

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

March 10, 2023

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

Dear Mr. Mulvey:

This letter is the eighth 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.”

As noted in our November 19, 2021 letter, also 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”), AFPP 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
<p>Search #1, <b><u>HQ</u></b> <b><u>FOIA ITEM 2</u></b></p>	<p>[(“access to care” OR “patient access”) AND (“data” OR “numbers”)]</p> <p>AND (“website” OR “site” OR “portal”)</p> <p>AND (“transfer” OR “move” OR “shift” OR “relocate” OR “create date” OR “inspector general”)</p>	<ul style="list-style-type: none"> <li>• Kirsh</li> <li>• Lieberman</li> <li>• Hudson</li> <li>• Oshinski</li> <li>• Stone</li> </ul>

<p>Search #2, <b><u>HQ</u></b> <b><u>FOIA ITEM 3a &amp; 4-5 and VAMCs</u></b> <b><u>FOIA Item 10a</u></b></p> <p><b><u>(W/O CACMI)</u></b></p>	<p>(“MISSION Act” OR “VCCP” OR “Veterans Community Care”)</p> <p>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”)</p> <p>AND [(“guidance” OR “direct*” OR “policy” OR “memo*”) OR (“inquiry” OR “request” OR “question” OR “inspector general”)]</p>	<ul style="list-style-type: none"> <li>• Kirsh</li> <li>• Upton</li> <li>• Matthews</li> <li>• Boyd</li> <li>• Cunningham</li> <li>• Lieberman</li> <li>• Greenstone</li> <li>• MacDonald</li> <li>• Tucker</li> <li>• Bradsher</li> <li>• Sauber</li> <li>• Hudson</li> <li>• Blauert</li> <li>• Henson</li> <li>• Powers</li> <li>• Raftery</li> <li>• Stone</li> <li>• Clancy</li> <li>• Oshinski</li> <li>• Wilkie (x2)</li> <li>• McDonough (x2)</li> </ul>
<p>Search #3, <b><u>HQ</u></b> <b><u>FOIA ITEM 3a &amp; 4-5 and VAMCs</u></b> <b><u>FOIA Item 10a</u></b></p> <p>(w/VHACACMI)</p>	<p>(“MISSION Act” OR “VCCP” OR “Veterans Community Care”)</p> <p>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”)</p> <p>AND [(“guidance” OR “direct*” OR “policy” OR “memo*”) OR (“inquiry” OR “request” OR “question” OR “inspector general”)] AND “<u>VHACACMI@va.gov</u>”</p>	<ul style="list-style-type: none"> <li>• Mary Fields</li> </ul>
<p>Search #4, <b><u>HQ</u></b> <b><u>FOIA ITEM 3b &amp; 4-5 and VAMCs</u></b> <b><u>FOIA ITEM 10b</u></b></p>	<p>(“VCCP” OR “Community Care” OR “MISSION Act”)</p> <p>AND (“access standards” OR “wait times”)</p> <p>AND [(“method*” OR “calculat*”) AND (“process” OR “procedure” OR “direct*” OR “policy” OR “memo*”)]</p>	<ul style="list-style-type: none"> <li>• Upton</li> <li>• Matthews</li> <li>• Boyd</li> <li>• Cunningham</li> <li>• Lieberman</li> <li>• Greenstone</li> <li>• MacDonald</li> <li>• Tucker</li> <li>• Bradsher</li> </ul>

		<ul style="list-style-type: none"> <li>• Sauber</li> <li>• Hudson</li> <li>• Blauert</li> <li>• Powers</li> <li>• Henson</li> <li>• Raftery</li> <li>• Stone</li> <li>• Clancy</li> <li>• Oshinski</li> <li>• Wilkie (x2)</li> <li>• McDonough (x2)</li> </ul>
<p>Search #5, <b><u>HQ</u></b>  <b><u>FOIA ITEM 3c &amp;</u></b>  <b><u>4-5 and VAMCs</u></b>  <b><u>FOIA ITEM 10c</u></b></p>	<p>[(“community care wait time”) AND  (“eligible” OR “eligibility”)]  AND  (“script” OR “referral coordination  initiative”)</p>	<ul style="list-style-type: none"> <li>• Kirsh</li> <li>• Upton</li> <li>• Matthews</li> <li>• Boyd</li> <li>• Cunningham</li> <li>• Lieberman</li> <li>• Greenstone</li> <li>• MacDonald</li> <li>• Tucker</li> <li>• Bradsher</li> <li>• Sauber</li> <li>• Hudson</li> <li>• Blauert</li> <li>• Henson</li> <li>• Powers</li> <li>• Raftery</li> <li>• Stone</li> <li>• Clancy</li> <li>• Oshinski</li> <li>• Wilkie (x2)</li> <li>• McDonough (x2)</li> <li>•</li> </ul>
<p>Search #6, <b><u>HQ</u></b>  <b><u>FOIA ITEM 3c &amp;</u></b>  <b><u>4-5 and VAMCs</u></b>  <b><u>FOIA ITEM 10c</u></b></p> <p><b><u>(w/VHACACMI)</u></b></p>	<p>((“community care wait time”) AND  (“eligible” OR “eligibility”))AND (“eligible”  OR “eligibility”)) AND (“script” OR  “referral coordination initiative”) AND  “<a href="mailto:vhacacmi@va.gov">vhacacmi@va.gov</a>”</p>	<ul style="list-style-type: none"> <li>• Mary Fields</li> </ul>

<p>Search #7, <b><u>HQ</u></b>  <b><u>FOIA ITEM 3d &amp;</u></b>  <b><u>4-5 and VAMCs</u></b>  <b><u>FOIA ITEM 10d</u></b></p>	<p>[(“COVID*” OR “pandemic”) AND (“VCCP” OR “community care” OR “MISSION Act”)]</p> <p>AND (“referral management” OR “consult management” OR “eligibility” OR “wait time standard” OR “access standard” OR “pause”)</p>	<ul style="list-style-type: none"> <li>• Kirsh</li> <li>• Matthews</li> <li>• Boyd</li> <li>• Sauber</li> <li>• Hudson</li> <li>• Hipolit</li> <li>• Blauert</li> <li>• Upton</li> <li>• Tucker</li> <li>• Bradsher</li> <li>• Powers</li> <li>• Henson</li> <li>• Raftery</li> <li>• Stone</li> <li>• Wilkie (x2)</li> <li>• McDonough (x2)</li> </ul>
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Email Production:

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 twenty-eight (28) 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 twenty (520) responsive pages for this search. The Bates numbers for this dataset start at number 2791 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 recommendations, forecasted project dependencies, and risks 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).

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 (202) 738-2974) or via email at [darryl.webb@va.gov](mailto:darryl.webb@va.gov).

Sincerely,

*Darryl Webb*

Darryl Webb  
VA FOIA Officer

Enclosures:

# Weekly Community Care Consult Management Meeting

2/10/2021



# 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)
- (b)(6)
- 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 RCI Tracking tool until CTB 2.0 can track % consults automatically.
- ✓ 2/8 RCI Dashboard Iteration #1 under review with OCC CI leadership (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)(5)	
(b)(5)	Dr. Sandrow (b)(5)
(b)(5)	

# 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) Responsible 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

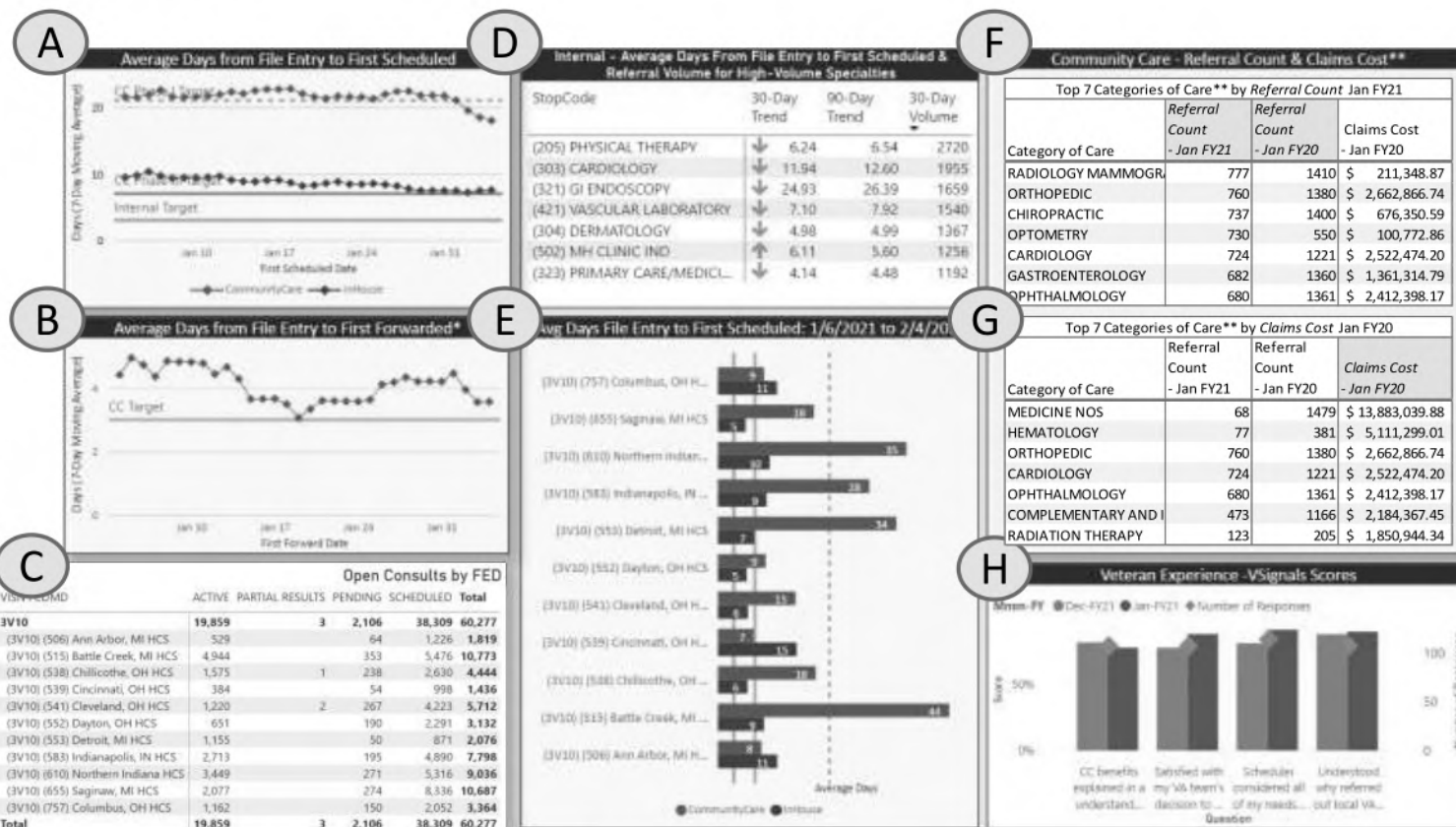
The following metrics displayed by VISN-level were identified by OCC and OVAC leadership to best measure scheduling timeliness, cost of care, and overall Veteran satisfaction.

## 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)



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

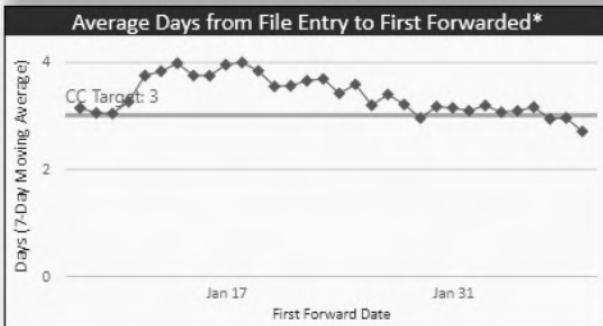
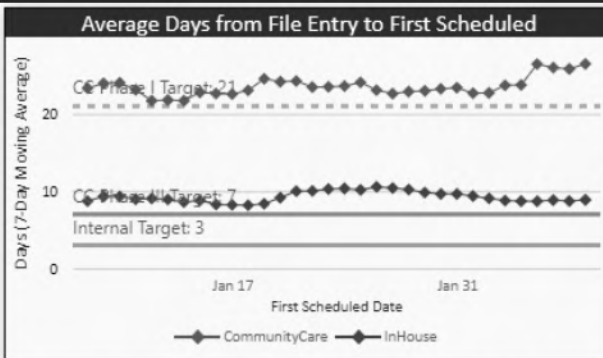
\*\*Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis and Home Health have been removed in this extract

# Data Interpretations

ID	Measure	Interpretation	Goals
A, D, & E	Average Days from File Entry to First Scheduled	(b)(5)	<ul style="list-style-type: none"> <li>Internal – 3 days</li> <li>CC Phase I Target – 21 days, CC Phase III Target – 7 days</li> </ul>
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	<b>Average Days from File Entry to First Scheduled</b>	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	<b>Average Days from File Entry to Forward Date</b>	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 than Community Care. Community Care Emergency Care Consults.	
C	<b>Open Consults by File Entry Date</b>	This chart shows the open consults by File Entry Date. Data is filtered to show by VISN and station. <ul style="list-style-type: none"> <li>Update weekly</li> </ul>	Screenshot of CI Dashboard: Consults Overview – Open Timeliness by FED
D	<b>Internal – Average Days from File Entry to First Scheduled and Referral Count for High-Volume Specialties</b>	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	<b>Average Days from File Entry to First Scheduled by Medical Center</b>	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	<b>Community Care – Referral Count &amp; Claims Cost for Top 7 Categories of Care by Referral Count</b>	<ul style="list-style-type: none"> <li>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</li> <li>*See Notes section for additional data detail*</li> </ul>	
G	<b>Community Care – Referral Count &amp; Claims Cost for Top 7 Categories of Care by Claims Cost</b>		
H	<b>Veteran Experience – VSignal Scores</b>	<ul style="list-style-type: none"> <li>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) <ul style="list-style-type: none"> <li>My VA Primary care provider and/or VA coordinating team explained benefits offered through VA community care in a way I could understand.</li> <li>I clearly understood why I was referred out of my local VA for care.</li> <li>I am satisfied with my VA provider and/or VA coordinating team's decision to use VA community care.</li> <li>The [Scheduling Entity] considered all of my needs when scheduling my VA community care appointment.</li> </ul> </li> </ul>	



VISN FCDMD

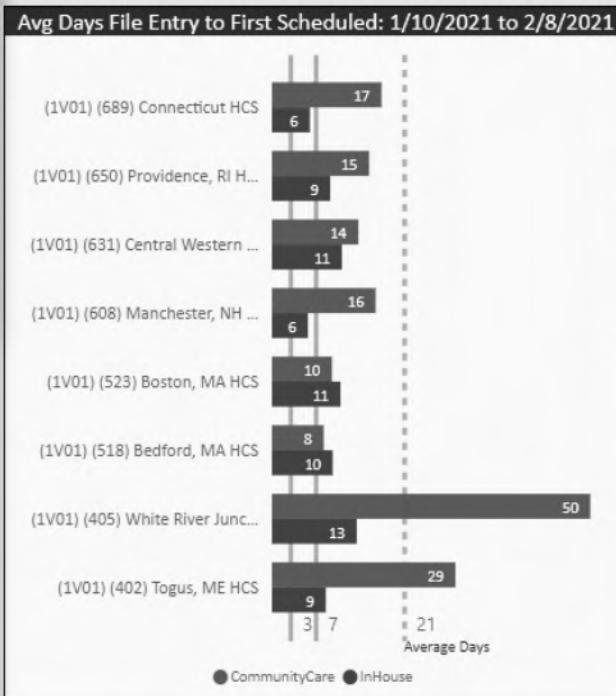
	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>1V01</b>	<b>11,022</b>	<b>1</b>	<b>1,742</b>	<b>22,108</b>	<b>34,873</b>
(1V01) (402) Togus, ME HCS	4,532		806	7,679	13,017
(1V01) (405) White River Junction, VT HCS	2,813	1	243	2,558	5,615
(1V01) (518) Bedford, MA HCS	174		19	381	574
(1V01) (523) Boston, 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
<b>Total</b>	<b>11,022</b>	<b>1</b>	<b>1,742</b>	<b>22,108</b>	<b>34,873</b>

\*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

### 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/MEDICLI...	↑ 5.76	5.71	699



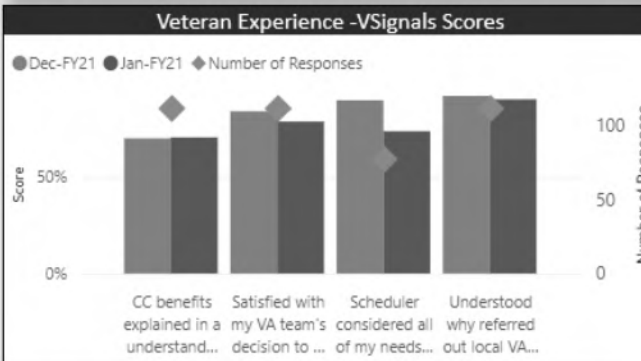
### Community Care - Referral Count & Claims Cost\*\*

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

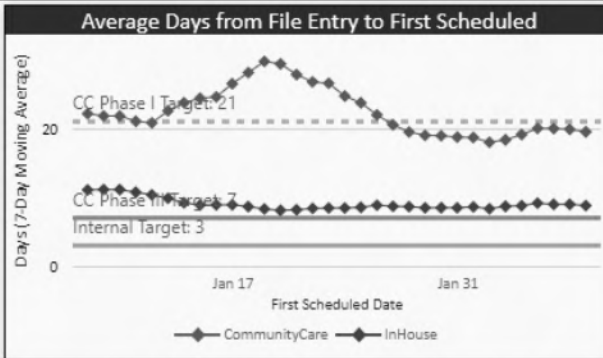
Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	Claims Cost - Jan FY20
DENTAL	1094	1330	\$ 594,363.28
GASTROENTEROLOGY	476	910	\$ 746,396.60
CHIROPRACTIC	470	746	\$ 251,319.86
ORTHOPEDIC	463	746	\$ 1,282,221.20
PHYSICAL THERAPY	448	878	\$ 476,265.77
COMP & INTEGR HEALTH	414	779	\$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



Data last updated: 02/08/2021



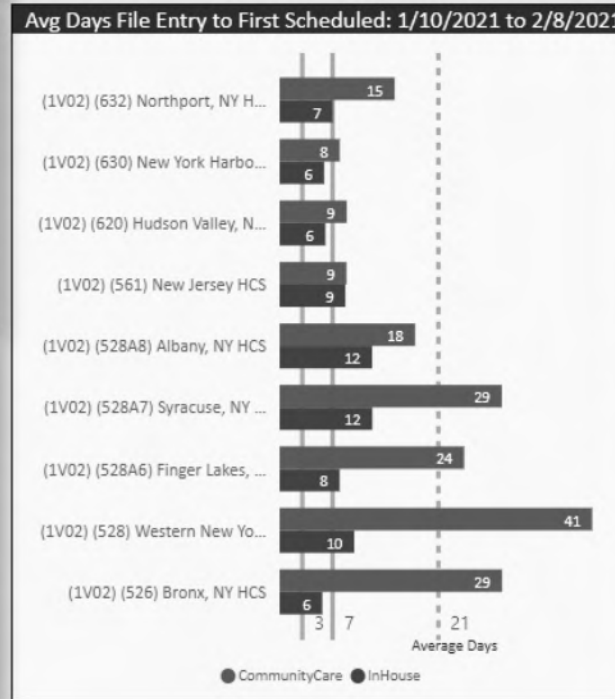
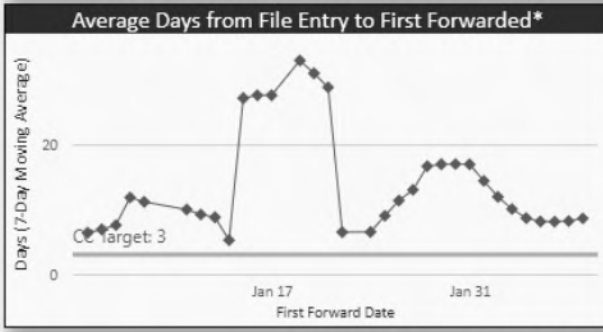
### Internal - Average Days From File Entry to First Scheduled & Referral Volume for High-Volume Specialties

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

### 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

Data last updated: 02/08/2021

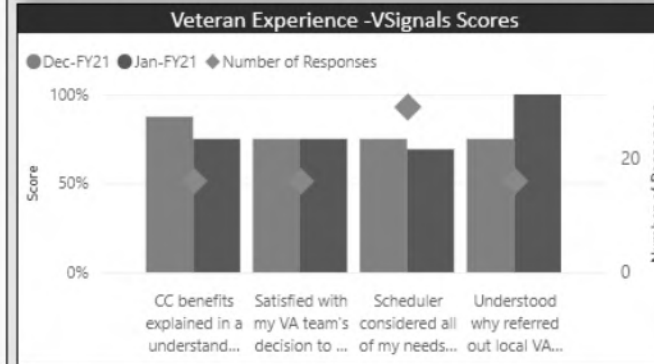


### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

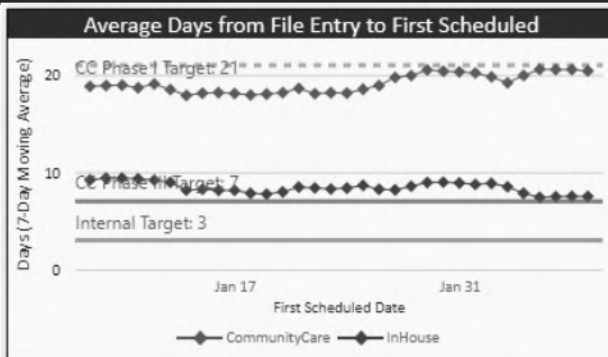
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>1V02</b>	<b>5,179</b>	<b>2</b>	<b>311</b>	<b>13,768</b>	<b>19,260</b>
(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
<b>Total</b>	<b>5,179</b>	<b>2</b>	<b>311</b>	<b>13,768</b>	<b>19,260</b>



\*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



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

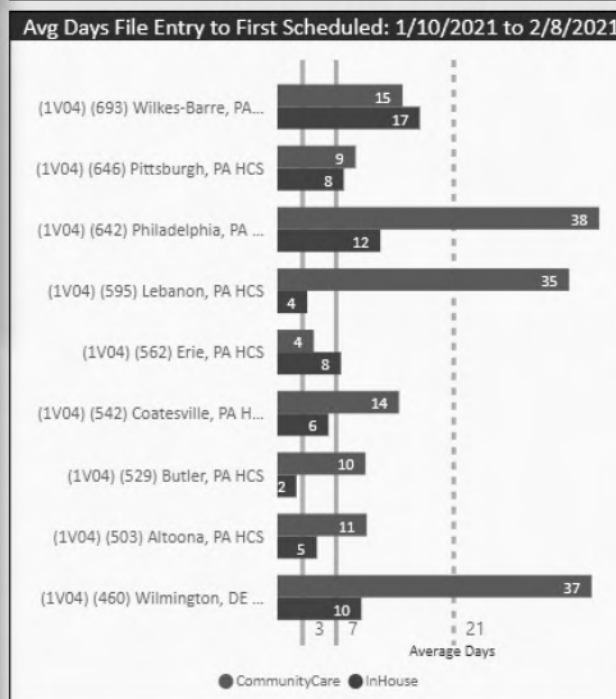
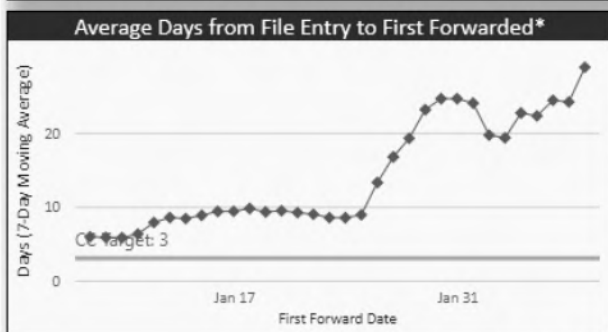
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 5.70	5.41	1379
(303) CARDIOLOGY	↑ 6.01	5.60	1101
(409) ORTHOPEDICS/JOINT S...	↓ 8.74	9.05	846
(502) MH CLINIC IND	↑ 14.65	13.91	814
(321) GI ENDOSCOPY	↓ 21.70	30.75	800
(304) DERMATOLOGY	↑ 6.66	6.21	630
(421) VASCULAR LABORATORY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

### Community Care - Referral Count & Claims Cost\*\*

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

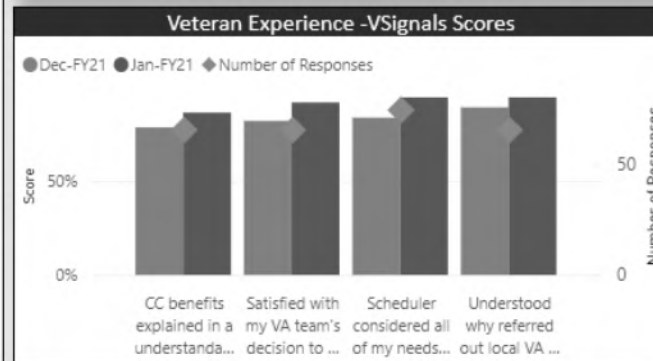
Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	Claims Cost - Jan FY20
PHYSICAL THERAPY	578	1378	\$ 654,597.88
GASTROENTEROLOGY	467	1054	\$ 680,550.11
ORTHOPEDIC	328	832	\$ 899,271.05
CHIROPRACTIC	314	618	\$ 235,347.57
CARDIOLOGY	284	568	\$ 1,158,988.20
RADIOLOGY MAMMOGR.	282	556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

Data last updated: 02/08/2021



#### 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

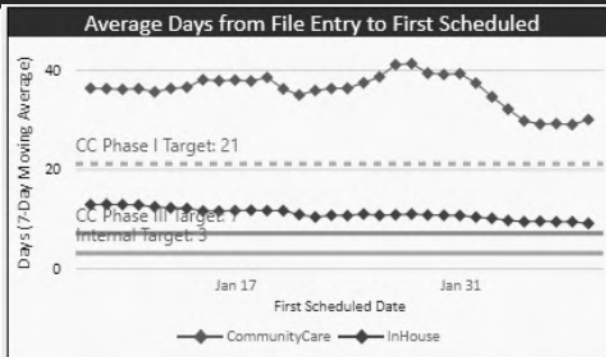


### Open Consults by FED

VISN FCMDM	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>1V04</b>	<b>9,242</b>	<b>12</b>	<b>454</b>	<b>22,199</b>	<b>31,907</b>
(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
<b>Total</b>	<b>9,242</b>	<b>12</b>	<b>454</b>	<b>22,199</b>	<b>31,907</b>

\*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



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

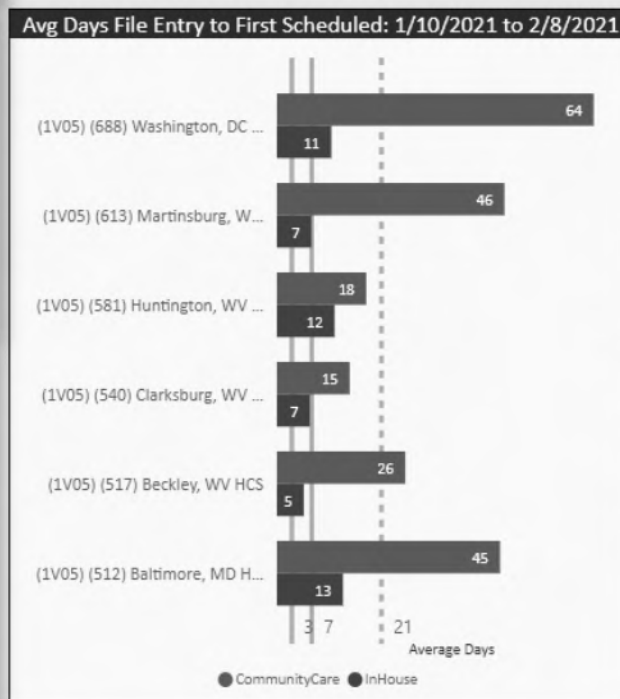
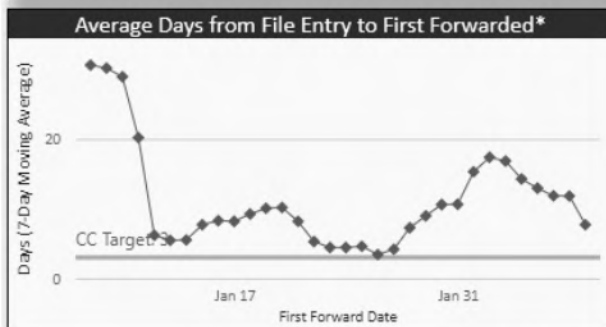
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 11.72	9.20	928
(409) ORTHOPEDICS/JOINT S...	↑ 12.54	11.96	703
(303) CARDIOLOGY	↑ 6.05	4.86	689
(321) GI ENDOSCOPY	↓ 26.93	32.89	626
(307) GASTROENTEROLOGY	↑ 12.55	10.73	625
(502) MH CLINIC IND	↓ 12.38	14.02	591
(304) DERMATOLOGY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

### 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

Data last updated: 02/08/2021

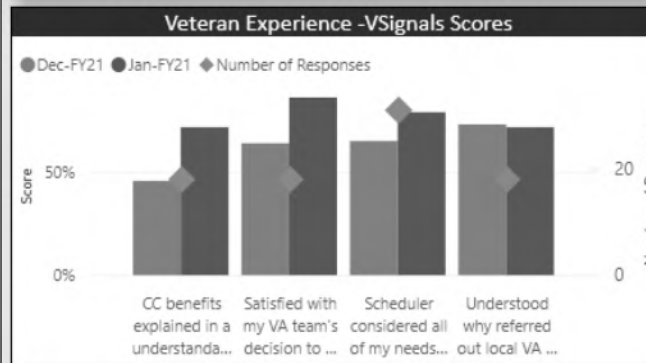


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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, C	0	3	\$ 799,775.98
PHYSICAL THERAPY	600	1378	\$ 783,213.36
CARDIOLOGY	331	483	\$ 672,837.01

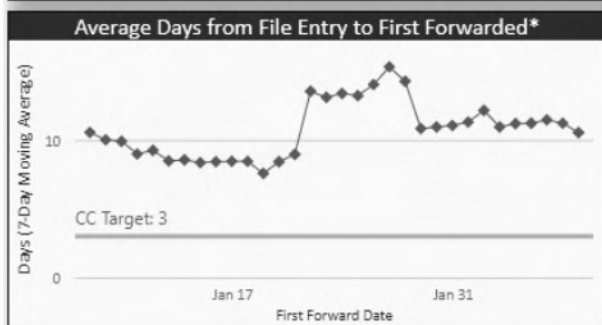
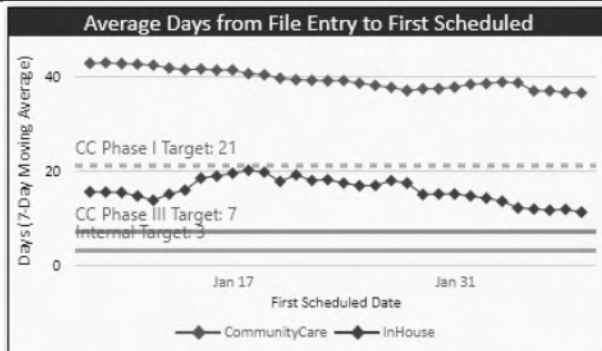
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>1V05</b>	<b>16,953</b>	<b>11</b>	<b>820</b>	<b>34,033</b>	<b>51,817</b>
(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
<b>Total</b>	<b>16,953</b>	<b>11</b>	<b>820</b>	<b>34,033</b>	<b>51,817</b>



\*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



### 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

### Community Care - Referral Count & Claims Cost\*\*

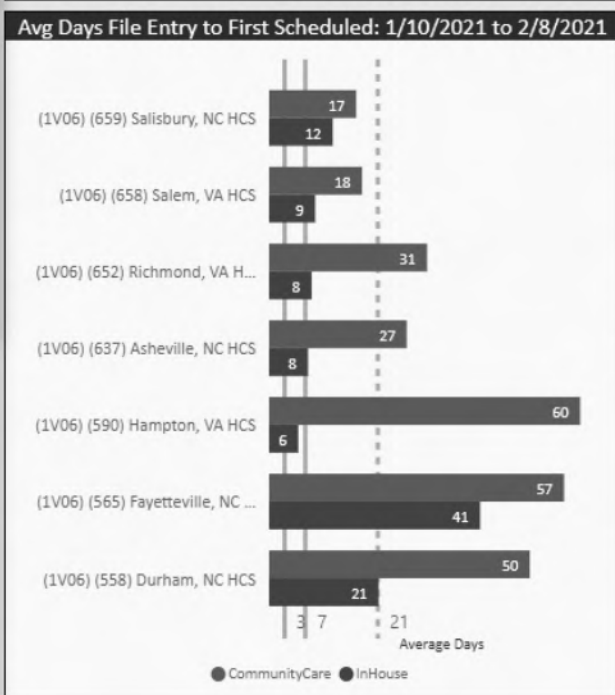
#### Top 7 Categories of Care\*\* by Referral Count Jan FY21

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

Data last updated: 02/08/2021

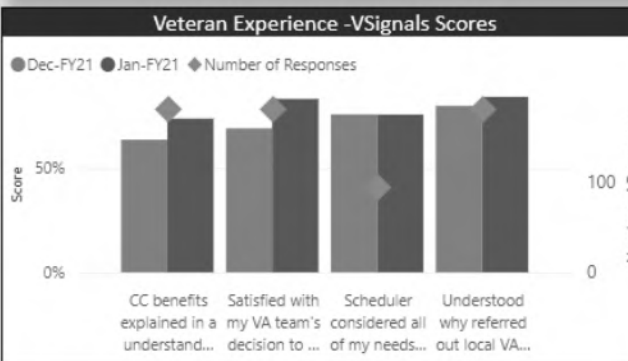
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>1V06</b>	<b>35,221</b>	<b>1</b>	<b>2,444</b>	<b>43,921</b>	<b>81,587</b>
(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
<b>Total</b>	<b>35,221</b>	<b>1</b>	<b>2,444</b>	<b>43,921</b>	<b>81,587</b>



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

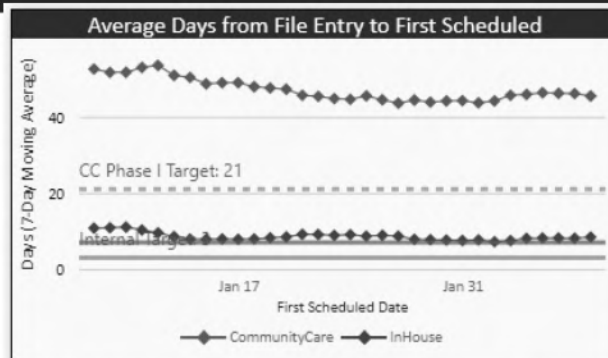
Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	Claims Cost - Jan FY20
HEMATOLOGY	27	375	\$ 3,491,321.08
ORTHOPEDIC	767	2474	\$ 2,950,515.18
DENTAL	2201	5000	\$ 2,562,928.70
COMP & INTEGR HEALTH	498	1891	\$ 2,416,146.93
RADIATION THERAPY	179	356	\$ 2,330,587.88
PHYSICAL THERAPY	1092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



\*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





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

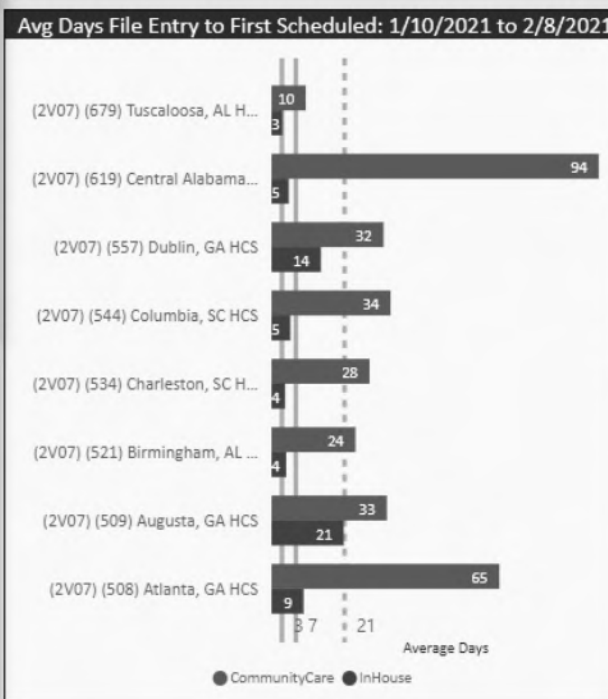
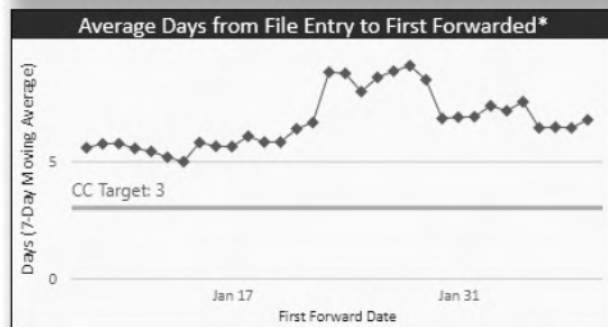
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↓ 5.62	5.80	1870
(349) SLEEP MEDICINE	↑ 12.62	11.39	1503
(321) GI ENDOSCOPY	↑ 15.13	10.08	1372
(303) CARDIOLOGY	↓ 6.59	6.97	1249
(206) OCCUPATIONAL THERAPY	↓ 4.43	4.74	1237
(502) MH CLINIC IND	↑ 6.69	5.83	1144
(391) CARDIAC ECHO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

### 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

Data last updated: 02/08/2021

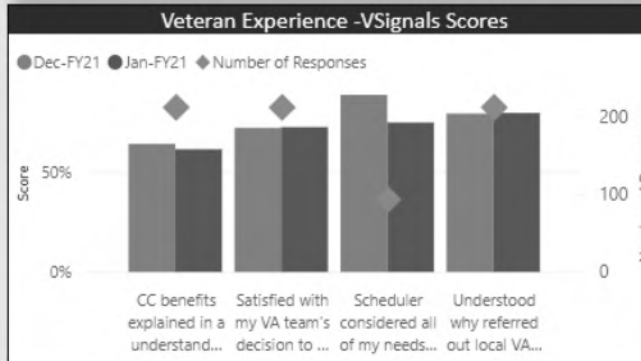


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

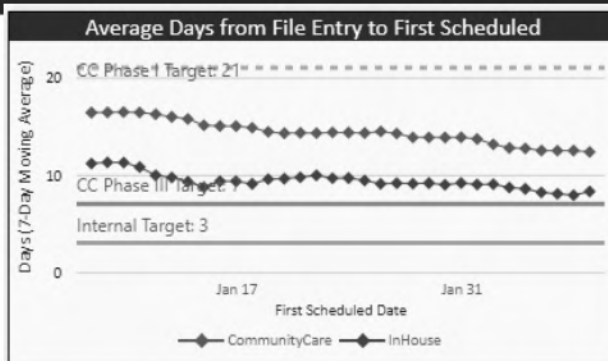
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>2V07</b>	<b>54,919</b>	<b>16</b>	<b>1,702</b>	<b>51,864</b>	<b>108,501</b>
(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
<b>Total</b>	<b>54,919</b>	<b>16</b>	<b>1,702</b>	<b>51,864</b>	<b>108,501</b>



\*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



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

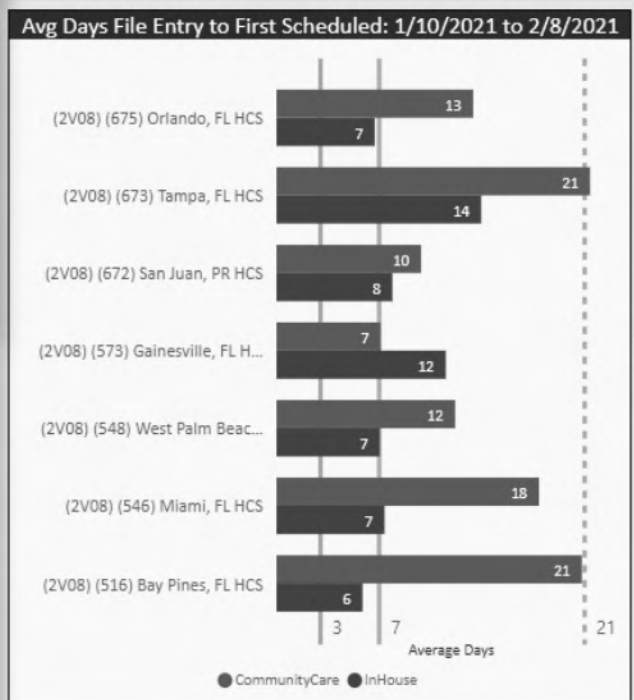
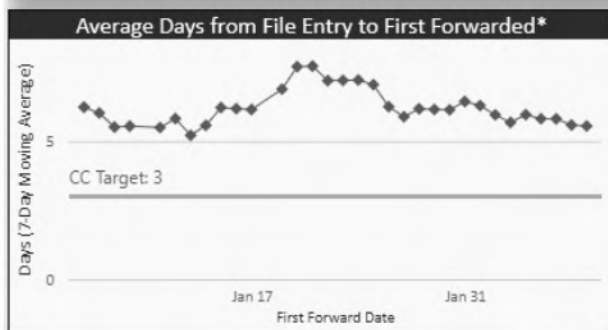
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 16.49	12.85	3501
(303) CARDIOLOGY	↓ 5.33	6.07	3302
(321) GI ENDOSCOPY	↓ 9.13	15.21	3220
(304) DERMATOLOGY	↑ 10.30	8.04	1971
(414) UROLOGY	↑ 8.30	7.94	1830
(201) PM&RS PHYSICIAN	↑ 10.34	9.29	1597
(407) OPHTHALMOLOGY	↑ 27.38	27.23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

### 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

Data last updated: 02/08/2021



#### 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, C	0	0	\$ 2,013,250.94

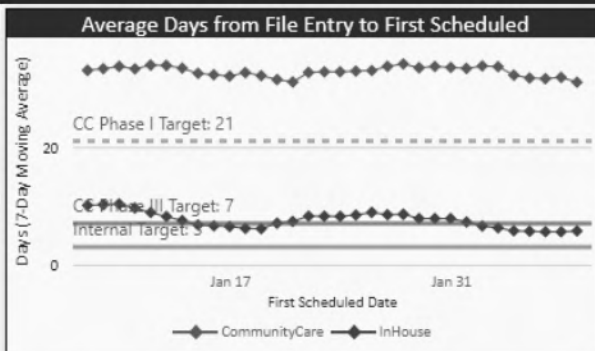
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>2V08</b>	<b>10,012</b>	<b>4</b>	<b>1,555</b>	<b>35,599</b>	<b>47,170</b>
(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
<b>Total</b>	<b>10,012</b>	<b>4</b>	<b>1,555</b>	<b>35,599</b>	<b>47,170</b>



\*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



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

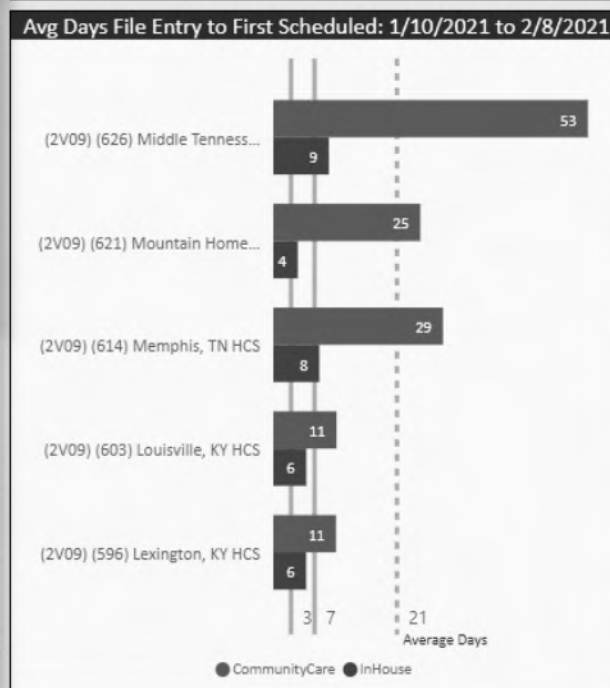
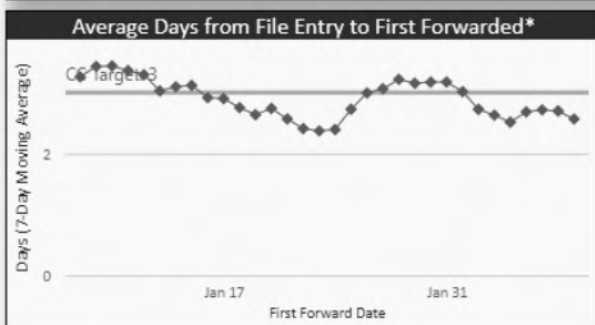
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(303) CARDIOLOGY	↑ 7.92	6.10	1582
(205) PHYSICAL THERAPY	↑ 6.69	5.41	920
(502) MH CLINIC IND	↑ 6.68	5.32	858
(304) DERMATOLOGY	↑ 4.34	4.03	801
(321) GI ENDOSCOPY	↓ 12.43	14.11	791
(409) ORTHOPEDICS/JOINT S...	↑ 7.38	6.73	690
(349) SLEEP MEDICINE	↑ 11.57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

Data last updated: 02/08/2021

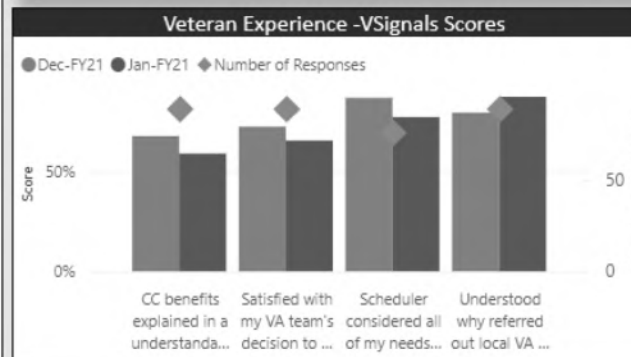


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

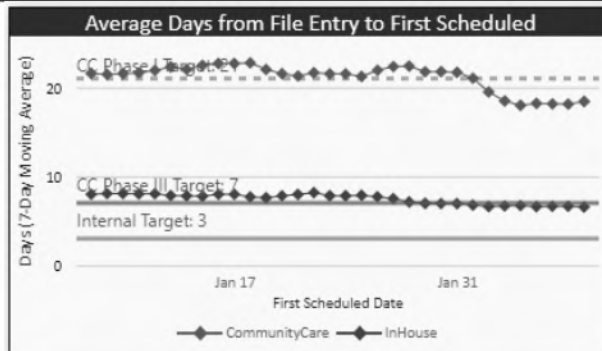
### Open Consults by FED

	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>2V09</b>	<b>20,123</b>	<b>3</b>	<b>985</b>	<b>62,006</b>	<b>83,117</b>
(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
<b>Total</b>	<b>20,123</b>	<b>3</b>	<b>985</b>	<b>62,006</b>	<b>83,117</b>



\*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



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

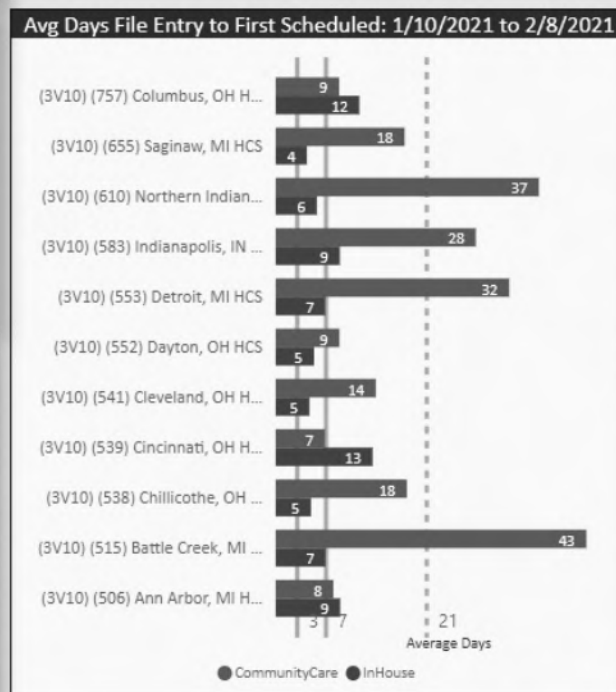
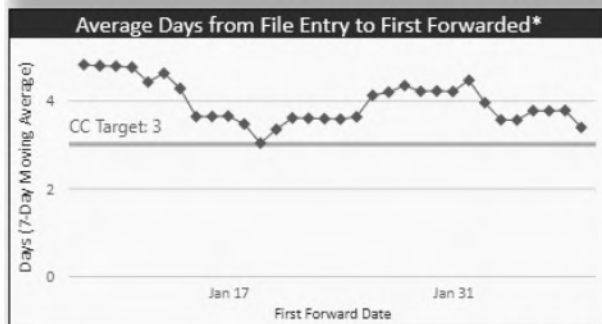
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↓ 6.23	6.57	2692
(303) CARDIOLOGY	↓ 10.96	11.61	1922
(321) GI ENDOSCOPY	↑ 14.38	12.79	1580
(421) VASCULAR LABORATORY	↓ 7.37	8.26	1477
(304) DERMATOLOGY	↓ 4.98	5.01	1353
(502) MH CLINIC IND	↑ 6.10	5.64	1246
(323) PRIMARY CARE/MEDICLI...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

### 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

Data last updated: 02/08/2021



#### 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

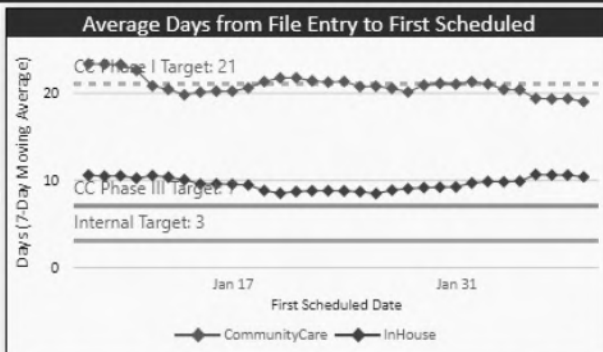
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>3V10</b>	<b>19,859</b>	<b>3</b>	<b>2,106</b>	<b>38,309</b>	<b>60,277</b>
(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
<b>Total</b>	<b>19,859</b>	<b>3</b>	<b>2,106</b>	<b>38,309</b>	<b>60,277</b>



\*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



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

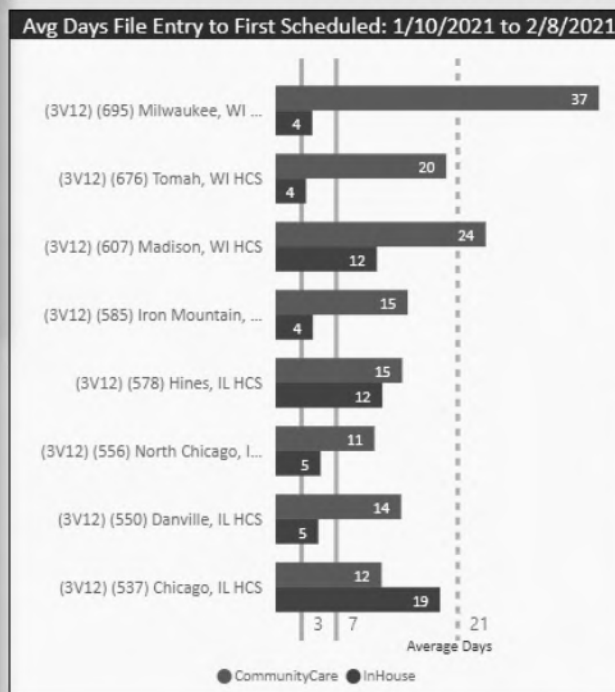
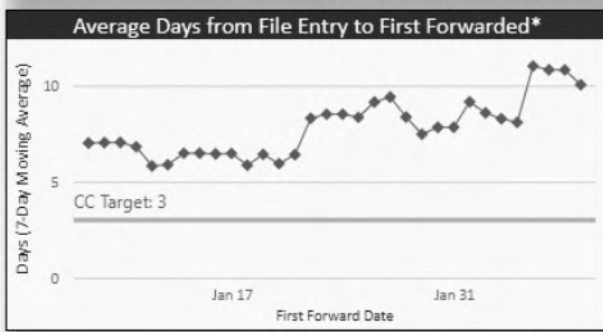
StopCode	30-Day Trend	90-Day Trend	30-Day Volume	
(205) PHYSICAL THERAPY	↓	7.36	9.03	1872
(303) CARDIOLOGY	↑	5.75	5.52	1283
(421) VASCULAR LABORATORY	↑	20.61	14.29	948
(321) GI ENDOSCOPY	↓	29.67	32.26	827
(304) DERMATOLOGY	↓	3.53	3.73	723
(502) MH CLINIC IND	↑	6.10	5.74	720
(201) PM&RS PHYSICIAN	↓	16.46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

Data last updated: 02/08/2021

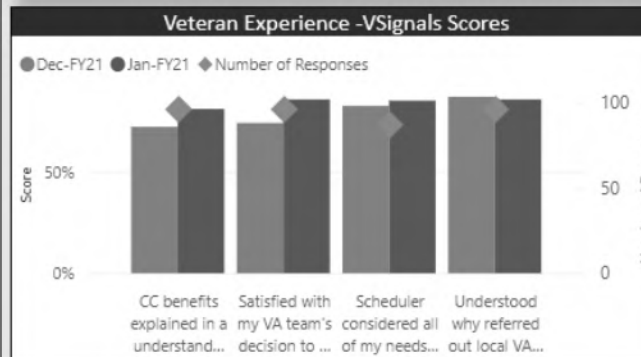


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

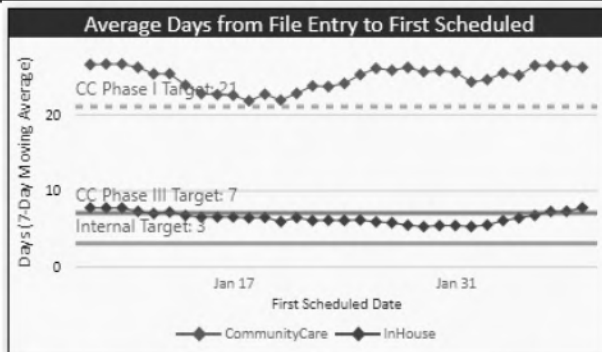
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>3V12</b>	<b>11,934</b>	<b>4</b>	<b>599</b>	<b>24,777</b>	<b>37,314</b>
(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
<b>Total</b>	<b>11,934</b>	<b>4</b>	<b>599</b>	<b>24,777</b>	<b>37,314</b>



\*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



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

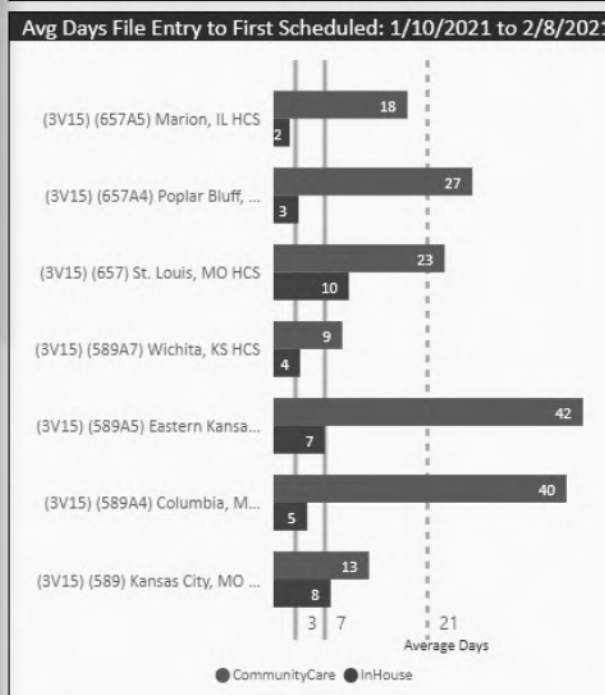
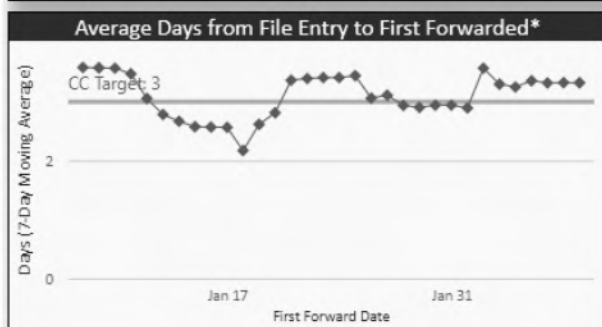
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↓ 3.12	3.42	1370
(303) CARDIOLOGY	↓ 3.90	3.90	1167
(409) ORTHOPEDICS/JOINT S...	↓ 9.84	10.08	703
(321) GI ENDOSCOPY	↓ 21.29	21.45	651
(304) DERMATOLOGY	↑ 3.56	3.25	538
(206) OCCUPATIONAL THERAPY	↑ 3.46	3.09	487
(414) UROLOGY	↑ 17.56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

### 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

Data last updated: 02/08/2021

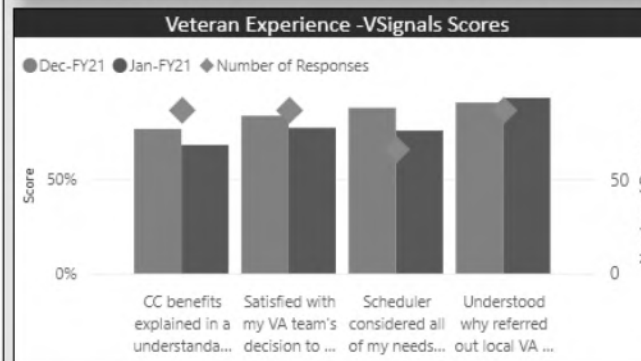


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

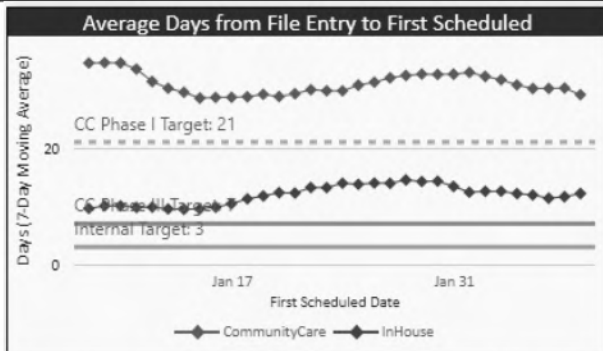
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>3V15</b>	<b>14,131</b>	<b>2</b>	<b>1,662</b>	<b>42,770</b>	<b>58,565</b>
(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
<b>Total</b>	<b>14,131</b>	<b>2</b>	<b>1,662</b>	<b>42,770</b>	<b>58,565</b>



\*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



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

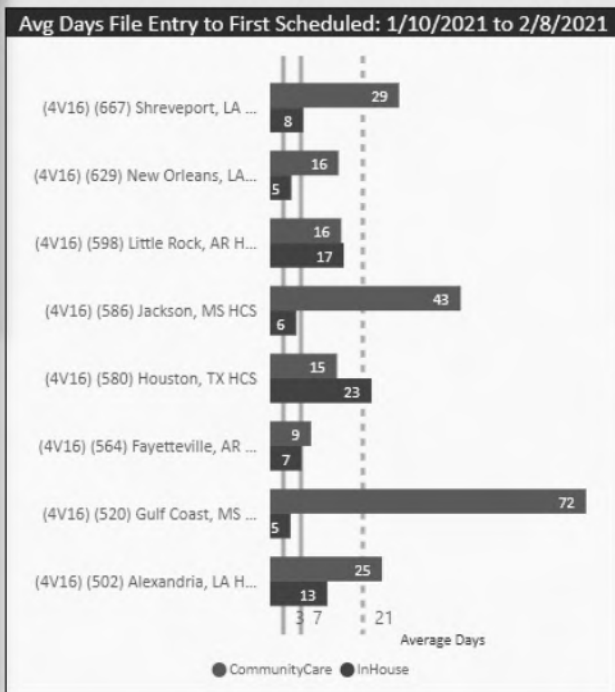
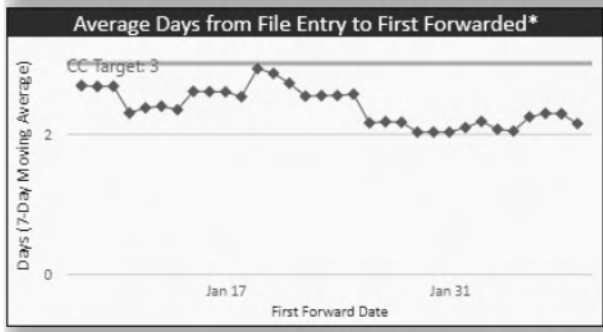
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 12.44	11.64	1935
(303) CARDIOLOGY	↑ 10.90	8.95	1215
(321) GI ENDOSCOPY	↑ 45.01	37.39	1198
(391) CARDIAC ECHO	↓ 3.05	3.25	1061
(502) MH CLINIC IND	↑ 8.93	7.94	1035
(409) ORTHOPEDICS/JOINT S...	↑ 8.86	8.02	998
(201) PM&RS PHYSICIAN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

### 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

Data last updated: 02/08/2021

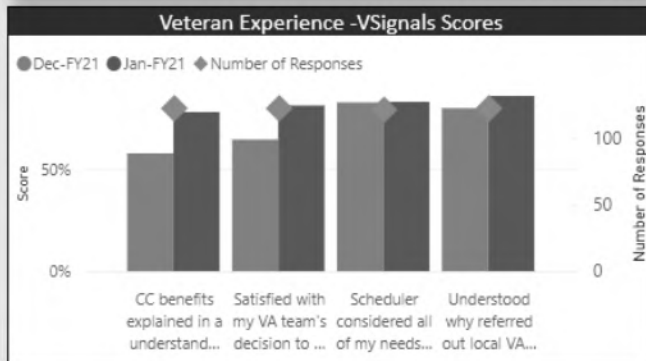


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

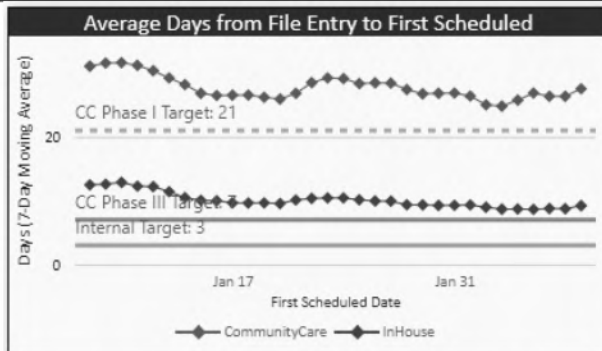
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>4V16</b>	<b>33,107</b>	<b>7</b>	<b>1,979</b>	<b>43,887</b>	<b>78,980</b>
(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		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
<b>Total</b>	<b>33,107</b>	<b>7</b>	<b>1,979</b>	<b>43,887</b>	<b>78,980</b>



\*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



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

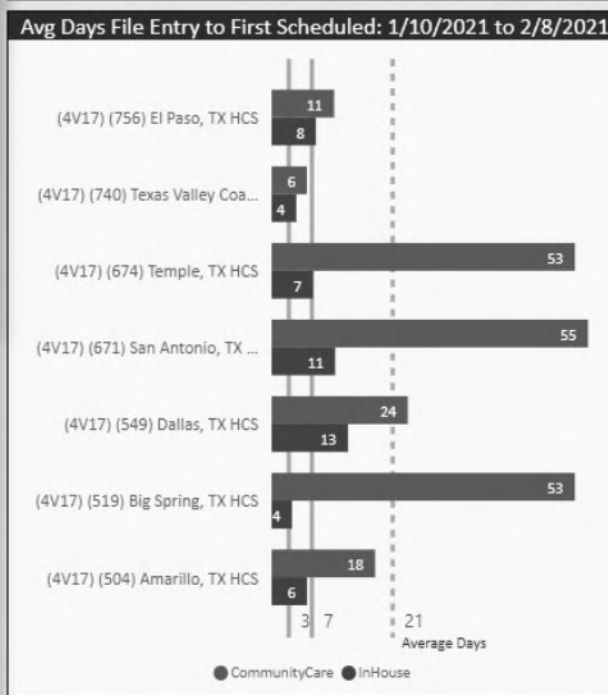
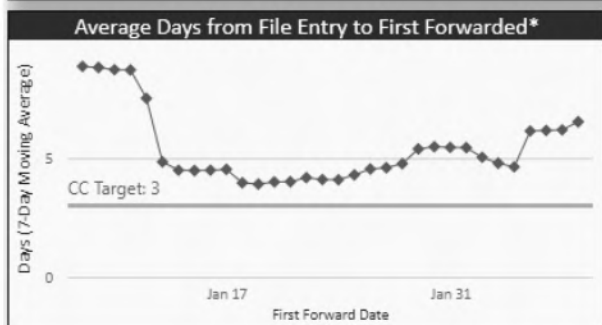
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(502) MH CLINIC IND	↑ 8.89	7.70	1850
(205) PHYSICAL THERAPY	↑ 22.44	19.70	1686
(303) CARDIOLOGY	↑ 9.09	8.10	1489
(349) SLEEP MEDICINE	↓ 13.64	15.87	1146
(307) GASTROENTEROLOGY	↓ 9.63	11.38	811
(206) OCCUPATIONAL THERAPY	↑ 19.06	15.20	780
(321) GI ENDOSCOPY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

### 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

Data last updated: 02/08/2021

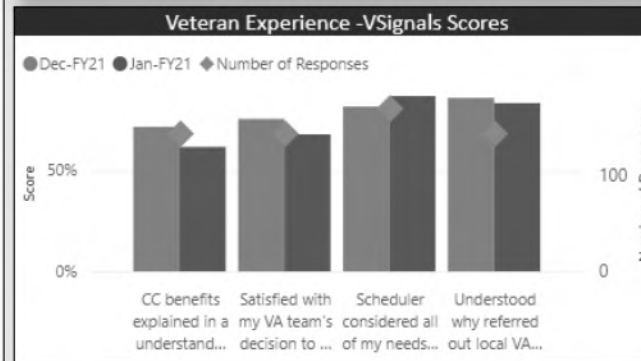


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

### Open Consults by FED

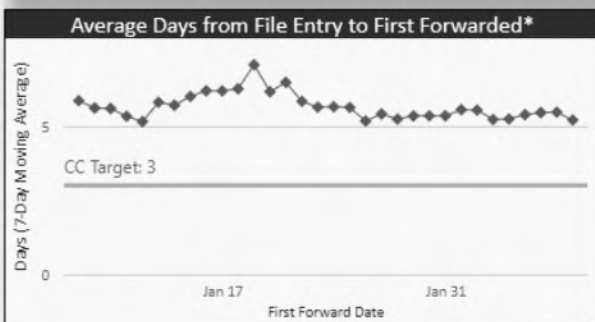
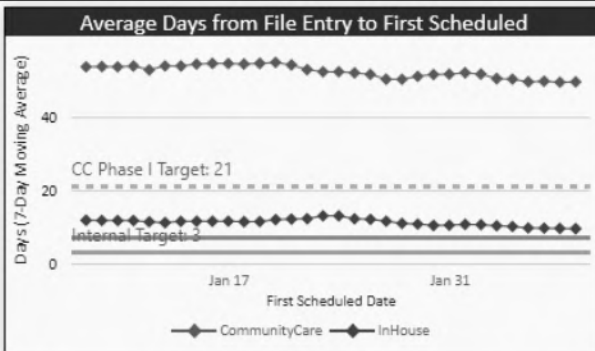
VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>4V17</b>	<b>34,036</b>	<b>2</b>	<b>4,208</b>	<b>55,999</b>	<b>94,245</b>
(4V17) (504) Amarillo, TX HCS	1,898		262	8,795	10,955
(4V17) (519) Big Spring, TX HCS	5,908		248	5,159	11,315
(4V17) (549) Dallas, TX HCS	4,733	1	2,364	14,041	21,139
(4V17) (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
<b>Total</b>	<b>34,036</b>	<b>2</b>	<b>4,208</b>	<b>55,999</b>	<b>94,245</b>



\*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





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

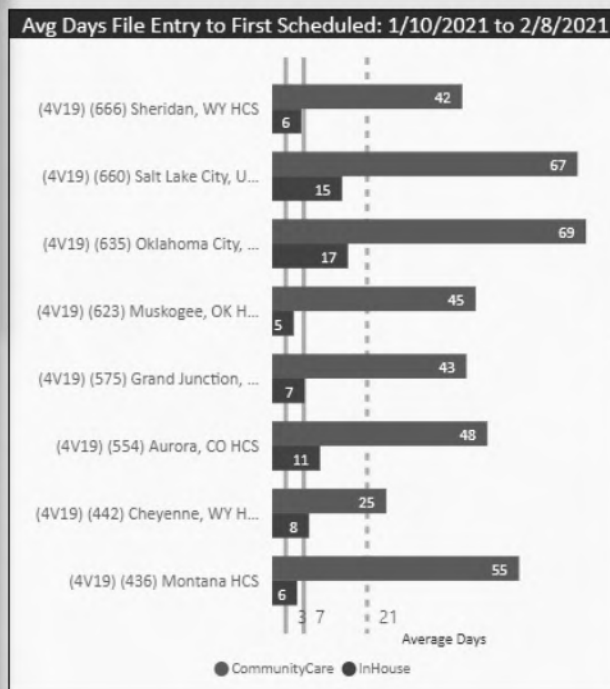
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(502) MH CLINIC IND	↑ 14.32	12.51	1605
(205) PHYSICAL THERAPY	↓ 11.25	11.69	1254
(303) CARDIOLOGY	↓ 10.18	10.39	995
(409) ORTHOPEDICS/JOINT S...	↓ 11.32	17.81	910
(321) GI ENDOSCOPY	↓ 26.33	33.52	775
(107) EKG	↓ 4.32	4.51	671
(407) OPHTHALMOLOGY	↓ 6.33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

### 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

Data last updated: 02/08/2021

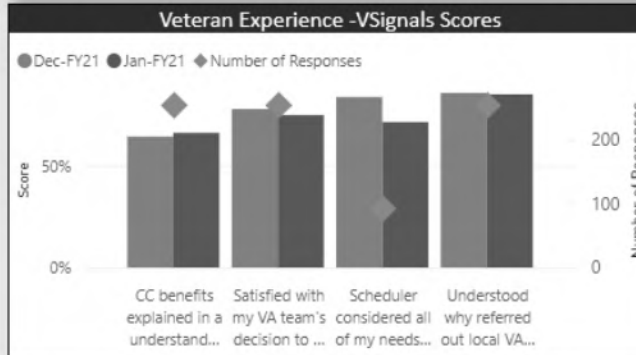


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

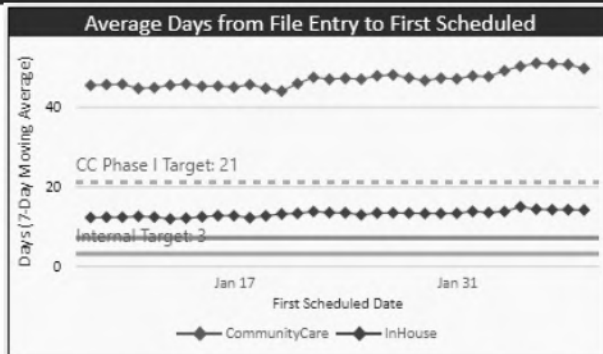
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>4V19</b>	<b>57,038</b>	<b>69</b>	<b>1,338</b>	<b>57,763</b>	<b>116,208</b>
(4V19) (436) Montana HCS	8,389	89	17,257	25,735	
(4V19) (442) Cheyenne, WY HCS	1,940	1	5,369	7,333	
(4V19) (554) Aurora, CO HCS	12,578	63	10,266	23,361	
(4V19) (575) Grand Junction, CO HCS	2,415	1	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	4,512	7,980	
<b>Total</b>	<b>57,038</b>	<b>69</b>	<b>1,338</b>	<b>57,763</b>	<b>116,208</b>



\*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



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

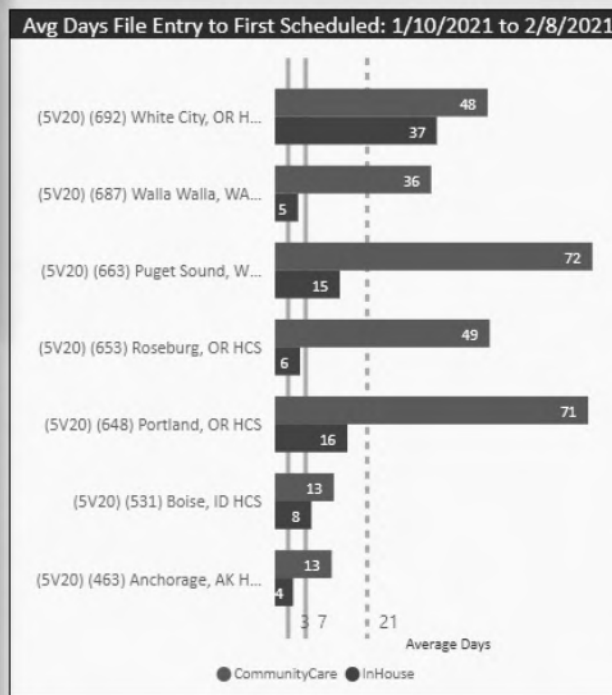
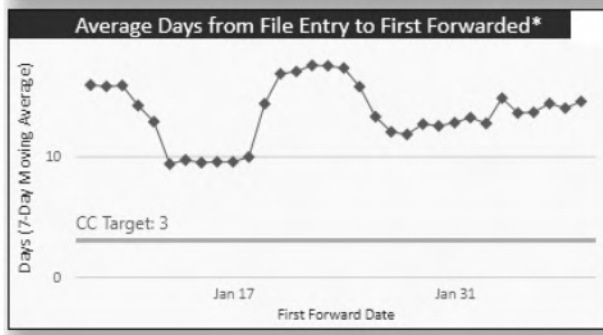
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 6.58	5.89	1189
(349) SLEEP MEDICINE	↓ 21.28	23.90	707
(303) CARDIOLOGY	↓ 6.59	9.16	661
(321) GI ENDOSCOPY	↓ 18.54	23.35	590
(304) DERMATOLOGY	↓ 11.70	12.43	514
(206) OCCUPATIONAL THERAPY	↓ 6.42	6.69	497
(123) NUTRITION/DIETETICS-I...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

### 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

Data last updated: 02/08/2021

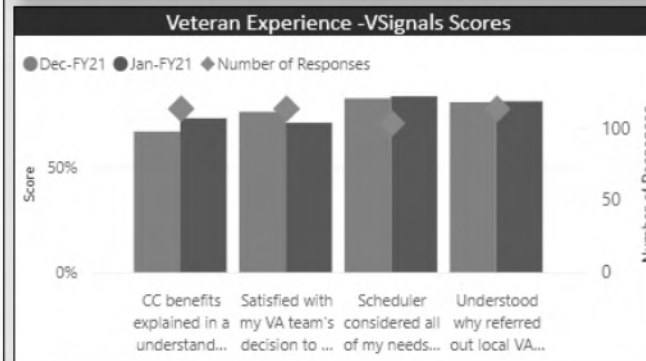


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

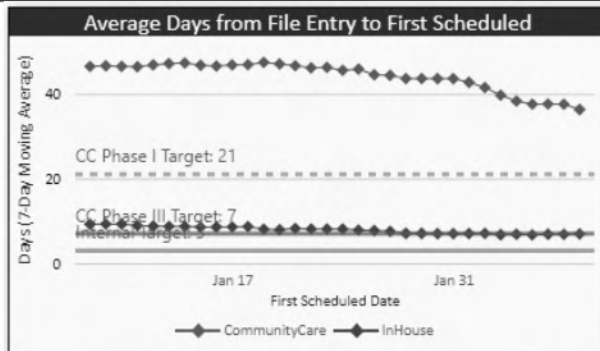
### Open Consults by FED

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



\*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



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

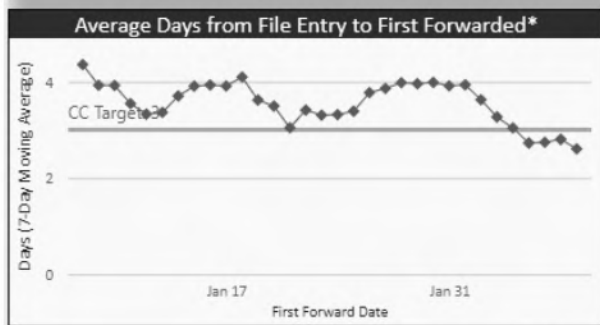
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 7.04	5.93	2082
(303) CARDIOLOGY	↑ 8.64	7.32	1409
(411) PODIATRY	↑ 7.13	5.90	966
(409) ORTHOPEDICS/JOINT S...	↑ 5.78	5.61	964
(502) MH CLINIC IND	↑ 7.91	6.79	890
(304) DERMATOLOGY	↑ 6.44	5.91	859
(403) OTOLARYNGOLOGY (ENT)	↑ 10.58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

### 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

Data last updated: 02/08/2021

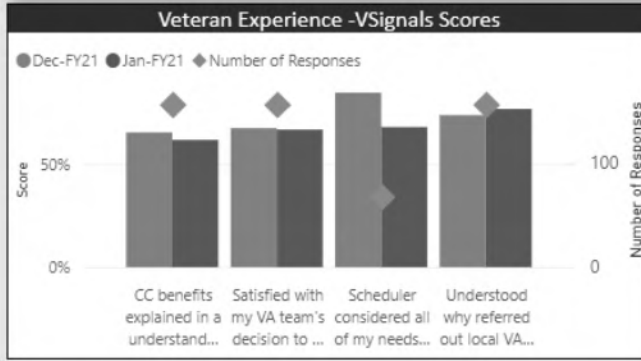


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

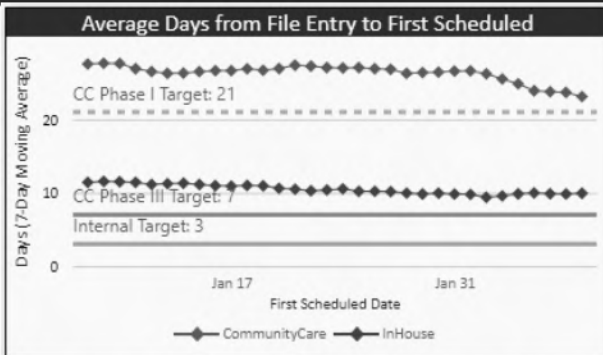
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>5V21</b>	<b>38,134</b>	<b>23</b>	<b>1,381</b>	<b>31,738</b>	<b>71,276</b>
(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	9,260
(5V21) (593) Las Vegas, NV HCS	7,006	173	5,541	12,720	25,440
(5V21) (612A4) N. California HCS	3,479	218	9,907	13,604	27,008
(5V21) (640) Palo Alto, CA HCS	2,815	1	65	5,221	8,102
(5V21) (654) Reno, NV HCS	1,299	42	1,869	3,210	6,420
(5V21) (662) San Francisco, CA HCS	2,966	1	93	1,677	4,737
<b>Total</b>	<b>38,134</b>	<b>23</b>	<b>1,381</b>	<b>31,738</b>	<b>71,276</b>



\*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



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

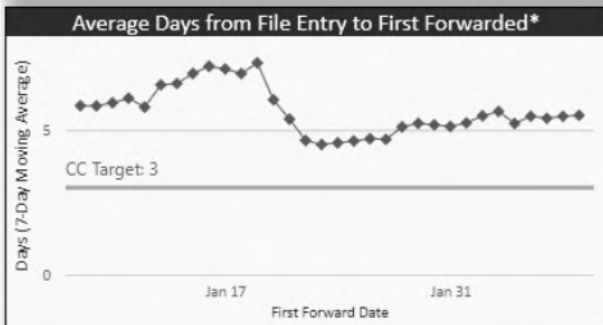
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 12.18	11.36	2597
(303) CARDIOLOGY	↑ 6.02	5.30	2188
(502) MH CLINIC IND	↑ 7.53	7.42	1815
(409) ORTHOPEDICS/JOINT S...	↑ 10.41	8.61	1517
(321) GI ENDOSCOPY	↓ 26.51	29.21	1361
(201) PM&RS PHYSICIAN	↓ 13.97	16.08	1160
(304) DERMATOLOGY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

### 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

Data last updated: 02/08/2021

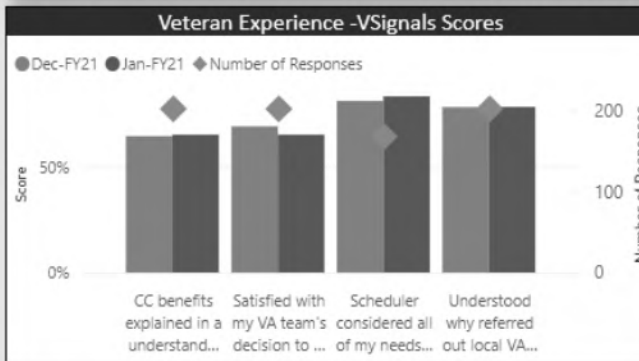


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

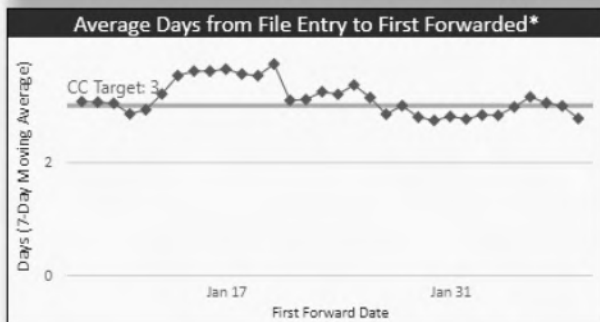
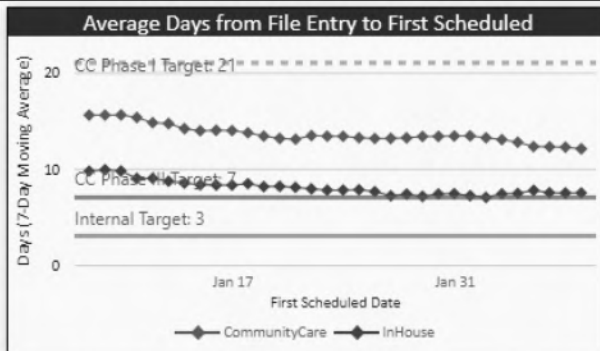
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>5V22</b>	<b>26,737</b>	<b>1</b>	<b>1,869</b>	<b>40,178</b>	<b>68,785</b>
(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
<b>Total</b>	<b>26,737</b>	<b>1</b>	<b>1,869</b>	<b>40,178</b>	<b>68,785</b>



