

Agenda

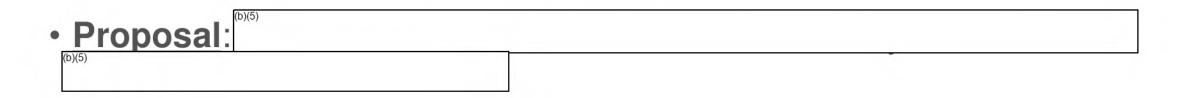
- Regions 4 & 5 Deployment Updates
- Region 5 Flu Shot Decision
- R4 Referral Trends • R4 Referral Analysis: Follow-up Items
- Appendix
 - Optional Task Updates
 - o R1-R3 Referrals Summary
 - R4 Referral Monitoring Snapshots





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.







R4 & R5 CCN Deployment Updates





Region 4 Update

COVID-19 Impact

- o Region 4 BIMs report VAMCs with shorter wait times for internal appointments than in the community due
 - Staffing shortages creating consult backlogs
 - Lack of availability of providers due to temporary office closures and pause on elective procedures
- Deactivating Dental VCAs
 - o Align approach first with the national office and then communicate to dental chiefs.
 - $_{\odot}~$ 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

- o 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
- o 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

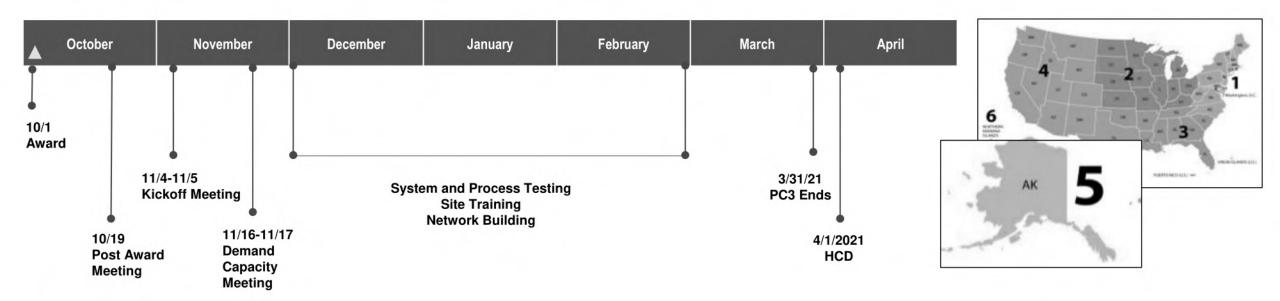
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Region 5 Status and Upcoming Activities



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.





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Region 5 Flu Shot Decision

<u>BLUF</u>: 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



Region 5 Risks/Issues

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





Region 5 Risks/Issues Continued

Category	Risk Level	Risks/Issues	Status and Next Steps as of 12/18
Dental Fee Schedule	High	• (b)(5) •	 Information previously needed from the dental SME was receive^{(b)(5)} ^{(b)(5)} ^{(b)(5)} This was presented to CCRB on 12/16.
Choice Providers in CCN R5 PC3	High	 50% of current PC3 providers are Choice providers which means they will require full credentialing and provider contracting for CCN. 	• ^{(b)(5)}
Provider Liability Insurance Requirement	Medium	 ^{(b)(5)} The contract clause which specifies the amount has been in every version of the RFP throughout the acquisition process; TW has not raised this as a concern or issue and signed the contract with this clause. 	 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
		• (b)(5)	bring to VA to reconsider.





Region 5 Risks/Issues Continued

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





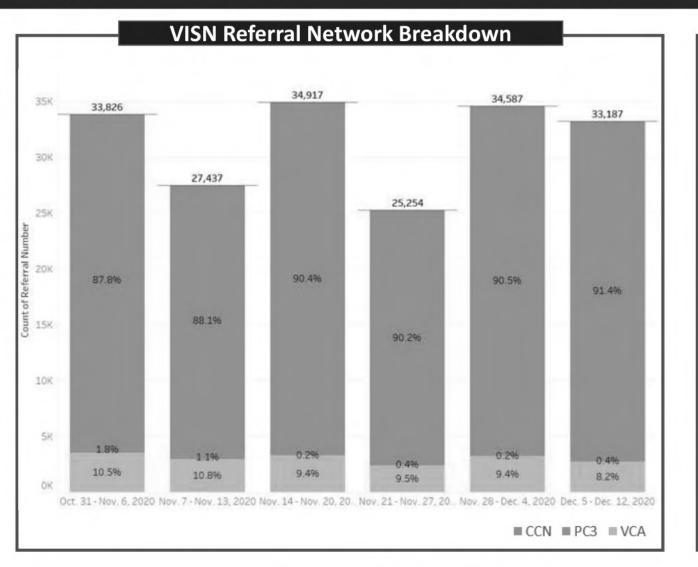


R4 Referral Trends





Region 4: Referral Volume Snapshot



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Referral Analysis

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



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Region 4 Follow-up Items: Updates

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



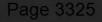


Region 4 Follow-up Items: Updates

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







Appendix – Optional Task Updates





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

Decisions/Status

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





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

Decisions/Status

•

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Decisions:

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





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

Decisions/Status

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Completed Actions Steps

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

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

Decisions Needed/Risks (Operations)

HSRM Optional Task CLIN Drop Glitch:

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

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optional lask #1: Operational Key Decisions and Risks

On Track in progress

Moderate risk; in progress

Significant risk; mitigation plan not mature

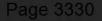
Decisions Needed/Risks (Operations) Cont.

(b)(5)	

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





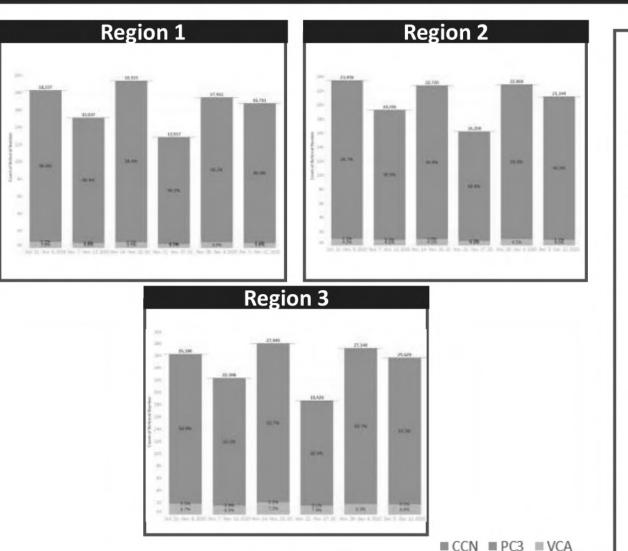


Appendix - R1-R3 Referrals Summary





Region 1-3 Referral Network: Key Observations



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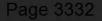
Key Observations & Takeaways

- 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





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Appendix - R4 Referral Monitoring Snapshots





Region 4: Referral Volume Snapshot

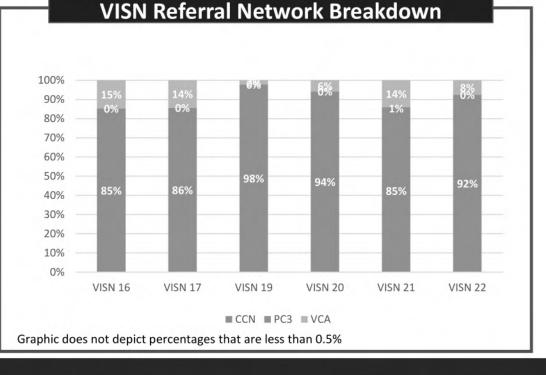
T	op Categories o	f Car	e		
Region	R04	.7	*12/5	5/2020 through 12	2/11/2020**
VISN	(All)	Υ.		Data pulled fro	om the CDW
Station#_StationName	(All)	*			
Category of Care	Referrals thro		002	VCA / Contracts	
OPTOMETRY	<mark>↓↓</mark> CCN	2671	1	VCA / Contracts V	Grand Total 2672
OPTOMETRY	, ↓ CCN			1304	
	<u></u> t CCN	2671			2672
OPTOMETRY DENTAL	<u></u> t CCN	2671 1325			2672 2629

- 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

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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
- Skilled home health care
- 5. Respite care



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



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Region 4 VISN 16 Sites: Referral Volume Snapshot

	Top Catego	ories of	f Care		
Region	R04	7	**12/5/20	20 through 12/	/11/2020**
VISN	16	T		ata pulled from	m the CDW
Station#_StationName	(All)	-			
Category of Care	Referrals th		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	

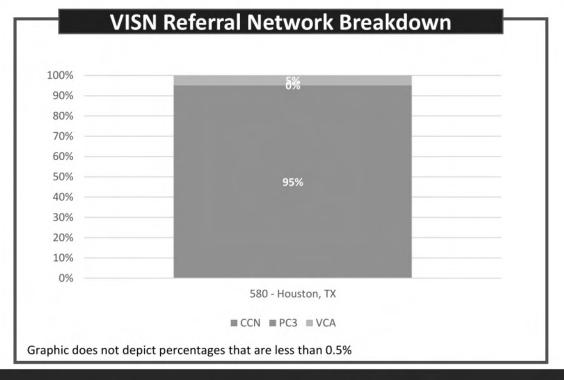
- **Referrals generated from the CAEC** are not included in this data analysis.
 - For Region 4 VISN 16, this accounted for **60 PC3 referrals**. ٠
 - 58 referrals were categorized as "ER/Urgent" and 2 referrals were categorized as inpatient.
- CCN utilization increased 10% compared to prior week. ٠

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Field continues to report challenges with Dental referrals and ٠ 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.

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

1. Dental 1 referral Nephrology



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



Region 4 VISN 17 Sites: Referral Volume Snapshot

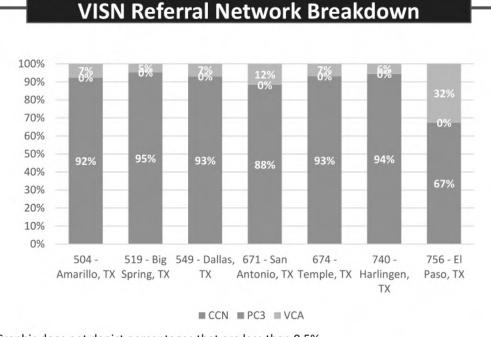
T	op Categories of Care	e		
Region	R04 🕶 *	12/5	5/2020 through 1	2/11/2020**
VISN	17		Data pulled fr	om the CDW
Station#_StationName	(All) 🔽			
Category of Care	Referrals through: 🔽	РСЗ	VCA / Contracts	Grand Total
		РСЗ	VCA / Contracts 484	
DENTAL	<mark>↓↓</mark> CCN	PC3		
DENTAL GASTROENTEROLOGY	<mark>↓↓</mark> CCN 163	PC3 1		647
Category of Care DENTAL GASTROENTEROLOGY ORTHOPEDIC CARDIOLOGY	↓↓ CCN 163 542		484 1	647 543

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

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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



Graphic does not depict percentages that are less than 0.5%

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



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Region 4 VISN 19 Sites: Referral Volume Snapshot

	Top Categori	es of Ca	are			
Region	R04	.	12/5/2020	2/5/2020 through 12/11/2020**		
VISN	19	Data pulled from the CD			he CDW	
Station#_StationName	(All)	*				
Category of Care	Referrals th		C3 VCA/	Contracts Gra	nd Total	
OPTOMETRY		685			685	
		685 332				
OPHTHALMOLOGY					685	
OPTOMETRY OPHTHALMOLOGY CHIROPRACTIC ORTHOPEDIC		332			685 332	

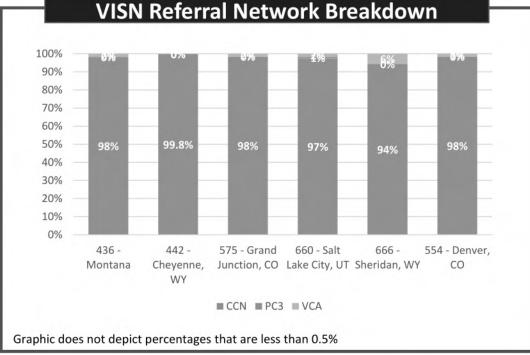
- **Referrals generated from the CAEC** are not included in this data analysis.
 - For Region 4 VISN 19, this accounted for 19 PC3 referrals.
 - 16 referrals were categorized as "ER/Urgent" and 3 referrals were categorized as inpatient.
- CCN utilization remained about the same for all sites. Sheridan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

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• Cheyenne CCN utilization reached an all time high of 99.8%.

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



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



Region 4 VISN 20 Sites: Referral Volume Snapshot

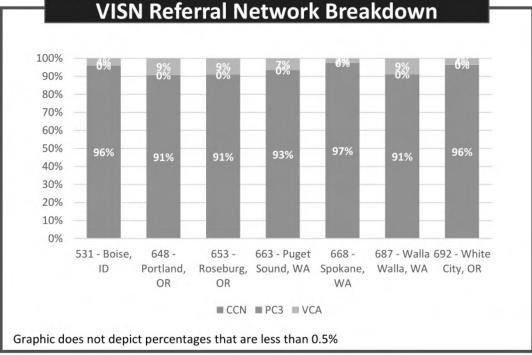
Top Categories of Care					
Region	R04	√ *12/	/5/2020 through 12/11/2020**		
VISN	20		Data pulled from the CDV		
Station#_StationName	(All)	*			
Category of Care	Referrals thi		VCA / Contracts G	rand Total	
DENTAL		162	158	320	
OPTOMETRY		295		295	
PRIMARY CARE		279		279	
UROLOGY		242	26	268	
OPHTHALMOLOGY		266		266	

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

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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



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



Veterans Health Administration

Region 4 VISN 21 Sites: Referral Volume Snapshot

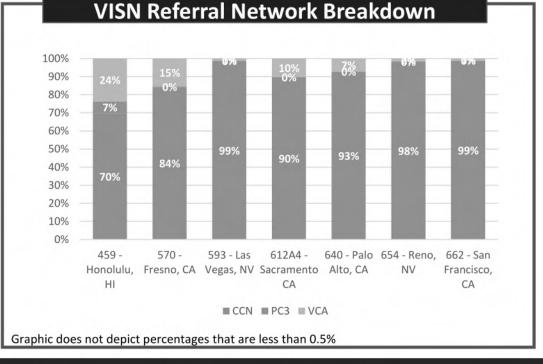
Top Categories of Care					
Region	R04	.T	12/5	5/2020 through 12	2/11/2020**
VISN	21	A		Data pulled from the CDV	
Station#_StationName	(All)	*			
Category of Care	Referrals th ↓↓ CCN		PC3	VCA / Contracts	Grand Total
			РСЗ	VCA / Contracts 149	Grand Total 472
DENTAL			PC3		
DENTAL		323	PC3		472
DENTAL OPTOMETRY		323 408	P C3		472 409

- **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.

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

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



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



Region 4 VISN 22 Sites: Referral Volume Snapshot

Top Categories of Care					
Region	R04	* 12/	5/2020 through 1	2/11/2020**	
VISN	22	at the second se	Data pulled from the CDV		
Station#_StationName	(All)	*			
	Referrals through	-			
Category of Care	↓ CCN		VCA / Contracts	Grand Total	
CALL AND A DESCRIPTION OF A	↓ CCN		VCA / Contracts 441		
DENTAL		РСЗ		Grand Total 938 874	
DENTAL OPTOMETRY		PC3		938	
Category of Care DENTAL OPTOMETRY MENTAL HEALTH SKILLED HOME HEALTH CARE	→ ↓ CCN	PC3 497 874		938 874 394	

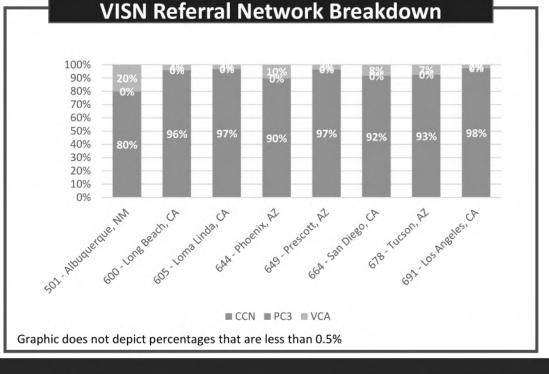
- **Referrals generated from the CAEC** are not included in this data analysis.
 - For Region 4 VISN 22, this accounted for **81 PC3 referrals**.
 - 75 referrals were categorized as "ER/Urgent" and 6 referrals were categorized as inpatient.
- CCN and VCA utilization remained steady compare to prior week 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.

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The main driver for the VCA/Contract utilization is due to dental. Network management is aware of the issue.

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

- 1. Dental
- Homemaker/home health aide
- Skilled home health care
- **Respite** care 4.
- Ophthalmology 5.







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

12/30/20





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)





• <u>Main Objective</u>: 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.

Background:

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- 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

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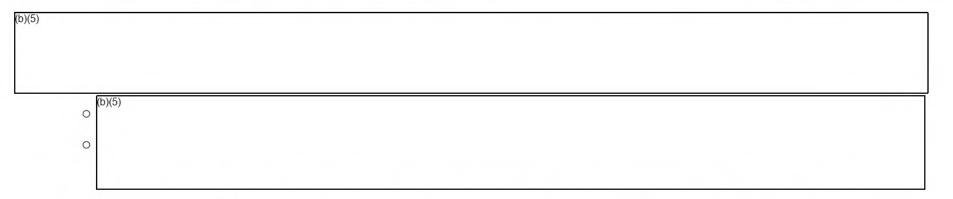
TriWest's Proposed Framework Assumptions

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TriWest's Proposed Framework Assumptions Continued



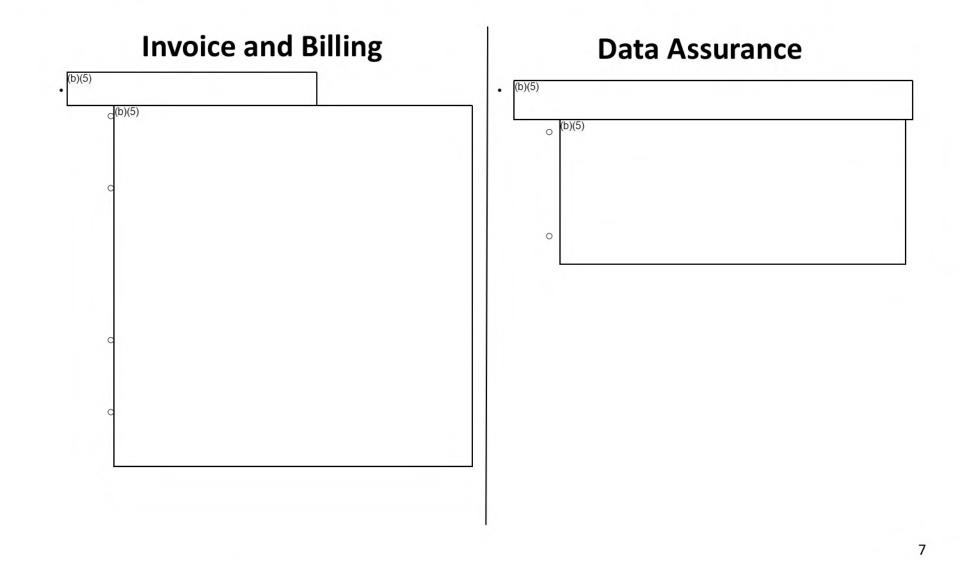
The current status of COVID-19 vaccine Distributions Plan for major Pharmacy chains are listed below:

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





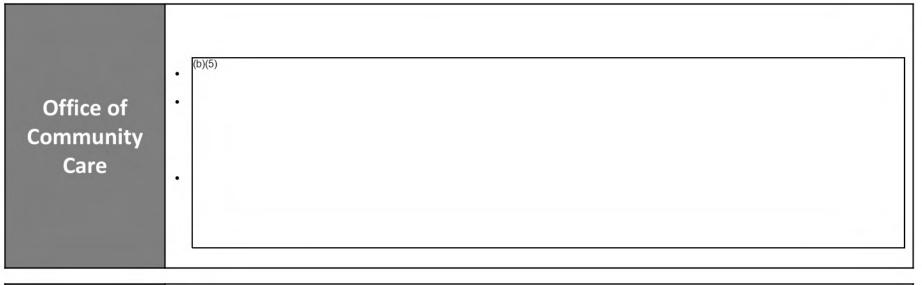
TriWest's Proposed Framework Assumptions Continued

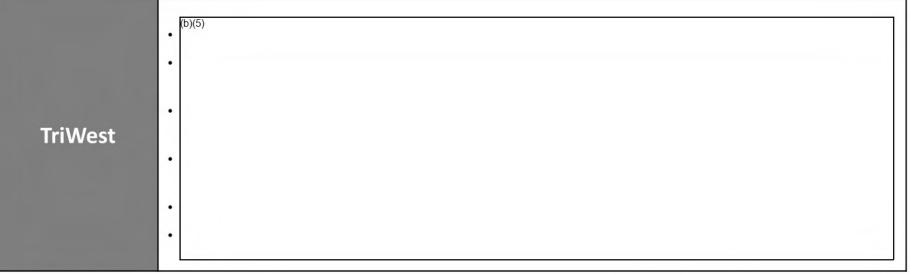






Next Steps









U.S. Department of Veterans Affairs

Q&A





U.S. Department of Veterans Affairs

Veterans Health Administration Office of Community Care



Agenda

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





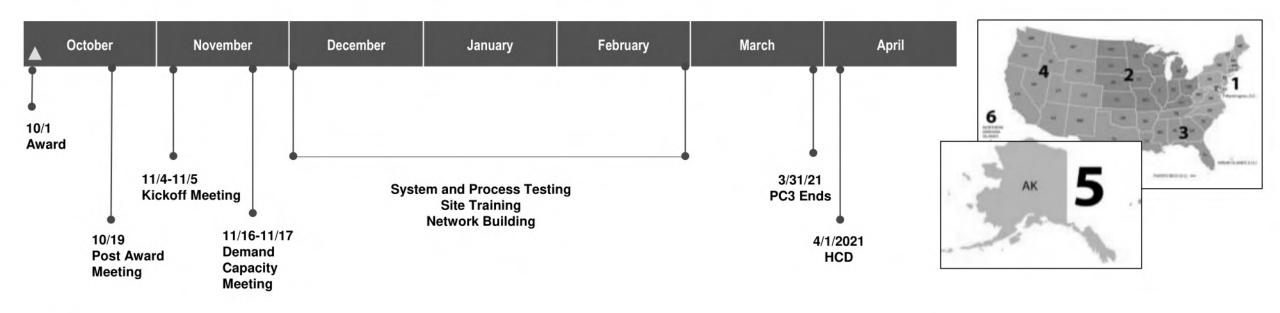


R5 Deployment Updates

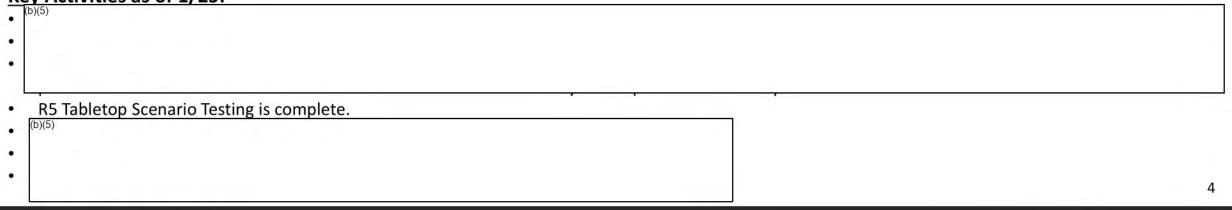




Region 5 Status and Upcoming Activities



Key Activities as of 1/25:





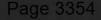


U.S. Department of Veterans Affairs

Region 5 Risks/Issues

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



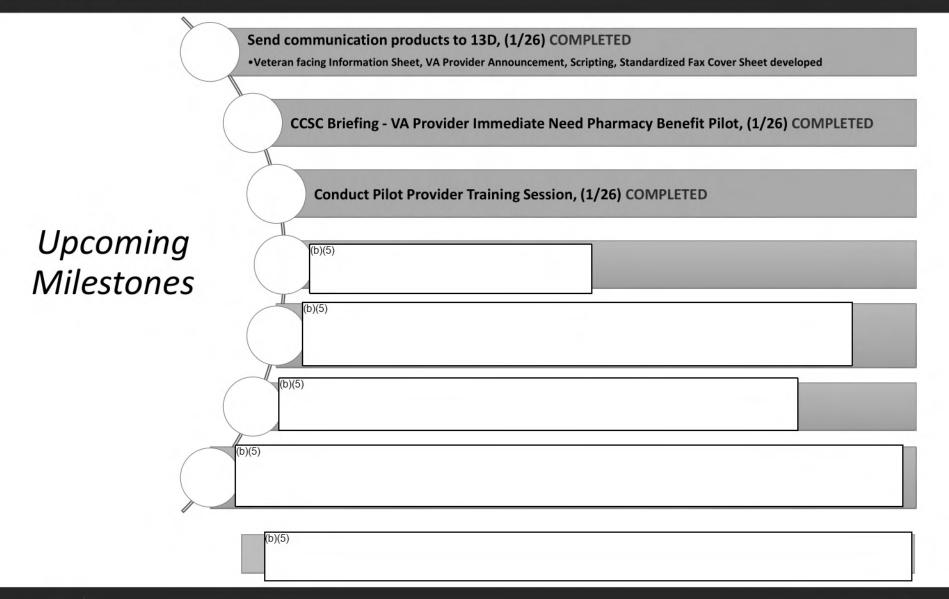
VA Provider Pharmacy Capability Update





Project Milestones

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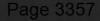
Pilot Update

- 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.
 - <u>Update</u>: 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
)(6)	CBOC (Primary Care)	Fresno CBOC
	CBOC (Primary Care)	Fresno CBOC
	CBOC (Primary Care)	Fresno CBOC
	Telehealth Urgent Care	Reno
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth	San Francisco
	Telehealth Urgent Care	San Francisco
	Telehealth Urgent Care	San Francisco
	Telehealth Urgent Care	San Francisco
	Telehealth Urgent Care	Sacramento
	Telehealth Urgent Care	Sacramento
	Telehealth Urgent Care	Sacramento
	Telehealth Urgent Care	Santa Rosa CBOC
	(b)(6)	Pacific Islands HCS
		Pacific Islands HCS
		Fresno Pharmacy







ART/IVF Pharmacy Issue Update





ART/IVF Pharmacy Issue - Update

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

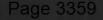
• Issue 1: Veteran OOP reimbursement (Immediate/Interim Solution)

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

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







Retail Seasonal Flu Vaccine 2021-2022





Retail Seasonal Flu Vaccine 2021-2022

BLUF
(b)(5)
 Background: Veterans have historically leveraged VA's retail seasonal flu vaccine program. The need increased in the 2020-2021 flu vaccine season due to COVID-19 and given the status of COVID-19, the 2021-2022 flu season will also likely see a higher than usual demand.
• Timeline: Seasonal Flu Vaccine Availability September 1, 2021-April 30, 2022
 Communication development completed by July
 Other coordination efforts (flu formulary update, NDC list development, escalation pathway, reimbursement, etc.)





Office of Comm

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





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



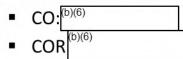


Introduction

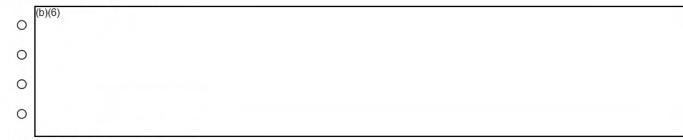
• VA Team

○ Executive Sponsor: Dr. Mark Upton

- Recommend IPT Charters (Strategic Planning and Next Generation)
- Program Manager:^{(b)(6)}
- Contract Management:



MITRE Team



MITRE Leadership







Contract Statement of Work

5.2.1 National Strategic Planning Support

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





Recommended Replacement Work (Plan A)

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

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





Directorate/OCC Strategic Plan Components

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





Long Term Planning Areas of Consideration

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



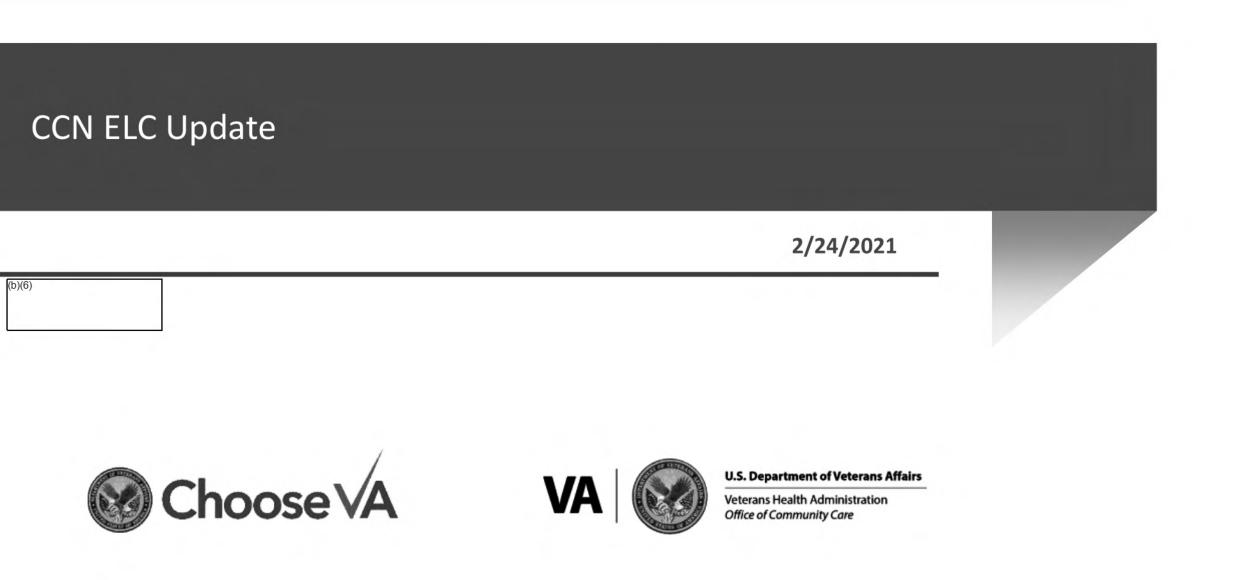


Recommended Replacement Work (Plan B)

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





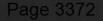


Agenda

- 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
 - \circ Background
 - Status Update





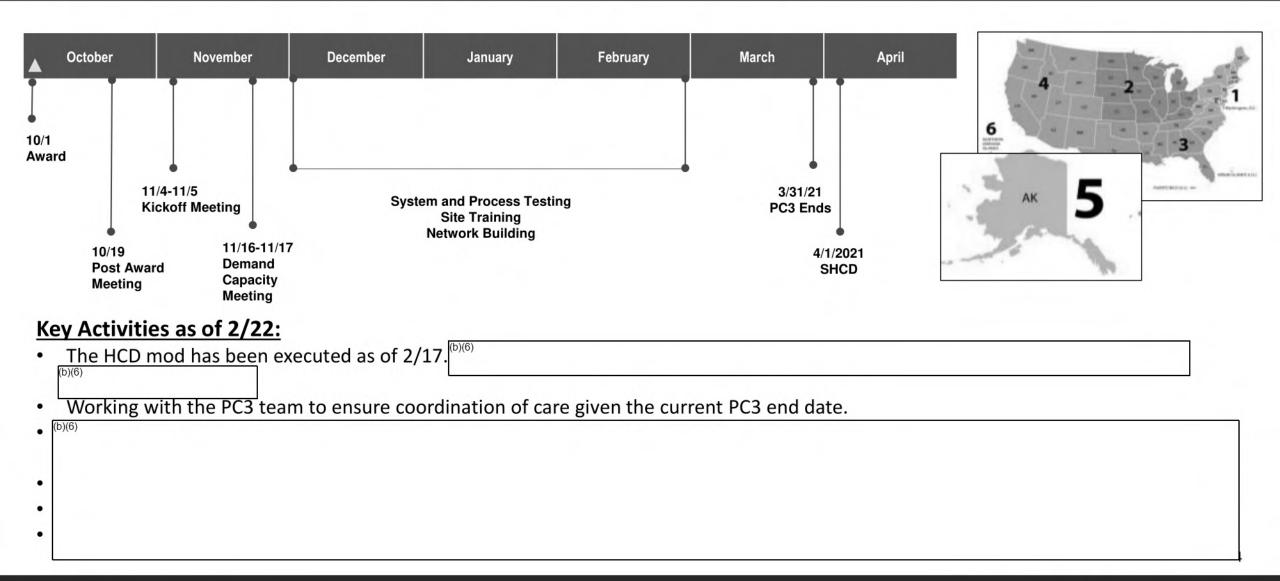


R5 Deployment Updates





Region 5 Status and Upcoming Activities







Office of Community Care

Region 5 Modifications and Risks Update

Category	Risk Level	Risks/Issues	Sta	atus and Next Steps as of 2/22
Payment Hierarchy and Fee Schedule Modification	High	• ^{(b)(6)}	•	(b)(6)
Mod Bundle #2	High	•	•	
Dental Modification	High	•	•	
TW Delta Dental Timeline	High	•	•	
VCE Modification	High	•	•	5





Office of Community Care

CCN Pharmacy Items Prioritization: Overview

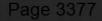
Category	Immediate Action/Quick Win	Intermediate/Ongoing	Long-term	Dependency Item(s)/Project(s)
CCN VA Provider Pharmacy	(b)(5)			
CCN Disaster Pharmacy Benefit				
Specialty Pharmacy				
Compounded Drugs				
CCN Flu Shot				
Infertility and ART/IVF Medication				
CCN Pharmacy Benefit Management				
Pharmacy out of pocket reimbursement guidance				
Other projects under a different directorate				
🐼 Choos	se A			VA U.S. Department of Veterans Affairs Veterans Health Administration Office of Community Care

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	þ	
Infertility and ART/IVF Medication		
CCN Pharmacy Benefit Management		
Pharmacy out of pocket reimbursement guidance		







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





Infertility/IVF– Pharmacy Summary of Issue

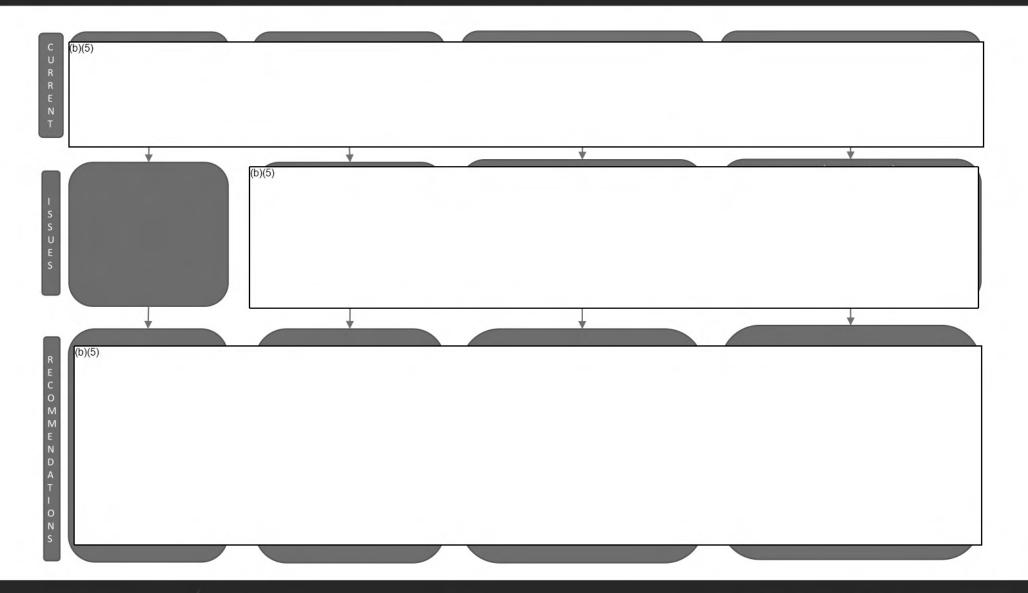
BLUF: Veterans and eligible non-Veteran spouses receiving fertility care outside Veterans Administration (VA) facilities are required to get their medications from VA pharmacies. These medications are currently not eligible for urgent/emergency prescribing from the community care retail pharmacy. Because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







Current path along with known issues







U.S. Department of Veterans Affairs

Issue 1: Infertility OOP Pharmacy Reimbursement

Issue Scenarios for Infertility (including ART/IVF) OOP Reimbursement	
(0)(5)	
Recommendation	
(b)(5)	I
Next Steps:	
1. ^{(b)(5)}	
2.	
3. 4.	





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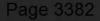
Issue 2: Availability of infertility/IVF medications

ISSUE SUMMARY:	
(b)(5)	
Immediate Solution: Add to urgent/emergent formulary for a safety net	
<u>Status</u> ^{(b)(5)}	
Recommendation:	
Intermediate Solution (Proposed) ^{(b)(5)}	
<u>Status</u> (b)(5) (b)(5)	
Long Term Solution (Proposed) ^{(b)(5)}	
(b)(5) <u>Status</u> ^{(b)(5)}	
Next Steps: 1. ^{(b)(5)}	
2.	
3.	
	/





U.S. Department of Veterans Affairs



PC3 Close Out Updates



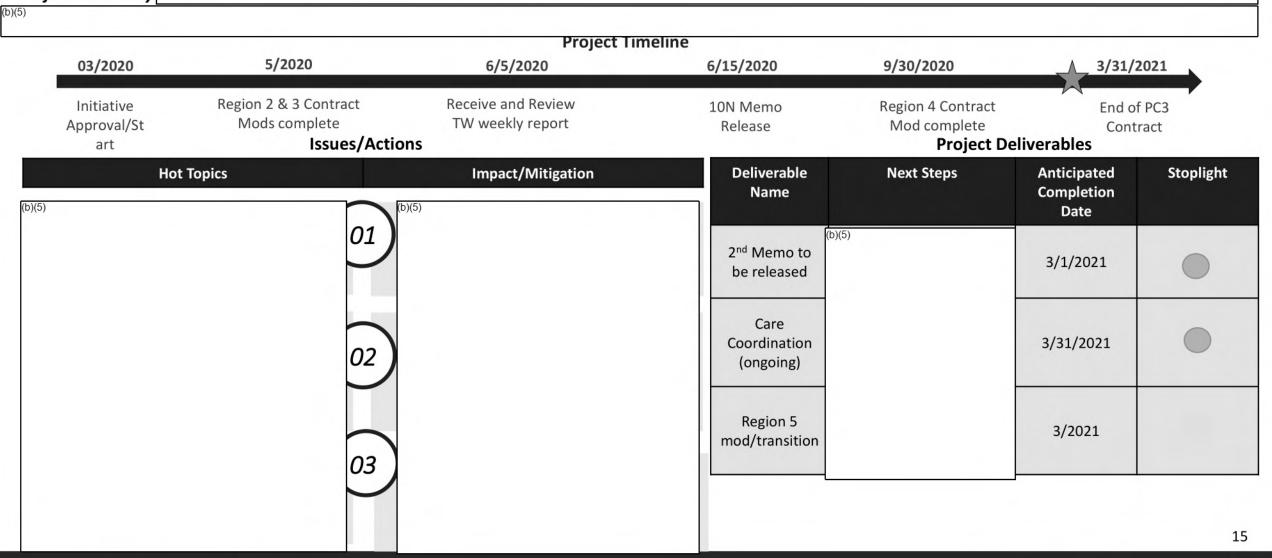


U.S. Department of Veterans Affairs

Veterans Health Administration Office of Community Care

PC3 Closeout Background

Project Summary^{(b)(5)}







PC3 Close Out Status Update

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





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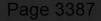


Agenda

- Region 5 Deployment Updates
- VA Provider Pharmacy Capability Update





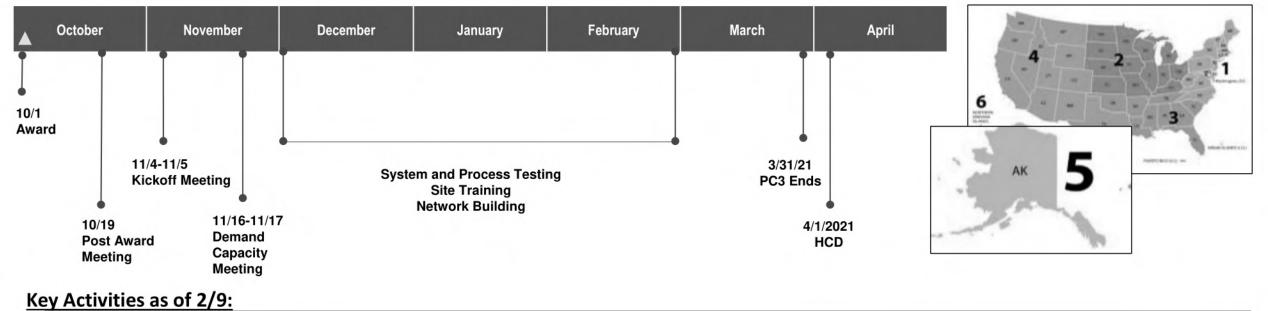


R5 Deployment Updates





Region 5 Status and Upcoming Activities



	(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.	4

VA provided CO direction to TW on several items included in upcoming modifications as requested by TW.

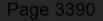




U.S. Department of Veterans Affairs

Region 5 Modifications and Risks Update

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



VA Provider Pharmacy Capability Update





Project Milestones

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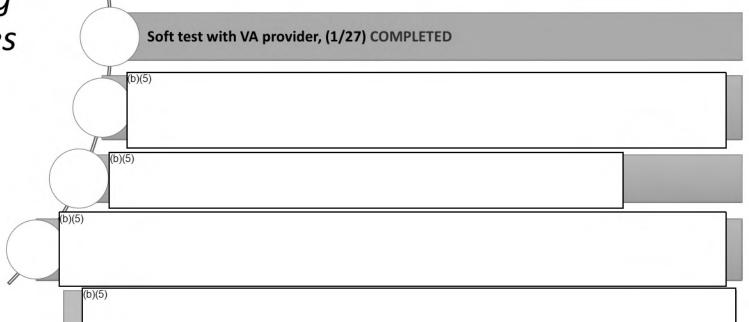
Send communication products to 13D, (1/26) COMPLETED

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

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

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

Upcoming Milestones







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 sunsetting of local first fill contracts
 - o U/E formulary management and ability to add routine/maintenance medications





Pilot Issue

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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)





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Weekly Community Care Consult Management Meeting

2/10/2021





U.S. Department of Veterans Affairs

Agenda

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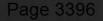
1. OVAC/OCC Joint Access Initiative- Workstream Status

- 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



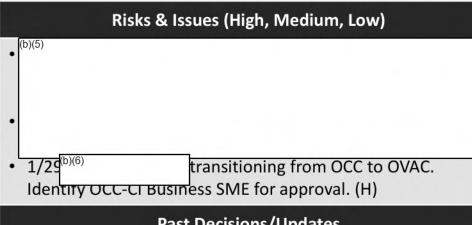


Field Engagement – RCI Implementation

Workstream

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

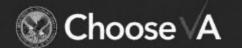
Objective: Complete RCI Roll Out through engagement with **VISN** leadership



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)} ✓ 2/8 Captured Scheduling Timeliness data by VISN ^{(b)(6)} 				
Next Steps				
(b)(5) •				





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
 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.

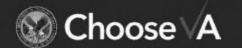
OCC Role

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
- ✓ 2/5 OCC and VSSC confirmed project team members in R&R documents.

Next Steps			
(b)(5) (b)(5)	(h)(5)		
•(b)(5)	Dr. Sandrow ^{(b)(5)}		
•			
i			





Operating Model Refresh

Workstream

<u>Description:</u> 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.

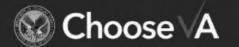
Objective: Expand OVAC/OCC partnership and establish joint operating model refresh

Key Risk & Issues (High, Medium, Low)

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

OCC Role		
Accountable: oversight mechanisms, and de	R esponsible for developing Op Model Refresh artifacts, ployment 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 milesto and dependencies) 		

	Next Steps	
(b)(5)		

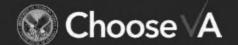




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Scheduling Timeliness Data by VISN Data captured on 2/8/2021





Background

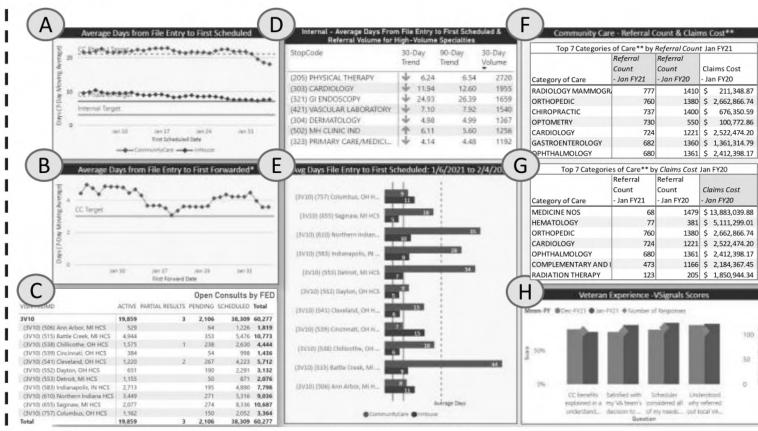
The following metrics displayed by VISN-level were identified by OCC and OVAC leadership to best measure scheduling timeliness, cost of care, and overall Veteran satisfaction.

