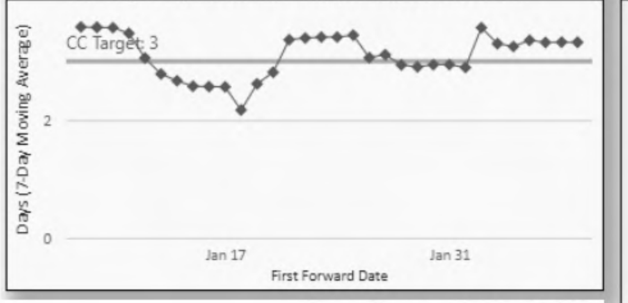
VISN 15

Data last updated:
02/08/2021

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



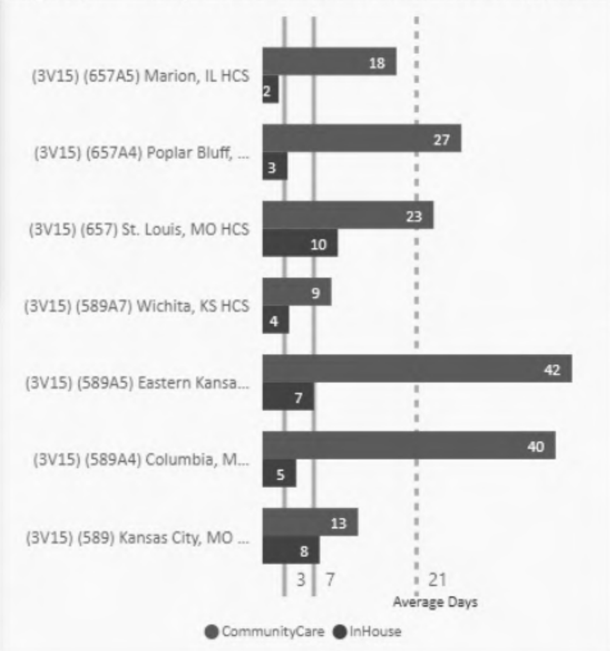
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
3V15	**14,131**	**2**	**1,662**	**42,770**	**58,565**
(3V15) (589) Kansas City, MO HCS	636		46	1,136	**1,818**
(3V15) (589A4) Columbia, MO HCS	4,405	2	60	5,433	**9,900**
(3V15) (589A5) Eastern Kansas HCS	2,566		94	7,379	**10,039**
(3V15) (589A7) Wichita, KS HCS	704		168	5,273	**6,145**
(3V15) (657) St. Louis, MO HCS	1,087		167	1,690	**2,944**
(3V15) (657A4) Poplar Bluff, MO HCS	3,055		149	14,761	**17,965**
(3V15) (657A5) Marion, IL HCS	1,678		978	7,098	**9,754**
Total	**14,131**	**2**	**1,662**	**42,770**	**58,565**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode	30-Day Trend		90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↓	3.12	3.42	1370
(303) CARDIOLOGY	↓	3.90	3.90	1167
(409) ORTHOPEDICS/JOINT S...	↓	9.84	10.08	703
(321) GI ENDOSCOPY	↓	21.29	21.45	651
(304) DERMATOLOGY	↑	3.56	3.25	538
(206) OCCUPATIONAL THERAPY	↑	3.46	3.09	487
(414) UROLOGY	↑	17.56	17.42	437

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

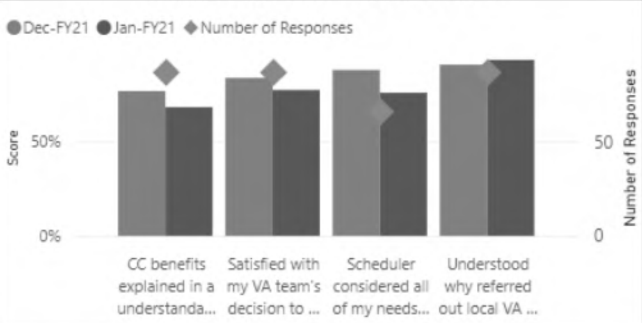
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
DENTAL	657	1672	$ 1,644,594.86
DERMATOLOGY	559	1488	$ 585,123.83
GASTROENTEROLOGY	523	1190	$ 1,281,173.59
PHYSICAL THERAPY	466	1241	$ 665,033.47
ORTHOPEDIC	454	1149	$ 2,182,602.19
CHIROPRACTIC	438	1161	$ 482,424.48
OPTOMETRY	435	1075	$ 174,177.79

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	29	229	$ 2,683,513.49
ORTHOPEDIC	454	1149	$ 2,182,602.19
CARDIOLOGY	397	797	$ 2,088,201.10
DENTAL	657	1672	$ 1,644,594.86
OPHTHALMOLOGY	273	878	$ 1,467,308.81
UROLOGY	414	870	$ 1,297,239.36
GASTROENTEROLOGY	523	1190	$ 1,281,173.59

Veteran Experience -VSignals Scores



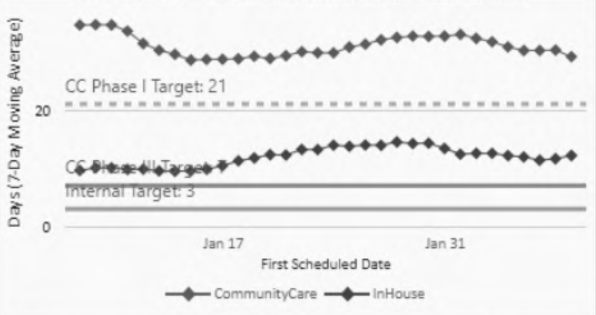
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

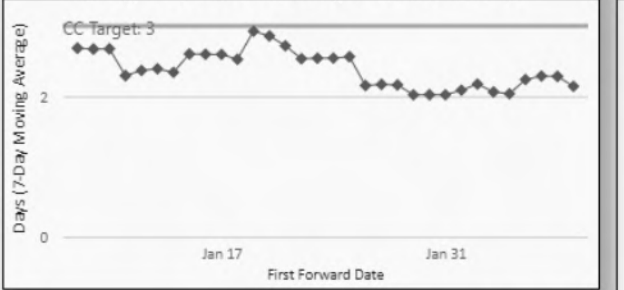
VISN 16

Data last updated: 02/08/2021

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



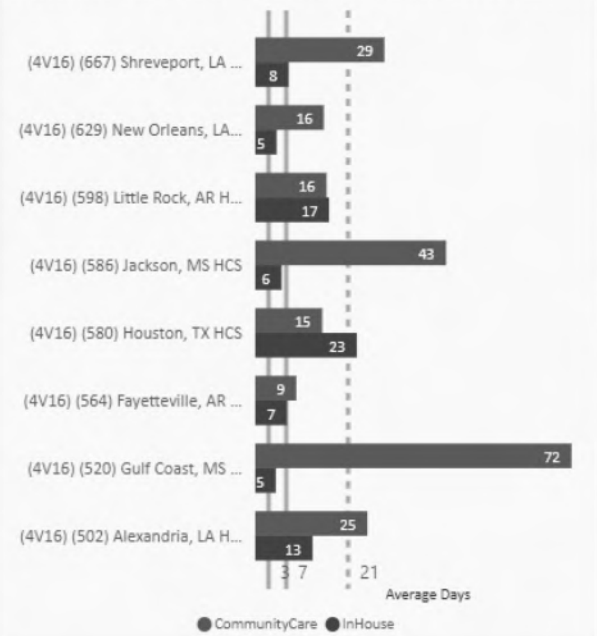
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
4V16	**33,107**	**7**	**1,979**	**43,887**	**78,980**
(4V16) (502) Alexandria, LA HCS	3,385		235	7,061	**10,681**
(4V16) (520) Gulf Coast, MS HCS	13,607		617	8,662	**22,886**
(4V16) (564) Fayetteville, AR HCS	1,809	5	124	9,660	**11,598**
(4V16) (580) Houston, TX HCS	2,316		275	3,285	**5,876**
(4V16) (586) Jackson, MS HCS	6,313	2	314	5,934	**12,563**
(4V16) (598) Little Rock, AR HCS	1,568		51	2,499	**4,118**
(4V16) (629) New Orleans, LA HCS	1,523		96	3,137	**4,756**
(4V16) (667) Shreveport, LA HCS	2,586		267	3,649	**6,502**
Total	**33,107**	**7**	**1,979**	**43,887**	**78,980**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 12.44	11.64	1935
(303) CARDIOLOGY	↑ 10.90	8.95	1215
(321) GI ENDOSCOPY	↑ 45.01	37.39	1198
(391) CARDIAC ECHO	↓ 3.05	3.25	1061
(502) MH CLINIC IND	↑ 8.93	7.94	1035
(409) ORTHOPEDICS/JOINT S...	↑ 8.86	8.02	998
(201) PM&RS PHYSICIAN	↑ 11.73	10.91	729

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

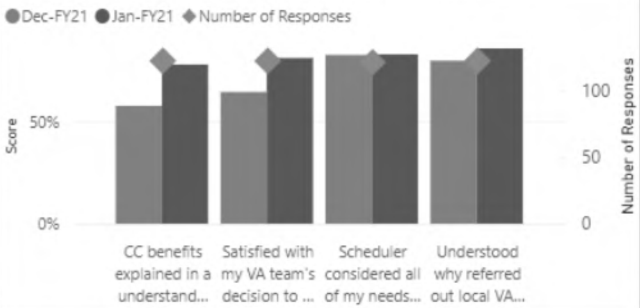
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
OPHTHALMOLOGY	1297	2639	$ 2,054,249.37
DENTAL	1182	2221	$ 1,796,845.58
GASTROENTEROLOGY	1135	4046	$ 1,657,417.84
OPTOMETRY	1031	3598	$ 355,581.05
CARDIOLOGY	789	2352	$ 3,044,548.08
PHYSICAL THERAPY	767	2833	$ 1,261,986.61
DERMATOLOGY	710	1723	$ 647,500.46

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	115	658	$ 5,540,768.08
MENTAL HEALTH	381	1567	$ 4,412,794.62
ORTHOPEDIC	691	2804	$ 3,680,694.82
CARDIOLOGY	789	2352	$ 3,044,548.08
NEUROSURGERY	323	1188	$ 2,401,714.79
OPHTHALMOLOGY	1297	2639	$ 2,054,249.37
DENTAL	1182	2221	$ 1,796,845.58

Veteran Experience -VSignals Scores



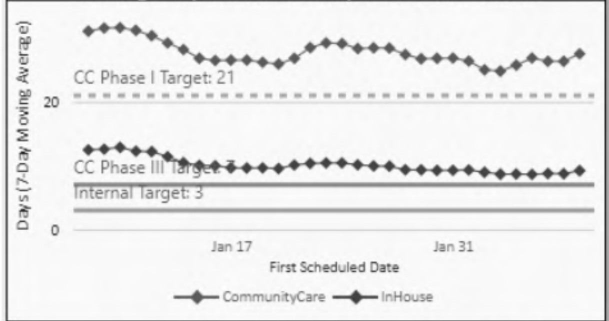
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

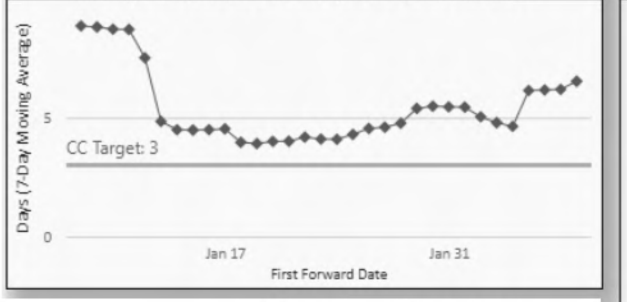
VISN 17

Data last updated: 02/08/2021

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



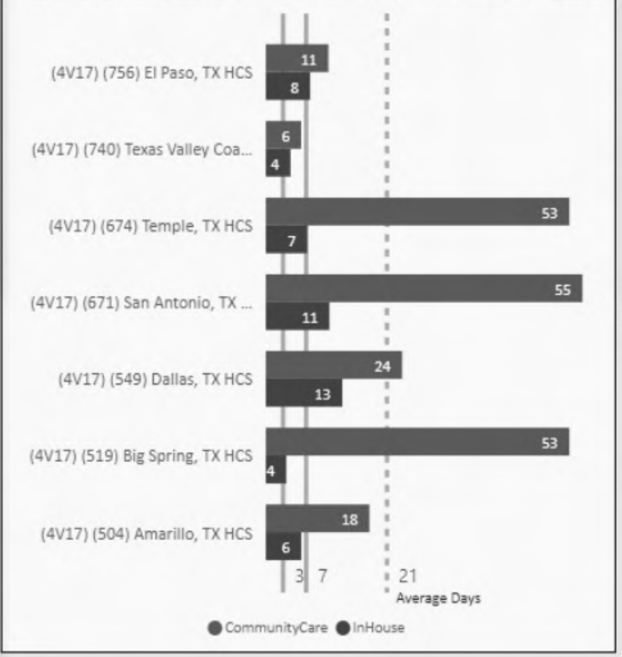
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
4V17	**34,036**	**2**	**4,208**	**55,999**	**94,245**
(4V17) (504) Amarillo, TX HCS	1,898		262	8,795	**10,955**
(4V17) (519) Big Spring, TX HCS	5,908		248	5,159	**11,315**
(4V17) (549) Dallas, TX HCS	4,733	1	2,364	14,041	**21,139**
(4V17) (671) San Antonio, TX HCS	10,344		381	5,927	**16,652**
(4V17) (674) Temple, TX HCS	8,484		157	3,173	**11,814**
(4V17) (740) Texas Valley Coastal Bend HCS	1,508	1	421	8,905	**10,835**
(4V17) (756) El Paso, TX HCS	1,161		375	9,999	**11,535**
Total	**34,036**	**2**	**4,208**	**55,999**	**94,245**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode	30-Day Trend	90-Day Trend	30-Day Volume ▼
(502) MH CLINIC IND	↑ 8.89	7.70	1850
(205) PHYSICAL THERAPY	↑ 22.44	19.70	1686
(303) CARDIOLOGY	↑ 9.09	8.10	1489
(349) SLEEP MEDICINE	↓ 13.64	15.87	1146
(307) GASTROENTEROLOGY	↓ 9.63	11.38	811
(206) OCCUPATIONAL THERAPY	↑ 19.06	15.20	780
(321) GI ENDOSCOPY	↓ 11.19	15.79	767

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

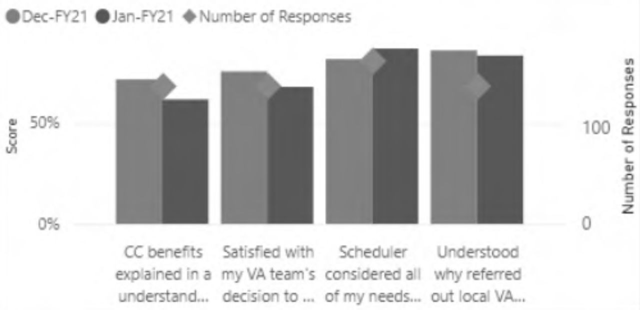
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
DENTAL	1792	3666	$ 3,939,130.86
GASTROENTEROLOGY	1246	3654	$ 2,210,708.91
OPTOMETRY	1077	2293	$ 335,917.67
PHYSICAL THERAPY	1023	4454	$ 1,924,925.78
ORTHOPEDIC	974	2532	$ 3,761,140.13
CARDIOLOGY	902	2734	$ 3,194,029.81
RADIOLOGY MRI/MRA	846	2004	$ 357,840.28

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	71	526	$ 4,165,569.86
DENTAL	1792	3666	$ 3,939,130.86
ORTHOPEDIC	974	2532	$ 3,761,140.13
CARDIOLOGY	902	2734	$ 3,194,029.81
NEUROSURGERY	396	1023	$ 2,588,466.57
PAIN MANAGEMENT	688	1492	$ 2,570,553.77
OPHTHALMOLOGY	651	2583	$ 2,531,361.45

Veteran Experience -VSignals Scores



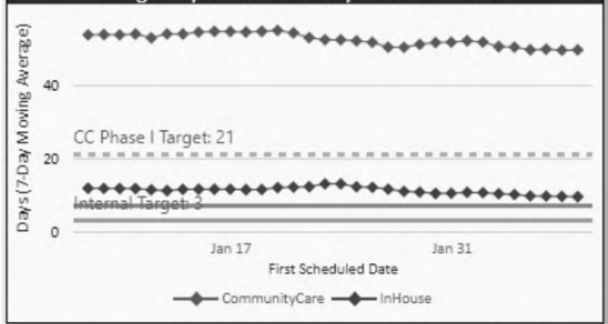
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

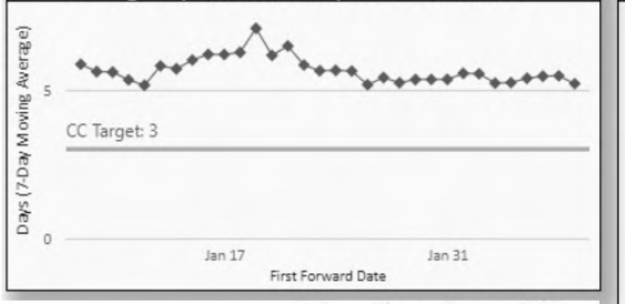
VISN 19

Data last updated: 02/08/2021

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



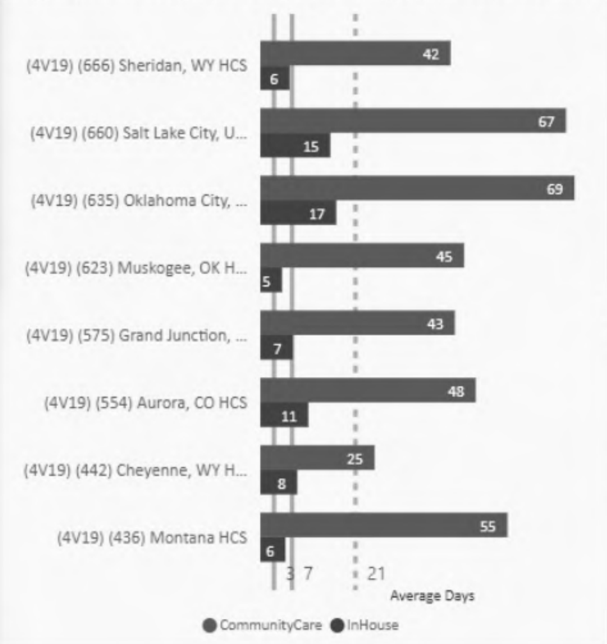
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
4V19	**57,038**	**69**	**1,338**	**57,763**	**116,208**
(4V19) (436) Montana HCS	8,389		89	17,257	**25,735**
(4V19) (442) Cheyenne, WY HCS	1,940	1	23	5,369	**7,333**
(4V19) (554) Aurora, CO HCS	12,578	63	454	10,266	**23,361**
(4V19) (575) Grand Junction, CO HCS	2,415	1	60	3,745	**6,221**
(4V19) (623) Muskogee, OK HCS	5,827		103	3,722	**9,652**
(4V19) (635) Oklahoma City, OK HCS	10,503		257	3,380	**14,140**
(4V19) (660) Salt Lake City, UT HCS	11,977		297	9,512	**21,786**
(4V19) (666) Sheridan, WY HCS	3,409	4	55	4,512	**7,980**
Total	**57,038**	**69**	**1,338**	**57,763**	**116,208**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode	30-Day Trend		90-Day Trend	30-Day Volume ▼
(502) MH CLINIC IND	↑	14.32	12.51	1605
(205) PHYSICAL THERAPY	↓	11.25	11.69	1254
(303) CARDIOLOGY	↓	10.18	10.39	995
(409) ORTHOPEDICS/JOINT S...	↓	11.32	17.81	910
(321) GI ENDOSCOPY	↓	26.33	33.52	775
(107) EKG	↓	4.32	4.51	671
(407) OPHTHALMOLOGY	↓	6.33	6.34	639

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

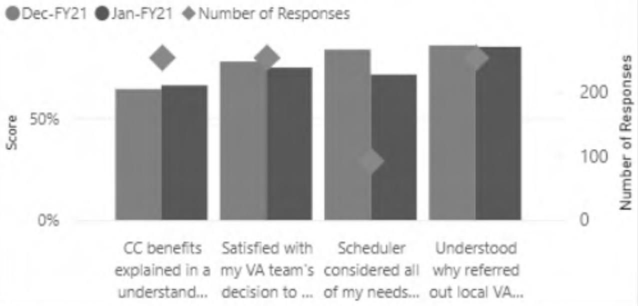
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
OPTOMETRY	2019	4737	$ 728,858.91
PHYSICAL THERAPY	1200	2673	$ 1,511,090.12
CHIROPRACTIC	1040	2643	$ 891,824.14
ORTHOPEDIC	995	2882	$ 4,526,764.46
OPHTHALMOLOGY	820	1941	$ 2,186,434.67
CARDIOLOGY	763	1815	$ 3,362,124.83
DENTAL	744	2554	$ 1,142,600.95

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	36	435	$ 4,617,347.82
ORTHOPEDIC	995	2882	$ 4,526,764.46
CARDIOLOGY	763	1815	$ 3,362,124.83
OPHTHALMOLOGY	820	1941	$ 2,186,434.67
RADIATION THERAPY	86	266	$ 1,815,812.20
COMP & INTEGR HEALTH	581	1797	$ 1,669,568.91
MENTAL HEALTH	505	1917	$ 1,659,422.93

Veteran Experience -VSignals Scores



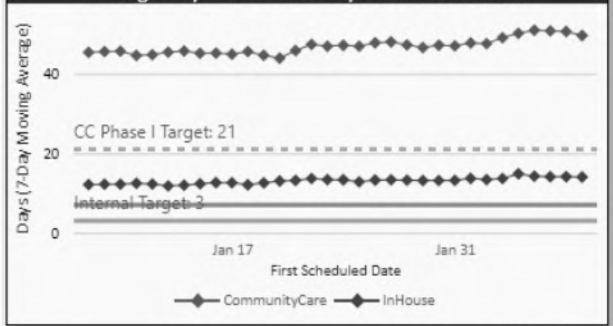
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

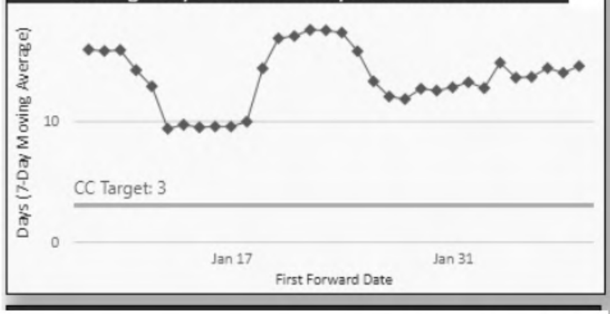
VISN 20

Data last updated: 02/08/2021

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



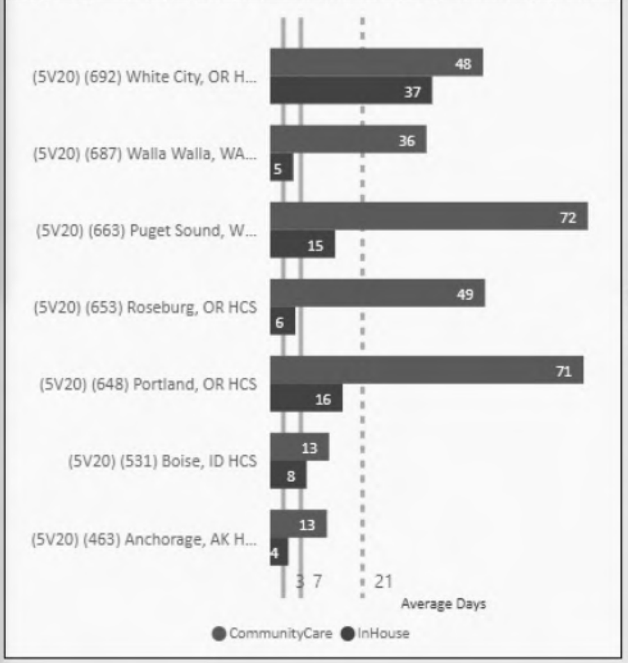
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
5V20	**69,232**	**27**	**2,214**	**68,549**	**140,022**
(5V20) (463) Anchorage, AK HCS	4,065		471	25,265	**29,801**
(5V20) (531) Boise, ID HCS	1,094		113	3,633	**4,840**
(5V20) (648) Portland, OR HCS	13,505	25	594	4,437	**18,561**
(5V20) (653) Roseburg, OR HCS	7,438		246	5,925	**13,609**
(5V20) (663) Puget Sound, WA HCS	30,877		403	16,149	**47,429**
(5V20) (668) Spokane, WA HCS	668			4,386	**5,054**
(5V20) (687) Walla Walla, WA HCS	4,146	2	31	2,087	**6,266**
(5V20) (692) White City, OR HCS	7,439		356	6,667	**14,462**
Total	**69,232**	**27**	**2,214**	**68,549**	**140,022**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode		30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑	6.58	5.89	1189
(349) SLEEP MEDICINE	↓	21.28	23.90	707
(303) CARDIOLOGY	↓	6.59	9.16	661
(321) GI ENDOSCOPY	↓	18.54	23.35	590
(304) DERMATOLOGY	↓	11.70	12.43	514
(206) OCCUPATIONAL THERAPY	↓	6.42	6.69	497
(123) NUTRITION/DIETETICS-I...	↑	8.58	8.13	474

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

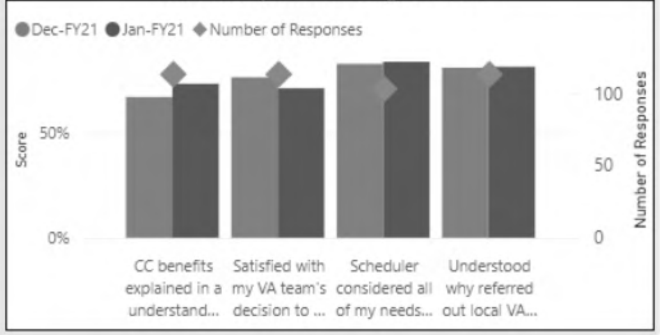
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
CHIROPRACTIC	1393	2962	$ 1,719,378.47
OPTOMETRY	1261	1792	$ 402,737.33
PHYSICAL THERAPY	1218	4184	$ 1,929,286.96
DENTAL	1170	2045	$ 1,131,998.77
OPHTHALMOLOGY	1091	3139	$ 2,744,032.05
CARDIOLOGY	994	2881	$ 3,740,297.32
ORTHOPEDIC	878	2949	$ 4,918,346.05

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
ORTHOPEDIC	878	2949	$ 4,918,346.05
HEMATOLOGY	48	471	$ 4,813,274.00
CARDIOLOGY	994	2881	$ 3,740,297.32
OPHTHALMOLOGY	1091	3139	$ 2,744,032.05
COMP & INTEGR HEALTH	677	1646	$ 2,456,520.14
PRIMARY CARE	841	3780	$ 2,237,326.00
NEUROSURGERY	246	698	$ 2,166,431.83

Veteran Experience -VSignals Scores



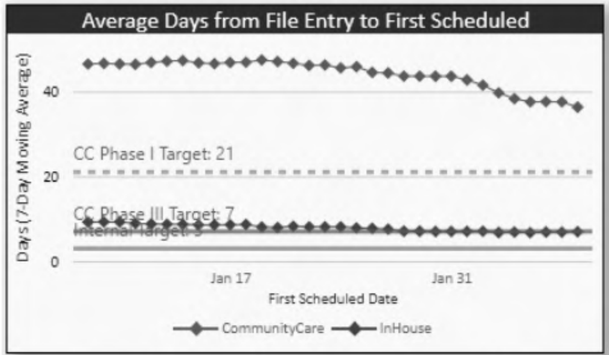
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

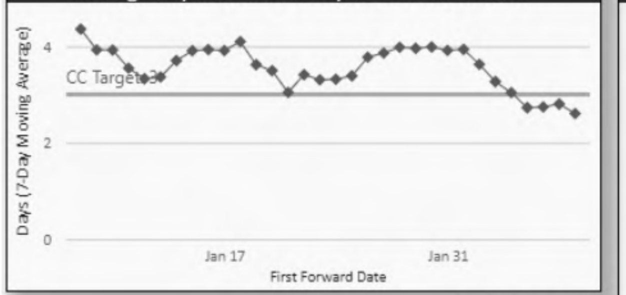
VISN 21

Data last updated:
02/08/2021

Average Days from File Entry to First Scheduled



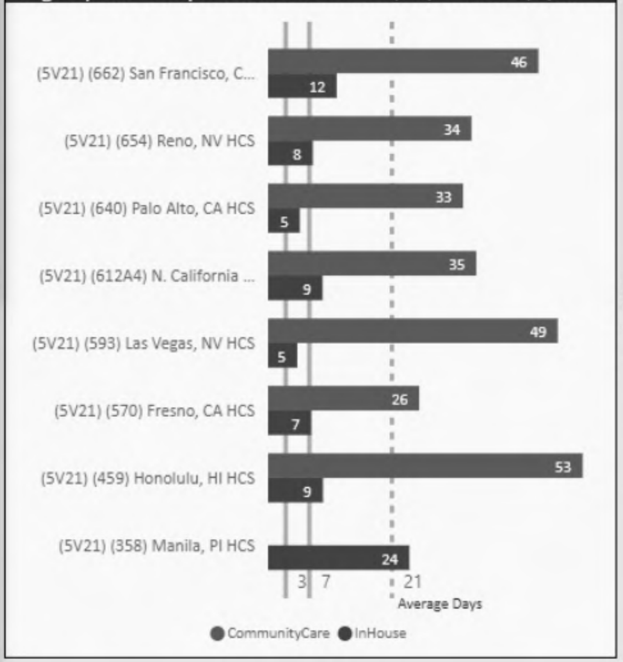
Average Days from File Entry to First Forwarded*



Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 7.04	5.93	2082
(303) CARDIOLOGY	↑ 8.64	7.32	1409
(411) PODIATRY	↑ 7.13	5.90	966
(409) ORTHOPEDICS/JOINT S...	↑ 5.78	5.61	964
(502) MH CLINIC IND	↑ 7.91	6.79	890
(304) DERMATOLOGY	↑ 6.44	5.91	859
(403) OTOLARYNGOLOGY (ENT)	↑ 10.58	8.32	751

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

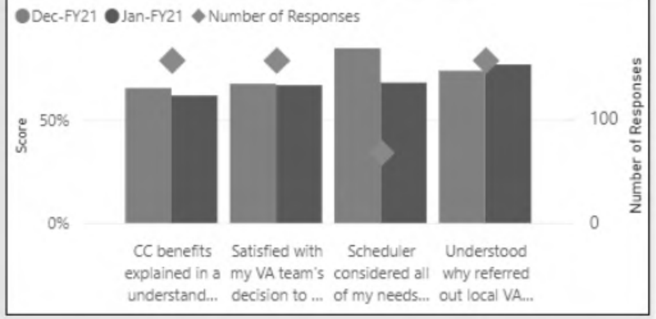
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
DENTAL	1380	2221	$ 2,681,458.56
OPTOMETRY	1309	2389	$ 363,347.01
CHIROPRACTIC	781	1940	$ 1,103,828.56
PHYSICAL THERAPY	759	2429	$ 1,106,393.91
OPHTHALMOLOGY	611	1816	$ 1,974,262.50
COMP & INTEGR HEALTH	588	1779	$ 4,045,788.83
MENTAL HEALTH	537	1591	$ 1,626,055.83

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
COMP & INTEGR HEALTH	588	1779	$ 4,045,788.83
DENTAL	1380	2221	$ 2,681,458.56
RADIATION THERAPY	113	350	$ 2,365,274.22
CARDIOLOGY	435	1490	$ 2,076,056.06
OPHTHALMOLOGY	611	1816	$ 1,974,262.50
MENTAL HEALTH	537	1591	$ 1,626,055.83
HEMATOLOGY	29	437	$ 1,451,400.84

Veteran Experience -VSignals Scores



Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
5V21	**38,134**	**23**	**1,381**	**31,738**	**71,276**
(5V21) (459) Honolulu, HI HCS	18,997	21	701	7,435	**27,154**
(5V21) (570) Fresno, CA HCS	1,572		89	2,969	**4,630**
(5V21) (593) Las Vegas, NV HCS	7,006		173	5,541	**12,720**
(5V21) (612A4) N. California HCS	3,479		218	9,907	**13,604**
(5V21) (640) Palo Alto, CA HCS	2,815	1	65	2,340	**5,221**
(5V21) (654) Reno, NV HCS	1,299		42	1,869	**3,210**
(5V21) (662) San Francisco, CA HCS	2,966	1	93	1,677	**4,737**
Total	**38,134**	**23**	**1,381**	**31,738**	**71,276**

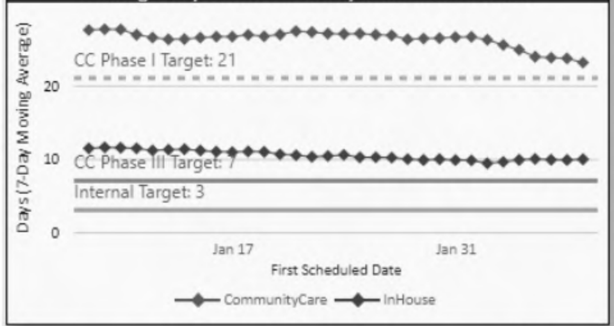
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

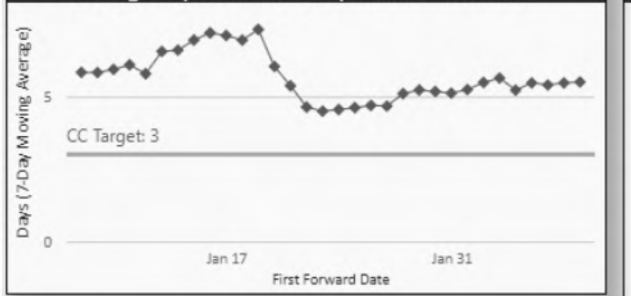
VISN 22

Data last updated: 02/08/2021

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



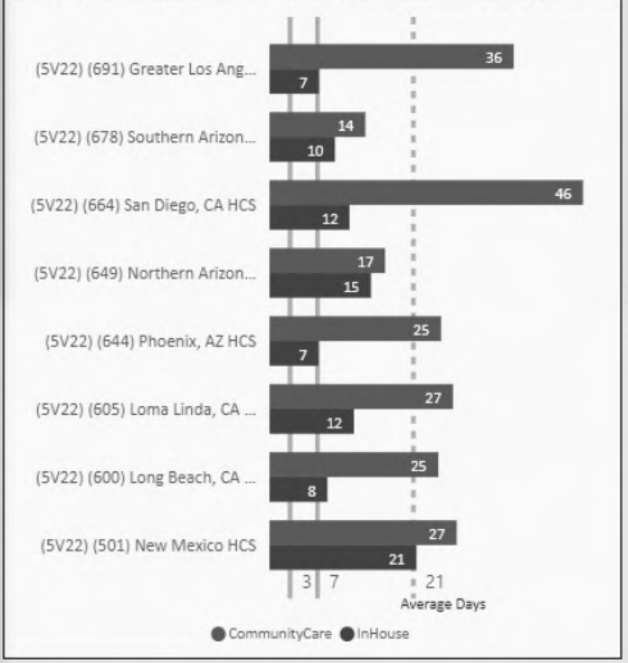
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
5V22	**26,737**	**1**	**1,869**	**40,178**	**68,785**
(5V22) (501) New Mexico HCS	4,656		221	12,250	**17,127**
(5V22) (600) Long Beach, CA HCS	609		30	540	**1,179**
(5V22) (605) Loma Linda, CA HCS	2,248		430	3,974	**6,652**
(5V22) (644) Phoenix, AZ HCS	5,031		219	8,625	**13,875**
(5V22) (649) Northern Arizona HCS	2,122	1	293	3,407	**5,823**
(5V22) (664) San Diego, CA HCS	5,528		341	783	**6,652**
(5V22) (678) Southern Arizona HCS	2,022		136	2,865	**5,023**
(5V22) (691) Greater Los Angeles, CA HCS	4,521		199	7,734	**12,454**
Total	**26,737**	**1**	**1,869**	**40,178**	**68,785**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode		30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑	12.18	11.36	2597
(303) CARDIOLOGY	↑	6.02	5.30	2188
(502) MH CLINIC IND	↑	7.53	7.42	1815
(409) ORTHOPEDICS/JOINT S...	↑	10.41	8.61	1517
(321) GI ENDOSCOPY	↓	26.51	29.21	1361
(201) PM&RS PHYSICIAN	↓	13.97	16.08	1160
(304) DERMATOLOGY	↓	8.14	8.59	1110

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

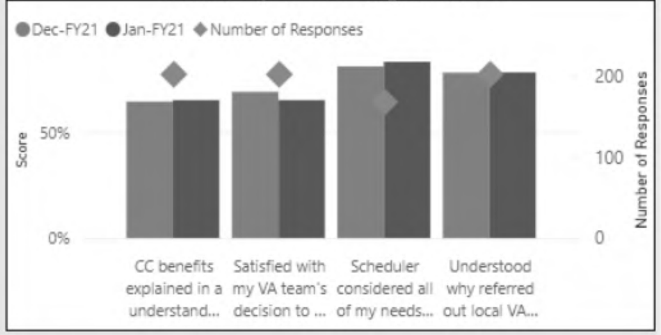
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
DENTAL	2203	4973	$ 3,924,381.43
OPTOMETRY	1621	6023	$ 867,067.07
MENTAL HEALTH	1101	3807	$ 2,379,505.57
OPHTHALMOLOGY	864	2908	$ 1,739,763.75
PHYSICAL THERAPY	793	3922	$ 1,888,408.21
COMP & INTEGR HEALTH	762	2071	$ 4,970,695.59
RADIOLOGY MRI/MRA	570	1565	$ 280,475.77

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
COMP & INTEGR HEALTH	762	2071	$ 4,970,695.59
DENTAL	2203	4973	$ 3,924,381.43
HEMATOLOGY	29	639	$ 3,870,095.16
CARDIOLOGY	510	1956	$ 2,752,744.14
ORTHOPEDIC	535	1707	$ 2,539,060.97
MENTAL HEALTH	1101	3807	$ 2,379,505.57
RADIATION THERAPY	124	452	$ 1,998,877.40

Veteran Experience -VSignals Scores



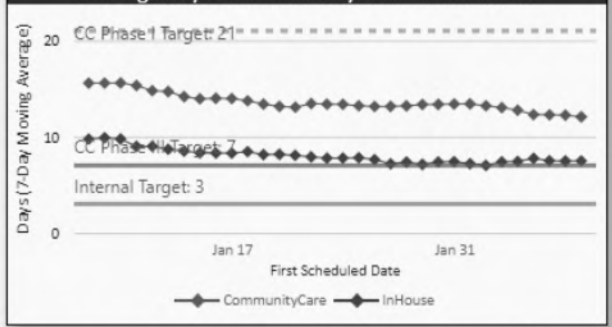
*This metric does not include consults that are entered directly to community care

**Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this extract

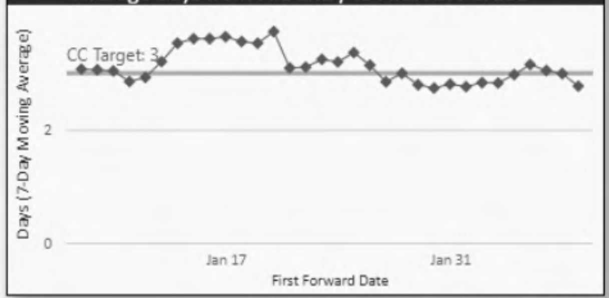
VISN 23

Data last updated: 02/08/2021

Average Days from File Entry to First Scheduled



Average Days from File Entry to First Forwarded*



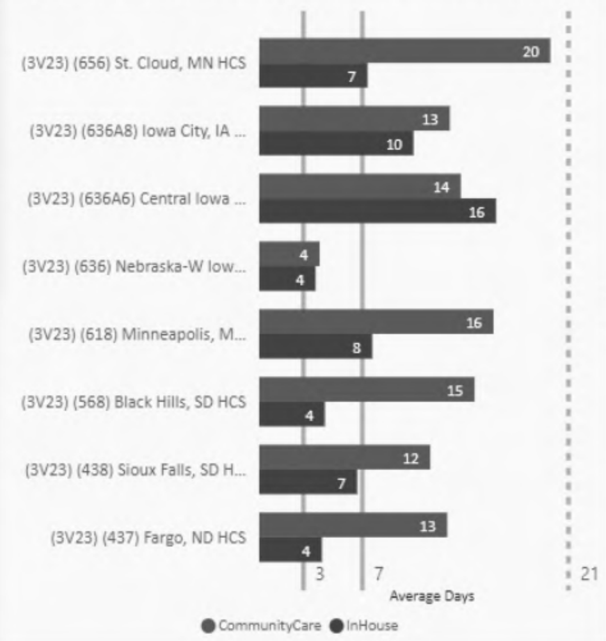
Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
3V23	**11,848**	**3**	**981**	**47,044**	**59,876**
(3V23) (437) Fargo, ND HCS	2,051		76	6,064	**8,191**
(3V23) (438) Sioux Falls, SD HCS	1,361		157	6,441	**7,959**
(3V23) (568) Black Hills, SD HCS	1,162		64	4,726	**5,952**
(3V23) (618) Minneapolis, MN HCS	2,752	1	162	12,942	**15,857**
(3V23) (636) Nebraska-W Iowa HCS	438		246	2,695	**3,379**
(3V23) (636A6) Central Iowa HCS	913	2	150	8,178	**9,243**
(3V23) (636A8) Iowa City, IA HCS	1,038		23	2,174	**3,235**
(3V23) (656) St. Cloud, MN HCS	2,133		103	3,824	**6,060**
Total	**11,848**	**3**	**981**	**47,044**	**59,876**

Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

StopCode		30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↓	3.34	3.38	1564
(303) CARDIOLOGY	↓	3.36	4.12	1335
(409) ORTHOPEDICS/JOINT S...	↓	12.63	15.66	1124
(321) GI ENDOSCOPY	↓	31.46	31.70	799
(206) OCCUPATIONAL THERAPY	↑	4.44	4.30	691
(304) DERMATOLOGY	↑	9.66	7.98	655
(307) GASTROENTEROLOGY	↓	4.16	4.96	650

Avg Days File Entry to First Scheduled: 1/10/2021 to 2/8/2021



Community Care - Referral Count & Claims Cost**

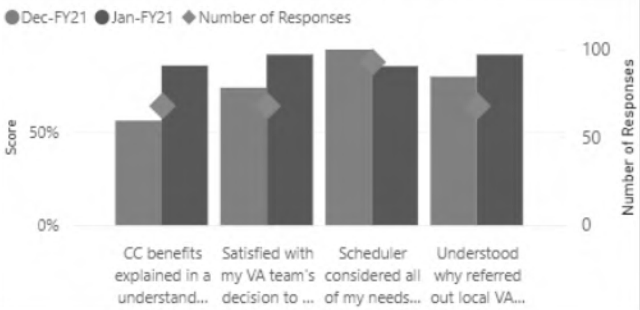
Top 7 Categories of Care** by *Referral Count* Jan FY21

Category of Care	*Referral Count - Jan FY21*	*Referral Count - Jan FY20*	Claims Cost - Jan FY20
OPHTHALMOLOGY	863	1319	$ 2,586,427.92
ORTHOPEDIC	814	1456	$ 2,954,058.76
OPTOMETRY	773	1037	$ 299,462.90
CARDIOLOGY	688	1243	$ 2,289,606.66
DENTAL	678	1455	$ 889,820.81
PHYSICAL THERAPY	622	1812	$ 1,193,429.63
GASTROENTEROLOGY	545	1048	$ 1,228,393.43

Top 7 Categories of Care** by *Claims Cost* Jan FY20

Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	*Claims Cost - Jan FY20*
HEMATOLOGY	42	267	$ 4,436,611.29
ORTHOPEDIC	814	1456	$ 2,954,058.76
OPHTHALMOLOGY	863	1319	$ 2,586,427.92
CARDIOLOGY	688	1243	$ 2,289,606.66
RADIATION THERAPY	111	178	$ 1,744,461.62
GASTROENTEROLOGY	545	1048	$ 1,228,393.43
PHYSICAL THERAPY	622	1812	$ 1,193,429.63

Veteran Experience -VSignals Scores



*This metric does not include consults that are entered directly to community care

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OCC ELC Updates

2/17/2021

ChooseVA

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

Purpose

- Decision Brief on how to manage Office of Community Care (OCC) Project Management beginning on March 1, 2021

- Presenting Three Options to decide the way forward

BLUF

Integrated Veteran Care Initiative

(b)(5)

Background

- VHA Integrated Healthcare Portfolio Management (IHPM) created new processes including ***Super-integrator*** for all enterprise projects and initiatives
    - Enterprise = impacts two or more program offices or VISNs
- Assist business owners with ***development of business case***, as needed, for decision-making authority
- Establish ***consistent reporting requirements*** for projects
- Interface with Healthcare Operations center for enterprise ***monitoring*** of project progress, ***assistance*** with major campaign initiatives and ***intervention*** on critical project shortcomings
- Establish ***project management standards*** across the enterprise
- Provide ***consistent resources, tools and expertise*** as needed

Alignment of all enterprise projects to portfolios

(b)(5)

Improves:

- Stakeholder familiarity
- Subject matter expertise
- Synergy among related projects
- Identification of gaps

Deliver Health Care	Manage Government Resources	Provide Access to Health Care	Health Care Education, Research and Public Health	Provide Information Technology Services	Provide Health Care Administration
Provide health care to VHA beneficiaries. This includes assessing health status; planning health services; delivery of care, ensuring quality of services and continuity of care; and managing clinical information and documentation. Includes connected care modalities of telehealth, remote home monitoring, point of service kiosks, and mobile applications/tools.	Encompasses all non-mission related business functions across VA. This includes both back office operational activities such as supply chain management, human resources, finance, and information technology; as well as enterprise-level support activities for the mission such as strategic planning and resource management, performance management, and business process re-engineering.	Enables access to appropriate health care. This includes streamlining efforts to receive care; ensuring care is appropriate in terms of type, care, intensity, location and availability; providing seamless access to health knowledge, enrolling providers; performing eligibility determination, and managing patient movement.	Provides strategies to improve health by focusing on the well-being of the Veterans and VA health staff communities. This includes developing and implementing public health policy that promotes disease prevention, risk reduction and improved health for the community. Fosters advancement in health knowledge. This includes promoting healthcare knowledge advancement and providing for practitioner education.	Includes the coordination of information technology infrastructure, resources, and systems required to support an IT service.	Assures that federal health care resources are expanded effectively to ensure quality, safety, and efficiency. This includes managing health care quality, cost, workload, and utilization. Involves overseeing the day to day operations of a hospital, health care facility, or medical service.

Business Function Framework

Portfolios and Descriptions

IHPM Process: Project Intake, Review and Approval

New project/initiative scope development

Business owner creates scope of new project and enters proposal into VHA Project Intake Portal. A project site is created for document storage, project tracking, and leadership oversight.

PM Document Development

Project team begins creating project artifacts, including Project Business Case.

Organizational Analysis

Business Architecture and Strategic Direction Committee conduct environmental scan of VHA using project scope.

Portfolio Alignment

Project is placed into an IHPM portfolio.

Decision-Making Authority Assigned

Project is assigned according to its anticipated impact and cost to either the Governance Board or one of its Councils as the DMA.

Project Business Case Review

Project Business Case is submitted for approval to Finance, WMC, Chief Strategy Office, OIT, and any other needed offices.

Preliminary Review

IHPM team reviews project submission for completeness.

Governance Approval

DMA reviews project's business case for approval and acceptance into IHPM framework.

Steady State

Project enters steady state with regular gate reviews with DMA.

OCC Considerations

Oversight

- Multiple competing governance and project management processes
    - Different portfolio categorization and processes in VHA, OIT, and OCC

Implementation

- Intake/Business Case development process versus OCC Project Idea Evaluation (PIE) process
    - Business Case development
    - Reporting requirements

Governance

- Multiple VHA IHPM Governance Councils
    - Similar gate review process as OCC
    - Oversight and inform: Healthcare Delivery Council (HDC)
    - Governance and approval: Healthcare Operations Council (HOC) , Healthcare Delivery Council (HDC), Quality, Safety and Value (QVC), Organizational Health Council (OHC)

Reporting

- Use of IHPM portal for monitoring and reporting similar to OCC's One Stop Shop (OSS)
    - Different IHPM project management standards

OCC Project Impacts

- **75** total OCC and OCC-Directorate managed projects
- **51 (68%)** of all OCC projects are considered 'Enterprise'
  - 63% (22/35) of all OCC managed projects
  - 73% (29/40) of all OCC-Directorate managed projects

OCC Involvement Options

Option 1 (b)(5)

(b)(5)

Pros	Cons
(b)(5)	(b)(5)

OCC Involvement Options

Option 2 (b)(5)

(b)(5)

Pros	Cons
(b)(5)	(b)(5)

OCC Involvement Options

Option 3: (b)(5)

(b)(5)

Pros	Cons
(b)(5)	(b)(5)

Next Steps

Options	Next Steps/Questions
(b)(5)	

CCN ELC Update

10/28/2020

(b)(6)

ChooseVA

VA

U.S. Department of Veterans Affairs

Veterans Health Administration

Office of Community Care

Agenda

- Region 4 & 5 Deployment Updates
- Optional Task Key Discussion
- R1-R4 Referral Trends
- Appendix:
  - R1-R3 Referral Monitoring Summary
  - R4 Referral Monitoring Plan
  - Region 5 Kickoff Meeting Details

R4 & R5 CCN Deployment Updates

Region 4 Update

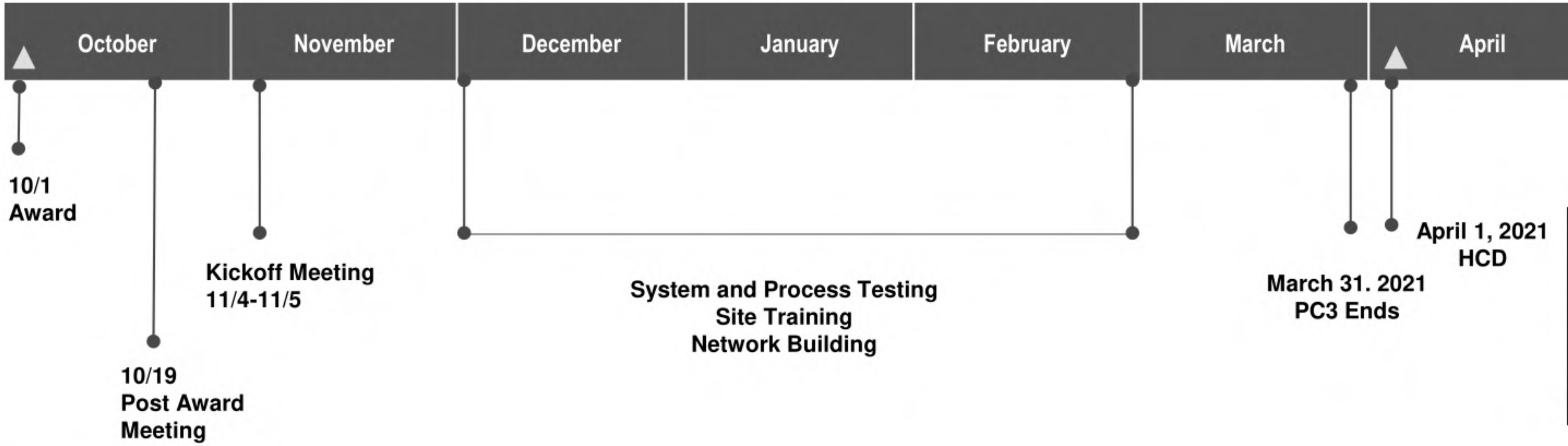
- **Referral Workgroup** is engaging the field to correct referral issues and prevent future claims issues
- OCC and TriWest are conducting site-specific **Network Adequacy** meetings to discuss “perceived” network gaps and help the sites gain familiarity with the current CCN network
- Several Region 4 sites have received additional PC3 extensions due to network gaps, COVID-19 or wildfire impacts, and Optional Task timing for scheduling support
  - Four sites have a PC3 extension ending on October 30, 2020
- **Optional Task** (b)(5)

(b)(5)

- **Urgent Care** approval volume remains constant in R4 as TriWest provides Urgent Care Network and Customer Service for CCN

4
4
2
3
5
6
Washington, D.C.

Region 5 Status and Upcoming Activities



October | November | December | January | February | March | April

10/1
Award

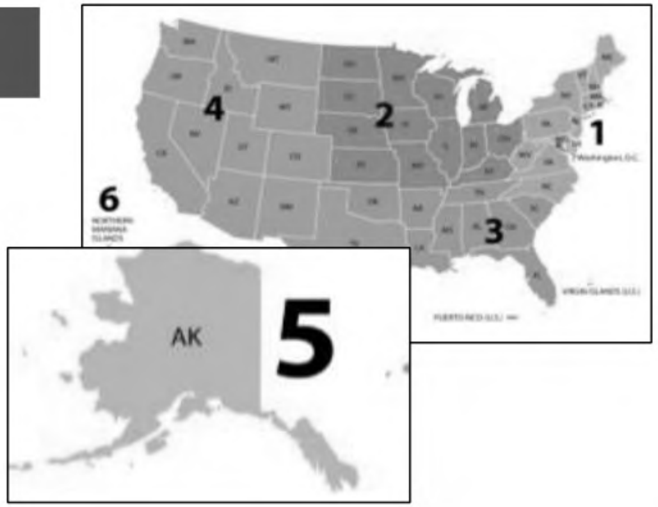
10/19
Post Award
Meeting

Kickoff Meeting
11/4-11/5

System and Process Testing
Site Training
Network Building

March 31. 2021
PC3 Ends

April 1, 2021
HCD



Key Activities:

- (b)(5)
-
-
-
-
-

Region 5 Updates

Category	Risks/Issues	Next Steps
Tribal Health	(b)(6) (b)(5) (b)(5)	(b)(5)
Payment Hierarchy		
Dental Fee Schedule		
Fee Schedule		

Optional Task Key Discussions

Optional Task #1: **Contracting** Key Decisions (Regions 1-3)

Decisions/Status

- **Outstanding Issues:**
  1. Contract modification strategy. **(Lead:** (b)(6) **/Acquisition Team)**
     - Option 1A: (b)(5)
       (b)(5)
     - Option 1B (b)(5)
  2. Finalize volume and tier structure. **(Lead** (b)(6) **/OT Team)**
     - Volume and the tier structure drives IGCE Pricing
     - Decision Point: Are updates from the VISNs required? (b)(5)
  3. Funding/Pricing Strategy. **(Lead** (b)(6) **/Finance team)**
     - (b)(5)
     -
     - Pricing strategy (Lead: (b)(6) /Acquisition Team)
       - (b)(5)
  4. Provider look up solutions. **(Lead:** (b)(6)
     - Optum solution
     - Revising VA.Gov provider locator tool
     - Exploring both options in parallel
  5. Referrals with BASIC level of care coordination only in the scope. **(Lead: CI/OT Team)**
     - Resolution: (b)(5)
       (b)(5)
     - Contract language or requirement does not need to be changed with the HSRM enhancement

Optional Task #1: **Contracting** Key Decisions (Region 4)

Decisions/Status

- **Outstanding Issues:**
  1. Timing of OT support for additional R4 sites. **(Lead: (b)(6) /OT Team)**
     - Recommendation: (b)(5)
     - (b)(5)
  2. Funding and use of OT in OY2 (4/1/21 – 3/31/22). **(Lead: (b)(6) /Finance team)**
     - Background (b)(5) (b)(5)
     - Question for Finance: (b)(5) (b)(5)
     - OCC decision point: (b)(5) (b)(5)
     - Options and recommendation:
       - (b)(5)

Optional Tasks – Regions 1-3 Provider Locator Action Plan

Regions 1-3 Provider Locator Action Plan

Issue: Optum indicated they currently do not have the tool or capability to search CCN providers by address.

Background: The current contract does not specify VA will provide a CCN provider search tool or capability for the contractor's scheduling staff to utilize under the Optional Task. Optum's Optional Task strategy (Deliverable 84) did mention that Optum would utilize VA's master provider dictionary to search for providers. This was excluded from the strategy deliverables for Regions 2 and 3.

- Initial conversation occurred with Optum during the 10/23 mod call. VA informed Optum that we will not have the capability as it stands, and we need to hear from Optum what they propose.
- Optum is discussing internally and that will be included in their technical proposal for the mod. (b)(5) (b)(5)

The team is exploring three options.

Action Plan – Next Steps	Considerations	Owner	Completion Date
(b)(5)	(b)(5)	(b)(6) Mod Team, Optum	TBD
(b)(5) • (b)(6) and (b)(6) (b)(5) (b)(5)		(b)(6) DEPO, PPMS, CI, CCCA	10/30/20
(b)(5) • (b)(6) (b)(5) (b)(5)		(b)(6) CCCA, Acquisition Team	TBD

Optional Task #1: **Operational** Key Decisions and Risks

Decisions/Status

- **VHA leadership currently holding ongoing discussions about implementing OT #1 nationally (including Regions 1-4)**
  - Launched OT#1 at 6 VAMCs from VISNs 17 and 22 on October 1st, 2020
  - Given past efforts in Regions 1-3 and deployment of Optional Task #1 with six sites in Region 4, initial draft of operational deliverables available, including: VA Community Care Staff SOP, Field Guidebook, Site Implementation Plan, Metrics and Measurements, TPA Process Flows, Site Training Presentation

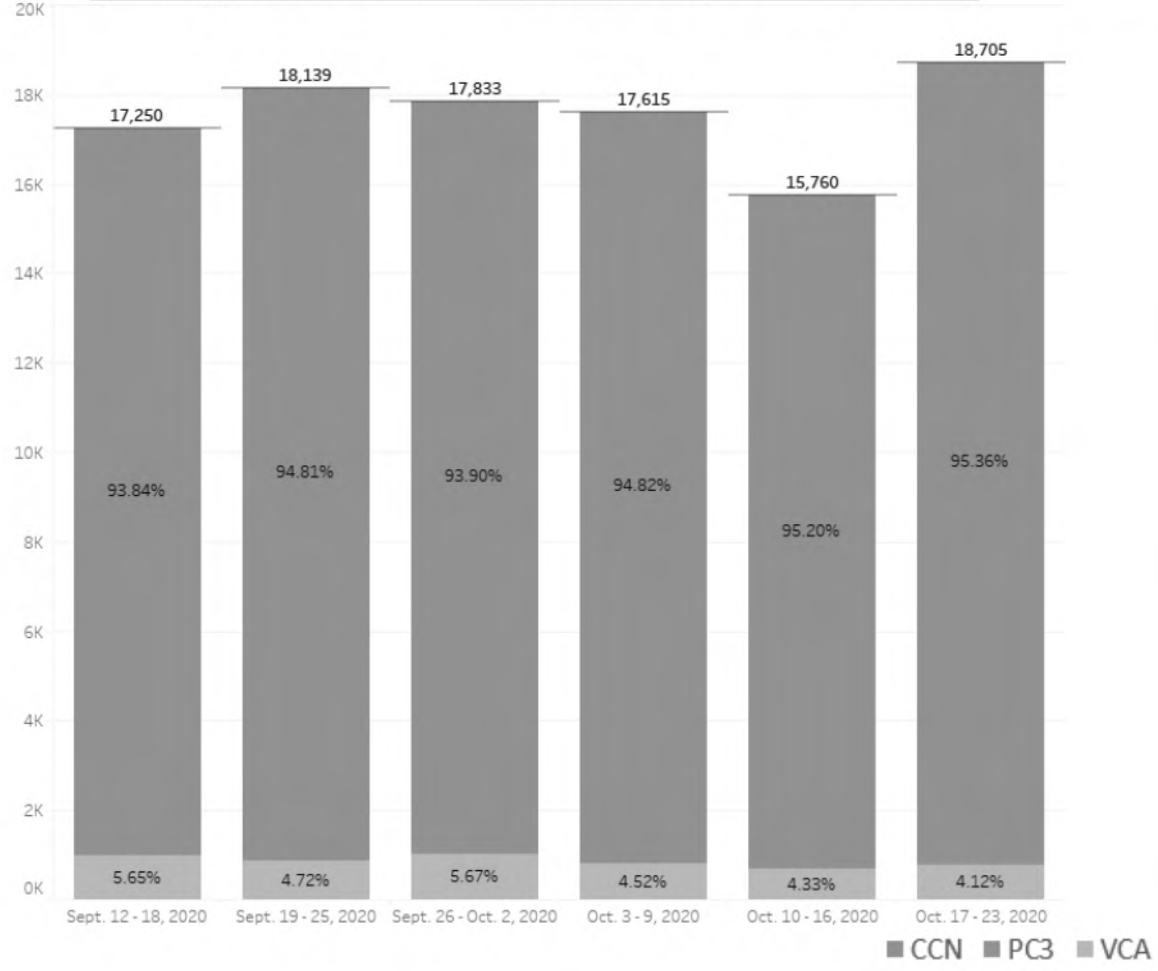
Decisions Needed/Risks (Operations)

(b)(5)

R1-4 Referral Trends

Region 1: Referral Trends

Region 1 Referral Network Breakdown



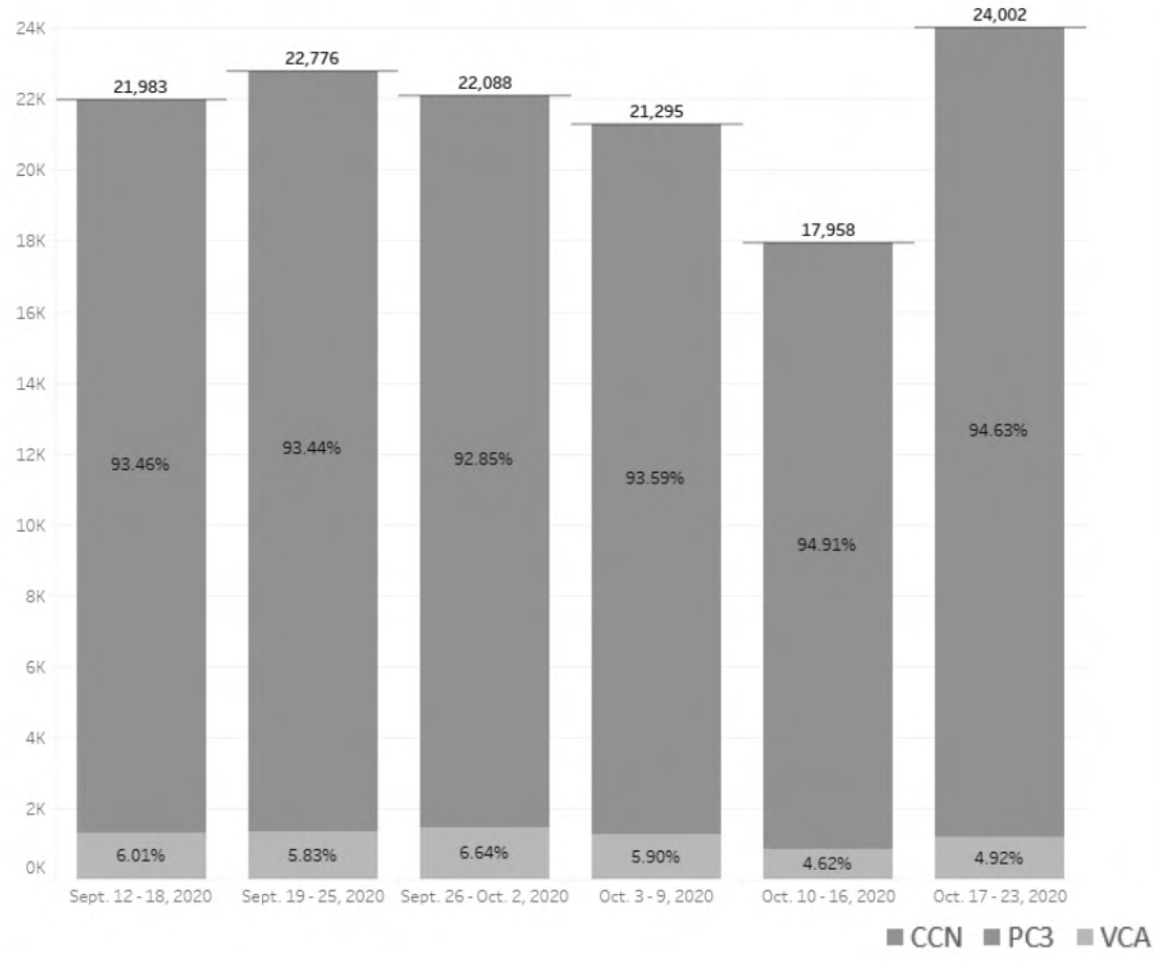
Referral Analysis

- Between Sept 12, 2020- October 23, 2020 Region 1 CCN referral percentages remained consistent between **93.5%-95.5% of referrals each week.**
- VCA referrals have also remained consistent between **4-6%** of referrals each week. VCA referrals utilization decreased in the last week.
- Overall, the total referral volume has remained consistent each week **(~17,200-18,200)** except for the last two weeks of 10/10 and 10/17.
  - The weeks of 10/10 had a Monday holiday which may account for the fewer number of referrals and the uptick for the following week of 10/17.