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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



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

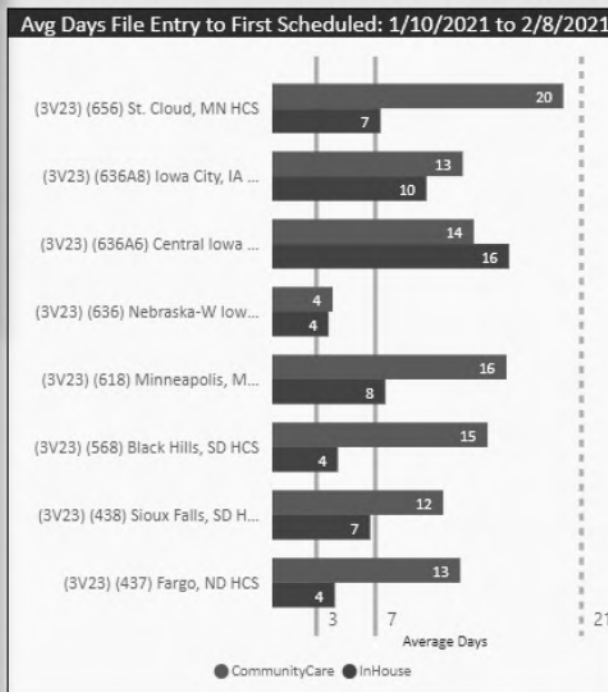
StopCode	30-Day Trend	90-Day Trend	30-Day Volume	
(205) PHYSICAL THERAPY	↓	3.34	3.38	1564
(303) CARDIOLOGY	↓	3.36	4.12	1335
(409) ORTHOPEDICS/JOINT S...	↓	12.63	15.66	1124
(321) GI ENDOSCOPY	↓	31.46	31.70	799
(206) OCCUPATIONAL THERAPY	↑	4.44	4.30	691
(304) DERMATOLOGY	↑	9.66	7.98	655
(307) GASTROENTEROLOGY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

### 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

Data last updated: 02/08/2021

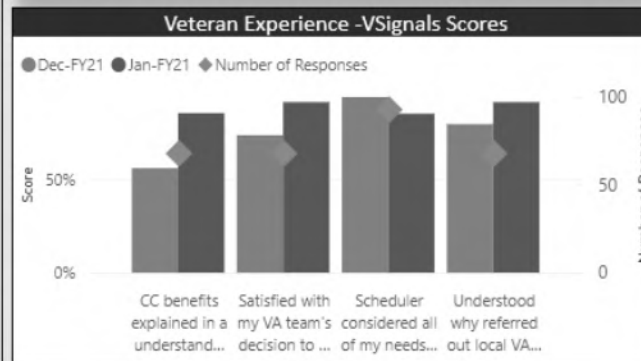


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>3V23</b>	<b>11,848</b>	<b>3</b>	<b>981</b>	<b>47,044</b>	<b>59,876</b>
(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
<b>Total</b>	<b>11,848</b>	<b>3</b>	<b>981</b>	<b>47,044</b>	<b>59,876</b>



\*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

# CCN ELC Update

10/28/2020

(b)(6)



# 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



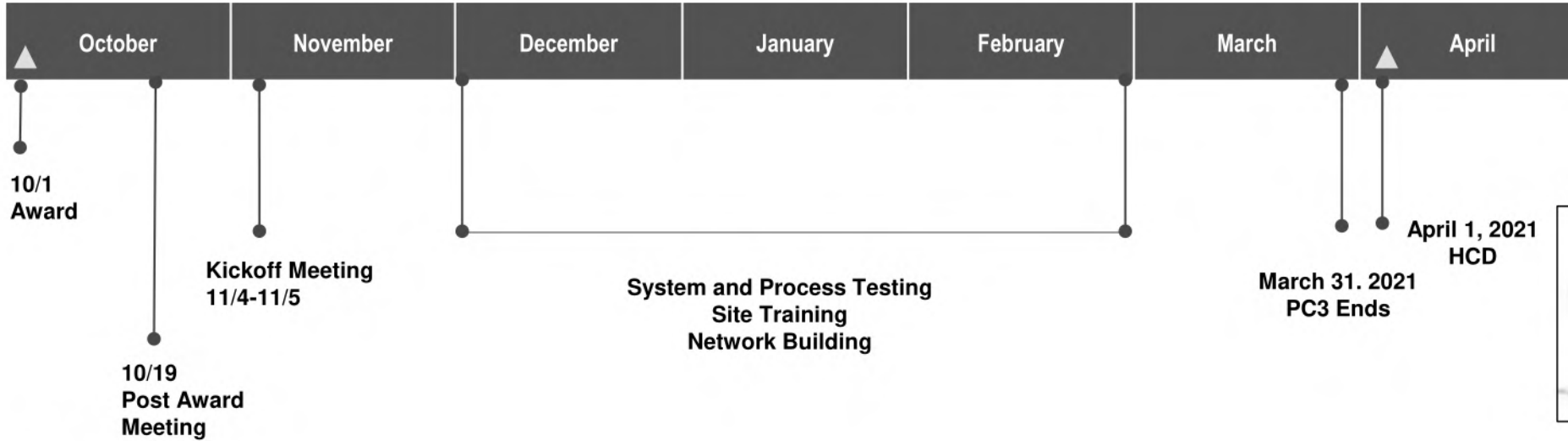
# Region 4 Update

- **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** <sup>(b)(5)</sup>  

(b)(5)
- **Urgent Care** approval volume remains constant in R4 as TriWest provides Urgent Care Network and Customer Service for CCN



# Region 5 Status and Upcoming Activities



## Key Activities:

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

# Region 5 Updates

Category	Risks/Issues	Next Steps
Tribal Health	<ul style="list-style-type: none"><li>• (b)(6) (b)(5)</li></ul> <p>(b)(5)</p>	<ul style="list-style-type: none"><li>• (b)(5)</li></ul>
Payment Hierarchy	<p>(b)(5)</p>	<ul style="list-style-type: none"><li>• (b)(5)</li></ul>
Dental Fee Schedule		<ul style="list-style-type: none"><li>• (b)(5)</li></ul>
Fee Schedule		<ul style="list-style-type: none"><li>• (b)(5)</li></ul>

# 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)(5)	(b)(6) DEPO, PPMS, CI, CCCA	10/30/20
(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 1<sup>st</sup>, 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)

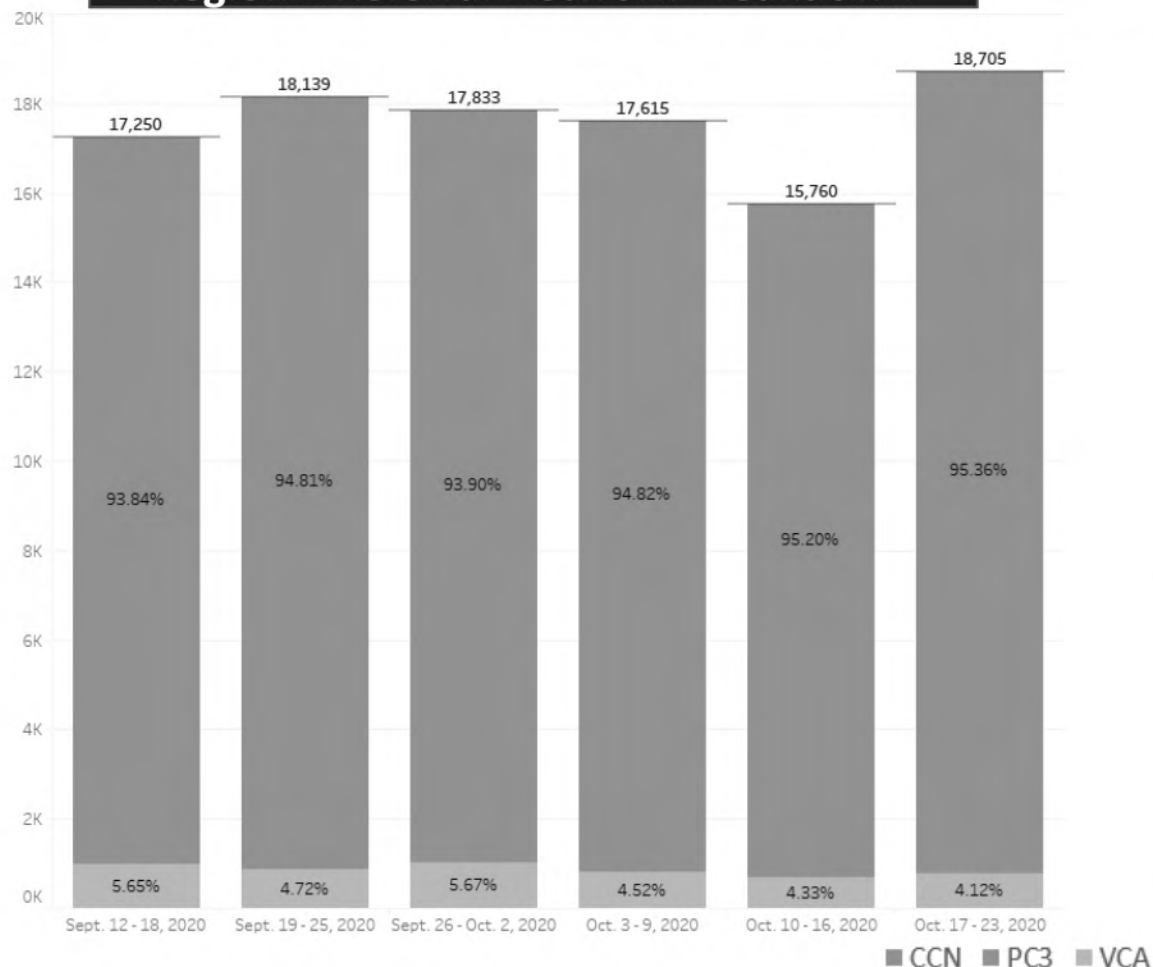
(b)(5)



# R1-4 Referral Trends

# Region 1: Referral Trends

## Region 1 Referral Network Breakdown

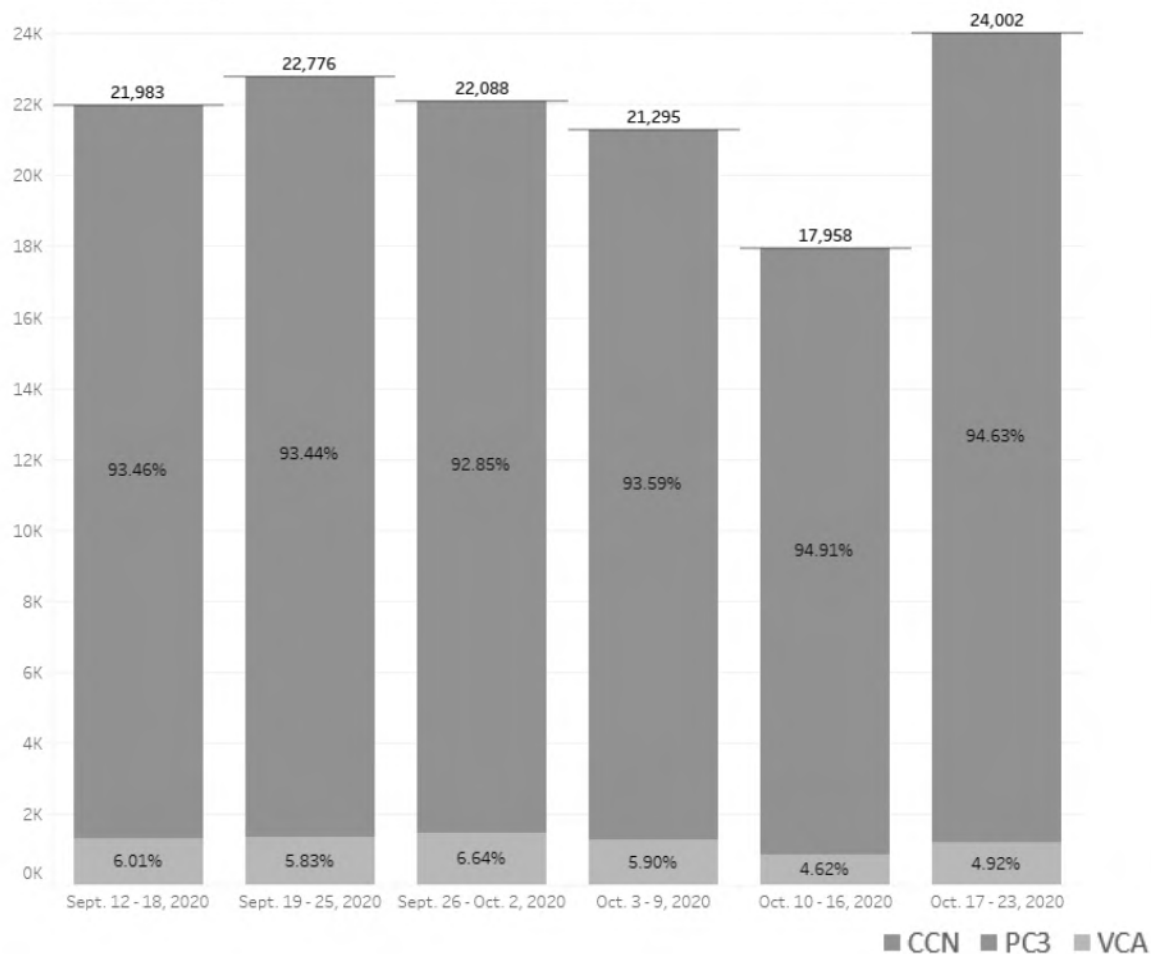


## Referral Analysis

- 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.

# Region 2: Referral Trends

## Region 2 Referral Network Breakdown

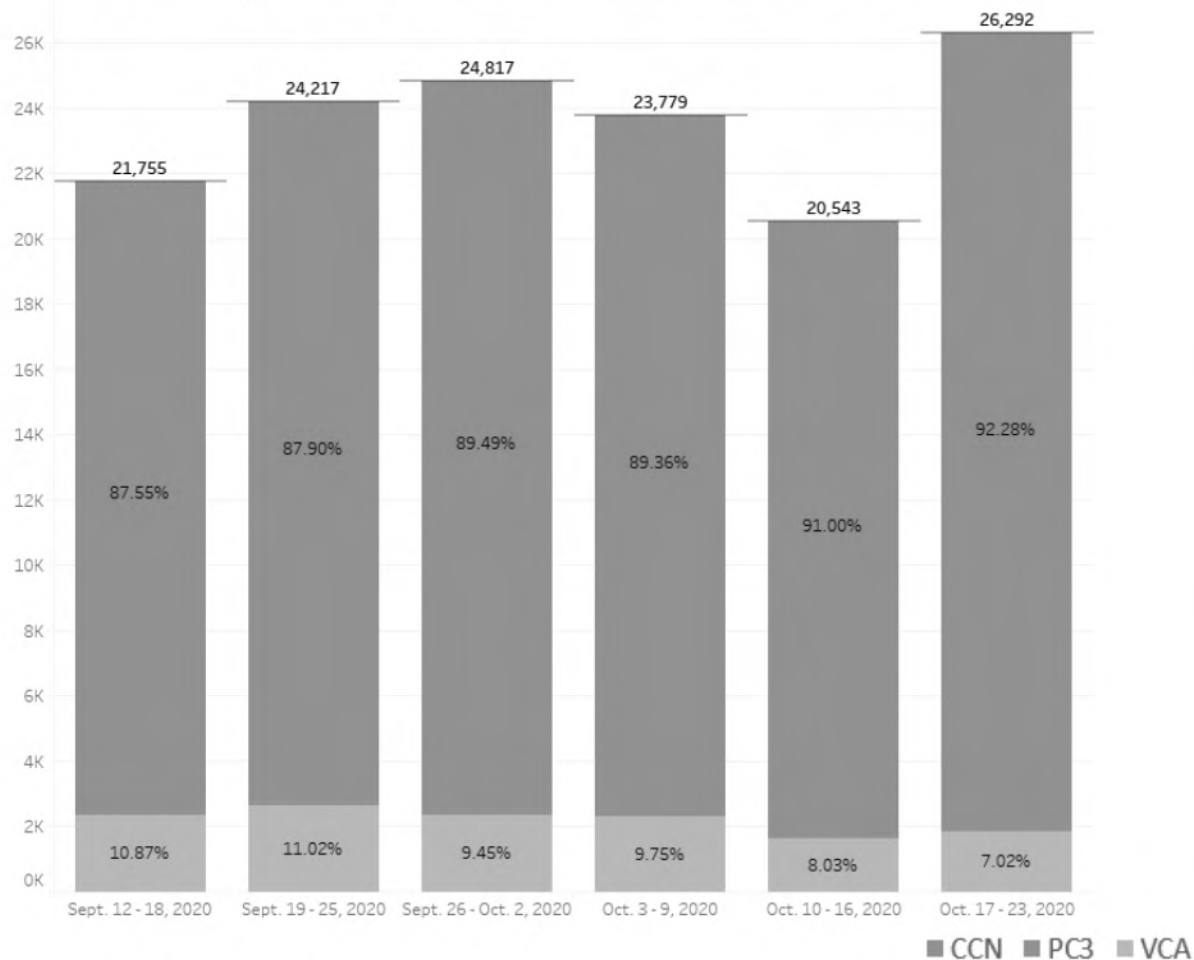


## Referral Analysis

- 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.

# Region 3: Referral Trends

## Region 3 Referral Network Breakdown

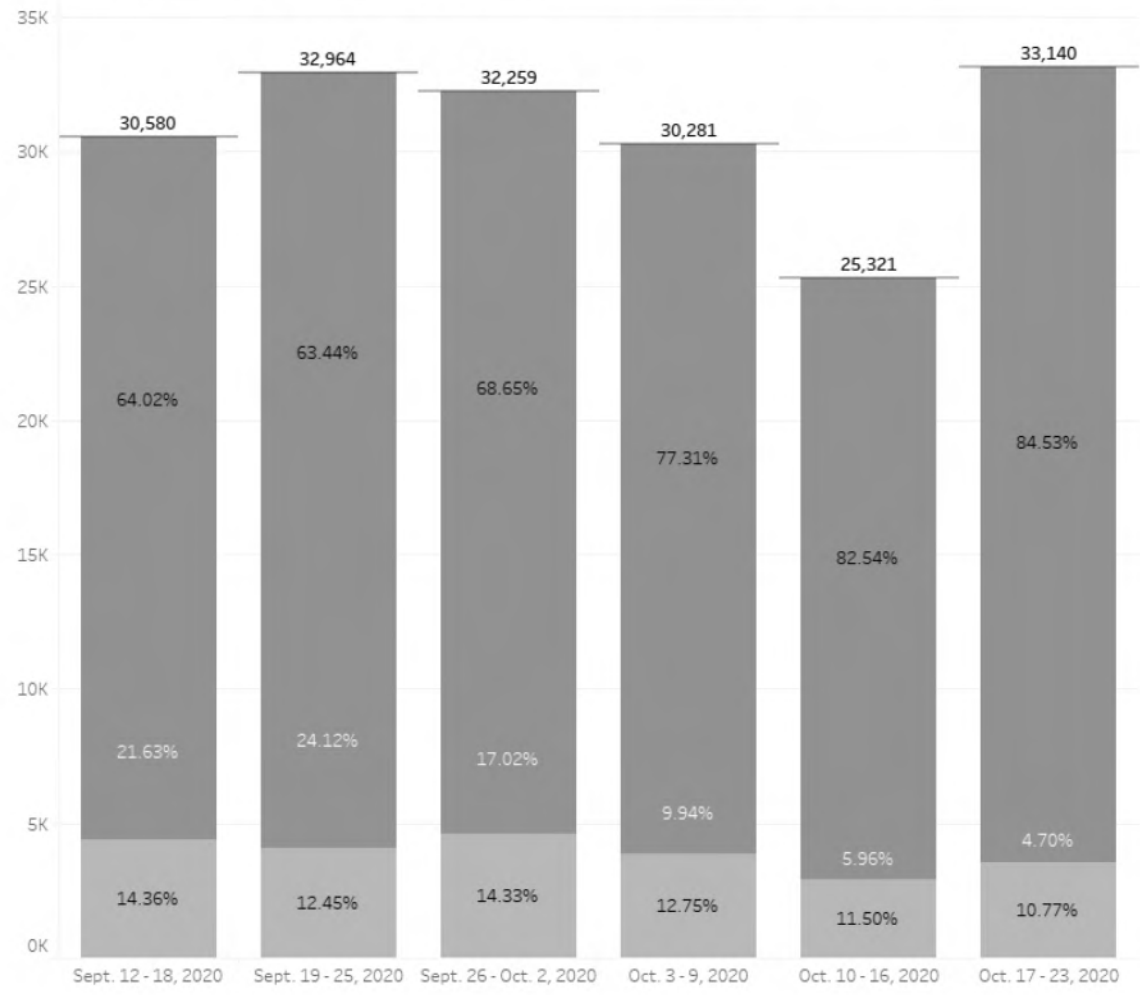


## Referral Analysis

- 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.

# 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.*

# 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 \*10/17/2020 through 10/23/2020\*\*  
 VISN: (All)  
 Station#\_StationName: (All)  
 Data pulled from the CDW

Referrals through: [dropdown]

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):

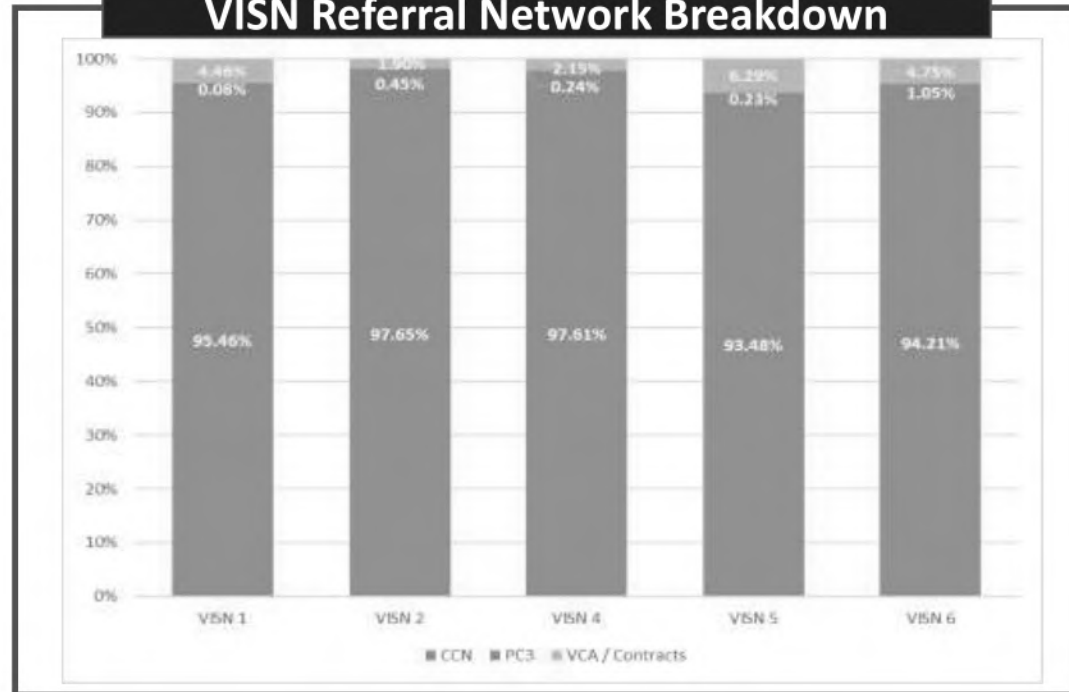
1. Dental
2. Homemaker/Home Health Aide
3. Veteran Directed Care
4. Skilled Home Health Care
5. Adult Day Health Care

- 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 were 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	10/17/2020 through 10/23/2020**		
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	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):

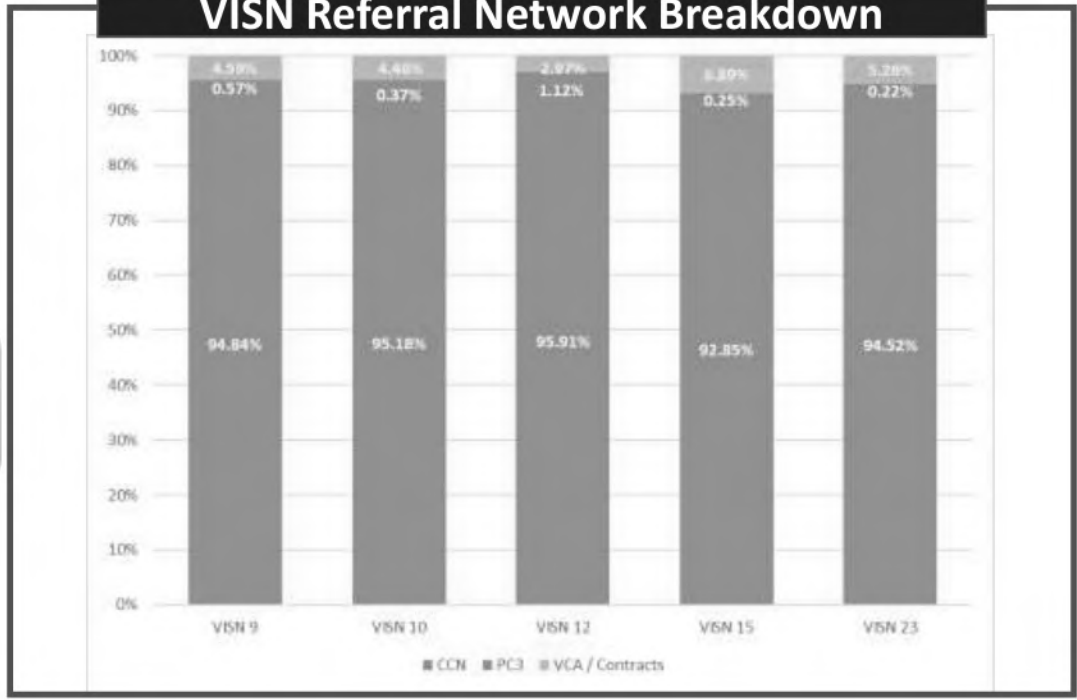
1. Dental
2. Homemaker/Home Health Aide
3. Skilled Home Health Care
4. Respite Care
5. Veteran Directed Care

- **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



# Region 3: Referral Volume Snapshot

## Top Categories of Care

Region: R03 | 10/17/2020 through 10/23/2020\*\*  
 VISN: (All) | Data pulled from the CDW  
 Station#\_StationName: (All)

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):

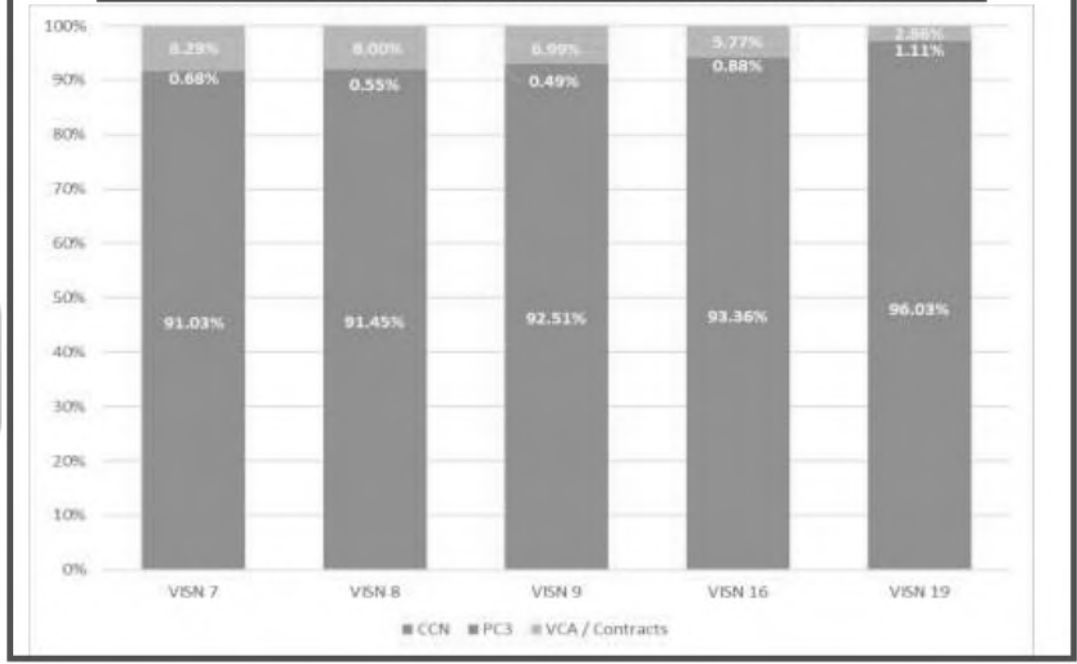
1. Dental
2. Homemaker/Home Health Aide
3. Respite Care
4. Skilled Home Care
5. Inpatient

- 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



# Region 4: Referral Volume Snapshot

## Top Categories of Care

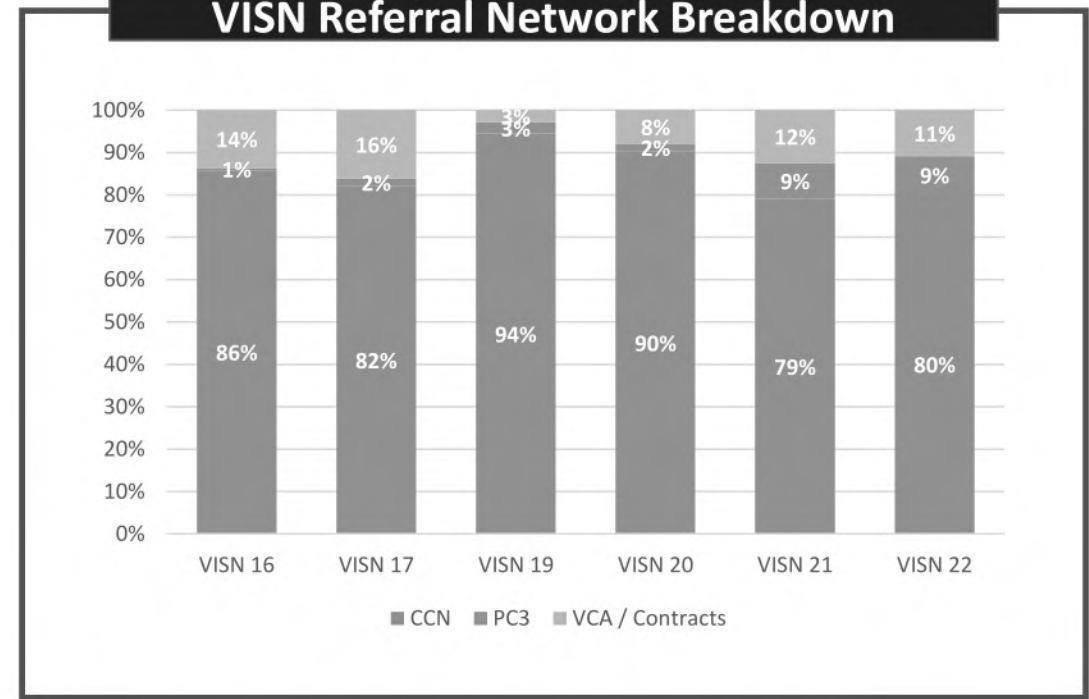
Region	R04	10/17/2020 through 10/23/2020**		
VISN	(All)	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through:				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	1326		1778	3104
OPTOMETRY	2757	75	1	2833
SKILLED HOME HEALTH CARE	1328	230	77	1635
PHYSICAL THERAPY	1492	45		1537
OPHTHALMOLOGY	1246	49	26	1321

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

- 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%**

## VISN Referral Network Breakdown



# Region 4 VISN 16 Sites: Referral Volume Snapshot

## Top Categories of Care

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

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

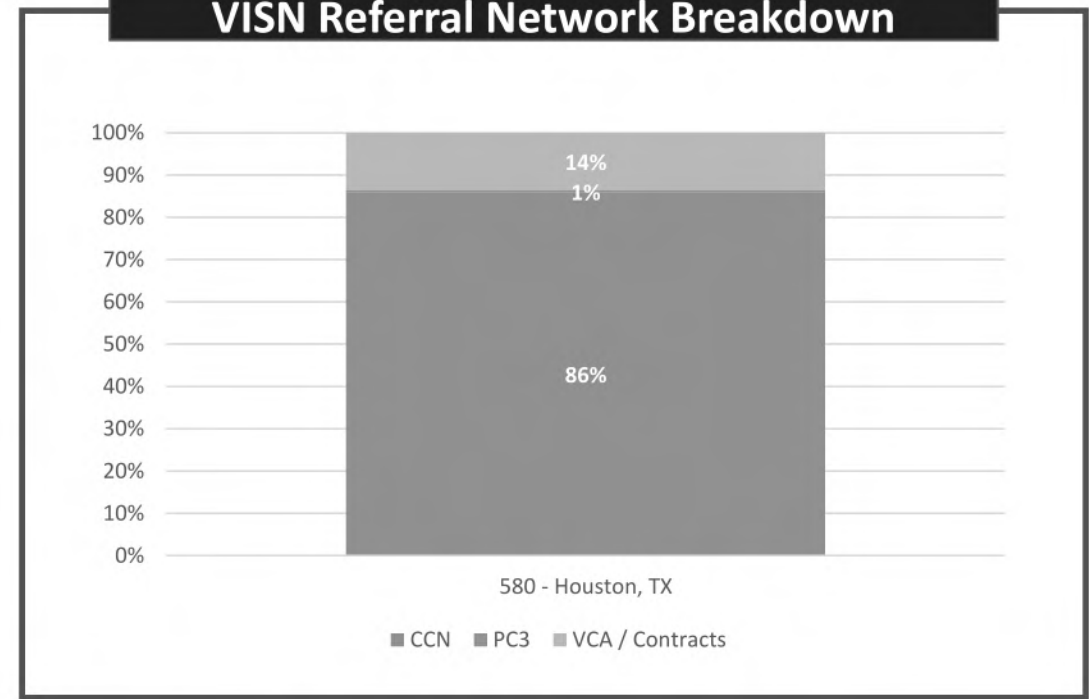
- Referrals generated from the CAEC are not included in this data analysis.
  - For Region 4 VISN 16, this accounted for **24 PC3 referrals**.
    - This is a drop from **86 PC3 referrals last week**.
  - 15 referrals were categorized as “ER/Urgent” and 9 referrals were categorized as inpatient.
- CNN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

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



# Region 4 VISN 17 Sites: Referral Volume Snapshot

## Top Categories of Care

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

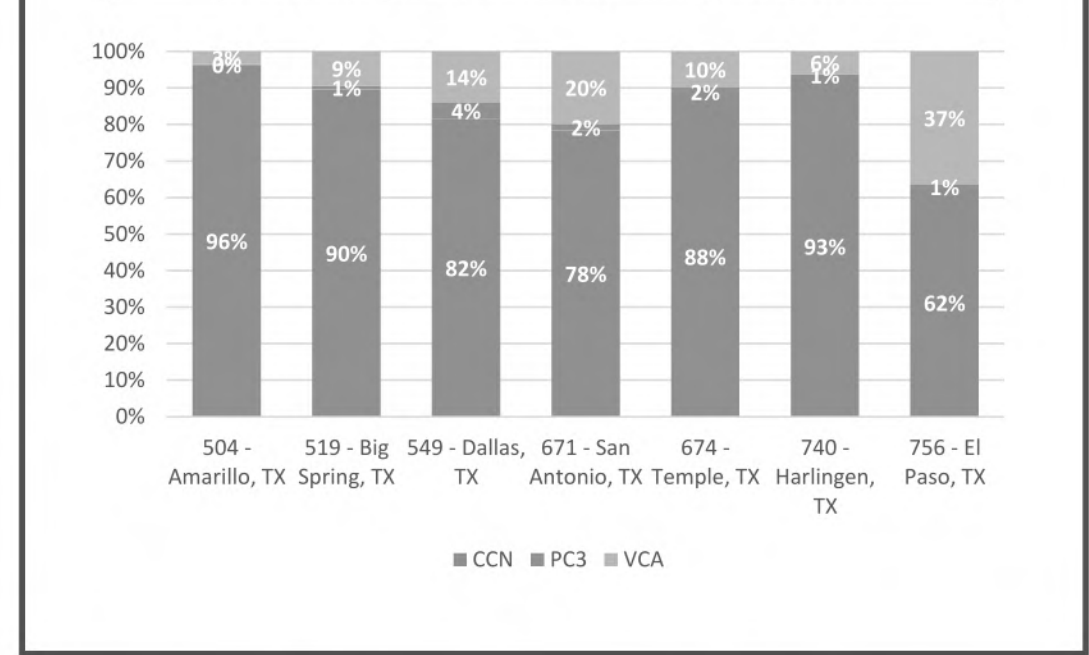
Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
DENTAL	287		832	1119
ORTHOPEDIC	365	7	29	401
PHYSICAL THERAPY	382	3		385
SKILLED HOME HEALTH CARE	330		22	352
CARDIOLOGY	311		15	326

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

- 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%**.

## VISN Referral Network Breakdown



# Region 4 VISN 19 Sites: Referral Volume Snapshot

## Top Categories of Care

Region	R04	10/17/2020 through 10/23/2020**
VISN	19	Data pulled from the CDW
Station#_StationName	(All)	

Category of Care	Referrals through:			Grand Total
	CCN	PC3	VCA / Contracts	
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#: (All) | Date: 10/17/2020 through 10/23/2020\*\*  
Data pulled from the CDW

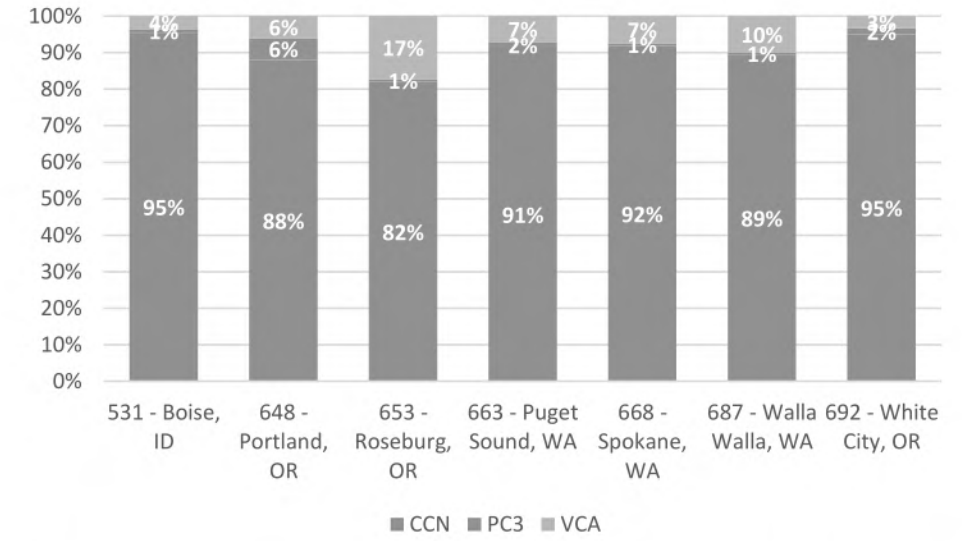
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	150		194	344
OPTOMETRY	307	3		310
ORTHOPEDIC	294	1		295
PRIMARY CARE	275	5		280
OPHTHALMOLOGY	266	3		269

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

- 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%**.

## VISN Referral Network Breakdown



# Region 4 VISN 21 Sites: Referral Volume Snapshot

## Top Categories of Care

Region	R04	10/17/2020 through 10/23/2020**
VISN	21	Data pulled from the CDW
Station#_StationName	(All)	

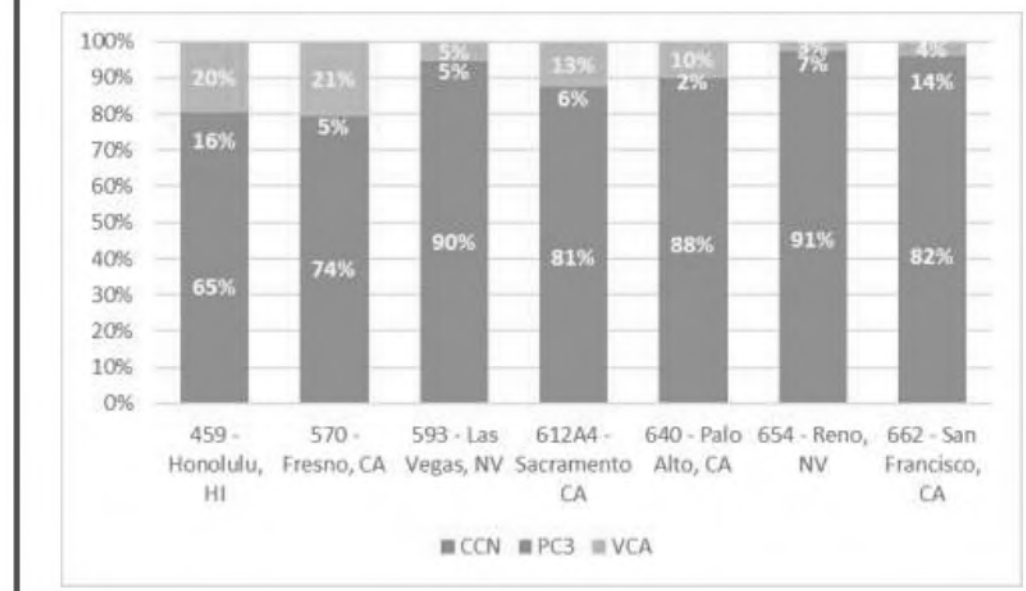
Category of Care	Referrals through:		Grand Total
	CCN	PC3 VCA / Contracts	
OPTOMETRY	584	51	635
DENTAL	330	155	485
RADIOLOGY MRI/MRA	294	8	302
HOMEMAKER/HOME HEALTH AID	91	197	288
CHIROPRACTIC	226	30	256

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

- 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.

## VISN Referral Network Breakdown





# Region 4 VISN 22 Sites: Referral Volume Snapshot

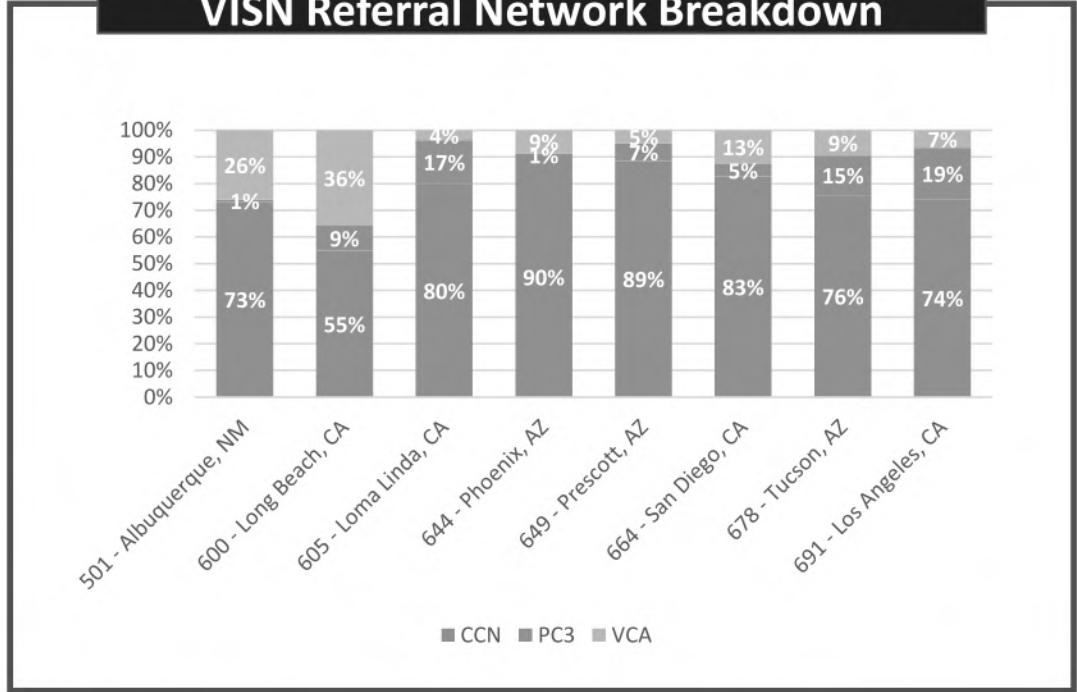
## Top Categories of Care

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

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



- 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%**.

# VA SMEs for R5 Kickoff Meeting

Topic	VA Attendees
Leadership	<ul style="list-style-type: none"> <li>• (b)(6)</li> <li>•</li> </ul>
Project Management	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
Contract Admin	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>• Acquisition team (b)(6) and (b)(6)</li> </ul>
SAC	<ul style="list-style-type: none"> <li>• (b)(6)</li> </ul>
Systems Integration	<ul style="list-style-type: none"> <li>•</li> <li>• PPM (b)(6)</li> <li>• HSRM (b)(6)</li> <li>• CCRS: (b)(6)</li> <li>• Eligibility: (b)(6)</li> <li>• DAS (b)(6)</li> </ul>
Training and Change Management	<ul style="list-style-type: none"> <li>• (b)(6)</li> </ul>

# VA SMEs for R5 Kickoff Meeting

Topic	VA Attendees
Clinical Integration	<ul style="list-style-type: none"> <li>• (b)(6)</li> <li>• (b)(6)</li> <li>• (b)(6)</li> <li>• Region 5 RNs (b)(6)</li> <li>• Clinical Quality: (b)(6)</li> </ul>
VISN 20 and Alaska Representation	<ul style="list-style-type: none"> <li>• (b)(6)</li> <li>• (b)(6) (VISN 20 CFO)</li> <li>• (b)(6) (VISN 20 ND)</li> <li>• (b)(6) (VISN 20 CNO/QMO)</li> <li>• <b>Alaska VA leadership:</b> <ul style="list-style-type: none"> <li>○ (b)(6) Acting Director</li> <li>○ (b)(6)</li> <li>○ (b)(6)</li> <li>○ (b)(6)</li> <li>○ (b)(6) - Quality</li> </ul> </li> </ul>
Communications	<ul style="list-style-type: none"> <li>• (b)(6)</li> </ul>
Network Management	<ul style="list-style-type: none"> <li>• (b)(6)</li> <li>• (b)(6) (Tribal Health Program)</li> </ul>
Customer Service	<ul style="list-style-type: none"> <li>• (b)(6)</li> </ul>
Revenue Operations	<ul style="list-style-type: none"> <li>• (b)(6)</li> <li>• (b)(6) (IV Expert)</li> </ul>

# 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	<ul style="list-style-type: none"> <li>➤ Review of IMS, Approach to Using MS Project and Display of VA Dependencies                             <ul style="list-style-type: none"> <li>➤ D-90 Implementation Strategy</li> </ul> </li> <li>➤ Risk Management – Identification, Escalation, Mitigation                             <ul style="list-style-type: none"> <li>➤ D-7 Risk Management Plan</li> <li>➤ D-8 Project Risk Register</li> </ul> </li> <li>➤ CCN Governance Structure, Channels for Communicating Across Projects During Implementation                             <ul style="list-style-type: none"> <li>➤ D-3 Project Management Plan</li> </ul> </li> </ul>	VA and TriWest PMO Teams
2:30-3:15	Lunch		
3:15-3:45	Communications Plan	<ul style="list-style-type: none"> <li>➤ Approach to Relaying Messages Across OCC Stakeholders                             <ul style="list-style-type: none"> <li>➤ D-12 CCN Communications Plan</li> </ul> </li> </ul>	VA and TriWest Communications Teams
3:45-4:15	Implementation Strategy: Overall Technology	<ul style="list-style-type: none"> <li>➤ How TriWest will Ensure Systems are Integrated to Successfully Meet CCN Requirements</li> </ul>	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	<ul style="list-style-type: none"> <li>➤ Ensuring Network Availability and Appointment Timeliness               <ul style="list-style-type: none"> <li>➤ D-24 Network Adequacy Plan</li> <li>➤ D-49 Signature on File Procedure</li> <li>➤ D-21 Telehealth Solution Plan</li> </ul> </li> <li>➤ Tribal Health Structure Discussion - VA</li> </ul>	VA and TriWest Network Teams
12:30-12:45	Break		
12:45-1:15	Quality and Performance Monitoring	<ul style="list-style-type: none"> <li>➤ Review of D-9 Quality Assurance Plan</li> <li>➤ Review of D-68 Clinical Quality and Monitoring Plan</li> </ul>	VA and TriWest Quality and Performance Teams
1:15-1:45	Breakout Session 1A: Data Exchange Breakout Session 1B: Training/ Change Management	<ul style="list-style-type: none"> <li>a) Detailed Discussion of Implementation Strategy: DAS Integration and Data Exchange               <ul style="list-style-type: none"> <li>➤ D-83 Data Definitions Dictionary</li> </ul> </li> <li>b) Training and Change Management</li> </ul>	<ul style="list-style-type: none"> <li>a) VA and TriWest IT, Data and Testing Teams</li> <li>b) VA and TriWest Training Teams</li> </ul>
1:45-2:15	Breakout Session 2A: Claims Processing Breakout Session 2B: IMS Review	<ul style="list-style-type: none"> <li>a) Claims Processing and Invoicing: Implementation Strategy               <ul style="list-style-type: none"> <li>➤ D-51 Coordination of Benefits Plan</li> <li>➤ D-52 OHI Verification and Retrieval Plan</li> <li>➤ D-67A Provider Claim Denial Reconsideration Process</li> <li>➤ D-67B Provider Claim Denial Report</li> </ul> </li> <li>b) Detailed IMS Review               <ul style="list-style-type: none"> <li>➤ D-3 Project Management Plan</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a) VA and TriWest Claims Teams</li> <li>b) VA and TriWest PMO Teams</li> </ul>
2:15-2:45	Breakout Session 3A: Referrals Breakout Session 3B: Customer Service	<ul style="list-style-type: none"> <li>a) Referrals/Front-end Process Including HSRM and PPMS Interface</li> <li>b) Detailed Discussion of Implementation Strategy: Customer Service</li> </ul>	<ul style="list-style-type: none"> <li>a) VA and TriWest IT, Provider, and Referral Teams</li> <li>b) VA and TriWest Customer Service Teams</li> </ul>
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)

**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](#)



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# CCN ELC Update

10/23/2020

(b)(6)



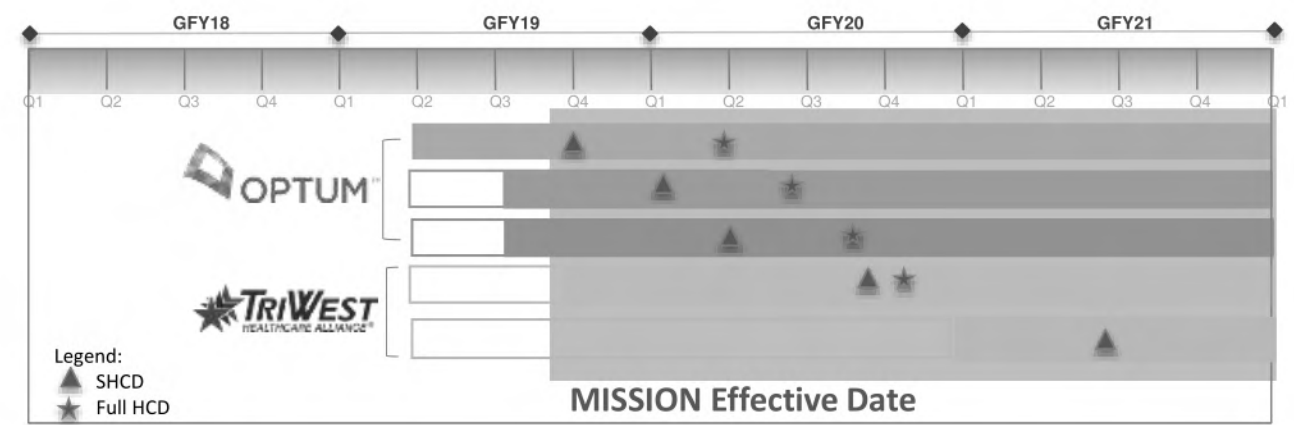
# Agenda

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



# R4 & R5 CCN Deployment Updates

# CCN Contract Award and Implementation Update



## CCN Regions



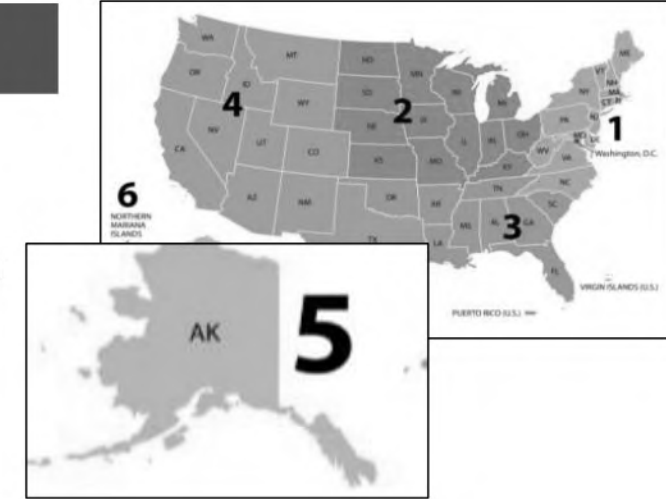
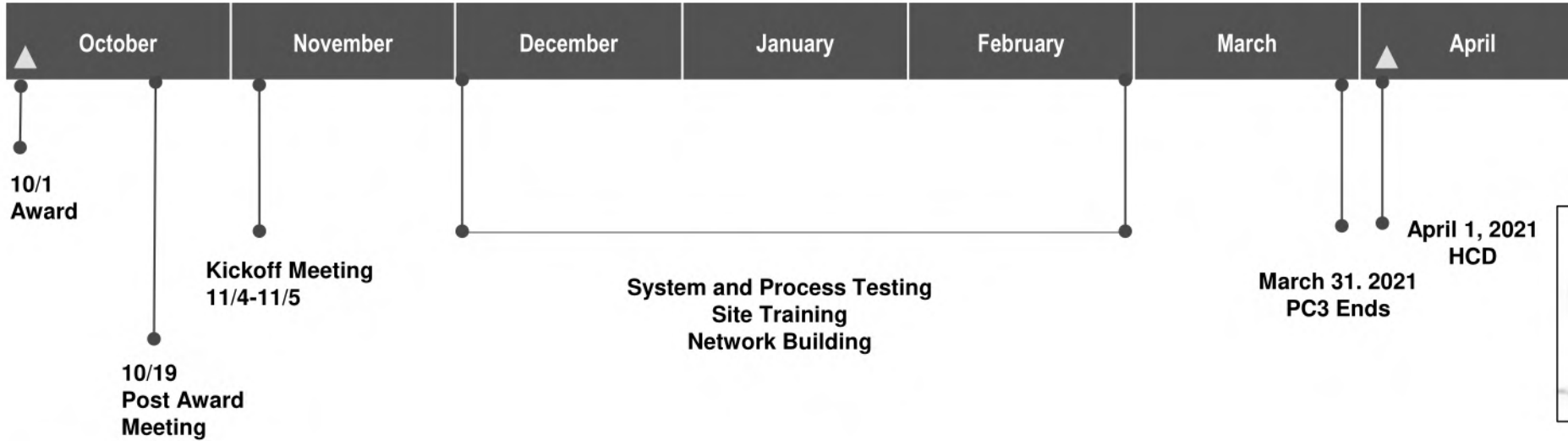
- R1** Awarded 12/28/18, start of health care delivery (SHCD) 6/26/19, full deployment by 12/28/19
- R2** Awarded 12/28/18, protest filed 1/22/19, protest resolved 5/2/19, performance resumed 5/6/19, SHCD 10/7/19, full deployment by 4/9/20
- R3** Awarded 12/28/18, protest resolved 5/3/19, appeal with 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



# Region 5 Status and Upcoming Activities



## Key Activities:

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

(b)(5)

# Region 5 Kickoff Meeting

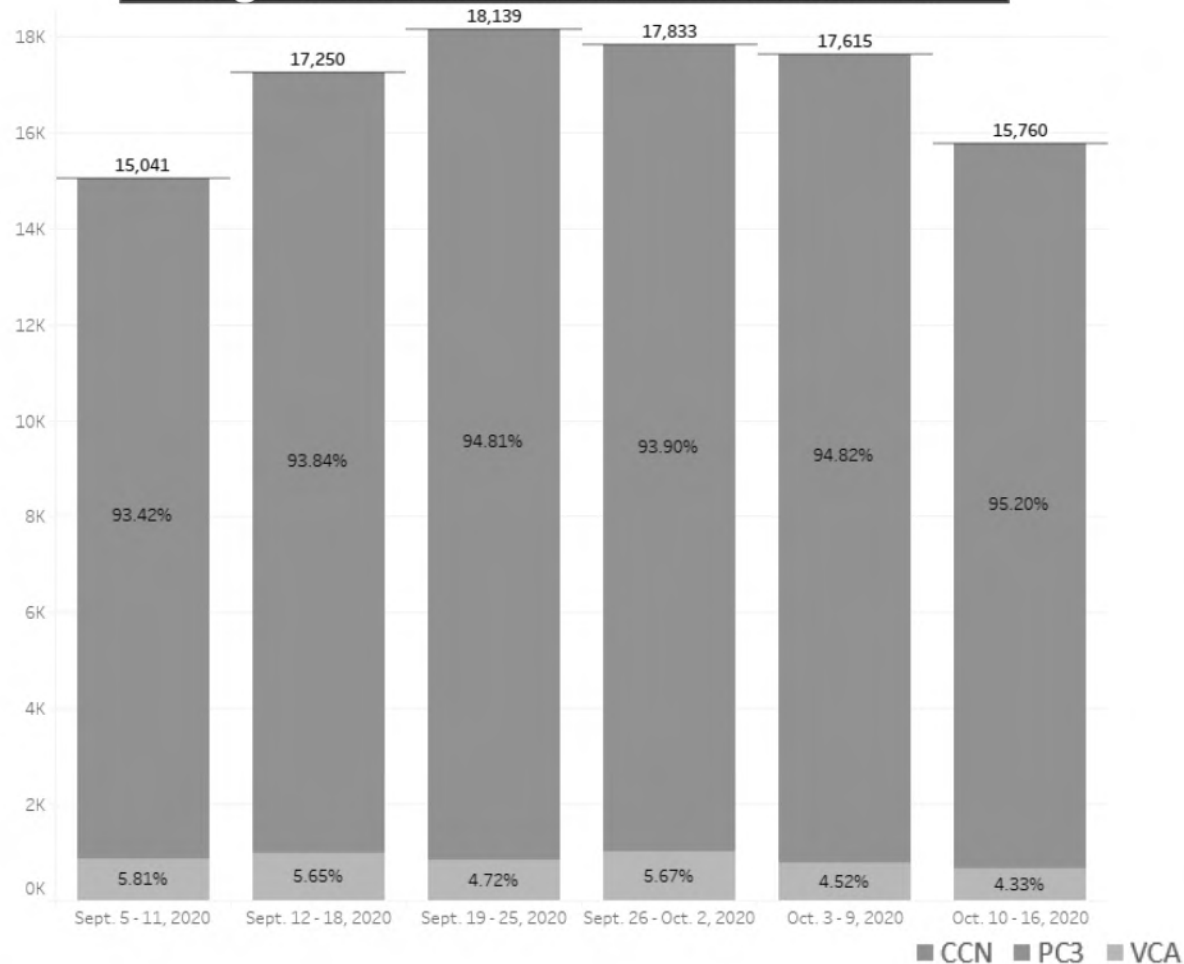
- CCN Transition Team is working with the appropriate stakeholders to prepare for a two-day Kickoff Meeting with TriWest, scheduled for 11/4/20 – 11/5/20
- The Kickoff Meeting will include discussions around key differences between Regions 4 and 5 contracts along with breakout sessions on several topics 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

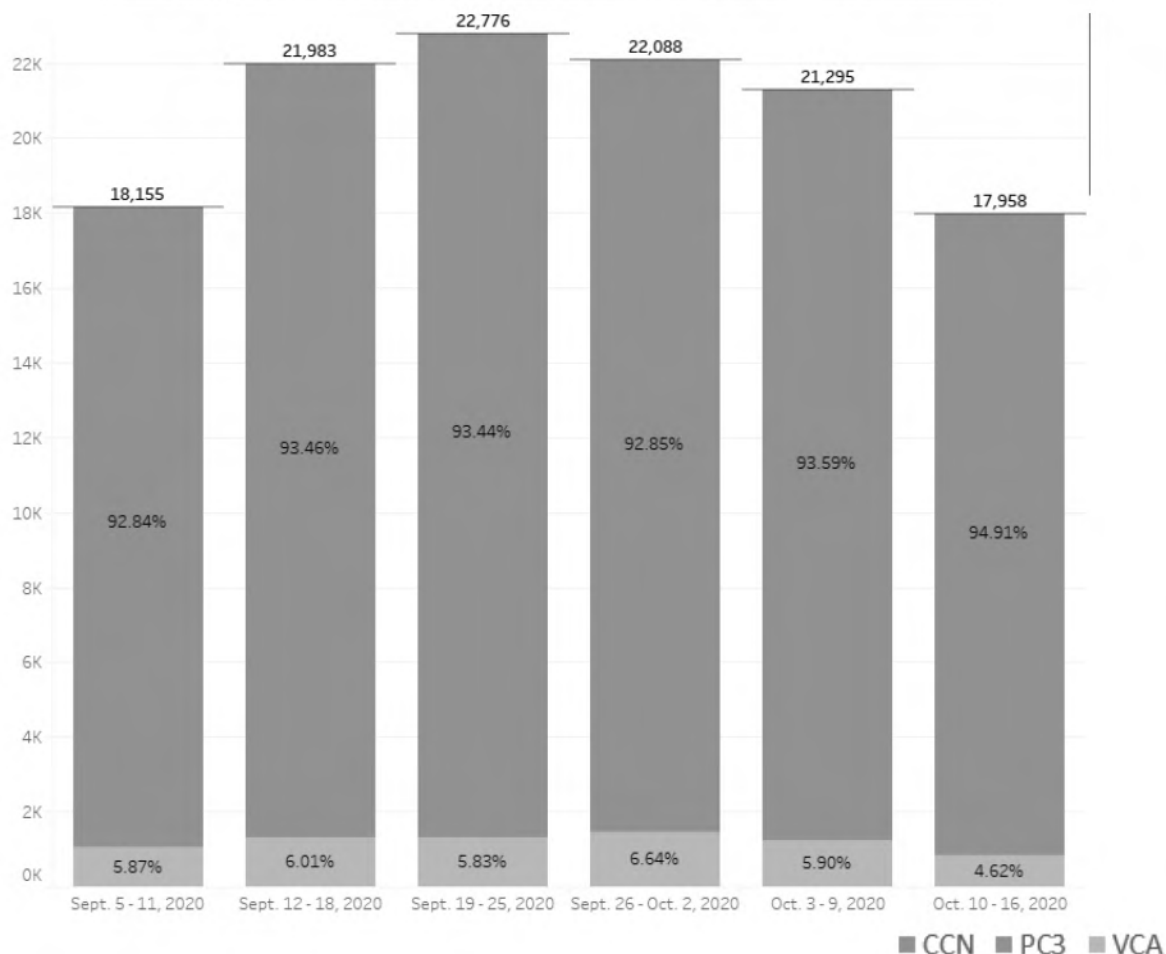


## Referral Analysis

- 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.

# Region 2: Referral Trends

## Region 2 Referral Network Breakdown



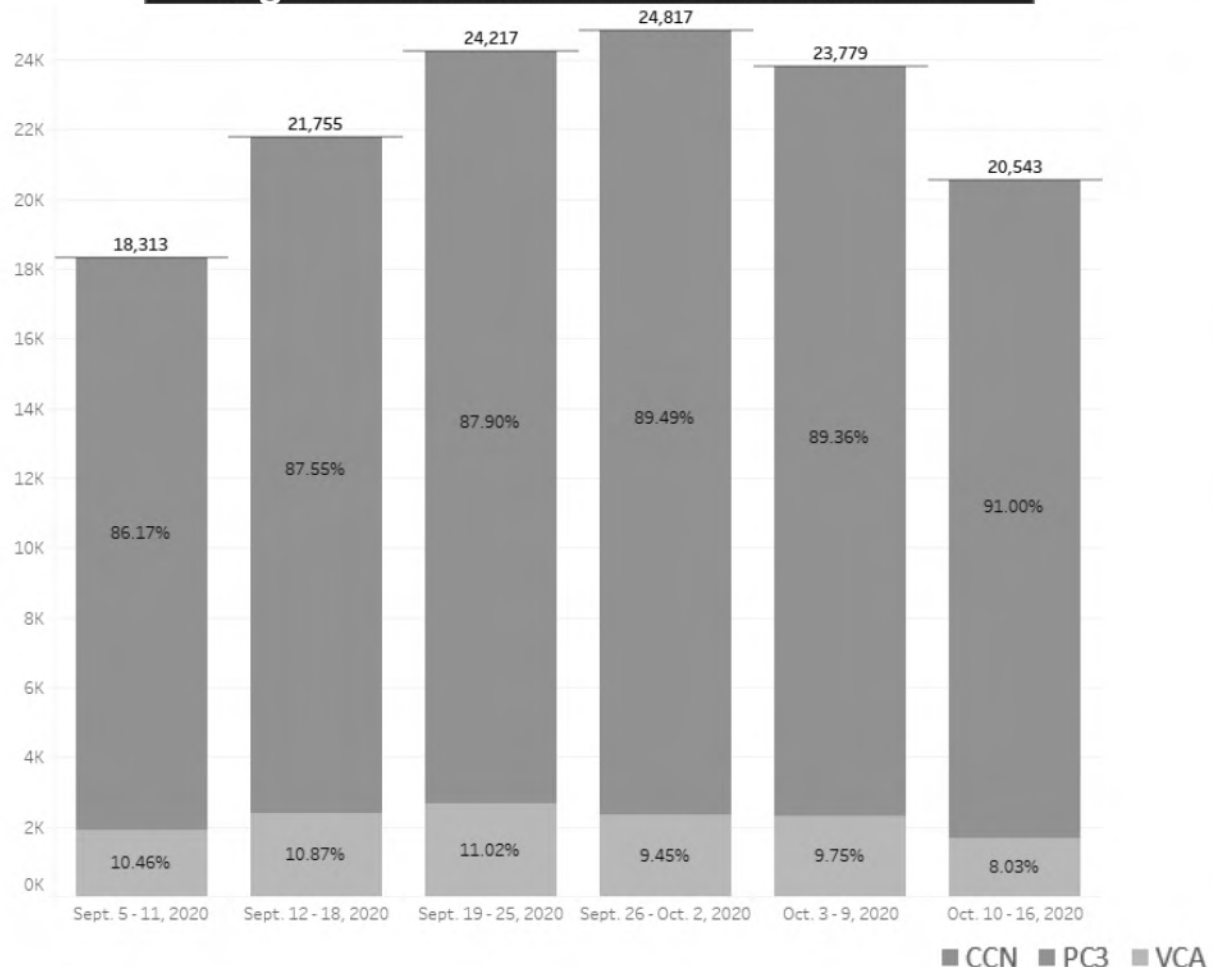
## Referral Analysis

- 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.



# Region 3: Referral Trends

## Region 3 Referral Network Breakdown

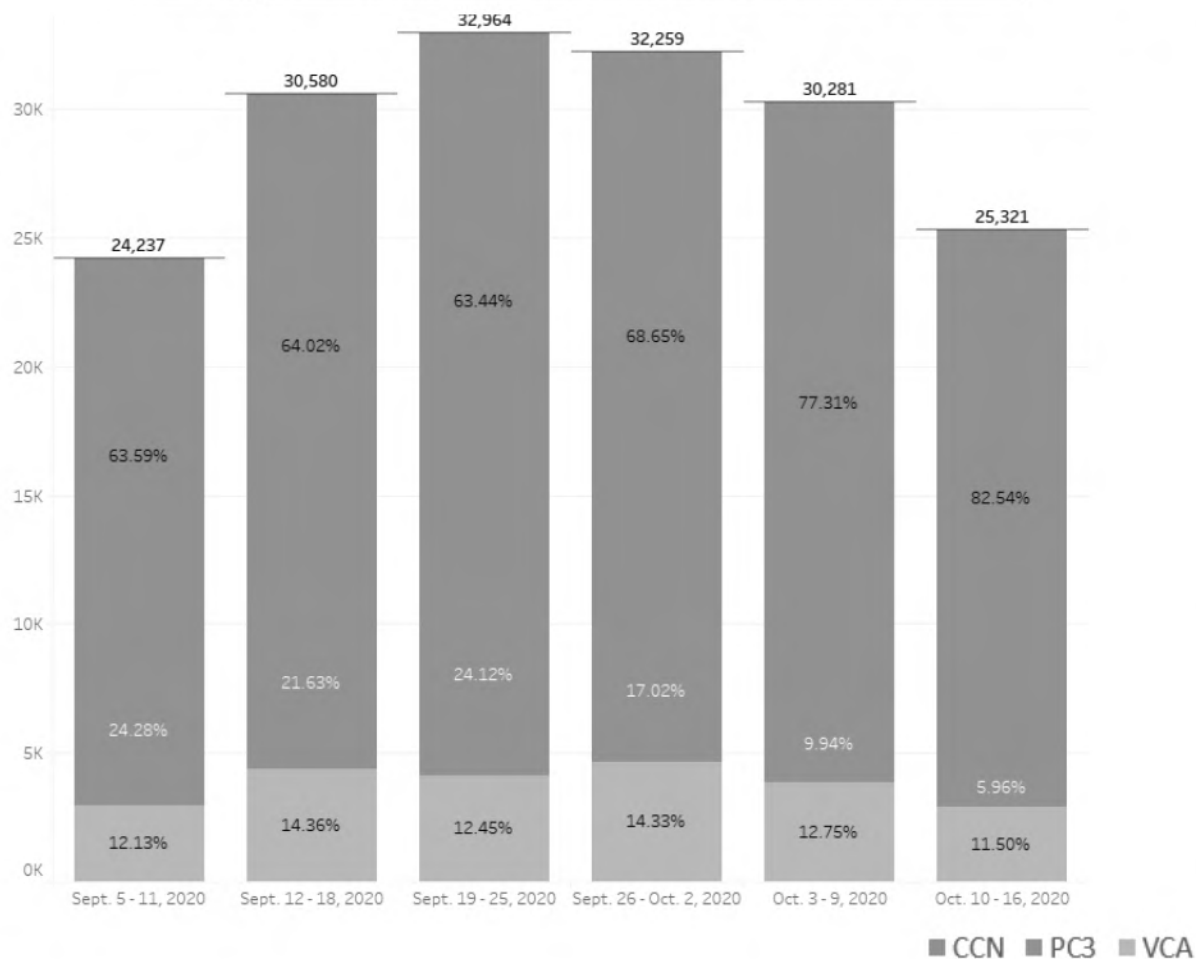


## Referral Analysis

- 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.

# Region 4: Referral Trends

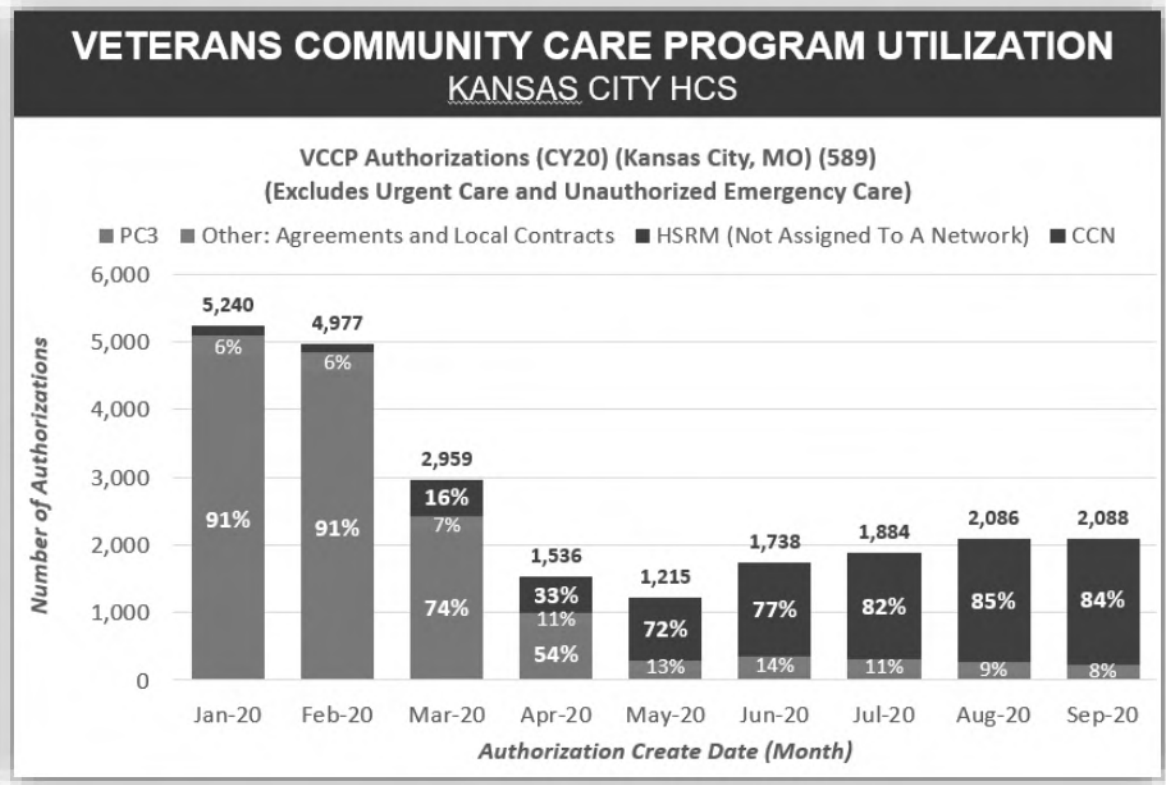
## Region 4 Referral Network Breakdown



## 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.*

# 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)
-

# 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	<span style="display: inline-block; width: 15px; height: 10px; background-color: #808080; border: 1px solid black;"></span>	N/A	(b)(6)
		10/23	<span style="display: inline-block; width: 15px; height: 10px; background-color: #808080; border: 1px solid black;"></span>		(b)(6) CCCA, FIN, Mod Team, SAC Team
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	<span style="display: inline-block; width: 15px; height: 10px; background-color: #808080; border: 1px solid black;"></span>	N/A	(b)(6)
		10/28	<span style="display: inline-block; width: 15px; height: 10px; background-color: #808080; border: 1px solid black;"></span>	N/A	(b)(6) CCCA, FIN, Mod Team, SAC Team
		10/30	<span style="display: inline-block; width: 15px; height: 10px; background-color: #808080; border: 1px solid black;"></span>	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
<b>Cost Estimation Model</b>	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			
<b>Contract Modifications:</b>	(b)(5)	■	Cost model finalization	Contracting Office, Modification Team	1-2 months from cost model approval
	(b)(5)	■			
	(b)(5)	■			
<b>Funding</b>	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)	■			
<b>Task Order Issuance</b>	(b)(5)	■	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	(b)(5)		(b)(5)	CI, CCN Transition, OT Team	2 weeks from end-to-end process testing
Site Implementation Plan	(b)(5)		(b)(5)	CI, CCN Transition, OT Team	2 weeks from end-to-end process testing
Community Care and CI Staff Workflow Reports	(b)(5)		(b)(5)	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
<b>Cost Estimation Model</b>	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)				
<b>Contract Modifications</b>			(b)(5)	Contracting Office, Modification Team	~1 months from cost model approval
<b>Funding</b>	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)				
<b>Task Order Issuance</b>			(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					



# R1-4 Referral Monitoring

# Region 1: Referral Volume Snapshot

## Top Categories of Care

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

Referrals through: [dropdown]  
 Category of Care [dropdown] CCN PC3 VCA / Contracts Grand Total

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

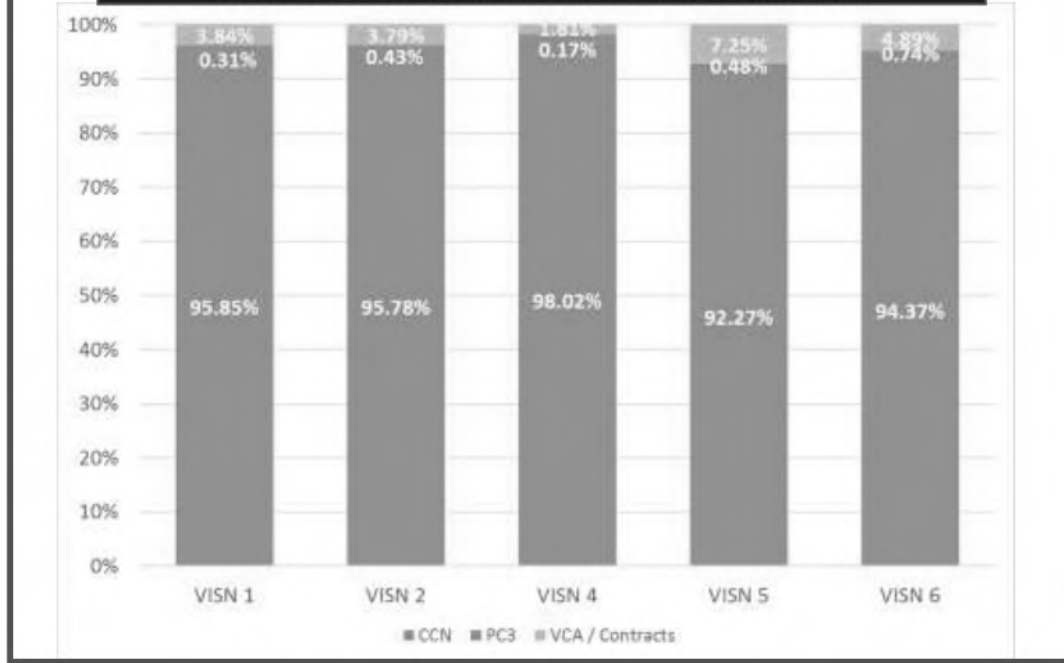
The top five categories of care going to VCAs are (not including ER/Urgent Care):

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

- 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 were 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](#)

## VISN Referral Network Breakdown



# Region 1 VISN 1: Referral Volume Snapshot

## Top Categories of Care

Region: R01 \*10/10/2020 through 10/16/2020\*\*  
 VISN: 1 Data pulled from the CDW  
 Station#\_StationName: (All)

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

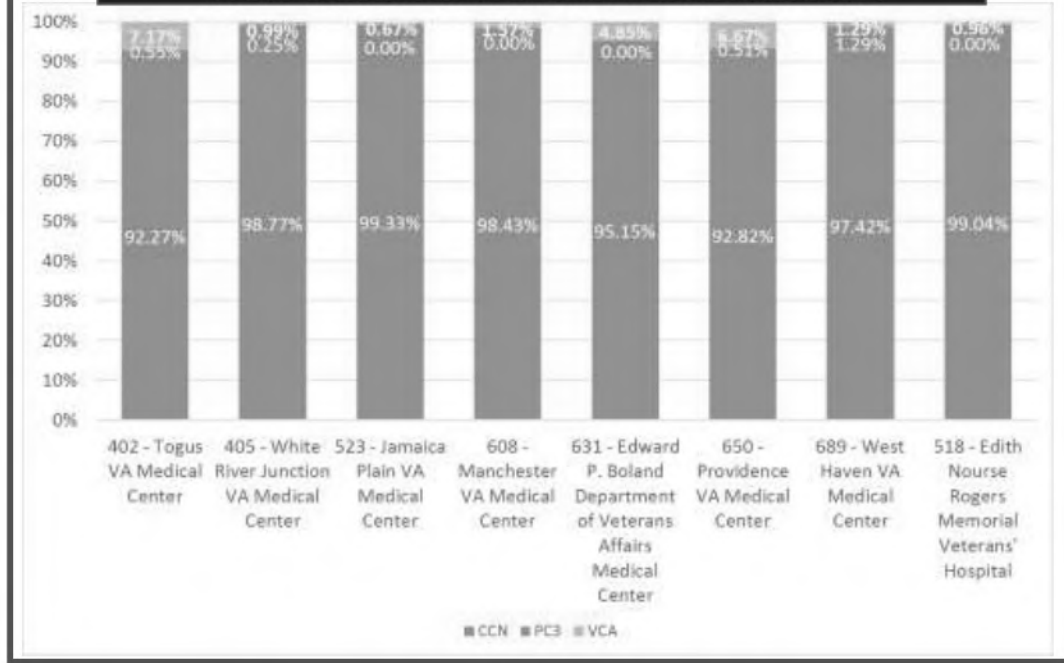
The top five categories of care going to VCAs are (not including ER/Urgent Care):

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

Less than 10 referrals

- 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.

## VISN Referral Network Breakdown



# Region 1 VISN 2: Referral Volume Snapshot

## Top Categories of Care

Region: R01 \*10/10/2020 through 10/16/2020\*\*  
 VISN: 2 Data pulled from the CDW  
 Station#\_StationName: (All)

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

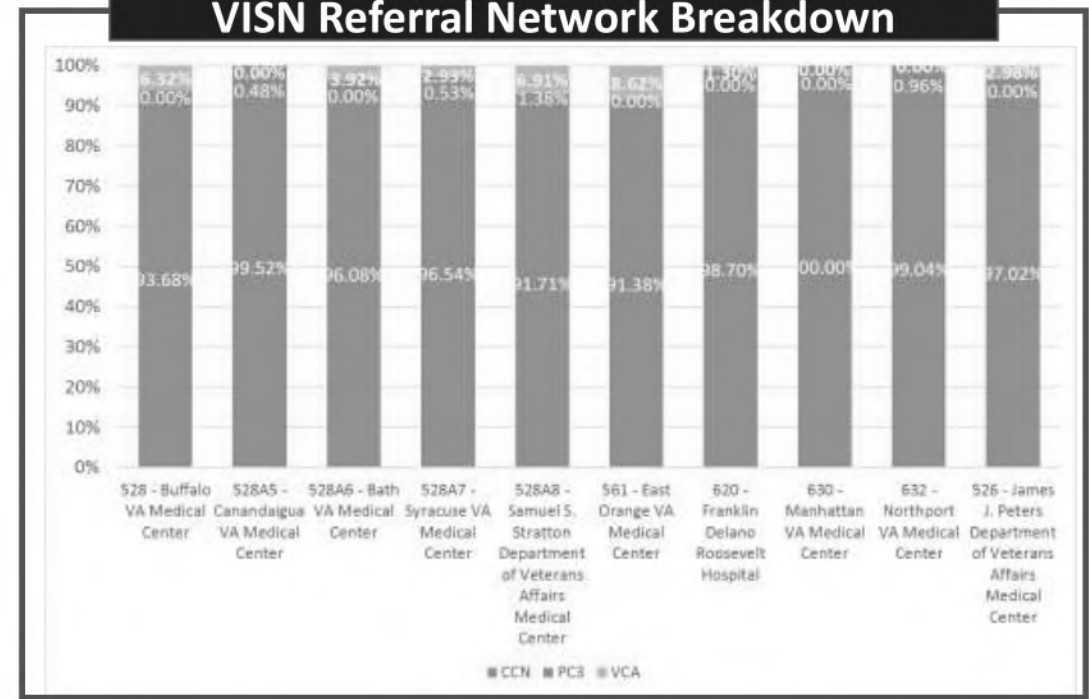
- Region 1 VISN 2 is sending 95.78% of community care referrals through CCN.
- This data analysis does not include a complete picture of ER/Urgent Care referrals through CCN.
- The PC3 percentage for R1 VISN 2 referrals is down to 0.43% of referrals. VCAs account for 3.79% of referrals.