Metrics

- Average Days from File Entry to First Scheduled
- Average Days from File Entry to Forward date
- **Open Consults by File Entry Date**
- Internal Average Days from File Entry to First D. Scheduled and Referral Count for High-Volume Specialties
- Average Days from File Entry to First Scheduled Ε. by Medical Center
- Community Care Referral Count & Claims Cost for Top 5 Specialties by Referral Count
- Community Care Referral Count & Claims Cost for Top 5 Categories of Care by Claims Cost
- Н. 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



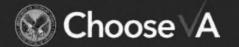


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Data Interpretations

ID	Measure	Interpretation	Goals
A, D, & E	Average Days from File Entry to First Scheduled	(b)(5)	 Internal – 3 days CC Phase I Target – 21 days, CC Phase III Target – 7 days
В	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
н	Veteran Experience - VSignal Scores		Ongoing monitoring for trends





Detailed Data Definitions

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



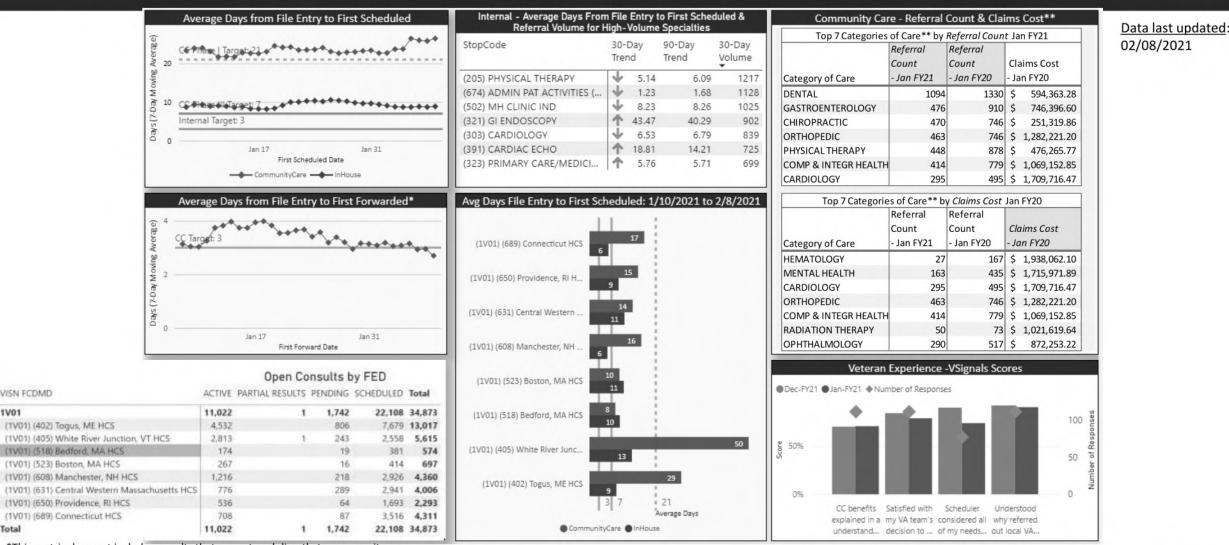


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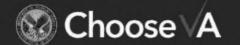
1V01

Total



*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

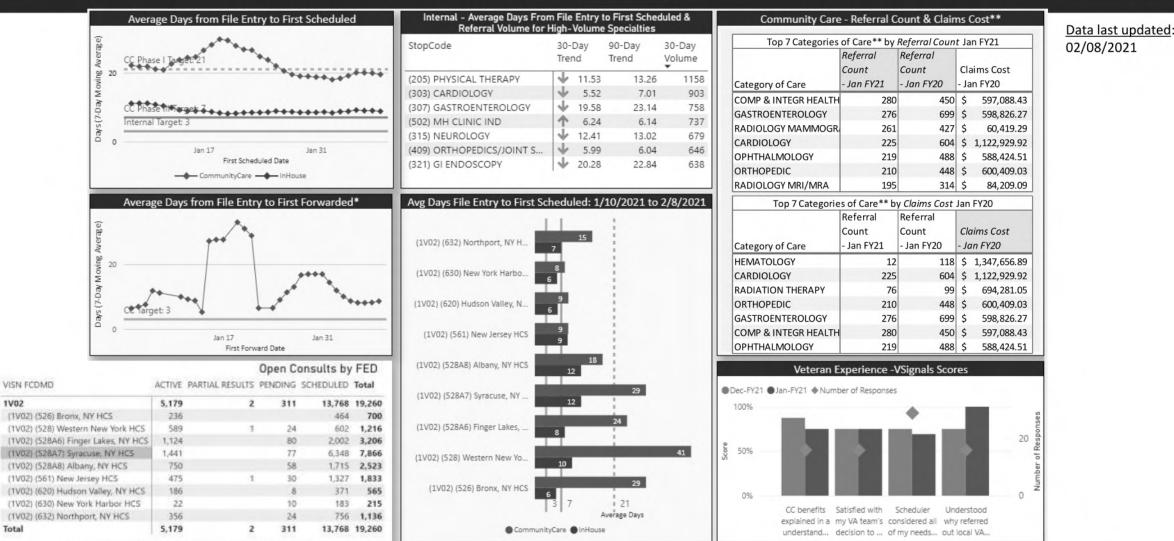




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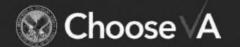
1V02

Total



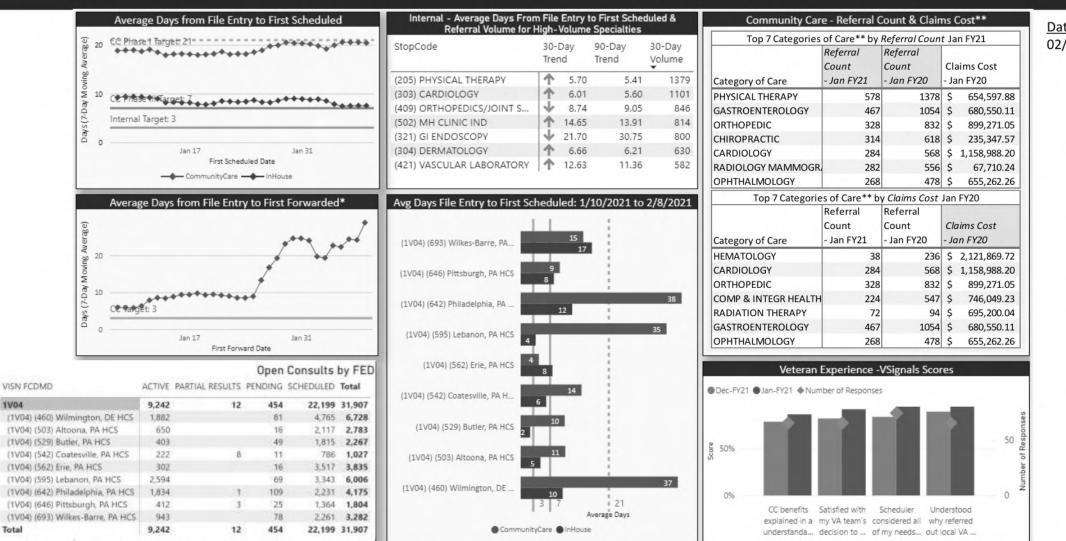
*This metric does not include consults that are entered directly to community care

**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





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Data last updated: 02/08/2021

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

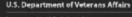
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1104

Total

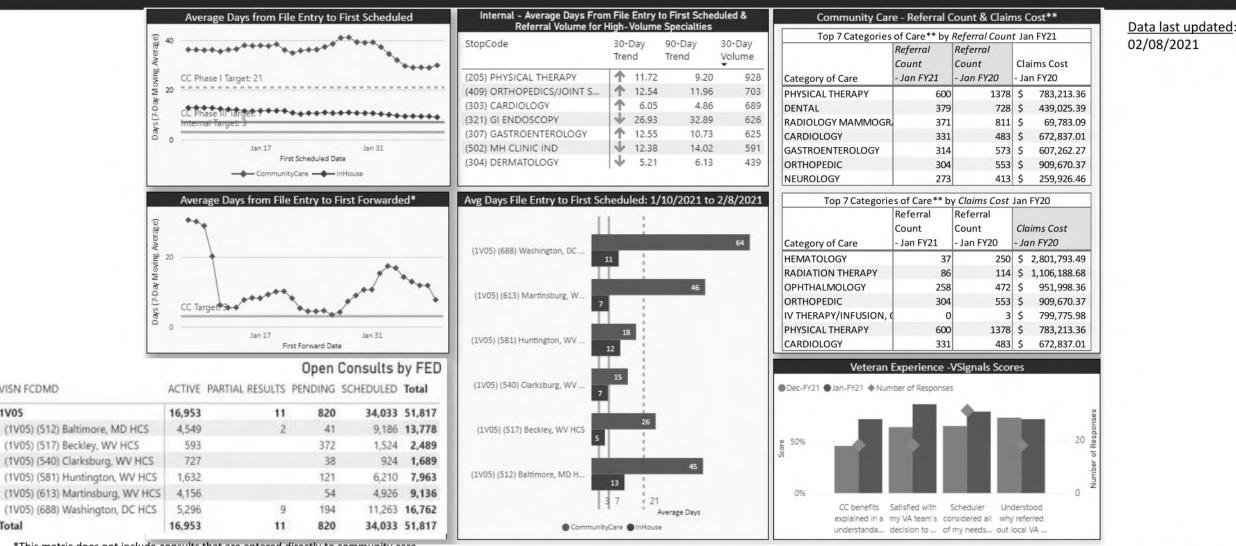




VISN FCDMD

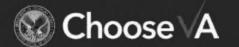
1V05

Total



*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



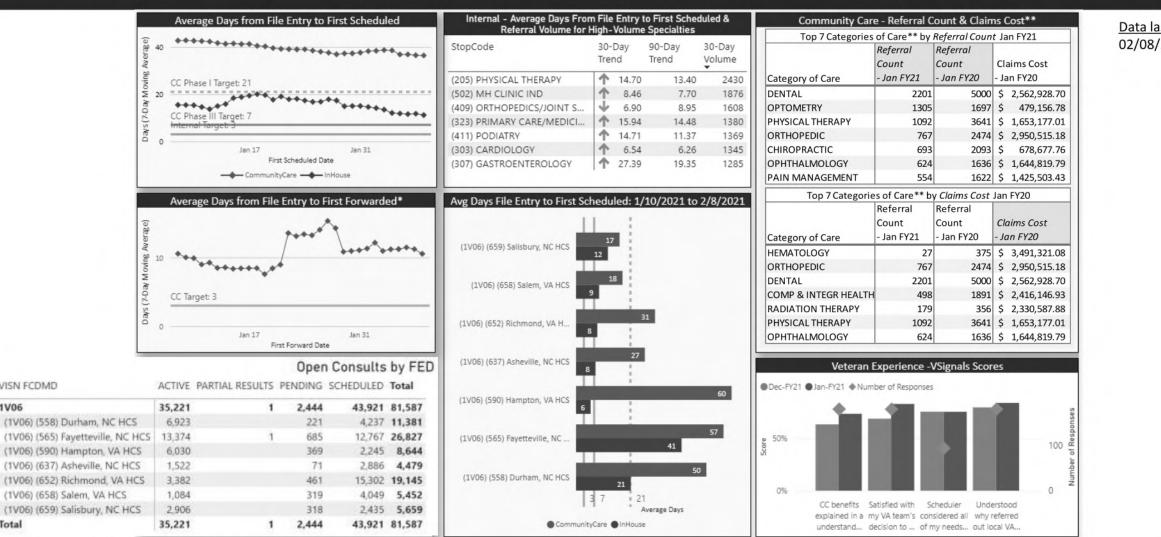


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VISN FCDMD

1V06

Total



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

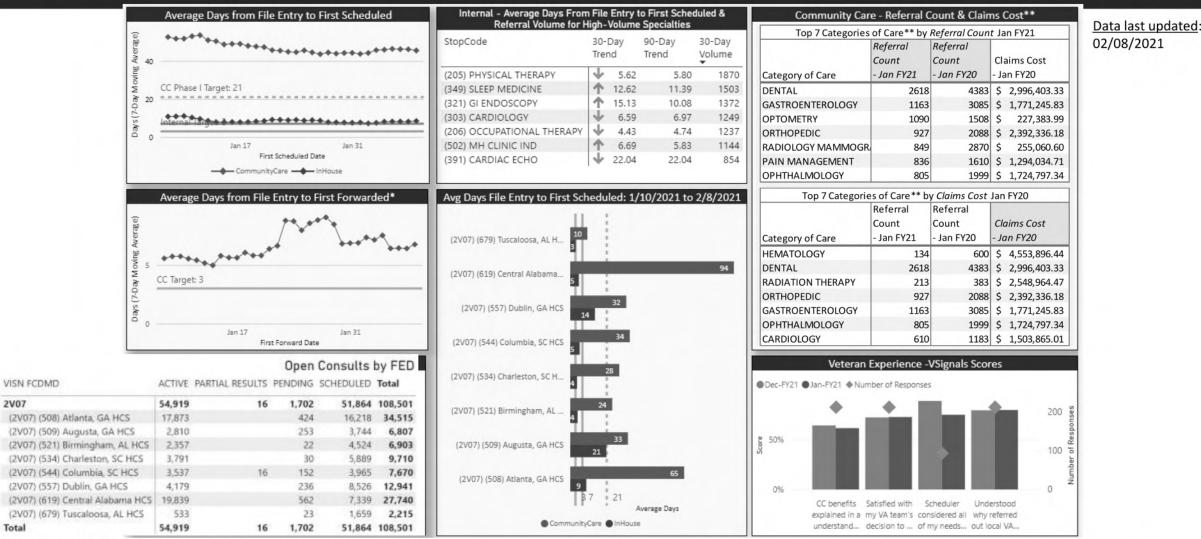




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2V07

Total



*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





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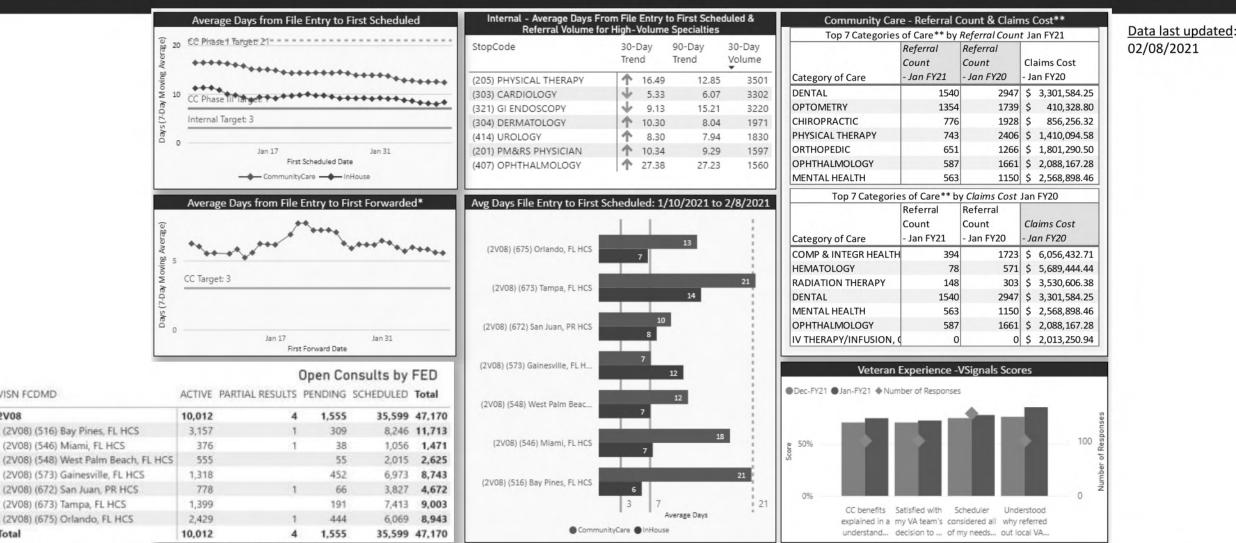
VISN FCDMD

(2V08) (546) Miami, FL HCS

(2V08) (673) Tampa, FL HCS

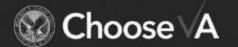
2V08

Total



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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





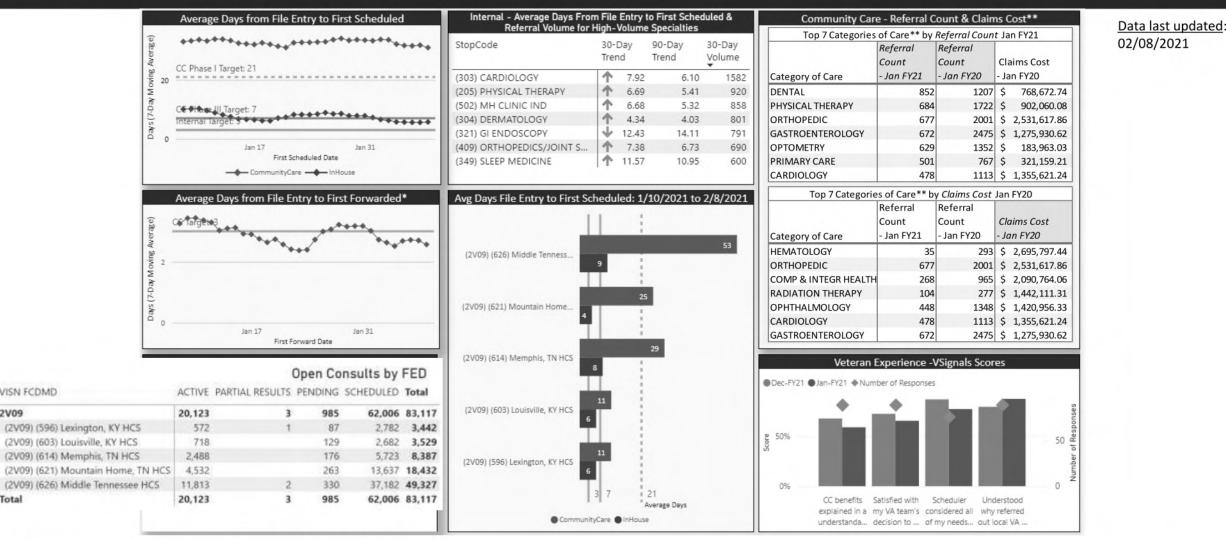
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VISN FCDMD

2V09

Total



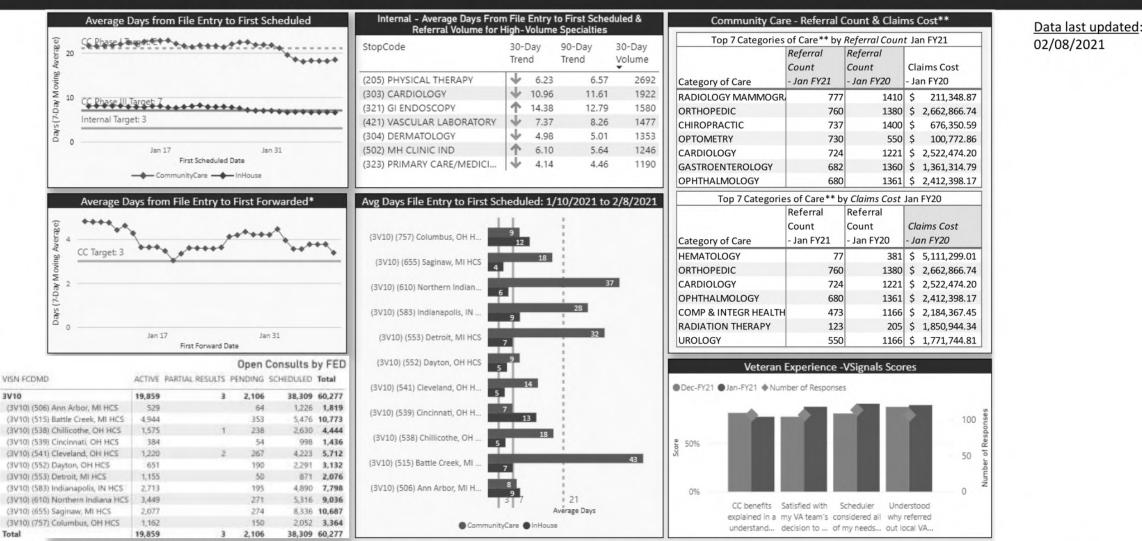
*This metric does not include consults that are entered directly to community care

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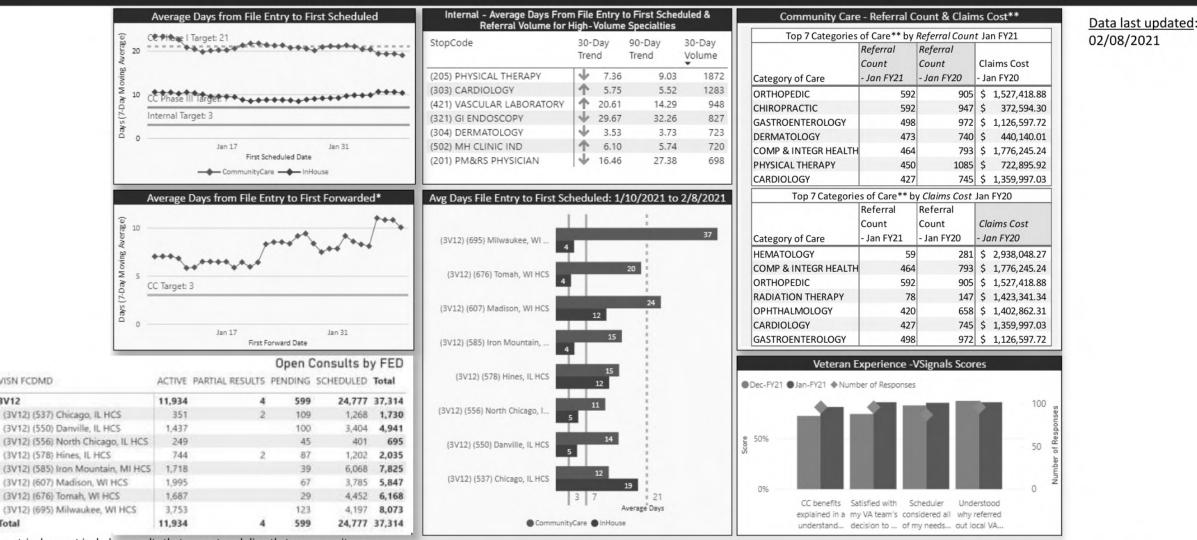
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VISN FCDMD

3V12

Total



*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





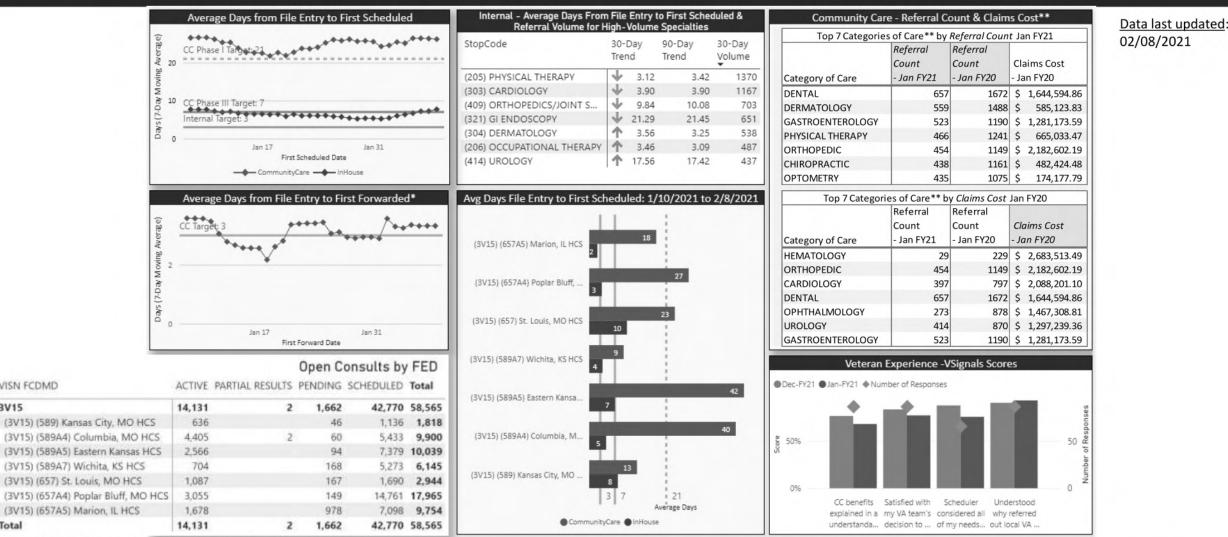
U.S. Department of Veterans Affairs Veterans Health Administration

Office of Community Care

VISN FCDMD

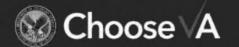
3V15

Total



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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



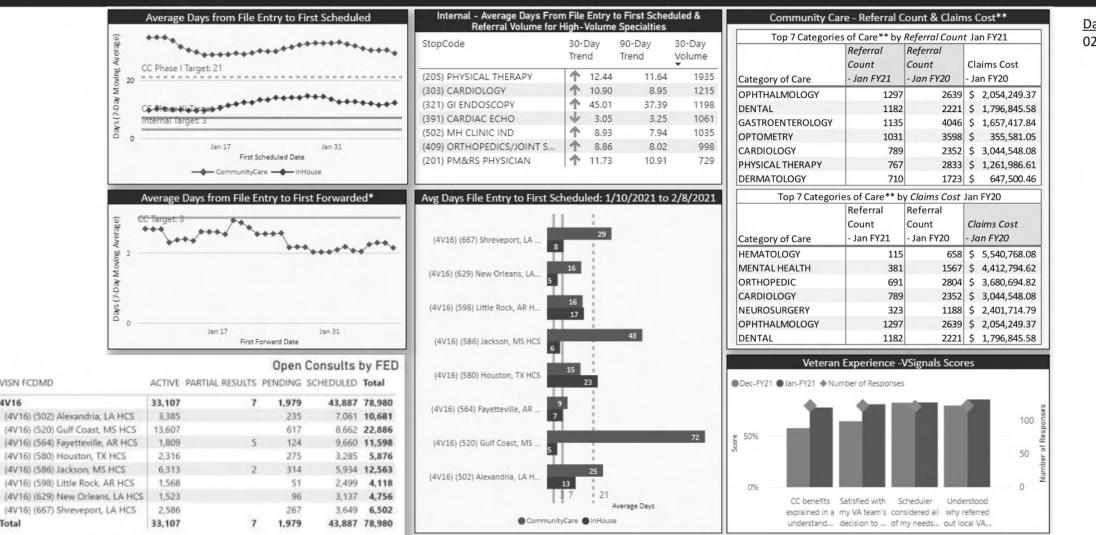


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VISN FCDMD

4V16

Total



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





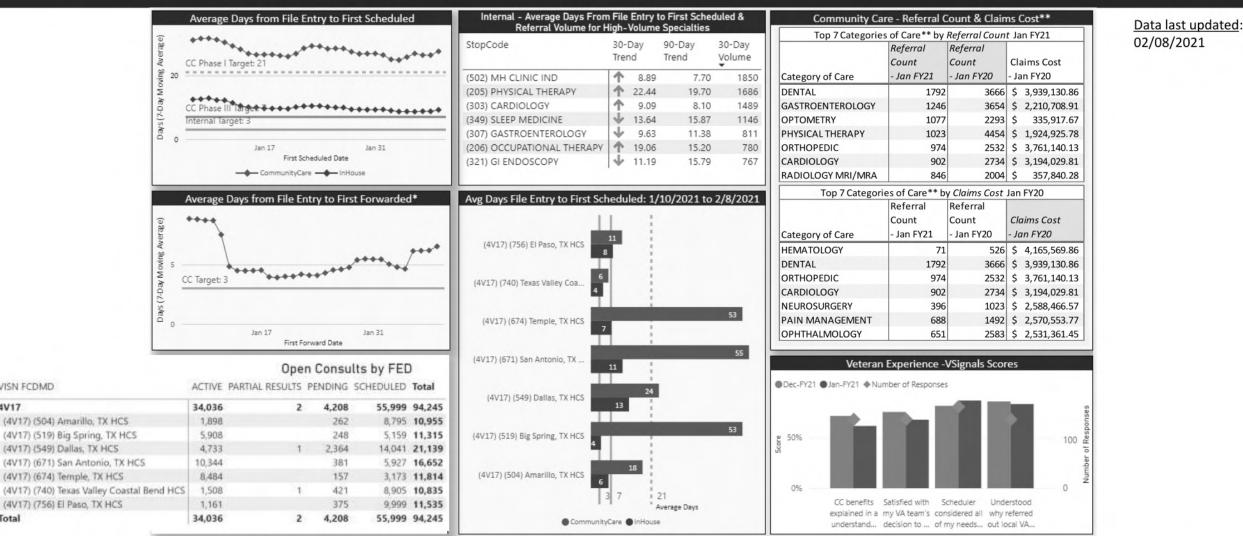
U.S. Department of Veterans Affairs Veterans Health Administration

Office of Community Care

VISN FCDMD

4V17

Total



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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



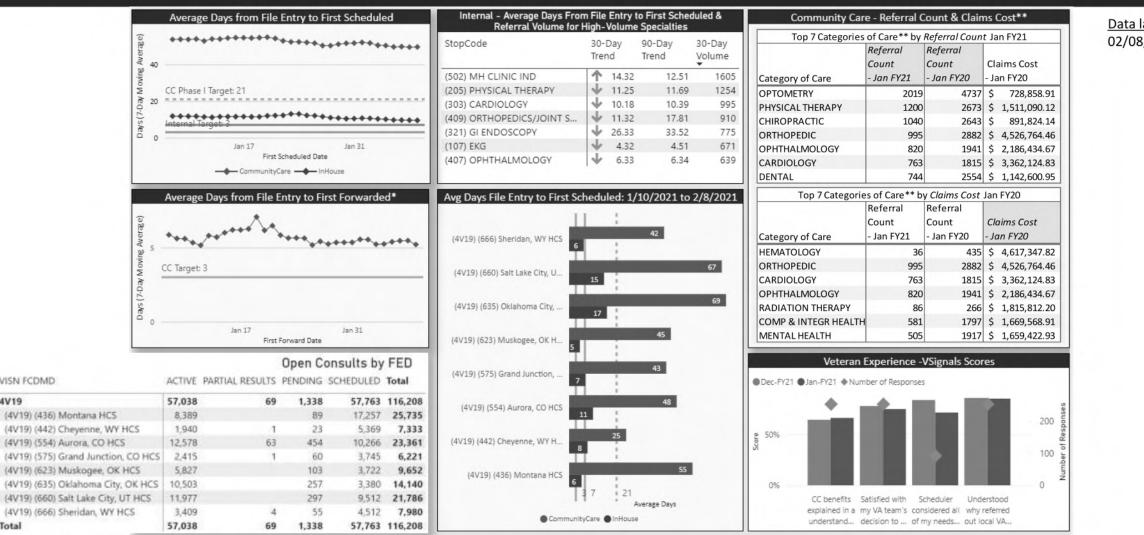


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VISN FCDMD

4V19

Total



Data last updated: 02/08/2021

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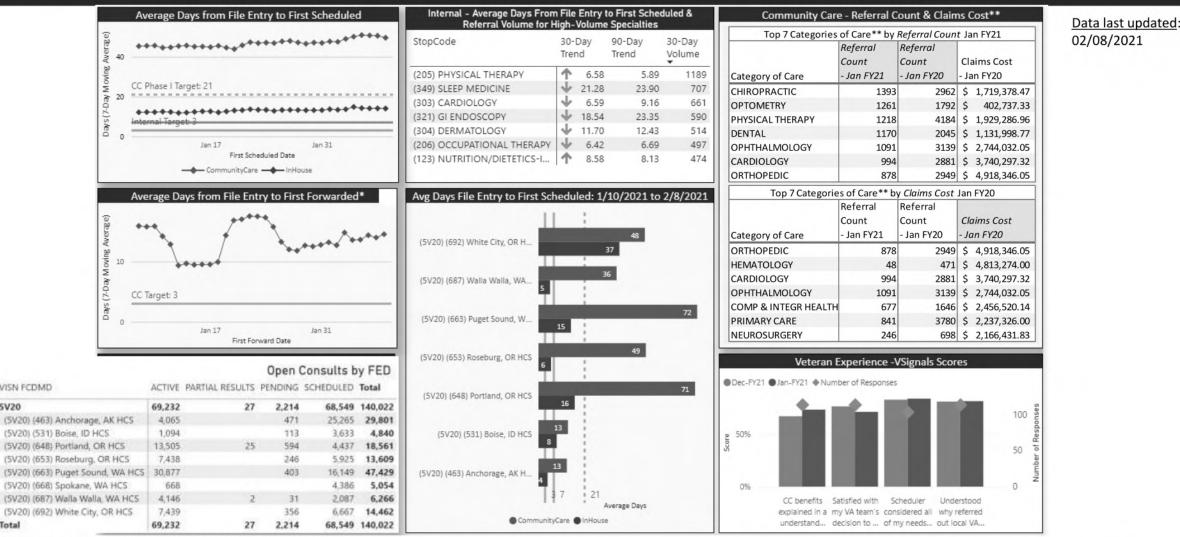


U.S. Department of Veterans Affairs

VISN FCDMD

5V20

Total



*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





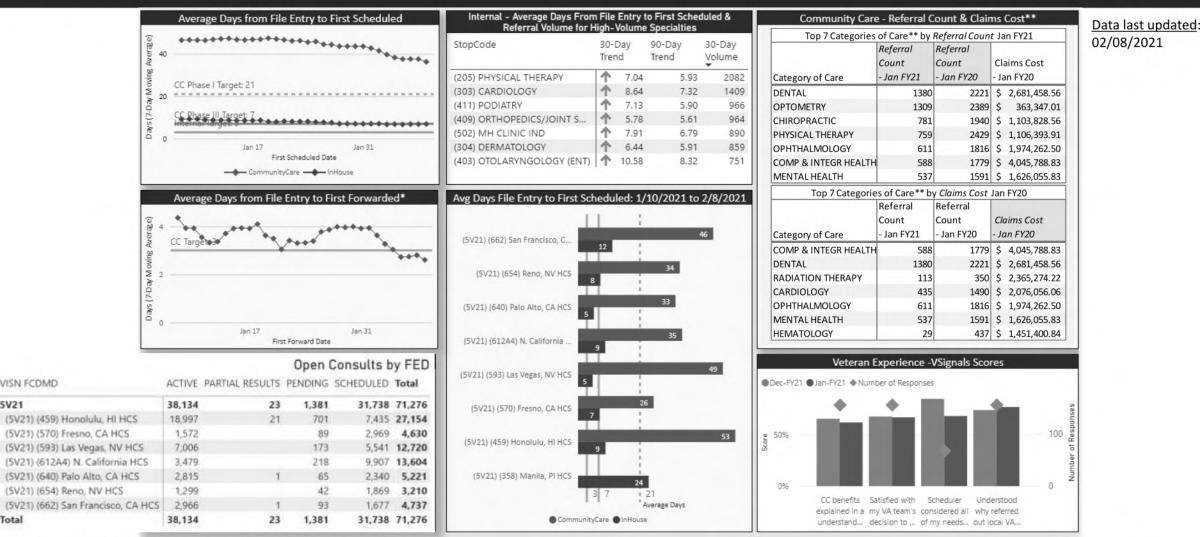
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VISN 21

VISN FCDMD

5V21

Total



*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





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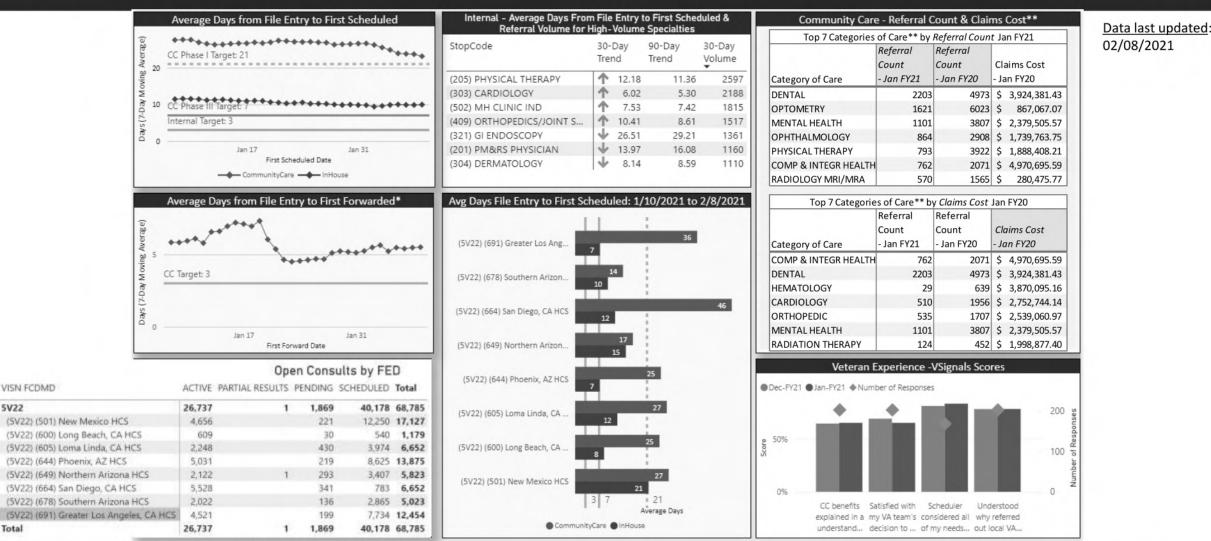
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VISN 22

VISN FCDMD

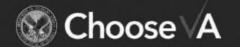
5V22

Total



*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





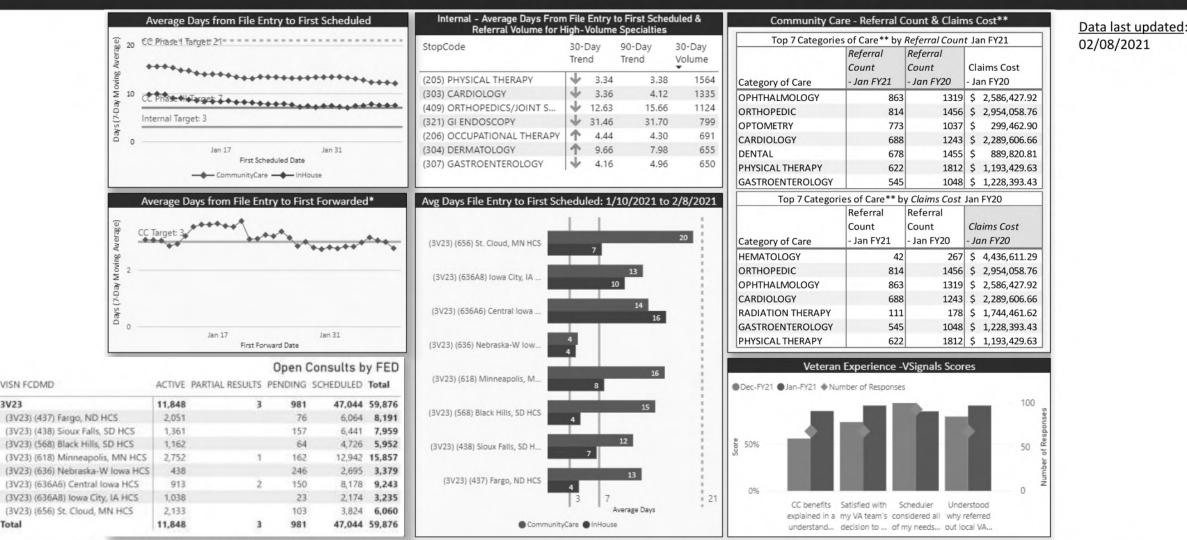
U.S. Department of Veterans Affairs

VISN 23

VISN FCDMD

3V23

Total



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

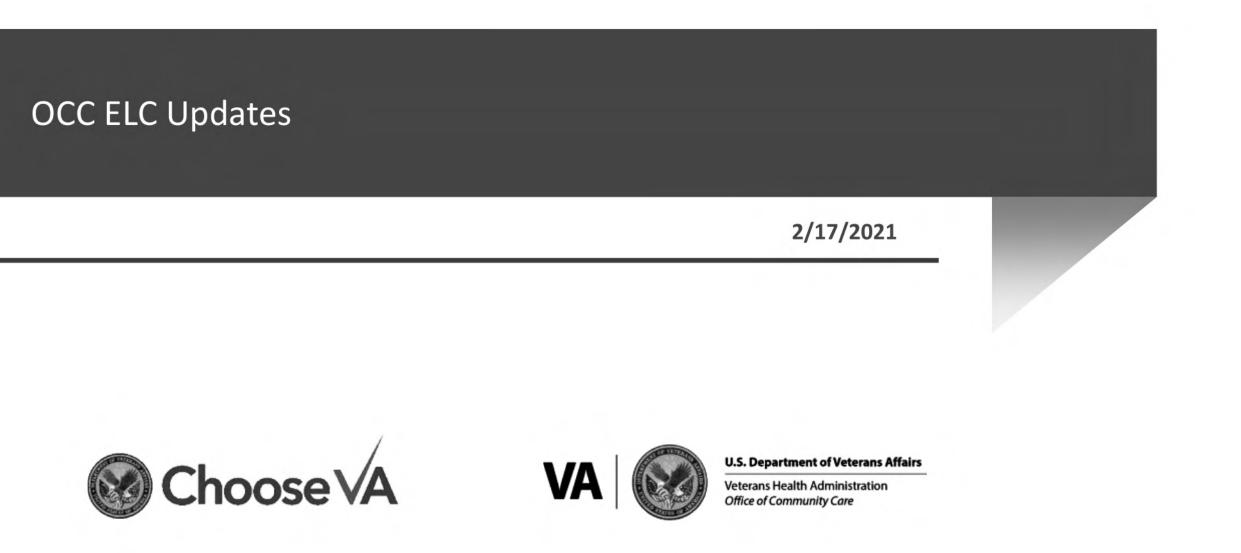
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- Decision Brief on how to manage Office of Community Care (OCC) Project Management beginning on March 1, 2021
- Presenting Three Options to decide the way forward





BLUF

Integrated Veteran Care Initiative

 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.







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
Improves:	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 talabaalth semate	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	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	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	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.
 Stakeholder familiarity Subject matter expertise Synergy among related projects 	telehealth, remote home monitoring, point of service kiosks, and mobile applications/tools.	strategic planning and resource management, performance management, and business process re- engineering.	movement.	in health knowledge. This includes promoting healthcare knowledge advancement and providing for practitioner education.	Fram	s Function nework nd Descriptions

• Identification of gaps

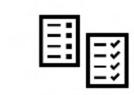




IHPM Process: Project Intake, Review and Approval

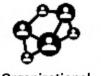


New project/initiative scope development Business owner creates scope of new project and enters proposal into VHA Project Intake Portal. A project site is created for document storage, project tracking, and leadership oversight.



PM Document Development

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



Organizational Analysis

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



Portfolio Alignment

Project is placed into an IHPM portfolio.





Decision-Making Authority Assigned

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





Steady State Project enters steady state with regular gate reviews with DMA.



Approval

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



Preliminary Review

IHPM team reviews project submission for completeness. ≡ ¤

Project Business Case Review

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





Office of Community Com

OCC Considerations

Oversight

- Multiple competing governance and project management processes
 - $\,\circ\,$ 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
 - $\,\circ\,$ 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:		
5)		
Pros	Cons	
(5)	(b)(5)	





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OCC Involvement Options

(b)(5) Option 2: (b)(5) Pros Cons (b)(5) (b)(5) Choose A

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OCC Involvement Options

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Option 3: ^{(b)(5)}	
(b)(5)	

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





Next Steps

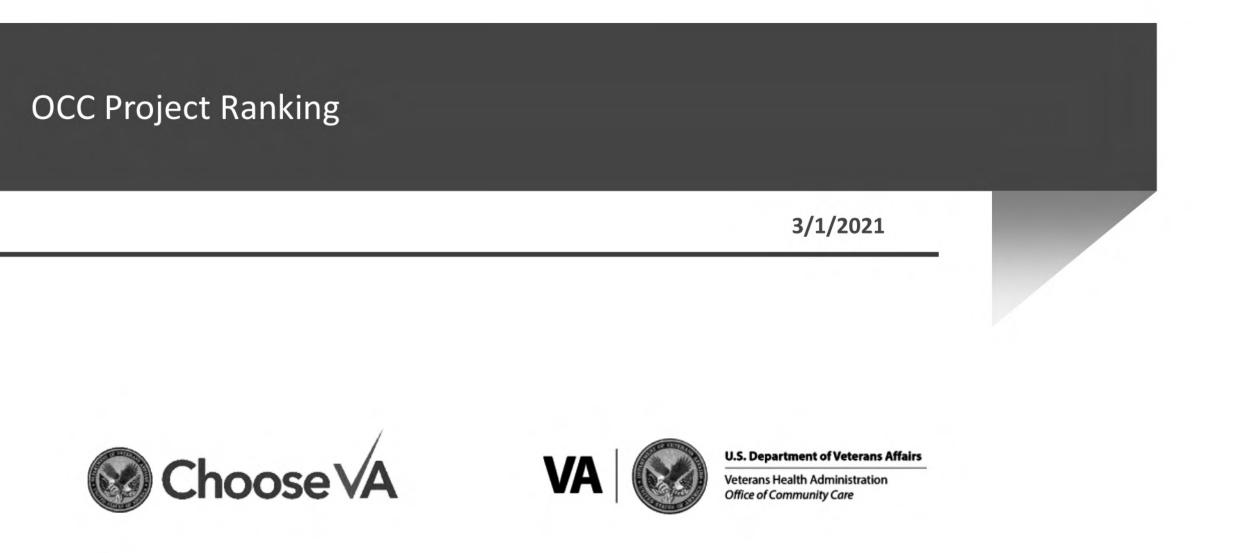
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Next Steps/Questions





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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

Choose A

VA

- 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

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Owner	Plagel	8 V438 66	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 (Cl)	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)
СНІО	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)
сню	18	High (VHA13)	Integrated Project Environment (IPE)
RO	19	Lower (VHA13)	Community Care Duplicate Payments
сню	20	Lower (VHA13)	OCC Continuity Of Operations Plan (COOP)
CNM - CI	21	Higher (CI)	One Consult 2.0
DO	22		CP&E Closeout (Intake)
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		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		Reimburse Teaching Hospitals for Direct Graduate Medical Education Expenses (DGME)(On-Hold

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OCC Project Ranking

New Project Ranking

Includes Directorate edits/notes

Choose A

VA

 New OCC Rank column is colorcoded from highest to lowest rank

Owner -	OCC Ran	NGC453/	New Ranking	Project
BOA		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)
СНІО	12	Higher (RO)	9	Data Governance
сню	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)
СНІО	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
сню	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)

Project

Owner Proposed Notes27

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Projects Per Priority

Project Priorities

• Projects aligned to FY21 OCC Priority

FY21	OCC Priorities Key
0	Innovate Business Model
0	High Performing Integrated Delivery Network
0	Implement New Technologies
0	Best Place to Work at VHA*

*Note: There are no projects aligned to OCC's priority "Best Place to Work at VHA"

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VA

Choose A

N⊈4⁄88 Ranking ₊r	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

Ranking Moving Forward

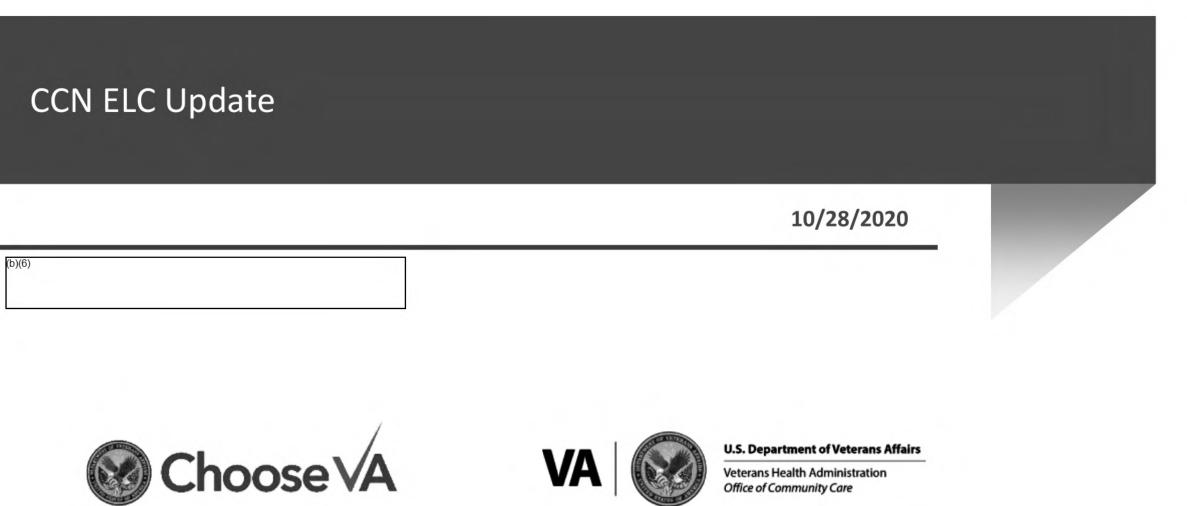
Future Ranking:







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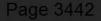
Veterans Health Administration Office of Community Care

Agenda

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







R4 & R5 CCN Deployment Updates





Region 4 Update

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

Optional Task
 (b)(5)

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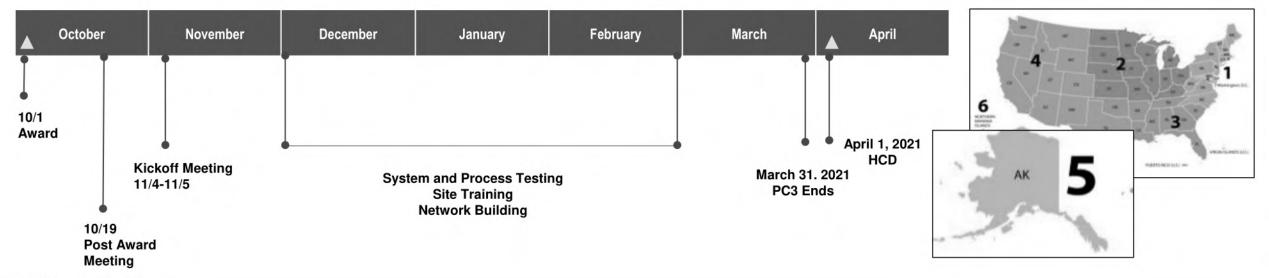


Urgent Care approval volume remains constant in R4 as • TriWest provides Urgent Care Network and Customer Service for CCN

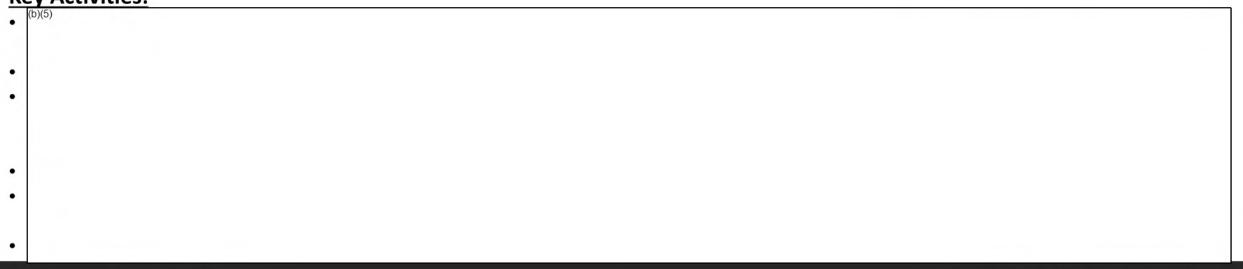




Region 5 Status and Upcoming Activities



Key Activities:







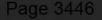
Region 5 Updates

Page 3445

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







Optional Task Key Discussions





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

Decisions/Status

Dutsta	nding Issues:
1.	Contract modification strategy. (Lead: (b)(6) (Acquisition Team)
	• <u>Option 1A</u> ^{(b)(5)}
	(b)(5)
	• <u>Option 1B</u> ^{(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?
3.	Funding/Pricing Strategy. (Lead: (b)(6) /Finance team)
	(b)(5)
	•
	Pricing strategy (Lead ⁽⁰⁾⁽⁰⁾ 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)
	<u>Resolution</u> : ^{(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

•

	Timi	ng of OT support for a		Lead:	Team)			
	•	Recommendation:)(5)					
	•	(b)(5)						
	•							
	•							
					_			
. 1	Euno							
-	Func	ling and use of OT in (DY2 (4/1/21 – 3/31/	22). (Lead:	Finance team	ı)		
	•		DY2 (4/1/21 – 3/31/	22). (Lead:	Finance team)		
		ling and use of OT in (Background ^{(b)(5)}	DY2 (4/1/21 – 3/31/	(22). (Lead:	/Finance team)		
		Background ^{(b)(5)}		(22). (Lead:	/Finance team)		
	•	Background ^{(b)(5)} (^{b)(5)} Question for Financ	<u>e</u> : ^{(b)(5)}	(22). (Lead:	/Finance team)		
	•	Background ^{(b)(5)} (^{b)(5)} Question for Finance	<u>e</u> : ^{(b)(5)}	(22). (Lead:	/Finance team)		
	•	Background ^{(b)(5)} (^{b)(5)} Question for Finance (^{b)(5)} OCC decision point; (^{b)(5)}	<u>e</u> : ^{(b)(5)} b)(5)	(22). (Lead:	/Finance team			
	•	Background ^{(b)(5)} (b)(5) Question for Finance (b)(5) OCC decision point (b)(5) Options and recomposition	<u>e</u> : ^{(b)(5)} b)(5)	(22). (Lead:	/Finance team)		
		Background ^{(b)(5)} (^{b)(5)} Question for Finance (^{b)(5)} OCC decision point; (^{b)(5)}	<u>e</u> : ^{(b)(5)} b)(5)	(22). (Lead:	/Finance team	1) 		
		Background ^{(b)(5)} (b)(5) <u>Question for Finance</u> (b)(5) <u>OCC decision point</u> (b)(5) Options and recomposition	<u>e</u> : ^{(b)(5)} b)(5)	(22). (Lead:	/Finance team)		
		Background ^{(b)(5)} (b)(5) <u>Question for Finance</u> (b)(5) <u>OCC decision point</u> (b)(5) Options and recomposition	<u>e</u> : ^{(b)(5)} b)(5)	(22). (Lead:	/Finance team			
		Background ^{(b)(5)} (b)(5) <u>Question for Finance</u> (b)(5) <u>OCC decision point</u> (b)(5) Options and recomposition	<u>e</u> : ^{(b)(5)} b)(5)	(22). (Lead:	/Finance team			
		Background ^{(b)(5)} Question for Finance (b)(5) OCC decision point: (b)(5) Options and recomination (b)(5)	<u>e</u> : ^{(b)(5)} b)(5)	(22). (Lead:	/Finance team) 		

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)

The team is exploring three options.