This data was pulled from CDW for September 12 – October 23, 2020.

Region 2: Referral Trends

Region 2 Referral Network Breakdown



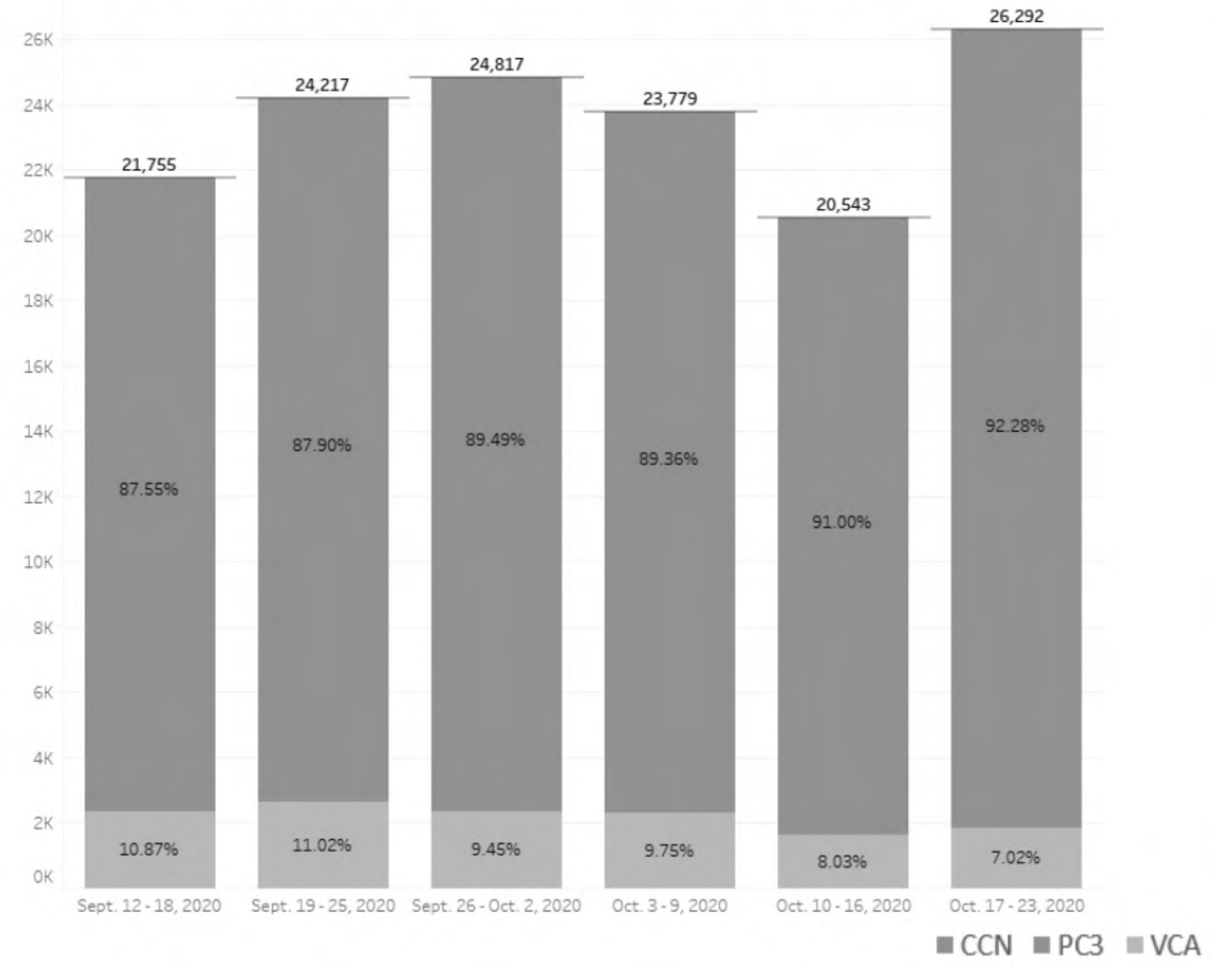
Referral Analysis

- Between September 12, 2020 - October 23, 2020, Region 2 CCN referral percentages remained consistent between **92.5%-95% of referrals each week.**
- VCA referrals have also remained consistent **between 4-7%** of referrals each week. Since last week, VCA referral utilization increased slightly by 0.3%.
- Overall, the total referral volume has remained consistent each week (**21,000-23,000)**, except for the last two weeks of 10/10 and 10/17.
  - The weeks of 10/10 had a Monday holiday which may account for the fewer number of referrals and the uptick for the following week of 10/17.

This data was pulled from CDW for September 12 – October 23, 2020.

Region 3: Referral Trends

Region 3 Referral Network Breakdown



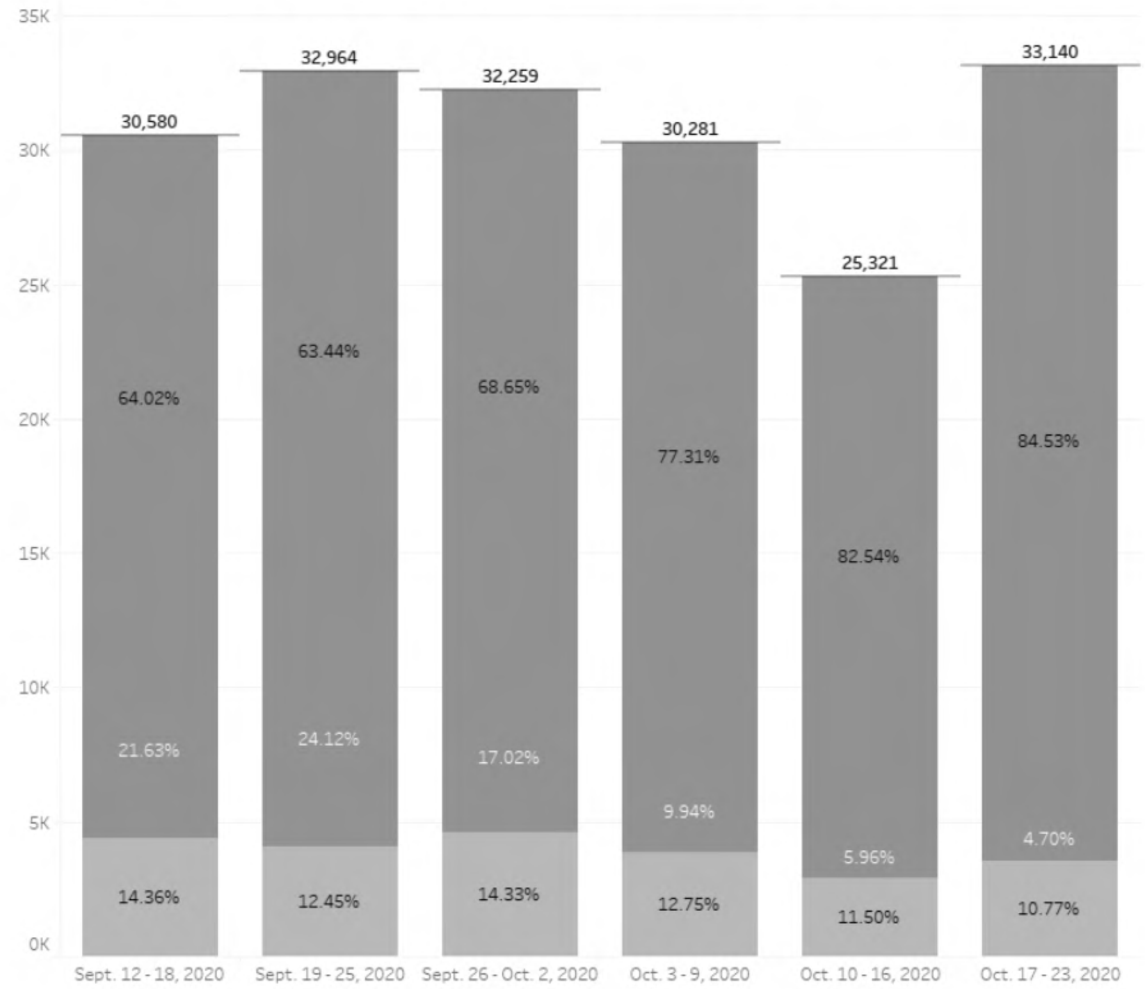
Referral Analysis

- Between September 12, 2020 - October 23, 2020, **Region 3 CCN referral percentages continued to increase from 87.5%-92.3% of referrals.**
- VCA referral percentages have steadily decreased from **11.02%** to **7.02%** consistent over the past 5 weeks.
- Overall, total referrals volume has steadily increased from **approximately 21,000 to 26,000** referrals over the past six weeks.
  - The weeks of 10/10 had a Monday holiday which may account for the fewer number of referrals and the uptick for the following week of 10/17.

This data was pulled from CDW for September 12 – October 23, 2020.

Region 4: Referral Volume Snapshot

VISN Referral Network Breakdown



Referral Analysis

- Region 4 continues to see **a positive trend in CCN utilization.**
  - **Optional Tasks** went live on 10/1, which has been reflected positively in the decrease in PC3 utilization and increase in CCN utilization
- Sites are reporting that wildfires are mostly contained, and they are **starting to see increasing numbers of referrals again.**
  - *Week of 10/10-16 data accounts for a federal holiday, and which may account for the decrease in referral volumes.*

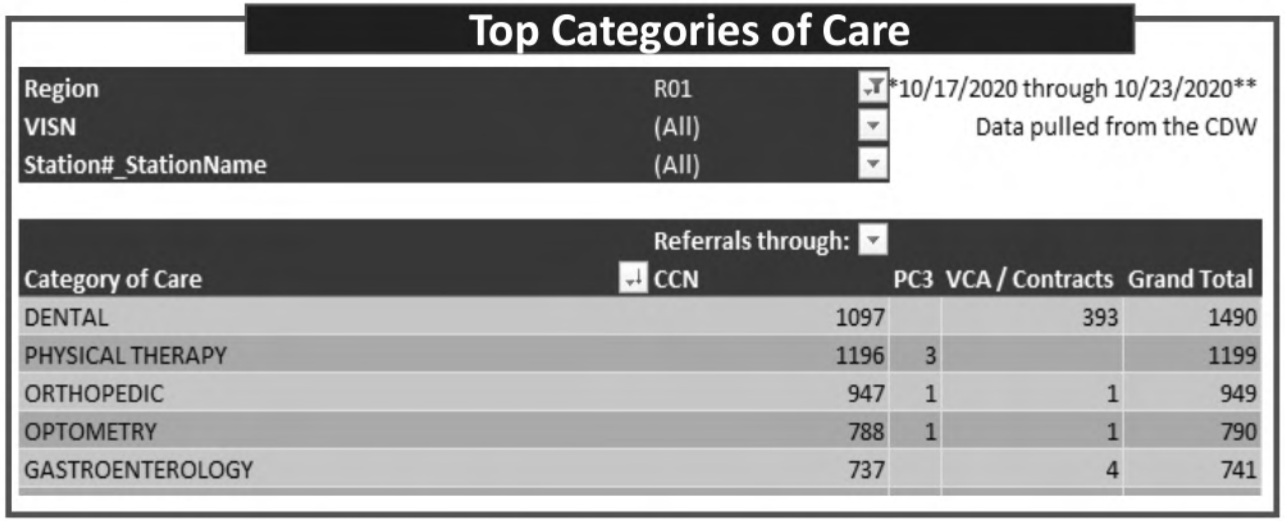
This data was pulled from CDW for October 17-23, 2020.

R1-4 Referral Monitoring

Region 1-3 Key Observations

1. Regions 1-3 all reported more than 92% of referrals through CCN. This remains consistent with last week's reporting.
2. We have an increase in the number of referrals across R1-3 since last week, potentially due to the Monday holiday in last week's reporting.
3. We have a significant number of CAEC referrals this week with appointment dates prior to the region's SHCD, most likely due to CAEC working through a backlog.
    - Region 1 went from 30 to 225 referrals in the past week, but 147 referrals have appointment dates prior to 12/10/19 HCD date
    - Region 2 went from 13 referrals to 101, but 95 of these referrals had appointment dates prior to 3/17 HCD date
    - Region 3 had an increase from 104 to 732, but 492 of these referrals had appointment dates prior to the June 16 go-live date
4. Dental and Home Health/Homemaker continue to be top categories of care for utilizing VCAs in R1-3.

Region 1: Referral Volume Snapshot



Top Categories of Care

Region	R01
VISN	(All)
Station#_StationName	(All)

*10/17/2020 through 10/23/2020**
Data pulled from the CDW

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	1097		393	1490
PHYSICAL THERAPY	1196	3		1199
ORTHOPEDIC	947	1	1	949
OPTOMETRY	788	1	1	790
GASTROENTEROLOGY	737		4	741

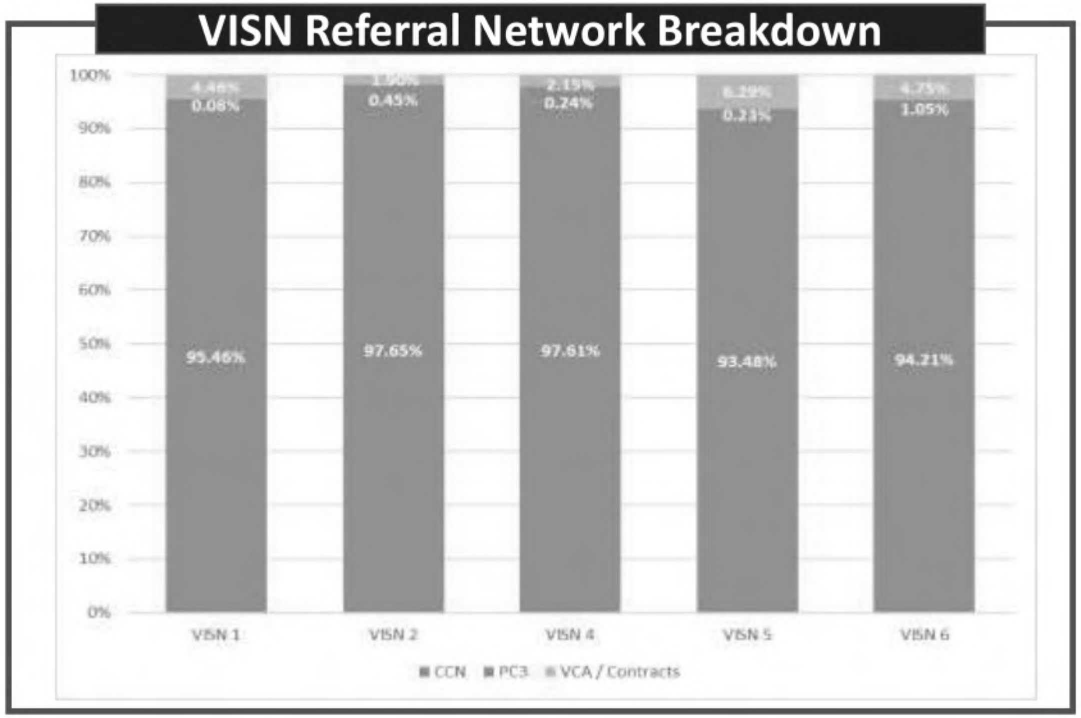
The **top five categories of care going to VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aide
3. Veteran Directed Care
4. Skilled Home Health Care
5. Adult Day Health Care

- **Region 1 is sending 95.36% of community care referrals through CCN.**
- The PC3 percentage for R1 referrals is down to 0.51% of referrals. **VCAs account for 4.12% of referrals.**
- **VISN 5 sent 165 referrals through VCAs.** 99 of these referrals where for Dental or Homemaker/Home Health Aid.
- This data analysis does not include a complete picture of ER/Urgent Care referrals through CCN. Referrals generated from the Centralized Authorized Emergency Care (CAEC) Team are not included in this data analysis.
  - For Region 1, this accounted for **225 PC3 referral* that were categorized as Emergency Care or ER/Urgent.**

Data is from the Weekly Referral Dashboard

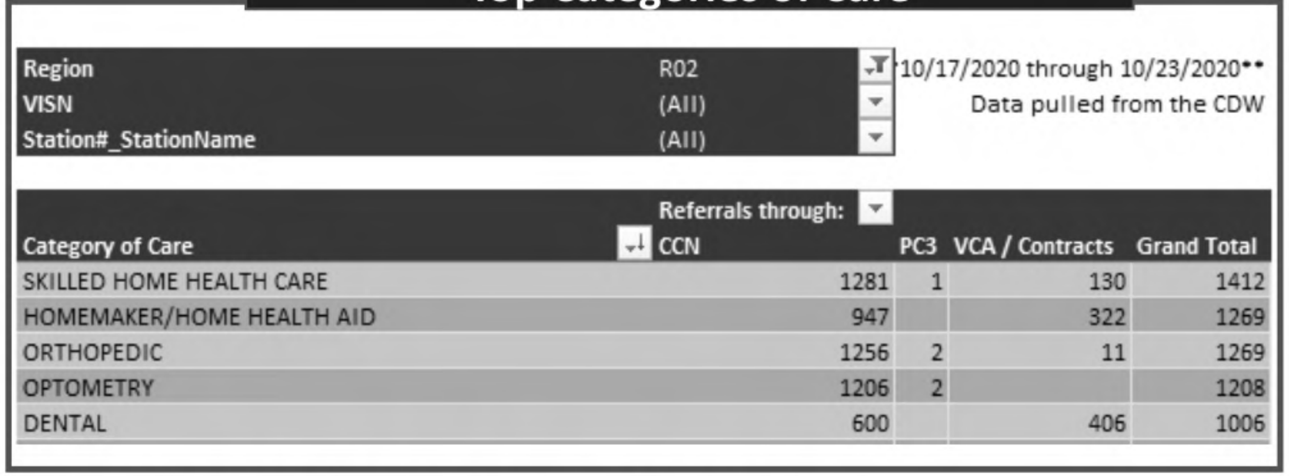
*147 of these referrals have appointment dates set prior to the 12/10/19 HCD date.



VISN Referral Network Breakdown

Region 2: Referral Volume Snapshot

Top Categories of Care



Region	R02
VISN	(All)
Station#_StationName	(All)

*10/17/2020 through 10/23/2020**
Data pulled from the CDW

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
SKILLED HOME HEALTH CARE	1281	1	130	1412
HOMEMAKER/HOME HEALTH AID	947		322	1269
ORTHOPEDIC	1256	2	11	1269
OPTOMETRY	1206	2		1208
DENTAL	600		406	1006

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

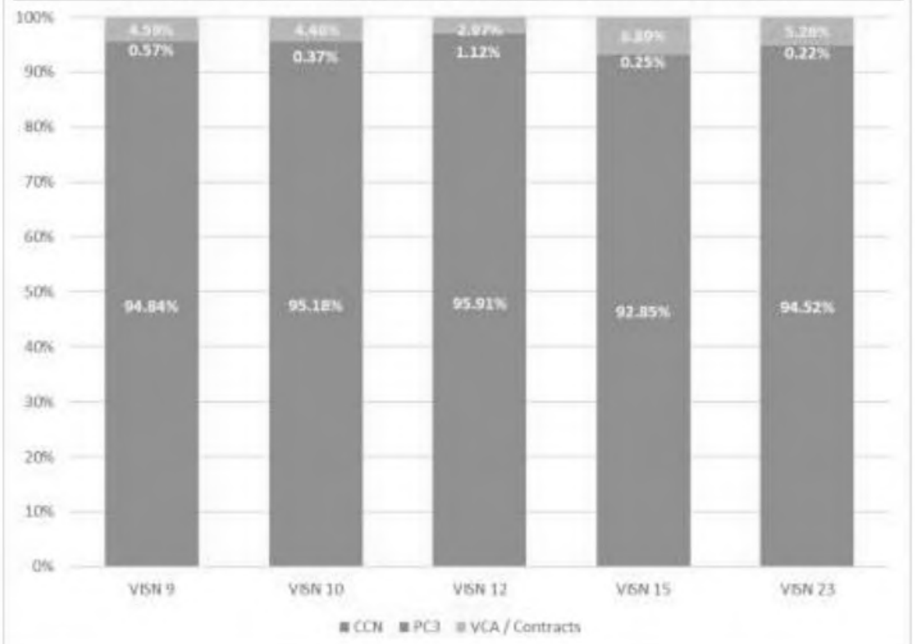
1. Dental
2. Homemaker/Home Health Aide
3. Skilled Home Health Care
4. Respite Care
5. Veteran Directed Care

- **Region 2 is sending 94.63% of community care referrals through CCN.**
- The **top categories of care sent to PC3 and VCAs (Dental and Homemaker/Home Health Aid) remain consistent** with previous week.
- Referrals generated from the Centralized Authorized Emergency Care (CAEC) Team are not included in this data analysis.
    - For Region 2, this accounted for **101 PC3 referrals.*** 63 referrals were categorized as "Emergency Care", 37 referrals as "Emergency Care", and 1 referral as "Inpatient".

Data is from the Weekly Referral Dashboard

*95 of these referrals have appointment dates set prior than the March 17 HCD date.

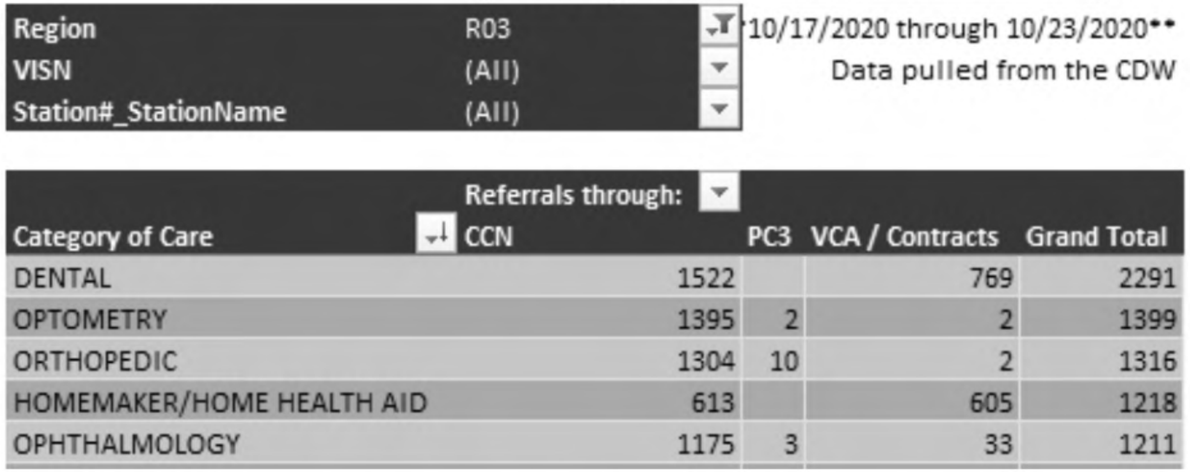
VISN Referral Network Breakdown



This data was pulled from CDW for October 17 – October 23, 2020.

Region 3: Referral Volume Snapshot

Top Categories of Care



Region	R03
VISN	(All)
Station#_StationName	(All)

10/17/2020 through 10/23/2020**

Data pulled from the CDW

	Referrals through:			
Category of Care	**CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
DENTAL	1522		769	2291
OPTOMETRY	1395	2	2	1399
ORTHOPEDIC	1304	10	2	1316
HOMEMAKER/HOME HEALTH AID	613		605	1218
OPHTHALMOLOGY	1175	3	33	1211

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

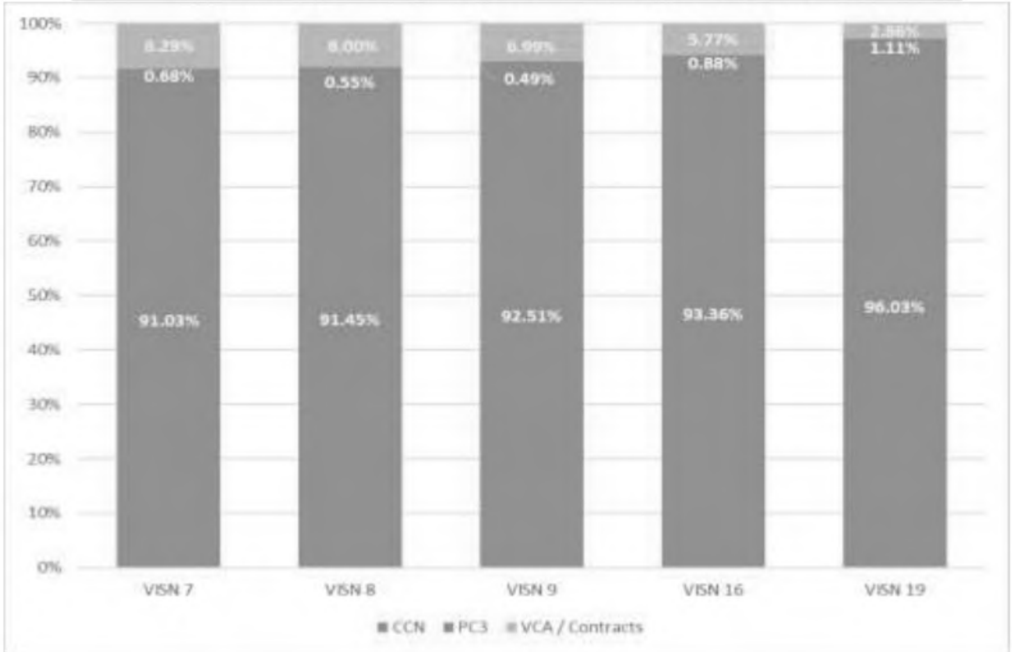
1. Dental
2. Homemaker/Home Health Aide
3. Respite Care
4. Skilled Home Care
5. Inpatient

- **Region 3 is sending 92.28% of community care referrals through CCN.**
- The **top categories of care sent to PC3 and VCAs (Dental and Homemaker/Home Health Aid) remain consistent** with previous weeks.
- Referrals generated from the Centralized Authorized Emergency Care (CAEC) Team are not included in this data analysis.
  - For Region 3, this accounted for **732 PC3 referrals.***
  - 683 referrals were categorized as "ER/Urgent"/"Emergency Care" and 49 referrals were categorized as inpatient.

Data is from the Weekly Referral Dashboard

*492 of these referrals have appointment dates set prior than the June 16 official go-live date.

VISN Referral Network Breakdown



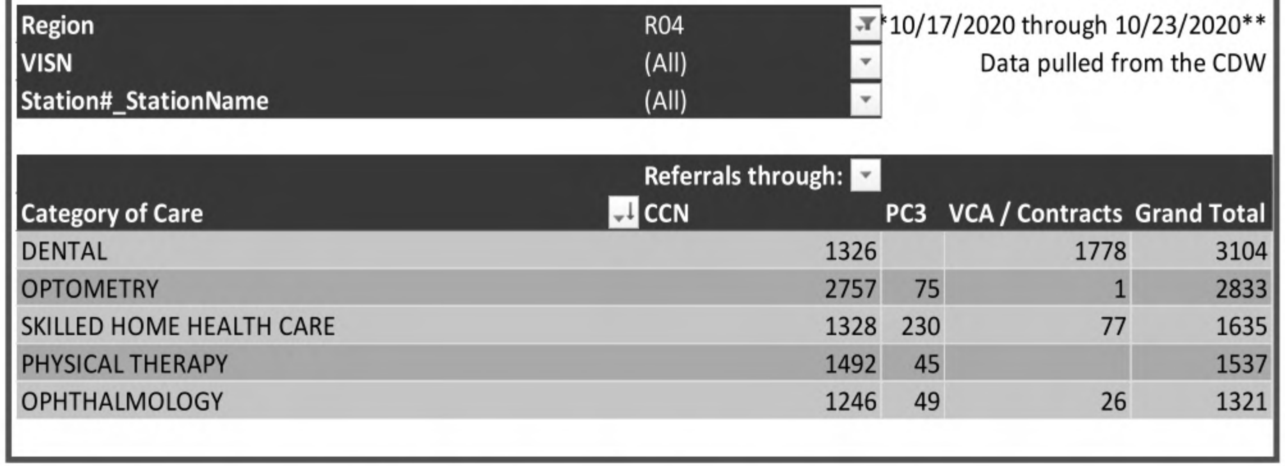
Choose VA

This data was pulled from CDW for October 17 – October 23, 2020.

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

Region 4: Referral Volume Snapshot

Top Categories of Care



Region	R04
VISN	(All)
Station#_StationName	(All)

*10/17/2020 through 10/23/2020**

Data pulled from the CDW

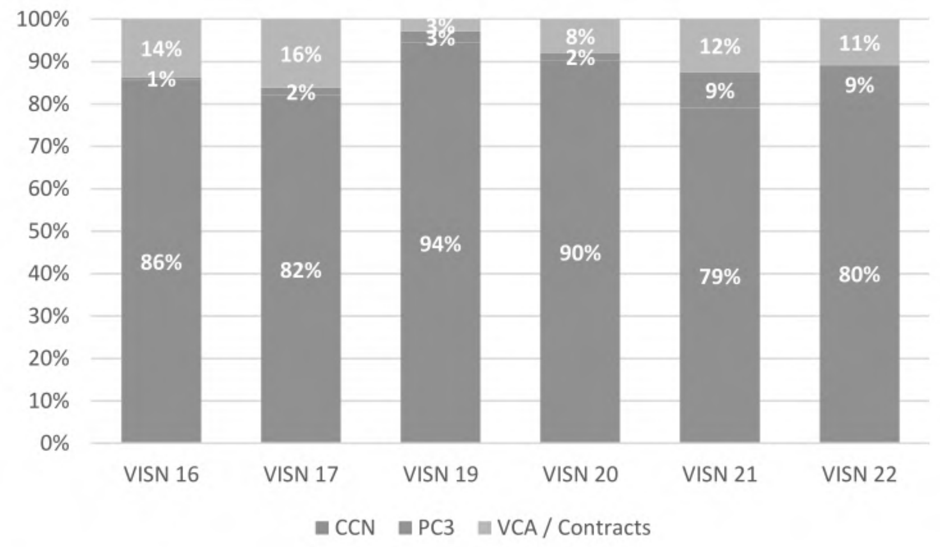
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	1326		1778	3104
OPTOMETRY	2757	75	1	2833
SKILLED HOME HEALTH CARE	1328	230	77	1635
PHYSICAL THERAPY	1492	45		1537
OPHTHALMOLOGY	1246	49	26	1321

- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis
  - For Region 4, this accounted for **1155 PC3 referrals**.
  - 1067 referrals were categorized as "ER/Urgent" and 88 referrals were categorized as inpatient.
- CCN Utilization **slightly increased for all VISNs, except VISN 17.**
  - *VISN 21 had the highest **increase** of **5**% from previous week; VISN 20 **increased 3%**; VISN 16, 19, and 20 **increased 2%.***
  - *VISN 17 had a slight **decrease** of **2%***

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

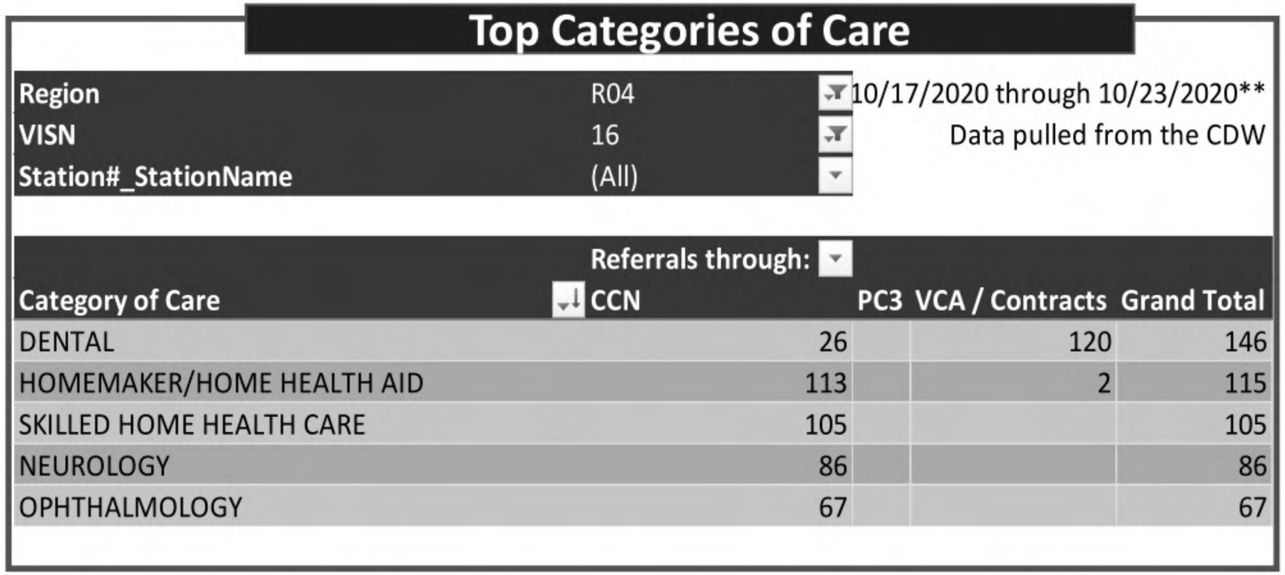
1. Dental
2. Homemaker/Home Health Aide
3. Skilled Home Health Care
4. Lab and Pathology
5. Inpatient

VISN Referral Network Breakdown



This data was pulled from CDW for October 17-23, 2020.

Region 4 VISN 16 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04	10/17/2020 through 10/23/2020**
VISN	16	Data pulled from the CDW
Station#_StationName	(All)	

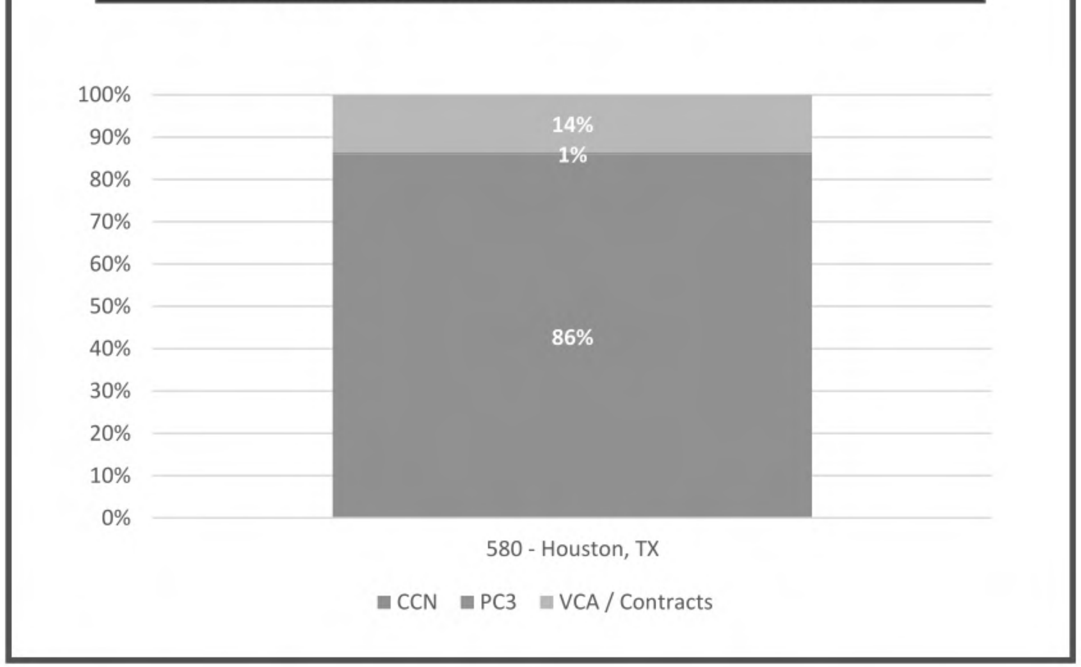
	Referrals through:			
Category of Care	**CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
DENTAL	26		120	146
HOMEMAKER/HOME HEALTH AID	113		2	115
SKILLED HOME HEALTH CARE	105			105
NEUROLOGY	86			86
OPHTHALMOLOGY	67			67

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Adult Day Health Care
3. Inpatient
4. Nephrology
5. Homemaker/Home Health Aid

Less than 10 referrals

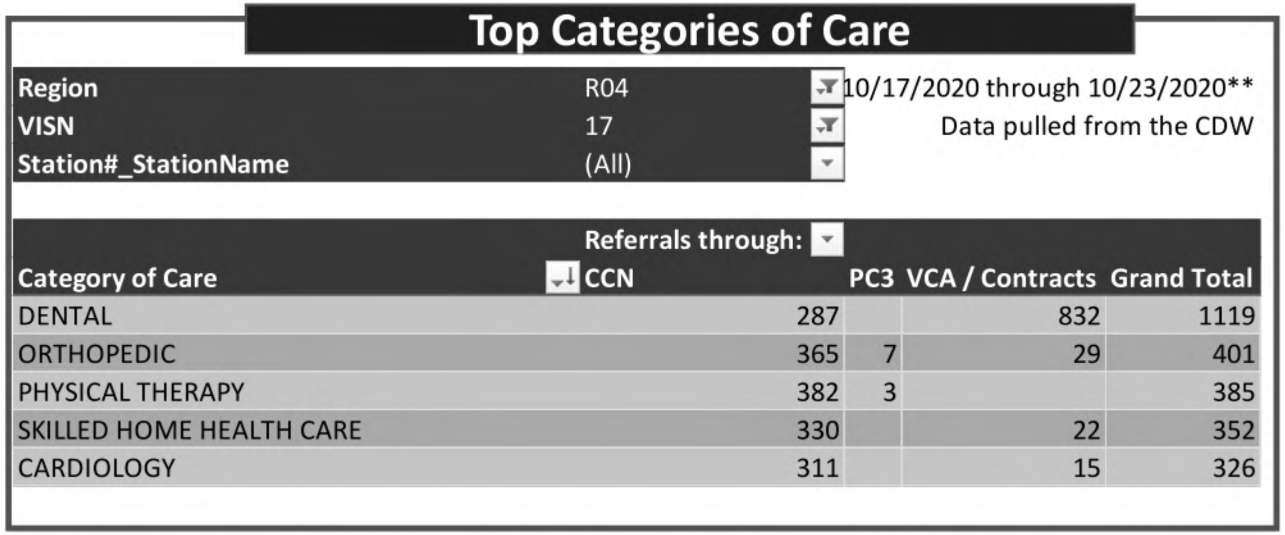
VISN Referral Network Breakdown



- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 16, this accounted for **24 PC3 referrals**.
    - *This is a drop from **86 PC3** referrals last week.*
  - 15 referrals were categorized as "ER/Urgent" and 9 referrals were categorized as inpatient.
- CNN utilization **increased 2%**; PC3 utilization **decreased 1%;** and VCA utilization **remained the same** compared to previous week.

This data was pulled from CDW for October 17-23, 2020.

Region 4 VISN 17 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04
VISN	17
Station#_StationName	(All)

10/17/2020 through 10/23/2020**

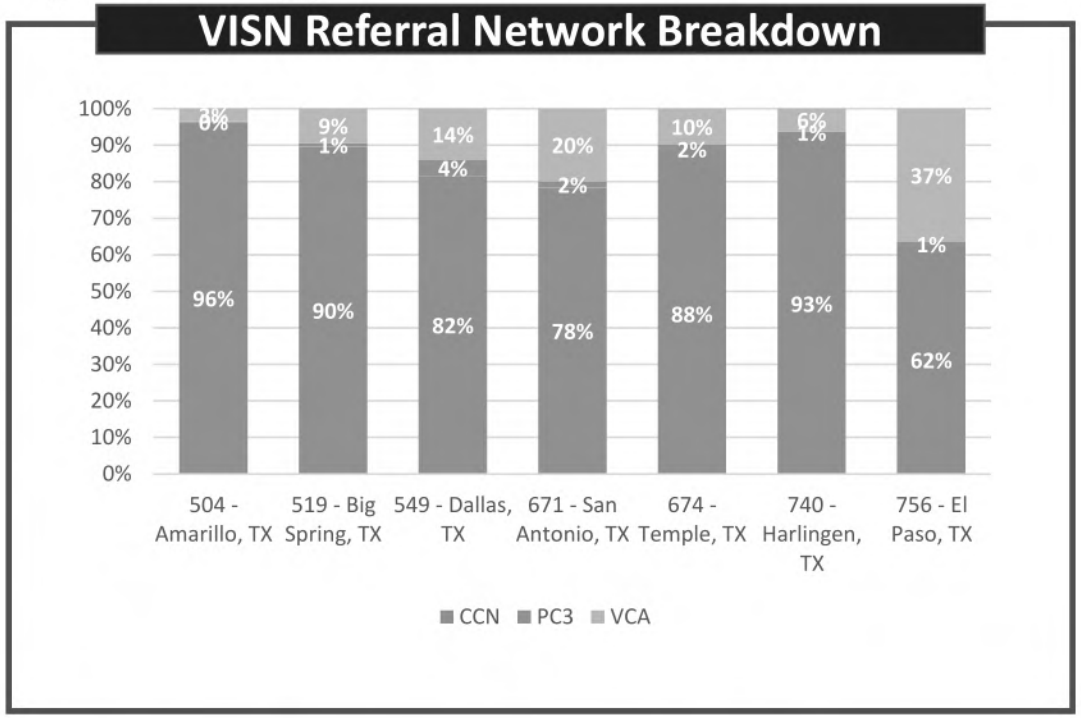
Data pulled from the CDW

	Referrals through:			
Category of Care	**CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
DENTAL	287		832	1119
ORTHOPEDIC	365	7	29	401
PHYSICAL THERAPY	382	3		385
SKILLED HOME HEALTH CARE	330		22	352
CARDIOLOGY	311		15	326

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 17, this accounted for **83 PC3 referrals**.
  - 66 referrals were categorized as “ER/Urgent” and 17 referrals were categorized as inpatient.
- CCN utilization remains similar to previous week.
  - Big Springs had the **largest increase of 5%**; Amarillo and Harlingen had a **1% increase.**
  - El Paso had the **largest decrease of 4%;** San Antonio **decreased 3%**; Dallas and Temple **decreased 1%.**

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

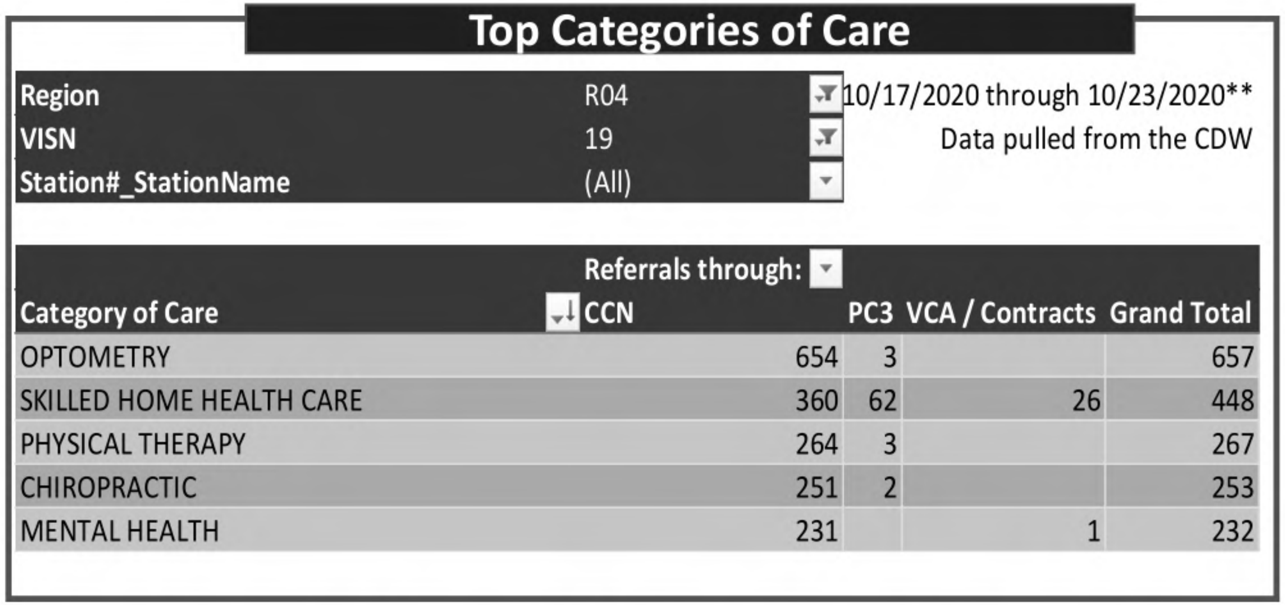
1. Dental
2. Inpatient
3. Homemaker/Home Health Aide
4. Orthopedic
5. Ophthalmology



VISN Referral Network Breakdown

This data was pulled from CDW for October 17-23, 2020.

Region 4 VISN 19 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04
VISN	19
Station#_StationName	(All)

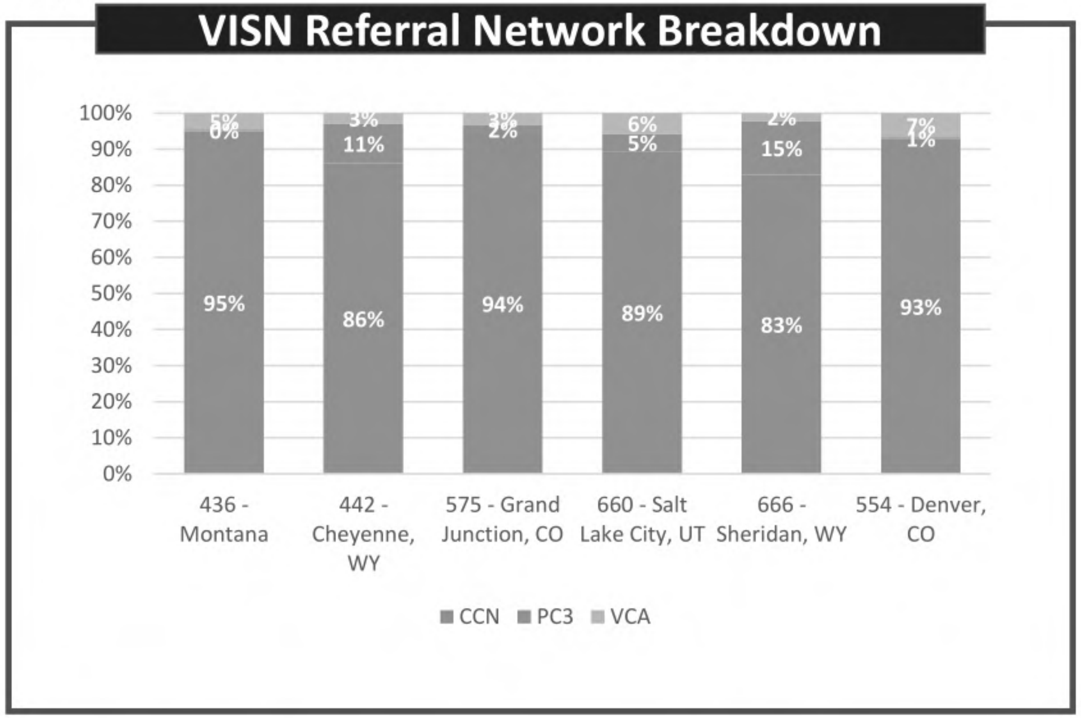
10/17/2020 through 10/23/2020**
Data pulled from the CDW

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	654	3		657
SKILLED HOME HEALTH CARE	360	62	26	448
PHYSICAL THERAPY	264	3		267
CHIROPRACTIC	251	2		253
MENTAL HEALTH	231		1	232

- **Referrals generated from the CAEC** are not included in this data analysis.
    - For Region 4 VISN 19, this accounted for **88 PC3 referrals**.
    - 82 referrals were categorized as "ER/Urgent" and 6 referrals were categorized as inpatient.
- **Cheyenne** and **Sheridan** received **PC3 extensions that will expire on 10/30** due to network gaps in acute care center, ophthalmology, and other specialties.
- All sites had an increase in CCN utilization
    - Sheridan had the largest **increase of 7%** CCN utilization**;** PC3 utilization **decreased 7%.**
    - Cheyenne had an increased of **6%** CCN utilization**;** PC3 utilization **decreased 5%.**

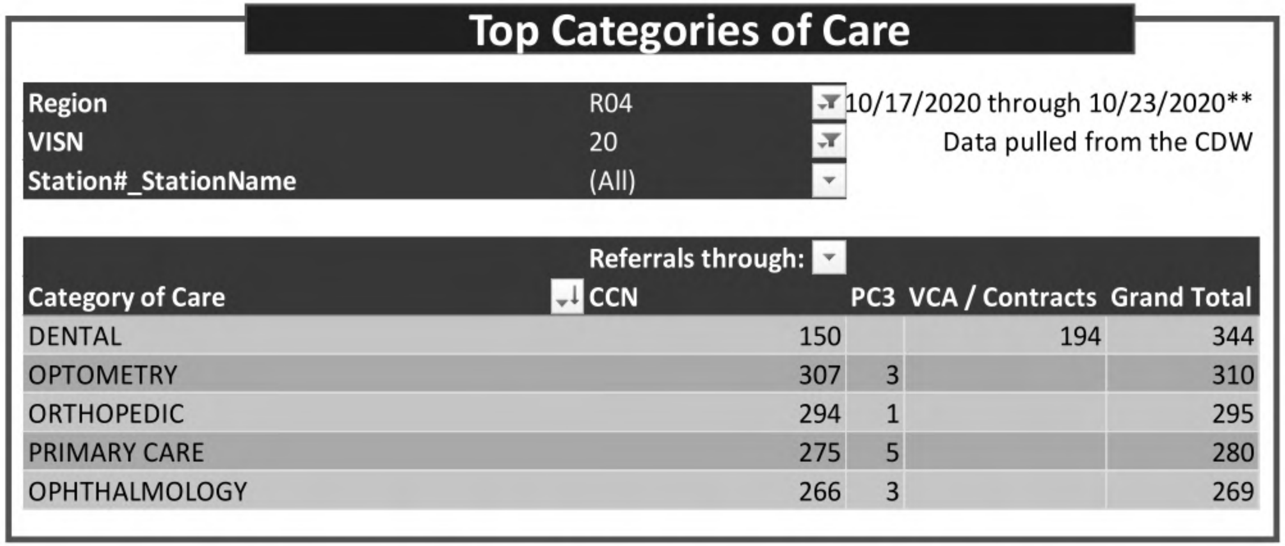
The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Skilled Home Health Care
2. Homemaker/Home Health Aide
3. Dental
4. Veteran Directed Care
5. Inpatient



VISN Referral Network Breakdown

Region 4 VISN 20 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04			
VISN	20			
Station#_StationName	(All)			

10/17/2020 through 10/23/2020**
Data pulled from the CDW

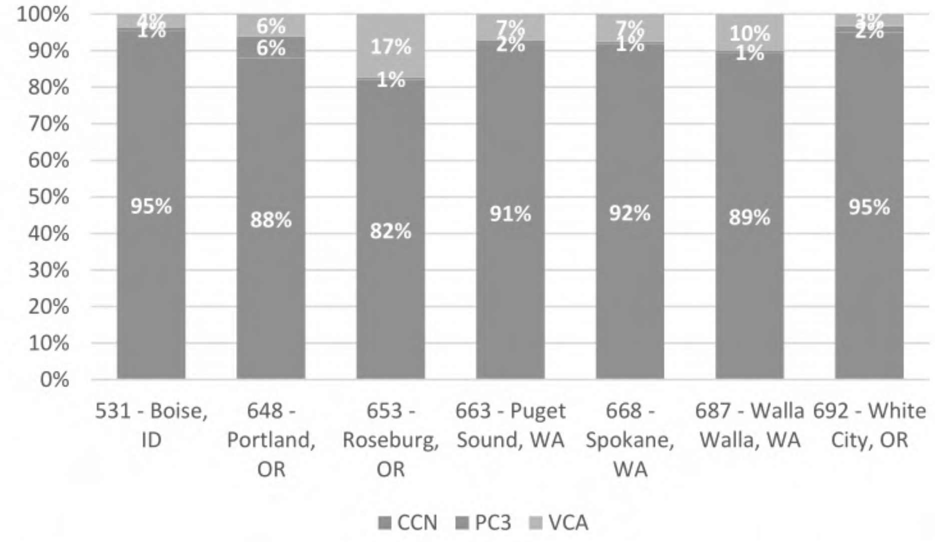
	Referrals through:			
Category of Care	**CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
DENTAL	150		194	344
OPTOMETRY	307	3		310
ORTHOPEDIC	294	1		295
PRIMARY CARE	275	5		280
OPHTHALMOLOGY	266	3		269

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 20, this accounted for **61 PC3 referrals**.
  - 52 referrals were categorized as "ER/Urgent" and 9 referrals were categorized as inpatient.
- PC3 utilization remained steady compared to previous week; however, White City did have the largest **decrease of 3%.**
- Puget Sound had the highest CCN utilization **increase of 10%;** White City CCN utilization **increased 7%** compared to the previous week.
  - Roseburg's CCN utilization **decreased 5%.**

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aide
3. Veteran Directed Care
4. Skilled Home Health Care
5. Bowel and Bladder

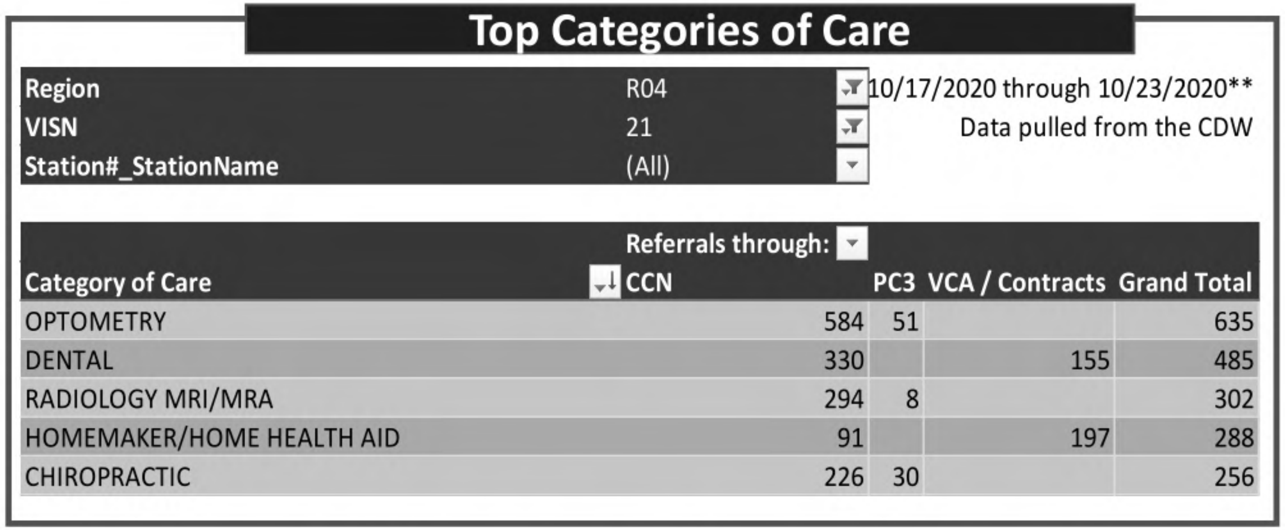
VISN Referral Network Breakdown



This data was pulled from CDW for October 17-23, 2020.

Region 4 VISN 21 Sites: Referral Volume Snapshot

Top Categories of Care



Region	R04
VISN	21
Station#_StationName	(All)

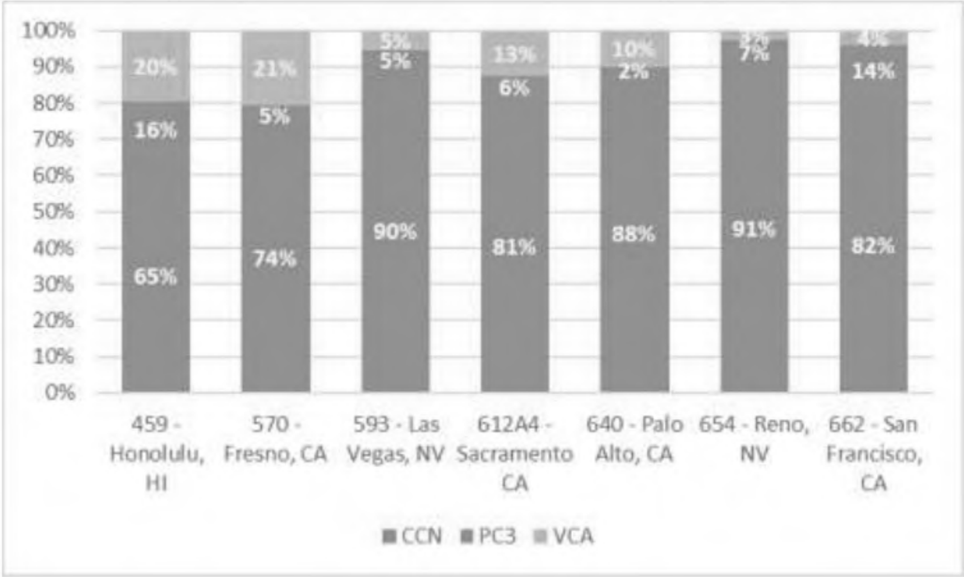
10/17/2020 through 10/23/2020**
Data pulled from the CDW

Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	584	51		635
DENTAL	330		155	485
RADIOLOGY MRI/MRA	294	8		302
HOMEMAKER/HOME HEALTH AID	91		197	288
CHIROPRACTIC	226	30		256

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Homemaker/Home Health Aide
2. Dental
3. Lab and Pathology
4. Optometry
5. Chiropractic

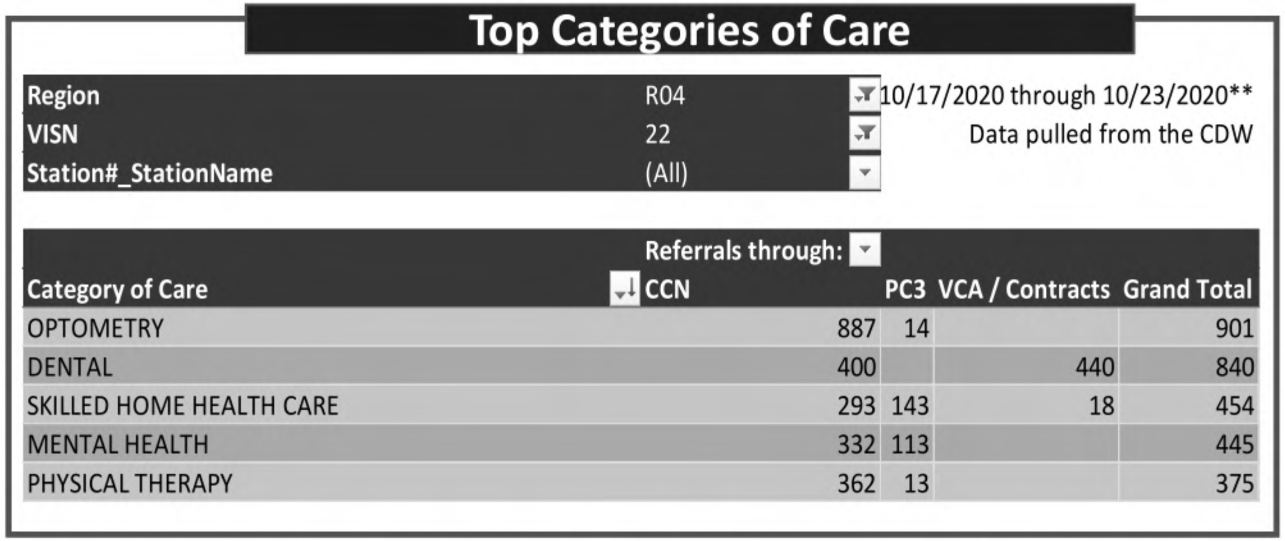
VISN Referral Network Breakdown



- **Referrals generated from the CAEC** are not included in this data analysis.
    - For Region 4 VISN 21, this accounted for **147 PC3 referrals**.
        - *This is a drop from **280 PC3** referrals the previous week.*
    - 140 referrals were categorized as “ER/Urgent” and 7 referrals were categorized as inpatient.
- Reno and Las Vegas received PC3 extensions that will expire on **10/30.**
- All sites saw an increase in CCN utilization except Honolulu which had a **slight decrease of 1%.**
    - San Francisco had the largest **increase of 36%**; Sacramento had an **increase of 10%**; Reno had an **increase of 9%**; and Palo Alto had an **increase of 7%** over the past week.