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



# Region 1 VISN 4: Referral Volume Snapshot

## Top Categories of Care

Region: R01 \*10/10/2020 through 10/16/2020\*\*  
 VISN: 4 Data pulled from the CDW  
 Station#\_StationName: (All)

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

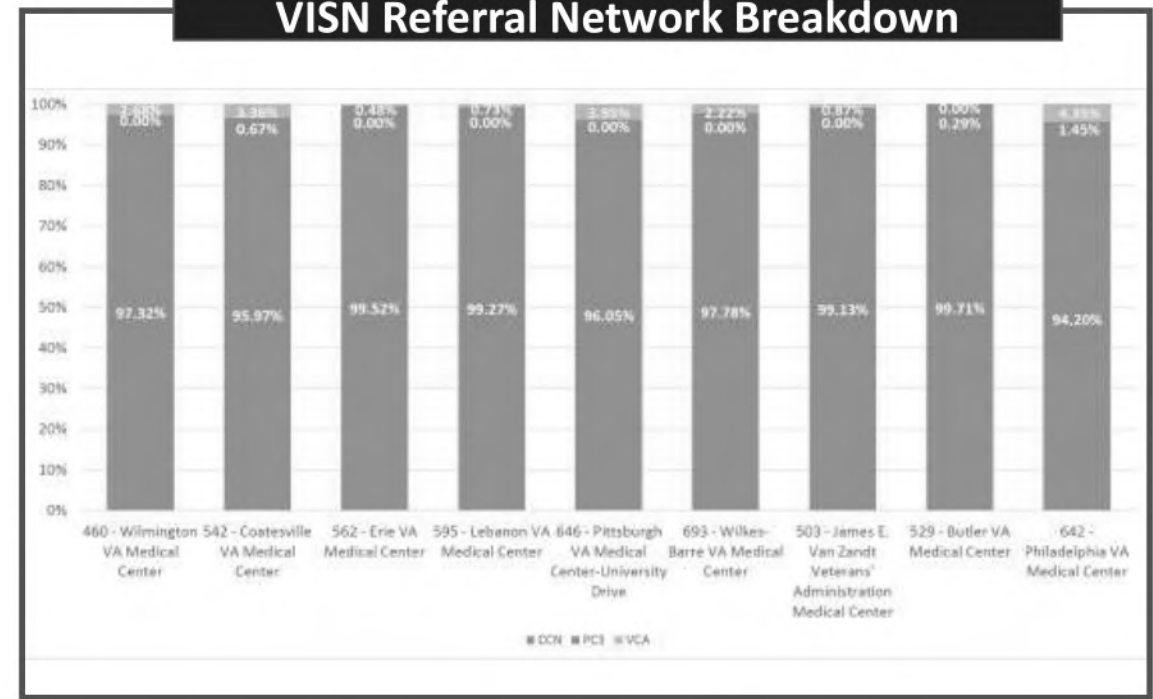
- **Region 1 VISN 4 is sending 98.02% of community care referrals through CCN.**
- This data analysis does not include a complete picture of ER/Urgent Care referrals through CCN.
- **The PC3 percentage for R1 VISN 4 referrals is down to 0.17% of referrals. VCAs account for 1.81% of referrals.**

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 \*10/10/2020 through 10/16/2020\*\*  
 VISN: 5 Data pulled from the CDW  
 Station#\_StationName: (All)

Referrals through: [dropdown]

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

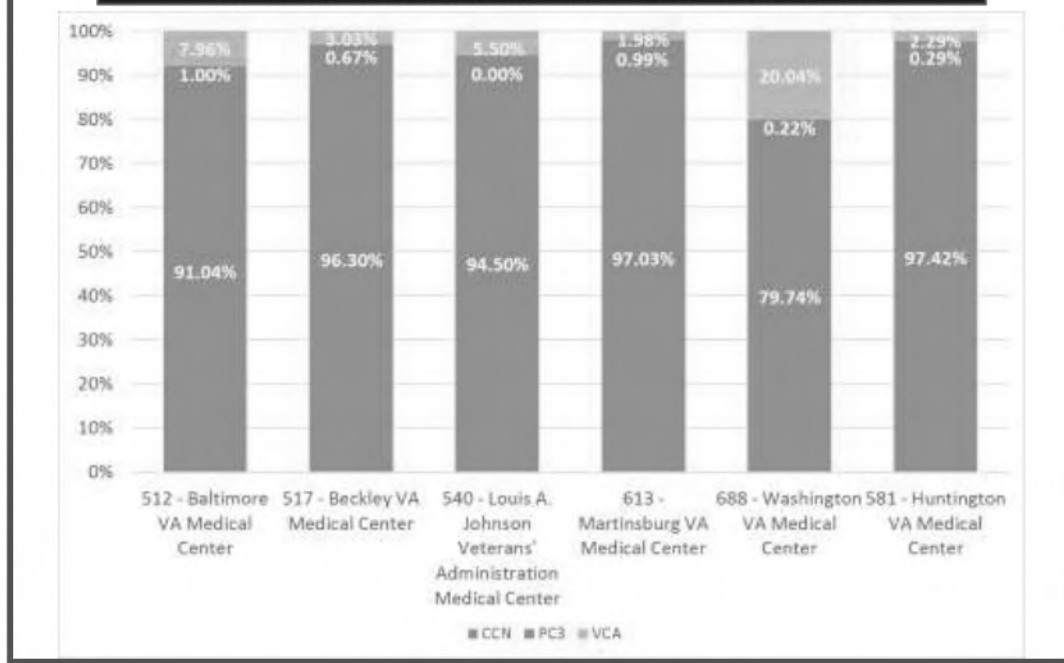
The top five categories of care going to VCAs are (not including ER/Urgent Care):

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



# Region 1 VISN 6: Referral Volume Snapshot

## Top Categories of Care

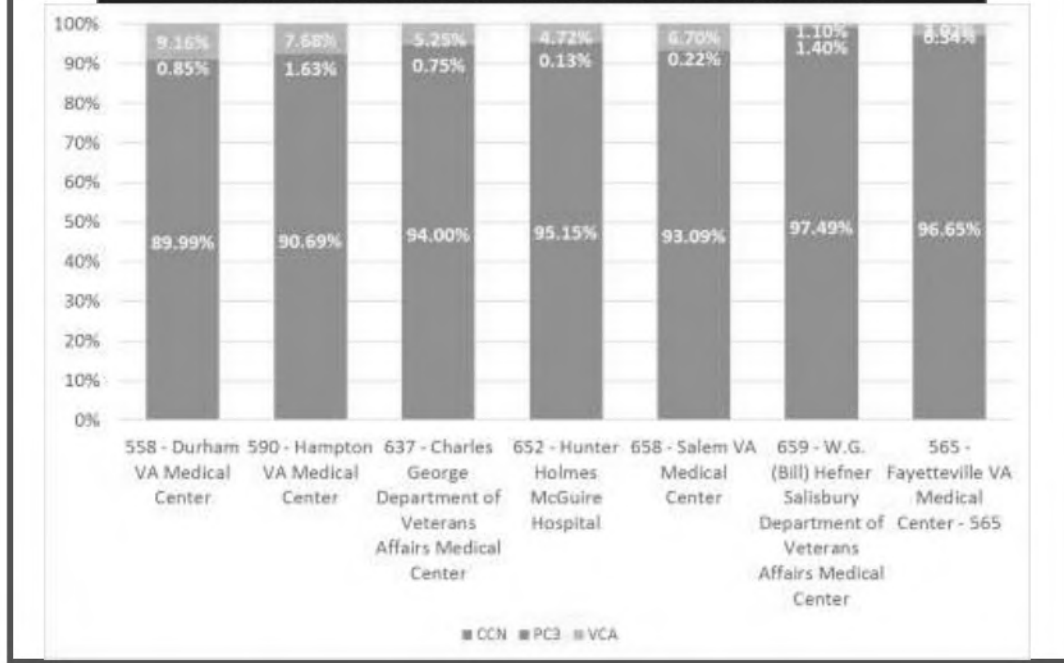
Region	R01	*10/10/2020 through 10/16/2020**		
VISN	6	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: [dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	610		195	805
OPTOMETRY	559			559
PAIN MANAGEMENT	304	1		305
PHYSICAL THERAPY	241	1		242
ORTHOPEDIC	241	1		242

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

- 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.

## VISN Referral Network Breakdown



# Region 2: Referral Volume Snapshot

## Top Categories of Care

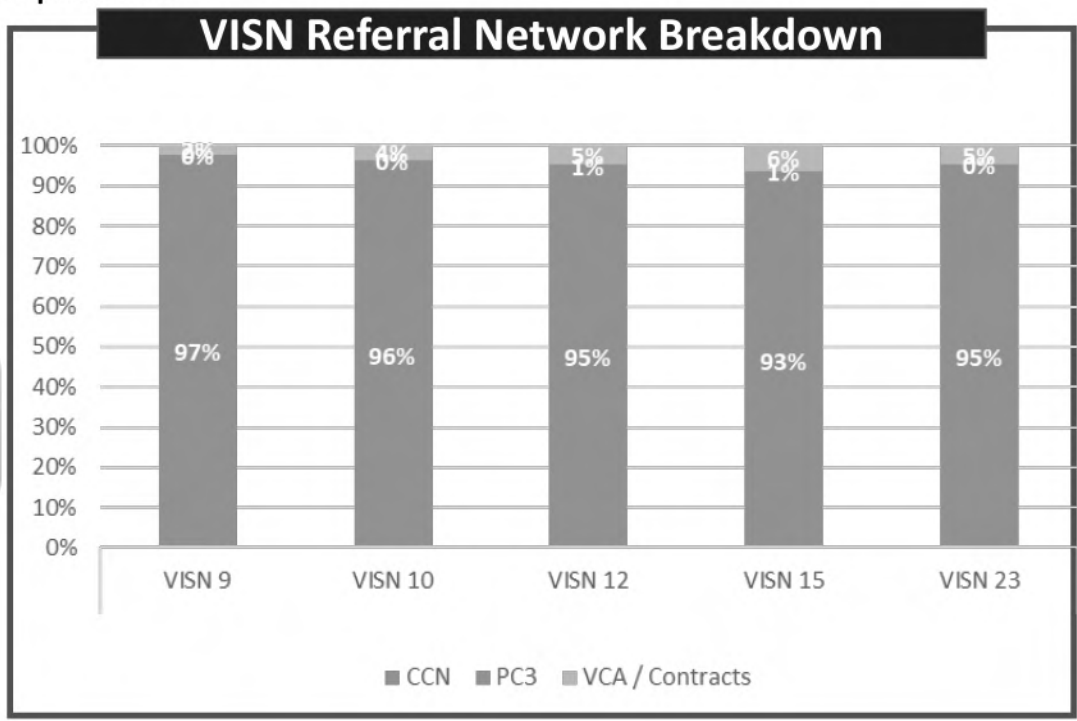
Region	R02	10/10/2020 through 10/16/2020**		
VISN	(All)	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: [v]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
SKILLED HOME HEALTH CARE	1216		126	1342
HOMEMAKER/HOME HEALTH AIDE	835		266	1101
OPTOMETRY	1000	1		1001
ORTHOPEDIC	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





# 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#: (All)

Category of Care	Referrals through: 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

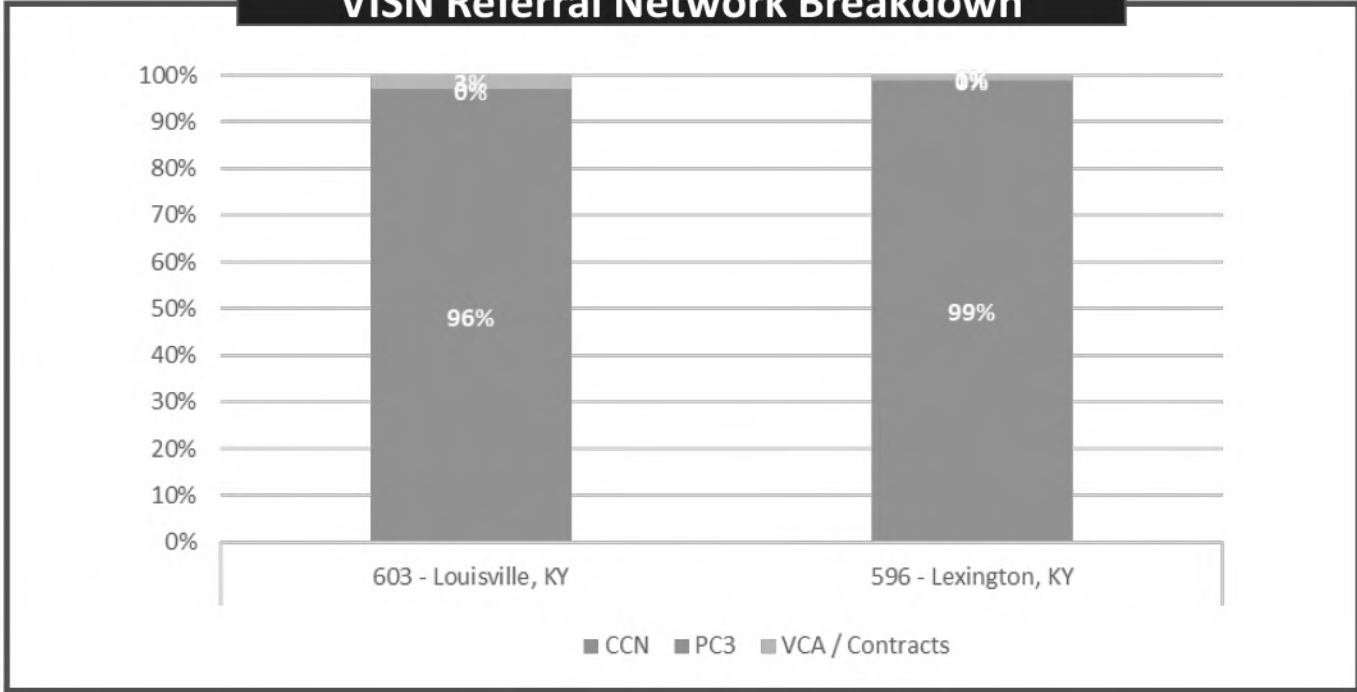
The top five categories of care going to PC3 and VCAs are (not including ER/Urgent Care):

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

Less than 10 referrals

- 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.

## VISN Referral Network Breakdown



# 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)	

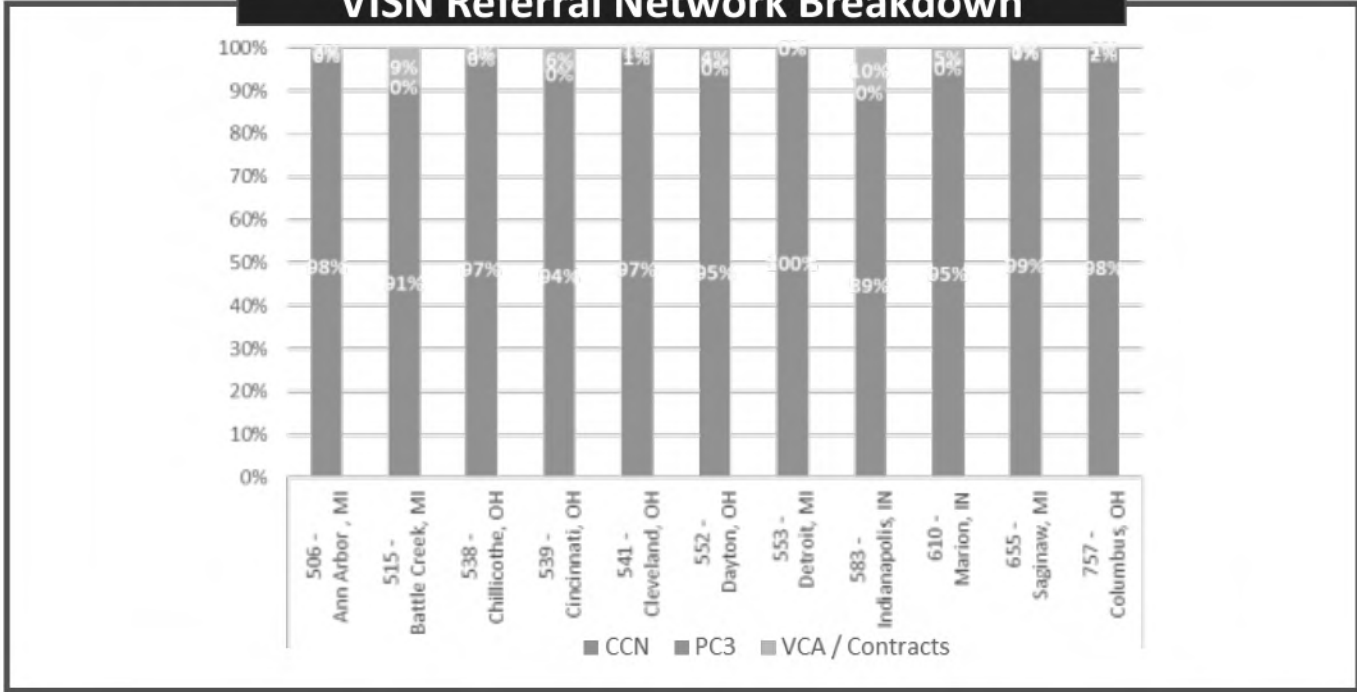
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
HOMEMAKER/HOME HEALTH AIDE	291		52	343
ORTHOPEDIC	248		17	265
SKILLED HOME HEALTH CARE	246		13	259
ER/URGENT	222	6	1	229
OPHTHALMOLOGY	224			224

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

- 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.

## 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)	

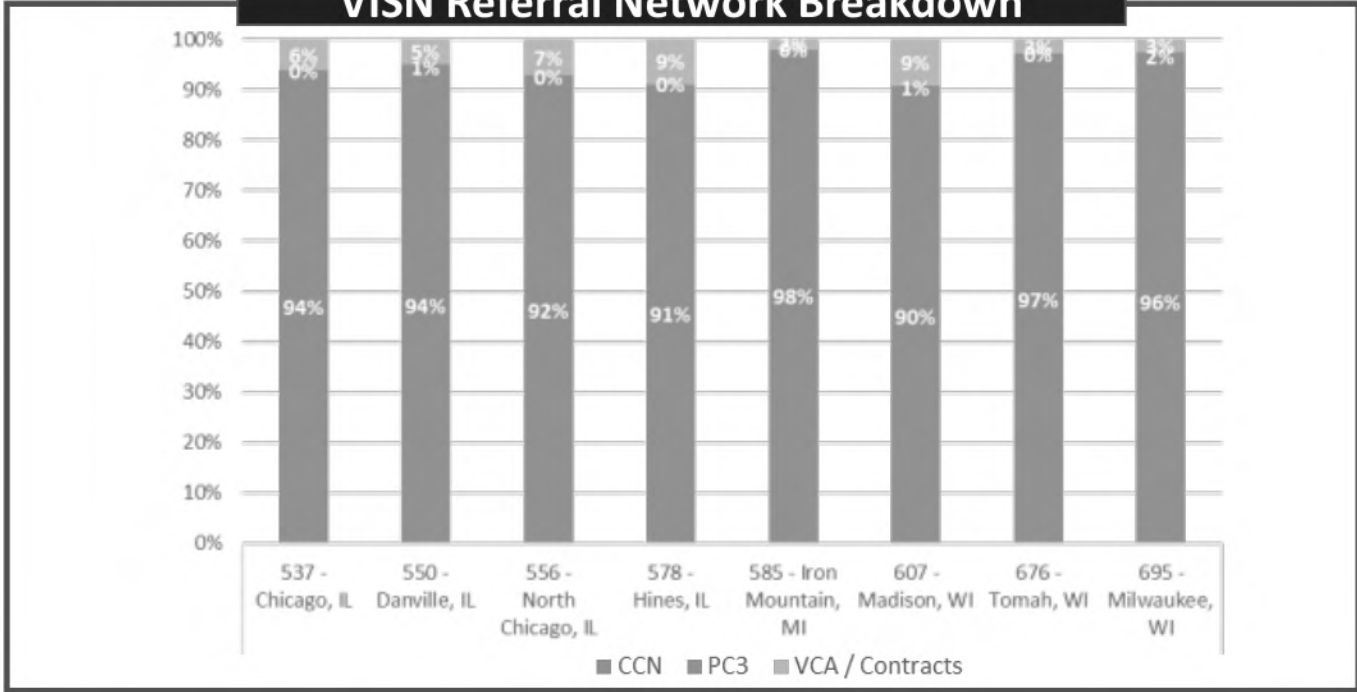
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	270	1		271
SKILLED HOME HEALTH CARE	236		28	264
HOMEMAKER/HOME HEALTH AIDE	182		68	250
CHIROPRACTIC	198			198
ORTHOPEDIC	183			183

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

- 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.**

## 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#: (All)

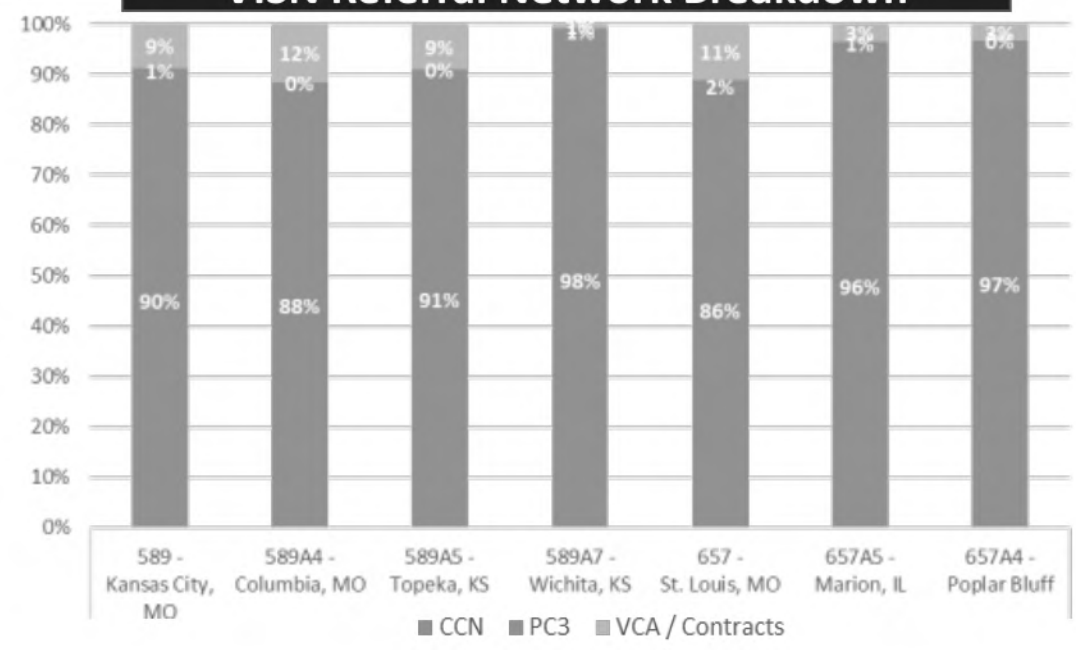
Category of Care	Referrals through:		
	CCN	PC3	VCA / Contracts
SKILLED HOME HEALTH CARE	210	15	225
OPTOMETRY	190		190
HOMEMAKER/HOME HEALTH AIDE	98	88	186
DENTAL	82	78	160
DERMATOLOGY	158		158

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

- 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.**

## VISN Referral Network Breakdown



# Region 2 VISN 23: Referral Volume Snapshot

## Top Categories of Care

Region: R02 | 10/10/2020 through 10/16/2020\*\*  
 VISN: 23 | Data pulled from the CDW  
 Station#\_StationName: (All)

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

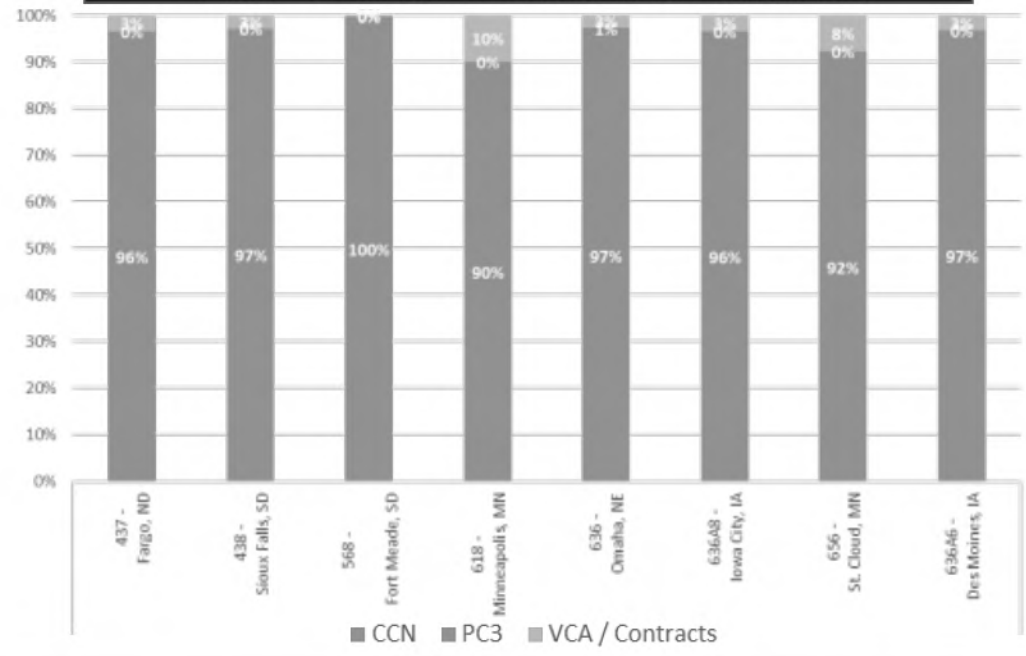
The top five categories of care going to PC3 and VCAs are (not including ER/Urgent Care):

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

Less than 10 referrals

- 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.**

## VISN Referral Network Breakdown



# Region 3: Referral Volume Snapshot

## Top Categories of Care

Region	R03	10/10/2020 through 10/16/2020**	
VISN	(All)	Data pulled from the CDW	
Station#_StationName	(All)		
Referrals through: [dropdown]			
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 five categories of care** going to PC3 and VCAs are (not including ER/Urgent Care):

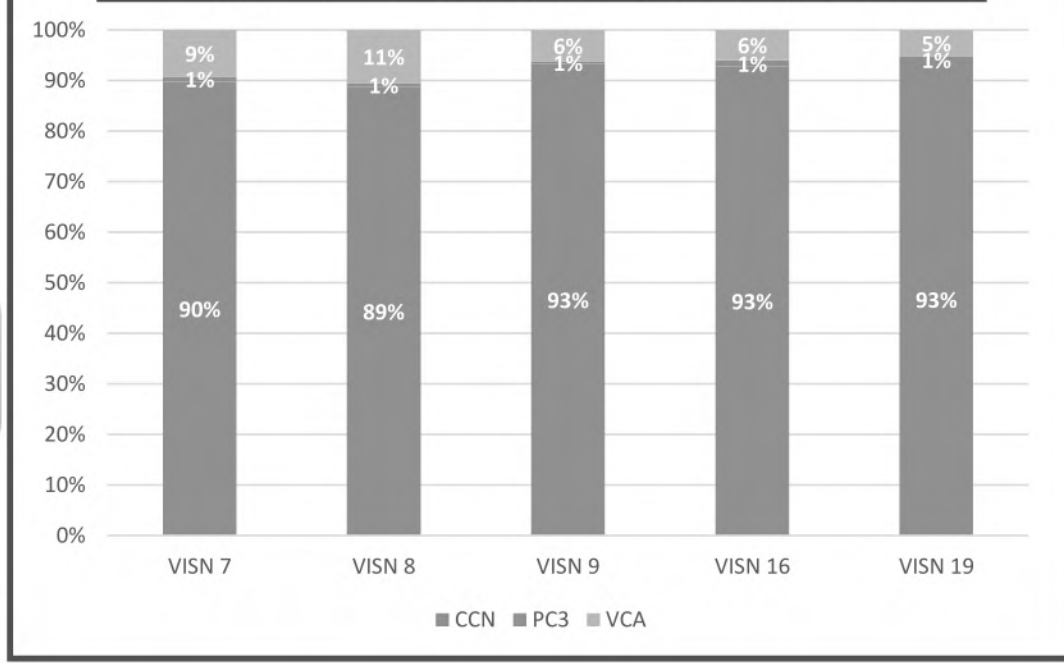
1. Homemaker/Home Health Aide
2. Dental
3. Skilled Home Care
4. Respite Care
5. Inpatient

- The **top categories of care sent to PC3 and VCAs remain consistent** with previous 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.

## VISN Referral Network Breakdown



# Region 3 VISN 7: Referral Volume Snapshot

## Top Categories of Care

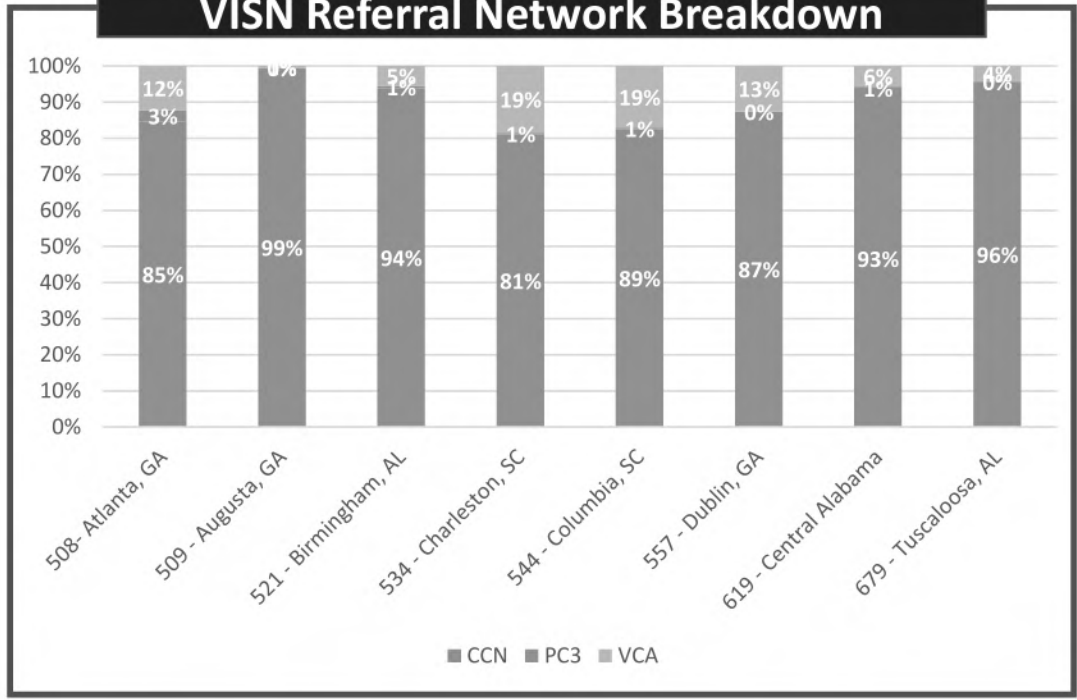
Region	R03	10/10/2020 through 10/16/2020**		
VISN	7	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: <input type="checkbox"/> CCN				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	500		347	847
OPTOMETRY	404	1		405
ORTHOPEDIC	373		1	374
OPHTHALMOLOGY	343	7		350
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



# Region 3 VISN 8: Referral Volume Snapshot

## Top Categories of Care

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

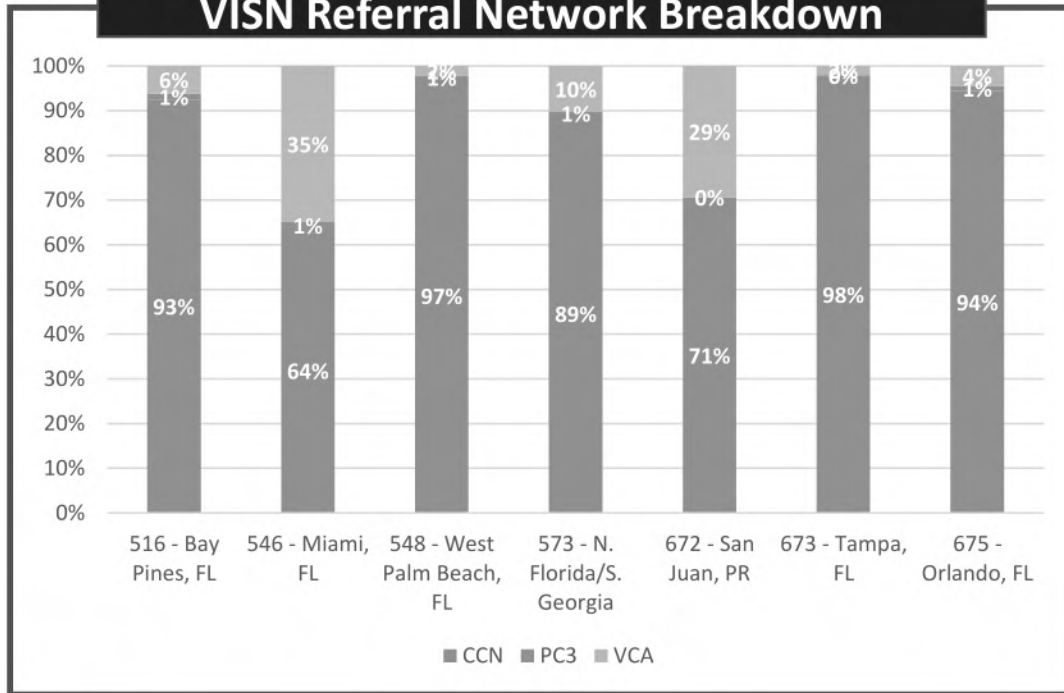
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	395		139	534
SKILLED HOME HEALTH CARE	384		59	443
HOMEMAKER/HOME HEALTH AIDE	247		139	386
OPTOMETRY	259		2	261
OPHTHALMOLOGY	257		2	259

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





# Region 3 VISN 9: Referral Volume Snapshot

## Top Categories of Care

Region: R03 10/10/2020 through 10/16/2020\*\*  
 VISN: 9 Data pulled from the CDW  
 Station#\_StationName: (All)

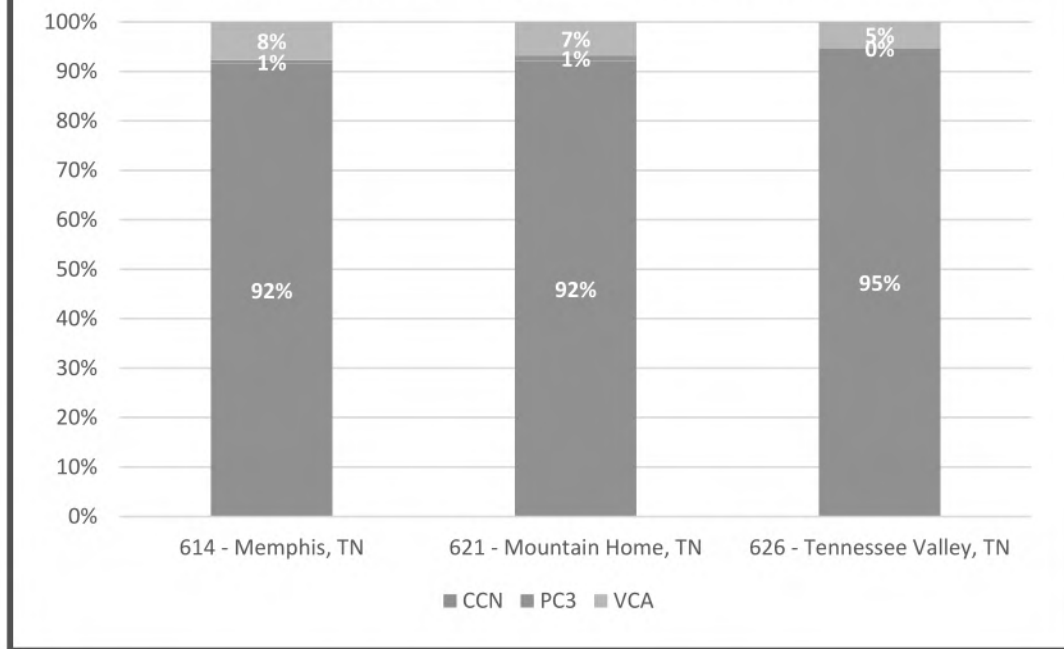
Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
DENTAL	152		86	238
ORTHOPEDIC	175	1		176
CHIROPRACTIC	148			148
UROLOGY	138	1		139
CARDIOLOGY IMAGING	127			127

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



# Region 3 VISN 16: Referral Volume Snapshot

## Top Categories of Care

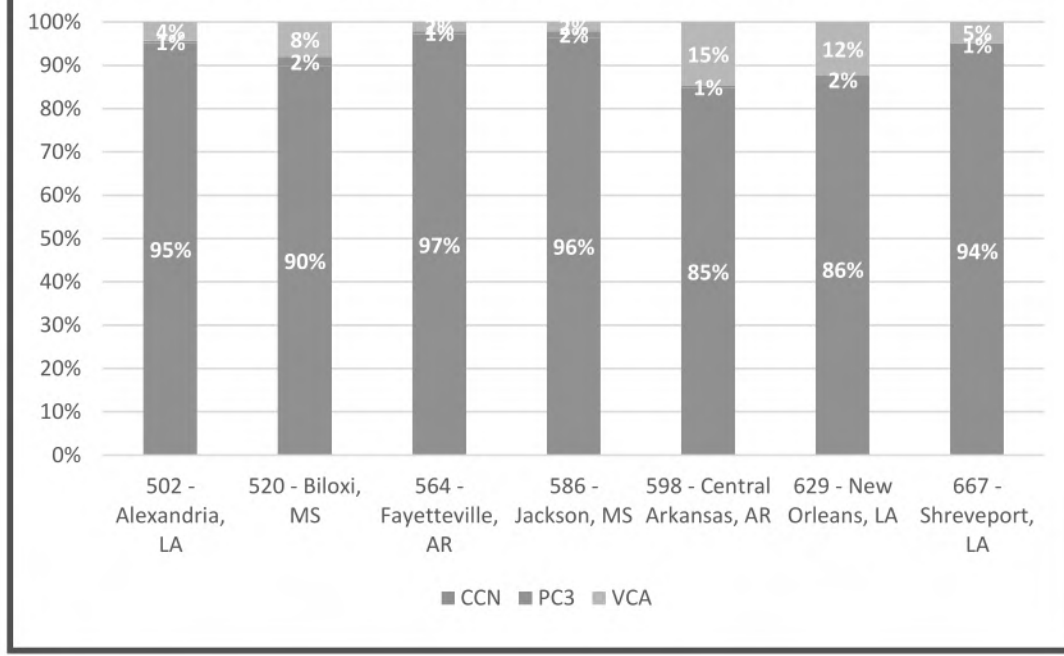
Region	R03	10/10/2020 through 10/16/2020**	
VISN	16	Data pulled from the CDW	
Station#_StationName	(All)		
Referrals through: <input type="button" value="v"/>			
Category of Care	CCN	PC3 VCA / Contracts	Grand Total
OPHTHALMOLOGY	279		279
DENTAL	157	121	278
GASTROENTEROLOGY	250		250
ORTHOPEDIC	238	2	240
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



# Region 3 VISN 19: Referral Volume Snapshot

## Top Categories of Care

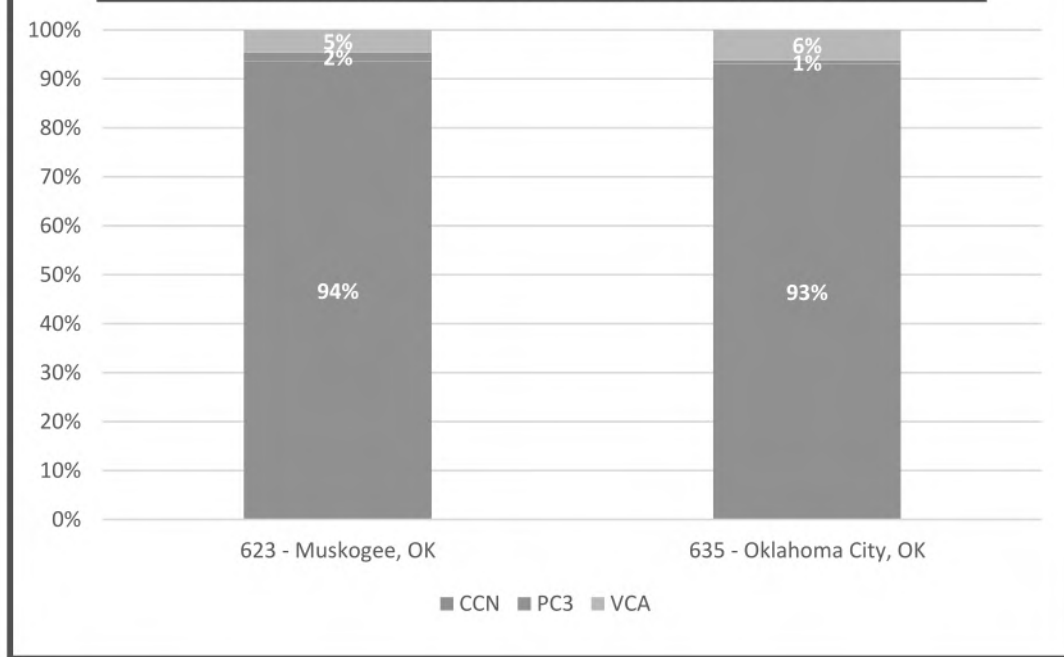
Region	R03	10/10/2020 through 10/16/2020**		
VISN	19	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through:				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	100			100
ORTHOPEDIC	97	2		99
DENTAL	80		7	87
NEPHROLOGY	65		5	70
HOMEMAKER/HOME HEALTH AIDE	40		26	66

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



# 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

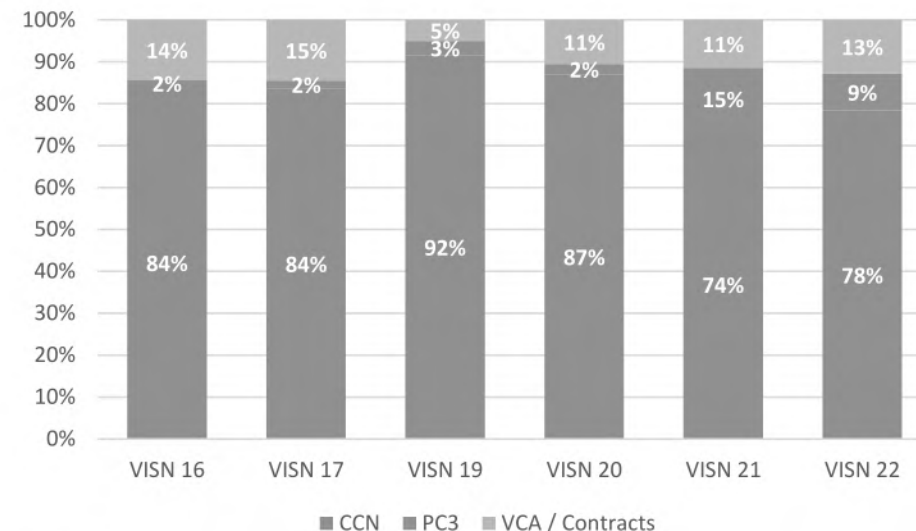
The top five categories of care going to PC3 and VCAs are (not including ER/Urgent Care):

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

- 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

## VISN Referral Network Breakdown



# Region 4 VISN 16 Sites: Referral Volume Snapshot

## Top Categories of Care

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

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

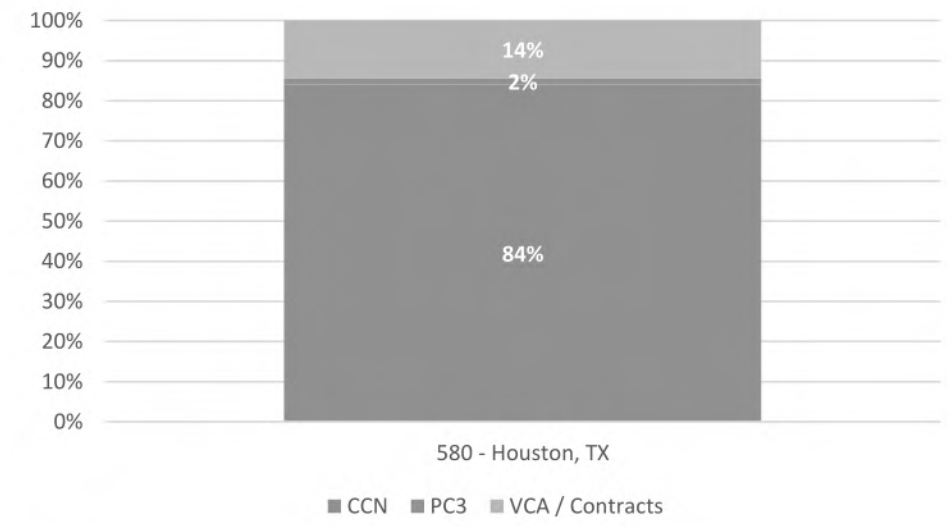
The top five categories of care going to PC3 and VCAs are (not including ER/Urgent Care):

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

Less than 10 referrals

- 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.

## VISN Referral Network Breakdown



# Region 4 VISN 17 Sites: Referral Volume Snapshot

## Top Categories of Care

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

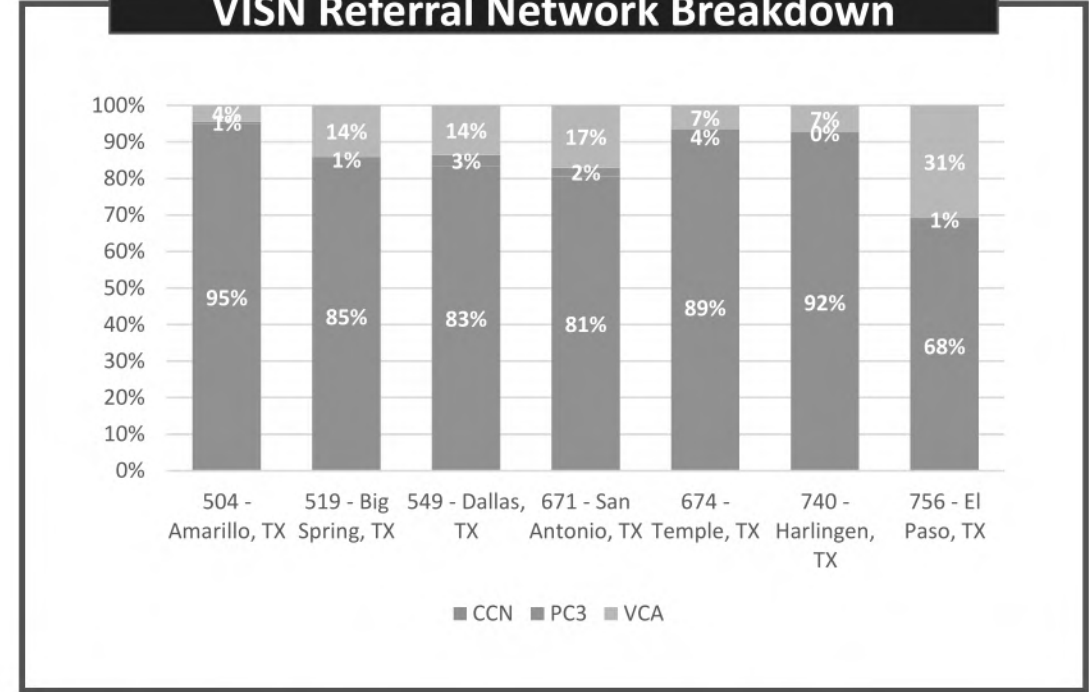
Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
DENTAL	246		547	793
SKILLED HOME HEALTH CARE	274	1	25	300
ORTHOPEdic	253	3	26	282
PHYSICAL THERAPY	273	1		274
HOMEMAKER/HOME HEALTH AIDE	191		77	268

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

- 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%*

## VISN Referral Network Breakdown



# Region 4 VISN 19 Sites: Referral Volume Snapshot

## Top Categories of Care

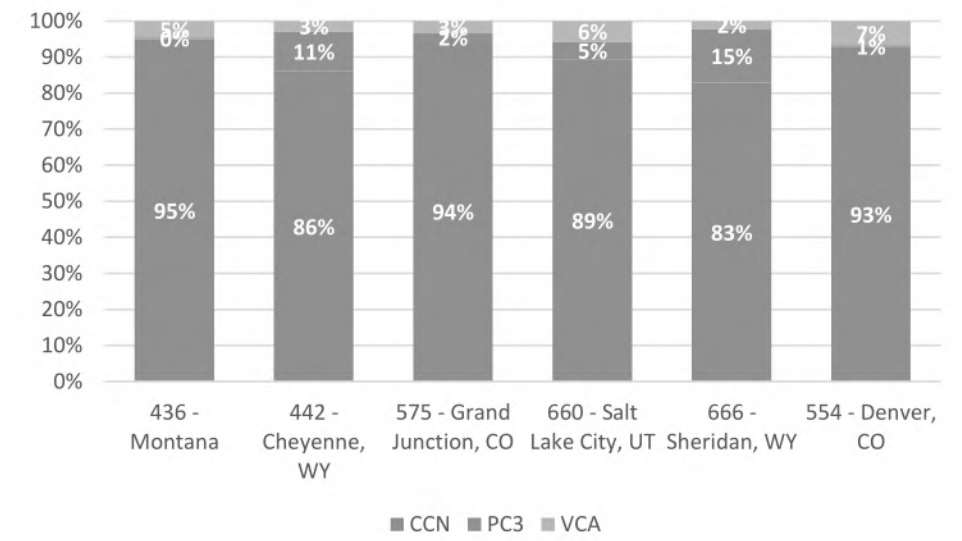
Region: R04 | 10/10/2020 through 10/16/2020\*\*  
 VISN: 19 | Data pulled from the CDW  
 Station#\_StationName: (All)

Category of Care	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

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



- 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.

# 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
DENTAL	98		137	235
OPTOMETRY	224	2		226
OPHTHALMOLOGY	202	3		205
ORTHOPEDIC	198	2		200
PRIMARY CARE	184	2		186

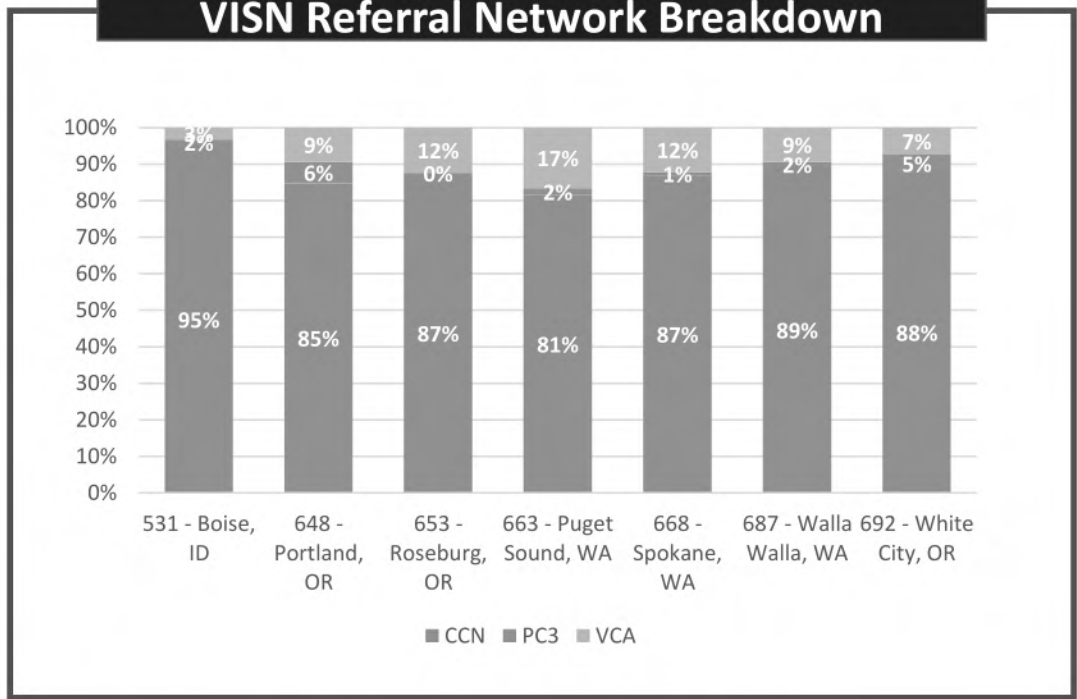
The top five categories of care going to PC3 and VCAs are (not including ER/Urgent Care):

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





# 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)

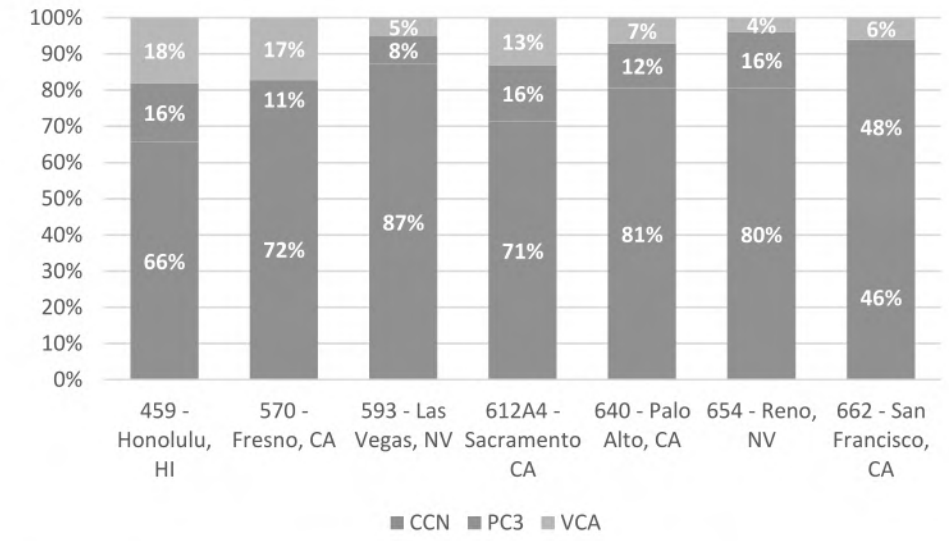
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	400	48		448
DENTAL	191		97	288
RADIOLOGY MRI/MRA	255	17		272
CHIROPRACTIC	159	55		214
DERMATOLOGY	191	11		202

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

- 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 utilization*, 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.

## VISN Referral Network Breakdown



# Region 4 VISN 22 Sites: Referral Volume Snapshot

## Top Categories of Care

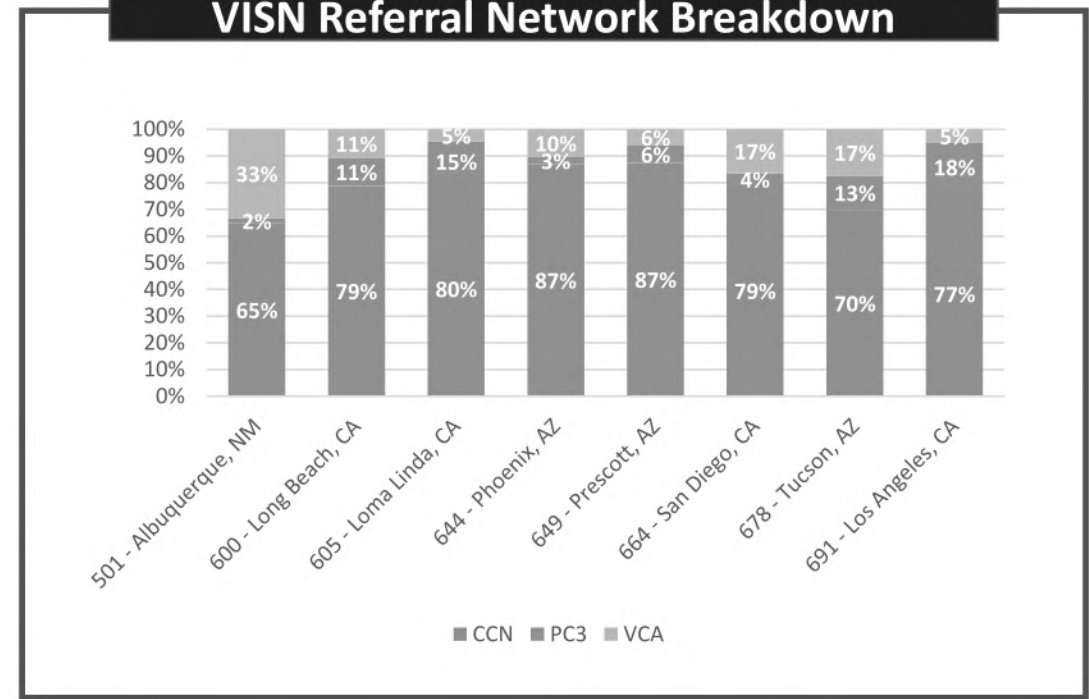
Region	R04	10/10/2020 through 10/16/2020**		
VISN	22	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: ▾				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	296		465	761
OPTOMETRY	606	36		642
MENTAL HEALTH	246	57		303
PHYSICAL THERAPY	238	9		247
OPHTHALMOLOGY	226	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



Page 2904

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

Page 2905

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of the Freedom of Information

Page 2906

Withheld pursuant to exemption

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of the Freedom of Information

# CCN ELC Update

12/2/2020

(b)(6)



- 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

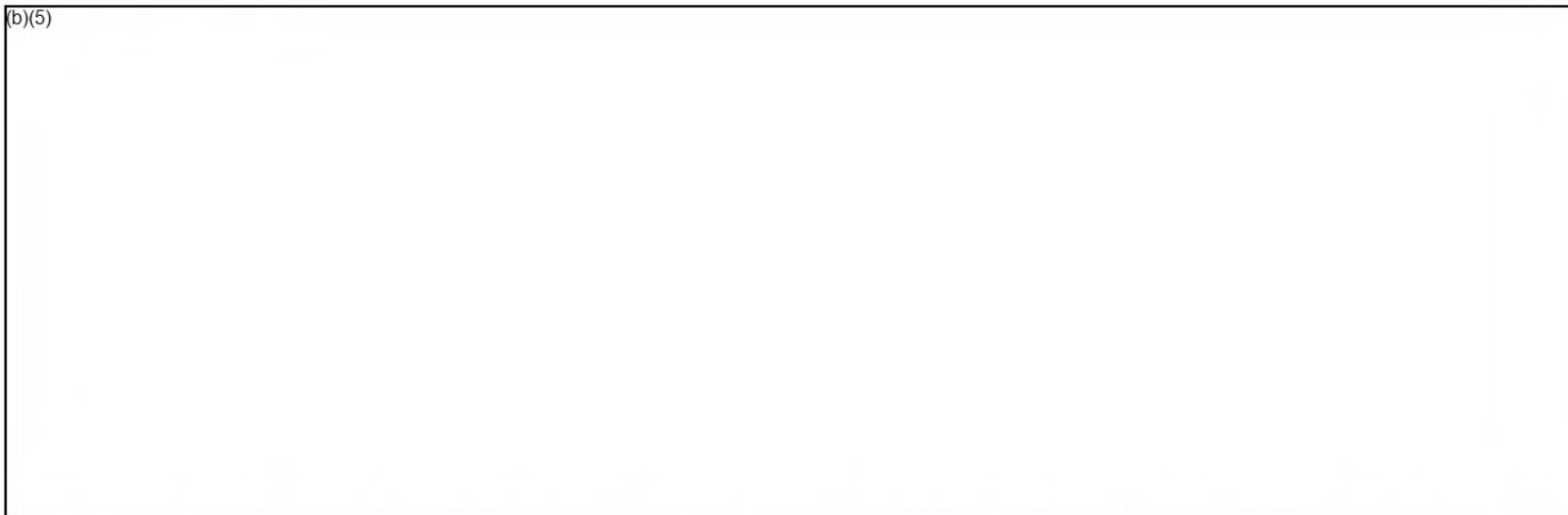
# R4 & R5 CCN Deployment Updates



# Region 4 Update

- **Pend Referral Volume** has consistently been under 5 per day.

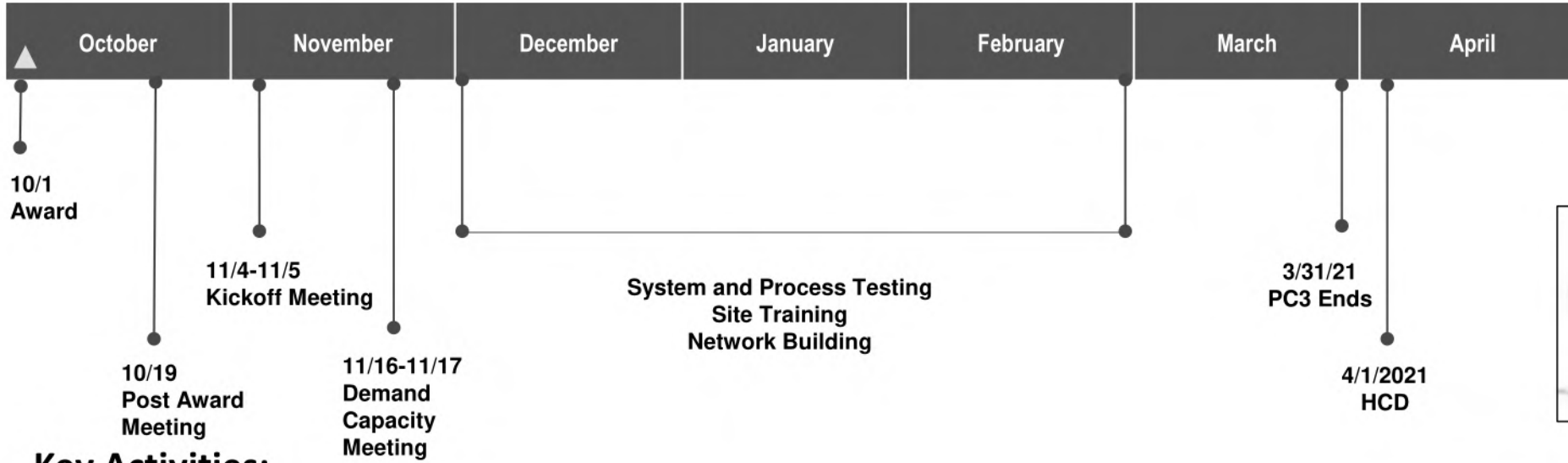
(b)(5)



- **San Diego has requested Optional Task assistance.** VISN22 will be able to absorb their need by decreasing the referrals used by Phoenix, Prescott & Albuquerque.



# Region 5 Status and Upcoming Activities



## Key Activities:

(b)(5)

# Region 5 Risks/Issues

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
<b>Payment Hierarchy and Fee Schedule</b>	Highest	<ul style="list-style-type: none"><li>• (b)(5)</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>• (b)(5)</li><li>•</li><li>•</li></ul>
<b>HCD Timeline and PC3 Contract End Date</b>	High	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>• (b)(5)</li><li>•</li><li>•</li></ul>

# Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
<b>Dental Fee Schedule</b>	High	<ul style="list-style-type: none"><li>• (b)(5)</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>• (b)(5)</li></ul>
<b>Choice Providers in CCN R5 PC3</b>	High	<ul style="list-style-type: none"><li>• (b)(5)</li></ul>	<ul style="list-style-type: none"><li>• (b)(5)</li></ul>
<b>Provider Liability Insurance Requirement</b>	High	<ul style="list-style-type: none"><li>• (b)(5)</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>

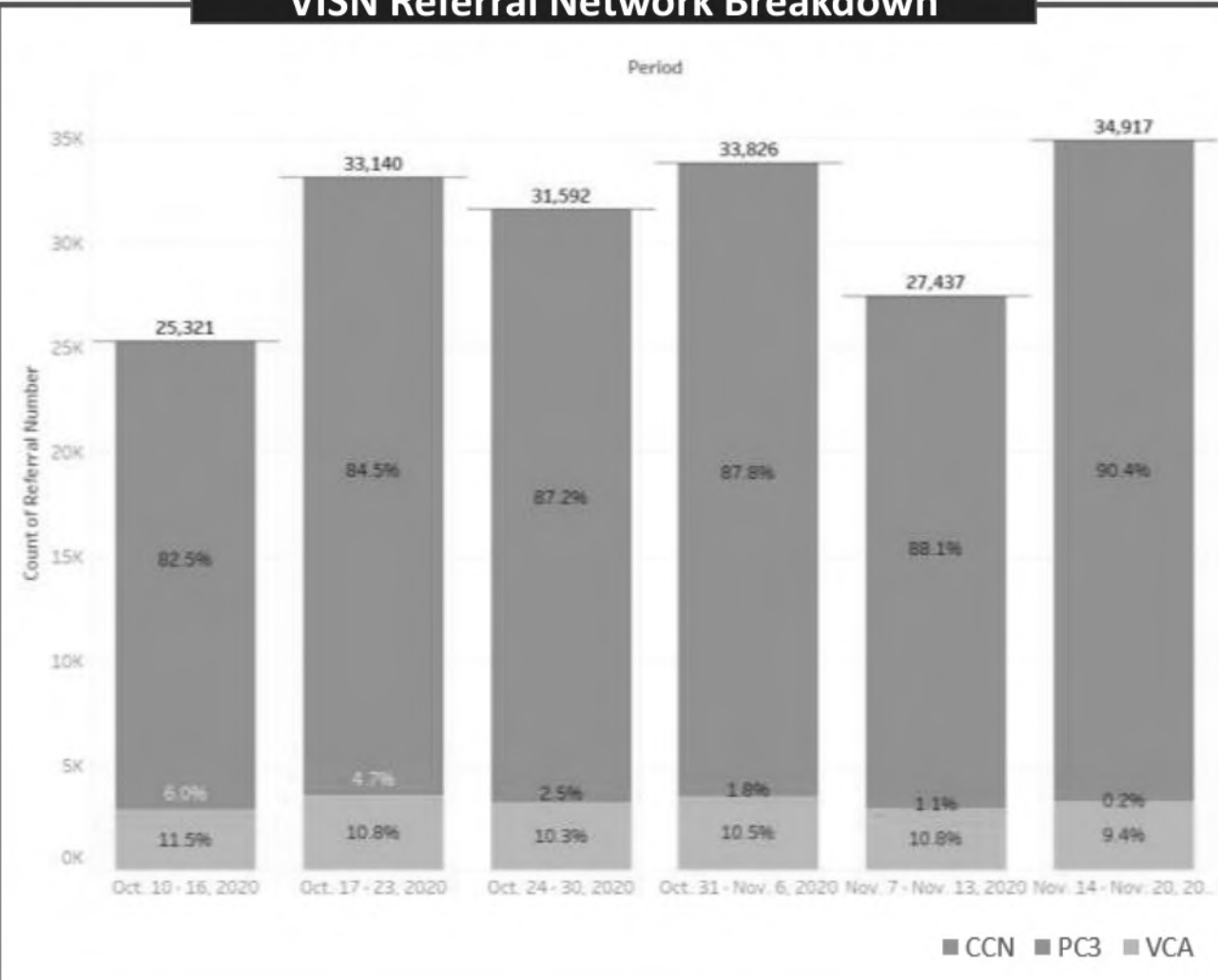
# Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
<b>Tabletop and Testing</b>	Medium	<ul style="list-style-type: none"><li>(b)(5)</li></ul>	<ul style="list-style-type: none"><li>(b)(5)</li><li></li><li></li></ul>
<b>Tribal Health</b>	Medium	<ul style="list-style-type: none"><li>(b)(5)</li></ul>	<ul style="list-style-type: none"><li></li></ul>
<b>DAS Transport Funding</b>	Medium	<ul style="list-style-type: none"><li>(b)(5)</li><li></li><li></li></ul>	<ul style="list-style-type: none"><li></li></ul>

# 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*

# Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
11/12/2020	<p><b>VISN 16 – Houston, TX:</b> 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.</p>	<p><b>11/18:</b> Network Support team to investigate dental network in Houston area and will collaborate with VISN 16 BIM</p> <p><b>11/18:</b> R4 team to coordinate with Network Support/VCA/TW to match addresses with correct provider names and check on contracting statuses for CCN</p>	<p><b>11/18:</b> 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.</p> <ul style="list-style-type: none"> <li>• 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. <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> <li>• OCC Network Management &amp; 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.</li> </ul> <p><b>11/30:</b> 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.</p>	Closed
11/12/20	<p><b>VISN 22 – Albuquerque</b> 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 <b>186 dental VCA</b>, this reporting week, there were <b>299 dental VCA referrals</b>.</p>	<p><b>11/18:</b> R4 team to coordinate with Network Support/VCA/TW to match addresses with correct provider names and check on contracting statuses for CCN</p>	<p><b>11/18:</b> 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.</p> <ul style="list-style-type: none"> <li>• BIM has requested additional information from the site.</li> <li>• 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. <ul style="list-style-type: none"> <li>○ See above for additional detail</li> </ul> </li> </ul> <p><b>11/30:</b> 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.</p>	Closed



# Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
11/18	<p><b>VISN 21 – Sacramento</b> 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).</p>	<p>R4 Team and VISN 21 BIM are reaching to station for more information</p>	<p>(b)(5)</p>	<p>Open</p>
11/18	<p><b>VISN 20 – Puget Sound</b> continues to have the highest VCA utilization.</p>	<p>R4 team to research what is contributing to Puget Sound’s high VCA utilization</p>		<p>Open</p>

# 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

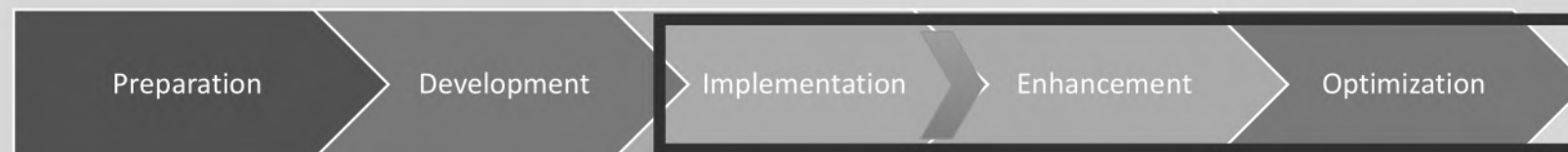
Operationalizing CC business systems, processes, and workflows and identifying enhancements is essential to ensuring effective oversight and administration of community care. The POP will communicate OCC's goals and efforts towards national standardization and leveraging industry best practices to efficiently 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 13<sup>th</sup>
- Submission of secondary draft is slated for December 11<sup>th</sup> ; 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 15<sup>th</sup>

## 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)

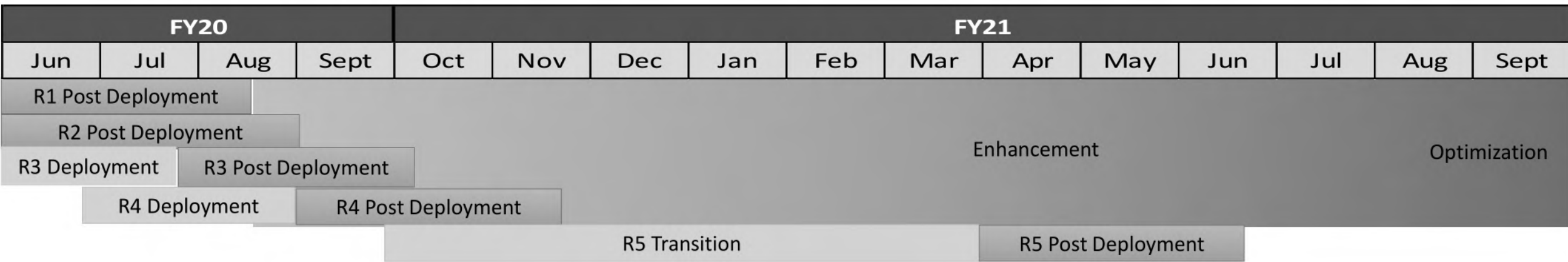
# Optimization Plan Risks

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

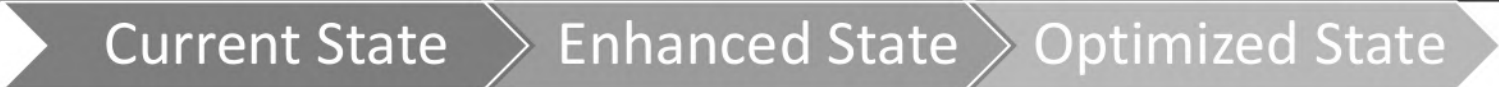
- **Strategic roadmap to manage program optimization will document:**

- 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

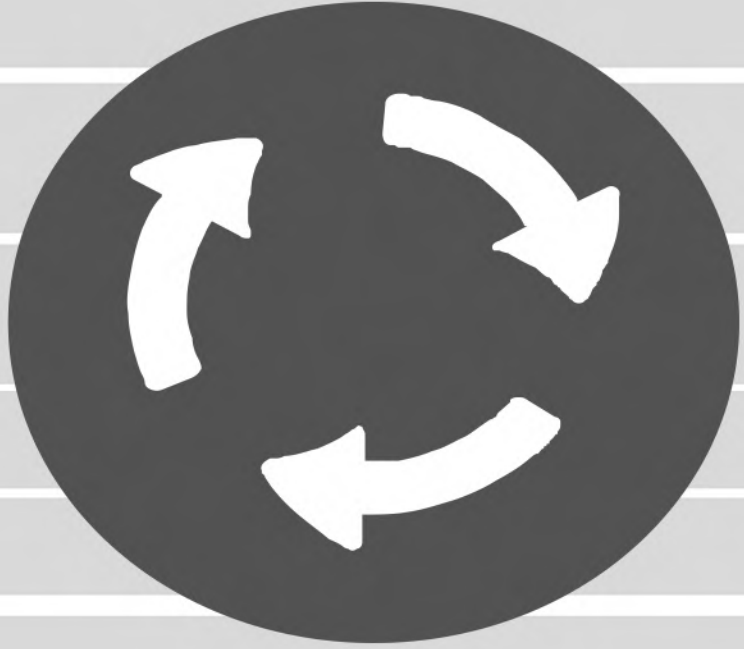


Existing artifacts and contractor interviews will lay the foundation for the roadmap with strategic guidance from VA Business Owners and SMEs.

# Structured Approach to Capture Maturing Capabilities



Eligibility	<ul style="list-style-type: none"> <li>• Determine Eligibility</li> <li>• Communicate Eligibility</li> <li>• Track Eligibility</li> </ul>
Referrals and Authorization	<ul style="list-style-type: none"> <li>• Receive and Communicate Referrals</li> <li>• Receive and Communicate Authorizations</li> <li>• Track Referrals and Authorization</li> </ul>
Care Coordination	<ul style="list-style-type: none"> <li>• Receive and Communicate Health Information</li> <li>• SEOC</li> <li>• Schedule Community Appointments</li> <li>• Coordinate Community Requests</li> </ul>
Utilization Management	<ul style="list-style-type: none"> <li>• Determine Clinical Appropriateness</li> <li>• Track Service Utilization</li> <li>• Track and Incentivize Provider Performance</li> </ul>
Network	<ul style="list-style-type: none"> <li>• Collect Provider Information</li> <li>• Communicate Provider Information</li> <li>• Manage Networks</li> </ul>
Provider Payment	<ul style="list-style-type: none"> <li>• Receive and Process Claims</li> <li>• Pay Claims/Invoices</li> <li>• Audit Claims/Invoices</li> </ul>
Revenue Operations	<ul style="list-style-type: none"> <li>• Track Facility Revenue</li> <li>• Conduct Insurance Verification</li> <li>• Perform Revenue Utilization Review</li> </ul>
Customer Service	<ul style="list-style-type: none"> <li>• Provide Education</li> <li>• Respond to Inquiries</li> </ul>
Patient Safety and Quality	<ul style="list-style-type: none"> <li>• Mitigate risk to safety of Veterans</li> <li>• Track and assess CCN contract clinical quality monitoring activities</li> </ul>



# Sample Capability Section Overview

## OCC Operational Management and Administration (Governance)

Capability Description	Sub-capabilities
<p>OCC's governance structure formalizes relationships between internal and external stakeholders involved in overseeing, managing, and executing the Community Care Network (CCN) Contracts.</p>	<ul style="list-style-type: none"> <li>• PMO Governance within OCC Governance (2.1)</li> <li>• OCC Communications Office (2.2)</li> <li>• Change Management (2.3)</li> <li>• CCN Contract Administration (2.4)</li> </ul>
Key Highlights	
<p><b>Current State 1.0</b></p>	
<p><i>Description: Current state is where we are today: post deployment management and maintenance of the CC program and the implementation of desired capabilities.</i></p>	<ul style="list-style-type: none"> <li>• Overarching key takeaway 1 (focus on what has been accomplished, where we are now)</li> <li>• Overarching key takeaway 2 (focus on what has been accomplished, where we are now)</li> <li>• Overarching key takeaway 3 (focus on what has been accomplished, where we are now)</li> </ul>
<p>.....</p>	
<p><b>Enhanced State 1.5</b></p>	
<p><i>Description: Enhanced State is the operationalization of the desired capabilities.</i></p>	<ul style="list-style-type: none"> <li>• Overarching key takeaway 1 (focus on opportunities that are being addressed, intended outcome)</li> <li>• Overarching key takeaway 2 (focus on opportunities that are being addressed, intended outcome)</li> <li>• Overarching key takeaway 3 (focus on opportunities that are being addressed, intended outcome)</li> </ul>
<p>.....</p>	
<p><b>Optimized State 2.0</b></p>	
<p><i>Description: Optimized state is the optimization of matured capabilities.</i></p>	<ul style="list-style-type: none"> <li>• Overarching key takeaway 1 (focus on vision for future state, optimization activities and integration methods)</li> <li>• Overarching key takeaway 2 (focus on vision for future state, optimization activities and integration methods)</li> <li>• Overarching key takeaway 3 (focus on vision for future state, optimization activities and integration methods)</li> </ul>



# 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)
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)

# 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:

- 1. (b)(5)
- 2.
- 3.

- 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

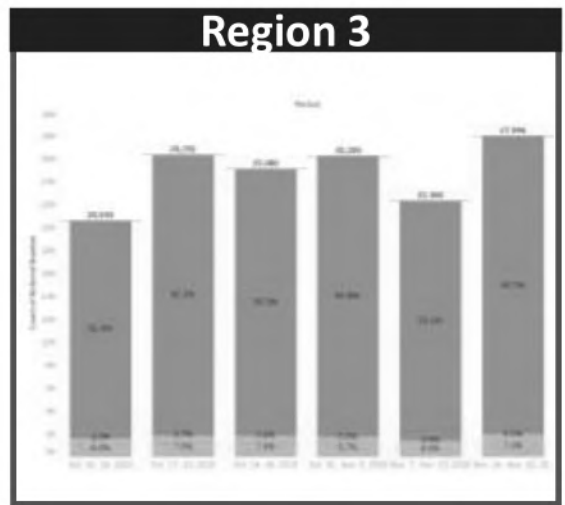
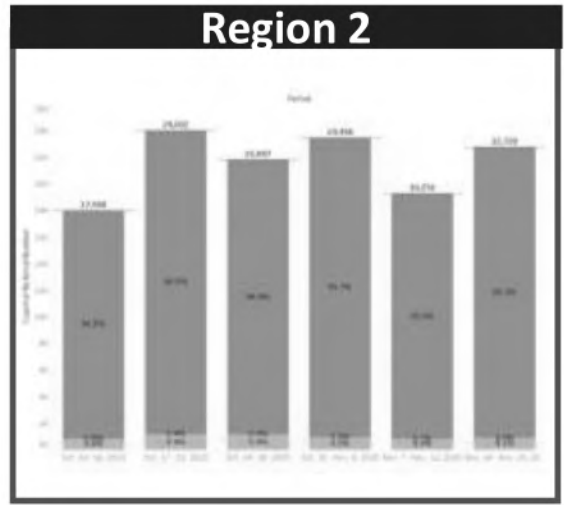
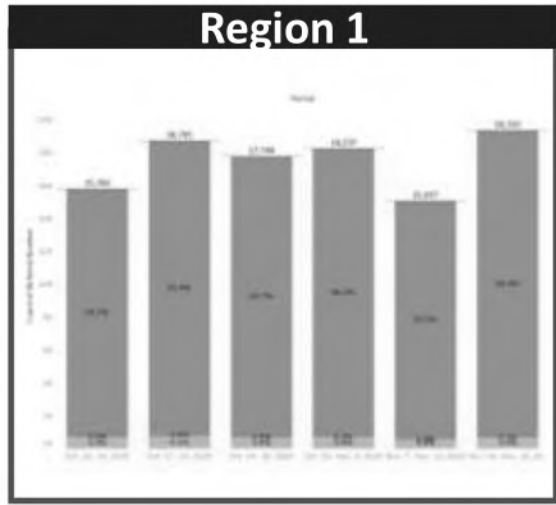
## Decisions Needed/Risks (Operations) Cont.

