

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

June 12, 2023

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

Dear Mr. Mulvey:

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

1. "Records reflecting aggregate totals and percentages for pending and completed appointment wait times and related data, as previously disclosed in summary form at the Veterans Health Administration ("VHA") "Patient Access Data" portal, <https://www.va.gov/health/accessaudit.asp>. The time period for this item is March 1, 2021 to the present records that reflect the requested data on a monthly basis (e.g., total number of scheduled appointments for each month of the requested time period) or per reporting period. If month-by-month or period-by-period data is unavailable, please provide the requested data in the form otherwise maintained by the agency. If responsive records are kept in a CSV or Excel format, please produce the records in their native format.
2. All records concerning the VHA's decision to eliminate proactive disclosure of patient access in nation-wide summary form, as previously available at the "Patient Access Data" portal, <https://www.va.gov/health/access-audit.asp>. The time period for this item of the request is January 1, 2021 to the present.
3. All guidance documents, legal opinions, administrative orders, directives, or policy statements issued by the VA concerning any of the following topics:
  - a. Interpretation of the VCCP regulations and designated access standards, including the agency's method for calculating wait times (e.g., discussion of the difference between "date of request," "patient preferred date," and "clinically indicated date");
  - b. The process by which the VA obtains patient consent to schedule an appointment outside the 20-/28-period established by the VCCP designated access standards;
  - c. Limiting or dissuading veterans from using community care; and
  - d. The impact of the COVID-19 pandemic on administration of the VCCP.

4. All records reflecting communications between or amongst any of the following entities, offices, or components concerning any of the topics listed in Item Three: (a) VHA, (b) VA Office of the Secretary, (c) VA Office of General Counsel, (d) White House Office of Management and Budget, (e) White House Domestic Policy Council, or (f) Office of the White House Counsel.
5. All records concerning congressional requests or inquiries pertaining to any of the topics listed in Item Three. This item includes, but is not limited to, records originating with any Member or entity of Congress, formal agency responses thereto, and internal VA communications regarding the congressional request or inquiry. Searches should be conducted, at a minimum, within the VHA, VA Office of the Secretary, VA Office of General Counsel, and VA Office of Public and Intergovernmental Affairs.”

As noted in our November 19, 2021 letter, also on or around May 28, 2021; fourteen (14) VA Medical Center FOIA Offices received the following requests:

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

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

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

**Consolidation:**

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

**Search Terms:**

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

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

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

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

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

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

Search #4-

3. All guidance documents, legal opinions, administrative orders, directives, or policy statements issued by the VA concerning any of the following topics:
  - b. The process by which the VA obtains patient consent to schedule an appointment outside the 20-/28-period established by the VCCP designated access standards;
4. “All records reflecting communications between or amongst any of the following entities, offices, or components concerning any of the topics listed in Item Three: (a) VHA, (b) VA Office of the Secretary, (c) VA Office of General Counsel, (d) White House Office of Management and Budget, (e) White House Domestic Policy Council, or (f) Office of the White House Counsel.”
5. “All records concerning congressional requests or inquiries pertaining to any of the topics listed in item three. This item includes, but is not limited to, records originating with any Member or entity of Congress, formal agency responses thereto, and internal VA communications regarding the congressional request or inquiry. Searches should be conducted, at a minimum, within the VHA, VA Office of the Secretary, VA Office of General Counsel, and VA Office of Public and Intergovernmental Affairs.”
10. All guidance documents, legal opinions, administrative orders, directives, policy statements, or communications exchanged between the (previously indicated) VA Medical Center hospital and the Veterans Health Administration, VA Office of

General Counsel, VA Office of the Secretary, White House Office of Management and Budget, or White House Domestic Policy Council concerning:

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

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

As noted above, the search terms include:

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

These search terms were applied to the following custodian mailboxes:

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

We processed one hundred fifty (150) pages as non-responsive, and we processed four (4) pages which were withheld in full for this search. Additionally, we processed four hundred and sixty-two (462) responsive pages for this search.

Of these pages, sixty-nine (69) pages consisted of copies of three journal articles: "Veterans' Affairs and Rural Community Providers' Perspectives on Interorganizational Care Coordination: A Qualitative Analysis," and "Comparing VA and Community-Based

Care: Trends in Sleep Studies Following the Veterans Choice Act,” as well as: Veterans’ Experiences with Outpatient Care: Comparing the Veterans Affairs System with Community-Based Care,” from three publishers. It is VA’s position that these articles are not an agency record as they are not in the agency’s control. However, some of the articles are publicly available as indicated below:

The link for the article: “Veterans’ Affairs and Rural Community Providers’ Perspectives on Interorganizational Care Coordination: A Qualitative Analysis,” is available here: [“Veterans Affairs and Rural Community Providers’ Perspectives on Interorganizational Care Coordination: A Qualitative Analysis - Miller - 2021 - The Journal of Rural Health - Wiley Online Library”](#)

Additionally, the link for the article: “Comparing VA and Community-Based Care: Trends in Sleep Studies Following the Veterans Choice Act,” is available here: [Comparing VA and Community-Based Care: Trends in Sleep Studies Following the Veterans Choice Act \(springer.com\)](#)

The third article (“Veterans’ Experiences with Outpatient Care: Comparing the Veterans Affairs System with Community-Based Care”) is not public and is maintained behind a pay wall, the publisher has also not given VA permission to redistribute the article. It is VA’s position that this article is also not an agency record as it is not in the agency’s control.

Furthermore, even if the article was an agency record, VA would withhold release of the article under FOIA Exemption 4, which protects trade secrets and commercial or financial information obtained from a person and privileged or confidential. You can review the abstract of the article at: [Veterans’ Experiences With Outpatient Care: Comparing The Veterans Affairs System With Community-Based Care | Health Affairs.](#)

The Bates numbers for this dataset start at number 4359 and are located at the top center of the pages. The Bates numbering appears on the top center of the documents, any additional numbering that appear are original to the documents.

## Determination:

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

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

Accordingly, Exemption 5 includes the deliberative-process privilege. That privilege covers records reflecting advisory opinions, recommendations, and

deliberations that comprise part of a process by which governmental decisions and policies are formulated. Stated more concretely, the deliberative-process privilege exempts an agency record from disclosure under FOIA if the information it contains is both pre-decisional and deliberative.

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

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

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

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

Thank you for your interest in VA. If you have any further questions, please feel free to contact me at (202) 738-2974) or via email at [darryl.webb@va.gov](mailto:darryl.webb@va.gov).

Sincerely,

*Darryl Webb*

Darryl Webb  
VA FOIA Officer

Enclosures:

**From:** (b)(6)  
**Subject:** REQUEST: VA791-13-D-0054 PC3 | TriWest | TriWest PC3 Portal Extension - 15 Oct 2020  
**To:** @Contract Administration  
**Cc:** (b)(6) (SAC)  
**Sent:** October 15, 2020 6:13 AM (UTC-05:00)  
**Attached:** CCN Deployment and PC3 Overlap Tracker - CO Updated 15 Oct 2020.xlsx

Good Morning TriWest Team,

The Government is requesting Extended TriWest Portal Access for the following sites and to the following end date:

1. The Government is requesting extended TriWest portal access to end 10/23/2020 for the following sites:  
442 - Cheyenne, WY  
666 - Sheridan, WY

The Government is requesting extending the PC3 portal due to CCN network deficiencies.

Please let me know if your team is able to accommodate the requests noted above.

Additionally, just like in the previous portal extension emails, attached you will find an updated "CCN Deployment and PC3 Overlap Tracker - CO Updated 15 Oct 2020" document which highlights (in YELLOW) the affected location with the requested date mentioned above.

As always, let me know if you have any questions regarding this email request or document attached.

Take care TriWest Team!

(b)(6)

Contract Officer

U.S. Department of Veterans Affairs

Office of Procurement, Acquisition and Logistics (OPAL) | Strategic Acquisition Center (SAC)

Work Cell: (b)(6)

(b)(6)@va.gov

***Internal Customer, please tell us how we're doing***

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Region # CCN	Region # PCCC	VISN#	Station Number	VAMC	Deployment Phase	Deployment Date	Initial TriWest Portal End Date	TW Portal Access end date	Decision/Outcome			
2	R01	R1	VISN 1	405	White River Junction, VT	1 (6/26-8/27)	7/29/2019	8/29/2019	Not Extended	(b)(5)			
3	R01	R2	VISN 4	642	Philadelphia, PA	1 (6/26-8/27)	7/29/2019	8/29/2019	Not Extended				
4	R01	R2	VISN 1	518	Bedford, MA	2 (9/12-9/29)	9/17/2019	10/13/2019	Not Extended				
5	R01	R3	VISN 1	523	Boston, MA	2 (9/12-9/29)	9/17/2019	10/13/2019	Not Extended				
6	R01	R3	VISN 1	631	Central Western Massachusetts	2 (9/12-9/29)	9/17/2019	10/13/2019	Not Extended				
7	R01	R5A	VISN 1	650	Providence, RI	2 (9/12-9/29)	9/17/2019	10/13/2019	Not Extended				
8	R01	R5A	VISN 1	689	Connecticut	2 (9/12-9/29)	9/17/2019	10/13/2019	Not Extended				
9	R01	R5B	VISN 4	460	Wilmington, DE	2 (9/12-9/29)	9/17/2019	10/20/2019	Not Extended				
10	R01	R2	VISN 4	595	Lebanon, PA	2 (9/12-9/29)	9/17/2019	10/20/2019	Not Extended				
11	R01	R5A	VISN 1	608	Manchester, NH	2 (9/12-9/29)	9/17/2019	10/27/2019	Not Extended				
12	R01	R5A	VISN 4	503	Altoona, PA	3 (10/17-11/9)	10/29/2019	11/24/2019	12/24/2019				
13	R01	R4	VISN 5	517	Beckley, WV	3 (10/17-11/9)	10/29/2019	11/24/2019	2/22/2020				
14	R01	R2/R1	VISN 4	542	Coatesville, PA	3 (10/17-11/9)	10/29/2019	11/24/2019	12/24/2019				
15	R01	R1	VISN 5	613	Martinsburg, WV	3 (10/17-11/9)	10/29/2019	11/24/2019	2/22/2020				
16	R01	R5A	VISN 4	693	Wilkes-Barre, PA	3 (10/17-11/9)	10/29/2019	11/24/2019	12/24/2019				
17	R01	R1	VISN 4	529	Butler, PA	3 (10/17-11/9)	10/29/2019	12/8/2019	1/9/2020				
18	R01	R4	VISN 5	540	Clarksburg, WV	3 (10/17-11/9)	10/29/2019	12/8/2019	1/9/2020				
19	R01	R2	VISN 4	562	Erie, PA	3 (10/17-11/9)	10/29/2019	12/8/2019	1/9/2020				
20	R01	R4	VISN 5	581	Huntington, WV	3 (10/17-11/9)	10/29/2019	12/8/2019	3/23/2020				
21	R01	R1	VISN 4	646	Pittsburgh, PA	3 (10/17-11/9)	10/29/2019	12/8/2019	1/9/2020				
22	R01	R1	VISN 1	402	Togus, ME	4 (11/10-12/2)	11/19/2019	12/14/2019	1/13/2020				
23	R01	R2	VISN 2	526	Bronx, NY	4 (11/10-12/2)	11/19/2019	12/14/2019	2/13/2020				
24	R01	R1	VISN 2	528	Western New York	4 (11/10-12/2)	11/19/2019	12/14/2019	2/13/2020				
25	R01	R2	VISN 2	561	New Jersey	4 (11/10-12/2)	11/19/2019	12/14/2019	2/13/2020				
26	R01	R4	VISN 2	620	Hudson Valley, NY	4 (11/10-12/2)	11/19/2019	12/14/2019	2/13/2020				
27	R01	R3	VISN 2	630	New York Harbor	4 (11/10-12/2)	11/19/2019	12/14/2019	2/13/2020				
28	R01	R1	VISN 2	632	Northport, NY	4 (11/10-12/2)	11/19/2019	12/14/2019	3/20/2020				
29	R01	R5A	VISN 2	528A5	Canandaigua, NY	4 (11/10-12/2)	11/19/2019	12/14/2019	2/13/2020				
30	R01	R4	VISN 2	528A6	Bath, NY	4 (11/10-12/2)	11/19/2019	12/14/2019	2/13/2020				
31	R01	R1	VISN 2	528A7	Syracuse, NY	4 (11/10-12/2)	11/19/2019	12/14/2019	2/13/2020				
32	R01	R1	VISN 2	528A8	Albany, NY	4 (11/10-12/2)	11/19/2019	12/14/2019	2/13/2020				
33	R01	R2	VISN 5	512	Baltimore, MD	5 (12/3-12/28)	12/10/2019	1/10/2020	3/23/2020				
34	R01	R4	VISN 6	558	Durham, NC	5 (12/3-12/28)	12/10/2019	1/10/2020	4/9/2020				
35	R01	R1	VISN 6	565	Fayetteville, NC	5 (12/3-12/28)	12/10/2019	1/10/2020	3/23/2020				
36	R01	R3	VISN 6	590	Hampton, VA	5 (12/3-12/28)	12/10/2019	1/10/2020	2/10/2020				
37	R01	R1	VISN 6	637	Asheville, NC	5 (12/3-12/28)	12/10/2019	1/10/2020	2/9/2020				
38	R01	R5A	VISN 6	652	Richmond, VA	5 (12/3-12/28)	12/10/2019	1/10/2020	2/10/2020				
39	R01	R4	VISN 6	658	Salem, VA	5 (12/3-12/28)	12/10/2019	1/10/2020	2/10/2020				
40	R01	R3	VISN 6	659	Salisbury, NC	5 (12/3-12/28)	12/10/2019	1/10/2020	4/9/2020				
41	R01	R2	VISN 5	688	Washington, DC	5 (12/3-12/28)	12/10/2019	1/10/2020	3/23/2020				
42	R02	R3	VISN 10	610A4/610	Fort Wayne/Marion, IN	1 (10/7 -12/5)	10/8/2019	11/7/2019	12/21/2019				
43	R02	R4	VISN 23	636/636A4	Omaha/Grand Island, NE	1 (10/7 -12/5)	10/8/2019	11/7/2019	3/17/2020				
44	R02	R3	VISN 23	636A6	Des Moines, IA	1 (10/7 -12/5)	10/8/2019	11/7/2019	2/18/2020				
45	R02	R4	VISN 23	636A8	Iowa City, IA	1 (10/7 -12/5)	10/8/2019	11/7/2019	2/18/2020				
46	R02	R2	VISN 10	538	Chillicothe, OH	2 (12/6 -1/4)	12/10/2019	1/9/2020	3/9/2020				
47	R02	R4	VISN 10	539	Cincinnati, OH	2 (12/6 -1/4)	12/10/2019	1/9/2020	2/8/2020				

	A	B	C	D	E	F	G	H	I	J	K	L	M
48	R02	R4	VISN 10	541	Cleveland, OH	2 (12/6 -1/4)	12/10/2019	1/9/2020	4/9/2020	(b)(5)			
49	R02	R5A	VISN 10	552	Dayton, OH	2 (12/6 -1/4)	12/10/2019	1/9/2020	2/8/2020				
50	R02	R3	VISN 10	583	Indianapolis, IN	2 (12/6 -1/4)	12/10/2019	1/9/2020	4/9/2020				
51	R02	R3	VISN 10	757	Columbus, OH	2 (12/6 -1/4)	12/10/2019	1/9/2020	3/9/2020				
52	R02	R5A	VISN 9	596	Lexington, KY – Leestown	2 (12/6 -1/4)	12/10/2019	1/10/2020	4/9/2020				
53	R02	R3	VISN 9	603	Louisville, KY	2 (12/6 -1/4)	12/10/2019	1/10/2020	3/9/2020				
54	R02	R3	VISN 9	596A4	Lexington, KY – Cooper	2 (12/6 -1/4)	12/10/2019	1/10/2020	4/9/2020				
55	R02	R1	VISN 10	506	Ann Arbor, MI	3 (1/5 -2/3)	1/22/2020	2/21/2020	2/21/2020				
56	R02	R2	VISN 10	515	Battle Creek, MI	3 (1/5 -2/3)	1/22/2020	2/21/2020	2/21/2020				
57	R02	R5A	VISN 12	537	Chicago, IL	3 (1/5 -2/3)	1/22/2020	2/21/2020	2/21/2020				
58	R02	R2	VISN 12	550	Danville, IL	3 (1/5 -2/3)	1/22/2020	2/21/2020	2/21/2020				
59	R02	R4	VISN 10	553	Detroit, MI	3 (1/5 -2/3)	1/22/2020	2/21/2020	2/21/2020				
60	R02	R4	VISN 12	556	North Chicago, IL	3 (1/5 -2/3)	1/22/2020	2/21/2020	2/21/2020				
61	R02	R2	VISN 12	578	Hines, IL	3 (1/5 -2/3)	1/22/2020	2/21/2020	2/21/2020				
62	R02	R3	VISN 12	607	Madison, WI	3 (1/5 -2/3)	1/22/2020	2/21/2020	3/21/2020				
63	R02	R5A	VISN 10	655	Saginaw, MI	3 (1/5 -2/3)	1/22/2020	2/21/2020	2/21/2020				
64	R02	R3	VISN 12	676	Tomah, WI	3 (1/5 -2/3)	1/22/2020	2/21/2020	2/21/2020				
65	R02	R5A	VISN 12	695	Milwaukee, WI	3 (1/5 -2/3)	1/22/2020	2/21/2020	2/21/2020				
66	R02	R4	VISN 23	438	Sioux Falls, SD	4 (2/4 -3/4)	2/19/2020	3/20/2020	3/20/2020				
67	R02		VISN 12	585	Iron Mountain, MI	4 (2/4 -3/4)	2/19/2020	3/20/2020	3/20/2020				
68	R02	R2	VISN 23	618	Minneapolis, MN	4 (2/4 -3/4)	2/19/2020	3/20/2020	3/20/2020				
69	R02	R5A	VISN 23	656	St. Cloud, MN	4 (2/4 -3/4)	2/19/2020	3/20/2020	3/20/2020				
70	R02	R4	VISN 23	437	Fargo, ND	4 (2/4 -3/4)	2/19/2020	4/16/2020	4/16/2020				
71	R02	R3	VISN 23	568	Fort Meade, SD	5 (3/5 -4/9)	3/17/2020	4/16/2020	7/21/2020				
72	R02	R4	VISN 15	589	Kansas City, MO	5 (3/5 -4/9)	3/17/2020	4/16/2020	4/16/2020				
73	R02	R4	VISN 15	657	St. Louis – John Cochran	5 (3/5 -4/9)	3/17/2020	4/16/2020	4/16/2020				
74	R02	R1	VISN 23	568A4	Hot Springs, SD	5 (3/5 -4/9)	3/17/2020	4/16/2020	7/21/2020				
75	R02	R1	VISN 15	589A4	Columbia, MO	5 (3/5 -4/9)	3/17/2020	4/16/2020	4/16/2020				
76	R02	R4	VISN 15	589A5	Topeka, KS	5 (3/5 -4/9)	3/17/2020	4/16/2020	4/16/2020				
77	R02	R3	VISN 15	589A7	Wichita, KS	5 (3/5 -4/9)	3/17/2020	4/16/2020	4/16/2020				
78	R02	R3	VISN 15	598A6	Leavenworth, KS	5 (3/5 -4/9)	3/17/2020	4/16/2020	4/16/2020				
79	R02	R4	VISN 15	657A0	St. Louis – Jefferson	5 (3/5 -4/9)	3/17/2020	4/16/2020	4/16/2020				
80	R02	R4	VISN 15	657A4	Poplar Bluff, MO	5 (3/5 -4/9)	3/17/2020	4/16/2020	4/16/2020				
81	R02	R3	VISN 15	657A5	Marion, IL	5 (3/5 -4/9)	3/17/2020	4/16/2020	4/16/2020				
82	R03	R1	VISN 16	564	Fayetteville, AR	1	1/7/2020	2/6/2020	6/8/2020				
83	R03	R2	VISN 8	675	Orlando, FL	1	1/7/2020	2/6/2020	6/19/2020				
84	R03	R1	VISN 16	598	Central Arkansas, AR	2	5/19/2020	7/17/2020	8/21/2020				
85	R03	R4	VISN 7	544	Columbia, SC	2	5/19/2020	7/17/2020	7/17/2020				
86	R03	R5A	VISN 9	614	Memphis, TN	2	5/19/2020	7/17/2020	8/21/2020				
87	R03	R3	VISN 9	626A4	Murfreesboro, TN	2	5/19/2020	7/17/2020	8/21/2020				
88	R03	R3	VISN 9	626	Nashville, TN	2	5/19/2020	7/17/2020	8/21/2020				
89	R03	R3	VISN 16	629	New Orleans, LA	2	5/19/2020	7/17/2020	9/18/2020				
90	R03	R5A	VISN 16	667	Shreveport, LA	2	5/19/2020	7/17/2020	9/11/2020				
91	R03	R4	VISN 7	679	Tuscaloosa, AL	2	5/19/2020	7/17/2020	8/21/2020				
92	R03	R6	VISN 16	502	Alexandria, LA	3	6/16/2020	7/17/2020	7/17/2020				
93	R03	R5A	VISN 7	508	Atlanta, GA	3	6/16/2020	7/17/2020	9/4/2020				
94	R03	R4	VISN 7	509	Augusta, GA	3	6/16/2020	7/17/2020	8/21/2020				
95	R03	R2	VISN 8	516	Bay Pines, FL	3	6/16/2020	7/17/2020	7/17/2020				
96	R03	R1	VISN 16	520	Biloxi, MS	3	6/16/2020	7/17/2020	9/4/2020				
97	R03	R5A	VISN 7	521	Birmingham, AL	3	6/16/2020	7/17/2020	8/21/2020				
98	R03	R3	VISN 7	619	Central Alabama	3	6/16/2020	7/17/2020	8/21/2020				
99	R03	R1	VISN 7	534	Charleston, SC	3	6/16/2020	7/17/2020	9/4/2020				
100	R03	R4	VISN 7	557	Dublin, GA	3	6/16/2020	7/17/2020	7/17/2020				