This data was pulled from CDW for October 17-23, 2020.

Region 4 VISN 22 Sites: Referral Volume Snapshot



Top Categories of Care

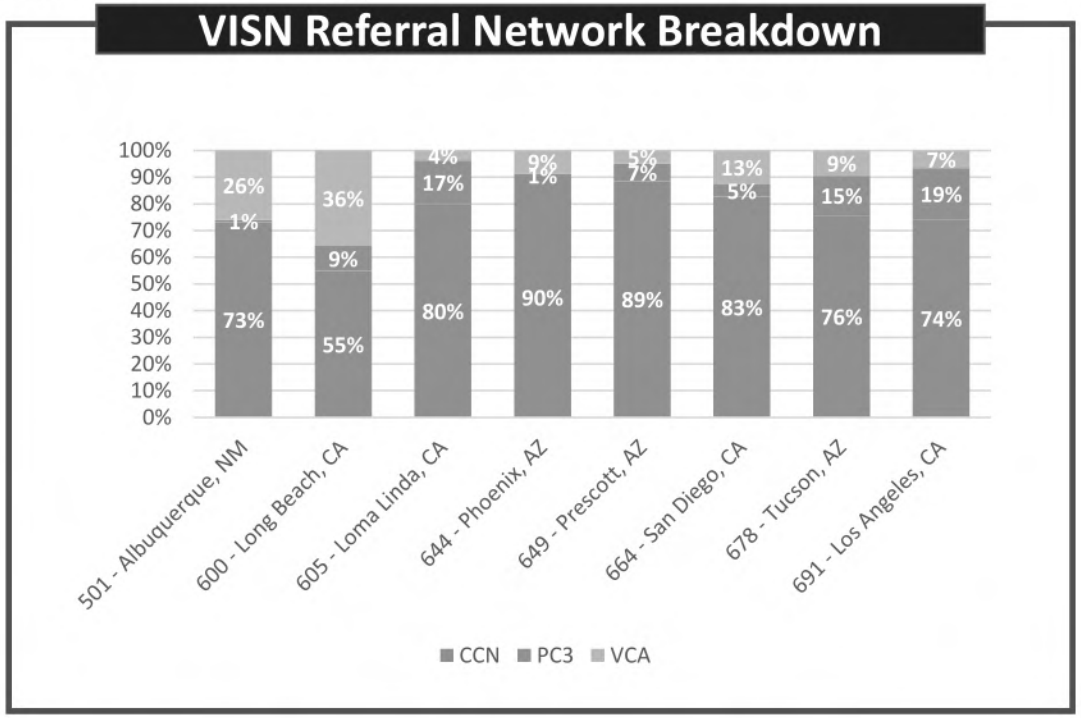
Region	R04	10/17/2020 through 10/23/2020**
VISN	22	Data pulled from the CDW
Station#_StationName	(All)	

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	887	14		901
DENTAL	400		440	840
SKILLED HOME HEALTH CARE	293	143	18	454
MENTAL HEALTH	332	113		445
PHYSICAL THERAPY	362	13		375

- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis.
    - For Region 4 VISN 22, this accounted for **751 PC3 referrals**
    - 712 referrals were categorized as "ER/Urgent" and 39 referrals were categorized as inpatient.
- All sites saw an **increase in CCN utilization** except Long Beach and Los Angeles compared to prior week.
    - Long Beach had a **decrease of 34%.** The R4 team will reach out to the site to better understand the significant drop.
    - Los Angeles had a **decrease of 3%.**
    - Albuquerque had the highest **increase of 8%.**

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aide
3. Skilled Home Health Care
4. Mental Health
5. Lab and Pathology



VISN Referral Network Breakdown

This data was pulled from CDW for October 17-23, 2020.

VA SMEs for R5 Kickoff Meeting

Topic	VA Attendees
Leadership	• (b)(6) •
Project Management	• • • • • •
Contract Admin	• • • • • • • Acquisition team: (b)(6)
SAC	• (b)(6)
Systems Integration	• • PPMS: (b)(6) • HSRM: (b)(6) • CCRS (b)(6) • Eligibility (b)(6) • DAS: (b)(6)
Training and Change Management	• (b)(6)

VA SMEs for R5 Kickoff Meeting

Topic	VA Attendees
Clinical Integration	• (b)(6) • • • Region 5 RNs: (b)(6) • Clinical Quality (b)(6)
VISN 20 and Alaska Representation	• (b)(6) • (VISN 20 CFO) • (b)(6) (VISN 20 ND) • (b)(6) (VISN 20 CNO/QMO) • **Alaska VA leadership:** ○ (b)(6) Acting Director ○ (b)(6) ○ ○ ○ (b)(6) – Quality
Communications	• (b)(6)
Network Management	• • • • (Tribal Health Program)
Customer Service	• (b)(6) •
Revenue Operations	• • • (b)(6) (IV Expert)

R5 Kickoff Agenda: Day One

Time (ET)	Topic	Description	Presenters
10:00-10:30	Introductions	Transition Team Lead, Team Members, Roles	VA and TriWest
10:30-11:30	Implementation Strategy: Overarching Approach to Deployment	Review of the Deployment Plan, Timeline and Milestones to HCD	VA and TriWest PMO Teams
11:30-12:00	Converting PC3 Operations to CCN Operations	TriWest to Guide Through How PC3 and CCN Operations Will be Transitioned and the Approach to Accounting for Any Contractual Differences	TriWest
12:00-12:15	Break		
12:15-12:45	VA Site Readiness	Approach and Methodology to Assuring VA Alaska Readiness for Transition	VA
12:45-1:30	VA Systems Changes Impacting Implementation	Review of Front-end and Back-end VA System/Process Changes and How They May Affect Testing Timeframes	VA and TriWest IT Teams
1:30-2:30	Project Management	➢ Review of IMS, Approach to Using MS Project and Display of VA Dependencies ➢ D-90 Implementation Strategy ➢ Risk Management – Identification, Escalation, Mitigation ➢ D-7 Risk Management Plan ➢ D-8 Project Risk Register ➢ CCN Governance Structure, Channels for Communicating Across Projects During Implementation ➢ D-3 Project Management Plan	VA and TriWest PMO Teams
2:30-3:15	Lunch		
3:15-3:45	Communications Plan	➢ Approach to Relaying Messages Across OCC Stakeholders ➢ D-12 CCN Communications Plan	VA and TriWest Communications Teams
3:45-4:15	Implementation Strategy: Overall Technology	➢ How TriWest will Ensure Systems are Integrated to Successfully Meet CCN Requirements	VA and TriWest IT and Testing Teams

R5 Kickoff Agenda: Day Two

Time (ET)	Topic	Description	Presenters
10:00-11:30	Implementation Strategy: Network Development	How TriWest will Ensure Providers are Contracted and Credentialed Under CCN by HCD/site go-live	VA and TriWest Network Teams
11:30-12:30	Network Adequacy Plan	➢ Ensuring Network Availability and Appointment Timeliness ➢ D-24 Network Adequacy Plan ➢ D-49 Signature on File Procedure ➢ D-21 Telehealth Solution Plan ➢ Tribal Health Structure Discussion - VA	VA and TriWest Network Teams
12:30-12:45	Break		
12:45-1:15	Quality and Performance Monitoring	➢ Review of D-9 Quality Assurance Plan ➢ Review of D-68 Clinical Quality and Monitoring Plan	VA and TriWest Quality and Performance Teams
1:15-1:45	Breakout Session 1A: Data Exchange Breakout Session 1B: Training/ Change Management	a) Detailed Discussion of Implementation Strategy: DAS Integration and Data Exchange ➢ D-83 Data Definitions Dictionary b) Training and Change Management	a) VA and TriWest IT, Data and Testing Teams b) VA and TriWest Training Teams
1:45-2:15	Breakout Session 2A: Claims Processing Breakout Session 2B: IMS Review	a) Claims Processing and Invoicing: Implementation Strategy ➢ D-51 Coordination of Benefits Plan ➢ D-52 OHI Verification and Retrieval Plan ➢ D-67A Provider Claim Denial Reconsideration Process ➢ D-67B Provider Claim Denial Report b) Detailed IMS Review ➢ D-3 Project Management Plan	a) VA and TriWest Claims Teams b) VA and TriWest PMO Teams
2:15-2:45	Breakout Session 3A: Referrals Breakout Session 3B: Customer Service	a) Referrals/Front-end Process Including HSRM and PPMS Interface b) Detailed Discussion of Implementation Strategy: Customer Service	a) VA and TriWest IT, Provider, and Referral Teams b) VA and TriWest Customer Service Teams
2:45-3:15	Additional Questions	Review additional TriWest and VA Implementation and Deployment Questions	VA and TriWest
3:15-3:30	Align on High-Level Next Steps		VA and TriWest

From:
Subject:
To: VHA 10D AUSH Calendar; VHA 13 Community Care ELC; (b)(6) (b)(6) VHACIN; (b)(6)
Cc: VHA 13 Community Care Support Staff; (b)(6) Brill, Elizabeth L. MD, MBA, FACOG; (b)(6)
Attached: VA Relief from Section 302(c) of PL 115-174 Legislative Proposal.docx, ELC Update 10.232020_V3.pptx

Moving to Friday this week only because of GB

Topics: Quick CCN update and Policy – Directive and LP

Join Microsoft Teams Meeting

+1 872-701-0185 United States, Chicago (Toll)

Conference ID: (b)(6)

Local numbers | Reset PIN | Learn more about Teams | Meeting options

CCN ELC Update

10/23/2020

(b)(6)

ChooseVA

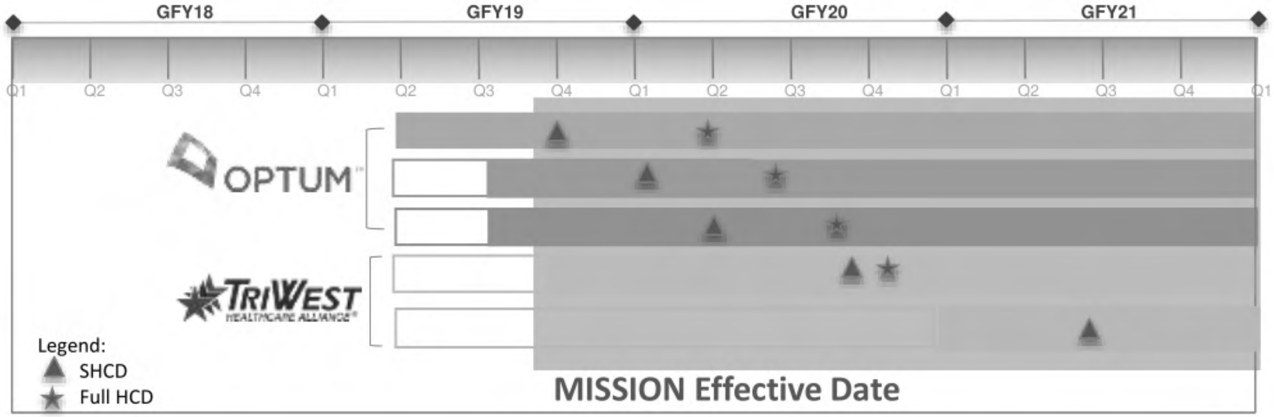
VA
U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Community Care

Agenda

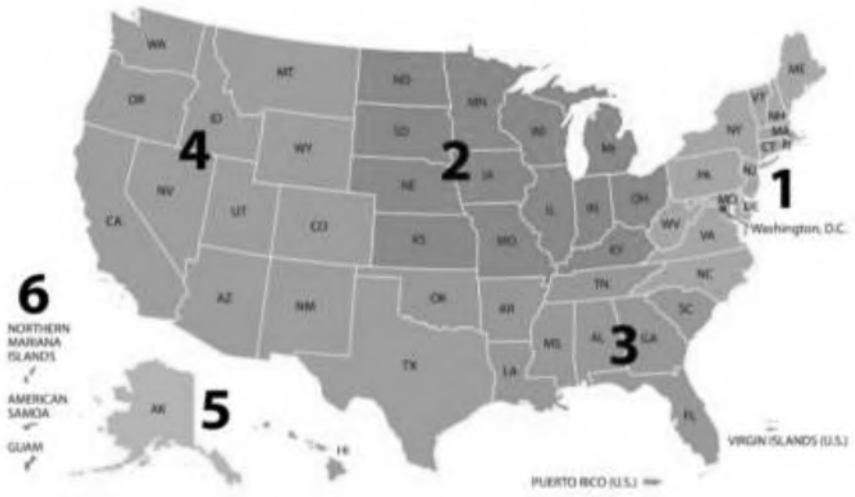
- Region 4 & 5 Deployment Updates
- R1-R4 Referral Trends
- Optional Task Update
- AppendixR1-R4 Referral Monitoring Plan

R4 & R5 CCN Deployment Updates

CCN Contract Award and Implementation Update



CCN Regions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NORTHERN MARIANA ISLANDS
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PUERTO RICO (U.S.)
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HI

R1	Awarded 12/28/18, start of health care delivery (SHCD) 6/26/19, full deployment by 12/28/19
R2	Awarded 12/28/18, protest filed 1/22/19, protest resolved 5/2/19, performance resumed 5/6/19, SHCD 10/7/19, full deployment by 4/9/20
R3	Awarded 12/28/18, protest resolved 5/3/19, appeal with the US Court of Federal Claims, stay of performance to Optum lifted on 7/22; SHCD on 10/7/19, full HCD achieved by 6/22/20
R4	Pre-Award protest dismissed; award made 8/6/19, SHCD 6/8/20, full HCD achieved 8/31/2020
R5	Awarded 10/1, Post Award Meeting 10/19, Kick-off Meeting 11/4, HCD by 4/1/21
R6	Pre-Solicitation

Region 4 Update

- **Referral Workgroup** is engaging the field to correct referral issues and prevent future claims issues
- OCC and TriWest are conducting site-specific **Network Adequacy** meetings to discuss "perceived" network gaps and help the sites gain familiarity with the current CCN network
- Several Region 4 sites have received additional PC3 extensions due to network gaps, COVID-19 or wildfire impacts, and Optional Task timing for scheduling support
  - Seven sites have a PC3 extension ending on October 23, 2020
  - Four sites have a PC3 extension ending on October 30, 2020
- **Optional Task** (b)(5)

(b)(5)

- **Urgent Care** approval volume remains constant in R4 as TriWest provides Urgent Care Network and Customer Service for CCN

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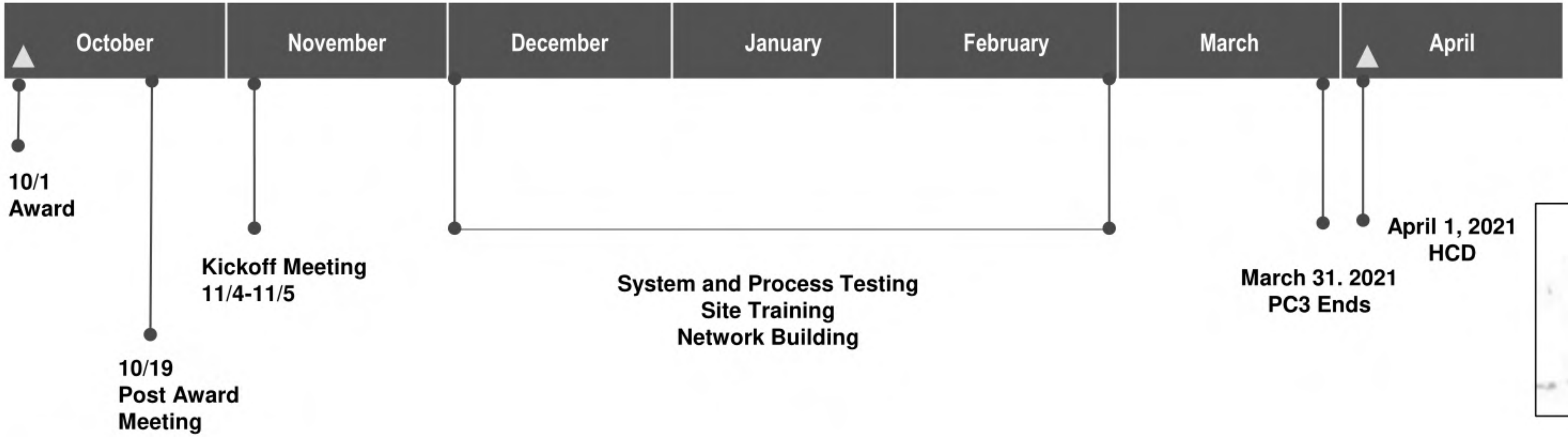
NORTHERN MARIANA ISLANDS
AMERICAN SAMOA
GUAM
Washington, D.C.
VIRGIN ISLANDS (U.S.)
PUERTO RICO (U.S.)

Region 5 Status and Upcoming Activities


October
November
December
January
February
March
April

10/1
Award

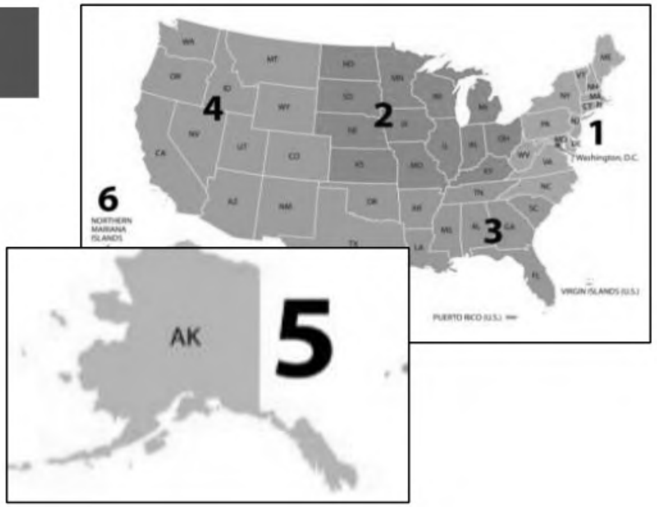
10/19
Post Award
Meeting

Kickoff Meeting
11/4-11/5

System and Process Testing
Site Training
Network Building

March 31. 2021
PC3 Ends

April 1, 2021
HCD



Key Activities:

- The Kickoff Meeting is scheduled for 11/4-11/5

(b)(5)
[redacted]

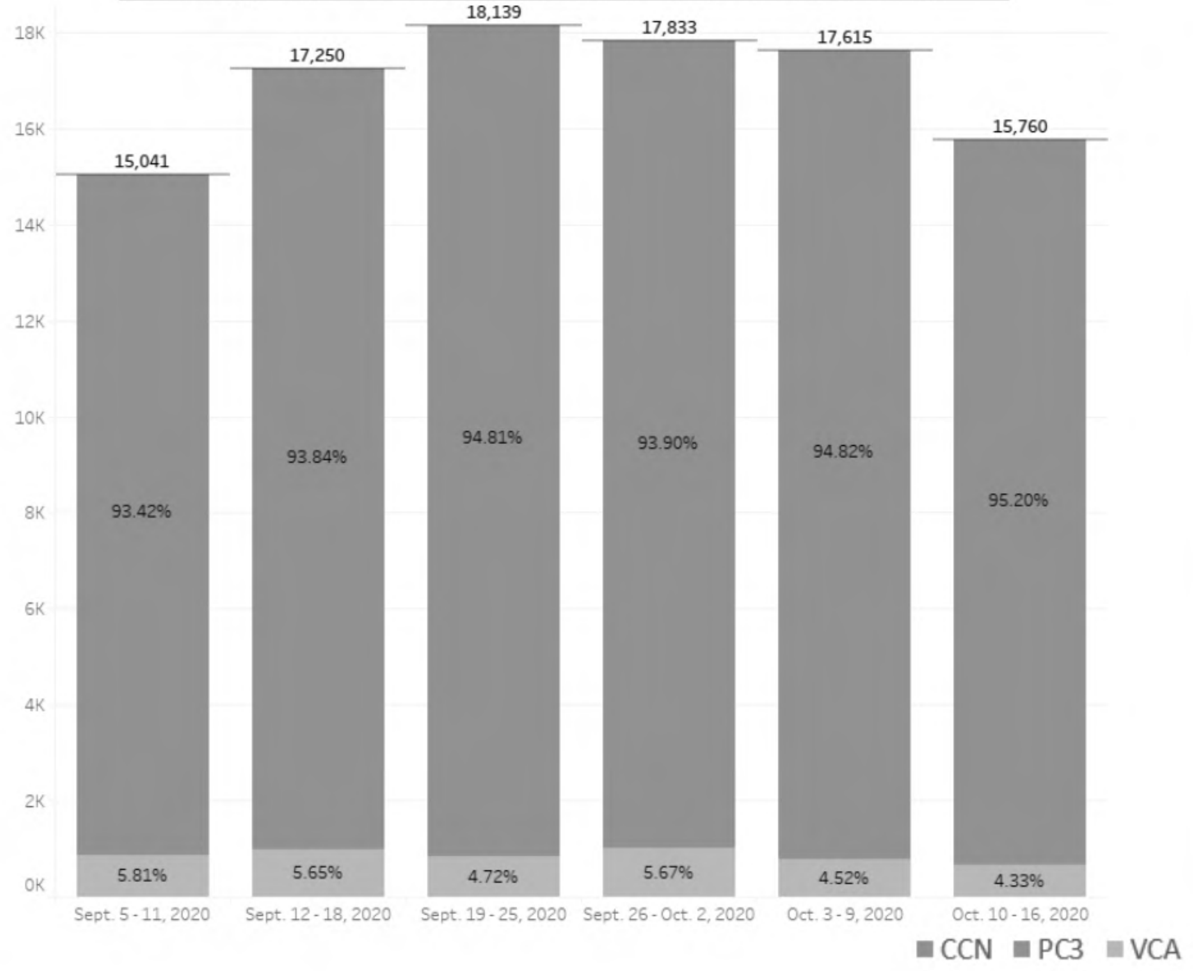
Region 5 Kickoff Meeting

- CCN Transition Team is working with the appropriate stakeholders to prepare for a two-day Kickoff Meeting with TriWest, scheduled for 11/4/20 – 11/5/20
- The Kickoff Meeting will include discussions around key differences between Regions 4 and 5 contracts along with breakout sessions on several topics including:
  - Implementation strategy
  - Network adequacy plan, including new Telehealth Solutions Plan and a strategy around engaging Tribal Health organizations
  - Training and change management
  - Claims processing and invoicing
  - Detailed Integrated Master Schedule (IMS) review
- (b)(5)

R1-4 Referral Trends

Region 1: Referral Trends

Region 1 Referral Network Breakdown



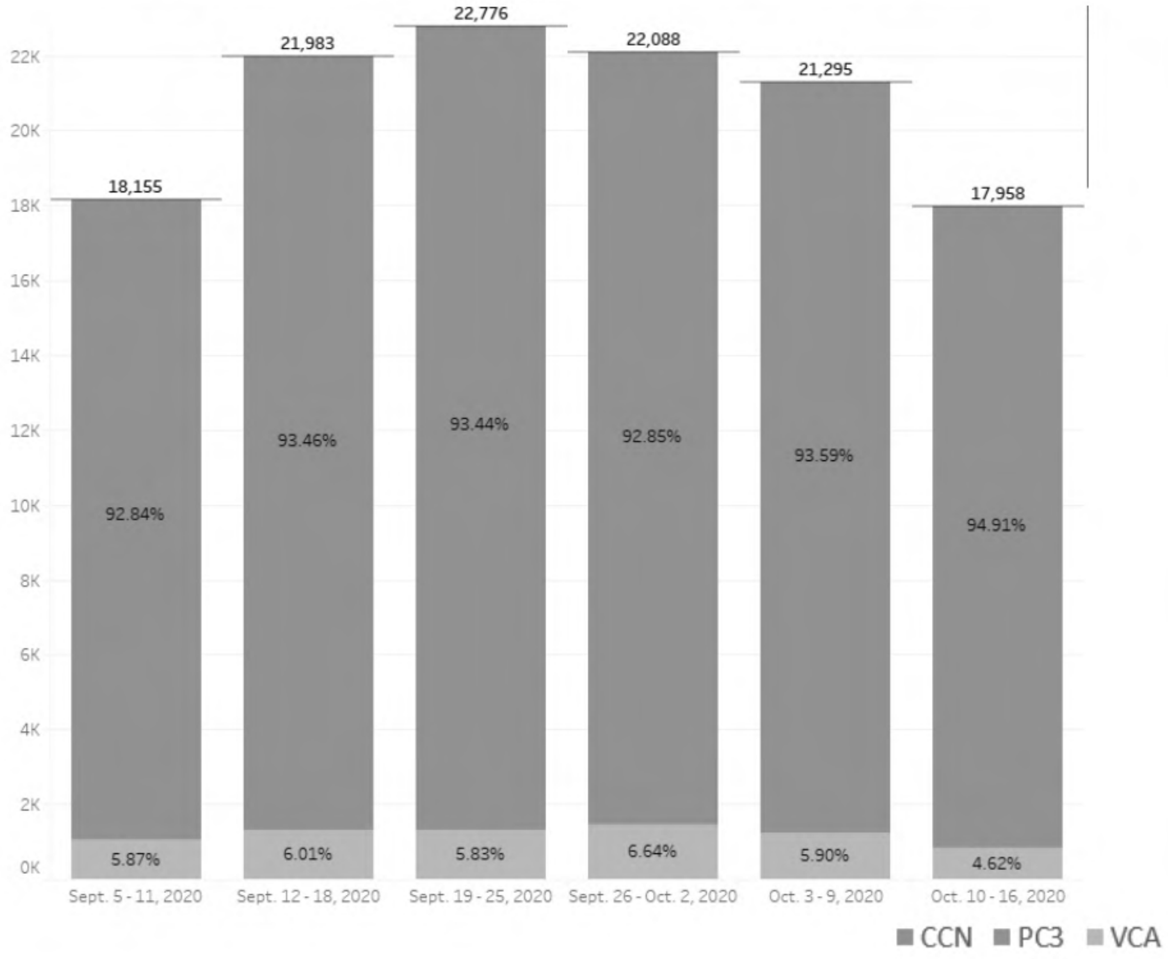
Referral Analysis

- Between October 10, 2020- October 16, 2020 Region 1 CCN referral percentages remained consistent between **93%-95% of referrals each week.**
- VCA referrals have also remained consistent between **4-6%** of referrals each week. VCA referrals decreased slightly in the last week.
- The total referral volume has remained consistent each week **(17,200-18,200)** except for the Week of 9/5-9/11 and 10/10-10/16. The weeks of 9/5 and 10/10 both had a Monday holiday which may account for the fewer number of referrals.

This data was pulled from CDW for September 5 – October 16, 2020.

Region 2: Referral Trends

Region 2 Referral Network Breakdown



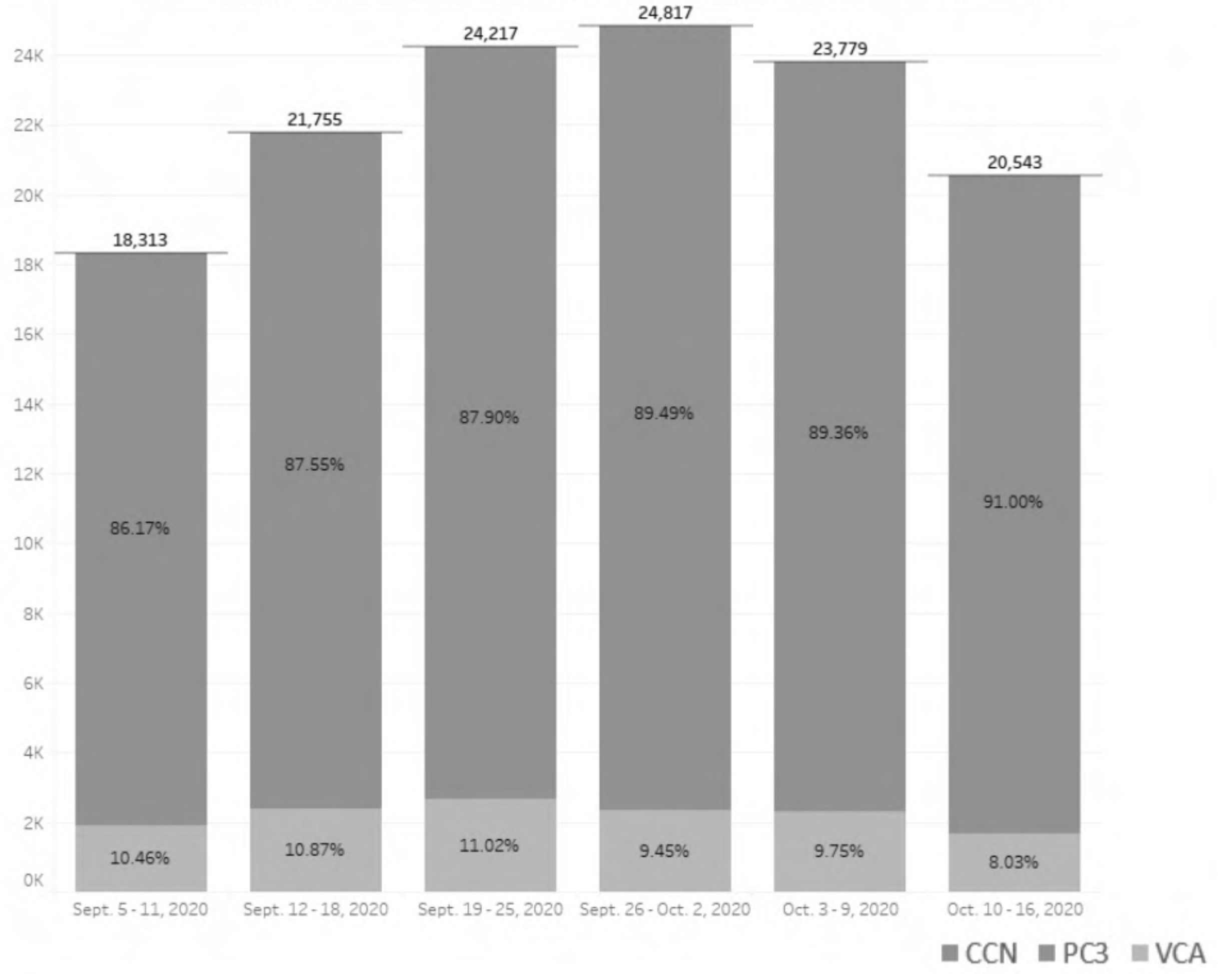
Referral Analysis

- Between September 5, 2020 - October 16, 2020, Region 2 CCN referral percentages remained consistent between **92%-94% of referrals each week.**
- VCA referrals have also remained consistent between 4**-7%** of referrals each week. VCA referrals decreased slightly in the last week.
- The total referral volume has remained consistent each week (**21,000-23,000)**, except for the Week of 9/5-9/11 and 10/10-10/16. The weeks of 9/5 and 10/10 both had a Monday holiday which may account for the fewer number of referrals.

This data was pulled from CDW for September 5 – October 16, 2020.

Region 3: Referral Trends

Region 3 Referral Network Breakdown



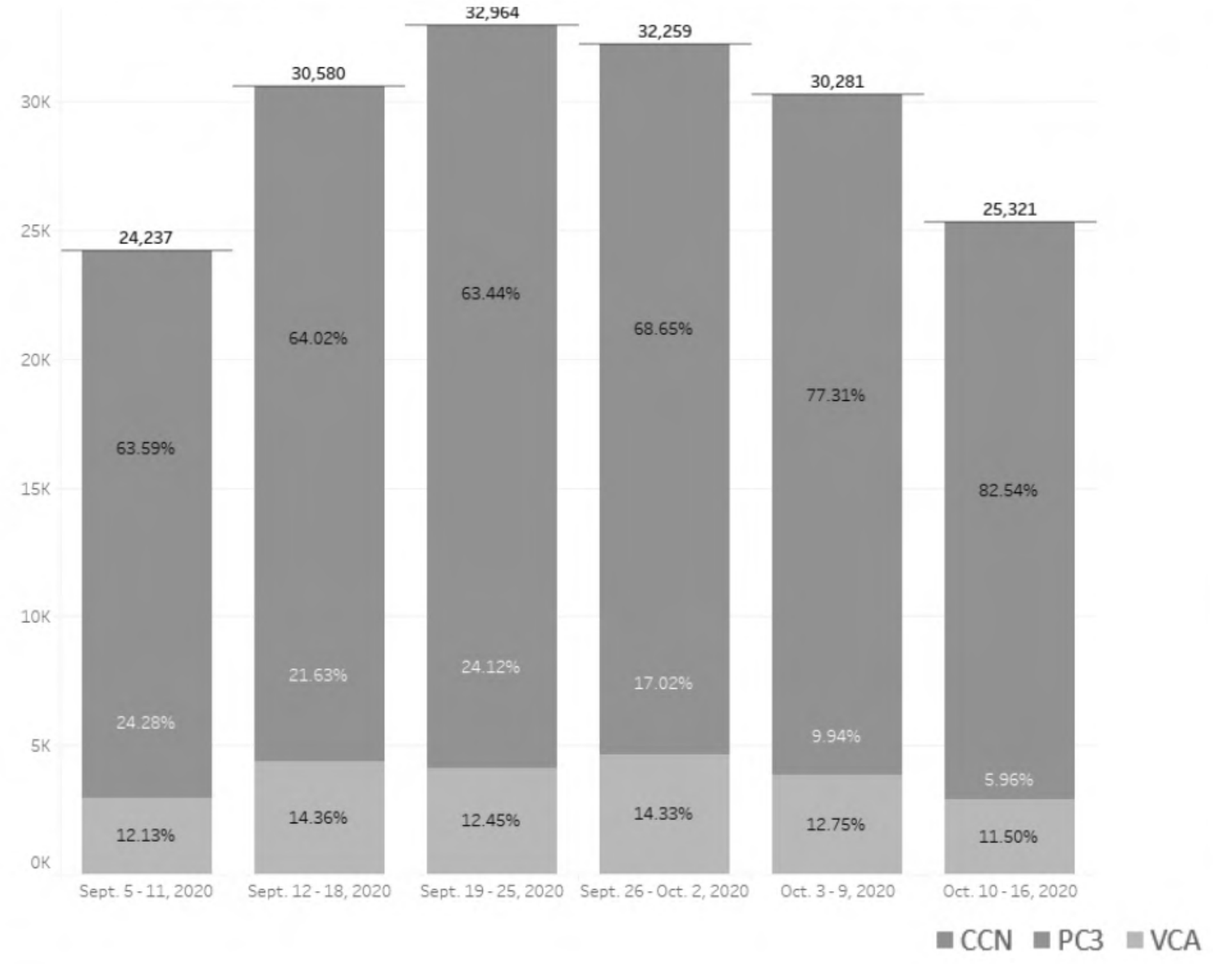
Referral Analysis

- Between September 5, 2020 - October 16, 2020, **Region 3 CCN referral percentages continued to increase from 85%-91% of referrals.**
- VCA referral percentages have remained consistent between **9%-11%** of referrals.
- Overall referrals have increased slightly from **21,000-24,000** referrals, except for the Week of 9/5-9/11. The week of 9/5 and 10/10 had a Monday holiday which may account for the fewer number of referrals.

This data was pulled from CDW for September 5 – October 16, 2020.

Region 4: Referral Trends

Region 4 Referral Network Breakdown



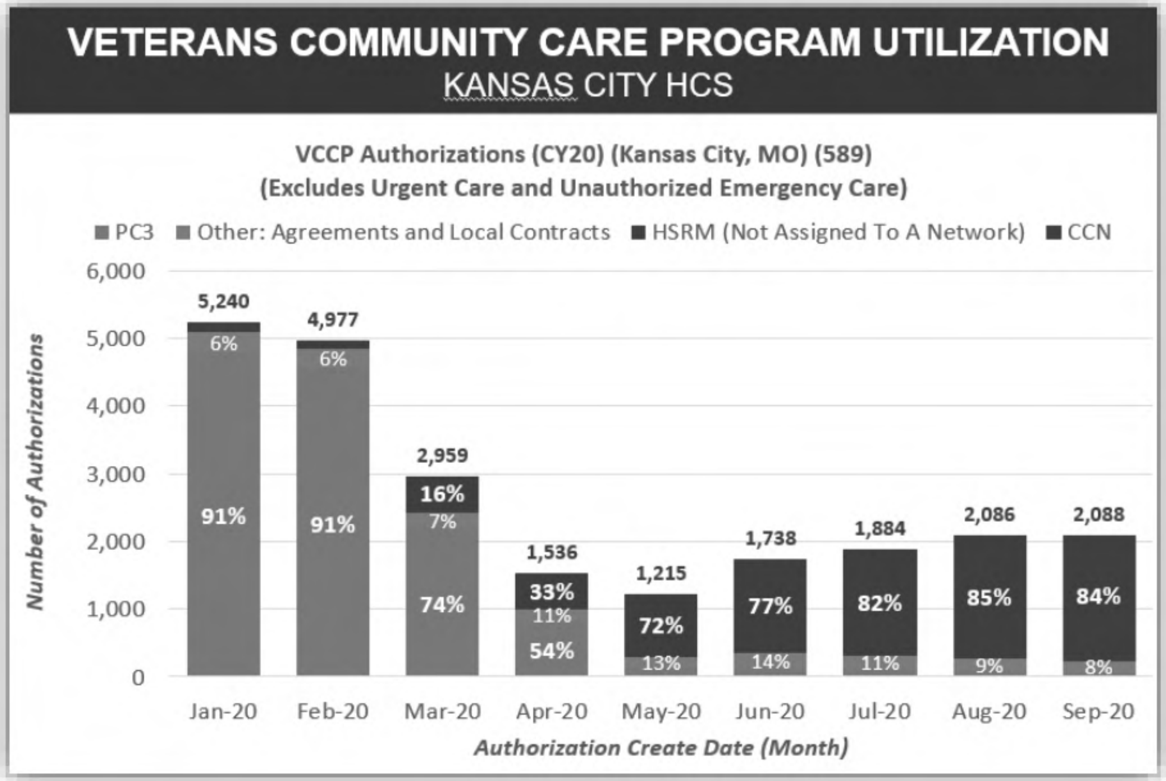
Referral Analysis

- Region 4 continues to see **a positive trend in CCN utilization.**
  - **Optional Tasks** went live on 10/1, which has been reflected positively in the decrease in PC3 utilization and increase in CCN utilization
  - Sites are reporting that wildfires are mostly contained, and they are **starting to see increasing numbers of referrals again.**

- *Data accounts for Oct. 12th which was a federal holiday, and which may account for the decrease in referral volumes.*

This data was pulled from CDW for September 5 – October 16, 2020.

Follow-Up: Kansas City HCS Referral Volume Decrease



- Kansas City HCS CC utilization trends based on the HOC report data showed a significant decrease of the overall referral volume compared to pre-COVID-19.
  - Sep. referral volume is **40-42%** of pre-COVID-19 volume (Jan.-Feb. 2020)
  - Nationally, VA is at or above the pre-COVID-19 referral volume
- After engagement with VISN and the facility, a few observations were noted.
  - Facility's consult volume in January was less than 2,500 and the facility is surprised to see over 5,000 referrals.
  - Retroactive approval of ER care is partly driving up the higher referral number in the first part of the year; however, it only accounts for a portion of the discrepancy.

Next Steps:

(b)(5)

[redacted]

Optional Tasks Update

Optional Task #1: Contracting Key Decisions and Risks

Decisions/Status

- **REGION 1-3: SAC Team to finalize strategy for R1-3 contract mod** prior to formally engaging Optum for initiating mod process.
- (b)(5)

(b)(5) Options are as follows:

  - (b)(5)

- **REGION 4: CCCA and FIN Teams to be engaged to determine optimal R4 contract strategy** to expand support for Optional Task #1 through COVID-19 funds. Options are as follows:

(b)(5)

Optional Task #1: **Contracting** Key Decisions and Risks (cont'd)

Decisions Needed/Risks

REGION 1-3: CCN Provider Directory and Search Capability (b)(5)

(b)(5)

Next Steps:

(b)(5)

Optional Task #1: **Operational** Key Decisions and Risks

Decisions/Status

- **VHA leadership currently holding ongoing discussions about implementing OT #1 nationally (including Regions 1-4)**
  - (b)(5)

Decisions Needed/Risks (Operations)

- (b)(5)

Optional Task #1: Two Week Outlook

▨ On Track in progress
▢ Moderate risk; in progress
▨ Significant risk; mitigation plan not mature

Next Steps [Week of 10/19 -10/23]		Target Date	Status	Notes / Risk(s)	Owner
Contracting	(b)(5)	10/23	▨	N/A	(b)(6) (b)(6) CCCA, FIN, Mod Team, SAC Team
		10/23	▨		
Operations		TBD	TBD	Optional Task CLIN glitch is a potential operational risk for going live with new sites	HSRM/OT Team

Next Steps [Week of 11/26 – 11/30]		Target Date	Status	Notes / Risk(s)	Owner
Contracting	(b)(5)	10/28	▨	N/A	(b)(6) (b)(6) CCCA, FIN, Mod Team, SAC Team
		10/28	▨	N/A	
		10/30	▨	N/A	
Operations		11/6		Optional Task CLIN glitch is a potential operational risk for going live with new sites	HSRM/OT Team

Optional Tasks Appendix – Region 1-3

Optional Task #1: **Region 1-3** Contracting

■ On Track in progress
□ Moderate risk; in progress
■ Significant risk; mitigation plan not mature

Milestones (R1-3 Contracting)		**Status**	**Dependency**	**Owner**	**Estimated Time**
Cost Estimation Model	Develop national volume and cost estimates for cross-regional Optional Task #1 support (firm-fixed referral volumes and related cost for one year of service)	**Complete**	VHA Leadership approval	VHA Leadership, OT Team	1 month
	Assess/explore funding options related to COVID-19 (pending OGC approval)	**Complete**			
	Present OT implementation plan and estimates to Network Directors	**Complete**			
	Obtain approval from Network Directors, ELC, and VHA Governance to proceed with engaging TPAs for contract modifications	**Complete**			
Contract Modifications:	(b)(5)	■	Cost model finalization	Contracting Office, Modification Team	1-2 months from cost model approval
		■			
	(b)(5)				
Funding	Confirm method of funding to apply to Regions 1-3	**Complete**	Approved service cost	PRS Budget and OCC Finance	3 weeks from agreed-up cost model with TPA
	(b)(5)				
Task Order Issuance			Contract Mod and Funding finalization	Contracting Office and COR Team	2-4 weeks from Mod and Funding finalization

Optional Task #1: **Region 1-3** Operations

■ On Track in progress
■ Moderate risk; in progress
■ Significant risk; mitigation plan not mature

Milestones (R1-3 Operations)		Status	Dependency	Owner	Estimated Time
Workflow and Process Mapping	(b)(5)		(b)(5)	CI, CCN Transition HSRM, OT Team	1-2 months following approval from SAC to engage Optum on business process
Community Care Staff SOP and FGB				CI, CCN Transition, OT Team	2 weeks from end-to-end process testing
Site Implementation Plan				CI, CCN Transition, OT Team	2 weeks from end-to-end process testing
Community Care and CI Staff Workflow Reports				CI, IDA, VSSC, OT Team	2 weeks from end-to-end process testing

Optional Task #1: **Region 1-3** Operations

■ On Track in progress
□ Moderate risk; in progress
■ Significant risk; mitigation plan not mature

Milestones (Region 1-3 Operations)		Status	Dependency	Owner	Estimated Time
Utilization Management Guidance Document	(b)(5)		(b)(5)	CI, CCN Transition, OT Team	2 weeks from end-to-end process testing
EPRS Deliverable Reports				IDA, EPRS	TBD -- EPRS to define build timeline as they receive requirements
Metrics and Measurements				CI, CCN Transition, OT Team	2 weeks from end-to-end process testing
Service Discontinuation Protocol				CI, CCN Transition, OT Team	2 weeks from end-to-end process testing
Site Training				CI, CCN Transition, OT Team	1 month (estimating 1 week per Region) starting finalization of process deliverable

Optional Tasks Appendix – Region 4

Optional Task #1: Region 4 Contracting

■ On Track in progress
□ Moderate risk; in progress
■ Significant risk; mitigation plan not mature

Milestones (R4 Contracting)		Status	Dependency	Owner	Estimated Time
Cost Estimation Model	Develop national volume and cost estimates for cross-regional Optional Task #1 support (firm-fixed referral volumes and related cost for one year of service)	**Complete**	VHA Leadership approval	VHA Leadership, OT Team	1 month
	(b)(5)	■			
	Present OT implementation plan and estimates to Network Directors	**Complete**			
	(b)(5)				
Contract Modifications			(b)(5)	Contracting Office, Modification Team	~1 months from cost model approval
Funding	Confirm method of funding to apply to Region 4	**Complete**	Approved service cost	PRS Budget and OCC Finance	3 weeks from agreed upon cost model with TPA
	(b)(5)				
Task Order Issuance			(b)(5)	Contracting Office and COR Team	2-4 weeks from Mod and Funding finalization

Optional Task #1: Region 4 Operations

▨ On Track in progress
▨ Moderate risk; in progress
▨ Significant risk; mitigation plan not mature

Milestones (R4 Operations)		Status	Dependency	Owner	Estimated Time
Community Care Staff SOP and FGB	(b)(5)		(b)(5)	CI, CCN Transition, OT Team	1 week from any end-to-end process updates
Site Implementation Plan				CI, CCN Transition, OT Team	1 week from any end-to-end process updates
Community Care and CI Staff Workflow Reports				CI, IDA, VSSC, OT Team	9/25/20
Utilization Management Guidance Document				CI, CCN Transition, OT Team	2 weeks from any end-to-end process updates
EPRS Deliverable Reports				IDA, EPRS	TBD -- EPRS to define build timeline as they receive requirements
Metrics and Measurements				CI, CCN Transition, OT Team	2 weeks from any end-to-end process updates

Optional Task #1: Region 4 Operations

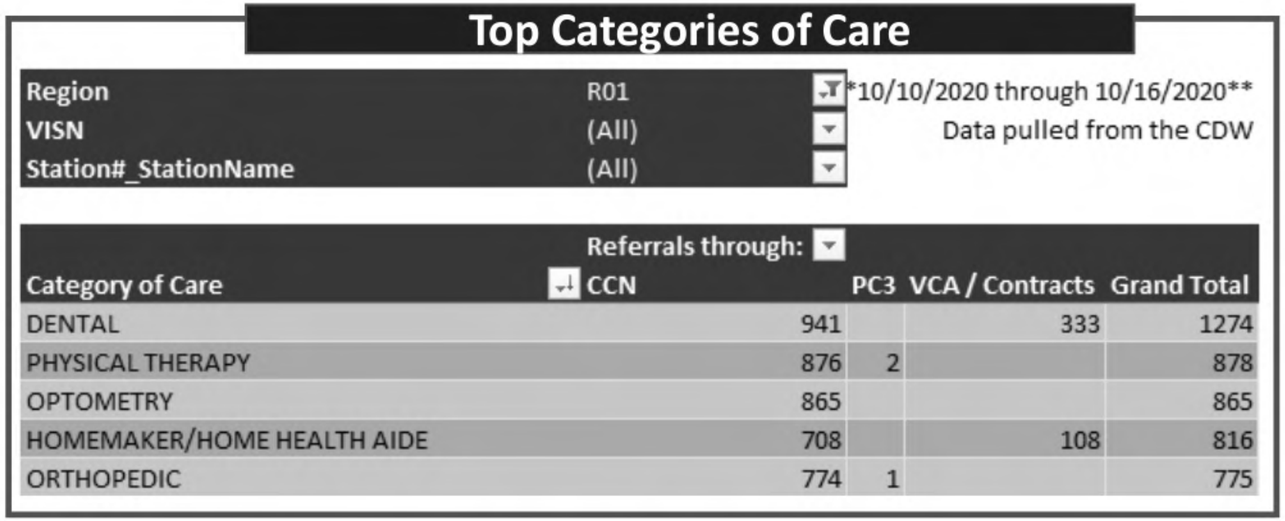
■ On Track in progress
□ Moderate risk; in progress
■ Significant risk; mitigation plan not mature

Milestones (Region 4 Operations)		Status	Dependency	Owner	Estimated Time
Service Discontinuation Protocol	(b)(5)		(b)(5)	CI, CCN Transition, OT Team	2 weeks from any end-to-end process updates
Site Training				CI, CCN Transition, OT Team	2 weeks to training remaining R4 sites

R1-4 Referral Monitoring

Region 1: Referral Volume Snapshot

Top Categories of Care



Region	R01	
VISN	(All)	
Station#_StationName	(All)	

*10/10/2020 through 10/16/2020**
Data pulled from the CDW

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	941		333	1274
PHYSICAL THERAPY	876	2		878
OPTOMETRY	865			865
HOMEMAKER/HOME HEALTH AIDE	708		108	816
ORTHOPEDIC	774	1		775

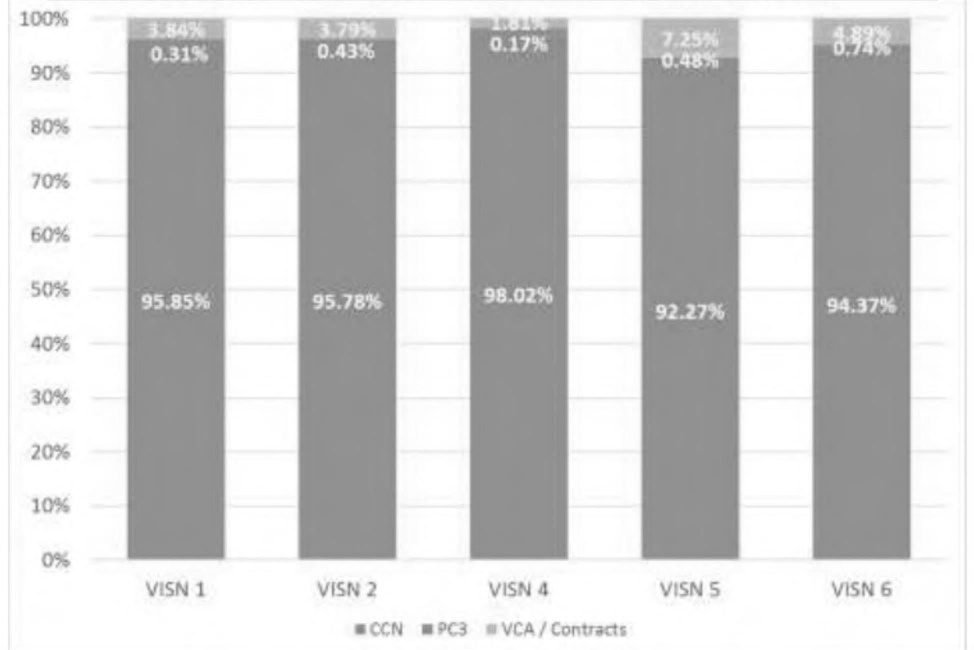
- **Region 1 is sending 95.2% of community care referrals through CCN.**
- The PC3 percentage for R1 referrals is down to 0.48% of referrals. **VCAs account for 4.33% of referrals.**
- **VISN 5 sent 165 referrals through VCAs.** 93 of these referrals where for Dental or Homemaker/Home Health Aid.
- This data analysis does not include a complete picture of ER/Urgent Care referrals through CCN. Referrals generated from the Centralized Authorized Emergency Care (CAEC) Team are not included in this data analysis.
    - For Region 1, this accounted for **31 PC3 referrals that were categorized as Emergency Care or ER/Urgent.**

Data is from the Weekly Referral Dashboard

The **top five categories of care going to VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aide
3. Respite Care
4. Adult Day Care
5. Neurosurgery

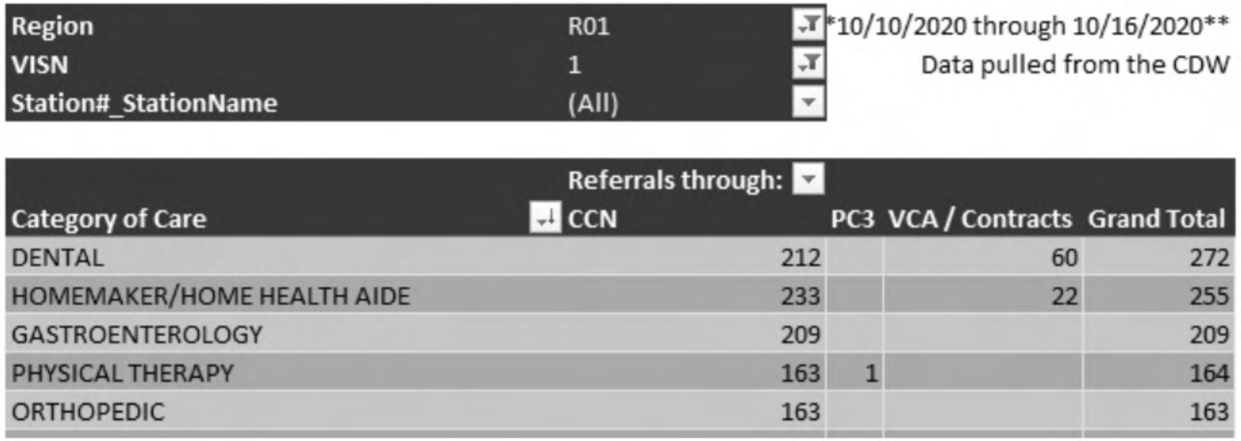
VISN Referral Network Breakdown



This data was pulled from CDW for October 10 – October 16, 2020.

Region 1 VISN 1: Referral Volume Snapshot

Top Categories of Care



Region	R01
VISN	1
Station#_StationName	(All)

*10/10/2020 through 10/16/2020**
Data pulled from the CDW

Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
DENTAL	212		60	272
HOMEMAKER/HOME HEALTH AIDE	233		22	255
GASTROENTEROLOGY	209			209
PHYSICAL THERAPY	163	1		164
ORTHOPEDIC	163			163

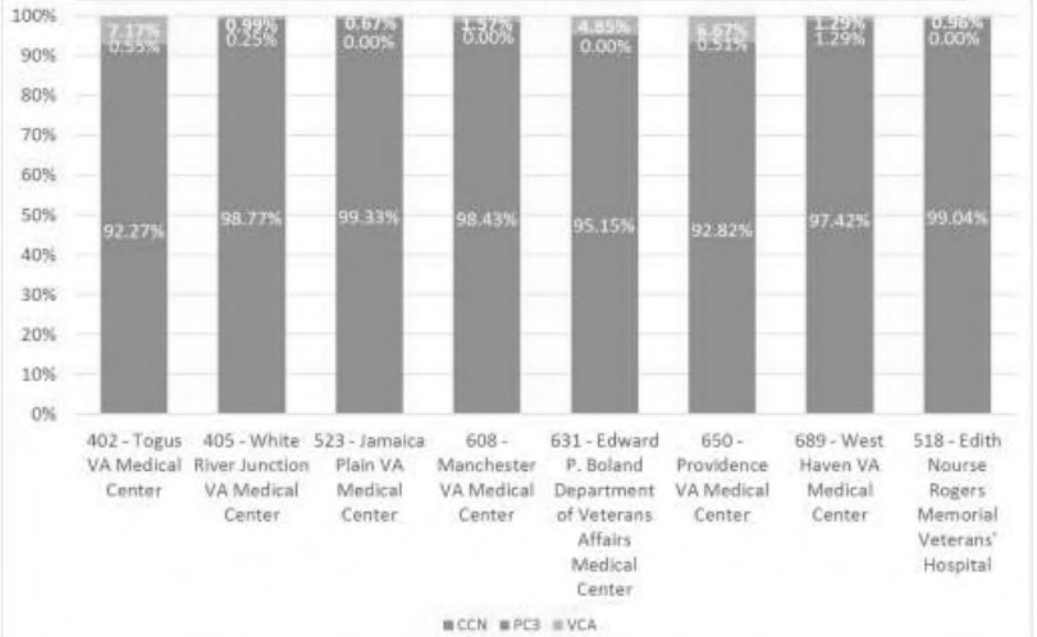
- **Region 1 VISN 1 is sending 95.85% of community care referrals through CCN.**
- This data analysis does not include a complete picture of ER/Urgent Care referrals through CCN.
- **The PC3 percentage for R1 VISN 1 referrals is down to 0.31% of referrals. VCAs account for 3.84% of referrals.**

The **top five categories of care going to VCAs** are (not including ER/Urgent Care):

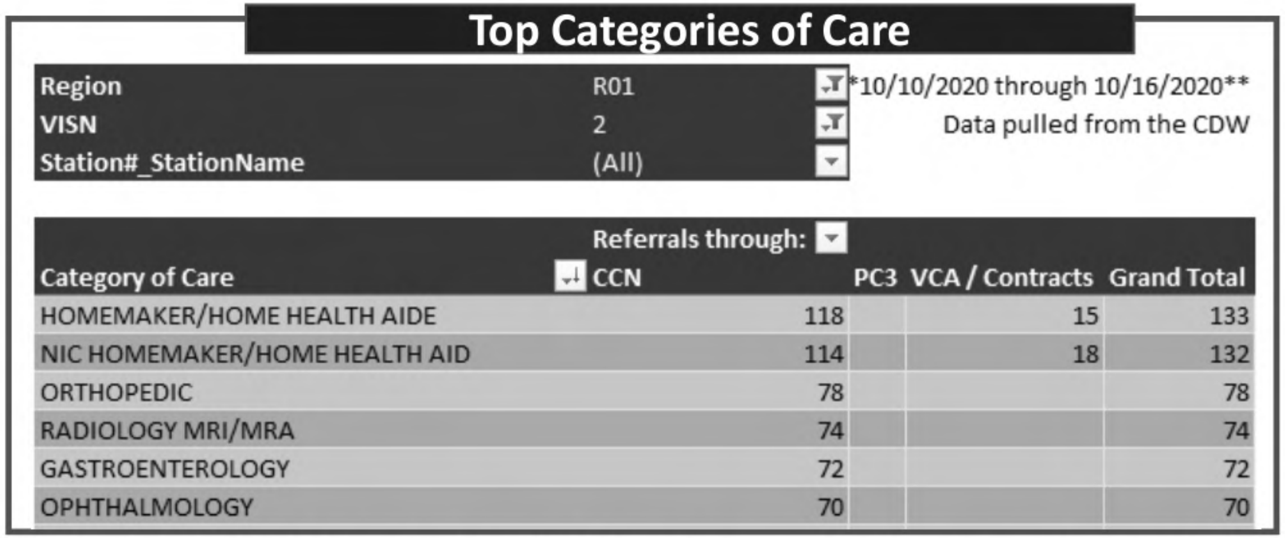
1. Dental
2. Homemaker/Home Health Aide
3. Complementary and Integrative Health
4. Bowel and Bladder
5. Sleep

Less than 10 referrals

VISN Referral Network Breakdown



Region 1 VISN 2: Referral Volume Snapshot



Top Categories of Care

Region	R01
VISN	2
Station#_StationName	(All)

*10/10/2020 through 10/16/2020**
Data pulled from the CDW

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
HOMEMAKER/HOME HEALTH AIDE	118		15	133
NIC HOMEMAKER/HOME HEALTH AID	114		18	132
ORTHOPEDIC	78			78
RADIOLOGY MRI/MRA	74			74
GASTROENTEROLOGY	72			72
OPHTHALMOLOGY	70			70

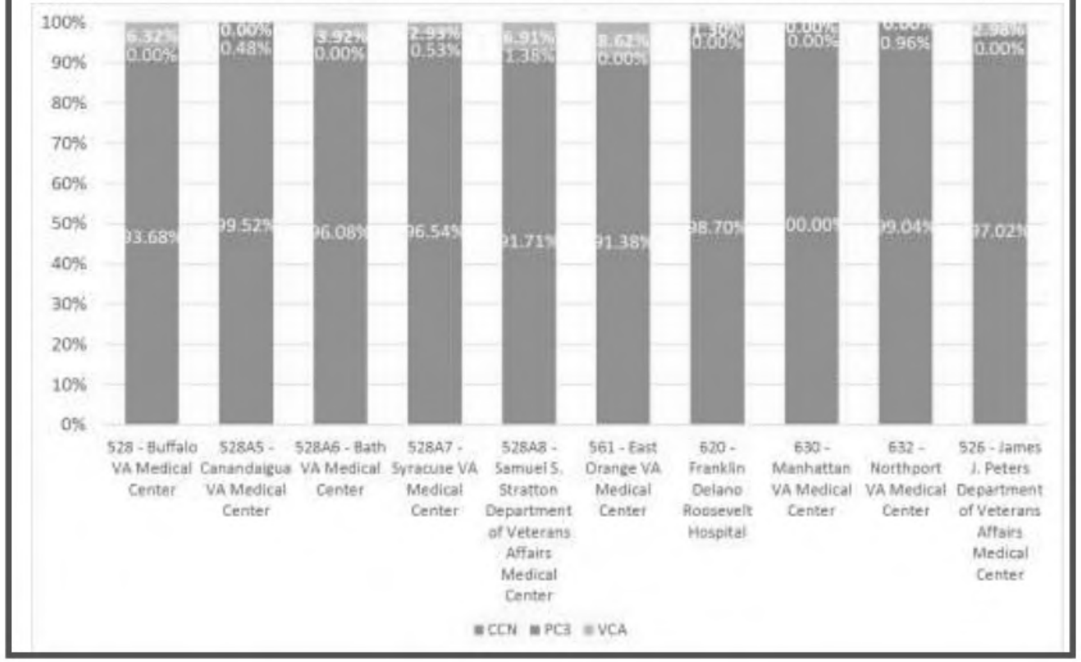
- **Region 1 VISN 2 is sending 95.78% of community care referrals through CCN.**
- This data analysis does not include a complete picture of ER/Urgent Care referrals through CCN.
- **The PC3 percentage for R1 VISN 2 referrals is down to 0.43% of referrals. VCAs account for 3.79% of referrals.**

The **top five categories of care going to VCAs** are (not including ER/Urgent Care):

1. Homemaker/Home Health Aide
2. Adult Day Care
3. Dental
4. Skilled Home Health
5. Respite Care

Less than 10 referrals

VISN Referral Network Breakdown

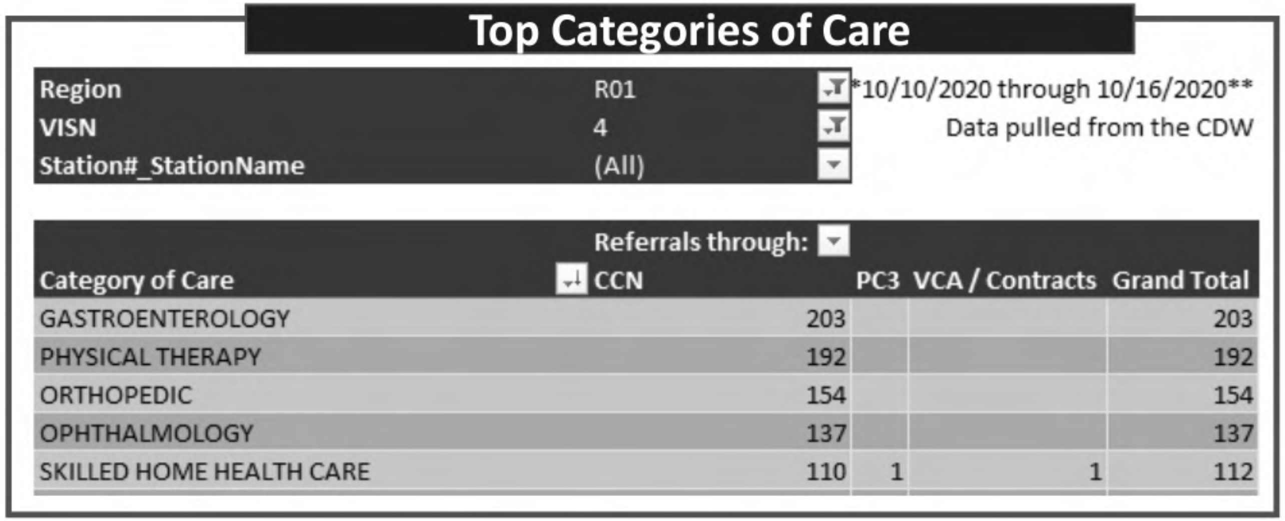


Choose VA

This data was pulled from CDW for October 10 – October 16, 2020.