(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



■ CCN ■ PC3 ■ VCA

## 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*

# Appendix - R4 Referral Monitoring Snapshots



# Region 4: Referral Volume Snapshot

## Top Categories of Care

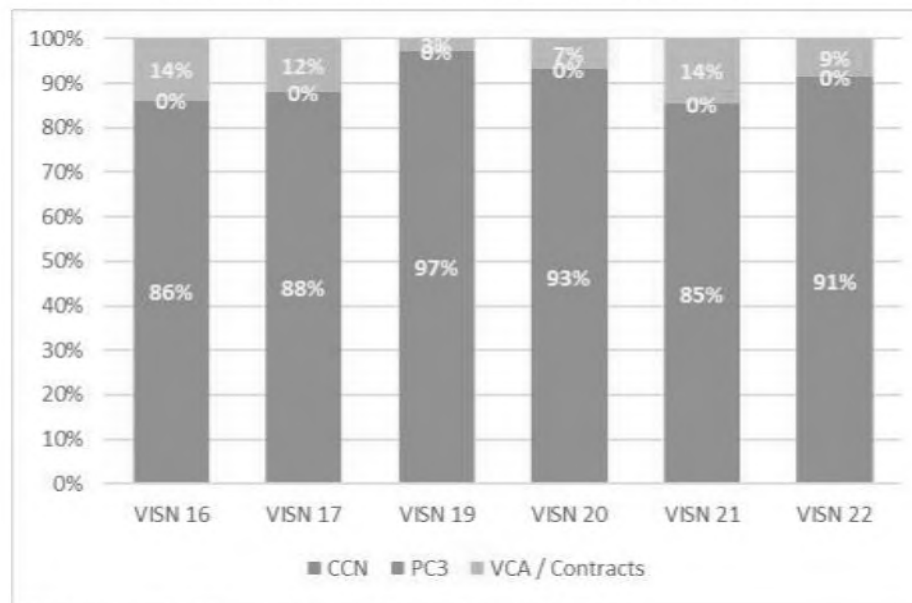
Region	R04	11/14/2020 through 11/20/2020**		
VISN	(All)	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: [dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	1426		1801	3227
OPTOMETRY	2964	5	2	2971
PHYSICAL THERAPY	1591	4		1595
ORTHOPEDIC	1505	6	81	1592
OPHTHALMOLOGY	1461	5	10	1476

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

- 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

## 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  
 VISN: 16  
 Station#\_StationName: (All)

\*\*11/14/2020 through 11/20/2020\*\*  
 Data pulled from the CDW

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

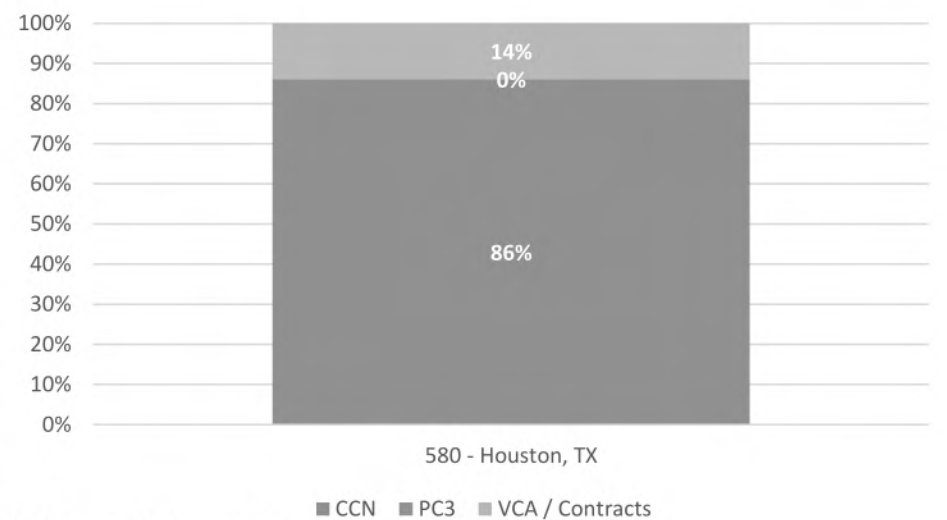
The top five categories of care going to PC3 and VCAs are (not including ER/Urgent Care):

1. Dental
2. Nephrology
3. Veteran Directed Care
4. Dialysis
5. NIC Homemaker/Home Health Aide

7 or less referrals

- 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.

## VISN Referral Network Breakdown



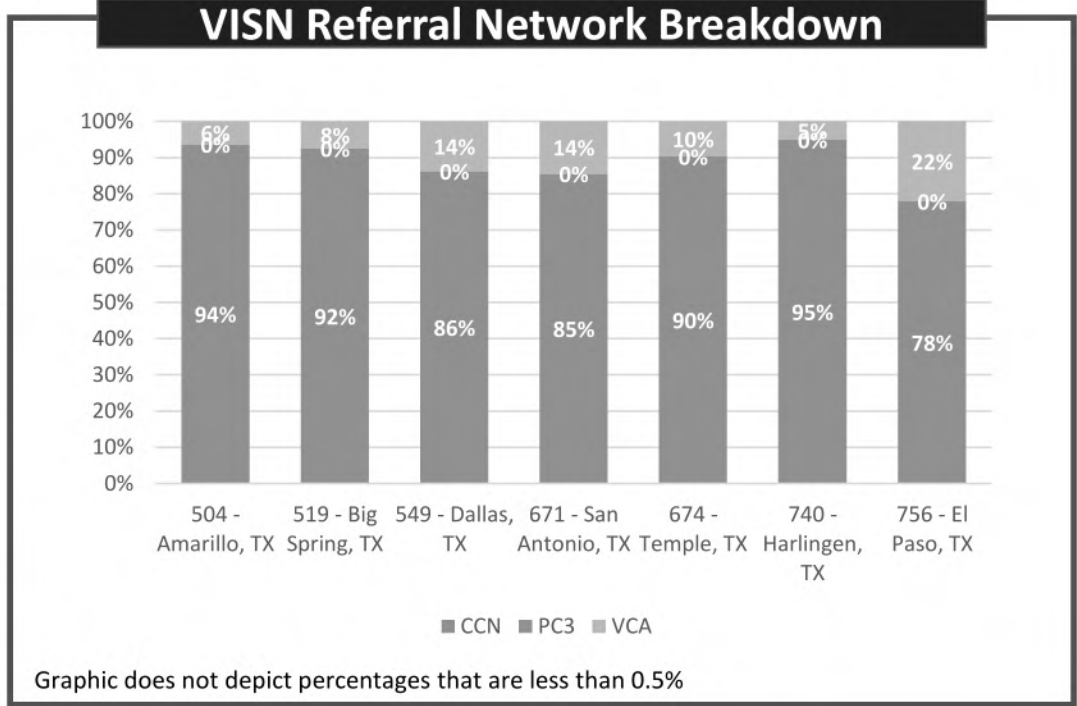
Graphic does not depict percentages that are less than 0.5%

# 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%.

# Region 4 VISN 19 Sites: Referral Volume Snapshot

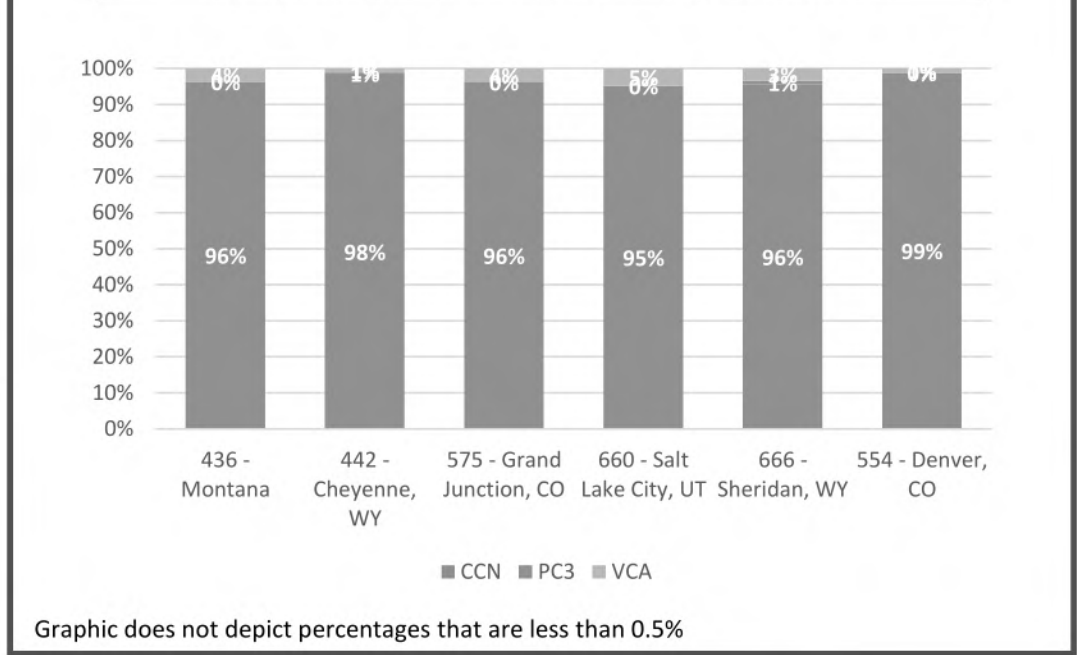
## Top Categories of Care

Region	R04	11/14/2020 through 11/20/2020**		
VISN	19	Data pulled from the CDW		
Station#_StationName	(All)			
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



- 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)

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

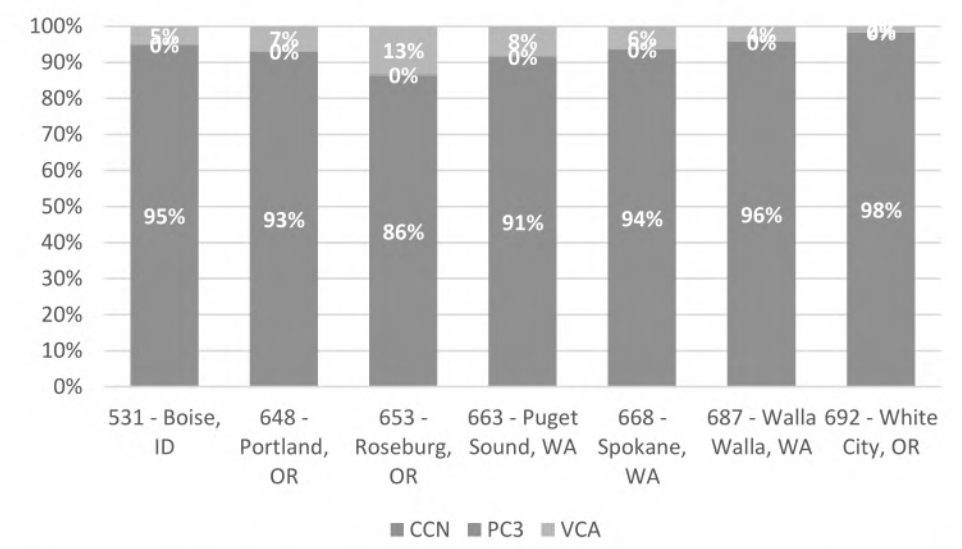
- Referrals generated from the CAEC are not included in this data analysis.
  - For Region 4 VISN 20, this accounted for **58 PC3 referrals**.
  - 56 referrals were categorized as "ER/Urgent" and 2 referrals were categorized as inpatient.
- Despite still having second highest VCA utilization, *Puget 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%

# Region 4 VISN 21 Sites: Referral Volume Snapshot

## Top Categories of Care

Region: R04 | 11/14/2020 through 11/20/2020\*\*  
 VISN: 21 | Data pulled from the CDW  
 Station#\_StationName: (All)

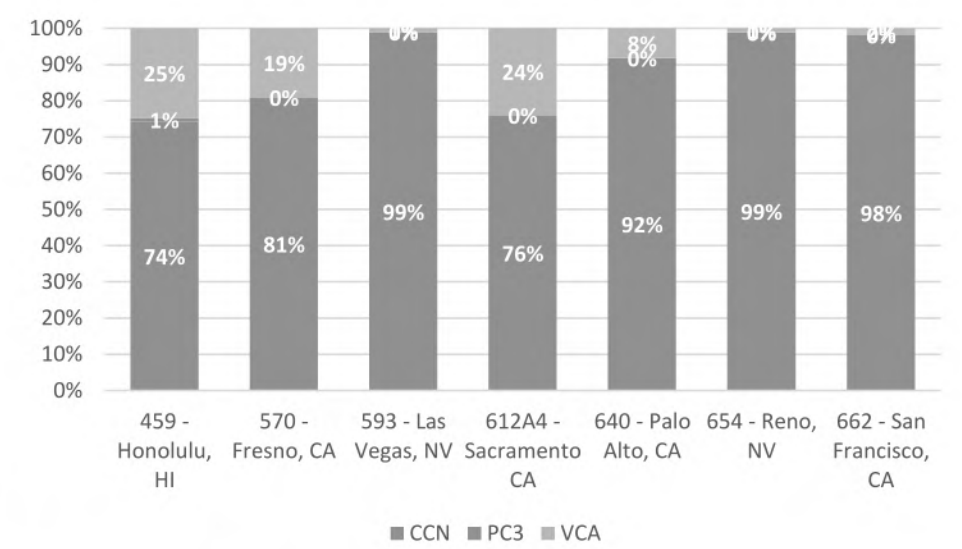
Category of Care	Referrals through:			
	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	367		247	614
OPTOMETRY	408	1		409
RADIOLOGY MRI/MRA	324	1	6	331
PHYSICAL THERAPY	308	1		309
OPHTHALMOLOGY	286		2	288

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 understand the contributing factors for their high VCA utilization
  - HI continues to report staffing challenges.

## VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

# Region 4 VISN 22 Sites: Referral Volume Snapshot

## Top Categories of Care

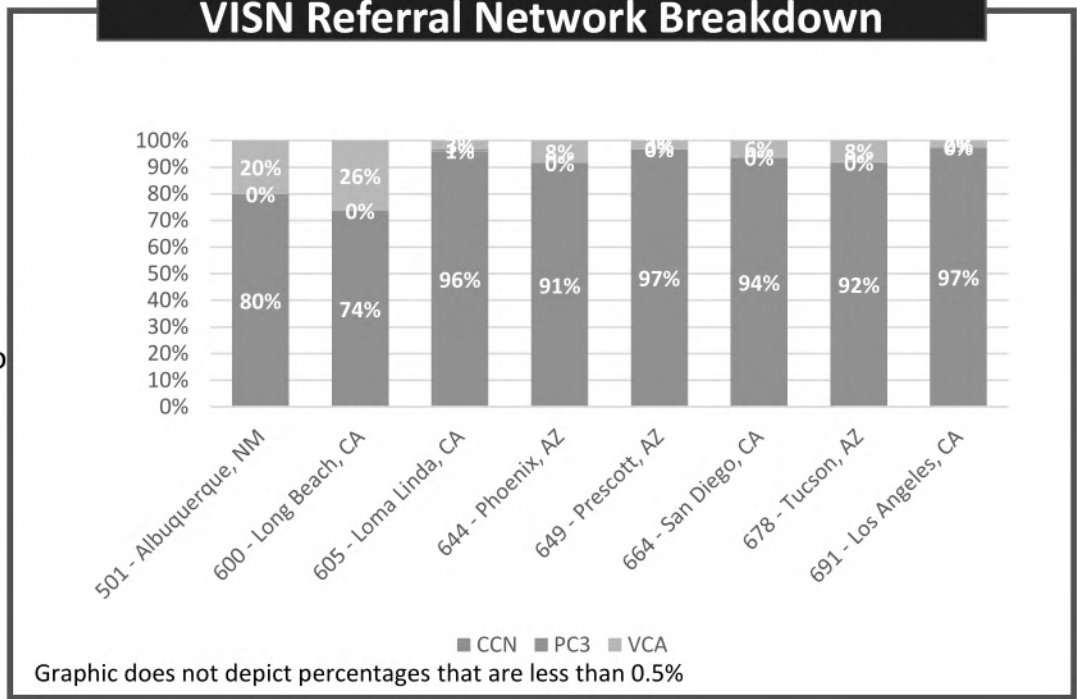
Region	R04	11/14/2020 through 11/20/2020**		
VISN	22	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: [dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	601		498	1099
OPTOMETRY	1055	3		1058
MENTAL HEALTH	415	1		416
HOMEMAKER/HOME HEALTH AIDE	285		128	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



# CCN ELC Update

12/9/2020

(b)(6)





- 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

**BLUF:** (b)(5)

(b)(5)

- 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)

# 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)

- 
- 
-

# 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

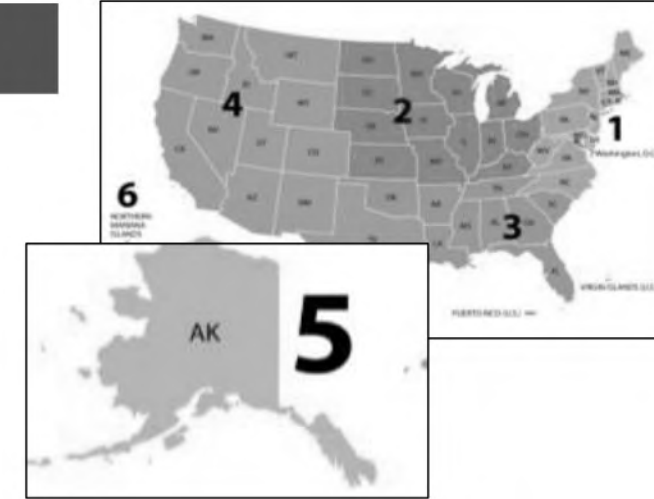
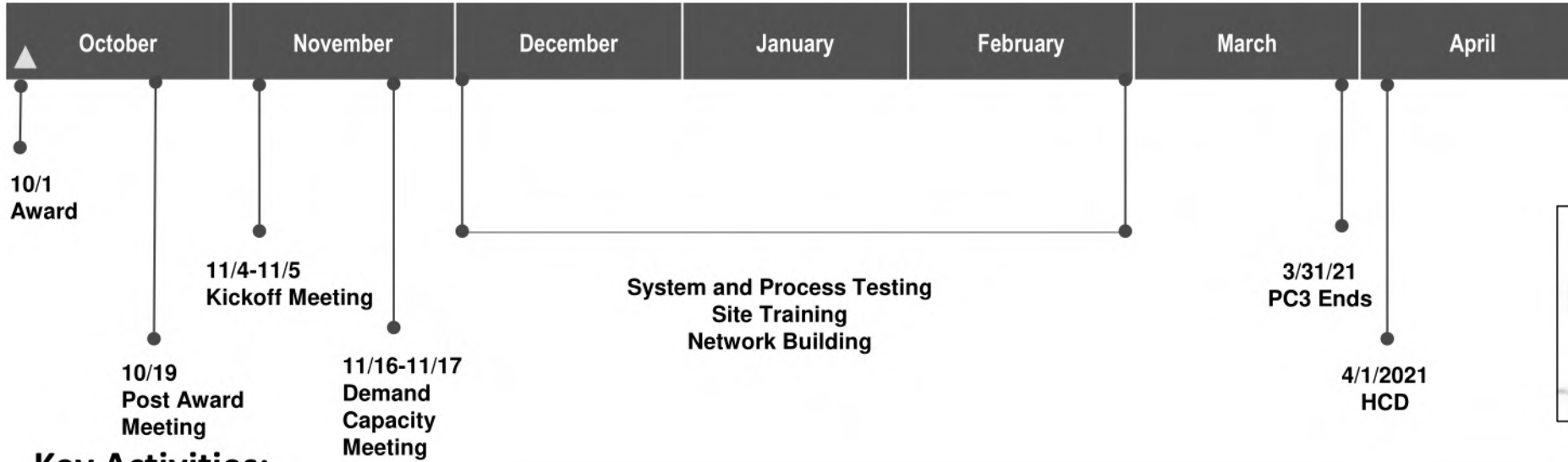
- Increasing consult backlogs are a result of rising pandemic numbers among site staff (especially VISNs 16, 17, 21, 22)
  - BIMs anticipating that use of OT should mitigate increasing consult backlog
- VISN 21 BIM reported weekly calls with specific providers to discuss capacity

## • 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



## Key Activities:

(b)(5)

# Region 5 Risks/Issues

Category	Priority	Risks/Issues	Status and Next Steps as of 12/4
<b>Payment Hierarchy and Fee Schedule</b>	Highest	(b)(5)	(b)(5)
<b>HCD Timeline and PC3 Contract End Date</b>	High	(b)(5)	(b)(5)

# Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 12/4
<b>Dental Fee Schedule</b>	High	(b)(5)	(b)(5)
<b>Choice Providers in CCN R5 PC3</b>	High		
<b>Provider Liability Insurance Requirement</b>	High		(b)(5)
			(b)(5) (b)(6) (b)(5)
			(b)(6)

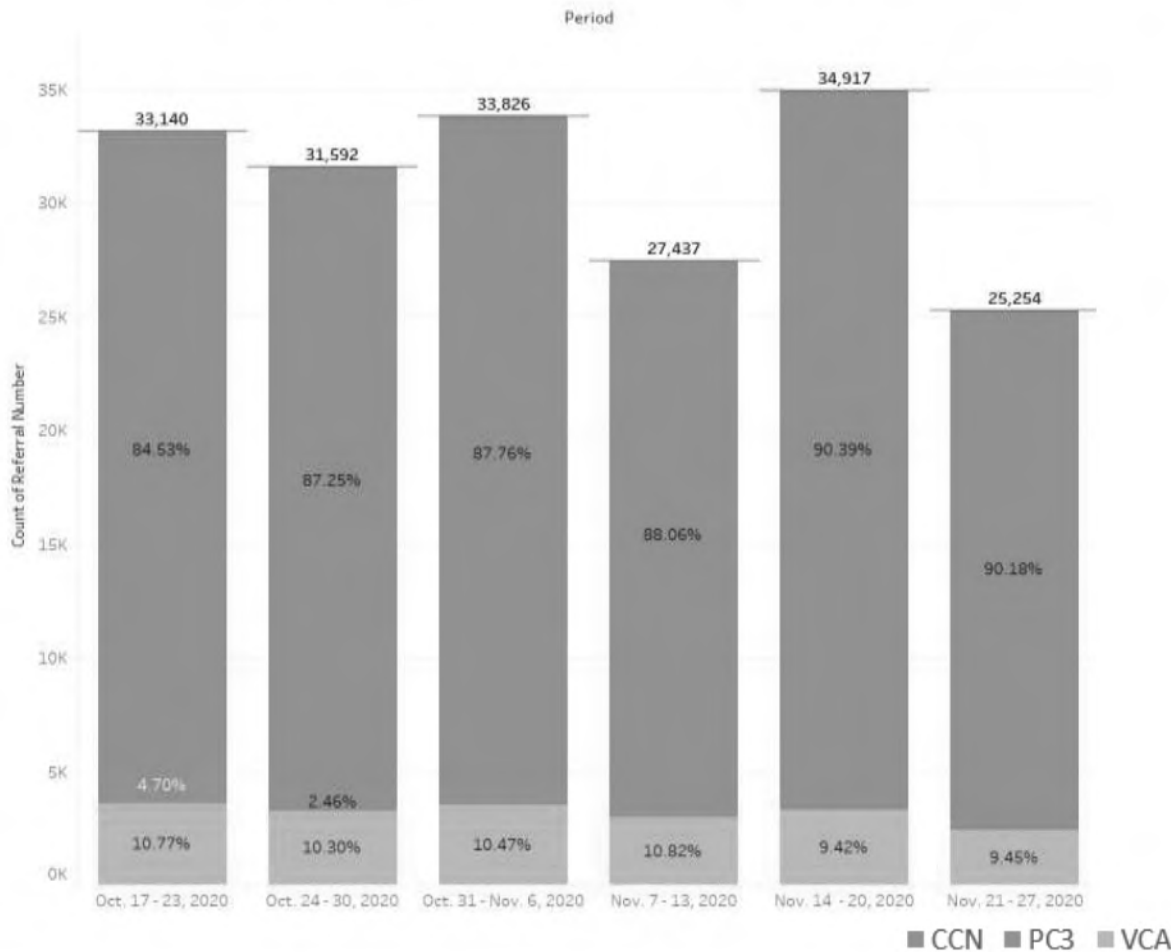
# Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 12/4
<b>Tabletop and Testing</b>	Medium	(b)(5)	<ul style="list-style-type: none"> <li>(b)(6)</li> </ul>
<b>Tribal Health</b>	Medium		<ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>
<b>DAS Transport Funding</b>	Medium		<ul style="list-style-type: none"> <li>(b)(5); (b)(6)</li> </ul>

# 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.*

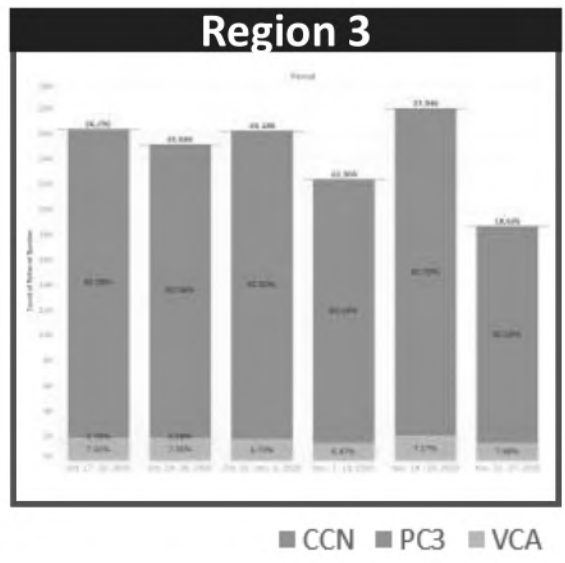
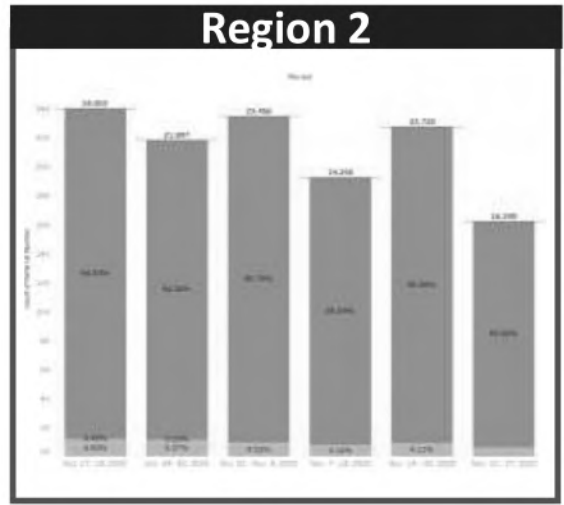
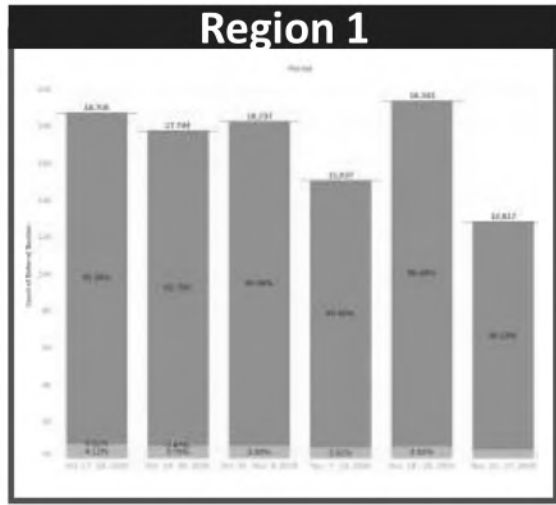


# Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
11/18	<p><b>VISN 21 – Sacramento</b> 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).</p>	<p>R4 Team and VISN 21 BIM are reaching to station for more information</p>	<p><b>11/18:</b> VISN 21 BIM is engaging the station to understand the significant CCN utilization decrease and VCA referral increase.  <b>11/30:</b> R4 team to continue working with VISN 21 BIM to understand the utilization trend  <b>12/3:</b> After further investigation, all the additional referrals were going to <span style="border: 1px solid black; padding: 0 5px;">(b)(6)</span> a DOD affiliate.</p>	Close
11/18	<p><b>VISN 20 – Puget Sound</b> continues to have the highest VCA utilization.</p>	<p>R4 team to research what is contributing to Puget Sound’s high VCA utilization</p>	<p><b>11/30:</b> R4 team to continue working with VISN 21 BIM to understand the utilization trend  <b>12/3:</b> 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.</p>	Close

# Appendix - R1-R3 Referrals Summary

# Region 1-3 Referral Network: Key Observations



## 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*

# Appendix - R4 Referral Monitoring Snapshots

# Region 4: Referral Volume Snapshot

## Top Categories of Care

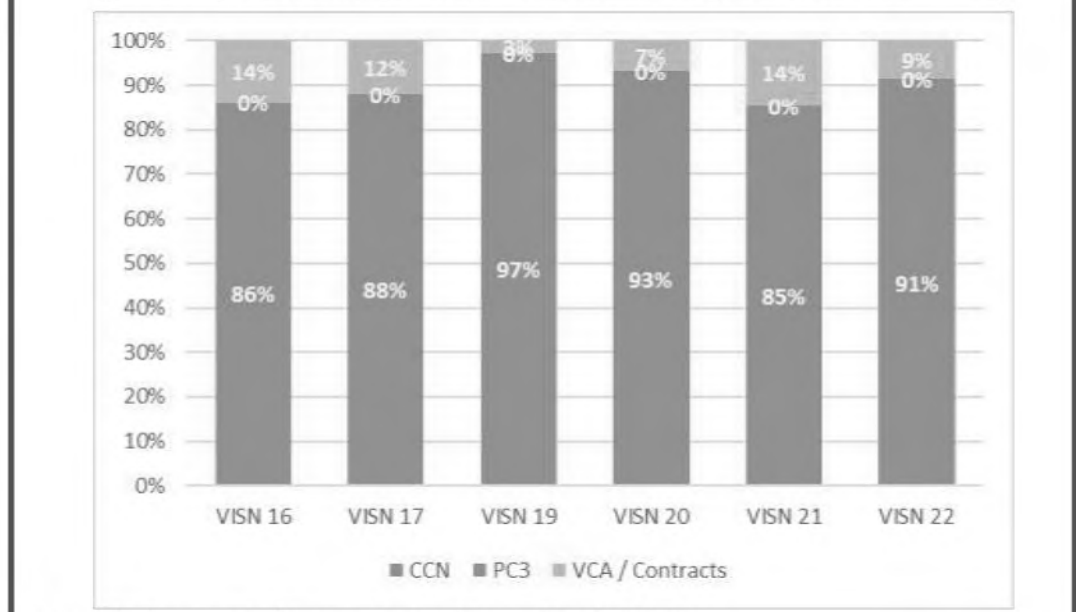
Region	R04			▼
VISN	(All)			▼
Station#_StationName	(All)			▼
Referrals through: ▼				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	973		1171	2144
OPTOMETRY	2064	2	1	2067
PHYSICAL THERAPY	1226	4		1230
SKILLED HOME HEALTH CARE	1020	3	72	1095
OPHTHALMOLOGY	1059	3	32	1094

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

- 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.*

## 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

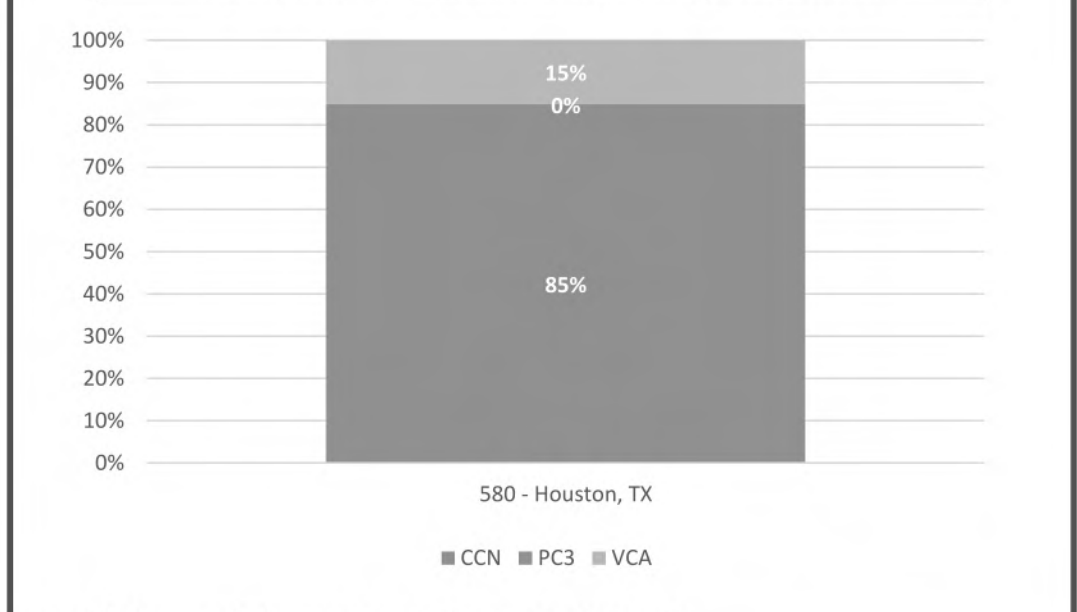
Region	R04			
VISN	16			
Station#_StationName	(All)			
Referrals through: [dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	20		112	132
SKILLED HOME HEALTH CARE	106			106
HOMEMAKER/HOME HEALTH AIDE	74			74
PHYSICAL THERAPY	50	1		51
OPTOMETRY	37			37

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%

# Region 4 VISN 17 Sites: Referral Volume Snapshot

## Top Categories of Care

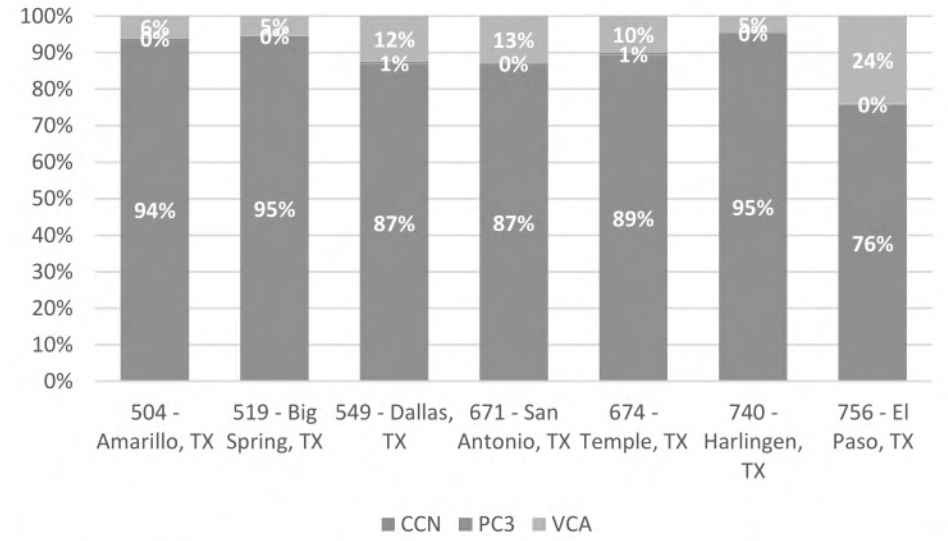
Region	R04			
VISN	17			
Station#_StationName	(All)			
Referrals through:				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	156		398	554
GASTROENTEROLOGY	359		4	363
OPTOMETRY	310			310
ORTHOPEDIC	290		8	298
PHYSICAL THERAPY	287			287

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%

# Region 4 VISN 19 Sites: Referral Volume Snapshot

## Top Categories of Care

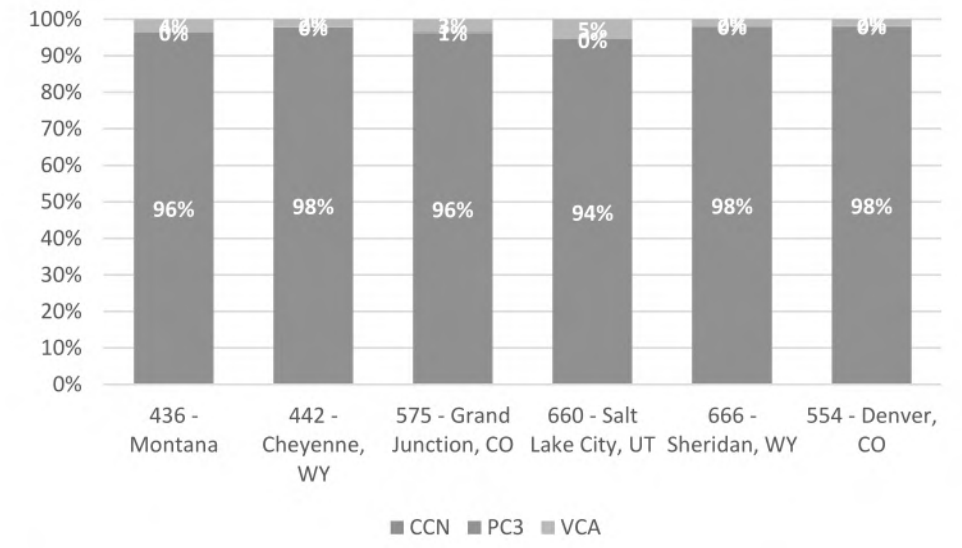
Region	R04			
VISN	19			
Station#_StationName	(All)			
Referrals through: <input type="button" value="v"/>				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	450			450
PHYSICAL THERAPY	217			217
ORTHOPEDIC	169			169
CHIROPRACTIC	148			148
OPHTHALMOLOGY	142			142

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%



# Region 4 VISN 20 Sites: Referral Volume Snapshot

## Top Categories of Care

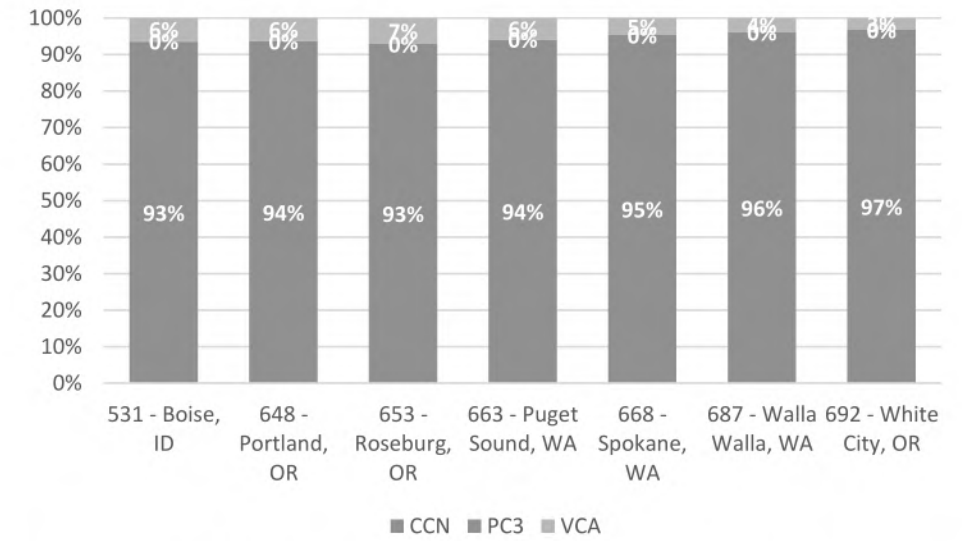
Region	R04			
VISN	20			
Station#_StationName	(All)			
Referrals through: [Dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPHTHALMOLOGY	295	1		296
ORTHOPEDIC	292			292
OPTOMETRY	250			250
CARDIOLOGY	231			231
DENTAL	76		153	229

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%

# Region 4 VISN 21 Sites: Referral Volume Snapshot

## Top Categories of Care

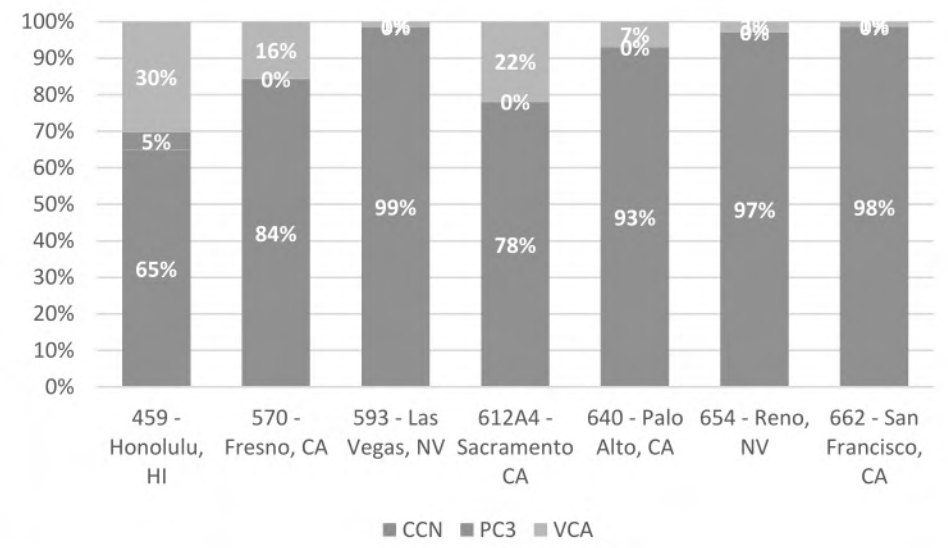
Region	R04			
VISN	21			
Station#_StationName	(All)			
Referrals through: [Dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	306		123	429
OPTOMETRY	378	2	1	381
PHYSICAL THERAPY	290	2		292
ORTHOPEDIC	154		55	209
OPHTHALMOLOGY	187	2	2	191

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%

# Region 4 VISN 22 Sites: Referral Volume Snapshot

## Top Categories of Care

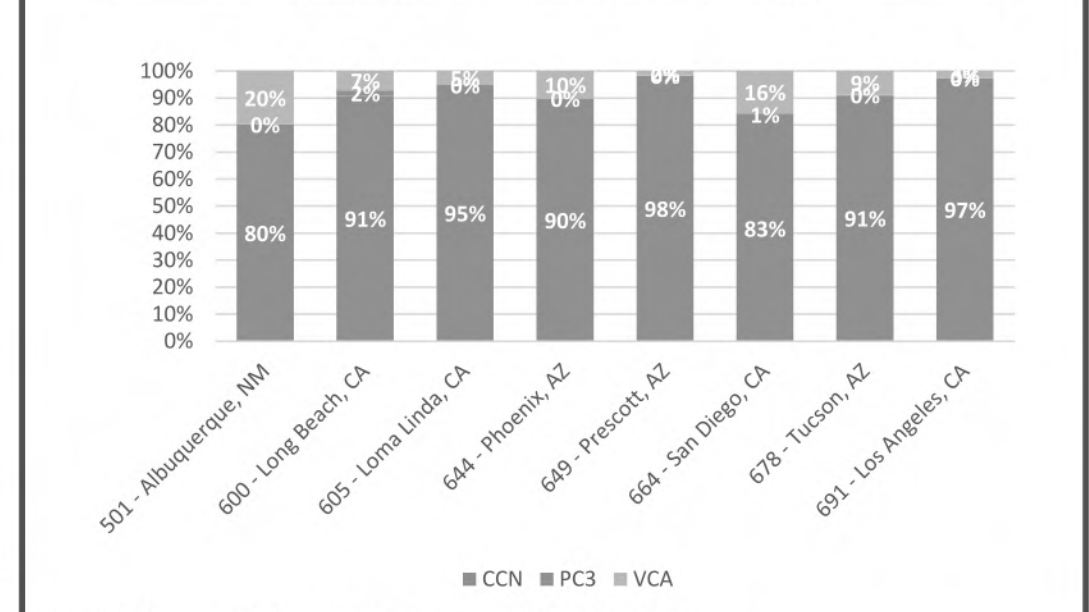
Region	R04			
VISN	22			
Station#_StationName	(All)			
Referrals through:				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	328		361	689
OPTOMETRY	639			639
MENTAL HEALTH	320			320
SKILLED HOME HEALTH CARE	284		33	317
HOMEMAKER/HOME HEALTH AIDE	196		46	242

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%

# 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.	<u>12/7</u> : analysis is ongoing	Open

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



# Statement of Issue

(b)(5)

- [Redacted]
- 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)** (b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)



# IDF 3: Maintain Network Adequacy

## IDF3 Incentive Disincentive Factor 3 (IDF3) (Maintain Network Adequacy)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

# IDF 4: Claims Submission Accuracy

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

(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)				

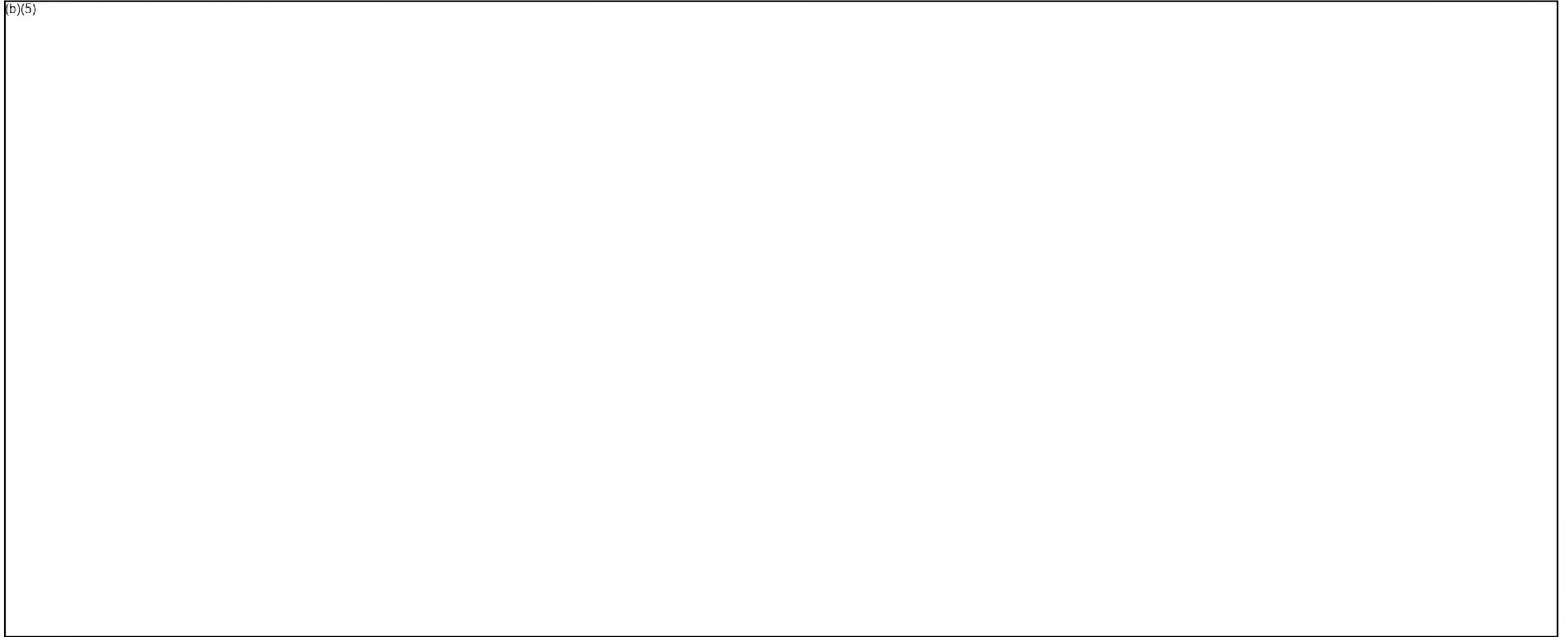
# Options

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



# SAC Discussion

(b)(5)



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

10/8/2020



**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



# 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>Status</b> <input checked="" type="radio"/> Complete <input type="radio"/> In Progress <input type="radio"/> Not Started <input type="radio"/> At Risk <input type="radio"/> Late
2	(b)(5)				

# Actions Completed to Date

## Strategic Planning Team actions -

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## 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

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# Strategic Planning MITRE Contract

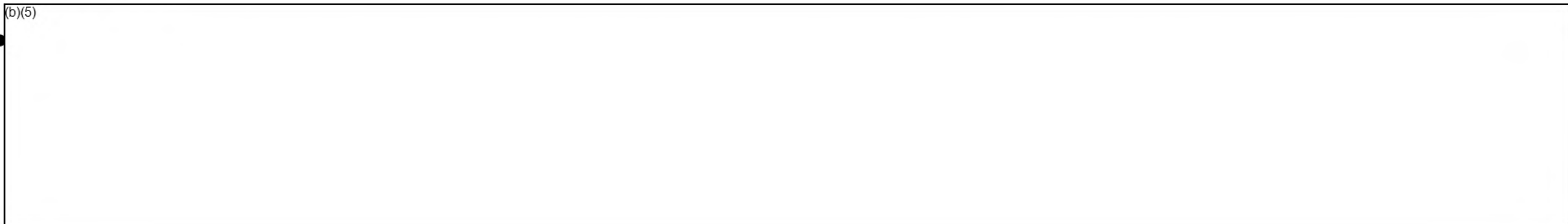
2/1/2021



# 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

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# 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**

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- **MITRE Leadership**

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## 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

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- 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:**

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# 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 due to
  - Staffing shortages creating consult backlogs
  - Lack of availability of providers due to temporary office closures and pause on elective procedures



- **Deactivating Dental VCAs**

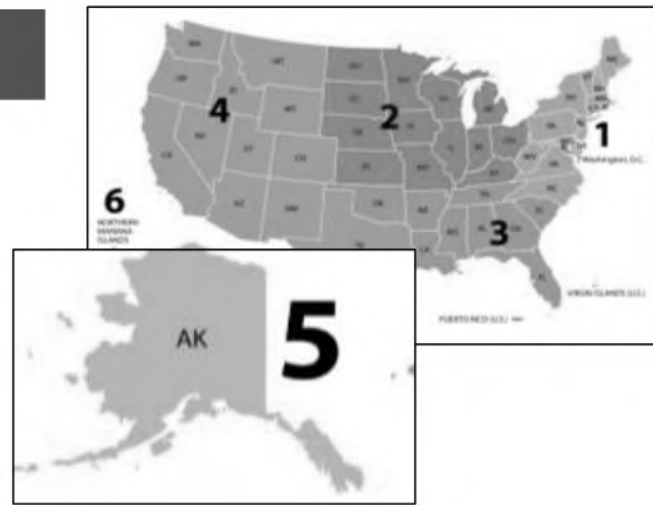
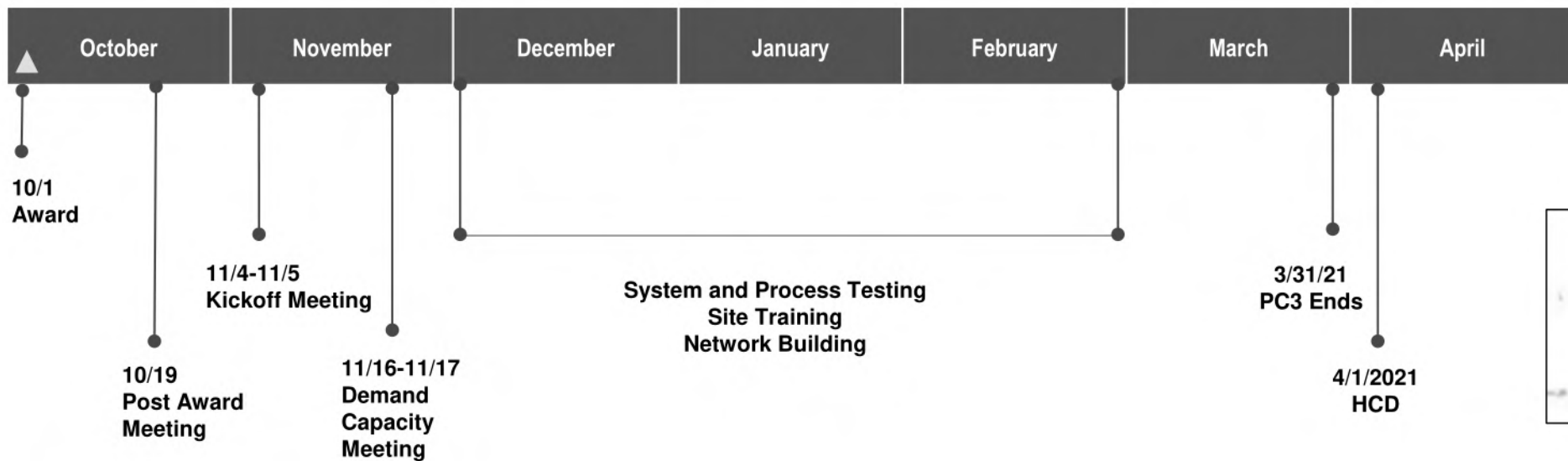
- Align approach first with the national office and then communicate to dental chiefs.
- 2 phased approach:
  - Review by VAMC and identifying VCAs for providers in the CCN network
  - Review zip codes of providers active in CCN and VCAs in the same zip code
- Network Management to send listing of VCAs 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

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# Region 5 Status and Upcoming Activities



## 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**

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(b)(5)

# Region 5 Risks/Issues

Category	Risk Level	Risks/Issues	Status and Next Steps as of 12/18
<b>Payment Hierarchy and Fee Schedule</b>	Highest	<ul style="list-style-type: none"> <li>• (b)(5)</li> <li>• 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.</li> <li>• (b)(5)</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• (b)(5)</li> <li>•</li> </ul>
<b>Care Coordination Given HCD Timeline and PC3 Contract End Date</b>	High	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• (b)(5)</li> <li>• V20 and Alaska leadership has been informed of the contingency plan.</li> </ul>

# Region 5 Risks/Issues Continued

Category	Risk Level	Risks/Issues	Status and Next Steps as of 12/18
<b>Dental Fee Schedule</b>	High	<ul style="list-style-type: none"> <li>(b)(5)</li> <li></li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Information previously needed from the dental SME was received (b)(5) (b)(5) This was presented to CCRB on 12/16.</li> </ul>
<b>Choice Providers in CCN R5 PC3</b>	High	<ul style="list-style-type: none"> <li>50% of current PC3 providers are Choice providers which means they will require full credentialing and provider contracting for CCN.</li> </ul>	<ul style="list-style-type: none"> <li>(b)(5)</li> </ul>
<b>Provider Liability Insurance Requirement</b>	Medium	<ul style="list-style-type: none"> <li>(b)(5)</li> <li>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.</li> <li>(b)(5)</li> </ul>	<ul style="list-style-type: none"> <li>(b)(5)</li> <li>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.</li> </ul>

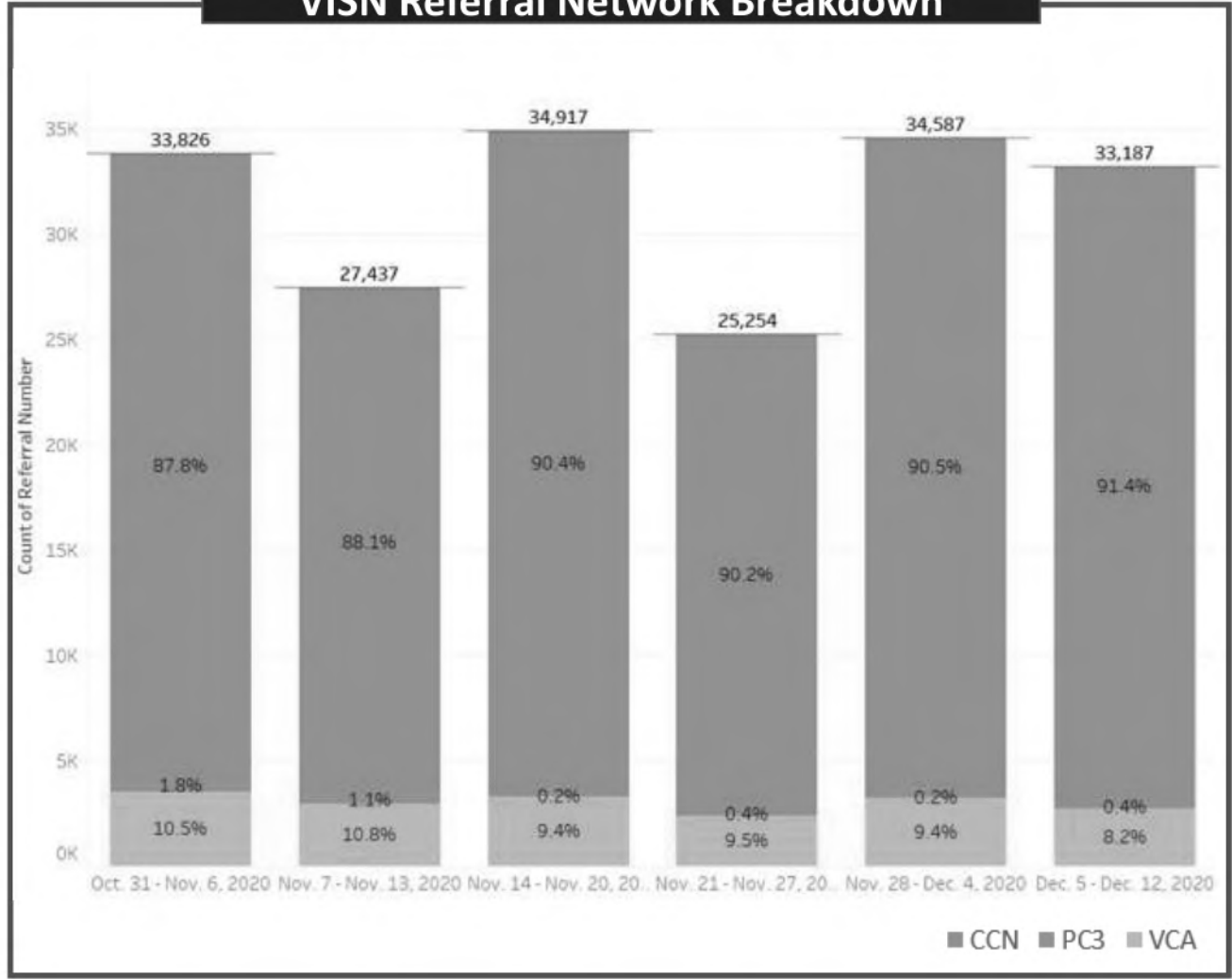
# Region 5 Risks/Issues Continued

Category	Risk Level	Risks/Issues	Status and Next Steps as of 12/18
<b>Tabletop and Testing</b>	Medium	<ul style="list-style-type: none"> <li>(b)(5)</li> </ul>	<ul style="list-style-type: none"> <li>Scenarios reviewed by a broad group of VA.</li> <li>Scenarios were shared with TW for review on 12/18.</li> </ul>
<b>Tribal Health</b>	Medium	<ul style="list-style-type: none"> <li>(b)(5)</li> </ul>	<ul style="list-style-type: none"> <li>(b)(5)</li> <li>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.</li> </ul>
<b>DAS Transport Funding</b>	Resolved	<ul style="list-style-type: none"> <li>The DAS team is ready for December testing.</li> <li>(b)(5)</li> <li>(b)(5)</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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).</li> </ul>

# 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. CNN 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.*

# 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)	<p><b>12/9:</b> 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.</p> <p><b>12/16:</b> 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.</p>	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)	<p><b>12/9:</b> Issue identified on 12/9 and the analysis is ongoing</p> <p><b>12/16:</b> Site has reported COVID impacts increasing the need to schedule outside of CCN.</p>	Closed
12/9/20	Fresno and Palo Alto saw an increase in VCA/Contracts utilization by 4%.		<p><b>12/9:</b> Issue identified on 12/9 and the analysis is ongoing</p> <p><b>12/16:</b> Site has reported major staffing issues and increasing number of unscheduled referrals impacting utilization.</p>	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)

##### • 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)
-

# 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 "pending/held"
  - (b)(5)
  - (b)(5)
- (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.

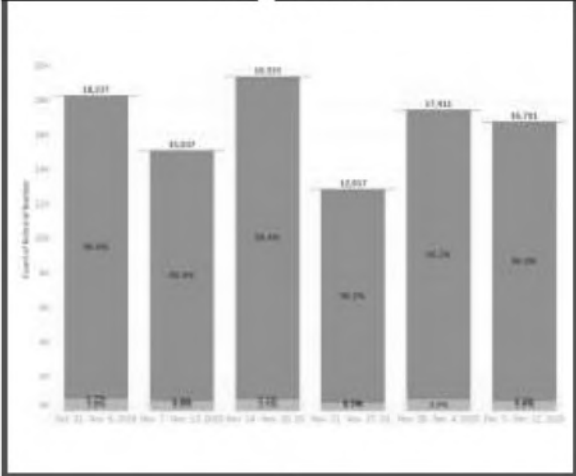
(b)(5)

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

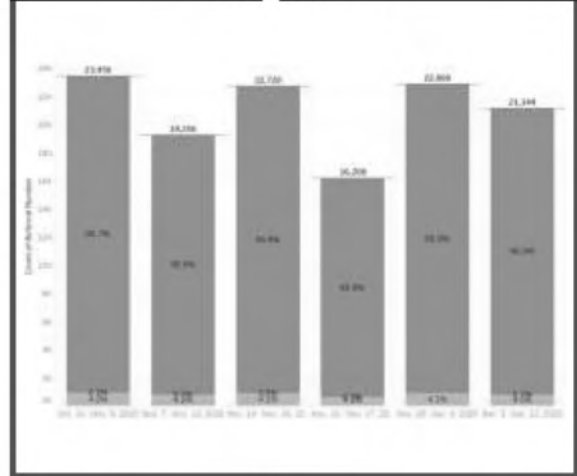
# Appendix - R1-R3 Referrals Summary

# Region 1-3 Referral Network: Key Observations

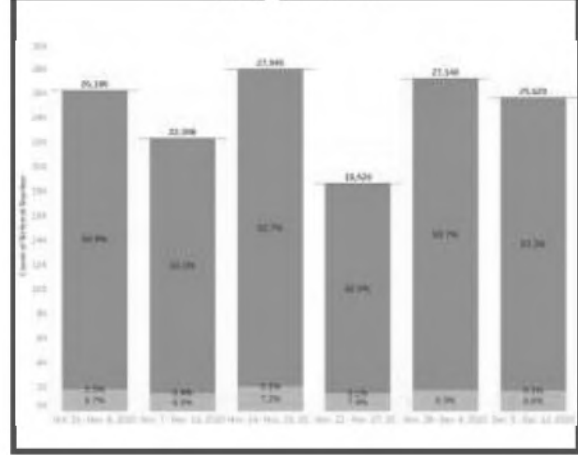
### Region 1



### Region 2



### Region 3



■ CCN ■ PC3 ■ VCA

## 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*

# Appendix - R4 Referral Monitoring Snapshots



# Region 4: Referral Volume Snapshot

## Top Categories of Care

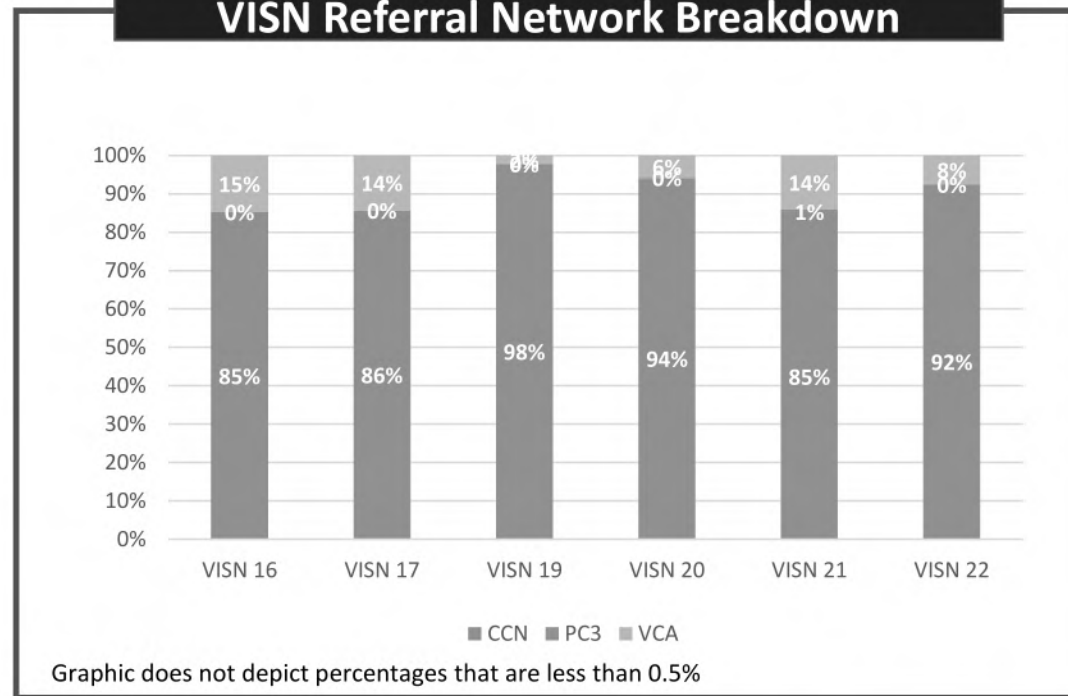
Region	R04	*12/5/2020 through 12/11/2020**		
VISN	(All)	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: [dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	2671	1		2672
DENTAL	1325		1304	2629
PHYSICAL THERAPY	1544			1544
ORTHOPEDIC	1447	1	46	1494
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



# Region 4 VISN 16 Sites: Referral Volume Snapshot

## Top Categories of Care

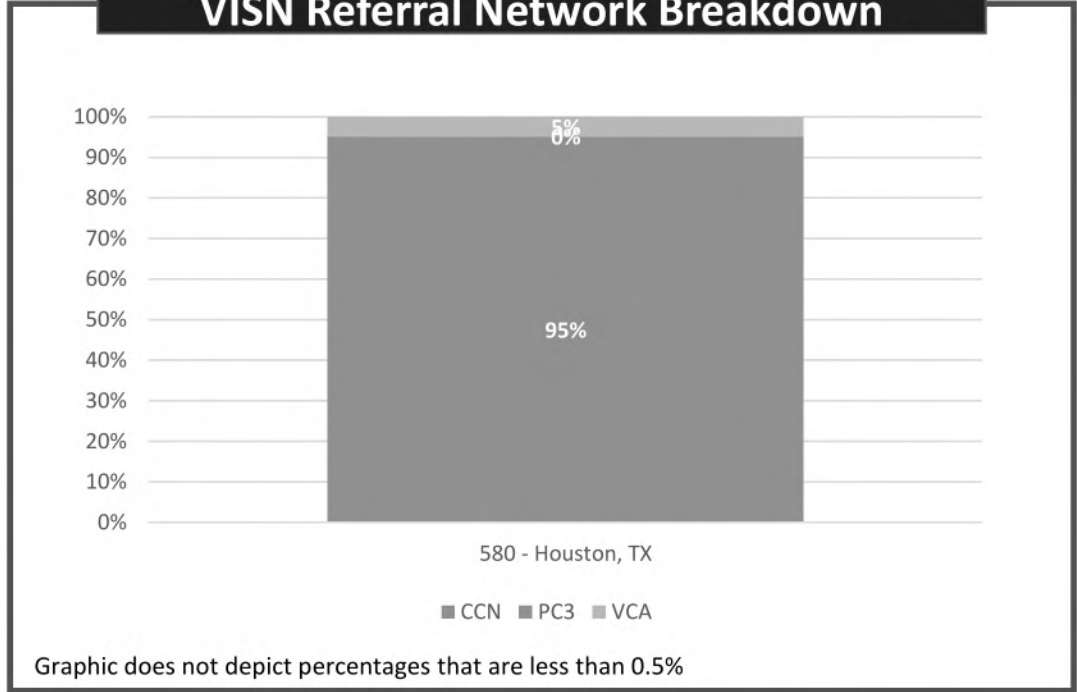
Region	R04	**12/5/2020 through 12/11/2020**	
VISN	16	Data pulled from the CDW	
Station#_StationName	(All)		
Referrals through: [dropdown]			
Category of Care	CCN	VCA / Contracts	Grand Total
SKILLED HOME HEALTH CARE	119		119
HOMEMAKER/HOME HEALTH AIDE	98		98
AUDIOLOGY	60		60
OPTOMETRY	55		55
NEUROLOGY	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



# Region 4 VISN 17 Sites: Referral Volume Snapshot

## Top Categories of Care

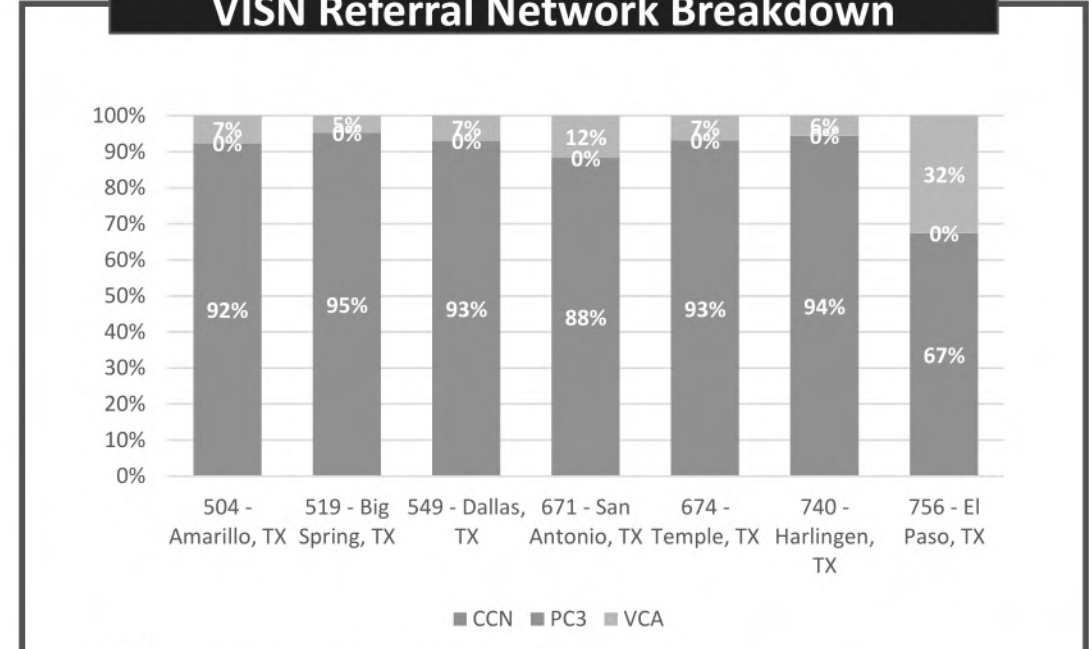
Region	R04	*12/5/2020 through 12/11/2020**		
VISN	17	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: [dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	163		484	647
GASTROENTEROLOGY	542		1	543
ORTHOPEDIC	526	1	13	540
CARDIOLOGY	407		21	428
SKILLED HOME 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%

# Region 4 VISN 19 Sites: Referral Volume Snapshot

## Top Categories of Care

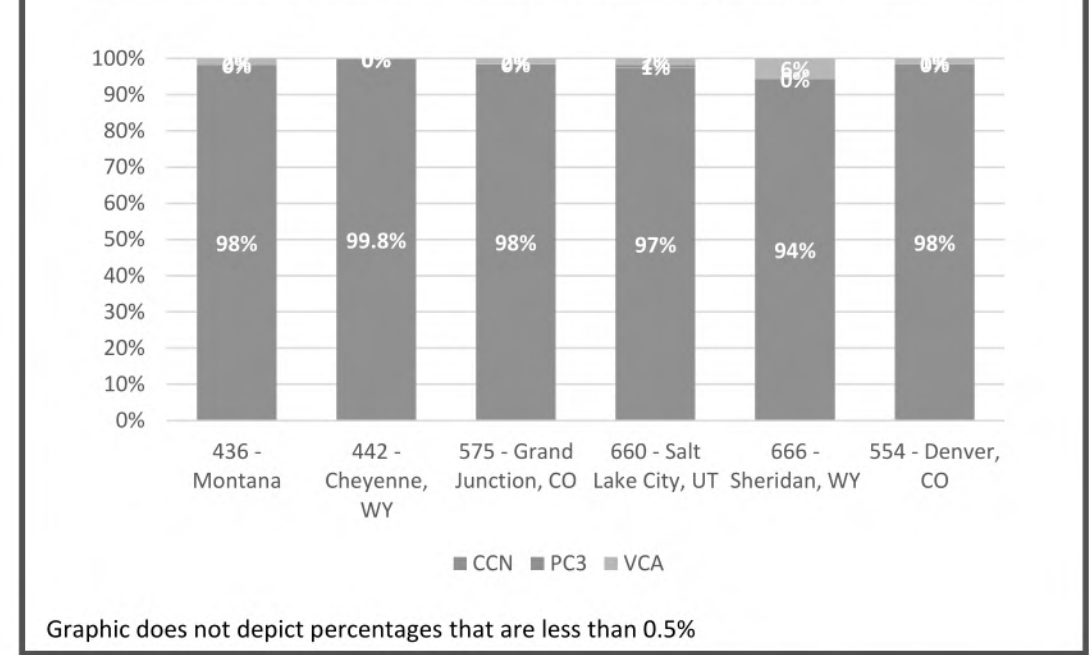
Region	R04	*12/5/2020 through 12/11/2020**		
VISN	19	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: [dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	685			685
OPHTHALMOLOGY	332			332
CHIROPRACTIC	328			328
ORTHOPEDIC	320			320
SKILLED HOME HEALTH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



# Region 4 VISN 20 Sites: Referral Volume Snapshot

## Top Categories of Care

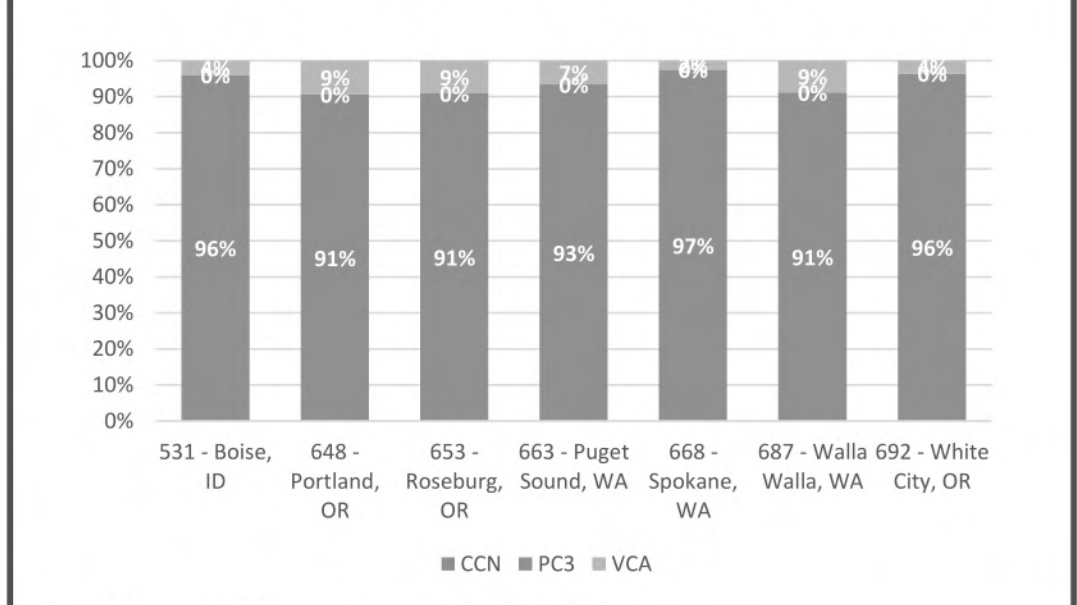
Region	R04	*12/5/2020 through 12/11/2020**		
VISN	20	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: [dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	162		158	320
OPTOMETRY	295			295
PRIMARY CARE	279			279
UROLOGY	242		26	268
OPHTHALMOLOGY	266			266

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%

# Region 4 VISN 21 Sites: Referral Volume Snapshot

## Top Categories of Care

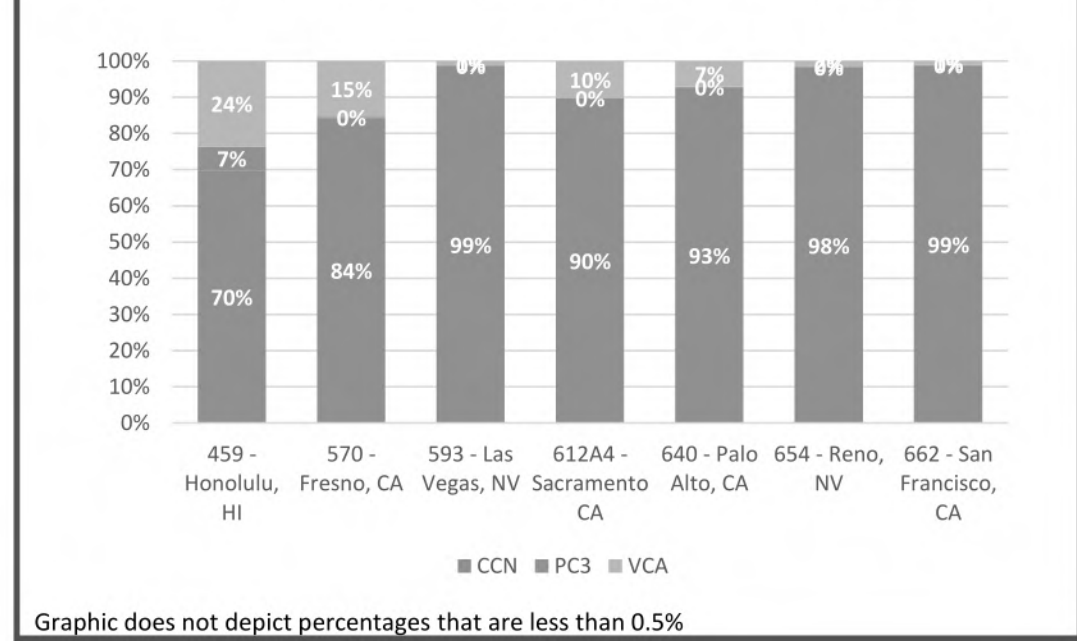
Region	R04	*12/5/2020 through 12/11/2020**		
VISN	21	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through:				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	323		149	472
OPTOMETRY	408	1		409
PHYSICAL THERAPY	311			311
HOMEMAKER/HOME HEALTH AIDE	182		78	260
RADIOLOGY MRI/MRA	217			217

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

- 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.

## VISN Referral Network Breakdown



# Region 4 VISN 22 Sites: Referral Volume Snapshot

## Top Categories of Care

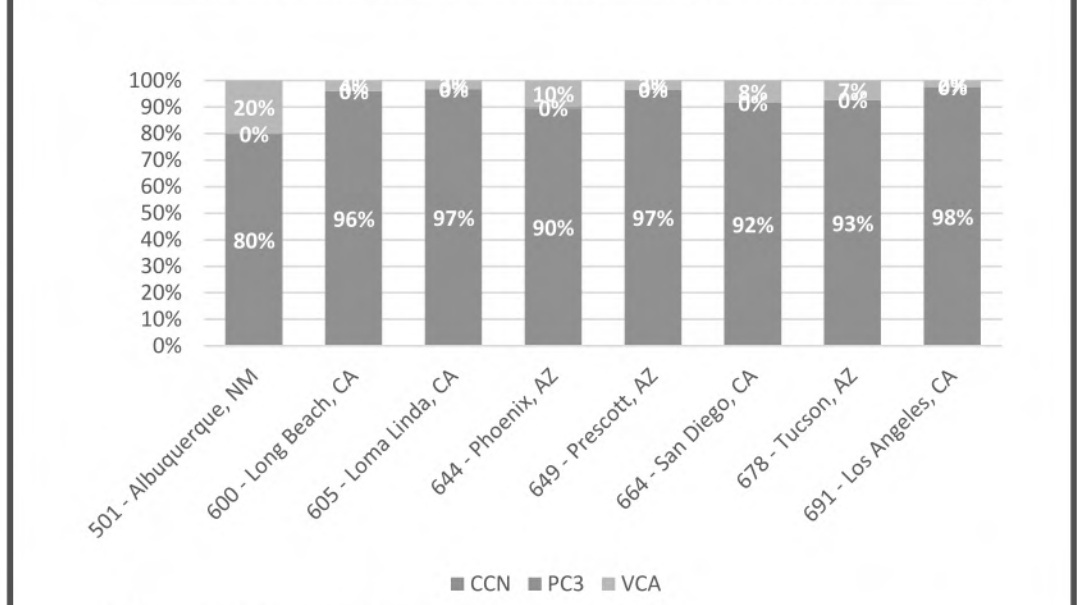
Region	R04	*12/5/2020 through 12/11/2020**	
VISN	22	Data pulled from the CDW	
Station#_StationName	(All)		
Referrals through: [dropdown]			
Category of Care	CCN	PC3	VCA / Contracts
			Grand Total
DENTAL	497		441
OPTOMETRY	874		
MENTAL HEALTH	394		
SKILLED HOME HEALTH CARE	298	26	
PHYSICAL THERAPY	323		

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%

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

12/30/20



**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
*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.

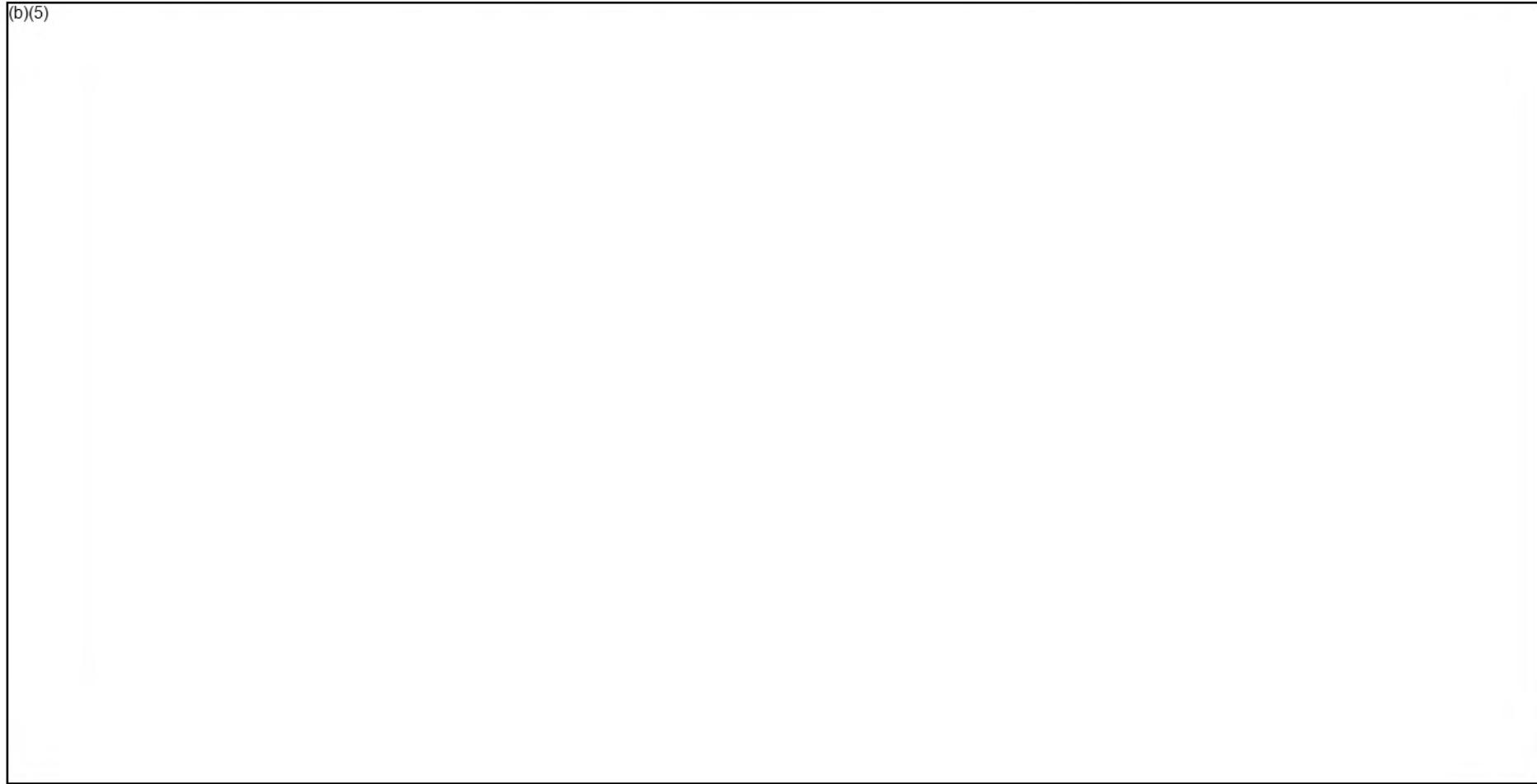
# Proposed Vaccine Process

(b)(5)



# TriWest's Proposed Framework Assumptions

(b)(5)



# 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)

## Data Assurance

(b)(5)

# Next Steps

## Office of Community Care

- (b)(5)

## TriWest

- (b)(5)
- 
- 
- 
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-

# Q&A



# CCN ELC Update

1/27/2021

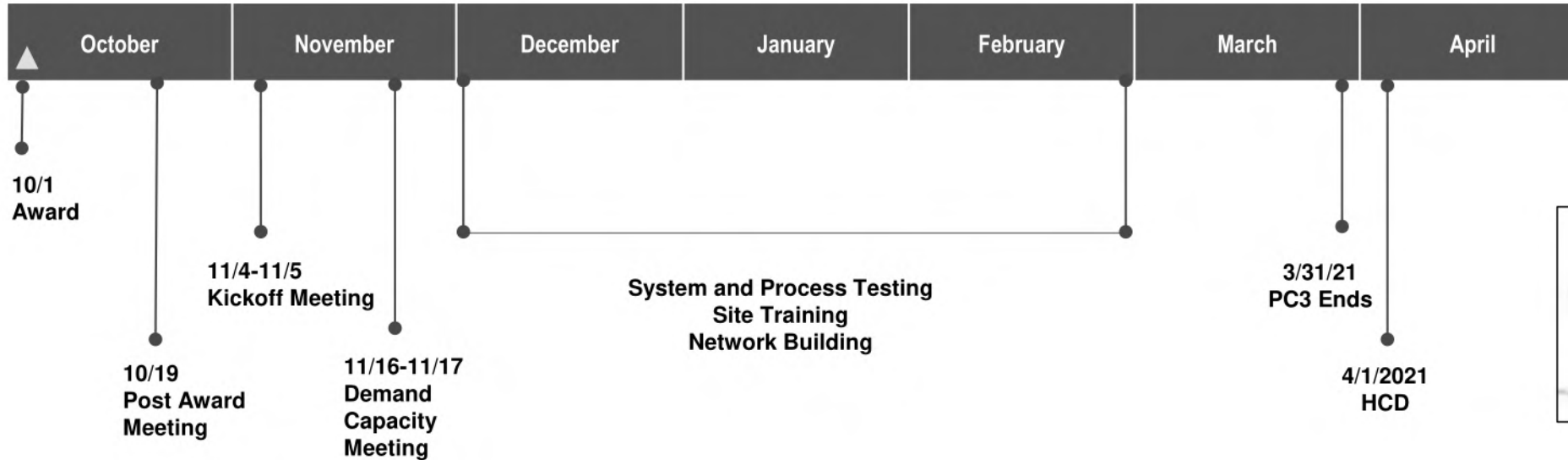
(b)(6)



- 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



## Key Activities as of 1/25:

- (b)(5)
- 
- 

R5 Tabletop Scenario Testing is complete.