# Consult Standardization & Community Care COVID 19- Testing Consult

Project Overview

(b)(6)

Office of Community Care CHIO



**Choose VA**

**VA**



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

Veterans Health Administration  
Office of Community Care

# Consult Standardization Overview

The goal of the project is to improve Veteran access to timely, clinically appropriate care by standardizing the templates used to request community care (CC) services

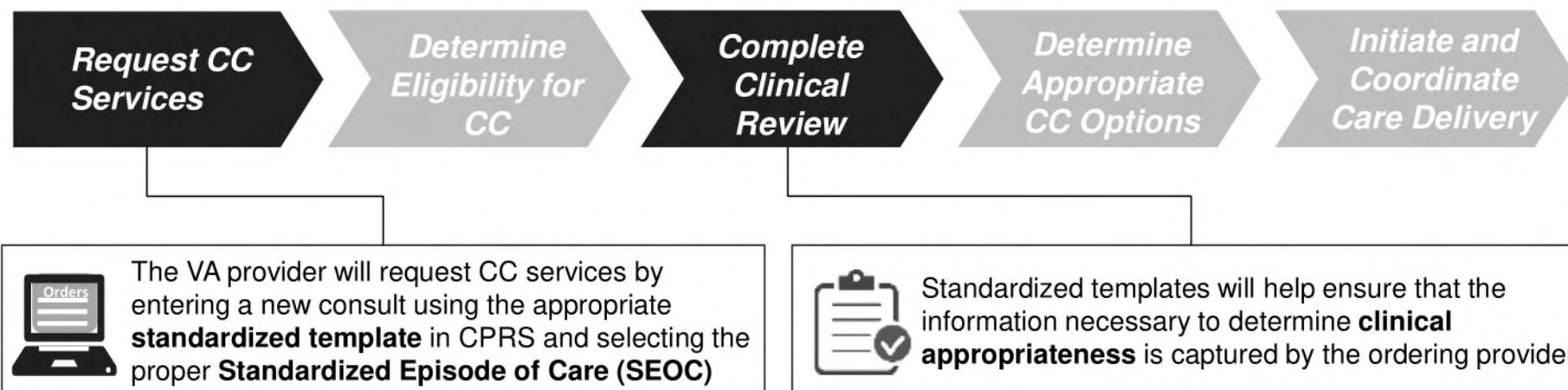
## Background

- Consults with missing or incomplete documentation may be Cancelled/Denied and returned to the provider requesting additional information
- Lack of standardization creates inefficiencies, re-work, and delays in care delivery

## Objective

- Develop standardized templates in CPRS that capture the information necessary to determine clinical appropriateness when a request for community care services is initiated

## Community Care Process Flow



# SEOC Overview

## SEOC Definition



- Standardized Episode of Care (SEOC) is a **nationally standardized VA health policy** made up of a pre-approved bundle of services and procedures that relate to a specific category of care or sub-specialty
- A SEOC is comprised of a **clinical and coding profile** to drive consistency in the community care approval, care delivery, and reimbursement processes
- **Key elements:** SEOC title, version number, duration/frequency, and list of authorized services

## Intended Purpose



- The goal for SEOCs is to improve the **timeliness** of quality care provided to Veterans in the community, and to drive **consistency** in the referral and authorization process across all VAMCs
- SEOCs aim to relieve the administrative burden on VA staff and community providers while also providing Veterans a superior experience when they are referred outside VA facilities
- SEOCs are stored in the SEOC Database and are attached to referrals to authorize care in the community

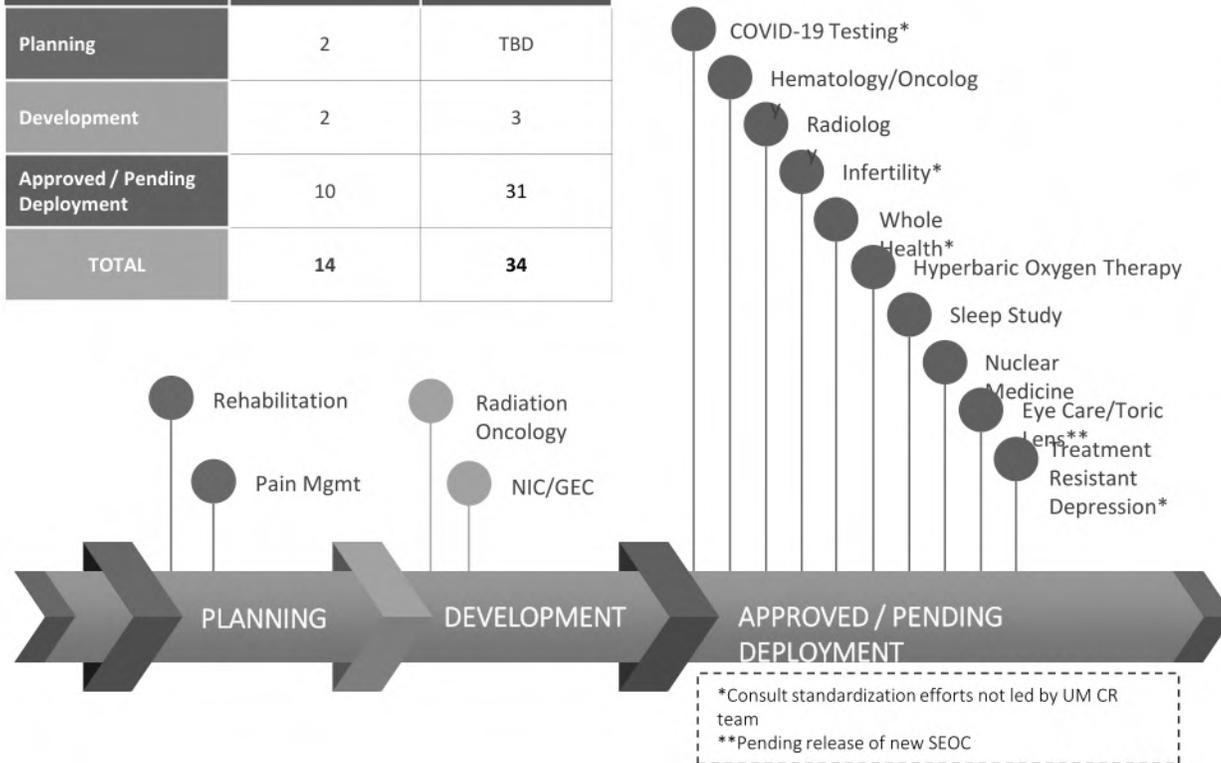
## Benefits of Using SEOCs



- **Improve Access:** Allow providers to select pre-approved bundles of services which will improve the continuity of care for Veterans
- **Reduce Administrative Burden:** Reduce the frequency of Request for Service (RFS), previously known as Secondary Authorization Request (SAR)
- **Streamline Stakeholder Communication:** Provide clear and standardized guidance on what services will be reimbursed, thereby improving communication between VA and providers

# UM – Clinical Review: Consult Standardization Current Status

Status by Phase	# of Categories of Care	# of Templates
Planning	2	TBD
Development	2	3
Approved / Pending Deployment	10	31
<b>TOTAL</b>	<b>14</b>	<b>34</b>



Status by Category of Care	# of Templates	VA Approver	Release Date (Estimated)
Rehab	TBD	TBD	TBD
Pain Mgmt**	TBD	TBD	TBD
Rad Onc	2	(b)(6)	6/1/2020
NIC/GEC	1		TBD
COVID-19*	1		4/10/2020
Hem/Onc	1		4/15/2020
Radiology	6		4/15/2020
Infertility*	3		4/15/2020
HBOT	1		5/4/2020
Whole Health*	7		6/1/2020
Sleep Study	3		6/1/2020
Nuc Med	7		6/1/2020
Eye/Toric Lens**	1	6/1/2020	
TRD*	1	6/1/2020	

# COVID-19 Testing Consult

## Overview of New Community Care Template

(b)(6)

Office of Community Care CHIO



**Choose VA**

**VA**



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

Veterans Health Administration  
*Office of Community Care*

# Summary



## *Background*

- Office of Community Care (OCC) is deploying a new consult specific to **COVID-19 Testing**
- The new template is part of a broader OCC effort to implement standardized consults and Standardized Episodes of Care (SEOC) across all categories of care



## *Purpose*

- The new consult will facilitate tracking of COVID-19 testing referrals to the community



## *Approach*

- The new consult template will be released via 10N Memo in the next week
- Clinical Application Coordinator (CAC) at every facility must implement the new template once the memorandum is released.
- The new template should be used in conjunction with the Laboratory and Pathology SEOC.
- The technical set up guide for this consult can be found in the Specialty Programs Section 1.3 in the Office of Community Care Field Guidebook.

# COVID-19 Testing Template

The new template consists of the 5 mandatory OCC fields and specifies the requested lab test: 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel

Template: COMMUNITY CARE-COVID 19 TESTING

Justification for Community Care: \*

Type of Service: \*  
(If diagnostic or treatment option is selected a procedure entry is required)

Chief Complaint: \*

Patient History / Clinical Findings / Diagnosis (Co-Morbidities):  
(Include Relevant Dx Test and Treatment to Date)

Third Party Liability: (Examples: Motor Vehicle Accident, Work Related Injury, Other)  
\*  Yes  No

LAB TEST:  
Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel

\* Indicates a Required Field    Preview    OK    Cancel

**Field Descriptions**

1. Justification for Community Care\*
2. Type of Service\*
3. Chief Complaint\*
4. Patient History\*
5. Third Party Liability\*
6. Lab test requested

*\*Mandatory OCC field*

# Community Care Consult Justification Reasons

(b)(6)



**Choose VA**

**VA**

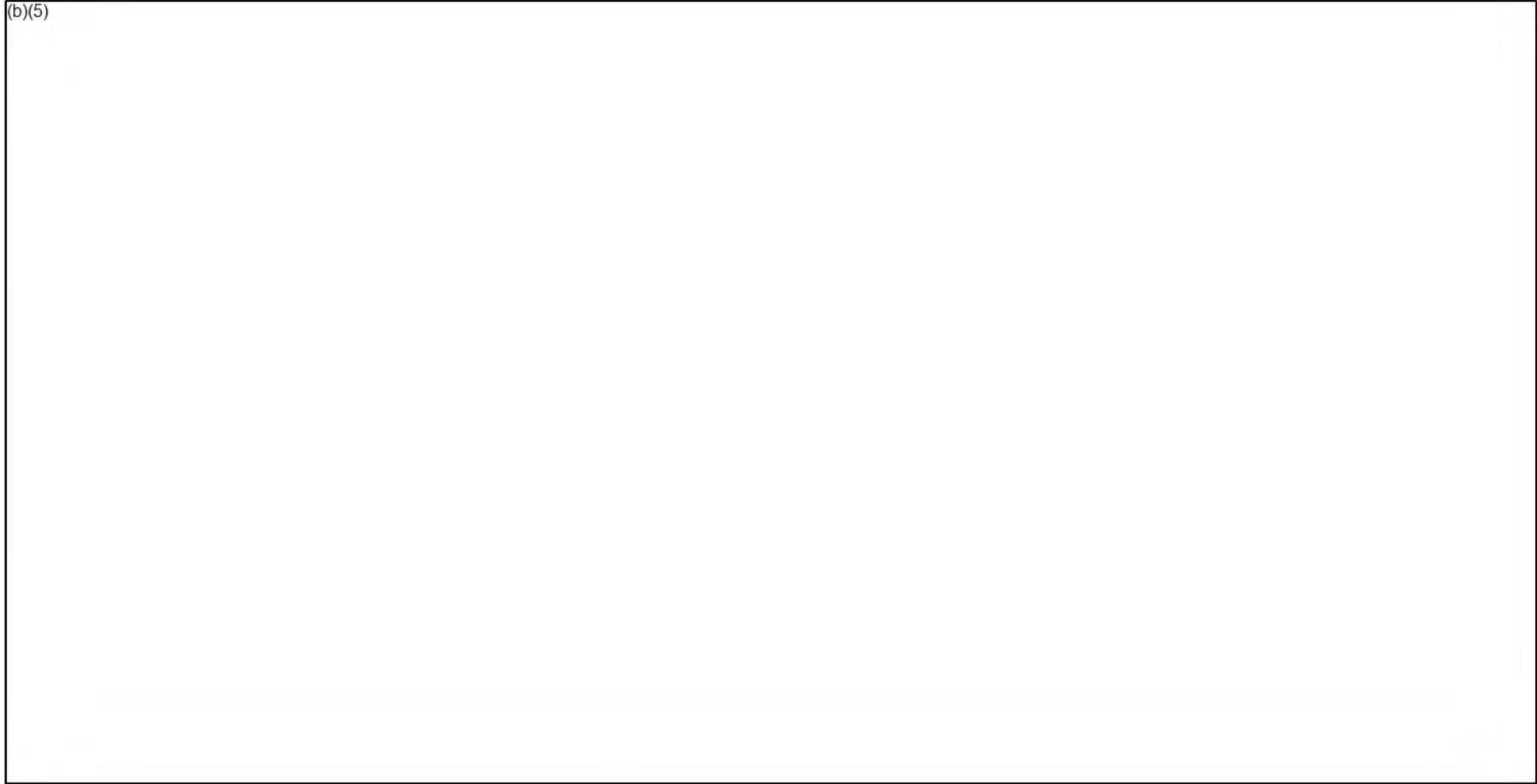


**U.S. Department of Veterans Affairs**

Veterans Health Administration  
*Office of Community Care*

# Community Care Consult Justification Reasons

(b)(5)



# Community Care Consult Justification Reasons

Template: Generic v6.2

Justification for Non VA Care:

\* [Dropdown Menu]

BMI-Hardship

T BMI-per episode of care [Dropdown Menu]

(No Full Service VA in State is selected a procedure entry is required)

(Service not available

1703(e) Eligibility

Chief Complaint: \*

Patient History / Clinical Findings / Diagnosis (Co-Morbidities):  
(Include Relevant Dx Test and Treatment to Date)

\* [Text Area]

Third Party Liability: (Examples: Motor Vehicle Accident, Work Related Injury, Other)

\*  Yes  No

Has Veteran agreed to be seen in the community?

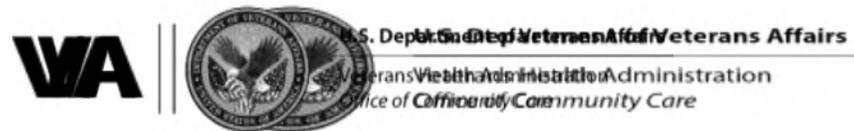
\*  Yes  No

\* Indicates a Required Field

Preview OK Cancel

# Appointment Scheduling Management Update

(b)(6)



## Appointment Scheduling Management Update

- Scheduling guidance published in the 10N Memo titled “Outpatient Clinic Appointment Scheduling Management in Response to COVID-19 Pandemic” dated March 22, 2010 has been updated.
- Earlier guidance required all appointments, cancelled due to COVID 19, to be cancelled by “patient” unless the provider was unavailable, at which time the appointment was cancelled by “clinic”.
- This has been changed. Moving forward, Community Care scheduling staff should follow regular business rules outlined in VHA Directive 1230.
  - **Appointments should be “cancelled by patient” when a patient originates the cancellation request.**
  - **Appointments should be “cancelled by clinic” if the appointment is cancelled by the clinic (i.e. community provider), not the Veteran.**

**Department of  
Veterans Affairs****Memorandum**

Date: April 1, 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subject: Update to COVID-19 Scheduling Instructions

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)

1. The purpose of this memorandum is to update scheduling instructions published in the 10N Memorandum titled "Outpatient Clinic Appointment Scheduling Management in Response to COVID-19 Pandemic" dated March 22, 2020.
2. Paragraph 4 addresses appointment cancellations. Previous guidance required all appointments, cancelled due to COVID19, to be cancelled by "patient" unless the provider was unavailable, at which time the appointment was cancelled by "clinic".
  - a. Moving forward, facility schedulers should use previous scheduling guidance outlined in the business rules in VHA Directive 1230 - Outpatient Scheduling Processes and Procedures, which states:
    - i. Appointments are "cancelled by patient" when a patient originates the cancellation request.
    - ii. Appointments are "cancelled by clinic" if the appointment is cancelled by the clinic, not the patient.
  - b. The procedure for identifying appointments cancelled due to COVID-19 and/or the conversion of face-to-face to virtual appointment for reporting purposes is outlined in the document titled Scheduler Instructions COVID -19 remains unchanged. See Attachments A and B for further detailed information.
  - c. Training information will be updated in TMS (VA# 41376) and communicated in field calls.
3. Updated instructions include the scheduling and management of appointments related to a provider conducting a traditional Clinical Video Telehealth (CVT) appointment while teleworking from home due to COVID19.
  - a. Co-payment fees for Clinical Video Telehealth appointments have been waived during the COVID19 pandemic when the provider is teleworking from home.
  - b. An appointment that requires a partial clinical exam with the Veteran in the clinic while the provider is teleworking from home, are converted to a video appointment and appointed in a VVC clinic, secondary stop code 179.
  - c. Specific scheduling instructions are outlined in Attachment A.

Page 2

Subj: Update to COVID-19 Scheduling Instructions

4. Should you have questions or comments regarding this guidance, please contact the Office of Veterans Access to Care by sending an email to VHA 10NG Actions or (b)(6) National Scheduling Program Manager by sending an email to (b)(6)@va.gov. Questions related to telehealth scheduling should be directed to the Office of Connected Care/Telehealth (b)(6)

(b)(6) National Telehealth Scheduling Lead at (b)(6)  
@va.gov.

(b)(6)

for  
(b)(6)

Attachments

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(b)(6), National Telehealth Scheduling Lead at (b)(6)  
@va.gov.