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





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

Decisions/Status

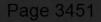
- VHA leadership currently holding ongoing discussions about implementing OT #1 nationally (including Regions 1-4)
 - Launched OT#1 at 6 VAMCs from VISNs 17 and 22 on October 1st, 2020
 - Given past efforts in Regions 1-3 and deployment of Optional Task #1 with six sites in Region 4, initial draft of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

Decisions Needed/Risks (Operations)

(b)(5)







R1-4 Referral Trends





Region 1: Referral Trends

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Region 1 Referral Network Breakdown 20K 18,705 18,139 17.833 18K 17,615 17,250 16K 15,760 14K 12K 10K 95.36% 94.81% 93.90% 94.82% 93.84% 95.20% 8K 6K 4K 2K 5.67% 5.65% 4.72% 4.52% 4.12% 4.33% Sept. 19-25, 2020 Sept. 26-Oct. 2, 2020 Oct. 3 - 9, 2020 Oct. 10 - 16, 2020 Oct. 17 - 23, 2020 Sept. 12 - 18, 2020 \blacksquare CCN \blacksquare PC3 \blacksquare VCA

Referral Analysis

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

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



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Region 2: Referral Trends

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Region 2 Referral Network Breakdown 24,002 24K 22,776 22.088 21,983 22K 21,295 20K 17,958 18K 16K 14K 94.63% 93.44% 12K 92.85% 93 46% 93.59% 10K 94,91% 8K 6K 4K 2K 6.64% 6.01% 5.83% 5.90% 4.92% 4.62% Sept. 19 - 25, 2020 Sept. 26 - Oct. 2, 2020 Oct. 3 - 9. 2020 Oct. 10 - 16, 2020 Oct 17-23 2020 Sept 12-18 2020 ■CCN ■PC3 ■VCA

Referral Analysis

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

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



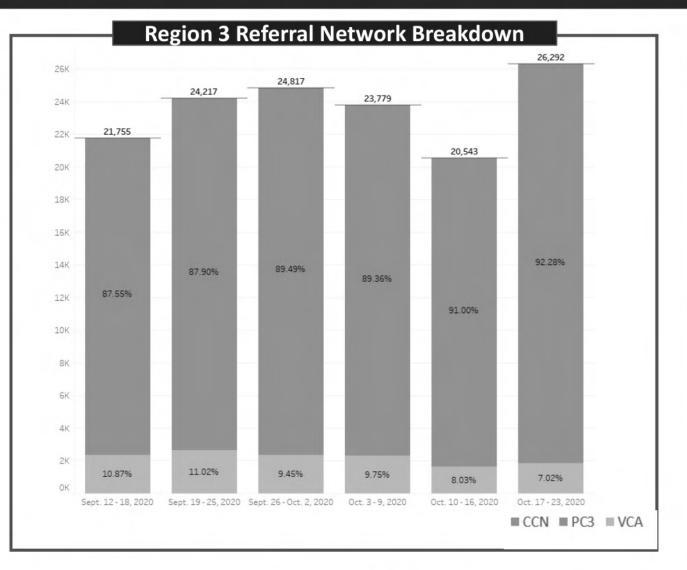
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Region 3: Referral Trends

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Referral Analysis

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

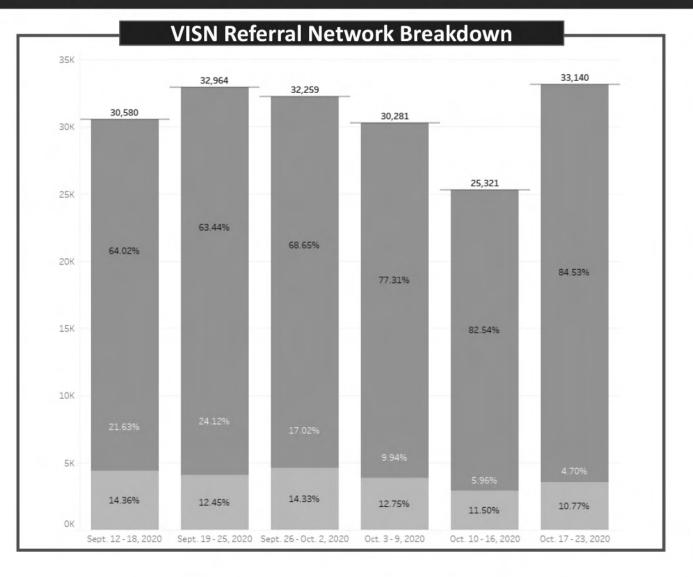
This data was pulled from CDW for September 12 – October 23, 2020.



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Region 4: Referral Volume Snapshot



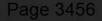
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Referral Analysis

- 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.



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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	9	
Region VISN Station#_StationName	R01	10/17/2020 through 1 Data pulled fro	
Category of Care	Referrals through: 🔽	PC3 VCA / Contracts	Grand Total
Category of Care DENTAL		PC3 VCA / Contracts	Grand Total 1490
	J CCN F		
DENTAL	→ CCN 1097	393	1490
DENTAL PHYSICAL THERAPY	J CCN 1097 1196	393 3	1490 1199

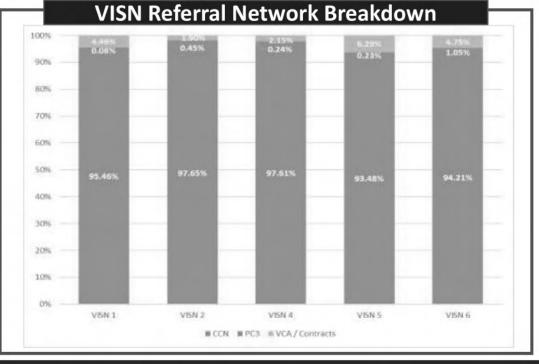
- Region 1 is sending 95.36% of community care referrals through CCN.
- The PC3 percentage for R1 referrals is down to 0.51% of referrals. VCAs account for 4.12% of referrals.
- VISN 5 sent 165 referrals through VCAs. 99 of these referrals where for Dental or Homemaker/Home Health Aid.
- This data analysis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

Choose A

 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. 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



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



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Region 2: Referral Volume Snapshot

Тс	op Categories of Car	е		
Region VISN Station#_StationName	R02		7/2020 through 1 Data pulled fro	
Category of Care	Referrals through:		VCA / Contracts	Grand Total
SKILLED HOME HEALTH CARE	1281	1 1	130	141
HOMEMAKER/HOME HEALTH AID	947	7	322	126
ORTHOPEDIC	1256	5 2	11	126
OPTOMETRY	1206	5 2		120
DENTAL	600)	406	100

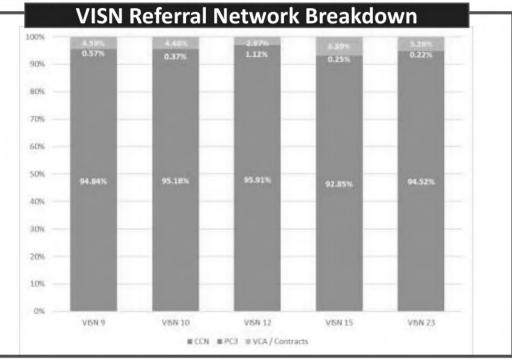
- **Region 2 is sending 94.63% of community care referrals** through CCN.
- The top categories of care sent to PC3 and VCAs (Dental . and Homemaker/Home Health Aid) remain consistent with previous week.
- Referrals generated from the Centralized Authorized ٠ Emergency Care (CAEC) Team are not included in this data analysis.
 - For Region 2, this accounted for 101 PC3 referrals.* ٠ 63 referrals were categorized as "Emergency Care", 37 *95 of these referrals have referrals as "Emergency Care", and 1 referral as "Inpatient".

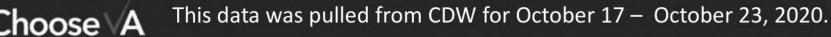
Data is from the Weekly Referral Dashboard

appointment dates set prior than the March 17 HCD date.

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

- Dental 1.
- Homemaker/Home Health Aide
- 3 Skilled Home Health Care
- **Respite Care**
- Veteran Directed Care 5.







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Region 3: Referral Volume Snapshot

Top Categories of Care					
Region VISN Station#_StationName	R03 (AII) (AII)	7 • •	10/1	7/2020 through 1 Data pulled fr	
Category of Care	Referrals t ↓ CCN		PC3	VCA / Contracts	Grand Total
	the state of the local division of the local				
DENTAL		1522		769	
			2	769 2	2291
DENTAL		1522	2 10		2291 1399
DENTAL OPTOMETRY		1522 1395	10	2	2291 1399 1316

- 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.

Choose A

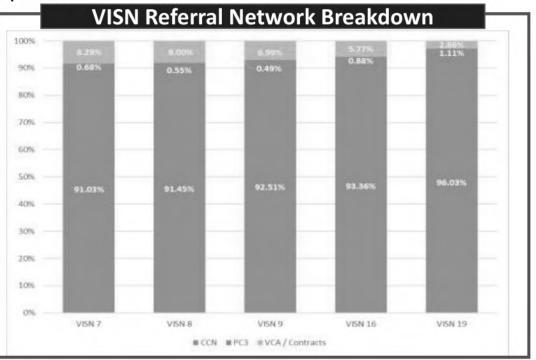
- For Region 3, this accounted for 732 PC3 referrals.*
- 683 referrals were categorized as "ER/Urgent"/"Emergency Care" and 49 referrals were categorized as inpatient.

Data is from the Weekly Referral Dashboard

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

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



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



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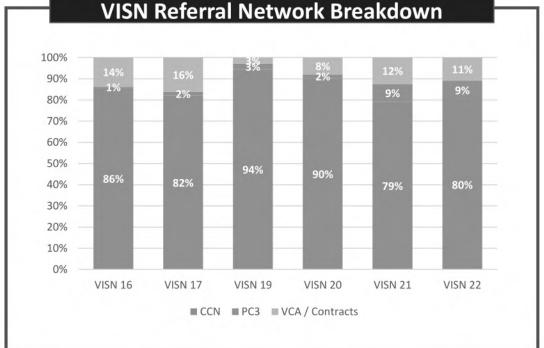
Region 4: Referral Volume Snapshot

	Top Categories of	Car	е		
Region VISN	R04 (All)	, T	10/17	7/2020 through 1 Data pulled fr	
Station#_StationName	(All)	¥			
	Referrals throug				Sec. ALL DOLL
Category of Care	Referrals throug 斗 CCN		PC3	VCA / Contracts	Grand Tota
Category of Care DENTAL			PC3	VCA / Contracts 1778	
			PC3 75	1778	
DENTAL		1326		1778	3104 2833
DENTAL OPTOMETRY		1326 2757	75	1778 1	3104 2833

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

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

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







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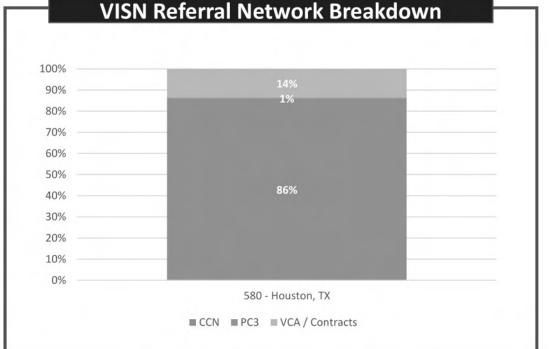
Region 4 VISN 16 Sites: Referral Volume Snapshot

	op Categories of C		
Region	R04 🖵	10/17/2020 through 10	0/23/2020**
VISN	16 🌌	Data pulled fro	om the CDW
Station#_StationName	(All)		
	Referrals through:		
	Referrais through.		
Category of Care		PC3 VCA / Contracts	Grand Total
Category of Care DENTAL		PC3 VCA / Contracts	
	↓↓ CCN	PC3 VCA / Contracts	Grand Total 146 115
DENTAL HOMEMAKER/HOME HEALTH AID	<mark>↓↓</mark> CCN 26	PC3 VCA / Contracts 120 2	146
DENTAL	↓↓ CCN 26 113	PC3 VCA / Contracts 120 2	146 115

- **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





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



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Less than 10 referrals

Region 4 VISN 17 Sites: Referral Volume Snapshot

	Top Categorie	es of Ca	are		
Region VISN Station#_StationName	R04 17 (All)	ज्ञ 1 ज्ञ	0/17/	2020 through 10 Data pulled fro	
Category of Care	Referrals thr ↓↓ CCN		PC3 \	/CA / Contracts	Grand Total
DENTAL		287		832	1119
ORTHOPEDIC		365	7	29	401
PHYSICAL THERAPY		382	3		385
SKILLED HOME HEALTH CARE		330		22	352
SKILLED HOWE HEALTH CARL					

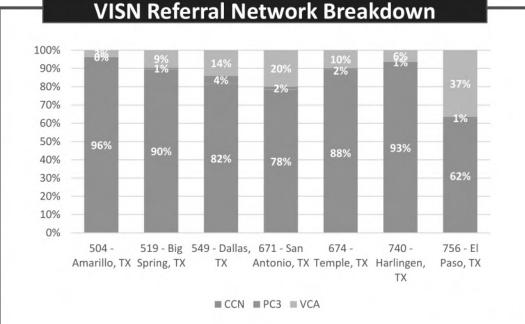
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 17, this accounted for 83 PC3 referrals.
 - 66 referrals were categorized as "ER/Urgent" and 17 referrals were categorized as inpatient.
- CCN utilization remains similar to previous week.

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- Big Springs had the largest increase of 5%; Amarillo and Harlingen had a 1% increase.
- El Paso had the largest decrease of 4%; San Antonio decreased
 3%; Dallas and Temple decreased 1%.

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

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



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



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Region 4 VISN 19 Sites: Referral Volume Snapshot

Region	R04	7	0/17	/2020 through 10	0/23/20	20**
VISN	19	Ψ.		Data pulled fro	om the	CDW
Station#_StationName	(All)	Ŧ				
	Referrals thr	ough: 💌				
Category of Care	<mark>↓↓</mark> CCN		PC3	VCA / Contracts	Grand	Total
OPTOMETRY		654	3			657
SKILLED HOME HEALTH CARE		360	62	26		448
PHYSICAL THERAPY		264	3			267
CHIROPRACTIC		251	2			253
MENTAL HEALTH		231		1		232

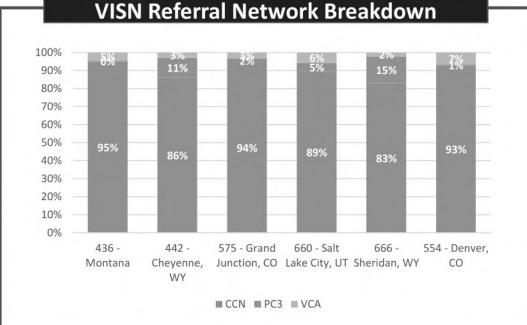
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 19, this accounted for 88 PC3 referrals.
 - 82 referrals were categorized as "ER/Urgent" and 6 referrals were categorized as inpatient.
- Cheyenne and Sheridan received PC3 extensions that will expire on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

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- 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



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



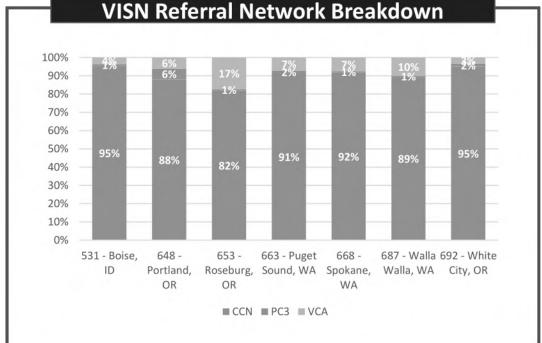
Region 4 VISN 20 Sites: Referral Volume Snapshot

	Top Categorie	s of Ca	ire	
Region VISN Station#_StationName	R04 20 (All)		0/17/2020 through 10/2 Data pulled from	
Category of Care	Referrals thr ↓ CCN		C3 VCA / Contracts Gra	and Total
Category of Care DENTAL			C3 VCA / Contracts Gra	and Total 344
		P		
DENTAL		P 150	194	344
DENTAL OPTOMETRY		P 150 307	194 3	344 310

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

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

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





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



U.S. Department of Veterans Affairs Veterans Health Administration

Region 4 VISN 21 Sites: Referral Volume Snapshot

Тс	op Categories	of Ca	re		
Region	R04	T	0/17/202	20 through 10/23	/2020**
VISN	21	.T	D	ata pulled from t	he CDW
Station#_StationName	(All)	Υ.			
	Referrals thr	rough: 💌			
Category of Care	Referrals thr JCCN		PC3 VCA	/ Contracts Gra	nd Total
			PC3 VCA 51	/ Contracts Gra	nd Total 635
OPTOMETRY				/ Contracts Gra	
OPTOMETRY DENTAL		584			635
Category of Care OPTOMETRY DENTAL RADIOLOGY MRI/MRA HOMEMAKER/HOME HEALTH AID		584 330	51		635 485

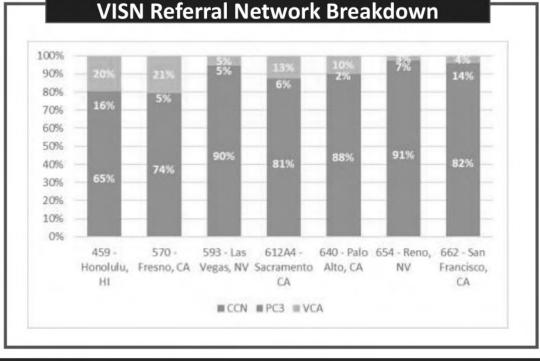
- **Referrals generated from the CAEC** are not included in this data analysis.
 - For Region 4 VISN 21, this accounted for 147 PC3 referrals.
 - This is a drop from **280 PC3** referrals the previous week.
 - 140 referrals were categorized as "ER/Urgent" and 7 referrals were categorized as inpatient.
- 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%.

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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.

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



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



Region 4 VISN 22 Sites: Referral Volume Snapshot

T	op Categories of Ca	are		
Region VISN Station#_StationName	R04 22 (All)	T 10/17	7/2020 through 10/2 Data pulled from	
Category of Care	Referrals through: ↓↓ CCN		VCA / Contracts Gr	and Total
Category of Care OPTOMETRY		PC3	VCA / Contracts Gr	and Total 901
	↓ CCN	PC3	VCA / Contracts Gr 440	
OPTOMETRY	CCN 88 40	PC3		901
OPTOMETRY DENTAL	CCN 88 40 29	PC3	440	901 840

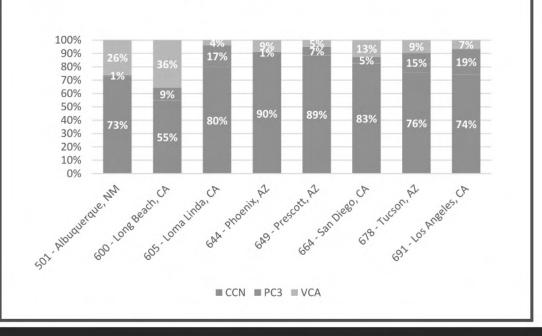
- Referrals generated from the Centralized Authorized Team (CAEC) are not included in this data analysis.
 - For Region 4 VISN 22, this accounted for **751 PC3 referrals**
 - 712 referrals were categorized as "ER/Urgent" and 39 referrals were categorized as inpatient.
- All sites saw an **increase in 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%.

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• Albuquerque had the highest increase of 8%.

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

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



VISN Referral Network Breakdown





U.S. Department of Veterans Affairs Veterans Health Administration

VA SMEs for R5 Kickoff Meeting

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





VA SMEs for R5 Kickoff Meeting

Торіс	VA Attendees
Clinical Integration	 (b)(6) Region 5 RNs: (b)(6) Clinical Quality: (b)(6)
VISN 20 and Alaska Representation	• $(b)(6)$ • $(b$
Communications	• (b)(6)
Network Management	• • (b)(6) (Tribal Health Program)
Customer Service	• ^{(b)(6)}
Revenue Operations	 (b)(6) (b)(6) (IV Expert)

R5 Kickoff Agenda: Day One

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





R5 Kickoff Agenda: Day Two

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

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From:		
Subject:		
To:	VHA 10D AUSH Calendar; VHA 13 Community Care	ELC; ^{(b)(6)}
	Tamara, 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 Legisla	tive Proposal.docx, ELC Update 10.232020 V3.pptx
	()	1 7 1 = 11

Moving to Friday this week only because of GB

Topics: Quick CCN update and Policy – Directive and LP

Join Microsoft Teams Meeting

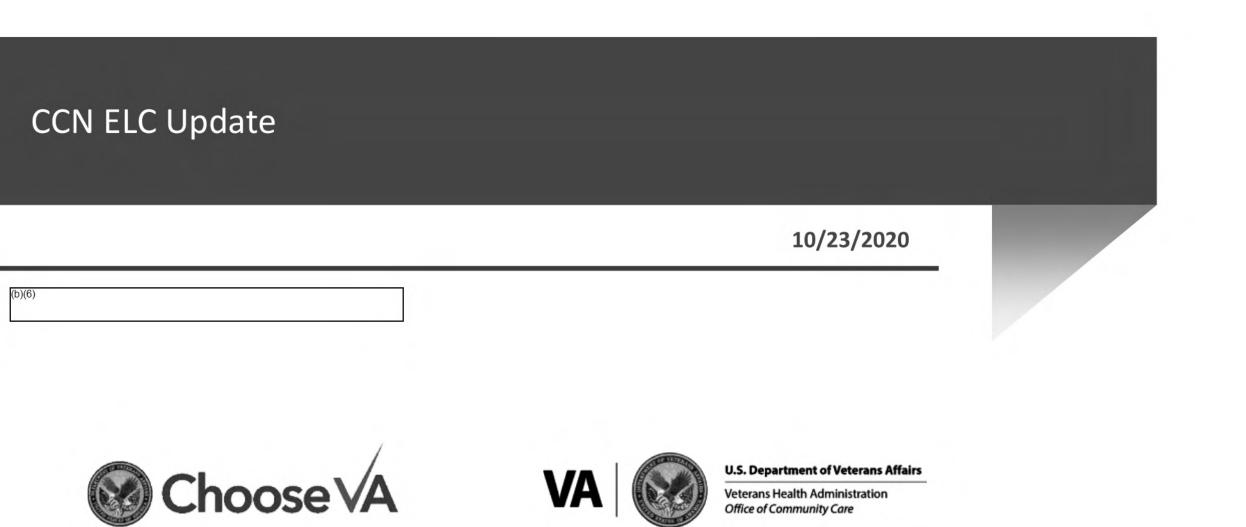
+1 872-701-0185 United States, Chicago (Toll)

Conference ID:(b)(6)

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

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Agenda

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





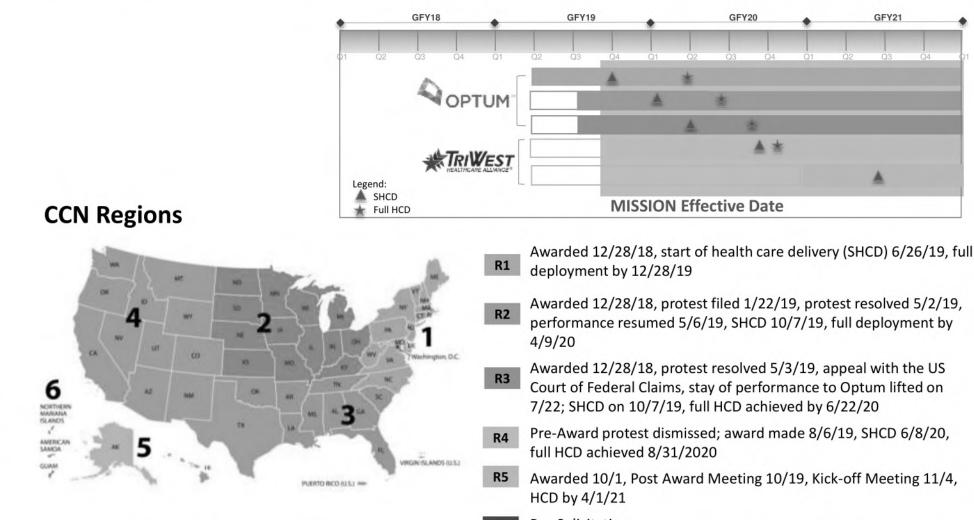
Page 3475

R4 & R5 CCN Deployment Updates





CCN Contract Award and Implementation Update



R6 Pre-Solicitation





U.S. Department of Veterans Affairs

Veterans Health Administration Office of Community Care

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)

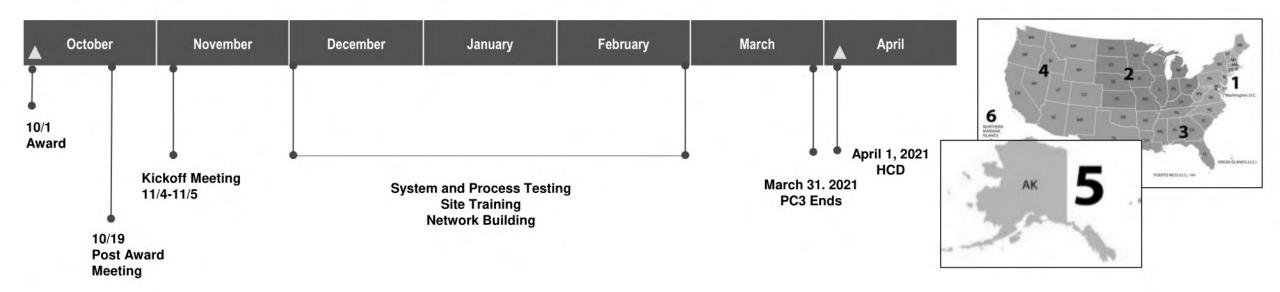
 Urgent Care approval volume remains constant in R4 as TriWest provides Urgent Care Network and Customer Service for CCN







Region 5 Status and Upcoming Activities



Key Activities:







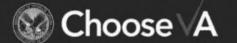
U.S. Department of Veterans Affairs

Veterans Health Administration Office of Community Core

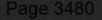
Region 5 Kickoff Meeting

- 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:
 - \circ Implementation strategy
 - Network adequacy plan, including new Telehealth Solutions Plan and a strategy around engaging Tribal Health organizations
 - $\ensuremath{\circ}$ Training and change management
 - $\ensuremath{\circ}$ Claims processing and invoicing

 \odot Detailed Integrated Master Schedule (IMS) review







R1-4 Referral Trends





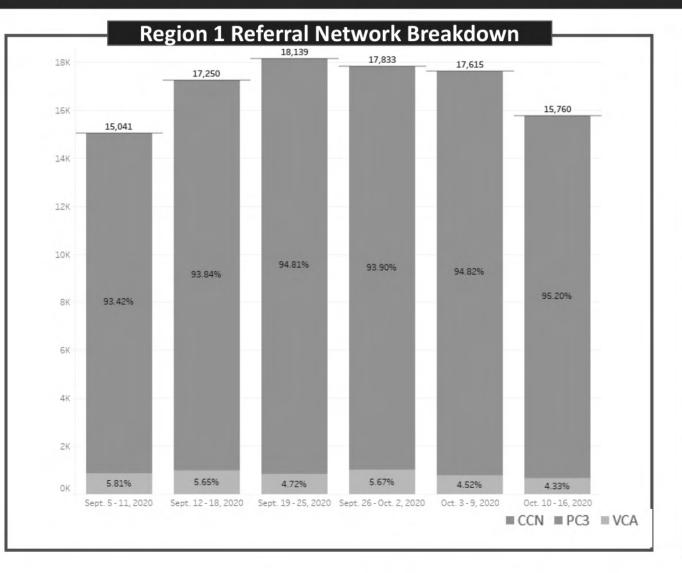
Region 1: Referral Trends

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



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



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Region 2: Referral Trends

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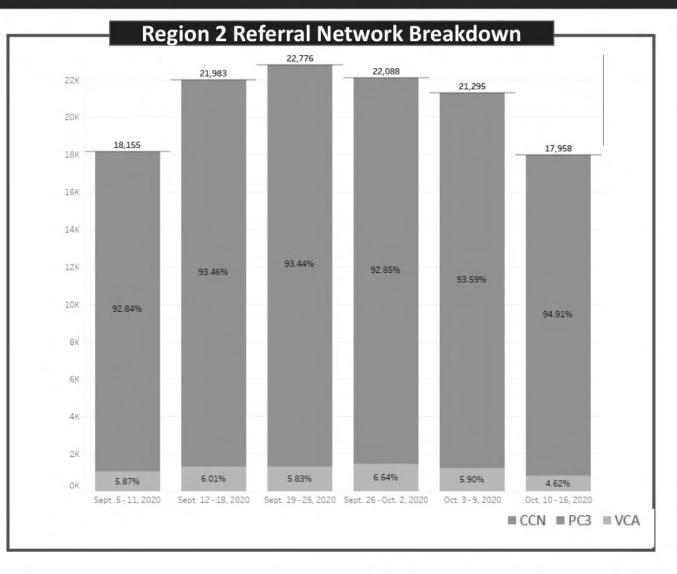
Referral Analysis

- 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.



Veterans Health Administration

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Region 3: Referral Trends

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Region 3 Referral Network Breakdown 24,217 23,779 24K 21,755 20,543 18,313 18K 16K 14K 89.49% 87.90% 89.36% 87.55% 12K 91.00% 86.17% 10K 8K 6K 4K 2K 11.02% 10.87% 9.45% 9.75% 10.46% 8.03% Sept. 19 - 25, 2020 Sept. 26 - Oct. 2, 2020 Sept 5-11 2020 Sept. 12 - 18, 2020 Oct 3-9 2020 Oct 10-16 2020 ■CCN ■PC3 ■VCA

Referral Analysis

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

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



U.S. Department of Veterans Affair

Veterans Health Administrat Office of Community Cave

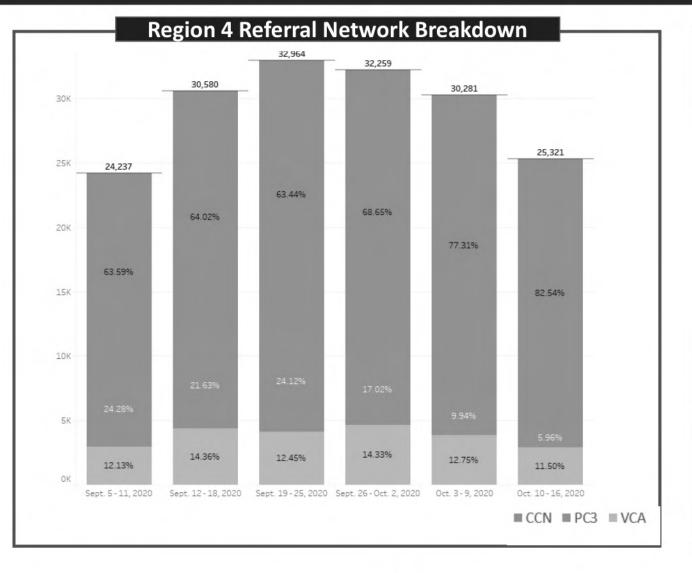
Region 4: Referral Trends

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Referral Analysis

- Region 4 continues to see a positive trend in CCN utilization.
 - Optional Tasks went live on 10/1, which has been reflected positively in the decrease in PC3 utilization and increase in CCN utilization
 - Sites are reporting that wildfires are mostly contained, and they are starting to see increasing numbers of referrals again.
- Data accounts for Oct. 12th which was a federal holiday, and which may account for the decrease in referral volumes.



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



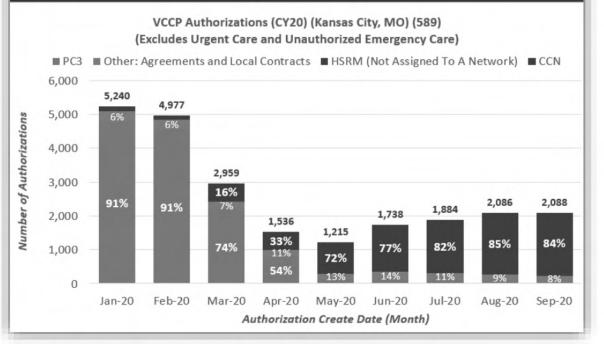
U.S. Department of Veterans Affairs

Veterans Health Administrat Office of Community Cove

Follow-Up: Kansas City HCS Referral Volume Decrease

•

VETERANS COMMUNITY CARE PROGRAM UTILIZATION KANSAS CITY HCS



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.

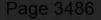
- Sep. referral volume is 40-42% of pre-COVID-19 volume (Jan.-Feb. 2020)
- Nationally, VA is at or above the pre-COVID-19 referral volume
- After engagement with VISN and the facility, a few observations were noted.
 - Facility's consult volume in January was less than 2,500 and the facility is surprised 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



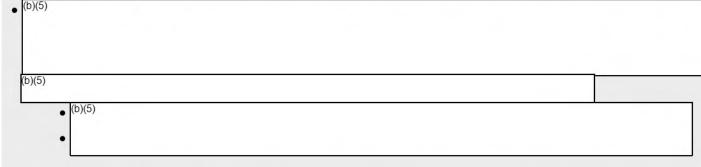


Optional Task #1: **Contracting** Key Decisions and Risks

Decisions/Status

(b)(5)

• **<u>REGION 1-3</u>**: SAC Team to finalize strategy for R1-3 contract mod prior to formally engaging Optum for initiating mod process.



 <u>REGION 4</u>: 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:





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

Decisions Needed/Risks

<u>REGION 1-3</u>: CCN Provider Directory and Search Capability -

(b)(5)

Next Steps:

(b)(5)





U.S. Department of Veterans Affairs

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

Decisions/Status

.

(b)(5)

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

Decisions Needed/Risks (Operations)





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	10/23		N/A	^{(b)(6)} CCCA, FIN, Mod
	10/23			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]		Status	Notes / Risk(s)	Owner
Contracting ^{(b)(5)}	10/28		N/A	
	10/28		N/A	FIN, Mod Team, SAC
	10/30		N/A	Team
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





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

On Track in progress

Moderate risk; in progress

Significant risk; mitigation plan not mature

Status	Dependency	Owner	Estimated Time
Complete			
Complete	VHA Leadership	VHA Leadership,	1 month
Complete	approval	OT Team	
Complete			
	Cost model finalization	Contracting Office, Modification Team	1-2 months from cost model approval
Complete	Approved service cost	PRS Budget and OCC Finance	3 weeks from agreed-up cost model with
		Finance	ТРА
	Contract Mod and Funding finalization	Contracting Office and COR Team	2-4 weeks from Mod and Funding finalization
			Eunding finalization Office and COR





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)	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





Office of Community Care

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)(6)	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





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Optional Tasks Appendix – Region 4





23

Optional Task #1: **Region 4** Contracting

On Track in progress

Moderate risk; in progress

Significant risk; mitigation plan not mature

Milestones (R4 Contracting)	Status	Dependency	Owner	Estimated Time
Cost Estimation Model	Develop national volume and cost estimates for cross-regional Optional Task #1 support (firm-fixed referral volumes and related cost for one year of service) (b)(5)	Complete		VHA	
	Present OT implementation plan and estimates to Network Directors (b)(5)	Complete	VHA Leadership approval	Leadership, OT Team	1 month
Contract Modifications			(b)(5)	Contracting Office, Modification Team	~1 months from cost model approval
Funding	Confirm method of funding to apply to Region 4 (b)(5)	Complete	Approved service cost	PRS Budget and OCC Finance	3 weeks from agreed upon cost model with TPA
Task Order Issuance			(b)(5)	Contracting Office and COR Team	2-4 weeks from Mod and Funding finalization 24





Office of Community Care

Optional Task #1: **Region 4** Operations

On Track in progress

Moderate risk; in progress

Significant risk; mitigation plan not mature

Milestones (R4 O	perations)	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

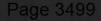
Significant risk; mitigation plan not mature

Milestones (Regi	ion 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





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R1-4 Referral Monitoring





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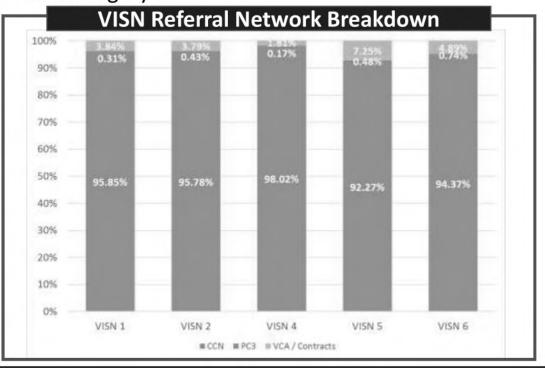
Region 1: Referral Volume Snapshot

То	op Categori	es of Ca	ire	
Region VISN Station#_StationName	R01 (All) (All)	, ⊺ *: ▼ ▼	10/10/2020 through 10/: Data pulled from	
	Referrals th			
Category of Care	🕂 CCN	ŀ	PC3 VCA / Contracts Gr	and Total
Category of Care DENTAL		941	PC3 VCA / Contracts Gr 333	and Total 1274
DENTAL	r CCN	941	333	1274
DENTAL PHYSICAL THERAPY		941 876	333	1274 878

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

Data is from the Weekly Referral Dashboard The **top five categories of care going to VCAs** are (not including ER/Urgent Care):

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





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



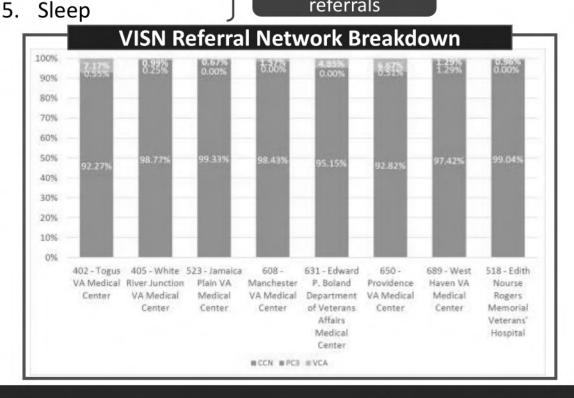
Region 1 VISN 1: Referral Volume Snapshot

Т	op Categorie	es of Ca	are		
Region	R01	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10/10/2020	through 10/10	5/2020**
VISN	1	Τ.,	Data	a pulled from	the CDW
Station#_StationName	(All)	*			
Catagony of Caro	Referrals th			Contracts Gra	- 1 7 - 1 - 1
Category of Care	↓ CCN		PL3 VLA/	contracts Gra	nd Total
DENTAL	-+ CCN	212	PC3 VCA7	60 60	nd Total 272
	CCN		PC3 VCA/		
DENTAL	CCN	212	PC3 VCA7	60	272
DENTAL HOMEMAKER/HOME HEALTH AIDE		212 233	1	60	272 255

- 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
- Less than 10 referrals







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Region 1 VISN 2: Referral Volume Snapshot

То	o Categories	of Care	9	
Region	R01 3 *10/10/2020 through 10/16/			
VISN	2	Τ.,	Data pulled fr	om the CDW
Station#_StationName	(All)	*		
	Referrals throu	gh: 💌		
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.

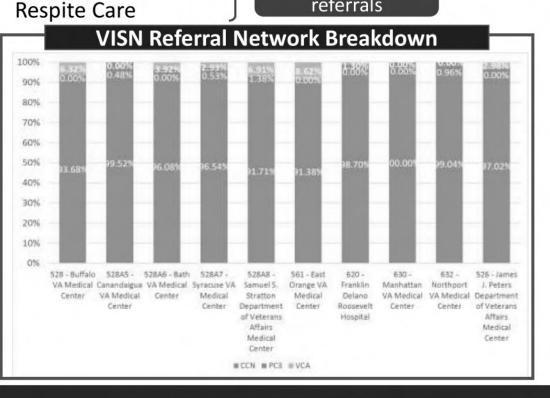
The **top five categories of care going to VCAs** are (not including ER/Urgent Care):

- 1. Homemaker/Home Health Aide
- 2. Adult Day Care
- 3. Dental

5.

4. Skilled Home Health

Less than 10 referrals







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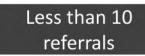
Region 1 VISN 4: Referral Volume Snapshot

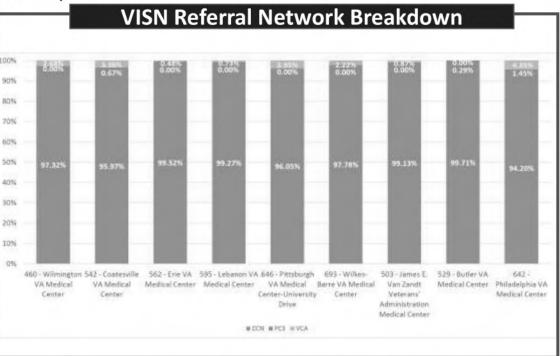
	Top Categories	s of Care	e	
Region	R01	,T *10/	/10/2020 through 10/	
VISN	4	" T	Data pulled from	n the CDW
Station#_StationName	(All)	*		
	Referrals thro	ough: 🔽		
Category of Care	→ CCN	PC3	VCA/Contracts G	rand Total
Category of Care GASTROENTEROLOGY	<mark>≁∔</mark> CCN	PC3	VCA/Contracts G	rand Total 203
Contraction of the second s	<mark>≁</mark> CCN		VCA / Contracts G	
GASTROENTEROLOGY	<mark>⊶</mark> CCN	203	VCA / Contracts G	203
GASTROENTEROLOGY PHYSICAL THERAPY	<mark>⊶</mark> CCN	203 192	VCA / Contracts G	203 192

- 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







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



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Region 1 VISN 5: Referral Volume Snapshot

To	op Categorie	s of Car	e	
Region	R01	,T *10	/10/2020 through 10/16,	/2020**
VISN	5	Τ.,	Data pulled from the	ne CDW
Station#_StationName	(All)	~		
	Referrals thr	ough: 🔽		
Category of Care	↓ CCN	DC	3 VCA / Contracts Gran	d Total
category of care	VUN CUN	PC.	s very contracts drain	ia rotai
PHYSICAL THERAPY		225		225
PHYSICAL THERAPY		225	62	225
PHYSICAL THERAPY ORTHOPEDIC		225 138		225 138

- 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.

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

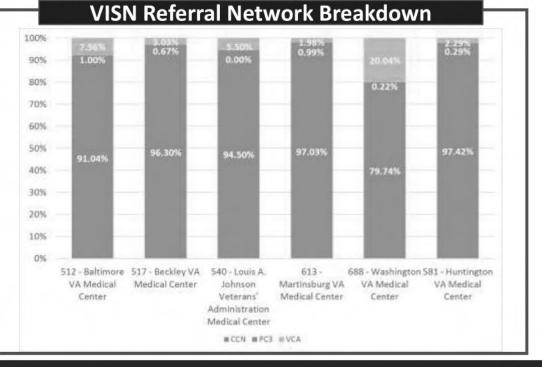
1. Dental

5.

- 2. Homemaker/Home Health Aide
- 3. Neurosurgery
- 4. Mental Health

Nephrology

Less than 10 referrals





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



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Region 1 VISN 6: Referral Volume Snapshot

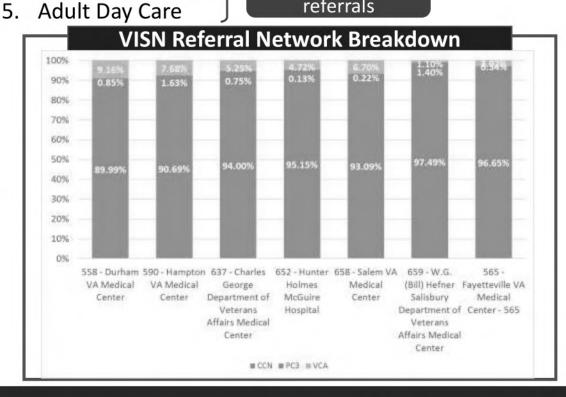
	Top Categories	s of Ca	re	
Region VISN Station#_StationName	R01 6 (All)		10/10/2020 through 10/16 Data pulled from t	
Category of Care	Referrals thre		C3 VCA/Contracts Grar	nd Total
DENTAL		610	195	805
OPTOMETRY		559		559
PAIN MANAGEMENT		304	1	305
FAINIMANAGEMENT				505
PHYSICAL THERAPY		241	1	242

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

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

- 1. Dental
- 2. Respite Care
- 3. Homemaker/Home Health Aide
- 4. Radiation Therapy

Less than 10 referrals







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Region 2: Referral Volume Snapshot

Region	R02	A 1	0/10)/2020 through 10/1	6/2020**
VISN	(All)	-		Data pulled from	the CDW
Station#_StationName	(All)	*			
	Referrals t	hrough: 💌			
Category of Care	↓ CCN	F	PC3	VCA / Contracts Gra	and 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

remain consistent with previous week.

.

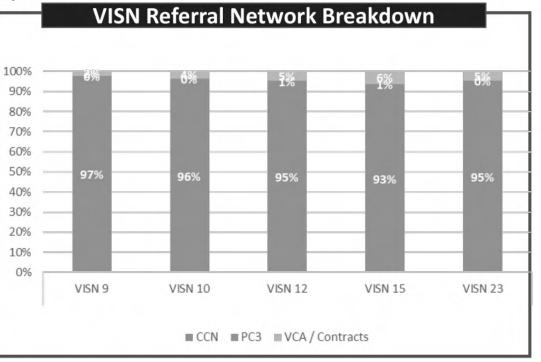
 Referrals generated from the Centralized Authorized Emergency Care (CAEC) Team are not included in this data analysis.

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

Data is from the Weekly Referral Dashboard

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





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



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Region 2 VISN 9: Referral Volume Snapshot

Region	R02	3 10/1	0/2020 through 10/16/	2020**
VISN	9	.7	Data pulled from the	ne CDW
Station#_StationName	(All)	•		
	Referrals th	rough: 🔽		
Category of Care	↓ CCN	PC3	VCA / Contracts Gran	d Total
Category of Care HOMEMAKER/HOME HEALTH AIDE		PC3	VCA / Contracts Gram	d Total 73
HOMEMAKER/HOME HEALTH AIDE				
HOMEMAKER/HOME HEALTH AIDE		60		73
OPTOMETRY		60 72		73 72

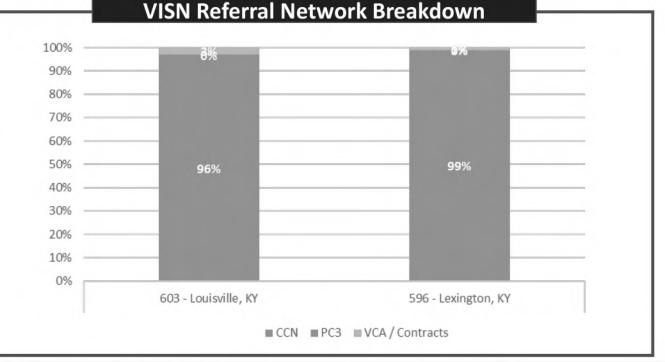
- 18% of all Homemaker/Home Health Aide care were VCAs across the VISN and a decrease from previous weeks.
- 100% of Inpatient referrals were PC3 (dates of service appropriate for PC3).
- 1 PC3 Emergency Care CAEC referral removed from the analysis.

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

- 1. Homemaker/Home Health Aide
- 2. Respite
- 3. Inpatient
- 4. Dialysis

5. N/A

Less than 10 referrals







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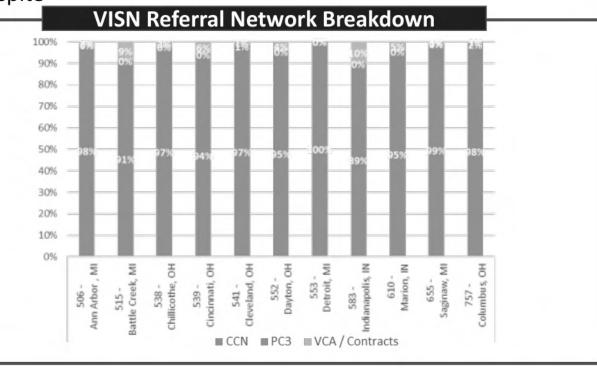
Region 2 VISN 10: Referral Volume Snapshot

Region	R02	T 10/	/10/2020 through 10/16	/2020**
VISN	10	.T	Data pulled from t	he CDW
Station#_StationName	(All)	•		
Category of Care		rough: 🔽	3 VCA / Contracts Gra	nd Total
Category of Care HOMEMAKER/HOME HEALTH AIDE	Referrals th		3 VCA / Contracts Gra	nd Tota 343
		РС		
HOMEMAKER/HOME HEALTH AIDE		PC 291	52	343
HOMEMAKER/HOME HEALTH AIDE ORTHOPEDIC		291 248	52 17	343 265

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

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

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







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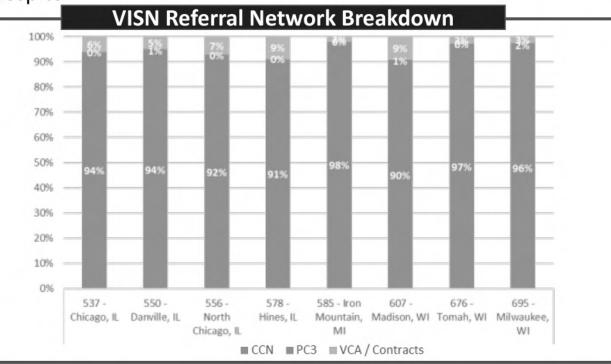
Region 2 VISN 12: Referral Volume Snapshot

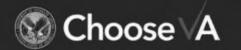
Region	R02		0/10/2020 th	rough 10/16	/2020**
VISN	12	.T		oulled from t	
Station#_StationName	(All)	•			
	Referrals t	hrough: 💌			
Category of Care	↓ CCN		PC3 VCA/Co	ontracts Grau	nd Total
Category of Care OPTOMETRY	<mark>↓↓</mark> CCN	270	PC3 VCA/Co 1	ontracts Grai	nd Total 271
OPTOMETRY	↓ CCN		PC3 VCA/Co	28	
OPTOMETRY SKILLED HOME HEALTH CARE	<mark>↓↓</mark> CCN	270	PC3 VCA/Co		271
Category of Care OPTOMETRY SKILLED HOME HEALTH CARE HOMEMAKER/HOME HEALTH AIDE CHIROPRACTIC	<mark>↓↓</mark> CCN	270 236	PC3 VCA / Co	28	271 264

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

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

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





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

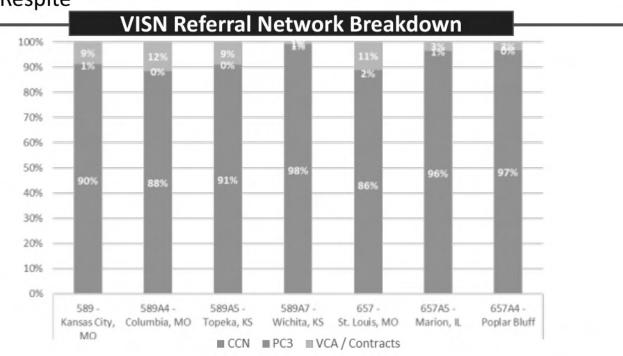


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Region 2 VISN 15: Referral Volume Snapshot

Iop Ca	itegories o	rCare		
Region	R02	3 10/1	10/2020 through 10/16,	/2020**
VISN	15	.T	Data pulled from t	he CDW
Station#_StationName	(All)	-		
	Referrals th	nrough: 🔽		
	iterentais ti	in o ugini		
Category of Care			VCA / Contracts Gram	nd Total
Category of Care SKILLED HOME HEALTH CARE			VCA / Contracts Gram	nd Total 225
SKILLED HOME HEALTH CARE		PC3	a land the second se	_
SKILLED HOME HEALTH CARE OPTOMETRY		PC3 210	a land the second se	225
Category of Care SKILLED HOME HEALTH CARE OPTOMETRY HOMEMAKER/HOME HEALTH AIDE DENTAL		PC3 210 190	15	225 190

- 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.