- (b)(5)
- 
-

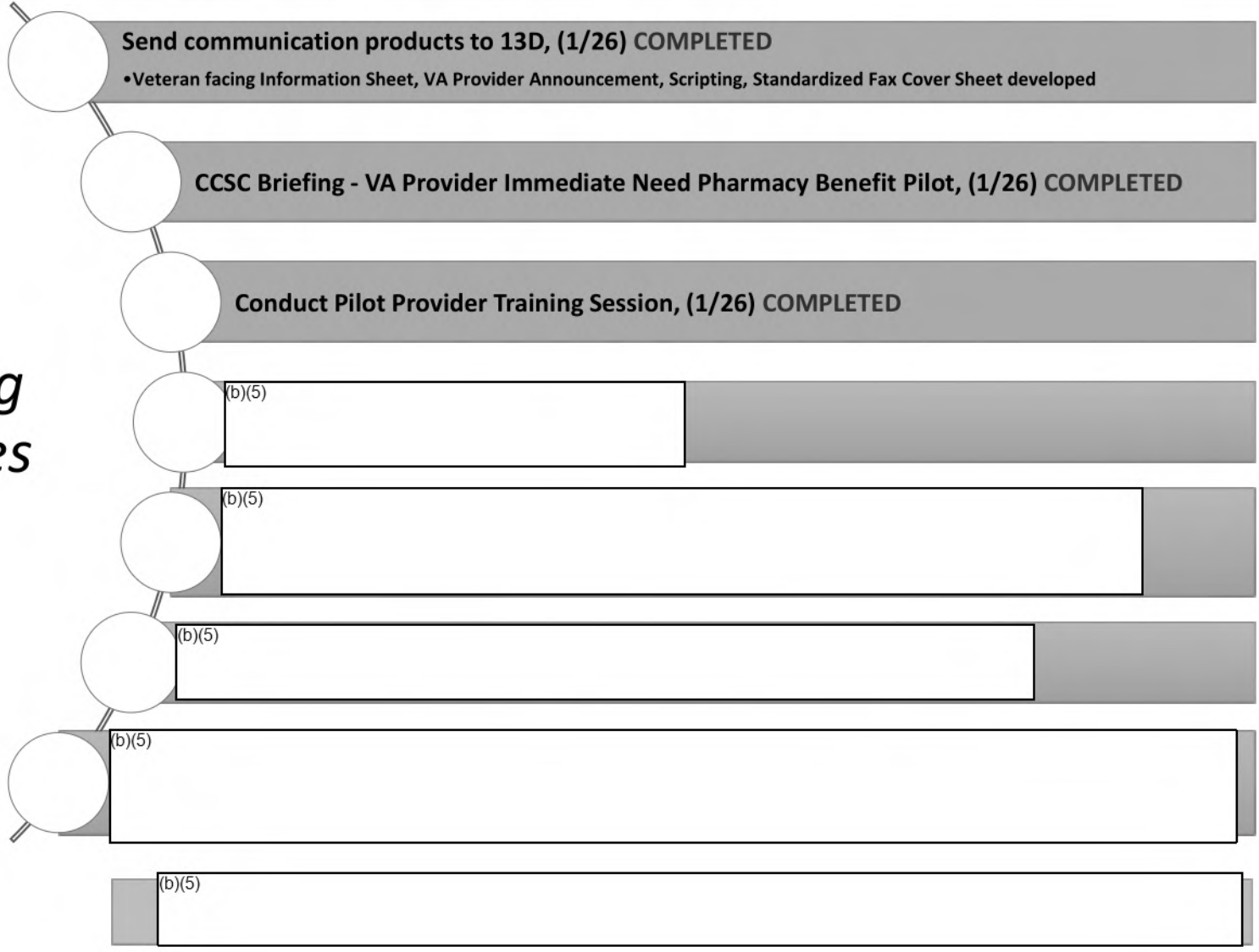
# Region 5 Risks/Issues

Category	Risk Level	Risks/Issues	Status and Next Steps as of 1/25
<b>Payment Hierarchy and Fee Schedule Modification</b>	High	<ul style="list-style-type: none"><li>• (b)(5)</li><li>•</li></ul>	<ul style="list-style-type: none"><li>• (b)(5)</li></ul>
<b>Bundled Modifications</b>	High	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>
<b>Dental Modification</b>	High	<ul style="list-style-type: none"><li>•</li><li>• (b)(5)</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
<b>HCD Date and PC3 Contract End Date</b>	High	<ul style="list-style-type: none"><li>• (b)(5)</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>

# VA Provider Pharmacy Capability Update

# Project Milestones

*Upcoming  
Milestones*



# 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	
Associate Chief Pharmacy	Pacific Islands HCS	
(b)(6)		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: VA needs to determine the new/changed pathway for Veterans to receive flu vaccines in the community in the 2021-2022 flu season**

- 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



# 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)(5)
- 
- 
- 
- 

- **MITRE Leadership**

- (b)(5)
- 
- 
- 
-



## 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

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

# 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

2/24/2021

(b)(6)

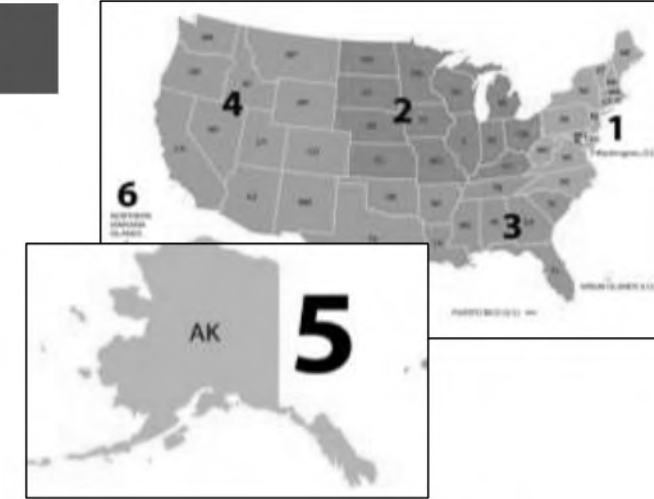
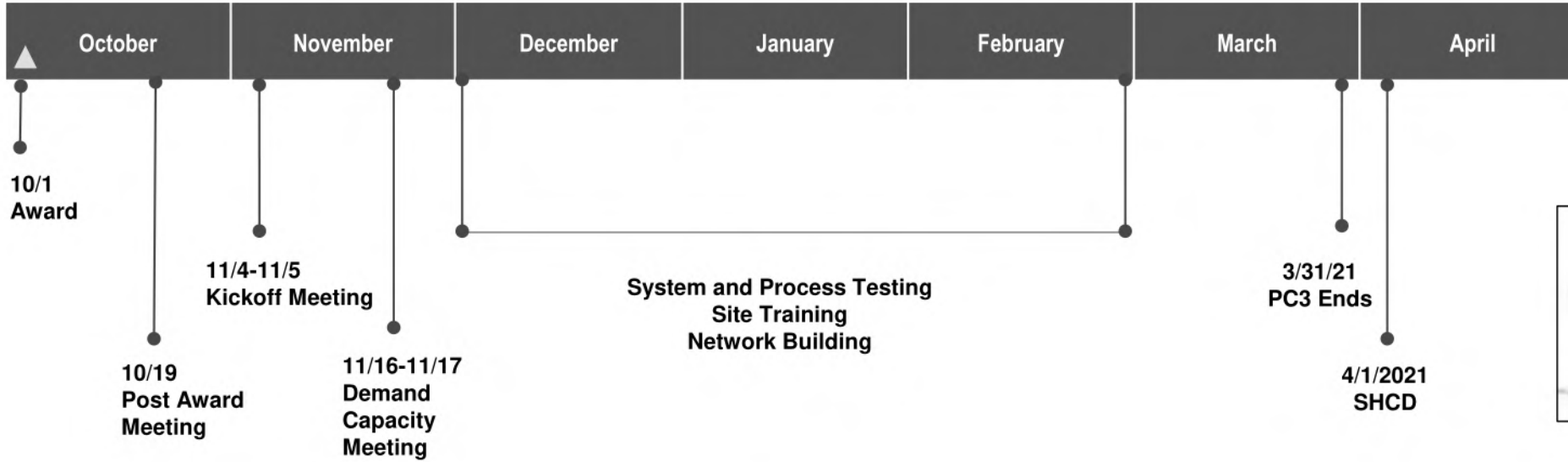


- Region 5 Deployment Updates
- VA Pharmacy Updates
  - CCN Pharmacy Items Prioritization: Overview
  - CCN Pharmacy Items Prioritization: Immediate Action/Quick Win Updates
  - Infertility Pharmacy (Including ART/IVF) ELC Status Update and Decision Request
- PC3 Close Out Updates
  - Background
  - Status Update

# R5 Deployment Updates



# Region 5 Status and Upcoming Activities



## Key Activities as of 2/22:

- The HCD mod has been executed as of 2/17 (b)(5)
- Working with the PC3 team to ensure coordination of care given the current PC3 end date.
- (b)(5)
- 
- 
-

# Region 5 Modifications and Risks Update

Category	Risk Level	Risks/Issues	Status and Next Steps as of 2/22
<b>Payment Hierarchy and Fee Schedule Modification</b>	High	<ul style="list-style-type: none"><li>• (b)(5)</li></ul>	<ul style="list-style-type: none"><li>• (b)(5)</li></ul>
<b>Mod Bundle #2</b>	High	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
<b>Dental Modification</b>	High	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
<b>TW Delta Dental Timeline</b>	High	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
<b>VCE Modification</b>	High	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>

# CCN Pharmacy Updates

# CCN Pharmacy Items Prioritization: Overview

Category	Immediate Action/Quick Win	Intermediate/Ongoing	Long-term	Dependency Item(s)/Project(s)
CCN VA Provider Pharmacy	(b)(5)			
CCN Disaster Pharmacy Benefit				
Specialty Pharmacy				
Compounded Drugs				
CCN Flu Shot				
Infertility and ART/IVF Medication				
CCN Pharmacy Benefit Management				
Pharmacy out of pocket reimbursement guidance				
Other projects under a different directorate				

# CCN Pharmacy Items Prioritization: Immediate Action/Quick Win Updates

Category	Immediate Action/Quick Win	Update
CCN VA Provider Pharmacy	(b)(5)	
CCN Disaster Pharmacy Benefit		
Specialty Pharmacy		
Compounded Drugs		
CCN Flu Shot		
Infertility and ART/IVF Medication		
CCN Pharmacy Benefit Management		
Pharmacy out of pocket reimbursement guidance		



Choose VA

VA



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

# Infertility Pharmacy (Including ART/IVF) ELC Status Update and Decision Request

# Infertility/IVF– Pharmacy Summary of Issue

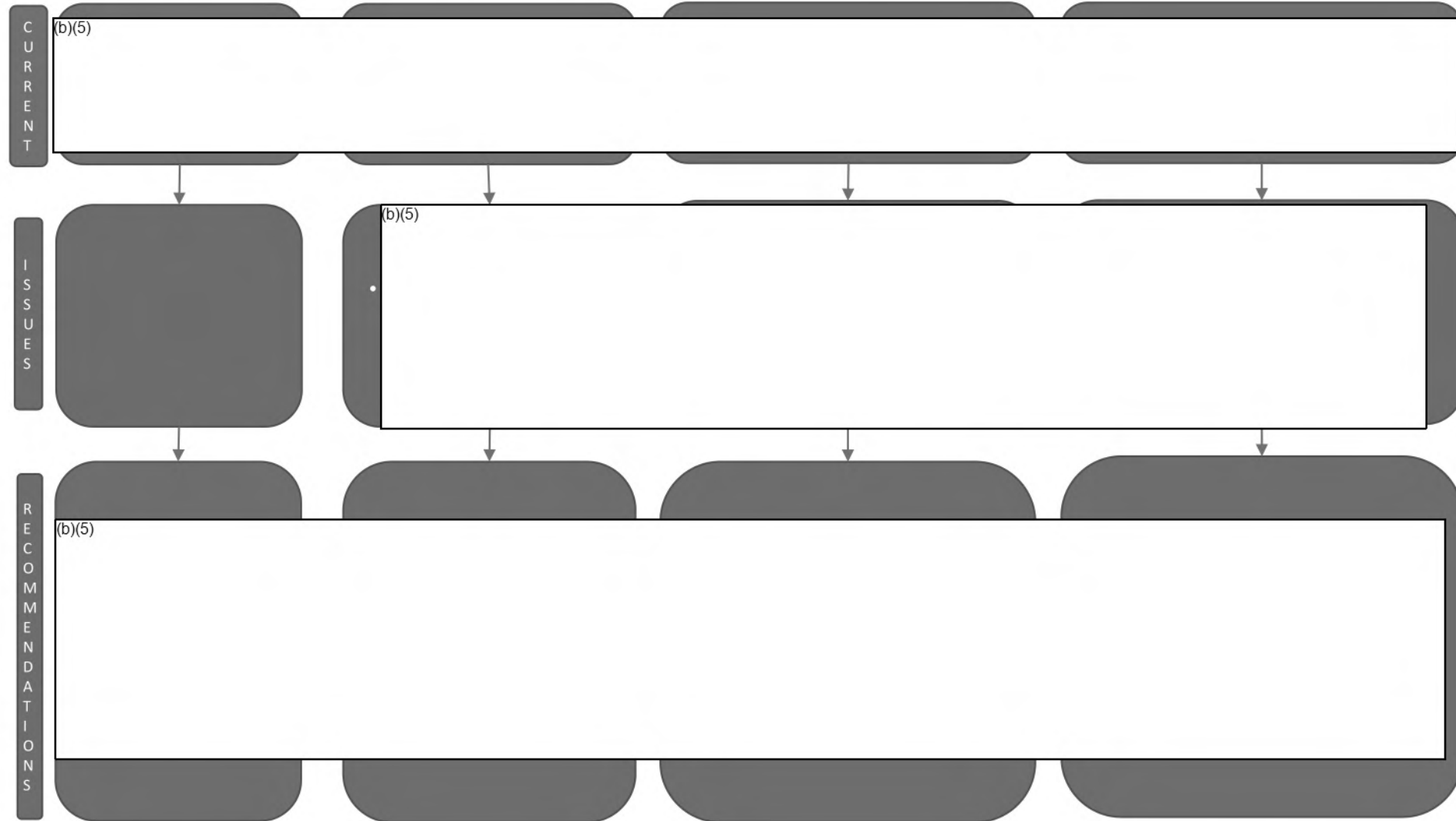
**BLUF:** Veterans and eligible non-Veteran spouses receiving fertility care outside Veterans Administration (VA) facilities are required to get their medications from VA pharmacies. These medications are currently not eligible for urgent/emergency prescribing from the community care retail pharmacy. 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.

## Summary of issues:

- (b)(5)
- 
- 



# Current path along with known issues





# Issue 1: Infertility OOP Pharmacy Reimbursement

**Issue Scenarios for Infertility (including ART/IVF) OOP Reimbursement:** (b)(5)

(b)(5)

**Recommendation** (b)(5)

(b)(5)

**Next Steps:**

(b)(5)

- 1.
- 2.
  
- 3.
- 4.

# Issue 2: Availability of infertility/IVF medications

**ISSUE SUMMARY:** (b)(5)

(b)(5)

## Immediate Solution: Add to urgent/emergent formulary for a safety net

Status (b)(5)

(b)(5)

Recommendation (b)(5)

## Intermediate Solution (Proposed) (b)(5)

Status (b)(5)

(b)(5)

## Long Term Solution (Proposed): (b)(5)

(b)(5)

## Next Steps:

1. (b)(5)
- 2.
- 3.

# PC3 Close Out Updates



# PC3 Closeout Background

**Project Summary: The end of the PC3 contract is 3/31/21.** (b)(5)

## Project Timeline



### Issues/Actions

#### Hot Topics

#### Impact/Mitigation

(b)(5)	01	(b)(5)
	02	
	03	

### Project Deliverables

Deliverable Name	Next Steps	Anticipated Completion Date	Stoplight
2 <sup>nd</sup> Memo to be released	(b)(5)	3/1/2021	●
Care Coordination (ongoing)		3/31/2021	●
Region 5 mod/transition		3/2021	

# PC3 Close Out Status Update

PC3 Close Out	Updates as of 2/22/21
<b><i>Accomplishments</i></b>	(b)(5)
<b><i>This Week's Milestones</i></b>	Field Assistants are reaching out to sites weekly to ensure continued progress.
<b><i>Next Week's Milestones</i></b>	Original Memo regarding PC3 Close Out Guidance was sent to the field in July 2020. (b)(5)
<b><i>Upcoming Milestone Feasibility</i></b>	There should be no issues with completing the milestones above.
<b><i>Risks/Issues</i></b>	(b)(5)
<b><i>Next Steps</i></b>	
<b><i>ELC Decisions</i></b>	None at this time.



# CCN ELC Update

2/10/2021

(b)(6)



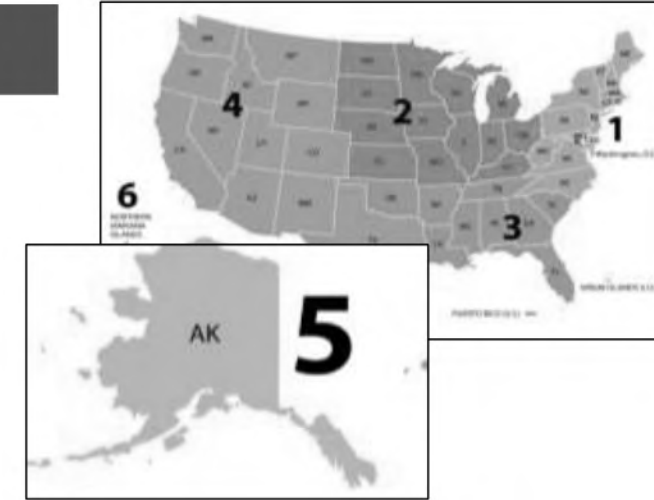
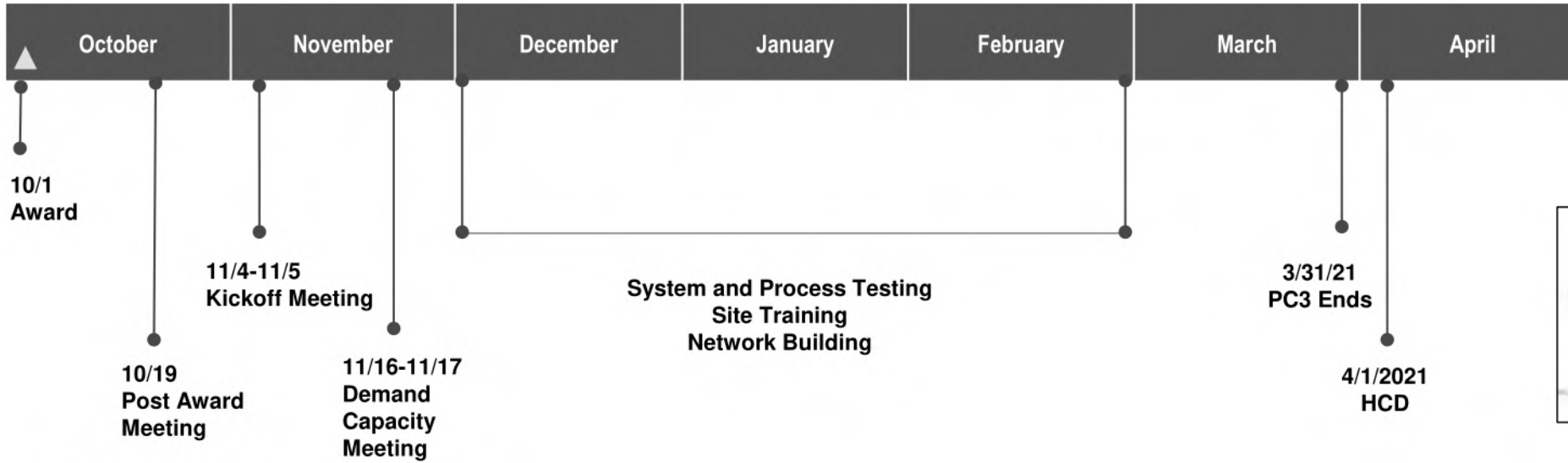
# Agenda

- Region 5 Deployment Updates
- VA Provider Pharmacy Capability Update

# R5 Deployment Updates



# Region 5 Status and Upcoming Activities



## Key Activities as of 2/9:

- (b)(5)
- (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.

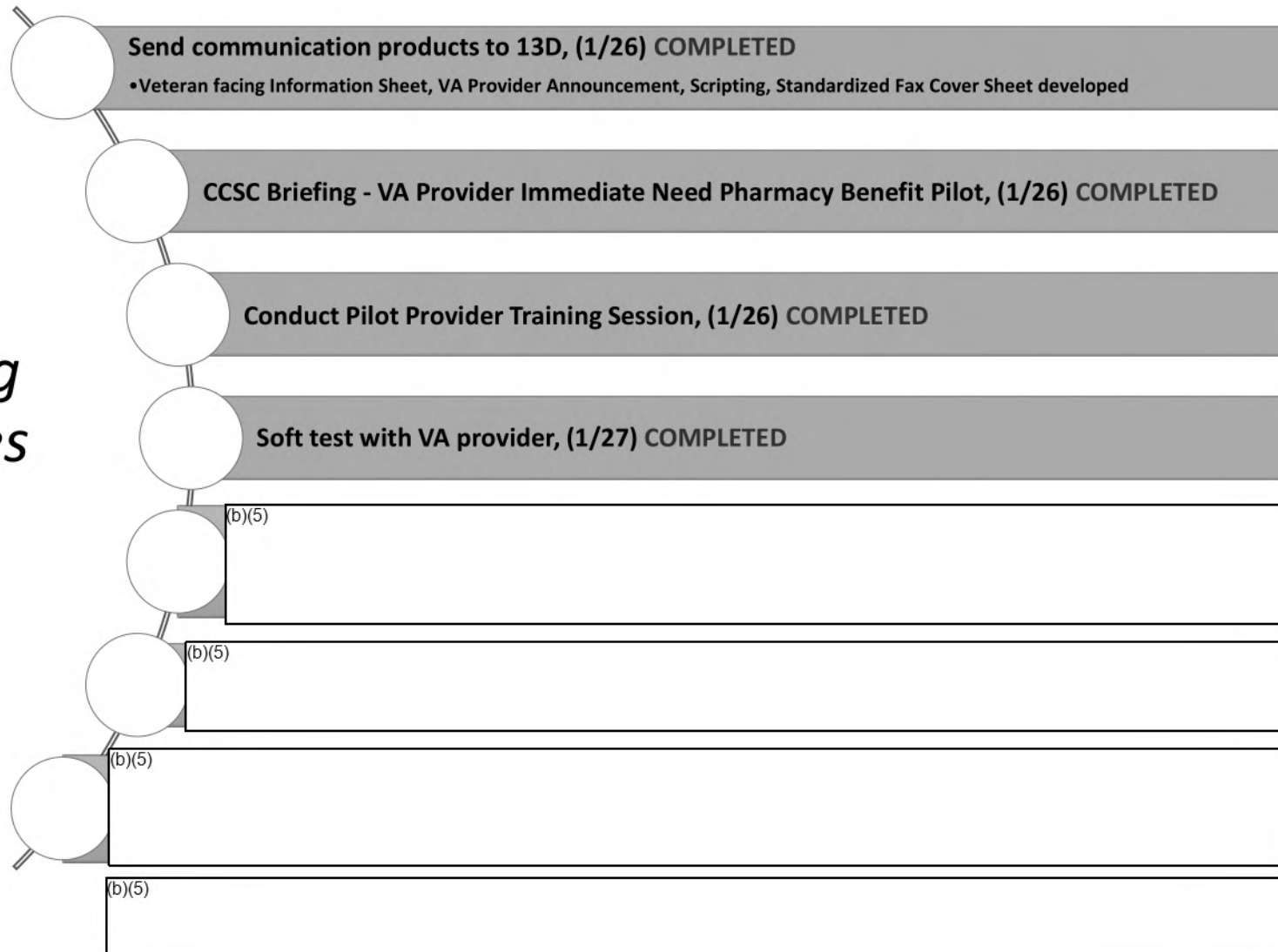
# Region 5 Modifications and Risks Update

Category	Risk Level	Risks/Issues	Status and Next Steps as of 2/9
Payment Hierarchy and Fee Schedule Modification	High	<ul style="list-style-type: none"><li>• (b)(5)</li></ul>	<ul style="list-style-type: none"><li>• (b)(5)</li></ul>
Mod Bundle #2	High	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
Dental Modification	High	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
TW Delta Dental Timeline	High	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
HCD Date Modification	High	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
VCE Modification	High	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>

# VA Provider Pharmacy Capability Update

# Project Milestones

## *Upcoming Milestones*



# 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 nationwide, especially with sunseting 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



# 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)
- (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)(5)		
(b)(5)	Dr. Sandrow	(b)(5)
(b)(5)		

# 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) Responsible 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

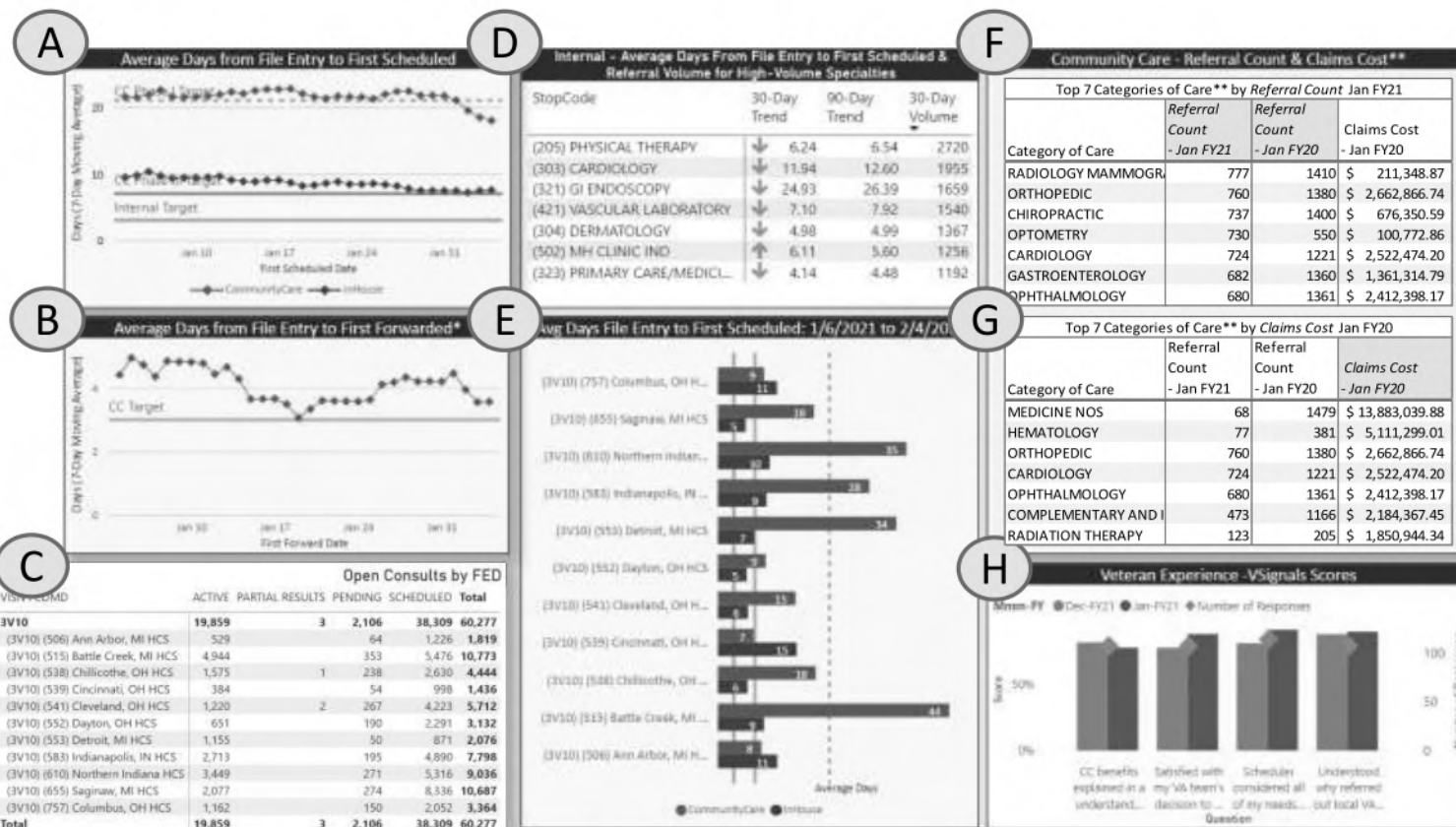
The following metrics displayed by VISN-level were identified by OCC and OVAC leadership to best measure scheduling timeliness, cost of care, and overall Veteran satisfaction.

## 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)



\*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

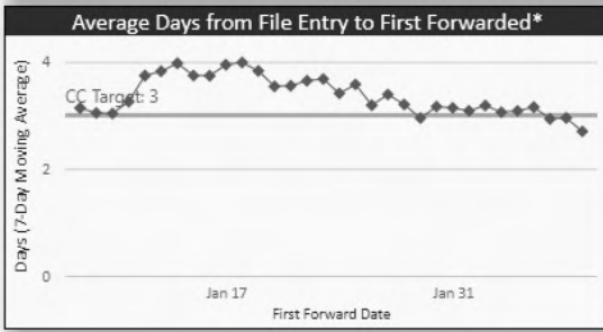
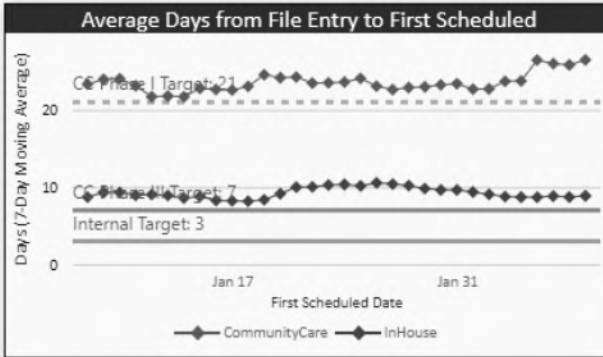
ID	Measure	Interpretation	Goals
A, D, & E	Average Days from File Entry to First Scheduled	(b)(5)	<ul style="list-style-type: none"> <li>• Internal – 3 days</li> <li>• CC Phase I Target – 21 days, CC Phase III Target – 7 days</li> </ul>
B	Average Days from File Entry to Forward date		3 days
C	Open Consults 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	<b>Average Days from File Entry to First Scheduled</b>	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	<b>Average Days from File Entry to Forward Date</b>	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 than Community Care. Community Care Emergency Care Consults.	
C	<b>Open Consults by File Entry Date</b>	This chart shows the open consults by File Entry Date. Data is filtered to show by VISN and station. <ul style="list-style-type: none"> <li>Update weekly</li> </ul>	Screenshot of CI Dashboard: Consults Overview – Open Timeliness by FED
D	<b>Internal – Average Days from File Entry to First Scheduled and Referral Count for High-Volume Specialties</b>	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	<b>Average Days from File Entry to First Scheduled by Medical Center</b>	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	<b>Community Care – Referral Count &amp; Claims Cost for Top 7 Categories of Care by Referral Count</b>	<ul style="list-style-type: none"> <li>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</li> <li>*See Notes section for additional data detail*</li> </ul>	
G	<b>Community Care – Referral Count &amp; Claims Cost for Top 7 Categories of Care by Claims Cost</b>		
H	<b>Veteran Experience – VSignal Scores</b>	<ul style="list-style-type: none"> <li>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) <ul style="list-style-type: none"> <li>My VA Primary care provider and/or VA coordinating team explained benefits offered through VA community care in a way I could understand.</li> <li>I clearly understood why I was referred out of my local VA for care.</li> <li>I am satisfied with my VA provider and/or VA coordinating team's decision to use VA community care.</li> <li>The [Scheduling Entity] considered all of my needs when scheduling my VA community care appointment.</li> </ul> </li> </ul>	





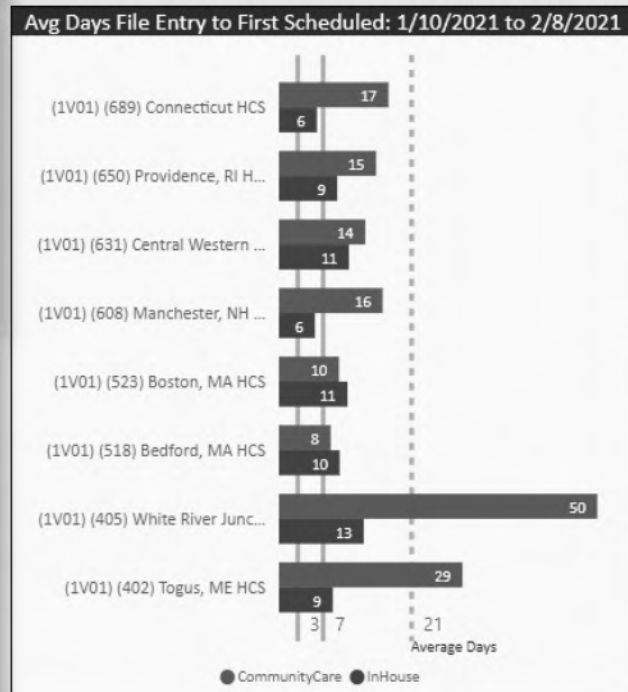


### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>1V01</b>	<b>11,022</b>	<b>1</b>	<b>1,742</b>	<b>22,108</b>	<b>34,873</b>
(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
<b>Total</b>	<b>11,022</b>	<b>1</b>	<b>1,742</b>	<b>22,108</b>	<b>34,873</b>

### 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/MEDICLI...	↑ 5.76	5.71	699



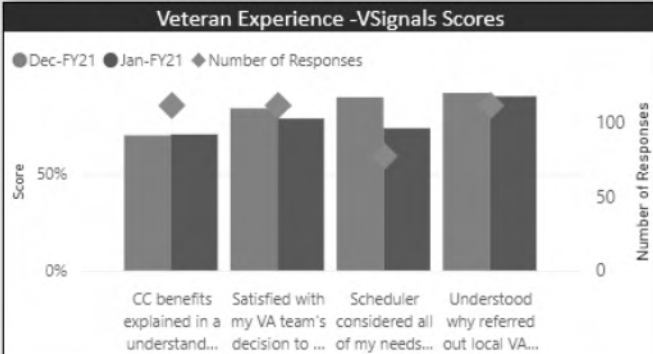
### Community Care - Referral Count & Claims Cost\*\*

#### 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

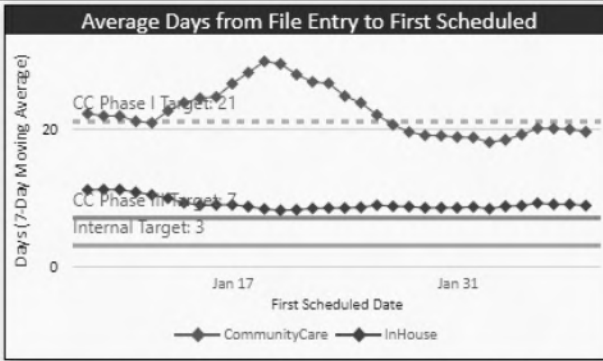
Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	Claims Cost - Jan FY20
HEMATOLOGY	27	167	\$ 1,938,062.10
MENTAL HEALTH	163	435	\$ 1,715,971.89
CARDIOLOGY	295	495	\$ 1,709,716.47
ORTHOPEDIC	463	746	\$ 1,282,221.20
COMP & INTEGR HEALTH	414	779	\$ 1,069,152.85
RADIATION THERAPY	50	73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



Data last updated: 02/08/2021

\*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



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

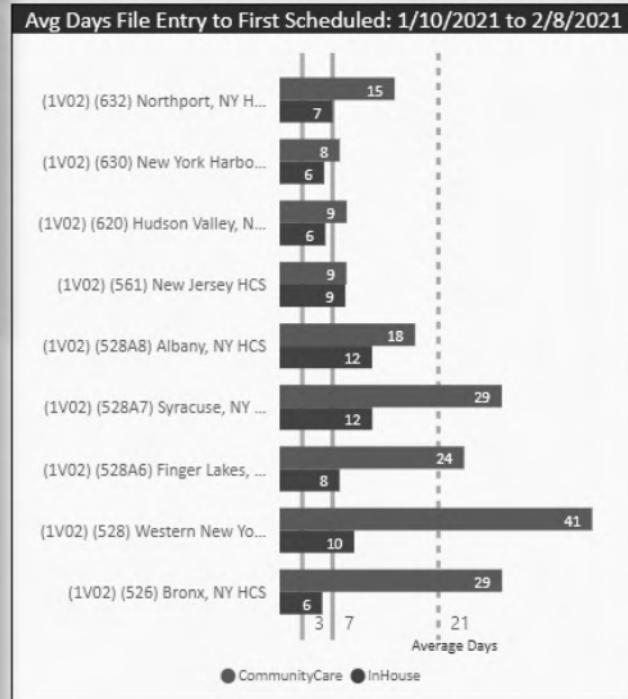
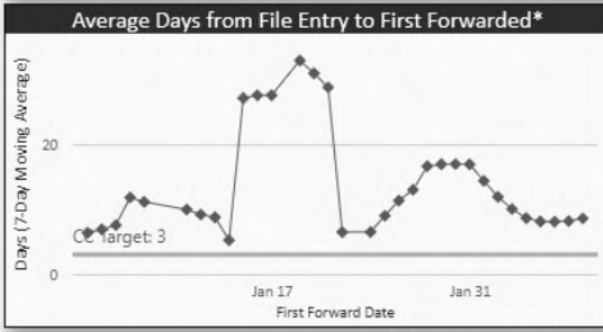
StopCode	30-Day Trend	90-Day Trend	30-Day Volume	
(205) PHYSICAL THERAPY	↓	11.53	13.26	1158
(303) CARDIOLOGY	↓	5.52	7.01	903
(307) GASTROENTEROLOGY	↓	19.58	23.14	758
(502) MH CLINIC IND	↑	6.24	6.14	737
(315) NEUROLOGY	↓	12.41	13.02	679
(409) ORTHOPEDICS/JOINT S...	↓	5.99	6.04	646
(321) GI ENDOSCOPY	↓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

### 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

Data last updated: 02/08/2021

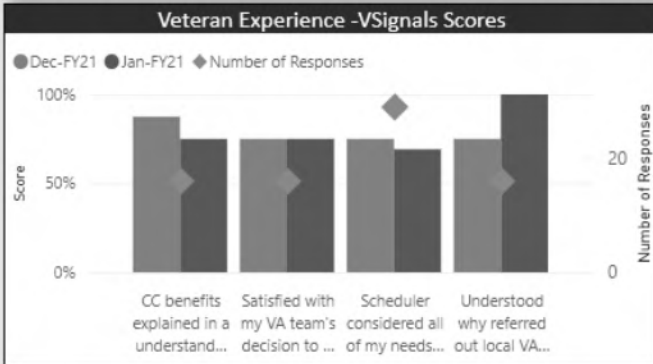


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

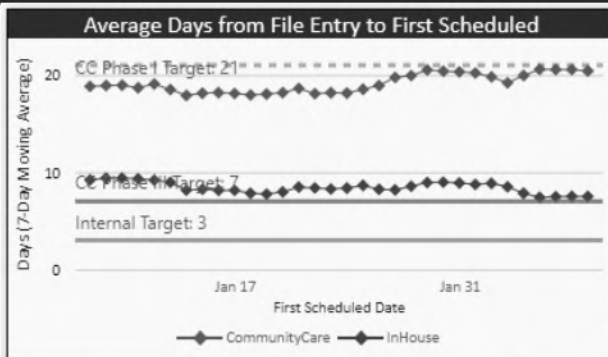
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>1V02</b>	<b>5,179</b>	<b>2</b>	<b>311</b>	<b>13,768</b>	<b>19,260</b>
(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
<b>Total</b>	<b>5,179</b>	<b>2</b>	<b>311</b>	<b>13,768</b>	<b>19,260</b>



\*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



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

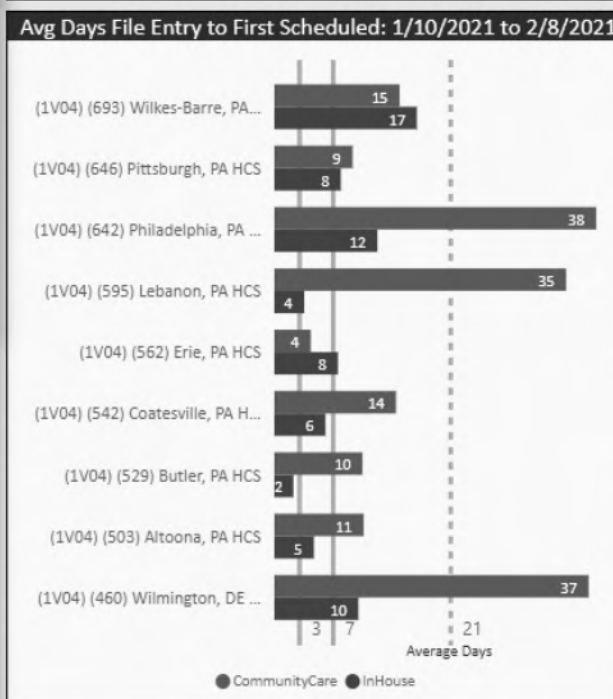
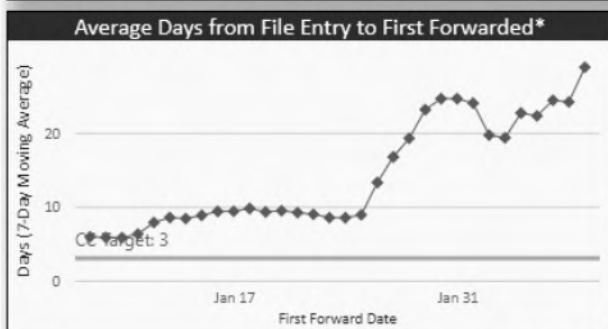
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 5.70	5.41	1379
(303) CARDIOLOGY	↑ 6.01	5.60	1101
(409) ORTHOPEDICS/JOINT S...	↓ 8.74	9.05	846
(502) MH CLINIC IND	↑ 14.65	13.91	814
(321) GI ENDOSCOPY	↓ 21.70	30.75	800
(304) DERMATOLOGY	↑ 6.66	6.21	630
(421) VASCULAR LABORATORY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

### Community Care - Referral Count & Claims Cost\*\*

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

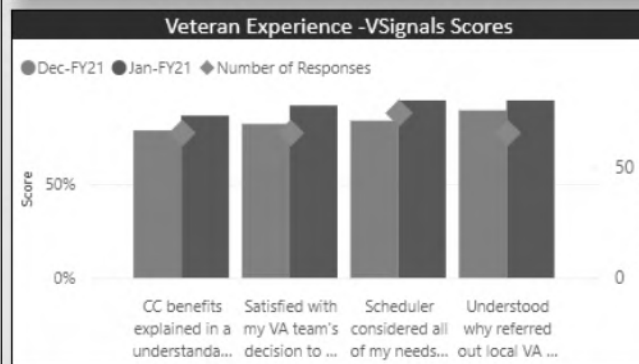
Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	Claims Cost - Jan FY20
PHYSICAL THERAPY	578	1378	\$ 654,597.88
GASTROENTEROLOGY	467	1054	\$ 680,550.11
ORTHOPEDIC	328	832	\$ 899,271.05
CHIROPRACTIC	314	618	\$ 235,347.57
CARDIOLOGY	284	568	\$ 1,158,988.20
RADIOLOGY MAMMOGR.	282	556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

Data last updated: 02/08/2021



#### 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

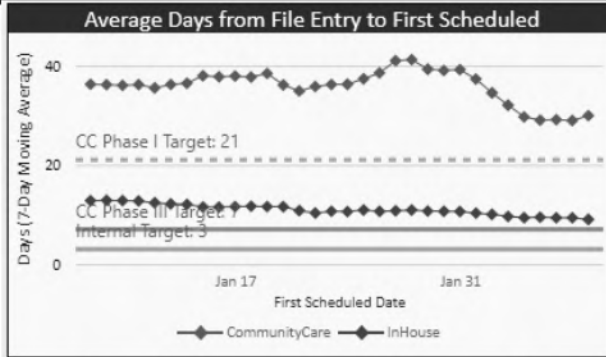


### Open Consults by FED

VISN FCMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>1V04</b>	<b>9,242</b>	<b>12</b>	<b>454</b>	<b>22,199</b>	<b>31,907</b>
(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
<b>Total</b>	<b>9,242</b>	<b>12</b>	<b>454</b>	<b>22,199</b>	<b>31,907</b>

\*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



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

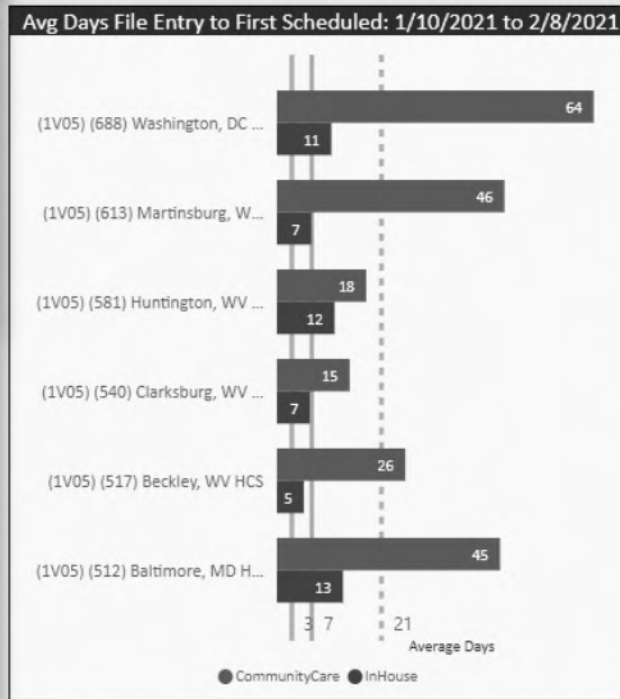
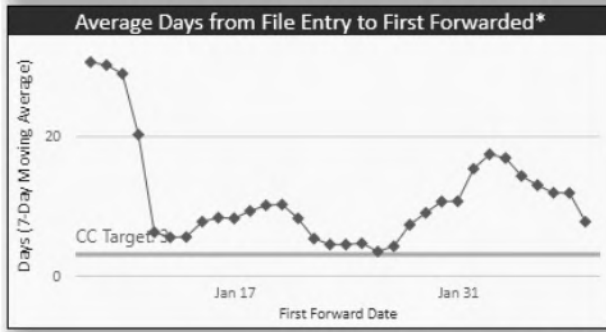
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 11.72	9.20	928
(409) ORTHOPEDICS/JOINT S...	↑ 12.54	11.96	703
(303) CARDIOLOGY	↑ 6.05	4.86	689
(321) GI ENDOSCOPY	↓ 26.93	32.89	626
(307) GASTROENTEROLOGY	↑ 12.55	10.73	625
(502) MH CLINIC IND	↓ 12.38	14.02	591
(304) DERMATOLOGY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

### Community Care - Referral Count & Claims Cost\*\*

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

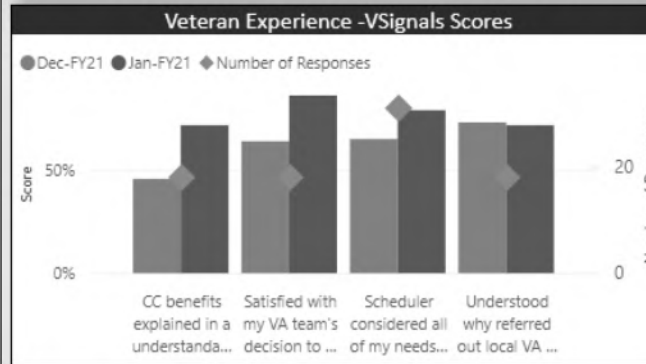
Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	Claims Cost - Jan FY20
PHYSICAL THERAPY	600	1378	\$ 783,213.36
DENTAL	379	728	\$ 439,025.39
RADIOLOGY MAMMOGR	371	811	\$ 69,783.09
CARDIOLOGY	331	483	\$ 672,837.01
GASTROENTEROLOGY	314	573	\$ 607,262.27
ORTHOPEDIC	304	553	\$ 909,670.37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

Data last updated: 02/08/2021



#### 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, C	0	3	\$ 799,775.98
PHYSICAL THERAPY	600	1378	\$ 783,213.36
CARDIOLOGY	331	483	\$ 672,837.01

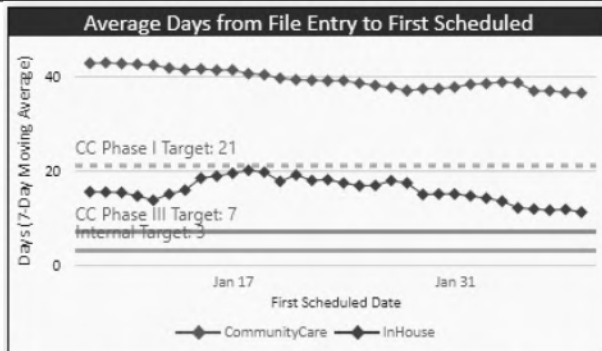


### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>1V05</b>	<b>16,953</b>	<b>11</b>	<b>820</b>	<b>34,033</b>	<b>51,817</b>
(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
<b>Total</b>	<b>16,953</b>	<b>11</b>	<b>820</b>	<b>34,033</b>	<b>51,817</b>

\*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



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

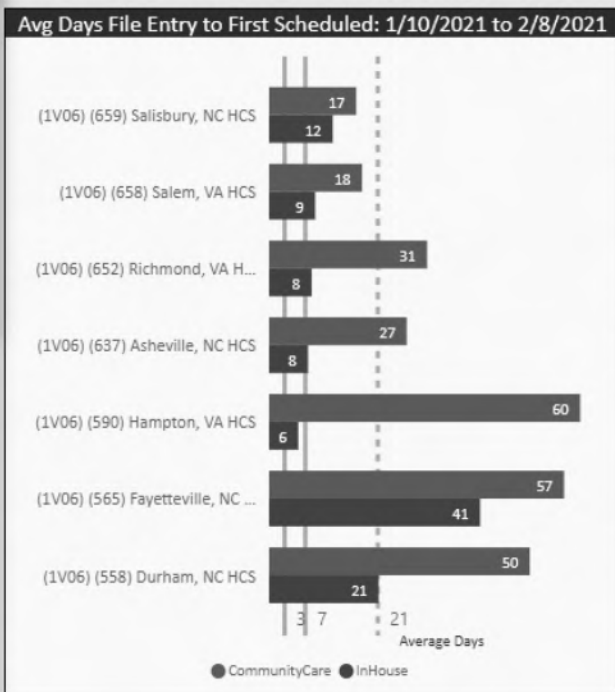
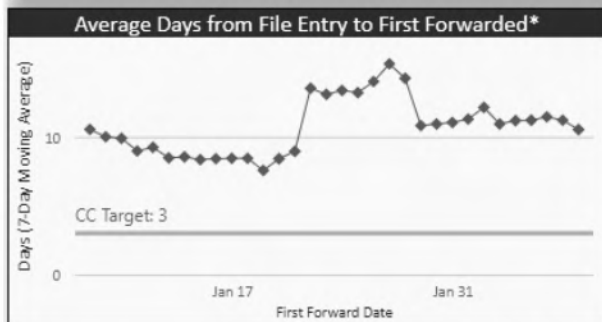
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 14.70	13.40	2430
(502) MH CLINIC IND	↑ 8.46	7.70	1876
(409) ORTHOPEDICS/JOINT S...	↓ 6.90	8.95	1608
(323) PRIMARY CARE/MEDICI...	↑ 15.94	14.48	1380
(411) PODIATRY	↑ 14.71	11.37	1369
(303) CARDIOLOGY	↑ 6.54	6.26	1345
(307) GASTROENTEROLOGY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

### 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

Data last updated: 02/08/2021

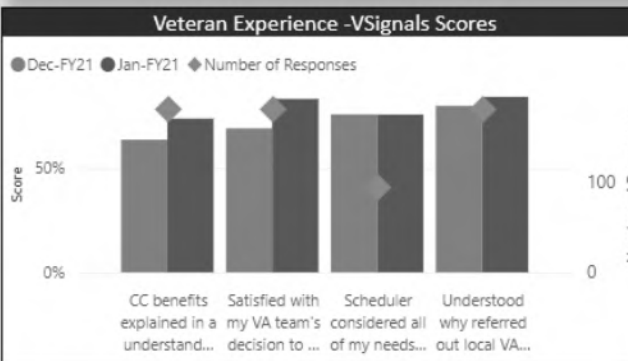


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

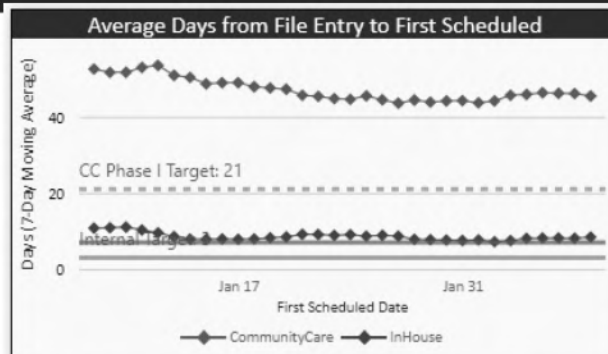
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>1V06</b>	<b>35,221</b>	<b>1</b>	<b>2,444</b>	<b>43,921</b>	<b>81,587</b>
(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
<b>Total</b>	<b>35,221</b>	<b>1</b>	<b>2,444</b>	<b>43,921</b>	<b>81,587</b>



\*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



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

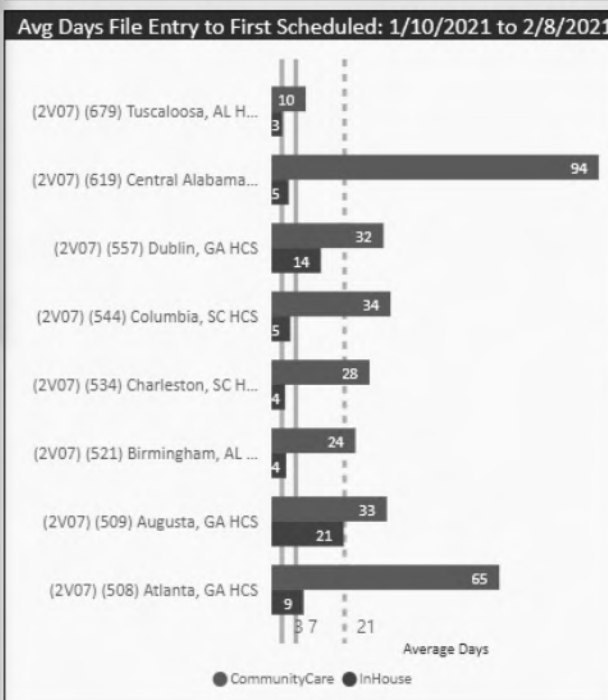
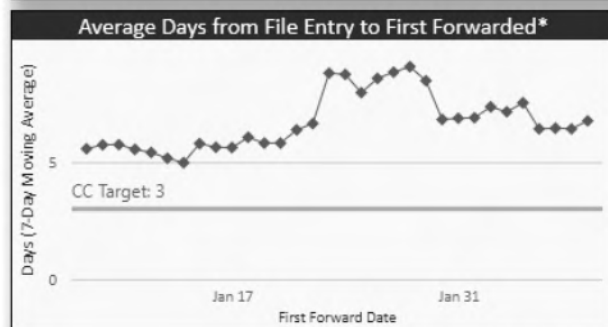
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↓ 5.62	5.80	1870
(349) SLEEP MEDICINE	↑ 12.62	11.39	1503
(321) GI ENDOSCOPY	↑ 15.13	10.08	1372
(303) CARDIOLOGY	↓ 6.59	6.97	1249
(206) OCCUPATIONAL THERAPY	↓ 4.43	4.74	1237
(502) MH CLINIC IND	↑ 6.69	5.83	1144
(391) CARDIAC ECHO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

### 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

Data last updated: 02/08/2021

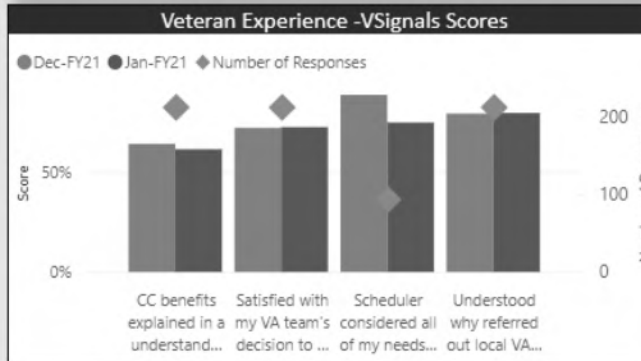


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

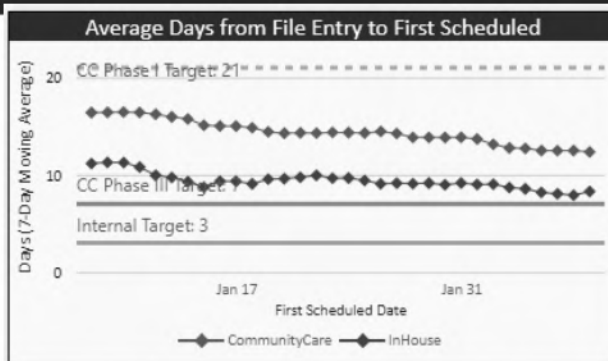
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>2V07</b>	<b>54,919</b>	<b>16</b>	<b>1,702</b>	<b>51,864</b>	<b>108,501</b>
(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
<b>Total</b>	<b>54,919</b>	<b>16</b>	<b>1,702</b>	<b>51,864</b>	<b>108,501</b>



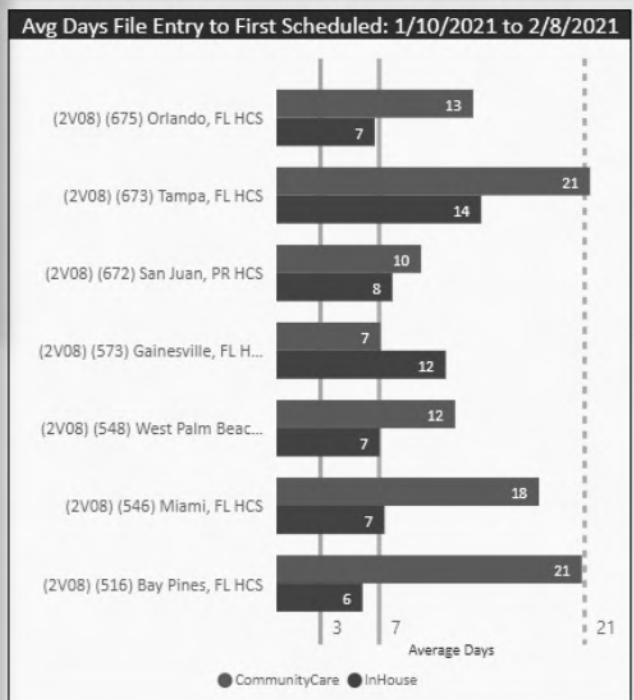
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\*\*Referral date is when referral created. Claims date is when the claim was paid. Referral Count - Jan FY21 is from 1/01/21-1/21/21. Only showing RCI related specialties. Emergency, Dialysis, Medicine NOS and Home Health have been removed in this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



### 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



### 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, C	0	0	\$ 2,013,250.94

Data last updated: 02/08/2021

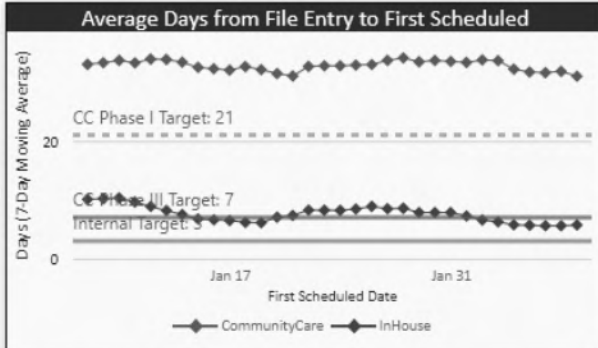
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>2V08</b>	<b>10,012</b>	<b>4</b>	<b>1,555</b>	<b>35,599</b>	<b>47,170</b>
(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
<b>Total</b>	<b>10,012</b>	<b>4</b>	<b>1,555</b>	<b>35,599</b>	<b>47,170</b>

\*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





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

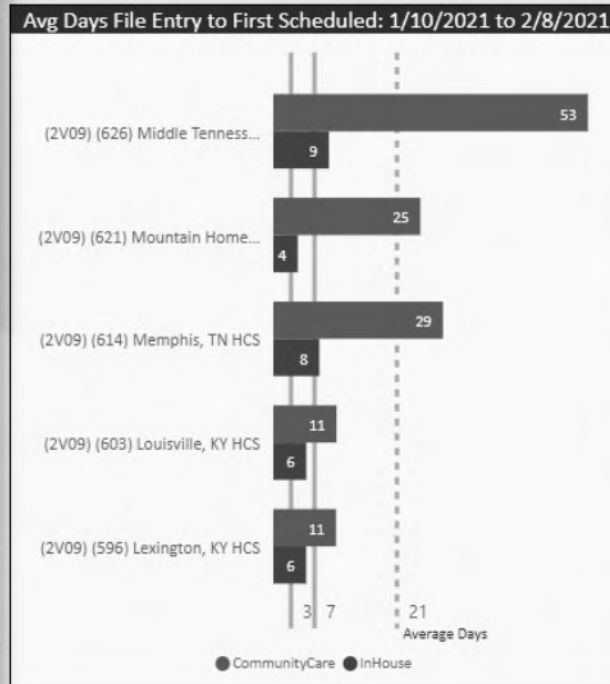
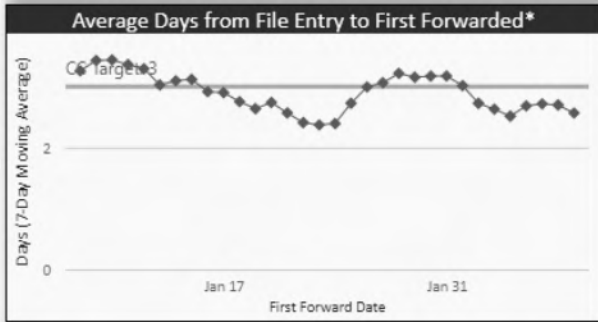
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(303) CARDIOLOGY	↑ 7.92	6.10	1582
(205) PHYSICAL THERAPY	↑ 6.69	5.41	920
(502) MH CLINIC IND	↑ 6.68	5.32	858
(304) DERMATOLOGY	↑ 4.34	4.03	801
(321) GI ENDOSCOPY	↓ 12.43	14.11	791
(409) ORTHOPEDICS/JOINT S...	↑ 7.38	6.73	690
(349) SLEEP MEDICINE	↑ 11.57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

Data last updated: 02/08/2021



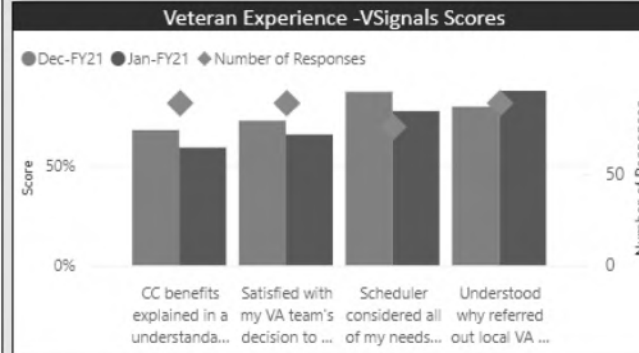
#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

VISN FCDMD

### Open Consults by FED

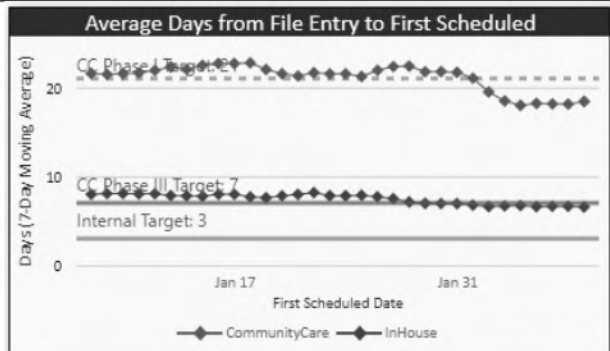
	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>2V09</b>	<b>20,123</b>	<b>3</b>	<b>985</b>	<b>62,006</b>	<b>83,117</b>
(2V09) (596) Lexington, KY HCS	572	1	87	2,782	3,442
(2V09) (603) Louisville, KY HCS	718		129	2,682	3,529
(2V09) (614) Memphis, TN HCS	2,488		176	5,723	8,387
(2V09) (621) Mountain Home,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



\*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





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

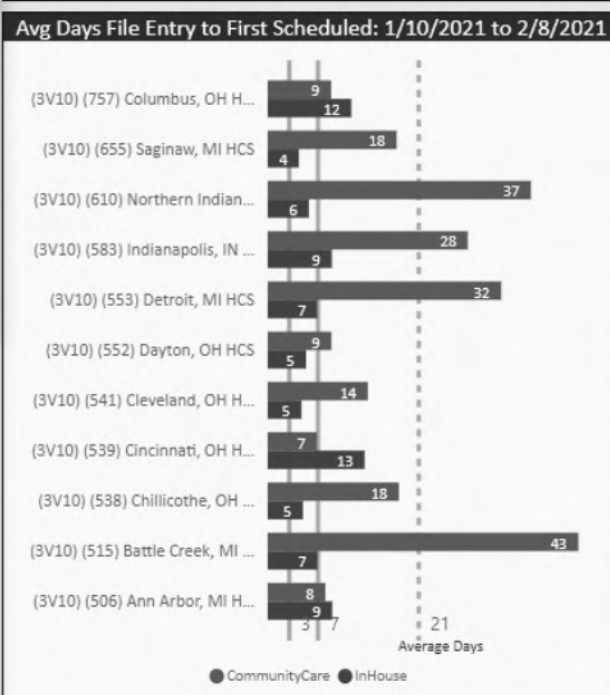
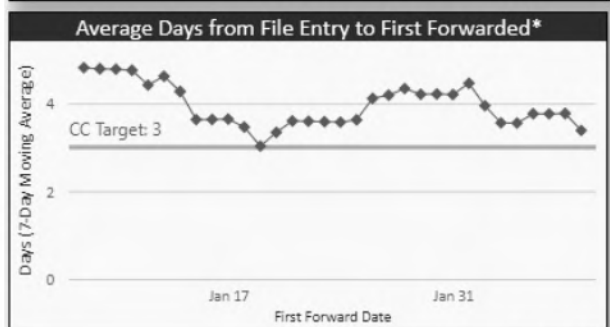
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↓ 6.23	6.57	2692
(303) CARDIOLOGY	↓ 10.96	11.61	1922
(321) GI ENDOSCOPY	↑ 14.38	12.79	1580
(421) VASCULAR LABORATORY	↓ 7.37	8.26	1477
(304) DERMATOLOGY	↓ 4.98	5.01	1353
(502) MH CLINIC IND	↑ 6.10	5.64	1246
(323) PRIMARY CARE/MEDICLI...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

### 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

Data last updated: 02/08/2021

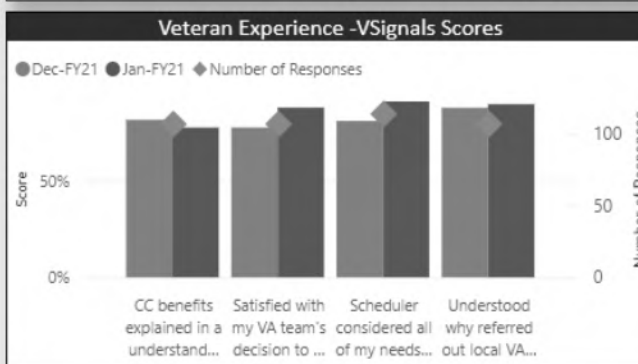


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

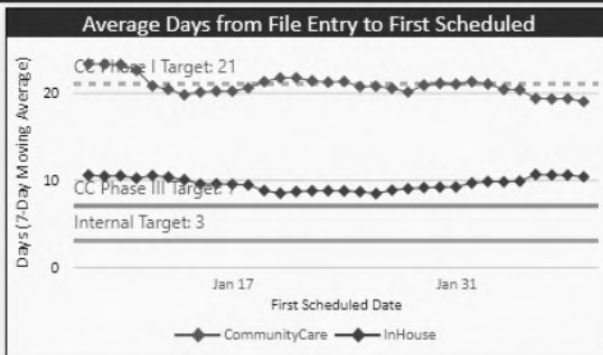
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>3V10</b>	<b>19,859</b>	<b>3</b>	<b>2,106</b>	<b>38,309</b>	<b>60,277</b>
(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
<b>Total</b>	<b>19,859</b>	<b>3</b>	<b>2,106</b>	<b>38,309</b>	<b>60,277</b>



\*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



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

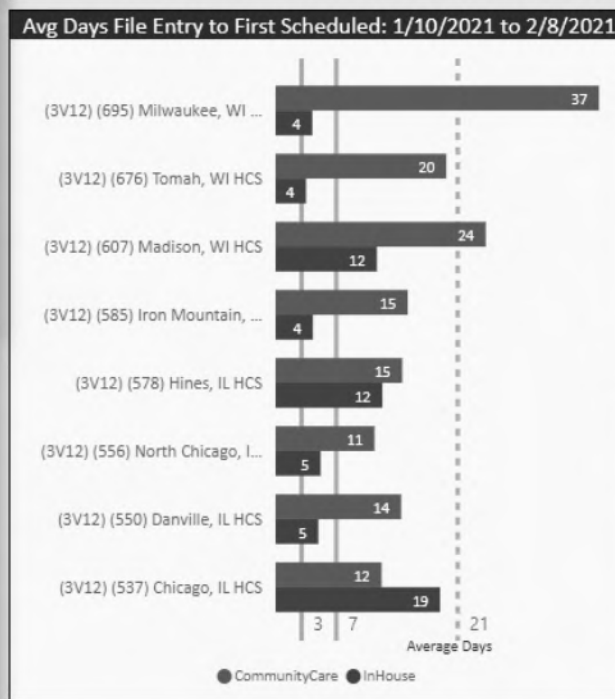
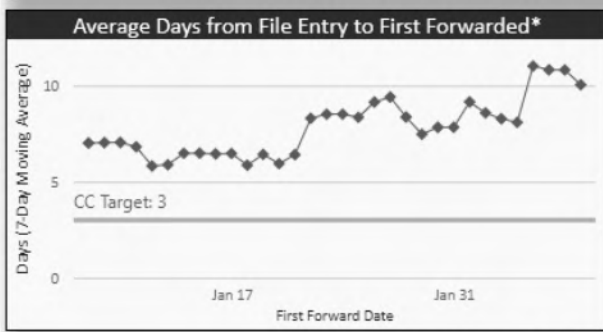
StopCode	30-Day Trend	90-Day Trend	30-Day Volume	
(205) PHYSICAL THERAPY	↓	7.36	9.03	1872
(303) CARDIOLOGY	↑	5.75	5.52	1283
(421) VASCULAR LABORATORY	↑	20.61	14.29	948
(321) GI ENDOSCOPY	↓	29.67	32.26	827
(304) DERMATOLOGY	↓	3.53	3.73	723
(502) MH CLINIC IND	↑	6.10	5.74	720
(201) PM&RS PHYSICIAN	↓	16.46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

Data last updated: 02/08/2021

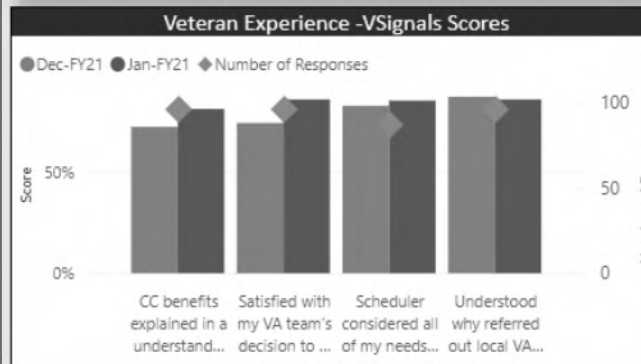


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

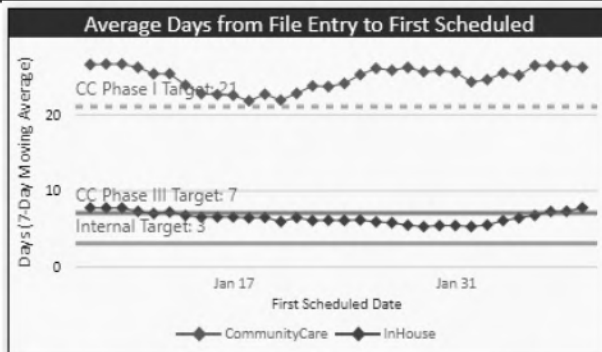
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>3V12</b>	<b>11,934</b>	<b>4</b>	<b>599</b>	<b>24,777</b>	<b>37,314</b>
(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
<b>Total</b>	<b>11,934</b>	<b>4</b>	<b>599</b>	<b>24,777</b>	<b>37,314</b>



\*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



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

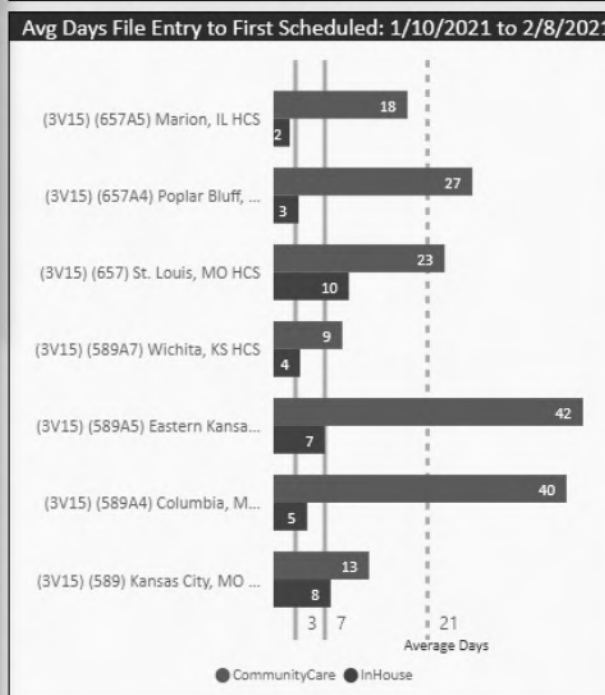
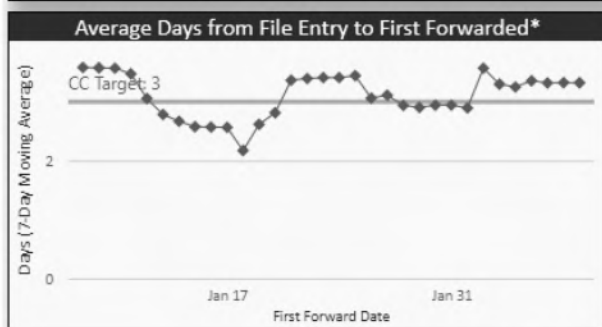
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↓ 3.12	3.42	1370
(303) CARDIOLOGY	↓ 3.90	3.90	1167
(409) ORTHOPEDICS/JOINT S...	↓ 9.84	10.08	703
(321) GI ENDOSCOPY	↓ 21.29	21.45	651
(304) DERMATOLOGY	↑ 3.56	3.25	538
(206) OCCUPATIONAL THERAPY	↑ 3.46	3.09	487
(414) UROLOGY	↑ 17.56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

### 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

Data last updated: 02/08/2021

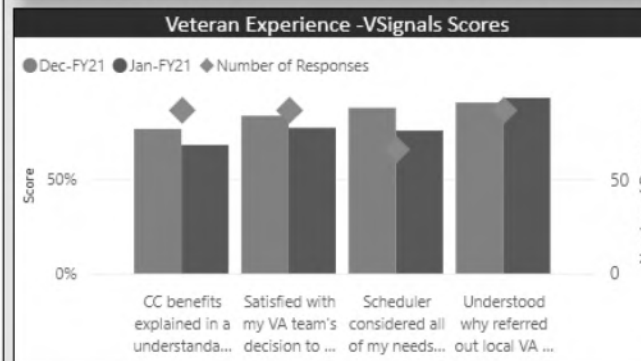


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

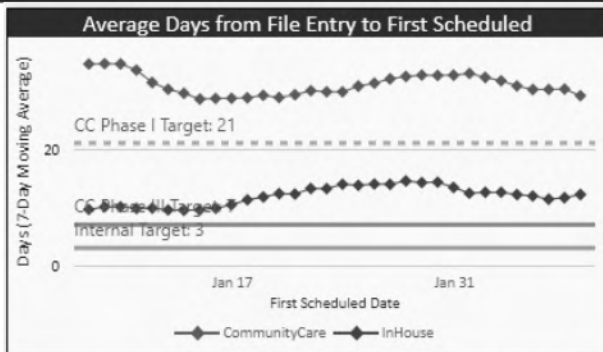
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>3V15</b>	<b>14,131</b>	<b>2</b>	<b>1,662</b>	<b>42,770</b>	<b>58,565</b>
(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
<b>Total</b>	<b>14,131</b>	<b>2</b>	<b>1,662</b>	<b>42,770</b>	<b>58,565</b>



\*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



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

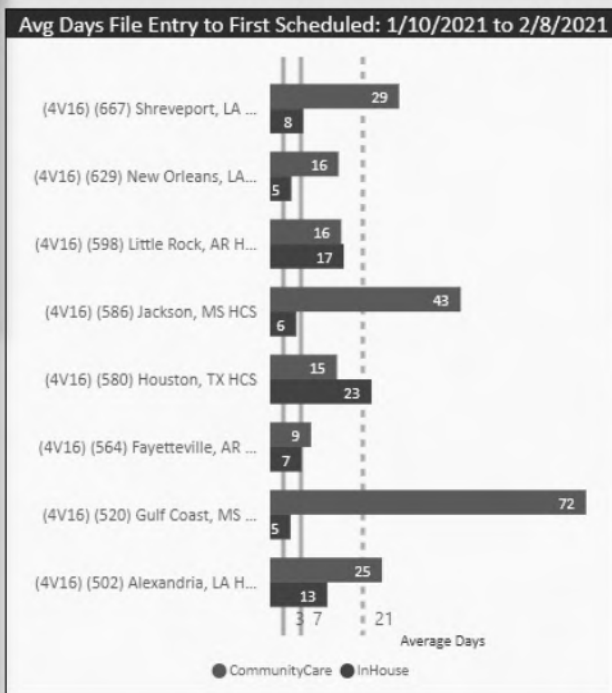
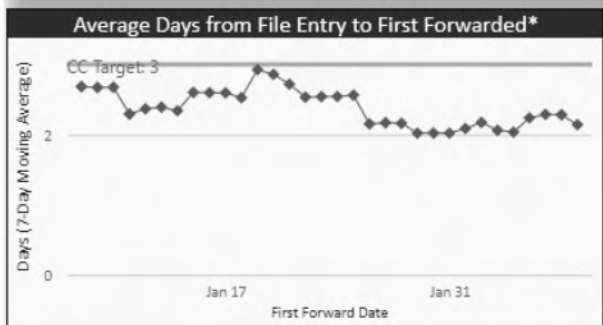
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 12.44	11.64	1935
(303) CARDIOLOGY	↑ 10.90	8.95	1215
(321) GI ENDOSCOPY	↑ 45.01	37.39	1198
(391) CARDIAC ECHO	↓ 3.05	3.25	1061
(502) MH CLINIC IND	↑ 8.93	7.94	1035
(409) ORTHOPEDICS/JOINT S...	↑ 8.86	8.02	998
(201) PM&RS PHYSICIAN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