(b)(6)

for

(b)(6)

Attachments

## Scheduler Instructions COVID-19 Pandemic - Management of Appointments

**Updates: Section I appointment cancellations: the appointment cancellation reason (by patient or clinic) effective 3/30/2020. Appointments that have already been cancelled using the earlier classification process outlined in the March 22, 2020 version of Appendix A will not require adjustments and can be left in the present status. Section VII - Providers Teleworking Due to COVID 19 is new. Scheduling staff are to incorporate COVID19 scheduling updates provided in this document.**

Please note:

- The scheduling guidance provided is strictly for appointment management during this pandemic. Additional updates may be necessary as the situation evolves.
- *The scheduling guidance provided is strictly for appointment management related to cancelled appointments due to concerns about coronavirus during this pandemic. Veterans who have non-urgent or "Non-time-sensitive" appointments and are concerned about exposure to coronavirus may choose telephone appointments, and/or VA telehealth options or postponing those appointments and rescheduling their care for a later date. Veterans with additional questions should contact their provider or VA medical center.*

*Specific scheduling direction is provided below.*

- I. It is important during this pandemic that all appointments that should be canceled due to COVID19 are canceled and documented appropriately to ensure appropriate follow-up occurs. Appointment Cancellations (not associated with conversion to virtual appointment)

A. Cancel by Patient:

1. Cancellation Reason: Unable to Keep Appointment and enter COVID19 in the remarks section
2. Scenarios:
  - i. Veteran contacts the medical center to cancel their appointment and/or reschedule due to illness or to avoid public areas
  - ii. Veteran completes a COVID19 screen on the phone and a mutual decision is made to cancel the appointment and reschedule to either a later date or a virtual appointment.
3. Management of the Appointment: Please refer to patient cancellation scheduling business rules whether associated with a consult or not. Modifications related to COVID 19 are as follows:
  - i. Clinical input to the return date may be required based on the clinical scenario.
  - ii. Routine appointments may be rescheduled out into the future (or entered in the recall reminder software if agreed on with the Veteran) without clinical input (i.e. 3 months out, etc. based on COVID19 preparedness and local plan).
    - Indicate the old PID and COVID 19 in the new appointment comments

- iii. Each clinic team should develop a plan on which scenarios will require provider input on the rescheduling date and how this is communicated between clinical and scheduling staff and documented as appropriate.

B. Cancel by Clinic:

1. Cancellation reason: Select clinic cancelled or most appropriate reason and enter COVID19 in the remarks section.
2. Scenario:
  - i. The provider is unavailable.
  - ii. Veteran completes a COVID19 screen at the VA facility and a mutual decision is made to cancel the appointment and reschedule to either a later date or a virtual appointment.
  - iii. The provider is teleworking due to COVID19 and the face-to-face appointment is converted to virtual.
  - iv. The appointment is related to an elective procedure that has been rescheduled due to COVID19.

C. Beneficiary Travel:

A disconnect may occur if Veteran shows up for appointment without awareness that appointment has been cancelled. In that case, benefit of doubt should be provided for the Veteran and beneficiary travel mileage paid during period of national emergency (per Veterans Transportation Program Office (10NF) and Beneficiary Travel).

D. Management of the Appointment:

1. Clinical input to the return date may be required based on the clinical scenario. Each clinic team should develop a plan on which scenarios will require clinician input on the rescheduling date, the provider type, and how this is communicated between clinical and scheduling staff and documented as appropriate.
2. Enter COVID19 in the rescheduled appointment comments for appointments that are scheduled out into the future.
3. When the appointment is associated with a consult, the new return date will be entered in the consult comments after clinical review by provider.

II. Management of Consults

- A. Consults in an unscheduled status are to be clinically reviewed/triaged for urgency. The clinician will indicate the most appropriate modality, and timeframe to schedule the appointment in the consult comment section.
- B. Scheduled consults with a linked appointment that has been cancelled and not rescheduled due to Veteran preference will remain in an active status. The clinician will enter timeframe to schedule the appointment in the consult comment section.
- C. Consults are **not** be cancelled, edited, and resubmitted with a new PID due to COVID.

D. Consults are **not** to be discontinued.

E. A consult may be completed virtually (telephone, video, etc.). The provider will ensure appropriate documentation.

III. Converting Face-to-Face Appointment to Virtual – Grid Management

(Note: Virtual modality clinic must have availability each day and the ability to overbook)

A. Same Day Appointment Conversion – Use Provider Schedule or Clinic Group View in VS GUI to see the clinics side by side

1. Maintain the face-to-face appointment in the clinic grid.
  - i. Do not cancel until the end of the day or after the virtual appointment
2. Schedule the virtual visit in the appropriate clinic 1 minute after the face-to-face clinic appointment.
  - i. Overbook in the VVC clinic if the provider does not have the grid open at the time the appointment is to be scheduled. (Please ensure the clinic profile allows for overbooks and scheduling staff can overbook).
3. VA Video Connect Visit (VVC): Enter #VVC# into the appointment comments. Example: Face to face appointment is 10am. The VVC appointment is scheduled at 10:01am and #VVC# is entered in the appt comments. Please ensure the clinic profile allows for overbooks and scheduling staff can overbook in the clinic.
4. Telephone Visit: The telephone appointment is scheduled at 10:01am. Enter #TELE# into the appointment comments. Please ensure the clinic profile allows for overbooks and that scheduling staff can overbook in the clinic.
5. **At the end of the day or after the virtual visit, the scheduler cancels the face-to-face appointment.** Use cancellation business rules outlined in part I.
  - i. Was the appointment converted to VVC: Appointment cancellation reason is other, enter #VVC# COVID19
  - ii. Was the appointment converted to telephone: Appointment cancellation is other, enter #TELE# COVID19
6. Staff may elect to cancel the face-to-face appointment, block the appropriate appointment slot, and schedule an appointment in the corresponding virtual clinic using appropriate comments as outlined in this document.

B. Appointment Converted for a Different Day – Use Provider Schedule or Clinic Group View in VS GUI to see the clinics side by side. (Note: Virtual modality clinic must have availability each day and the ability to overbook)

1. Cancel the face-to-face appointment.
  - i. Cancellation reason is “other” enter #VVC# COVID19 or #TELE# COVID19, depending on which virtual modality is to be used. Use cancellation business rules outlined in part I.
2. Schedule the virtual visit

## i. Scenarios

- a) Patient agrees to time slots dedicated to the Telephone or VVC clinic(s)
  - Schedule the appointment
  - Indicate in the appointment comments #VVC# or #TELE# dependent on the virtual modality used.
- b) Patient wants an appointment time available **outside** of dedicated VVC or telephone care.
  - Scheduler contacts staff member responsible for clinic cancellation (scheduling supervisor, clinic profile manager, etc., as appropriate) to block the open face-to-face time slots.
  - Appointment is “overbooked” in Telephone or VVC clinic at the time the face-to-face appointment slot is blocked
  - It is critical for designated staff to be responsive to the scheduler at the time of the request and that the **formal electronic grid cancellation process (LEAF, SharePoint, etc.) should be overridden for appointment management unique to the COVID 19 virus outbreak.** The facility must develop appropriate communications strategies to coordinate between the scheduler and staff blocking the clinic grid.
  - It is critical to ensure timely coordination of the blocking of the open face-to-face clinic slot with the scheduling of the VVC appointment.

## IV. Blocking of Clinic Schedule Specific to COVID-19 Pandemic:

- A. Face-to-face appointments cancelled due to COVID 19 and rescheduled to a virtual visit may be blocked to avoid overbooking. In cases where the face-to-face visit is cancelled and rescheduled to a virtual appointment on the same day and time, the face-to-face clinic may be cancelled after the virtual visit. See section II A.
- B. Clinics unable to meet the demand of blocking a clinic slot to convert a face-to-face appointment to virtual visit (held on a separate days) using existing staff, may elect to designate additional staff to block clinic schedules without going through the electronic grid cancellation process (LEAF, SharePoint, etc.).

## V. To ensure capture of face-to-face to virtual visit for reporting purposes at any time (not specific to COVID-19):

- A. Face-to-face appointment cancellation reason is Other and enter #VVC# or #TELE#
- B. Rescheduled Virtual Visit must include #VVC# or #TELE# in the appointment comments.
- C. Face-to-face appointments converted to VVC or Telephone visits are tracked in VSSC when the process described above is followed. Both the cancelled and rescheduled appointment must be tagged appropriately. The report is the called the VA Video

Connect (VVC) Recovery Report. All appointments cancelled due to COVID19 is also available as a sub report. Link:

[https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fAccess%2fAppointment+-+VA+Video+Connect+\(VVC\)+Recovery&rs:Command=Render](https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fAccess%2fAppointment+-+VA+Video+Connect+(VVC)+Recovery&rs:Command=Render)

- D. The EWL is not to be used as a holder for consults or appointments waiting to be rescheduled. The VSSC report is designed to track appointments cancelled related to COVID 19 and associated consults. Providers will enter COVID19 and the reschedule date into the consult comments and maintain an OPEN consult which will be tracked in the VSSC report.

#### VI. Provider Generated Video Visit

There are a few instances where a provider has no access to scheduling staff and there is an urgent need to generate and conduct a video visit. In such times, the provider may utilize the Virtual Care Manager 'ad hoc/now' feature to generate a video link and conduct a virtual visit. Scenarios include:

1. A Veteran calls into emergency room, urgent care, clinical call center and requires a video visit.
2. A clinician is speaking with the Veteran on the telephone. It is decided that an urgent video visit would be clinically indicated.

#### VII: Providers Teleworking Due to COVID 19.

- A. All face-to-face appointments converted to video due to the clinician teleworking related to COVID19 are to be "cancelled by clinic" and rescheduled into the VA Video Connect (VVC) clinic, secondary stop code 179. An appointment that requires a partial clinical exam with the Veteran in the clinic while the provider is teleworking from home, are converted to a video appointment and appointed in a VVC clinic.
- B. All appointments cancelled due to COVID19 must include "COVID19" in the appointment cancellation remarks.
- C. COVID19 and #VVC# is entered in the face-to-face appointment cancellation remarks and #VVC# is entered in the rescheduled VVC appointment comments.
- D. Co-payment fees for Clinical Video Telehealth appointments have been waived during the COVID19 pandemic when the provider is teleworking from home.

Please note that the scheduling guidance provided is strictly for appointment management during this pandemic. Additional updates may be necessary as the situation evolves.

**Attachment B**

3/31/2020

**Updates: new Section Clinician Teleworking Related to COVID19**

- Providers Teleworking Due to COVID 19 is new. Scheduling staff are to incorporate COVID19 scheduling updates provided in this document.

## **COVID 19 Appointment Management Notice for Providers**

Due to the nature of the COVID pandemic, the VA has instituted the use of virtual care modalities for both Veterans and staff in lieu of face to face (f2f) appointments to mitigate the potential surges in healthcare demand and reduction in workforce capacity due to illness, isolation, or quarantine. It is important that all clinicians provide clinical guidance for treatment or appointment change as necessary, communicate with team, including scheduler, and document reason for changes due to COVID19 appropriately. The goal is to convert f2f appointments to virtual care (e.g. telephone visit, virtual visit) appointments, ideally to be done at the same date/time as the previously scheduled f2f visit, to prevent massive cancellations and to maintain clinical care where appropriate.

Appointments cancelled and face-to-face appointments converted to virtual visits will be marked using COVID19 in the appointment comments. Technical details on how this is accomplished, and management of the clinic grid is available in the document "Schedulers Instructions COVID-19 Pandemic - Management of Appointments". The appointments cancelled using the COVID19 comment are tracked in VSSC.

### **Management of Consults**

Consults originally associated with a f2f visit may be completed virtually (telephone, video, etc.). The provider will ensure appropriate documentation. Scheduled consults with a linked appointment that has been cancelled due to COVID19 that not rescheduled due to Veteran preference will remain in an active status. The clinician will enter the timeframe to schedule the appointment in the consult comment section. Consults that are in an unscheduled status are to be clinically reviewed/triaged for urgency. The clinician will indicate the most appropriate modality, and timeframe to schedule the appointment in the consult comment section. A few other points:

- A. Consults are not be cancelled and resubmitted to enter a new PID due to COVID.
- B. Consults are not to be discontinued.

### **Transferring to a Virtual Modality of Care**

Virtual care modalities may include but are not limited to: VA Video connect, Telephone visits, etc. Clinical capacity of health professionals who fall under the tier 1 healthcare professionals' grid will be the primary focus as outlined in the VA memo titled "COVID-19: Protecting

Veterans and the Department of Veterans Affairs (VA) Workforce by Leveraging Video Telehealth from VA Clinics and Home,” Appendix A. Facilities are also encouraged to enable telework capabilities for as many staff as possible in addition to tier 1 healthcare professionals.

F2f visits should be converted to a virtual modality appointment when a f2f appointment is deemed not necessary or feasible and the Veteran is agreeable. This includes f2f appointments converted to a virtual modality with an alternate clinical team member (e.g., Clinicians to Nurses, Nurses to Clinical Pharmacists, Clinicians to Clinical Pharmacists, etc.), when the Veteran or provider cannot make a f2f appointment. A reminder, consults originally associated with a F2f visit may be completed virtually (telephone, video, etc.).

When converting a f2f appointment to a virtual modality appointment on the same day and time the Veteran will remain booked in the f2f clinic slot so no other Veteran can be scheduled in the f2f clinic while the provider is seeing the Veteran using the virtual modality. When an appointment is converted to a different date and/or time, f2f clinics will be blocked when the provider is seeing a Veteran using a virtual modality to ensure that he or she is not double-booked for the same time slot.

#### **How Does this Affect Clinical Access?**

A virtual modality visit at the same date and time as will replace the original f2f appointment, minimizing the number of overall appointments that are canceled and rescheduled into the future, which helps to minimize the negative impact on clinical access.

#### **Scheduling Appointments During COVID 19 Pandemic**

Scheduling protocols have been developed and communicated to scheduling staff.

Clinical teams should provide input on the reschedule date (when required) based on the clinical scenario. Each clinical team should determine which scenarios will require provider input on rescheduling dates and how this is communicated between clinical staff, scheduling staff and the Veteran. Schedulers have been instructed on how to document modifications to appointments.

#### **Converting Face-to-Face Appointment to Virtual**

- A. Same Day Appointment Scenario: Mr. Jones calls the Cardiology clinic and states that he cannot come in for his appointment today. The scheduler offers him a virtual appointment at the same time as his f2f visit. Mr. Jones accepts.
  1. Same Day Appointment Rescheduling: When an appointment is rescheduled for the same day, the Veteran will remain scheduled in the provider’s f2f clinic until the virtual appointment is completed.
  2. The scheduler will schedule the Veteran in the virtual modality clinic one minute later than the f2f appt time.

- i. Example, the f2f appt is at 1pm, the Veteran will be scheduled for 1:01pm in the virtual modality clinic
    - ii. Virtual modality clinic must have availability each day and the ability to overbook
  3. If the provider does not have the virtual modality grid open at the time the appointment is to be scheduled, the appointment will be overbooked in the virtual modality clinic.
  4. The provider will link his/her note to the virtual modality appt, not the f2f appt
  5. At the end of the day or after the virtual visit, the scheduler cancels the face-to-face appointment.
  6. The scheduler will follow the guidance provided in the "Schedulers Instructions COVID-19 Pandemic - Management of Appointments" document.
  7. The clinic may elect to cancel the face-to-face appointment, block the appropriate appointment slot, and schedule an appointment in the corresponding virtual clinic. If this is the case, follow instructions in section B below.
- B. Different Day Appointment Scenario: Mrs. Jackson calls and states that she cannot make her Primary Care appointment and she wants to have a telephone appointment instead on a different date.
  1. Different Day Appointments rescheduling: When a Veteran appointment is canceled and the appointment is rescheduled for a different day, the following will occur:
    - i. The scheduler will cancel the face-to-face appointment.
    - ii. Ideally, the virtual visit will be scheduled using a time slot that is available in the virtual modality appointment grid. If there is not a time slot available, the appointment will be "double booked" in the virtual clinic and the corresponding clinic's open time slot blocked.
    - iii. Further details on how this is scheduled is outlined in the "Schedulers Instructions COVID-19 Pandemic - Management of Appointments" document.
    - iv. It is critical to ensure timely blocking of the open face-to-face clinic slot with the scheduling of the virtual modality appointment to avoid multiple Veterans scheduled to be seen at the same time by one provider.

**Blocking of Clinic Schedule Specific to COVID-19 Pandemic:**

- A. Same day conversion of a face-to-face video appointment will not require blocking of the schedule. The face-to-face visit will be cancelled after the VVC or telephone visit.

- B. Clinics unable to meet the demand of blocking a clinic slot to convert a face-to-face appointment to virtual visit (held on a separate days) using existing staff, may elect to designate additional experienced schedulers to block clinic schedules without going through the electronic grid cancellation process (LEAF, SharePoint, etc.).

**Provider Generated Video Visit**

There are a few instances where a provider has no access to scheduling staff and there is an urgent need to generate and conduct a video visit. In such times, the provider may utilize the Virtual Care Manager 'ad hoc/now' feature to generate a video link and conduct a virtual visit. Scenarios include:

- A. A Veteran calls the emergency room, urgent care, clinical call center and requires a video visit.
- B. A clinician is speaking with the Veteran on the telephone. It is decided that an urgent video visit would be clinically indicated.

**Clinician Teleworking Related to COVID19**

All f2f appointments converted to video due to the clinician teleworking related to COVID19 are to be "cancelled by clinic" and rescheduled into the VA Video Connect (VVC) clinic, secondary stop code 179. An appointment that requires a partial clinical exam with the Veteran in the clinic while the provider is teleworking from home, are converted to a video appointment and appointed in a VVC clinic.

- A. Co-payment fees for Clinical Video Telehealth appointments have been waived during the COVID19 pandemic when the provider is teleworking from home.
- B. Scheduling Staff will cancel the f2f appointment and reschedule the video appointment following the guidance provided in the "Schedulers Instructions COVID-19 Pandemic - Management of Appointments".

**From:** Office of Community Care Communications  
**Subject:** Important Announcement: Coronavirus (COVID19) Guidance for Community Care Consults and Referral Management and Office Hours and Community Care Network Region 4  
**To:** VHA Business Implementation Managers; NVCC Field Managers; VHA VISN Directors; VHA VISN DNDs; VHA VISN Admin Reps; VHA 10N MCD; VHA Group Practice Managers; VHA Referral Coordination Initiative; VHA RCI Executive Sponsors; VHA RCI Champions; VHA OCC GEC Support Group; VHA10D1B3POM Leadership; VHA 10D1D All Users; VHA VISN CFOs ONLY Restricted List; VHA Clinical Applications; VHA VISN CHIOs; VHA 10D1D2 ALL PRS; OIT ITOPS ECO ESD Customer Support Managers; OIT EPMO HEALTH SERVICES PORTFOLIO Clinical Team 1  
**Cc:** VHA 10D Directors; VHA 10D Support Staff; VHA 10D Action; VHA 10D Communications Leads; VHA CCN Transition SP Team; VHA10D1D1 CI All Hands; VHA CC ESIT PM; (b)(6)@va.gov  
**Sent:** March 20, 2020 2:35 PM (UTC-05:00)  
**Attached:** VA Letter from VAMC to Community Providers Emergent-Only Appts - FINAL - 031820.docx

## **Important Announcement: Coronavirus (COVID19) Guidance for Community Care Consults and Referral Management and Office Hours and Community Care Network Region 4**

In response to the COVID19 pandemic, the Office of Community Care is providing the following guidance for community care consults and referral management.

In addition, below is information regarding the Office Hours we will be holding to answer any questions you may have.

Also, attached is a letter template for VA Medical Centers to send to Community Providers for communication concerning emergent only appointments.

Community Care Network (CCN) Region 4 Start of Healthcare Delivery (SHCD) is postponed for approximately 60 days due to COVID-19 outbreak. CCN Region 4 SHCD was originally scheduled for April 7, 2020, with two Region 4 facilities, Eastern Colorado and Fort Harrison, MT. VA is working closely with TriWest, the Third-Party Administrator for CCN Region 4, to establish the new deployment dates for SHCD sites as well as the remaining Region 4 sites. Veterans will continue to receive community care through the current PC3 network while VA and TriWest collaborates on the new deployment dates and the eventual transition to CCN.

### **Community Care Consults**

When community care is determined to be the appropriate option for the Veteran, and after all other appointment options have been considered, the consult must still be entered or routed to the facility community care office for action.

Effective immediately, facility community care offices will carefully evaluate and prioritize referrals that are time sensitive and medically necessary based on clinical triage. This could be managed in many ways, to include the use of the Delegation of Authority, clinical member of the Referral Coordination Team, or referring physician.

As per the guidance released on March 15, 2020 by the American Hospital Association, the person responsible for reviewing the community care consult should take the following factors into consideration when prioritizing the community care referrals for scheduling purposes:

- Current and projected COVID19 cases in the facility and in the surrounding area. Where community spread exists, we support a general framework of curtailing elective surgeries that would not threaten the life or health of the patient. We believe that a patient's physician in consultation with the hospital, patient, and other professionals is in the best position to evaluate and make this decision;
- Bed availability, staffing availability and supply of personal protective equipment;
- Urgency of the procedure;

- Whether the patient is well enough for a procedure, including age and underlying health factors, particularly given the risks of concurrent COVID-19 infection; and
- Clinical judgment of patient needs and the situation at hand.