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



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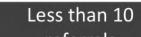
Region 2 VISN 23: Referral Volume Snapshot

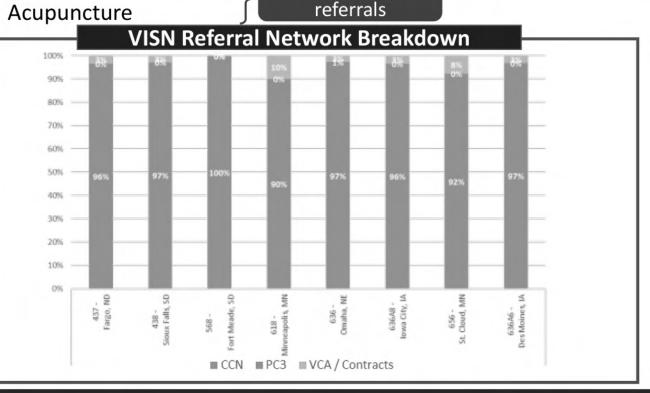
Тор С	ategories	of Car	e	
Region VISN Station#_StationName	R02 23 (All)	ज 10 ज र	0/10/2020 through 10/16 Data pulled from t	
Category of Care	Referrals th		C3 VCA / Contracts Grai	nd Total
SKILLED HOME HEALTH CARE		505	70	575
OPHTHALMOLOGY		301	2	303
OPTOMETRY		275		275
ORTHOPEDIC		255		255
HOMEMAKER/HOME HEALTH AIDE		204	45	249

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

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

- 1. Dental
- 2. Skilled Home Care
- 3. Homemaker/Home Health Aide
- CIHS
 Acupund









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Region 3: Referral Volume Snapshot

То	p Categories	of Car	е		
Region VISN Station#_StationName	RO3 (All) (All)	71 * *) through 10/10 ta pulled from	
Category of Care	Referrals th		PC3 VCA/	Contracts Gra	and Total
DENTAL		1284		700	1984
OPTOMETRY		1081	1	2	1084
OPHTHALMOLOGY		1035	7	11	1053
ORTHOPEDIC		1002	5	1	1008
				493	

- 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.

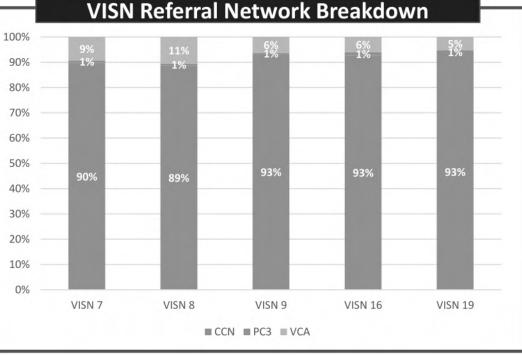
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Data is from the <u>Weekly Referral</u> <u>Dashboard</u>

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

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

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



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



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Region 3 VISN 7: Referral Volume Snapshot

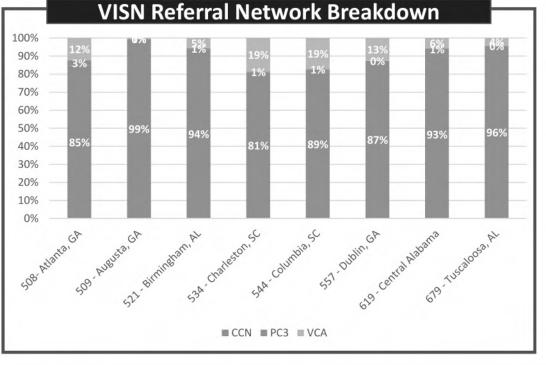
	Top Categories of	Car	e		
Region VISN Station#_StationName	R03 7 (All)	371 37 •	0/10/2	020 through 10/16 Data pulled from t	
Category of Care	Referrals throug	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PC3 V(CA / Contracts Gra	nd Total
DENTAL		500		347	847
OPTOMETRY		404	1		405
ORTHOPEDIC		373		1	374
OPHTHALMOLOGY		343	7		350
OPHTHALWOLUGT					

- 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.

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 26 of these referrals were categorized as "ER/Urgent"/"Emergency Care" and 10 of these referrals were categorized as "Inpatient". 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





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Region 3 VISN 8: Referral Volume Snapshot

То	p Categori	es of Car	2	
Region VISN Station#_StationName	RO3 8 (All)	ा 10/1 उग	0/2020 through 10/16 Data pulled from t	
Category of Care	Referrals th		VCA / Contracts Gra	nd 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

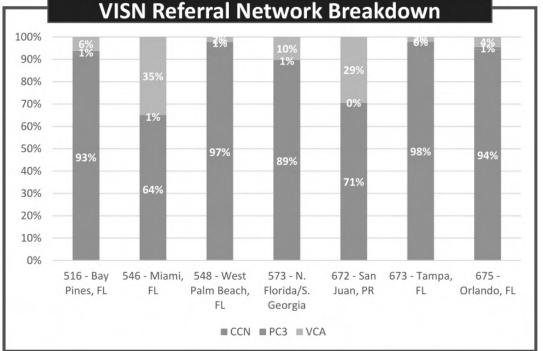
- None of the VISN 8 sites were granted an additional PC3 extension. Their PC3 coverage ended Friday, August 21.
- 48 PC3 CAEC referrals removed from the analysis.

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- 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.

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





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Region 3 VISN 9: Referral Volume Snapshot

	Top Categorie	s of Ca	re	
Region VISN Station#_StationName	R03 9 (All)	ज्र ज र	/10/2020 through 10/16 Data pulled from t	
Category of Care	Referrals thre ↓↓ CCN		C3 VCA / Contracts Gra	nd Total
Category of Care DENTAL			C3 VCA / Contracts Gra 86	nd Total 238
		P		
DENTAL		P(86	238
DENTAL ORTHOPEDIC		P 152 175	86	238 176

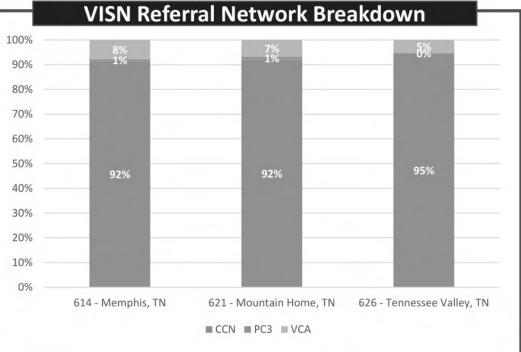
- None of the VISN 9 sites were granted an additional PC3 extension.
 Their PC3 coverage ended Friday, August 21.
- 8 PC3 CAEC referrals removed from the analysis.
 - 4 of these referrals were categorized as "ER/Urgent"/"Emergency Care" and 4 referrals were categorized as "Inpatient".
- Non-CCN Referrals:

hoose A

- 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.

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





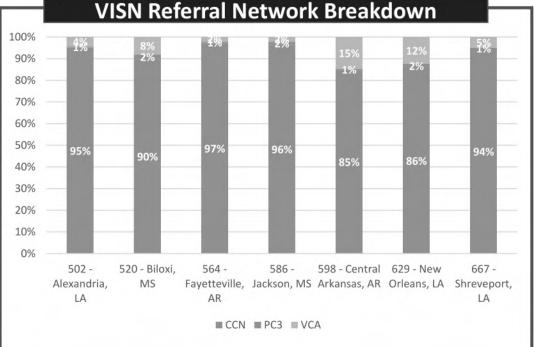
Region 3 VISN 16: Referral Volume Snapshot

	Top Categorie	es of Car	e	
Region VISN Station#_StationName	R03 16 (All)	,⊀ ,⊀ ,⊀	10/2020 through 10/16 Data pulled from t	
Category of Care	Referrals th ↓↓ CCN		3 VCA / Contracts Gra	ad Total
OPHTHALMOLOGY	<u>↓</u> CCN	279		10 TOLA
DENTAL		157	121	278
GASTROENTEROLOGY		250		250
ORTHOPEDIC		238	2	240
OPTOMETRY		234		234

- 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**.

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





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Region 3 VISN 19: Referral Volume Snapshot

	op Categori	es of Ca	re	
Region	R03	F 10)/10/2020 through 10/16	
VISN	19	7	Data pulled from t	he CDW
Station#_StationName	(All)	•		
Category of Care	Referrals th ↓↓ CCN		C3 VCA / Contracts Grau	
				ad Total
	CCN	100	CS VCA / Contracts Gra	
OPTOMETRY ORTHOPEDIC				nd Total 100 99
OPTOMETRY		100		100
OPTOMETRY ORTHOPEDIC		100 97		100 99

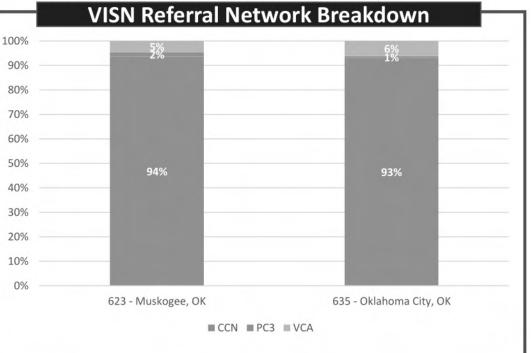
- Neither site requested a PC3 extension, so their PC3 coverage ended July 17, 2020.
- **0 PC3 CAEC referrals were** removed from the analysis.

hoose A

- 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.

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





Region 4: Referral Volume Snapshot

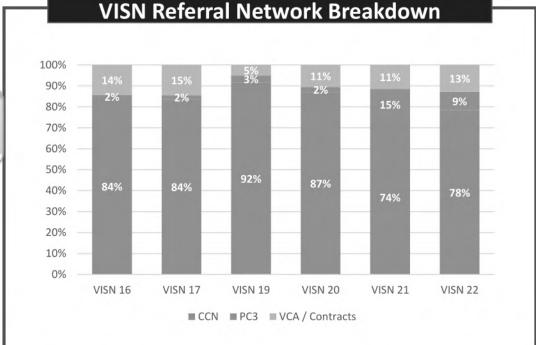
То	p Categories of Care			
Region		*10/10	0/2020 through 1	
VISN Station#_StationName	(All)		Data pulled fr	om the CDW
	Referrals through: 💌			1 Colored
Category of Care	<mark>↓↓</mark> CCN	PC3	VCA / Contracts	Grand Total
DENTAL	953		1356	2309
OPTOMETRY	2018	93		2111
SKILLED HOME HEALTH CARE	871	119	69	1059
HOMEMAKER/HOME HEALTH AIDE	611		445	1056
PHYSICAL THERAPY	999	46	1	1046

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

Data is from the Weekly Referral Dashboard

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

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





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



U.S. Department of Veterans Affair Veterans Health Administration

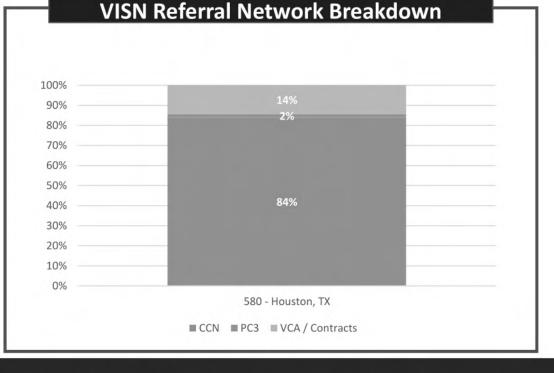
Region 4 VISN 16 Sites: Referral Volume Snapshot

То	p Categories o	of Care		
Region	R04		0/2020 through 10/16	
VISN	16	T ,	Data pulled from t	the CDW
Station#_StationName	(All)	•		
Category of Care	Referrals throug ↓ CCN		VCA / Contracts Gra	nd Total
Category of Care HOMEMAKER/HOME HEALTH AIDE	Referrals throug I CCN		VCA / Contracts Gra 2	nd Total 104
		РСЗ	VCA / Contracts Gra 2	
HOMEMAKER/HOME HEALTH AIDE		PC3	VCA / Contracts Gra 2 73	104
SKILLED HOME HEALTH CARE		PC3 102 91	2	104 91

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

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

- 1. Dental
- 2. Bowel and Bladder 3. Inpatient
 • referrals
- Inpatient
 Nephrolog
 - Nephrology
- 5. Homemaker/Home Health Aid





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



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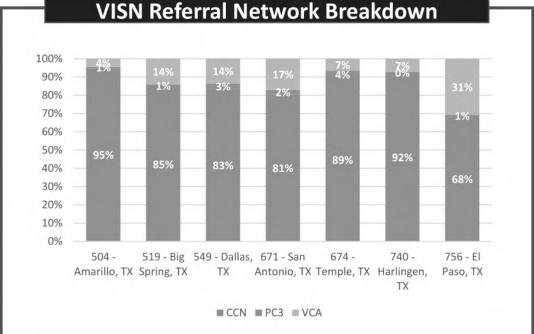
Region 4 VISN 17 Sites: Referral Volume Snapshot

Тој	o Categories of Care			
Region	R04	10/10	/2020 through 10/10	
VISN	17 🚽	r	Data pulled from	the CDW
Station#_StationName	(All)	r		
	Defense la deservel			
	Referrals through:			
Category of Care	Referrais through:		VCA / Contracts Gra	and Total
Category of Care DENTAL		PC3	VCA / Contracts Gra 547	and Total 793
	<mark>↓↓</mark> CCN	PC3		
DENTAL	↓ CCN 24	PC3	547	793
DENTAL SKILLED HOME HEALTH CARE	24 CCN 24 27	PC3 6 4 1 3 3	547 25	793 300

- 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





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



Region 4 VISN 19 Sites: Referral Volume Snapshot

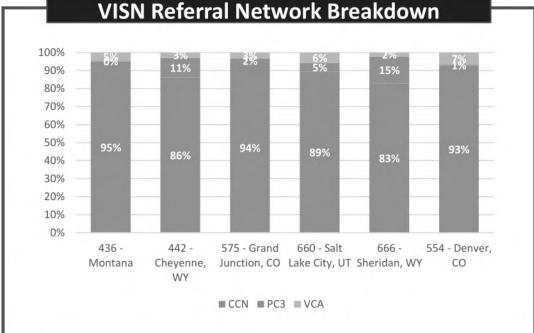
Region	R04	ज	10/10	0/2020 through 10		
VISN	19	.T		Data pulled fr	om the	CDW
Station#_StationName	(All)	•				
	Referrals th	rough 🔽				
Category of Care	↓ CCN		PC3	VCA / Contracts	Grand	Total
OPTOMETRY		592	3			595
SKILLED HOME HEALTH CARE		161	30	12		203
CHIROPRACTIC		197	2			199
PHYSICAL THERAPY		178	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.

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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



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



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Region 4 VISN 20 Sites: Referral Volume Snapshot

	Top Categories of Ca	re		
Region	R04 🕶	10/10	/2020 through 10/16	
VISN	20 🖵	1	Data pulled from	the CDW
Station#_StationName	(All)			
	Referrals through: 🔽			
Category of Care	Referrals through: 🔽		/CA / Contracts Gra	nd Total
Category of Care DENTAL		PC3 \	/CA / Contracts Gra 137	nd Total 235
DENTAL	↓↓ CCN	PC3		
DENTAL OPTOMETRY	<mark>↓↓</mark> CCN 98	PC3 \		235
	CCN 98 224	PC3 \ 2 2 3		235 226

- 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%.

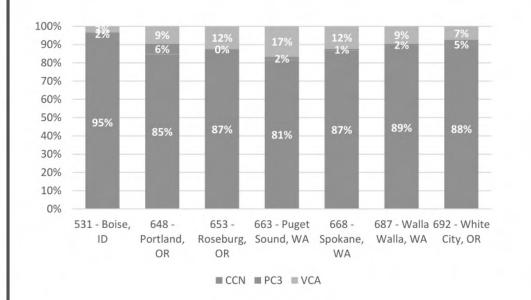
The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

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

Less than 10 referrals

5. Pain Management←







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



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Region 4 VISN 21 Sites: Referral Volume Snapshot

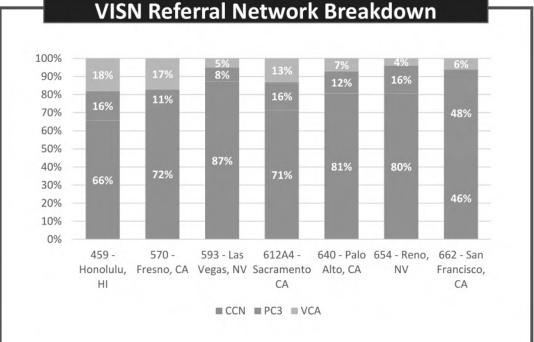
	Top Categorie	es of Ca	are		
Region VISN Station#_StationName	R04 21 (All)	ज ज र	0/10/2020 throu Data pulle	-	
Category of Care	Referrals thr ↓↓ CCN		PC3 VCA / Contra	acts Grar	nd Total
Category of Care OPTOMETRY			PC3 VCA / Contra 48	acts Grar	
				acts Gran 97	448
OPTOMETRY		400			448 288
OPTOMETRY DENTAL		400 191	48		nd Total 448 288 272 214

- 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.

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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



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



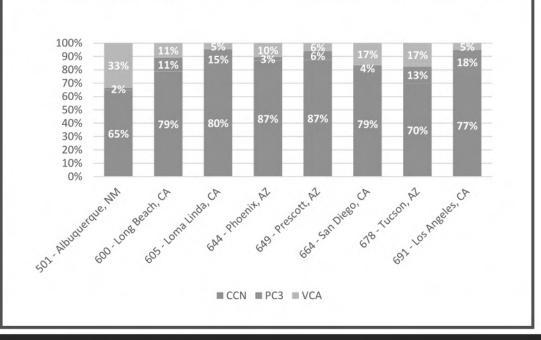
Region 4 VISN 22 Sites: Referral Volume Snapshot

	Top Categories o	of Car	e		
Region VISN Station#_StationName	R04 22 (All)	ज़ा ज़		20 through 10/16 Data pulled from t	
Category of Care	Referrals thro		PC3 VCA	/ Contracts Gra	nd Total
			PC3 VCA	/ Contracts Gra 465	nd Total 761
DENTAL			PC3 VCA 36		
DENTAL OPTOMETRY		296	36		761
Category of Care DENTAL OPTOMETRY MENTAL HEALTH PHYSICAL THERAPY		296 606	36		761 642

- 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%*.

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



VISN Referral Network Breakdown



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



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Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

Page 3526

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

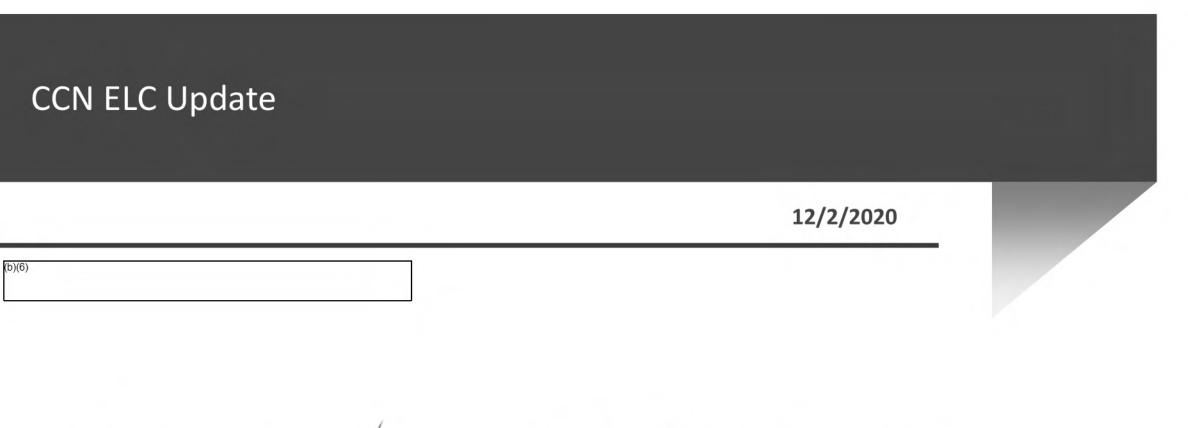
Page 3527

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

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U.S. Department of Veterans Affairs

Veterans Health Administration Office of Community Care

Agenda

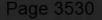
- Regions 4 & 5 Deployment Updates
- R4 Referral Trends

R4 Referral Analysis: Follow-up Items

- Program Optimization Plan
- Optional Task Update
- Appendix
 - o R1-R3 Referrals Summary
 - R4 Referral Monitoring Snapshots







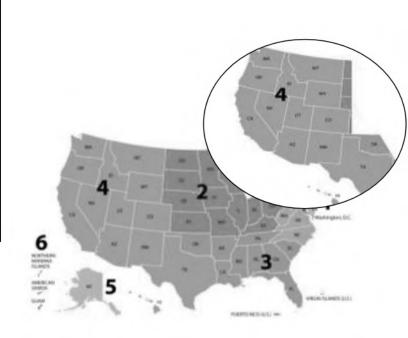
R4 & R5 CCN Deployment Updates





Region 4 Update

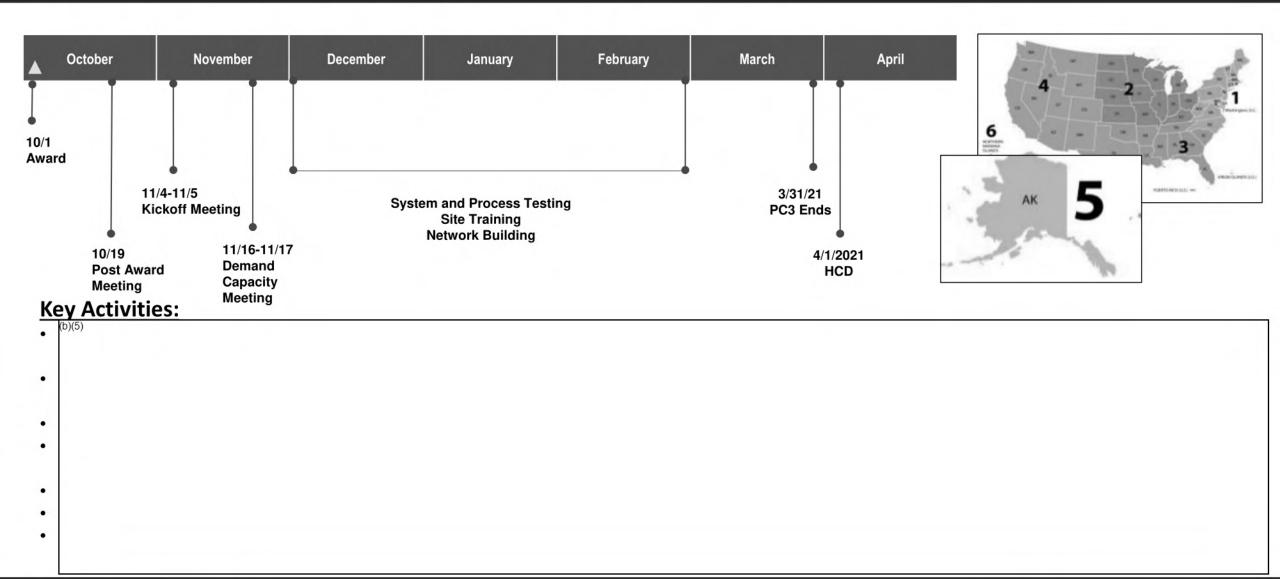
- Pend Referral Volume has consistently been under 5 per day.
- •
- San Diego has requested Optional Task assistance. VISN22 will be able to absorb their need by decreasing the referrals used by Phoenix, Prescott & Albuquerque.







Region 5 Status and Upcoming Activities







U.S. Department of Veterans Affairs

Region 5 Risks/Issues

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
Payment Hierarchy and Fee Schedule	Highest	•	• •
HCD Timeline and PC3 Contract End Date	High		• (b)(5) •





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Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
Dental Fee Schedule	High	• (b)(5) •	• (b)(5)
Choice Providers in CCN R5 PC3	High	• (b)(5)	• (b)(5)
Provider Liability Insurance Requirement	High	• (b)(5) •	





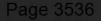
U.S. Department of Veterans Affairs

Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
Tabletop and Testing	Medium	• (b)(5)	(b)(5) •
Tribal Health	Medium	• (b)(5)	
DAS Transport Funding	Medium	(b)(5) •	•





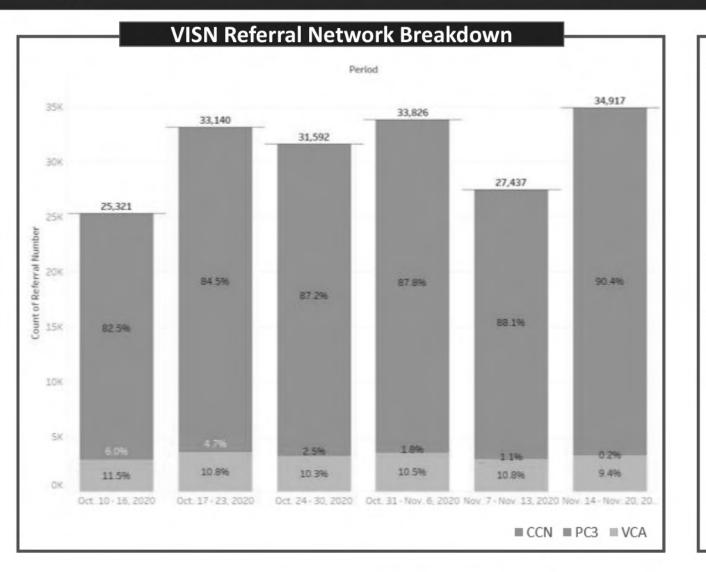


R4 Referral Trends





Region 4: Referral Volume Snapshot



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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



U.S. Department of Veterans Affairs

leterans Health Administration Office of Community Core

Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
11/12/2020	VISN 16 – Houston, TX: CCN utilization decreased 12% and VCA utilization increased 13% compared to previous week. Dental VCAs is driving the change in utilization for this reporting period. In the prior reporting week, there were 14 dental VCA, this reporting week, there were 158. The majority of these Dental VCA referrals (86) were for the Dental Disease Management SEOC. These VCA referrals were sent to 24 unique providers.	 <u>11/18:</u> Network Support team to investigate dental network in Houston area and will collaborate with VISN 16 BIM <u>11/18:</u> R4 team to coordinate with Network Support/VCA/TW to match addresses with correct provider names and check on contracting statuses for CCN 	 11/18: Houston reported concerns with the dental network, thus the need for VCAs. Dental referrals decreased in the last week, resulting in a 2% VCA decrease and a 2% increase in CCN referrals. R4 team analysis showed that the majority of Houston's top utilized dental VCA providers had data integrity issues. Care sites are showing address, rather than their provider name, for the care site. This is a result of when PPMS would default to the care site address if the user did not put in a name for a care site. Since then, PPMS made care site name mandatory. OCC Network Management & VCA Team is prioritizing deactivating VCAs not in use, correcting statuses that are incorrect, and correcting those VCAs that weren't process in accordance with the OCC guidance. Clean-up efforts are currently deprioritized. 11/30: R4 team has provided Network Team with NPIs of providers with data issues. Affiliations for dental were all VCAs. Network Team actively working on researching and addressing. 	Closed
11/12/20	VISN 22 – Albuquerque decreased 4% in its CCN utilization. Dental VCAs is driving the change in utilization for this reporting period. In the prior reporting week, there were 186 dental VCA , this reporting week, there were 299 dental VCA referrals .	<u>11/18</u> : R4 team to coordinate with Network Support/VCA/TW to match addresses with correct provider names and check on contracting statuses for CCN	 11/18: Albuquerque reported that there are not enough dental providers to meet their need. They're using VCAs and transitioning to CCN as providers are available. In contrast, the Albuquerque Dental Chief indicated that the CCN network has more providers than they previously had under VCAs, especially for specialty dental services. BIM has requested additional information from the site. R4 team analysis showed that the majority of Albuquerque's top utilized dental VCA providers had data integrity issues. Care sites are showing address, rather than their provider name, for the care site. See above for additional detail 11/30: R4 team has provided Network Team with NPIs of providers with data issues. Affiliations for dental were all VCAs. Additionally Network Support identified a trend of providers that were used under VCAs had different taxonomies, one of which was not the general practice. Therefore with the taxonomy excluded, no network populated into the locator. Network Team actively working on researching and addressing. 	Closed

Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
11/18	VISN 21 – Sacramento decreased 18% in its CCN utilization and increased 18% in VCA referrals from the prior week in the following specialties; Neurosurgery (from 18 to 65), Orthopedics (from 0 to 45), and Radiology (from 0 to 21).	R4 Team and VISN 21 BIM are reaching to station for more information	(b)(5)	Open
11/18	VISN 20 – Puget Sound continues to have the highest VCA utilization.	R4 team to research what is contributing to Puget Sound's high VCA utilization		Open





Program Optimization Plan (POP)





Executive Summary

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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. Preparation Development Implementation Enhancement Optimization





Office of Community Care

Optimization Plan Status Overview – 12/2/2020

Potential Risks				
 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 	and feedback received from VA SMEs and	 Framework: Structure Emphasis on integration across capabilities Identify infrastructure to enable continuous refinement for each capability Incorporate recommendations for prioritization to achieve optimization 	 Actions Underway: Infinite 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)} 	formation Gathering & Next Steps: Integration of Findings
			(^{b)(6)} to ensure scope of capability stays on track	

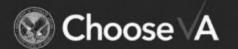




Optimization Plan Risks

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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 longterm needs of community care

FY20									FY	21					
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
R1 Post	R1 Post Deployment														
R2 Post Deployment				_	Enhancement						Onti				
R3 Deployment R3 Post Deployment									Infanceme	int			Opti	mization	
	R4 Deplo	oyment	R4 Pos	t Deploym	ent										
					R5 Tran	sition			R5 Pos	t Deploym	ent				

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





Structured Approach to Capture Maturing Capabilities

Current State > Enhanced State > Optimized State

Eligibility	 Determine Eligibility Communicate Eligibility Track Eligibility
Referrals and Authorization	 Receive and Communicate Referrals Receive and Communicate Authorizations Track Referrals and Authorization
Care Coordination	 Receive and Communicate Health Information SEOC Schedule Community Appointments Coordinate Community Requests
Utilization Management	 Determine Clinical Appropriateness Track Service Utilization Track and Incentivize Provider Performance
Network	Collect Provider Information Communicate Provider Information Manage Networks
Provider Payment	 Receive and Process Claims Pay Claims/Invoices Audit Claims/Invoices
Revenue Operations	 Track Facility Revenue Conduct Insurance Verification Perform Revenue Utilization Review
Customer Service	 Provide Education Respond to Inquiries
Patient Safety and Quality	 Mitigate risk to safety of Veterans Track and assess CCN contract clinical quality monitoring activities





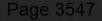
Sample Capability Section Overview

OCC Operational Management and Administration (Governance)

Capability Description	Sub-capabilities
OCC's governance structure formalizes relationship between internal and external stakeholders involve overseeing, managing, and executing the Commun Network (CCN) Contracts.	ed in OCC Communications Office (2.2)
	Key Highlights
Current State 1.0Description: Current state is where we are today: postdeployment management and maintenance of the CCprogram and the implementation of desiredcapabilities.	Overarching key takeaway 1 (focus on what has been accomplished, where we are now) Overarching key takeaway 2 (focus on what has been accomplished, where we are now) Overarching key takeaway 3 (focus on what has been accomplished, where we are now)
<i>Enhanced State 1.5</i> <i>Description: Enhanced State is the operationalization of</i> <i>the desired capabilities.</i>	Overarching key takeaway 1 (focus on opportunities that are being addressed, intended outcome) Overarching key takeaway 2 (focus on opportunities that are being addressed, intended outcome) Overarching key takeaway 3 (focus on opportunities that are being addressed, intended outcome)
<i>Optimized State 2.0</i> <i>Description: Optimized state is the optimization of</i> <i>matured capabilities.</i>	Overarching key takeaway 1 (focus on vision for future state, optimization activities and integration methods Overarching key takeaway 2 (focus on vision for future state, optimization activities and integration methods Overarching key takeaway 3 (focus on vision for future state, optimization activities and integration methods







Optional Task Update





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

Decisions/Status

• No ELC decision needed; no new risk

• Outstanding Issues:

- 1. Contract modification strategy.
 - <u>Status</u>: VA received Optum's proposal on Monday, 11/16;
 - <u>Next Step</u>: Evaluation teams (technical, pricing) conducting proposal evaluation.
- 2. Finalize volume and tier structure.
 - <u>Status</u>: 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.
 - <u>Status</u>:(b)(5)
 - Decision Point^{(b)(5)}
- 4. Provider look up solutions.
 - <u>Status</u>: 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.
 - <u>Next Step</u>: ^{(b)(5)}

(b)(5)

- 5. New CLIN ID required for COVID-19 scheduling support.
 - <u>Status</u>: HSRM requires specific CLIN IDs/requirements from contract modification to develop/deploy
 - Next Step:^{(b)(5)}



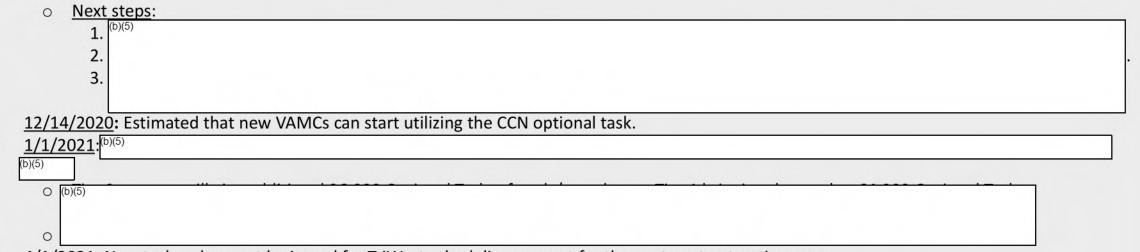


Optional Task #1: **Contracting** Key Decisions (Region 4)

Decisions/Status

Decisions:

- 1. Here is the estimated timeline for the additional TriWest scheduling support in CCN Region 4:
 - <u>12/7 12/11</u>: CCN Optional Task trainings for R4 stations (VAMC staff from stations newly using the CCN scheduling support must participate in the training).



- <u>4/1/2021</u>: New task order must be issued for TriWest scheduling support for the next contract option year.
 - o 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)}	
• (b)(5)	
Previous ELC Follow up None at this time	
Decisions Needed/Risks (Operations)	
(b)(5)	
	23





optional Task #1: Operational Key Decisions and Risks

On Track in progress

Moderate risk; in progress

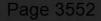
Significant risk; mitigation plan not mature

Decisions Needed/Risks (Operations) Cont.

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





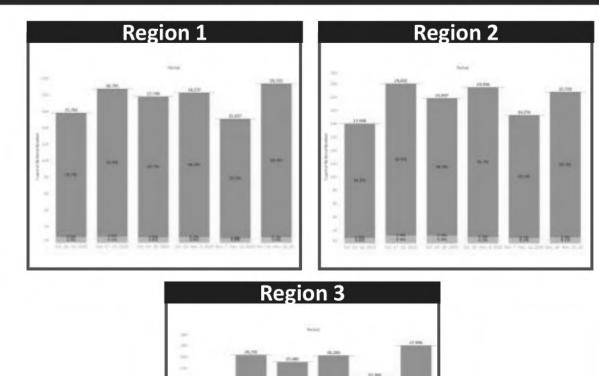


Appendix - R1-R3 Referrals Summary





Region 1-3 Referral Network: Key Observations



CCN PC3 VCA

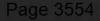
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Key Observations & Takeaways

- Region 2 has reached <0.1% PC3 utilization for the first time, while Region 1 & 3 have reached 0.1% PC3 utilization over the last week
 - Regions 1-2 reported more than 95% of total referrals through CCN, remaining consistent with prior weeks
 - Region 3 reported **92.7% of referrals through CCN**
- Dental and Homemaker/Home Health Aid continue to remain at the top categories of care for VCA referral utilization.
 - Region 3 has started to plateau in VCA utilization, remaining within 6.5 to 7.4% over the past month
 - Region 1-2 have slightly decreased in their VCA utilization, remaining within the 3.5% to 4.1% range
- Week of 10/10 and 11/7 data accounts for federal holidays (i.e. Indigenous People's Day/Columbus Day, Veterans Day), which may explain the decrease in referral volumes and slight uptick the following week across all 3 regions

This data was pulled from CDW for Oct. 10 – Nov. 20, 2020.





Appendix - R4 Referral Monitoring Snapshots





Region 4: Referral Volume Snapshot

	Top Categories of Care		
Region VISN Station#_StationName	R04 71 (All) (All) (All)	1/14/2020 through 11/2 Data pulled from	
	Referrals through: 💌		
Category of Care	<mark>↓↓</mark> CCN I	PC3 VCA / Contracts Gr	and Total
DENTAL	1426	1801	2227
DENTAL	1420	1001	3227
	2964	5 2	2971
OPTOMETRY			2971
OPTOMETRY PHYSICAL THERAPY ORTHOPEDIC	2964	5 2	

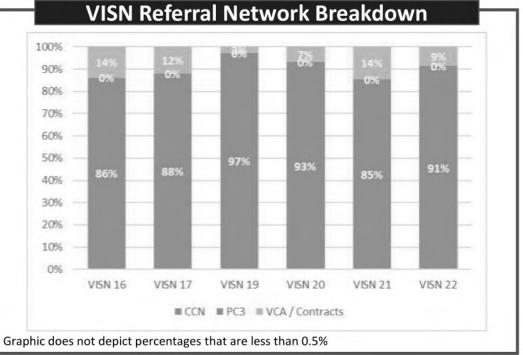
- Referrals generated from the Centralized Authorized Team (CAEC) are not included in this data analysis. For Region 4, this accounted for 412 PC3 referrals. 374 referrals were categorized as "ER/Urgent" and 38 referrals were categorized as inpatient.
- All VISN's PC3 utilization now less than 0.3%.

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- All VISNS had an increase in CCN utilization and decrease in VCA utilization.
 - VISN 21 and VISN 22 had the highest CCN utilization increase of 4% and 3% respectively over the prior week

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

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



This data was pulled from CDW for November 14-20, 2020.



U.S. Department of Veterans Affairs Veterans Health Administration

Region 4 VISN 16 Sites: Referral Volume Snapshot

Region	R04 🖵	**11/14/20	20 through 11/20/2020
VISN	16 🌌		ata pulled from the CD
Station#_StationName	(All)		
Nother tables	Referrals through: 💌	Same Parts	
Category of Care	<mark>↓↓</mark> CCN V	/CA / Contracts	Grand Total
SKILLED HOME HEALTH CARE	146		146
DENTAL	14	130	144
HOMEMAKER/HOME HEALTH AIDE	95		95
NEUROLOGY	66		66
OPHTHALMOLOGY	62		62

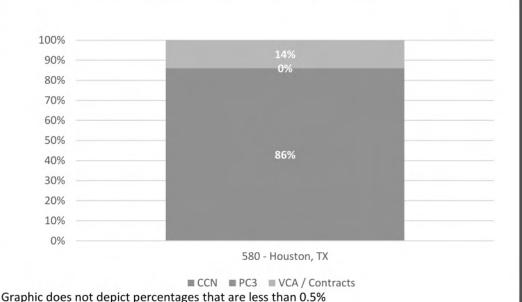
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 16, this accounted for 83 PC3 referrals.
 - 80 referrals were categorized as "ER/Urgent" and 3 referrals were categorized as inpatient.
- CCN utilization increased slightly by 0.37% over prior week.

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- Houston has reported concerns with dental network, thus the need for VCAs.
 - In reviewing the data, the majority of top dental VCA providers utilized displays a data integrity issue where address is displayed rather than care site name. R4 team continues to coordinate with Network Support/VCA/TW to match addresses with correct provider names and check on contracting statuses for CCN.

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

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



This data was pulled from CDW for November 14-20, 2020.



U.S. Department of Veterans Affairs

7 or less

referrals

VISN Referral Network Breakdown

Region 4 VISN 17 Sites: Referral Volume Snapshot

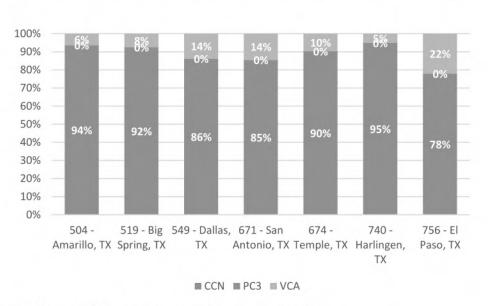
	Top Categorie	es of Ca	are		
Region	R04	T	1/14/2020) through 11/20	/2020**
VISN	17	.	Da	ta pulled from t	he CDW
Station#_StationName	(All)	·			
	Referrals th				
Category of Care	J CCN	F	C3 VCA/	Contracts Gra	nd Total
DENTAL		213		662	875
GASTROENTEROLOGY		519	1	5	525
ORTHOPEDIC		464	1	12	477
OPTOMETRY		441		2	443
orromenti					

- 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%.

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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



VISN Referral Network Breakdown

Graphic does not depict percentages that are less than 0.5%

VA | 💽

U.S. Department of Veterans Affairs Veterans Health Administration

This data was pulled from CDW for November 14-20, 2020.



Region 4 VISN 19 Sites: Referral Volume Snapshot

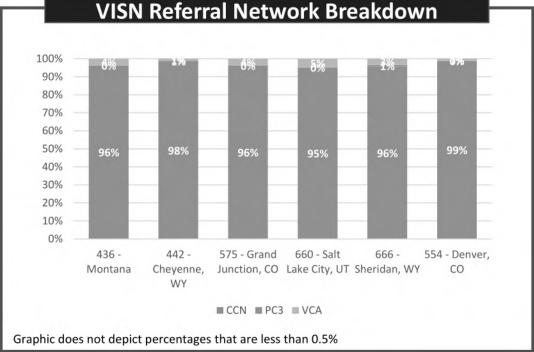
	Top Categories of		
Region	R04 🌌	11/14/2020 through 1	1/20/2020**
VISN	19 🌌	Data pulled fr	om the CDW
Station#_StationName	(All) 🗸		
	Referrals through: 💌		
Category of Care	↓ CCN	PC3 VCA / Contracts	Grand Total
	690		690
OPTOMETRY			
	273		273
ORTHOPEDIC	273 243		
OPTOMETRY ORTHOPEDIC SKILLED HOME HEALTH CARE PHYSICAL THERAPY		22	

- **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.

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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



This data was pulled from CDW for November 14-20, 2020.



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	Referrals through:
	Referrals through: CCN PC3 VCA / Contracts Grand Total 132 233 365
DENTAL	CCN PC3 VCA / Contracts Grand Total
DENTAL ORTHOPEDIC	CCN PC3 VCA / Contracts Grand Total 132 233 365
Category of Care DENTAL ORTHOPEDIC OPTOMETRY CARDIOLOGY	Image: CCN PC3 VCA / Contracts Grand Total 132 233 365 340 340

- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 20, this accounted for **58 PC3 referrals**.

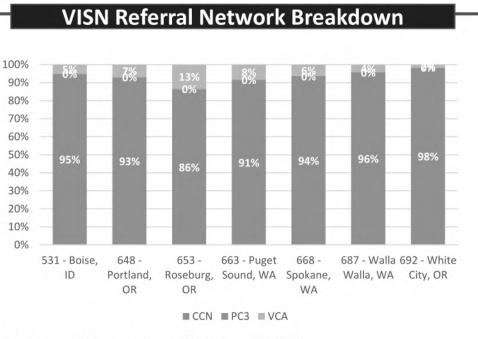
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- 56 referrals were categorized as "ER/Urgent" and 2 referrals were categorized as inpatient.
- Despite still having second highest VCA utilization, Puget Sound continues to increase in CCN utilization (+3%) and decrease in VCA utilization (-4%) this 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



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 14-20, 2020.



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Region 4 VISN 21 Sites: Referral Volume Snapshot

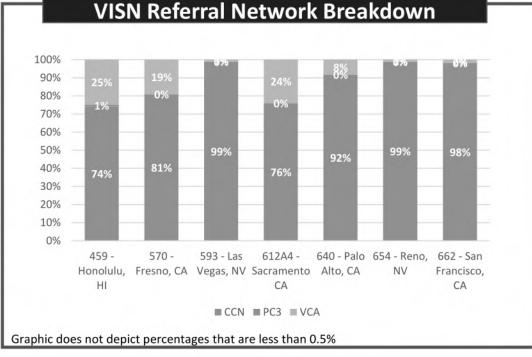
	Top Categories of Car	e		
Region	R04	.T 11/	14/2020 through 11/2	0/2020**
VISN	21	.T	Data pulled from	the CDW
Station#_StationName	(All)	Ŧ		
Category of Care	Referrals through		3 VCA/Contracts Gr	and Total
DENTAL		367	247	614
OPTOMETRY		408	1	409
			1 .	
RADIOLOGY MRI/MRA		324	1 6	331
RADIOLOGY MRI/MRA PHYSICAL THERAPY			1 6	331 309

- 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%)
 - \circ $\;$ Both sites also report the highest VCA utilization.
 - The R4 team has been in contact with Sacramento to better under the contributing factors for their high VCA utilization
 - HI continues to report staffing challenges.

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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





This data was pulled from CDW for November 14-20, 2020.

Region 4 VISN 22 Sites: Referral Volume Snapshot

	op Categorie	es of Ca	are		
Region	R04	.T 1	1/14/	2020 through 11	/20/2020**
VISN	22	.T		Data pulled fro	om the CDW
Station#_StationName	(All)	-			
	Referrals th	rough: 💌			
Category of Care	↓ CCN		PC3 V	CA / Contracts	Grand Total
Category of Care DENTAL	<mark>↓↓</mark> CCN	601	PC3 V	CA / Contracts (498	Grand Total 1099
	<mark>↓↓</mark> CCN	and the second	PC3 V 3		
DENTAL	<mark>↓↓</mark> CCN	601			1099
OPTOMETRY	<mark>↓↓</mark> CCN	601 1055	3		1099 1058

- **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.

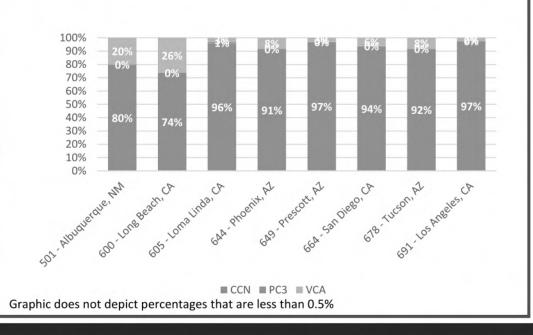
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•

- 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%.