### 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

Data last updated: 02/08/2021

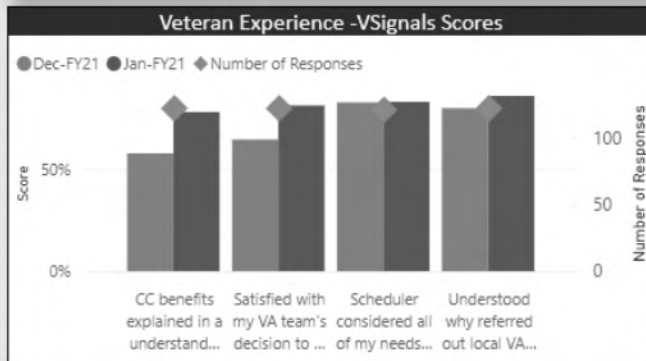


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

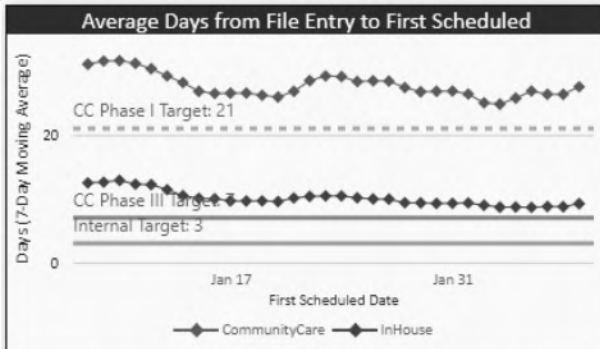
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>4V16</b>	<b>33,107</b>	<b>7</b>	<b>1,979</b>	<b>43,887</b>	<b>78,980</b>
(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		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
<b>Total</b>	<b>33,107</b>	<b>7</b>	<b>1,979</b>	<b>43,887</b>	<b>78,980</b>



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

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

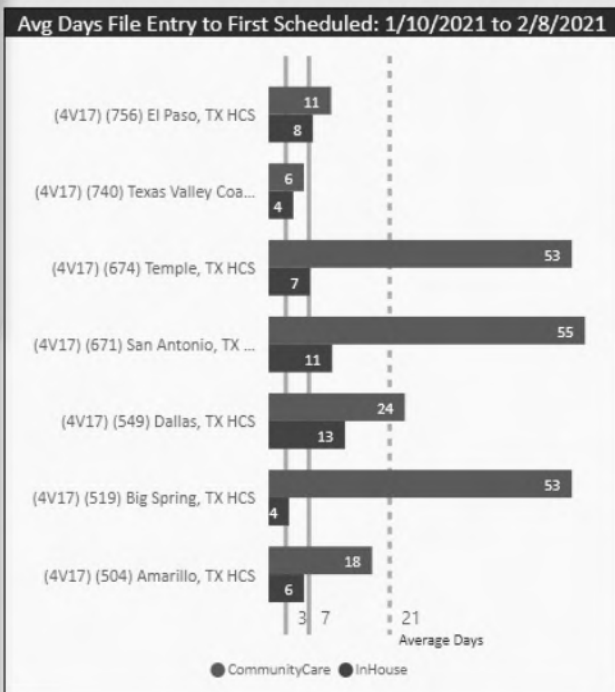
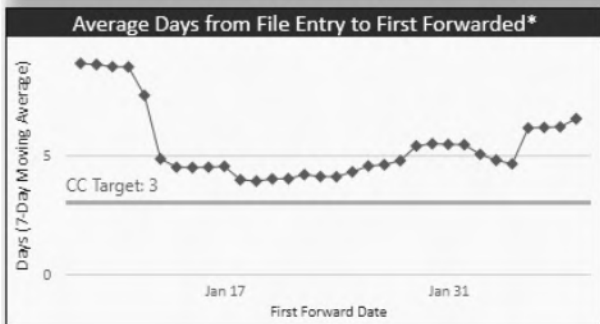
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(502) MH CLINIC IND	↑ 8.89	7.70	1850
(205) PHYSICAL THERAPY	↑ 22.44	19.70	1686
(303) CARDIOLOGY	↑ 9.09	8.10	1489
(349) SLEEP MEDICINE	↓ 13.64	15.87	1146
(307) GASTROENTEROLOGY	↓ 9.63	11.38	811
(206) OCCUPATIONAL THERAPY	↑ 19.06	15.20	780
(321) GI ENDOSCOPY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

### 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

Data last updated: 02/08/2021



#### 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

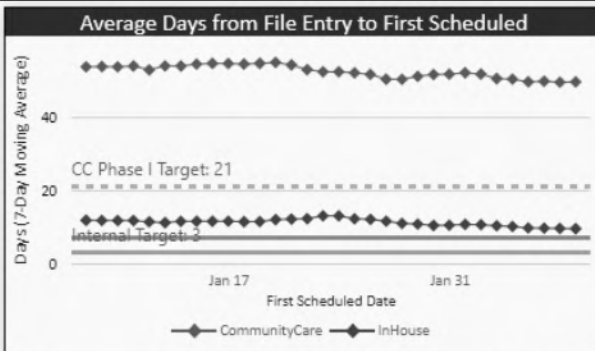
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>4V17</b>	<b>34,036</b>	<b>2</b>	<b>4,208</b>	<b>55,999</b>	<b>94,245</b>
(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
<b>Total</b>	<b>34,036</b>	<b>2</b>	<b>4,208</b>	<b>55,999</b>	<b>94,245</b>



\*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



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

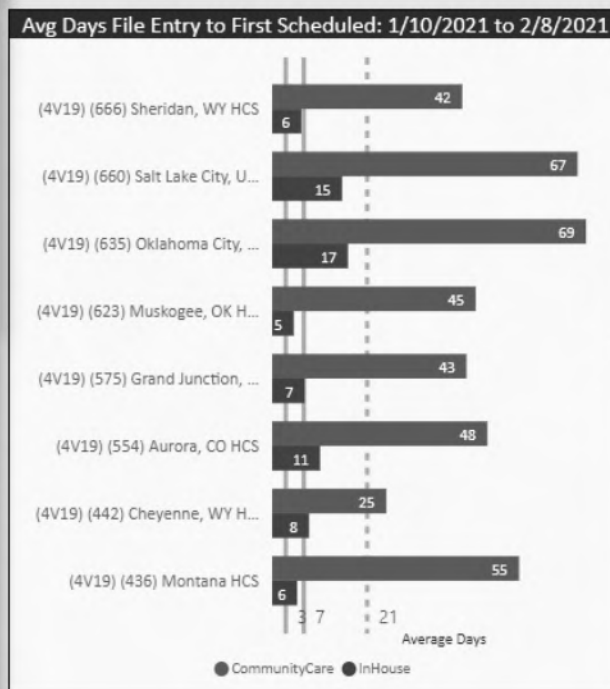
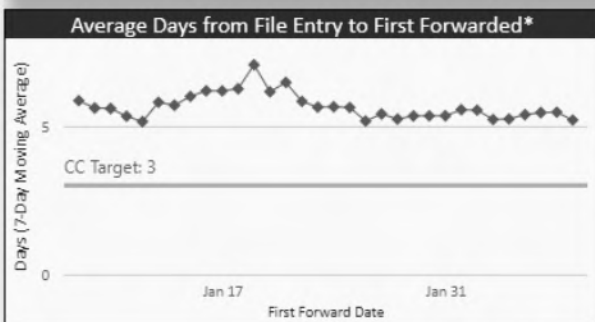
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(502) MH CLINIC IND	↑ 14.32	12.51	1605
(205) PHYSICAL THERAPY	↓ 11.25	11.69	1254
(303) CARDIOLOGY	↓ 10.18	10.39	995
(409) ORTHOPEDICS/JOINT S...	↓ 11.32	17.81	910
(321) GI ENDOSCOPY	↓ 26.33	33.52	775
(107) EKG	↓ 4.32	4.51	671
(407) OPHTHALMOLOGY	↓ 6.33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

### 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

Data last updated: 02/08/2021

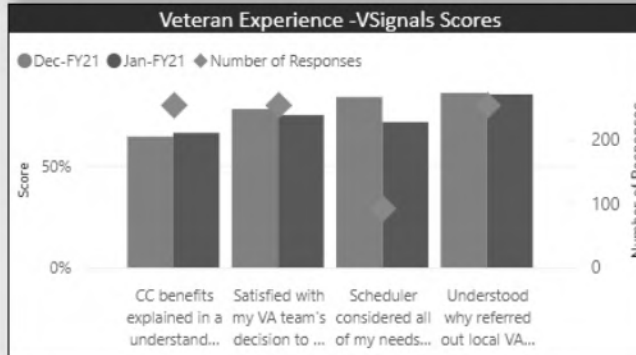


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

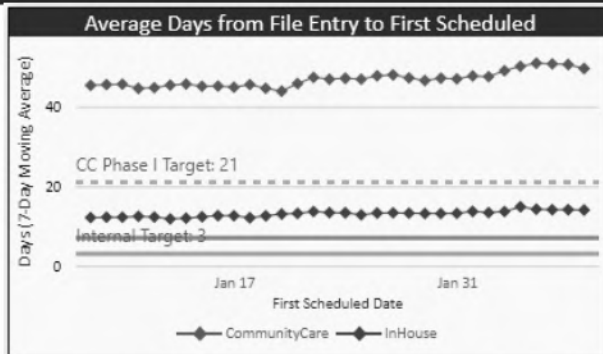
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>4V19</b>	<b>57,038</b>	<b>69</b>	<b>1,338</b>	<b>57,763</b>	<b>116,208</b>
(4V19) (436) Montana HCS	8,389	89	17,257	25,735	
(4V19) (442) Cheyenne, WY HCS	1,940	1	5,369	7,333	
(4V19) (554) Aurora, CO HCS	12,578	63	10,266	23,361	
(4V19) (575) Grand Junction, CO HCS	2,415	1	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	4,512	7,980	
<b>Total</b>	<b>57,038</b>	<b>69</b>	<b>1,338</b>	<b>57,763</b>	<b>116,208</b>



\*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



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

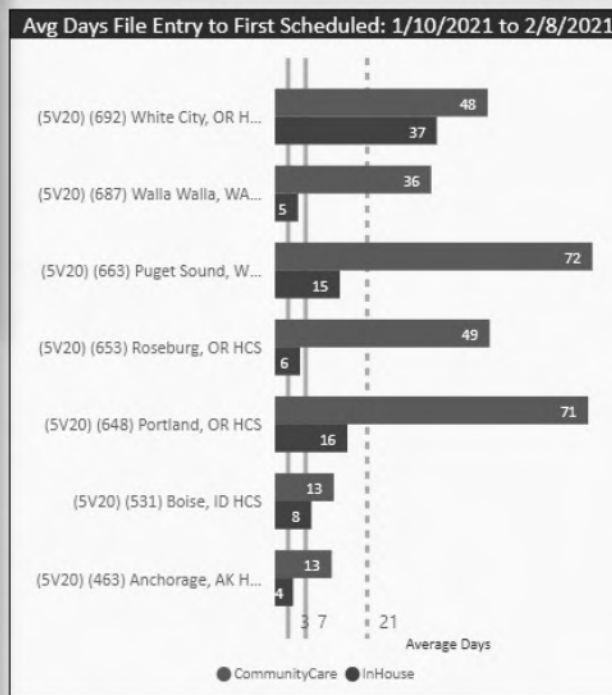
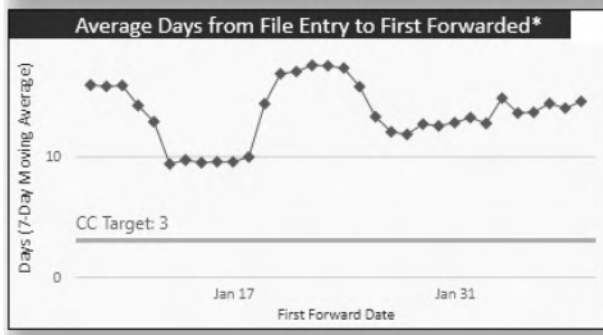
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 6.58	5.89	1189
(349) SLEEP MEDICINE	↓ 21.28	23.90	707
(303) CARDIOLOGY	↓ 6.59	9.16	661
(321) GI ENDOSCOPY	↓ 18.54	23.35	590
(304) DERMATOLOGY	↓ 11.70	12.43	514
(206) OCCUPATIONAL THERAPY	↓ 6.42	6.69	497
(123) NUTRITION/DIETETICS-I...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

### 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

Data last updated: 02/08/2021

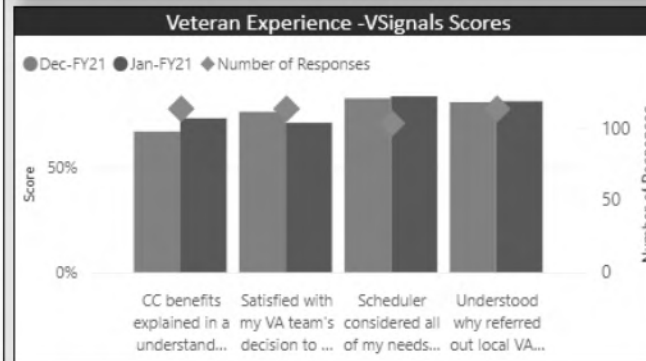


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

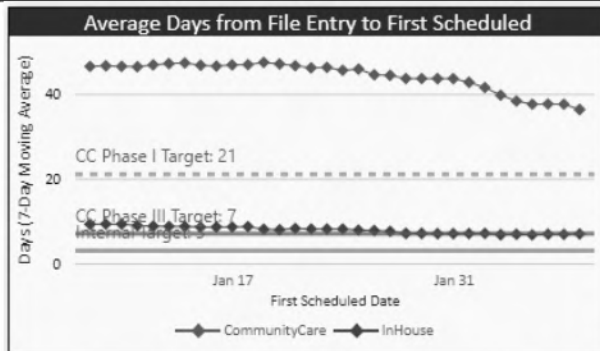
### Open Consults by FED

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



\*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



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

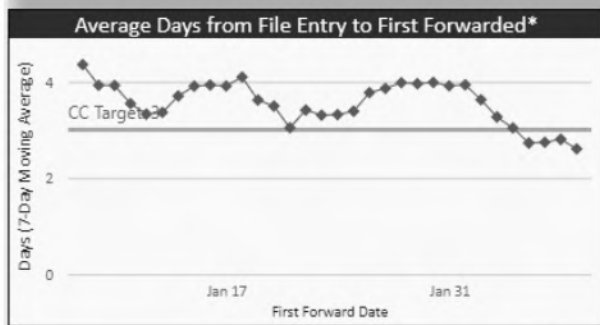
StopCode	30-Day Trend	90-Day Trend	30-Day Volume
(205) PHYSICAL THERAPY	↑ 7.04	5.93	2082
(303) CARDIOLOGY	↑ 8.64	7.32	1409
(411) PODIATRY	↑ 7.13	5.90	966
(409) ORTHOPEDICS/JOINT S...	↑ 5.78	5.61	964
(502) MH CLINIC IND	↑ 7.91	6.79	890
(304) DERMATOLOGY	↑ 6.44	5.91	859
(403) OTOLARYNGOLOGY (ENT)	↑ 10.58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

### 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

Data last updated: 02/08/2021

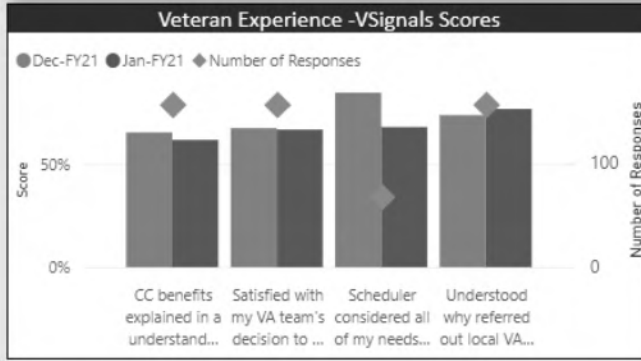


#### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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

### Open Consults by FED

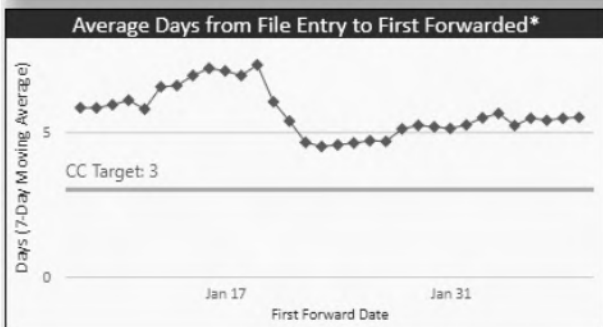
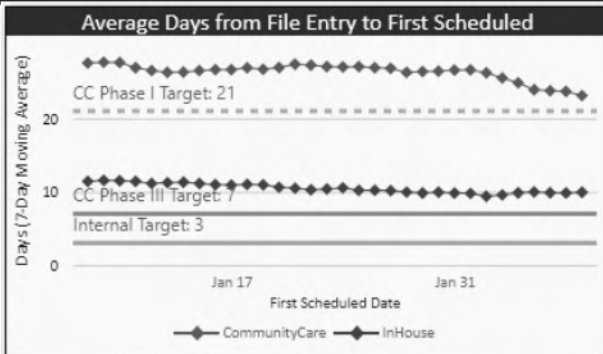
VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>5V21</b>	<b>38,134</b>	<b>23</b>	<b>1,381</b>	<b>31,738</b>	<b>71,276</b>
(5V21) (459) Honolulu, HI HCS	18,997	21	701	7,435	27,154
(5V21) (570) Fresno, CA HCS	1,572	89	2,969	4,630	4,630
(5V21) (593) Las Vegas, NV HCS	7,006	173	5,541	12,720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



\*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





### 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

### Community Care - Referral Count & Claims Cost\*\*

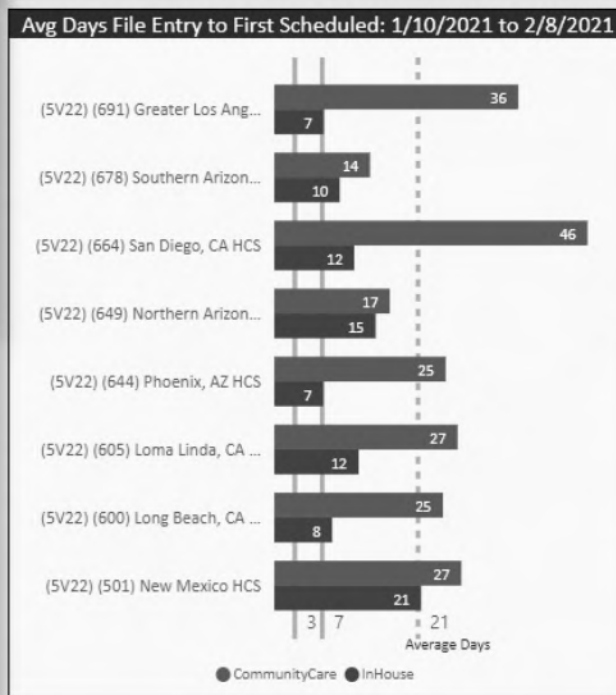
#### Top 7 Categories of Care\*\* by Referral Count Jan FY21

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

Data last updated: 02/08/2021

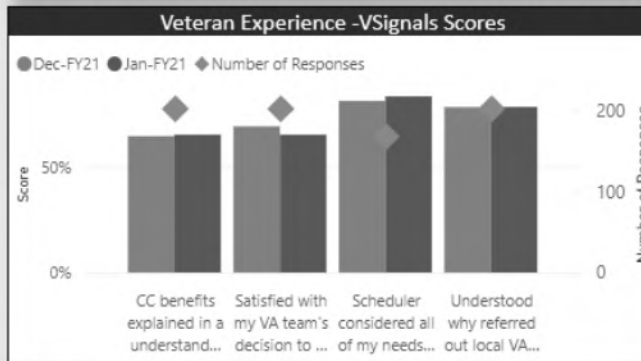
### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>5V22</b>	<b>26,737</b>	<b>1</b>	<b>1,869</b>	<b>40,178</b>	<b>68,785</b>
(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
<b>Total</b>	<b>26,737</b>	<b>1</b>	<b>1,869</b>	<b>40,178</b>	<b>68,785</b>



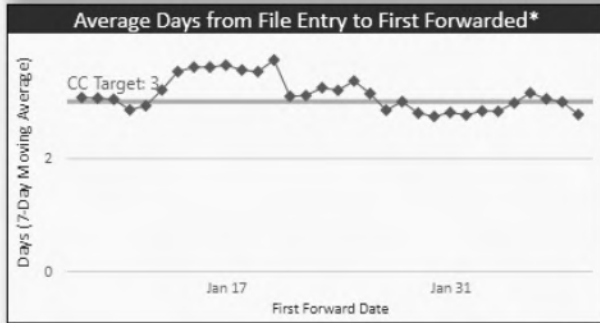
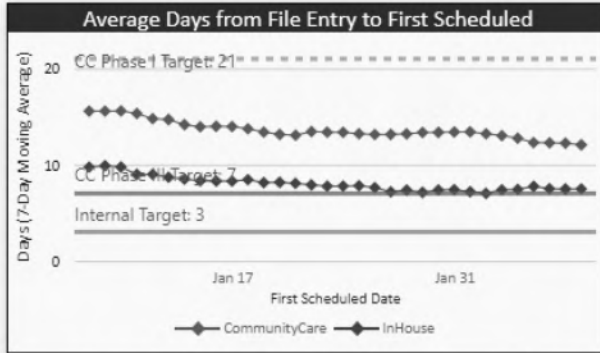
### Top 7 Categories of Care\*\* by Claims Cost Jan FY20

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



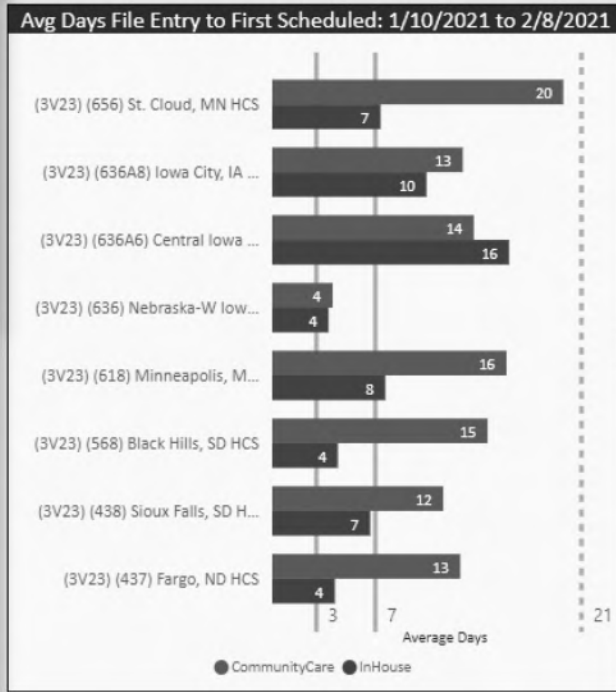
\*This metric does not include consults that are entered directly to community care

\*\*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



### 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



### Community Care - Referral Count & Claims Cost\*\*

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

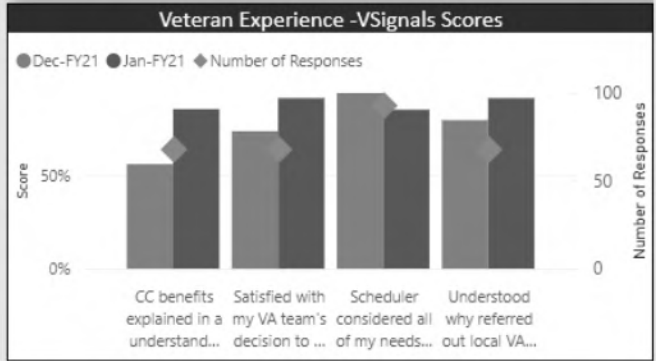
Category of Care	Referral Count - Jan FY21	Referral Count - Jan FY20	Claims Cost - Jan FY20
OPHTHALMOLOGY	863	1319	\$ 2,586,427.92
ORTHOPEDIC	814	1456	\$ 2,954,058.76
OPTOMETRY	773	1037	\$ 299,462.90
CARDIOLOGY	688	1243	\$ 2,289,606.66
DENTAL	678	1455	\$ 889,820.81
PHYSICAL THERAPY	622	1812	\$ 1,193,429.63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

### Open Consults by FED

VISN FCDMD	ACTIVE	PARTIAL RESULTS	PENDING	SCHEDULED	Total
<b>3V23</b>	<b>11,848</b>	<b>3</b>	<b>981</b>	<b>47,044</b>	<b>59,876</b>
(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
<b>Total</b>	<b>11,848</b>	<b>3</b>	<b>981</b>	<b>47,044</b>	<b>59,876</b>



Data last updated: 02/08/2021

\*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

# OCC ELC Updates

2/17/2021



# 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

## Integrated Veteran Care Initiative

- VHA is performing a functional review to improve financial and decision-making efficiencies in how VHA manages Veterans' access to care both within VHA and the community.

(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)

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.

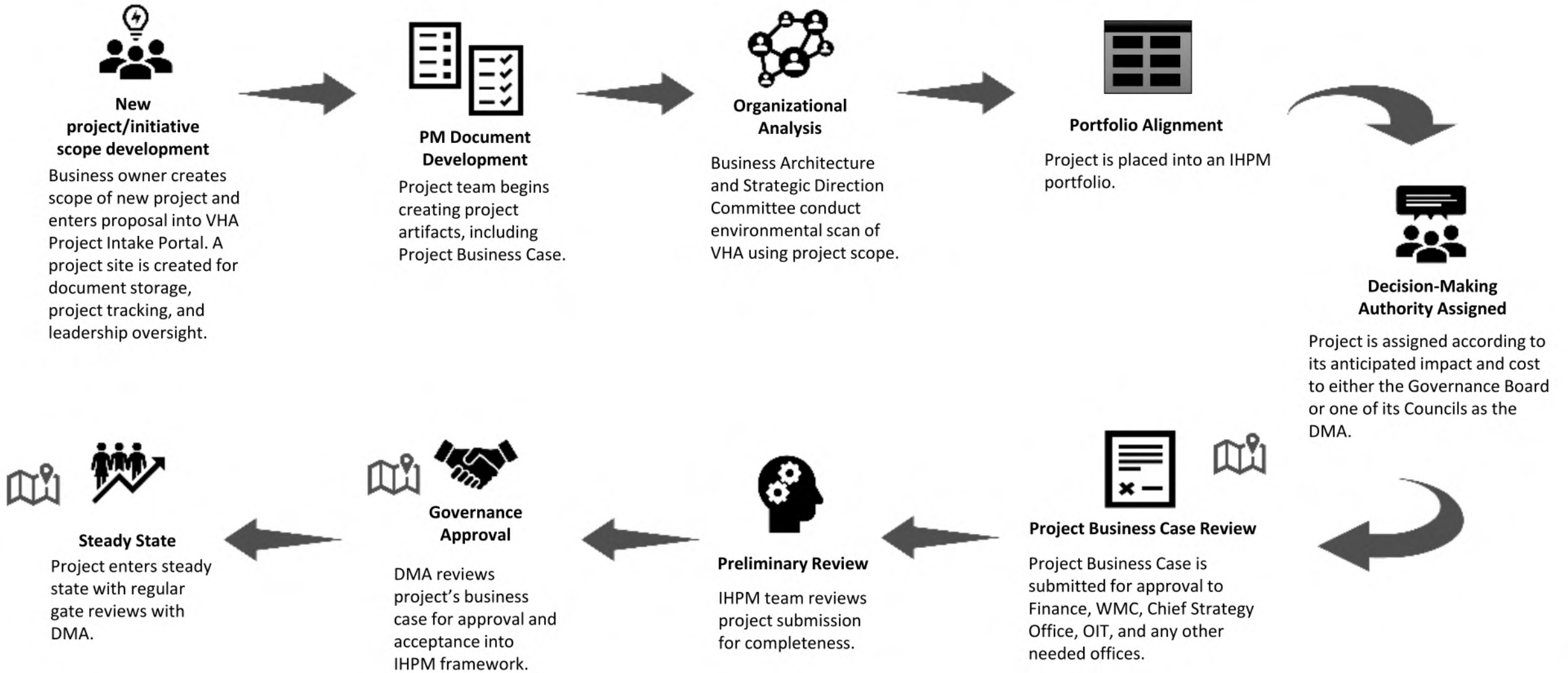
### Improves:

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

## **Business Function Framework**

### **Portfolios and Descriptions**

# IHPM Process: Project Intake, Review and Approval





# 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)	

# OCC Project Ranking

3/1/2021



# Overview

## Purpose

- Approve OCC project rankings

## OCC Project Ranking Process

- Established authoritative list of ELC approved OCC managed projects
- Aligned each OCC managed project to FY21 OCC priorities
- Created “Proposed OCC Project Ranking” based on Directorate rankings of their own Directorate projects for ELC review and concurrence
- Developed new OCC Project ranking based on ELC review/edits



# OCC Project Ranking

## Project Ranking Methodology

- Previous “Proposed OCC Rank” was previously presented to ELC
- “Proposed OCC Rank” column is a consolidation of Directorate project rankings
- Proposed OCC Rank column is color coded from highest to lowest rank



Owner	Proposed OCC Rank	Priority	Project
DO	1	Lower (VHA13)	Claims XM: Veteran Family Member Program (VFMP) Eligibility and Claims Modernization (ECM)
CNM - CI	2		Community Care Referral and Authorization System (CCR&A)
BOA	3	High (VHA13)	COVID-19 Vaccine Coordination
DO	4	Lower (DO)	Community Care Claims Reimbursement (CCRS)
CHIO	5	Lower (VHA13)	Enterprise Program Reporting System (EPRS)
CHIO	6	Lower (CI)	Advanced Medical Cost Management System (AMCMS)
RO	7	Lower (RO)	FY21 Key Initiative-Clinical Documentation Improvement (Intake)
RO	8	Lower (VHA13)	EWME: RO Workflow Tool Enhancement, ATO, 508 Compliance, MD Clarity, ATC
DO	9	Higher (DO)	Consolidated Payments
CNM - CI	10	High (CI)	Office of Community Care Cerner Integration
DO	11	Lower (VHA13)	Centralization of Authorized Emergency Care (CAEC)
CHIO	12	Higher (RO)	Data Governance
CNM - CI	13	Lower (VHA13)	Community Administration of Vaccine Encounters (CAVE)
DO	14	High (VHA13)	Community Care Customer Service Portal (Self Service) (Intake)
CNM - PRS	15	Higher (CI)	Provider Profile Management System (PPMS)
BOA	16	Lower (VHA13)	VA/DoD Advanced Payment and Referral Standardization
CNM - CI	17	Lower (VHA13)	Community Care Clinical Coordination Contact Center (C6)
CHIO	18	High (VHA13)	Integrated Project Environment (IPE)
RO	19	Lower (VHA13)	Community Care Duplicate Payments
CHIO	20	Lower (VHA13)	OCC Continuity Of Operations Plan (COOP)
CNM - CI	21	Higher (CI)	One Consult 2.0
DO	22	Lower (VHA13)	CP&E Closeout ( <b>Intake</b> )
RO	23	High (VHA13)	Community Care Integrated Billing and Accounts Receivable (CC IB/AR) Phase 2
DO	24	Lower (VHA13)	Customer Experience (CX)
RO	25	Lower (VHA13)	Veteran Support System
CNM - CI	26	Lower (VHA13)	Enrollment System Community Care
CNM - CI	27	High (VHA13)	ePrescribing
RO	28	Lower (VHA13)	VA/DoD Revenue Standardization
DO	29	High (VHA13)	Community Care Foreign Medical Program International Treasury & Foreign Payments (Intake)
RO	30	High (VHA13)	Inpatient Patient Treatment File (PTF) Implementation
CNM - CI	31	Lower (VHA13)	Scheduling Grids Integration
DO	32	Higher (PRS)	Program Integrity Tool (PIT) Operational Tasks
DO	33	Higher (RO)	Program Integrity Tool (PIT) Enhancements/Integration
DO	34	Lower (VHA13)	FEE Basis Claims System (FBCS) Closeout
DO	35	High (VHA13)	Fee Schedule Modernization Reimbursement: FY 21
DO	36	High (VHA13)	Community Care Billing SSN Reduction
DO	37	Lower (VHA13)	10-10SH Web Form
DO	38	Lower (VHA13)	Reimburse Teaching Hospitals for Direct Graduate Medical Education Expenses (DGME) ( <b>On-Hold</b> )



Choose VA VA



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

# OCC Project Ranking

## New Project Ranking

- Includes Directorate edits/notes
- New OCC Rank column is color-coded from highest to lowest rank



Owner	Proposed OCC Rank	Notes	New Ranking	Project
BOA	3	High (VHA13)	1	COVID-19 Vaccine Coordination
CNM - CI	2		2	Community Care Referral and Authorization System (CCR&A)
CNM - CI	10	High (CI)	3	Office of Community Care Cerner Integration
DO	1	Lower (VHA13)	4	Claims XM: Veteran Family Member Program (VFMP) Eligibility and Claims Modernization (ECM)
DO	4	Lower (DO)	5	Community Care Claims Reimbursement (CCRS)
DO	9	Higher (DO)	6	Consolidated Payments
DO	14	High (VHA13)	7	Community Care Customer Service Portal (Self Service) (Intake)
CNM - PRS	15	Higher (CI)	8	Provider Profile Management System (PPMS)
CHIO	12	Higher (RO)	9	Data Governance
CHIO	18	High (VHA13)	10	Integrated Project Environment (IPE)
CNM - CI	27	High (VHA13)	11	ePrescribing
CHIO	6	Lower (CI)	12	Advanced Medical Cost Management System (AMCMS)
CHIO	5	Lower (VHA13)	13	Enterprise Program Reporting System (EPRS)
RO	7	Lower (RO)	14	FY21 Key Initiative-Clinical Documentation Improvement (Intake)
RO	23	High (VHA13)	15	Community Care Integrated Billing and Accounts Receivable (CC IB/AR) Phase 2
DO	29	High (VHA13)	16	Community Care Foreign Medical Program International Treasury & Foreign Payments (Intake)
RO	30	High (VHA13)	17	Inpatient Patient Treatment File (PTF) Implementation
DO	35	High (VHA13)	18	Fee Schedule Modernization Reimbursement: FY 21
DO	24	Higher (DO)	19	Customer Experience (CX)
CNM - CI	21	Higher (CI)	20	One Consult 2.0
RO	8	Lower (VHA13)	21	EWME: RO Workflow Tool Enhancement, ATO, 508 Compliance, MD Clarity, ATC
DO	33	Higher (RO)	22	Program Integrity Tool (PIT) Enhancements/Integration
DO	32	Higher (PRS)	23	Program Integrity Tool (PIT) Operational Tasks
DO	11	Lower (VHA13)	24	Centralization of Authorized Emergency Care (CAEC)
CNM - CI	13	Lower (VHA13)	25	Community Administration of Vaccine Encounters (CAVE)
BOA	16	Lower (VHA13)	26	VA/DoD Advanced Payment and Referral Standardization
CNM - CI	17	Lower (VHA13)	27	Community Care Clinical Coordination Contact Center (C6)
RO	19	Lower (VHA13)	28	Community Care Duplicate Payments
CHIO	20	Lower (VHA13)	29	OCC Continuity Of Operations Plan (COOP)
DO	36	High (VHA13)	30	Community Care Billing SSN Reduction
RO	25	Lower (VHA13)	31	Veteran Support System
CNM - CI	26	Lower (VHA13)	32	Enrollment System Community Care
RO	28	Lower (VHA13)	33	VA/DoD Revenue Standardization
CNM - CI	31	Lower (VHA13)	34	Scheduling Grids Integration
DO	34	Lower (VHA13)	35	FEE Basis Claims System (FBCS) Closeout
DO	37		36	10-10SH Web Form
DO	22	Lower (VHA13)	37	CP&E Closeout (Intake)
DO	38		38	Reimburse Teaching Hospitals for Direct Graduate Medical Education Expenses (DGME) (On-Hold)



Choose VA VA



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

# Projects Per Priority

Ranking	Project
2	Community Care Referral and Authorization System (CCR&A)
6	Consolidated Payments
7	Community Care Customer Service Portal (Self Service) (Intake)
8	Provider Profile Management System (PPMS)
9	Data Governance
10	Integrated Project Environment (IPE)
14	FY21 Key Initiative-Clinical Documentation Improvement (Intake)
16	Community Care Foreign Medical Program International Treasury & Foreign Payments (Intake)
18	Fee Schedule Modernization Reimbursement: FY 21
20	One Consult 2.0
29	OCC Continuity Of Operations Plan (COOP)
34	Scheduling Grids Integration
35	FEE Basis Claims System (FBCS) Closeout
37	CP&E Closeout (Intake)
38	Reimburse Teaching Hospitals for Direct Graduate Medical Education Expenses (DGME) (On-Hold)
1	COVID-19 Vaccine Coordination
4	Claims XM: Veteran Family Member Program (VFMP) Eligibility and Claims Modernization (ECM)
5	Community Care Claims Reimbursement (CCRS)
11	ePrescribing
17	Inpatient Patient Treatment File (PTF) Implementation
21	EWME: RO Workflow Tool Enhancement, ATO, 508 Compliance, MD Clarity, ATC
24	Centralization of Authorized Emergency Care (CAEC)
25	Community Administration of Vaccine Encounters (CAVE)
27	Community Care Clinical Coordination Contact Center (C6)
28	Community Care Duplicate Payments
30	Customer Experience (CX)
31	Veteran Support System
32	Enrollment System Community Care
36	10-10SH Web Form
3	Office of Community Care Cerner Integration
12	Advanced Medical Cost Management System (AMCMS)
13	Enterprise Program Reporting System (EPRS)
15	Community Care Integrated Billing and Accounts Receivable (CC IB/AR) Phase 2
19	Community Care Billing SSN Reduction
22	Program Integrity Tool (PIT) Enhancements/Integration
23	Program Integrity Tool (PIT) Operational Tasks
26	VA/DoD Advanced Payment and Referral Standardization
33	VA/DoD Revenue Standardization

## Project Priorities

- Projects aligned to FY21 OCC Priority

FY21 OCC Priorities Key	
<input type="radio"/>	Innovate Business Model
<input type="radio"/>	High Performing Integrated Delivery Network
<input type="radio"/>	Implement New Technologies
<input type="radio"/>	Best Place to Work at VHA*

\*Note: There are no projects aligned to OCC’s priority “Best Place to Work at VHA”

## Future Ranking:

(b)(5)

- 
- 
-

# CCN ELC Update

10/28/2020

(b)(6)



- 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

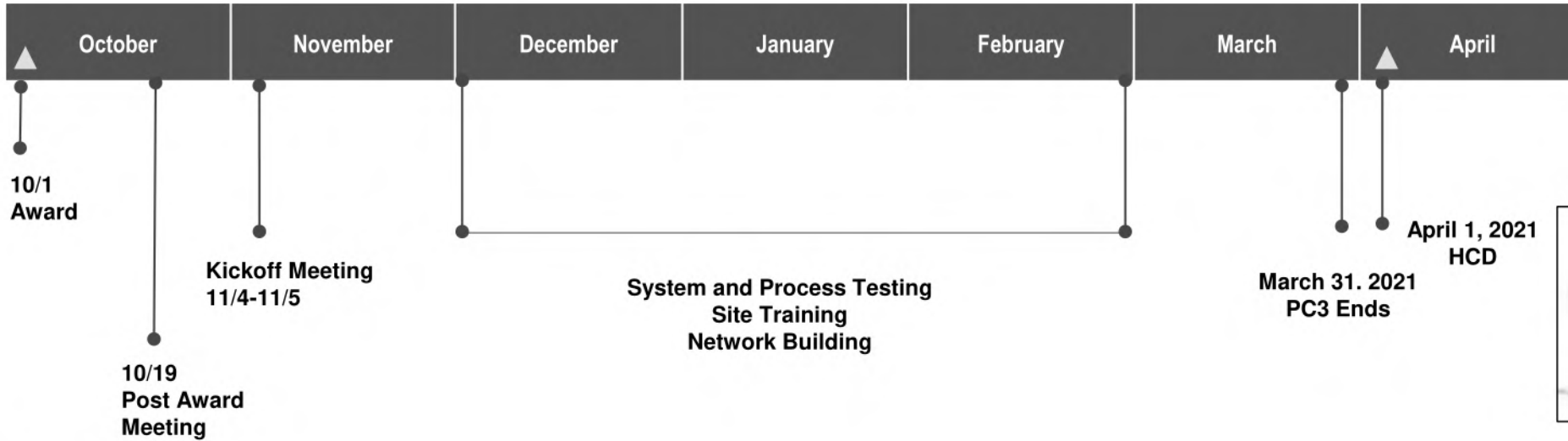
- **Referral Workgroup** is engaging the field to correct referral issues and prevent future claims issues
- OCC and TriWest are conducting site-specific **Network Adequacy** meetings to discuss “perceived” network gaps and help the sites gain familiarity with the current CCN network
- Several Region 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** <sup>(b)(5)</sup>  

<sup>(b)(5)</sup>
- **Urgent Care** approval volume remains constant in R4 as TriWest provides Urgent Care Network and Customer Service for CCN





# Region 5 Status and Upcoming Activities



## Key Activities:

(b)(5)

# Region 5 Updates

Category	Risks/Issues	Next Steps
Tribal Health	<ul style="list-style-type: none"><li>• (b)(6) (b)(5)</li><li>• (b)(5)</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>• (b)(5)</li></ul>
Payment Hierarchy	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
Dental Fee Schedule	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
Fee Schedule	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>

# 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)

- 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)
- 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
<ul style="list-style-type: none"> <li>(b)(6) and (b)(6) (b)(5)</li> </ul>		(b)(6) DEPO, PPMS, CI, CCCA	10/30/20
<ul style="list-style-type: none"> <li>(b)(6) (b)(5)</li> </ul>		(b)(6) CCCA, Acquisition Team	TBD
(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)**
  - Launched OT#1 at 6 VAMCs from VISNs 17 and 22 on October 1<sup>st</sup>, 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)

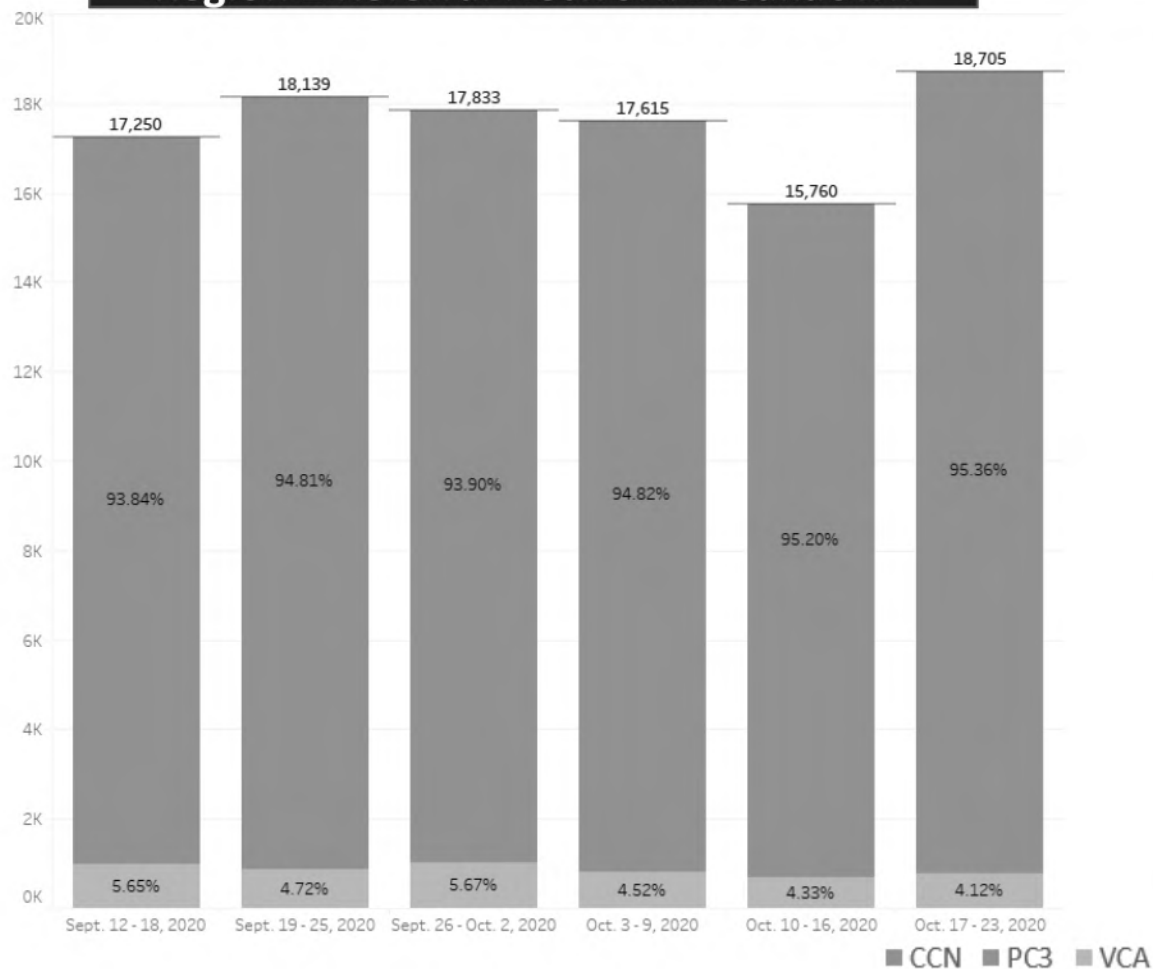
(b)(5)

# R1-4 Referral Trends



# Region 1: Referral Trends

## Region 1 Referral Network Breakdown

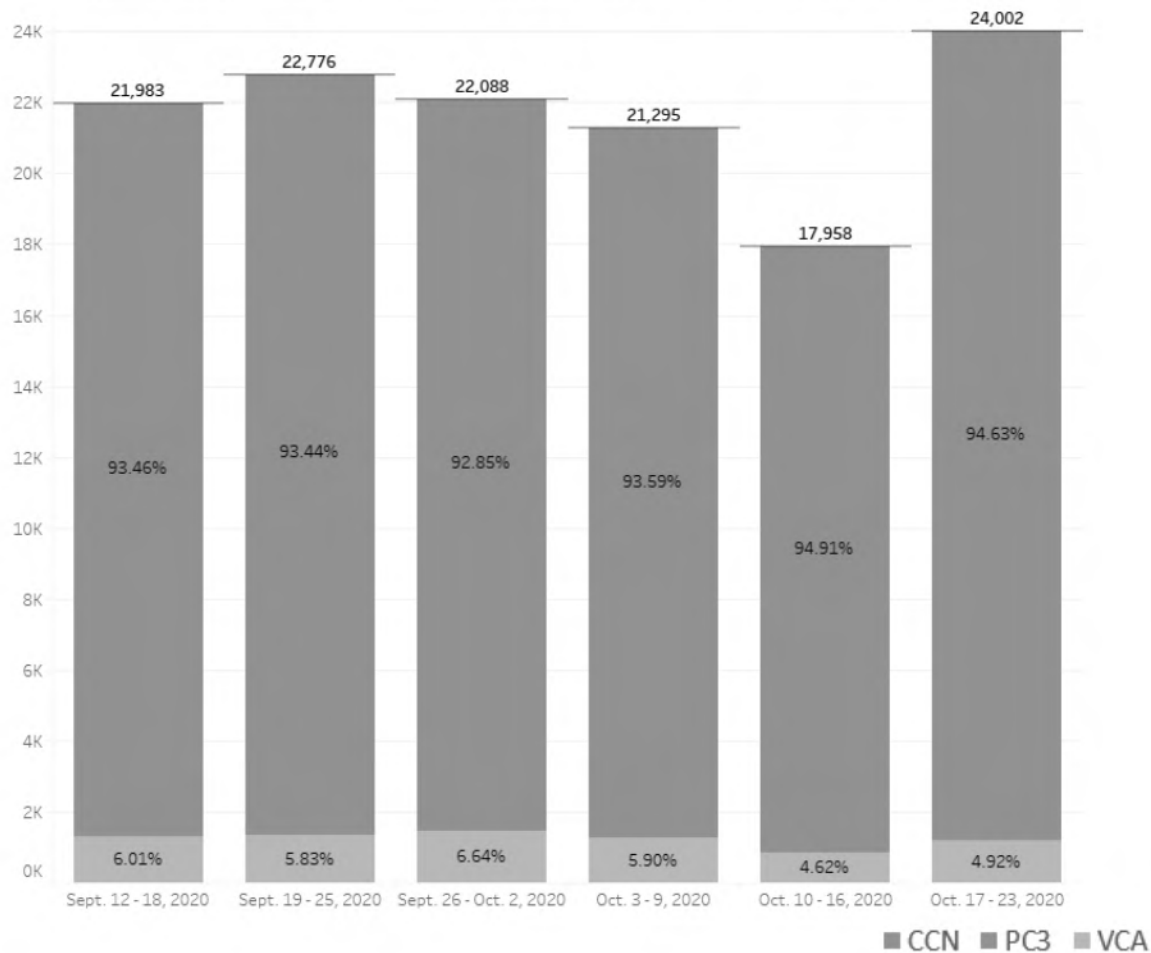


## Referral Analysis

- 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.

# Region 2: Referral Trends

## Region 2 Referral Network Breakdown

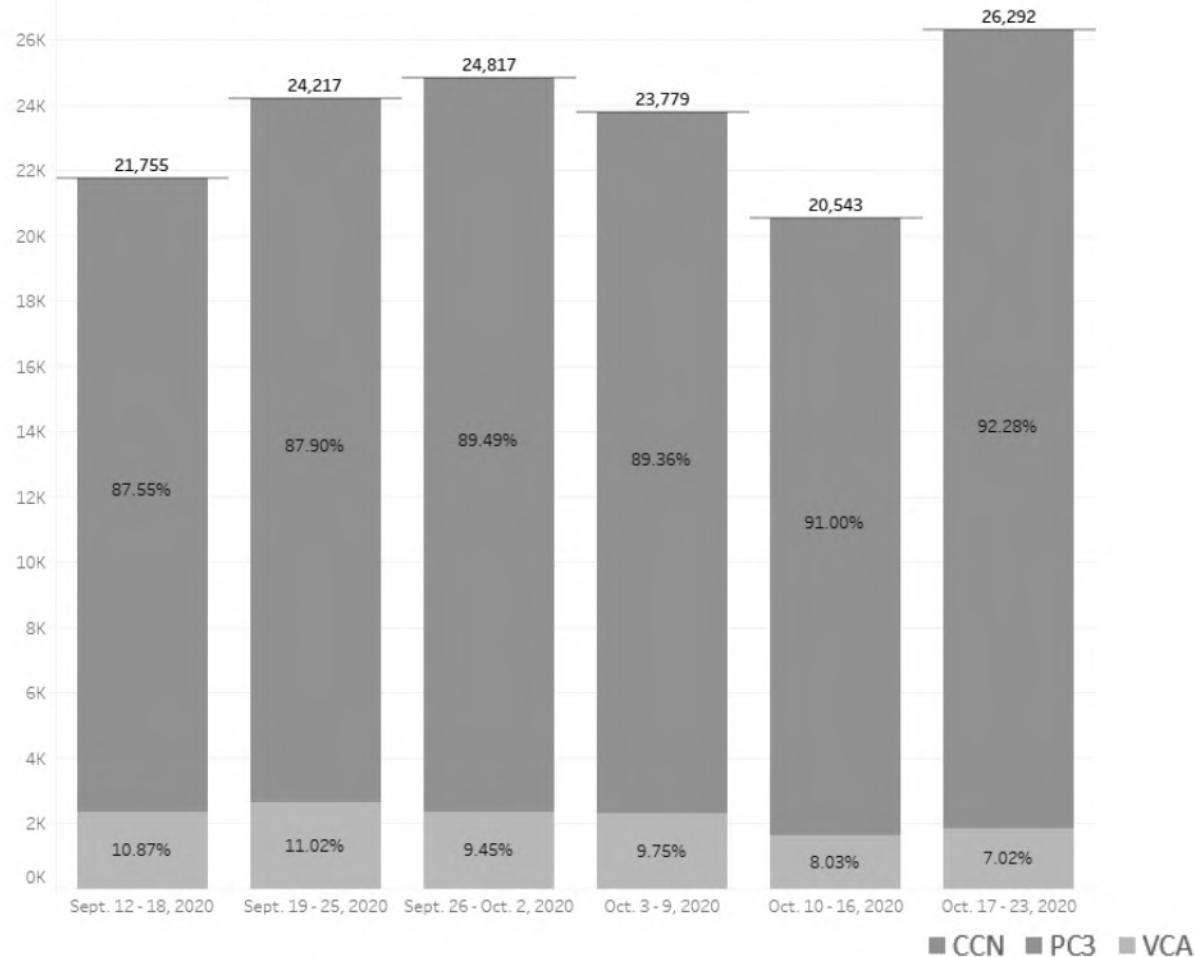


## Referral Analysis

- 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.

# Region 3: Referral Trends

## Region 3 Referral Network Breakdown

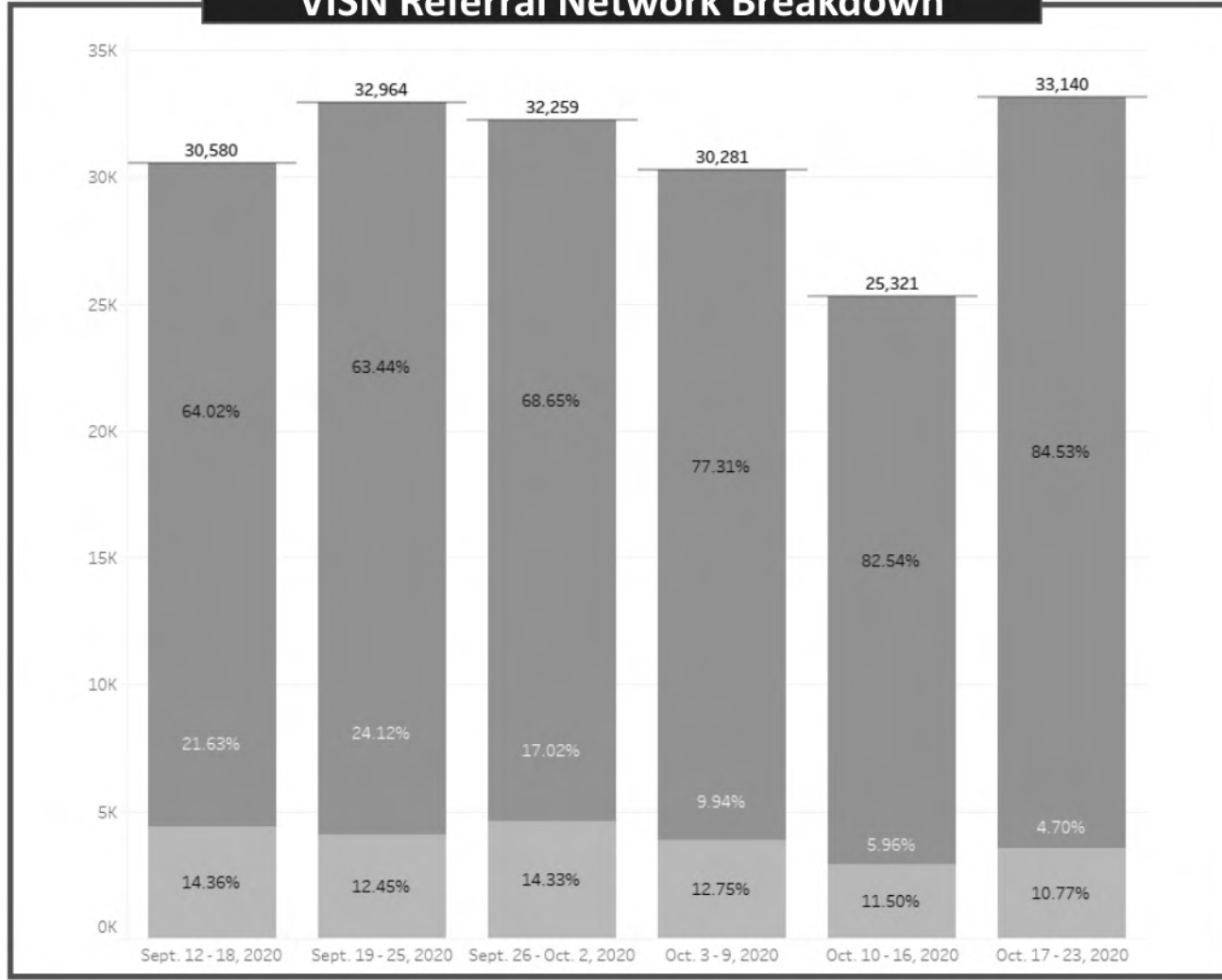


## Referral Analysis

- 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.

# 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.*

# 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 \*10/17/2020 through 10/23/2020\*\*  
 VISN: (All)  
 Station#\_StationName: (All)  
 Data pulled from the CDW

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):

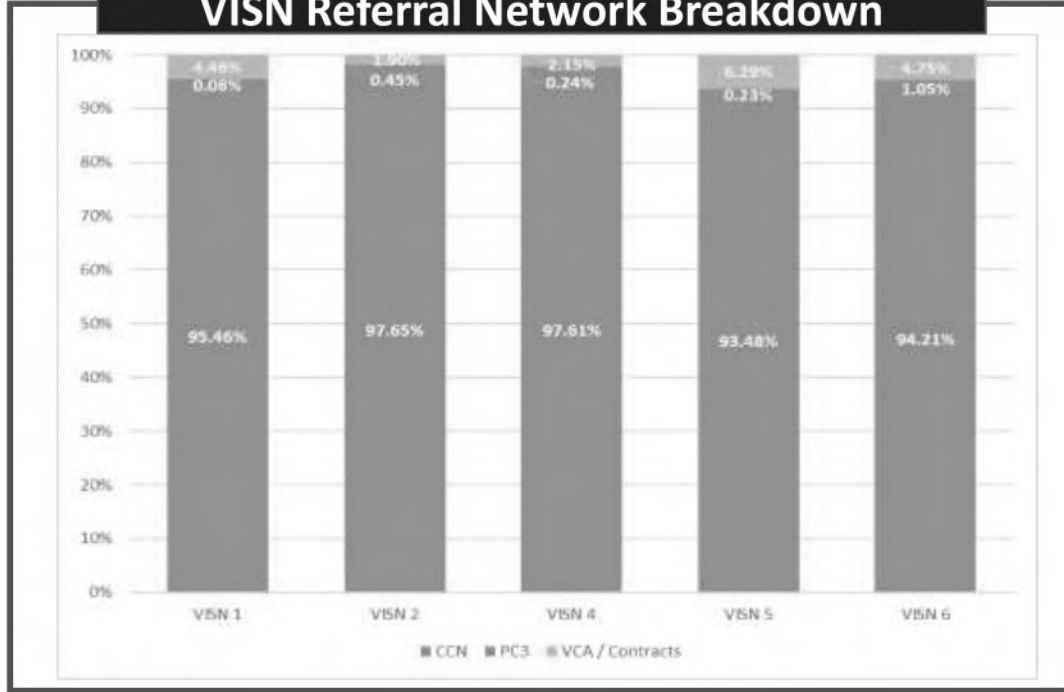
1. Dental
2. Homemaker/Home Health Aide
3. Veteran Directed Care
4. Skilled Home Health Care
5. Adult Day Health Care

- 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 were 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	10/17/2020 through 10/23/2020**		
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	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):

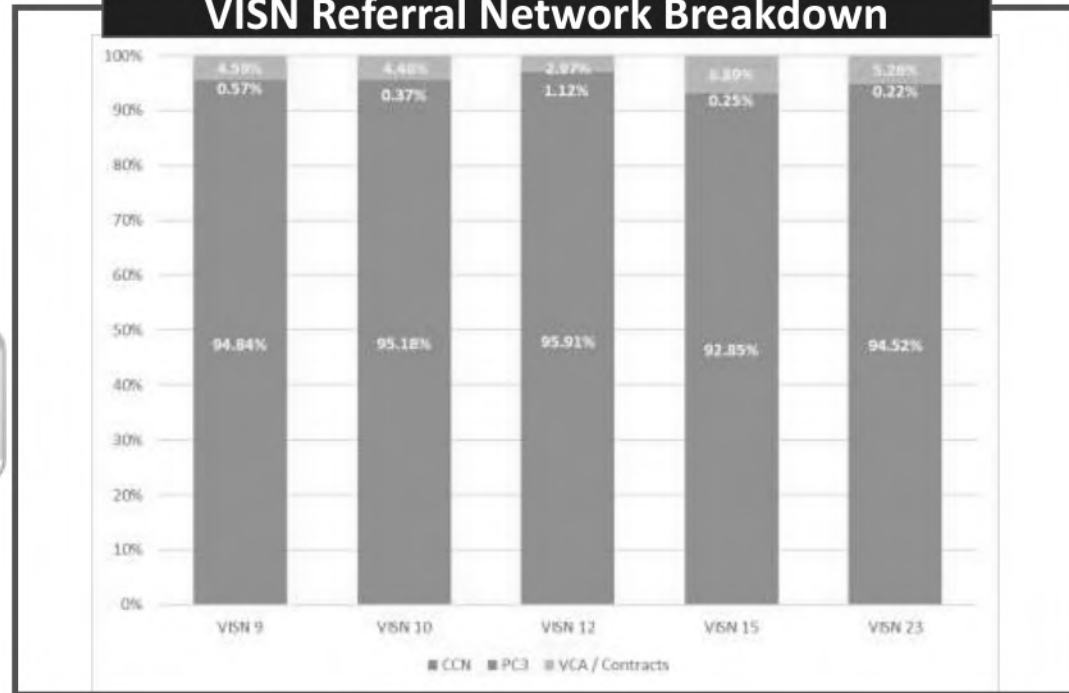
1. Dental
2. Homemaker/Home Health Aide
3. Skilled Home Health Care
4. Respite Care
5. Veteran Directed Care

- 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





# Region 3: Referral Volume Snapshot

## Top Categories of Care

Region: R03 | VISN: (All) | Station#: (All) | 10/17/2020 through 10/23/2020\*\*  
 Data pulled from the CDW

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):

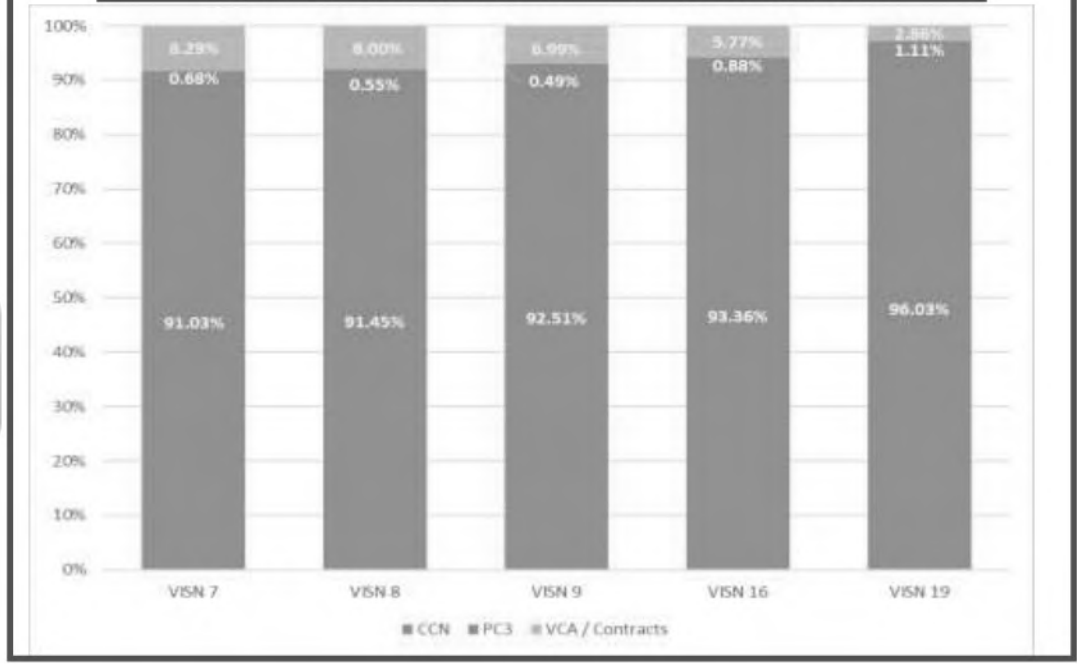
1. Dental
2. Homemaker/Home Health Aide
3. Respite Care
4. Skilled Home Care
5. Inpatient

- 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



# 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

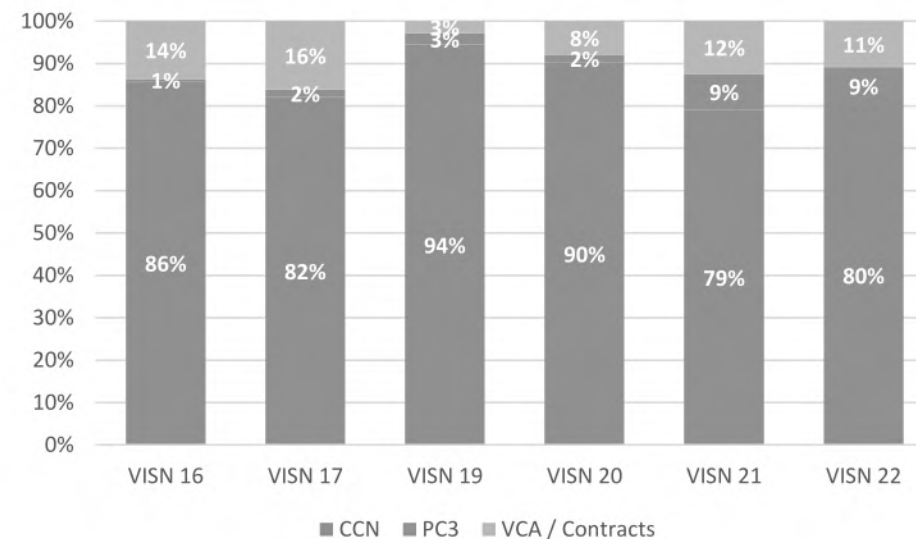
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	1326		1778	3104
OPTOMETRY	2757	75	1	2833
SKILLED HOME HEALTH CARE	1328	230	77	1635
PHYSICAL THERAPY	1492	45		1537
OPHTHALMOLOGY	1246	49	26	1321

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

- 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%**

## VISN Referral Network Breakdown



# 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)	

Category of Care	Referrals through: 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

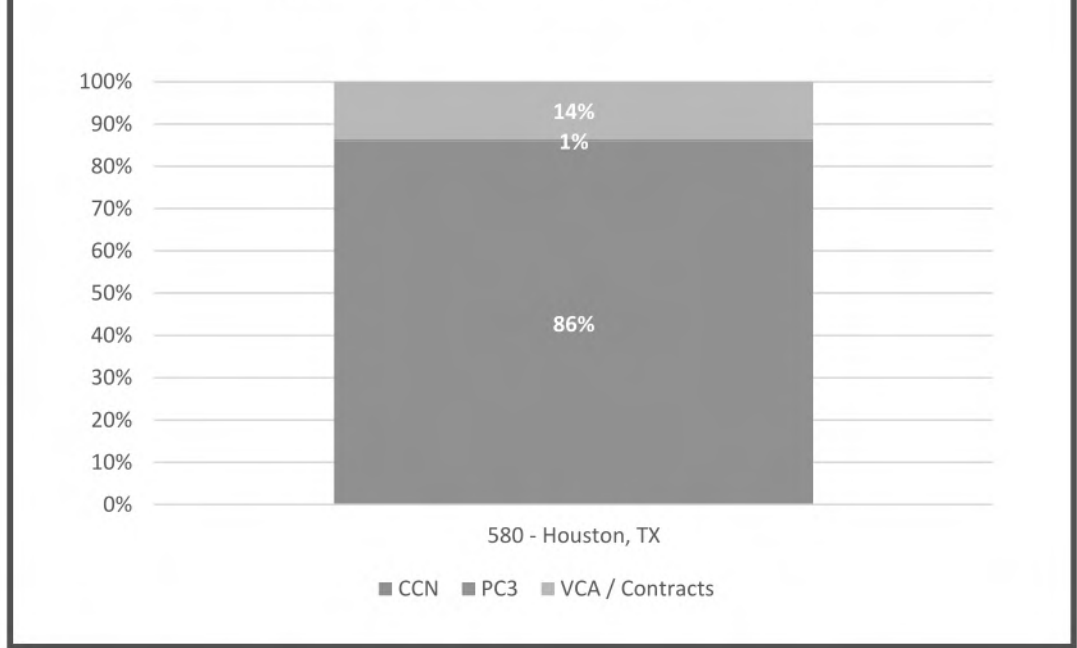
- **Referrals generated from the CAEC** are not included in this data analysis.
  - For Region 4 VISN 16, this accounted for **24 PC3 referrals**.
    - *This is a drop from **86 PC3 referrals** last week.*
  - 15 referrals were categorized as “ER/Urgent” and 9 referrals were categorized as inpatient.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

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



# Region 4 VISN 17 Sites: Referral Volume Snapshot

## Top Categories of Care

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

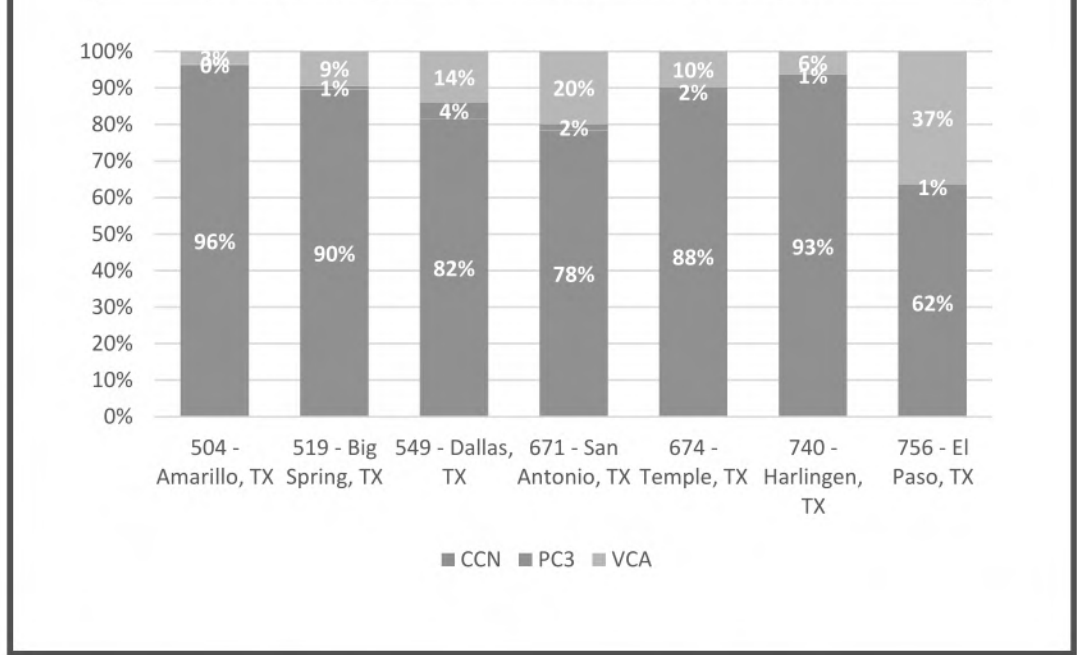
Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
DENTAL	287		832	1119
ORTHOPEDIC	365	7	29	401
PHYSICAL THERAPY	382	3		385
SKILLED HOME HEALTH CARE	330		22	352
CARDIOLOGY	311		15	326

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

- 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%**.

## VISN Referral Network Breakdown



# Region 4 VISN 19 Sites: Referral Volume Snapshot

## Top Categories of Care

Region	R04	10/17/2020 through 10/23/2020**
VISN	19	Data pulled from the CDW
Station#_StationName	(All)	

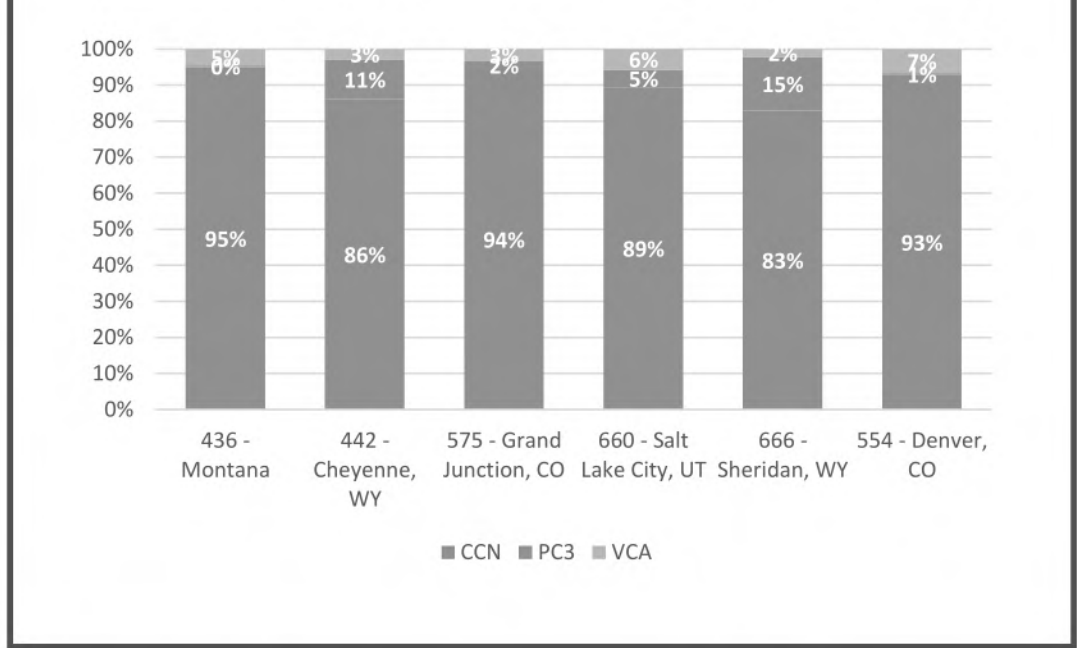
Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	654	3		657
SKILLED HOME HEALTH CARE	360	62	26	448
PHYSICAL THERAPY	264	3		267
CHIROPRACTIC	251	2		253
MENTAL HEALTH	231		1	232

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

- 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%**.

## VISN Referral Network Breakdown



# Region 4 VISN 20 Sites: Referral Volume Snapshot

## Top Categories of Care

Region: R04 | VISN: 20 | Station#: (All) | Date: 10/17/2020 through 10/23/2020\*\*  
Data pulled from the CDW

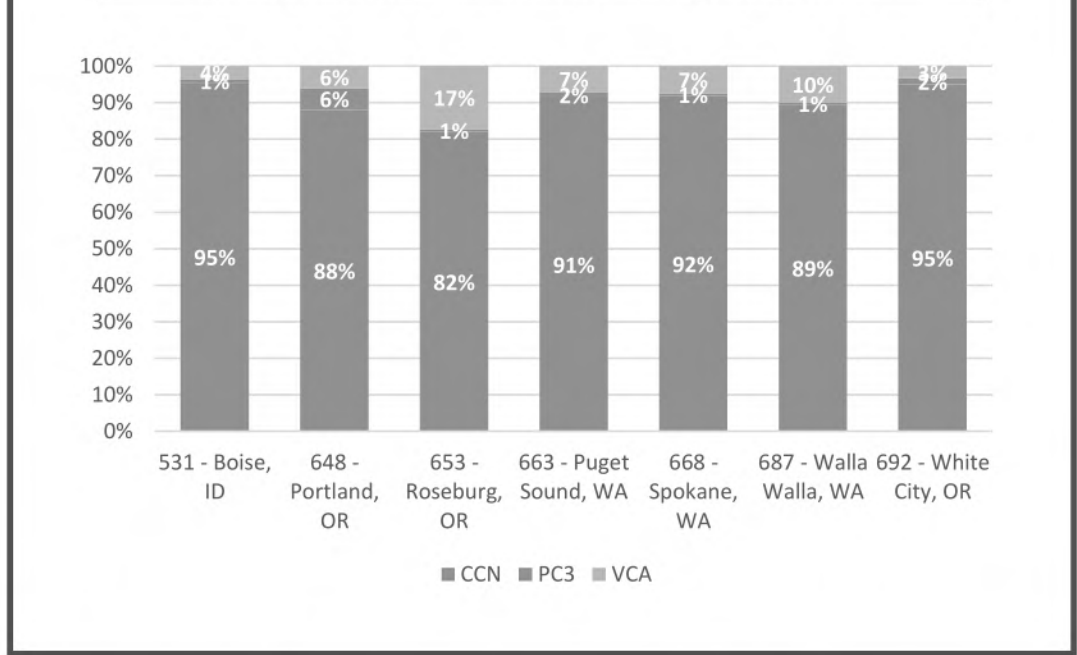
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	150		194	344
OPTOMETRY	307	3		310
ORTHOPEDIC	294	1		295
PRIMARY CARE	275	5		280
OPHTHALMOLOGY	266	3		269

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

- 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%**.

## VISN Referral Network Breakdown



# Region 4 VISN 21 Sites: Referral Volume Snapshot

## Top Categories of Care

Region	R04	10/17/2020 through 10/23/2020**
VISN	21	Data pulled from the CDW
Station#_StationName	(All)	

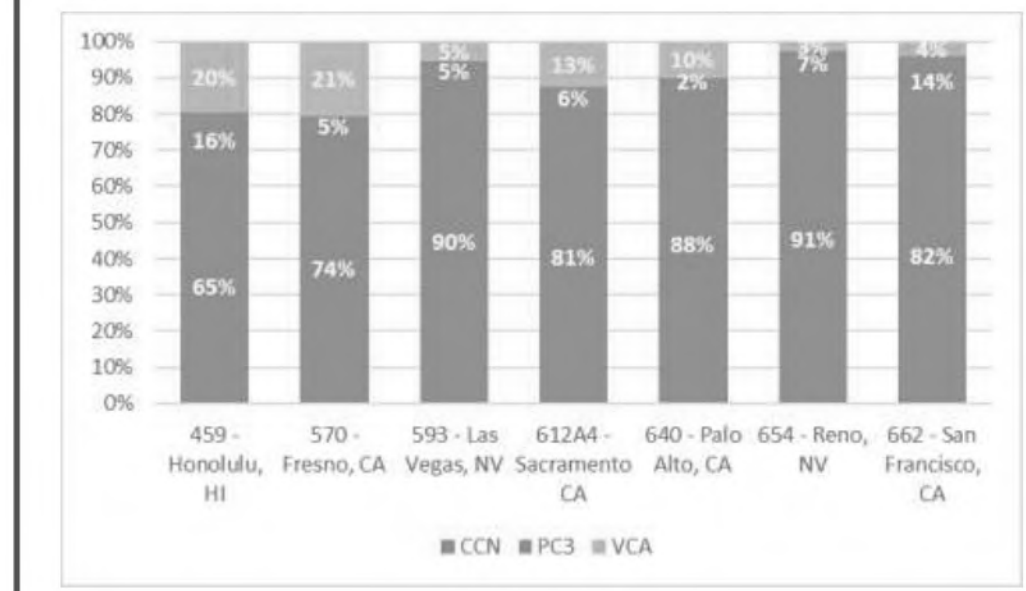
Category of Care	Referrals through:		Grand Total
	CCN	PC3 VCA / Contracts	
OPTOMETRY	584	51	635
DENTAL	330	155	485
RADIOLOGY MRI/MRA	294	8	302
HOMEMAKER/HOME HEALTH AID	91	197	288
CHIROPRACTIC	226	30	256

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

- 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.

## VISN Referral Network Breakdown



# 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)	

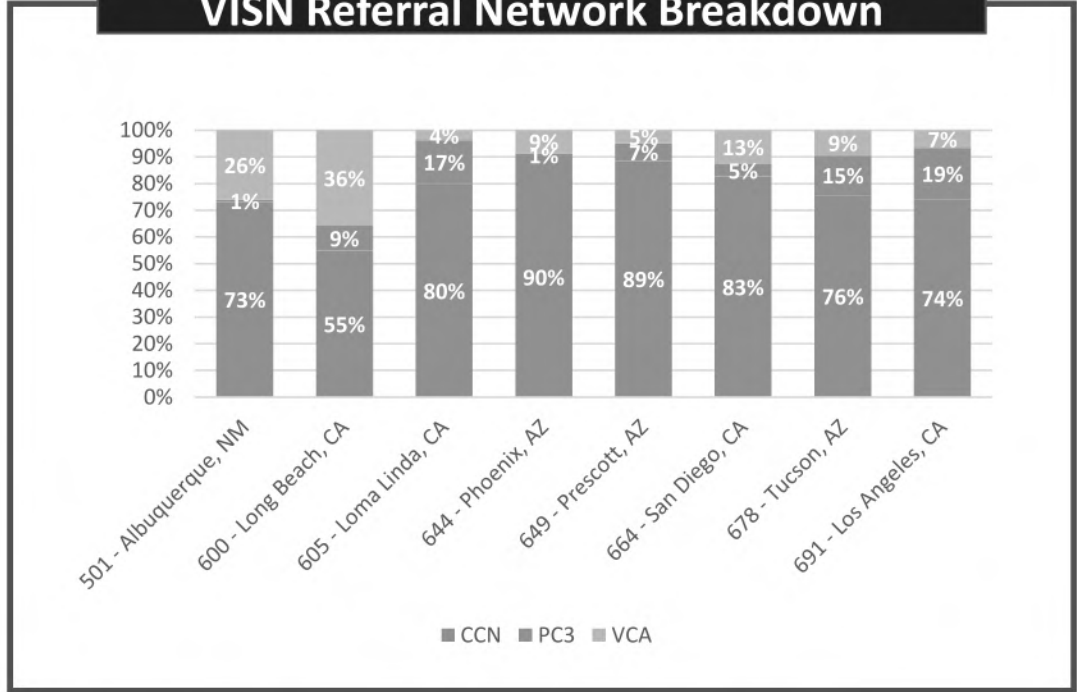
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	887	14		901
DENTAL	400		440	840
SKILLED HOME HEALTH CARE	293	143	18	454
MENTAL HEALTH	332	113		445
PHYSICAL THERAPY	362	13		375

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

- 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%**.