If the community care scheduling actions are being done by the Third-Party Administrator (TPA), the facility community care management must coordinate with the TPA to understand the community capacity and any specific actions being taken by the community providers for cancelling or rescheduling community care appointments.

Facility community care management should be working side-by-side with the facility clinical leadership to provide timely information regarding community care appointment availability for care deemed medically necessary for community care, to include any availability communicated by the TPA, when appropriate.

If the community care requested is not considered to be time sensitive, based on clinical review, the consult shall be kept in an active status with COVID19 added as a consult comment and the community care appointment should be scheduled at a later time, based on local determinations taking into account the current status of the COVID19 pandemic.

### **Community Care Appointments**

If a VAMC is notified that a community care appointment is cancelled due to COVID19 by a provider or Veteran, the appointment should be cancelled using VSE or VistA and COVID19 should be added to the appointment cancellation comments.

If a Veteran's community care appointment is cancelled, it is important for a clinical triage to take place to determine the Veteran's clinical needs and if rescheduling with another community provider is appropriate. Clinical triage should be documented appropriately in the Veterans medical record.

### **Emergency Care Treatment**

At this time, there is no change to VA's existing emergency care authorities related to COVID19. VAMCs are not permitted to refer patients for out of network emergency care at VA expense. All instances of a Veteran reporting to a local emergency room will be evaluated for authorization and payment per existing emergency treatment authorities.

### **VA Online Scheduling (VAOS) for Community Care**

Within the next few days, the ability for eligible Veterans to request community care appointments through VA Online Scheduling (VAOS) will be turned off. This is in order to ensure that referrals to the community are being appropriately reviewed and clinically triaged for clinical appropriateness and urgency.

Veteran requests that have already been received through Scheduling Manager (SM) prior to the shut-down are to continue to be processed. A consult will be placed and kept in an active status, with COVID19 added as a consult comment, and clinically evaluated and prioritized as appropriate based on clinical review.

### **Office Hours**

Tuesday, **March 24th** and Thursday, **March 26th**  
3:00pm – 4:00pm ET

**<https://vacctraining.adobeconnect.com/covid19ccoh/>**

(800) 767-1750  
**Participant Code: 75147**

### **Action Required**

Please share this announcement locally with all clinical and administrative staff members.

### **Resources**

For additional guidance, please see:

- <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>
- <https://www.aamc.org/system/files/2020-03/HALOLettertoSG-031520.pdf>
- Step by step guidance on this process and how to generate tracking reports to track cancelled appointments and consults with COVID19 within the comments is available in Chapter 6 of the Office of Community Care Field Guidebook.
- VAOS guidance is available in the Specialty Programs section of the Office of Community Care Field Guidebook
- Community care emergency treatment is available in Chapter 3 of the Office of Community Care Field Guidebook

### **Support**

For questions please contact Clinical Integration at

Thank you,

VHA Office of Community Care



**VA**



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

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*Veterans Health Administration  
Office of Community Care*

March 18, 2020

*Community Provider*  
1234 Main Street  
Franklin, ME 04634

*Dear Community Provider:*

Thank you for joining with the Department of Veterans Affairs (VA) to care for our nation's Veterans. We appreciate your partnership as we have made many transformative changes to our community care program and our claims processing systems.

Amid the COVID-19 situation around the world, we understand conditions within your health care systems and practices are rapidly changing. In the VA we are also adjusting to the situation as it affects our Veteran population.

To enhance our partnership and ensure we are aligned in our efforts, please alert us as you begin to make decisions about appointments, procedures, and care that affect Veterans referred to your health care systems and practices. Effective communication between our organizations will allow each of us to provide the best possible care for referred Veterans.

Please be aware of two other considerations for delivering care to Veterans.

- Telehealth is one alternative if you have an existing referral and established episode of care (EOC) and the Veteran consents to this method of delivery.
- If you are working with Veterans in a home setting, communicate with them directly regarding any change in service and alert the VA so we can potentially develop an interim care plan.

If you have any questions about COVID-19 guidance to community providers, please refer to the fact sheet on our website:  
[https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet\\_20-40.pdf](https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_20-40.pdf).

You may contact local VA staff via email at *<insert local facility contact info>*.

Thank you for your partnership with VA to continue to offer the highest-quality health care to our Veterans.

Sincerely,

Director

**GAO Data Request for Veterans Access to Community Care During COVID-19 (104473)**

Tab # Consults: The GAO would like to request the total number of new community care consults the regions listed in Column A. This should include all community care consults under the VCCP, including programs or types of care purchased in the community that VA is unable to account for during this period. Please also note any programs/types of community care they are so we can note any limitations to the data. Please also

Tab # Urgent Care: The GAO would like to request the total number of urgent care visits under the VCCP per month for the 6 CCN regions listed in Column A. Please note if there are any limitations we should be aware of in the data is.

Tab # Telemedicine: The GAO would like to request the total number of completed telemedicine appointments under the VCCP per month for the 6 CCN regions listed in Column A. Please note if there are any limitations on the source of the data is.

Please contact (b)(6) with any questions.



<b>Title: IR10272020-093403 GAO Data Request for Veterans Access to Community Care During COVID</b>					
Data Source: HOC_Tier2 ConsultFact, CBOPC_Facility Detail					
Date Completed: 11/3/2020					
Completed By: OCC Informatics					
<b>Data Description:</b> This report reflects the total consults created by Region by month from June 2019 to					
<b>Data Disclosures:</b>					
Data is based on Consult Create Date and grouped by consult create month					
Consult Status include: Active, Cancelled, Complete, Discontinued, Partial Results, Pending and Schedu					
All consults in the Consult Tool Box for American Samoa, Guam, Northeran Mariana Islands are listed u					
<b>Number of new community care c</b>					
	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
<i>CCN Region 1</i>	79,505	87,416	91,761	100,235	106,501
<i>CCN Region 2</i>	101,043	108,658	112,449	107,080	116,794
<i>CCN Region 3</i>	106,742	119,916	123,055	115,314	133,125
<i>CCN Region 4</i>	146,006	164,393	172,081	166,597	185,203
<i>CCN Region 5</i>	6,087	6,050	6,089	6,533	7,778
<i>CCN Region 6</i>					
<b>Total number of VCCP consults</b>	<b>439,383</b>	<b>486,433</b>	<b>505,435</b>	<b>495,759</b>	<b>549,401</b>
<i>Source of VA data (HSRM, VISTA, etc):</i>					
<i>Limitations of data, if any:</i> CCN Region 6: An					

<b>9 104473</b>								
Sept 2020								
led								
nder Station 459 in Region 4								
<b>consults created by month (June 1, 2019 - September 30, 2020)</b>								
Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
88,926	87,163	104,893	95,902	91,742	56,068	66,232	83,818	85,404
101,875	103,569	120,741	105,764	93,757	63,958	77,067	96,815	102,954
113,164	113,286	132,976	124,694	113,579	68,894	82,792	110,403	111,350
160,497	160,659	185,090	173,130	155,290	95,911	114,114	153,572	159,022
6,529	6,050	7,794	7,898	7,466	4,506	5,471	7,099	7,346
<b>470,991</b>	<b>470,727</b>	<b>551,494</b>	<b>507,388</b>	<b>461,834</b>	<b>289,337</b>	<b>345,676</b>	<b>451,707</b>	<b>466,076</b>
HOC_Tier2 ConsultFact, CBOPC_Facility Detail								
merican Samoa, Guam, Northern Mariana Islands are listed under Station 459 in Region 4.								



<b>Title: IR10272020-093403 GAO Data Request for Veterans Access to Community Care During COVID19 104473</b>					
Data Source: PCM, CDWORK Schema FSC and PIT Tables					
Date Completed: 10/29/2020					
Completed By: OCC Informatics					
<b>Data Description:</b> This data reflects the total number of Urgent Care visits by Region by month from June 2019 th					
<b>Data Disclosures:</b>					
Data is based on Date of Service (DOS) and grouped by DOS month					
Visit is based on the distinct date of service					
Data is based on paid claims					
All Claims processed for American Samoa, Guam, Northern Mariana Islands are processed under Station 459 in					
<b>Number of community care urgent c</b>					
	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
<i>CCN Region 1</i>	1,340	2,910	3,740	4,081	4,899
<i>CCN Region 2</i>	1,034	2,373	2,776	3,474	4,002
<i>CCN Region 3</i>	1,632	3,466	4,603	5,458	6,333
<i>CCN Region 4</i>	2,548	4,537	5,375	5,711	6,781
<i>CCN Region 5</i>	9	52	91	87	96
<i>CCN Region 6</i>					
<b>Total number of urgent care visits</b>	<b>6,563</b>	<b>13,338</b>	<b>16,585</b>	<b>18,811</b>	<b>22,111</b>
<i>Source of VA data (HSRM, VISTA, etc):</i>					
<i>Limitations of data, if any:</i> CCN Region 6: Americ					





<b>Title: IR10272020-093403 GAO Data Request for Veterans Access to Community Care During COVID19</b>				
Data Source: CDWORK Schema FBCS and PIT Tables				
Date Completed: 11/02/2020				
Completed By: OCC Informatics				
<b>Data Description:</b> This data reflects the total number of completed Telemedicine appointments by Region				
<b>Data Disclosures:</b>				
Data is based on Date of Service (DOS) and is grouped by DOS month				
Visit is based on the distinct date of service				
Data is based on paid claims				
All payments processed for American Samoa, Guam, Northern Mariana Islands are processed under State				
Telemedicine was identified by the following billing parameters: Procedure Modifier Codes 95, GO, GT, and				
Due to eCAMS tables not being available at this time all eCAMS data was retrieved from PIT tables. The s				
<b>Number of completed VCCP te</b>				
	Jun-19	Jul-19	Aug-19	Sep-19
<i>CCN Region 1</i>	325	390	362	393
<i>CCN Region 2</i>	234	217	196	263
<i>CCN Region 3</i>	344	292	341	405
<i>CCN Region 4</i>	1,415	1,578	1,625	1,684
<i>CCN Region 5</i>	54	55	72	75
<i>CCN Region 6</i>				
<b>Total number of completed telemedicine visits</b>	<b>2,372</b>	<b>2,532</b>	<b>2,596</b>	<b>2,820</b>
<i>Source of VA data (HSRM, VISTA, etc):</i>				
<i>Limitations of data, if any:</i> CCN Reg				
Data is based off of date of service				

<b>L04473</b>								
by month from June 2019 through Sept 2020								
ion 459 in Region 4								
r GQ present or Revenue code 0780 Institutional claim or Place of Service Code 02 Professional claim								
ame coding methodology as the Telehealth Dashboard was utilized with the exception of the eCAMs tables.								
<b>Telemedicine appointments by month (June 1, 2019 - September 30, 2020)</b>								
Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
427	355	384	665	552	3,366	12,399	9,117	7,819
317	170	234	424	383	2,297	9,856	7,347	5,386
360	404	396	614	609	4,326	19,371	14,285	10,109
2,131	2,050	2,234	3,056	2,951	16,402	51,313	40,919	34,249
74	91	61	57	53	650	2,527	1,754	1,395
<b>3,309</b>	<b>3,070</b>	<b>3,309</b>	<b>4,816</b>	<b>4,548</b>	<b>27,041</b>	<b>95,466</b>	<b>73,422</b>	<b>58,958</b>
PIT, FBCS								
ion 6: American Samoa, Guam, Northern Mariana Islands are processed under Station 459 in Region 4.								



**From:**  
**Subject:**  
**To:**

VHA 10D AUSH Calendar; Mengeling, (b)(6)

(b)(6)

**Cc:**

**Attached:**

(Boston University School of Public Health), (b)(6)

Research OCC meeting 06052020.docx



## Agenda Research and OCC Meeting

June 5, 2020/12:00pm EST

Dial-In: VANTS 8007671750, Access Code: 88773

### Agenda

#	Topic	Lead Speaker
1	OCC update on CCN rollout	(b)(6)
2	Updates: <ul style="list-style-type: none"> <li>Community Care grant summary</li> <li>Recently published papers</li> <li>Journal supplement – due date July 1</li> </ul> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">               Community Care Grant Summary List           </div> <div style="text-align: center;">               Miller et al 2020 - JRH.pdf           </div> <div style="text-align: center;">               Weaver 2020_Sleep Studies.pdf           </div> </div>	(b)(6)
3	Data questions:  Questions for OCC.docx	(b)(6)
4	Open Discussion	All
5	Wrap Up <ul style="list-style-type: none"> <li>Next meeting date change - holiday</li> </ul>	(b)(6)

### Action/Follow-up Items

#	Action Item	Date Assigned	Person	Due Date	Status
1					
2					

Below are summaries of groups funded by VA Health Services Research & Development to add to the evidence base for community care. These projects received funding through community care or MISSION Act-specific RFAs. (Last updated 6/2/20)

Title	Goals/Aims	Corresponding Principal Investigator	Co-Investigators	Data Sources Used
Understanding the Role of VA Specialty Care Resource Hubs and Their Potential Impact on Access in the Era of Community Care <b>(Funding End: 2/28/2021)</b>	<p>1) To characterize the proposed organizational structure of specialty care resource hubs and understand how these hubs will be used to deliver comprehensive specialty care, with a particular focus on 3 key specialties that face access challenges and are therefore likely to be outsourced to community care.</p> <p>2) To understand the extent to which trainees could be integrated into specialty care resource hubs to address unmet demand for specialty care in underserved facilities and further educational/training objectives.</p>	(b)(6) MD, MSc		
Does Choice Equal Quality? A Mixed Methods Comprehensive Evaluation of the Quality of Community Care through the MISSION Act <b>(Funding End: 3/31/2021)</b>	<p>1) Identify and obtain access to relevant VA administrative data sources in preparation for secondary data analyses comparing Veteran utilization of VCCP and VHA care, including access to care, as well as care type, intensity of services and cost of care for three high-impact conditions among Veterans: PTSD, depression and chronic pain.</p> <p>2) Conduct qualitative formative evaluations of VCCP and VHA key stakeholders, including front-line VCCP and VHA clinicians, VA leadership and Veterans to obtain preliminary information about VCCP implementation (e.g., usability, satisfaction, barriers and facilitators) and to determine important pragmatic and patient-centered clinical outcomes for these high-impact conditions in VCCP and VHA.</p> <p>3) Adapt Veteran and clinician survey instruments, based upon information obtained in Aim 2, to comprehensively evaluate Veterans' and VCCP/VHA clinicians' experiences, satisfaction and quality of VCCP and VHA care for PTSD, depression, and chronic pain.</p> <p>4) Refine semi-structured qualitative interview guides to gain a deeper understanding of both patient and clinician experiences of VCCP and VHA care for PTSD, depression and chronic pain.</p>	(b)(6) PhD		
Integrating Systems of VA and non-VA Care Delivery in the Evolving VA Community Care Network <b>(Funding End: 6/30/2020)</b>	<p>1) To characterize VA CCN's current performance measurement infrastructure, and highlight areas in which cross-system measurement and more robust measures of system performance could inform front-line decisions, ongoing monitoring, and VA CCN regional market evaluation.</p> <p>2) To identify the methods, metrics, and data elements needed to conduct future studies that compare VA and non-VA care delivery systems on key</p>	(b)(6) MD, MPH		CDW, VA/CMS, Medicare (for non-VA), PIT, Provider Profile Management System (PPMS), HPP data, Primary qualitative data collection

	quality, resource use, and system characteristics, in order to evaluate current performance and predict the effect of different types of contracting in evolving VA CCN regional markets.			
Community REQUEST: Community Specialty Referrals – Access and Quality Evaluation Study (Funding End: 6/30/2020)	<p>1) Select 2 high priority areas of specialty care referrals, and address gaps in VA metrics on actual and perceived access for new appointments in these areas of VA provided and VA community specialty care.</p> <p>2) Select quality metrics and address gaps in VA measures of patient experience for the 2 high priority areas of specialty care.</p> <p>3) Develop plan for regional evaluation of MISSION Act policies on achieved access, quality, and patient experience for VA provided and VA community specialty care.</p>	(b)(6) MD, MPH		CDW, SHEP, Minnesota Community Measurement (MNCM)'s Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Care Coordination and Outcomes in the VA Expanded Choice Program (Funding End: 9/30/2021)	<p>1) Assess and summarize approaches used for regional and local VA facility implementation of quality, safety and value governance and monitoring under the Community Care program, including patient and provider perspectives.</p> <p>2) Identify and evaluate organizational and health information exchange needs to support clinical care coordination and quality monitoring in the expanded Community Care program.</p> <p>3) Develop and apply methods to evaluate and compare process and outcomes-based quality measures for primary care and specialty care among select high volume and high cost procedures under the Community Care program with those veterans receiving care exclusively in the VA.</p> <p>4) Develop and apply methods to evaluate and compare the extent of overuse and/or duplication of services for veterans authorized for Community Care for primary care and specialty care among select high volume and high cost procedures with those veterans receiving care exclusively in the VA.</p>	(b)(6) PhD, MPH, BSN		CDW, REFDOC, Joint Legacy Viewer (JLV), EMR/CPRS, SHEP, PIT, FBBS; Facility key Informant Interviews
Make Versus Buy – Examining the Evidence on Access, Utilization and Cost: Are We Buying the Right Care for the Right Amount? (Funding End: 9/30/2021)	<p>1) Examine variation in utilization of and access to VHA vs. Community Care (CC) over time (FY15-19).</p> <p>2) Develop and test a methodology to compare costs between VHA and CC.</p> <p>3) Examine use of specialty care, specifically surgery and mental health.</p>	(b)(6) PhD	(b)(6) PhD  (b)(6) PhD	CDW (including the VHA's Program Integrity Tool (PIT) data; Fee Basis Files); SHEP survey data
Understanding Network Adequacy and Community Engagement in Veteran Care (Funding End: 9/30/2021)	1) Develop and validate measures of network adequacy for non-VA community care and evaluate regional variations in network adequacy across VAMCs and VA's 98 markets.	(b)(6) PhD MPH	(b)(6) PhD	CDW (including PPMS), OCC Data (providers, authorizations), Primary data collection

	<p>2) Examine the process by which Community Care decisions are made at individual VA facilities, and to identify existing and potential opportunities to expand community partnerships to deliver Community Care.</p> <p>3) The project will also interview Veterans regarding Community Care, including preferences for a network directory of providers and quality ratings of providers to more completely understand their perspectives on Community Care.</p>			
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Enhancing Veterans' Access to Care through Video Telehealth Tablets <b>(Funding End: 9/30/2022)</b>	To understand and enhance the effectiveness and implementation of tablet distribution to high-need Veterans with access barriers	(b)(6) MD, MS		CDW, Surveys, tablet distributor (DALC), tablet use (Ironbow-tablet contractor), PSSG, Fee Basis
Attrition of Women Veterans New to VHA in the Community Care Era <b>(Funding End: 10/31/2022)</b>	<p>(1) Model CC and other factors expected to predict attrition from VA</p> <p>(2) Examine the longitudinal attrition trajectory pre/post expansion of CC</p>	(b)(6) MD, MPH		