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



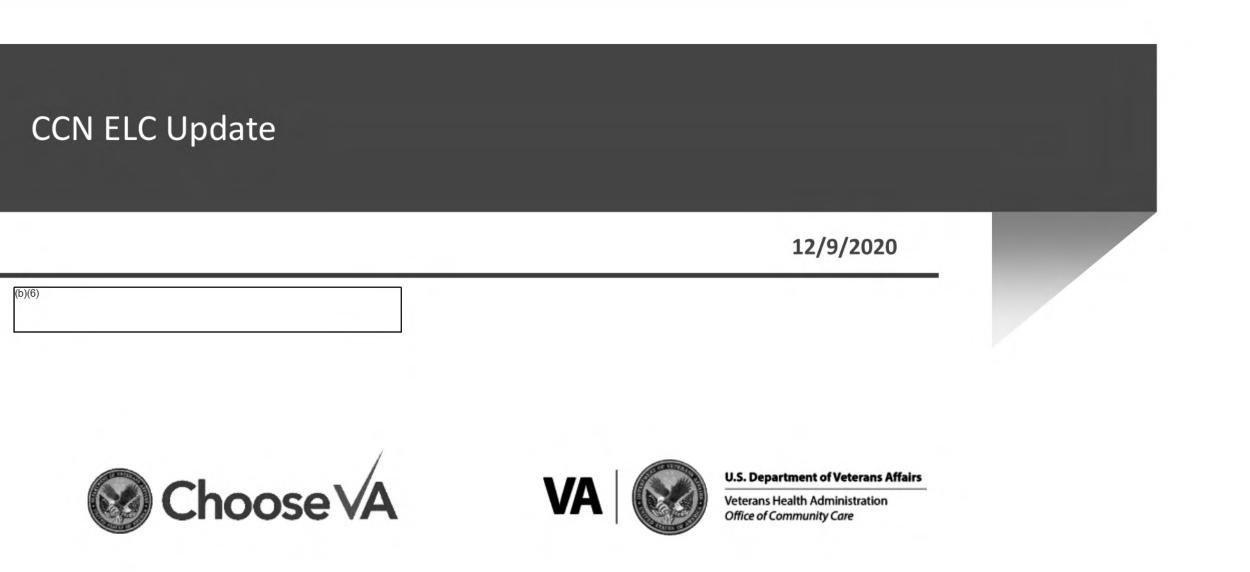
VISN Referral Network Breakdown



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This data was pulled from CDW for November 14-20, 2020.

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Agenda

- Key Items:
 - Pharmacy Updates
 - VA Provider Pharmacy Benefit Immediate Need Formulary Additions
 - E-Prescribing Risk

Region 5 CCN Deployment Alignment Messaging to V20/Alaska HCS

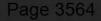
- Regions 4 & 5 Deployment Updates
- R4 Referral Trends

R4 Referral Analysis: Follow-up Items

- Appendix
 - R1-R3 Referrals Summary
 - R4 Referral Monitoring Snapshots







VA Provider Pharmacy Benefit - Immediate Need Formulary Additions





VA Provider Pharmacy Benefit - Immediate Need Formulary Additions

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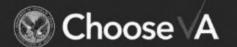
(b)(5)

Background

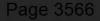
- The formulary for the CCN immediate need retail pharmacy benefit has already been created with approximately 300+ prescriptions related to urgent and emergent needs - <u>Urgent/Emergent Formulary</u>
- VISN 21 providers participating in the VA provider immediate need retail pharmacy pilot have expressed 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



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.

<u>Risks</u>:

(b)(5)





Office of Community Care

Additional Data and Next Steps

Additional Data:

• Controlled substance prescriptions that VA Pharmacy is filling for community providers

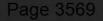
Total Rxs for Yes (C5 Main by Quarter)					
	Q1FY20	Q2FY20	Q3FY20	Q4FY20	Q1FY21
SCHEDULE II	32,897	33,397	28,849	31,984	22,593
SCHEDULE III	7,217	7,900	7,426	7,862	5,717
SCHEDULE IV	17,171	18,659	16,758	17,517	12,162
SCHEDULE V	5,660	6,502	6,247	6,691	4,751

 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:







Region 5 CCN Deployment Alignment Messaging to V20/Alaska HCS





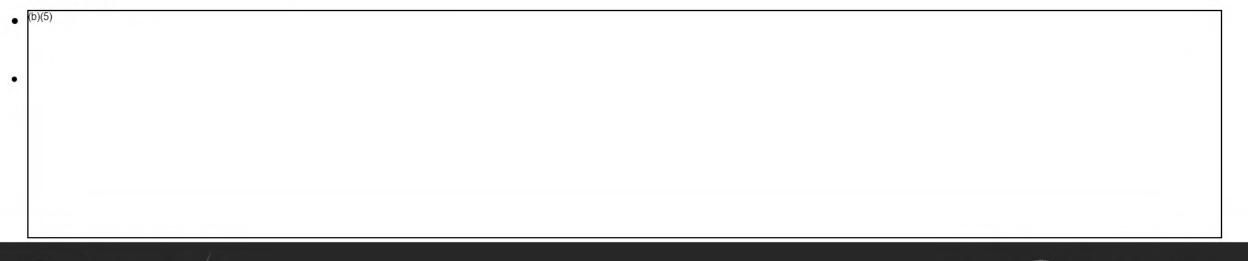
R5 CCN Deployment Alignment Messaging to V20/Alaska HCS



BLUF:

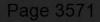
- PC3 contract ends 3/31/21, and CCN deployment is scheduled for 4/1/21. Care coordination and care transition is a concern.
- With the ongoing conversations with TW regarding their ability to recruit certain providers due to the payment hierarchy and dental fee schedule issues which are both still pending contract modification to clarify rates, V20/Alaska's concern of potential gap in services has been heightened leading to their proactive actions.

Next Steps









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

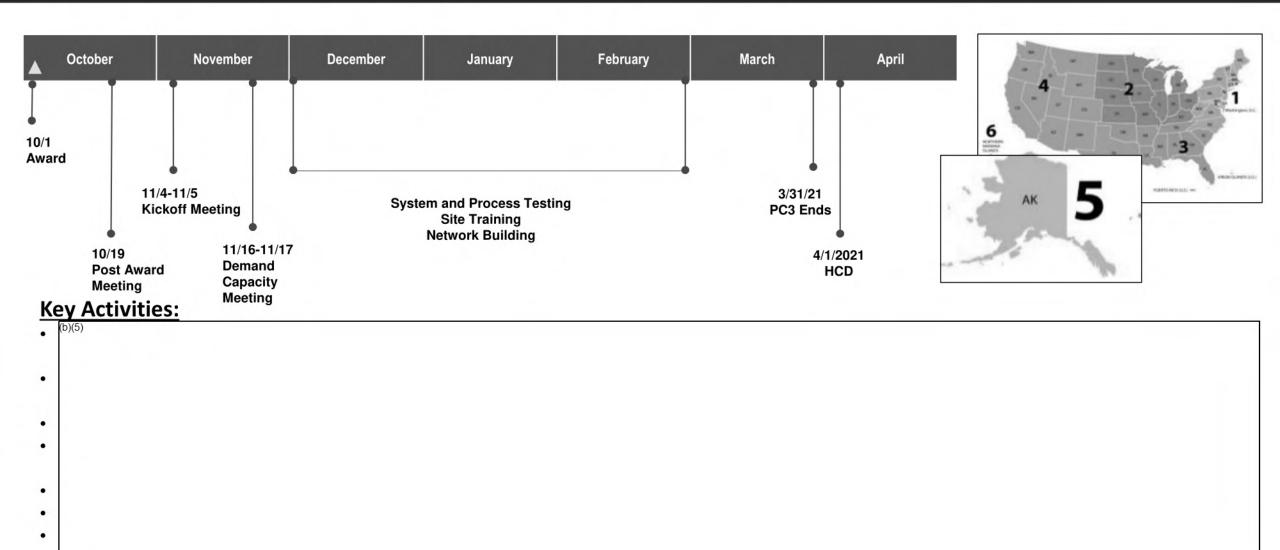
 Planning for converting 40,000 PC3 consults ahead of 3/31/21 has begun amongst BIMs and their sites







Region 5 Status and Upcoming Activities







U.S. Department of Veterans Affairs

Veterans Health Administration Office of Community Core

Region 5 Risks/Issues

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





Region 5 Risks/Issues Continued

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



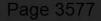


Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 12/4
Tabletop and Testing	Medium	(b)(5) •	(b)(5) •
Tribal Health	Medium		
DAS Transport Funding	Medium	•	• (b)(6) (b)(5) (b)(6) (b)(5) (b)(5)





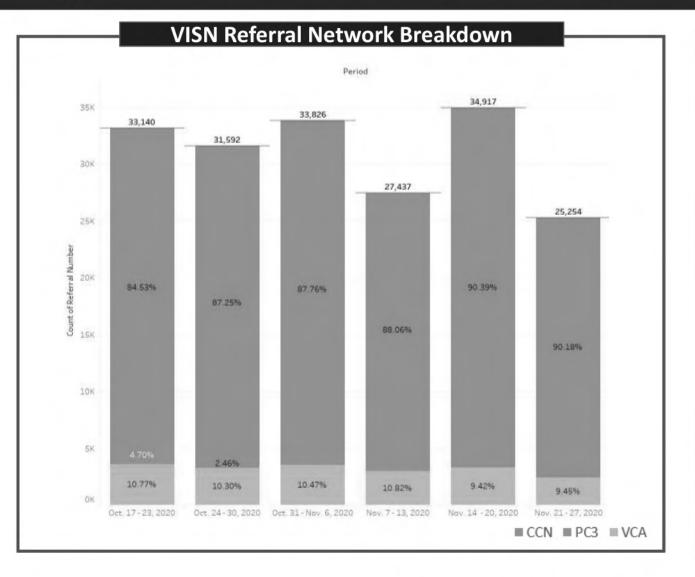


R4 Referral Trends





Region 4: Referral Volume Snapshot



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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.



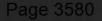
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Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
11/18	VISN 21 – Sacramento decreased 18% in its CCN utilization and increased 18% in VCA/Other referrals from the prior week in the following specialties; Neurosurgery (from 18 to 65), Orthopedics (from 0 to 45), and Radiology (from 0 to 21).	R4 Team and VISN 21 BIM are reaching to station for more information	 <u>11/18:</u> VISN 21 BIM is engaging the station to understand the significant CCN utilization decrease and VCA referral increase. <u>11/30:</u> R4 team to continue working with VISN 21 BIM to understand the utilization trend <u>12/3:</u> After further investigation, all the additional referrals were going to ^{(b)(6)} a DOD affiliate. 	Close
11/18	VISN 20 – Puget Sound continues to have the highest VCA utilization.	R4 team to research what is contributing to Puget Sound's high VCA utilization	<u>11/30</u> : R4 team to continue working with VISN 21 BIM to understand the utilization trend <u>12/3</u> : In digging into the data, a majority of VCAs were to providers that are in process of being added to CCN. Providers not in process were under the Dental or Dialysis category of care. Close as NM is aware of this gap.	Close





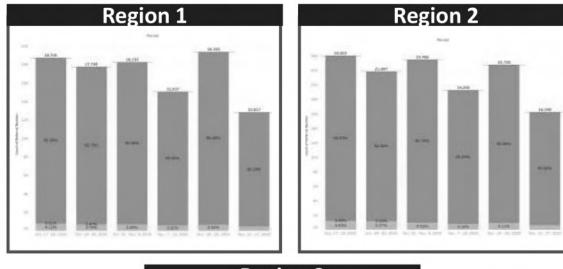


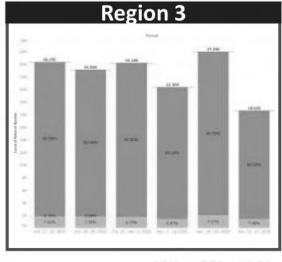
Appendix - R1-R3 Referrals Summary





Region 1-3 Referral Network: Key Observations





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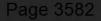
Key Observations & Takeaways

- 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

This data was pulled from CDW for Oct. 17 – Nov. 27, 2020.



Veterans Health Administration Office of Community Care



Appendix - R4 Referral Monitoring Snapshots





Region 4: Referral Volume Snapshot

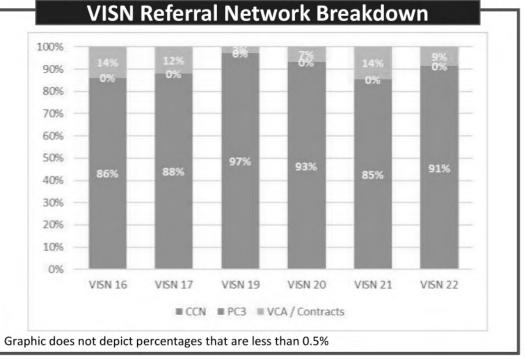
	op Categories of Ca	re		
Region	R04 🗳	r		
VISN	(All)	-		
Station#_StationName	(All)	-		
	Referrals through:			
Category of Care		_	VCA / Contracts	Grand Tota
Category of Care DENTAL	CCN 97	РСЗ	VCA / Contracts 1171	
In the second	↓ CCN	PC3	1171	214
DENTAL		PC3 3 4 2	1171	
DENTAL OPTOMETRY	 CCN 97. 206-	PC3 3 4 2 6 4	1171 1	214 206 1230

- **Referrals generated from the Centralized Authorized Team** (CAEC) are not included in this data analysis.
 - For Region 4, this accounted for **356 PC3 referrals**. ٠
 - 325 referrals were categorized as "ER/Urgent" and 31 referrals were categorized as inpatient.
- **All VISN's** utilization percentages remain steady compared ٠ to prior week with VISN 20 having the large change of 2% increase in CCN utilization.

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

- 1 Dental
- Homemaker/home health aide
- 3. Emergency care
- Lab and pathology
- **Respite** care 5.





Region 4 VISN 16 Sites: Referral Volume Snapshot

Top Categories of Care					
Region	R04	.7			
VISN	16	A			
Station#_StationName	(All)	*			
Category of Care	Referrals th		РСЗ	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

- 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.

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- 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.

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

- 1. Dental
- 2. Nephrology +



00%		
90%	15%	
30%	0%	
0%	and the second sec	
60%		
50%	A REAL PROPERTY AND A REAL	
10%	85%	
30%	A REAL PROPERTY OF A READ PROPERTY OF A REAL PROPER	
20%	A REAL PROPERTY OF A REAL PROPERTY OF	
10%	A CONTRACTOR OF A CONTRACTOR A	
0%	the second s	
	580 - Houston, TX	
	CCN PC3 VCA	

This data was pulled from CDW for November 21-27, 2020.



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Region 4 VISN 17 Sites: Referral Volume Snapshot

	Top Categories of C	are	
Region	R04 🌌		
VISN Station#_StationName	17 🧊 (All)		
Category of Care	Referrals through: 🔽	PC3 VCA / Contracts G	rand Tota
DENTAL	156	398	554
GASTROENTEROLOGY	359	4	363
OPTOMETRY	310		310
ORTHOPEDIC	290	8	298
PHYSICAL THERAPY	287		287

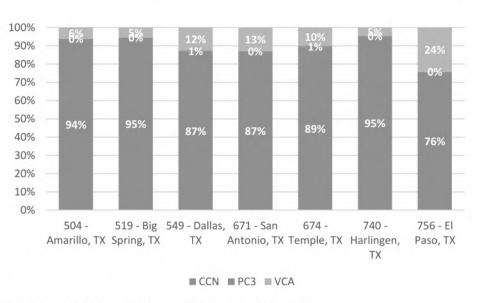
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 17, this accounted for **41 PC3 referrals**.

noose V

- 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.

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



VISN Referral Network Breakdown

Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 21-27, 2020.



U.S. Department of Veterans Affair Veterans Health Administration

Region 4 VISN 19 Sites: Referral Volume Snapshot

	Top Categories of Care	
Region	R04 🌌	
VISN	19 🌌	
Station#_StationName	(All) 👻	
Category of Care	Referrals through: 🔽 🖵 CCN PC3 VCA / Co	ontracts Grand Total
OPTOMETRY	450	450
PHYSICAL THERAPY	217	217
ORTHOPEDIC	169	169
CHIROPRACTIC	148	148
erinter ta terre		

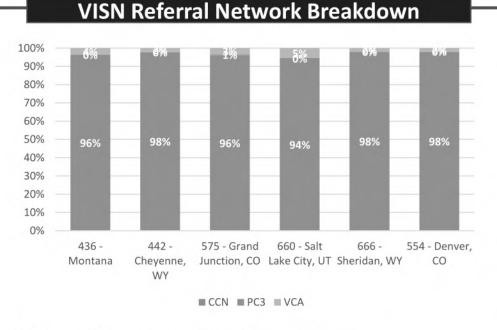
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 19, this accounted for **26 PC3 referrals**.
 - 19 referrals were categorized as "ER/Urgent" and 7 referrals were categorized as inpatient.
- VCA/Other utilization remain 5% or less for all sites.

100se VA

• VISN 19 continues to have the highest CCN utilization and lowest VCA utilization compared to other R4 VISNs.

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



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 21-27, 2020.



U.S. Department of Veterans Affairs

Region 4 VISN 20 Sites: Referral Volume Snapshot

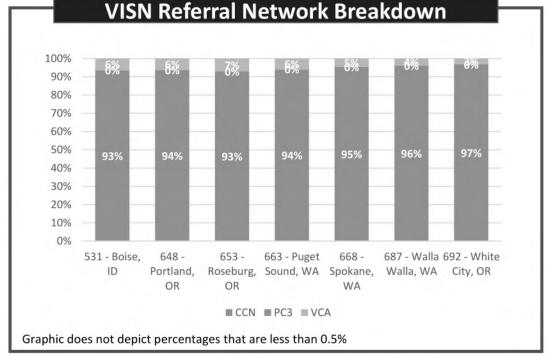
Top Categories of Care					
Region	R04 🌌	r			
VISN	20 🕶	r			
Station#_StationName	(All) 👻	-			
Category of Care	Referrals through: 💌		VCA / Contracts	Grand Total	
OPHTHALMOLOGY	295		VCA / Contracts	296	
ORTHOPEDIC	292	2		292	
OPTOMETRY	250	D		250	
CARDIOLOGY	231	1		231	

- **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.

100se A

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



This data was pulled from CDW for November 21-27, 2020.



U.S. Department of Veterans Affairs

eterans Health Administrati ffice of Community Core

Region 4 VISN 21 Sites: Referral Volume Snapshot

Top Categories of Care					
Region	R04				
VISN	21	.T			
Station#_StationName	(All)	*			
Category of Care	Referrals thro		PC3	VCA / Contracts	Grand Total
Category of Care DENTAL			PC3	VCA / Contracts	Grand Total 429
		P	2		
DENTAL		P 306			429
DENTAL OPTOMETRY		306 378	2		429 381

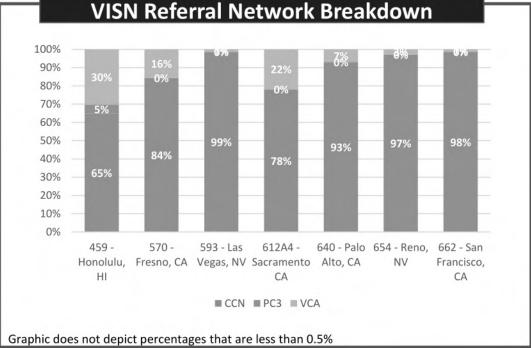
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 21, this accounted for **38 PC3 referrals**.

noose A

- 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.

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



This data was pulled from CDW for November 21-27, 2020.



U.S. Department of Veterans Affairs

Region 4 VISN 22 Sites: Referral Volume Snapshot

Top Categories of Care				
Region	R04	٢		
VISN	22	r		
Station#_StationName	(All)	-		
	Referrals through:			
Category of Care	Referrals through: 🚽	_	VCA / Contracts	Grand Total
		РСЗ	VCA / Contracts 361	
DENTAL	↓ CCN	РС3 8		
DENTAL OPTOMETRY		PC3 8 9		. 689
Category of Care DENTAL OPTOMETRY MENTAL HEALTH SKILLED HOME HEALTH CARE	<mark>↓↓</mark> CCN 32 63	PC3 8 9 0		. 689 639 320

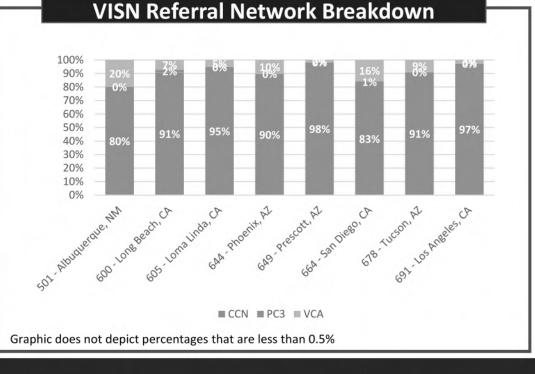
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 22, this accounted for **81 PC3 referrals**
 - 72 referrals were categorized as "ER/Urgent" and 9 referrals were categorized as inpatient.
- Long Beach CCN utilization bounced back up by **17%** this reporting week.

hoose A

- 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.

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



This data was pulled from CDW for November 21-27, 2020.



Veterans Health Administration

Region 4 Follow-up Items: Updates

Date Identifi ed	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





U.S. Department of Veterans Affairs

Veterans Health Administration Office of Community Care

Statement of Issue

(b)(5)	

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

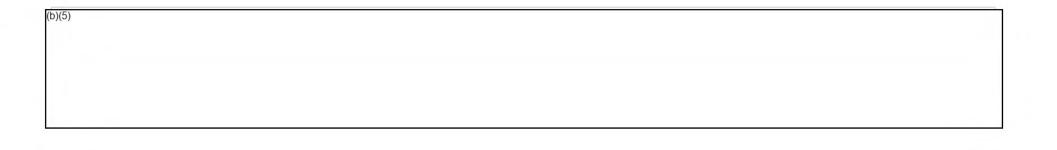




IDF 1: High Performing Network

(IDF1) (High Performing Network) ^{(b)(5)}	
(b)(5)	

(b)(5)







IDF 2: Network Usage

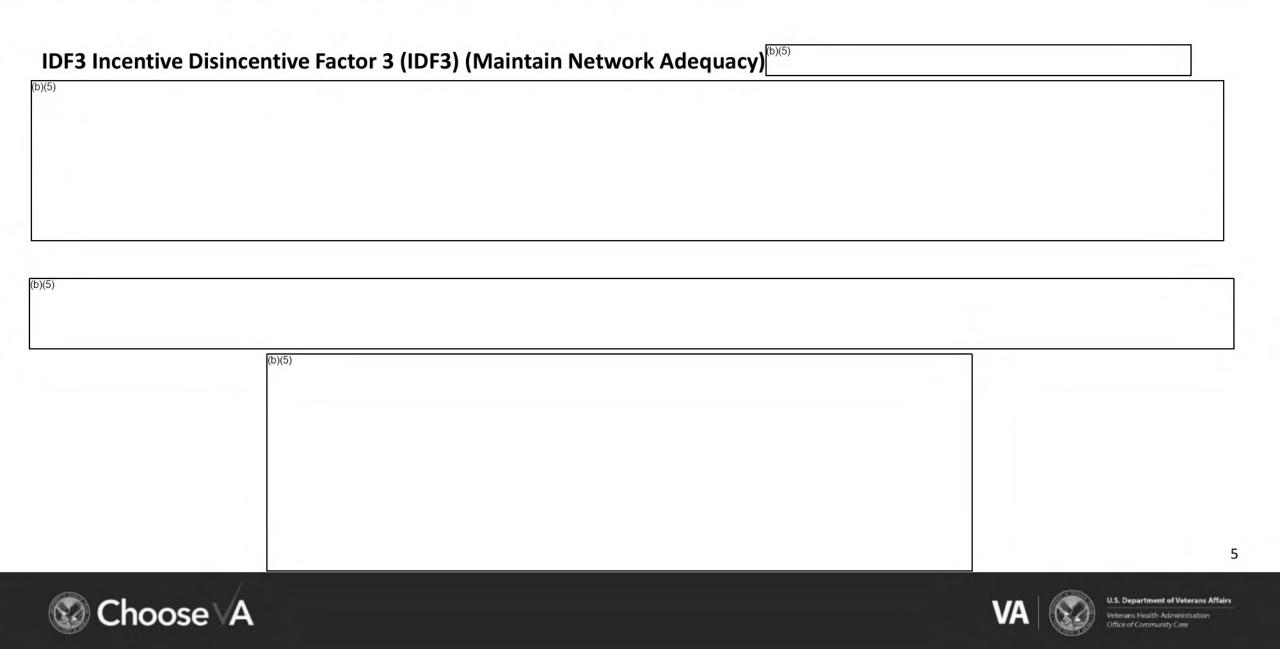
ge) ^{(b)(5)}	





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IDF 3: Maintain Network Adequacy



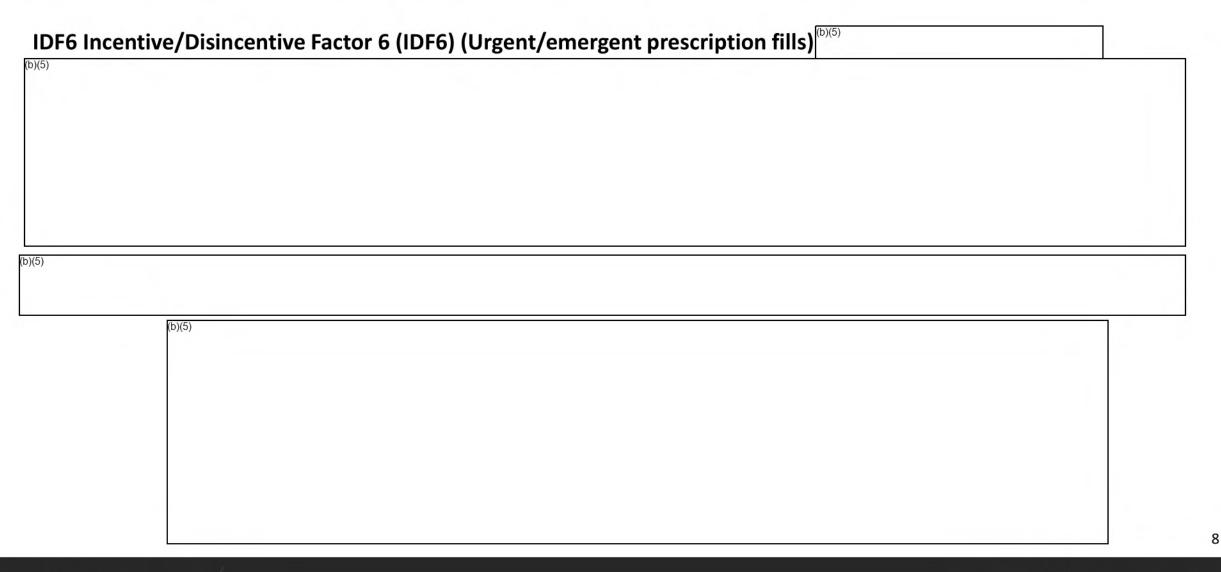
IDF 4: Claims Submission Accuracy

IDF4 Incentive/Disincentive Factor 4 (IDF4) (Claims Submission Accurac	v) ^{(b)(5)}
(b)(5)	
(b)(5)	
b)(5)	
Choose A	VA U.S. Department of Veterans Affairs Veterans Health Administration Office of Community Care

IDF 5: IPERA Adjudication and Payment Rules

IDF5 Incentive/Disir	icentive Factor 5 (IDF5)	(IPERA Adjudication	n and Payment Rules) ^{(b)(5)}		l
(b)(5)					
N= X= 2					
(b)(5)					
	(b)(5)				
					7
					U.S. Department of Veterans Affairs
Choose A				VA	Veterans Health Administration Office of Community Care

IDF 6: Urgent/Emergent Prescription Fills







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)				
(5)(5)				
IDF 4- Claims Submission (Semi Annual)				
(b)(5)				
IDF 5- IPERA Adjudication and Payment Rules (Quart	e			
(b)(5)				
IDF 6- Urgent/Emergent Prescription Fills (Quarterly (b)(5)				
(5)(3)				





Options

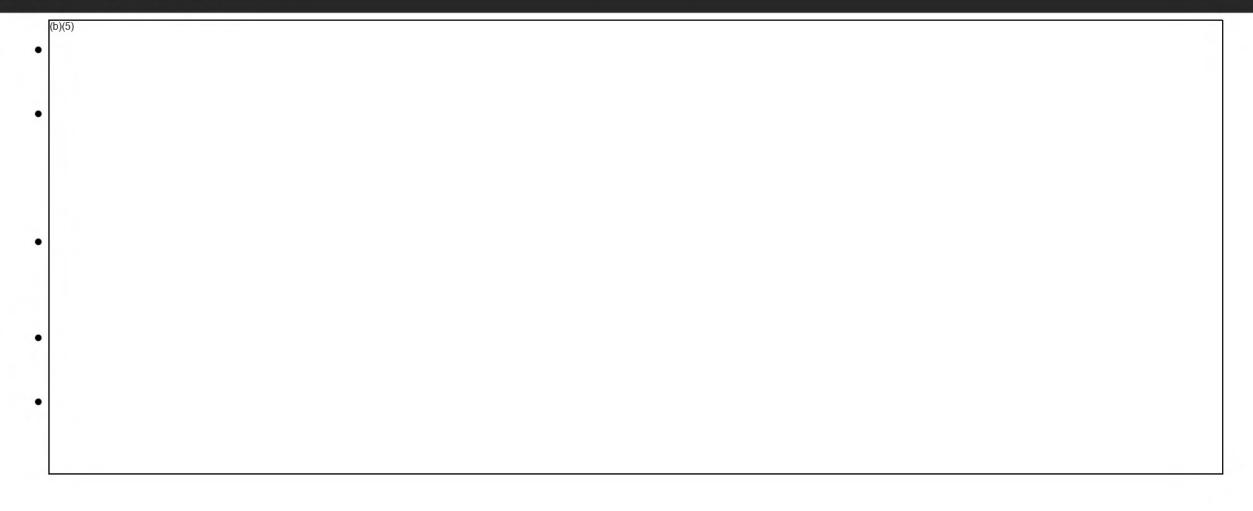
Option	Considerations/Risks
Option 1: Change monthly and quarterly incentive review board to all align at semi-annually (first to occur in March 2021).	• (b)(5) • (b)(5)
Option 2: Defer applying IDF until OY3.	•
Option 3: Hybrid between the two to apply those IDFs we can by March and defer the rest until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





U.S. Department of Veterans Affairs

SAC Discussion







U.S. Department of Veterans Affairs

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

10/8/2020





U.S. Department of Veterans Affairs

Veterans Health Administration Office of Community Care

Agenda

Page 3603

- 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

Page 3606

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

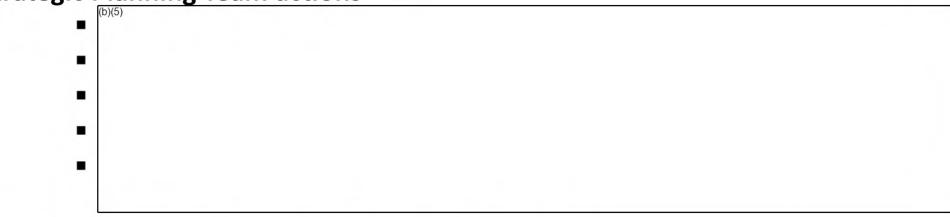


Directorate Name – Priority #1

Project: Implement Shared Services Model Leads: XYZ Project Description: Consolidation of directorate specific financials **Project Updates** ž **Key Updates Key Milestones** Milestone **Completion Date** Status Notification of impacted staff Complete 10/1/20 **Upcoming Activities** (b)(5) Implementation of new structure 12/31/20 In Progress **Risks/Issues** (b)(5) Metric Target **Current value** Milestones Achievement On target Improved customer service TBD OCC cost management/ TBD Medical care funds management **Decision Points:** # Deliverables Target Date Status Comments Status Complete Org Chart final design for medical cost 8/31/20 Complete In Progress 1 O Not Started management O At Risk 2 ^{(b)(5)} Late

Actions Completed to Date

Strategic Planning Team actions -



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

5)			

Questions

Page 3611



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

(b)((5)						





U.S. Department of Veterans Affairs

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



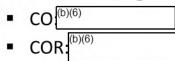


Introduction

• VA Team

○ Executive Sponsor: Dr. Mark Upton

- Recommend IPT Charters (Strategic Planning and Next Generation)
- Program Manager:
- Contract Management:



MITRE Team



MITRE Leadership







Veterans Health Administratio

Contract Statement of Work

5.2.1 National Strategic Planning Support

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





Recommended Replacement Work (Plan A)

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

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





Directorate/OCC Strategic Plan Components

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





Long Term Planning Areas of Consideration

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



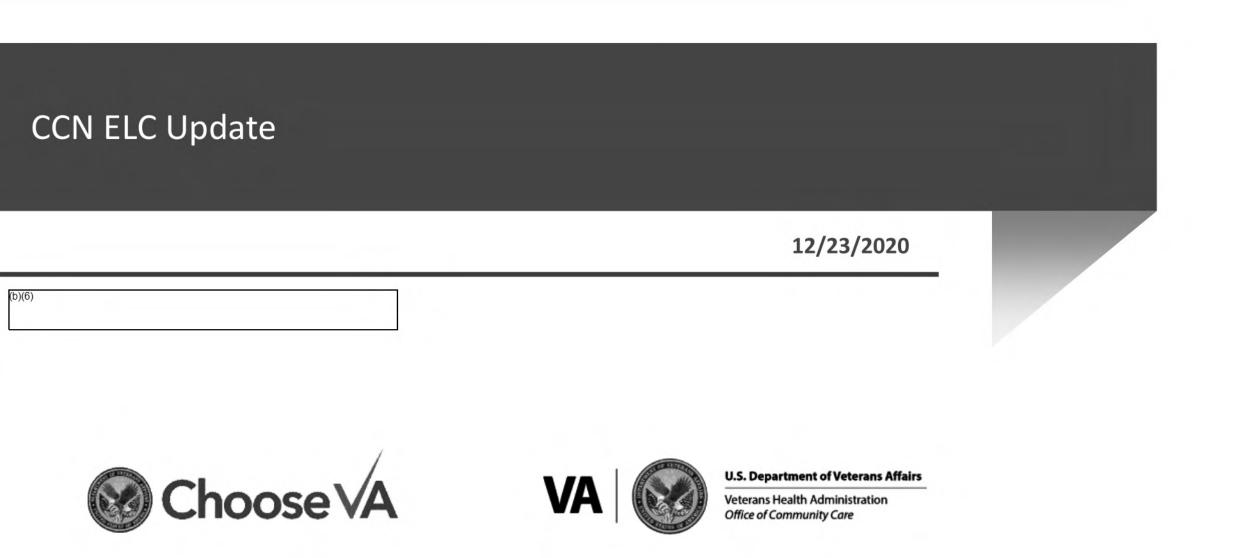


Recommended Replacement Work (Plan B)

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







Agenda

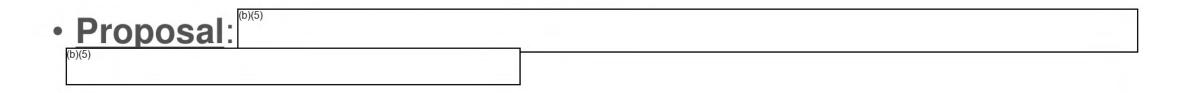
- Regions 4 & 5 Deployment Updates
- Region 5 Flu Shot Decision
- R4 Referral Trends • R4 Referral Analysis: Follow-up Items
- Appendix
 - \circ Optional Task Updates
 - o R1-R3 Referrals Summary
 - R4 Referral Monitoring Snapshots





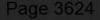
CCN Updates to ELC Meeting Frequency

- 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.









R4 & R5 CCN Deployment Updates





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Veterans Health Administration Office of Community Cove

Region 4 Update

COVID-19 Impact

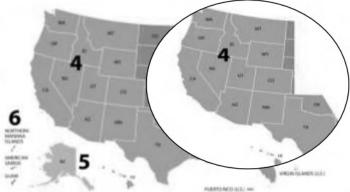
- o Region 4 BIMs report VAMCs with shorter wait times for internal appointments than in the community due
 - Staffing shortages creating consult backlogs
 - Lack of availability of providers due to temporary office closures and pause on elective procedures
- Deactivating Dental VCAs
 - Align approach first with the national office and then communicate to dental chiefs.
 - $_{\rm O}~$ 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

- o 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
- o Remaining R4 VAMCs to commence use of OT
 - OCC Leadership has requested that Optional Task implementation be prioritized for the following sites as soon as possible; Two sites went live this week:
 - ➢ 668 − Spokane
 - 664 San Diego

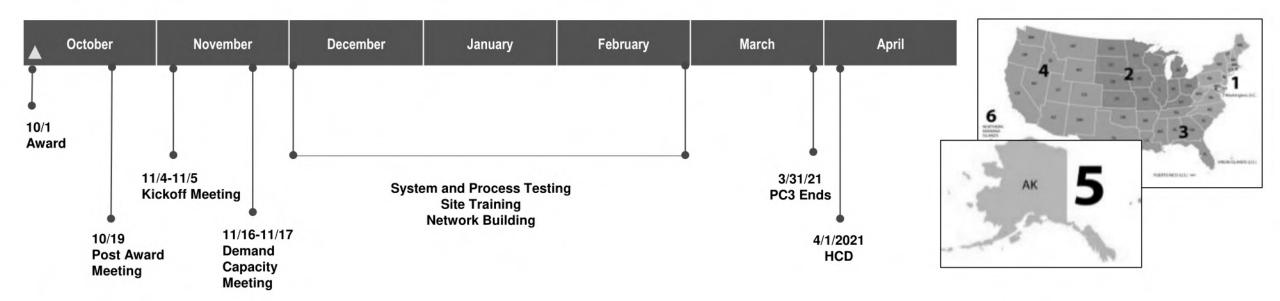
(b)(5)







Region 5 Status and Upcoming Activities



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.





Office of Community Com

Region 5 Flu Shot Decision

<u>BLUF</u>: 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:



Region 5 Risks/Issues

Page 3628

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





Region 5 Risks/Issues Continued

Category	Risk Level	Risks/Issues	Status and Next Steps as of 12/18
Dental Fee Schedule	High	• (b)(5) • (Information previously needed from the dental SME was receive. (b)(5) (b)(5) (b)(5) (b)(5) This was presented to CCRB on 12/16.
Choice Providers in CCN R5 PC3	High	 50% of current PC3 providers are Choice providers which means they will require full credentialing and provider contracting for CCN. 	• (b)(5)
Provider Liability Insurance Requirement	Medium	 (b)(5) The contract clause which specifies the amount has been in every version of the RFP throughout the acquisition process; TW has not raised this as a concern or issue and signed the contract with this clause. (b)(5) 	 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.





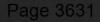
Office of Community Care

Region 5 Risks/Issues Continued

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





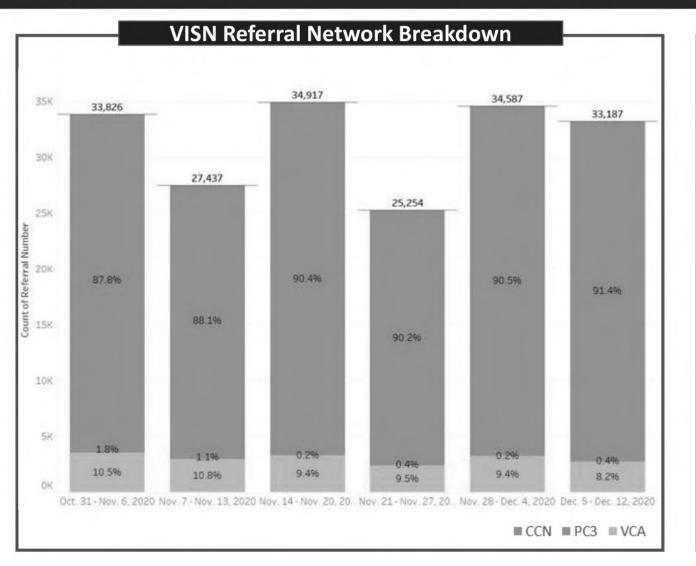


R4 Referral Trends





Region 4: Referral Volume Snapshot



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Referral Analysis

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





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)	 <u>12/9</u>: 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. <u>12/16</u>: VISN BIM has been working with Network Management on VCA utilization. Reported that referrals that were sent to providers that showed up as in the CCN network did now always show up as such in PPMS. That was the case for several Temple providers in researching this action and therefore, VCAs were used. 	Closed



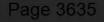


Region 4 Follow-up Items: Updates

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







Appendix – Optional Task Updates





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

Decisions/Status

3.

4.

- 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: Continued review of Optum proposal, with weekly discussions to finalize contract mod.
 Funding/Pricing Strategy.
 Status: Use of CARES Funding in alignment with contract Option Year 2 [^{b)(5)}
 Next Step: [^{b)(5)}
 Next Step: [^{b)(5)}
 New CLIN ID required for COVID-19 scheduling support.
 Status: [^{b)(5)}
 Next Step: [^{b)(5)}





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

Decisions/Status

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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

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Completed Actions Steps

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

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

Decisions Needed/Risks (Operations)

HSRM Optional Task CLIN Drop Glitch:

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

• (b)(5)			
(b)(5)			





optional lask #1: **Operational** Key Decisions and Risks

On Track in progress

Moderate risk; in progress

Significant risk; mitigation plan not mature

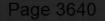
Decisions Needed/Risks (Operations) Cont.

(b)(5)

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





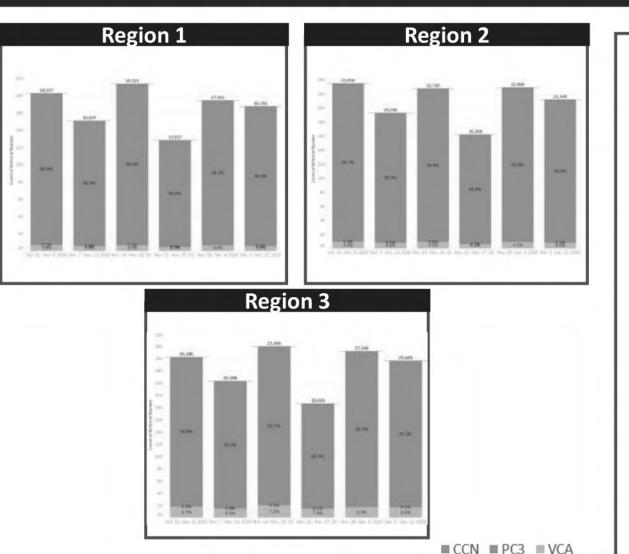


Appendix - R1-R3 Referrals Summary





Region 1-3 Referral Network: Key Observations

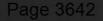


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Key Observations & Takeaways

- 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

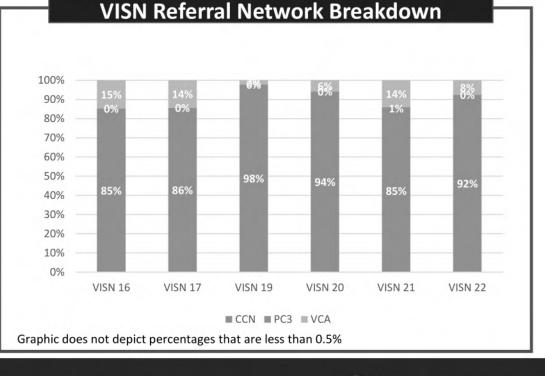
T	op Categories	of Car	e		
Region	R04		*12/5	/2020 through 12	2/11/2020**
VISN	(All)	*		Data pulled fro	om the CDW
Station#_StationName	(All)	*			
	Referrals th	rough: 💌		121040 1 12 12 12	
Category of Care	<mark>↓↓</mark> CCN		PC3	VCA / Contracts	Grand Total
Category of Care OPTOMETRY	<u>↓</u> CCN	2671	PC3 1	VCA / Contracts	Grand Total 2672
OPTOMETRY	<mark>↓↓</mark> CCN			VCA / Contracts 1304	
-	↓ CCN	2671			2672
OPTOMETRY DENTAL	↓↓ CCN	2671 1325			2672 2629

- 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

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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
- Skilled home health care
- 5. Respite care



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



Veterans Health Administration

Region 4 VISN 16 Sites: Referral Volume Snapshot

	Top Catego	ories of	Care		
Region	R04	.	**12/5/20	20 through 12	/11/2020**
VISN	16	.T		ata pulled fro	m the CDW
Station#_StationName	(All)	-			
Category of Care	Referrals th		CA / Contracts	Grand Total	
SKILLED HOME HEALTH CARE		119		119	
HOMEMAKER/HOME HEALTH AIDE		98		98	
AUDIOLOGY		60		60	
OPTOMETRY		55		55	
NEUROLOGY		54		54	

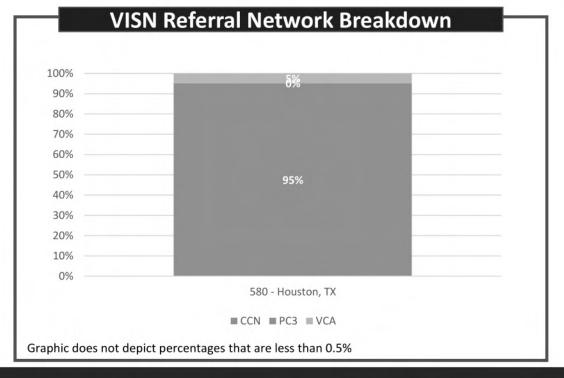
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 16, this accounted for 60 PC3 referrals.
 - 58 referrals were categorized as "ER/Urgent" and 2 referrals were categorized as inpatient.
- CCN utilization increased 10% compared to prior week.

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 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.*

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

Dental
 Nephrology ← 1 referral



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



U.S. Department of Veterans Affairs

Veterans Health Administratio Office of Community Core

Region 4 VISN 17 Sites: Referral Volume Snapshot

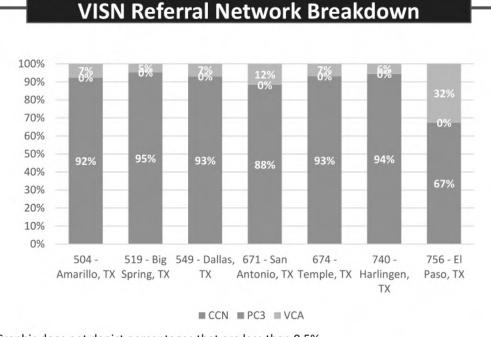
Top Categories of Care				
Region	R04 🕶 *	12/5	/2020 through 1	2/11/2020**
VISN	17		Data pulled fr	om the CDW
Station#_StationName	(All) 🔽			
Category of Care	Referrals through: 🔽	РСЗ	VCA / Contracts	Grand Tota
		РСЗ	VCA / Contracts 484	
DENTAL	<mark>↓↓</mark> CCN	PC3		
DENTAL GASTROENTEROLOGY	<mark>↓↓</mark> CCN 163	PC3 1		647
Category of Care DENTAL GASTROENTEROLOGY ORTHOPEDIC CARDIOLOGY	↓↓ CCN 163 542		484 1	647 543

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

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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



Graphic does not depict percentages that are less than 0.5%

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



U.S. Department of Veterans Affairs Veterans Health Administration

Region 4 VISN 19 Sites: Referral Volume Snapshot

	Top Categori	es of Ca	are		
Region	R04	.*	12/5/	2020 through 12	2/11/2020**
VISN	19	.T		Data pulled fro	om the CDW
Station#_StationName	(All)	*			
Category of Care	Referrals th		PC3 V	/CA / Contracts	Grand Total
OPTOMETRY		685			685
OPHTHALMOLOGY		332			332
CHIROPRACTIC		328			328
ORTHOPEDIC		320			320
SKILLED HOME HEALTH CARE		299	5	15	319

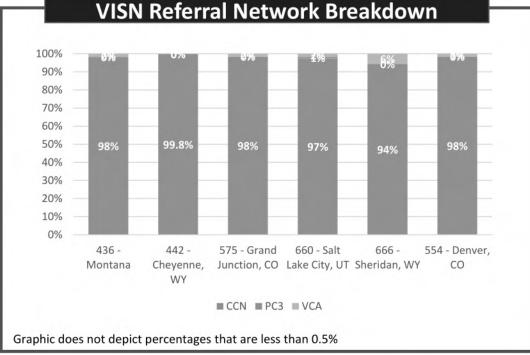
- **Referrals generated from the CAEC** are not included in this data analysis.
 - For Region 4 VISN 19, this accounted for 19 PC3 referrals.
 - 16 referrals were categorized as "ER/Urgent" and 3 referrals were categorized as inpatient.
- CCN utilization remained about the same for all sites. Sheridan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

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• Cheyenne CCN utilization reached an all time high of 99.8%.

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



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



Region 4 VISN 20 Sites: Referral Volume Snapshot

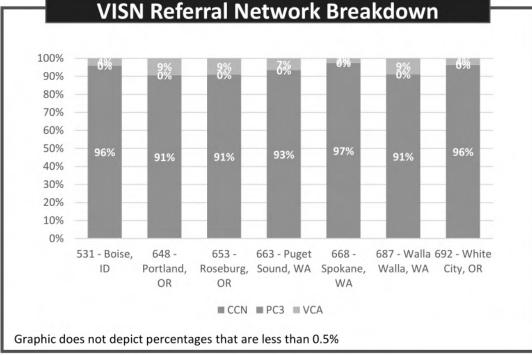
	Top Categorie	es of Car	'e	
Region	R04	* *12	/5/2020 through 12	2/11/2020**
VISN	20		Data pulled fro	om the CDW
Station#_StationName	(All)	*		
Category of Care	Referrals thr		3 VCA / Contracts	Grand Total
DENTAL		162	158	320
OPTOMETRY		295		295
PRIMARY CARE		279		279
UROLOGY		242	26	268
OPHTHALMOLOGY		266		266

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

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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



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



Veterans Health Administration

Region 4 VISN 21 Sites: Referral Volume Snapshot

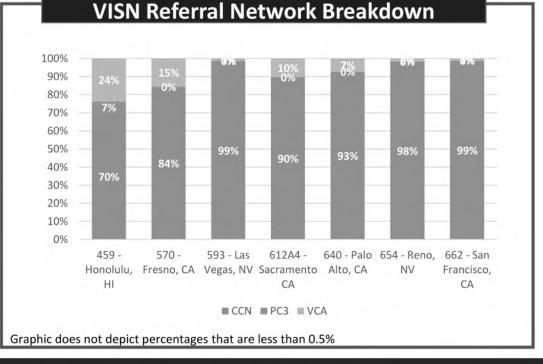
То	p Categories	of Car	е		
Region	R04	.T	12/5	/2020 through 12	2/11/2020**
VISN	21	.T		Data pulled fro	om the CDW
Station#_StationName	(All)	•			
Category of Care	Referrals the 🖵		PC3	VCA / Contracts	Grand Total
Category of Care DENTAL			PC3	VCA / Contracts 149	Grand Total 472
			PC3		
DENTAL		323	PC3		472
DENTAL OPTOMETRY		323 408	PC3		472 409

- 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.