## VISN Referral Network Breakdown





# VA SMEs for R5 Kickoff Meeting

Topic	VA Attendees
Leadership	<ul style="list-style-type: none"> <li>• (b)(6)</li> <li>•</li> </ul>
Project Management	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
Contract Admin	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>• Acquisition team: (b)(6)</li> </ul>
SAC	<ul style="list-style-type: none"> <li>• (b)(6)</li> </ul>
Systems Integration	<ul style="list-style-type: none"> <li>•</li> <li>• PPMS: (b)(6)</li> <li>• HSRM: (b)(6)</li> <li>• CCRS: (b)(6)</li> <li>• Eligibility: (b)(6)</li> <li>• DAS: (b)(6)</li> </ul>
Training and Change Management	<ul style="list-style-type: none"> <li>• (b)(6)</li> </ul>

# VA SMEs for R5 Kickoff Meeting

Topic	VA Attendees
Clinical Integration	<ul style="list-style-type: none"> <li>• (b)(6)</li> <li>• (b)(6)</li> <li>• (b)(6)</li> <li>• Region 5 RNs (b)(6)</li> <li>• Clinical Quality (b)(6)</li> </ul>
VISN 20 and Alaska Representation	<ul style="list-style-type: none"> <li>• (b)(6)</li> <li>• (b)(6) (VISN 20 CFO)</li> <li>• (b)(6) (VISN 20 ND)</li> <li>• (b)(6) (VISN 20 CNO/QMO)</li> <li>• <b>Alaska VA leadership:</b> <ul style="list-style-type: none"> <li>○ (b)(6) Acting Director</li> <li>○ (b)(6)</li> <li>○ (b)(6)</li> <li>○ (b)(6) – Quality</li> </ul> </li> </ul>
Communications	<ul style="list-style-type: none"> <li>• (b)(6)</li> </ul>
Network Management	<ul style="list-style-type: none"> <li>• (b)(6)</li> <li>• (b)(6)</li> <li>• (b)(6)</li> <li>• (b)(6)</li> <li>• (b)(6) (Tribal Health Program)</li> </ul>
Customer Service	<ul style="list-style-type: none"> <li>• (b)(6)</li> <li>• (b)(6)</li> </ul>
Revenue Operations	<ul style="list-style-type: none"> <li>• (b)(6)</li> <li>• (b)(6)</li> <li>• (b)(6) (IV Expert)</li> </ul>

# 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	<ul style="list-style-type: none"> <li>➤ Review of IMS, Approach to Using MS Project and Display of VA Dependencies               <ul style="list-style-type: none"> <li>➤ D-90 Implementation Strategy</li> </ul> </li> <li>➤ Risk Management – Identification, Escalation, Mitigation               <ul style="list-style-type: none"> <li>➤ D-7 Risk Management Plan</li> <li>➤ D-8 Project Risk Register</li> </ul> </li> <li>➤ CCN Governance Structure, Channels for Communicating Across Projects During Implementation               <ul style="list-style-type: none"> <li>➤ D-3 Project Management Plan</li> </ul> </li> </ul>	VA and TriWest PMO Teams
2:30-3:15	Lunch		
3:15-3:45	Communications Plan	<ul style="list-style-type: none"> <li>➤ Approach to Relaying Messages Across OCC Stakeholders               <ul style="list-style-type: none"> <li>➤ D-12 CCN Communications Plan</li> </ul> </li> </ul>	VA and TriWest Communications Teams
3:45-4:15	Implementation Strategy: Overall Technology	<ul style="list-style-type: none"> <li>➤ How TriWest will Ensure Systems are Integrated to Successfully Meet CCN Requirements</li> </ul>	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	<ul style="list-style-type: none"> <li>➤ Ensuring Network Availability and Appointment Timeliness               <ul style="list-style-type: none"> <li>➤ D-24 Network Adequacy Plan</li> <li>➤ D-49 Signature on File Procedure</li> <li>➤ D-21 Telehealth Solution Plan</li> </ul> </li> <li>➤ Tribal Health Structure Discussion - VA</li> </ul>	VA and TriWest Network Teams
12:30-12:45	Break		
12:45-1:15	Quality and Performance Monitoring	<ul style="list-style-type: none"> <li>➤ Review of D-9 Quality Assurance Plan</li> <li>➤ Review of D-68 Clinical Quality and Monitoring Plan</li> </ul>	VA and TriWest Quality and Performance Teams
1:15-1:45	Breakout Session 1A: Data Exchange Breakout Session 1B: Training/ Change Management	<ul style="list-style-type: none"> <li>a) Detailed Discussion of Implementation Strategy: DAS Integration and Data Exchange               <ul style="list-style-type: none"> <li>➤ D-83 Data Definitions Dictionary</li> </ul> </li> <li>b) Training and Change Management</li> </ul>	<ul style="list-style-type: none"> <li>a) VA and TriWest IT, Data and Testing Teams</li> <li>b) VA and TriWest Training Teams</li> </ul>
1:45-2:15	Breakout Session 2A: Claims Processing Breakout Session 2B: IMS Review	<ul style="list-style-type: none"> <li>a) Claims Processing and Invoicing: Implementation Strategy               <ul style="list-style-type: none"> <li>➤ D-51 Coordination of Benefits Plan</li> <li>➤ D-52 OHI Verification and Retrieval Plan</li> <li>➤ D-67A Provider Claim Denial Reconsideration Process</li> <li>➤ D-67B Provider Claim Denial Report</li> </ul> </li> <li>b) Detailed IMS Review               <ul style="list-style-type: none"> <li>➤ D-3 Project Management Plan</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a) VA and TriWest Claims Teams</li> <li>b) VA and TriWest PMO Teams</li> </ul>
2:15-2:45	Breakout Session 3A: Referrals Breakout Session 3B: Customer Service	<ul style="list-style-type: none"> <li>a) Referrals/Front-end Process Including HSRM and PPMS Interface</li> <li>b) Detailed Discussion of Implementation Strategy: Customer Service</li> </ul>	<ul style="list-style-type: none"> <li>a) VA and TriWest IT, Provider, and Referral Teams</li> <li>b) VA and TriWest Customer Service Teams</li> </ul>
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](#)



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# CCN ELC Update

10/23/2020

(b)(6)

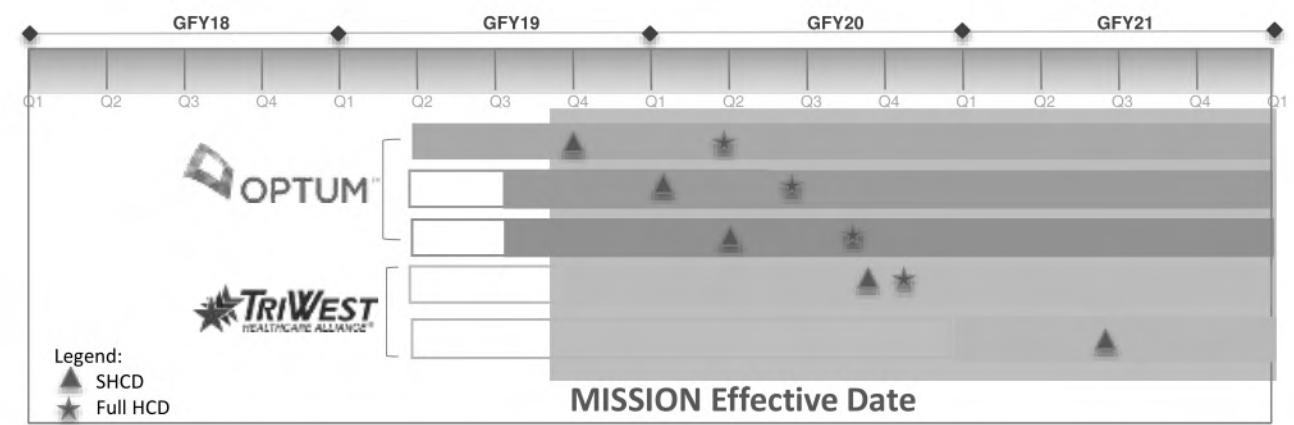


- Region 4 & 5 Deployment Updates
- R1-R4 Referral Trends
- Optional Task Update
- Appendix R1-R4 Referral Monitoring Plan

# R4 & R5 CCN Deployment Updates



# CCN Contract Award and Implementation Update



## CCN Regions



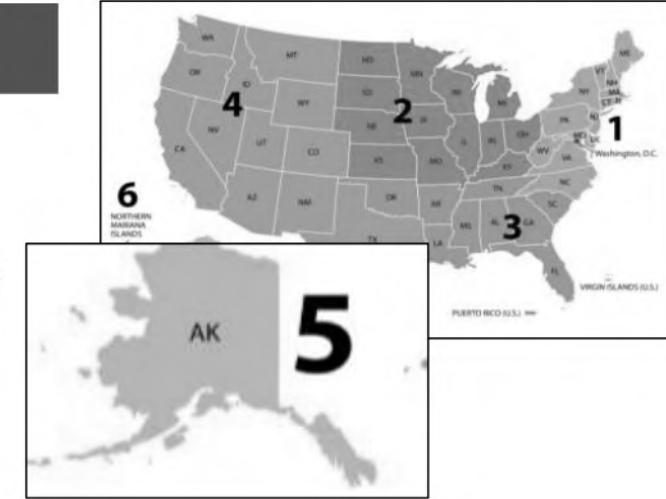
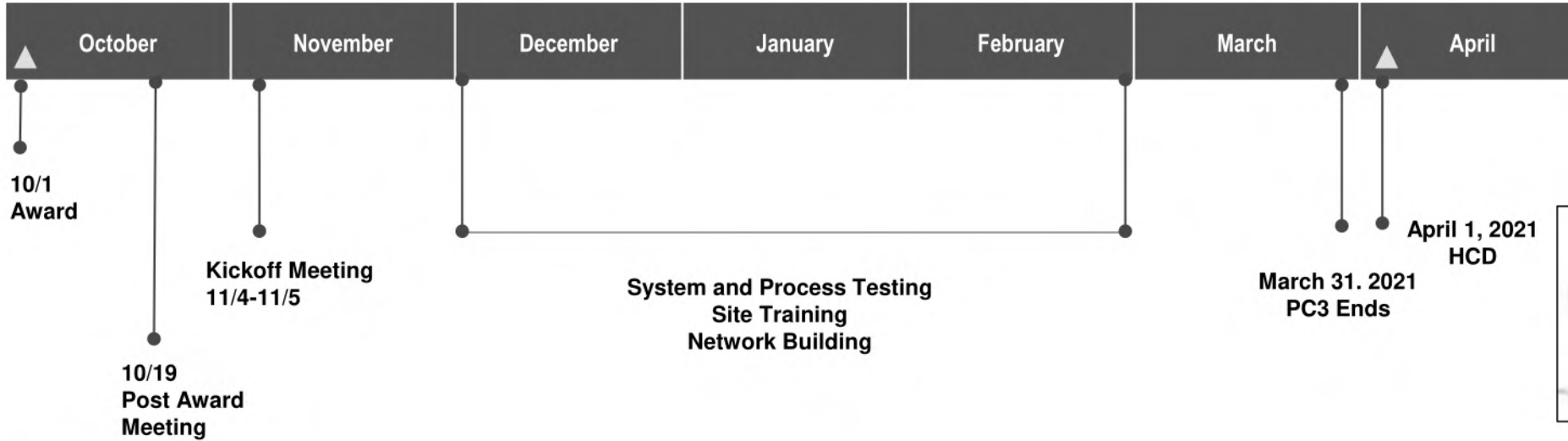
- R1** Awarded 12/28/18, start of health care delivery (SHCD) 6/26/19, full deployment by 12/28/19
- R2** Awarded 12/28/18, protest filed 1/22/19, protest resolved 5/2/19, performance resumed 5/6/19, SHCD 10/7/19, full deployment by 4/9/20
- R3** Awarded 12/28/18, protest resolved 5/3/19, appeal with 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



# Region 5 Status and Upcoming Activities



## Key Activities:

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

(b)(5)



# Region 5 Kickoff Meeting

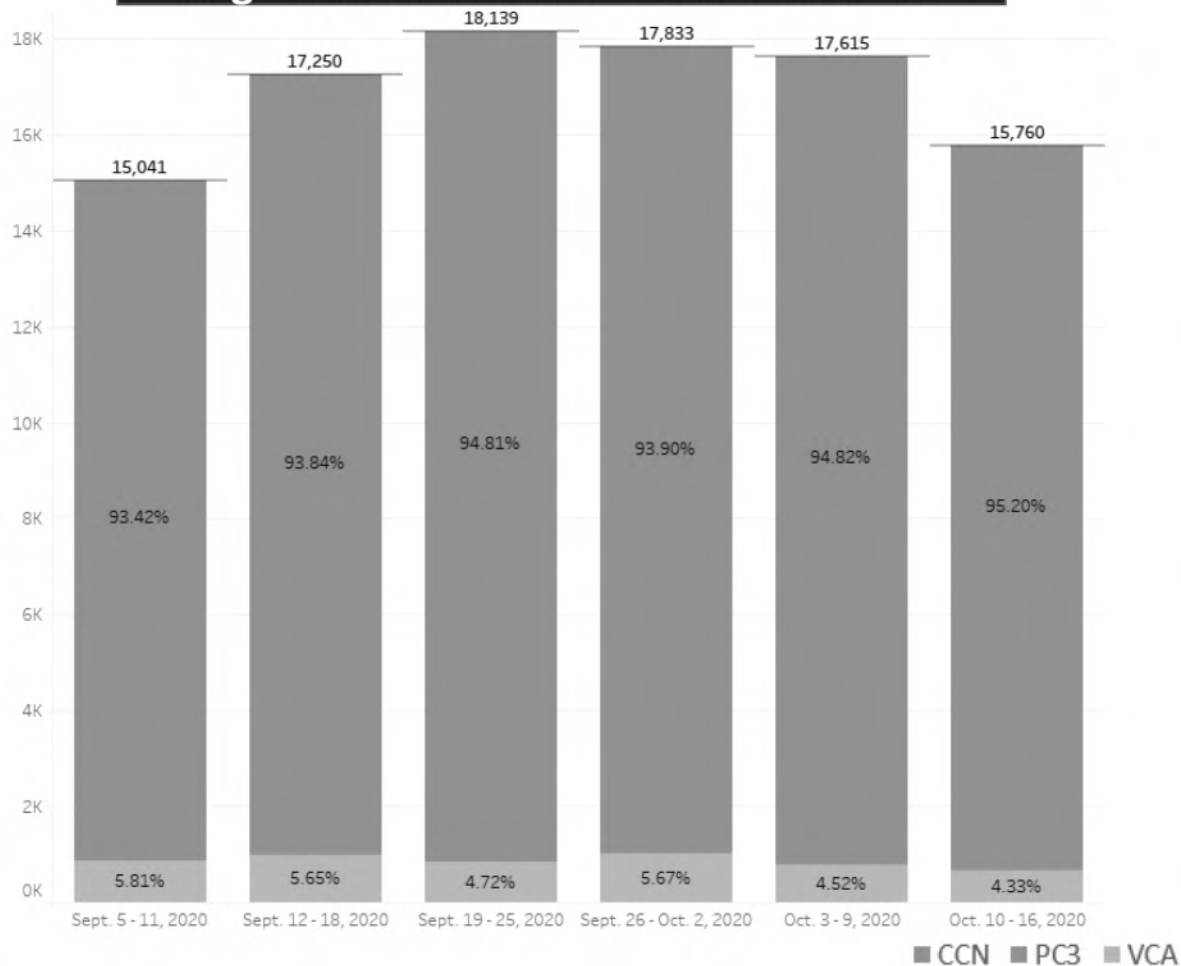
- CCN Transition Team is working with the appropriate stakeholders to prepare for a two-day Kickoff Meeting with TriWest, scheduled for 11/4/20 – 11/5/20
- The Kickoff Meeting will include discussions around key differences between Regions 4 and 5 contracts along with breakout sessions on several topics 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.



Choose VA

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

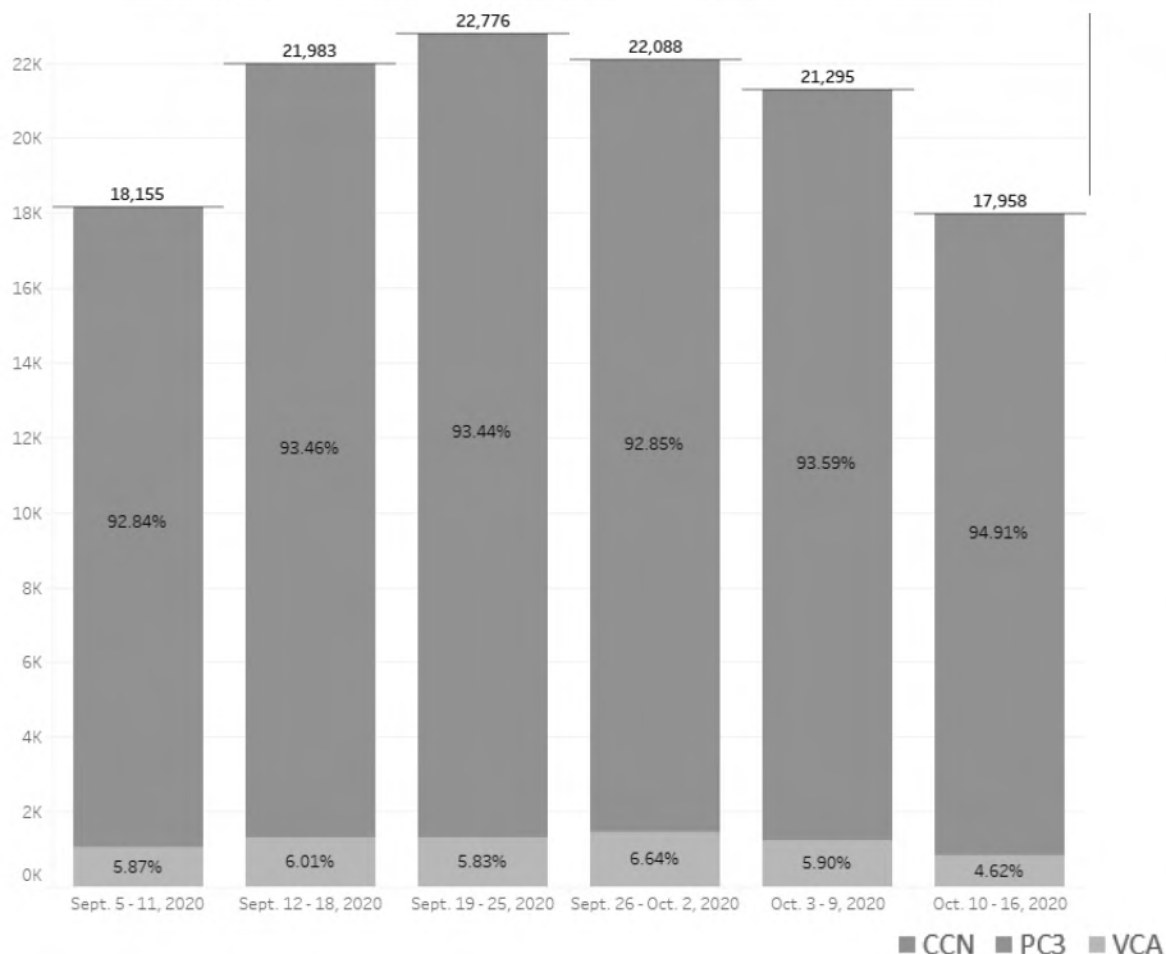
VA



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

# Region 2: Referral Trends

## Region 2 Referral Network Breakdown

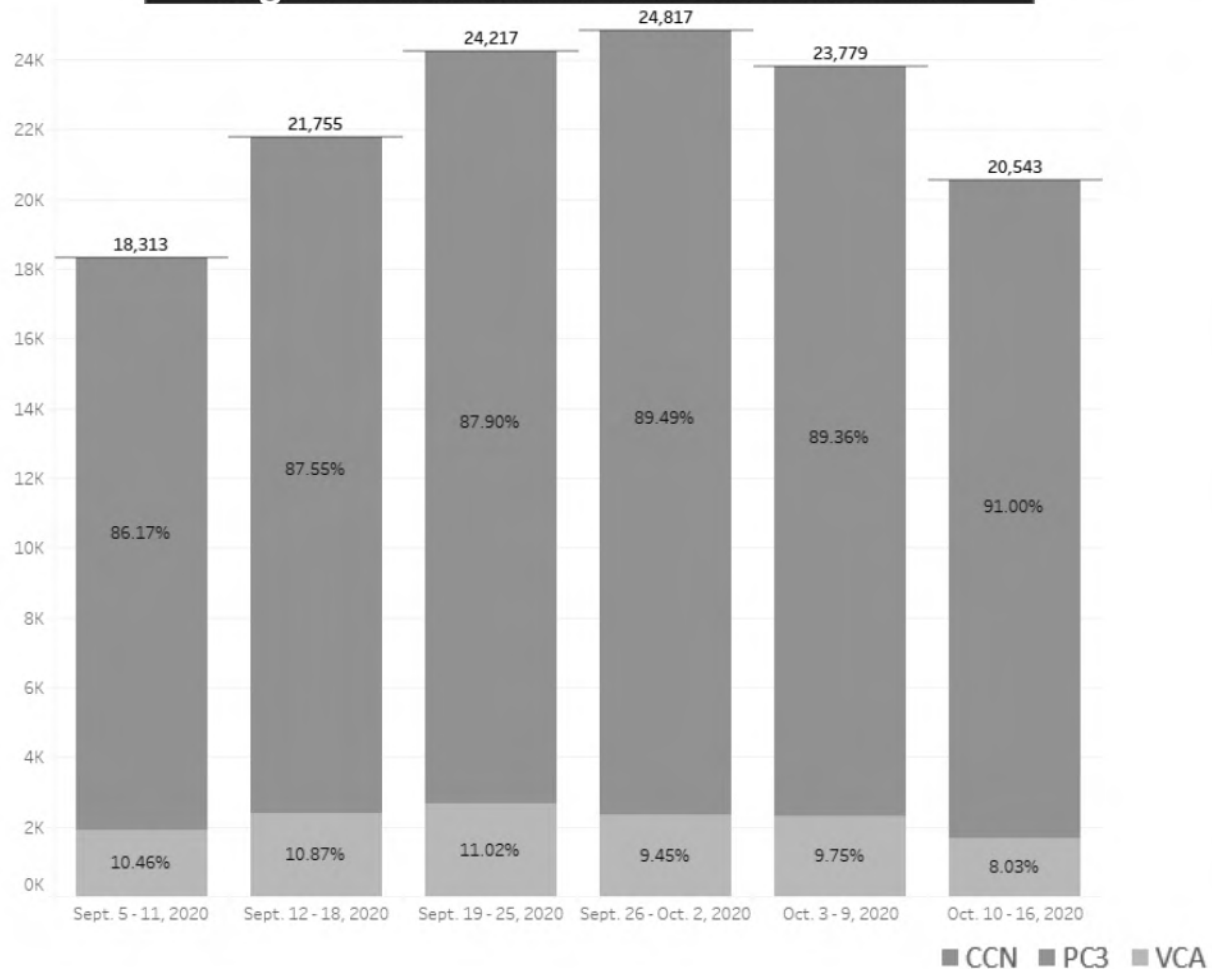


## Referral Analysis

- 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.

# Region 3: Referral Trends

## Region 3 Referral Network Breakdown



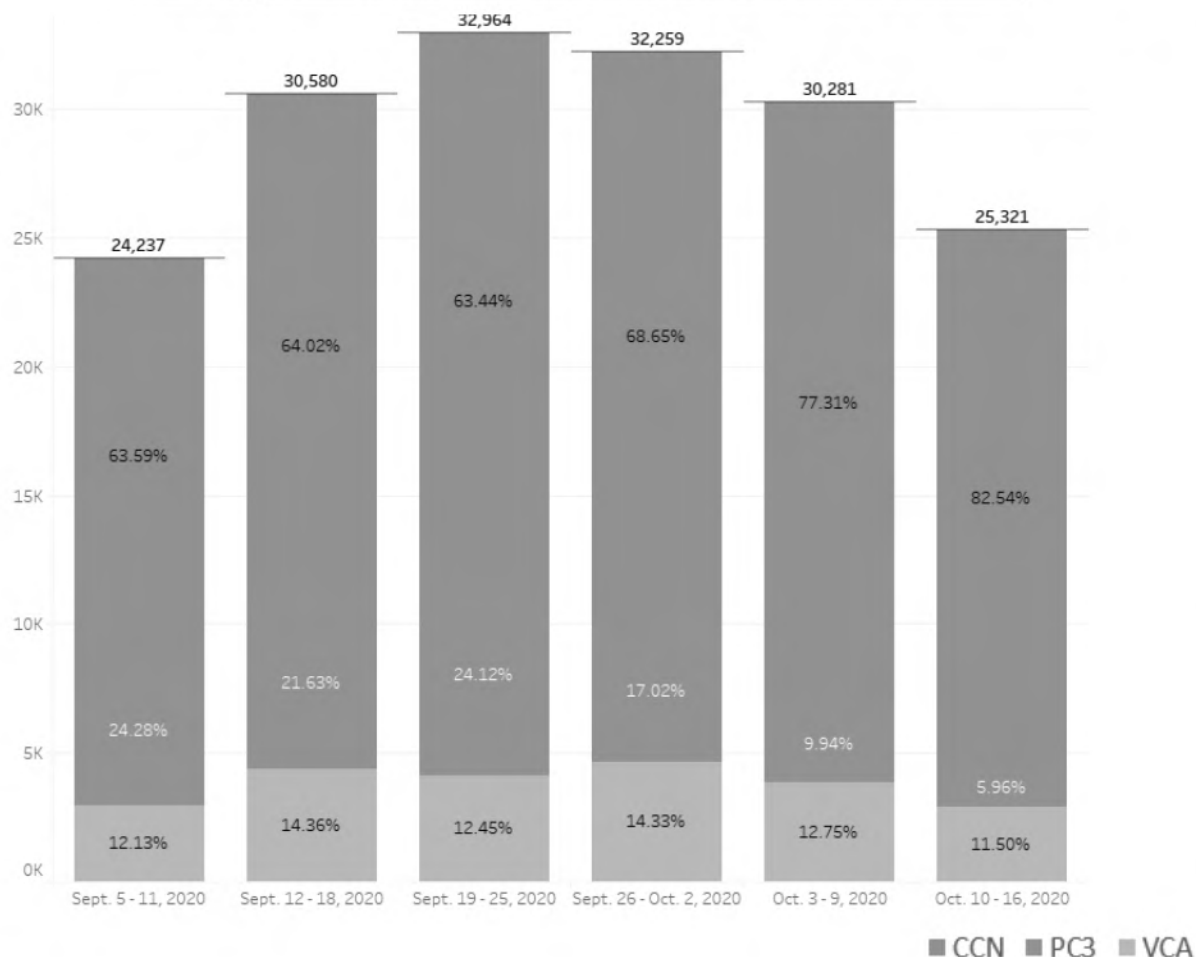
## Referral Analysis

- 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.



# Region 4: Referral Trends

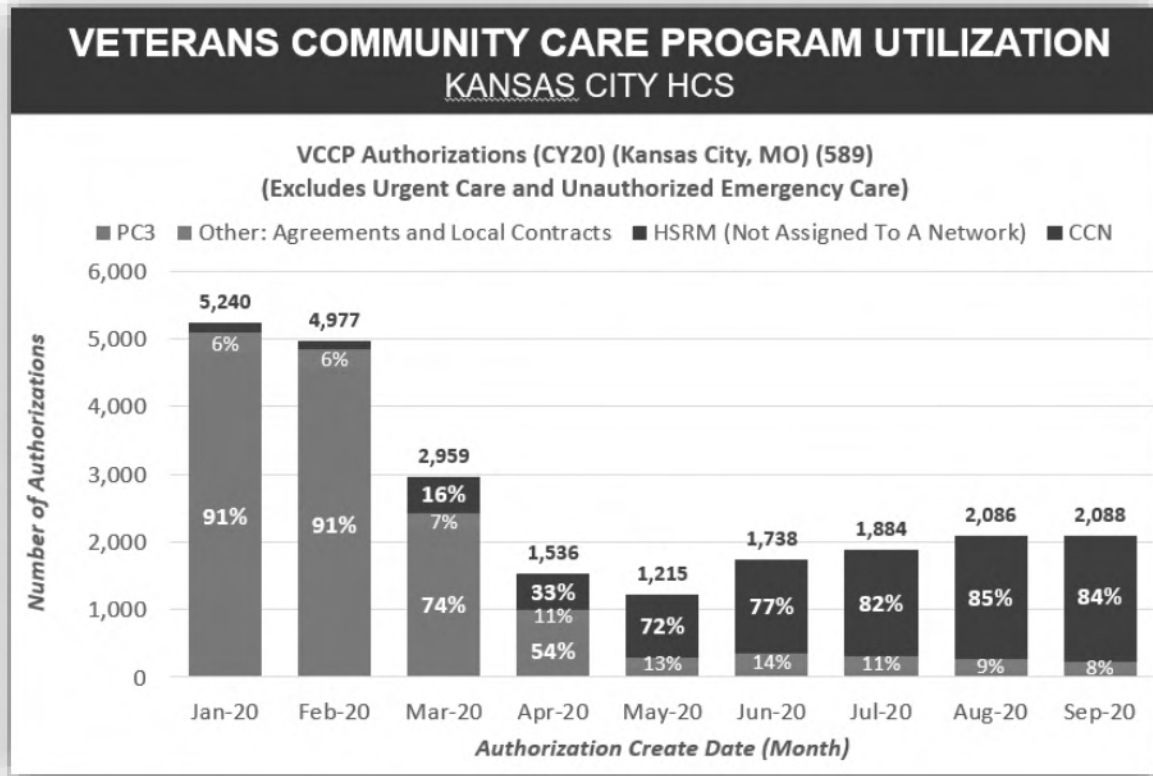
## Region 4 Referral Network Breakdown



## 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.*

# 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)

# 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)

- 
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## Decisions Needed/Risks (Operations)

(b)(5)

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# 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	<span style="display: inline-block; width: 15px; height: 10px; background-color: #808080; border: 1px solid black;"></span>	N/A	(b)(6)
		10/23	<span style="display: inline-block; width: 15px; height: 10px; background-color: #808080; border: 1px solid black;"></span>		(b)(6) CCCA, FIN, Mod Team, SAC Team
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	<span style="display: inline-block; width: 15px; height: 10px; background-color: #808080; border: 1px solid black;"></span>	N/A	(b)(6)
		10/28	<span style="display: inline-block; width: 15px; height: 10px; background-color: #808080; border: 1px solid black;"></span>	N/A	(b)(6) CCCA, FIN, Mod Team, SAC Team
		10/30	<span style="display: inline-block; width: 15px; height: 10px; background-color: #808080; border: 1px solid black;"></span>	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
<b>Cost Estimation Model</b>	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			
<b>Contract Modifications:</b>	(b)(5)		Cost model finalization	Contracting Office, Modification Team	1-2 months from cost model approval
					
					
					
<b>Funding</b>	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)				
<b>Task Order Issuance</b>	(b)(5)		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)	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
<b>Cost Estimation Model</b>	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)				
<b>Contract Modifications</b>	(b)(5)		(b)(5)	Contracting Office, Modification Team	~1 months from cost model approval
<b>Funding</b>	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)				
<b>Task Order Issuance</b>	(b)(5)		(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	*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	941		333	1274
PHYSICAL THERAPY	876	2		878
OPTOMETRY	865			865
HOMEMAKER/HOME HEALTH AIDE	708		108	816
ORTHOPEDIC	774	1		775

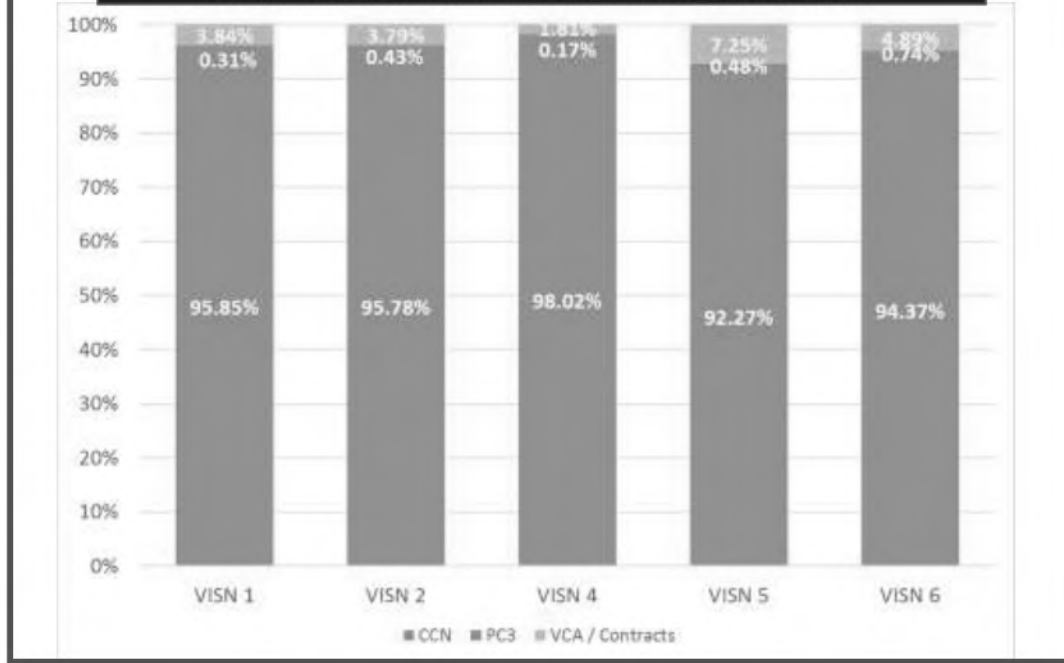
The top five categories of care going to VCAs are (not including ER/Urgent Care):

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

- 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 were 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](#)

## VISN Referral Network Breakdown



# Region 1 VISN 1: Referral Volume Snapshot

## Top Categories of Care

Region: R01 \*10/10/2020 through 10/16/2020\*\*  
 VISN: 1 Data pulled from the CDW  
 Station#\_StationName: (All)

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

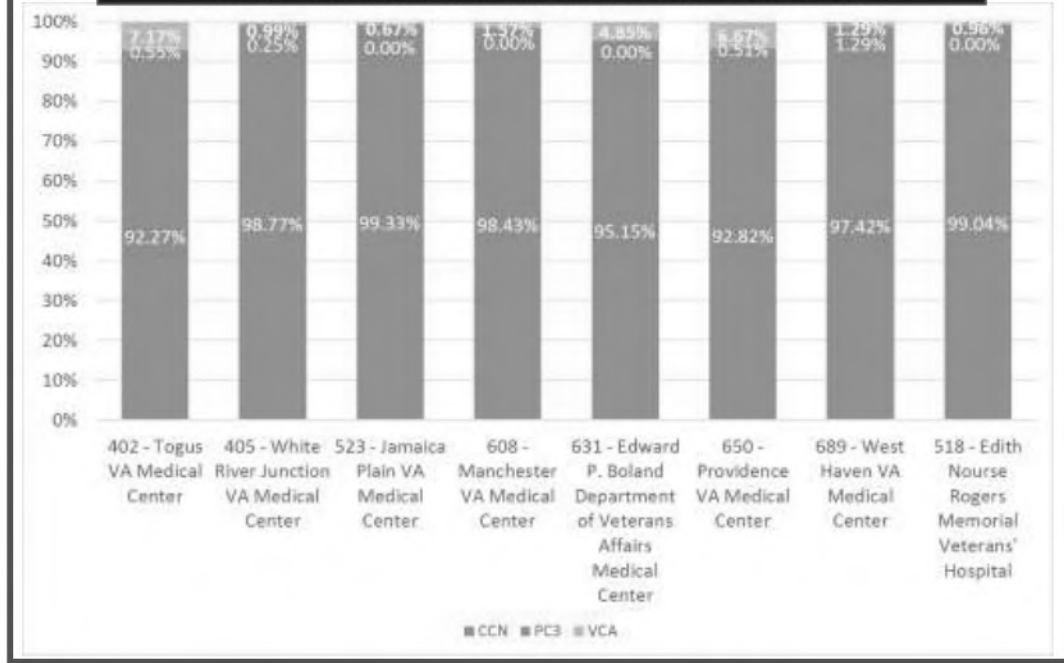
- **Region 1 VISN 1 is sending 95.85% of community care referrals through CCN.**
- This data analysis does not include a complete picture of ER/Urgent Care referrals through CCN.
- **The PC3 percentage for R1 VISN 1 referrals is down to 0.31% of referrals. VCAs account for 3.84% of referrals.**

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 \*10/10/2020 through 10/16/2020\*\*  
 VISN: 2 Data pulled from the CDW  
 Station#\_StationName: (All)

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

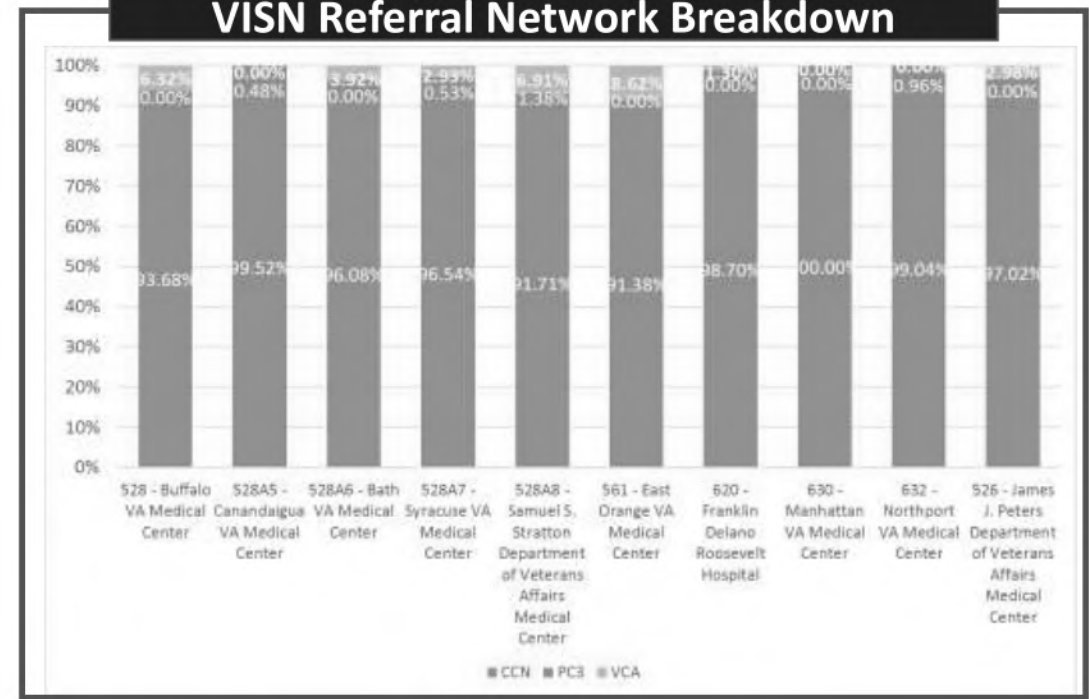
- **Region 1 VISN 2 is sending 95.78% of community care referrals through CCN.**
- This data analysis does not include a complete picture of ER/Urgent Care referrals through CCN.
- **The PC3 percentage for R1 VISN 2 referrals is down to 0.43% of referrals. VCAs account for 3.79% of referrals.**

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



# Region 1 VISN 4: Referral Volume Snapshot

## Top Categories of Care

Region: R01 \*10/10/2020 through 10/16/2020\*\*  
 VISN: 4 Data pulled from the CDW  
 Station#\_StationName: (All)

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

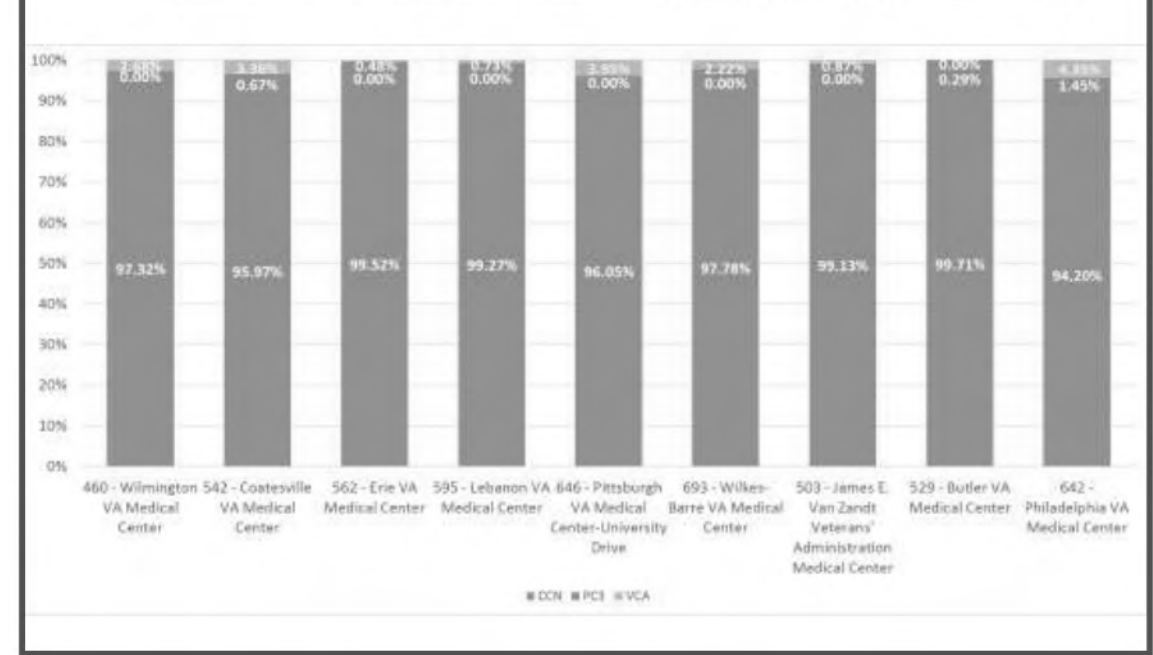
- **Region 1 VISN 4 is sending 98.02% of community care referrals through CCN.**
- This data analysis does not include a complete picture of ER/Urgent Care referrals through CCN.
- **The PC3 percentage for R1 VISN 4 referrals is down to 0.17% of referrals. VCAs account for 1.81% of referrals.**

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	*10/10/2020 through 10/16/2020**		
VISN	5	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: <input type="button" value="v"/>				
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

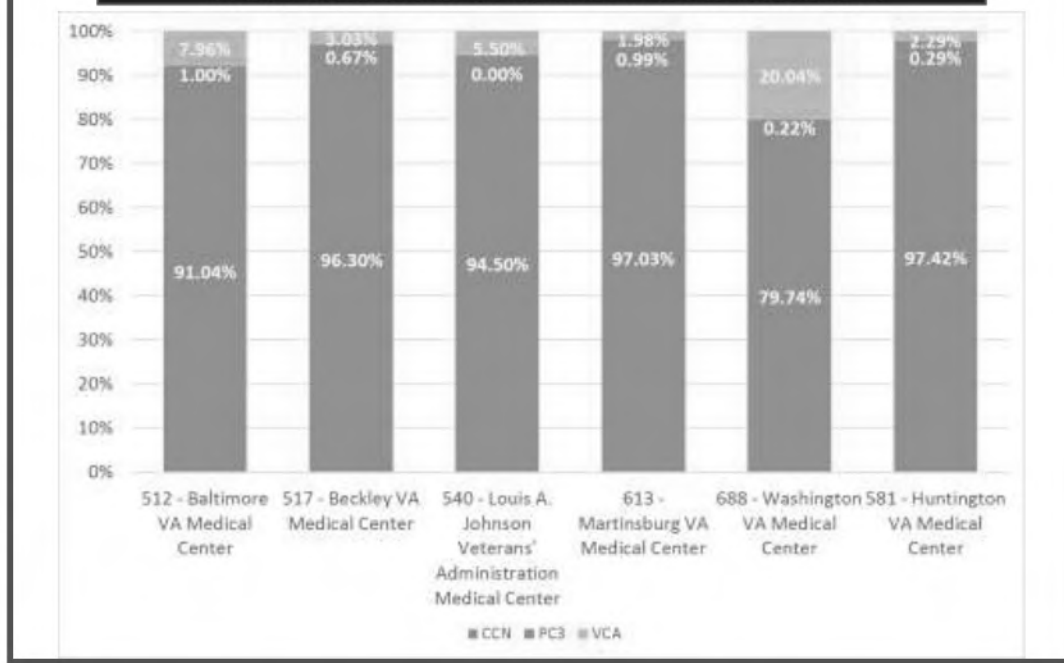
The top five categories of care going to VCAs are (not including ER/Urgent Care):

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



# Region 1 VISN 6: Referral Volume Snapshot

## Top Categories of Care

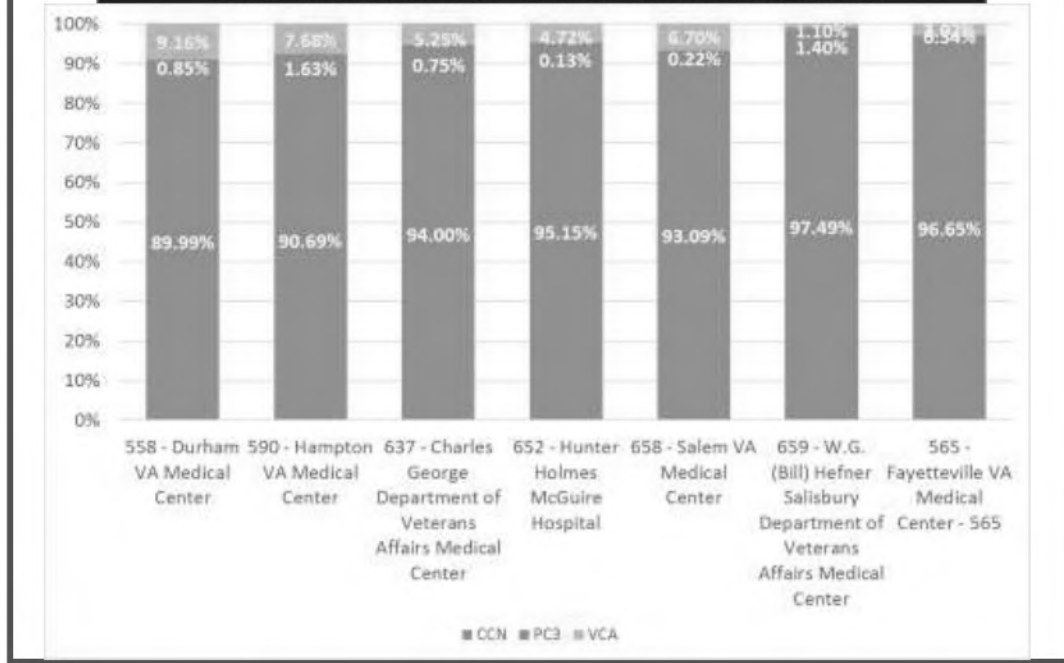
Region	R01	*10/10/2020 through 10/16/2020**		
VISN	6	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: [dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	610		195	805
OPTOMETRY	559			559
PAIN MANAGEMENT	304	1		305
PHYSICAL THERAPY	241	1		242
ORTHOPEDIC	241	1		242

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

- 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.

## VISN Referral Network Breakdown



# Region 2: Referral Volume Snapshot

## Top Categories of Care

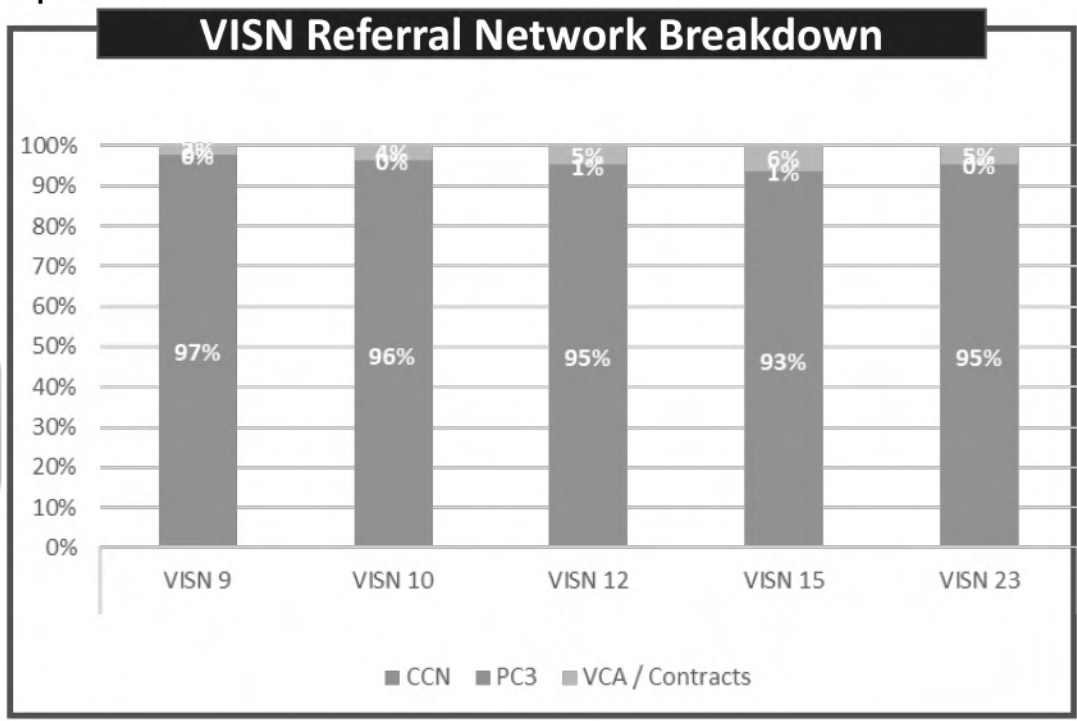
Region	R02	10/10/2020 through 10/16/2020**		
VISN	(All)	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: [v]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
SKILLED HOME HEALTH CARE	1216		126	1342
HOMEMAKER/HOME HEALTH AIDE	835		266	1101
OPTOMETRY	1000	1		1001
ORTHOPEDIC	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



# 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)	

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

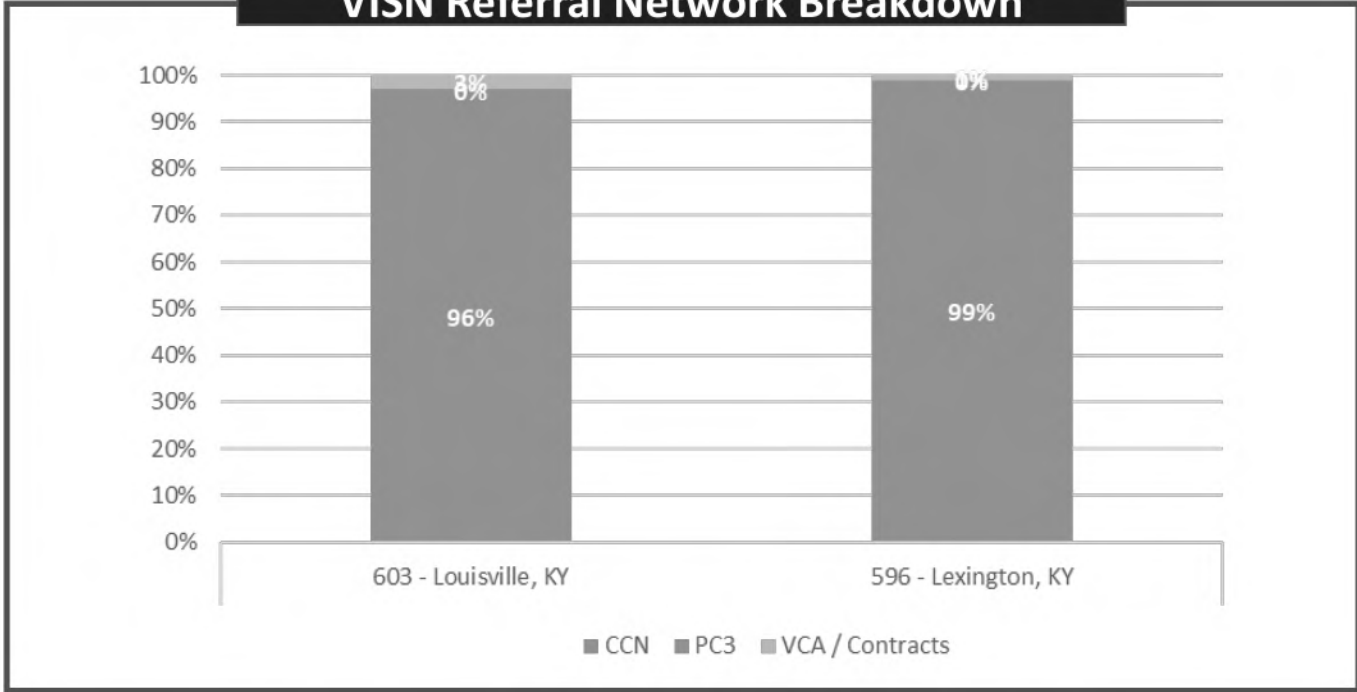
The top five categories of care going to PC3 and VCAs are (not including ER/Urgent Care):

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

Less than 10 referrals

- 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.

## VISN Referral Network Breakdown





# 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)		

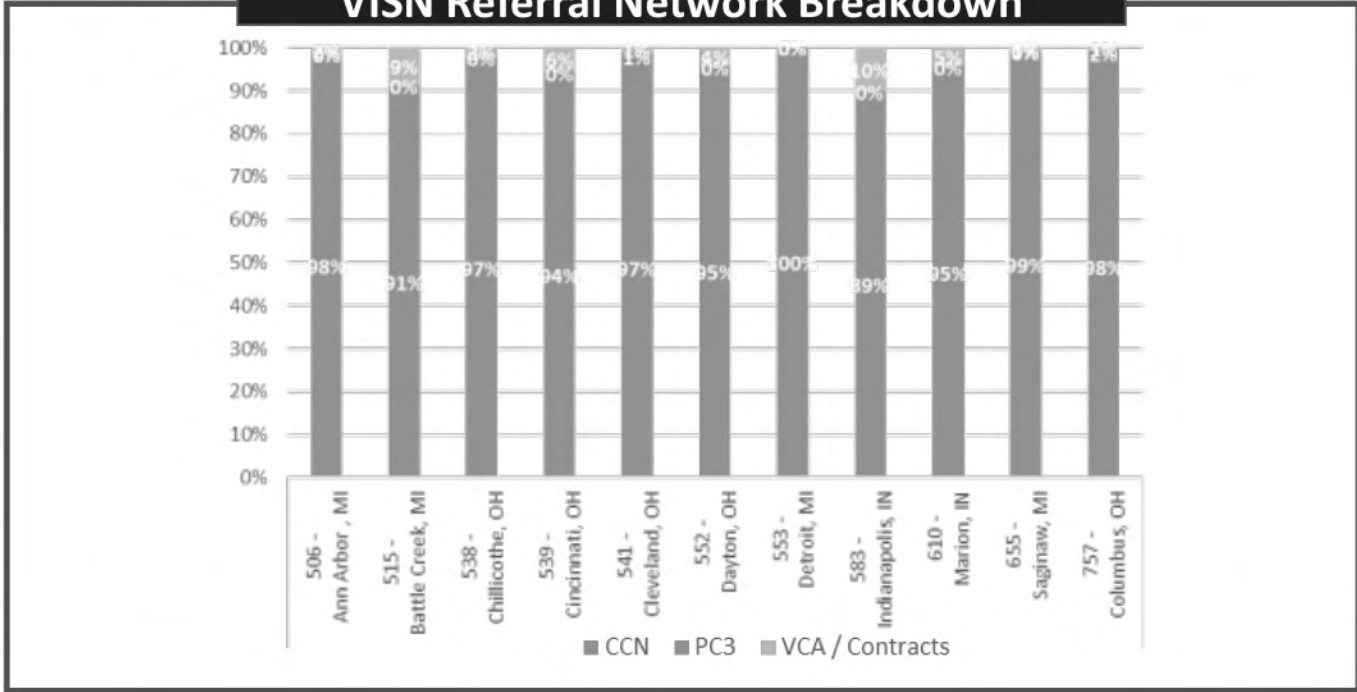
Category of Care	Referrals through:		
	CCN	PC3	VCA / Contracts
HOMEMAKER/HOME HEALTH AIDE	291		52
ORTHOPEDIC	248		17
SKILLED HOME HEALTH CARE	246		13
ER/URGENT	222	6	1
OPHTHALMOLOGY	224		

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

- 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.

## 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)		

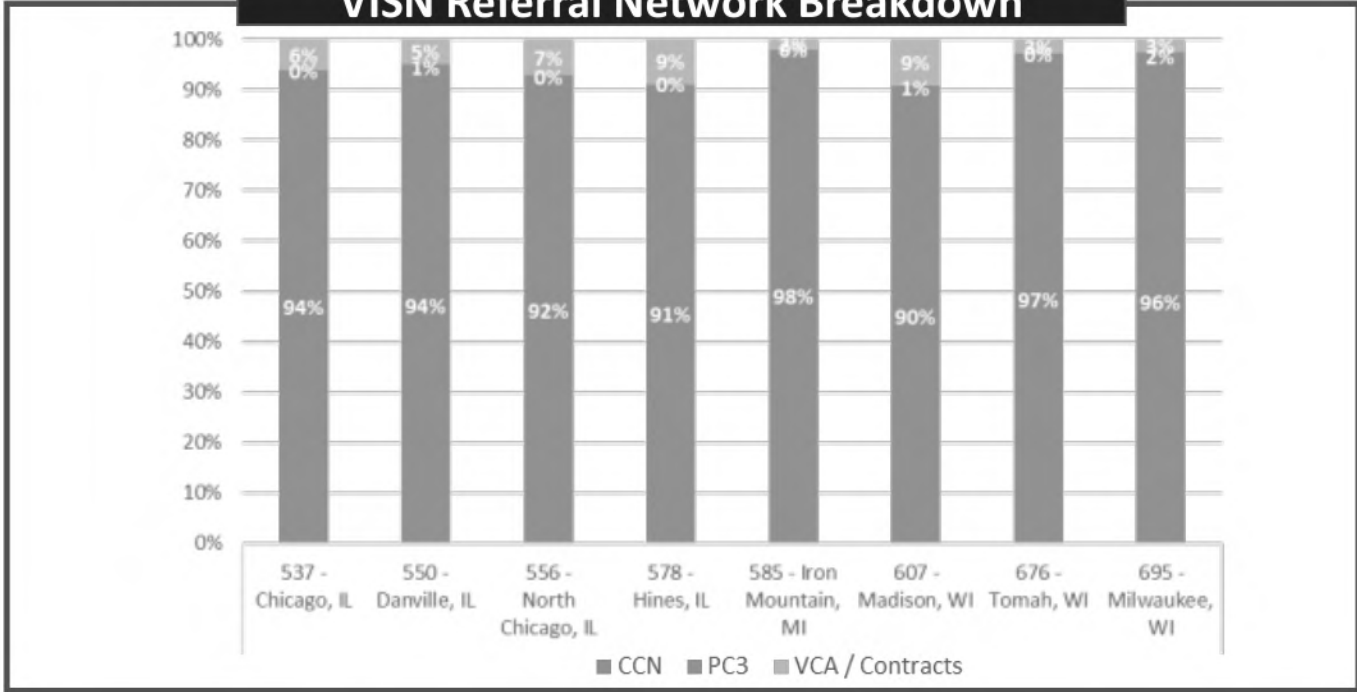
Category of Care	Referrals through:		Grand Total
	CCN	PC3 VCA / Contracts	
OPTOMETRY	270	1	271
SKILLED HOME HEALTH CARE	236	28	264
HOMEMAKER/HOME HEALTH AIDE	182	68	250
CHIROPRACTIC	198		198
ORTHOPEDIC	183		183

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

- 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.**

## VISN Referral Network Breakdown



# Region 2 VISN 15: Referral Volume Snapshot

## Top Categories of Care

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

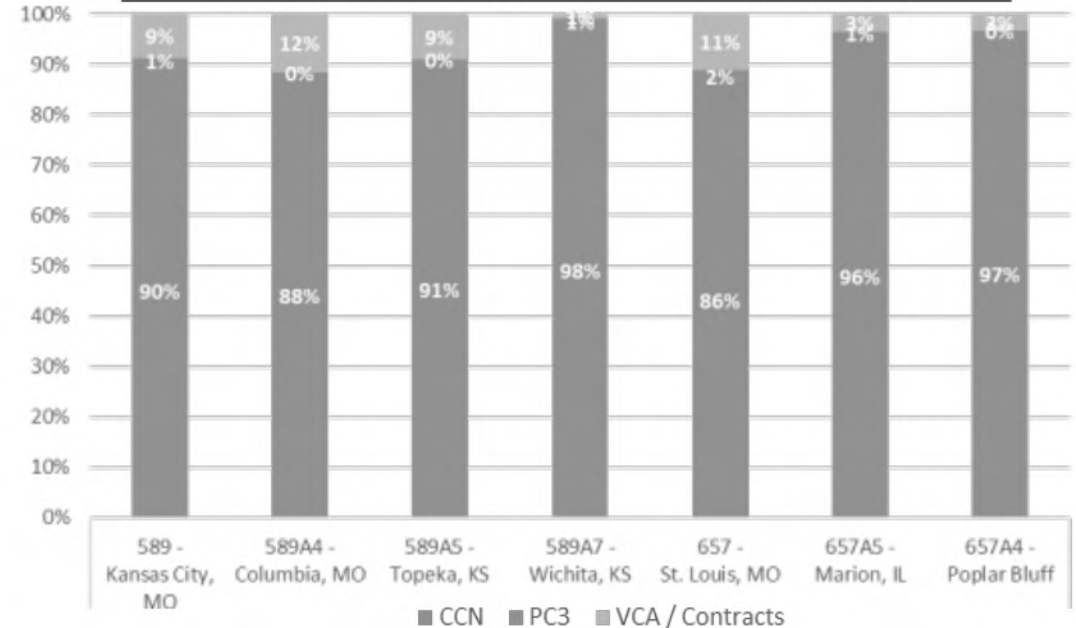
Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
SKILLED HOME HEALTH CARE	210		15	225
OPTOMETRY	190			190
HOMEMAKER/HOME HEALTH AIDE	98		88	186
DENTAL	82		78	160
DERMATOLOGY	158			158

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

- 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.**

## VISN Referral Network Breakdown



# 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

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

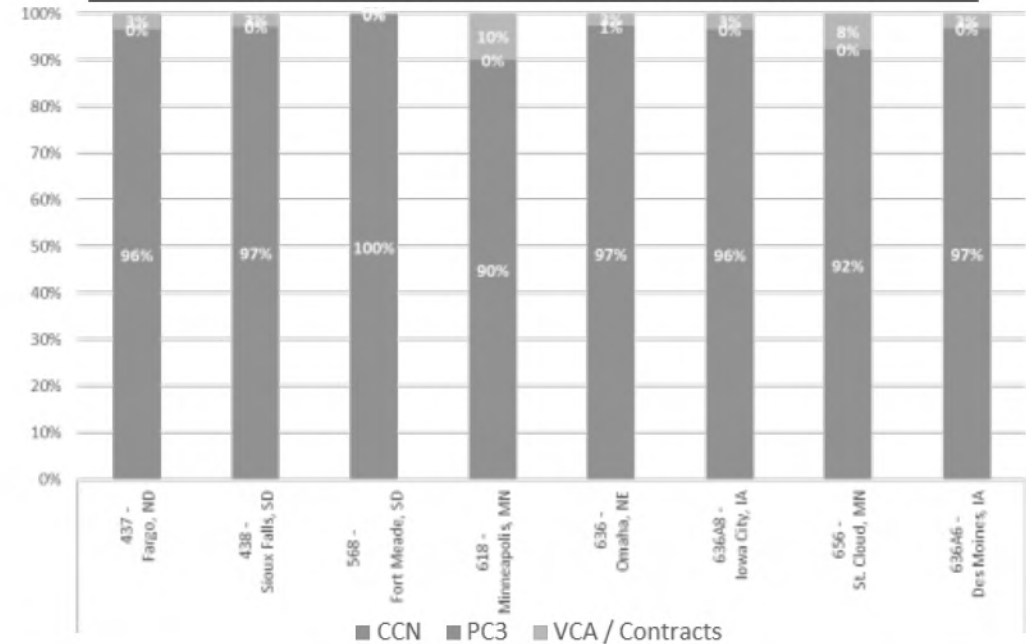
The top five categories of care going to PC3 and VCAs are (not including ER/Urgent Care):

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

Less than 10 referrals

- 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.**

## VISN Referral Network Breakdown



# Region 3: Referral Volume Snapshot

## Top Categories of Care

Region	R03	10/10/2020 through 10/16/2020**	
VISN	(All)	Data pulled from the CDW	
Station#_StationName	(All)		
Referrals through: [dropdown]			
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 five categories of care** going to PC3 and VCAs are (not including ER/Urgent Care):

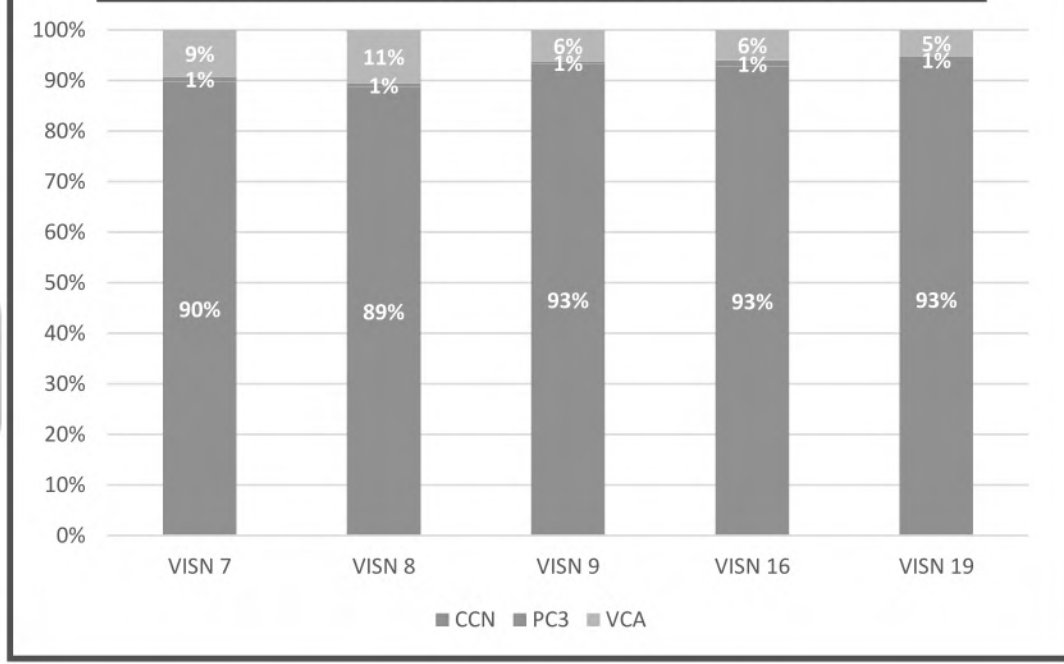
1. Homemaker/Home Health Aide
2. Dental
3. Skilled Home Care
4. Respite Care
5. Inpatient

- The **top categories of care sent to PC3 and VCAs remain consistent** with previous 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.

## VISN Referral Network Breakdown



# Region 3 VISN 7: Referral Volume Snapshot

## Top Categories of Care

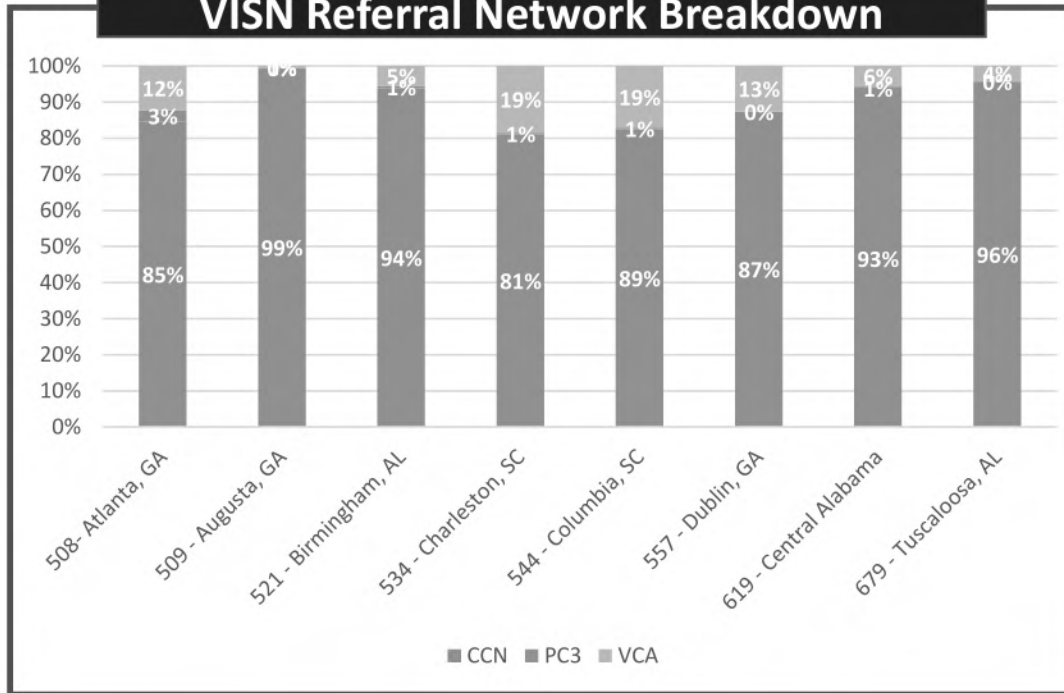
Region	R03	10/10/2020 through 10/16/2020**		
VISN	7	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: <input type="checkbox"/> CCN				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	500		347	847
OPTOMETRY	404	1		405
ORTHOPEDIC	373		1	374
OPHTHALMOLOGY	343	7		350
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



# Region 3 VISN 8: Referral Volume Snapshot

## Top Categories of Care

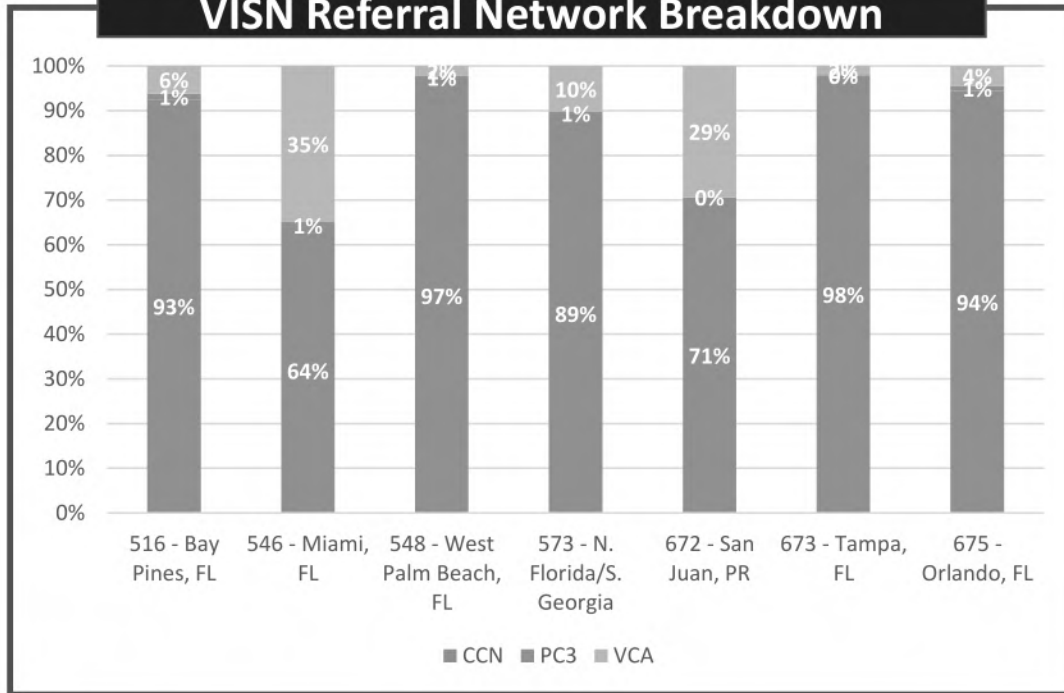
Region	R03	10/10/2020 through 10/16/2020**		
VISN	8	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: <input type="checkbox"/> CCN <input type="checkbox"/> PC3 <input type="checkbox"/> VCA / Contracts				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	395	139		534
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



# Region 3 VISN 9: Referral Volume Snapshot

## Top Categories of Care

Region: R03 10/10/2020 through 10/16/2020\*\*  
 VISN: 9 Data pulled from the CDW  
 Station#\_StationName: (All)

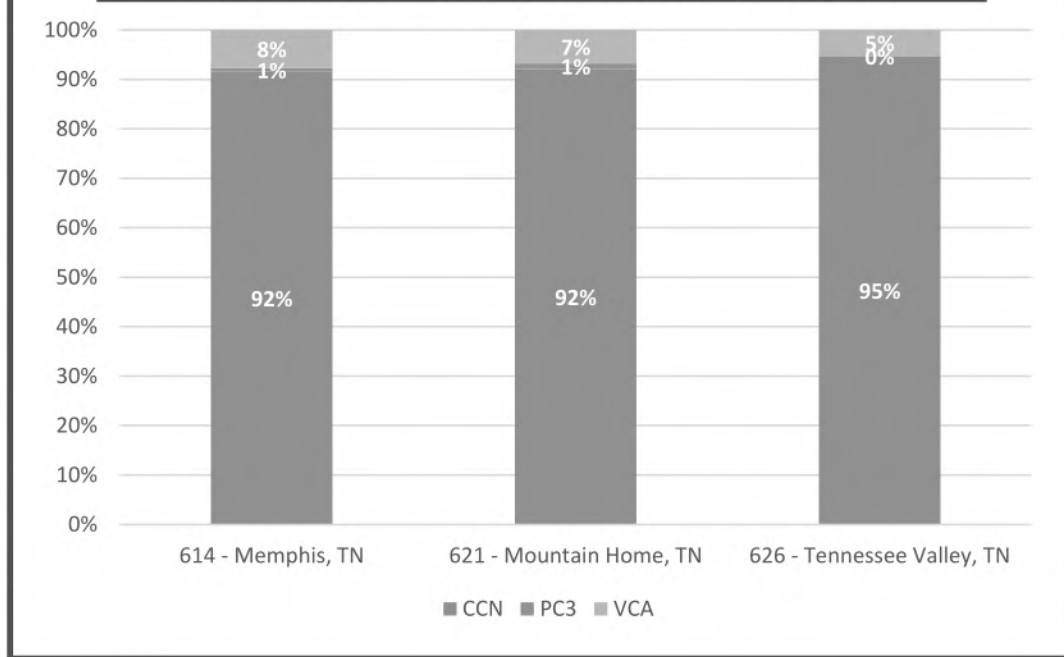
Category of Care	Referrals through: CCN	PC3	VCA / Contracts	Grand Total
DENTAL	152		86	238
ORTHOPEDIC	175	1		176
CHIROPRACTIC	148			148
UROLOGY	138	1		139
CARDIOLOGY IMAGING	127			127

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





# Region 3 VISN 16: Referral Volume Snapshot

## Top Categories of Care

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

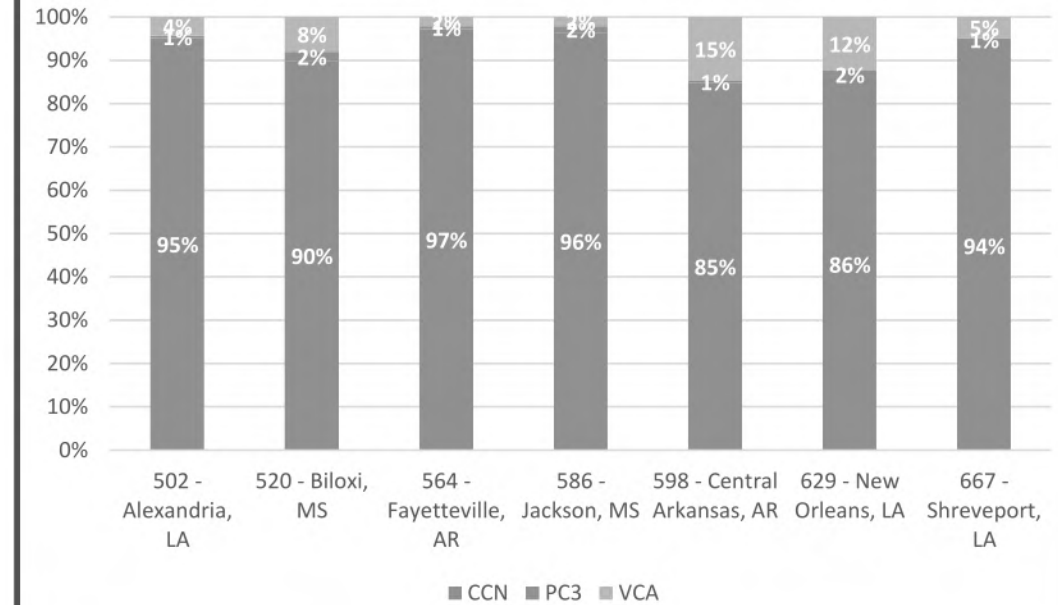
Category of Care	Referrals through:		Grand Total
	CCN	PC3 VCA / Contracts	
OPHTHALMOLOGY	279		279
DENTAL	157	121	278
GASTROENTEROLOGY	250		250
ORTHOPEDIC	238	2	240
OPTOMETRY	234		234

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



# Region 3 VISN 19: Referral Volume Snapshot

## Top Categories of Care

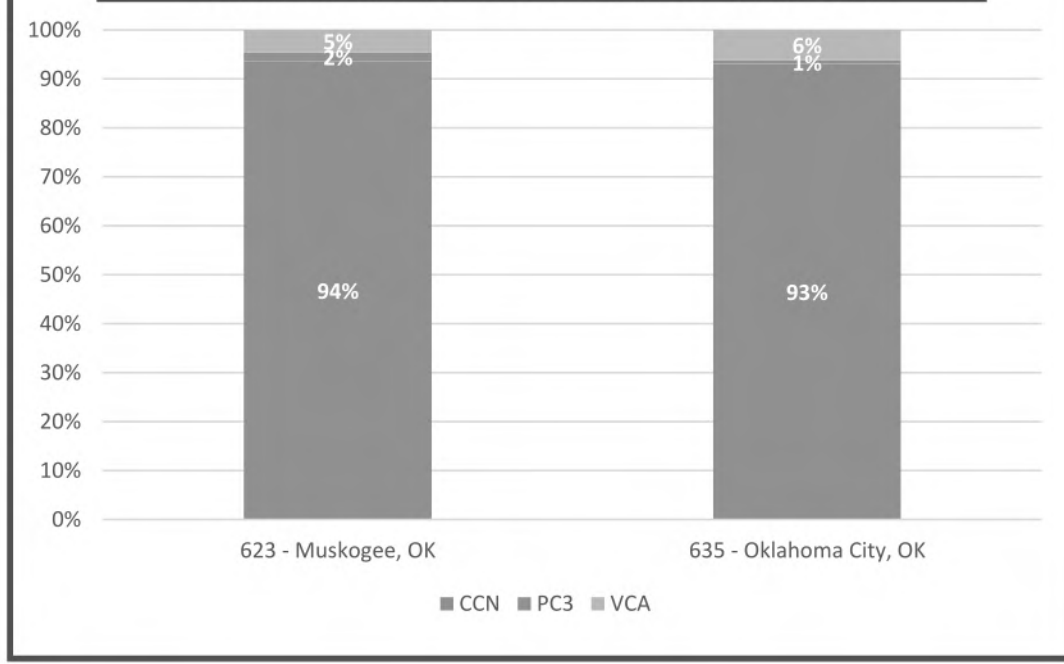
Region	R03	10/10/2020 through 10/16/2020**		
VISN	19	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through:				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	100			100
ORTHOPEDIC	97	2		99
DENTAL	80		7	87
NEPHROLOGY	65		5	70
HOMEMAKER/HOME HEALTH AIDE	40		26	66

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



# 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)

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

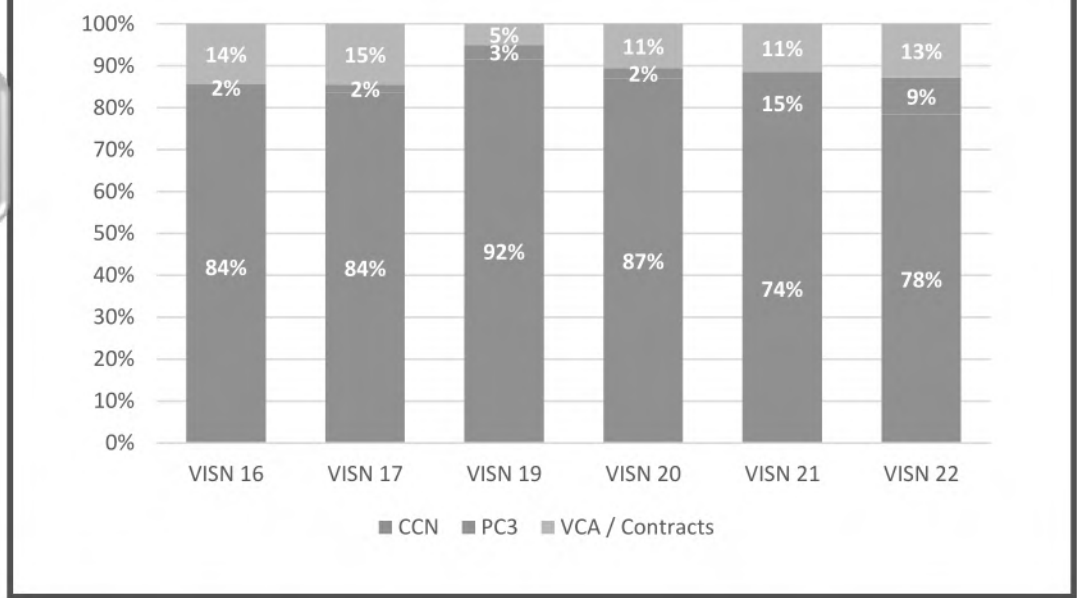
The top five categories of care going to PC3 and VCAs are (not including ER/Urgent Care):

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

- 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

## VISN Referral Network Breakdown



# Region 4 VISN 16 Sites: Referral Volume Snapshot

## Top Categories of Care

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

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

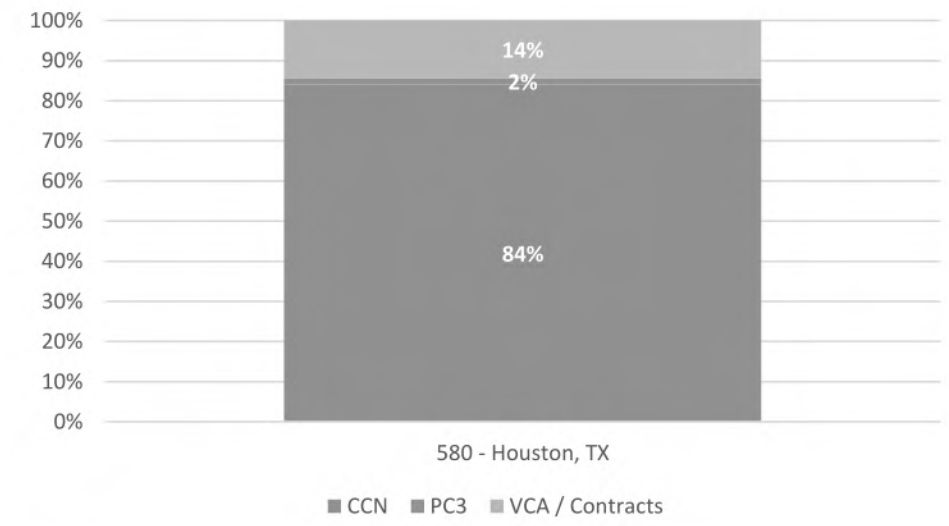
The top five categories of care going to PC3 and VCAs are (not including ER/Urgent Care):

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

Less than 10 referrals

- 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.