	<p>(3) Characterize the facility-level context of CC, to triangulate with Aims 1 &amp; 2 results and inform Aim 4</p> <p>(4) Examine women's experiences of care and their perspectives on the relationship between CC and plans for future VA use</p>			
<p>Utilization and Health Outcomes for Veterans with Expanded Health Care Access <b>(Funding End: 6/30/2022)</b></p>	<p>1) What is the causal impact of gaining Medicare eligibility on VA enrollees' health care utilization and health outcomes?</p> <ol style="list-style-type: none"> <li>1. What is the overall effect for the VA system?</li> <li>2. What are the procedures and diagnosis groups most affected by Medicare eligibility?</li> </ol> <p>We will find the causal effect of off having access to Medicare.</p> <p>2) What is the causal impact of becoming eligible for community care on VA enrollees' health care utilization and health outcomes?</p> <ol style="list-style-type: none"> <li>1. What is the overall effect for the VA system?</li> <li>2. What are the procedures and diagnosis groups most affected by community care eligibility?</li> </ol> <p>We will find the causal effect of having access to community care paid by VA.</p> <p>3) Identify subgroups that predict access gaps.</p>	<p>(b)(6) PhD</p>		
<p>Community Care Utilization among Post-9/11 Veterans with Traumatic Brain Injury <b>(Funding End: 2024)</b></p>	<p>1) Describe utilization of VA Community Care among Post-9/11 Veterans with TBI</p> <p>Using administrative data, we will quantify Veterans' Community Care use (<i>rates and types of; reliance on</i>) over time and by sociodemographics, military history, TBI severity, complexity, and PSC utilization history.</p> <p>2) Estimate associations between Community Care use and health and functional outcomes among Post-9/11 Veterans with TBI</p> <p>We will survey a stratified random sample of 1,800 Veterans with TBI to measure health and functioning; associations between Veterans' <i>reliance on</i> Community Care and their health and functioning will be estimated while accounting for TBI severity, medical complexity, PSC utilization history, and other potential confounders.</p> <p>3) Understand Veterans' need for, perceptions of, and experiences with VA Community Care</p> <p>We will interview 100 Veterans, with varying TBI severity, Community Care use, and health and functioning, to understand their access to, satisfaction with, trust of, and actual and perceived quality of Community Care.</p>	<p>(b)(6) PhD, MS</p>	<p>(b)(6) PhD (b)(6) PhD (b)(6) PhD, MPH, BSN, RN (b)(6) PhD</p>	<p>VADIR, CDW, DoD-Trauma Registry, Surveys, Interviews</p>
<p>QUERI for Team Based Behavioral Health - Mission Act</p>	<p>This proposal focuses on additional work to support our</p>	<p>(b)(6) PhD, MSW</p>		<p>CDW, Assistant Deputy Under Secretary for</p>

Section 506 Proposal ( <b>Funding End: 9/30/2019</b> )	operational and clinical partners focused on selection of locations, engagement with community providers, and reports to Congress.			Health (ADUSH) Enrollment Files; Managerial Cost Accounting National Data Extracts (MCA NDEs); Planning Systems Support Group (PSSG) Geocoded Enrollee File, and VHA Site Tracking database
Mission Act Section 506 Project ( <b>Funding End: 9/30/2022</b> )	The main evaluation goal is to determine the overall impact of implementing Peers in PACT as part of the Mission Act Section 506 to promote the use and integration of services for mental health, substance use disorder, and behavioral health in a primary care setting. In addition, we will assess the effectiveness of peers to expand their role to engage with community health care providers and veterans served by those providers as well as the benefits of the program to Veterans and family members of Veterans.	(b)(6) PhD, MSW		CDW
QUERI for Team Based Behavioral Health ( <b>Funding End: 9/30/2019</b> )	This proposal focuses on additional work to develop a toolkit to guide implementation of the Mission Act Sec. 506 sites using data from qualitative interviews with Peers in PACT II study sites.	(b)(6) PhD	(b)(6) PhD	Qualitative Data from across the 25 sites participating in the original Peers on PACT pilot
Community Care/MISSION Act Virtual Research Network ( <b>Funding End: 9/30/2023</b> )	Facilitation of communication between OCC and researchers evaluating community care and impact of MISSION Act, technical assistance to researchers on metrics and study design	(b)(6) PhD		
IIR 14-069: Use of VA and Non-VA Health Care after the Affordable Care Act ( <b>Funding End: 4/30/2018</b> )	The study sought to understand Veterans' decision-making and behavior in regard to healthcare coverage and related impacts on VA and non-VA healthcare utilization and care coordination. To provide additional context for Veterans' insurance and healthcare use decisions, we included interview and survey questions about the Veterans Choice Program (VCP)	(b)(6) PhD, MA		CDW, survey of VA enrollees in Midwest census region, semi-structured interviews with subset of survey respondents
Veteran Access to Emergency Care ( <b>Funding End: 4/30/2021</b> )	<p>Our goal is to better understand when and why Veterans utilize emergency care services in VA and non-VA settings and the long-term consequences of non-VA emergency care use on subsequent VA reliance. We are also interviewing Veterans to learn how they decide where to go for emergency care (VA vs non-VA) and to learn more about their experience and satisfaction with VA and non-VA care. Finally, we are collecting data to assess the capabilities of VA EDs to care for Veterans with acute conditions and to guide policymakers on improving and modernizing acute care service delivery.</p> <p>(1) To create survey items that facilitate a comprehensive inventory of VA ED resources and capabilities</p>	(b)(6) MD, MPH, MHS		CDW (includes Fee, Fee Basis Claims System [FBCS], Emergency Department Integration System [EDIS]); ADUSH Enrollment Files; PSSG Geocoded Enrollment Files; VSSC Homeless Registry; Semi-structured phone interviews with Veterans

(2) To calculate VA and non-VA ED utilization rates and identify the patient, facility, and community-level predictors of VA ED use and VA reliance

(3) To characterize Veterans' preferences, resources and contextual factors that influence ED setting choice (i.e. VA, non-VA).

who have used VA and/or non-VA EDs (currently ongoing); VA Survey of Emergency Departments and Urgent Care Clinics (2010, 2013, 2017); New York Statewide Planning and Research Cooperative System (SPARCS) administrative data for all in-state hospitalizations and outpatient ED encounters at non-federal hospitals (approved); California's Office of Statewide Health Planning and Development (OSHPD) administrative data for all in-state hospitalizations and outpatient ED encounters at non-federal hospitals (pending); VA/CMS merged data; America Hospital Association (AHA) ; Area Resource File; Hospital Compare (patient satisfaction metrics); US Census Bureau data (e.g., zip-code level median household income)

## Questions for OCC

### Authorizations and Claims

Which dates within the CCRA domain best describe when the authorization was created? There are dates within the pa\_waitinglist table, including:

- wl\_date
- wl\_apptdate
- wl\_treatmentstartdate
- It's not clear if these are at the patient level or can be linked to the patients as an authorization source date.

Are there other tables within the CCR data that we should be looking at to provide an authorization date?

What are the unique patient identifiers in these data, and how do we link these up to other CDW data?

- There seems to be a WL\_PAPMI\_DR that is supposed to be patient name, can this be joined with the PA\_Person table in some way?

What kind of lag time for ED/UC claims are expected and how might this differ for sites on CCN or not?

How often are the major CC data sources updated and what kind of claims lag time is expected?

### Consult Toolbox

Related to consults what are conditions under which secondary authorizations happen?

What's the best way to connect CTB information with Community Care visit information?

What triggers administrative screening for care coordination level?

What triggers the Secondary Authorization Requests?

- What conditions require this?
- Is it due to scheduling?
- Due to subspecialties needing approval?

What is the breadth of activity that can be covered under a single ConsultSID? How long does the ConsultSID exist; i.e does it cover multiple Community Care Visits?

**From:**  
**Subject:**

**To:** (b)(6) VHA 10D AUSH Calendar; (b)(6)  
(b)(6)  
Upton, Mark T.; (b)(6)

**Cc:** (b)(6)

(b)(6) (Boston University School of Public Health); (b)(6)  
(b)(6)

**Attached:** Research OCC meeting 08062020.docx

This appointment replaces the one from the VHA 10D DUSH calendar as it was corrupted. Please delete that series of appointments as we cannot cancel it. Thank you.



## Agenda Research and OCC Meeting

August 7, 2020/12:00pm EST

### Agenda

#	Topic	Lead Speaker
1	Welcome OCC update Discussion of preview of papers before submission	(b)(6) Dr. Mark Upton
2	CREEK Updates	(b)(6)
3	Health Affairs Article  Vanneman_HealthA ff_patient experienc	(b)(6)
4	Questions on eligibility requirements for urgent and emergent care	(b)(6) (b)(6) OCC
5	Wrap Up	(b)(6)

### Action/Follow-up Items

#	Action Item	Date Assigned	Person	Due Date	Status
1					
2					

**From:**  
**Subject:**  
**To:**

VHA 10D AUSH Calendar; (b)(6)  
(b)(6)  
(b)(6) Upton, Mark T.; (b)(6)  
(b)(6)  
(b)(6)  
**Cc:** (b)(6)  
(b)(6)  
(b)(6) Boston University School of Public Health; (b)(6)

**Attached:** Research OCC meeting 10022020.docx

This appointment replaces the one from the VHA 10D DUSH calendar as it was corrupted. Please delete that series of appointments as we cannot cancel it. Thank you.

**Join Microsoft Teams Meeting**

(b)(6) United States, Chicago (Toll)

Conference ID (b)(6)

[Local numbers](#) | [Reset PIN](#) | [Learn more about Teams](#) | [Meeting options](#)



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## Agenda Research and OCC Meeting

October 2, 2020/12:00pm EST

### Agenda

#	Topic	Lead Speaker
1	Welcome	(b)(6) Dr. Brill
3	Wrap Up	(b)(6)

### Action/Follow-up Items

#	Action Item	Date Assigned	Person	Due Date	Status
1					
2					

**From:** VHA 10D AUSH Calendar  
**Subject:** Monthly OCC Research meeting  
**To:** VHA 10D AUSH Calendar; (b)(6)  
(b)(6)  
(b)(6) Upton, Mark T.; (b)(6)  
(b)(6)  
**Cc:**  
(b)(6) (Boston University School of Public  
Health); (b)(6)  
**Sent:** March 19, 2020 7:23 PM (UTC-05:00)

This appointment replaces the one from the VHA 10D DUSH calendar as it was corrupted. Please delete that series of appointments as we cannot cancel it. Thank you.



## Agenda Research and OCC Meeting

May 1, 2020/12:00pm EST

Dial-In: VANTS 8007671750, Access Code: 88773

### Agenda

#	Topic	Lead Speaker
1	OCC update on CCN rollout	(b)(6)
3	Update on Center concept	(b)(6)
4	Evaluation needs regarding urgent care/ED care	(b)(6)
5	Data Discussion: CAMS and HSRM data dictionaries Data Descriptions – Bill Type Code and Place of Service (see attachments)	(b)(6) Megan Vanneman
6	Open Discussion	All
7	Wrap Up	(b)(6)

### Action/Follow-up Items

#	Action Item	Date Assigned	Person	Due Date	Status
1					
2					

**From:**  
**Subject:**  
**To:**

VHA 10D AUSH Calendar: Mengeling; (b)(6)

(b)(6)  
Brill, Elizabeth L. MD, MBA, FACOG; (b)(6) Upton, Mark T.; (b)(6)

**Cc:**

(b)(6)

**Attached:**

(Boston University School of Public Health); (b)(6)

Research OCC meeting 06052020.docx



## Agenda Research and OCC Meeting

June 5, 2020/12:00pm EST

Dial-In: VANTS 8007671750, Access Code: 88773

### Agenda

#	Topic	Lead Speaker
1	OCC update on CCN rollout	(b)(6)
2	Updates: <ul style="list-style-type: none"> <li>Community Care grant summary</li> <li>Recently published papers</li> <li>Journal supplement – due date July 1</li> </ul> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">               Community Care Grant Summary List           </div> <div style="text-align: center;">               Miller et al 2020 - JRH.pdf           </div> <div style="text-align: center;">               Weaver 2020_Sleep Studies.pdf           </div> </div>	(b)(6)
3	Data questions: <div style="margin-top: 10px;">               Questions for OCC.docx           </div>	(b)(6)
4	Open Discussion	All
5	Wrap Up <ul style="list-style-type: none"> <li>Next meeting date change - holiday</li> </ul>	(b)(6)

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2					

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	<p>(3) Characterize the facility-level context of CC, to triangulate with Aims 1 &amp; 2 results and inform Aim 4</p> <p>(4) Examine women's experiences of care and their perspectives on the relationship between CC and plans for future VA use</p>			
<p>Utilization and Health Outcomes for Veterans with Expanded Health Care Access <b>(Funding End: 6/30/2022)</b></p>	<p>1) What is the causal impact of gaining Medicare eligibility on VA enrollees' health care utilization and health outcomes?</p> <ol style="list-style-type: none"> <li>1. What is the overall effect for the VA system?</li> <li>2. What are the procedures and diagnosis groups most affected by Medicare eligibility?</li> </ol> <p>We will find the causal effect of off having access to Medicare.</p> <p>2) What is the causal impact of becoming eligible for community care on VA enrollees' health care utilization and health outcomes?</p> <ol style="list-style-type: none"> <li>1. What is the overall effect for the VA system?</li> <li>2. What are the procedures and diagnosis groups most affected by community care eligibility?</li> </ol> <p>We will find the causal effect of having access to community care paid by VA.</p> <p>3) Identify subgroups that predict access gaps.</p>	<p>(b)(6) PhD</p>		
<p>Community Care Utilization among Post-9/11 Veterans with Traumatic Brain Injury <b>(Funding End: 2024)</b></p>	<p>1) Describe utilization of VA Community Care among Post-9/11 Veterans with TBI</p> <p>Using administrative data, we will quantify Veterans' Community Care use (<i>rates and types of; reliance on</i>) over time and by sociodemographics, military history, TBI severity, complexity, and PSC utilization history.</p> <p>2) Estimate associations between Community Care use and health and functional outcomes among Post-9/11 Veterans with TBI</p> <p>We will survey a stratified random sample of 1,800 Veterans with TBI to measure health and functioning; associations between Veterans' <i>reliance on</i> Community Care and their health and functioning will be estimated while accounting for TBI severity, medical complexity, PSC utilization history, and other potential confounders.</p> <p>3) Understand Veterans' need for, perceptions of, and experiences with VA Community Care</p> <p>We will interview 100 Veterans, with varying TBI severity, Community Care use, and health and functioning, to understand their access to, satisfaction with, trust of, and actual and perceived quality of Community Care.</p>	<p>(b)(6) PhD, MS</p>	<p>(b)(6) PhD (b)(6) PhD (b)(6) PhD, MPH, BSN, RN (b)(6) PhD</p>	<p>VADIR, CDW, DoD-Trauma Registry, Surveys, Interviews</p>
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who have used VA and/or non-VA EDs (currently ongoing); VA Survey of Emergency Departments and Urgent Care Clinics (2010, 2013, 2017); New York Statewide Planning and Research Cooperative System (SPARCS) administrative data for all in-state hospitalizations and outpatient ED encounters at non-federal hospitals (approved); California's Office of Statewide Health Planning and Development (OSHPD) administrative data for all in-state hospitalizations and outpatient ED encounters at non-federal hospitals (pending); VA/CMS merged data; America Hospital Association (AHA) ; Area Resource File; Hospital Compare (patient satisfaction metrics); US Census Bureau data (e.g., zip-code level median household income)

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What's the best way to connect CTB information with Community Care visit information?

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**From:**  
**Subject:**

**To:** (b)(6) VHA 10D AUSH Calendar; (b)(6)  
(b)(6) Brill, Elizabeth L. MD,  
MBA, FACOG; (b)(6) Upton, Mark T.; (b)(6)

**Cc:** (b)(6)

(b)(6) (Boston University School of Public Health); (b)(6)

**Attached:** (b)(6)  
Research OCC meeting 08062020.docx

This appointment replaces the one from the VHA 10D DUSH calendar as it was corrupted. Please delete that series of appointments as we cannot cancel it. Thank you.



## Agenda Research and OCC Meeting

August 7, 2020/12:00pm EST

### Agenda

#	Topic	Lead Speaker
1	Welcome OCC update Discussion of preview of papers before submission	(b)(6) Dr. Mark Upton
2	CREEK Updates	(b)(6)
3	Health Affairs Article  Vanneman_HealthA ff_patient experienc	(b)(6)
4	Questions on eligibility requirements for urgent and emergent care	(b)(6) (b)(6) /OCC
5	Wrap Up	(b)(6)

### Action/Follow-up Items

#	Action Item	Date Assigned	Person	Due Date	Status
1					
2					

**From:** VHA 10D AUSH Calendar  
**Subject:** Monthly OCC Research meeting  
**To:** VHA 10D AUSH Calendar; (b)(6)  
(b)(6) Brill, Elizabeth L. MD, MBA, FACOG;  
(b)(6) Upton, Mark T.; (b)(6)  
(b)(6)  
**Cc:**  
(b)(6) (Boston University School of Public  
Health); (b)(6)  
**Sent:** March 19, 2020 7:23 PM (UTC-05:00)

This appointment replaces the one from the VHA 10D DUSH calendar as it was corrupted. Please delete that series of appointments as we cannot cancel it. Thank you.



## Agenda Research and OCC Meeting

May 1, 2020/12:00pm EST

Dial-In: VANTS 8007671750, Access Code: 88773

### Agenda

#	Topic	Lead Speaker
1	OCC update on CCN rollout	(b)(6)
3	Update on Center concept	(b)(6)
4	Evaluation needs regarding urgent care/ED care	(b)(6)
5	Data Discussion: CAMS and HSRM data dictionaries Data Descriptions – Bill Type Code and Place of Service (see attachments)	(b)(6) (b)(6)
6	Open Discussion	All
7	Wrap Up	(b)(6)

### Action/Follow-up Items

#	Action Item	Date Assigned	Person	Due Date	Status
1					
2					



## Agenda Research and OCC Meeting

June 5, 2020/12:00pm EST

Dial-In: VANTS 8007671750, Access Code: 88773

### Agenda

#	Topic	Lead Speaker
1	OCC update on CCN rollout	(b)(6)
2	Updates: <ul style="list-style-type: none"> <li>Community Care grant summary</li> <li>Recently published papers</li> <li>Journal supplement – due date July 1</li> </ul> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">               Community Care Grant Summary List           </div> <div style="text-align: center;">               Miller et al 2020 - JRH.pdf           </div> <div style="text-align: center;">               Weaver 2020_Sleep Studies.pdf           </div> </div>	(b)(6)
3	Data questions:  Questions for OCC.docx	(b)(6)
4	Open Discussion	All
5	Wrap Up <ul style="list-style-type: none"> <li>Next meeting date change - holiday</li> </ul>	(b)(6)

### Action/Follow-up Items

#	Action Item	Date Assigned	Person	Due Date	Status
1					
2					

Below are summaries of groups funded by VA Health Services Research & Development to add to the evidence base for community care. These projects received funding through community care or MISSION Act-specific RFAs. (Last updated 6/2/20)