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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



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



Veterans Health Administration

Region 4 VISN 22 Sites: Referral Volume Snapshot

	Top Categorie	s of Car	e	
Region	R04	* 12/	5/2020 through 1	2/11/2020**
VISN	22		Data pulled fr	om the CDW
Station#_StationName	(All)	*		
Category of Care	Referrals thr		VCA / Contracts	Grand Total
DENTAL		497	441	938
OPTOMETRY		874		874
MENTAL HEALTH		394		394
SKILLED HOME HEALTH CARE		298	26	324
PHYSICAL THERAPY		323		323

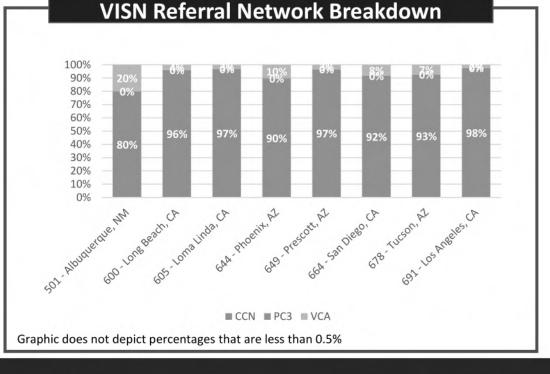
- **Referrals generated from the CAEC** are not included in this data analysis.
 - For Region 4 VISN 22, this accounted for **81 PC3 referrals**.
 - 75 referrals were categorized as "ER/Urgent" and 6 referrals were categorized as inpatient.
- CCN and VCA utilization remained steady compare to prior week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

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The main driver for the VCA/Contract utilization is due to dental. Network management is aware of the issue.

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

- 1. Dental
- Homemaker/home health aide
- Skilled home health care
- **Respite** care 4.
- Ophthalmology 5.







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

12/30/20





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)





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.

Background:

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(b)(5)

- 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.





U.S. Department of Veterans Affairs

Proposed Vaccine Process

(b)(5)





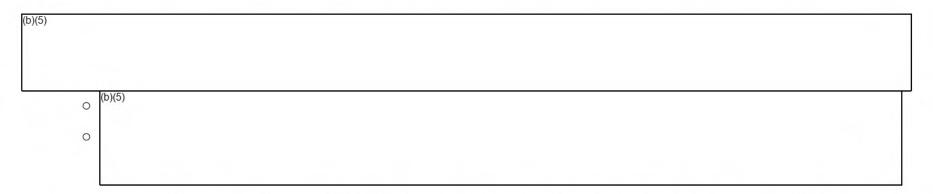
TriWest's Proposed Framework Assumptions

(b)(5)	
• (b)(5)	
• ^{(b)(5)}	





TriWest's Proposed Framework Assumptions Continued



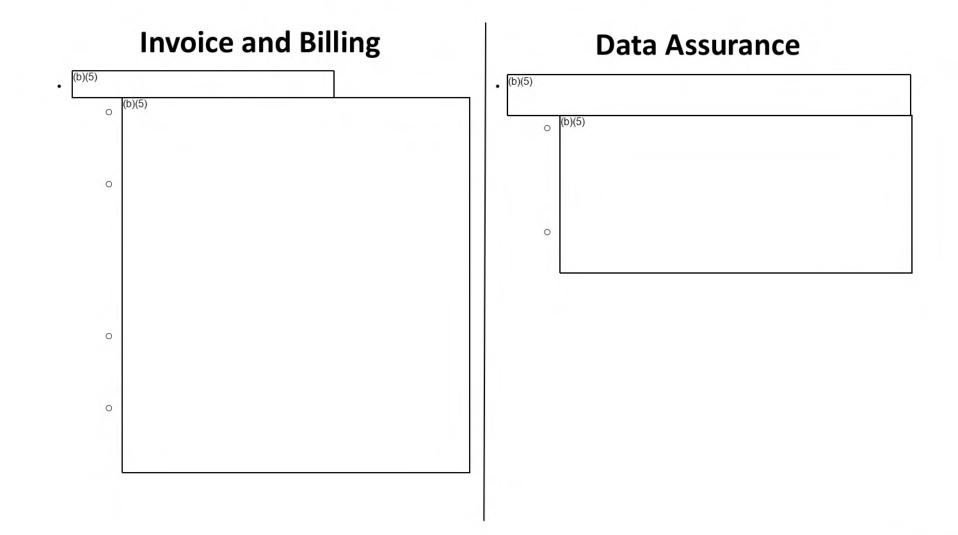
The current status of COVID-19 vaccine Distributions Plan for major Pharmacy chains are listed below:

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





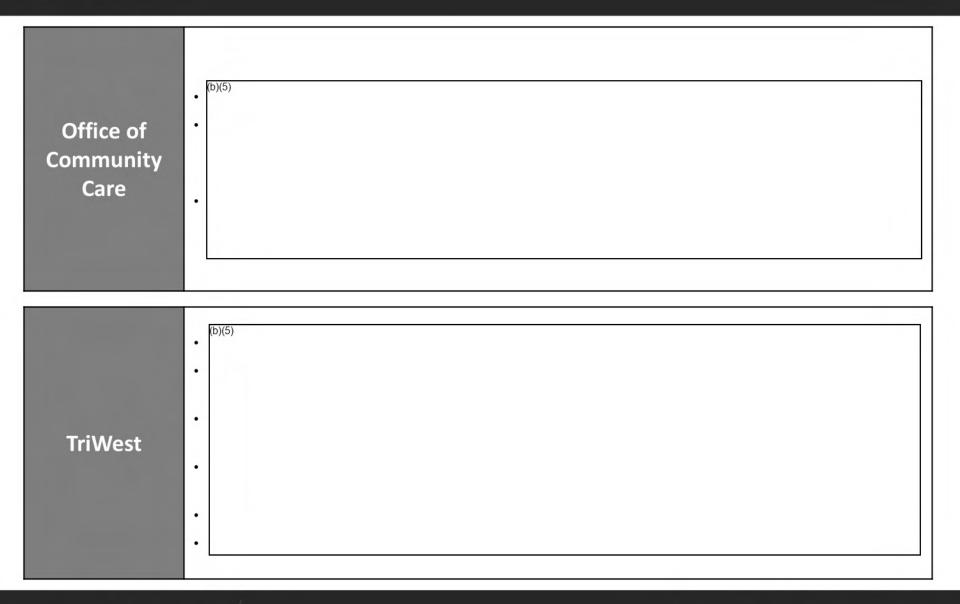
TriWest's Proposed Framework Assumptions Continued







Next Steps







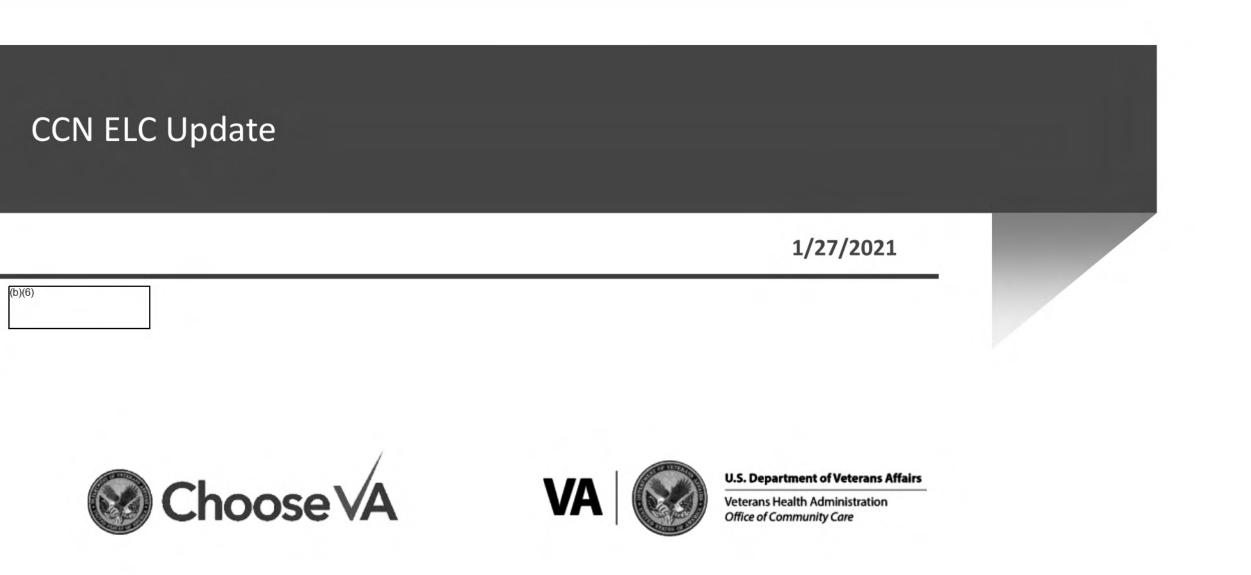
Q&A





U.S. Department of Veterans Affairs

Veterans Health Administration Office of Community Care



Agenda

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





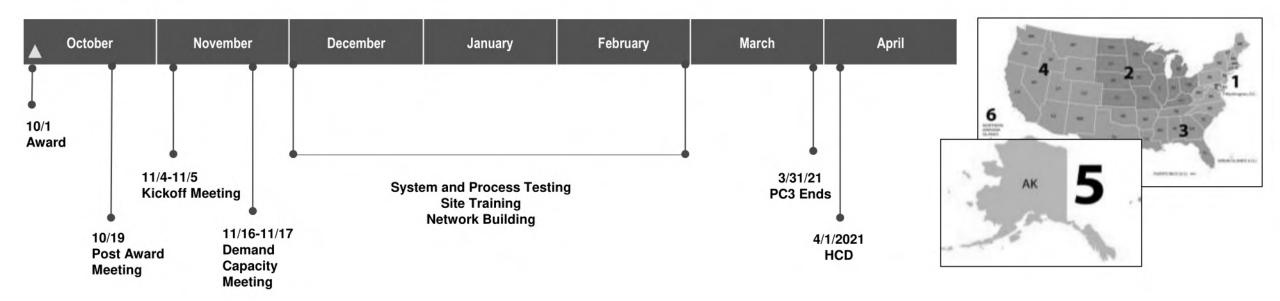


R5 Deployment Updates

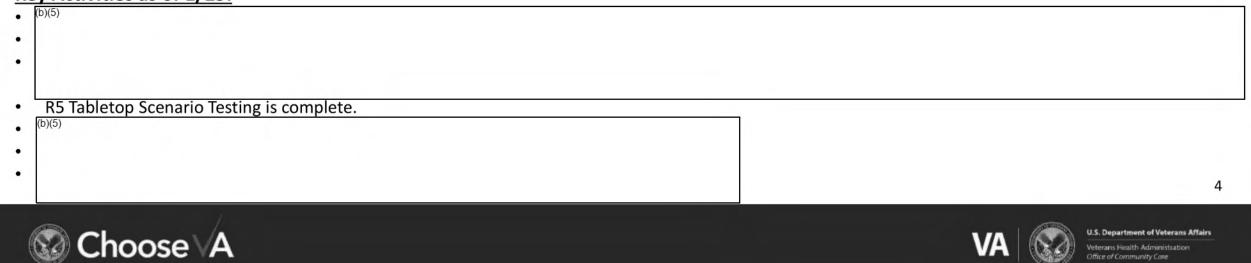




Region 5 Status and Upcoming Activities



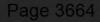
Key Activities as of 1/25:



Region 5 Risks/Issues

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



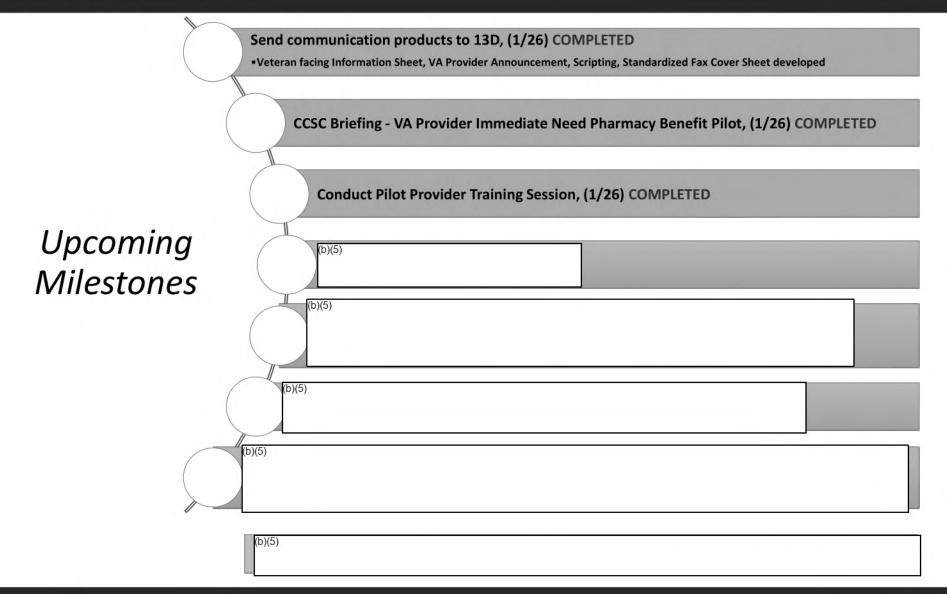
VA Provider Pharmacy Capability Update





Project Milestones

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Pilot Update

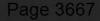
- Training was held on 1/26/2021, at 3pm ET.
 - Providers and Pharmacists participated from VISN 21, along with TriWest
- TriWest confirmed the pilot participating providers are present in ESI's system, validating the PIE file process.
 - <u>Update</u>: Added additional providers (8) from NV who lost 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
(6)	CBOC (Primary Care)	Fresno CBOC
	CBOC (Primary Care)	Fresno CBOC
	CBOC (Primary Care)	Fresno CBOC
	Telehealth Urgent Care	Reno
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth Urgent Care	Palo Alto HCS
	Telehealth	San Francisco
	Telehealth Urgent Care	San Francisco
	Telehealth Urgent Care	San Francisco
	Telehealth Urgent Care	San Francisco
	Telehealth Urgent Care	Sacramento
	Telehealth Urgent Care	Sacramento
	Telehealth Urgent Care	Sacramento
	Telehealth Urgent Care	Santa Rosa CBOC
	(b)(6)	Pacific Islands HCS
		Pacific Islands HCS
		Fresno Pharmacy





terans Health Administr fice of Community Care



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.

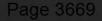
• Issue 1: Veteran OOP reimbursement (Immediate/Interim Solution)

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

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







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:

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- 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.
- Next Step(s)

(b)(5)

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

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





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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





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





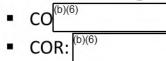
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Introduction

• VA Team

○ Executive Sponsor: Dr. Mark Upton

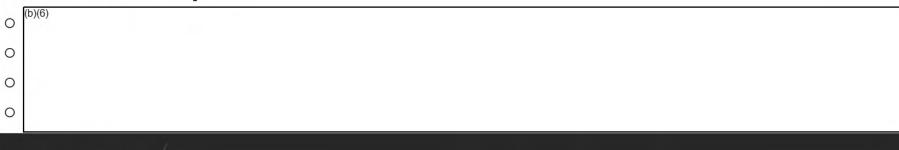
- Recommend IPT Charters (Strategic Planning and Next Generation)
- Program Manager:
- Contract Management:



MITRE Team



MITRE Leadership







Contract Statement of Work

5.2.1 National Strategic Planning Support

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





Recommended Replacement Work (Plan A)

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

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





Directorate/OCC Strategic Plan Components

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





Long Term Planning Areas of Consideration

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



Recommended Replacement Work (Plan B)

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





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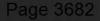
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Agenda

- Region 5 Deployment Updates
- VA Provider Pharmacy Capability Update





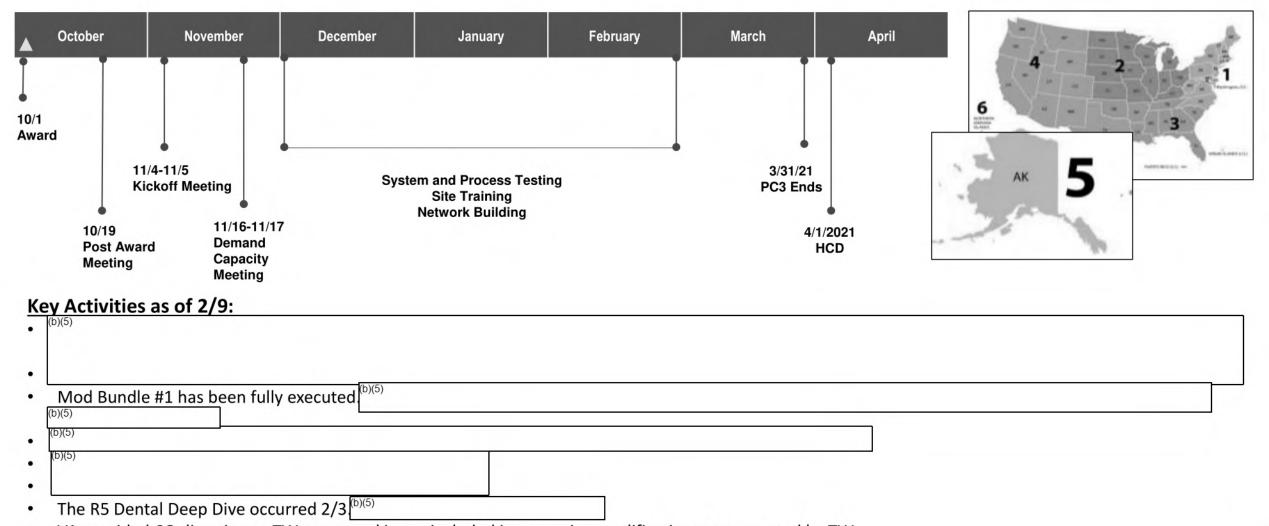


R5 Deployment Updates





Region 5 Status and Upcoming Activities



• VA provided CO direction to TW on several items included in upcoming modifications as requested by TW.

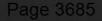




Office of Community Care

Region 5 Modifications and Risks Update

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



VA Provider Pharmacy Capability Update





Project Milestones

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

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

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

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

Upcoming Milestones

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

(b)(5)

(b)(5)

(b)(5)

(b)(5)





U.S. Department of Veterans Affairs

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
 - \circ 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 sunsetting of local first fill contracts
 - o U/E formulary management and ability to add routine/maintenance medications





Pilot Issue

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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)

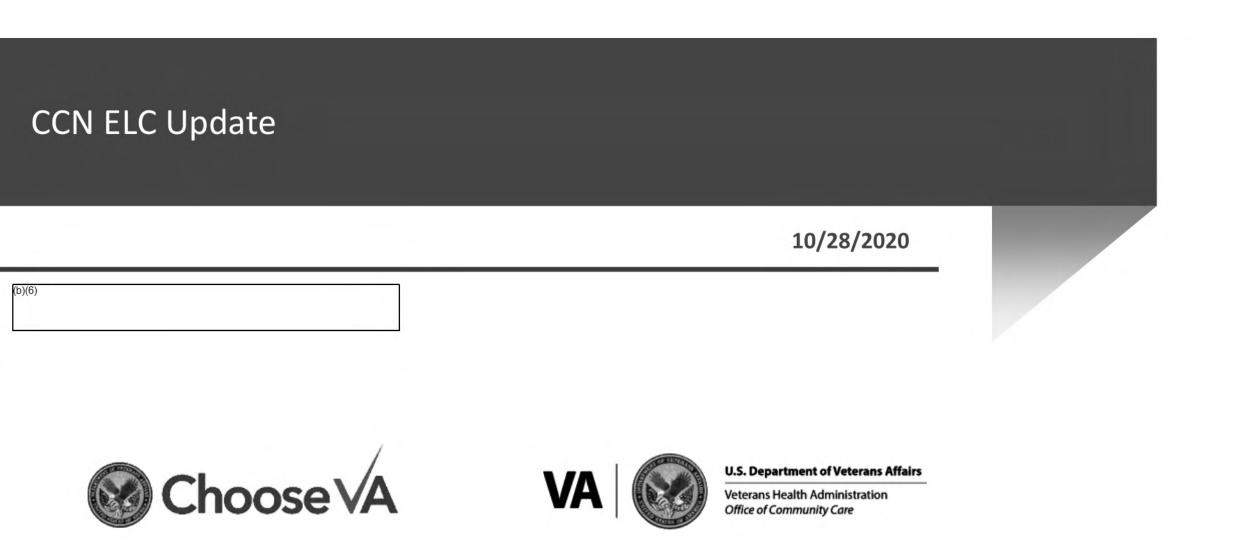
Impact, Next Steps

(b)(5)





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Agenda

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







R4 & R5 CCN Deployment Updates





Region 4 Update

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

Optional Task
 (b)(5)

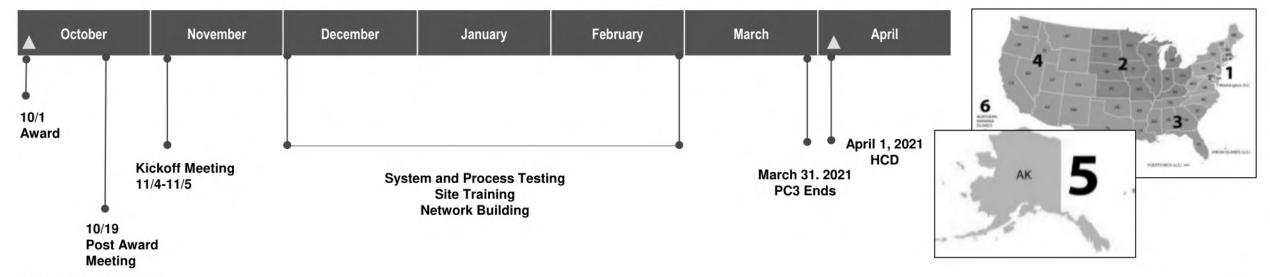


 Urgent Care approval volume remains constant in R4 as TriWest provides Urgent Care Network and Customer Service for CCN

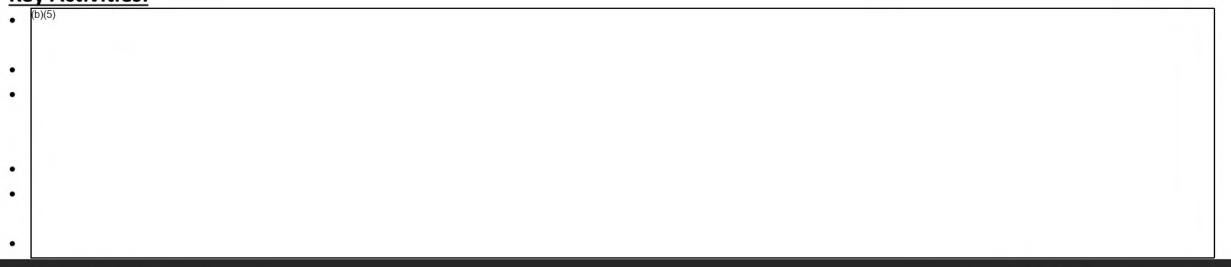




Region 5 Status and Upcoming Activities



Key Activities:







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Veterans Health Administration Office of Community Core

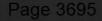
Region 5 Updates

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







Optional Task Key Discussions





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

Decisions/Status

Outstanding Issues:

- Contract modification strategy. (Lead:^{(b)(6)} Acquisition Team) 1. Option 1A:^{(b)(5)} . (b)(5) Option 1B:(b)(5) • Finalize volume and tier structure. (Lead OT Team) 2. Volume and the tier structure drives IGCE Pricing ٠ Decision Point: Are updates from the VISNs required? Funding/Pricing Strategy. (Lead:^{(b)(6)} Finance team) 3. b)(5) Acquisition Team) Pricing strategy (Lead) . b)(5) Provider look up solutions. (Lead:^{(b)(6)} 4. **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)
 - <u>Resolution</u>:^{(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

utstar 1.	nding Issues: Timing of OT support for additional R4 sites. (Lead ^{(b)(6)} /OT Team)
	<u>Recommendation</u> : ^{(b)(5)}
	• (b)(5)
	•
	•
2.	Funding and use of OT in OY2 (4/1/21 – 3/31/22). (Lead ^{(b)(6)} /Finance team)
2.	Background: (b)(5)
	(b)(5)
	Question for Finance: (b)(5)
	(b)(5)
	OCC decision point: (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)		Team, Optum	TBD
(b)(6) b)(5) b)(5)		(^{b)(6)} DEPO, PPMS, CI, CCCA	10/30/20
• (b)(6) b)(5) (b)(5)		Acquisition Team	TBD





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

Decisions/Status

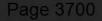
- VHA leadership currently holding ongoing discussions about implementing OT #1 nationally (including Regions 1-4)
 - Launched OT#1 at 6 VAMCs from VISNs 17 and 22 on October 1st, 2020
 - Given past efforts in Regions 1-3 and deployment of Optional Task #1 with six sites in Region 4, initial draft of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

Decisions Needed/Risks (Operations)









R1-4 Referral Trends





Region 1: Referral Trends

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Region 1 Referral Network Breakdown 20K 18,705 18,139 17.833 18K 17,615 17,250 16K 15,760 14K 12K 10K 95.36% 94.81% 93.90% 94.82% 93.84% 95.20% 8K 6K 4K 2K 5.67% 5.65% 4.72% 4.52% 4.12% 4.33% Sept. 19-25, 2020 Sept. 26-Oct. 2, 2020 Oct. 3 - 9, 2020 Oct. 10 - 16, 2020 Oct. 17 - 23, 2020 Sept. 12 - 18, 2020 \blacksquare CCN \blacksquare PC3 \blacksquare VCA

Referral Analysis

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

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



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Veterans Health Administrati Office of Community Core



Region 2: Referral Trends

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Region 2 Referral Network Breakdown 24,002 24K 22,776 22.088 21,983 22K 21,295 20K 17,958 18K 16K 14K 94.63% 93.44% 12K 92.85% 93 46% 93.59% 10K 94,91% 8K 6K 4K 2K 6.64% 6.01% 5.83% 5.90% 4.92% 4.62% Sept. 19 - 25, 2020 Sept. 26 - Oct. 2, 2020 Oct. 3 - 9. 2020 Oct. 10 - 16, 2020 Oct 17-23 2020 Sept 12-18 2020 ■CCN ■PC3 ■VCA

Referral Analysis

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

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



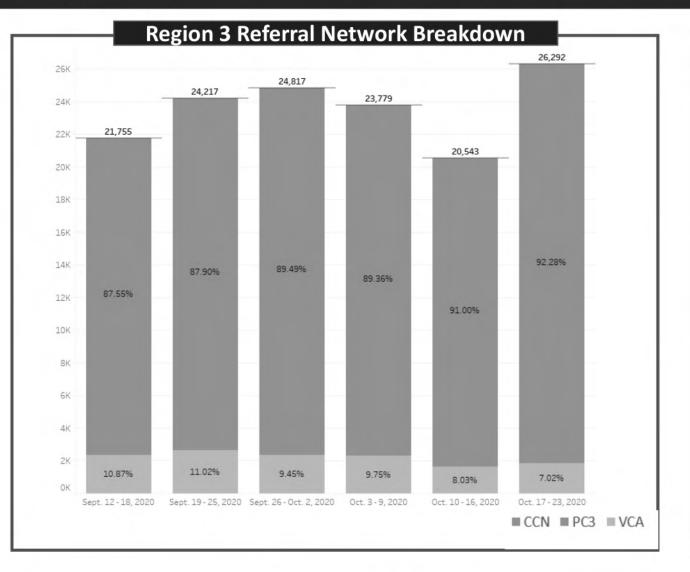
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Region 3: Referral Trends

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Referral Analysis

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

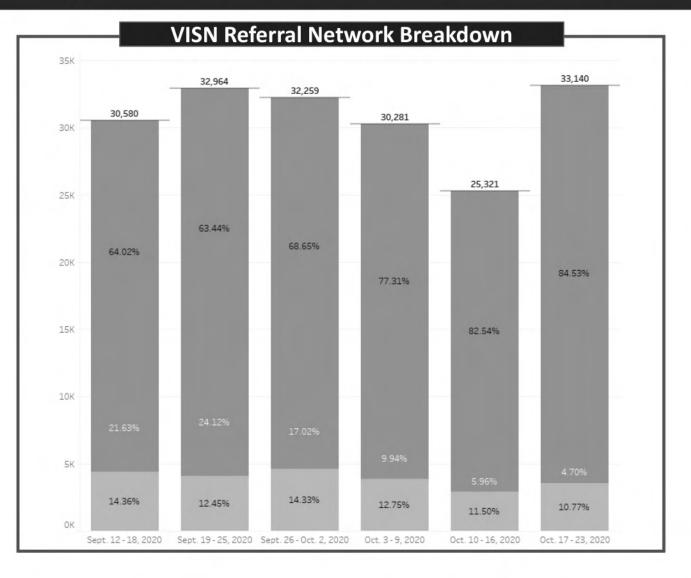
This data was pulled from CDW for September 12 – October 23, 2020.



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Region 4: Referral Volume Snapshot

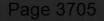


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Referral Analysis

- 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	9	
Region VISN Station#_StationName	R01	10/17/2020 through 1 Data pulled fro	
Category of Care	Referrals through: 🔽	PC3 VCA / Contracts	Grand Total
		PC3 VCA / Contracts	Grand Total 1490
DENTAL	J CCN F		
DENTAL PHYSICAL THERAPY	→ CCN 1097	393	1490
Category of Care DENTAL PHYSICAL THERAPY ORTHOPEDIC OPTOMETRY		393 3	1490 1199

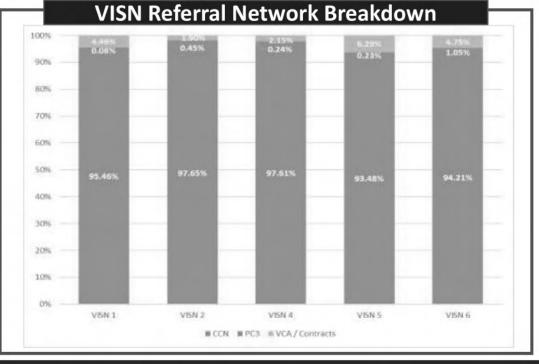
- Region 1 is sending 95.36% of community care referrals through CCN.
- The PC3 percentage for R1 referrals is down to 0.51% of referrals. VCAs account for 4.12% of referrals.
- VISN 5 sent 165 referrals through VCAs. 99 of these referrals where for Dental or Homemaker/Home Health Aid.
- This data analysis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

Choose A

 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. 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



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



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Region 2: Referral Volume Snapshot

То				
Region VISN Station#_StationName	R02	10/1	7/2020 through 1 Data pulled fr	
Category of Care	Referrals through: 💌		VCA / Contracts	Grand Total
SKILLED HOME HEALTH CARE	1281	1	130	141
HOMEMAKER/HOME HEALTH AID	947		322	126
ORTHOPEDIC	1256	2	11	126
OPTOMETRY	1206	2		1204
DENTAL	600		406	100

- **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 ٠ Emergency Care (CAEC) Team are not included in this data analysis.

Choose A

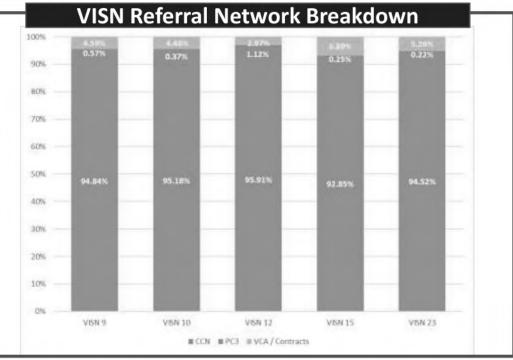
For Region 2, this accounted for 101 PC3 referrals.* ٠ 63 referrals were categorized as "Emergency Care", 37 *95 of these referrals have referrals as "Emergency Care", and 1 referral as "Inpatient".

Data is from the Weekly Referral Dashboard

appointment dates set prior than the March 17 HCD date.

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

- Dental 1.
- Homemaker/Home Health Aide
- 3 Skilled Home Health Care
- **Respite Care**
- Veteran Directed Care 5.





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Region 3: Referral Volume Snapshot

	Top Cate	egories	of C	Care	
Region VISN Station#_StationName	R03 (AII) (AII)	,T * *	10/1	7/2020 through 1 Data pulled fr	
Category of Care	Referrals t	hrough: 🔽	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
			3	33	1211

- 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.

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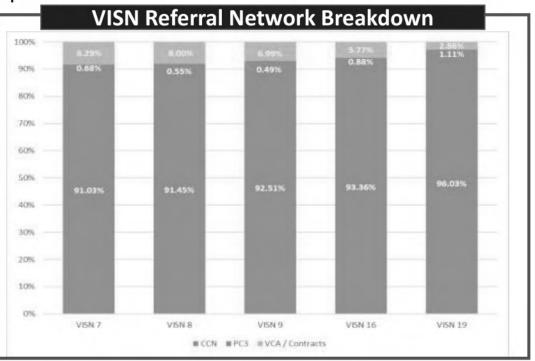
- For Region 3, this accounted for 732 PC3 referrals.*
- 683 referrals were categorized as "ER/Urgent"/"Emergency Care" and 49 referrals were categorized as inpatient.

Data is from the Weekly Referral Dashboard

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

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



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



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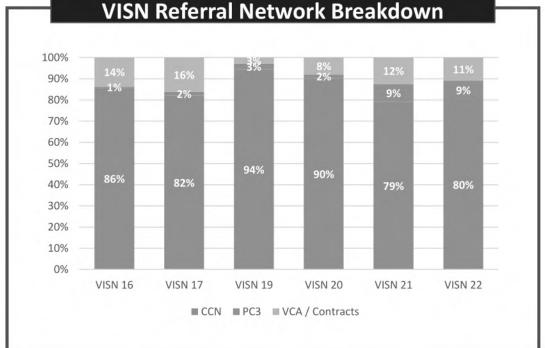
Region 4: Referral Volume Snapshot

	Top Categories of (Care		
Region VISN Station#_StationName	R04 (All) (All)	,₹*10/ ▼	17/2020 through 10/2 Data pulled fron	
Category of Care	Referrals through		VCA / Contracts G	rand Total
Category of Care DENTAL	<mark>↓↓</mark> CCN		VCA / Contracts G	rand Total 3104
	<mark>↓↓</mark> CCN	PC3		
DENTAL OPTOMETRY	- L CCN 1 2	PC3	1778 75 1	3104
DENTAL	L CCN	PC3 .326 2757 7 .328 23	1778 75 1	3104 2833

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

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

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





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



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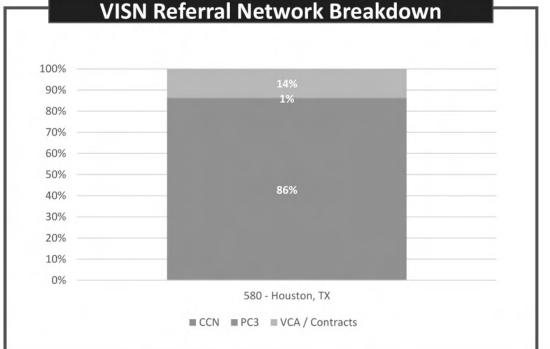
Region 4 VISN 16 Sites: Referral Volume Snapshot

	op Categories of C	are	
Region	R04 🌌	10/17/2020 through 1	0/23/2020**
VISN	16 🌌	Data pulled fr	om the CDW
Station#_StationName	(All) 🔻		
	Referrals through: 💌		
Category of Care	CCN	PC3 VCA / Contracts	Grand Total
Category of Care DENTAL			
DENTAL	↓ CCN	120	
DENTAL HOMEMAKER/HOME HEALTH AID	<mark>↓↓</mark> CCN 26	120 2	146
	<mark>↓↓</mark> CCN 26 113	120 2	146 115

- **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





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



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Less than 10 referrals

Region 4 VISN 17 Sites: Referral Volume Snapshot

Top Categories of Care					
Region VISN Station#_StationName	R04 17 (All)	ज ज र		20 through 10/23 ata pulled from	
Cata	Referrals thr			I Contracto Cra	
Category of Care	↓ CCN		C3 VCA	/ Contracts Gra	ind Total
DENTAL		287	C3 VCA	832	
DENTAL	<u></u> ↓ CCN		7	Contraction of the local division of the loc	1119
DENTAL		287		832	1119 401
DENTAL ORTHOPEDIC	CCN	287 365	7	832	1119 1119 401 385 352

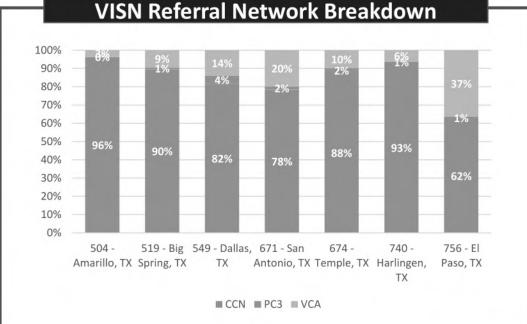
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 17, this accounted for 83 PC3 referrals.
 - 66 referrals were categorized as "ER/Urgent" and 17 referrals were categorized as inpatient.
- CCN utilization remains similar to previous week.

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- Big Springs had the largest increase of 5%; Amarillo and Harlingen had a 1% increase.
- El Paso had the largest decrease of 4%; San Antonio decreased
 3%; Dallas and Temple decreased 1%.

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

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



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



U.S. Department of Veterans Affairs

Region 4 VISN 19 Sites: Referral Volume Snapshot

Region	R04	7	0/17	/2020 through 10	0/23/20	20**
VISN	19	Τ.,		Data pulled fr	om the	CDW
Station#_StationName	(All)	v				
	Referrals th	nrough: 💌	i			
Category of Care	↓ CCN		PC3	VCA / Contracts	Grand	Total
OPTOMETRY		654	3			657
SKILLED HOME HEALTH CARE		360	62	26		448
PHYSICAL THERAPY		264	3			267
CHIROPRACTIC		251	2			253
MENTAL HEALTH		231		1		232

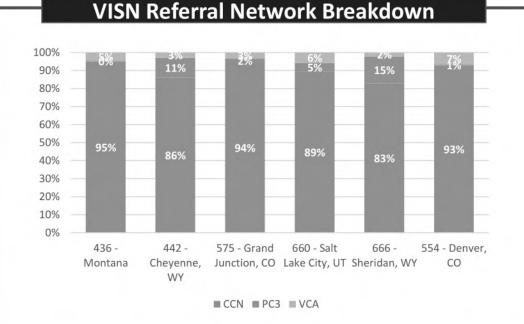
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 19, this accounted for 88 PC3 referrals.
 - 82 referrals were categorized as "ER/Urgent" and 6 referrals were categorized as inpatient.
- Cheyenne and Sheridan received PC3 extensions that will expire on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

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- 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



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



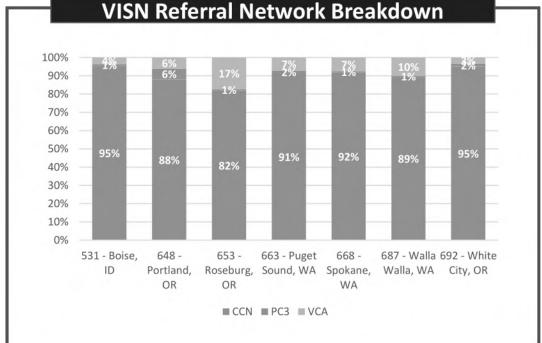
Region 4 VISN 20 Sites: Referral Volume Snapshot

Top Categories of Care				
Region VISN Station#_StationName	R04 20 (All)		0/17/2020 through 10/2 Data pulled from	
Category of Care	Referrals thr ↓ CCN		PC3 VCA / Contracts Gr	and Total
Category of Care DENTAL			PC3 VCA / Contracts Gra 194	and Total 344
		P		
DENTAL		P 150	194	344
DENTAL OPTOMETRY		P 150 307	194 3	344 310

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

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

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





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



U.S. Department of Veterans Affairs Veterans Health Administration

Region 4 VISN 21 Sites: Referral Volume Snapshot

Тс	op Categories	of Ca	re		
Region	R04	, 7	10/17/20	020 through 10/23	/2020**
VISN	21	7		Data pulled from t	he CDW
Station#_StationName	(All)	*			
	Referrals th	rough: 🔽			
Category of Care	<mark>↓↓</mark> CCN		PC3 VC	A / Contracts Gra	nd Total
Category of Care OPTOMETRY		584	PC3 VC/ 51	A / Contracts Gra	nd Total 635
OPTOMETRY				A / Contracts Gran	
OPTOMETRY DENTAL		584			635
		584 330	51		635 485

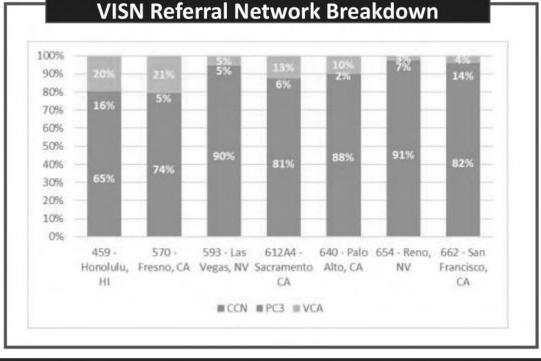
- **Referrals generated from the CAEC** are not included in this data analysis.
 - For Region 4 VISN 21, this accounted for 147 PC3 referrals.
 - This is a drop from **280 PC3** referrals the previous week.
 - 140 referrals were categorized as "ER/Urgent" and 7 referrals were categorized as inpatient.
- 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%.

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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.

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



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



Region 4 VISN 22 Sites: Referral Volume Snapshot

Top Categories of Care					
Region VISN Station#_StationName	R04 22 (All)	¥ 10/17	7/2020 through 10/2 Data pulled from		
Category of Care	Referrals through: ↓↓ CCN		VCA / Contracts Gr	and Total	
Category of Care OPTOMETRY		PC3	VCA / Contracts Gr	and Total 901	
	<mark>↓↓</mark> CCN	PC3	VCA / Contracts Gr 440		
OPTOMETRY	↓↓ CCN 88 40	PC3		901	
OPTOMETRY DENTAL	CCN 88 40 29	PC3	440	901 840	

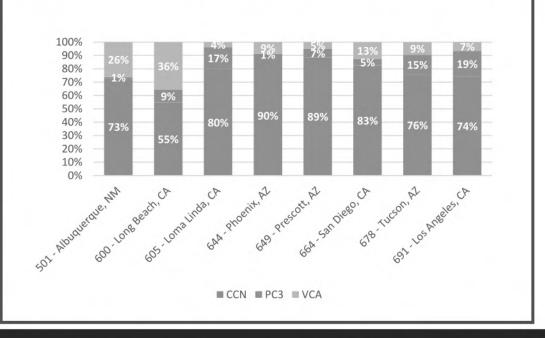
- Referrals generated from the Centralized Authorized Team (CAEC) are not included in this data analysis.
 - For Region 4 VISN 22, this accounted for **751 PC3 referrals**
 - 712 referrals were categorized as "ER/Urgent" and 39 referrals were categorized as inpatient.
- All sites saw an **increase in 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%.

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• Albuquerque had the highest increase of 8%.

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

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



VISN Referral Network Breakdown





U.S. Department of Veterans Affairs Veterans Health Administration

VA SMEs for R5 Kickoff Meeting

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





VA SMEs for R5 Kickoff Meeting

Торіс	VA Attendees	
Clinical Integration	 ^{(b)(6)} Region 5 RNs^{(b)(6)} Clinical Quality^{(b)(6)} 	
VISN 20 and Alaska Representation	• ${}^{(b)(6)}$ (VISN 20 CFO) • ${}^{(b)(6)}$ (VISN 20 ND) • ${}^{(b)(6)}$ VISN 20 CNO/QMO) • Alaska VA leadership: • ${}^{(b)(6)}$ Acting Director • ${}^{(b)(6)}$ Acting Director • ${}^{(b)(6)}$ - Quality	
Communications	• (b)(6)	
Network Management	• • • ^{(b)(6)} (Tribal Health Program)	
Customer Service	• (b)(6)	
Revenue Operations	•	3
	• (b)(6) (IV Expert)	irs
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R5 Kickoff Agenda: Day One

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





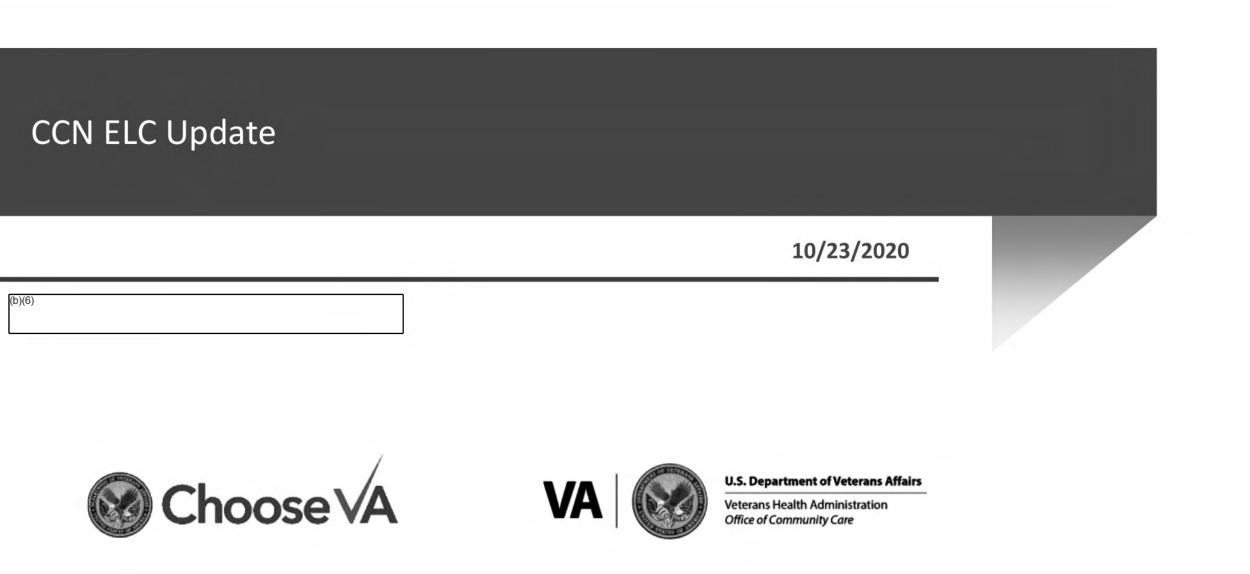
R5 Kickoff Agenda: Day Two

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





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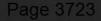


Agenda

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





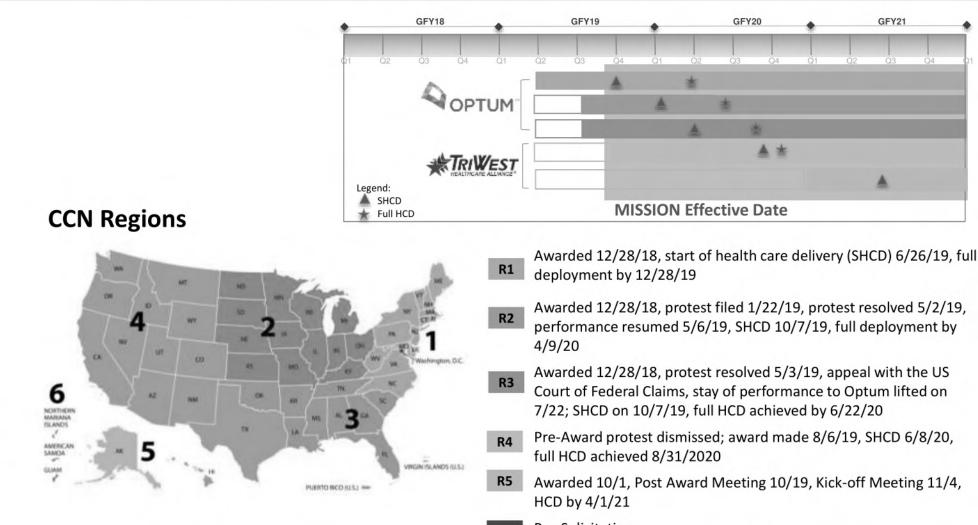


R4 & R5 CCN Deployment Updates





CCN Contract Award and Implementation Update



R6 Pre-Solicitation





U.S. Department of Veterans Affairs

Veterans Health Administration Office of Community Cove

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)

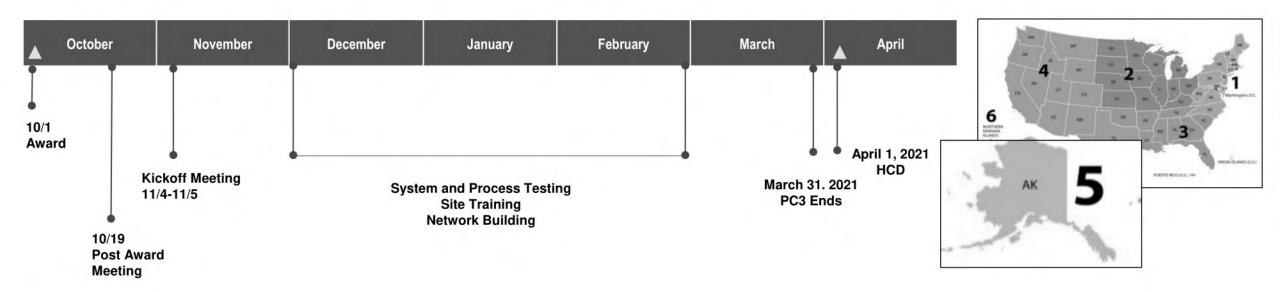
 Urgent Care approval volume remains constant in R4 as TriWest provides Urgent Care Network and Customer Service for CCN







Region 5 Status and Upcoming Activities



Key Activities:

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





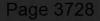


Region 5 Kickoff Meeting

- 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:
 - \circ Implementation strategy
 - Network adequacy plan, including new Telehealth Solutions Plan and a strategy around engaging Tribal Health organizations
 - $\ensuremath{\circ}$ Training and change management
 - $\ensuremath{\circ}$ Claims processing and invoicing
 - \odot Detailed Integrated Master Schedule (IMS) review







R1-4 Referral Trends





Region 1: Referral Trends

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Region 1 Referral Network Breakdown 18 139 17,833 18K 17,615 17,250 15,760 16K 15,041 14K 12K 10K 94.81% 93.90% 94.82% 93.84% 95.20% 8K 93.42% 6K 4K 2K 5.81% 5.65% 5.67% 4.72% 4 52% 4.33% OK Sept. 5 - 11, 2020 Sept. 12 - 18, 2020 Sept. 19 - 25, 2020 Sept. 26 - Oct. 2, 2020 Oct. 3 - 9, 2020 Oct. 10 - 16, 2020 \blacksquare CCN \blacksquare PC3 \blacksquare VCA

Referral Analysis

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

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



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Region 2: Referral Trends

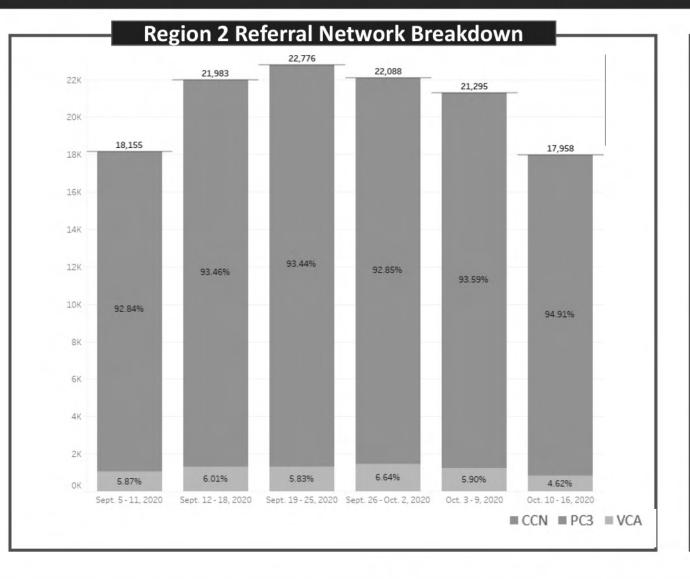
Referral Analysis

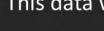
- Between September 5, 2020 October 16, 2020, • Region 2 CCN referral percentages remained consistent between 92%-94% of referrals each week.
- VCA referrals have also remained consistent • between 4-7% of referrals each week. VCA referrals decreased slightly in the last week.
- The total referral volume 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.