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

Region 1 VISN 4: Referral Volume Snapshot



Top Categories of Care

Region	R01
VISN	4
Station#_StationName	(All)

*10/10/2020 through 10/16/2020**
Data pulled from the CDW

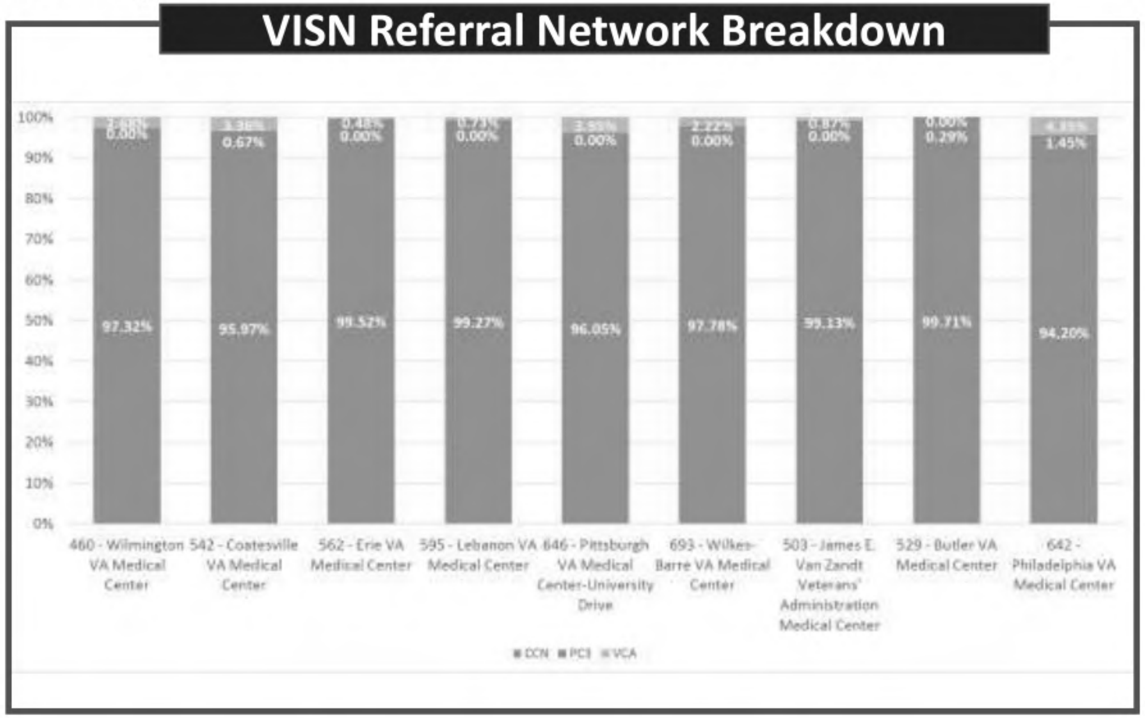
Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
GASTROENTEROLOGY	203			203
PHYSICAL THERAPY	192			192
ORTHOPEDIC	154			154
OPHTHALMOLOGY	137			137
SKILLED HOME HEALTH CARE	110	1	1	112

- **Region 1 VISN 4 is sending 98.02% of community care referrals through CCN.**
- This data analysis does not include a complete picture of ER/Urgent Care referrals through CCN.
- **The PC3 percentage for R1 VISN 4 referrals is down to 0.17% of referrals. VCAs account for 1.81% of referrals.**

The **top five categories of care going to VCAs** are (not including ER/Urgent Care):

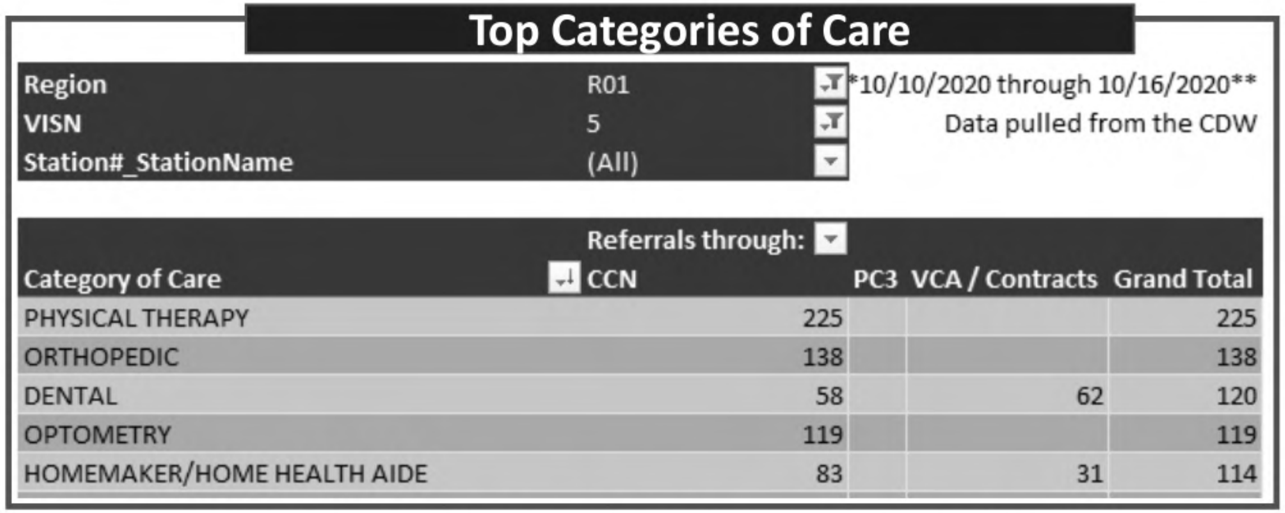
1. Homemaker/Home Health Aid
2. Community Nursing Home
3. Respite Care
4. Dental
5. Inpatient

Less than 10 referrals


VISN Referral Network Breakdown

Region 1 VISN 5: Referral Volume Snapshot

Top Categories of Care



Region	R01
VISN	5
Station#_StationName	(All)

*10/10/2020 through 10/16/2020**
Data pulled from the CDW

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
PHYSICAL THERAPY	225			225
ORTHOPEDIC	138			138
DENTAL	58		62	120
OPTOMETRY	119			119
HOMEMAKER/HOME HEALTH AIDE	83		31	114

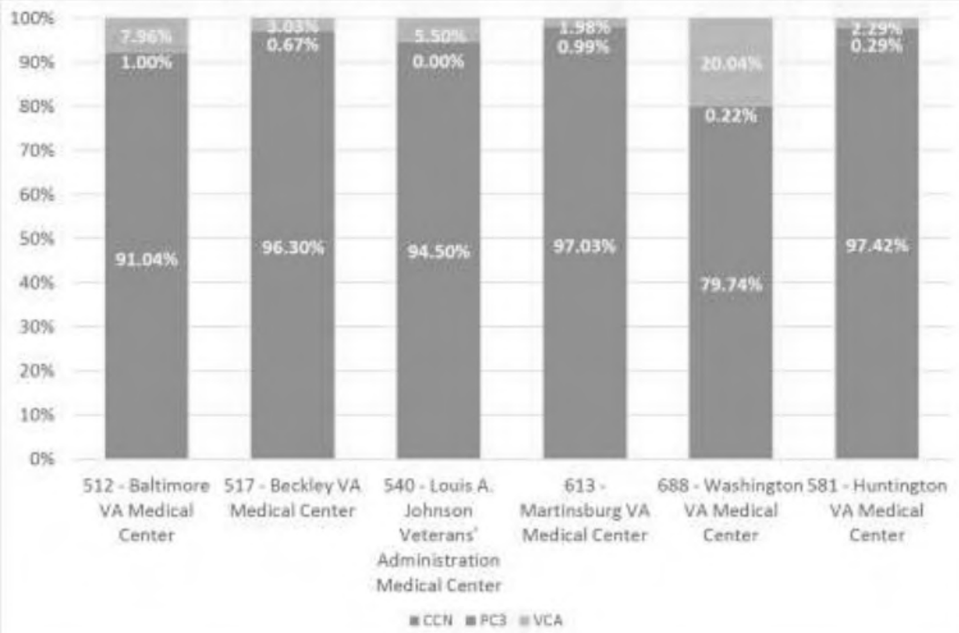
The **top five categories of care going to VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aide
3. Neurosurgery
4. Mental Health
5. Nephrology

Less than 10 referrals

- **Region 1 VISN 5 is sending 92.27% of community care referrals through CCN.**
- **The PC3 percentage for R1 VISN 5 referrals is down to 0.48% of referrals. VCAs account for 7.25% of referrals.**
  - **Washington VA Medical Center (688) is sending 20.04% of referrals through VCAs, decreasing ~4.5% since the prior week.** This accounted for 92 VCA referrals, and the top two categories of care for these referrals were Dental and Neurosurgery.
  - **Baltimore VA Medical Center (512) is sending 7.96% of referrals through VCAs, decreasing ~7.34% since the prior week.** This accounted for 32 VCA referrals, down from 284 VCA referrals the prior week. 21 of these referrals were Homemaker/ Home Health Aid.
- This data analysis does not include a complete picture of ER/Urgent Care referrals through CCN.

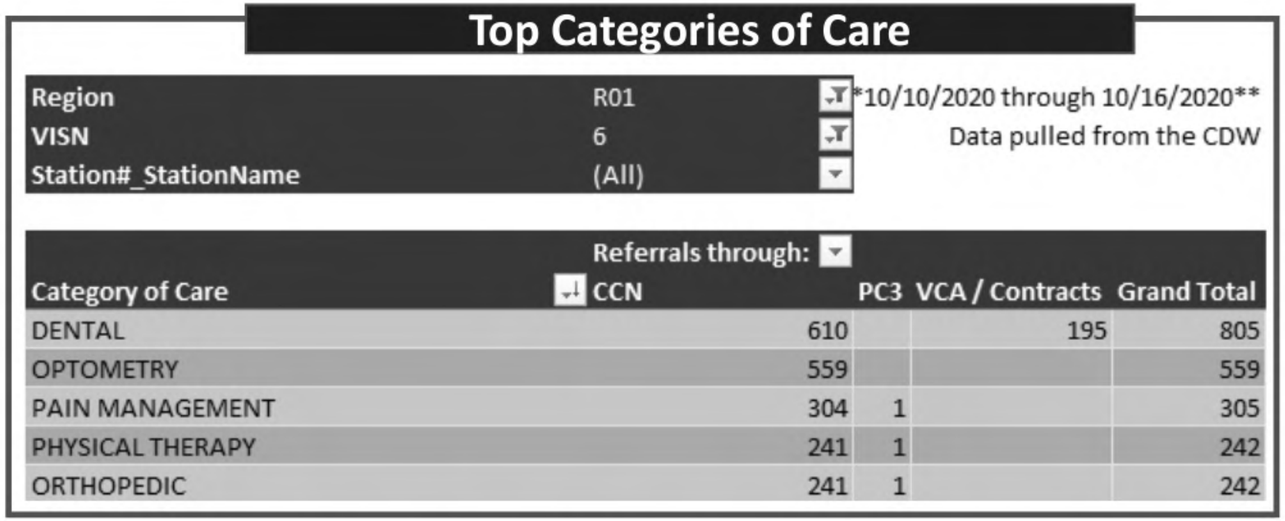
VISN Referral Network Breakdown



This data was pulled from CDW for October 10 – October 16, 2020.

Region 1 VISN 6: Referral Volume Snapshot

Top Categories of Care



Region	R01	*10/10/2020 through 10/16/2020**
VISN	6	Data pulled from the CDW
Station#_StationName	(All)	

Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
DENTAL	610		195	805
OPTOMETRY	559			559
PAIN MANAGEMENT	304	1		305
PHYSICAL THERAPY	241	1		242
ORTHOPEDIC	241	1		242

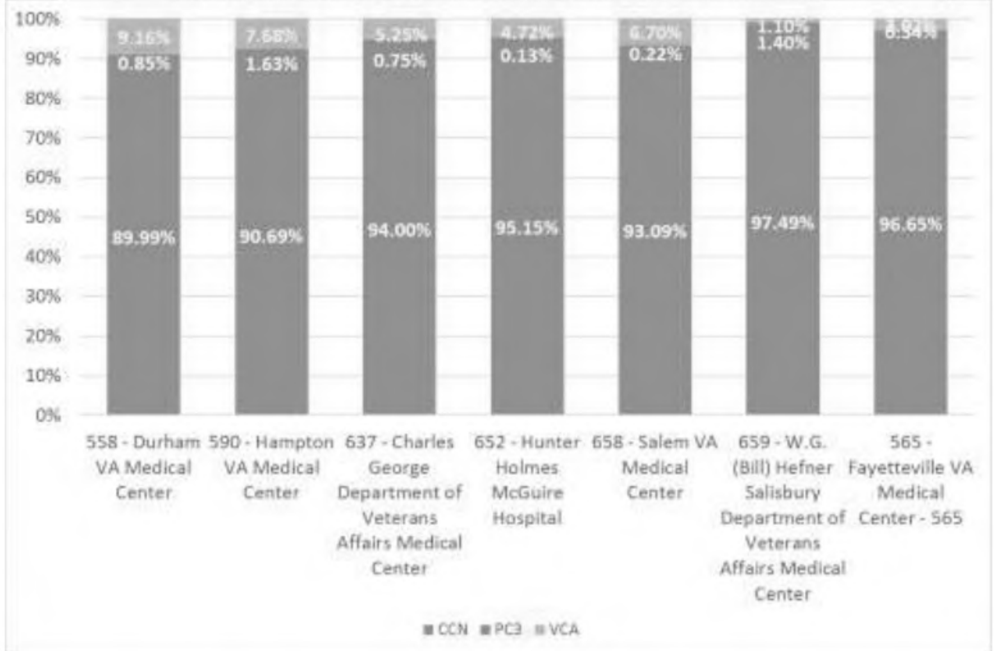
- **Region 1 VISN 6 is sending 94.37% of community care referrals through CCN.**
- This data analysis does not include a complete picture of ER/Urgent Care referrals through CCN.
- **The PC3 percentage for R1 VISN 6 referrals is down to 0.74% of referrals. VCAs account for 4.89% of referrals.**

The **top five categories of care going to VCAs** are (not including ER/Urgent Care):

1. Dental
2. Respite Care
3. Homemaker/Home Health Aide
4. Radiation Therapy
5. Adult Day Care

Less than 10 referrals

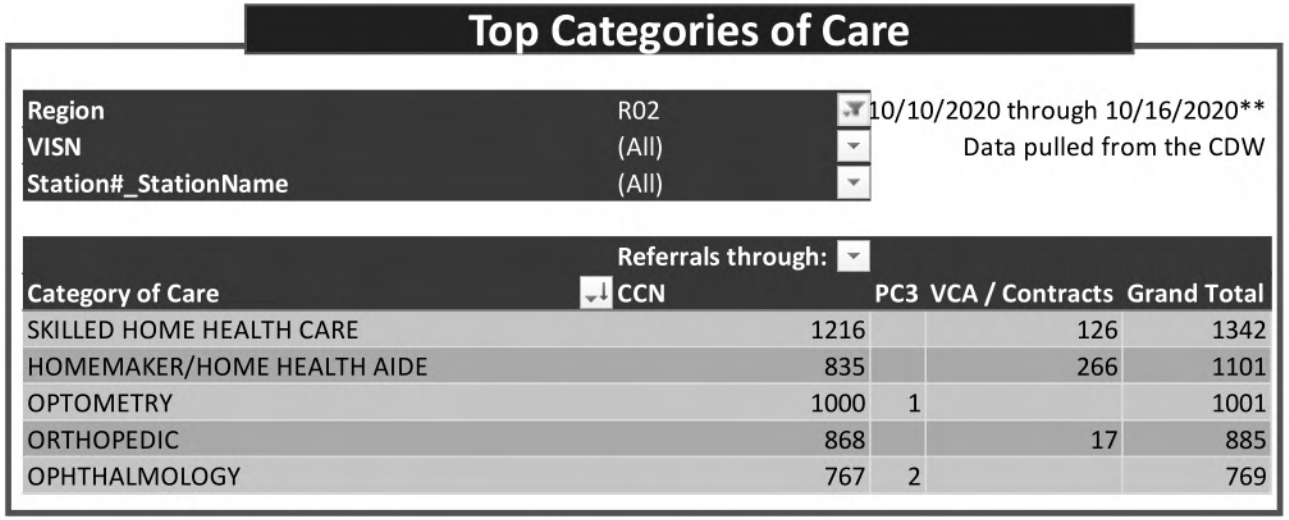
VISN Referral Network Breakdown



This data was pulled from CDW for October 10 – October 16, 2020.

Region 2: Referral Volume Snapshot

Top Categories of Care



Region	R02	10/10/2020 through 10/16/2020**
VISN	(All)	Data pulled from the CDW
Station#_StationName	(All)	

	Referrals through:			
Category of Care	**CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
SKILLED HOME HEALTH CARE	1216		126	1342
HOMEMAKER/HOME HEALTH AIDE	835		266	1101
OPTOMETRY	1000	1		1001
ORTHOPEDIC	868		17	885
OPHTHALMOLOGY	767	2		769

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

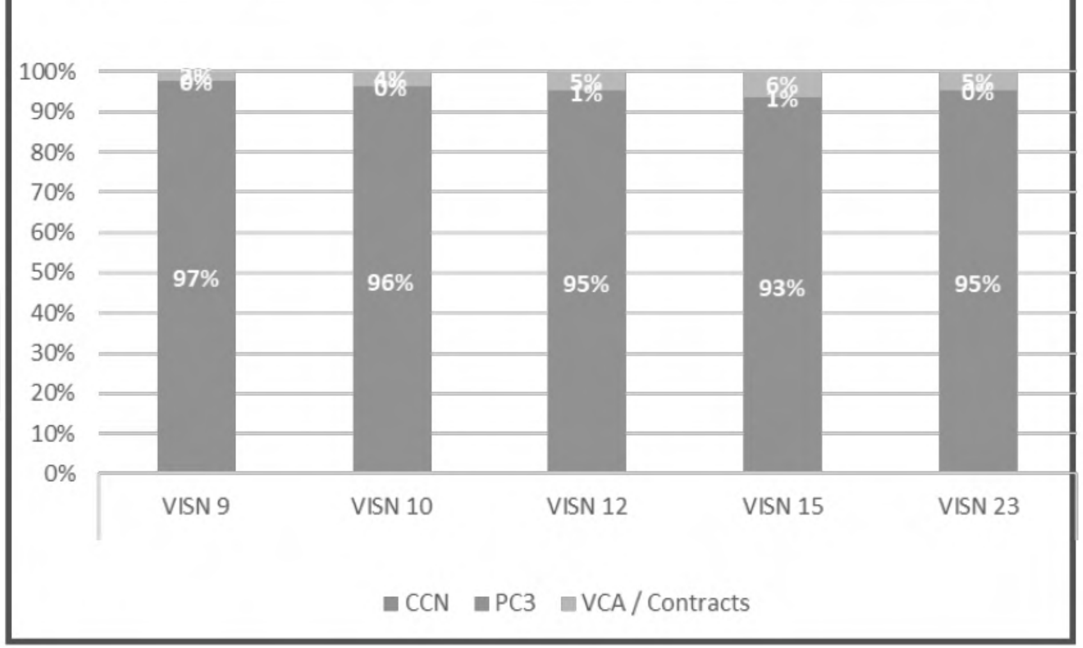
1. Homemaker/Home Health Aide
2. Dental
3. Skilled Home Care
4. Respite Care
5. Inpatient

- The **top categories of care sent to PC3 and VCAs remain consistent** with previous week.
- **Referrals generated from the Centralized Authorized Emergency Care (CAEC) Team** are not included in this data analysis.

  For Region 2, this accounted for **13 PC3 referrals.** All were categorized as ”Emergency Care”.

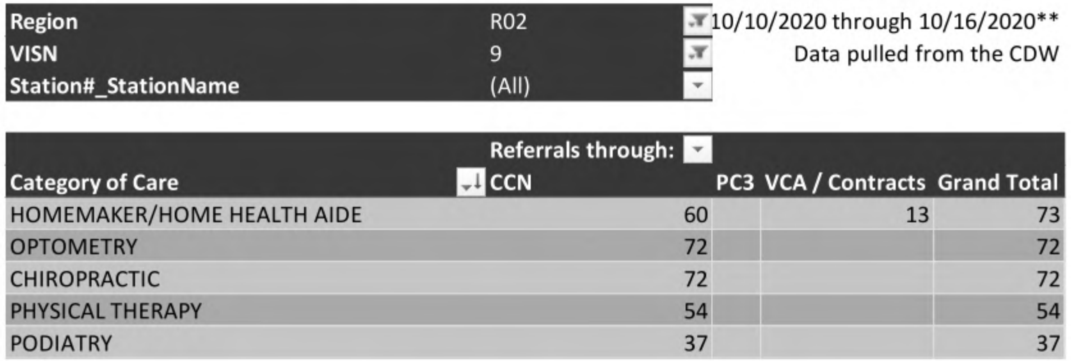
Data is from the Weekly Referral Dashboard

VISN Referral Network Breakdown



Region 2 VISN 9: Referral Volume Snapshot

Top Categories of Care



Region	R02	10/10/2020 through 10/16/2020**
VISN	9	Data pulled from the CDW
Station#_StationName	(All)	

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
HOMEMAKER/HOME HEALTH AIDE	60		13	73
OPTOMETRY	72			72
CHIROPRACTIC	72			72
PHYSICAL THERAPY	54			54
PODIATRY	37			37

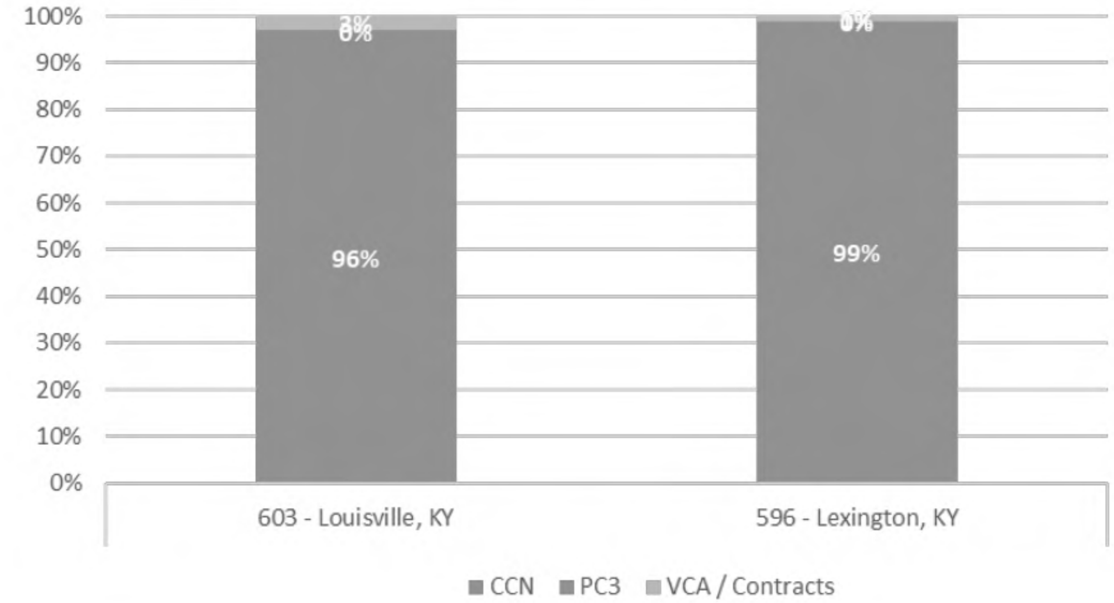
- 18% of all Homemaker/Home Health Aide care were VCAs across the VISN and a decrease from previous weeks.
- 100% of Inpatient referrals were PC3 (dates of service appropriate for PC3).
- **1 PC3 Emergency Care CAEC referral removed** from the analysis.

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Homemaker/Home Health Aide
2. Respite
3. Inpatient
4. Dialysis
5. N/A

Less than 10 referrals

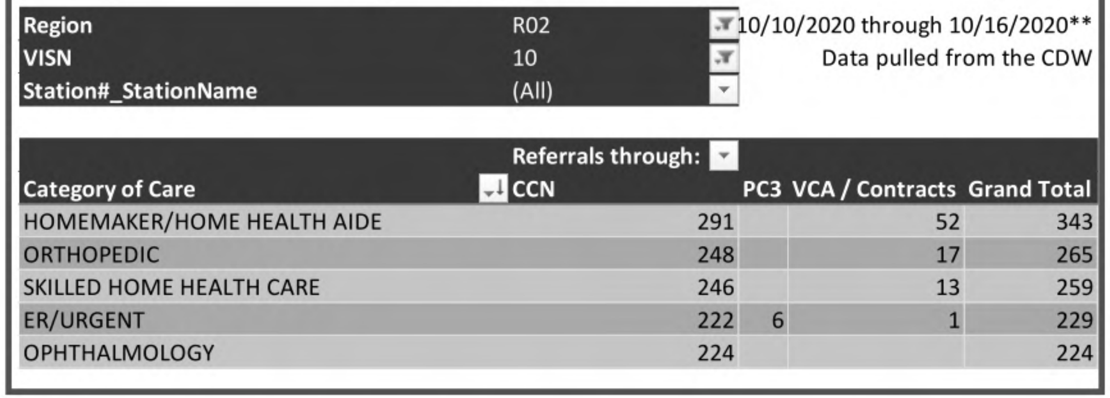
VISN Referral Network Breakdown



This data was pulled from CDW for October 10 – October 16, 2020.

Region 2 VISN 10: Referral Volume Snapshot

Top Categories of Care



Region	R02	10/10/2020 through 10/16/2020**
VISN	10	Data pulled from the CDW
Station#_StationName	(All)	

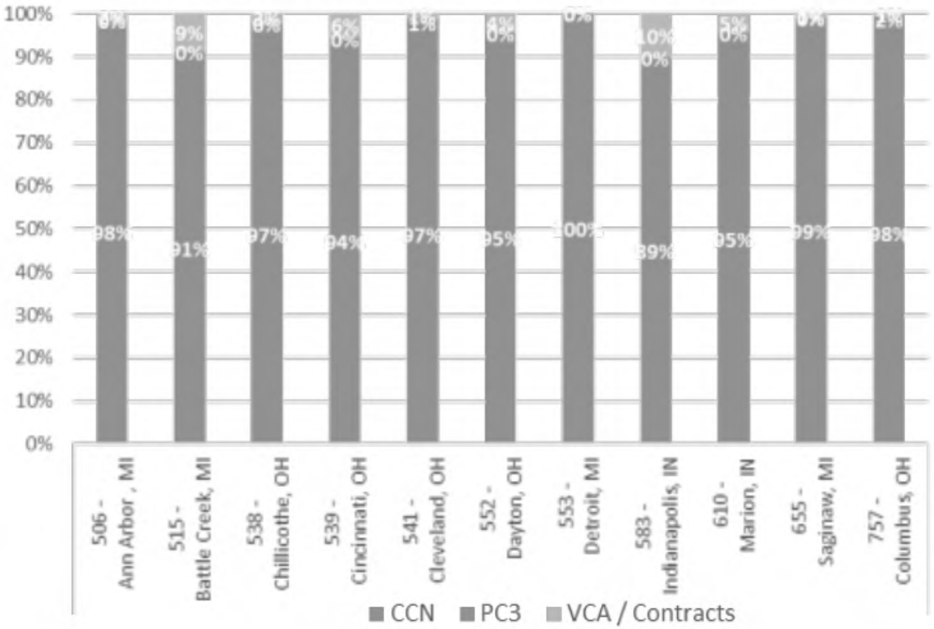
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
HOMEMAKER/HOME HEALTH AIDE	291		52	343
ORTHOPEDIC	248		17	265
SKILLED HOME HEALTH CARE	246		13	259
ER/URGENT	222	6	1	229
OPHTHALMOLOGY	224			224

- 38% of all Dental referrals were VCAs across the VISN.
- **Indianapolis has the lowest CCN referral percentage** in Region 2 VISN 10 with 10% VCA use.
  - The top categories of care going to VCAs for Indianapolis are Dental (4%) and Homemaker/Home Health Aide (1%)
- **2 PC3 Emergency Care CAEC referrals removed** from the analysis.

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

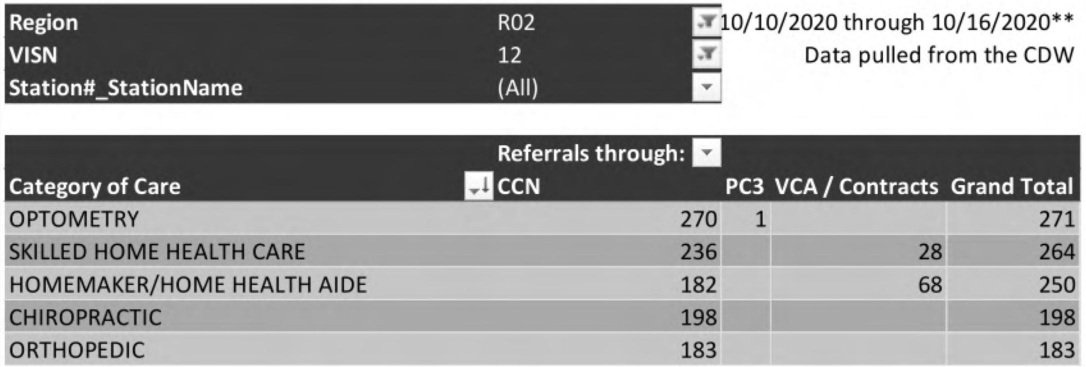
1. Dental
2. Homemaker/Home Health Aide
3. Orthopedic
4. Skilled Home Care
5. Respite

VISN Referral Network Breakdown



Region 2 VISN 12: Referral Volume Snapshot

Top Categories of Care



Region	R02	10/10/2020 through 10/16/2020**
VISN	12	Data pulled from the CDW
Station#_StationName	(All)	

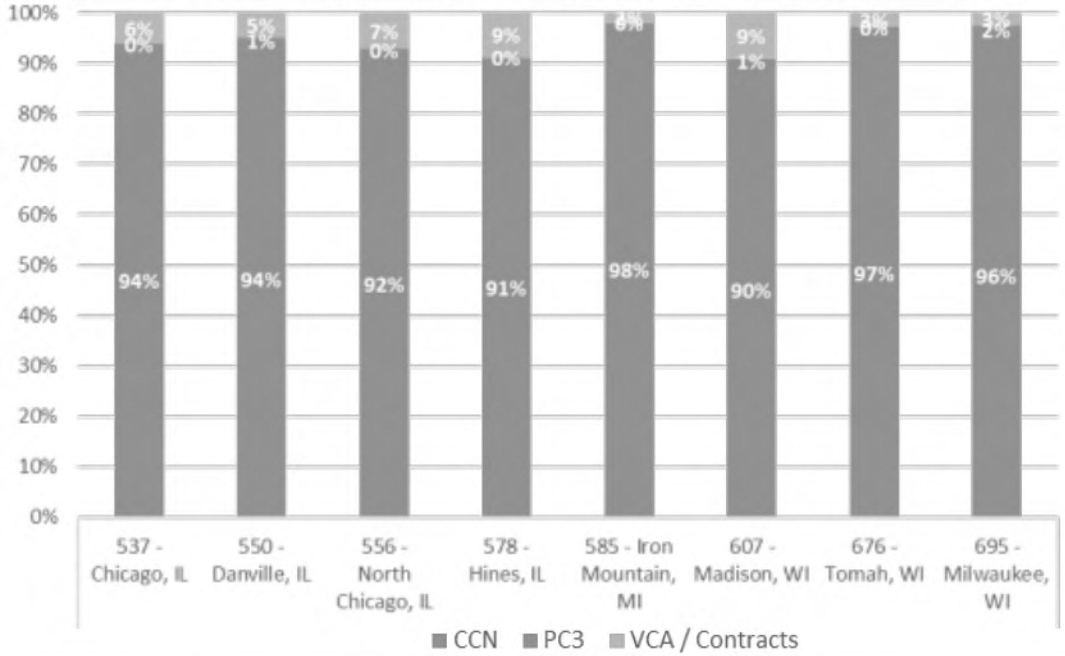
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	270	1		271
SKILLED HOME HEALTH CARE	236		28	264
HOMEMAKER/HOME HEALTH AIDE	182		68	250
CHIROPRACTIC	198			198
ORTHOPEDIC	183			183

- 100% of all Bowel and Bladder referrals were VCAs
- 27% of all Homemaker/Home Health Aide care were VCAs across the VISN.
- **Madison has the lowest CCN referral** percentage in Region 2 VISN 12 with 9% VCAs.
  - The top categories of care going to VCAs for Madison are Dental (3%), and Skilled Home Care (2%)
- **3 PC3 Emergency Care CAEC referrals removed** from the analysis.

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

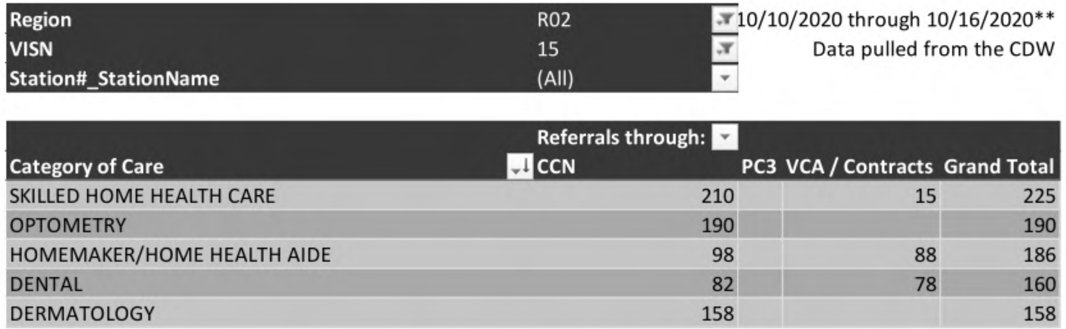
1. Homemaker/Home Health Aide
2. Skilled Home Care
3. Dental
4. Bowel and Bladder
5. Respite

VISN Referral Network Breakdown



Region 2 VISN 15: Referral Volume Snapshot

Top Categories of Care



Region	R02	10/10/2020 through 10/16/2020**
VISN	15	Data pulled from the CDW
Station#_StationName	(All)	

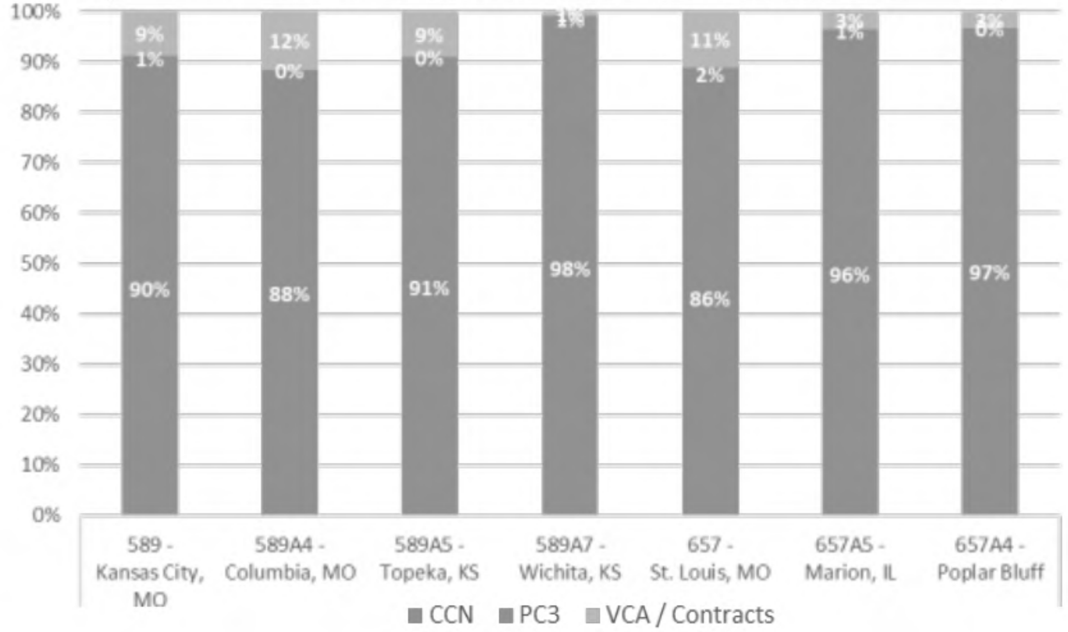
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
SKILLED HOME HEALTH CARE	210		15	225
OPTOMETRY	190			190
HOMEMAKER/HOME HEALTH AIDE	98		88	186
DENTAL	82		78	160
DERMATOLOGY	158			158

- 47% of all Homemaker/Home Health Aide referrals were VCAs across the VISN.
- 49% of all Dental referrals were VCAs across the VISN
- **St. Louis has the lowest CCN referral percentage** in Region 2 VISN 15.
  - The top categories of care going to VCAs for St. Louis are Homemaker/Home Health Aide (1%), and Dental (2%).
- **5 PC3 Emergency Care CAEC referrals removed** from the analysis.

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Homemaker/Home Health Aide
2. Dental
3. Skilled Home Care
4. Inpatient
5. Respite

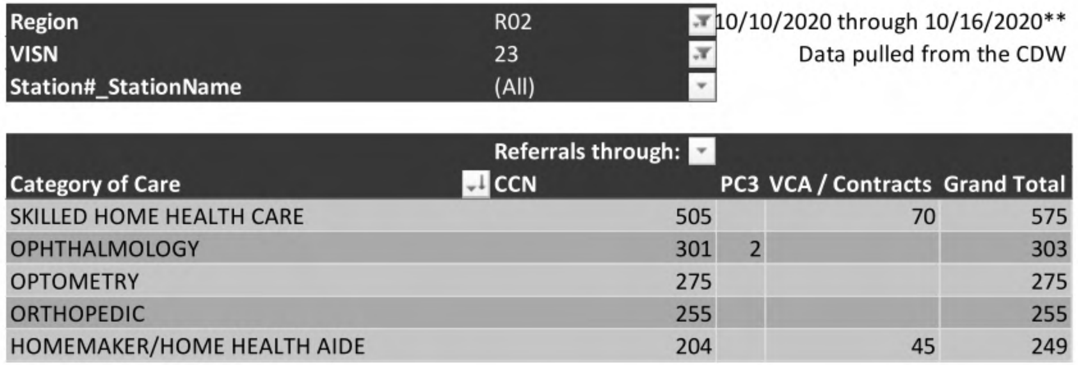
VISN Referral Network Breakdown



This data was pulled from CDW for October 10 – October 16, 2020.

Region 2 VISN 23: Referral Volume Snapshot

Top Categories of Care



Region	R02
VISN	23
Station#_StationName	(All)

10/10/2020 through 10/16/2020**
Data pulled from the CDW

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
SKILLED HOME HEALTH CARE	505		70	575
OPHTHALMOLOGY	301	2		303
OPTOMETRY	275			275
ORTHOPEDIC	255			255
HOMEMAKER/HOME HEALTH AIDE	204		45	249

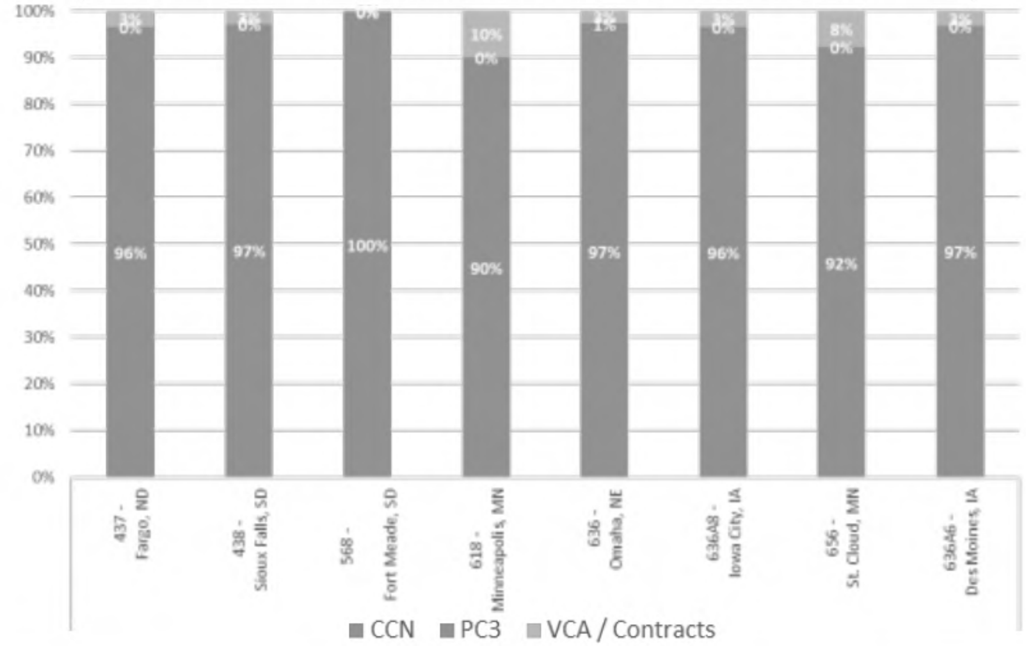
- 51% of all Dental referrals were VCAs across the VISN.
- **Minneapolis City has the lowest CCN referral** percentage in Region 2 VISN 23.
  - The top categories of care going to VCAs for Minneapolis are Skilled Home Care (4%), and Dental (4%).
- **2 PC3 Emergency Care CAEC referral removed** from the analysis.

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

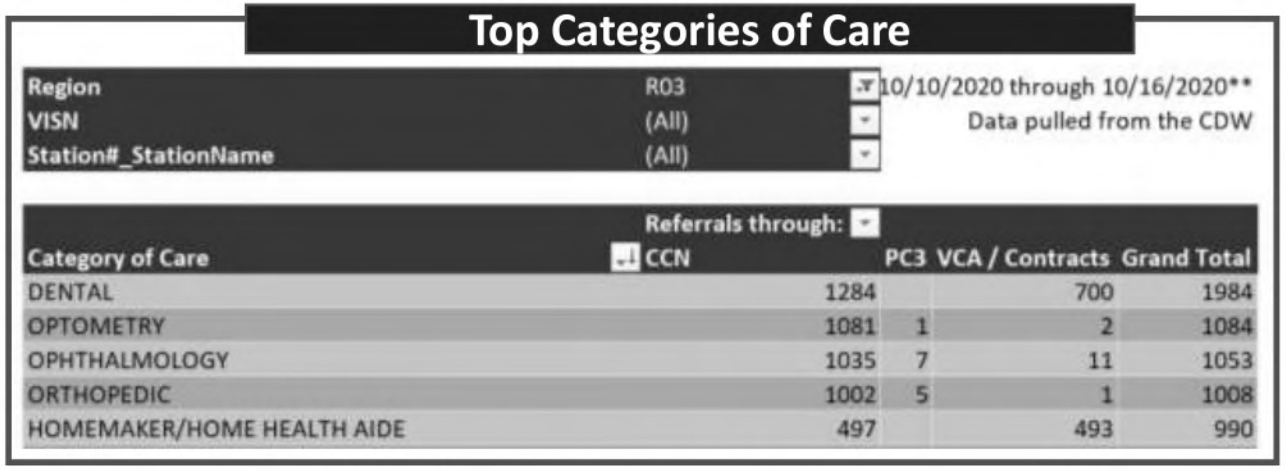
1. Dental
2. Skilled Home Care
3. Homemaker/Home Health Aide
4. CIHS
5. Acupuncture

Less than 10 referrals

VISN Referral Network Breakdown



Region 3: Referral Volume Snapshot



Top Categories of Care

Region R03
VISN (All)
Station#_StationName (All)

10/10/2020 through 10/16/2020**
Data pulled from the CDW

Referrals through:

Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	1284		700	1984
OPTOMETRY	1081	1	2	1084
OPHTHALMOLOGY	1035	7	11	1053
ORTHOPEDIC	1002	5	1	1008
HOMEMAKER/HOME HEALTH AIDE	497		493	990

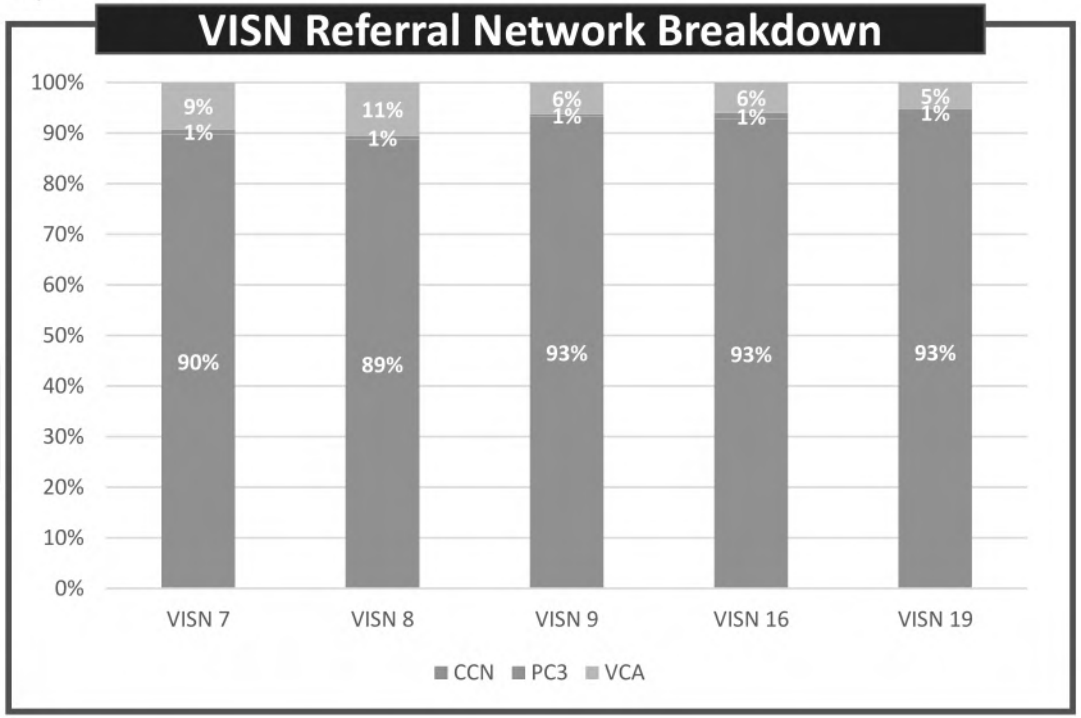
- The **top categories of care sent to PC3 and VCAs remain consistent** with previous weeks.
- **Referrals generated from the Centralized Authorized Emergency Care (CAEC) Team** are not included in this data analysis.
  - For Region 3, this accounted for **104 PC3 referrals.***
  - 72 referrals were categorized as “ER/Urgent”/”Emergency Care” and 32 referrals were categorized as inpatient.

Data is from the Weekly Referral Dashboard

*49 of these referrals have appointment dates set prior than the June 16 official go-live date.

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

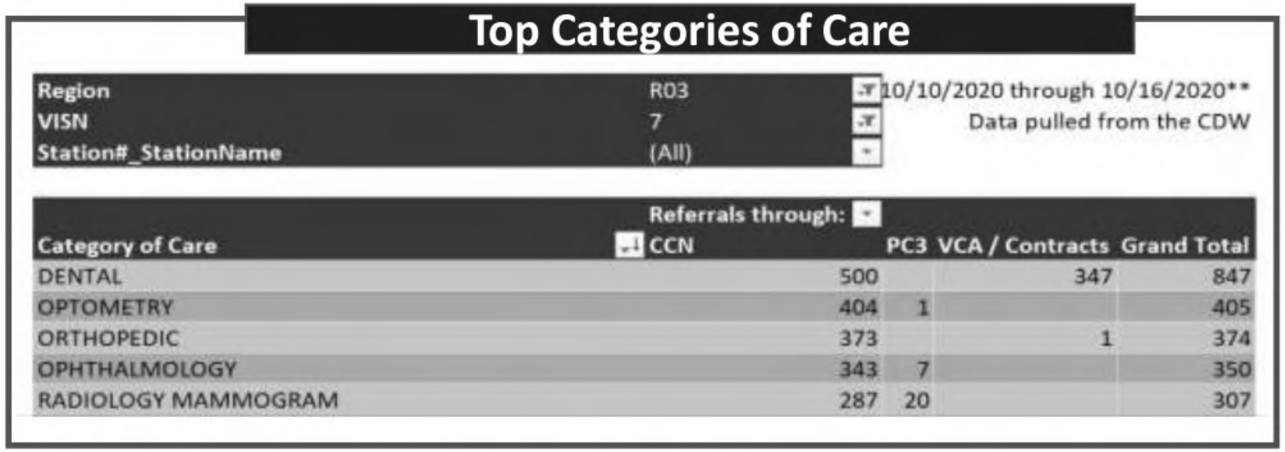
1. Homemaker/Home Health Aide
2. Dental
3. Skilled Home Care
4. Respite Care
5. Inpatient



VISN Referral Network Breakdown

This data was pulled from CDW for October 10 - 16, 2020.

Region 3 VISN 7: Referral Volume Snapshot



Top Categories of Care

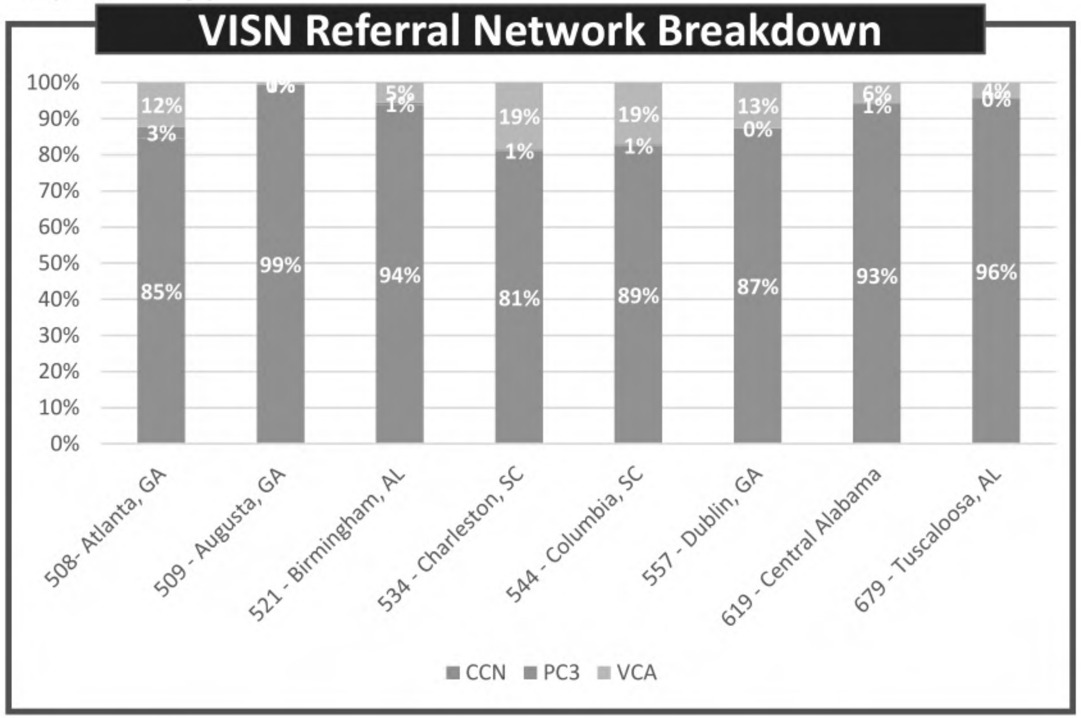
Region	R03	10/10/2020 through 10/16/2020**
VISN	7	Data pulled from the CDW
Station#_StationName	(All)	

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	500		347	847
OPTOMETRY	404	1		405
ORTHOPEDIC	373		1	374
OPHTHALMOLOGY	343	7		350
RADIOLOGY MAMMOGRAM	287	20		307

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aide
3. Respite Care
4. Radiology Mammogram
5. Nephrology

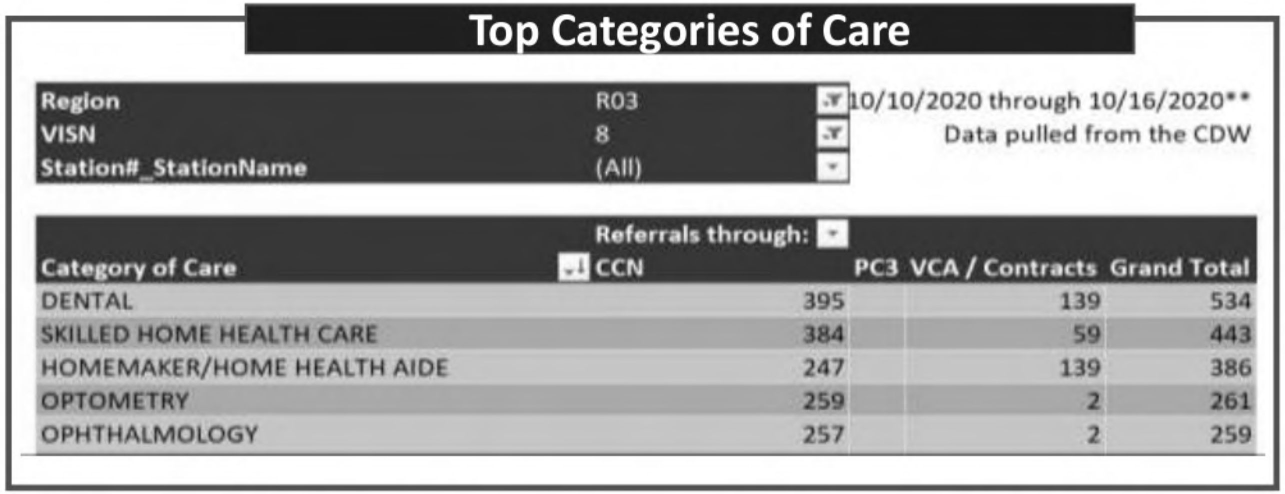
- **Charleston, SC and Atlanta, GA** had PC3 extensions, which ended on September 4.
  - **Atlanta, GA:** 47% of non-CCN referrals were for homemaker/home health.
  - **Charleston, SC:** 78% of non-CCN referrals were for dental.
- **36 PC3 CAEC referrals** removed from the analysis.
  - 26 of these referrals were categorized as "ER/Urgent"/"Emergency Care" and 10 of these referrals were categorized as "Inpatient".



VISN Referral Network Breakdown

This data was pulled from CDW for October 10 - 16, 2020.

Region 3 VISN 8: Referral Volume Snapshot



Top Categories of Care

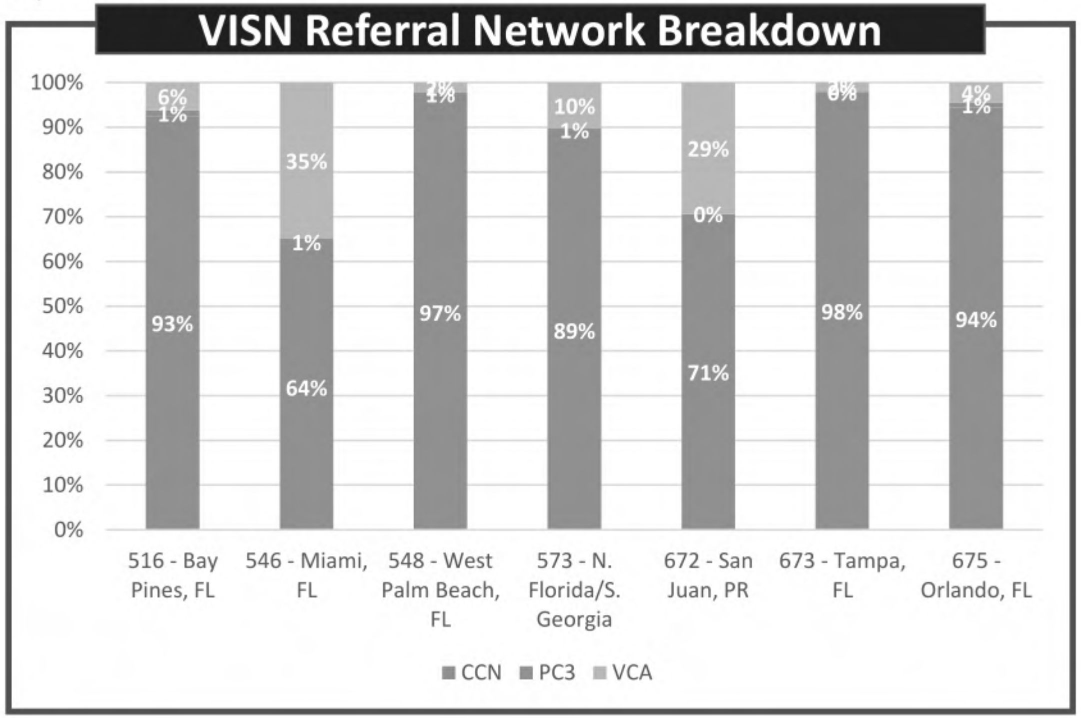
Region	R03	10/10/2020 through 10/16/2020**
VISN	8	Data pulled from the CDW
Station#_StationName	(All)	

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	395		139	534
SKILLED HOME HEALTH CARE	384		59	443
HOMEMAKER/HOME HEALTH AIDE	247		139	386
OPTOMETRY	259		2	261
OPHTHALMOLOGY	257		2	259

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Homemaker/Home Health Aide
2. Dental
3. Skilled Home Care
4. Hospice/Palliative Care
5. Inpatient

- None of the VISN 8 sites were granted an additional PC3 extension. **Their PC3 coverage ended Friday, August 21.**
- **48 PC3 CAEC referrals** removed from the analysis.
- **San Juan, PR and Miami, FL have the lowest CCN referral percentage** amongst VISN 8 sites.
  - **San Juan, PR:** 39% of non-CCN referrals were for homemaker/home health aide.
  - **Miami, FL:** 50% of non-CCN referrals were for homemaker/home health aide. Miami also has approved deviation requests for the Keys.