Title	Goals/Aims	Corresponding Principal Investigator	Co-Investigators	Data Sources Used
Understanding the Role of VA Specialty Care Resource Hubs and Their Potential Impact on Access in the Era of Community Care <b>(Funding End: 2/28/2021)</b>	<p>1) To characterize the proposed organizational structure of specialty care resource hubs and understand how these hubs will be used to deliver comprehensive specialty care, with a particular focus on 3 key specialties that face access challenges and are therefore likely to be outsourced to community care.</p> <p>2) To understand the extent to which trainees could be integrated into specialty care resource hubs to address unmet demand for specialty care in underserved facilities and further educational/training objectives.</p>	(b)(6) MD, MSc		
Does Choice Equal Quality? A Mixed Methods Comprehensive Evaluation of the Quality of Community Care through the MISSION Act <b>(Funding End: 3/31/2021)</b>	<p>1) Identify and obtain access to relevant VA administrative data sources in preparation for secondary data analyses comparing Veteran utilization of VCCP and VHA care, including access to care, as well as care type, intensity of services and cost of care for three high-impact conditions among Veterans: PTSD, depression and chronic pain.</p> <p>2) Conduct qualitative formative evaluations of VCCP and VHA key stakeholders, including front-line VCCP and VHA clinicians, VA leadership and Veterans to obtain preliminary information about VCCP implementation (e.g., usability, satisfaction, barriers and facilitators) and to determine important pragmatic and patient-centered clinical outcomes for these high-impact conditions in VCCP and VHA.</p> <p>3) Adapt Veteran and clinician survey instruments, based upon information obtained in Aim 2, to comprehensively evaluate Veterans' and VCCP/VHA clinicians' experiences, satisfaction and quality of VCCP and VHA care for PTSD, depression, and chronic pain.</p> <p>4) Refine semi-structured qualitative interview guides to gain a deeper understanding of both patient and clinician experiences of VCCP and VHA care for PTSD, depression and chronic pain.</p>	(b)(6) PhD		
Integrating Systems of VA and non-VA Care Delivery in the Evolving VA Community Care Network <b>(Funding End: 6/30/2020)</b>	<p>1) To characterize VA CCN's current performance measurement infrastructure, and highlight areas in which cross-system measurement and more robust measures of system performance could inform front-line decisions, ongoing monitoring, and VA CCN regional market evaluation.</p> <p>2) To identify the methods, metrics, and data elements needed to conduct future studies that compare VA and non-VA care delivery systems on key</p>	(b)(6) MD, MPH		CDW, VA/CMS, Medicare (for non-VA), PIT, Provider Profile Management System (PPMS), HPP data, Primary qualitative data collection

	quality, resource use, and system characteristics, in order to evaluate current performance and predict the effect of different types of contracting in evolving VA CCN regional markets.			
Community REQUEST: Community Specialty Referrals – Access and Quality Evaluation Study (Funding End: 6/30/2020)	<p>1) Select 2 high priority areas of specialty care referrals, and address gaps in VA metrics on actual and perceived access for new appointments in these areas of VA provided and VA community specialty care.</p> <p>2) Select quality metrics and address gaps in VA measures of patient experience for the 2 high priority areas of specialty care.</p> <p>3) Develop plan for regional evaluation of MISSION Act policies on achieved access, quality, and patient experience for VA provided and VA community specialty care.</p>	(b)(6) MD, MPH		CDW, SHEP, Minnesota Community Measurement (MNCM)'s Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Care Coordination and Outcomes in the VA Expanded Choice Program (Funding End: 9/30/2021)	<p>1) Assess and summarize approaches used for regional and local VA facility implementation of quality, safety and value governance and monitoring under the Community Care program, including patient and provider perspectives.</p> <p>2) Identify and evaluate organizational and health information exchange needs to support clinical care coordination and quality monitoring in the expanded Community Care program.</p> <p>3) Develop and apply methods to evaluate and compare process and outcomes-based quality measures for primary care and specialty care among select high volume and high cost procedures under the Community Care program with those veterans receiving care exclusively in the VA.</p> <p>4) Develop and apply methods to evaluate and compare the extent of overuse and/or duplication of services for veterans authorized for Community Care for primary care and specialty care among select high volume and high cost procedures with those veterans receiving care exclusively in the VA.</p>	(b)(6) PhD, MPH, BSN		CDW, REFDOC, Joint Legacy Viewer (JLV), EMR/CPRS, SHEP, PIT, FBSC; Facility key Informant Interviews
Make Versus Buy – Examining the Evidence on Access, Utilization and Cost: Are We Buying the Right Care for the Right Amount? (Funding End: 9/30/2021)	<p>1) Examine variation in utilization of and access to VHA vs. Community Care (CC) over time (FY15-19).</p> <p>2) Develop and test a methodology to compare costs between VHA and CC.</p> <p>3) Examine use of specialty care, specifically surgery and mental health.</p>	(b)(6) PhD	(b)(6) PhD (b)(6) PhD	CDW (including the VHA's Program Integrity Tool (PIT) data; Fee Basis Files); SHEP survey data
Understanding Network Adequacy and Community Engagement in Veteran Care (Funding End: 9/30/2021)	1) Develop and validate measures of network adequacy for non-VA community care and evaluate regional variations in network adequacy across VAMCs and VA's 98 markets.	(b)(6) PhD MPH	(b)(6) PhD	CDW (including PPMS), OCC Data (providers, authorizations), Primary data collection

	<p>2) Examine the process by which Community Care decisions are made at individual VA facilities, and to identify existing and potential opportunities to expand community partnerships to deliver Community Care.</p> <p>3) The project will also interview Veterans regarding Community Care, including preferences for a network directory of providers and quality ratings of providers to more completely understand their perspectives on Community Care.</p>			
Optimizing Community Care for Veterans with Advanced Kidney Disease <b>(Funding End: 11/30/2023)</b>	Compare outcomes for Veterans with advanced kidney disease referred to community providers vs. those seen in VA facilities. To identify opportunities to improve delivery of community care for Veterans with advanced kidney disease	(b)(6)	MD, MA	CDW, USRDS registry (linked to VA data through VireC), Medicare claims
Veterans' Choice in Hospital Care <b>(Funding End: 5/31/2022)</b>	A comprehensive examination of the use of VA and non-VA care, total VA spending, and outcomes is needed to guide the development and expansion of community care programs like the VCP. Therefore, we will estimate the change in utilization and spending on VA-provided and VA-sponsored care in the context of other non-VA care (primarily Medicaid expansion). We will also study which patient characteristics and VA hospital characteristics influenced Veterans' choice of VA or community care providers. Finally, we will examine the impact of the VCP on hospital mortality for hospitalized patients	(b)(6)	PhD, MHS	CDW, VSSC, VA hospital compare, state hospital data
Partnered Evidence-Based Policy Resource Center - National Access and Clinic Administration Evaluation and Community Care Technical Assistance <b>(Funding End: 9/30/2020)</b>	<p>These are evaluation activities under operations. Partnered activities with OVAC include</p> <p>1) development of algorithms to characterize underserved facilities to comply with Section 401 of the MISSION Act (primary care and specialty care)</p> <p>2) evaluation of the impact of clinical resource hubs (Section 402) on underserved status</p> <p>3) evaluation of impact of medical scribes on provider efficiency and patient experience (Section 507). Partnered activities with OCC include development of wait time measures by specialty, and prediction of claims spending derived from consult volume and type.</p>	(b)(6)	PhD	CDW, V-Signals
Enhancing Veterans' Access to Care through Video Telehealth Tablets <b>(Funding End: 9/30/2022)</b>	To understand and enhance the effectiveness and implementation of tablet distribution to high-need Veterans with access barriers	(b)(6)	MD, MS	CDW, Surveys, tablet distributor (DALC), tablet use (Ironbow-tablet contractor), PSSG, Fee Basis
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1					
2					

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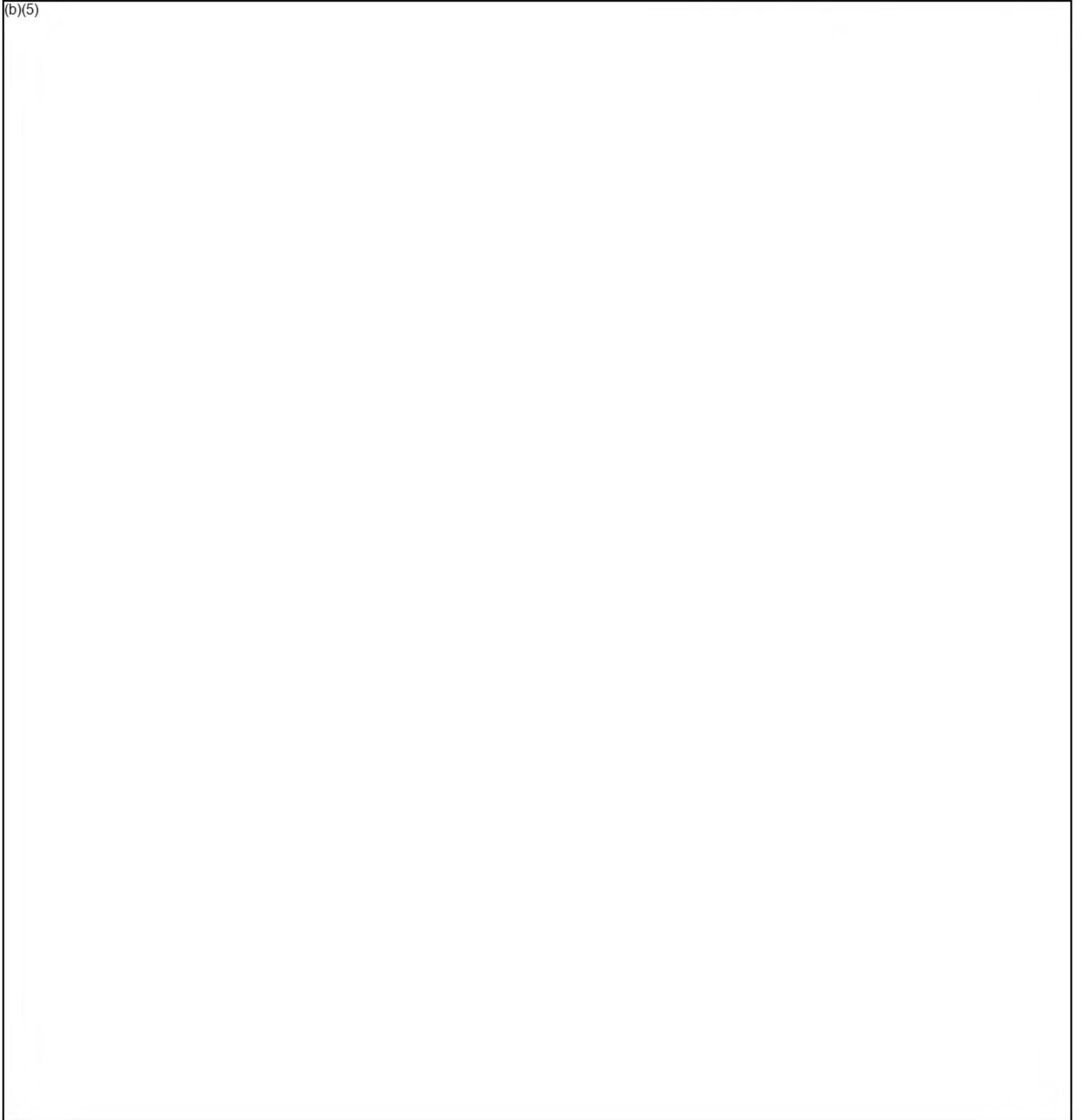
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of the Freedom of Information



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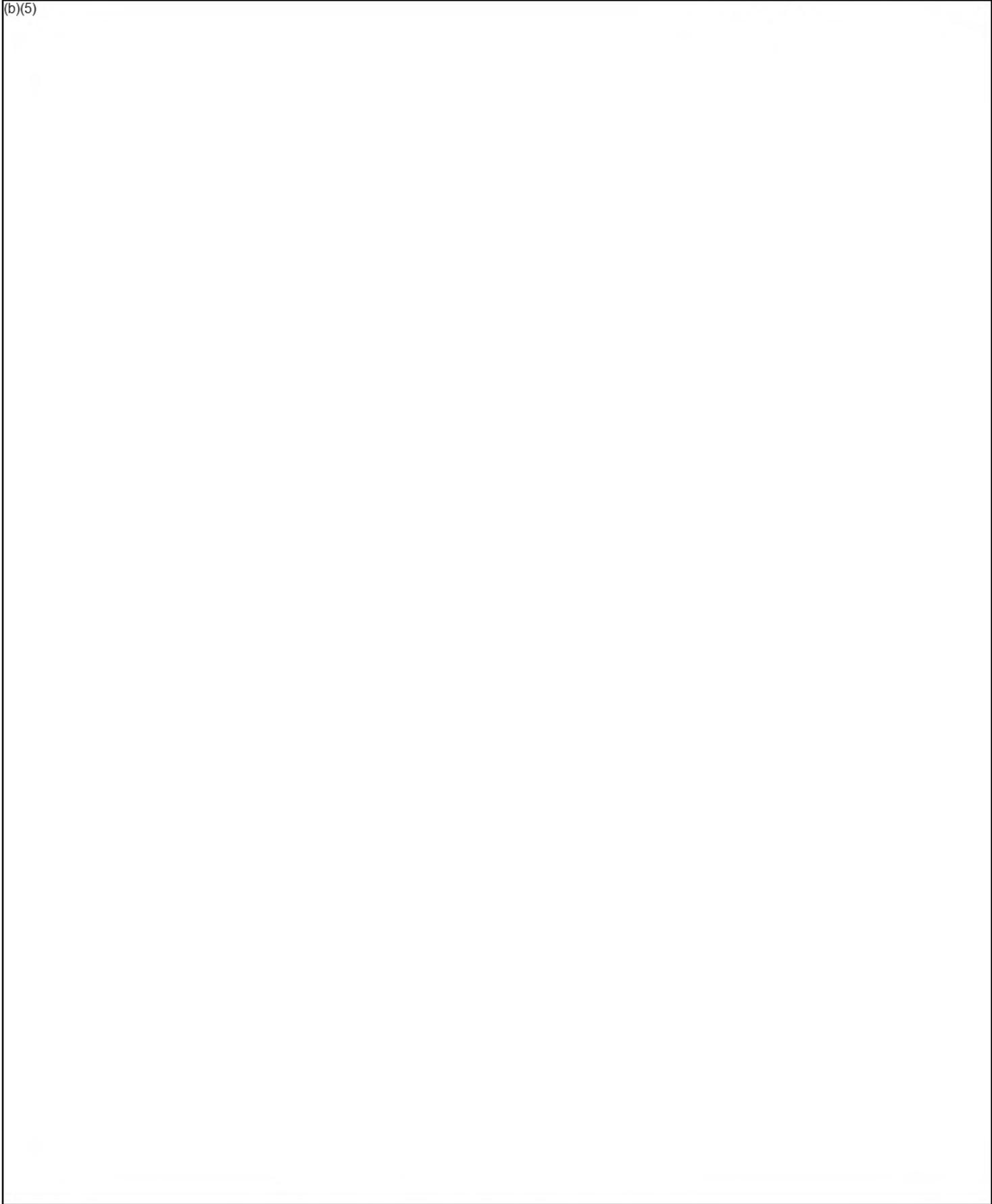


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Page 4447

Withheld pursuant to exemption

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of the Freedom of Information

Page 4448

Withheld pursuant to exemption

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of the Freedom of Information

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network. VA planned appropriately for phased rollout and will work with Optum to adjust the network based on Veteran utilization rates.

2) **Continuity of Care:** The VA claims veterans are allowed to continue treatment with their TriWest providers until the completion of the episode of care and that TriWest would remain in place for a short period to ensure continuity of care within the region.

(b)(5)

**Response:** VA has worked with Optum to identify providers that were in the PC3 network that should be recruited into CCN for continuity of care needs. Optum meets weekly with VA to identify situations where patients are receiving complex/critical treatment like oncology or post-surgical follow up with a PC3 provider who is not currently in CCN. Optum reaches out to the providers and facilities to contract them in order to provide continuity of care for the Veteran under a new CCN referral. Not all providers have been willing to join CCN that were also in PC3, but targeted efforts have been and will continue to reduce the impact on continuity of care and avoid situations where Veterans utilize Medicare coverage to continue being seen by a provider where the VA initially referred them.

These numbers below do not display which providers were in PC3 and also joined CCN, which would speak to the continuity of care more explicitly. However, it does show that the volume of providers is greater.

CCN – 9,682 unique Providers practicing at 22,448 care sites in Kansas

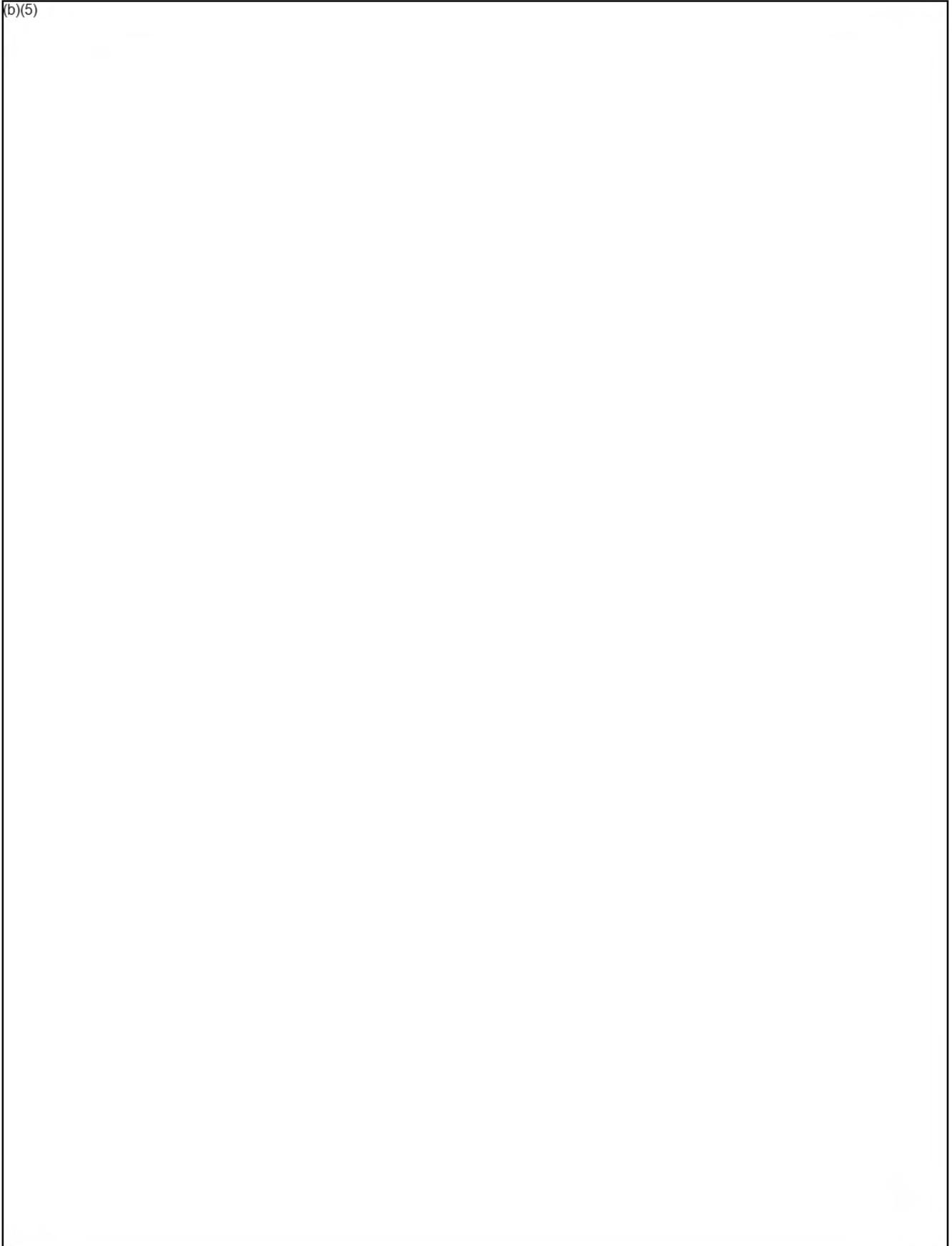
PC3 – 8,651 unique Providers practicing at 19,683 care sites in Kansas

3. **Cumbersome Referral Process:** KS VA's are experiencing an uptick in community care consults/referrals but the time to schedule has doubled due to a bloated scheduling process with multiple systems. (b)(5)