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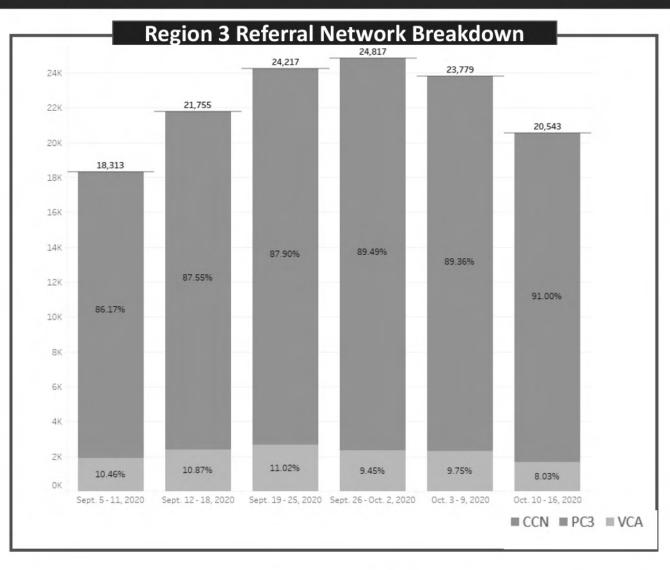


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Region 3: Referral Trends

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Referral Analysis

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

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



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Region 4: Referral Trends

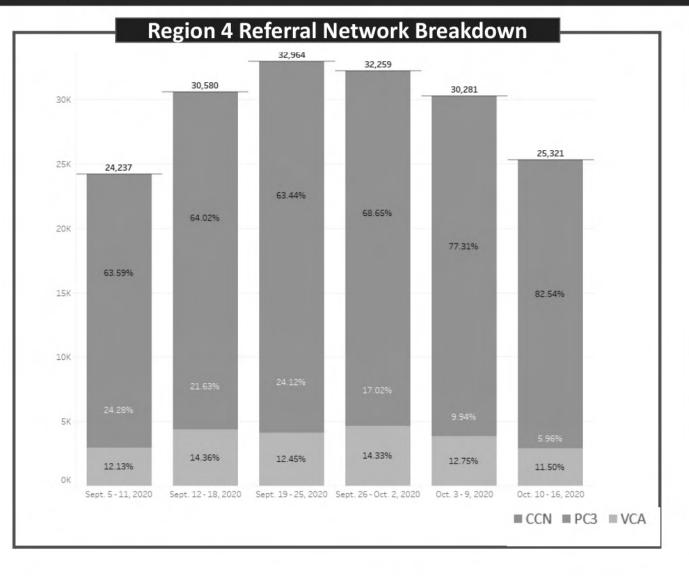
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This data was pulled from CDW for September 5 – October 16, 2020.

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.



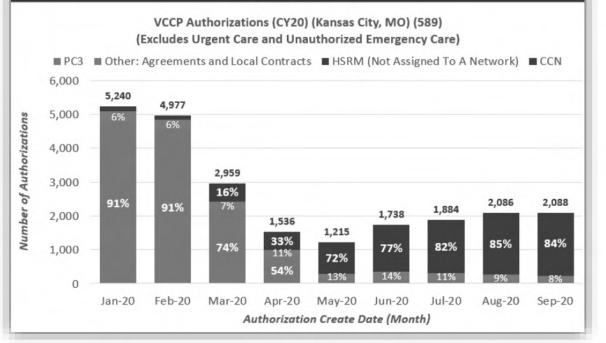


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Follow-Up: Kansas City HCS Referral Volume Decrease

VETERANS COMMUNITY CARE PROGRAM UTILIZATION KANSAS CITY HCS

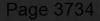


- Kansas City HCS CC utilization trends based on the HOC report data showed a significant decrease of the overall referral volume compared to pre-COVID-19.
 - Sep. referral volume is 40-42% of pre-COVID-19 volume (Jan.-Feb. 2020)
 - Nationally, VA is at or above the pre-COVID-19 referral volume
- After 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



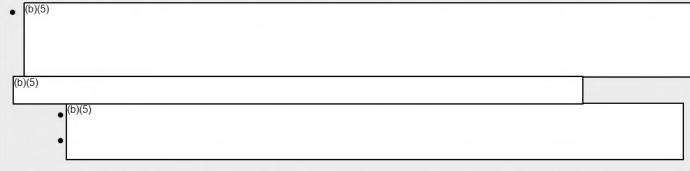


Optional Task #1: **Contracting** Key Decisions and Risks

Decisions/Status

(b)(5)

• **<u>REGION 1-3</u>**: SAC Team to finalize strategy for R1-3 contract mod prior to formally engaging Optum for initiating mod process.



 <u>REGION 4</u>: 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:





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

Decisions Needed/Risks

<u>REGION 1-3</u>: CCN Provider Directory and Search Capability

(b)(5)

Next Steps:

(b)(5)





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

Decisions/Status

(b)(5)

•

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

Decisions Needed/Risks (Operations)

(b)(5)





Optional Task #1: Two Week Outlook

On Track in progress

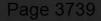
Moderate risk; in progress

Significant risk; mitigation plan not mature

Next Steps [Week of 10/19 -10/23]	Target Date	Status	Notes / Risk(s)	Owner
Contracting ^{(b)(5)}	10/23		N/A	^{(b)(6)} ^{(b)(6)} CCCA, FIN, Mod
	10/23			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		N/A	(b)(6)
	10/28		N/A	FIN, Mod Team, SAC
	10/30		N/A	Team
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

R1-3 Contracting)	Status	Dependency	Owner	Estimated Time
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			
Assess/explore funding options related to COVID-19 (pending OGC approval)	Complete	VHA Leadership	VHA Leadership, OT Team	1 month
Present OT implementation plan and estimates to Network Directors	Complete	approval		2
Obtain approval from Network Directors, ELC, and VHA Governance to proceed with engaging TPAs for contract modifications	Complete			
(b)(5)		Cost model finalization	Contracting Office, Modification Team	1-2 months from cost model approval
Confirm method of funding to apply to Regions 1-3 (b)(5)	Complete	Approved service cost	PRS Budget and OCC Finance	3 weeks from agreed-up cost model with TPA
		Contract Mod and Funding finalization	Contracting Office and COR Team	2-4 weeks from Mod and Funding finalization
	volumes and related cost for one year of service) Assess/explore funding options related to COVID-19 (pending OGC approval) Present OT implementation plan and estimates to Network Directors Obtain approval from Network Directors, ELC, and VHA Governance to proceed with engaging TPAs for contract modifications (b)(5) Confirm method of funding to apply to Regions 1-3	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 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)(5) Image: Complete for the second se	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 Assess/explore funding options related to COVID-19 (pending OGC approval) Complete VHA Leadership approval Present OT implementation plan and estimates to Network Directors Complete Complete Obtain approval from Network Directors, ELC, and VHA Governance to proceed with engaging TPAs for contract modifications Complete (b)(5) Image: Cost model finalization Cost model finalization (b)(5) Image: Confirm method of funding to apply to Regions 1-3 Complete (b)(6) Image: Confirm method of funding to apply to Regions 1-3 Complete (b)(6) Image: Confirm method of funding to apply to Regions 1-3 Complete	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 approval Assess/explore funding options related to COVID-19 (pending OGC approval) Complete VHA Leadership approval VHA Leadership approval Present OT implementation plan and estimates to Network Directors Complete VHA Leadership approval VHA Leadership approval (b)(5) Complete Cost model finalization Contracting Office, Modification Team (b)(5) Cost model finalization PRS Budget and OCC finance PRS Budget and OCC Finance (b)(5) Contract Mod and Cost end cost Contracting Office, Modification Team (b)(5) Confirm method of funding to apply to Regions 1-3 Complete PRS Budget and OCC Finance (b)(5) Contract Mod and Cost Contracting Office, Finance Contracting Office of Finance





Office of Community Care

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
(b)(5) Workflow and Process Mapping		(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





Office of Community Care

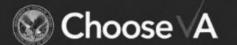
Optional Task #1: **Region 1-3** Operations

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 (b)(5) 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





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Optional Task #1: **Region 4** Contracting

On Track in progress

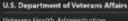
Moderate risk; in progress

Significant risk; mitigation plan not mature

Milestones (R4 Contracting)	Status	Dependency	Owner	Estimated Time
Cost Estimation Model	Develop national volume and cost estimates for cross-regional Optional Task #1 support (firm-fixed referral volumes and related cost for one year of service) (b)(5)	Complete	VHA Leadership	VHA Leadership, OT	1 month
	Present OT implementation plan and estimates to Network Directors (b)(5)	Complete	approval -	Team	THORE
Contract Modifications			(b)(5)	Contracting Office, Modification Team	~1 months from cost model approval
Funding	Confirm method of funding to apply to Region 4 (b)(5)	Complete	Approved service cost	PRS Budget and OCC Finance	3 weeks from agreed upon cost model with TPA
Task Order Issuance			(b)(5)	Contracting Office and COR Team	2-4 weeks from Mod and Funding finalization 24







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)	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





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Optional Task #1: **Region 4** Operations

On Track in progress

Moderate risk; in progress

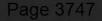
Significant risk; mitigation plan not mature

Milestones (Region 4 Operations)	Status	Dependency	Owner	Estimated Time
Service Discontinuation Protocol		(b)(5)	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





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R1-4 Referral Monitoring





Region 1: Referral Volume Snapshot

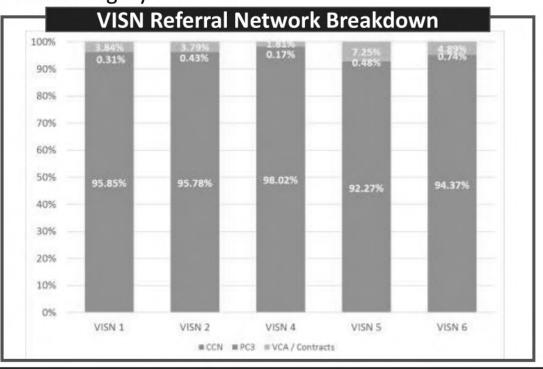
Тс	op Categori	es of Ca	are		
Region VISN Station#_StationName	R01 (All) (All)			2020 through 10/10 Data pulled from t	
Category of Care	Referrals th → CCN		PC3 VC	A/Contracts Gra	nd Total
DENTAL		941		333	1274
PHYSICAL THERAPY		876	2		878
OPTOMETRY		865			865
		865 708		108	865 816

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

Data is from the

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

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





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



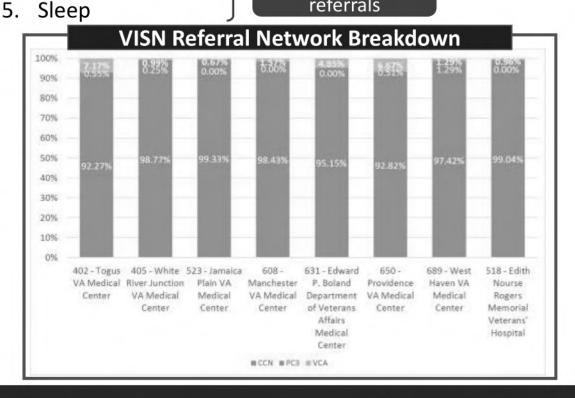
Region 1 VISN 1: Referral Volume Snapshot

Т	op Categorie	es of Ca	are	
Region	R01	-T*	10/10/2020 through :	10/16/2020**
VISN	1	T_{τ}	Data pulled fr	rom the CDW
Station#_StationName	(All)	*		
Category of Care	Referrals th ↓ CCN		PC3 VCA/Contracts	Grand Total
	W CCN			Granu rotar
DENTAL	W CCN	212	60	
				272
DENTAL		212	60	272
DENTAL HOMEMAKER/HOME HEALTH AIDE		212 233	60	272

- 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
- Less than 10 referrals







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Region 1 VISN 2: Referral Volume Snapshot

То	p Categories	of Car	'e	
Region	R01	,▼ *10)/10/2020 through 1	
VISN	2	Τ .	Data pulled fr	om the CDW
Station#_StationName	(All)	*		
	Referrals thro	ugh: 💌		
Category of Care	🕂 CCN	PC	3 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.

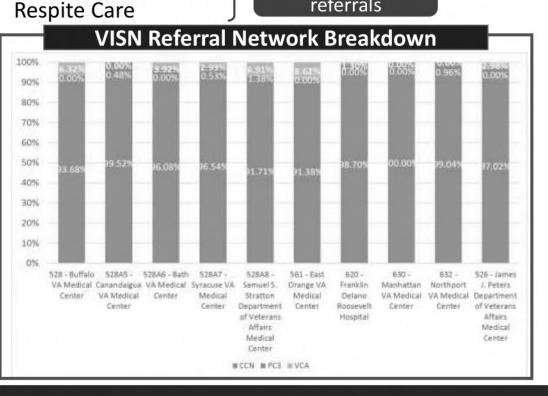
The **top five categories of care going to VCAs** are (not including ER/Urgent Care):

- 1. Homemaker/Home Health Aide
- 2. Adult Day Care
- 3. Dental

5.

4. Skilled Home Health

Less than 10 referrals







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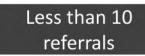
Region 1 VISN 4: Referral Volume Snapshot

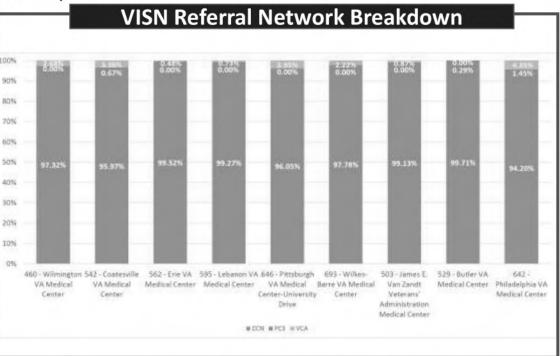
	Top Categories	of Care		
Region VISN Station#_StationName	R01 4 (All)	, ▼ *10/1 , ▼ ▼	0/2020 through 10 Data pulled fro	
Category of Care	Referrals throu ↓ CCN		VCA / Contracts	Grand Total
GASTROENTEROLOGY		203		203
GASTROENTEROLOGY PHYSICAL THERAPY		203 192		203 192
PHYSICAL THERAPY		192		192

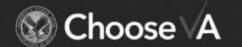
- Region 1 VISN 4 is sending 98.02% of community care referrals through CCN.
- This data analysis does not include a complete picture of ER/Urgent Care referrals through CCN.
- The PC3 percentage for R1 VISN 4 referrals is down to 0.17% of referrals. VCAs account for 1.81% of referrals.

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







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



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Region 1 VISN 5: Referral Volume Snapshot

To	op Categorie	s of Car	e	
Region	R01	,T *10,	/10/2020 through 10/16/	/2020**
VISN	5	π,	Data pulled from the	ne CDW
Station#_StationName	(All)	T		
	Referrals thr	ough: 💌		
Category of Care	↓ CCN	nce	3 VCA / Contracts Gran	d Tatal
category of care		PC:	S VCA / CONTRACTS GIAN	d Total
PHYSICAL THERAPY	CCN	225		225
	CCN			
PHYSICAL THERAPY		225	62	225
PHYSICAL THERAPY ORTHOPEDIC		225 138		225 138

- 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.

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

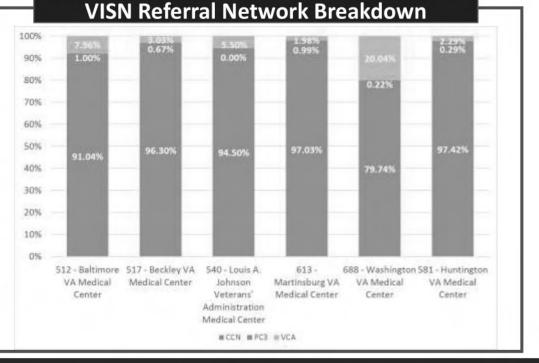
1. Dental

5.

- 2. Homemaker/Home Health Aide
- 3. Neurosurgery
- 4. Mental Health

Nephrology

Less than 10 referrals





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



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Region 1 VISN 6: Referral Volume Snapshot

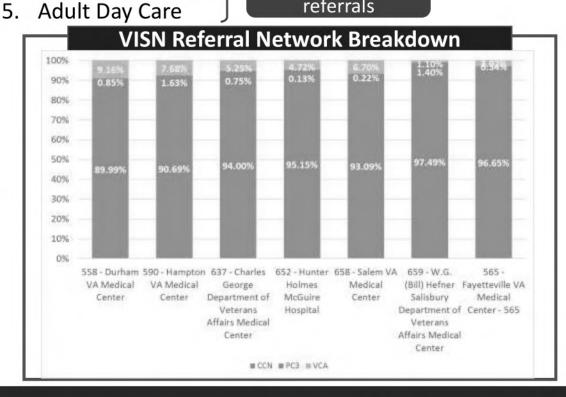
	Top Categories of Ca	are	
Region VISN Station#_StationName	R01	10/10/2020 through 10/16/ Data pulled from th	
Category of Care	Referrals through: 💌	PC3 VCA/Contracts Gran	d Total
DENTAL	610	195	805
OPTOMETRY	559		559
PAIN MANAGEMENT	304	1	305
PHYSICAL THERAPY	241	1	242

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

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

- 1. Dental
- 2. Respite Care
- 3. Homemaker/Home Health Aide
- 4. Radiation Therapy

Less than 10 referrals







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Region 2: Referral Volume Snapshot

Region VISN	R02 (All)	जा। •	0/10	0/2020 through 10/16 Data pulled from	
Station#_StationName	(All)	*			
	Referrals t	hrough: 💌			
Category of Care	→ ↓ CCN	F	PC3	VCA / Contracts Gra	nd 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

remain consistent with previous week.

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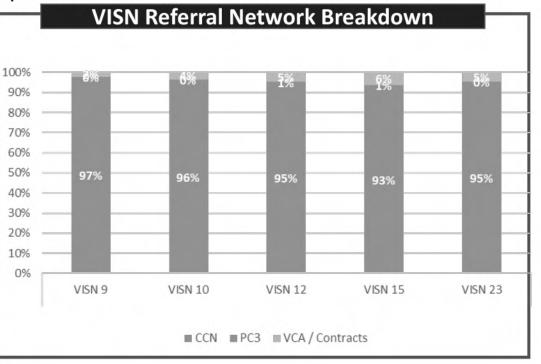
 Referrals generated from the Centralized Authorized Emergency Care (CAEC) Team are not included in this data analysis.

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

Data is from the Weekly Referral Dashboard

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





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



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Region 2 VISN 9: Referral Volume Snapshot

Region	R02	3 10/1	0/2020 through 10/16/	2020**
VISN	9	.7	Data pulled from the	ne CDW
Station#_StationName	(All)	•		
	Referrals th	rough: 🔽		
Category of Care	↓ CCN	PC3	VCA / Contracts Gran	d Total
Category of Care HOMEMAKER/HOME HEALTH AIDE		PC3	VCA / Contracts Gram	d Total 73
HOMEMAKER/HOME HEALTH AIDE				
HOMEMAKER/HOME HEALTH AIDE		60		73
OPTOMETRY		60 72		73 72

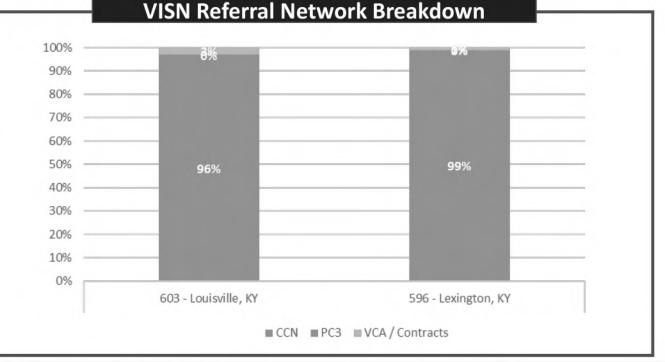
- 18% of all Homemaker/Home Health Aide care were VCAs across the VISN and a decrease from previous weeks.
- 100% of Inpatient referrals were PC3 (dates of service appropriate for PC3).
- 1 PC3 Emergency Care CAEC referral removed from the analysis.

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

- 1. Homemaker/Home Health Aide
- 2. Respite
- 3. Inpatient
- 4. Dialysis

5. N/A

Less than 10 referrals







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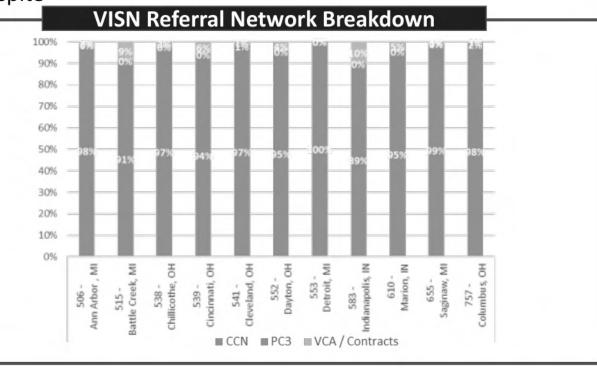
Region 2 VISN 10: Referral Volume Snapshot

Region	Categories		/10/2020 through 10/16	/2020**
VISN	10		Data pulled from t	
Station#_StationName	(All)	*	Data pulled from t	ne cow
		_		
Category of Care		nrough: 🔽 PC	3 VCA / Contracts Gra	nd Total
Category of Care HOMEMAKER/HOME HEALTH AIDE	Referrals th		3 VCA / Contracts Gra	nd Tota 343
		PC		
HOMEMAKER/HOME HEALTH AIDE		PC 291	52	343
HOMEMAKER/HOME HEALTH AIDE ORTHOPEDIC		291 248	52 17	343 265

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

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

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







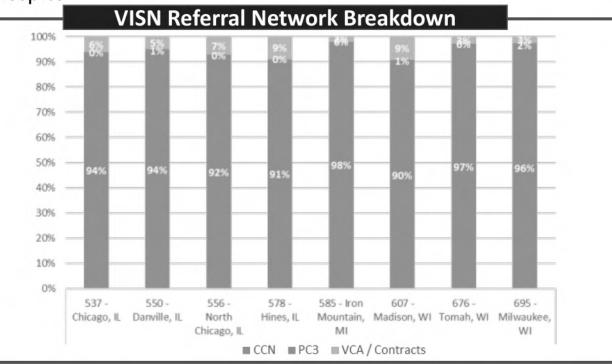
Region 2 VISN 12: Referral Volume Snapshot

Region	R02	. . .	0/10/2020 th	rough 10/16	/2020**
VISN	12	.7		oulled from t	
Station#_StationName	(All)	•			
Service States	Referrals t	hrough: 💌	No.	in the second second	
				manate Case	d Takal
Category of Care	↓ CCN		PC3 VCA/Co	ontracts Grai	nd Lotai
	↓ CCN	270	PC3 VCA/Co	ontracts Gran	10 Total 271
OPTOMETRY	<mark>-</mark> ↓CCN		PC3 VCA / Co	28	
OPTOMETRY SKILLED HOME HEALTH CARE	, t CCN	270	PC3 VCA/Co		271
Category of Care OPTOMETRY SKILLED HOME HEALTH CARE HOMEMAKER/HOME HEALTH AIDE CHIROPRACTIC	-J CCN	270 236	PC3 VCA / Co	28	271 264

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

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

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





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

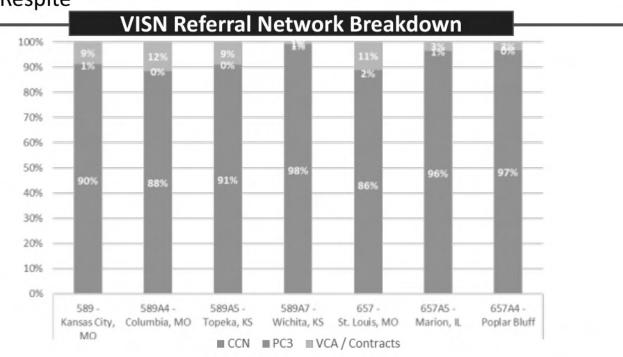


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Region 2 VISN 15: Referral Volume Snapshot

lop Ca	itegories o	rCare		
Region	R02	3 10/1	0/2020 through 10/16,	/2020**
VISN	15	A	Data pulled from t	he CDW
Station#_StationName	(All)	-		
	Poforrals th	nrough: 🔽		
	Referrals ti	nough.		
Category of Care			VCA / Contracts Gram	nd Total
Category of Care SKILLED HOME HEALTH CARE			VCA / Contracts Gram	nd Total 225
SKILLED HOME HEALTH CARE		PC3	and the second	_
SKILLED HOME HEALTH CARE OPTOMETRY		PC3 210	and the second	225
Category of Care SKILLED HOME HEALTH CARE OPTOMETRY HOMEMAKER/HOME HEALTH AIDE DENTAL		PC3 210 190	15	225 190

- 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.



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



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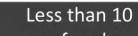
Region 2 VISN 23: Referral Volume Snapshot

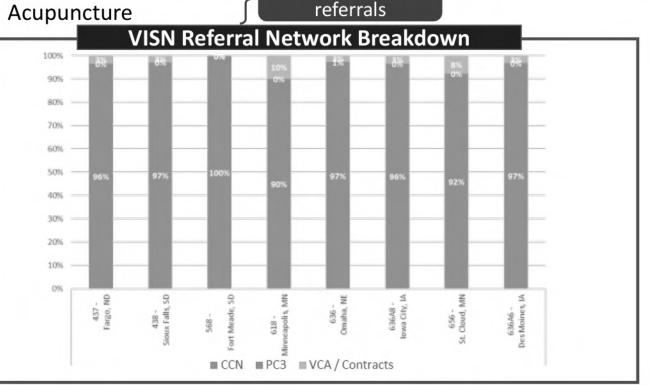
Тор С	ategories	of Car	e	
Region VISN	R02 23	ज ज	/10/2020 through 10/16, Data pulled from t	
Station#_StationName	(All)	*		
	Referrals th	rough: 💌		
Category of Care	斗 CCN	P	C3 VCA / Contracts Gran	nd Total
SKILLED HOME HEALTH CARE		505	70	575
OPHTHALMOLOGY		301	2	303
		275		275
OPTOMETRY		215		215
OPTOMETRY ORTHOPEDIC		255		255

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

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

- 1. Dental
- 2. Skilled Home Care
- 3. Homemaker/Home Health Aide
- CIHS
 Acupund









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Region 3: Referral Volume Snapshot

То	p Categories	of Car	е		
Region VISN Station#_StationName	RO3 (All) (All)	.7] * *) through 10/10 ta pulled from	
Category of Care	Referrals th		PC3 VCA/	Contracts Gra	nd Total
DENTAL		1284		700	1984
OPTOMETRY		1081	1	2	1084
OPHTHALMOLOGY		1035	7	11	1053
ORTHOPEDIC		1002	5	1	1008

- 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.

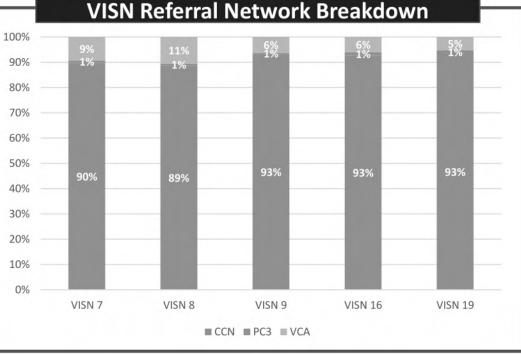
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Data is from the Weekly Referral Dashboard

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

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

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



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



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Region 3 VISN 7: Referral Volume Snapshot

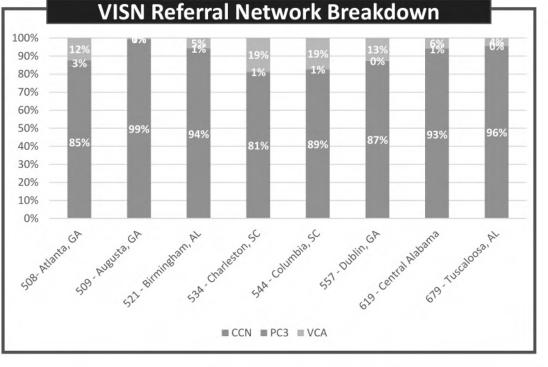
	Top Categories of Car	e		
Region VISN Station#_StationName	R03 7 (All) *	10/10/	/2020 through 10/16 Data pulled from t	
Category of Care	Referrals through: 💌		/CA / Contracts Gra	nd Total
DENTAL	500		347	847
OPTOMETRY	404	1		405
ORTHOPEDIC	373		1	374
OPHTHALMOLOGY	343	7		350
	287	20		307

- 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.

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 26 of these referrals were categorized as "ER/Urgent"/"Emergency Care" and 10 of these referrals were categorized as "Inpatient". 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





U.S. Department of Veterans Affairs

Region 3 VISN 8: Referral Volume Snapshot

То	p Categori	es of Care	2	
Region VISN Station#_StationName	RO3 8 (All)	ा 10/1 उग	0/2020 through 10/16 Data pulled from t	
Category of Care	Referrals th		VCA / Contracts Gra	nd 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

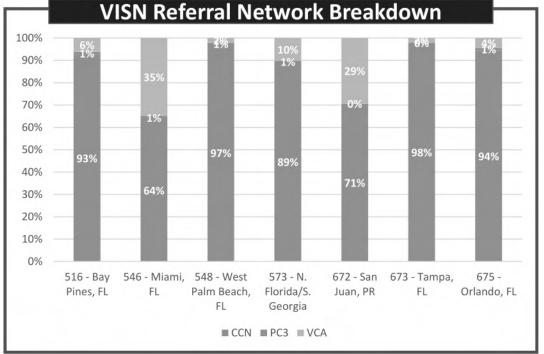
- None of the VISN 8 sites were granted an additional PC3 extension. Their PC3 coverage ended Friday, August 21.
- **48 PC3 CAEC referrals** removed from the analysis.

hoose A

- 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.

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





Veterans Health Administration

Region 3 VISN 9: Referral Volume Snapshot

	Top Categorie	s of Ca	re	
Region VISN Station#_StationName	R03 9 (All)	ज्य 10, ज्य र	/10/2020 through 10/16 Data pulled from t	
Category of Care	Referrals thre ↓↓ CCN		C3 VCA / Contracts Gra	nd Total
Category of Care DENTAL			C3 VCA / Contracts Gra 86	nd Total 238
		P(
DENTAL		PC 152	86	238
DENTAL ORTHOPEDIC		PC 152 175	86	238 176

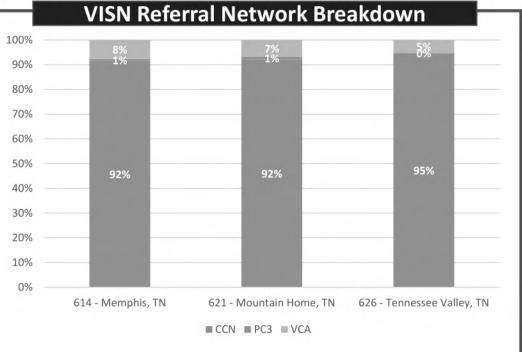
- None of the VISN 9 sites were granted an additional PC3 extension.
 Their PC3 coverage ended Friday, August 21.
- 8 PC3 CAEC referrals removed from the analysis.
 - 4 of these referrals were categorized as "ER/Urgent"/"Emergency Care" and 4 referrals were categorized as "Inpatient".
- Non-CCN Referrals:

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- 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.

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





U.S. Department of Veterans Affairs Veterans Health Administration

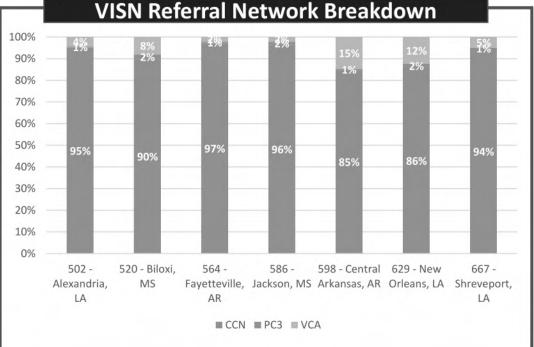
Region 3 VISN 16: Referral Volume Snapshot

	Top Categorie	es of Car	e	
Region VISN Station#_StationName	R03 16 (All)	,⊀ ,⊀ ,⊀	10/2020 through 10/16 Data pulled from t	
Category of Care	Referrals th ↓↓ CCN		3 VCA / Contracts Gra	nd Total
OPHTHALMOLOGY		279		279
DENTAL		157	121	278
GASTROENTEROLOGY		250		250
ORTHOPEDIC		238	2	240
OPTOMETRY		234		234

- 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**.

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





Veterans Health Administration

Region 3 VISN 19: Referral Volume Snapshot

	op Categori	es of Ca	re	
Region	R03	710)/10/2020 through 10/16	
VISN	19	A	Data pulled from t	the CDW
Station#_StationName	(All)	•		
Cotocomu of Coro	Referrals th			
	- ↓ CCN	P	L3 VLA / Contracts Gra	nd Total
Category of Care OPTOMETRY	<mark>↓↓</mark> CCN	100	C3 VCA / Contracts Gra	nd Total 100
NAME OF TAXABLE ADDRESS ADDRES	ET CCN		2	
OPTOMETRY	÷∔ CCN	100		100
OPTOMETRY ORTHOPEDIC	↓ CCN	100 97		100 99

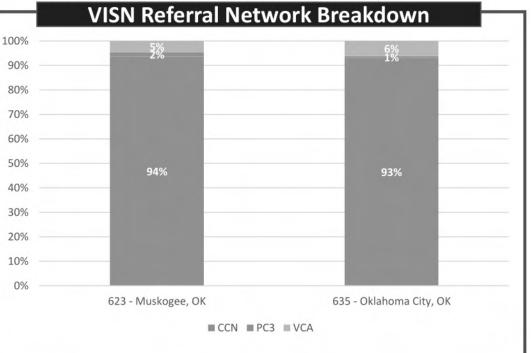
- Neither site requested a PC3 extension, so their PC3 coverage ended July 17, 2020.
- **0 PC3 CAEC referrals were** removed from the analysis.

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- 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.

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





Region 4: Referral Volume Snapshot

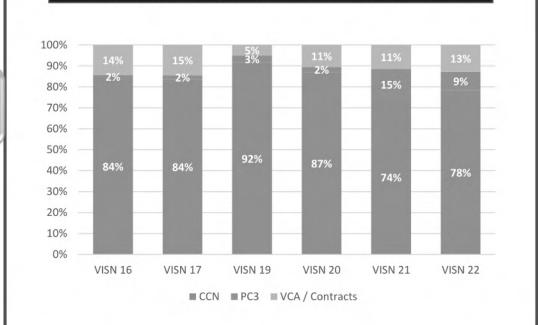
То	p Categories of Care			
Region		*10/10	0/2020 through 10	
VISN Station#_StationName	(All)		Data pulled fro	om the CDW
	Referrals through: 💌			
Category of Care	<mark>↓↓</mark> CCN	PC3	VCA / Contracts	Grand Total
DENTAL	953		1356	2309
OPTOMETRY	2018	93		2111
SKILLED HOME HEALTH CARE	871	119	69	1059
HOMEMAKER/HOME HEALTH AIDE	611		445	1056
PHYSICAL THERAPY	999	46	1	1046

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

Data is from the Weekly Referral Dashboard

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

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



VISN Referral Network Breakdown



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



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Region 4 VISN 16 Sites: Referral Volume Snapshot

То	p Categorie	s of Ca	re	
Region	R04	T 10	0/10/2020 through 10/	/16/2020**
VISN	16	.	Data pulled from	m the CDW
Station#_StationName	(All)	-		
	Referrals the		C3 VCA / Contracts G	
				rand lota
	<mark>↓↓</mark> CCN	102	2	
HOMEMAKER/HOME HEALTH AIDE	et CCN		2	104 104 91
HOMEMAKER/HOME HEALTH AIDE		102	2	104
Category of Care HOMEMAKER/HOME HEALTH AIDE SKILLED HOME HEALTH CARE DENTAL OPHTHALMOLOGY		102 91	2	104 91

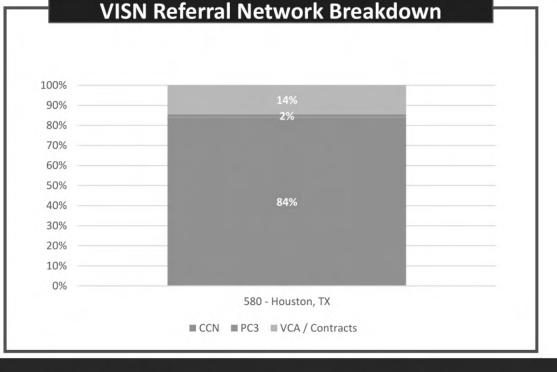
- Referrals generated from the Centralized Authorized Team (CAEC) are not included in this data analysis.
 - For Region 4 VISN 16, this accounted for 86 PC3 referrals.
 - 82 referrals were categorized as "ER/Urgent" and 4 referrals were categorized as inpatient.
- Dental is the top category of care to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

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

1. Dental



- 4. Nephrology
- 5. Homemaker/Home Health Aid





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



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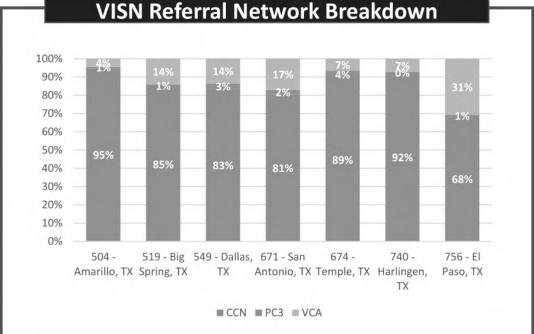
Region 4 VISN 17 Sites: Referral Volume Snapshot

То	o Categories of Care		
Region	R04 🗾 10)/10/2020 through 10/1	6/2020**
VISN	17	Data pulled from	the CDW
Station#_StationName	(All)		
	Referrals through:		
Category of Care		C3 VCA / Contracts Gr	and Total
Category of Care DENTAL		C3 VCA / Contracts Gr 547	and Total 793
	<mark>↓↓</mark> CCN P		
DENTAL	<mark>↓↓</mark> CCN P 246	547	793
DENTAL SKILLED HOME HEALTH CARE	↓↓ CCN P 246 274	547 1 25	793 300

- 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





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



Region 4 VISN 19 Sites: Referral Volume Snapshot

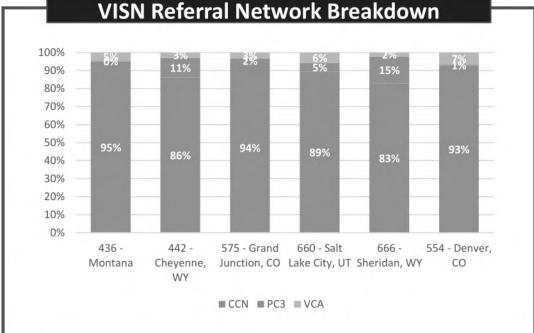
Region	R04		10/10	0/2020 through 10		
VISN	19	.		Data pulled fr	om the	CDW
Station#_StationName	(All)	•				
	Referrals tl	arough:				
Category of Care			PC3	VCA / Contracts	Grand	Total
OPTOMETRY		592	3			595
SKILLED HOME HEALTH CARE		161	30	12		203
CHIROPRACTIC		197	2			199
PHYSICAL THERAPY		178	4			182
ORTHOPEDIC		158	3			161

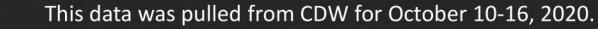
- Referrals generated from the Centralized Authorized Team (CAEC) are not included in this data analysis.
 - For Region 4 VISN 19, this accounted for 82 PC3 referrals.
 - 80 referrals were categorized as "ER/Urgent" and 2 referrals were categorized as inpatient.
- Cheyenne (442) and Sheridan (666) received 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.

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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







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Region 4 VISN 20 Sites: Referral Volume Snapshot

	Top Categories of Care			
Region	R04 🕶	10/10	/2020 through 10/16	
VISN	20 🖵		Data pulled from	the CDW
Station#_StationName	(All)			
	Referrals through: 🔽			
Category of Care	Referrals through: 🔽		/CA / Contracts Gra	nd Total
Category of Care DENTAL		PC3 \	/CA / Contracts Gra 137	nd Total 235
DENTAL	↓ ↓ CCN	PC3	The second s	
DENTAL OPTOMETRY	<mark>↓↓</mark> CCN 98	PC3 \	The second s	235
	<mark>↓↓</mark> CCN 98 224	PC3 \ 2 2 3	The second s	235 226

- 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%.

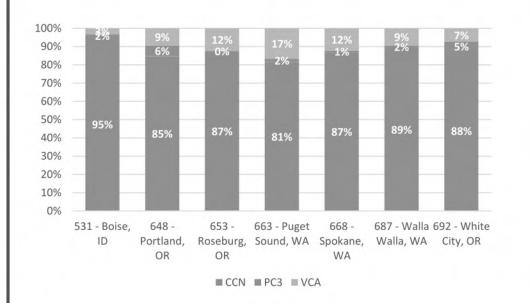
The **top five categories of care going to PC3 and VCAs** are (not including ER/Urgent Care):

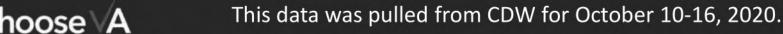
- 1. Dental
- 2. Homemaker/Home Health Aide
- 3. Bowel and Bladder
- 4. Skilled Home Health Care

Less than 10 referrals

5. Pain Management←









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Region 4 VISN 21 Sites: Referral Volume Snapshot

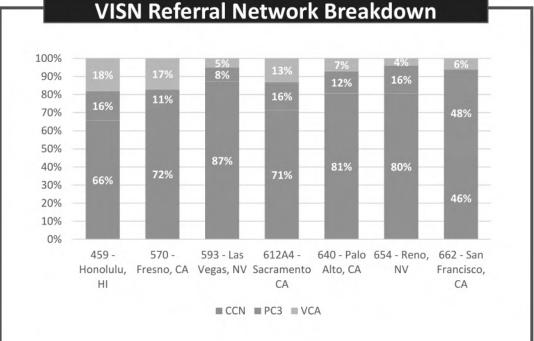
Top Categories of Care					
Region VISN Station#_StationName	R04 21 (All)	ज ज र	0/10/2020 through 10/ Data pulled from		
Category of Care	Referrals thr 斗 CCN		PC3 VCA / Contracts G	rand Total	
Category of Care OPTOMETRY			PC3 VCA / Contracts G 48	rand Total 448	
NAME AND ADDRESS OF TAXABLE ADDRESS					
OPTOMETRY		400	48	448	
OPTOMETRY DENTAL		400 191	48 97	448 288	

- 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.

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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



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



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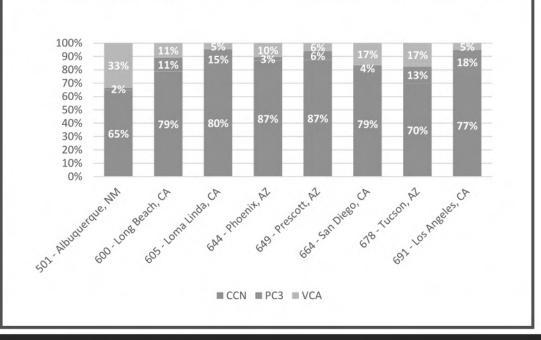
Region 4 VISN 22 Sites: Referral Volume Snapshot

	Top Categories of Care				
Region VISN Station#_StationName	R04 22 (All)	ज्ञ ज र	.0/10/2	020 through 10/16 Data pulled from t	
Category of Care	Referrals thr ↓ CCN		PC3 VO	CA / Contracts Gra	nd Total
Category of Care DENTAL			PC3 VO	CA / Contracts Gra 465	nd Total 761
DENTAL			PC3 VC		
DENTAL OPTOMETRY		296	36		761
		296 606	36		761 642

- 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%.*

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



VISN Referral Network Breakdown



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



Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

Withheld pursuant to exemption

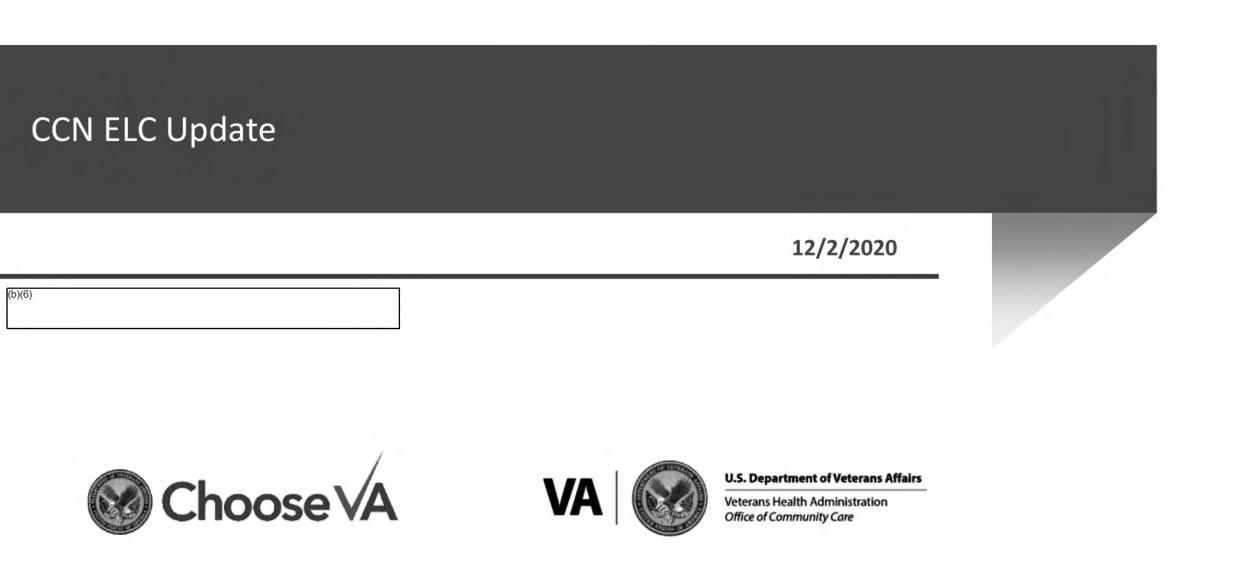
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of the Freedom of Information

Withheld pursuant to exemption

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of the Freedom of Information



Agenda

- Regions 4 & 5 Deployment Updates
- R4 Referral Trends

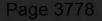
R4 Referral Analysis: Follow-up Items

- Program Optimization Plan
- Optional Task Update
- Appendix
 - o R1-R3 Referrals Summary
 - R4 Referral Monitoring Snapshots





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R4 & R5 CCN Deployment Updates

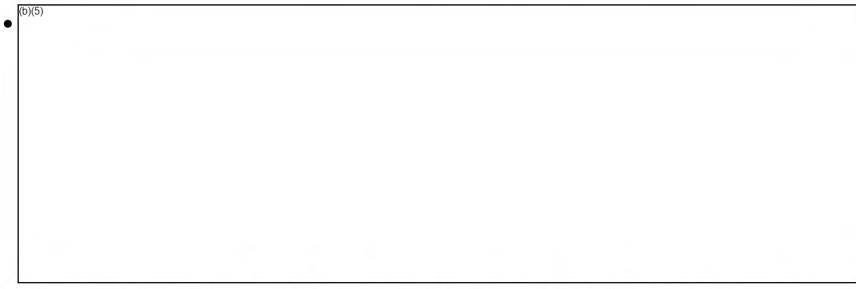




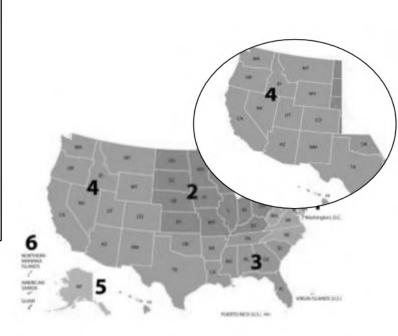
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Region 4 Update

Pend Referral Volume has consistently been under 5 per day.