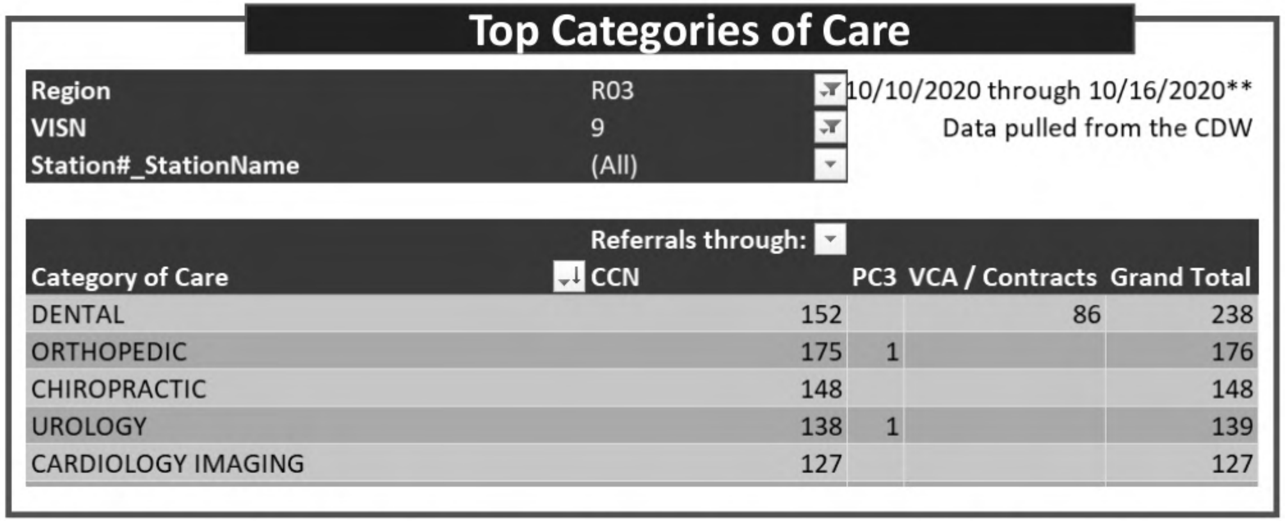


VISN Referral Network Breakdown

Choose VA

This data was pulled from CDW for October 10 - 16, 2020.

Region 3 VISN 9: Referral Volume Snapshot



Top Categories of Care

Region	R03
VISN	9
Station#_StationName	(All)

10/10/2020 through 10/16/2020**
Data pulled from the CDW

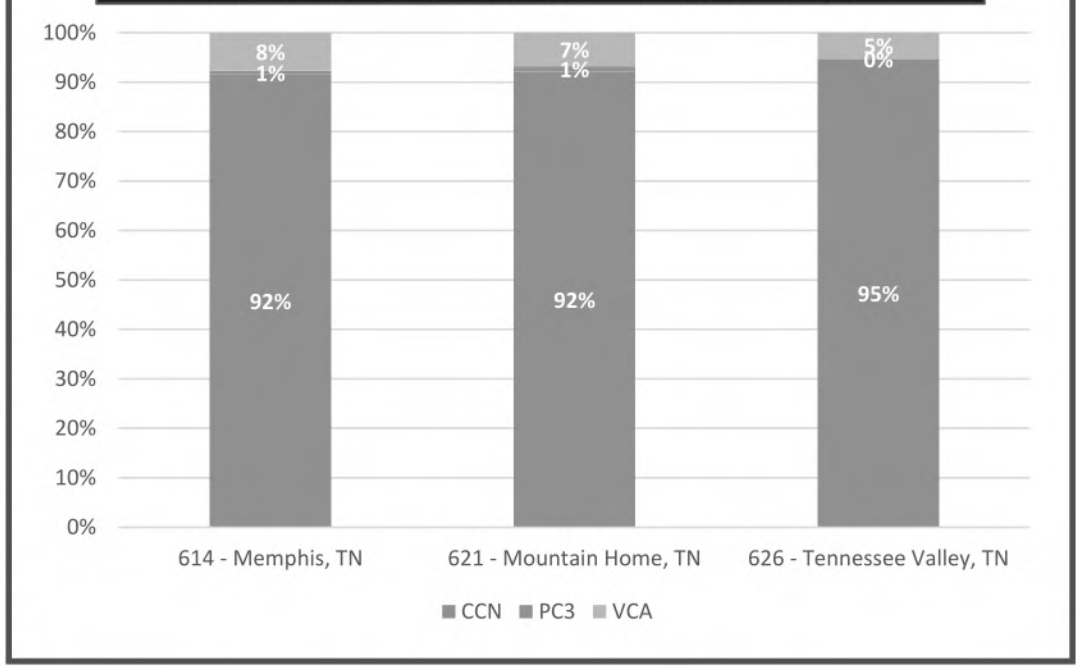
	Referrals through:			
Category of Care	**CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
DENTAL	152		86	238
ORTHOPEDIC	175	1		176
CHIROPRACTIC	148			148
UROLOGY	138	1		139
CARDIOLOGY IMAGING	127			127

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aide
3. Respite Care
4. Ophthalmology
5. Skilled Home Care

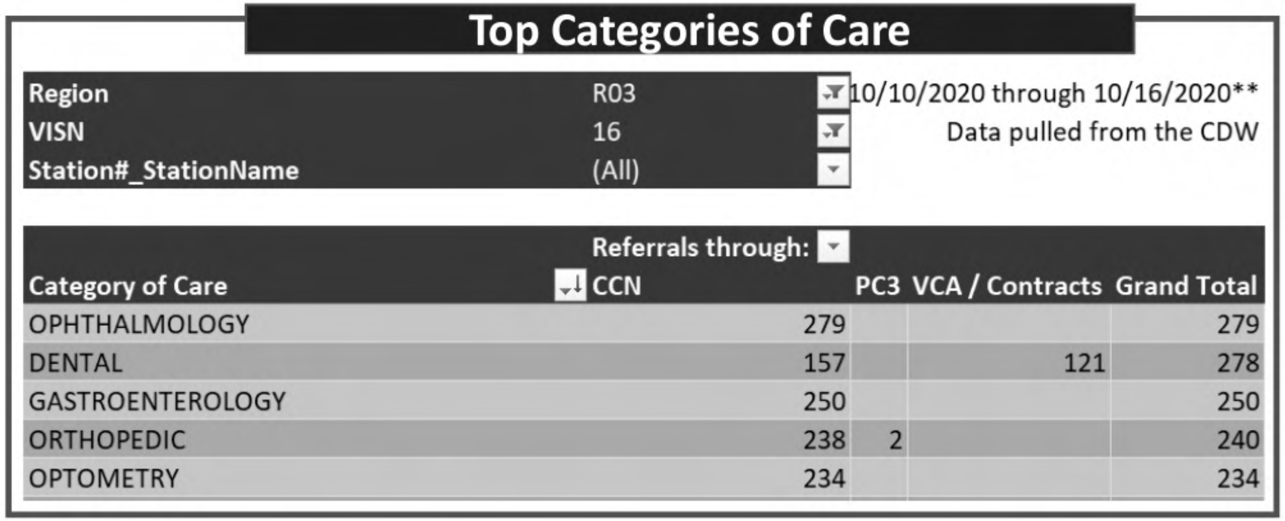
- None of the VISN 9 sites were granted an additional PC3 extension. **Their PC3 coverage ended Friday, August 21.**
- **8 PC3 CAEC referrals** removed from the analysis.
    - 4 of these referrals were categorized as “ER/Urgent”/”Emergency Care” and 4 referrals were categorized as “Inpatient”.
- **Non-CCN Referrals:**
    - 40% of VISN 9’s non-CCN referrals were for dental.
    - 29% of VISN 9’s non-CCN referrals were for homemaker/home health aide.

VISN Referral Network Breakdown



This data was pulled from CDW for October 10 - 16, 2020.

Region 3 VISN 16: Referral Volume Snapshot



Top Categories of Care

Region	R03	
VISN	16	
Station#_StationName	(All)	

10/10/2020 through 10/16/2020**
Data pulled from the CDW

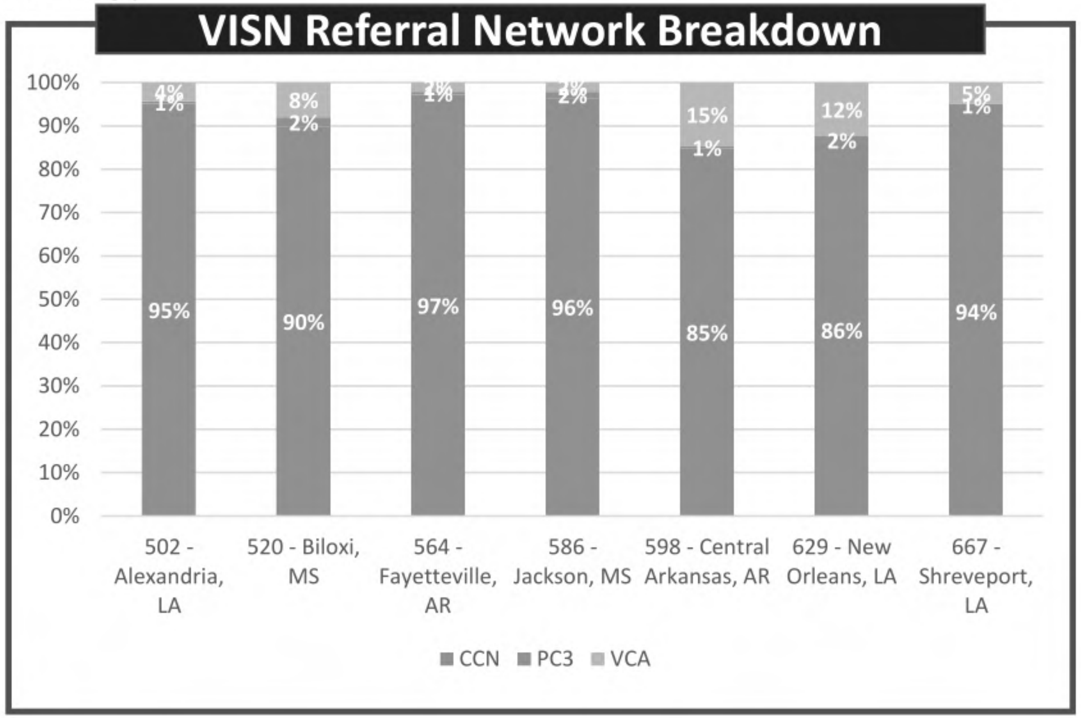
Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
OPHTHALMOLOGY	279			279
DENTAL	157		121	278
GASTROENTEROLOGY	250			250
ORTHOPEDIC	238	2		240
OPTOMETRY	234			234

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Homemaker/Home Health Aide
2. Dental
3. Inpatient
4. Respite Care
5. Urology

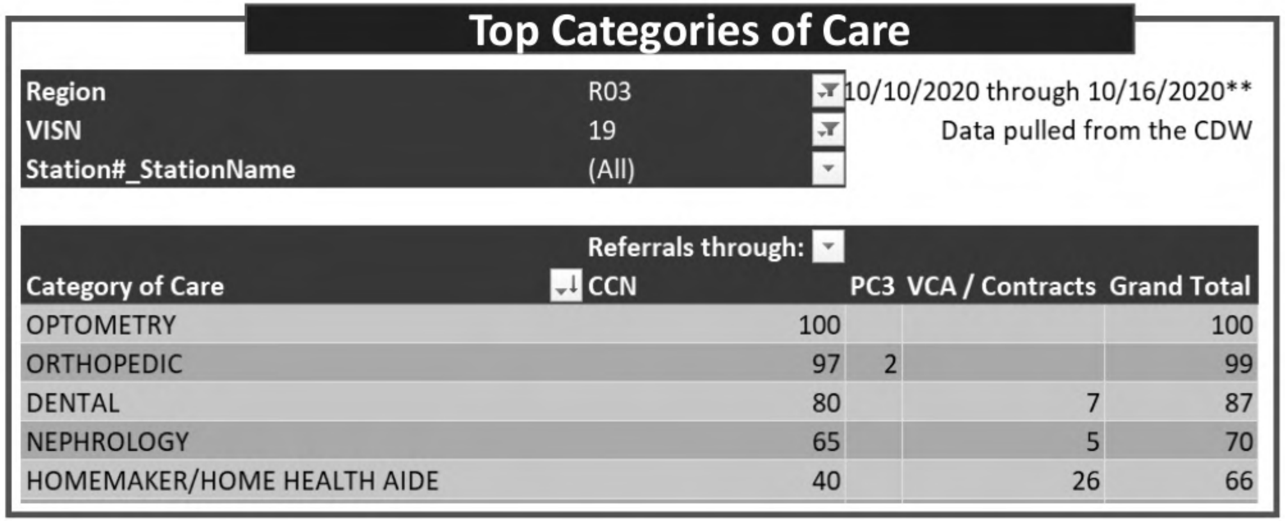
- **Shreveport, LA, Jackson, MS and New Orleans, LA** received additional PC3 extensions which ended on September 18.
- **12 PC3 CAEC referrals** removed from the analysis.
  - 8 referrals were categorized as “ER/Urgent”/”Emergency Care” and 4 were categorized as “Inpatient”.
- 37% of non-CCN referrals were for **homemaker/home health aide**.
- 33% of non-CCN referrals were for **dental.**

VISN Referral Network Breakdown



This data was pulled from CDW for October 10 - 16, 2020.

Region 3 VISN 19: Referral Volume Snapshot



Top Categories of Care

Region	R03
VISN	19
Station#_StationName	(All)

10/10/2020 through 10/16/2020**
Data pulled from the CDW

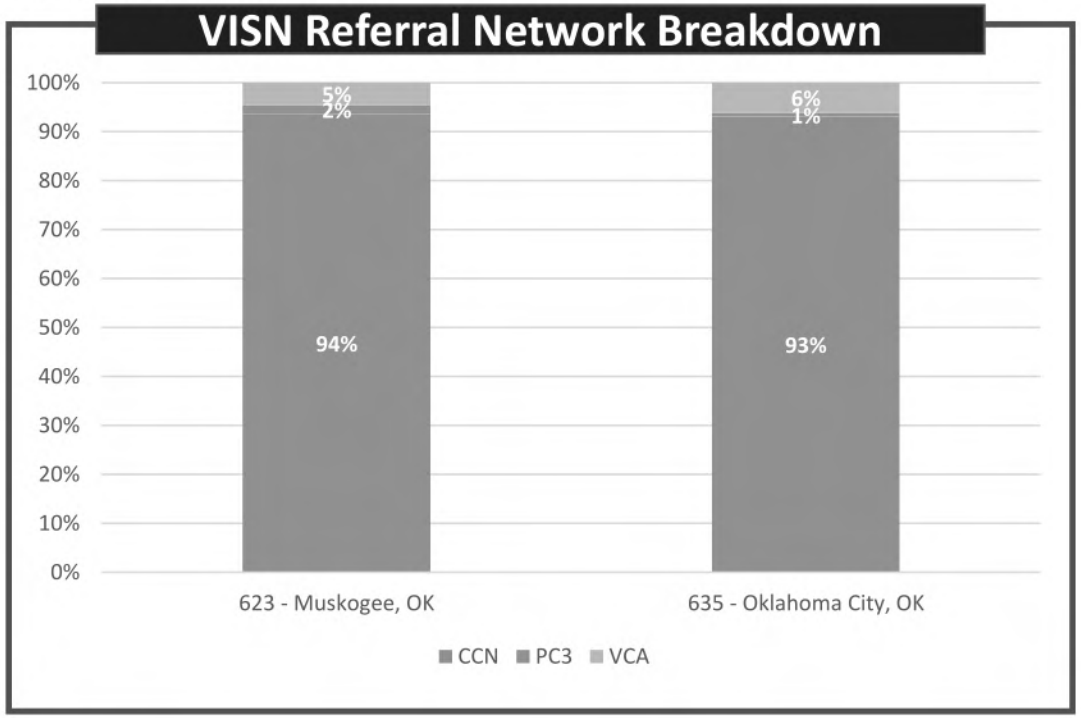
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	100			100
ORTHOPEDIC	97	2		99
DENTAL	80		7	87
NEPHROLOGY	65		5	70
HOMEMAKER/HOME HEALTH AIDE	40		26	66

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Homemaker/Home Health Aide
2. Bowel and Bladder
3. Dental
4. Nephrology, Sleep Study (*both have 5 referrals*)
5. Mental Health

- Neither site requested a PC3 extension, so their PC3 coverage ended July 17, 2020.
- **0 PC3 CAEC referrals were** removed from the analysis.
- This week, VISN 19 sites saw an increase in VCA referrals for **bowel and bladder.**
- Other than homemaker/home health aide and bowel and bladder, **VISN 19 had very low referral counts for PC3 and VCAs**.

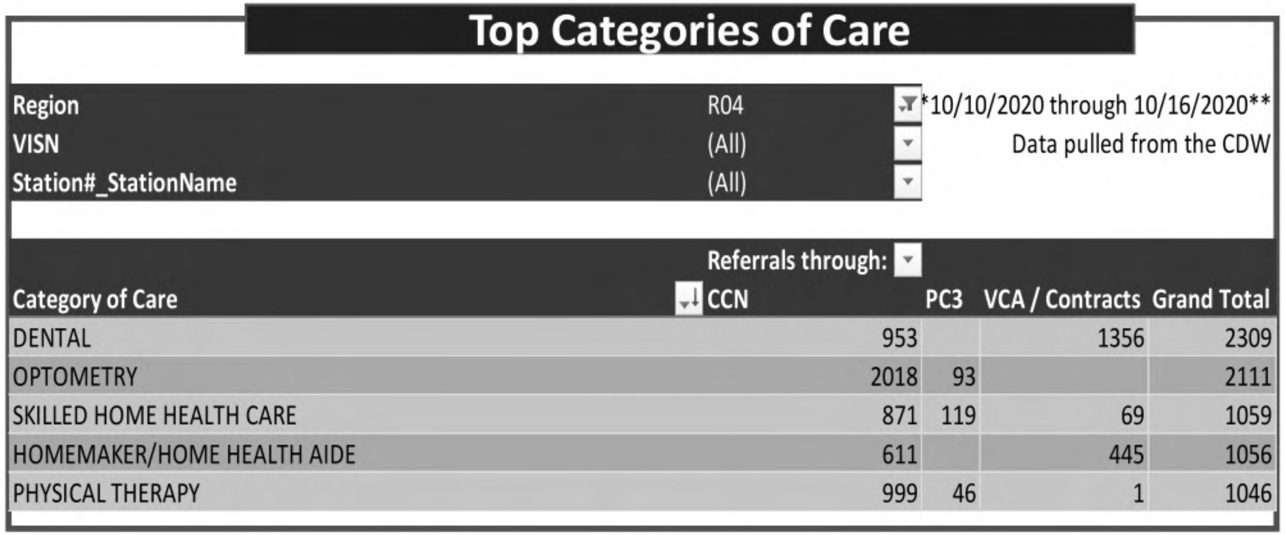
VISN Referral Network Breakdown



This data was pulled from CDW for October 10 - 16, 2020.

Region 4: Referral Volume Snapshot

Top Categories of Care



Region	R04	*10/10/2020 through 10/16/2020**		
VISN	(All)	Data pulled from the CDW		
Station#_StationName	(All)			

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	953		1356	2309
OPTOMETRY	2018	93		2111
SKILLED HOME HEALTH CARE	871	119	69	1059
HOMEMAKER/HOME HEALTH AIDE	611		445	1056
PHYSICAL THERAPY	999	46	1	1046

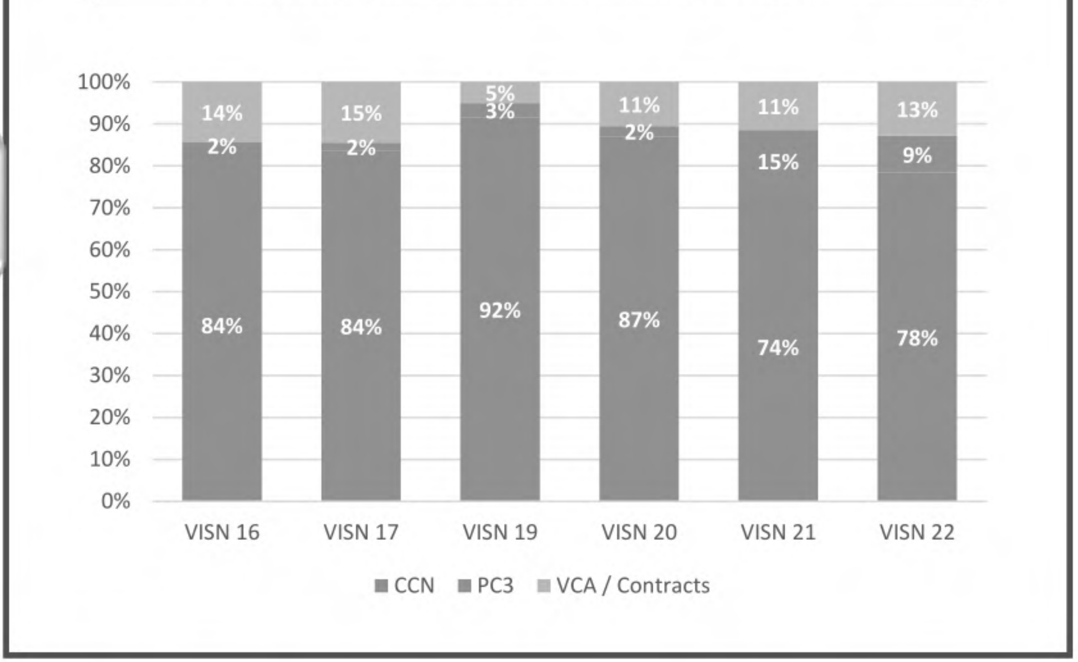
- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis
  - For Region 4, this accounted for **1324 PC3 referrals**.
  - 1256 referrals were categorized as “ER/Urgent” and 68 referrals were categorized as inpatient.
- CCN Utilization **increased** for all VISNs
  - VISN 17 had the highest increase of **16%.**

Data is from the Weekly Referral Dashboard

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aide
3. Skilled Home Health Care
4. Mental Health
5. Optometry

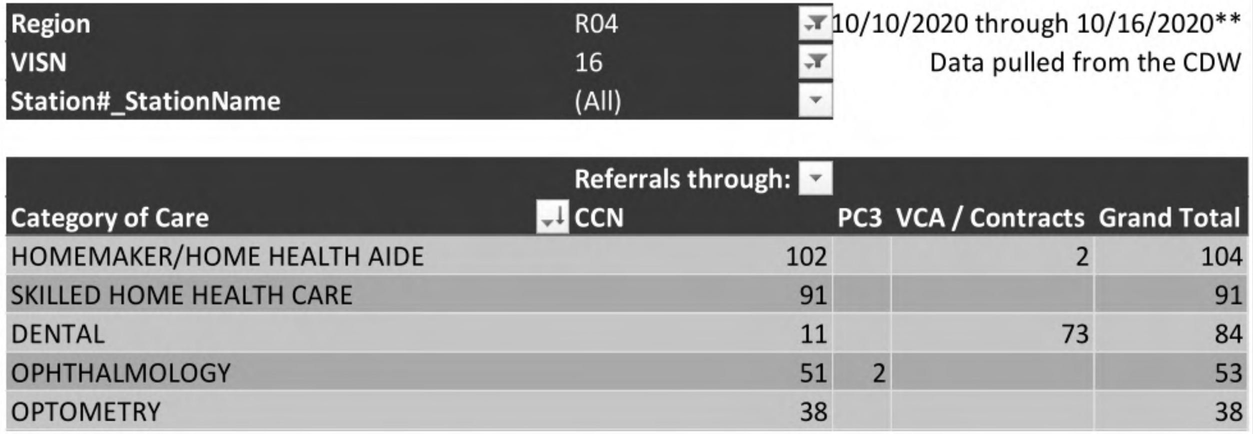
VISN Referral Network Breakdown



This data was pulled from CDW for October 10-16, 2020.

Region 4 VISN 16 Sites: Referral Volume Snapshot

Top Categories of Care



Region	R04	10/10/2020 through 10/16/2020**
VISN	16	Data pulled from the CDW
Station#_StationName	(All)	

	Referrals through:			
Category of Care	**CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
HOMEMAKER/HOME HEALTH AIDE	102		2	104
SKILLED HOME HEALTH CARE	91			91
DENTAL	11		73	84
OPHTHALMOLOGY	51	2		53
OPTOMETRY	38			38

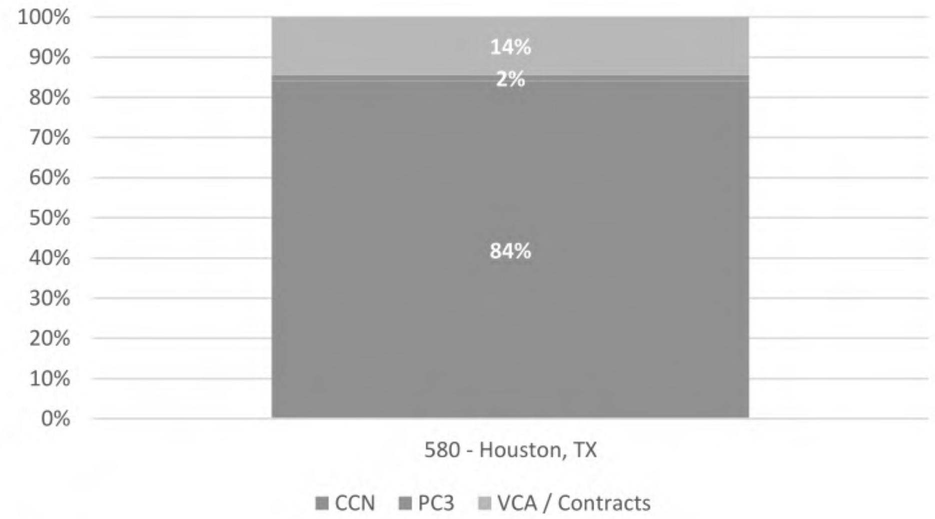
- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis.
  - For Region 4 VISN 16, this accounted for **86 PC3 referrals**.
  - 82 referrals were categorized as "ER/Urgent" and 4 referrals were categorized as inpatient.
- **Dental** is the top category of care to use VCA; however, the VCA volume decreased from 162 VCA referrals during the prior two weeks.

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Bowel and Bladder
3. Inpatient
4. Nephrology
5. Homemaker/Home Health Aid

Less than 10 referrals

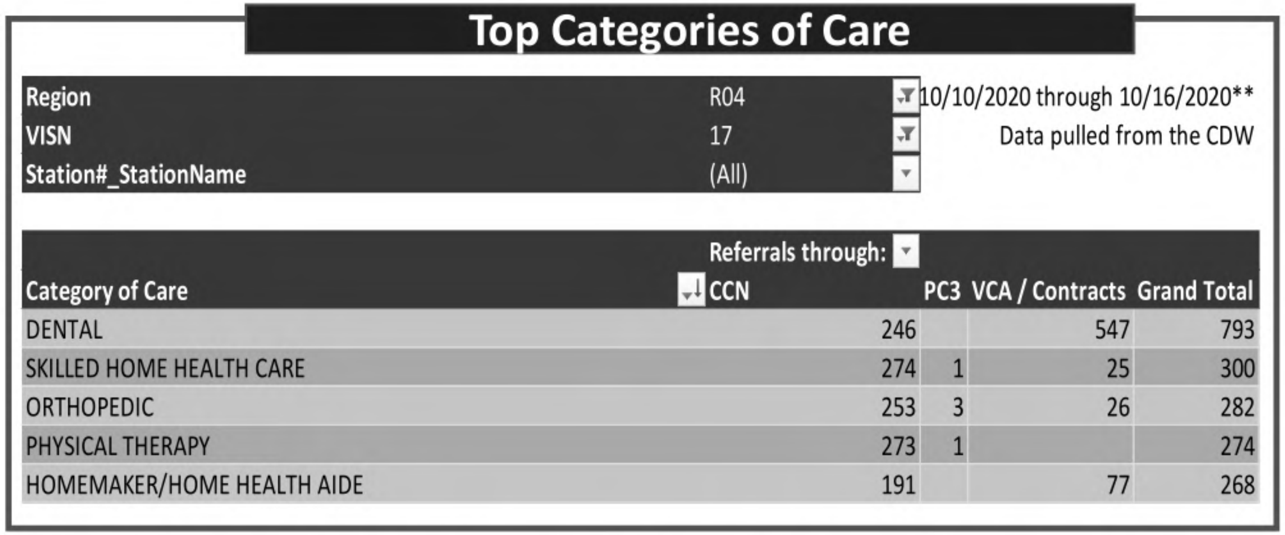
VISN Referral Network Breakdown



This data was pulled from CDW for October 10-16, 2020.

Region 4 VISN 17 Sites: Referral Volume Snapshot

Top Categories of Care



Region	R04
VISN	17
Station#_StationName	(All)

10/10/2020 through 10/16/2020**
Data pulled from the CDW

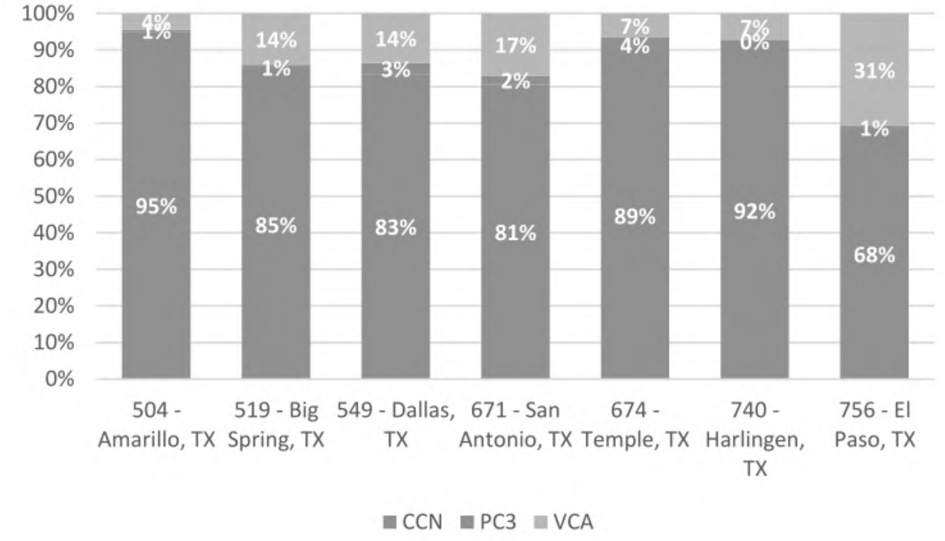
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	246		547	793
SKILLED HOME HEALTH CARE	274	1	25	300
ORTHOPEDIC	253	3	26	282
PHYSICAL THERAPY	273	1		274
HOMEMAKER/HOME HEALTH AIDE	191		77	268

- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis.
  - For Region 4 VISN 17, this accounted for **33 PC3 referrals**.
  - 22 referrals were categorized as “ER/Urgent” and 11 referrals were categorized as inpatient.
- All sites had an **increase** in CCN utilization from prior weeks.
  - *San Antonio had the highest* **increase of 40%**

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

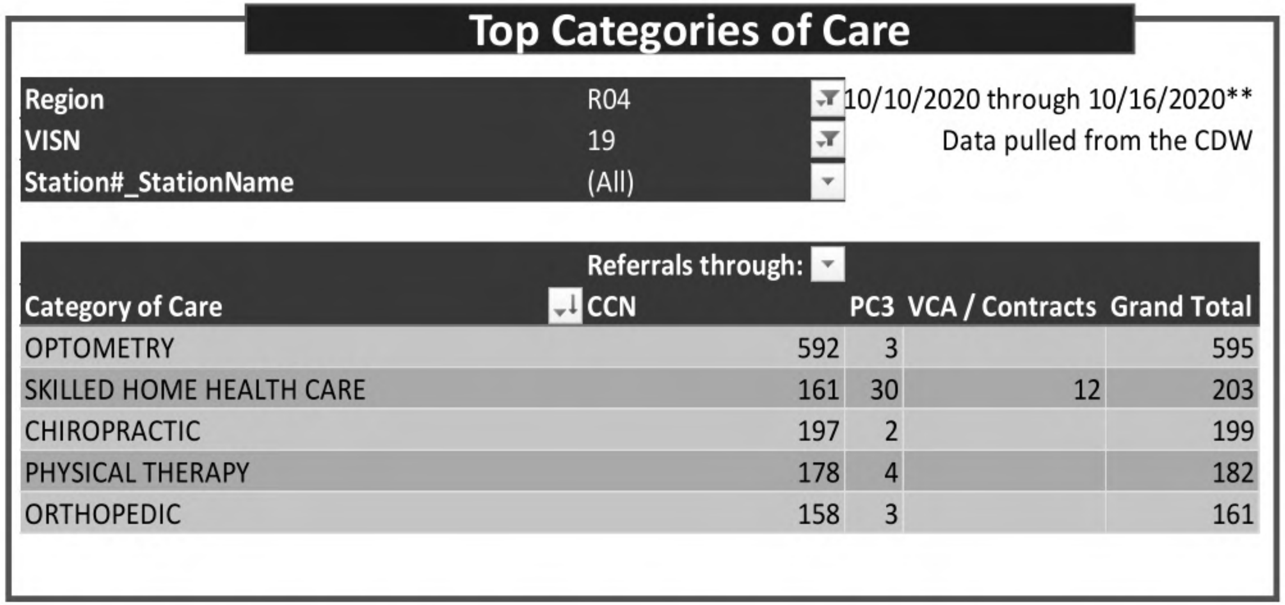
1. Dental
2. Homemaker/Home Health Aide
3. Inpatient
4. Veteran Directed Care
5. Orthopedic

VISN Referral Network Breakdown



This data was pulled from CDW for October 10-16, 2020.

Region 4 VISN 19 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04	10/10/2020 through 10/16/2020**
VISN	19	Data pulled from the CDW
Station#_StationName	(All)	

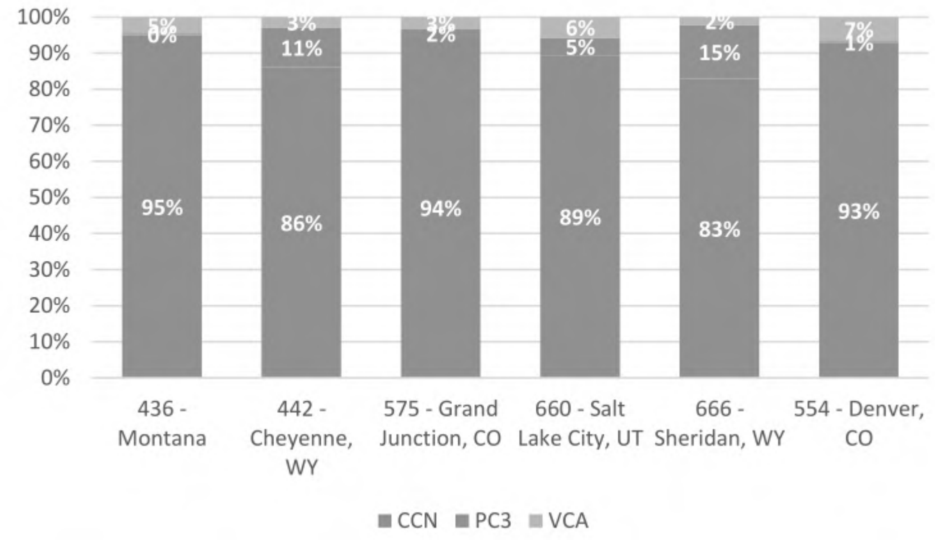
Category of Care	**Referrals through:** **CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
OPTOMETRY	592	3		595
SKILLED HOME HEALTH CARE	161	30	12	203
CHIROPRACTIC	197	2		199
PHYSICAL THERAPY	178	4		182
ORTHOPEDIC	158	3		161

- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis.
  - For Region 4 VISN 19, this accounted for **82 PC3 referrals**.
  - 80 referrals were categorized as "ER/Urgent" and 2 referrals were categorized as inpatient.
- **Cheyenne (442)** and **Sheridan (666)** received **PC3 extensions that will expire on 10/30** due to network gaps in acute care center, ophthalmology, and other specialties.
- Sheridan's CCN utilization **increased 18%** from prior weeks.

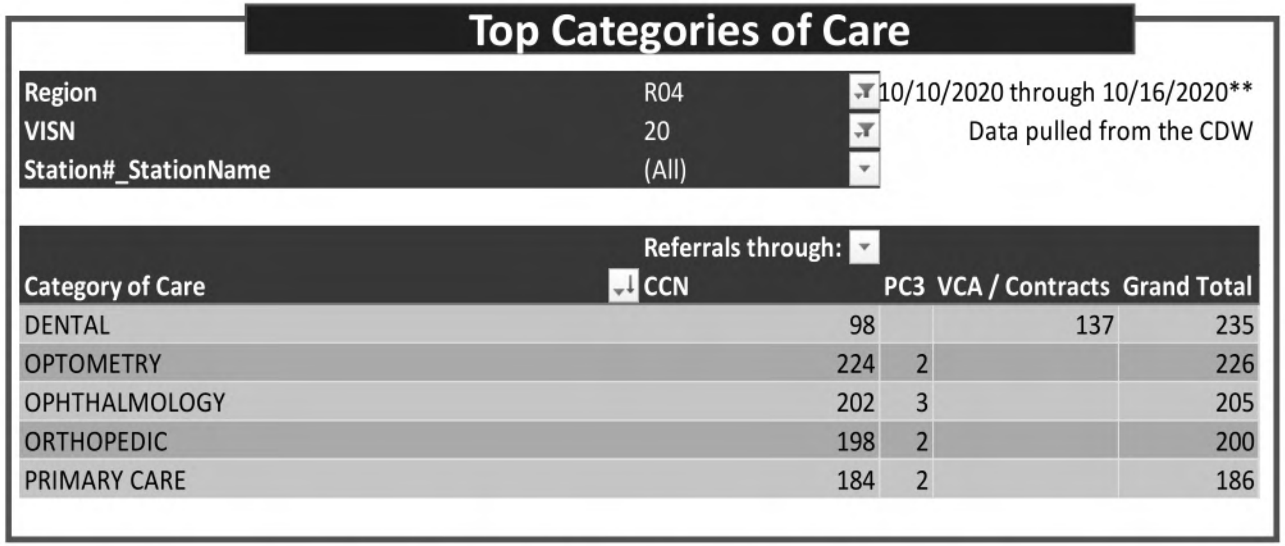
The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Veteran Directed Care
2. Homemaker/Home Health Aide
3. Dental
4. Skilled Home Care
5. Respite Care

VISN Referral Network Breakdown



Region 4 VISN 20 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04	10/10/2020 through 10/16/2020**
VISN	20	Data pulled from the CDW
Station#_StationName	(All)	

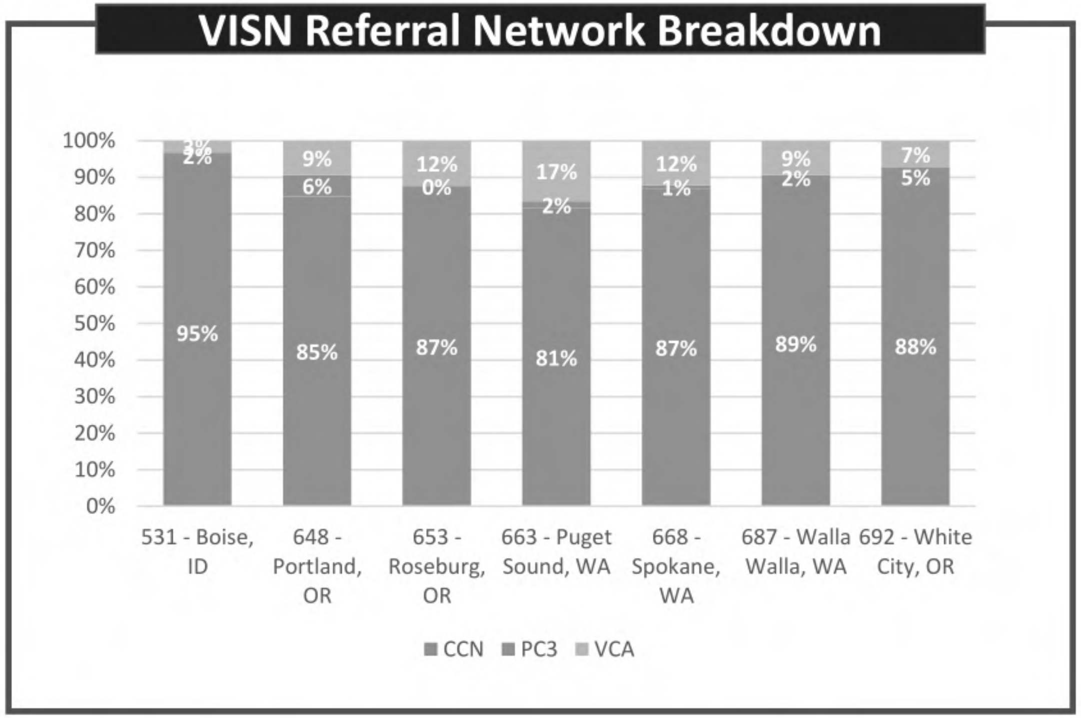
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
	Referrals through:			
DENTAL	98		137	235
OPTOMETRY	224	2		226
OPHTHALMOLOGY	202	3		205
ORTHOPEDIC	198	2		200
PRIMARY CARE	184	2		186

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aide
3. Bowel and Bladder
4. Skilled Home Health Care
5. Pain Management

Less than 10 referrals

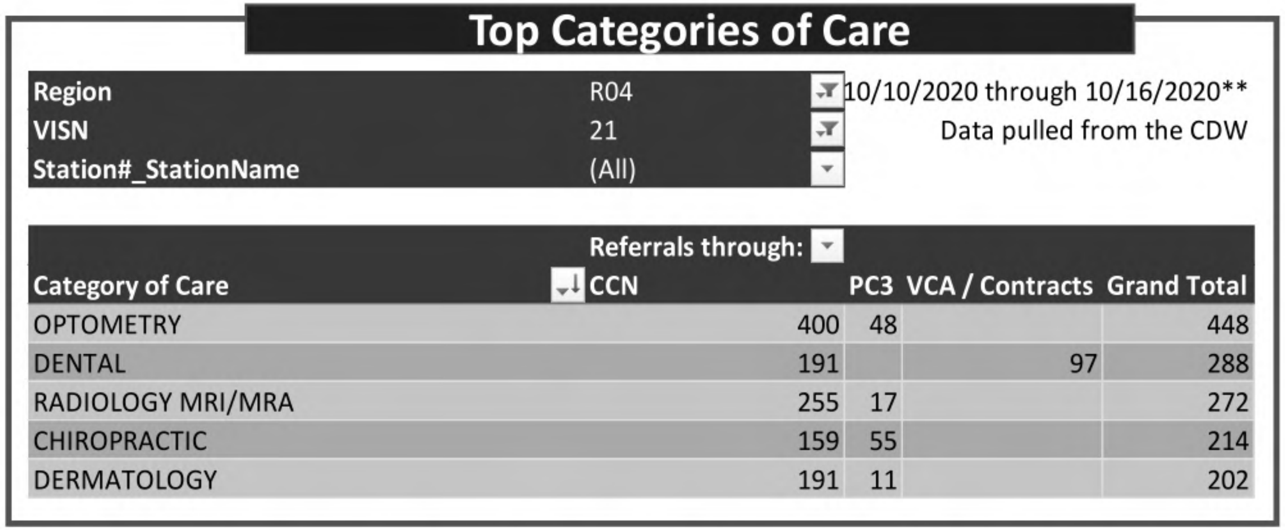
- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis.
  - For Region 4 VISN 20, this accounted for **61 PC3 referrals**.
  - 58 referrals were categorized as "ER/Urgent" and 3 referrals were categorized as inpatient.
- All sites saw a decrease in PC3 utilization
  - Walla Walla's PC3 utilization **decrease 23%** and CCN **utilization increased 36%.**



VISN Referral Network Breakdown

This data was pulled from CDW for October 10-16, 2020.

Region 4 VISN 21 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04	10/10/2020 through 10/16/2020**
VISN	21	Data pulled from the CDW
Station#_StationName	(All)	

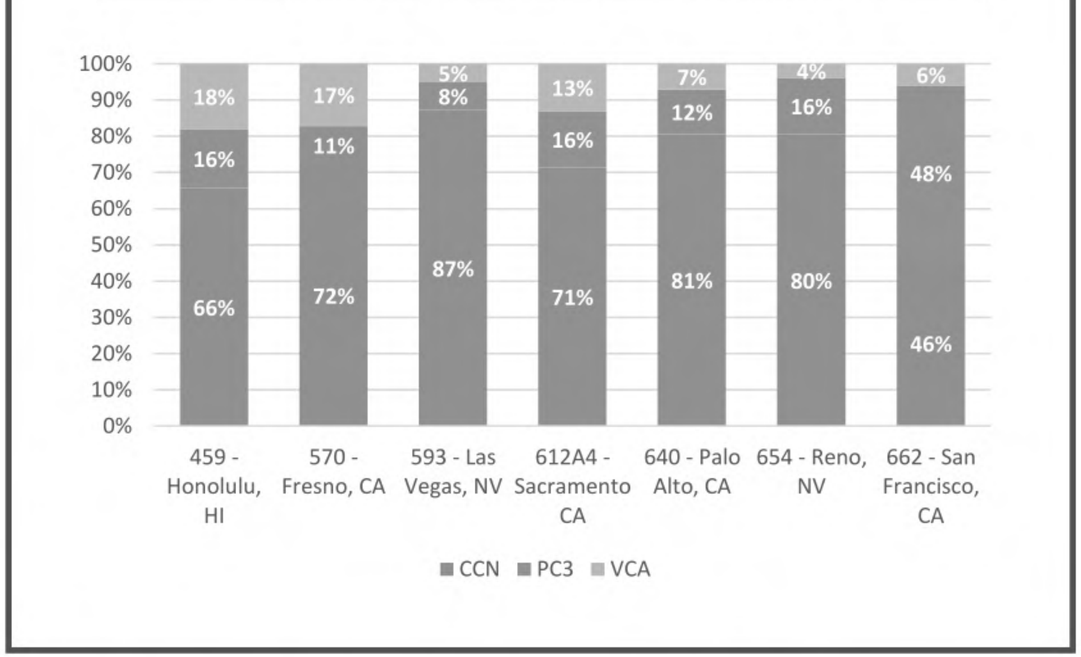
	Referrals through:			
Category of Care	**CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
OPTOMETRY	400	48		448
DENTAL	191		97	288
RADIOLOGY MRI/MRA	255	17		272
CHIROPRACTIC	159	55		214
DERMATOLOGY	191	11		202

- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis.
  - For Region 4 VISN 21, this accounted for **280 PC3 referrals**.
  - 263 referrals were categorized as "ER/Urgent" and 17 referrals were categorized as inpatient.
- Fresno's CCN utilization **increased 44%;** Reno's CCN utilization **increased 36%**
- *San Francisco continues to have the lowest CCN utilizati*on, however, they had an **increase of 6%** and PC3 utilization **decrease of 9**% compared to prior weeks.
- Las Vegas and Reno received a PC3 extension expiring on **10/30/20** due to CCN deficiencies.

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Homemaker/Home Health Aide
2. Dental
3. Lab and Pathology
4. Chiropractic
5. Optometry

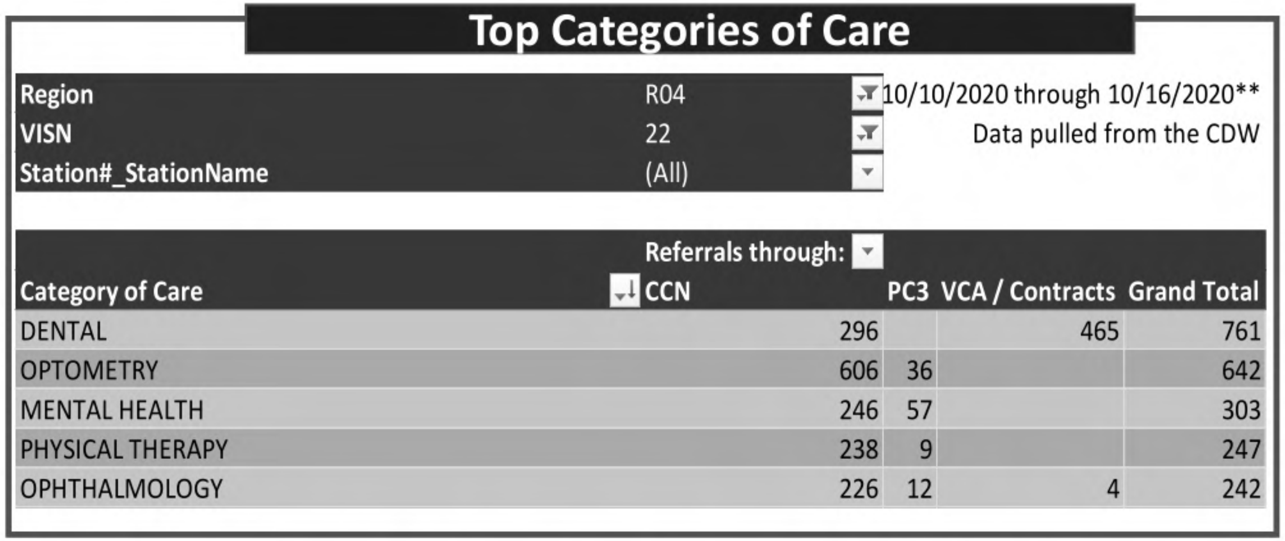
VISN Referral Network Breakdown



This data was pulled from CDW for October 10-16, 2020.

Region 4 VISN 22 Sites: Referral Volume Snapshot

Top Categories of Care



Region	R04	10/10/2020 through 10/16/2020**
VISN	22	Data pulled from the CDW
Station#_StationName	(All)	

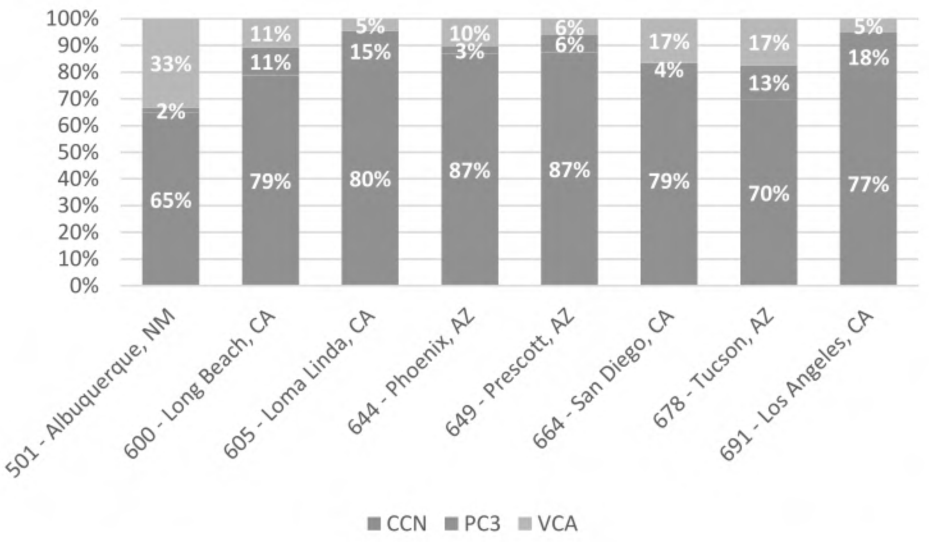
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	296		465	761
OPTOMETRY	606	36		642
MENTAL HEALTH	246	57		303
PHYSICAL THERAPY	238	9		247
OPHTHALMOLOGY	226	12	4	242

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aide
3. Mental Health
4. Lab and Pathology
5. NIC Skilled Home Care

- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis.
    - For Region 4 VISN 22, this accounted for **782 PC3 referrals**
    - 751 referrals were categorized as “ER/Urgent” and 31 referrals were categorized as inpatient.
    - CCN percentages increased for all sites from prior two weeks.
- All sites saw an **increase in CCN utilization** except Tucson. *Tucson had a slight* ***decrease of 1.5%.***

VISN Referral Network Breakdown



This data was pulled from CDW for October 10-16, 2020.

Page 2627

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

Page 2628

Withheld pursuant to exemption

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of the Freedom of Information

Page 2629

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

CCN ELC Update

12/2/2020

(b)(6)

ChooseVA

VA

U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Community Care

Agenda

- Regions 4 & 5 Deployment Updates
- R4 Referral Trends
    - R4 Referral Analysis: Follow-up Items
- Program Optimization Plan
- Optional Task Update
- Appendix
    - R1-R3 Referrals Summary
    - R4 Referral Monitoring Snapshots

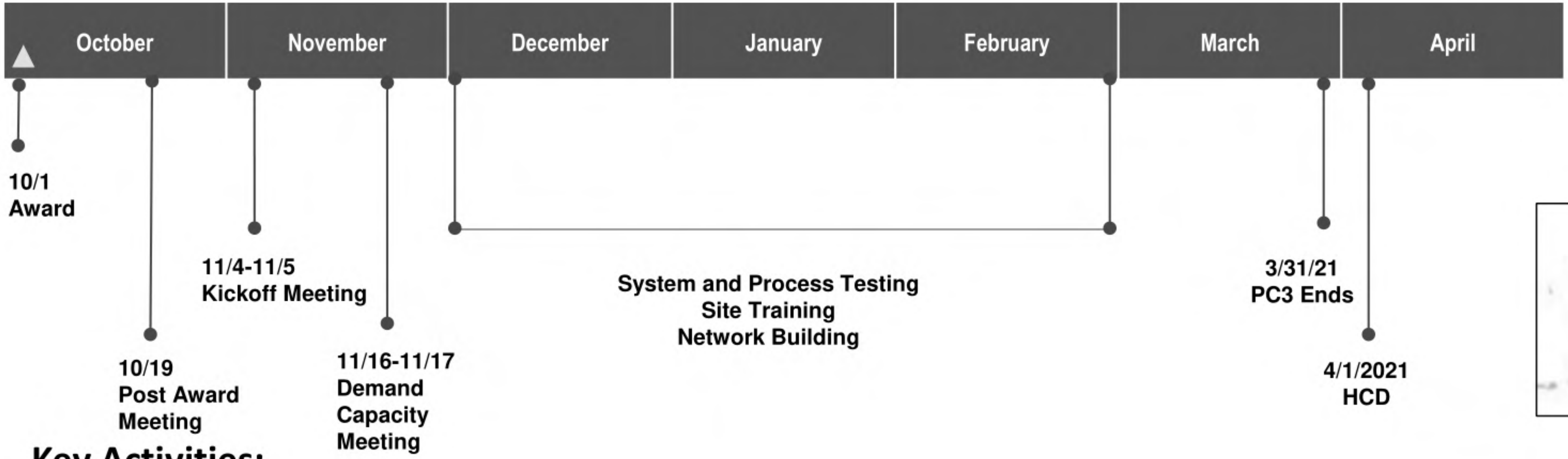
R4 & R5 CCN Deployment Updates

Region 4 Update

- **Pend Referral Volume** has consistently been under 5 per day.
- (b)(5)
- **San Diego has requested Optional Task assistance**. VISN22 will be able to absorb their need by decreasing the referrals used by Phoenix, Prescott & Albuquerque.

4
4
2
3
5
6
Washington, D.C.

Region 5 Status and Upcoming Activities



October
November
December
January
February
March
April

10/1 Award

10/19 Post Award Meeting

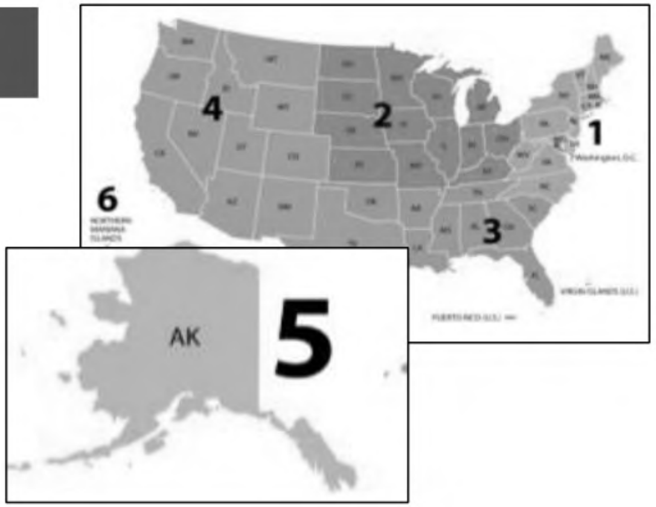
11/4-11/5 Kickoff Meeting

11/16-11/17 Demand Capacity Meeting

System and Process Testing
Site Training
Network Building

3/31/21 PC3 Ends

4/1/2021 HCD



Key Activities:

- (b)(5)

Region 5 Risks/Issues

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
Payment Hierarchy and Fee Schedule	Highest	(b)(5)	(b)(5)
HCD Timeline and PC3 Contract End Date	High		(b)(5)

Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
Dental Fee Schedule	High	(b)(5)	(b)(5)
Choice Providers in CCN R5 PC3	High	(b)(5)	(b)(5)
Provider Liability Insurance Requirement	High	(b)(5)	

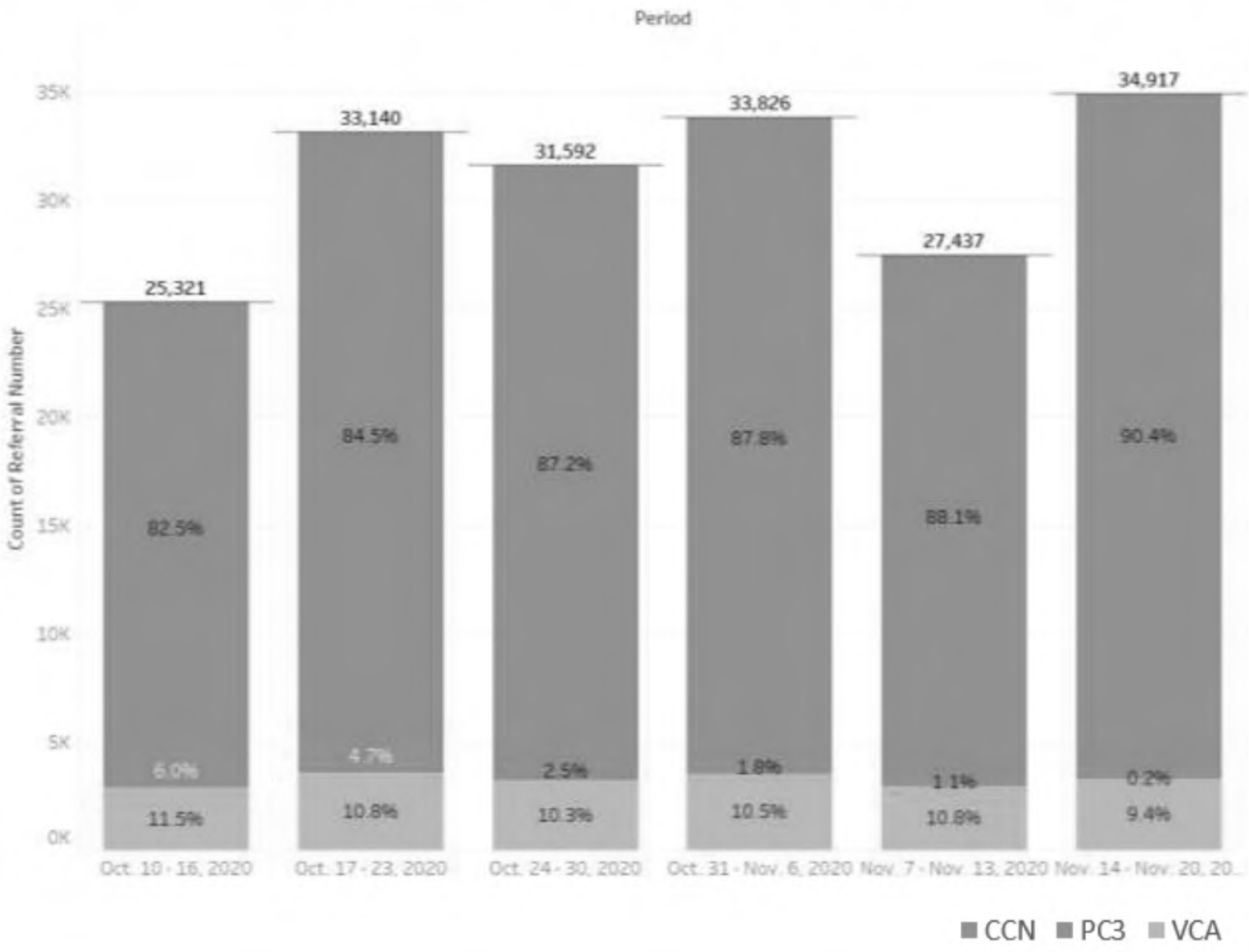
Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
Tabletop and Testing	Medium	(b)(5)	(b)(5)
Tribal Health	Medium	(b)(5)	
DAS Transport Funding	Medium	(b)(5)	

R4 Referral Trends

Region 4: Referral Volume Snapshot

VISN Referral Network Breakdown



Referral Analysis

- Region 4 continues to see **a positive trend in CCN utilization**, landing at **90.4% utilization** this week
    - **PC3 utilization has decreased to 0.2%** since the ending of all PC3 extensions as of 10/30/20.
    - **VCA utilization** has remained **steady** with the **Dental** and **Homemaker/Home Health Aid** as **the top categories of care for VCA referral utilization**.
- Referral volumes, overall, have **continued to steadily increase** (except for holiday weeks).
- *Week of 10/10 and 11/7 data accounts for federal holidays (i.e. Indigenous People's Day/Columbus Day, Veterans Day), which may explain the decrease in referral volumes and slight uptick the following week across all 3 regions*

This data was pulled from CDW for Oct. 10 – Nov. 20, 2020.

Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
11/12/2020	**VISN 16 – Houston, TX:** CCN utilization decreased 12% and VCA utilization increased 13% compared to previous week. Dental VCAs is driving the change in utilization for this reporting period. In the prior reporting week, there were 14 dental VCA, this reporting week, there were 158. The majority of these Dental VCA referrals (86) were for the Dental Disease Management SEOC. These VCA referrals were sent to 24 unique providers.	11/18: Network Support team to investigate dental network in Houston area and will collaborate with VISN 16 BIM 11/18: R4 team to coordinate with Network Support/VCA/TW to match addresses with correct provider names and check on contracting statuses for CCN	11/18: Houston reported concerns with the dental network, thus the need for VCAs. Dental referrals decreased in the last week, resulting in a 2% VCA decrease and a 2% increase in CCN referrals. • R4 team analysis showed that the majority of Houston's top utilized dental VCA providers had data integrity issues. Care sites are showing address, rather than their provider name, for the care site. o This is a result of when PPMS would default to the care site address if the user did not put in a name for a care site. Since then, PPMS made care site name mandatory. • OCC Network Management & VCA Team is prioritizing deactivating VCAs not in use, correcting statuses that are incorrect, and correcting those VCAs that weren't process in accordance with the OCC guidance. Clean-up efforts are currently deprioritized. 11/30: R4 team has provided Network Team with NPIs of providers with data issues. Affiliations for dental were all VCAs. Network Team actively working on researching and addressing.	Closed
11/12/20	**VISN 22 – Albuquerque** decreased 4% in its CCN utilization. Dental VCAs is driving the change in utilization for this reporting period. In the prior reporting week, there were **186 dental VCA**, this reporting week, there were **299 dental VCA referrals**.	11/18: R4 team to coordinate with Network Support/VCA/TW to match addresses with correct provider names and check on contracting statuses for CCN	11/18: Albuquerque reported that there are not enough dental providers to meet their need. They're using VCAs and transitioning to CCN as providers are available. In contrast, the Albuquerque Dental Chief indicated that the CCN network has more providers than they previously had under VCAs, especially for specialty dental services. • BIM has requested additional information from the site. • R4 team analysis showed that the majority of Albuquerque's top utilized dental VCA providers had data integrity issues. Care sites are showing address, rather than their provider name, for the care site. o See above for additional detail 11/30: R4 team has provided Network Team with NPIs of providers with data issues. Affiliations for dental were all VCAs. Additionally Network Support identified a trend of providers that were used under VCAs had different taxonomies, one of which was not the general practice. Therefore with the taxonomy excluded, no network populated into the locator. Network Team actively working on researching and addressing.	Closed

Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
11/18	**VISN 21 – Sacramento** decreased 18% in its CCN utilization and increased 18% in VCA referrals from the prior week in the following specialties; Neurosurgery (from 18 to 65), Orthopedics (from 0 to 45), and Radiology (from 0 to 21).	R4 Team and VISN 21 BIM are reaching to station for more information	(b)(5)	Open
11/18	**VISN 20 – Puget Sound** continues to have the highest VCA utilization.	R4 team to research what is contributing to Puget Sound's high VCA utilization		Open

Program Optimization Plan (POP)

Executive Summary

Background

OCC identified a need for a plan to serve as a roadmap for how OCC will administer the Community Care Program now and in the future. Now that CCN Regions 1-4 are in post deployment, many OCC teams are actively engaged in enhancement activities. The Program Optimization Plan (POP) will communicate these enhancement activities as well as the department goals for optimization.

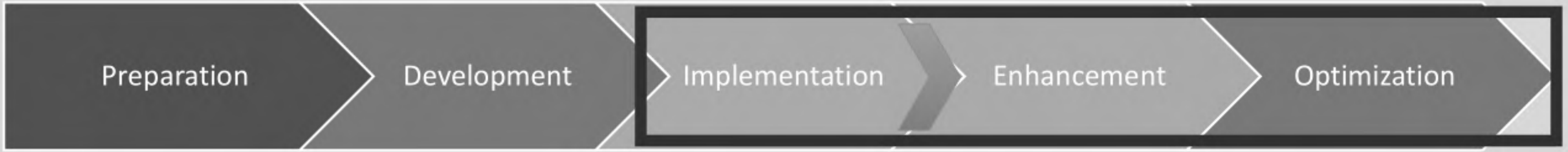
Goal

Operationalizing CC business systems, processes, and workflows and identifying enhancements is essential to ensuring effective oversight and administration of community care. The POP will communicate OCC's goals and efforts towards national standardization and leveraging industry best practices to efficiently execute a reliable program that serves the needs of Veterans and aligns with VHA's mission. This roadmap will evolve to guide OCC and its partners as it optimizes its people, processes, and tools going forward.

In addition, to document the current state of OCC in one consolidated plan. There are many offices and workstreams and some information and program development is fragmented. This plan aims to consolidate the current state of each capability so that OCC can properly achieve comprehensive enhancement and optimization.

Approach

The POP initiative will frame the tactical activities currently underway to bring the program from current state to an enhanced status. In some cases, work to enhance operations has already begun, and will inform the objectives to optimize the program. We will capture these projects and desired outcomes as well.



Optimization Plan Status Overview – 12/2/2020

Potential Risks

- Competing priorities
- Ability to meet with stakeholders
- Stakeholder's unfavorable reception to information and meeting requests
- Cerner and EHRM program implications on processes and systems and many unknowns, given its impact on each capability

Timeline

- Initial draft submitted on November 13th
- Submission of secondary draft is slated for December 11th ; will reflect incremental information and feedback received from VA SMEs and Business Owners
- Thereafter, team will work to produce a Call 009 Ext final draft by January 15th

Framework: Structured by OCC capability

- Emphasis on integration across capabilities
- Identify infrastructure to enable continuous refinement for each capability
- Incorporate recommendations for prioritization to achieve optimization

Actions Underway: Information Gathering & Interviews

- Completing discovery of existing SharePoint artifacts and engagement with contractor support
- Initiating engagement with VA Business Owners and SMEs to capture perspectives, preferences, priorities
- Reviewing initial findings with (b)(6) and (b)(6) (b)(6) to ensure scope of capability stays on track

Next Steps: Integration of Findings

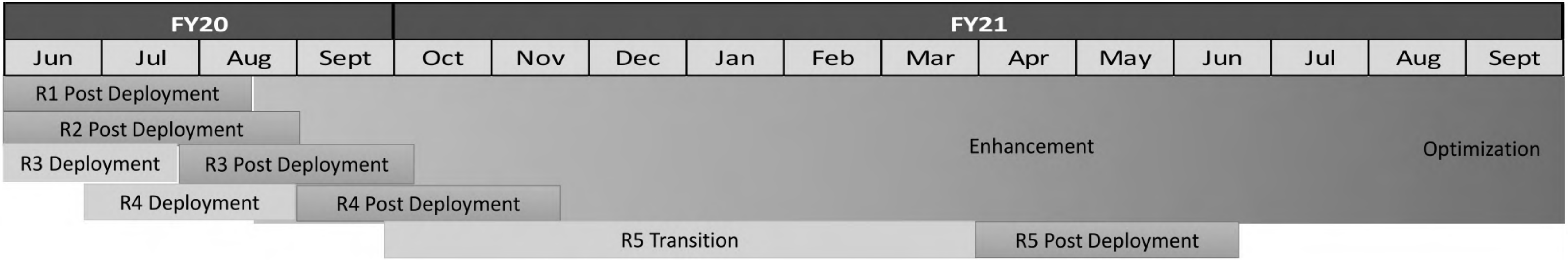
- (b)(5)

Optimization Plan Risks

Risk	Risk Response Strategy	Response Detailed
Competing priorities amongst VA and Contractor support staff	Accept	Team is leveraging existing project/program artifacts to fill in knowledge gaps
Ability to meet with VA stakeholders	Accept	Team is engaging with Guidehouse contractor support staff to gain insights into current activities and minimize questions for VA business owners and SMEs
Stakeholder's unfavorable reception to information and meeting requests	Mitigation	Involvement of CCN PMs in meetings to smooth outreach and communicate shared objective of effective community care oversight; scope of each capability section is customized based on area of focus and current activities underway
Cerner and EHRM program implications on processes and systems and many unknowns, given its impact on each capability	Mitigation	As appropriate, engage OCC and Cerner teams in working session to discuss future capabilities of Cerner and integration of functionality across projects (depending on applicable timing for Cerner team)

Program Optimization Plan Benefits & Timeline

- **Strategic roadmap to manage program optimization will document:**
  - Established processes that enable continuous refinement and advancement in a rapidly changing health care landscape
  - Definition of enhancement at a national level and necessary engagements to achieve optimization
  - Clear understanding of the priorities for each capability area and the structure required to move forward
  - Prioritized actions amongst OCC teams to further mature capabilities to achieve OCC mission and meet the long-term needs of community care



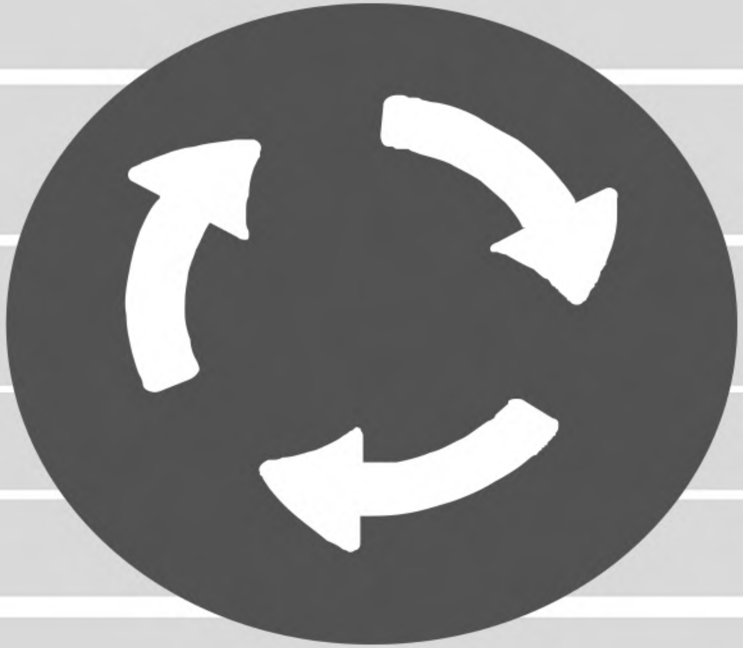
FY20: Jun, Jul, Aug, Sept
FY21: Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sept

R1 Post Deployment
R2 Post Deployment
R3 Deployment
R3 Post Deployment
R4 Deployment
R4 Post Deployment
R5 Transition
R5 Post Deployment
Enhancement
Optimization

Existing artifacts and contractor interviews will lay the foundation for the roadmap with strategic guidance from VA Business Owners and SMEs.

Structured Approach to Capture Maturing Capabilities

Current State > Enhanced State > Optimized State



Eligibility
- Determine Eligibility
- Communicate Eligibility
- Track Eligibility

Referrals and Authorization
- Receive and Communicate Referrals
- Receive and Communicate Authorizations
- Track Referrals and Authorization

Care Coordination
- Receive and Communicate Health Information
- SEOC
- Schedule Community Appointments
- Coordinate Community Requests

Utilization Management
- Determine Clinical Appropriateness
- Track Service Utilization
- Track and Incentivize Provider Performance

Network
- Collect Provider Information
- Communicate Provider Information
- Manage Networks

Provider Payment
- Receive and Process Claims
- Pay Claims/Invoices
- Audit Claims/Invoices

Revenue Operations
- Track Facility Revenue
- Conduct Insurance Verification
- Perform Revenue Utilization Review

Customer Service
- Provide Education
- Respond to Inquiries

Patient Safety and Quality
- Mitigate risk to safety of Veterans
- Track and assess CCN contract clinical quality monitoring activities

Sample Capability Section Overview

OCC Operational Management and Administration (Governance)

Capability Description	Sub-capabilities
OCC's governance structure formalizes relationships between internal and external stakeholders involved in overseeing, managing, and executing the Community Care Network (CCN) Contracts.	• PMO Governance within OCC Governance (2.1) • OCC Communications Office (2.2) • Change Management (2.3) • CCN Contract Administration (2.4)

Key Highlights	
Current State 1.0 *Description: Current state is where we are today: post deployment management and maintenance of the CC program and the implementation of desired capabilities.*	• Overarching key takeaway 1 (focus on what has been accomplished, where we are now) • Overarching key takeaway 2 (focus on what has been accomplished, where we are now) • Overarching key takeaway 3 (focus on what has been accomplished, where we are now)
Enhanced State 1.5 *Description: Enhanced State is the operationalization of the desired capabilities.*	• Overarching key takeaway 1 (focus on opportunities that are being addressed, intended outcome) • Overarching key takeaway 2 (focus on opportunities that are being addressed, intended outcome) • Overarching key takeaway 3 (focus on opportunities that are being addressed, intended outcome)
Optimized State 2.0 *Description: Optimized state is the optimization of matured capabilities.*	• Overarching key takeaway 1 (focus on vision for future state, optimization activities and integration methods) • Overarching key takeaway 2 (focus on vision for future state, optimization activities and integration methods) • Overarching key takeaway 3 (focus on vision for future state, optimization activities and integration methods)

Optional Task Update

Optional Task #1: **Contracting** Key Decisions (Regions 1-3)

Decisions/Status

- **No ELC decision needed; no new risk**

- **Outstanding Issues:**
  1. Contract modification strategy.
     - Status: VA received Optum's proposal on Monday, 11/16;
     - Next Step: Evaluation teams (technical, pricing) conducting proposal evaluation.
  2. Finalize volume and tier structure.
     - Status: Not utilizing tiers, but instead doing a minimum purchase with the ability to purchase in bundles of 1000 thereafter. This has been incorporated into the latest change page. Draft volume estimates sent to Optum on 11/10/20 that outline phased approach and anticipated monthly volumes with surge capacities.
     - Next Step: (b)(5)
  3. Funding/Pricing Strategy.
     - Status (b)(5)
     - Decision Point (b)(5)
  4. Provider look up solutions.
     - Status: With deactivations of PC3 providers approaching and reduction in use of VCAs, use of va.gov may be viable without affiliation added. Optum included its provider look up solution in their proposal.
     - Next Step: (b)(5) (b)(5)
  5. New CLIN ID required for COVID-19 scheduling support.
     - Status: HSRM requires specific CLIN IDs/requirements from contract modification to develop/deploy
     - Next Step (b)(5) (b)(5)

Optional Task #1: **Contracting** Key Decisions (Region 4)

Decisions/Status

- **Decisions:**

1. Here is the estimated timeline for the additional TriWest scheduling support in CCN Region 4:
    - 12/7 - 12/11: CCN Optional Task trainings for R4 stations (VAMC staff from stations newly using the CCN scheduling support must participate in the training).
        - Next steps:
          (b)(5)
    - 12/14/2020**:** Estimated that new VAMCs can start utilizing the CCN optional task.
    - 1/1/2021 (b)(5)
      (b)(5)
        - (b)(5)
        - Each VISN will be provided a monthly maximum to ensure Region 4 stays within the Tier 2 level.
    - 4/1/2021: New task order must be issued for TriWest scheduling support for the next contract option year.
        - Additional 6 months of support (April 2021 to September 2021) at the Tier 2 level is planned using the CARES Fund.
2. New CLIN ID's are Required for National Support **(Lead:** (b)(6)
    - HSRM requires specific CLIN IDs and requirements from contract modification to develop CLIN IDs
    - Current Optional Task CLINs may be able to be utilized with TriWest
    - **Confirmed that a new CLIN is not needed for R4 Tier 2 for this optional year (now – March 2021).**

Optional Task #1: **Operational** Key Decisions and Risks

Decisions/Status

Completed Actions Steps

(b)(5)

Previous ELC Follow up

- None at this time

Decisions Needed/Risks (Operations)

(b)(5)

Optional Task #1: **Operational** Key Decisions and Risks

▨ On Track in progress
□ Moderate risk; in progress
▨ Significant risk; mitigation plan not mature

Decisions Needed/Risks (Operations) Cont.

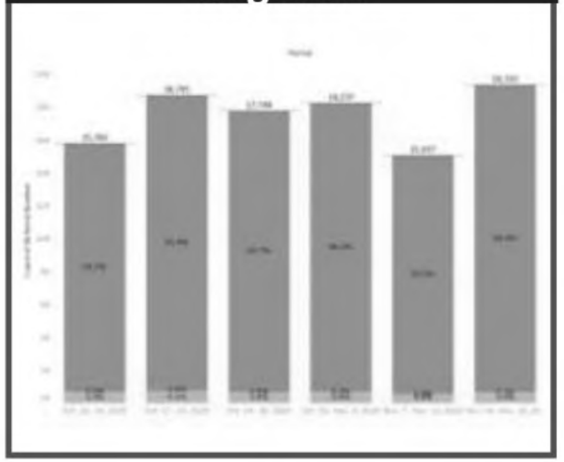
(b)(5)

Next Steps (Region 4 Operations)	**Dependency**	**Owner**	**Completion Date**
(b)(5)	HSRM being able to develop report based on technical requirements	(b)(6)	12/4/20

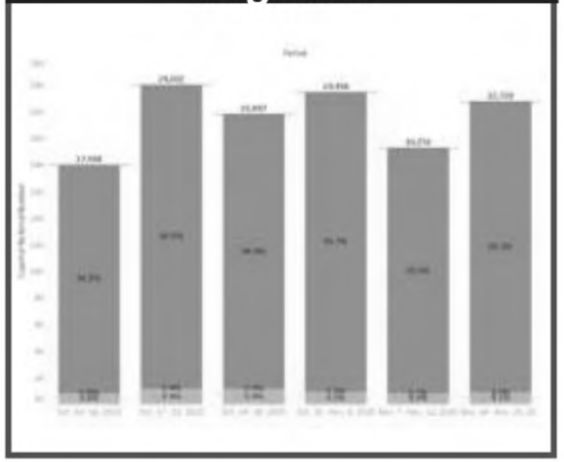
Appendix - R1-R3 Referrals Summary

Region 1-3 Referral Network: Key Observations

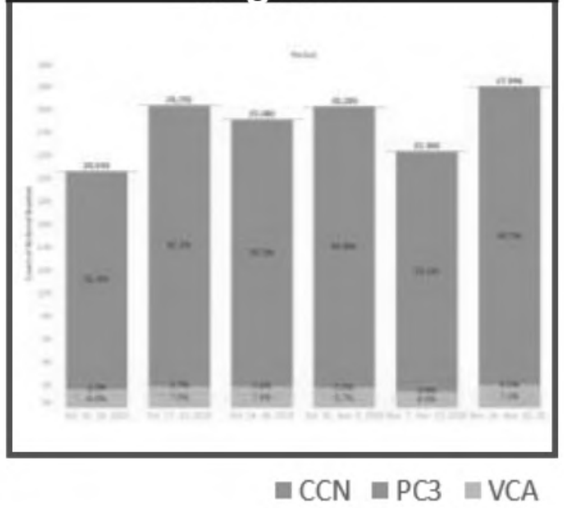
Region 1



Region 2



Region 3



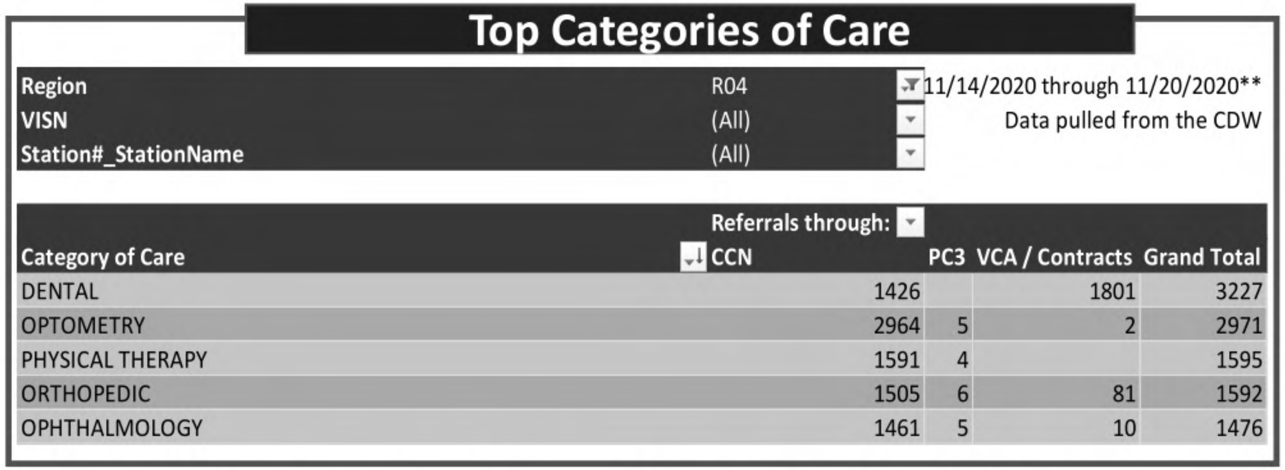
Key Observations & Takeaways

- **Region 2 has reached <0.1% PC3 utilization** for the first time, while **Region 1 & 3 have reached 0.1% PC3 utilization** over the last week
  - Regions 1-2 reported **more than 95% of total referrals through CCN**, remaining consistent with prior weeks
  - Region 3 reported **92.7% of referrals through CCN**
- **Dental and Homemaker/Home Health Aid** continue to remain at **the top categories of care for VCA referral utilization**.
  - Region 3 has started to **plateau in VCA utilization**, remaining within 6.5 to 7.4% over the past month
  - Region 1-2 have **slightly decreased in their VCA utilization**, remaining within the 3.5% to 4.1% range
- *Week of 10/10 and 11/7 data accounts for federal holidays (i.e. Indigenous People's Day/Columbus Day, Veterans Day), which may explain the decrease in referral volumes and slight uptick the following week across all 3 regions*

This data was pulled from CDW for Oct. 10 – Nov. 20, 2020.

Appendix - R4 Referral Monitoring Snapshots

Region 4: Referral Volume Snapshot



Top Categories of Care

Region	R04	11/14/2020 through 11/20/2020**
VISN	(All)	Data pulled from the CDW
Station#_StationName	(All)	

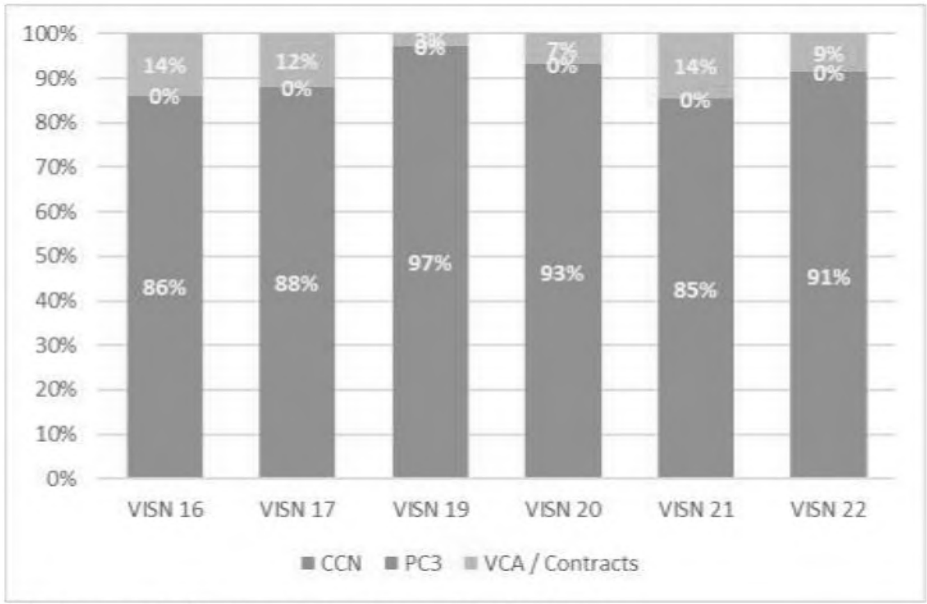
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	1426		1801	3227
OPTOMETRY	2964	5	2	2971
PHYSICAL THERAPY	1591	4		1595
ORTHOPEDIC	1505	6	81	1592
OPHTHALMOLOGY	1461	5	10	1476

- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis. For Region 4, this accounted for **412 PC3 referrals**. 374 referrals were categorized as “ER/Urgent” and 38 referrals were categorized as inpatient.
- ***All VISN’s** PC3 utilization now less than **0.3%.***
- All VISNS had an increase in CCN utilization and decrease in VCA utilization.
    - VISN 21 and VISN 22 had the highest CCN utilization increase of **4% and 3%** respectively over the prior week

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aide
3. Skilled Home Health Care
4. Respite Care
5. Neurosurgery

VISN Referral Network Breakdown

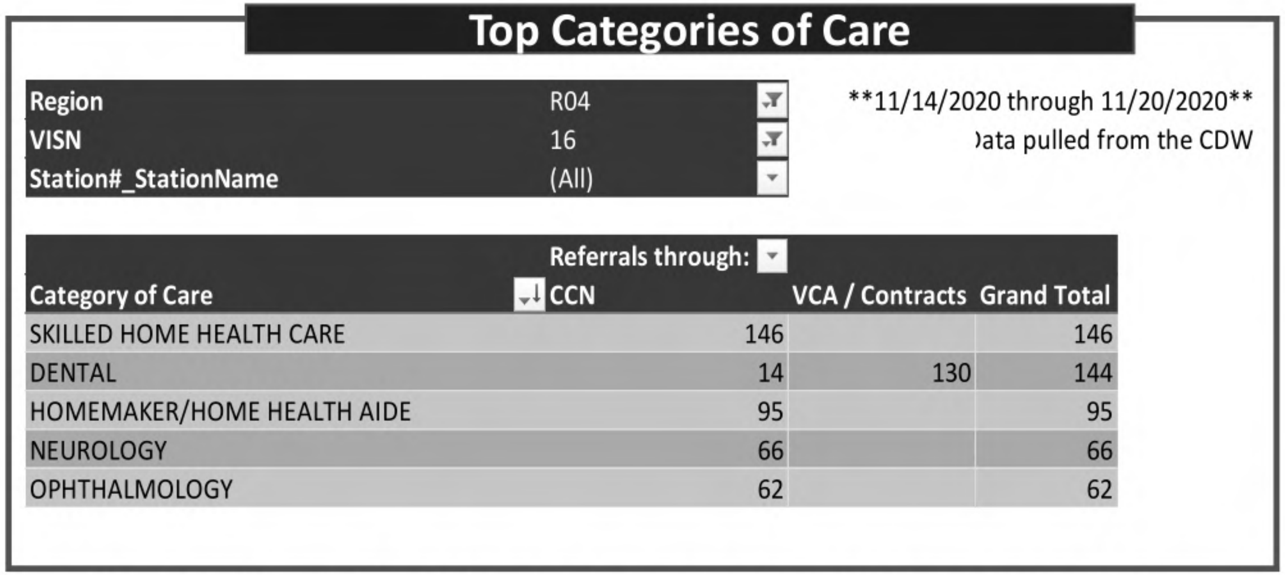


Graphic does not depict percentages that are less than 0.5%

Choose VA

This data was pulled from CDW for November 14-20, 2020.

Region 4 VISN 16 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04
VISN	16
Station#_StationName	(All)

11/14/2020 through 11/20/2020

ata pulled from the CDW

	Referrals through:		
Category of Care	CCN	VCA / Contracts	Grand Total
SKILLED HOME HEALTH CARE	146		146
DENTAL	14	130	144
HOMEMAKER/HOME HEALTH AIDE	95		95
NEUROLOGY	66		66
OPHTHALMOLOGY	62		62

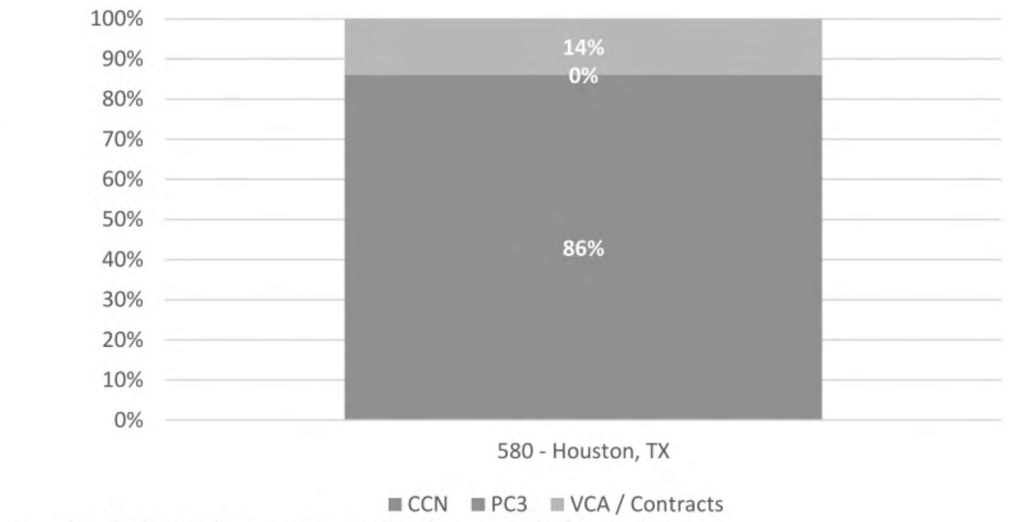
- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 16, this accounted for **83 PC3 referrals**.
  - 80 referrals were categorized as “ER/Urgent” and 3 referrals were categorized as inpatient.
- CCN utilization increased slightly **by 0.37%** over prior week.
- Houston has reported concerns with dental network, thus the need for VCAs.
  - In reviewing the data, the majority of top dental VCA providers utilized displays a data integrity issue where address is displayed rather than care site name. R4 team continues to coordinate with Network Support/VCA/TW to match addresses with correct provider names and check on contracting statuses for CCN.

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Nephrology
3. Veteran Directed Care
4. Dialysis
5. NIC Homemaker/Home Health Aide

7 or less referrals

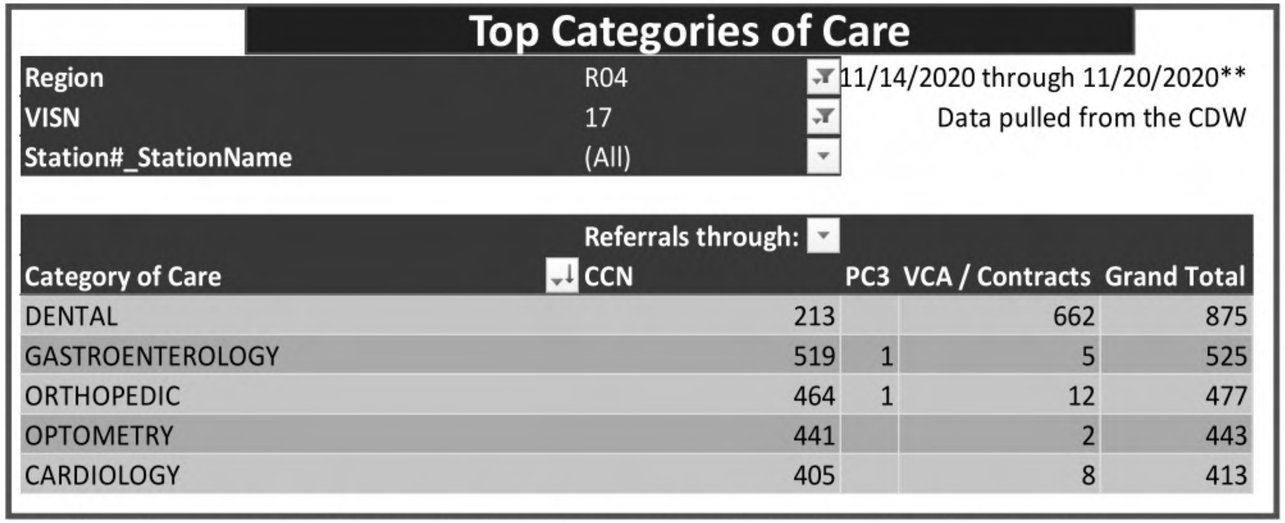
VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 14-20, 2020.

Region 4 VISN 17 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04	11/14/2020 through 11/20/2020**
VISN	17	Data pulled from the CDW
Station#_StationName	(All)	

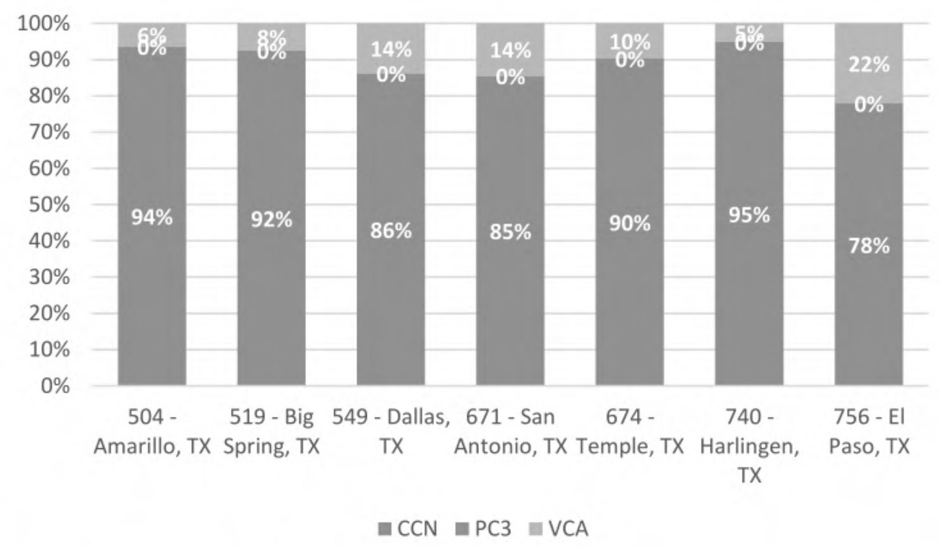
	Referrals through:			
Category of Care	**CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
DENTAL	213		662	875
GASTROENTEROLOGY	519	1	5	525
ORTHOPEDIC	464	1	12	477
OPTOMETRY	441		2	443
CARDIOLOGY	405		8	413

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aid
3. Nephrology
4. Veteran Directed Care
5. Skilled Home Health Care

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 17, this accounted for **47 PC3 referrals**.
  - 41 referrals were categorized as “ER/Urgent” and 7 referrals were categorized as inpatient.
- **El Paso continues to have the highest VCA utilization**; **however**, *their VCA utilization has been consistently decreasing week to week and they have also continued to see increasing CCN utilization.*
- San Antonio’s VCA utilization **increased slightly 1%.** Big Spring saw an **increase of 4%** in VCA utilization.
  - Big Spring’s increase was due to an increase in Dental (**23 referrals**) and Homemaker/Home Health (**12 referrals**). Due to the small volume of referrals, R4 team will continue to monitor and escalate, as necessary.
- Overall Temple and Harlingen saw the largest CCN utilization **increase of 4%.**
- ***All sites’*** *PC3 utilization now less than* ***0.2%.***

VISN Referral Network Breakdown

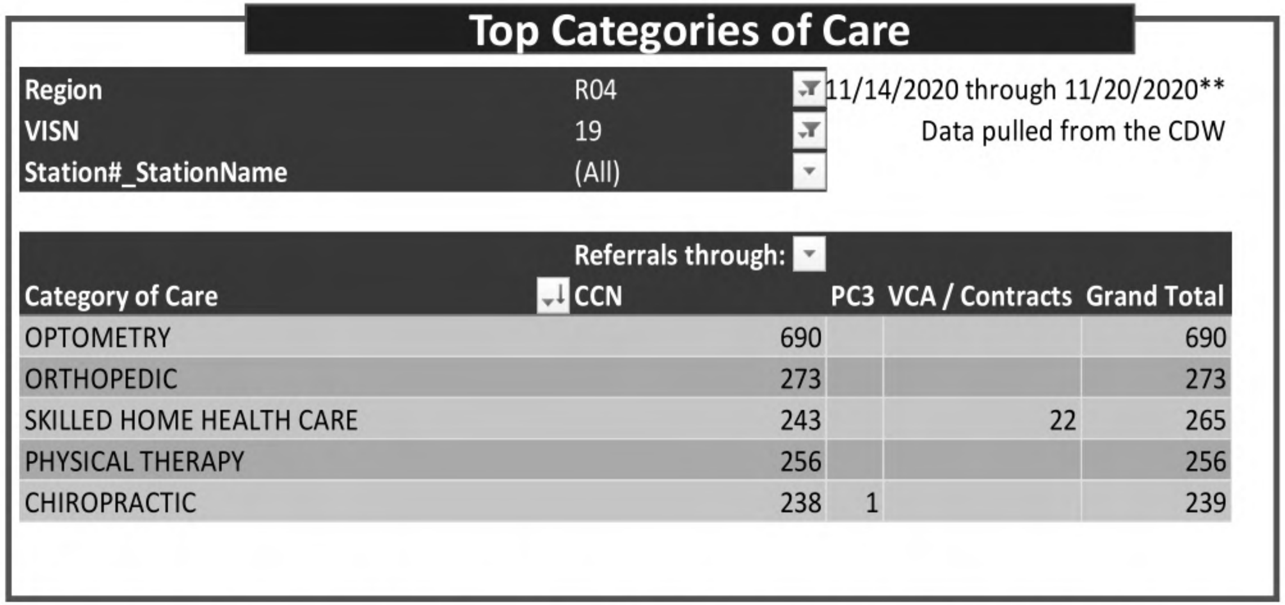


Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 14-20, 2020.

Region 4 VISN 19 Sites: Referral Volume Snapshot

Top Categories of Care



Region	R04
VISN	19
Station#_StationName	(All)

11/14/2020 through 11/20/2020**
Data pulled from the CDW

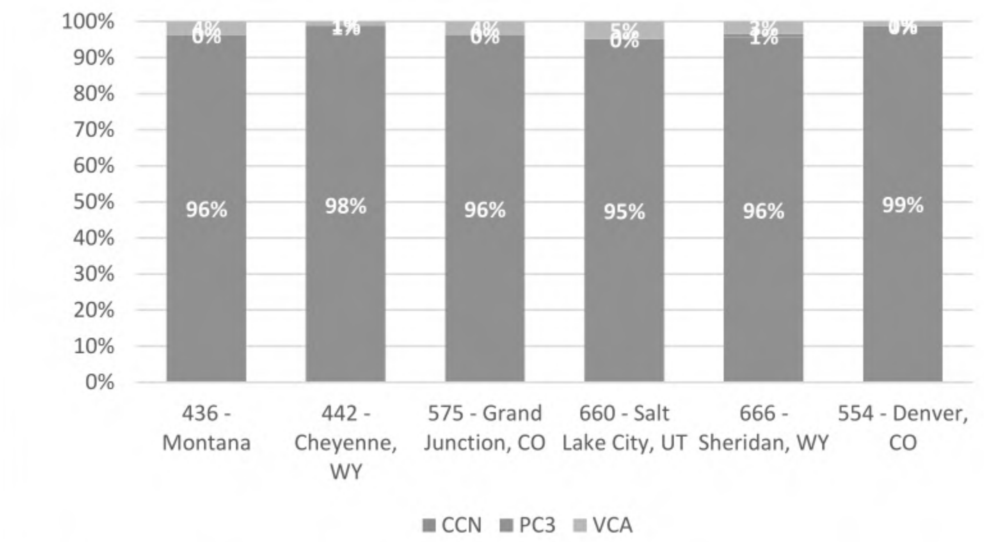
Referrals through:

Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	690			690
ORTHOPEDIC	273			273
SKILLED HOME HEALTH CARE	243		22	265
PHYSICAL THERAPY	256			256
CHIROPRACTIC	238	1		239

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Homemaker/Home Health Aide
2. Dental
3. Respite Care
4. Skilled Home Health Care
5. Veteran Directed Care

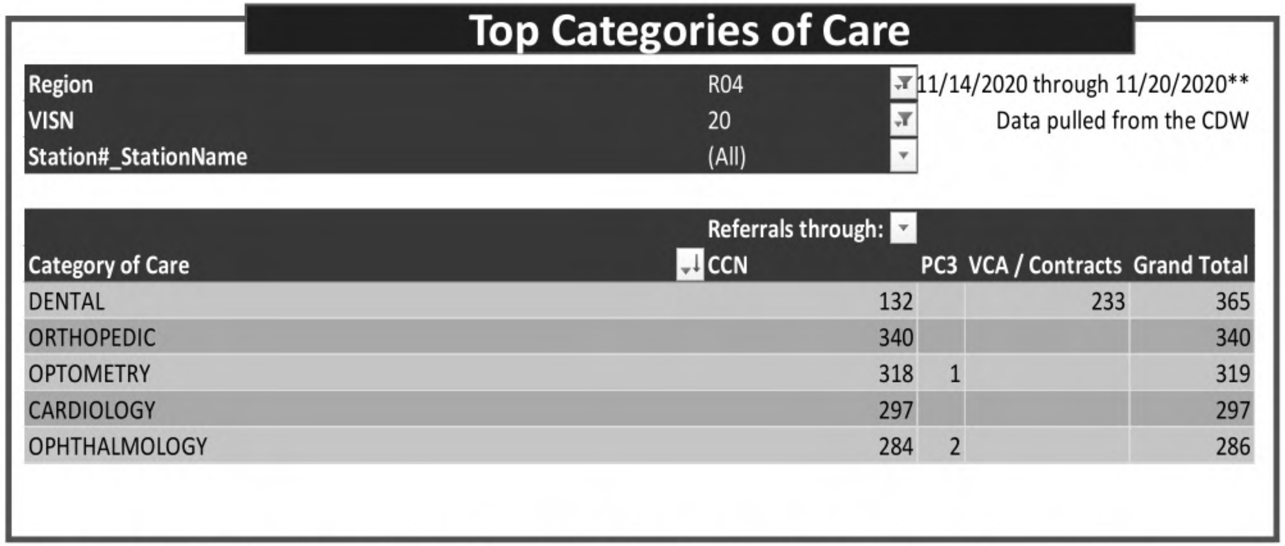
VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 19, this accounted for **54 PC3 referrals**.
  - 52 referrals were categorized as "ER/Urgent" and 2 referrals were categorized as inpatient.
- Salt Lake City continues to have the highest VCA utilization; however, their VCA utilization dropped by **2%** over prior week. All other site's utilization remained steady with a slight increase/decrease of **1%** for CCN, PC3 or VCA.
- VISN 19 continues to have the highest CCN utilization and lowest VCA utilization compared to other R4 VISNs.

Region 4 VISN 20 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04	11/14/2020 through 11/20/2020**
VISN	20	Data pulled from the CDW
Station#_StationName	(All)	

	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	132		233	365
ORTHOPEDIC	340			340
OPTOMETRY	318	1		319
CARDIOLOGY	297			297
OPHTHALMOLOGY	284	2		286

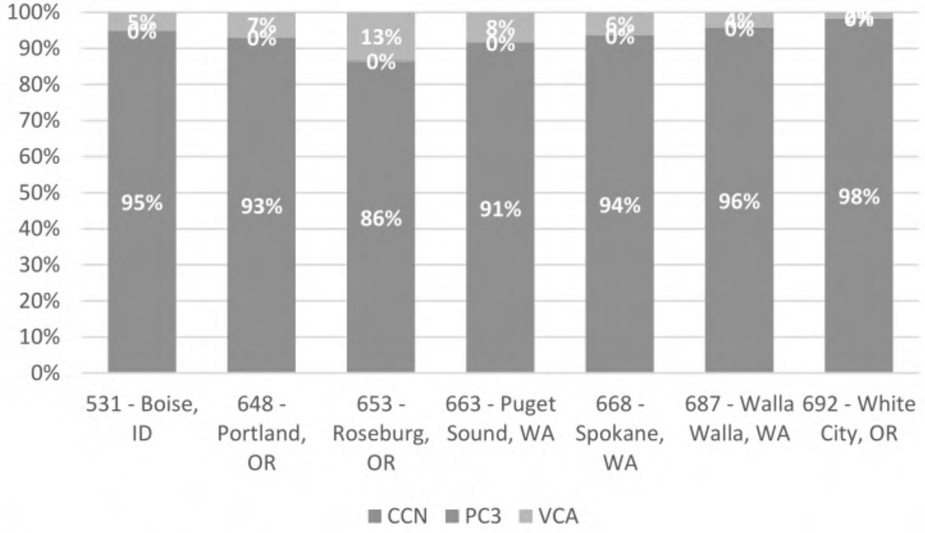
- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 20, this accounted for **58 PC3 referrals**.
  - 56 referrals were categorized as “ER/Urgent” and 2 referrals were categorized as inpatient.
- Despite still having second highest VCA utilization, *Puget Sound continues to increase in CCN utilization **(+3%)** and decrease in VCA utilization **(-4%)** this week.*
- Overall CCN, PC3, and VCA utilization remains steady compared to the previous week with the following highlights:
  - Spokane and Roseburg saw a **2% increase** in VCA utilization this reporting week. Walla Walla had a slight increase of **1%.**
    - This is the second week in a row Roseburg has seen a VCA increase. It was reported providers are continue to have challenges getting through credentialing. TW is aware of this issue.

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aid
3. Hospice/Palliative Care
4. Veteran Directed Care
5. Bowel & Bladder

Less than 10 referrals

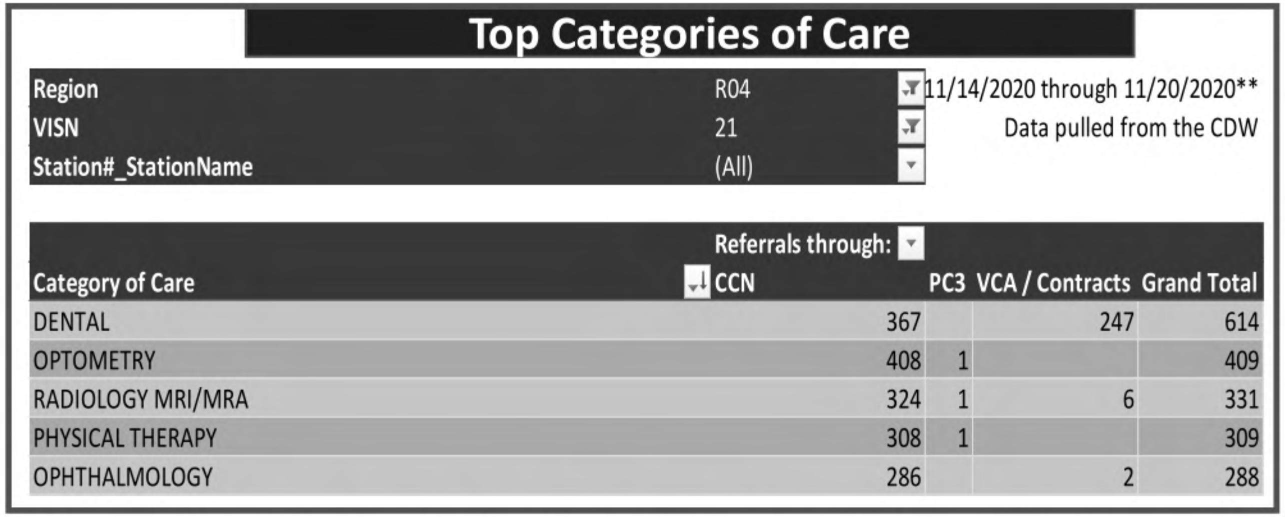
VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 14-20, 2020.

Region 4 VISN 21 Sites: Referral Volume Snapshot



Top Categories of Care

Region R04
VISN 21
Station#_StationName (All)

11/14/2020 through 11/20/2020**
Data pulled from the CDW

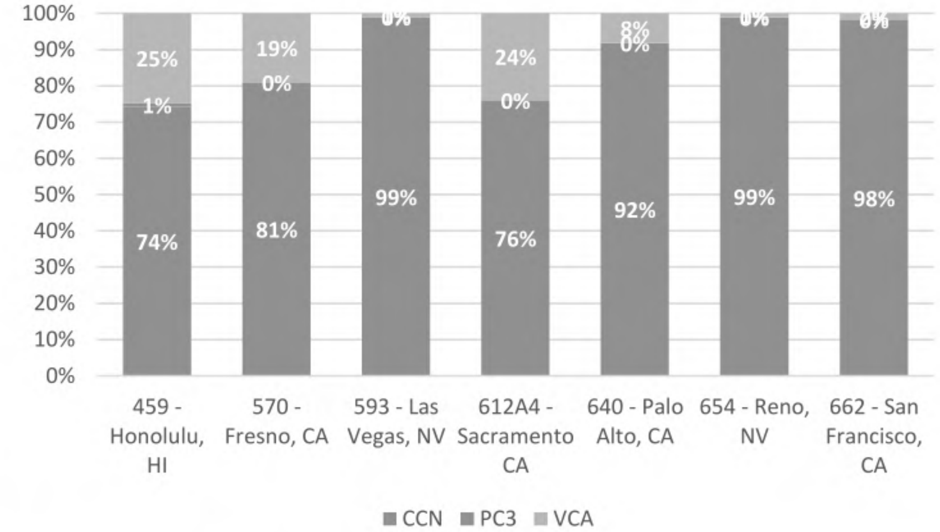
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	367		247	614
OPTOMETRY	408	1		409
RADIOLOGY MRI/MRA	324	1	6	331
PHYSICAL THERAPY	308	1		309
OPHTHALMOLOGY	286		2	288

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aide
3. Neurosurgery
4. Orthopedic
5. Lab and Pathology

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 21, this accounted for **55 PC3 referrals**.
  - 48 referrals were categorized as “ER/Urgent” and 7 referrals were categorized as inpatient.
- All sites saw an increase in CCN utilization and decrease in PC3 utilization and decrease in VCA utilization this reporting period except Fresno which saw a slight increase of **2% in VCA utilization**.
  - R4 team will monitor Fresno continued increase or decrease and escalate as necessary.
- The following sites had the highest CCN utilization: Sacramento **(+9%)** and Honolulu **(+6%)**
  - Both sites also report the highest VCA utilization.
    - The R4 team has been in contact with Sacramento to better under the contributing factors for their high VCA utilization
  - HI continues to report staffing challenges.

VISN Referral Network Breakdown



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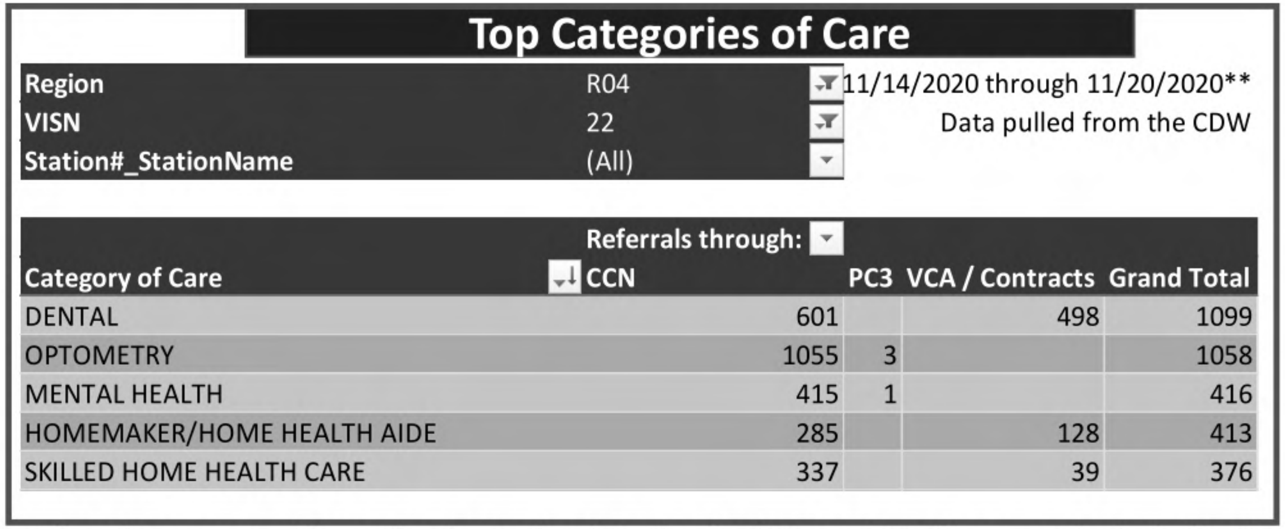
Region 4 VISN 22 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04	11/14/2020 through 11/20/2020**
VISN	22	Data pulled from the CDW
Station#_StationName	(All)	

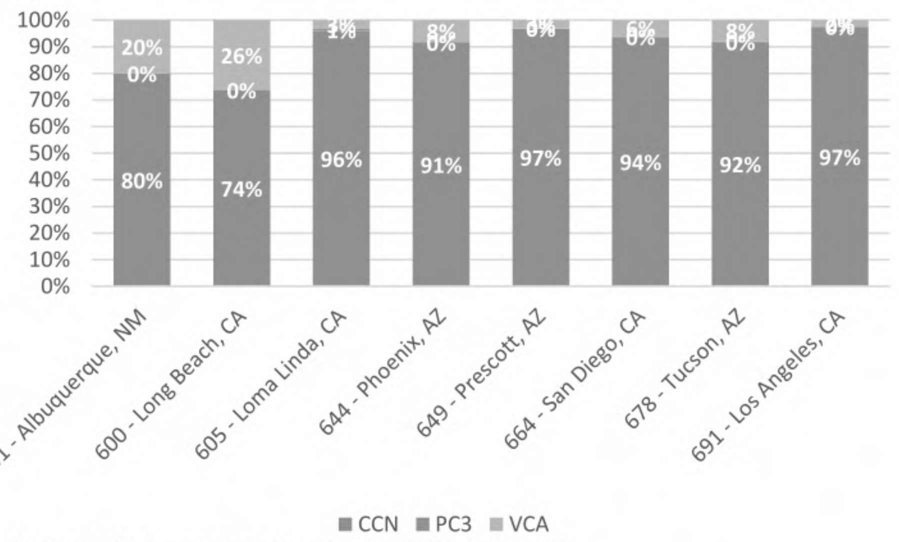
	Referrals through:			
Category of Care	**CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
DENTAL	601		498	1099
OPTOMETRY	1055	3		1058
MENTAL HEALTH	415	1		416
HOMEMAKER/HOME HEALTH AIDE	285		128	413
SKILLED HOME HEALTH CARE	337		39	376

The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/Home Health Aide
3. Skilled Home Health Care
4. Respite Care
5. Pain Management

- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis.
  - For Region 4 VISN 22, this accounted for **115 PC3 referrals**
  - 97 referrals were categorized as “ER/Urgent” and 18 referrals were categorized as inpatient.
- Long Beach saw a significant drop of **22% in CCN utilization and increase in VCA utilization**.
  - VISN 22’s BIM has reported that Long Beach made the decision at the beginning of FY20 to move all of their H/HHA renewals to expire throughout the year vs. having them all expire at one time during the year, so we will see a spike each month in VCA utilization
- Albuquerque saw an increase of **10% in CCN utilization**.
  - Network Support team has been engaging with Albuquerque Dental Chief regarding the number of different providers in CCN vs VCA
- All other sites CCN, PC3, and VCA utilization remain comparatively steady with the following largest variances
  - Phoenix and San Diego's CCN utilization **increased 5%.**

VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 14-20, 2020.

CCN ELC Update

12/9/2020

(b)(6)

ChooseVA

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

Agenda

- Key Items:
  - Pharmacy Updates
    - VA Provider Pharmacy Benefit - Immediate Need Formulary Additions
    - E-Prescribing Risk
  - Region 5 CCN Deployment Alignment Messaging to V20/Alaska HCS
- Regions 4 & 5 Deployment Updates
- R4 Referral Trends
  - R4 Referral Analysis: Follow-up Items
- Appendix
  - R1-R3 Referrals Summary
  - R4 Referral Monitoring Snapshots

VA Provider Pharmacy Benefit - Immediate Need Formulary Additions

VA Provider Pharmacy Benefit - Immediate Need Formulary Additions

BLUF: (b)(5)

(b)(5)

Background

- The formulary for the CCN immediate need retail pharmacy benefit has already been created with approximately 300+ prescriptions related to urgent and emergent needs - Urgent/Emergent Formulary
- VISN 21 providers participating in the VA provider immediate need retail pharmacy pilot have expressed concerns that the current CCN Urgent/Emergent formulary does not include some commonly prescribed medications.

Next Steps

- (b)(5)

E-Prescribing Risk

VA e-Prescribing Capability

BLUF (b)(5) [redacted]

(b)(5) [redacted]

- Cerner has full IB/OB eRx capability. It is fully certified to receive CS Rx's from community providers and it also allows VA providers to send prescriptions to retail.

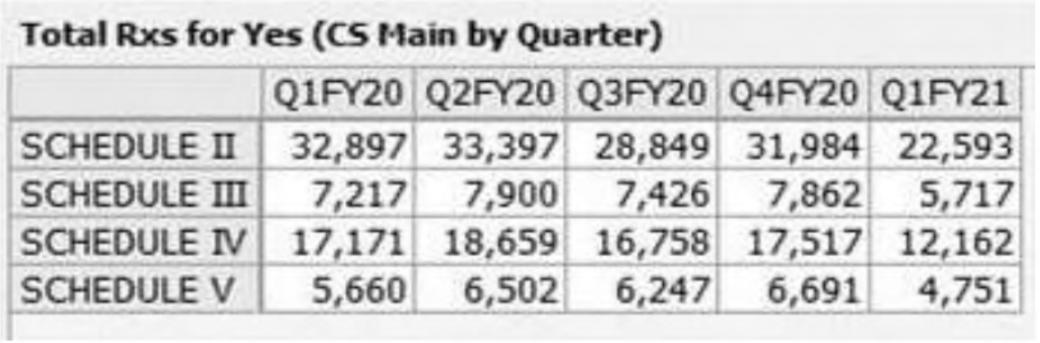
Risks:

- (b)(5) [redacted]
-

Additional Data and Next Steps

Additional Data:

- Controlled substance prescriptions that VA Pharmacy is filling for community providers



Total Rxs for Yes (CS Main by Quarter)

	Q1FY20	Q2FY20	Q3FY20	Q4FY20	Q1FY21
SCHEDULE II	32,897	33,397	28,849	31,984	22,593
SCHEDULE III	7,217	7,900	7,426	7,862	5,717
SCHEDULE IV	17,171	18,659	16,758	17,517	12,162
SCHEDULE V	5,660	6,502	6,247	6,691	4,751

- Number of prescriptions VA providers are sending to retail via the first fill contracts: Unknown – data would have to be asked of each VAMC or VISN

Recommendations/Next Steps:

(b)(5)

[redacted]

Region 5 CCN Deployment Alignment Messaging to V20/Alaska HCS

R5 CCN Deployment Alignment Messaging to V20/Alaska HCS

BLUF (b)(5)

(b)(5)

Background

- PC3 contract ends 3/31/21, and CCN deployment is scheduled for 4/1/21. Care coordination and care transition is a concern.
- With the ongoing conversations with TW regarding their ability to recruit certain providers due to the payment hierarchy and dental fee schedule issues which are both still pending contract modification to clarify rates, V20/Alaska's concern of potential gap in services has been heightened leading to their proactive actions.