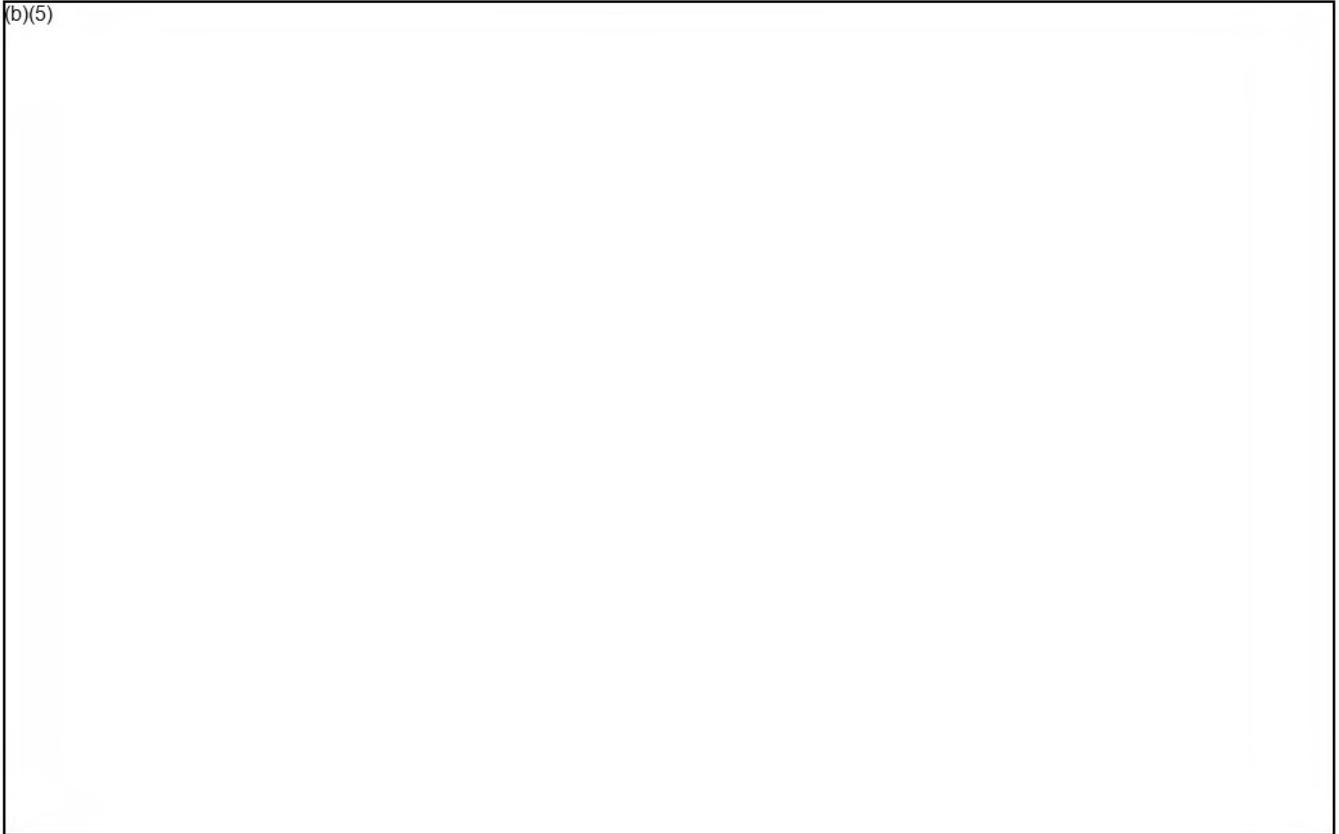
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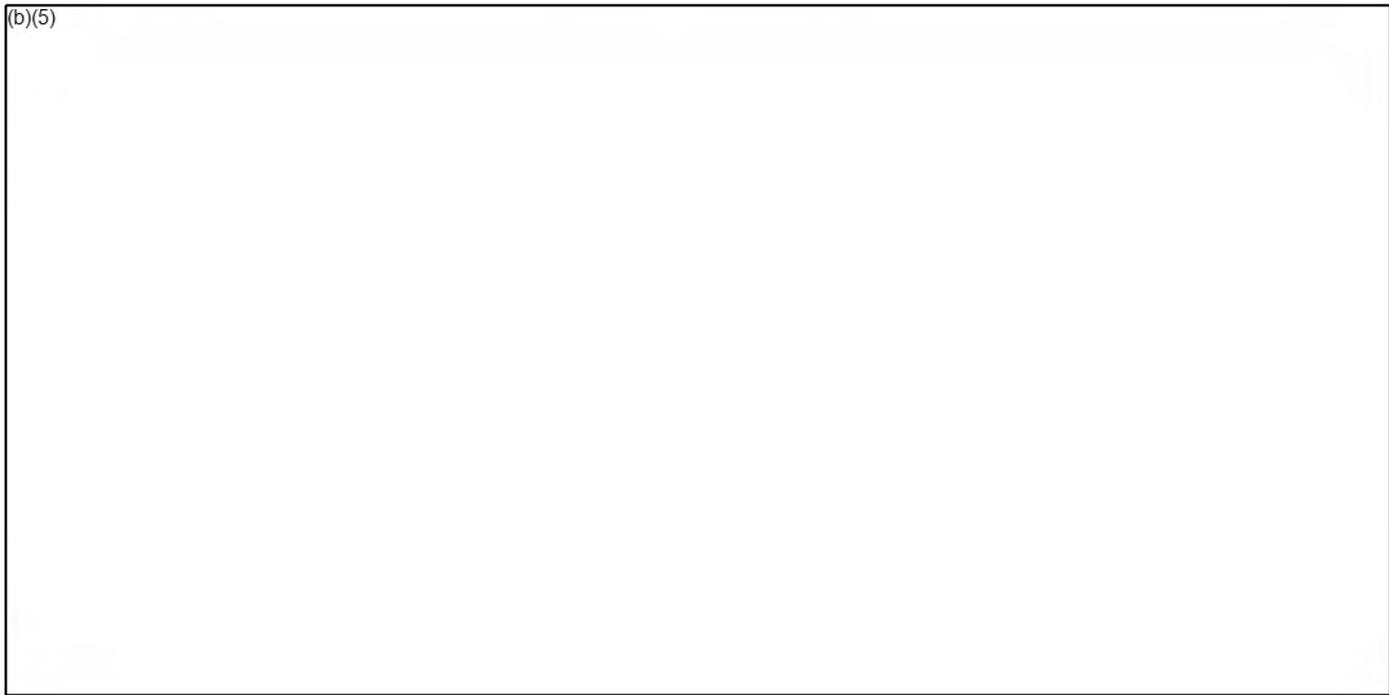


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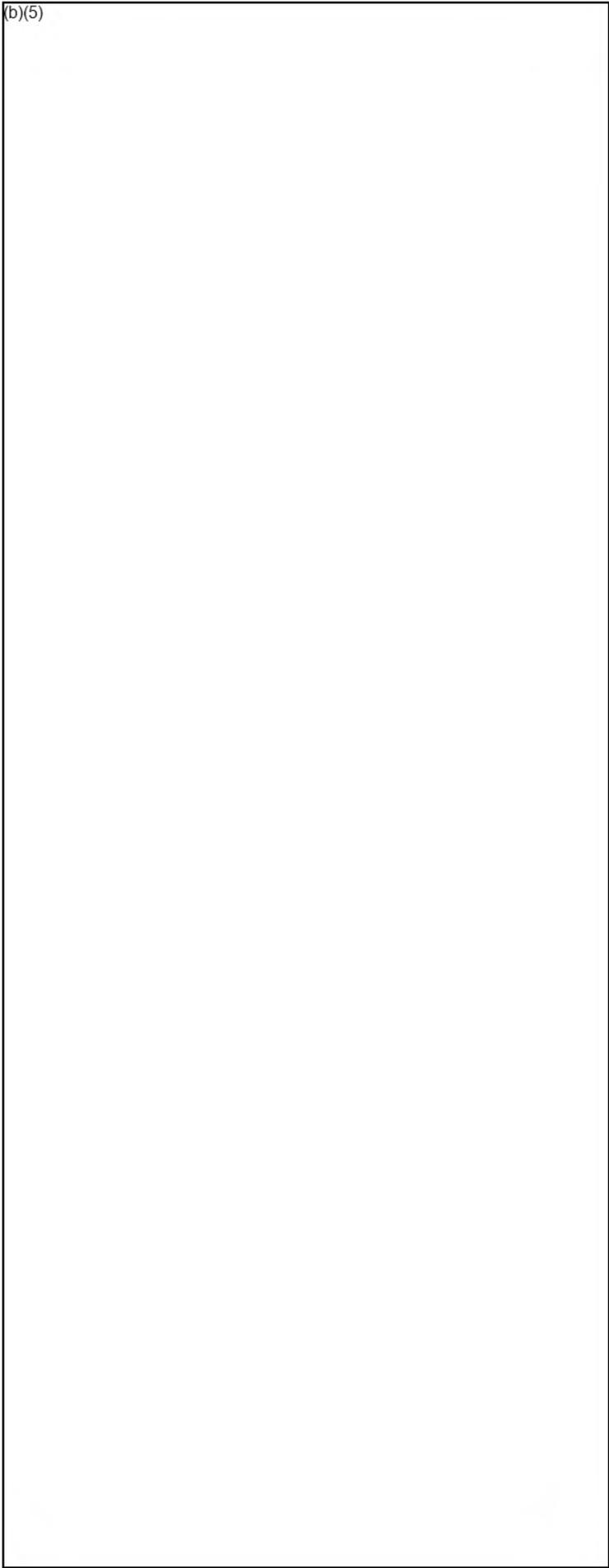


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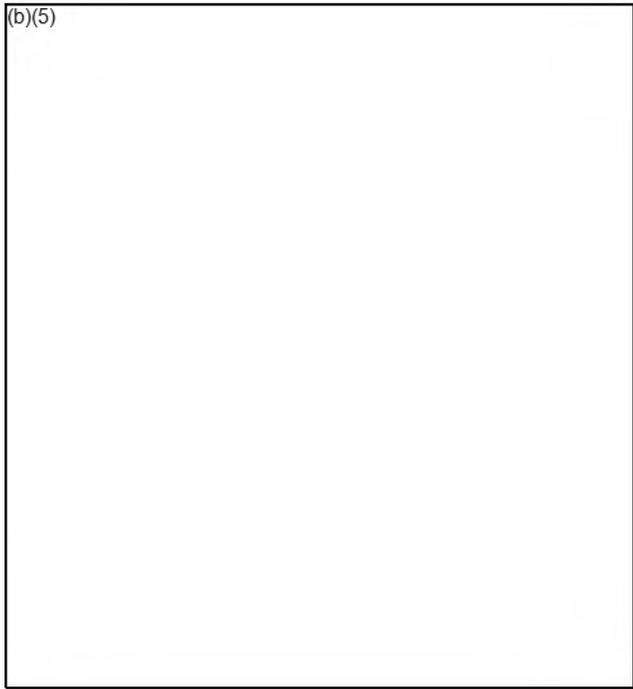
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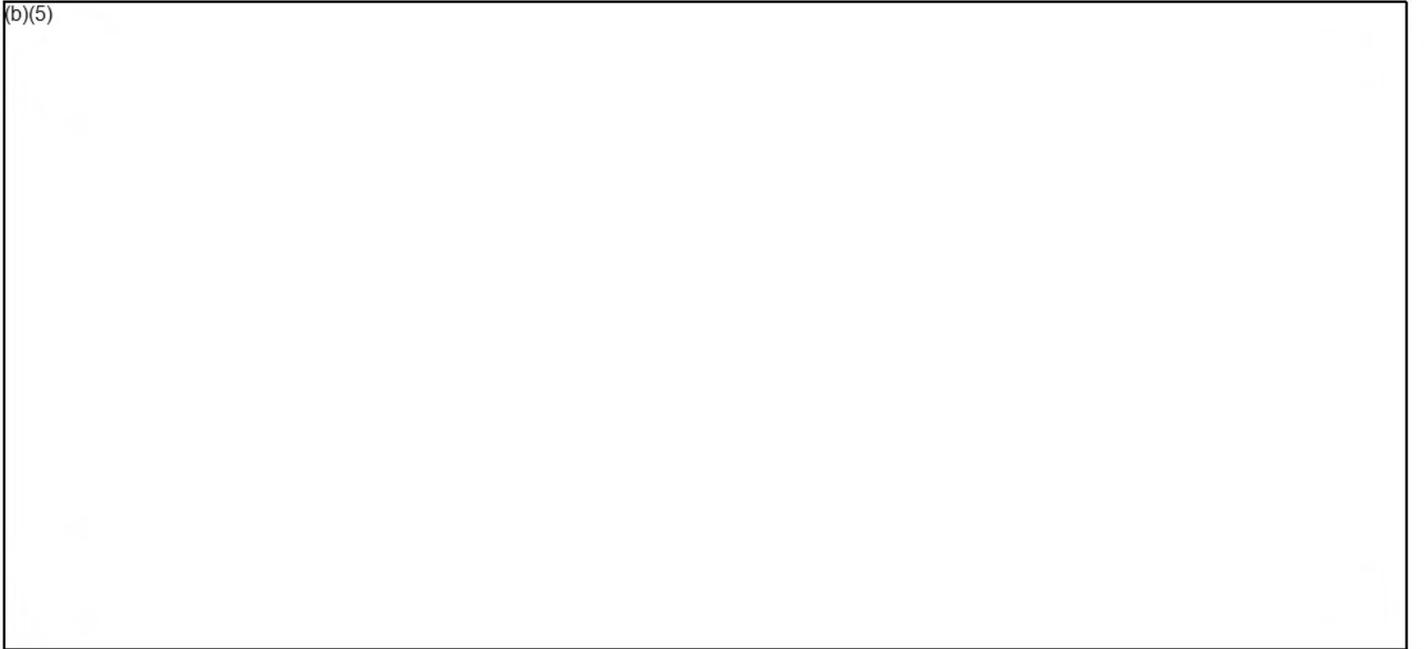


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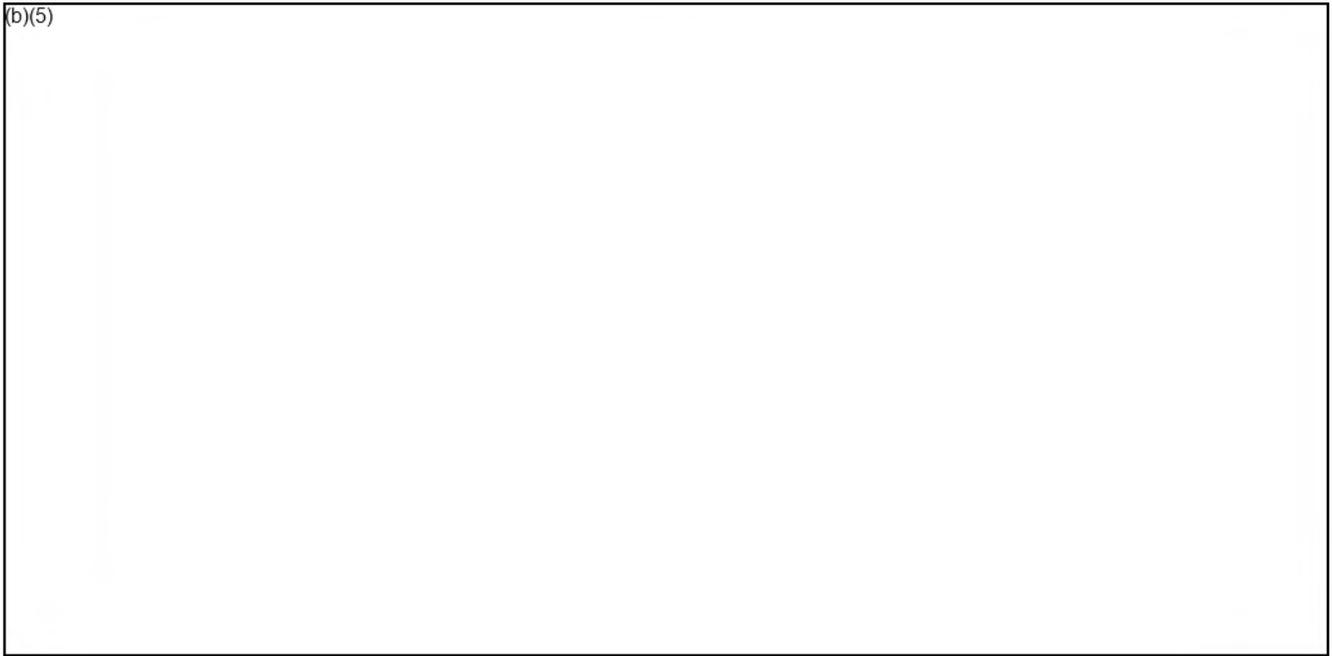
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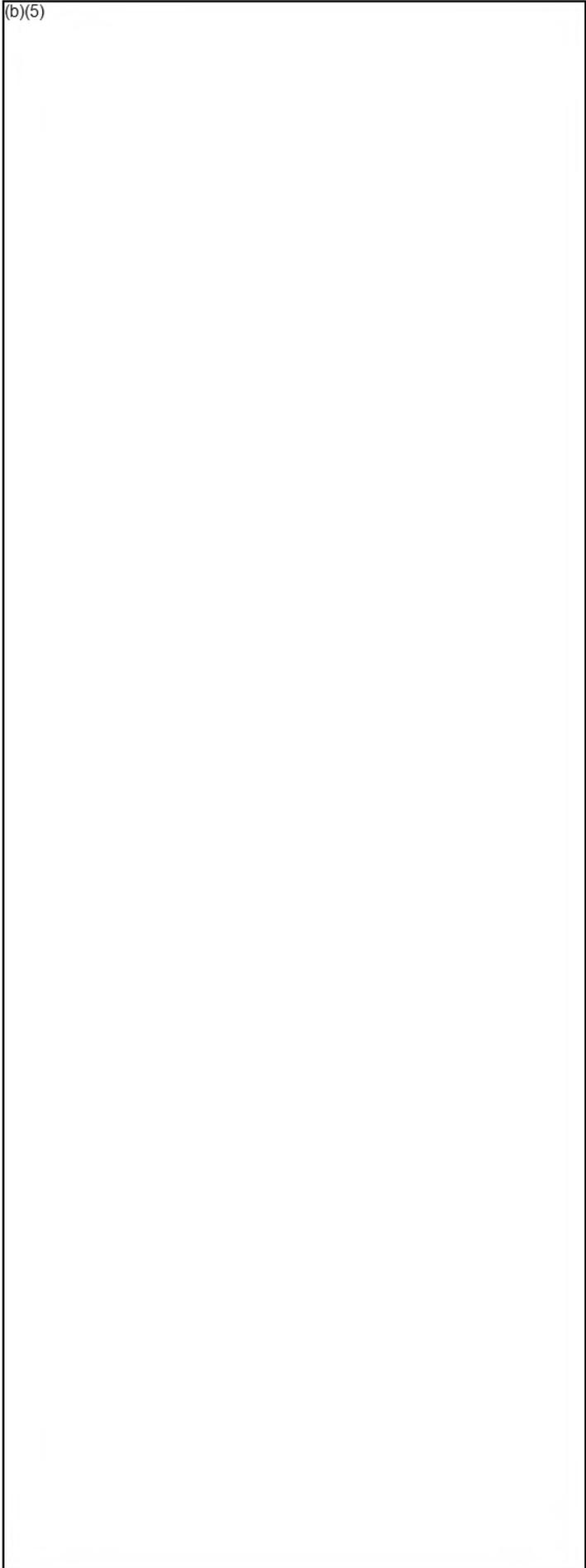


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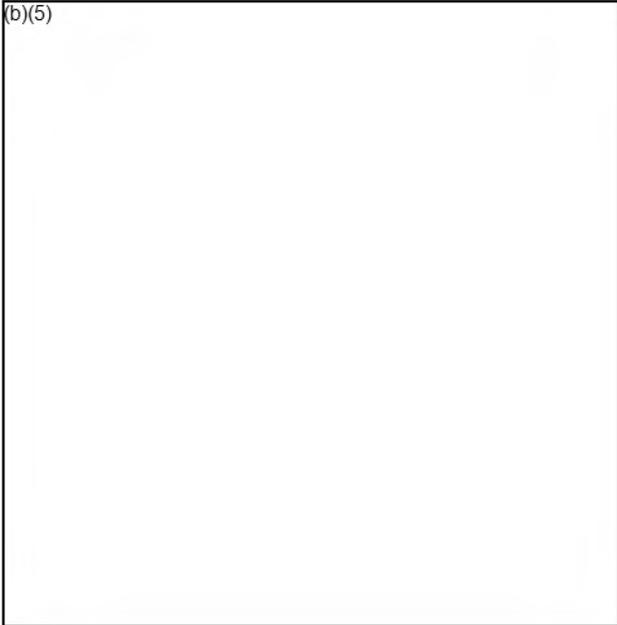
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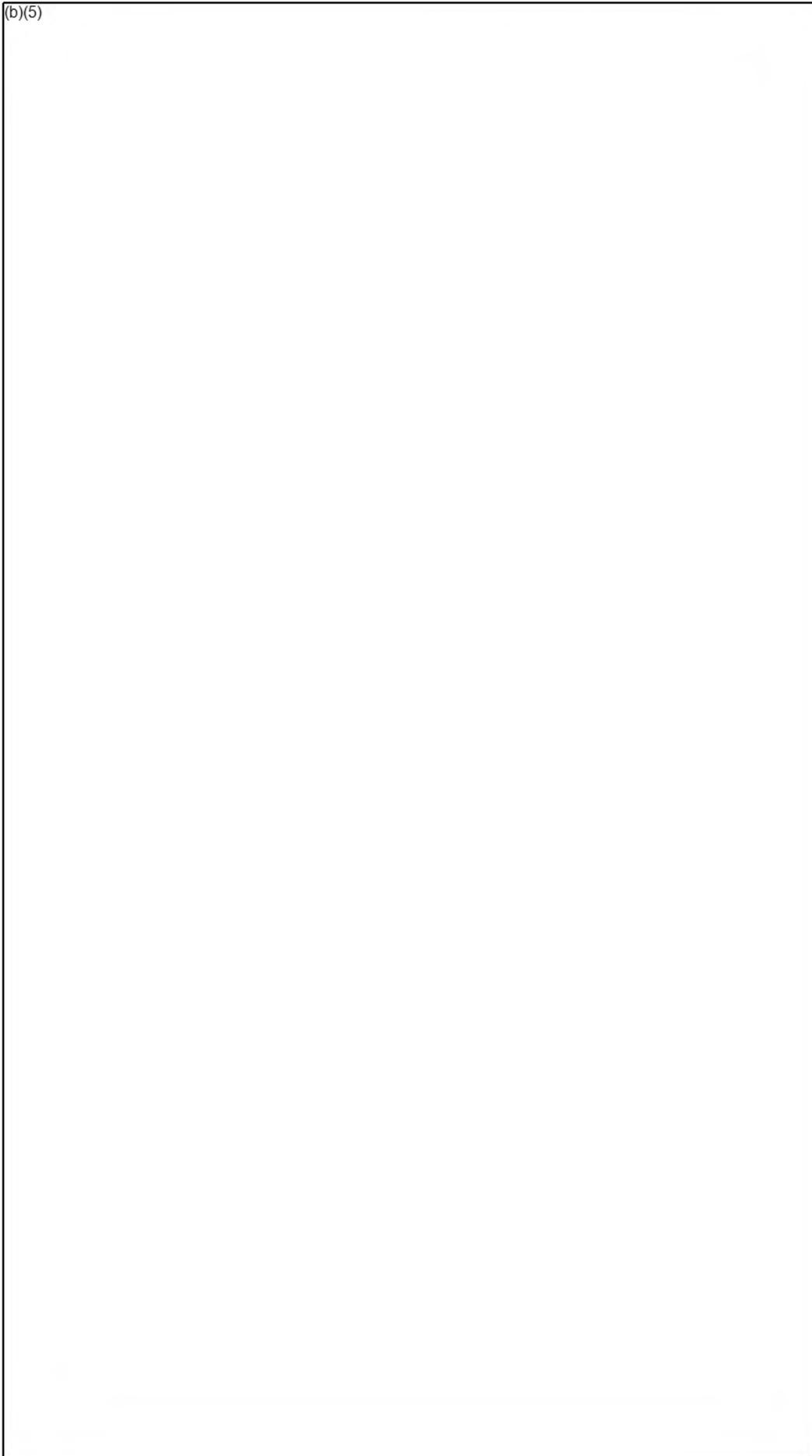