## VISN Referral Network Breakdown



# Region 4 VISN 17 Sites: Referral Volume Snapshot

## Top Categories of Care

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

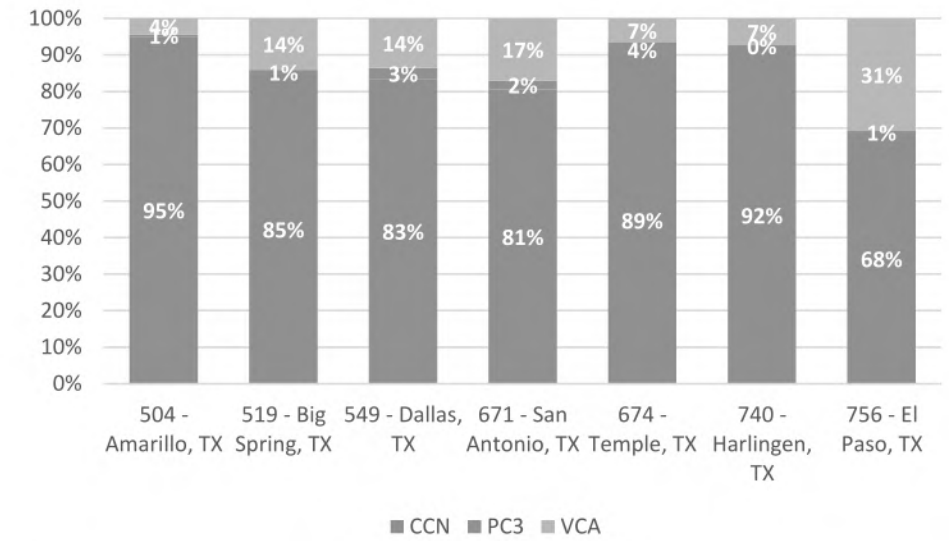
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	246		547	793
SKILLED HOME HEALTH CARE	274	1	25	300
ORTHOPEDIC	253	3	26	282
PHYSICAL THERAPY	273	1		274
HOMEMAKER/HOME HEALTH AIDE	191		77	268

- 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



# 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)

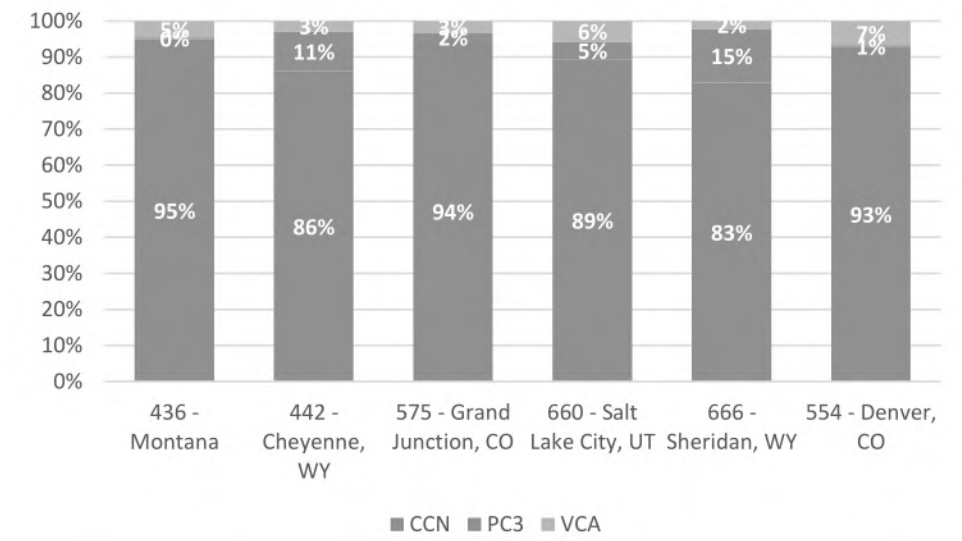
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	592	3		595
SKILLED HOME HEALTH CARE	161	30	12	203
CHIROPRACTIC	197	2		199
PHYSICAL THERAPY	178	4		182
ORTHOPEDIC	158	3		161

- 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
DENTAL	98		137	235
OPTOMETRY	224	2		226
OPHTHALMOLOGY	202	3		205
ORTHOPEDIC	198	2		200
PRIMARY CARE	184	2		186

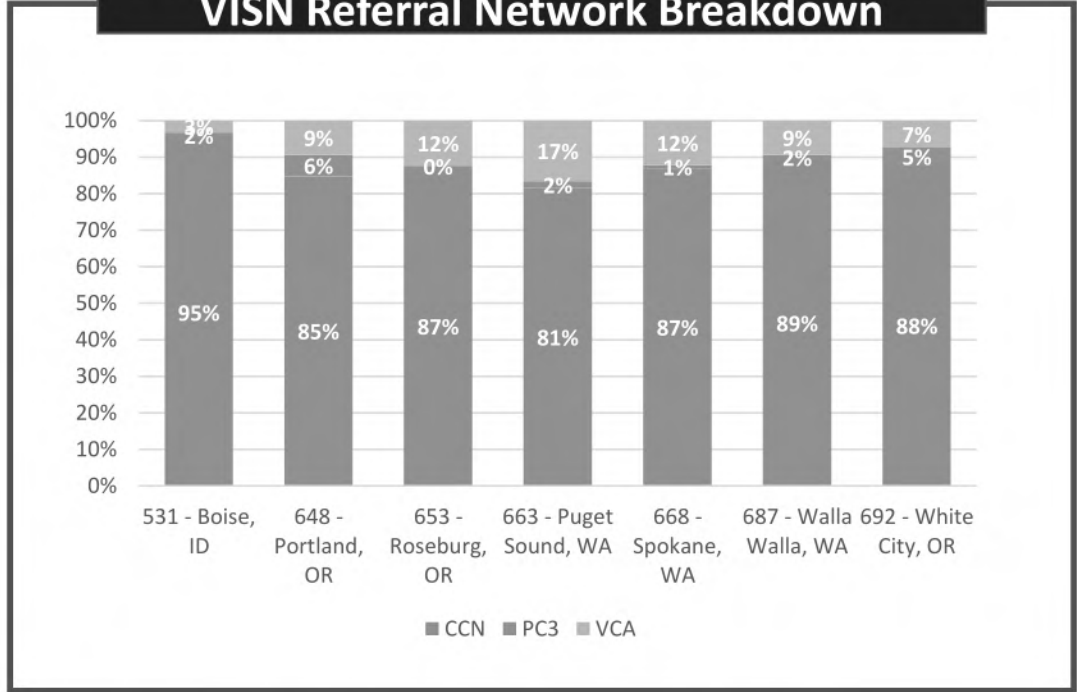
The top five categories of care going to PC3 and VCAs are (not including ER/Urgent Care):

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



# 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)	

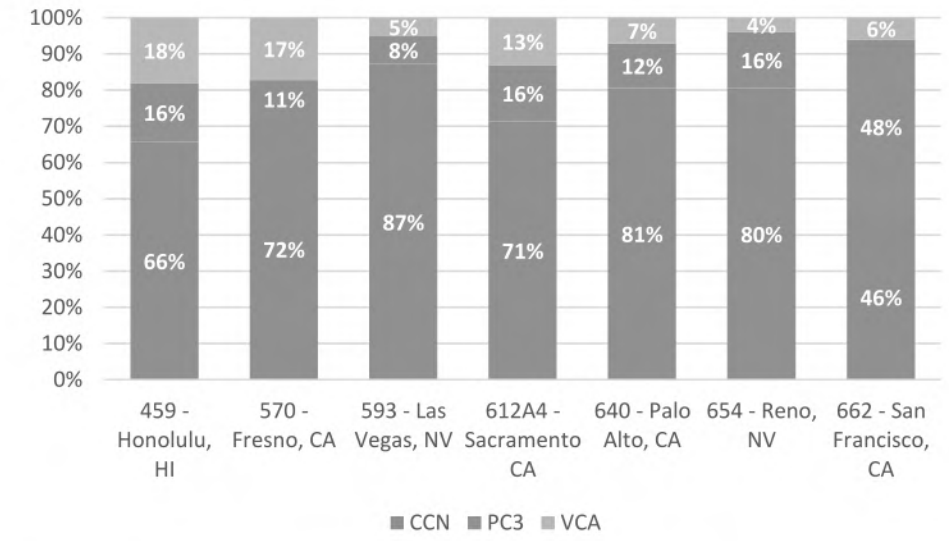
Category of Care	Referrals through:		Grand Total
	CCN	PC3 VCA / Contracts	
OPTOMETRY	400	48	448
DENTAL	191	97	288
RADIOLOGY MRI/MRA	255	17	272
CHIROPRACTIC	159	55	214
DERMATOLOGY	191	11	202

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

- 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 utilization*, 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.

## VISN Referral Network Breakdown





# Region 4 VISN 22 Sites: Referral Volume Snapshot

## Top Categories of Care

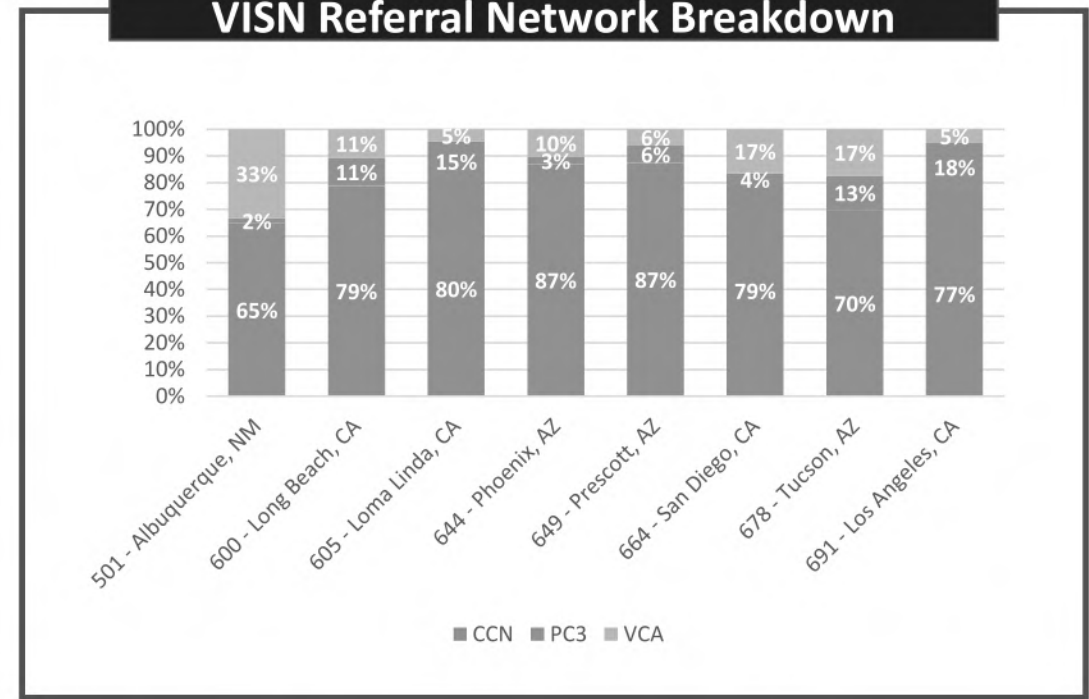
Region	R04	10/10/2020 through 10/16/2020**		
VISN	22	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: ▾				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	296		465	761
OPTOMETRY	606	36		642
MENTAL HEALTH	246	57		303
PHYSICAL THERAPY	238	9		247
OPHTHALMOLOGY	226	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



Page 3215

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Page 3216

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of the Freedom of Information

Page 3217

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of the Freedom of Information

# CCN ELC Update

12/2/2020

(b)(6)



# 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)

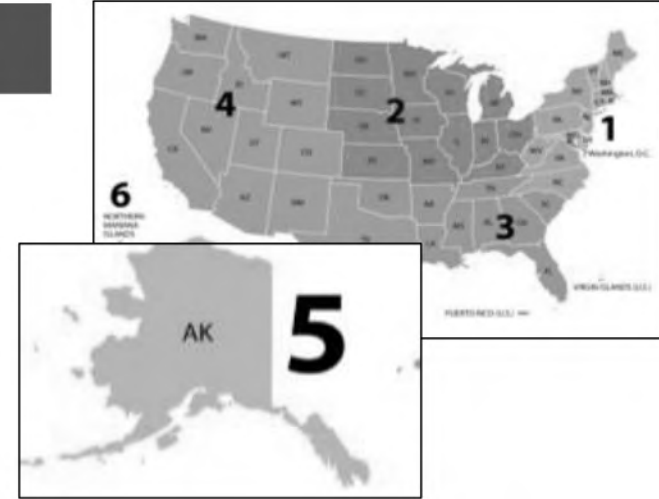
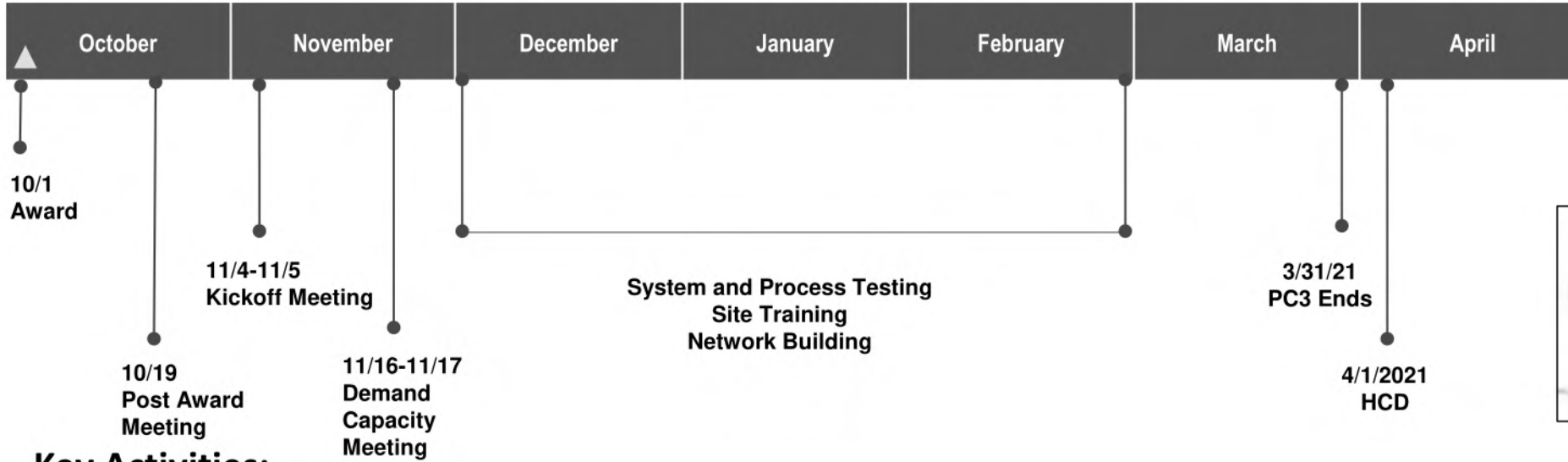


- **San Diego has requested Optional Task assistance.** VISN22 will be able to absorb their need by decreasing the referrals used by Phoenix, Prescott & Albuquerque.





# Region 5 Status and Upcoming Activities



## Key Activities:

(b)(6)

# Region 5 Risks/Issues

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
<b>Payment Hierarchy and Fee Schedule</b>	Highest	<ul style="list-style-type: none"><li>(b)(5)</li><li></li><li></li><li></li><li></li></ul>	<ul style="list-style-type: none"><li>(b)(5)</li><li></li><li></li></ul>
<b>HCD Timeline and PC3 Contract End Date</b>	High	<ul style="list-style-type: none"><li></li><li></li></ul>	<ul style="list-style-type: none"><li>(b)(5)</li><li></li><li></li></ul>

# Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
<b>Dental Fee Schedule</b>	High	<ul style="list-style-type: none"><li>(b)(5)</li><li></li><li></li></ul>	<ul style="list-style-type: none"><li>(b)(5)</li></ul>
<b>Choice Providers in CCN R5 PC3</b>	High	<ul style="list-style-type: none"><li>(b)(5)</li></ul>	<ul style="list-style-type: none"><li>(b)(5)</li></ul>
<b>Provider Liability Insurance Requirement</b>	High	(b)(5)	<ul style="list-style-type: none"><li>(b)(5)</li></ul>

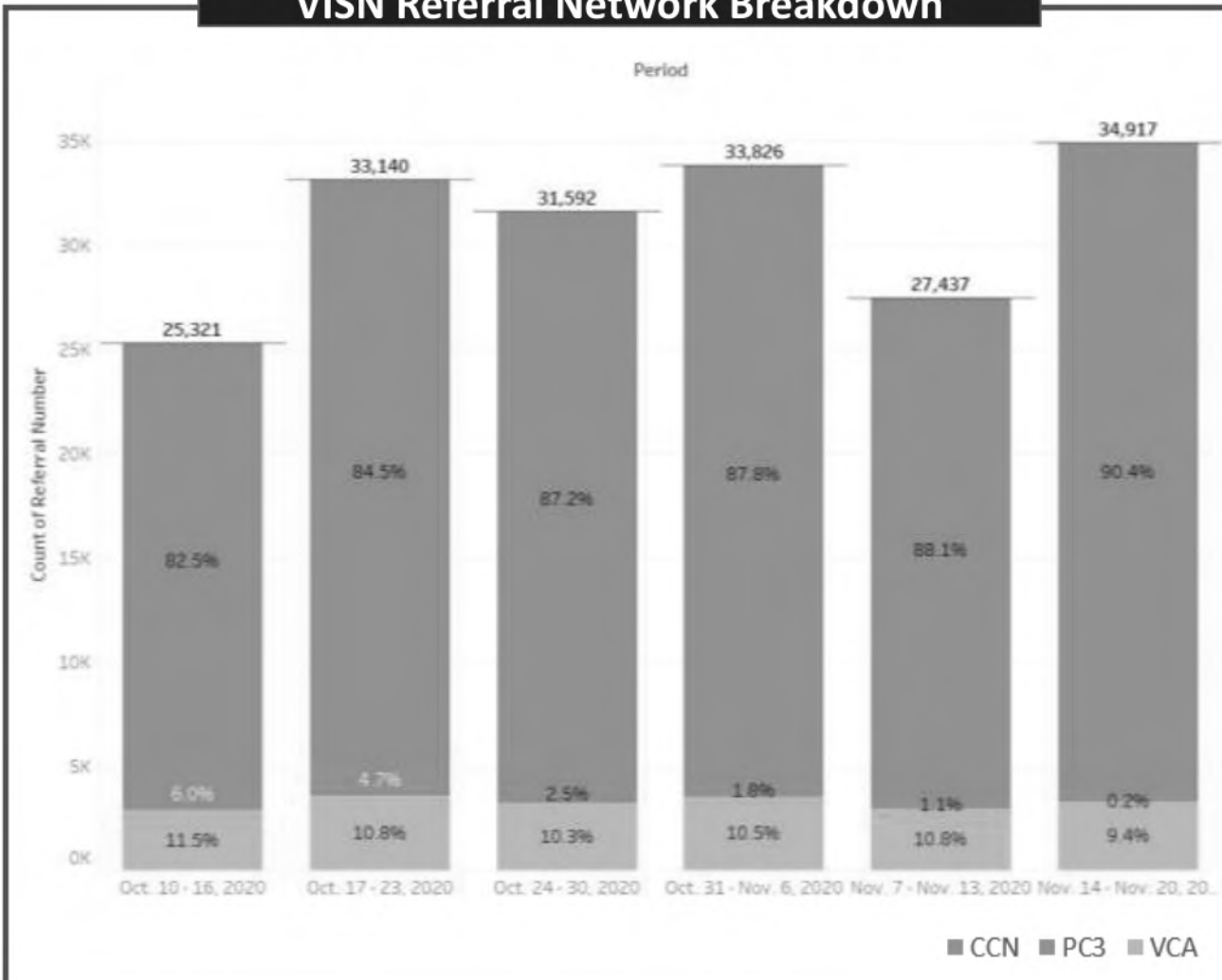
# Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
<b>Tabletop and Testing</b>	Medium	<ul style="list-style-type: none"><li>(b)(5)</li></ul>	<ul style="list-style-type: none"><li>(b)(5)</li><li></li><li></li><li></li></ul>
<b>Tribal Health</b>	Medium	<ul style="list-style-type: none"><li>(b)(5)</li></ul>	
<b>DAS Transport Funding</b>	Medium	<ul style="list-style-type: none"><li>(b)(5)</li><li></li><li></li></ul>	

# 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*

# Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
11/12/2020	<p><b>VISN 16 – Houston, TX:</b> 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.</p>	<p><b>11/18:</b> Network Support team to investigate dental network in Houston area and will collaborate with VISN 16 BIM</p> <p><b>11/18:</b> R4 team to coordinate with Network Support/VCA/TW to match addresses with correct provider names and check on contracting statuses for CCN</p>	<p><b>11/18:</b> 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.</p> <ul style="list-style-type: none"> <li>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. <ul style="list-style-type: none"> <li>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.</li> </ul> </li> <li>OCC Network Management &amp; 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.</li> </ul> <p><b>11/30:</b> 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.</p>	Closed
11/12/20	<p><b>VISN 22 – Albuquerque</b> 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 <b>186 dental VCA</b>, this reporting week, there were <b>299 dental VCA referrals</b>.</p>	<p><b>11/18:</b> R4 team to coordinate with Network Support/VCA/TW to match addresses with correct provider names and check on contracting statuses for CCN</p>	<p><b>11/18:</b> 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.</p> <ul style="list-style-type: none"> <li>BIM has requested additional information from the site.</li> <li>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. <ul style="list-style-type: none"> <li>See above for additional detail</li> </ul> </li> </ul> <p><b>11/30:</b> 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.</p>	Closed

# Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
11/18	<p><b>VISN 21 – Sacramento</b> 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).</p>	<p>R4 Team and VISN 21 BIM are reaching to station for more information</p>	<p>(b)(5)</p>	<p>Open</p>
11/18	<p><b>VISN 20 – Puget Sound</b> continues to have the highest VCA utilization.</p>	<p>R4 team to research what is contributing to Puget Sound’s high VCA utilization</p>		<p>Open</p>



# 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

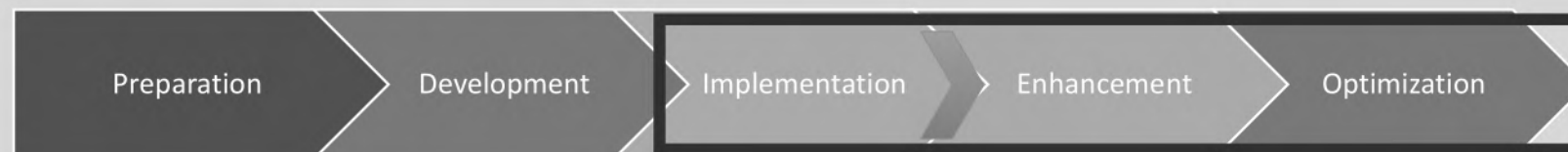
Operationalizing CC business systems, processes, and workflows and identifying enhancements is essential to ensuring effective oversight and administration of community care. The POP will communicate OCC's goals and efforts towards national standardization and leveraging industry best practices to efficiently 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 13<sup>th</sup>
- Submission of secondary draft is slated for December 11<sup>th</sup> ; 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 15<sup>th</sup>

## 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) to ensure scope of capability stays on track

## Next Steps: Integration of Findings

- (b)(5)

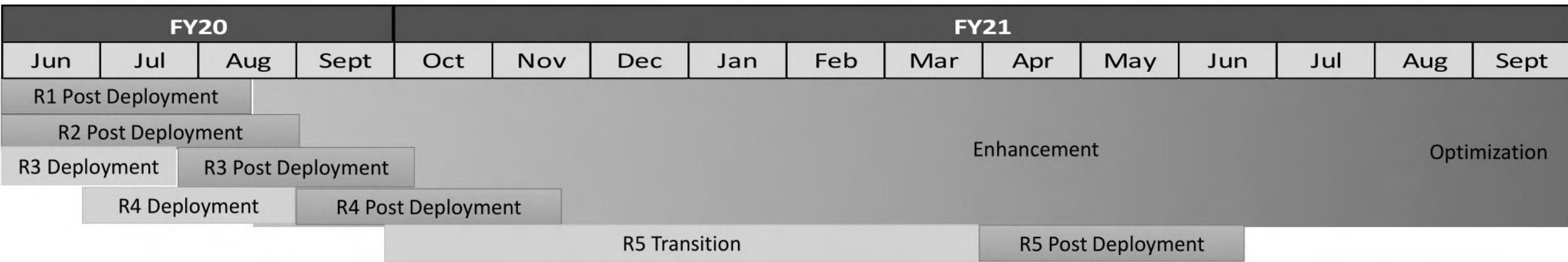
# Optimization Plan Risks

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

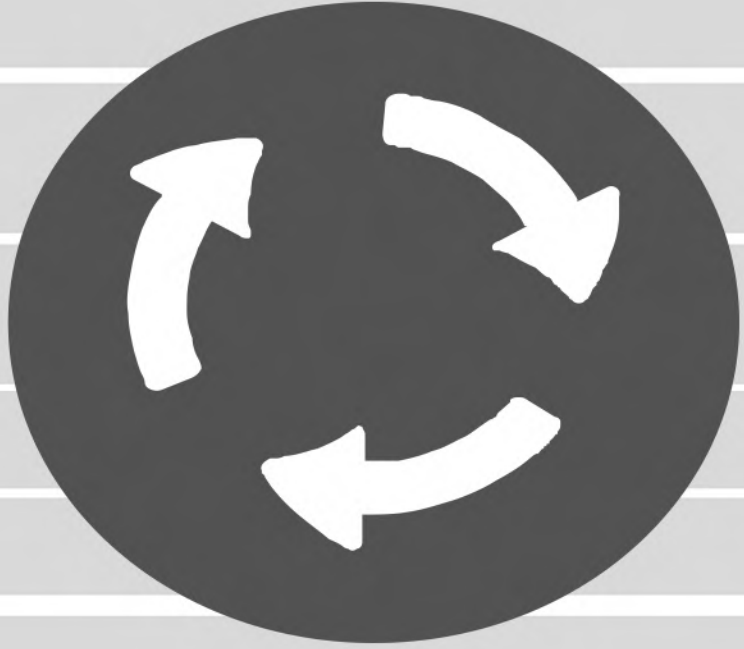


Existing artifacts and contractor interviews will lay the foundation for the roadmap with strategic guidance from VA Business Owners and SMEs.

# Structured Approach to Capture Maturing Capabilities



Eligibility	<ul style="list-style-type: none"> <li>• Determine Eligibility</li> <li>• Communicate Eligibility</li> <li>• Track Eligibility</li> </ul>
Referrals and Authorization	<ul style="list-style-type: none"> <li>• Receive and Communicate Referrals</li> <li>• Receive and Communicate Authorizations</li> <li>• Track Referrals and Authorization</li> </ul>
Care Coordination	<ul style="list-style-type: none"> <li>• Receive and Communicate Health Information</li> <li>• SEOC</li> <li>• Schedule Community Appointments</li> <li>• Coordinate Community Requests</li> </ul>
Utilization Management	<ul style="list-style-type: none"> <li>• Determine Clinical Appropriateness</li> <li>• Track Service Utilization</li> <li>• Track and Incentivize Provider Performance</li> </ul>
Network	<ul style="list-style-type: none"> <li>• Collect Provider Information</li> <li>• Communicate Provider Information</li> <li>• Manage Networks</li> </ul>
Provider Payment	<ul style="list-style-type: none"> <li>• Receive and Process Claims</li> <li>• Pay Claims/Invoices</li> <li>• Audit Claims/Invoices</li> </ul>
Revenue Operations	<ul style="list-style-type: none"> <li>• Track Facility Revenue</li> <li>• Conduct Insurance Verification</li> <li>• Perform Revenue Utilization Review</li> </ul>
Customer Service	<ul style="list-style-type: none"> <li>• Provide Education</li> <li>• Respond to Inquiries</li> </ul>
Patient Safety and Quality	<ul style="list-style-type: none"> <li>• Mitigate risk to safety of Veterans</li> <li>• Track and assess CCN contract clinical quality monitoring activities</li> </ul>



# Sample Capability Section Overview

## OCC Operational Management and Administration (Governance)

Capability Description	Sub-capabilities
<p>OCC's governance structure formalizes relationships between internal and external stakeholders involved in overseeing, managing, and executing the Community Care Network (CCN) Contracts.</p>	<ul style="list-style-type: none"> <li>• PMO Governance within OCC Governance (2.1)</li> <li>• OCC Communications Office (2.2)</li> <li>• Change Management (2.3)</li> <li>• CCN Contract Administration (2.4)</li> </ul>
Key Highlights	
<p><b>Current State 1.0</b></p>	
<p><i>Description: Current state is where we are today: post deployment management and maintenance of the CC program and the implementation of desired capabilities.</i></p>	<ul style="list-style-type: none"> <li>• Overarching key takeaway 1 (focus on what has been accomplished, where we are now)</li> <li>• Overarching key takeaway 2 (focus on what has been accomplished, where we are now)</li> <li>• Overarching key takeaway 3 (focus on what has been accomplished, where we are now)</li> </ul>
<hr/>	
<p><b>Enhanced State 1.5</b></p>	
<p><i>Description: Enhanced State is the operationalization of the desired capabilities.</i></p>	<ul style="list-style-type: none"> <li>• Overarching key takeaway 1 (focus on opportunities that are being addressed, intended outcome)</li> <li>• Overarching key takeaway 2 (focus on opportunities that are being addressed, intended outcome)</li> <li>• Overarching key takeaway 3 (focus on opportunities that are being addressed, intended outcome)</li> </ul>
<hr/>	
<p><b>Optimized State 2.0</b></p>	
<p><i>Description: Optimized state is the optimization of matured capabilities.</i></p>	<ul style="list-style-type: none"> <li>• Overarching key takeaway 1 (focus on vision for future state, optimization activities and integration methods)</li> <li>• Overarching key takeaway 2 (focus on vision for future state, optimization activities and integration methods)</li> <li>• Overarching key takeaway 3 (focus on vision for future state, optimization activities and integration methods)</li> </ul>

# 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)
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)

# 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:
      1. (b)(5)
      - 2.
      - 3.
  - 12/14/2020: Estimated that new VAMCs can start utilizing the CCN optional task.
  - 1/1/2021: (b)(5)
  - (b)(5)
  - (b)(5)
  - 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

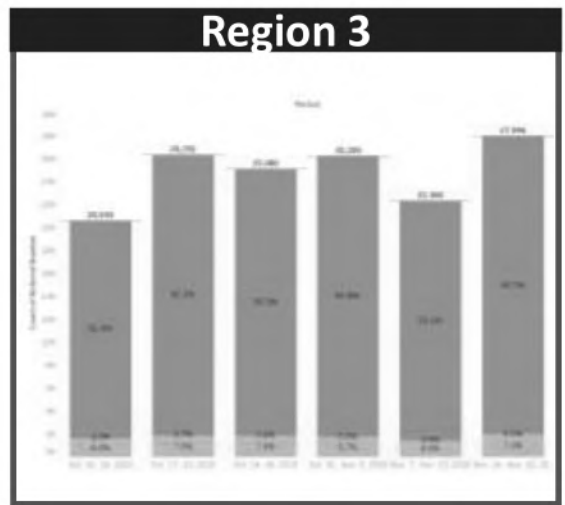
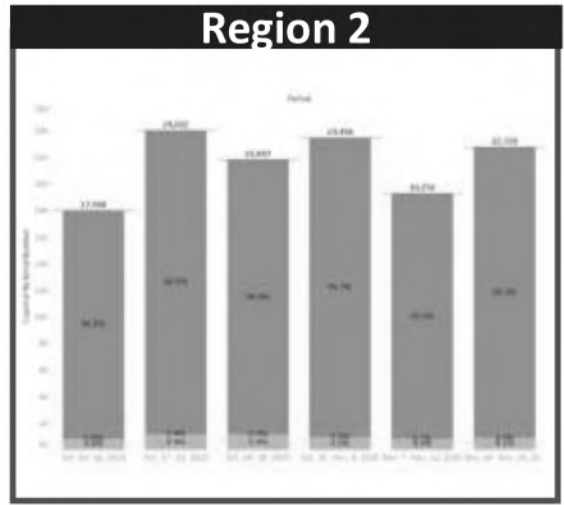
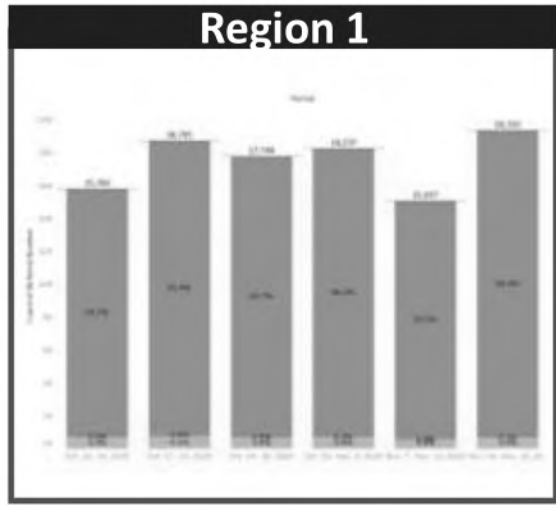
## Decisions Needed/Risks (Operations) Cont.

(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



■ CCN ■ PC3 ■ VCA

## 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*

# Appendix - R4 Referral Monitoring Snapshots

# Region 4: Referral Volume Snapshot

## Top Categories of Care

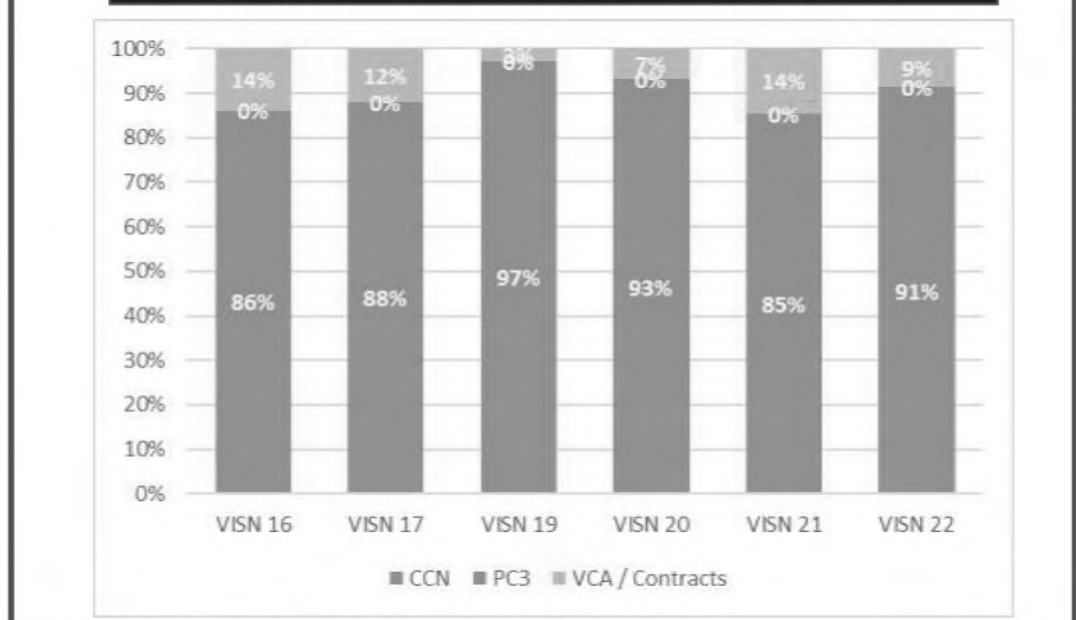
Region	R04	11/14/2020 through 11/20/2020**		
VISN	(All)	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: [dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	1426		1801	3227
OPTOMETRY	2964	5	2	2971
PHYSICAL THERAPY	1591	4		1595
ORTHOPEDIC	1505	6	81	1592
OPHTHALMOLOGY	1461	5	10	1476

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

- 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

## 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  
 VISN: 16  
 Station#\_StationName: (All)

\*\*11/14/2020 through 11/20/2020\*\*  
 Data pulled from the CDW

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

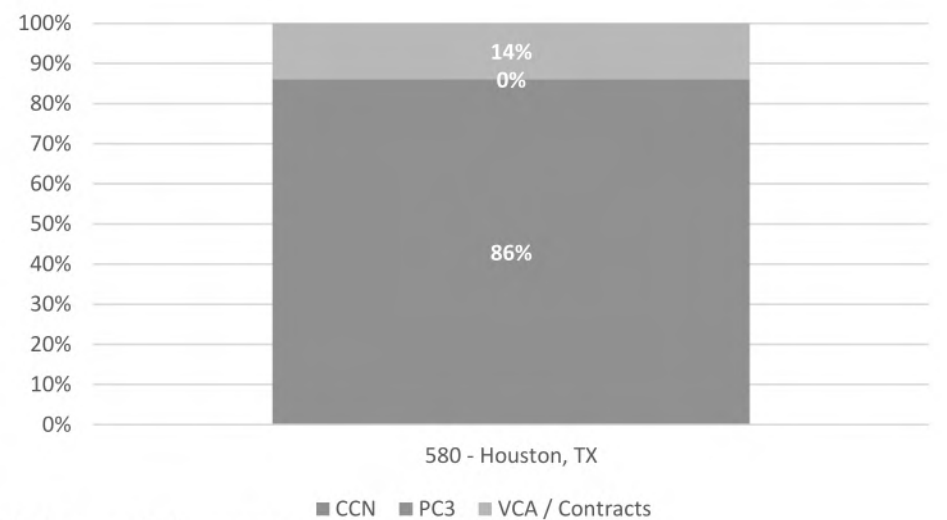
The top five categories of care going to PC3 and VCAs are (not including ER/Urgent Care):

1. Dental
2. Nephrology
3. Veteran Directed Care
4. Dialysis
5. NIC Homemaker/Home Health Aide

7 or less referrals

- 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.

## VISN Referral Network Breakdown



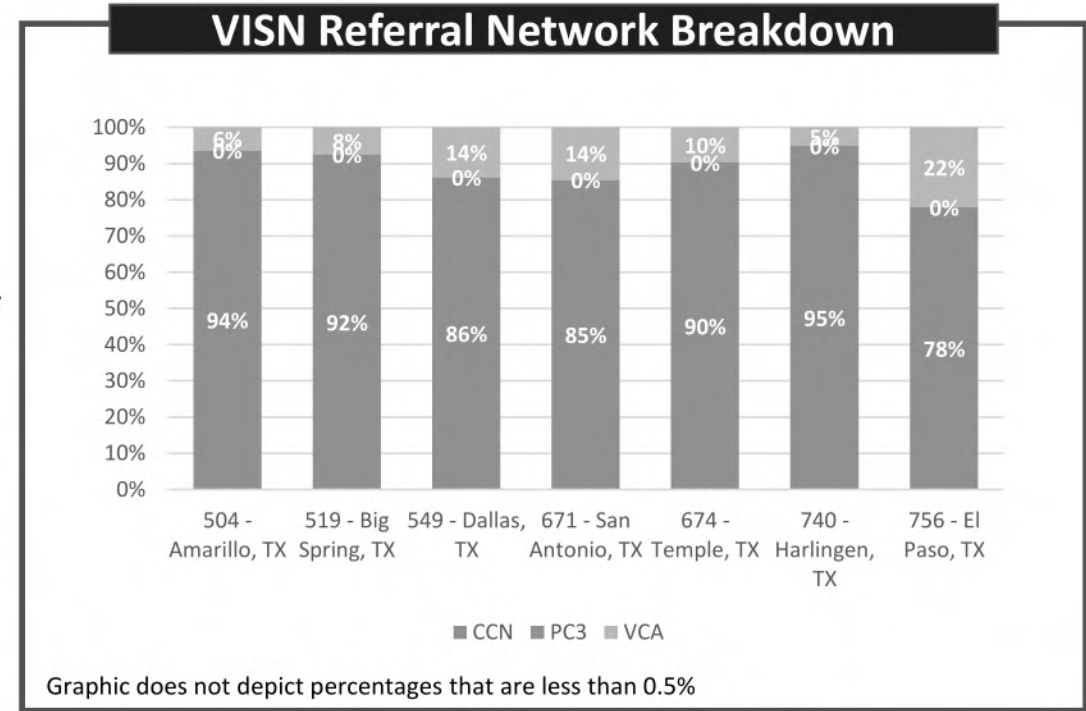
Graphic does not depict percentages that are less than 0.5%

# 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: [dropdown]				
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%.

# Region 4 VISN 19 Sites: Referral Volume Snapshot

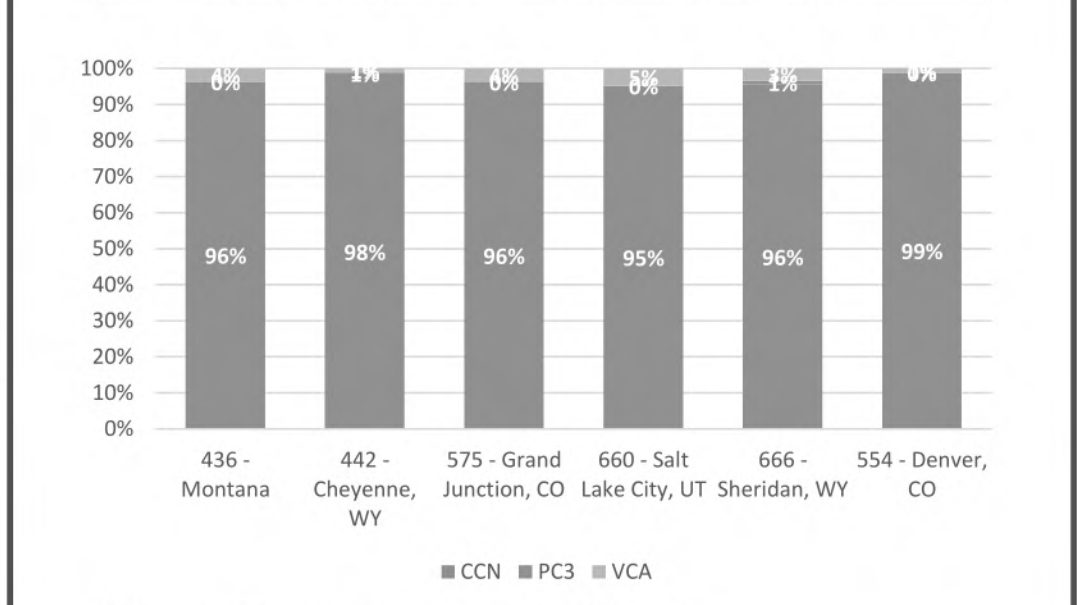
## Top Categories of Care

Region	R04	11/14/2020 through 11/20/2020**		
VISN	19	Data pulled from the CDW		
Station#_StationName	(All)			
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)	

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

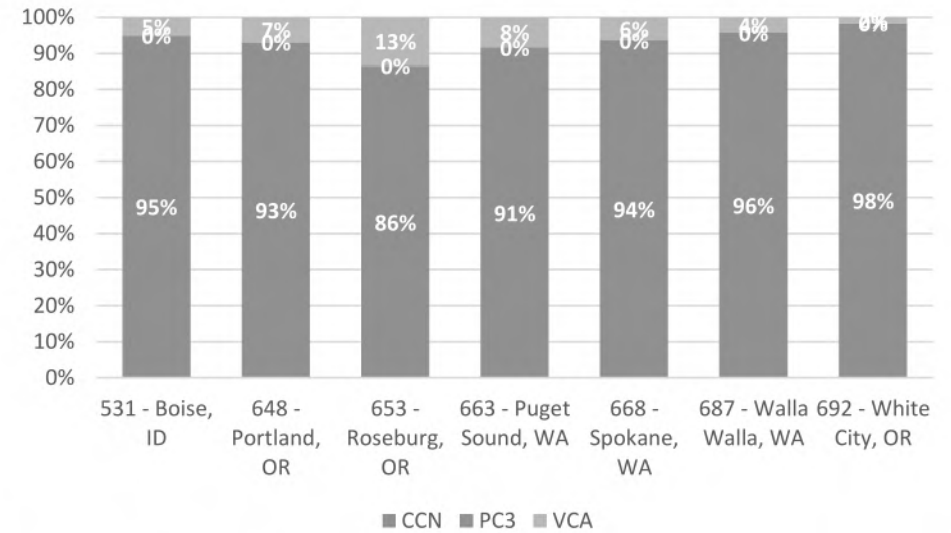
- Referrals generated from the CAEC are not included in this data analysis.
  - For Region 4 VISN 20, this accounted for **58 PC3 referrals**.
  - 56 referrals were categorized as “ER/Urgent” and 2 referrals were categorized as inpatient.
- Despite still having second highest VCA utilization, *Puget 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%

# Region 4 VISN 21 Sites: Referral Volume Snapshot

## Top Categories of Care

Region: R04 | 11/14/2020 through 11/20/2020\*\*  
 VISN: 21 | Data pulled from the CDW  
 Station#\_StationName: (All)

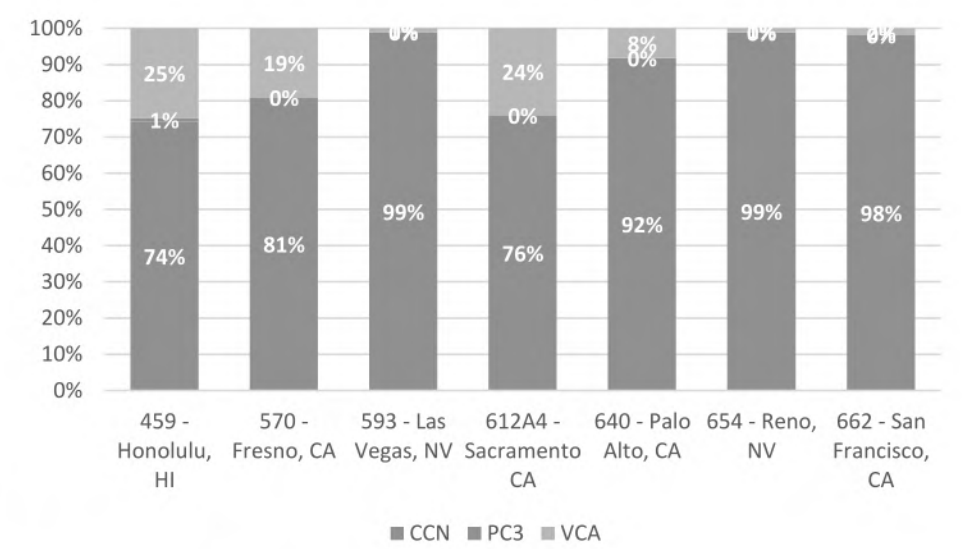
Category of Care	Referrals through:			
	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	367		247	614
OPTOMETRY	408	1		409
RADIOLOGY MRI/MRA	324	1	6	331
PHYSICAL THERAPY	308	1		309
OPHTHALMOLOGY	286		2	288

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 understand the contributing factors for their high VCA utilization
  - HI continues to report staffing challenges.

## VISN Referral Network Breakdown



Graphic does not depict percentages that are less than 0.5%

# Region 4 VISN 22 Sites: Referral Volume Snapshot

## Top Categories of Care

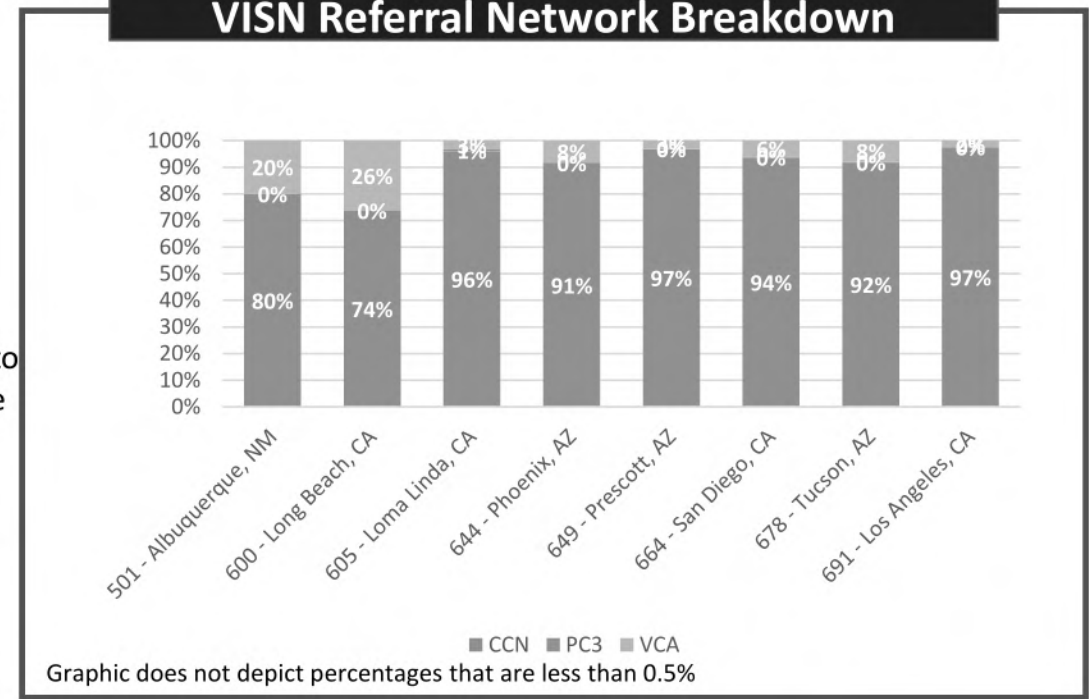
Region	R04	11/14/2020 through 11/20/2020**		
VISN	22	Data pulled from the CDW		
Station#_StationName	(All)			
Referrals through: [dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	601		498	1099
OPTOMETRY	1055	3		1058
MENTAL HEALTH	415	1		416
HOMEMAKER/HOME HEALTH AIDE	285		128	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



# CCN ELC Update

12/9/2020

(b)(6)



- 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)

(b)(5)

- 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)

•

•



# 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)

- 
- 
-

# 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

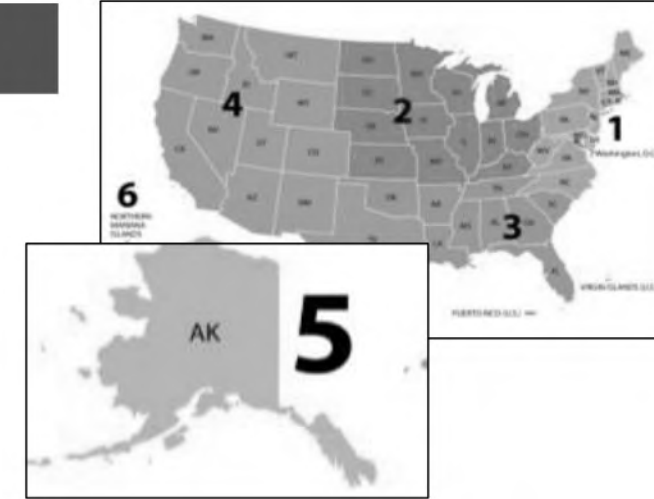
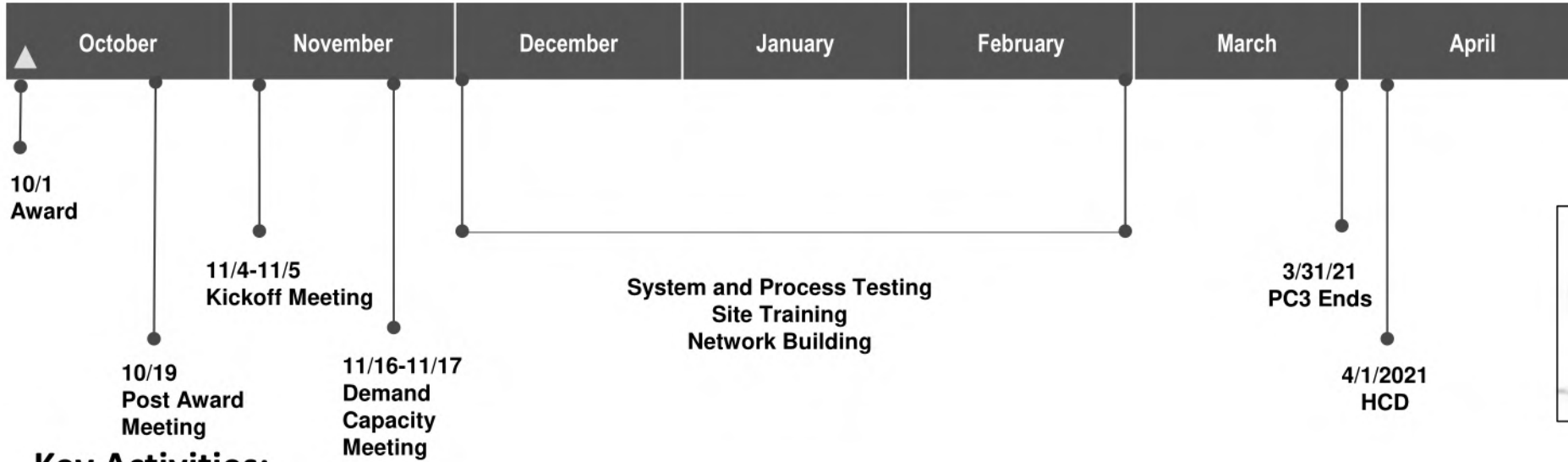
- Increasing consult backlogs are a result of rising pandemic numbers among site staff (especially VISNs 16, 17, 21, 22)
  - BIMs anticipating that use of OT should mitigate increasing consult backlog
- VISN 21 BIM reported weekly calls with specific providers to discuss capacity

## • 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



## Key Activities:

(b)(5)

[Redacted content]

# Region 5 Risks/Issues

Category	Priority	Risks/Issues	Status and Next Steps as of 12/4
<b>Payment Hierarchy and Fee Schedule</b>	Highest	<ul style="list-style-type: none"><li>• (b)(5)</li><li>•</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>• (b)(5)</li><li>•</li></ul>
<b>HCD Timeline and PC3 Contract End Date</b>	High	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>• (b)(5)</li><li>•</li><li>•</li></ul>

# Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 12/4
<b>Dental Fee Schedule</b>	High	<ul style="list-style-type: none"> <li>(b)(5)</li> <li></li> <li></li> </ul>	<ul style="list-style-type: none"> <li>(b)(5)</li> </ul>
<b>Choice Providers in CCN R5 PC3</b>	High	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>(b)(5)</li> <li></li> </ul>
<b>Provider Liability Insurance Requirement</b>	High	<ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>	<ul style="list-style-type: none"> <li>(b)(5) (b)(6) (b)(5)</li> <li>(b)(5)</li> </ul>

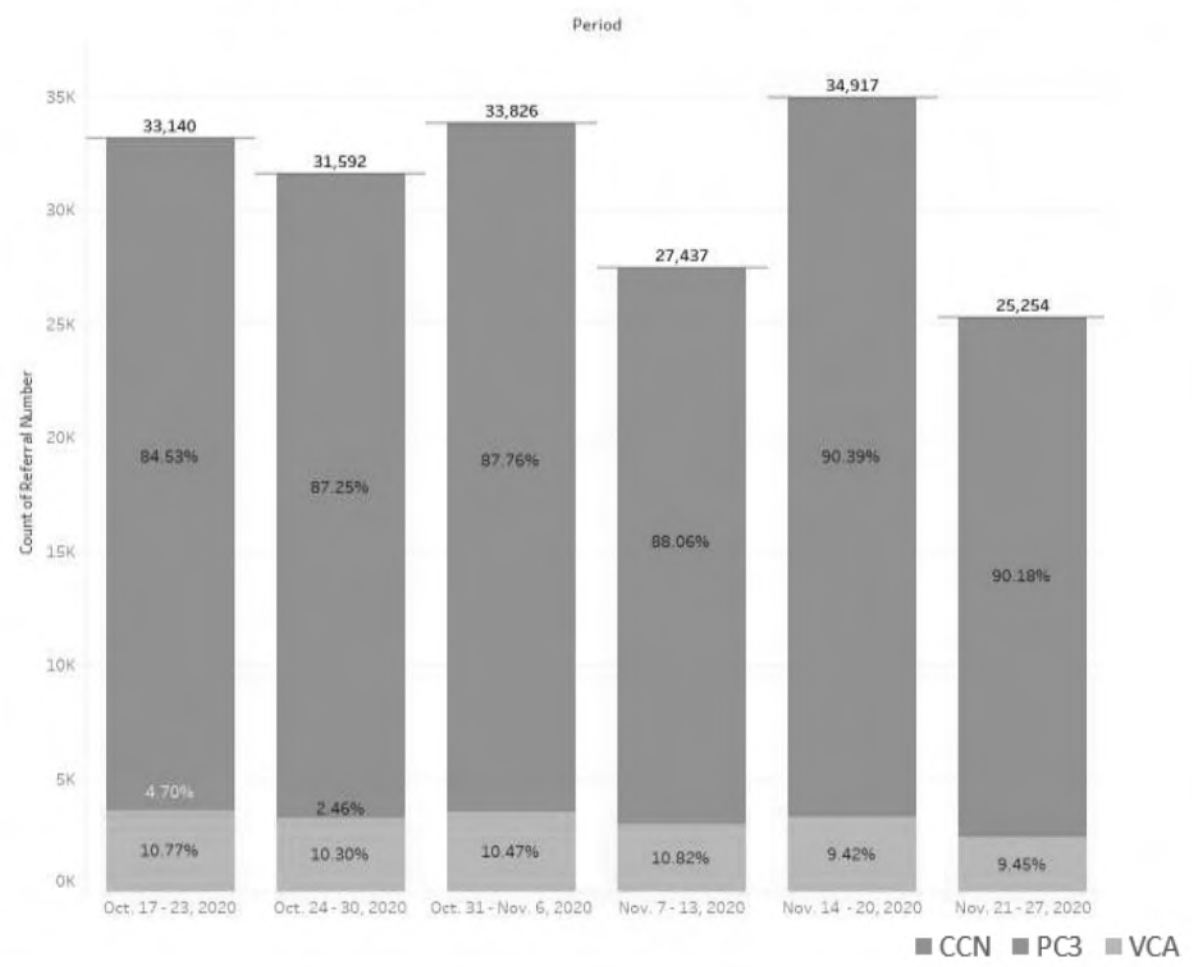
# Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 12/4				
Tabletop and Testing	Medium	<ul style="list-style-type: none"> <li>(b)(5)</li> </ul>	<ul style="list-style-type: none"> <li>(b)(5)</li> </ul>				
Tribal Health	Medium	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>				
DAS Transport Funding	Medium	<ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>	<ul style="list-style-type: none"> <li> <table border="1" data-bbox="1528 813 2471 863"> <tr> <td data-bbox="1528 813 1821 863">(b)(6)</td> <td data-bbox="1821 813 2025 863">(b)(5)</td> <td data-bbox="2025 813 2305 863">(b)(6)</td> <td data-bbox="2305 813 2471 863">(b)(5)</td> </tr> </table> </li> <li>(b)(5)</li> </ul>	(b)(6)	(b)(5)	(b)(6)	(b)(5)
(b)(6)	(b)(5)	(b)(6)	(b)(5)				

# 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.*

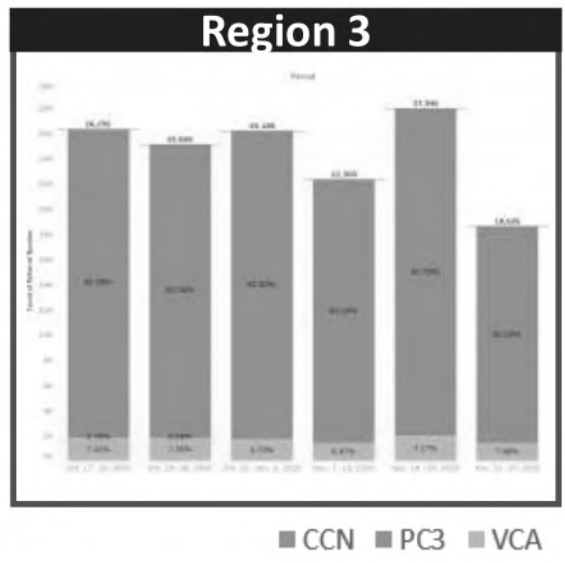
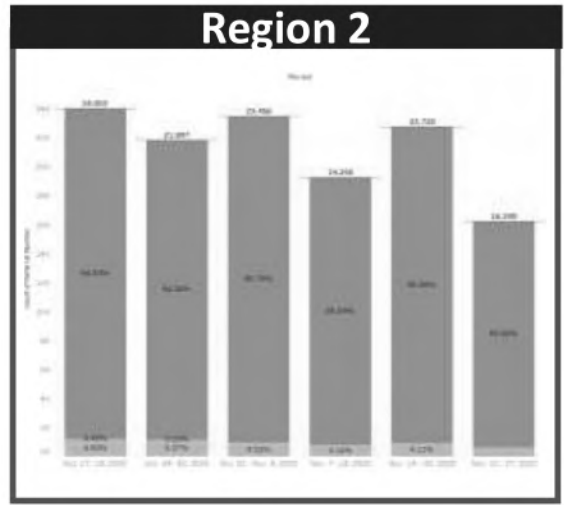
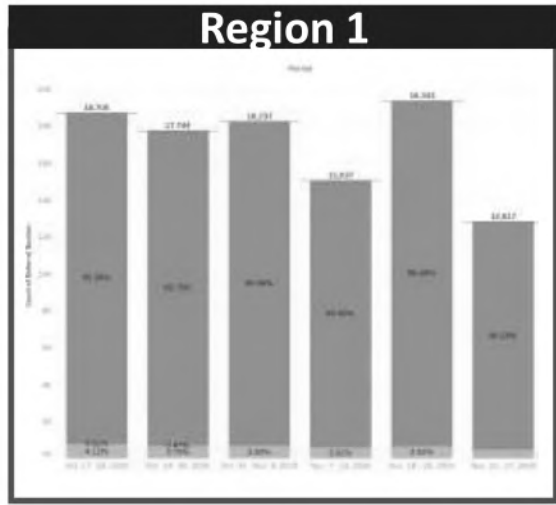
# Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
11/18	<p><b>VISN 21 – Sacramento</b> 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).</p>	<p>R4 Team and VISN 21 BIM are reaching to station for more information</p>	<p><b>11/18:</b> VISN 21 BIM is engaging the station to understand the significant CCN utilization decrease and VCA referral increase.  <b>11/30:</b> R4 team to continue working with VISN 21 BIM to understand the utilization trend  <b>12/3:</b> After further investigation, all the additional referrals were going to <span style="border: 1px solid black; padding: 0 5px;">(b)(6)</span> a DOD affiliate.</p>	Close
11/18	<p><b>VISN 20 – Puget Sound</b> continues to have the highest VCA utilization.</p>	<p>R4 team to research what is contributing to Puget Sound’s high VCA utilization</p>	<p><b>11/30:</b> R4 team to continue working with VISN 21 BIM to understand the utilization trend  <b>12/3:</b> 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.</p>	Close



# Appendix - R1-R3 Referrals Summary

# Region 1-3 Referral Network: Key Observations



## 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*

# Appendix - R4 Referral Monitoring Snapshots

# Region 4: Referral Volume Snapshot

## Top Categories of Care

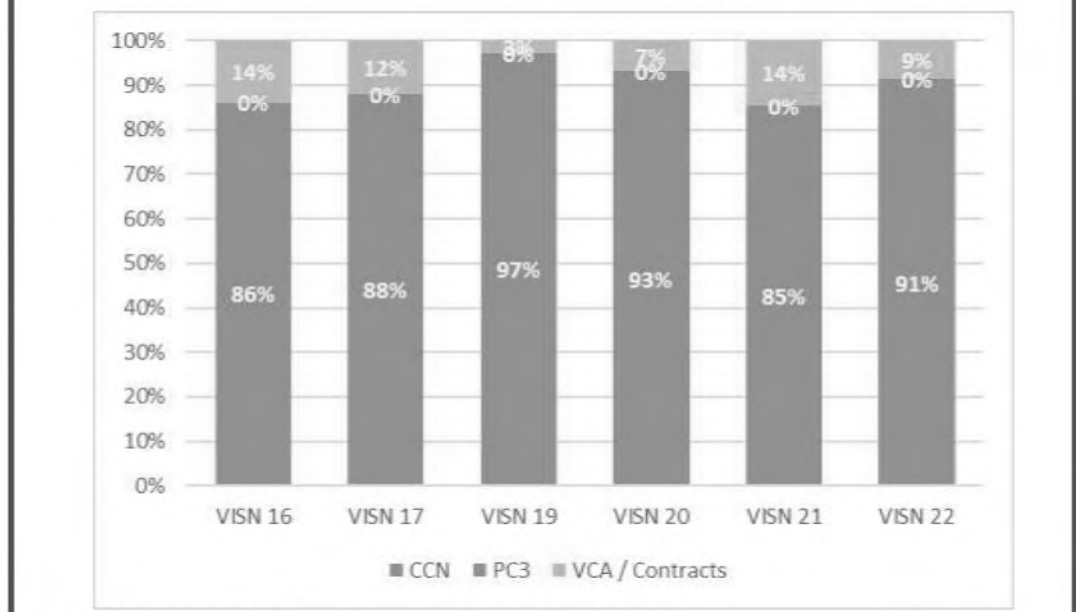
Region	R04			▼
VISN	(All)			▼
Station#_StationName	(All)			▼
Referrals through: ▼				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	973		1171	2144
OPTOMETRY	2064	2	1	2067
PHYSICAL THERAPY	1226	4		1230
SKILLED HOME HEALTH CARE	1020	3	72	1095
OPHTHALMOLOGY	1059	3	32	1094

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

- 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.*

## 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

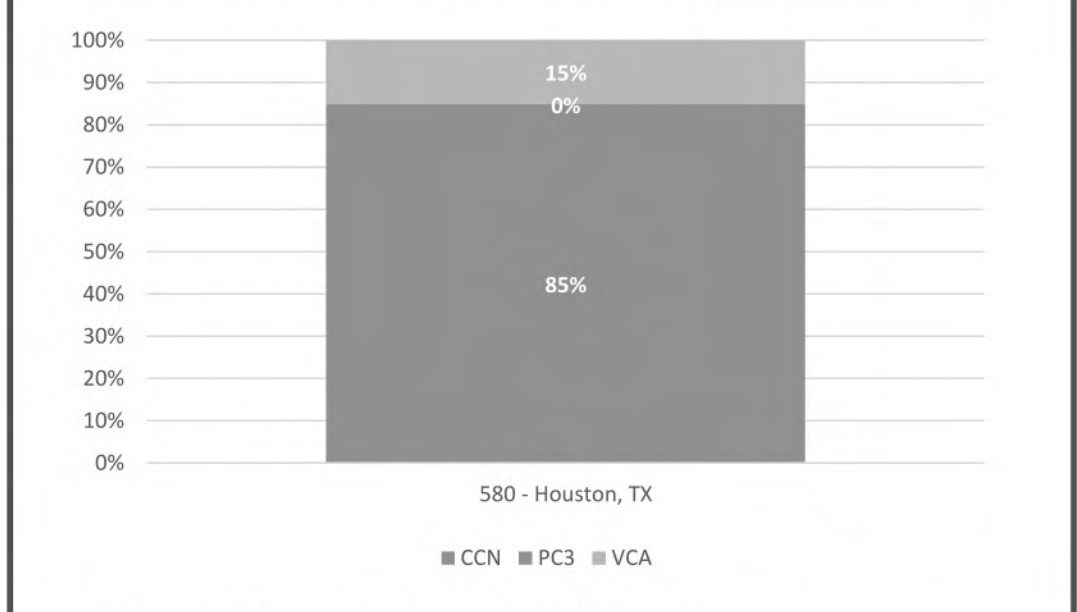
Region	R04			
VISN	16			
Station#_StationName	(All)			
Referrals through: [dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	20		112	132
SKILLED HOME HEALTH CARE	106			106
HOMEMAKER/HOME HEALTH AIDE	74			74
PHYSICAL THERAPY	50	1		51
OPTOMETRY	37			37

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%

# Region 4 VISN 17 Sites: Referral Volume Snapshot

## Top Categories of Care

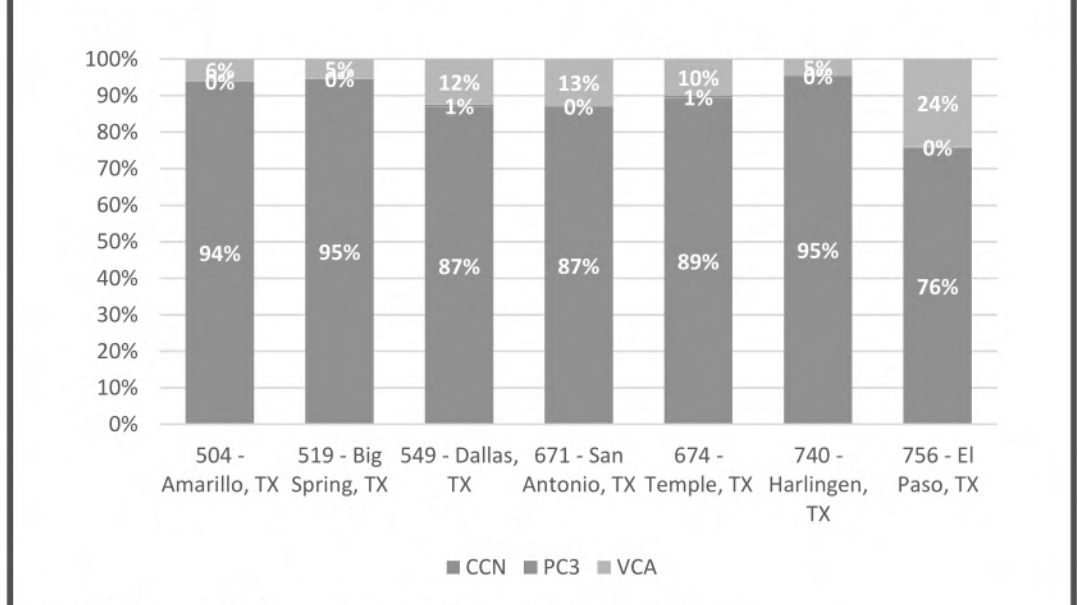
Region	R04			
VISN	17			
Station#_StationName	(All)			
Referrals through: <input type="button" value="CCN"/>				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	156		398	554
GASTROENTEROLOGY	359		4	363
OPTOMETRY	310			310
ORTHOPEDIC	290		8	298
PHYSICAL THERAPY	287			287

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%

# Region 4 VISN 19 Sites: Referral Volume Snapshot

## Top Categories of Care

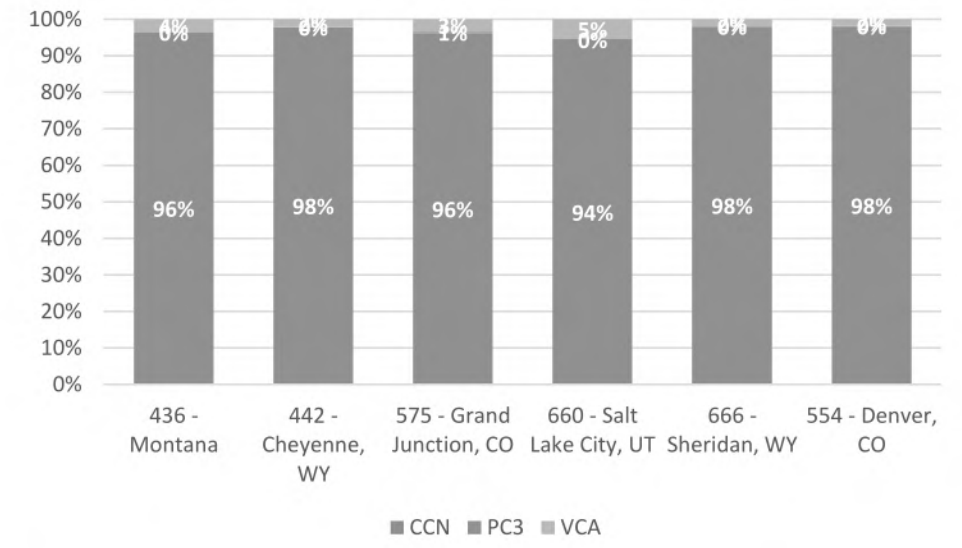
Region	R04			
VISN	19			
Station#_StationName	(All)			
Referrals through: <input type="button" value="v"/>				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPTOMETRY	450			450
PHYSICAL THERAPY	217			217
ORTHOPEDIC	169			169
CHIROPRACTIC	148			148
OPHTHALMOLOGY	142			142

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%

# Region 4 VISN 20 Sites: Referral Volume Snapshot

## Top Categories of Care

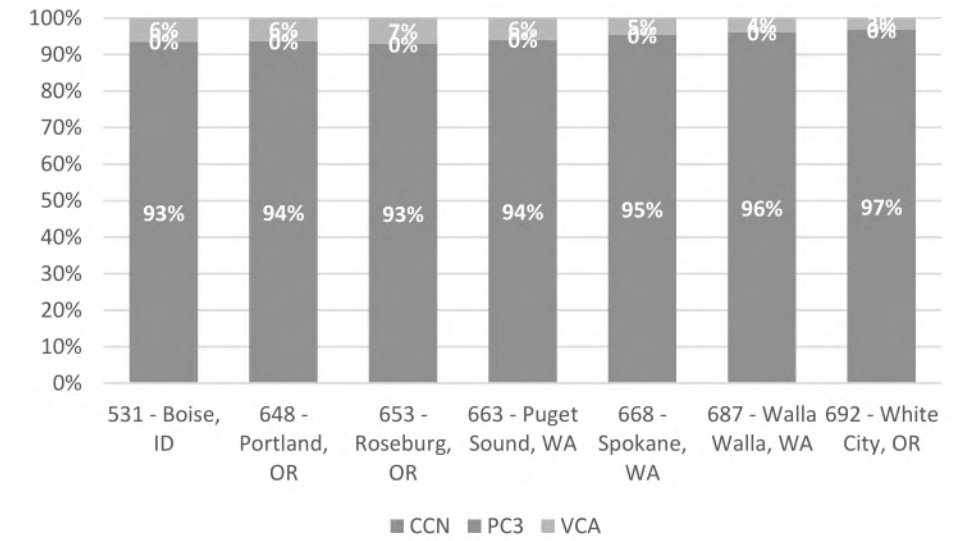
Region	R04			
VISN	20			
Station#_StationName	(All)			
Referrals through: [Dropdown]				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
OPHTHALMOLOGY	295	1		296
ORTHOPEDIC	292			292
OPTOMETRY	250			250
CARDIOLOGY	231			231
DENTAL	76		153	229

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%



# Region 4 VISN 21 Sites: Referral Volume Snapshot

## Top Categories of Care

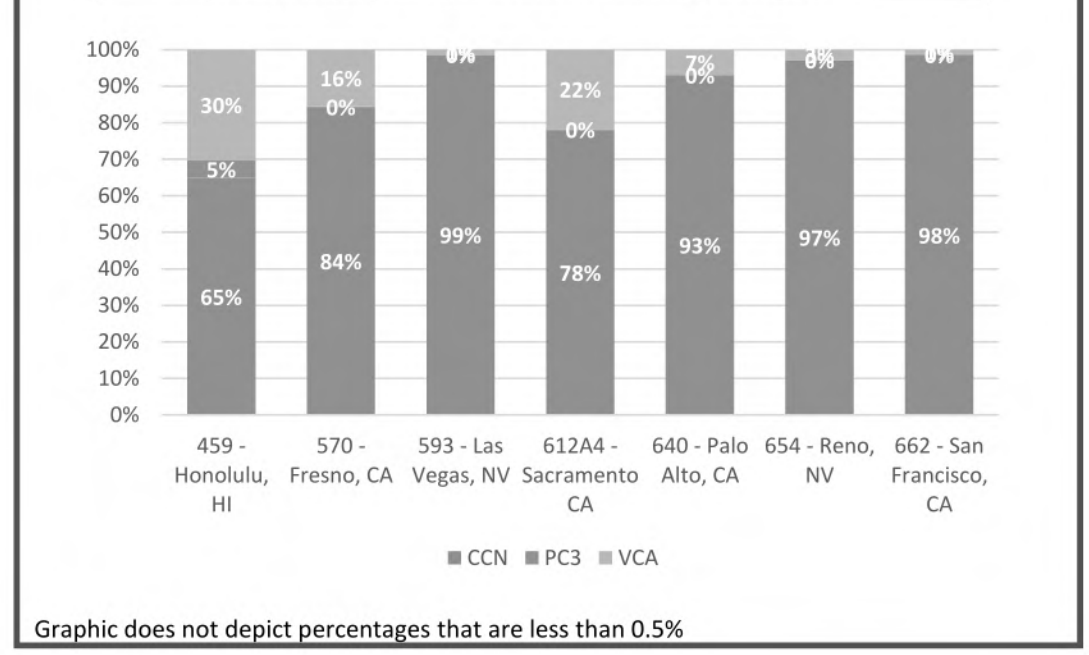
Region	R04			
VISN	21			
Station#_StationName	(All)			
Referrals through: <input type="button" value="v"/>				
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	306		123	429
OPTOMETRY	378	2	1	381
PHYSICAL THERAPY	290	2		292
ORTHOPEDIC	154		55	209
OPHTHALMOLOGY	187	2	2	191

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



# Region 4 VISN 22 Sites: Referral Volume Snapshot

## Top Categories of Care

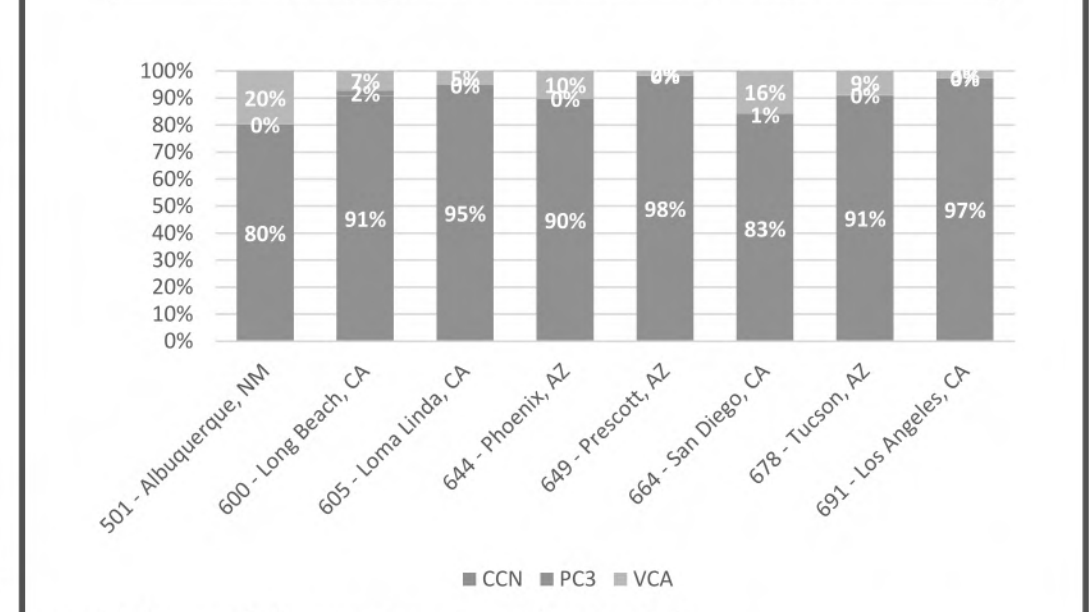
Region	R04			
VISN	22			
Station#_StationName	(All)			
		Referrals through:		
Category of Care	CCN	PC3	VCA / Contracts	Grand Total
DENTAL	328		361	689
OPTOMETRY	639			639
MENTAL HEALTH	320			320
SKILLED HOME HEALTH CARE	284		33	317
HOMEMAKER/HOME HEALTH AIDE	196		46	242

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%

# 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.	<u>12/7</u> : analysis is ongoing	Open

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



# 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)

(b)(5)

(b)(5)

network providers

(b)(5)

(b)(5)

# IDF 3: Maintain Network Adequacy

## IDF3 Incentive Disincentive Factor 3 (IDF3) (Maintain Network Adequacy)

(b)(5)

(b)(5)

(b)(5)

(b)(5)



# IDF 4: Claims Submission Accuracy

## IDF4 Incentive/Disincentive Factor 4 (IDF4) (Claims Submission Accuracy)

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

# Options

Option	Considerations/Risks
<b>Option 1:</b> Change monthly and quarterly incentive review board to all align at semi-annually (first to occur in March 2021).	<ul style="list-style-type: none"><li>• (b)(5)</li><li>•</li><li>•</li><li>•</li></ul>
<b>Option 2:</b> Defer applying IDF until OY3.	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>
<b>Option 3:</b> Hybrid between the two to apply those IDFs we can by March and defer the rest until OY 3.	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>

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# SAC Discussion

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

10/8/2020



**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



# 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**

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**Upcoming Activities**

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**Risks/Issues**

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#	Deliverables	Target Date	Status	Comments	Status
1	Org Chart final design for medical cost management	8/31/20	Complete		● Complete
2	(b)(5)				● In Progress ○ Not Started ○ At Risk ● Late

# Actions Completed to Date

## Strategic Planning Team actions -

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## 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

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# Strategic Planning MITRE Contract

2/1/2021



**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

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# 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**

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- **MITRE Leadership**

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## 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