Next Steps

(b)(5)

R4 & R5 CCN Deployment Updates

Region 4 Update

- **Optional Tasks**
  - **Initial 6 OT sites**: HSRM glitch impacted site productivity in VISN 17 as staff addressed information needed to resolve referral pend issues with TW.
    - OCC and TW are collaborating to manually adjust referrals impacted by the HSRM glitch
  - **Remaining R4 VAMCs** to commence use of OT in December
    - Field Trainings are scheduled for the week of 12/7
    - Implementation strategy discussions are underway with TW
    - VA intends to utilize unused purchased referrals through the end of the calendar year with new task order issued in January 2021
- **COVID-19 Impact**
  - Increasing consult backlogs are a result of rising pandemic numbers among site staff (especially VISNs 16, 17, 21, 22)
    - BIMs anticipating that use of OT should mitigate increasing consult backlog
  - VISN 21 BIM reported weekly calls with specific providers to discuss capacity
- **Continuity of Care**
  - Planning for converting 40,000 PC3 consults ahead of 3/31/21 has begun amongst BIMs and their sites

Region 5 Status and Upcoming Activities

October | November | December | January | February | March | April

10/1
Award

10/19
Post Award Meeting

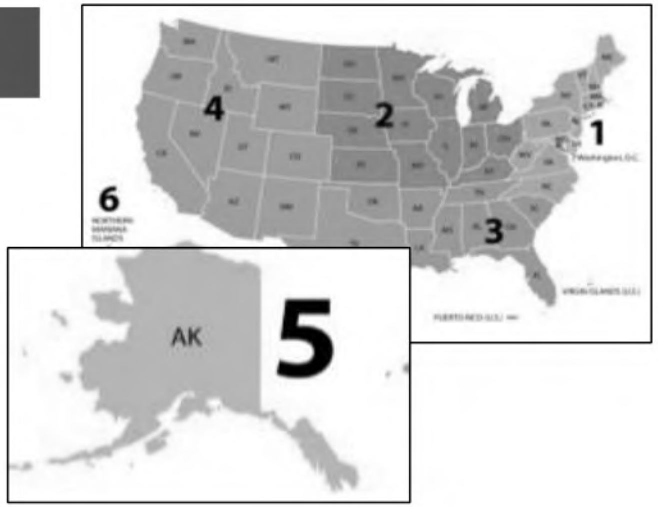
11/4-11/5
Kickoff Meeting

11/16-11/17
Demand Capacity Meeting

System and Process Testing
Site Training
Network Building

3/31/21
PC3 Ends

4/1/2021
HCD



Key Activities:

(b)(5)

Region 5 Risks/Issues

Category	Priority	Risks/Issues	Status and Next Steps as of 12/4
Payment Hierarchy and Fee Schedule	Highest	(b)(5)	(b)(5)
HCD Timeline and PC3 Contract End Date	High		(b)(5)

Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 12/4
Dental Fee Schedule	High	(b)(5)	- (b)(5)
Choice Providers in CCN R5 PC3	High		- (b)(5) -
Provider Liability Insurance Requirement	High		- (b)(5) (b)(6) (b)(5) (b)(5)

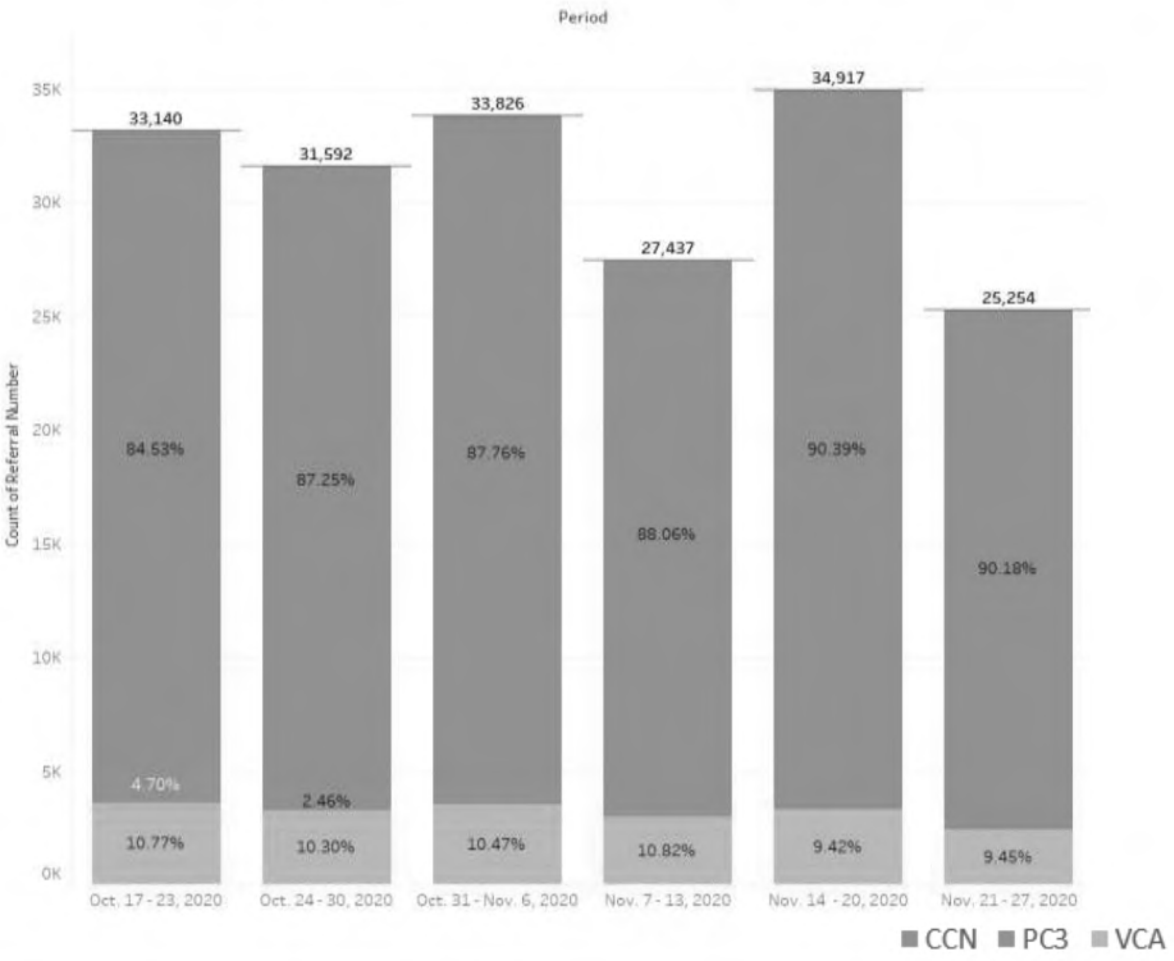
Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 12/4
Tabletop and Testing	Medium	(b)(5)	- (b)(5) -
Tribal Health	Medium		- - -
DAS Transport Funding	Medium		- (b)(5); (b)(6)

R4 Referral Trends

Region 4: Referral Volume Snapshot

VISN Referral Network Breakdown



Referral Analysis

- Referral volumes **declined for the week of November 21-29** due to the Thanksgiving holiday
  - R4 team is unaware of any major pushes/changes to scheduling at the sites due to the Thanksgiving holiday. This may be contributing to utilization rates for CCN, PC3, and VCA/Other remaining about the same as prior week (November 14-20).
- VCA utilization has remained steady with the **Dental and Homemaker/Home Health Aid** as the **top categories of care for VCA referral utilization.**
  - **TW has noted "**Additional work is being done to ascertain network adequacy for Home Healthcare."
  - R4 team is tracking this effort.
- *11/7 and 11/21 data accounts for federal holidays (i.e. Veterans Day and Thanksgiving), which may explain the decrease in referrals during those weeks.*

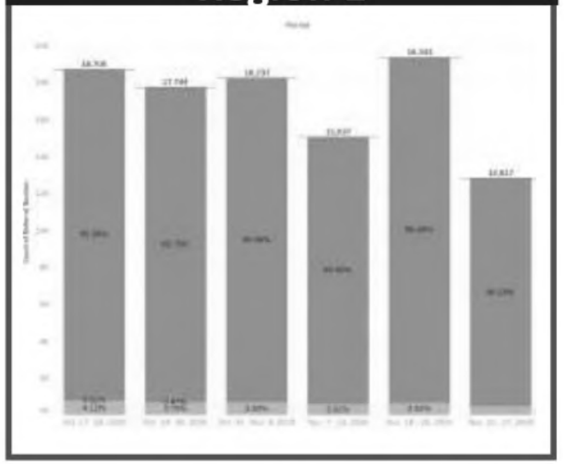
This data was pulled from CDW for Oct. 17 – Nov. 27, 2020.

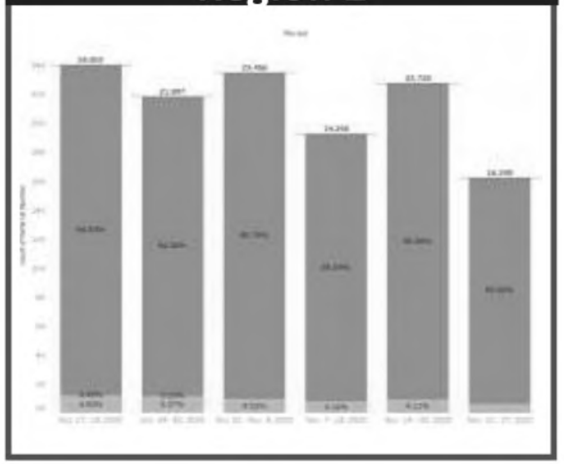
Region 4 Follow-up Items: Updates

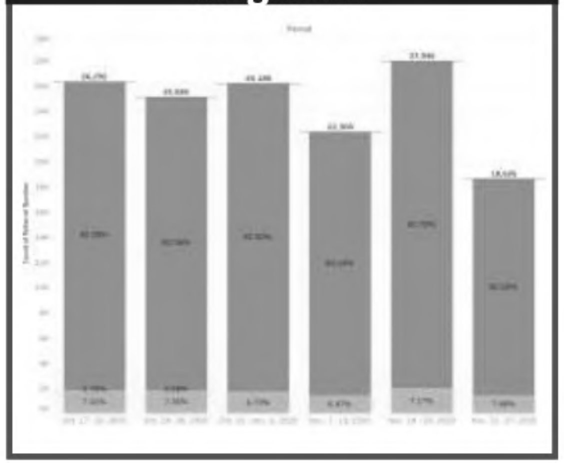
Date Identified	Observation	Action	Analysis update	Status
11/18	**VISN 21 – Sacramento** decreased 18% in its CCN utilization and increased 18% in VCA/Other referrals from the prior week in the following specialties; Neurosurgery (from 18 to 65), Orthopedics (from 0 to 45), and Radiology (from 0 to 21).	R4 Team and VISN 21 BIM are reaching to station for more information	**11/18:** VISN 21 BIM is engaging the station to understand the significant CCN utilization decrease and VCA referral increase. **11/30:** R4 team to continue working with VISN 21 BIM to understand the utilization trend **12/3:** After further investigation, all the additional referrals were going t (b)(6) a DOD affiliate.	Close
11/18	**VISN 20 – Puget Sound** continues to have the highest VCA utilization.	R4 team to research what is contributing to Puget Sound's high VCA utilization	**11/30:** R4 team to continue working with VISN 21 BIM to understand the utilization trend **12/3:** In digging into the data, a majority of VCAs were to providers that are in process of being added to CCN. Providers not in process were under the Dental or Dialysis category of care. Close as NM is aware of this gap.	Close

Appendix - R1-R3 Referrals Summary

Region 1-3 Referral Network: Key Observations


Region 1


Region 2


Region 3

■ CCN ■ PC3 ■ VCA

Key Observations & Takeaways

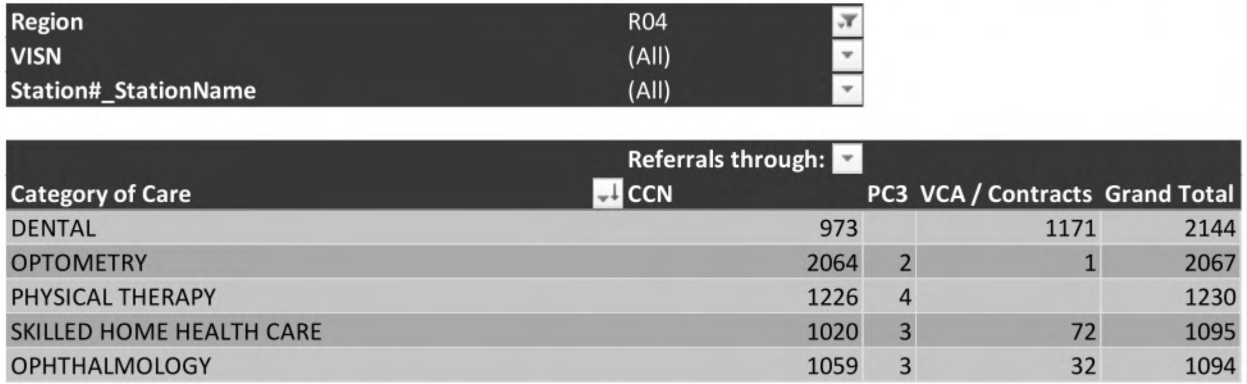
- **Region 1-3 have reached <0.1% PC3 utilization** over the last week
    - Regions 1-2 reported **more than 95% of total referrals through CCN**, remaining consistent with prior weeks
    - Region 3 reported **92.02% of referrals through CCN**
- **Dental and Homemaker/Home Health Aid** continue to remain at **the top categories of care for VCA referral utilization**.
    - Region 3 has **slightly increased in VCA utilization** from 7.17% to 7.88% over the past month
    - Region 1-2 have **remained steady in their VCA utilization**, remaining within the 3.5% to 4.1% range
- *Week of 11/7 and 11/21 data accounts for federal holidays (i.e. Veterans Day and Thanksgiving), which may explain the decrease in referrals during those weeks across all 3 regions*

Choose VA This data was pulled from CDW for Oct. 17 – Nov. 27, 2020.

Appendix - R4 Referral Monitoring Snapshots

Region 4: Referral Volume Snapshot

Top Categories of Care



Region	R04
VISN	(All)
Station#_StationName	(All)

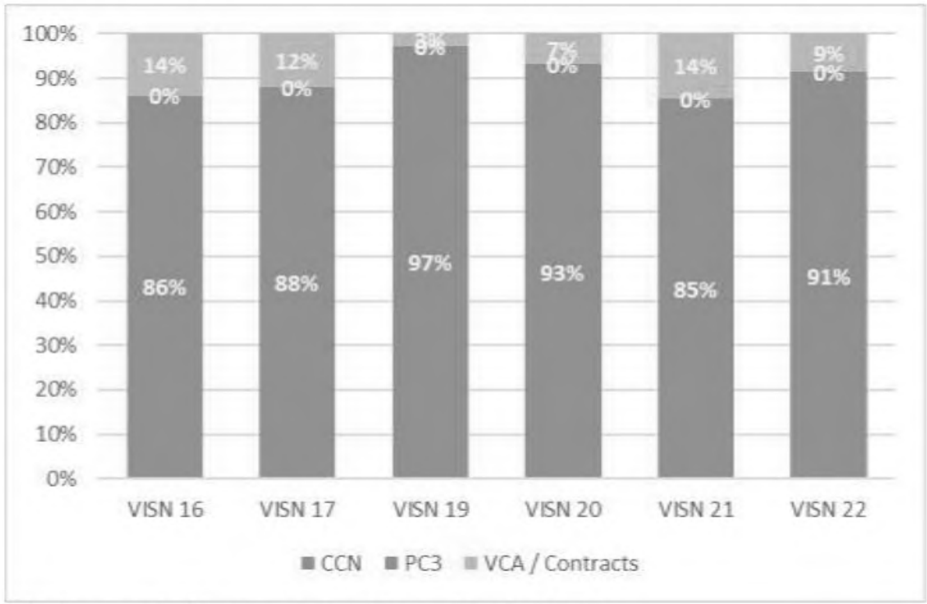
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	973		1171	2144
OPTOMETRY	2064	2	1	2067
PHYSICAL THERAPY	1226	4		1230
SKILLED HOME HEALTH CARE	1020	3	72	1095
OPHTHALMOLOGY	1059	3	32	1094

- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis.
  - For Region 4, this accounted for **356 PC3 referrals**.
  - 325 referrals were categorized as "ER/Urgent" and 31 referrals were categorized as inpatient.
- ***All VISN's** utilization percentages remain steady compared to prior week with VISN 20 having the large change of 2% increase in CCN utilization.*

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Emergency care
4. Lab and pathology
5. Respite care

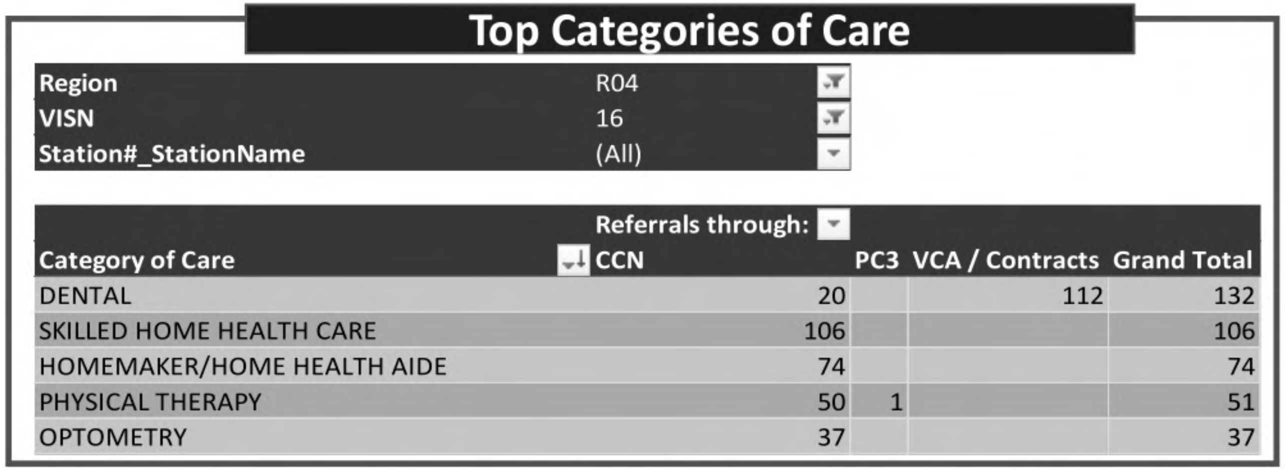
VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 21-27, 2020.

Region 4 VISN 16 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04
VISN	16
Station#_StationName	(All)

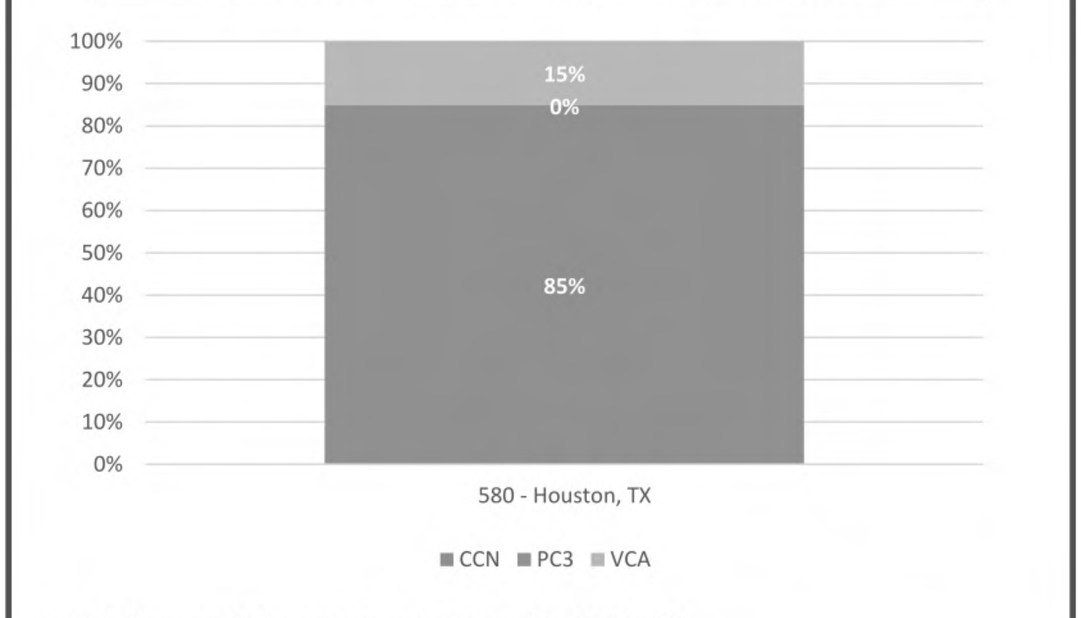
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	20		112	132
SKILLED HOME HEALTH CARE	106			106
HOMEMAKER/HOME HEALTH AIDE	74			74
PHYSICAL THERAPY	50	1		51
OPTOMETRY	37			37

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Nephrology ← 2 referrals

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 16, this accounted for **145 PC3 referrals**.
  - 141 referrals were categorized as "ER/Urgent" and 4 referrals were categorized as inpatient.
- CCN utilization decreased slightly **by 1%** over prior week.
- Field continues to report challenges with Dental referrals and noted **many CCN Dental providers are not accepting new patients due to COVID.**
  - VISN 16 BIM is collecting list of CCN Dental Providers not accepting new patients and working with Network Management on this issue.

VISN Referral Network Breakdown

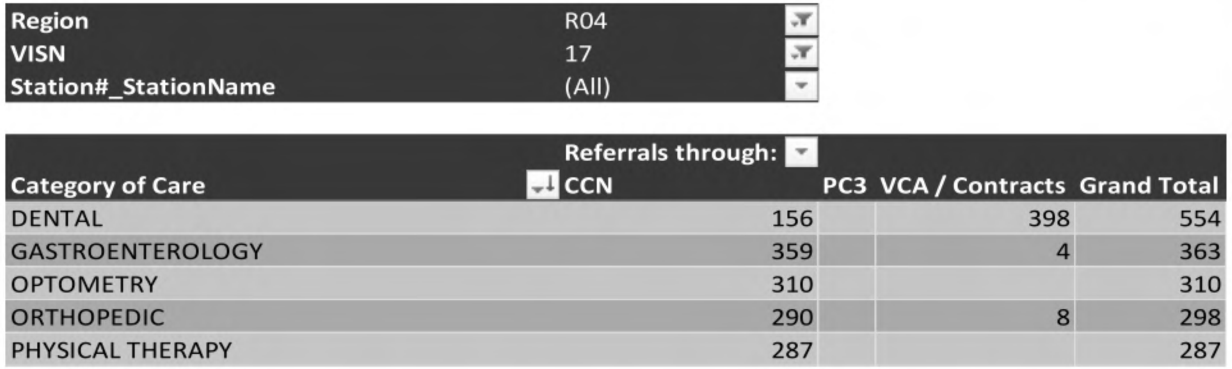


Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 21-27, 2020.

Region 4 VISN 17 Sites: Referral Volume Snapshot

Top Categories of Care



Region	R04
VISN	17
Station#_StationName	(All)

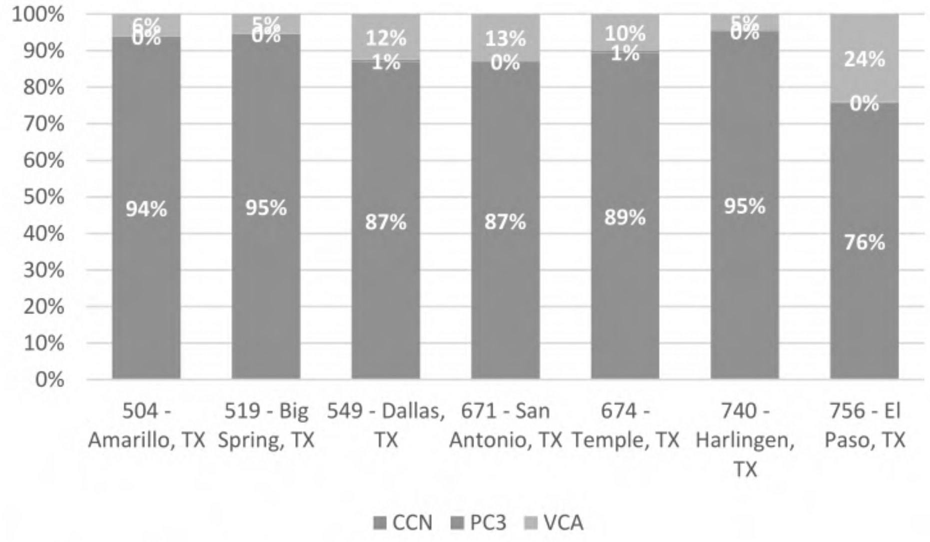
	Referrals through:			
Category of Care	**CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
DENTAL	156		398	554
GASTROENTEROLOGY	359		4	363
OPTOMETRY	310			310
ORTHOPEDIC	290		8	298
PHYSICAL THERAPY	287			287

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Ophthalmology
4. Cardiology
5. Skilled home health care

- **Referrals generated from the CAEC** are not included in this data analysis.
    - For Region 4 VISN 17, this accounted for **41 PC3 referrals**.
    - 39 referrals were categorized as "ER/Urgent" and 2 referrals were categorized as inpatient.
- *With the rise in COVID among VAMC staff, there has been an increase demand in community staff.* Field staff have noted that smaller sites such as **El Paso, Amarillo, and Big Springs** have **been feeling the effects of the rising COVID cases more.**
- Referral utilization **remained steady with a change of 0-2%** for most sites. *Big Springs had the largest decrease in CCN and increase* in VCA utilization by **3%**.
- El Paso's referral data shows **15% of El Paso's 24% VCA/Other referrals go to DOD.** There was an increase in VCA/Other referrals this week compared to the previous. This increase is being investigated by the Region 4 team.
- **Dallas, San Antonio and Temple continue to have VCA utilization in the 10-13% range**. R4 team will further dig into the data and work with the field and network management on contributing factors.

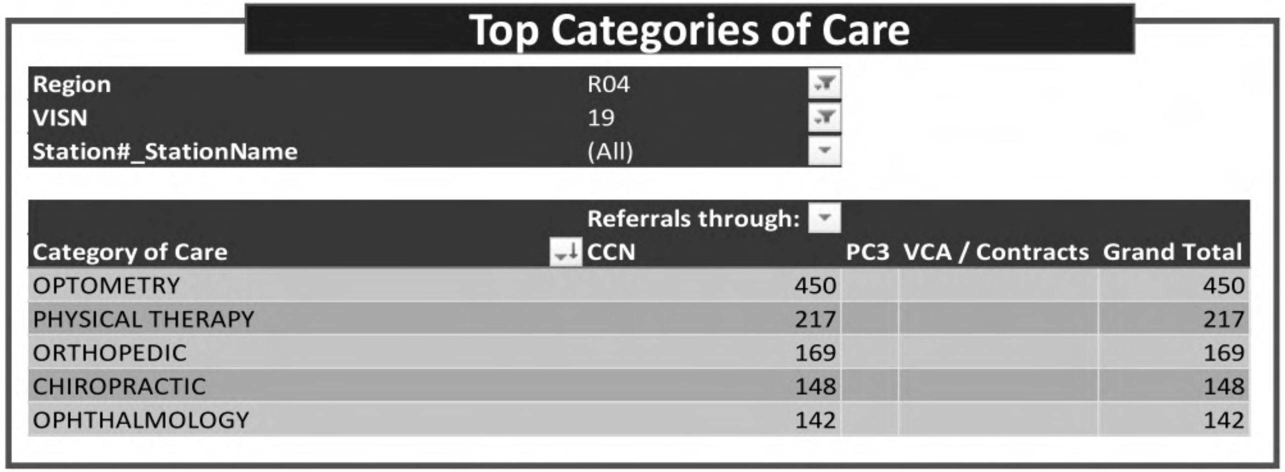
VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 21-27, 2020.

Region 4 VISN 19 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04
VISN	19
Station#_StationName	(All)

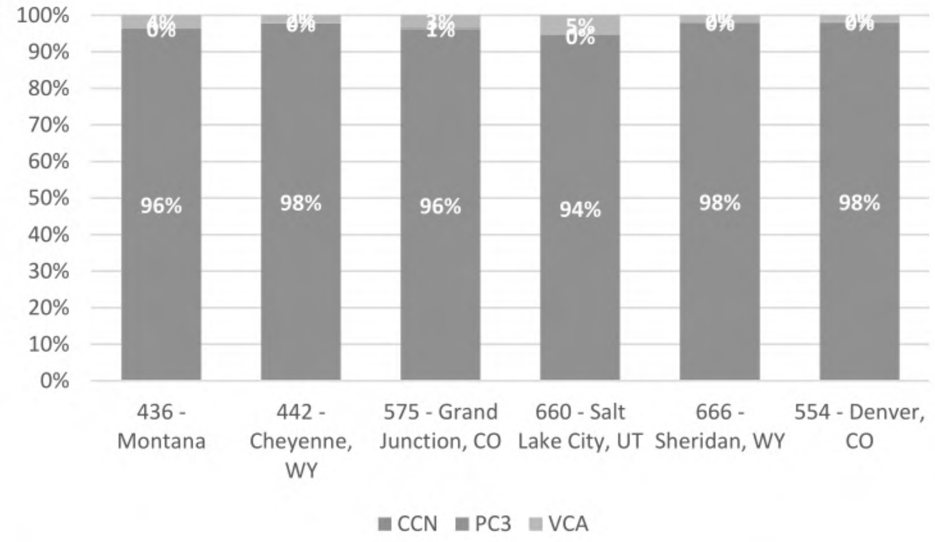
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	450			450
PHYSICAL THERAPY	217			217
ORTHOPEDIC	169			169
CHIROPRACTIC	148			148
OPHTHALMOLOGY	142			142

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Homemaker/home health aide
2. Dental
3. Respite care
4. Veteran directed care
5. Skilled home health care

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 19, this accounted for **26 PC3 referrals**.
  - 19 referrals were categorized as "ER/Urgent" and 7 referrals were categorized as inpatient.
- VCA/Other utilization remain 5% or less for all sites.
- VISN 19 continues to have the highest CCN utilization and lowest VCA utilization compared to other R4 VISNs.

VISN Referral Network Breakdown

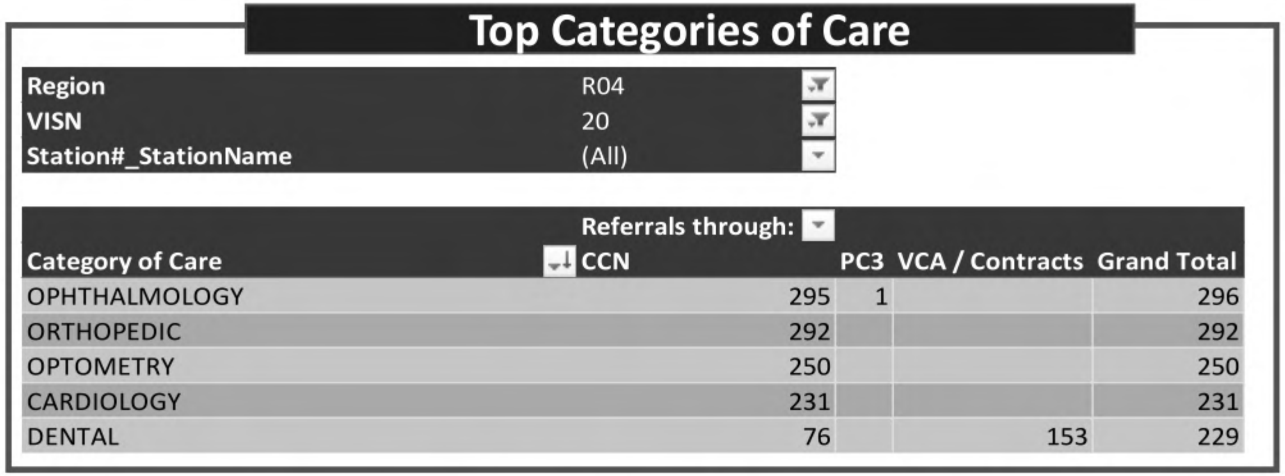


Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 21-27, 2020.

Region 4 VISN 20 Sites: Referral Volume Snapshot

Top Categories of Care



Region	R04
VISN	20
Station#_StationName	(All)

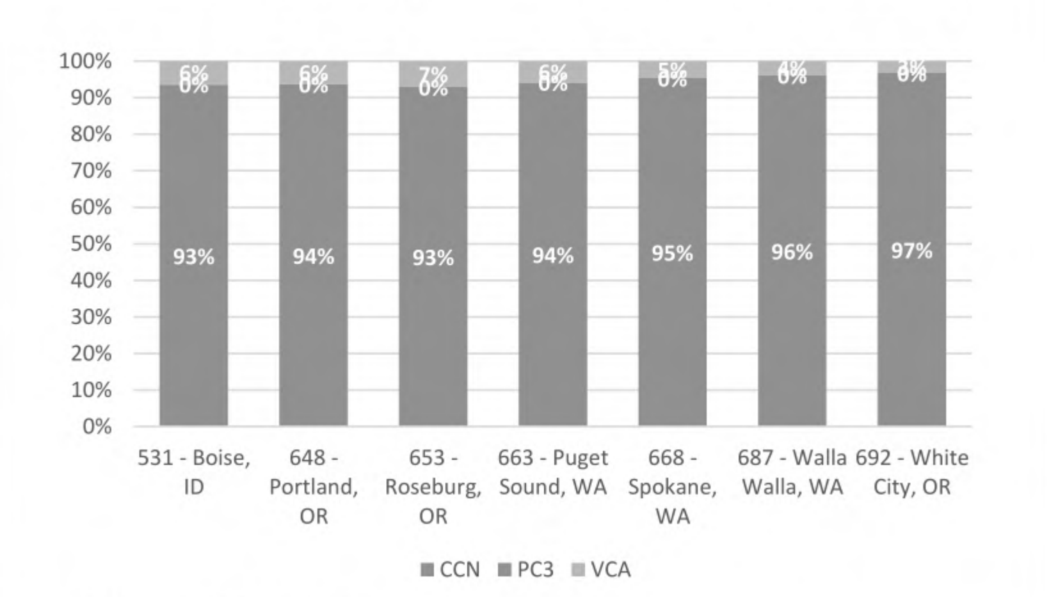
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPHTHALMOLOGY	295	1		296
ORTHOPEDIC	292			292
OPTOMETRY	250			250
CARDIOLOGY	231			231
DENTAL	76		153	229

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Respite care
4. Bowel and bladder
5. Dialysis

- **Referrals generated from the CAEC** are not included in this data analysis.
    - For Region 4 VISN 20, this accounted for **25 PC3 referrals**.
    - 23 referrals were categorized as “ER/Urgent” and 2 referrals were categorized as inpatient.
- Roseburg had the **largest increase in CCN and decrease in VCA utilization by 6.5%.** This is the third week in a row Roseburg has seen this positive trend.
- Overall CCN, PC3, and VCA utilization remains steady compared to the previous week for all other sites.

VISN Referral Network Breakdown

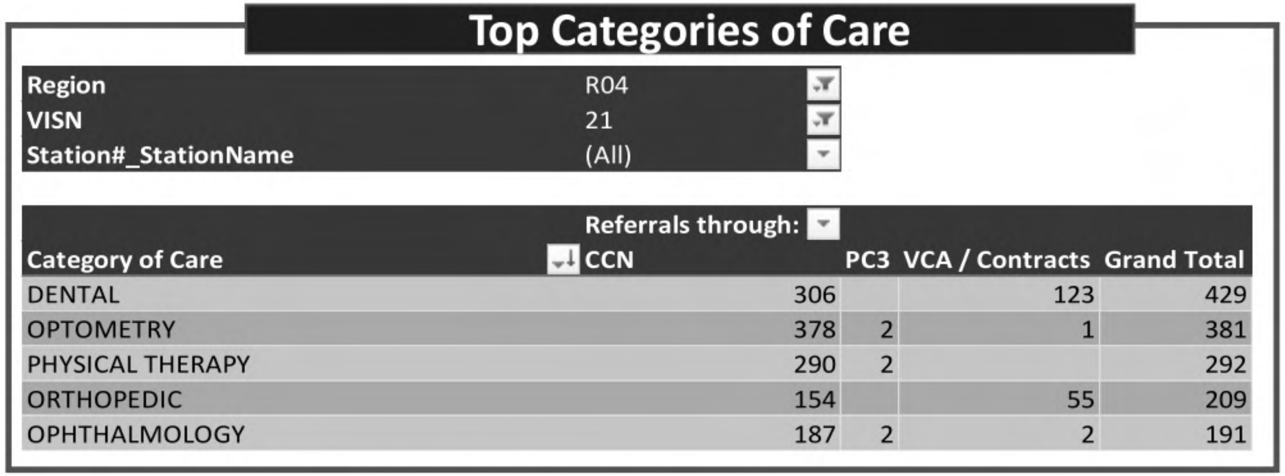


Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 21-27, 2020.

Region 4 VISN 21 Sites: Referral Volume Snapshot

Top Categories of Care



Region	R04
VISN	21
Station#_StationName	(All)

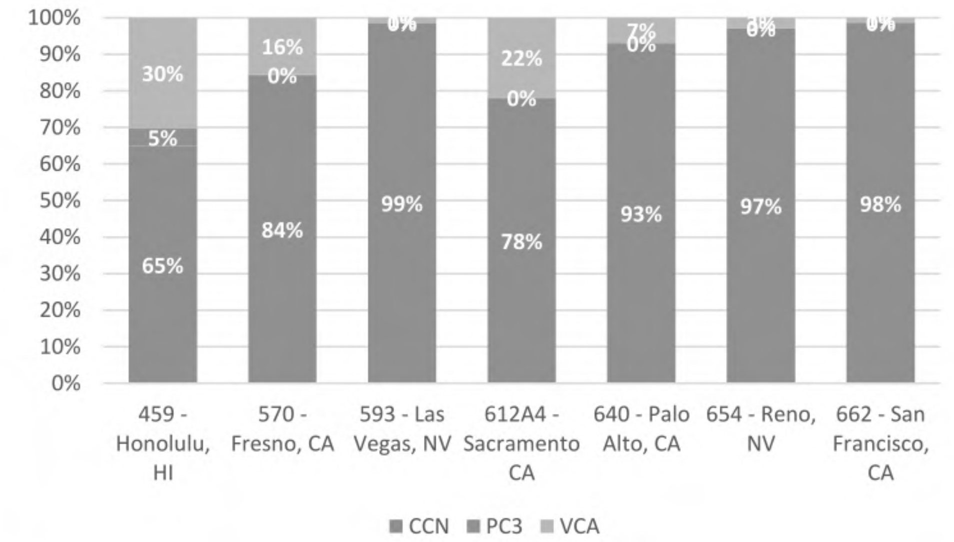
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	306		123	429
OPTOMETRY	378	2	1	381
PHYSICAL THERAPY	290	2		292
ORTHOPEDIC	154		55	209
OPHTHALMOLOGY	187	2	2	191

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Lab and pathology
4. Orthopedic
5. Neurosurgery

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 21, this accounted for **38 PC3 referrals**.
  - 31 referrals were categorized as "ER/Urgent" and 7 referrals were categorized as inpatient.
- Honolulu had a **9% decrease in CCN utilization, 4% increase in PC3 utilization, and 5% increase in VCA/Other utilization**.
  - **21% of the 30%** of the VCA/Other utilization were referral sent to DOD.
  - Data shows the increased **PC3 referrals were for the Pacific Islands.**
- Sacramento also continues to have one of the highest VCA/Other utilization; however, after further breaking down the data, **about 15% of the VCA/Other category were for referral sent to DOD.**
- All other site's utilization remained steady. **Fresno had the highest CCN utilization increase of 3% over prior week.**

VISN Referral Network Breakdown

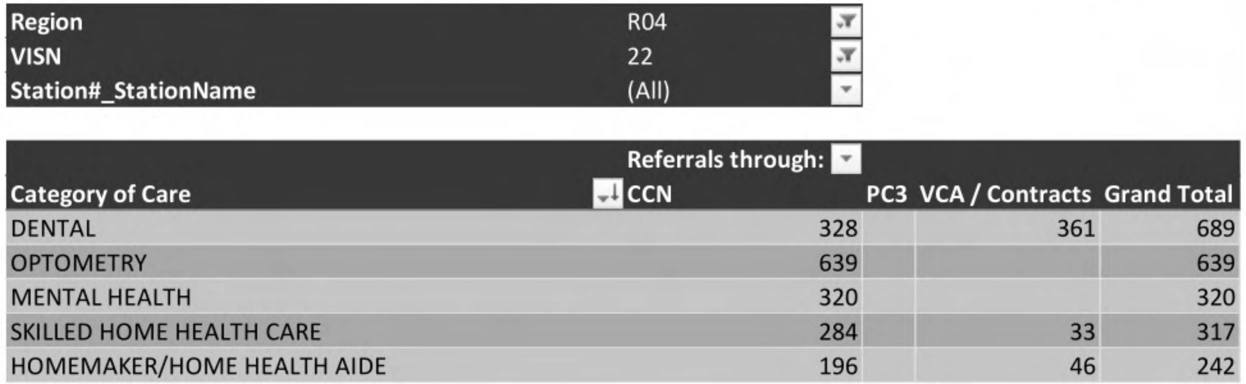


Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 21-27, 2020.

Region 4 VISN 22 Sites: Referral Volume Snapshot

Top Categories of Care



Region	R04
VISN	22
Station#_StationName	(All)

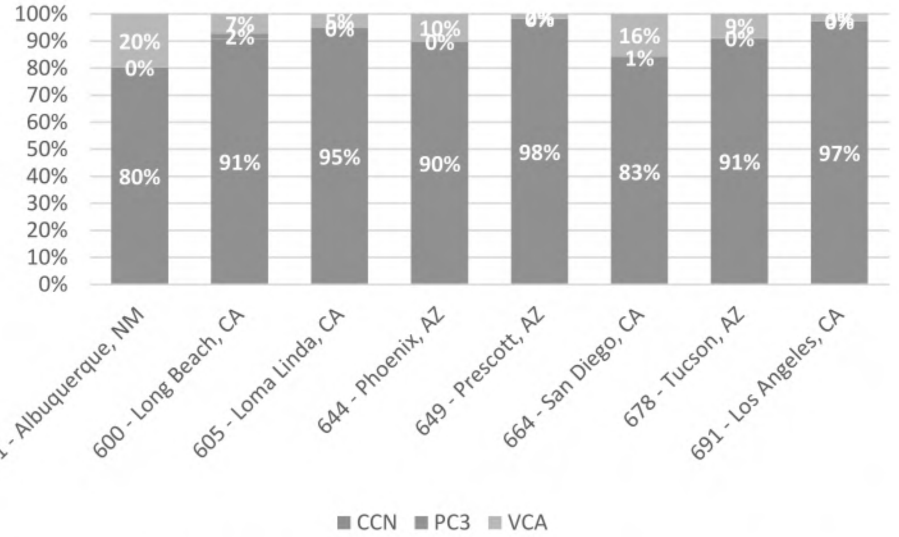
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	328		361	689
OPTOMETRY	639			639
MENTAL HEALTH	320			320
SKILLED HOME HEALTH CARE	284		33	317
HOMEMAKER/HOME HEALTH AIDE	196		46	242

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Nic homemaker/home health aide
4. Skilled home health care
5. Respite care

- **Referrals generated from the CAEC** are not included in this data analysis.
    - For Region 4 VISN 22, this accounted for **81 PC3 referrals**
    - 72 referrals were categorized as "ER/Urgent" and 9 referrals were categorized as inpatient.
- Long Beach CCN utilization bounced back up by **17%** this reporting week.
- All other sites CCN, PC3, and VCA utilization remain comparatively steady with the following largest variances
    - San Diego's CCN utilization **decreased 11%.** R4 team is working with the field to better understand contributing factors.
- Field reports **New Mexico has been the most impacted with rise in COVID**. In addition, they have been experiencing a number of OT referral returned due to lack of response from Veterans. VISN BIM is investigating on other possible contributing factors impacting referral utilization.

VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 21-27, 2020.

Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
12/4/20	Dallas, San Antonio and Temple continue to have VCA utilization in the 10-13% range.	R4 team will further dig into the data and work with the field and network management on contributing factors.	**12/7** : analysis is ongoing	Open

CCN R1-3 FY21 Incentives/Disincentives (IDF) Considerations

ChooseVA

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

Statement of Issue

- (b)(5)
- These slides outline each of the IDFs and the status of VA’s ability to measure followed by options to be considered on a path forward.

IDF 1: High Performing Network

(IDF1) (High Performing Network) (b)(5)

(b)(5)

(b)(5)

(b)(5)

IDF 2: Network Usage

IDF2 Incentive Disincentive Factor 2 (IDF2) (Network Usage) (b)(5)

(b)(5)

(b)(5)

(b)(5)

IDF 3: Maintain Network Adequacy

IDF3 Incentive Disincentive Factor 3 (IDF3) (Maintain Network Adequacy)

(b)(5)

[redacted]

(b)(5)

[redacted]

(b)(5)

[redacted]

(b)(5)

[redacted]

IDF 4: Claims Submission Accuracy

IDF4 Incentive/Disincentive Factor 4 (IDF4) (Claims Submission Accuracy) (b)(5)

(b)(5)

(b)(5)

(b)(5)

IDF 5: IPERA Adjudication and Payment Rules

IDF5 Incentive/Disincentive Factor 5 (IDF5) (IPERA Adjudication and Payment Rules)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

IDF 6: Urgent/Emergent Prescription Fills

IDF6 Incentive/Disincentive Factor 6 (IDF6) (Urgent/emergent prescription fills (b)(5)

(b)(5)

(b)(5)

(b)(5)

All IDFs with Projections

IDF 1- High Performing Network (Semi Annual)	Region 1	Region 2	Region 3	TOTALS
(b)(5)				
IDF 2- Network Usage (Monthly)				
(b)(5)				
IDF 3- Maintain Network Adequacy (Semi Annual)				
(b)(5)				
IDF 4- Claims Submission (Semi Annual)				
(b)(5)				
IDF 5- IPERA Adjudication and Payment Rules (Quarte				
(b)(5)				
IDF 6- Urgent/Emergent Prescription Fills (Quarterly)				
(b)(5)				

*** CLIN amounts are still under SAC review.

Options

Option	Considerations/Risks
Option 1: Change monthly and quarterly incentive review board to all align at semi-annually (first to occur in March 2021).	(b)(5)
Option 2: Defer applying IDF until OY3.	
Option 3: Hybrid between the two to apply those IDFs we can by March and defer the rest until OY 3.	

SAC Discussion

(b)(5)

VHA Office of Community Care
ELC – Post SL Meeting Follow Up

10/8/2020

Choose VA

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

Agenda

- Community Care FY21 OCC Goals (pending)
- Overview of Directorate Priorities (actions) in support of OCC FY21 Goals
- Proposed Form for reporting purposes
- Actions completed to date
- The Way Forward

Community Care FY21 Goals

OCC FY21 Goals (pending):

- **Become a High Performing Integrated Delivery Network (High Reliability Organization)**
  Quality (Optimizing health outcomes)
  Experience (Customers/Employees/Stakeholders)
  Value (Efficient use of resources)
  Access (Provide best health care options for Veterans, cost efficiency)
  Integrity (Building a culture of excellence)

- **Implement EHRM (Financial Management Systems)**

- **Mature the VCCP/FMP Programs (implementation, post implementation, standardizing the entire network)**

- **Innovate the Business Model (predictive and prescriptive data)**

Directorate Priorities (Actions) in support of OCC Goals

BOA

- Increase transparency and collaboration across OCC (Long-Term)
- Improve communications to promote the use of and understanding of available Shared Services resources to our stake holders.
- Maintain organizational flexibility, continuously evolving to meet the needs its stakeholders
- Continuous improvement of the Veterans' Community Care Program and Family Member Programs

CHIO

- Data Governance – Initiation
- AMCMS
- CDS (Consolidated Data Set)
- COOP (Contingency Disaster Recovery Plan)
- Develop an infrastructure of data governance and provenance, IT systems, and people to support the maturation of analytic capability (Long-Term)

Directorate Priorities (Actions) in support of OCC Goals

Clinical Integration & Field Operations

- Cerner/ EHRM
- C6
- Veteran Community Care Program (VCCP) Stabilization
- Alternative/Visionary goal- employee satisfaction and health

DO

- Continue implementing activities (action plans, initiatives, projects)
- Refresh – Innovate our Business Model
  - Transform to Program Management
- Reshape the Workforce

Network Management

- Enhancement to Acquisition/Modification processes and procedures
- Standardize and stabilize the VA network through maximizing the use of all resources by stakeholders
- Grow culture
- Develop optimal future-state acquisition strategy (Long-Term)

Directorate Priorities (Actions) in support of OCC Goals

Revenue Operations

- Organizational Change and Sustainment of Non-MCCF
- Alignment of Revenue Operations Personnel
- Revenue Utilization Review, Improve Operational Efficiencies
- Clinically Driven Revenue Cycle EHRM
- Clinical Documentation Improvements for the Revenue Cycle

Proposed Form for Reporting Purposes

Directorate Name – Priority #1

Project: Implement Shared Services Model **Leads:** XYZ

Project Description: Consolidation of directorate specific financials

Key Milestones

Milestone	Completion Date	Status
Notification of impacted staff	10/1/20	Complete
Implementation of new structure	12/31/20	In Progress

Metric	Target	Current value
Milestones	Achievement	On target
Improved customer service	TBD	
OCC cost management/ Medical care funds management	TBD	

Decision Points:

Project Updates

Key Updates

- Initial reporting restructure complete
- (b)(5)

Upcoming Activities

- (b)(5)

Risks/Issues

- (b)(5)

#	Deliverables	Target Date	Status	Comments
1	Org Chart final design for medical cost management	8/31/20	Complete	

(b)(5)

Status
- ● Complete
- ● In Progress
- ○ Not Started
- ○ At Risk
- ● Late

Actions Completed to Date

Strategic Planning Team actions -

(b)(5)

OCC Team Express – Virtual Suggestion Box (VSB)

Included the following VSB topics in an effort to solicit input from all employees regarding the OCC Mission & Vision:

- **OCC Vision**

  From your perspective, what are your visionary goals for the future of Community Care?

- **OCC Mission**

  What do you think are the most important aspects of the work of the Office of Community Care?

The Way Forward

(b)(5)

Questions

Strategic Planning
MITRE Contract

2/1/2021

ChooseVA

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

Strategic Planning & Support Contract

- OCC/Network Management have a contract that has been awarded to provide Strategic Planning services that are not in line with our current way forward
- (b)(5)

Introduction

- **Title of Requirement:** National Care Strategic and Future Planning Support
  - Contract 36C10A20D0004
  - Task Order 36C10A21N0003
- **Date of Award:** October 28, 2020
- **Contractor Name:** The MITRE Corporation
- **Period of Performance:**
  - Base: October 28, 2020 to October 27, 2021
  - Option Yr. 1: October 28, 2021 to October 27, 2022
  - Option Yr. 2: October 28, 2022 to October 27, 2023
- **Contract Type:** Cost-Plus-Fixed-Fee (CPFF)
- **Obligated Amount:** $5,394,288
- **Total Award Amount:** $14,187,753

Introduction

- **VA Team**
  - Executive Sponsor: Dr. Mark Upton
    - Recommend IPT Charters (Strategic Planning and Next Generation)
  - Program Manager: (b)(6)
  - Contract Management:
    - CO (b)(6)
    - COR (b)(6)
- **MITRE Team**

(b)(6)

- **MITRE Leadership**

(b)(6)

Contract Statement of Work

5.2.1 National Strategic Planning Support

- Provide OCC Strategic Plan to redefine the vision, mission, and direction to project out 10-20 years
  - Assess the current state of OCC, identify inefficiencies and provide recommendation for improvement, including recommendations on integration of current CCN and other VHA business lines.
  - Assessments/analysis of potential future legislation, presidential administration changes, and political climate and the potential impact to VHA policy.
  - Provide advice for healthcare programs, strategy planning, and business process management as they relate to the OCC and the VHA enterprise. Strategic planning is to include research and advisory services of industry best practices.
  - Recommended initiatives, resources, and standard operating procedures that align with the OCC Strategic Plan and will enable OCC to adopt proven practices, reduce procedural variations between OCC existing contracts and improve management of planning and execution across OCC lines of business.
- GOAL: To develop an actionable long-term strategy for OCC
- POP Base: October 28, 2020 to October 27, 2021
  - Option Year 1: October 28, 2021 to October 27, 2022
  - Option Year 2: October 28, 2022 to October 27, 2023 (OCC strategic plan update)

Recommended Replacement Work (Plan A)

- Each Directorate has a distinct role in the organization which requires individualization of their plans
- MITRE would work with each individual Directorate, along with Strategic Planning staff, to create 5 Year Strategic Plans (FY21-26)
- All work previously accomplished during the Senior Leader Meeting and Directorate work would be incorporated into the MITRE work
- Directorate plans would then be incorporated by the OCC Strategic Planning staff into an OCC Strategic Plan using the VA and VHA Long Range Plan Goals and Objectives
- Ongoing annual Operational Plans would also incorporate this work
- Leveraging MITRE resources reduces the work burden of the Directorates

Chief Health Informatics Office (CHIO)

Status: Contractor working on development of this plan

Recommendation: Do not include in MITRE work

Business Operations & Administration

Status: No current Directorate 5-year plan

Recommendation: Include in MITRE work

Delivery Operations

Status: Current 3-year FY20-22 Plan in place (Model)

Recommendation: Include in MITRE work for extension of existing work for FY23-26

Revenue Operations

Status: No current Directorate 5-year plan

Recommendation: Include in MITRE work

Network Management

Status: No current Directorate 5-year plan but completed work on the Acquisition Playbook

Recommendation: Include in MITRE work

Clinical Integration & Field Operations

Status: No current Directorate 5-year plan

Recommendation: Include in MITRE work

Directorate/OCC Strategic Plan Components

- OCC Mission/Vision/Goals
- ICARE Values
- Directorate SWOT Analysis
- Directorate Priorities (FY21 and FY22)
- Overall Strategy
- Long Term Strategic Objectives
- Strategic Goals, Indicators and Activities (possible budget impact)
- VA/VHA Goals and Objectives Linkage
- VHA Long Range Planning Framework Linkage

Long Term Planning Areas of Consideration

- Maintaining and Improving our High Performing Integrated Delivery Network
- Maintaining and Improving our work as a High Reliability Organization (HRO)
- Impact of new health care technologies
- Impact of process automation/updates
- Impact of projected Veteran demand
- Ability to provide data feedback loop to the field for health care services planning
- Impact of proper field health care services planning
- Impact of improved network adequacy
- Impact of improved care integration
- Effective Use of Resources
- Building a culture of Excellence

Recommended Replacement Work (Plan B)

- MITRE would work with each individual Directorate, along with Strategic Planning staff, to create only an OCC 5-Year Strategic Plan
- Directorate input would be incorporated using the VA and VHA Long Range Plan Goals and Objectives and the Level III Operating Plan
- Ongoing annual Operational Plans would also incorporate this work
- All work previously accomplished during the Senior Leader Meeting and Directorate work would be incorporated into the MITRE work
- This option does not reduce the work burden on the Directorates as they will still need to develop Strategic Plans commensurate with the larger OCC plan

CCN ELC Update

12/23/2020

(b)(6)

ChooseVA

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Office of Community Care

Agenda

- Regions 4 & 5 Deployment Updates
- Region 5 Flu Shot Decision
- R4 Referral Trends
  - R4 Referral Analysis: Follow-up Items
- Appendix
  - Optional Task Updates
  - R1-R3 Referrals Summary
  - R4 Referral Monitoring Snapshots

CCN Updates to ELC Meeting Frequency

- CCN team has provided weekly updates since deployment in 2019.
  - Given the aggressive deployment schedule and the high visibility of the program, timely issue escalation to and decision from ELC on CCN issues was critical to the success of the program.
  - The opportunity and a forum to brief ELC weekly fulfilled the need.
- CCN deployment has completed in four major regions and CCN is entering a more stable operating environment.
- With path to stabilization, there is less urgent matters or significant week-to-week updates regarding CCN.
- **Proposal**: (b)(5)

(b)(5)

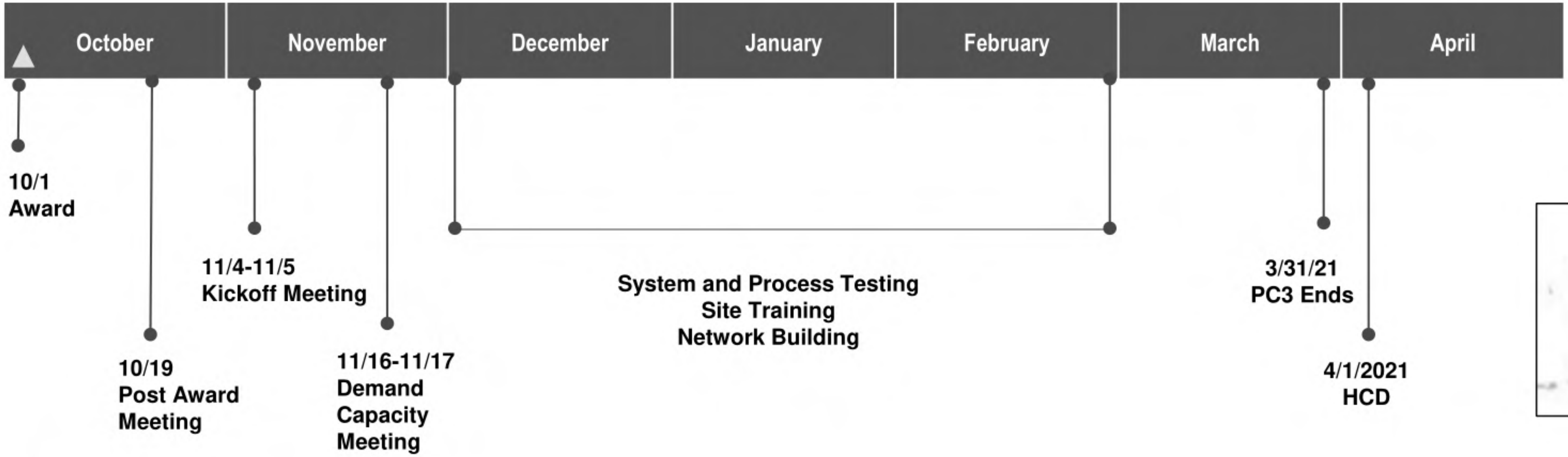
R4 & R5 CCN Deployment Updates

Region 4 Update

- **COVID-19 Impact**
  - Region 4 BIMs report VAMCs with shorter wait times for internal appointments than in the community du
    - Staffing shortages creating consult backlogs
    - Lack of availability of providers due to temporary office closures and pause on elective procedures
- **Deactivating Dental VCAs**
  - Align approach first with the national office and then communicate to dental chiefs.
  - 2 phased approach:
    - Review by VAMC and identifying VCAs for providers in the CCN network
    - Review zip codes of providers active in CCN and VCAs in the same zip code
  - Network Management to send listing of VCAs identified for deactivation at each VAMC to BIMs; deadline will be set for sites to provide justification to continue VCAs.
- **Optional Tasks**
  - **Initial 6 sites** utilizing Optional Tasks
    - HSRM Team continues to work on an update to the new CLIN drop issue.
    - As a short-term solution, HSRM will send daily referral “refreshes” to TriWest, to clarify status of referrals
    - TriWest to follow up with community care staff on information needed in order to start scheduling outreach
  - **Remaining R4 VAMCs** to commence use of OT
    - OCC Leadership has requested that Optional Task implementation be prioritized for the following sites as soon as possible; Two sites went live this week:
      - ➢ 668 – Spokane
      - ➢ 664 – San Diego

(b)(5)

Region 5 Status and Upcoming Activities



October | November | December | January | February | March | April

10/1
Award

10/19
Post Award
Meeting

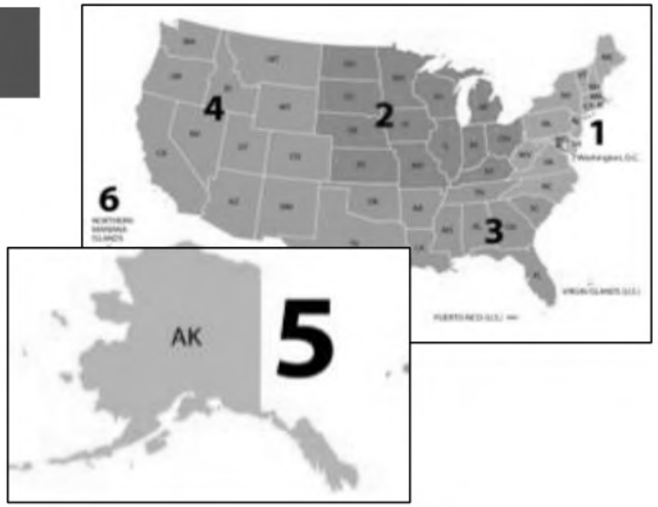
11/4-11/5
Kickoff Meeting

11/16-11/17
Demand
Capacity
Meeting

System and Process Testing
Site Training
Network Building

3/31/21
PC3 Ends

4/1/2021
HCD



Key Activities:

- Continued efforts with the payment hierarchy/fee schedule and dental mods. Cost mod change pages were presented to CCRB on 12/16.
- R5 Bundled mod was sent to TW on 12/18.

(b)(5)

- A Tabletop Testing timeline was agreed upon by VA and TW to begin in January 2021. Scenarios were shared with TW on 12/18 for review.
- The liability insurance requirement guidance for TW was confirmed to remain as written in the contract until otherwise notified by VA. VA will internally discuss if there is a need to request a formal modification.
- An internal VA Tribal Health meeting to discuss next steps took place 12/10. There is not an incentive for tribal health to participate in CCN when they will keep their existing agreements. Network management is drafted a formal plan for leadership to review.

Region 5 Flu Shot Decision

BLUF: Region 5's expected Healthcare Delivery (HCD) date is beginning of April 2021. Retail flu shot availability will be limited or will not be available in April as pharmacies do not keep a surplus of flu vaccinations.

- ○ Majority of the population including Veterans will have received their flu vaccinations in the beginning of this year's flu season
- ○ AK Veterans have several options; VA, PC3 Urgent Care, and via their First Fill (Heritage) contract

Background: Region 5 contract requires an approved referral for flu shot benefit unlike the current Region 1-4 contracts which allows flu shots to be administered without an approved referral from VA.

Recommendation: (b)(5)

(b)(5)

Region 5 Risks/Issues

Category	Risk Level	Risks/Issues	Status and Next Steps as of 12/18
Payment Hierarchy and Fee Schedule	Highest	(b)(5) VA created a CLIN structure to default to the VA Alaska Professional and Facility Fee Schedules and then the Maximum Allowable Charge (MAC) to replace the % of billed charge structure as the last resort payment schedule. (b)(5)	(b)(5)
Care Coordination Given HCD Timeline and PC3 Contract End Date	High		(b)(5) V20 and Alaska leadership has been informed of the contingency plan.

Region 5 Risks/Issues Continued

Category	Risk Level	Risks/Issues	Status and Next Steps as of 12/18
Dental Fee Schedule	High	• (b)(5) • •	• Information previously needed from the dental SME was receive (b)(5) (b)(5) (b)(5) This was presented to CCRB on 12/16.
Choice Providers in CCN R5 PC3	High	• 50% of current PC3 providers are Choice providers which means they will require full credentialing and provider contracting for CCN.	• (b)(5)
Provider Liability Insurance Requirement	Medium	• (b)(5) • The contract clause which specifies the amount has been in every version of the RFP throughout the acquisition process; TW has not raised this as a concern or issue and signed the contract with this clause. • (b)(5)	• (b)(5) • VA provided guidance to TW on 12/9 to move forward with the contract language as it is written regarding the liability insurance requirement for providers. If TW notices an influx of issues as we move forward, they can bring to VA to reconsider.

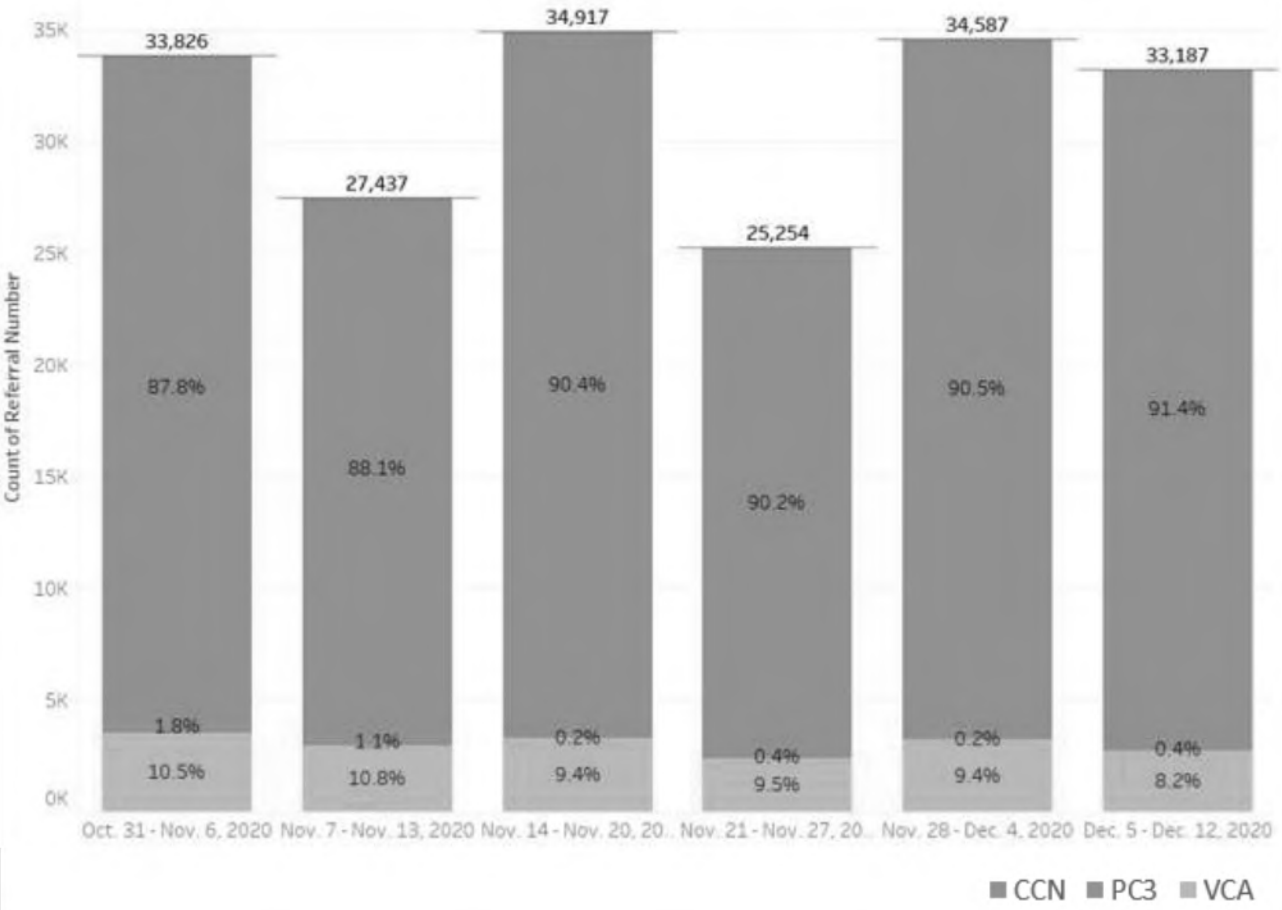
Region 5 Risks/Issues Continued

Category	Risk Level	Risks/Issues	Status and Next Steps as of 12/18
Tabletop and Testing	Medium	(b)(5)	- Scenarios reviewed by a broad group of VA. - Scenarios were shared with TW for review on 12/18.
Tribal Health	Medium		- (b)(5) - VA held a meeting internally with V20, CI, NM and AK to discuss the communications strategy for tribal health on 12/10. The plan forward is to direct TW not to emphasize the use of resources on tribal health, and while CCN will be offered there is likely not an incentive for them to participate.
DAS Transport Funding	Resolved	- The DAS team is ready for December testing. - (b)(5)	- Since the bulk of this work was performed during the Region 4 onboarding, barring no significant changes in the LOE, it was determined they will not be seeking additional funds for the Region 5 onboarding tasks. - DAS testing began the week of 12/7; however, an issue was identified which pushed the completion of the testing to the next DAS release cycle (in January).