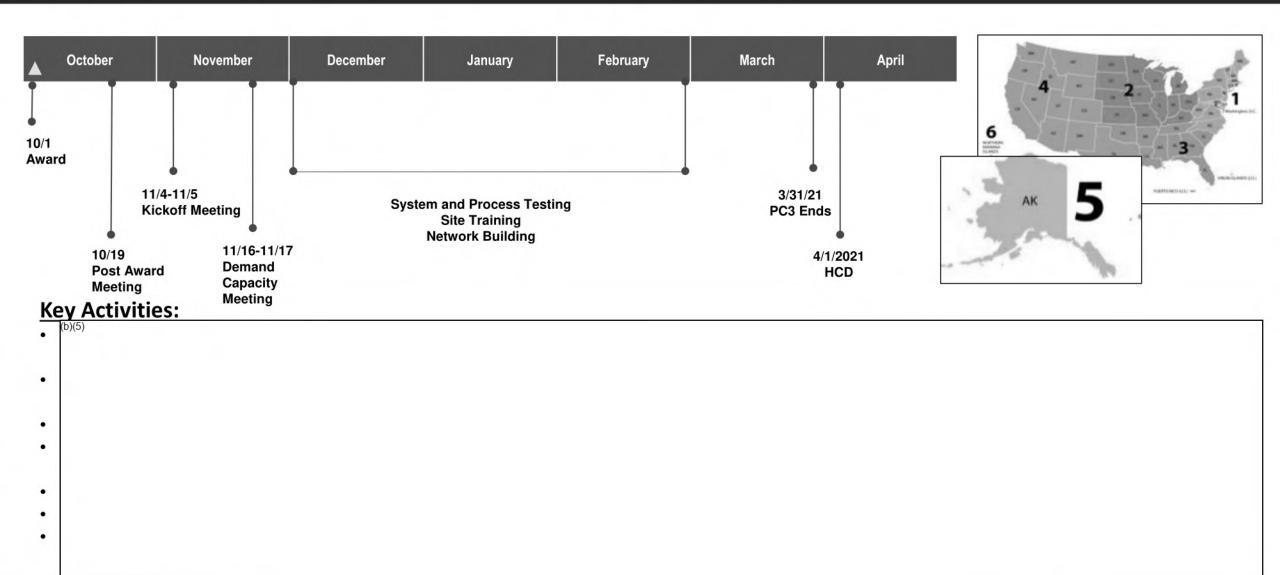
• San Diego has requested Optional Task assistance. VISN22 will be able to absorb their need by decreasing the referrals used by Phoenix, Prescott & Albuquerque.







Region 5 Status and Upcoming Activities







Region 5 Risks/Issues

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
Payment Hierarchy and Fee Schedule	Highest	• (b)(5) • (• (b)(5)
HCD Timeline and PC3 Contract End Date	High		• (b)(5) •

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Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
Dental Fee Schedule	High	• (b)(5) • (• (b)(5)
Choice Providers in CCN R5 PC3	High	• ^{(b)(5)}	• (b)(5)
Provider Liability Insurance Requirement	High	• ^{(b)(5)}	





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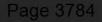
Veterans Health Administratio Office of Community Care

Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 11/30
Tabletop and Testing	Medium	• ^{(b)(5)}	• (b)(5) •
Tribal Health	Medium	• (b)(5)	
DAS Transport Funding	Medium	• (b)(5) •	





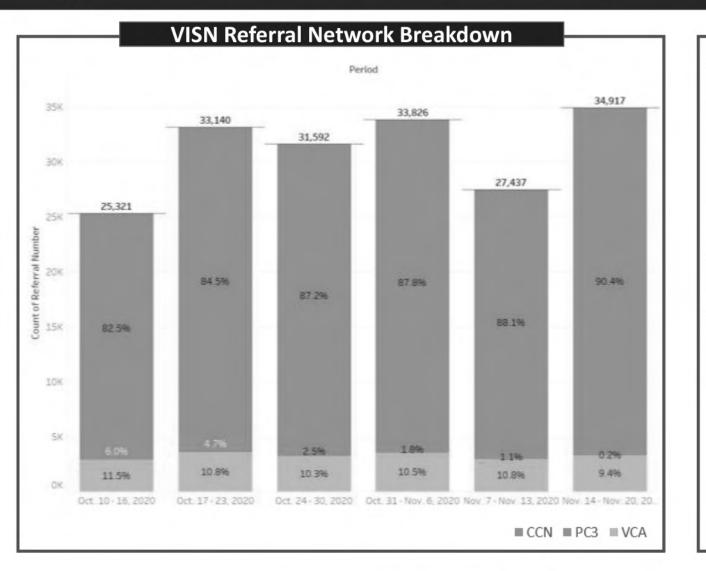


R4 Referral Trends





Region 4: Referral Volume Snapshot



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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



Veterans Health Administ Office of Community Cove

Region 4 Follow-up Items: Updates

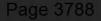
Date Identified	Observation	Action	Analysis update	Status
11/12/2020	VISN 16 – Houston, TX: CCN utilization decreased 12% and VCA utilization increased 13% compared to previous week. Dental VCAs is driving the change in utilization for this reporting period. In the prior reporting week, there were 14 dental VCA, this reporting week, there were 158. The majority of these Dental VCA referrals (86) were for the Dental Disease Management SEOC. These VCA referrals were sent to 24 unique providers.	 <u>11/18:</u> Network Support team to investigate dental network in Houston area and will collaborate with VISN 16 BIM <u>11/18:</u> R4 team to coordinate with Network Support/VCA/TW to match addresses with correct provider names and check on contracting statuses for CCN 	 11/18: Houston reported concerns with the dental network, thus the need for VCAs. Dental referrals decreased in the last week, resulting in a 2% VCA decrease and a 2% increase in CCN referrals. R4 team analysis showed that the majority of Houston's top utilized dental VCA providers had data integrity issues. Care sites are showing address, rather than their provider name, for the care site. This is a result of when PPMS would default to the care site address if the user did not put in a name for a care site. Since then, PPMS made care site name mandatory. OCC Network Management & VCA Team is prioritizing deactivating VCAs not in use, correcting statuses that are incorrect, and correcting those VCAs that weren't process in accordance with the OCC guidance. Clean-up efforts are currently deprioritized. 11/30: R4 team has provided Network Team with NPIs of providers with data issues. Affiliations for dental were all VCAs. Network Team actively working on researching and addressing. 	Closed
11/12/20	VISN 22 – Albuquerque decreased 4% in its CCN utilization. Dental VCAs is driving the change in utilization for this reporting period. In the prior reporting week, there were 186 dental VCA , this reporting week, there were 299 dental VCA referrals .	<u>11/18</u> : R4 team to coordinate with Network Support/VCA/TW to match addresses with correct provider names and check on contracting statuses for CCN	 11/18: Albuquerque reported that there are not enough dental providers to meet their need. They're using VCAs and transitioning to CCN as providers are available. In contrast, the Albuquerque Dental Chief indicated that the CCN network has more providers than they previously had under VCAs, especially for specialty dental services. BIM has requested additional information from the site. R4 team analysis showed that the majority of Albuquerque's top utilized dental VCA providers had data integrity issues. Care sites are showing address, rather than their provider name, for the care site. See above for additional detail 11/30: R4 team has provided Network Team with NPIs of providers with data issues. Affiliations for dental were all VCAs. Additionally Network Support identified a trend of providers that were used under VCAs had different taxonomies, one of which was not the general practice. Therefore with the taxonomy excluded, no network populated into the locator. Network Team actively working on researching and addressing. 	Closed

Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
11/18	VISN 21 – Sacramento decreased 18% in its CCN utilization and increased 18% in VCA referrals from the prior week in the following specialties; Neurosurgery (from 18 to 65), Orthopedics (from 0 to 45), and Radiology (from 0 to 21).	R4 Team and VISN 21 BIM are reaching to station for more information	(b)(5)	Open
11/18	VISN 20 – Puget Sound continues to have the highest VCA utilization.	R4 team to research what is contributing to Puget Sound's high VCA utilization		Open







Program Optimization Plan (POP)





Executive Summary

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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. Preparation Development Implementation Enhancement Optimization





Office of Community Care

Optimization Plan Status Overview – 12/2/2020

Potential Risks		
 Cerner and EHRM program implications on processes and systems and many unknowns, given its impact on each capability incremental i and feedback from VA SME Business Own 	 f secondary f secondary f or f or th ; will reflect nformation received and ners eam will work Call 009 Ext Emphasis on integration across capabilities Identify infrastructure to enable continuous refinement for each capability Incorporate recommendations for prioritization to achieve 	 formation Gathering & Next Steps: Integration of Findings





Optimization Plan Risks

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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 longterm needs of community care

FY20									FY	21					
Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
R1 Post	R1 Post Deployment														
R2 P	ost Deploy	ment			Enhancement					Onti					
R3 Deployment R3 Post Deployment								Ľ	manceme	m			Opti	mization	
	R4 Deplo	oyment	R4 Pos	t Deploym	ent										
R5 Transition						R5 Pos	t Deployme	ent							

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





Structured Approach to Capture Maturing Capabilities

Current State > Enhanced State > Optimized State

Eligibility	 Determine Eligibility Communicate Eligibility Track Eligibility
Referrals and Authorization	 Receive and Communicate Referrals Receive and Communicate Authorizations Track Referrals and Authorization
Care Coordination	 Receive and Communicate Health Information SEOC Schedule Community Appointments Coordinate Community Requests
Utilization Management	 Determine Clinical Appropriateness Track Service Utilization Track and Incentivize Provider Performance
Network	 Collect Provider Information Communicate Provider Information Manage Networks
Provider Payment	 Receive and Process Claims Pay Claims/Invoices Audit Claims/Invoices
Revenue Operations	 Track Facility Revenue Conduct Insurance Verification Perform Revenue Utilization Review
Customer Service	 Provide Education Respond to Inquiries
Patient Safety and Quality	 Mitigate risk to safety of Veterans Track and assess CCN contract clinical quality monitoring activities





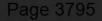
Sample Capability Section Overview

OCC Operational Management and Administration (Governance)

Capability Description	Sub-capabilities
OCC's governance structure formalizes relationship between internal and external stakeholders involv overseeing, managing, and executing the Commur Network (CCN) Contracts.	ved in OCC Communications Office (2.2)
	Key Highlights
Current State 1.0Description: Current state is where we are today: postdeployment management and maintenance of the CCprogram and the implementation of desiredcapabilities.	 Overarching key takeaway 1 (focus on what has been accomplished, where we are now) Overarching key takeaway 2 (focus on what has been accomplished, where we are now) Overarching key takeaway 3 (focus on what has been accomplished, where we are now)
<i>Enhanced State 1.5</i> <i>Description: Enhanced State is the operationalization of</i> <i>the desired capabilities.</i>	 Overarching key takeaway 1 (focus on opportunities that are being addressed, intended outcome) Overarching key takeaway 2 (focus on opportunities that are being addressed, intended outcome) Overarching key takeaway 3 (focus on opportunities that are being addressed, intended outcome)
<i>Optimized State 2.0</i> <i>Description: Optimized state is the optimization of</i> <i>matured capabilities.</i>	 Overarching key takeaway 1 (focus on vision for future state, optimization activities and integration methods Overarching key takeaway 2 (focus on vision for future state, optimization activities and integration methods Overarching key takeaway 3 (focus on vision for future state, optimization activities and integration methods







Optional Task Update





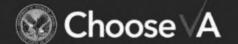
Optional Task #1: **Contracting** Key Decisions (Regions 1-3)

Decisions/Status

• No ELC decision needed; no new risk

• Outstanding Issues:

- 1. Contract modification strategy.
 - <u>Status</u>: VA received Optum's proposal on Monday, 11/16;
 - <u>Next Step</u>: Evaluation teams (technical, pricing) conducting proposal evaluation.
- 2. Finalize volume and tier structure.
 - <u>Status</u>: 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.
 - <u>Status</u>:^{(b)(5)}
 - Decision Point^{(b)(5)}
- 4. Provider look up solutions.
 - <u>Status</u>: 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.
 - <u>Next Step</u>
- 5. New CLIN ID required for COVID-19 scheduling support.
 - <u>Status</u>: HSRM requires specific CLIN IDs/requirements from contract modification to develop/deploy
 - Next Step (b)(5)



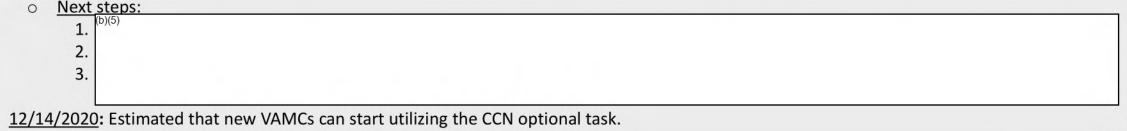


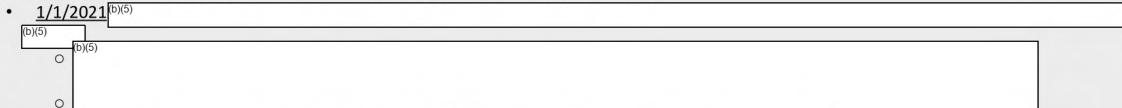
Optional Task #1: **Contracting** Key Decisions (Region 4)

Decisions/Status

Decisions:

- 1. Here is the estimated timeline for the additional TriWest scheduling support in CCN Region 4:
 - <u>12/7 12/11</u>: CCN Optional Task trainings for R4 stations (VAMC staff from stations newly using the CCN scheduling support must participate in the training).





- <u>4/1/2021</u>: New task order must be issued for TriWest scheduling support for the next contract option year.
 - o 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)	
	23





optional lask #1: **Operational** Key Decisions and Risks

On Track in progress

Moderate risk; in progress

Significant risk; mitigation plan not mature

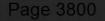
Decisions Needed/Risks (Operations) Cont.

(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





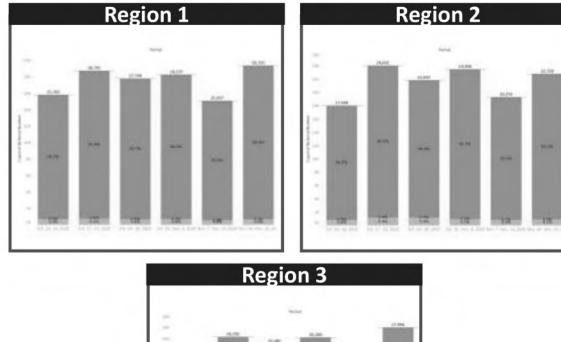


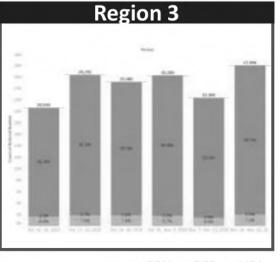
Appendix - R1-R3 Referrals Summary





Region 1-3 Referral Network: Key Observations





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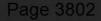
Key Observations & Takeaways

- Region 2 has reached <0.1% PC3 utilization for the first time, while Region 1 & 3 have reached 0.1% PC3 utilization over the last week
 - Regions 1-2 reported more than 95% of total referrals through CCN, remaining consistent with prior weeks
 - Region 3 reported **92.7% of referrals through CCN**
- Dental and Homemaker/Home Health Aid continue to remain at the top categories of care for VCA referral utilization.
 - Region 3 has started to plateau in VCA utilization, remaining within 6.5 to 7.4% over the past month
 - Region 1-2 have slightly decreased in their VCA utilization, remaining within the 3.5% to 4.1% range
- Week of 10/10 and 11/7 data accounts for federal holidays (i.e. Indigenous People's Day/Columbus Day, Veterans Day), which may explain the decrease in referral volumes and slight uptick the following week across all 3 regions

This data was pulled from CDW for Oct. 10 – Nov. 20, 2020.



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Appendix - R4 Referral Monitoring Snapshots





Region 4: Referral Volume Snapshot

	Top Categories of Care			
Region VISN Station#_StationName	R04 71 (All) 7 (All) 7		20 through 11/20 Data pulled from	
the second s	Referrals through: 🗾			
Category of Care	<mark>↓↓</mark> CCN	PC3 VCA	/ Contracts Gra	nd Total
DENTAL	1426		1801	3227
OPTOMETRY	2964	5	2	2971
OFICIVILINI				
	1591	4		1595
PHYSICAL THERAPY ORTHOPEDIC	1591 1505	4 6	81	1595 1592

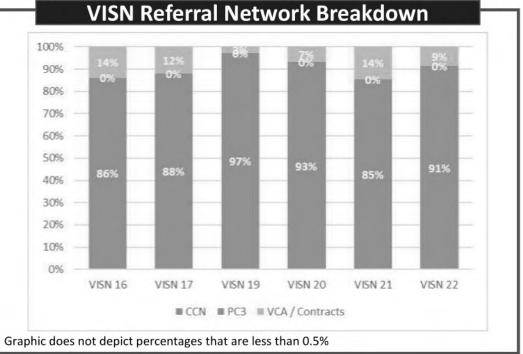
- Referrals generated from the Centralized Authorized Team (CAEC) are not included in this data analysis. For Region 4, this accounted for 412 PC3 referrals. 374 referrals were categorized as "ER/Urgent" and 38 referrals were categorized as inpatient.
- All VISN's PC3 utilization now less than 0.3%.

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- All VISNS had an increase in CCN utilization and decrease in VCA utilization.
 - VISN 21 and VISN 22 had the highest CCN utilization increase of 4% and 3% respectively over the prior week

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

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





Veterans Health Administration

Region 4 VISN 16 Sites: Referral Volume Snapshot

	Top Categories	of Care	
Region VISN Station#_StationName	R04 3 16 3 (All)	_	020 through 11/20/2020 ³ Data pulled from the CD ¹
Category of Care	Referrals through: ↓ CCN	VCA / Contracts	Grand Total
SKILLED HOME HEALTH CARE	14	6	146
DENTAL	1	4 130	144
HOMEMAKER/HOME HEALTH AIDE	9	5	95
NEUROLOGY	6	6	66
OPHTHALMOLOGY	6	2	62

- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 16, this accounted for 83 PC3 referrals.
 - 80 referrals were categorized as "ER/Urgent" and 3 referrals were categorized as inpatient.
- CCN utilization increased slightly by 0.37% over prior week.

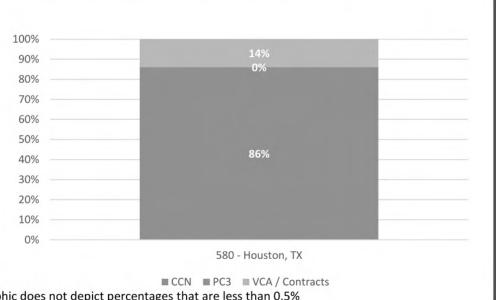
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- Houston has reported concerns with dental network, thus the need for VCAs.
 - In reviewing the data, the majority of top dental VCA providers utilized displays a data integrity issue where address is displayed rather than care site name. R4 team continues to coordinate with Network Support/VCA/TW to match addresses with correct provider names and check on contracting statuses for CCN.

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

VISN Referral Network Breakdown

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



This data was pulled from CDW for November 14-20, 2020.



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7 or less

referrals

Graphic does not depict percentages that are less than 0.5%

Region 4 VISN 17 Sites: Referral Volume Snapshot

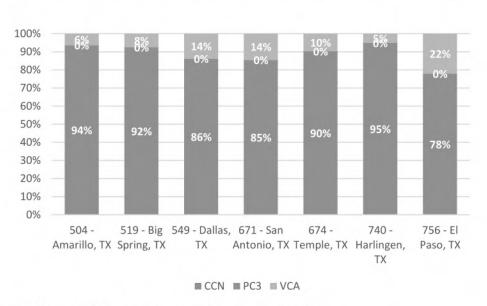
Top Categories of Care					
Region	R04	T 1	1/14/202	20 through 11/20	/2020**
VISN	17 🗾 Data pulled from the C			he CDW	
Station#_StationName	(All)	*			
	Referrals th	rough: 💌			
Category of Care	<mark>↓↓</mark> CCN	P	PC3 VCA	/ Contracts Gra	nd Total
DENTAL		213		662	875
GASTROENTEROLOGY		519	1	5	525
ORTHOPEDIC		464	1	12	477
OPTOMETRY		441		2	443
CARDIOLOGY		405		8	413

- 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%.

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

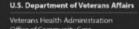
- 1. Dental
- 2. Homemaker/Home Health Aid
- 3. Nephrology
- 4. Veteran Directed Care
- 5. Skilled Home Health Care



VISN Referral Network Breakdown

Graphic does not depict percentages that are less than 0.5%

VA | 😪



This data was pulled from CDW for November 14-20, 2020.

Region 4 VISN 19 Sites: Referral Volume Snapshot

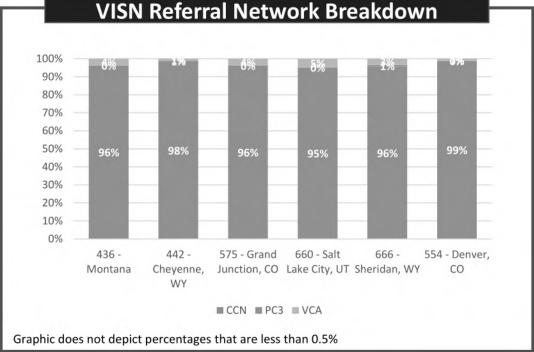
Region	R04 寻	11/1	4/2020 through 1	1/20/20)20**
VISN	19 🗳		Data pulled fr		
Station#_StationName	(All)				
	Referrals through:				
Category of Care	<mark>↓↓</mark> CCN	PC3	VCA / Contracts	Grand	Total
	CO(1			690
OPTOMETRY	690	,			
	273				273
ORTHOPEDIC		3	22		273 265
OPTOMETRY ORTHOPEDIC SKILLED HOME HEALTH CARE PHYSICAL THERAPY	273	3	22		

- **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.

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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



This data was pulled from CDW for November 14-20, 2020.



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Region 4 VISN 20 Sites: Referral Volume Snapshot

	Top Categories of Care
Region	R04 3 11/14/2020 through 11/20/2020**
VISN	20 🛛 🕶 Data pulled from the CDW
Station#_StationName	(All)
	Referrals through: 💌
Category of Care	Referrals through: 🔽 🖵 CCN PC3 VCA / Contracts Grand Total
KONT OPERATE IN THE REPORT OF THE R	
DENTAL	CCN PC3 VCA / Contracts Grand Total
DENTAL ORTHOPEDIC	L CCNPC3VCA / ContractsGrand Total132233365
Category of Care DENTAL ORTHOPEDIC OPTOMETRY CARDIOLOGY	L CCN PC3 VCA / Contracts Grand Total 132 233 365 340 340

- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 20, this accounted for **58 PC3 referrals**.

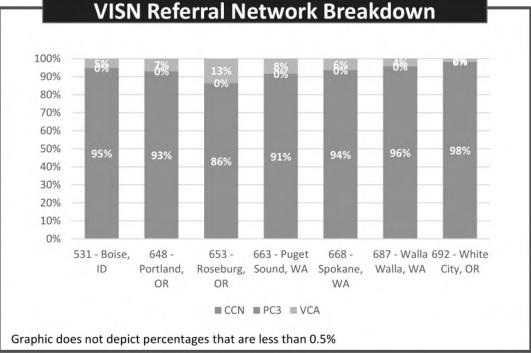
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- 56 referrals were categorized as "ER/Urgent" and 2 referrals were categorized as inpatient.
- Despite still having second highest VCA utilization, Puget Sound continues to increase in CCN utilization (+3%) and decrease in VCA utilization (-4%) this 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



This data was pulled from CDW for November 14-20, 2020.



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Region 4 VISN 21 Sites: Referral Volume Snapshot

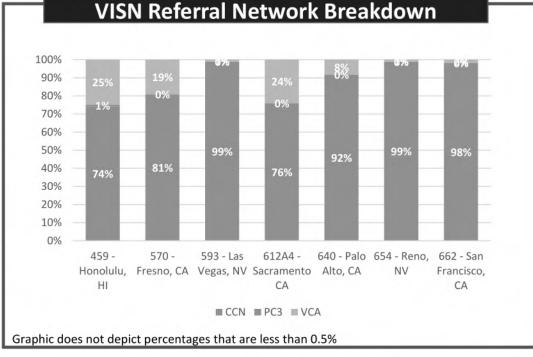
	Top Categories of Ca	re		
Region	R04	T 11/14	/2020 through 11/20	/2020**
VISN	21	7	Data pulled from t	he CDW
Station#_StationName	(All)	*		
	Referrals through	n: 🔻		
Category of Care	<mark>↓↓</mark> CCN	PC3	VCA / Contracts Gra	nd Total
Category of Care DENTAL	<mark>↓↓</mark> CCN	PC3	VCA / Contracts Gra 247	nd Total 614
	<mark>↓↓</mark> CCN			
DENTAL	<mark>↓↓</mark> CCN	367		614
DENTAL OPTOMETRY	<mark>↓1</mark> CCN	367 408 1	247	614 409

- 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%)
 - \circ $\;$ Both sites also report the highest VCA utilization.
 - The R4 team has been in contact with Sacramento to better under the contributing factors for their high VCA utilization
 - HI continues to report staffing challenges.

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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





U.S. Department of Veterans Affairs Veterans Health Asiministration

This data was pulled from CDW for November 14-20, 2020.

Region 4 VISN 22 Sites: Referral Volume Snapshot

	op Categories	of C	are		
Region	R04	. T	1/14/	2020 through 11	1/20/2020**
VISN	22	. T		Data pulled fro	om the CDW
Station#_StationName	(All)	-			
	Referrals thro	ugh 🔽			
Category of Care			PC3 V	CA / Contracts	Grand Total
DENTAL		601		498	1099
OPTOMETRY		1055	3		1058
MENTAL HEALTH		415	1		416
				120	110
HOMEMAKER/HOME HEALTH AIDE		285		128	413

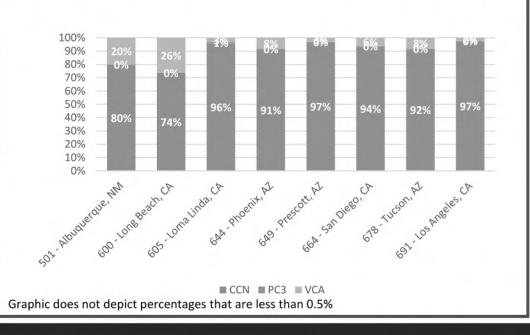
- Referrals generated from the Centralized Authorized Team (CAEC) are not included in this data analysis.
 - For Region 4 VISN 22, this accounted for 115 PC3 referrals
 - 97 referrals were categorized as "ER/Urgent" and 18 referrals were categorized as inpatient.
- Long Beach saw a significant drop of 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.

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- 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%.

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



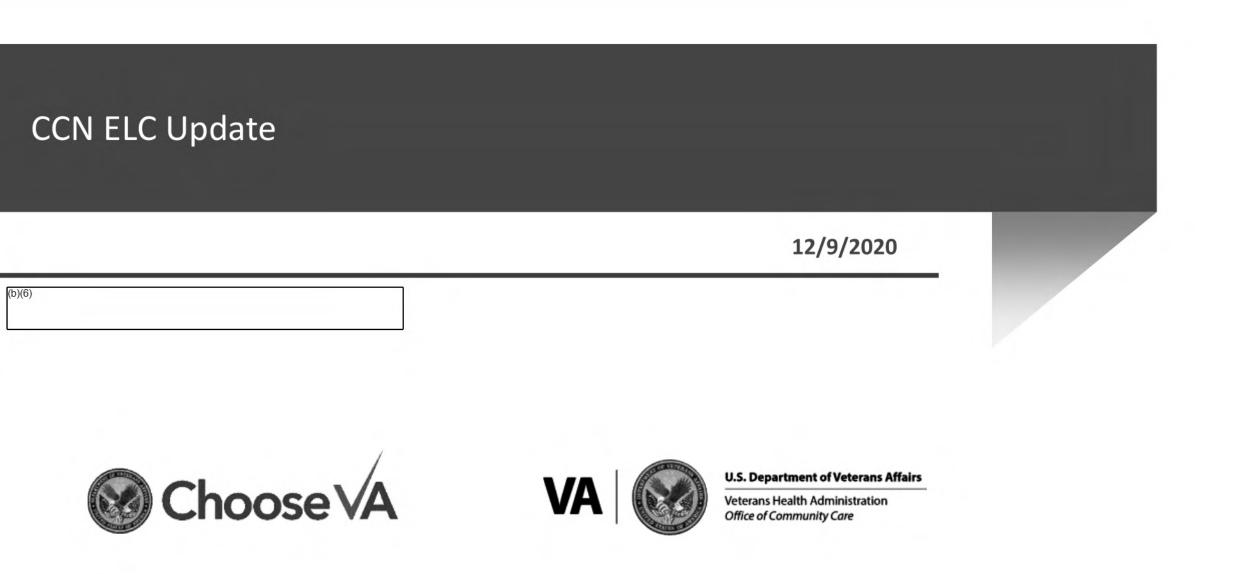
VISN Referral Network Breakdown



U.S. Department of Veterans Affairs

This data was pulled from CDW for November 14-20, 2020.

Veterans Health Administra Office of Community Care Page 3810



Agenda

- Key Items:
 - \circ Pharmacy Updates
 - VA Provider Pharmacy Benefit Immediate Need Formulary Additions
 - E-Prescribing Risk

Region 5 CCN Deployment Alignment Messaging to V20/Alaska HCS

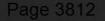
- Regions 4 & 5 Deployment Updates
- R4 Referral Trends

R4 Referral Analysis: Follow-up Items

- Appendix
 - o R1-R3 Referrals Summary
 - R4 Referral Monitoring Snapshots





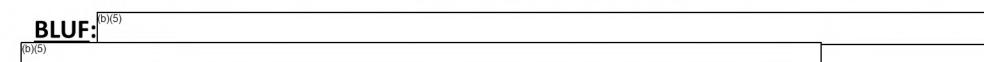


VA Provider Pharmacy Benefit - Immediate Need Formulary Additions





VA Provider Pharmacy Benefit - Immediate Need Formulary Additions



Background

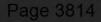
- The formulary for the CCN immediate need retail pharmacy benefit has already been created with approximately 300+ prescriptions related to urgent and emergent needs - <u>Urgent/Emergent Formulary</u>
- VISN 21 providers participating in the VA provider immediate need retail pharmacy pilot have expressed concerns that the current CCN Urgent/Emergent formulary does not include some commonly prescribed medications.

Next Steps

(b)(5)		







E-Prescribing Risk

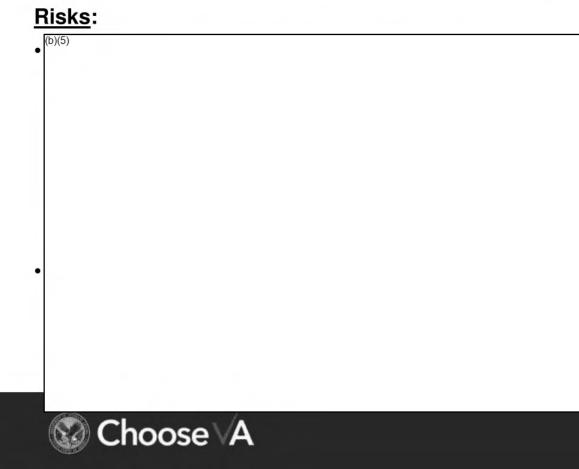




VA e-Prescribing Capability



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.





Additional Data and Next Steps

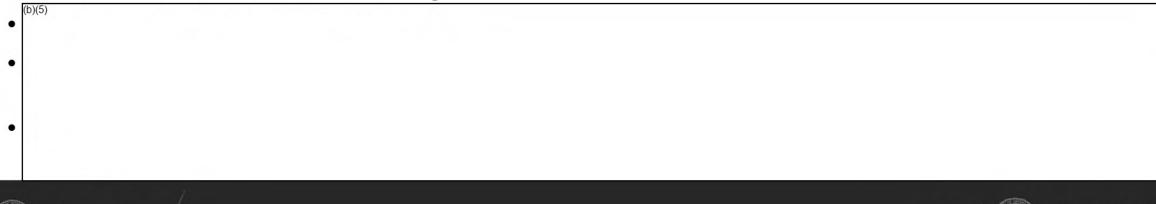
Additional Data:

• 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	

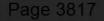
 Number of prescriptions VA providers are sending to retail via the first fill contracts: Unknown – data would have to be asked of each VAMC or VISN

Recommendations/Next Steps:









Region 5 CCN Deployment Alignment Messaging to V20/Alaska HCS





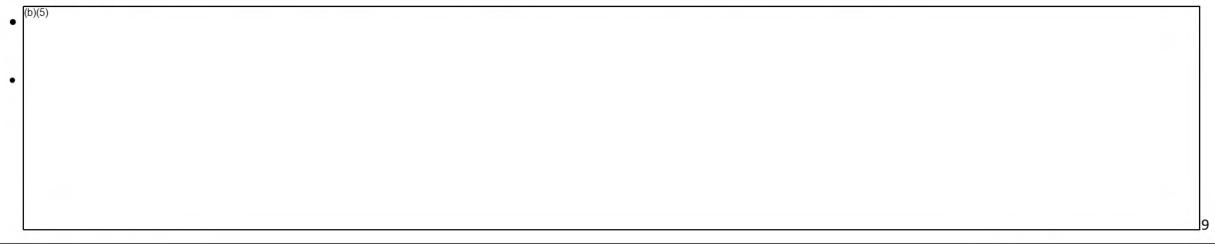
R5 CCN Deployment Alignment Messaging to V20/Alaska HCS



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







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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

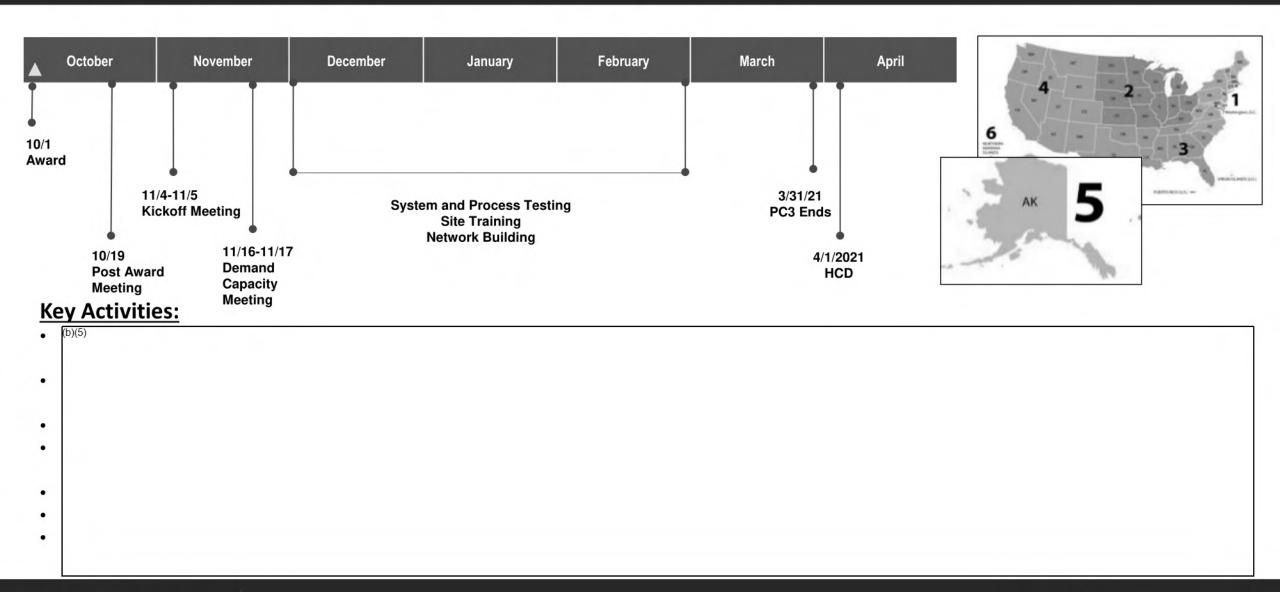








Region 5 Status and Upcoming Activities







U.S. Department of Veterans Affairs

Region 5 Risks/Issues

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





Region 5 Risks/Issues Continued

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





U.S. Department of Veterans Affairs

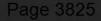
Veterans Health Administratio Office of Community Cove

Region 5 Risks/Issues Continued

Category	Priority	Risks/Issues	Status and Next Steps as of 12/4
Tabletop and Testing	Medium	• ^{(b)(5)}	• (b)(5) •
Tribal Health	Medium		
DAS Transport Funding	Medium	•	• (b)(6) (b)(5) (b)(6) (b)(5) (b)(5)





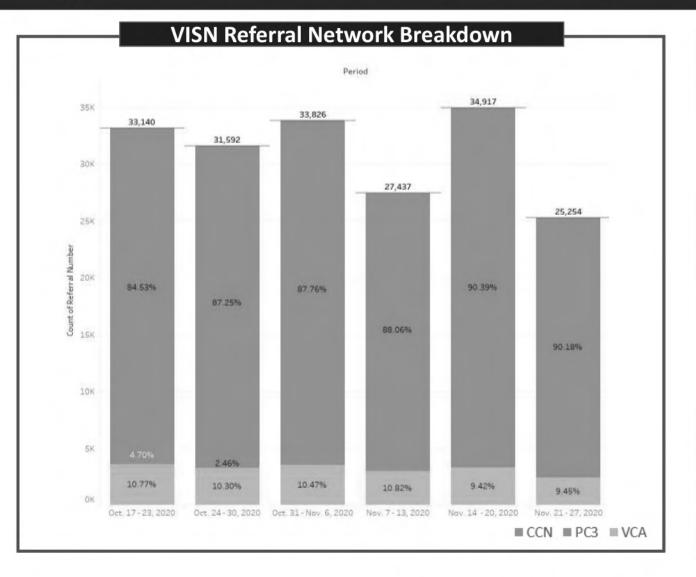


R4 Referral Trends





Region 4: Referral Volume Snapshot



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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.



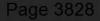
U.S. Department of Veterans Affair

Region 4 Follow-up Items: Updates

Date Identified	Observation	Action	Analysis update	Status
11/18	VISN 21 – Sacramento decreased 18% in its CCN utilization and increased 18% in VCA/Other referrals from the prior week in the following specialties; Neurosurgery (from 18 to 65), Orthopedics (from 0 to 45), and Radiology (from 0 to 21).	R4 Team and VISN 21 BIM are reaching to station for more information	 <u>11/18:</u> VISN 21 BIM is engaging the station to understand the significant CCN utilization decrease and VCA referral increase. <u>11/30:</u> R4 team to continue working with VISN 21 BIM to understand the utilization trend <u>12/3:</u> After further investigation, all the additional referrals were going td^{(b)(6)} a DOD affiliate. 	Close
11/18	VISN 20 – Puget Sound continues to have the highest VCA utilization.	R4 team to research what is contributing to Puget Sound's high VCA utilization	<u>11/30</u> : R4 team to continue working with VISN 21 BIM to understand the utilization trend <u>12/3</u> : In digging into the data, a majority of VCAs were to providers that are in process of being added to CCN. Providers not in process were under the Dental or Dialysis category of care. Close as NM is aware of this gap.	Close





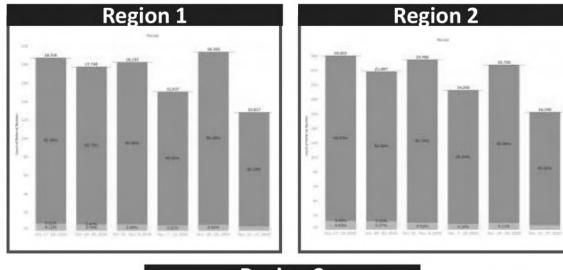


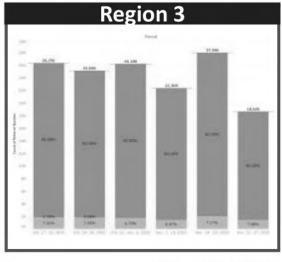
Appendix - R1-R3 Referrals Summary





Region 1-3 Referral Network: Key Observations





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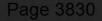
Key Observations & Takeaways

- 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

This data was pulled from CDW for Oct. 17 – Nov. 27, 2020.



Veterans Health Administration Office of Community Care



Appendix - R4 Referral Monitoring Snapshots





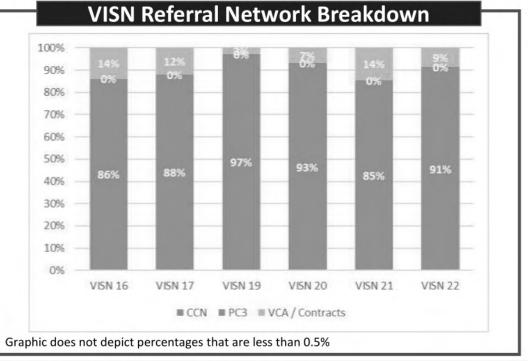
Region 4: Referral Volume Snapshot

	Top Categories of Car			
Region	R04 🜌			
VISN	(All) 👻			
Station#_StationName	(All) 👻]		
	Referrals through: 💌			
Category of Care			VCA / Contracts	Grand Tota
Category of Care DENTAL		РСЗ	VCA / Contracts 1171	
	<mark>↓↓</mark> CCN	PC3	1171	
DENTAL	CCN 973	РСЗ 2	1171 1	2144
DENTAL OPTOMETRY	<mark>↓↓</mark> CCN 973 2064	PC3 2 4	1171 1	2144 2067 1230

- Referrals generated from the Centralized Authorized Team (CAEC) are not included in this data analysis.
 - For Region 4, this accounted for **356 PC3 referrals**.
 - 325 referrals were categorized as "ER/Urgent" and 31 referrals were categorized as inpatient.
- All VISN's utilization percentages remain steady compared to prior week with VISN 20 having the large change of 2% increase in CCN utilization.

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

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





This data was pulled from CDW for November 21-27, 2020.



Veterans Health Administration

Region 4 VISN 16 Sites: Referral Volume Snapshot

Top Categories of Care						
Region	R04	л.				
VISN	16	.T				
Station#_StationName	(All)	-				
Cohoran of Cono	Referrals th		0.02			
Category of Care	↓ CCN		PC3	VCA / Contracts		
DENTAL		20		112	132	
SKILLED HOME HEALTH CARE		106			106	
HOMEMAKER/HOME HEALTH AIDE		74			74	
PHYSICAL THERAPY		50	1		51	
OPTOMETRY		37			37	

- 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.

noose V

- 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.

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

- 1. Dental
- 2. Nephrology +



0%		
0%	15%	
0%	0%	
0%		
0%		
0%		
0%	85%	
0%		
0%		
0%		
0%	and the second	
	580 - Houston, TX	
	CCN PC3 VCA	





U.S. Department of Veterans Affairs

Region 4 VISN 17 Sites: Referral Volume Snapshot

	Top Categories of	Care
Region	R04	r
VISN	17 🗳	r
Station#_StationName	(All)	2
Category of Care	Referrals through:	PC3 VCA / Contracts Grand Tota
DENTAL	15	
GASTROENTEROLOGY	35	9 4 363
OPTOMETRY	31	0 310
ORTHOPEDIC	29	0 8 298
UKIHUPEDIC	25	

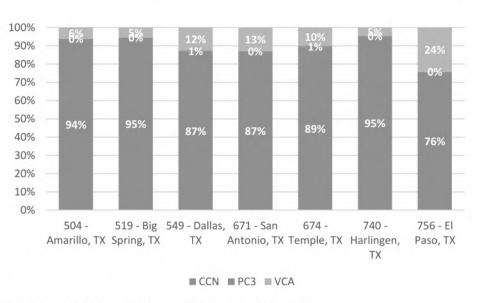
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 17, this accounted for **41 PC3 referrals**.

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- 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.

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



VISN Referral Network Breakdown

Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 21-27, 2020.



U.S. Department of Veterans Affair Veterans Health Administration

Region 4 VISN 19 Sites: Referral Volume Snapshot

	Top Categories of Ca	are
Region	R04 🜌	
VISN	19 🌌	
Station#_StationName	(All) 👻	
	Referrals through: 💌	
Category of Care		PC3 VCA / Contracts Grand Total
Category of Care OPTOMETRY		
		450
OPTOMETRY	CCN 450	PC3 VCA / Contracts Grand Total 450 217 169
OPTOMETRY PHYSICAL THERAPY	CCN 450 217	450

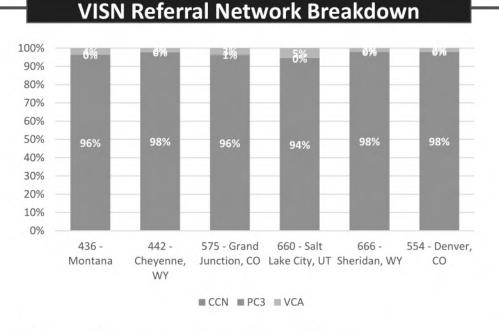
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 19, this accounted for **26 PC3 referrals**.
 - 19 referrals were categorized as "ER/Urgent" and 7 referrals were categorized as inpatient.
- VCA/Other utilization remain 5% or less for all sites.

100se VA

• VISN 19 continues to have the highest CCN utilization and lowest VCA utilization compared to other R4 VISNs.

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



Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 21-27, 2020.



Veterans Health Administration

Region 4 VISN 20 Sites: Referral Volume Snapshot

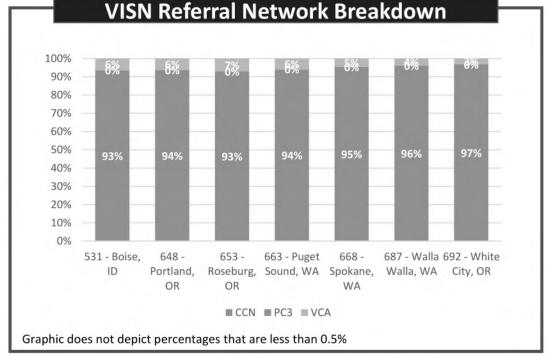
	Top Categories of	Care
Region	R04 🗳	r
VISN	20 🛃	r -
Station#_StationName	(All)	
Category of Care	Referrals through: 🔽	PC3 VCA / Contracts Grand Tota
OPHTHALMOLOGY	295	
ORTHOPEDIC	292	2 29
OPTOMETRY	250	25
CARDIOLOGY	231	1 23
CANDIOLOGI		

- **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.

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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



This data was pulled from CDW for November 21-27, 2020.



U.S. Department of Veterans Affairs

Region 4 VISN 21 Sites: Referral Volume Snapshot

	Top Categories of	Car	e	
Region	R04	r		
VISN Station#_StationName	21 (All)			
Category of Care	Referrals through:	-	VCA / Contracts	Grand Total
DENTAL	30	6	123	429
OPTOMETRY	37	8 2	1	381
PHYSICAL THERAPY	29	0 2		292
ORTHOPEDIC	15	4	55	209
OPHTHALMOLOGY	18	72	2	191

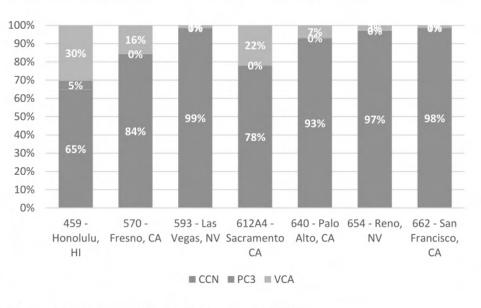
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 21, this accounted for **38 PC3 referrals**.

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- 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.

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



VISN Referral Network Breakdown

Graphic does not depict percentages that are less than 0.5%

This data was pulled from CDW for November 21-27, 2020.



U.S. Department of Veterans Affairs

Region 4 VISN 22 Sites: Referral Volume Snapshot

То	p Categories of C			
Region	R04	Ŧ		
VISN	22	.T		
Station#_StationName	(All)	*		
	Referrals through: 💌			
Category of Care	→ ↓ CCN	PC3	VCA / Contracts	Grand Total
		PC3	VCA / Contracts 361	
DENTAL				689
DENTAL		328		and the second second
Category of Care DENTAL OPTOMETRY MENTAL HEALTH SKILLED HOME HEALTH CARE		328 539		689 639 320

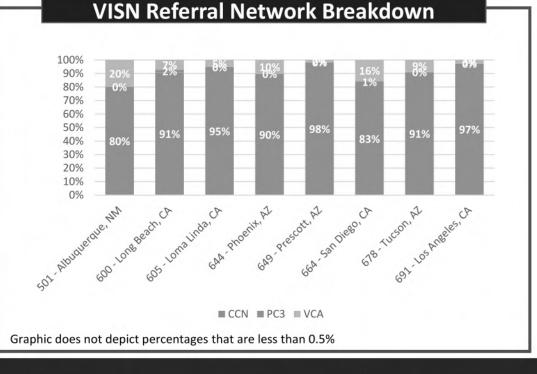
- Referrals generated from the CAEC are not included in this data analysis.
 - For Region 4 VISN 22, this accounted for **81 PC3 referrals**
 - 72 referrals were categorized as "ER/Urgent" and 9 referrals were categorized as inpatient.
- Long Beach CCN utilization bounced back up by **17%** this reporting week.

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- 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.

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



This data was pulled from CDW for November 21-27, 2020.



U.S. Department of Veterans Affair Veterans Health Administration

Region 4 Follow-up Items: Updates

Date Identifi ed	Observation	Action	Analysis update	Status
12/4/20	Dallas, San Antonio and Temple continue to have VCA utilization in the 10-13% range.	R4 team will further dig into the data and work with the field and network management on contributing factors.	12/7 : analysis is ongoing	Open