R4 Referral Trends

Region 4: Referral Volume Snapshot

VISN Referral Network Breakdown



Referral Analysis

- PC3 utilization has increased slightly by **0.2%.**
  - This can be attributed to the increase scheduling for the R6 Pacific Islands by the HI scheduling team.
- **CNN utilization continues to increase**, except for the Thanksgiving holiday. CCN utilization increased by 0.9% compared to prior week.
- VCA utilization slightly decreased by **1.2%** and is at its **lowest usage in the past 6 weeks.**
- The field has been reporting major staffing shortages which could be attributing to the slight drop in referral volume
- *11/7 and 11/21 data accounts for federal holidays (i.e. Veterans Day and Thanksgiving), which may explain the decrease in referral volume during those weeks.*

Choose VA

This data was pulled from CDW for Oct. 31 – Dec. 12, 2020.

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Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Most Recent Analysis update	Status
12/4/20	Dallas, San Antonio and Temple continue to have VCA utilization in the 10-13% range.	(b)(5)	**12/9**: VISN 17 BIM has advised San Antonio has had to put together VCA's due to identified network gaps or continuity of care. Additional feedback from the field is pending for Dallas and Temple. **12/16**: VISN BIM has been working with Network Management on VCA utilization. Reported that referrals that were sent to providers that showed up as in the CCN network did now always show up as such in PPMS. That was the case for several Temple providers in researching this action and therefore, VCAs were used.	Closed

Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Most Recent Analysis update	Status
12/9/20	VCA utilization increased for the following sites: Big Springs (+1%), San Antonio (+2%), Harlingen (+3%), and El Paso (+9%).	(b)(5)	**12/9:** Issue identified on 12/9 and the analysis is ongoing **12/16**: Site has reported COVID impacts increasing the need to schedule outside of CCN.	Closed
12/9/20	Fresno and Palo Alto saw an increase in VCA/Contracts utilization by 4%.		**12/9:** Issue identified on 12/9 and the analysis is ongoing **12/16:** Site has reported major staffing issues and increasing number of unscheduled referrals impacting utilization.	Closed

Appendix – Optional Task Updates

Optional Task #1: Contracting Key Decisions (Regions 1-3)

Decisions/Status

- **Outstanding Issues:**
  1. Authority to Proceed
     - Status:
       - CO issued an Authority to Proceed on 12/10, which provides Optum 60 days to prepare as the contract modification is executed.
       - Optum submitted an Optional Task plan on 12/21. CI leadership and the Region 1 – 3 PMs are coordinating to conduct the proposal evaluation to be completed by 1/6. Optional Task Team and CI leadership will hold the first kickoff meeting with Optum the week of 12/28.
  2. Contract Mod:
     - Status:
       - (b)(5)
       - Optum's proposal confirmed Optum's newly-developed provider search tool will be developed (b)(5) (b)(5)
     - Next Step: (b)(5)
  3. Funding/Pricing Strategy.
     - Status: Use of CARES Funding in alignment with contract Option Year 2 (b)(5) (b)(5)
     - Next Step: (b)(5) (b)(5)
  4. New CLIN ID required for COVID-19 scheduling support.
     - Status: (b)(5)
     - Next Step: (b)(5) (b)(5)

Optional Task #1: **Contracting** Key Decisions (Region 4)

Decisions/Status

- **Decisions:**

  Estimated timeline for the additional TriWest scheduling support in CCN Region 4:

  - (b)(5) [redacted]

Optional Task #1: **Operational** Key Decisions and Risks

Decisions/Status

Completed Actions Steps

OCC Leadership has prioritized Spokane (668) and San Diego (664) for OT deployment

- **San Diego went live on 12/21. Spokane went live on 12/22.**
- The Optional Task Team completed end-to-end referral testing the week of 12/14 in coordination with CERNER, TriWest, and HSRM to ensure that Cerner does not have any new system challenges for Spokane, (b)(5)
  - (b)(5)
- Clinical Integration created a new Optional Task SOP to include specific guidance for processing Optional Task referrals in Cerner.
- Live office hours support was held for Spokane staff, to educate them on the new Optional Task process for Cerner, and address questions.
  - Spokane staff were told numerous times to use S/T tool to establish referral is BASIC level of care coordination and to obtain CAN score data from VSSC.

Decisions Needed/Risks (Operations)

HSRM Optional Task CLIN Drop Glitch:

- On 11/23 the HSRM Team applied a patch that reassigned Optional Task CLINs that were dropped from referrals due to CPRS updates
- On 12/4, the TriWest Team shared that Optional Task CLINs continue to drop from referrals
- On 12/8, the HSRM Team clarified that the patch applied on 11/23 does not keep CPRS updates from dropping the CLIN but reapplies the CLIN to those referrals. Due to this process, TriWest is unable to clearly determine the CLIN status of the referral, and referrals continue to be tracked as “pended/held”
  - (b)(5)
- (b)(5)

Optional Task #1: **Operational** Key Decisions and Risks

■ On Track in progress
□ Moderate risk; in progress
■ Significant risk; mitigation plan not mature

Decisions Needed/Risks (Operations) Cont.

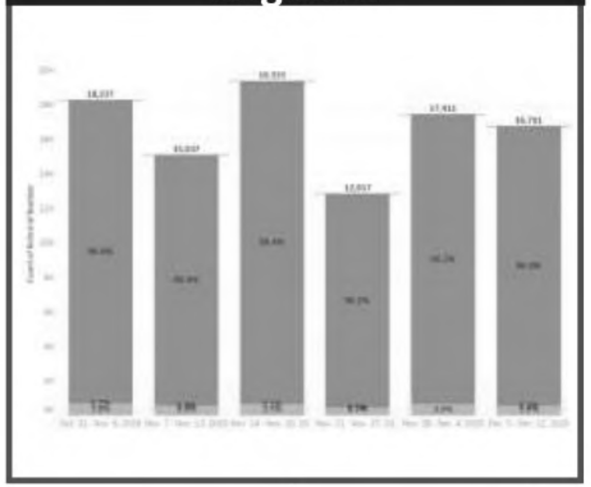
(b)(5)

Next Steps (Region 4 Operations)	Dependency	Owner	Completion Date
(b)(5)	(b)(5)	(b)(6)	12/30/20

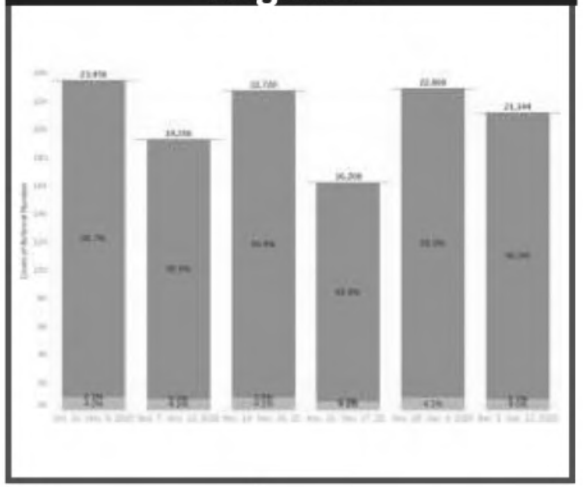
Appendix - R1-R3 Referrals Summary

Region 1-3 Referral Network: Key Observations

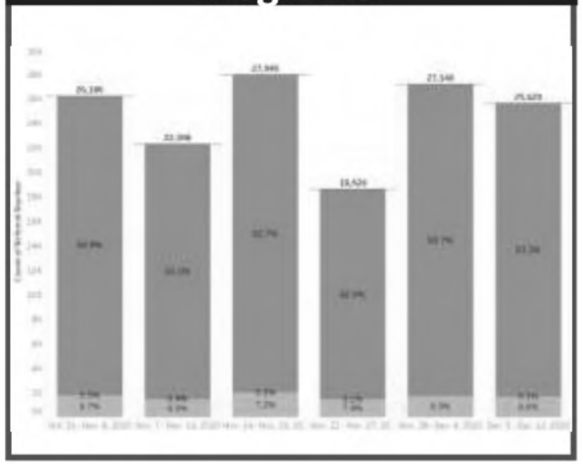
Region 1



Region 2



Region 3



Key Observations & Takeaways

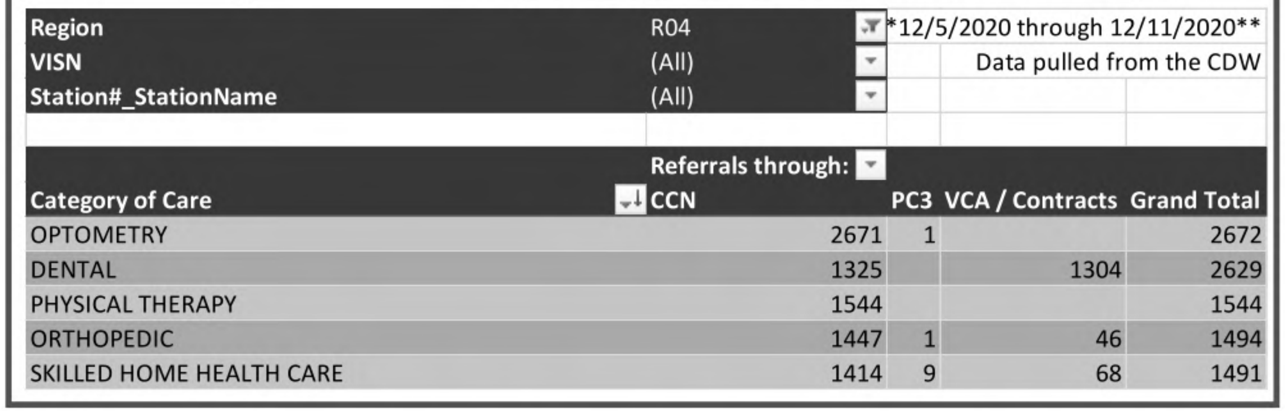
- ○ Regions 1-2 reported **more than 96% of total referrals through CCN**, remaining consistent with prior weeks
- ○ Region 3 reported **a slight decrease of 0.4% of referrals through CCN** which is a **1.7%** increase from prior week.
- **Dental and Homemaker/Home Health Aid** continue to remain at **the top categories of care for VCA referral utilization**.
  - ○ Region 1 and Region 2 had a slight decrease in **VCA utilization**
  - ○ Region 3 had a slight increase of **0.3% in VCA utilization.**
- *Week of 11/7 and 11/21 data accounts for federal holidays (i.e. Veterans Day and Thanksgiving), which may explain the decrease in referrals during those weeks across all 3 regions*

This data was pulled from CDW for Oct. 31 – Dec. 12, 2020.

Appendix - R4 Referral Monitoring Snapshots

Region 4: Referral Volume Snapshot

Top Categories of Care



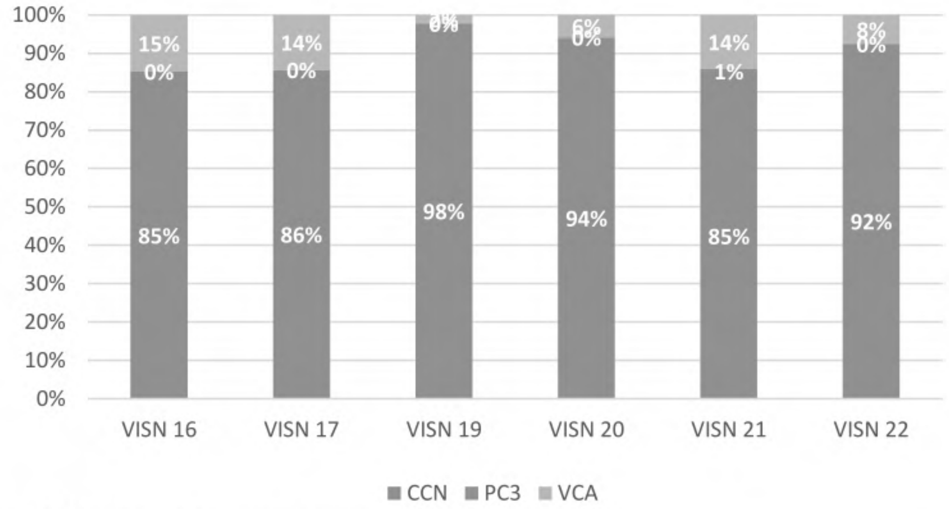
Region	R04	*12/5/2020 through 12/11/2020**		
VISN	(All)	Data pulled from the CDW		
Station#_StationName	(All)			
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	2671	1		2672
DENTAL	1325		1304	2629
PHYSICAL THERAPY	1544			1544
ORTHOPEDIC	1447	1	46	1494
SKILLED HOME HEALTH CARE	1414	9	68	1491

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Lab and pathology
4. Skilled home health care
5. Respite care

- **Referrals generated from the Centralized Authorized Team (CAEC)** are not included in this data analysis. For Region 4, this accounted for **315 PC3 referrals**. 281 referrals were categorized as "ER/Urgent" and 34 referrals were categorized as inpatient.
- All VISNs CCN utilization increased or remain the same as prior week except for **VISN 20 who had a slight decrease of 1%.**
  - VISN 16 had the highest increase of 10**% in CCN utilization**

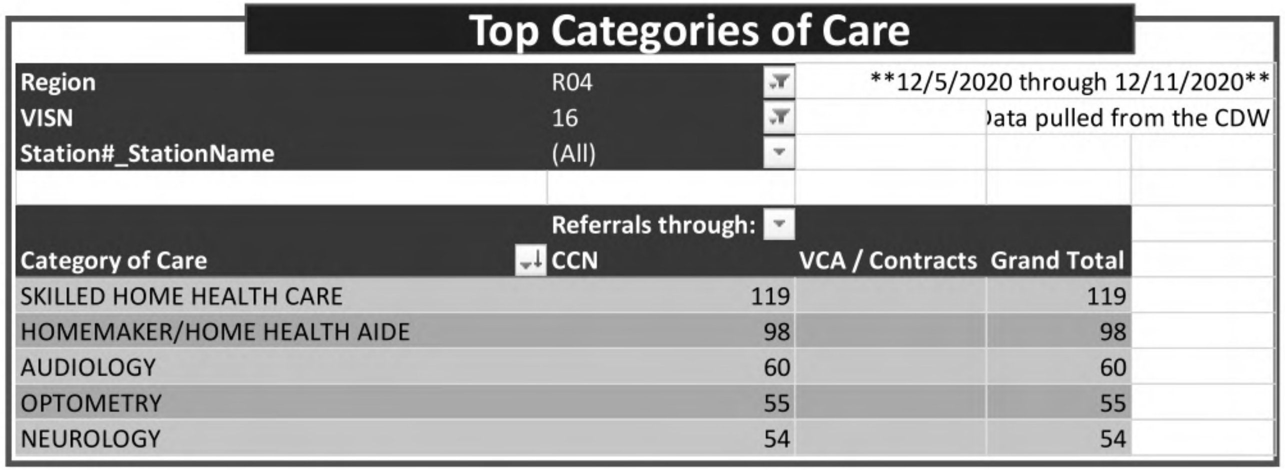
VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for December 5-11, 2020.

Region 4 VISN 16 Sites: Referral Volume Snapshot



Top Categories of Care

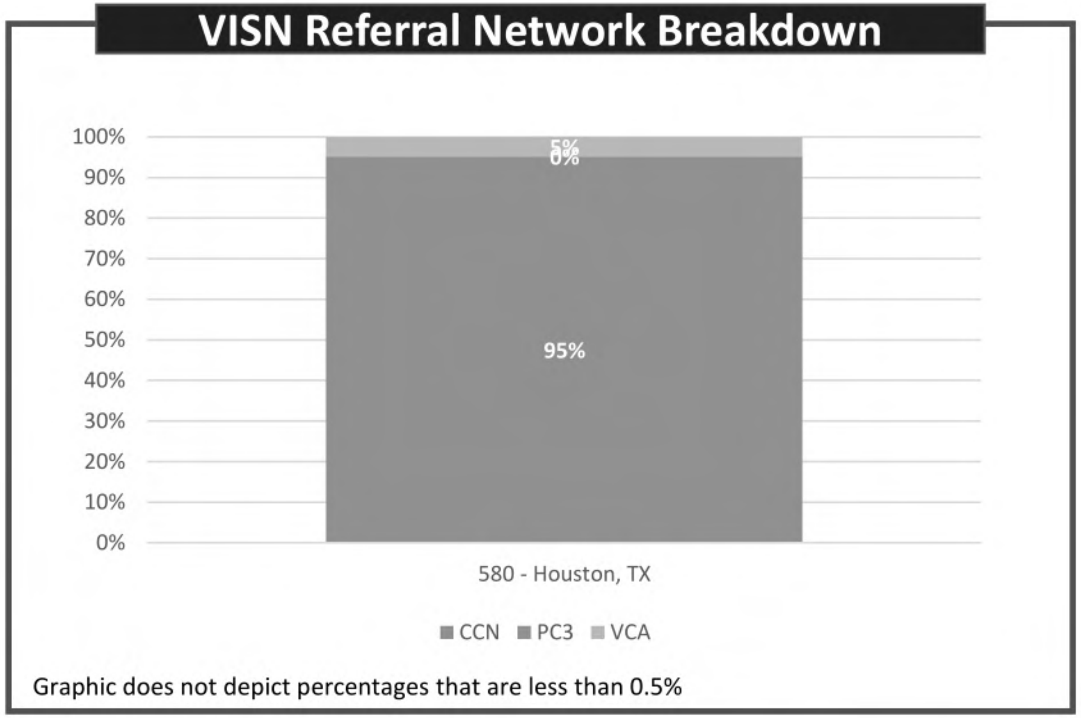
Region	R04		**12/5/2020 through 12/11/2020**
VISN	16		ata pulled from the CDW
Station#_StationName	(All)		
	Referrals through:		
Category of Care	**CCN**	**VCA / Contracts**	**Grand Total**
SKILLED HOME HEALTH CARE	119		119
HOMEMAKER/HOME HEALTH AIDE	98		98
AUDIOLOGY	60		60
OPTOMETRY	55		55
NEUROLOGY	54		54

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Nephrology

1 referral

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 16, this accounted for **60 PC3 referrals**.
  - 58 referrals were categorized as “ER/Urgent” and 2 referrals were categorized as inpatient.
- CCN utilization **increased 10%** compared to prior week.
- Field continues to report challenges with Dental referrals and noted many CCN Dental providers are not accepting new patients due to COVID; however, ***they have been working closely with Network Management on the issue.***

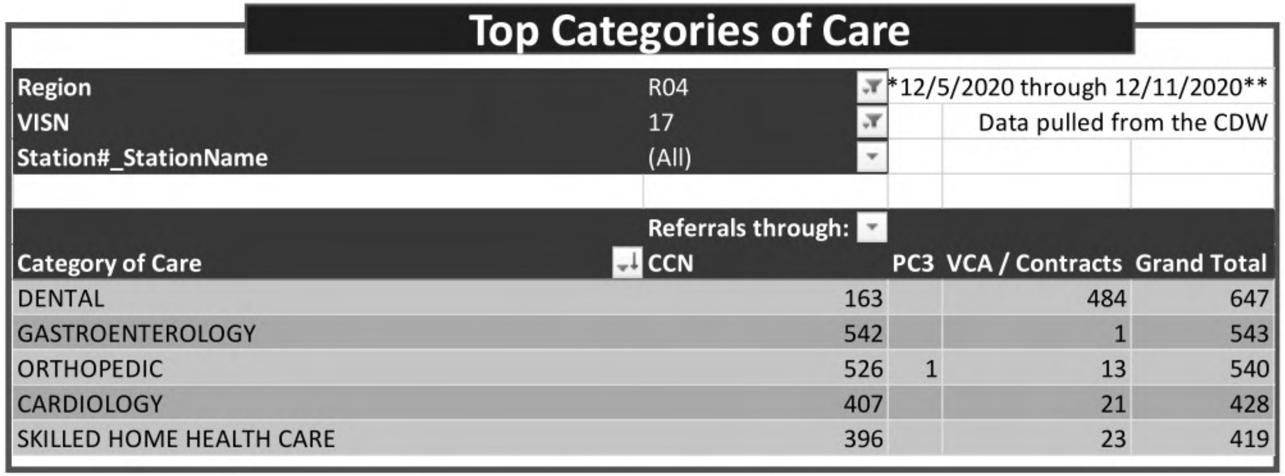


Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for December 5-11, 2020.

Region 4 VISN 17 Sites: Referral Volume Snapshot

Top Categories of Care



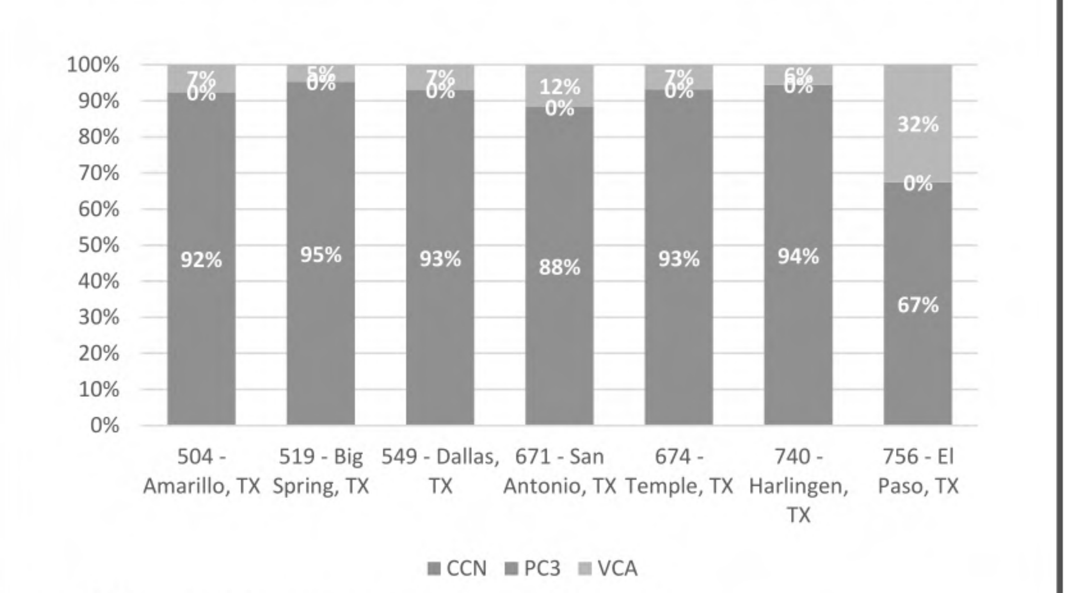
Region	R04	*12/5/2020 through 12/11/2020**		
VISN	17		Data pulled from the CDW	
Station#_StationName	(All)			
	Referrals through:			
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	163		484	647
GASTROENTEROLOGY	542		1	543
ORTHOPEDIC	526	1	13	540
CARDIOLOGY	407		21	428
SKILLED HOME HEALTH CARE	396		23	419

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Veteran directed care
4. Skilled home health care
5. Cardiology

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 17, this accounted for **24 PC3 referrals**.
  - 18 referrals were categorized as "ER/Urgent" and 6 referrals were categorized as inpatient.
- CCN and VCA utilization remained steady compared to prior week. **Dallas and San Antonio had the largest change of +3% in CCN utilization.**
- **24%** of El Paso's VCA/Contract utilization is contributed to DOD referrals.

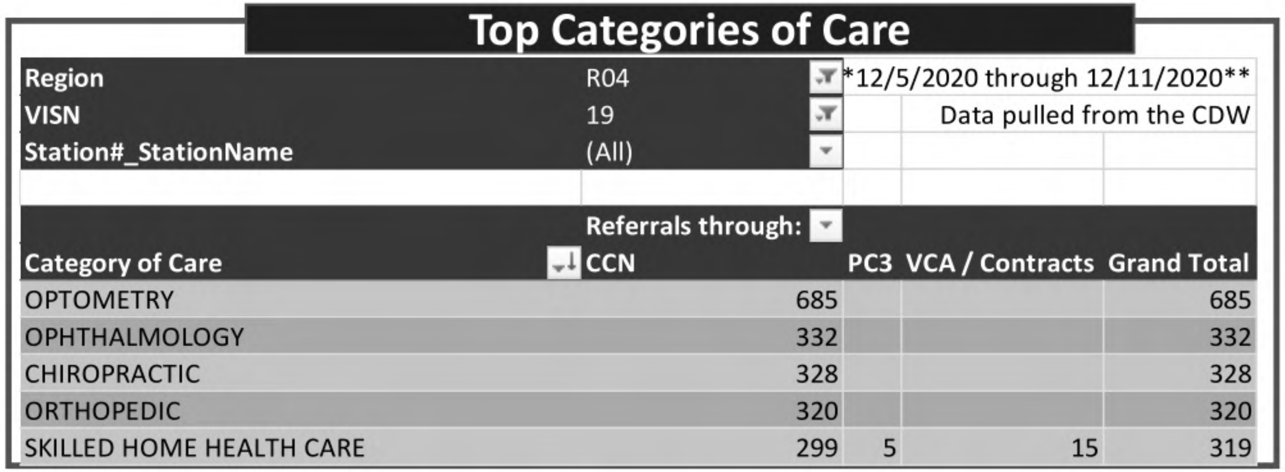
VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for December 5-11, 2020.

Region 4 VISN 19 Sites: Referral Volume Snapshot



Top Categories of Care

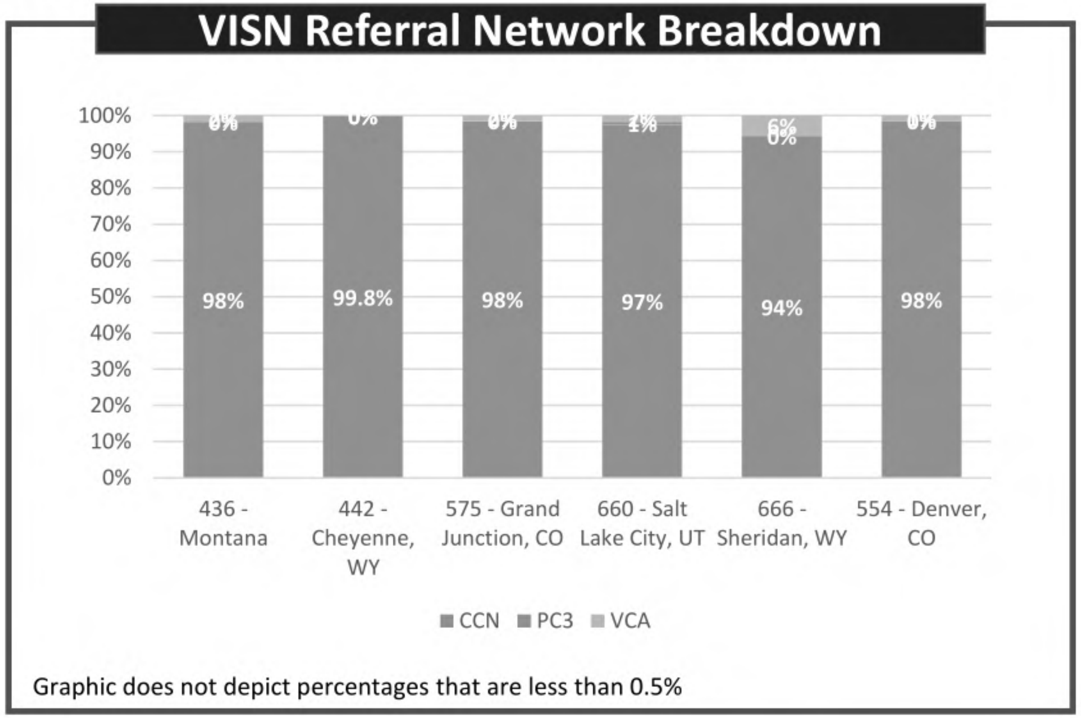
Region	R04	*12/5/2020 through 12/11/2020**		
VISN	19		Data pulled from the CDW	
Station#_StationName	(All)			
	Referrals through:			
Category of Care	**CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
OPTOMETRY	685			685
OPHTHALMOLOGY	332			332
CHIROPRACTIC	328			328
ORTHOPEDIC	320			320
SKILLED HOME HEALTH CARE	299	5	15	319

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Skilled home health care
4. Veteran directed care
5. Respite care

- **Referrals generated from the CAEC** are not included in this data analysis.
    - For Region 4 VISN 19, this accounted for **19 PC3 referrals**.
    - 16 referrals were categorized as “ER/Urgent” and 3 referrals were categorized as inpatient.
- CCN utilization remained about the same for all sites. **Sheridan had the largest decrease of 4%.**
    - The VCA increase was due to an additional **7 Homemaker/Home Health Aide referrals.**
- **Cheyenne** CCN utilization reached an all time high of **99.8%.**

VISN Referral Network Breakdown

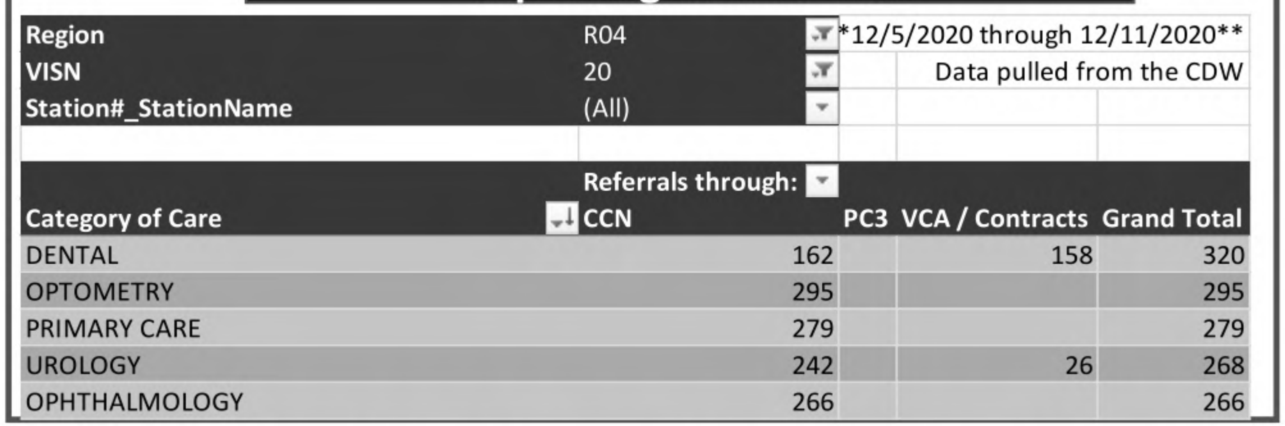


Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for December 5-11, 2020.

Region 4 VISN 20 Sites: Referral Volume Snapshot

Top Categories of Care



Region	R04	*12/5/2020 through 12/11/2020**
VISN	20	Data pulled from the CDW
Station#_StationName	(All)	

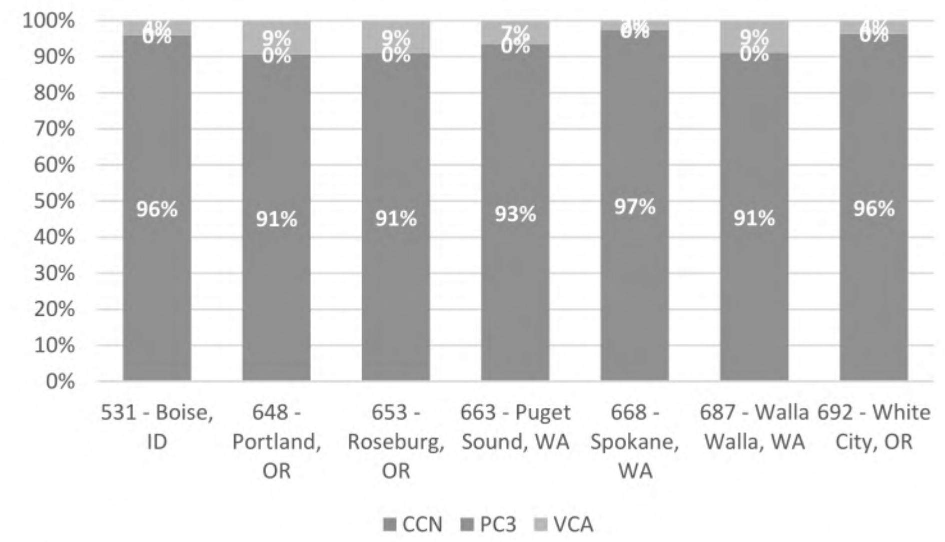
Category of Care	**Referrals through: CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
DENTAL	162		158	320
OPTOMETRY	295			295
PRIMARY CARE	279			279
UROLOGY	242		26	268
OPHTHALMOLOGY	266			266

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 20, this accounted for **67 PC3 referrals**.
  - 61 referrals were categorized as "ER/Urgent" and 6 referrals were categorized as inpatient.
- Portland, Roseburg, Walla Walla, and White City all had a slight increase of **1-4% in VCA utilization**.
  - VISN 20 has reported COVID impacts and noted Oregon governor increasing restrictions. Sites are experiencing an increasing number of unscheduled referrals and may be utilizing VCAs to maximize scheduling abilities.
  - R4 team will continue to monitor.

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Respite care
4. Bowel and bladder
5. Adult day health care

VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

Choose VA

This data was pulled from CDW for December 5-11, 2020.

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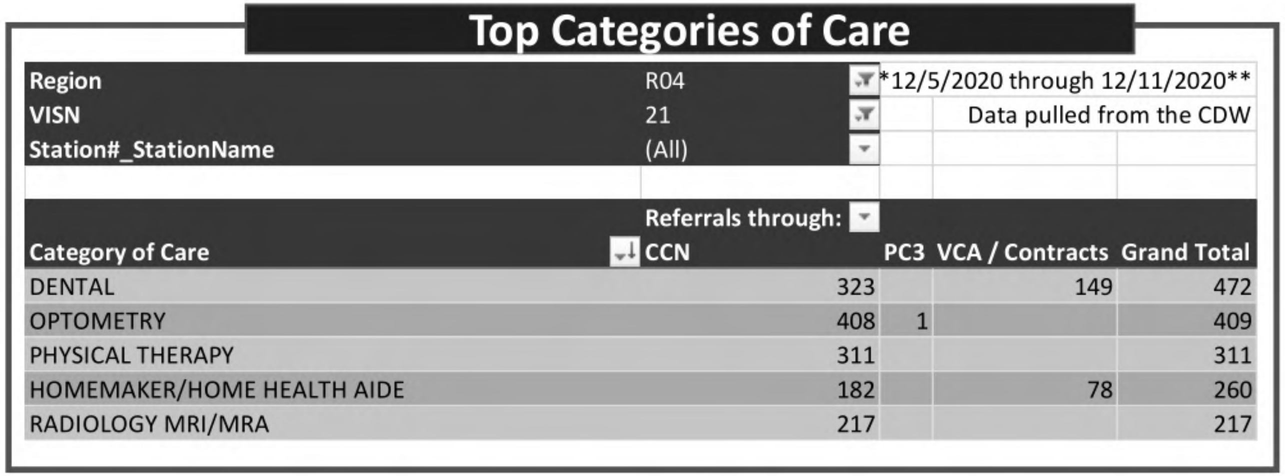
Office of Community Care

Region 4 VISN 21 Sites: Referral Volume Snapshot

Top Categories of Care



Region	R04	*12/5/2020 through 12/11/2020**		
VISN	21		Data pulled from the CDW	
Station#_StationName	(All)			

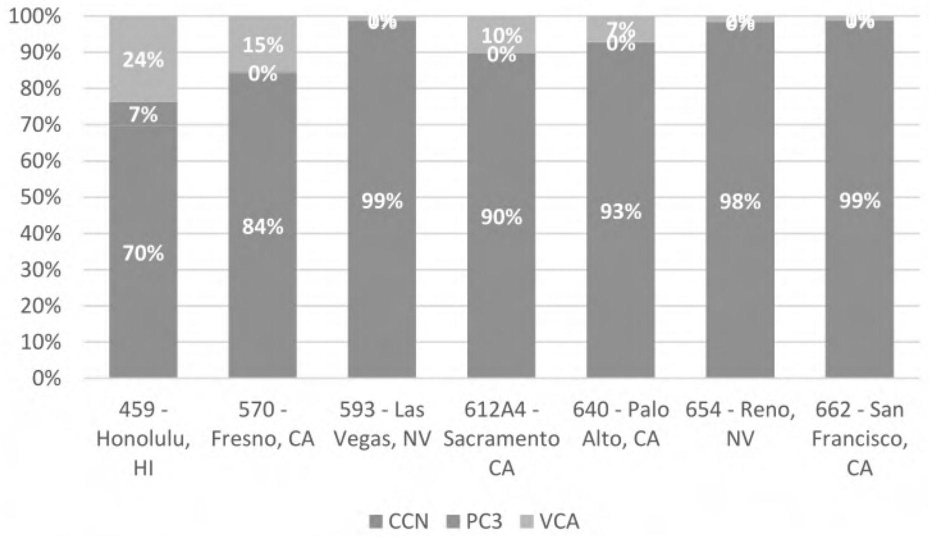
Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
DENTAL	323		149	472
OPTOMETRY	408	1		409
PHYSICAL THERAPY	311			311
HOMEMAKER/HOME HEALTH AIDE	182		78	260
RADIOLOGY MRI/MRA	217			217

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 21, this accounted for **64 PC3 referrals**.
  - 53 referrals were categorized as "ER/Urgent" and 11 referrals were categorized as inpatient.
- All sites saw an increase in CCN utilization and decrease in VCA/Contracts utilization compared to prior week. **Las Vegas and San Francisco has reached an all time high of 99% in CCN utilization.**
- Honolulu**'s PC3 utilization increased from 4% to 7%**; however, the PC3 referrals are for the Pacific Islands.

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Lab and pathology
3. Homemaker/home health aide
4. Orthopedic
5. Urology

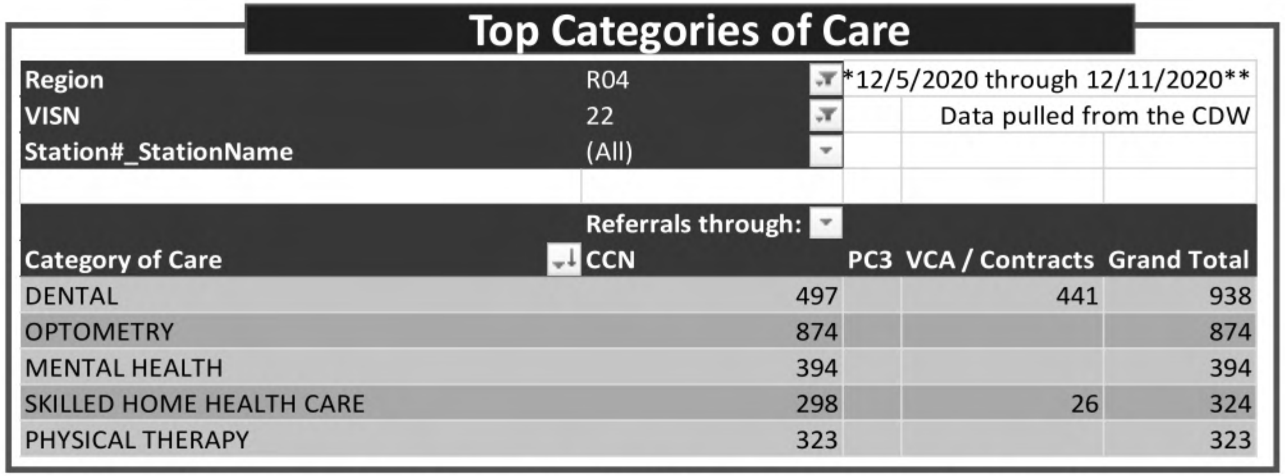
VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for December 5-11, 2020.

Region 4 VISN 22 Sites: Referral Volume Snapshot



Top Categories of Care

Region	R04	*12/5/2020 through 12/11/2020**		
VISN	22		Data pulled from the CDW	
Station#_StationName	(All)			

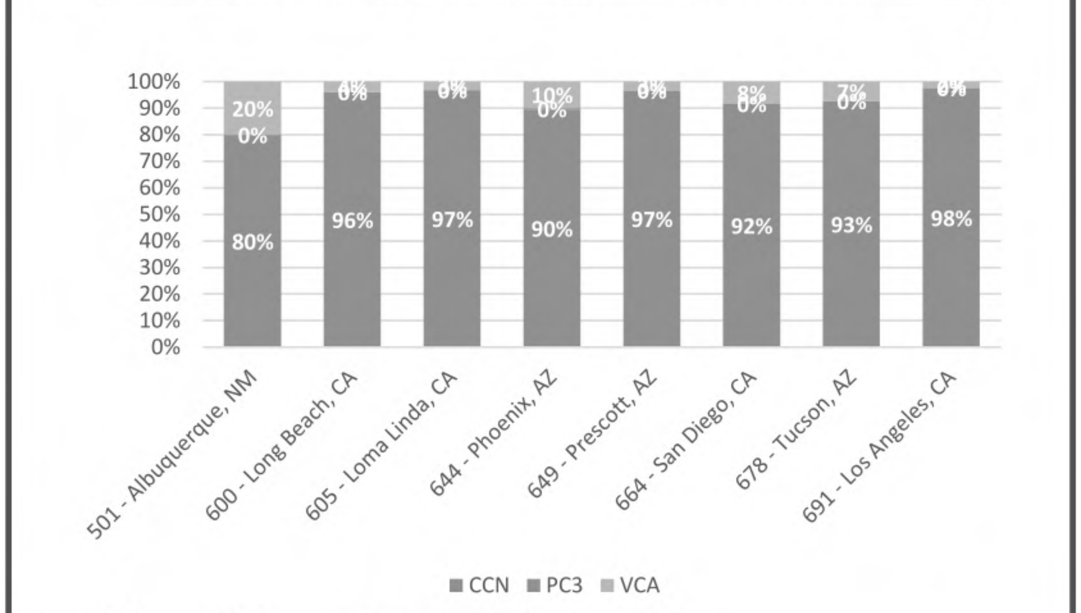
Category of Care	**Referrals through:** **CCN**	**PC3**	**VCA / Contracts**	**Grand Total**
DENTAL	497		441	938
OPTOMETRY	874			874
MENTAL HEALTH	394			394
SKILLED HOME HEALTH CARE	298		26	324
PHYSICAL THERAPY	323			323

The **top five categories of care going to PC3 and VCA/Contracts** are (not including ER/Urgent Care):

1. Dental
2. Homemaker/home health aide
3. Skilled home health care
4. Respite care
5. Ophthalmology

- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 22, this accounted for **81 PC3 referrals**.
  - 75 referrals were categorized as “ER/Urgent” and 6 referrals were categorized as inpatient.
- CCN and VCA utilization remained steady compare to prior week with slight **1-2% variation.**
- Albuquerque continues to have the highest VCA/Contracts utilization; ***however, they are on a positive trend with a steadily decrease in VCA/Contracts utilization over the last three weeks.***
  - The main driver for the VCA/Contract utilization is due to dental. Network management is aware of the issue.

VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for December 5-11, 2020.

TriWest: Access to COVID-19 Vaccines for Veterans CCN Regions 4, 5, and 6

12/30/20

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Office of Community Care

Agenda

1. Overview
2. Proposed Vaccine Process
3. TriWest's Proposed Framework Assumptions
4. Next Steps
5. Questions and Answers (Q&A)

Overview

- **Main Objective:** With the introduction of the COVID-19 vaccine, the Community Care Network (CCN) needs to ensure that all eligible Veterans, including Veterans residing in rural and highly rural areas, have access to the COVID-19 vaccine in their local communities as supplies are available.

  (b)(5)

- **Background**:
  - All Veterans eligible for the CCN Urgent Care (UC) benefits are also eligible for both the VA approved Flu and 3 approved COVID-19 vaccines.
  - Under the CARES ACT (set to expire on 12/31/2020), all pharmacies are legally required to provide COVID-19 vaccine, and VA may have authority under the CARES ACT to provide vaccines to all Veterans regardless of their Urgent Care benefit status.
  - Currently, 3 emergency National Drug Codes (NDCs) are approved for COVID-19 vaccines. Once government funding ends, it is expected that additional and new COVID-19 vaccine NDCs will enter the market.
  - The NDC's today have no average wholesale price (AWP) or cost associated with them since they are all government products. Once the government no longer funds the vaccines, new NDCs will be assigned with AWP attached to them.

Proposed Vaccine Process

(b)(5)

TriWest’s Proposed Framework Assumptions

(b)(5)

(b)(5)

(b)(5)

TriWest’s Proposed Framework Assumptions Continued

(b)(5)

(b)(5)

The current status of COVID-19 vaccine Distributions Plan for major Pharmacy chains are listed below:

Pharmacy	Vaccine Distribution Plan
CVS	(b)(5)
Walgreens	
Costco	
Albertson’s	
Walmart	
Sam’s Club	

TriWest's Proposed Framework Assumptions Continued

Invoice and Billing

(b)(5)

(b)(5)

Data Assurance

(b)(5)

(b)(5)

Next Steps

Office of Community Care

(b)(5)

TriWest

(b)(5)

Q&A

CCN ELC Update

1/27/2021

(b)(6)

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Agenda

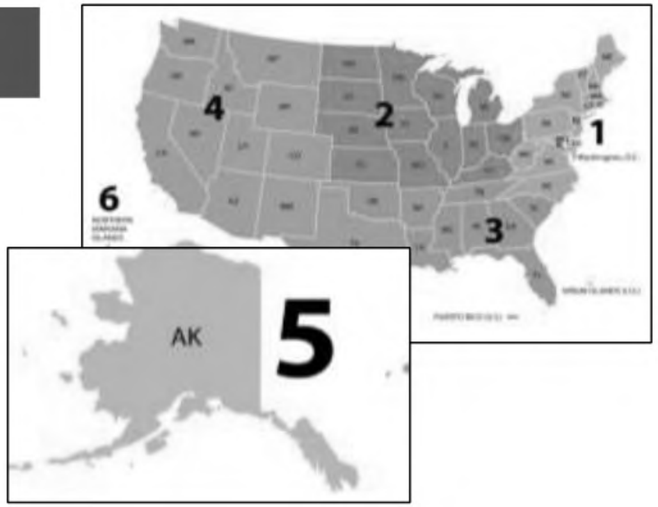
- Region 5 Deployment Updates
- VA Provider Pharmacy Capability Update
- ART/IVF Pharmacy Update
- Retail Seasonal Flu Vaccine 2021-2022

R5 Deployment Updates

Region 5 Status and Upcoming Activities

October | November | December | January | February | March | April

- 10/1 Award
- 10/19 Post Award Meeting
- 11/4-11/5 Kickoff Meeting
- 11/16-11/17 Demand Capacity Meeting
- System and Process Testing
  Site Training
  Network Building
- 3/31/21 PC3 Ends
- 4/1/2021 HCD



Key Activities as of 1/25:

- (b)(5)
- R5 Tabletop Scenario Testing is complete.
- (b)(5)

Region 5 Risks/Issues

Category	Risk Level	Risks/Issues	Status and Next Steps as of 1/25
Payment Hierarchy and Fee Schedule Modification	High	(b)(5)	(b)(5)
Bundled Modifications	High	(b)(5)	(b)(5)
Dental Modification	High	(b)(5) (b)(5)	(b)(5)
HCD Date and PC3 Contract End Date	High		(b)(5)

VA Provider Pharmacy Capability Update

Project Milestones

Send communication products to 13D, (1/26) COMPLETED

- **Veteran facing Information Sheet, VA Provider Announcement, Scripting, Standardized Fax Cover Sheet developed**

CCSC Briefing - VA Provider Immediate Need Pharmacy Benefit Pilot, (1/26) COMPLETED

Conduct Pilot Provider Training Session, (1/26) COMPLETED

Upcoming Milestones

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

Pilot Update

- Training was held on 1/26/2021, at 3pm ET.
    - Providers and Pharmacists participated from VISN 21, along with TriWest
- TriWest confirmed the pilot participating providers are present in ESI's system, validating the PIE file process.
    - Update: Added additional providers (8) from NV who lost a capability to utilize SF first fill contract
- Communications artifacts developed and shared.
    - Email to providers and leadership
    - Veteran information sheet
    - Scripting
    - Example fax cover sheet template
- Support will be provided via the pilot Microsoft Teams channel for questions, issues, or feedback from Monday 2/1- Friday 2/6, from 10am-2pm PT.
- In early March, ELC will receive decision points for pilot next steps.

Provider	Specialty	Location
(b)(6)	CBOC (Primary Care)	Fresno CBOC
	CBOC (Primary Care)	Fresno CBOC
	CBOC (Primary Care)	Fresno CBOC
	Telehealth Urgent Care	Reno
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth	San Francisco
	Telehealth Urgent Care	San Francisco
	Telehealth Urgent Care	San Francisco
	Telehealth Urgent Care	San Francisco
	Telehealth Urgent Care	Sacramento
	Telehealth Urgent Care	Sacramento
	Telehealth Urgent Care	Sacramento
	Telehealth Urgent Care	Santa Rosa CBOC
	(b)(6)	Pacific Islands HCS
		Pacific Islands HCS
		Fresno Pharmacy

ART/IVF Pharmacy Issue Update

ART/IVF Pharmacy Issue - Update

BLUF: Veterans and eligible non-Veteran spouses receiving fertility care outside Veterans Administration (VA) facilities are required to get their medications from VA pharmacies. These medications are currently not eligible for urgent/emergency prescribing from the community care retail pharmacy. Because these medications are highly specialized and the use of them is time-sensitive, there is a need for flexibility in obtaining these medications from pharmacies outside VA.

- Issue 1: Veteran OOP reimbursement (Immediate/Interim Solution)

(b)(5)

- Issue 2: Availability of infertility/ART/IVF medications to Veterans (Ideal Future Solution)

(b)(5)

- Issue 3: Compounded drugs – sterile lab via local contract

(b)(5)

Retail Seasonal Flu Vaccine 2021-2022

Retail Seasonal Flu Vaccine 2021-2022

BLUF: (b)(5)

(b)(5)

- Background:
  - Veterans have historically leveraged VA's retail seasonal flu vaccine program. The need increased in the 2020-2021 flu vaccine season due to COVID-19 and given the status of COVID-19, the 2021-2022 flu season will also likely see a higher than usual demand.
  - (b)(5)
- Next Step(s): (b)(5)

(b)(5)

- Timeline: Seasonal Flu Vaccine Availability September 1, 2021-April 30, 2022
  - (b)(5)
  - Communication development completed by July

    (b)(5)
  - Other coordination efforts (flu formulary update, NDC list development, escalation pathway, reimbursement, etc.)

Strategic Planning
MITRE Contract

2/1/2021

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Strategic Planning & Support Contract

- OCC/Network Management have a contract that has been awarded to provide Strategic Planning services that are not in line with our current way forward
- (b)(5)

Introduction

- **Title of Requirement:** National Care Strategic and Future Planning Support
    - Contract 36C10A20D0004
    - Task Order 36C10A21N0003
- **Date of Award:** October 28, 2020
- **Contractor Name:** The MITRE Corporation
- **Period of Performance:**
    - Base: October 28, 2020 to October 27, 2021
    - Option Yr. 1: October 28, 2021 to October 27, 2022
    - Option Yr. 2: October 28, 2022 to October 27, 2023
- **Contract Type:** Cost-Plus-Fixed-Fee (CPFF)
- **Obligated Amount: $**5,394,288
- **Total Award Amount:** $14,187,753

Introduction

- **VA Team**
  - Executive Sponsor: Dr. Mark Upton
    - Recommend IPT Charters (Strategic Planning and Next Generation)
  - Program Manager (b)(6)
  - Contract Management:
    - CO (b)(6)
    - COR: (b)(6)
- **MITRE Team**
  - (b)(6)
- **MITRE Leadership**
  - (b)(6)

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Contract Statement of Work

5.2.1 National Strategic Planning Support

- Provide OCC Strategic Plan to redefine the vision, mission, and direction to project out 10-20 years
  - Assess the current state of OCC, identify inefficiencies and provide recommendation for improvement, including recommendations on integration of current CCN and other VHA business lines.
  - Assessments/analysis of potential future legislation, presidential administration changes, and political climate and the potential impact to VHA policy.
  - Provide advice for healthcare programs, strategy planning, and business process management as they relate to the OCC and the VHA enterprise. Strategic planning is to include research and advisory services of industry best practices.
  - Recommended initiatives, resources, and standard operating procedures that align with the OCC Strategic Plan and will enable OCC to adopt proven practices, reduce procedural variations between OCC existing contracts and improve management of planning and execution across OCC lines of business.
- GOAL: To develop an actionable long-term strategy for OCC
- POP Base: October 28, 2020 to October 27, 2021
  - Option Year 1: October 28, 2021 to October 27, 2022
  - Option Year 2: October 28, 2022 to October 27, 2023 (OCC strategic plan update)

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Recommended Replacement Work (Plan A)

- Each Directorate has a distinct role in the organization which requires individualization of their plans
- MITRE would work with each individual Directorate, along with Strategic Planning staff, to create 5 Year Strategic Plans (FY21-26)
- All work previously accomplished during the Senior Leader Meeting and Directorate work would be incorporated into the MITRE work
- Directorate plans would then be incorporated by the OCC Strategic Planning staff into an OCC Strategic Plan using the VA and VHA Long Range Plan Goals and Objectives
- Ongoing annual Operational Plans would also incorporate this work
- Leveraging MITRE resources reduces the work burden of the Directorates

Chief Health Informatics Office (CHIO)	***Business Operations & Administration***	***Delivery Operations***	***Revenue Operations***	***Network Management***	***Clinical Integration & Field Operations***
Status: Contractor working on development of this plan	**Status:** No current Directorate 5-year plan	**Status:** Current 3-year FY20-22 Plan in place (Model)	**Status:** No current Directorate 5-year plan	**Status:** No current Directorate 5-year plan but completed work on the Acquisition Playbook	**Status:** No current Directorate 5-year plan
Recommendation: Do not include in MITRE work	**Recommendation:** Include in MITRE work	**Recommendation:** Include in MITRE work for extension of existing work for FY23-26	**Recommendation:** Include in MITRE work	**Recommendation:** Include in MITRE work	**Recommendation:** Include in MITRE work

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Directorate/OCC Strategic Plan Components

- OCC Mission/Vision/Goals
- ICARE Values
- Directorate SWOT Analysis
- Directorate Priorities (FY21 and FY22)
- Overall Strategy
- Long Term Strategic Objectives
- Strategic Goals, Indicators and Activities (possible budget impact)
- VA/VHA Goals and Objectives Linkage
- VHA Long Range Planning Framework Linkage

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Long Term Planning Areas of Consideration

- Maintaining and Improving our High Performing Integrated Delivery Network
- Maintaining and Improving our work as a High Reliability Organization (HRO)
- Impact of new health care technologies
- Impact of process automation/updates
- Impact of projected Veteran demand
- Ability to provide data feedback loop to the field for health care services planning
- Impact of proper field health care services planning
- Impact of improved network adequacy
- Impact of improved care integration
- Effective Use of Resources
- Building a culture of Excellence

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Recommended Replacement Work (Plan B)

- MITRE would work with each individual Directorate, along with Strategic Planning staff, to create only an OCC 5-Year Strategic Plan
- Directorate input would be incorporated using the VA and VHA Long Range Plan Goals and Objectives and the Level III Operating Plan
- Ongoing annual Operational Plans would also incorporate this work
- All work previously accomplished during the Senior Leader Meeting and Directorate work would be incorporated into the MITRE work
- This option does not reduce the work burden on the Directorates as they will still need to develop Strategic Plans commensurate with the larger OCC plan

CCN ELC Update

2/10/2021

(b)(6)

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Agenda

- Region 5 Deployment Updates
- VA Provider Pharmacy Capability Update

R5 Deployment Updates

Region 5 Status and Upcoming Activities

October | November | December | January | February | March | April

10/1
Award

10/19
Post Award Meeting

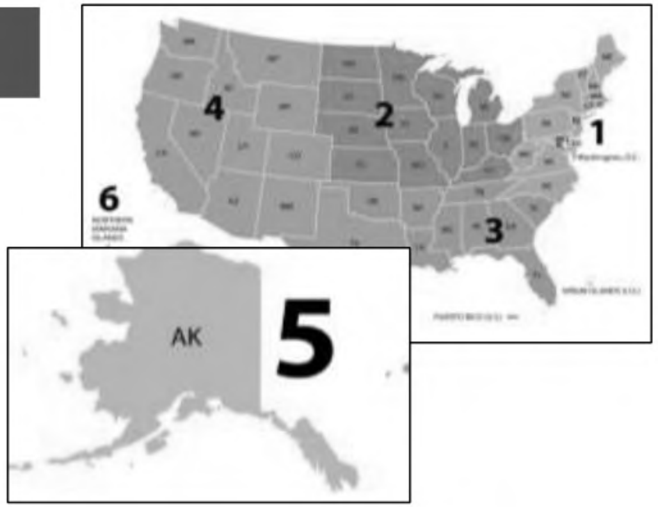
11/4-11/5
Kickoff Meeting

11/16-11/17
Demand Capacity Meeting

System and Process Testing
Site Training
Network Building

3/31/21
PC3 Ends

4/1/2021
HCD



Key Activities as of 2/9:

- (b)(5)
- Mod Bundle #1 has been fully executed. (b)(5) (b)(5)
- (b)(5)
- (b)(5)
- The R5 Dental Deep Dive occurred 2/3. (b)(5)
- VA provided CO direction to TW on several items included in upcoming modifications as requested by TW.

Region 5 Modifications and Risks Update

Category	Risk Level	Risks/Issues	Status and Next Steps as of 2/9
Payment Hierarchy and Fee Schedule Modification	High	(b)(5)	(b)(5)
Mod Bundle #2	High		(b)(5)
Dental Modification	High		
TW Delta Dental Timeline	High		(b)(5)
HCD Date Modification	High		
VCE Modification	High		

VA Provider Pharmacy Capability Update

Project Milestones

Upcoming Milestones

Send communication products to 13D, (1/26) COMPLETED

- **Veteran facing Information Sheet, VA Provider Announcement, Scripting, Standardized Fax Cover Sheet developed**

CCSC Briefing - VA Provider Immediate Need Pharmacy Benefit Pilot, (1/26) COMPLETED

Conduct Pilot Provider Training Session, (1/26) COMPLETED

Soft test with VA provider, (1/27) COMPLETED

(b)(5)

(b)(5)

(b)(5)

(b)(5)

Pilot Update

- TriWest confirmed over 70 claim have been sent out under the immediate need pharmacy capability since November 2020
  - Even though the pilot did not go live until 2/1, TriWest/ESI's system capability was turned on in November 2020 and some pharmacy claims which meet the criteria (e.g., eligible VA prescriber, eligible Veteran, U/E formulary, etc.) have gone through this process
- Conducted lessons learned session with pilot participants
  - Only one issue so far
  - Many VA providers experienced long wait time (15 minutes) to speak to the pharmacists at the retail pharmacies to provide verbal orders
    - Outbound ePrescribing capability would help with this experience
  - Change management will be critical when we implement this capability region-wide or nation-wide, especially with sunsetting of local first fill contracts
  - U/E formulary management and ability to add routine/maintenance medications

Pilot Issue

BLUF: CCRS has not implemented the requirements needed to support the processing of invoices for VA provider prescription capability which could impact continuance of pilot

Background

- Two CCRS Change Requests (CR) were submitted for the VA provider prescription capability implementation. One CR for CCRS to accept the VP unique prior auth number on the NCPDP file (11/16/2020) and One CR for obligation mapping requirement from Finance team (12/15/2020).
- Both CRs were not properly or timely acted upon.
- CCRS team has gone through major transition (PM transition, new IT PM onboarded, etc.) in November/December.

Current Status

- Requirements will be implemented on 3/18, with the CCRS 14.3 release. Earlier implementation is not feasible per CCRS.
- CCRS, POM, Finance, and COR team engaged to finalize requirements and address clarification questions.
  1. *Obligations – Closed (Finance submitted updated CR)*
  2. *Allocation of PMPM (prescribing provider vs dispensing provider) – Open, with COR Invoice team*
  3. *Prescribing provider validation – Closed (CCN submitted updated CR, bypass prescribing provider validation)*

Impact, Next Steps

(b)(5)