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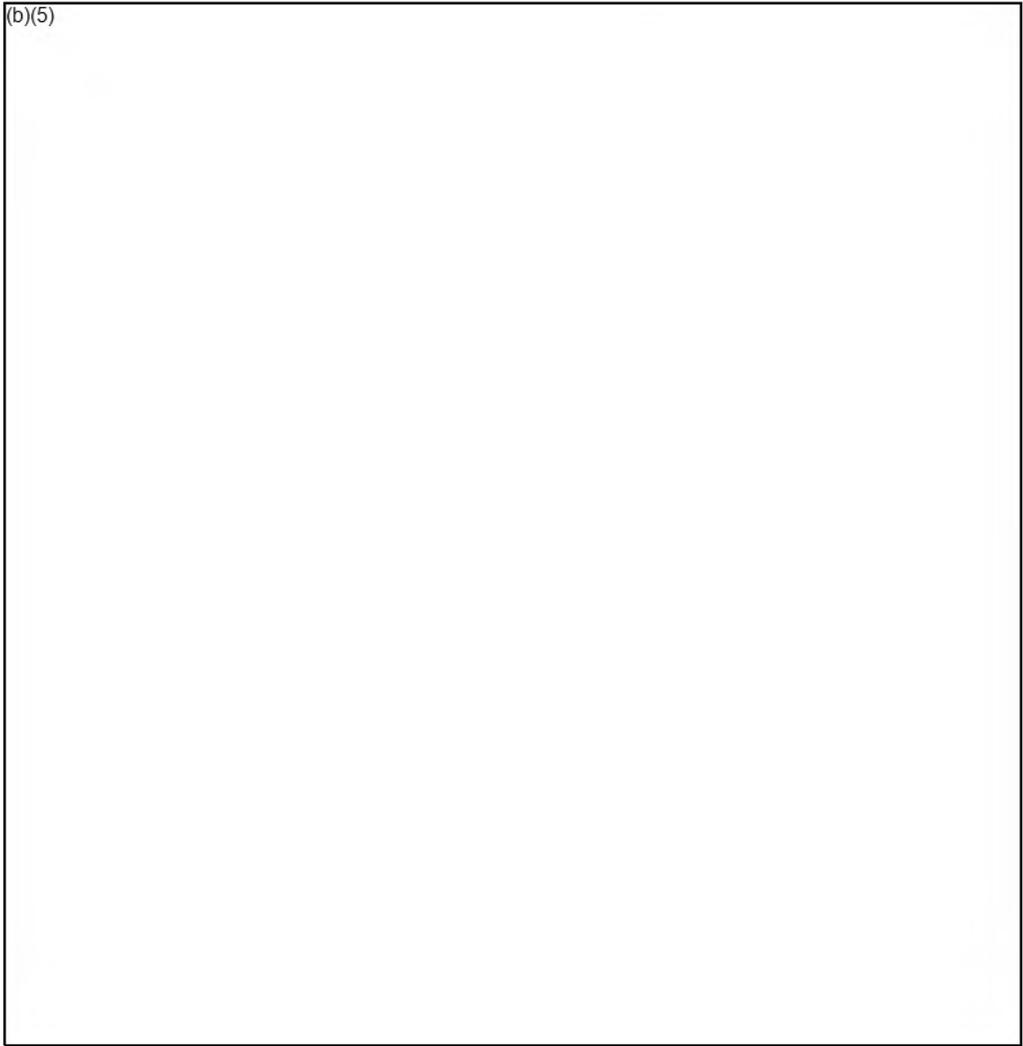


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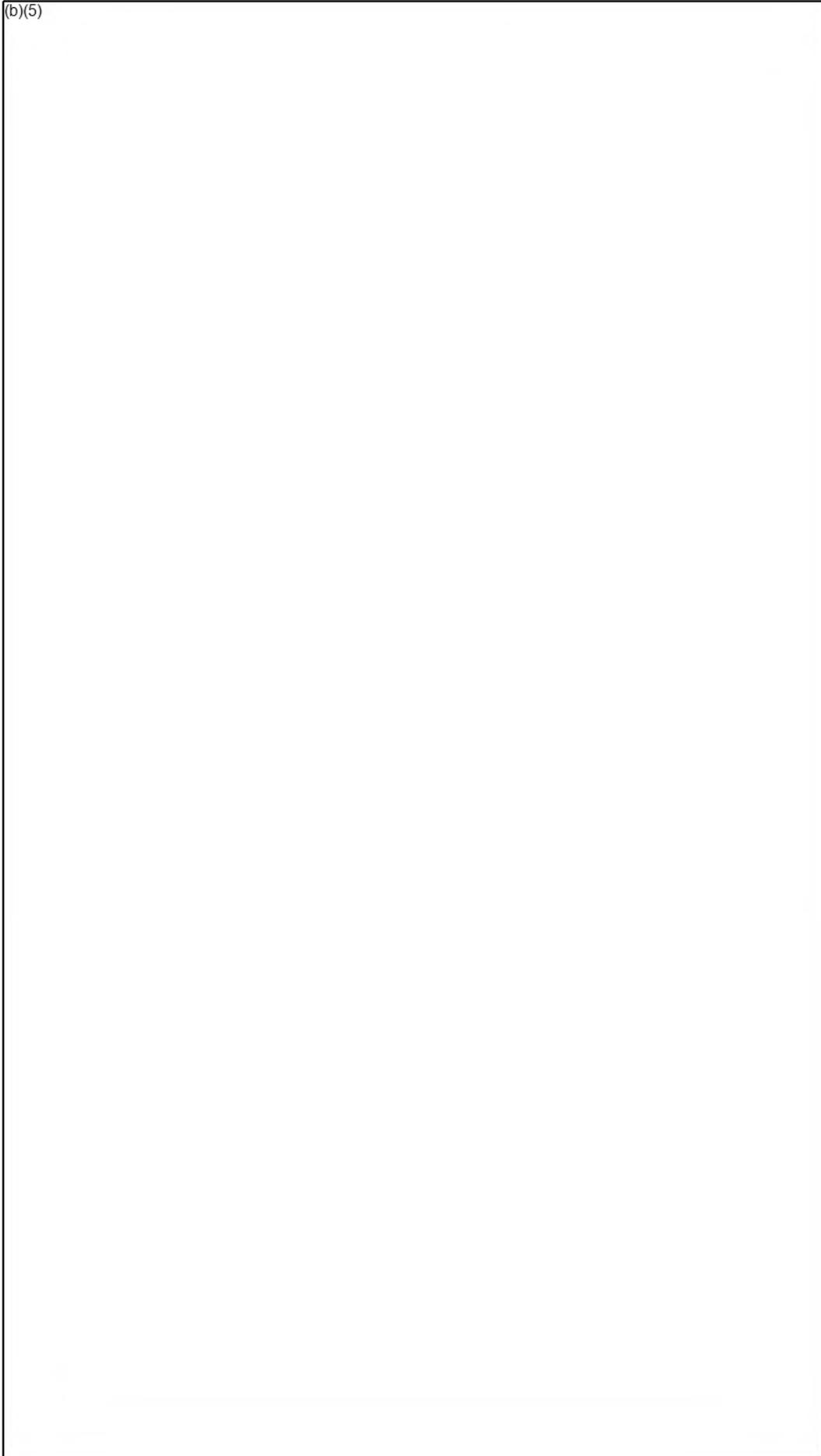
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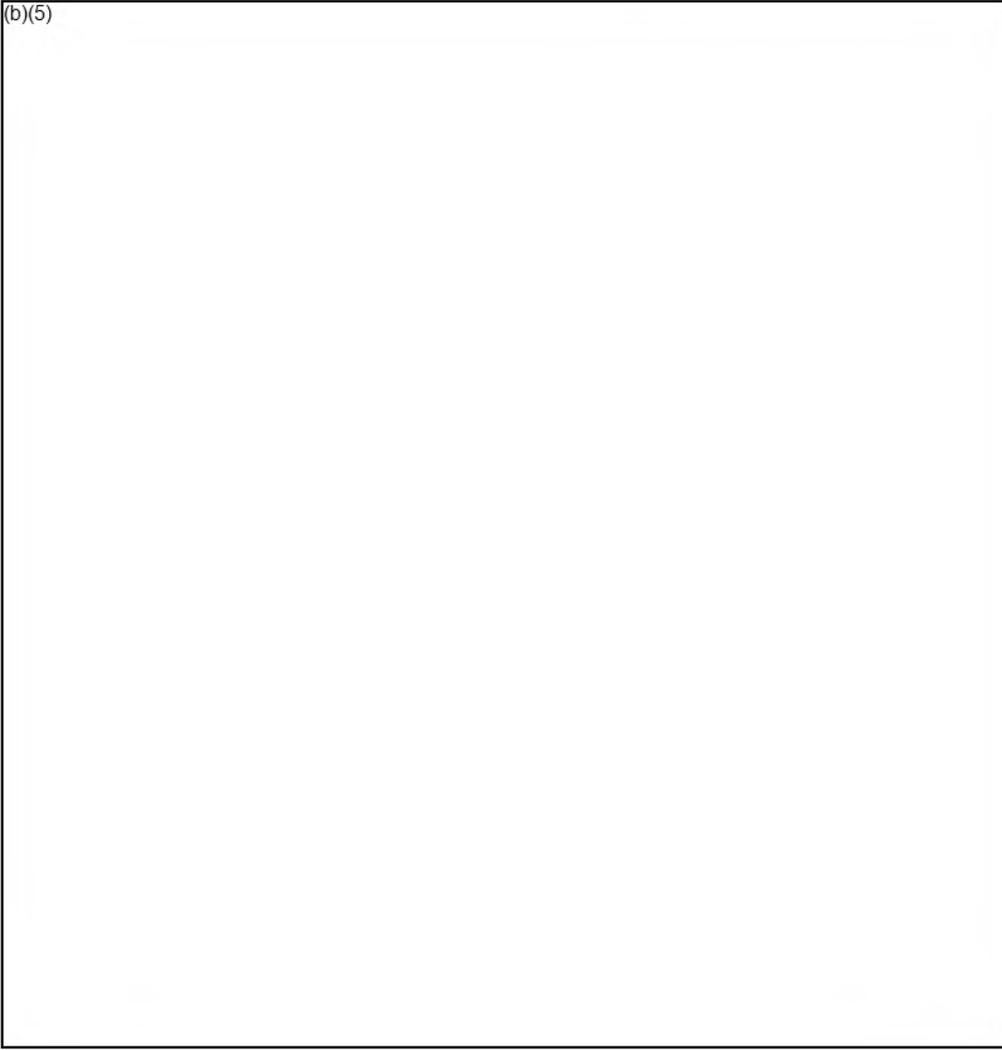
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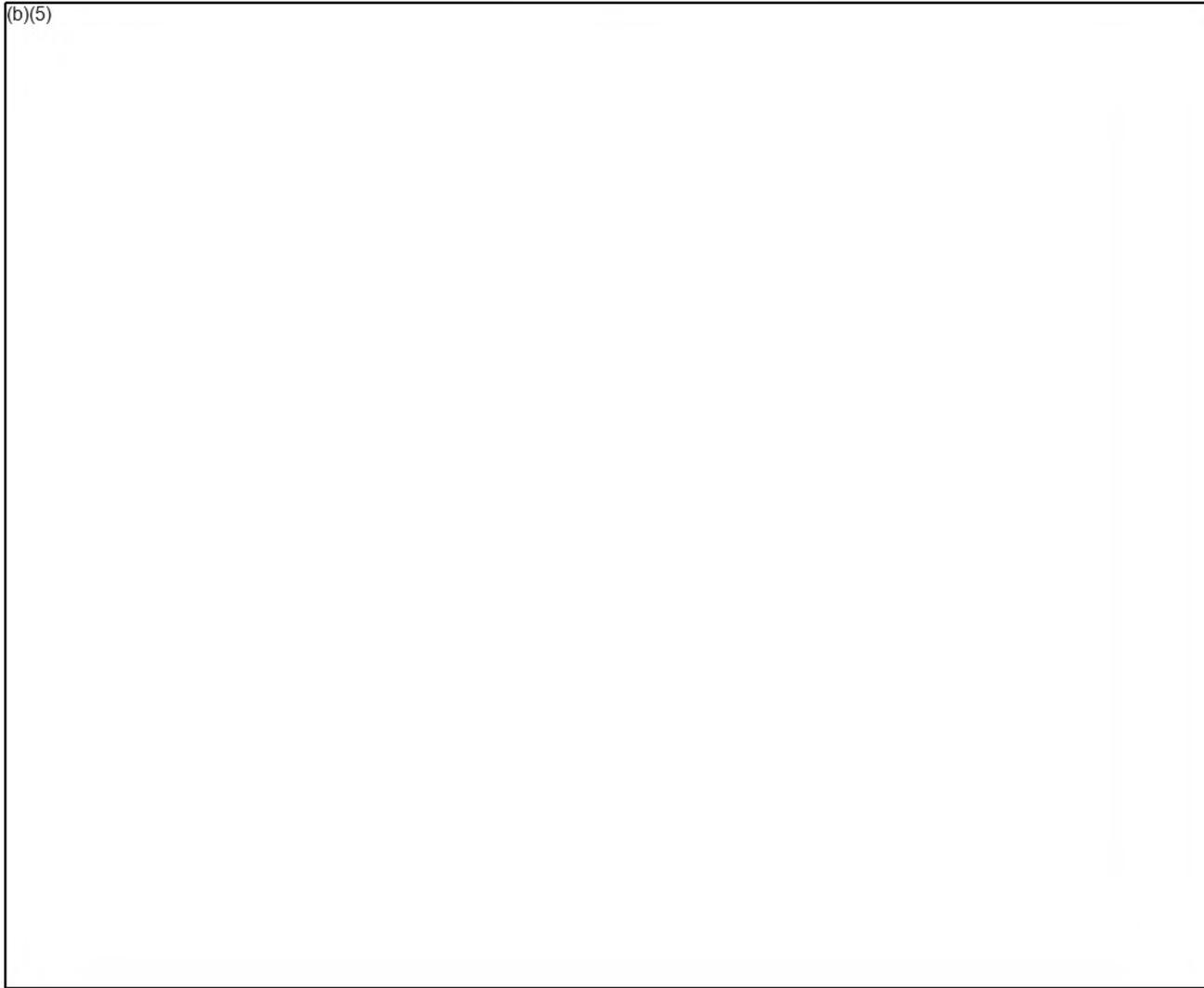


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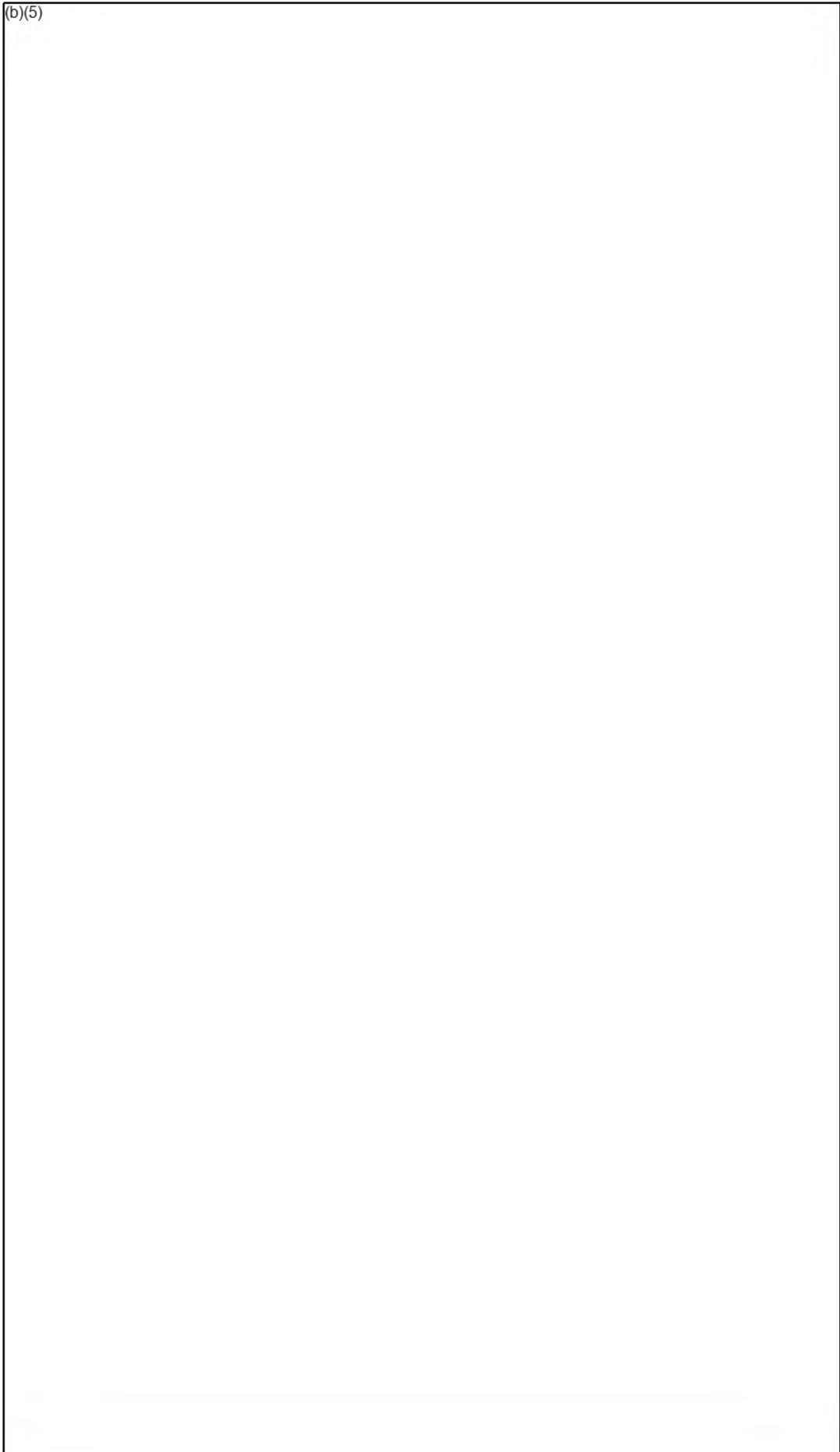


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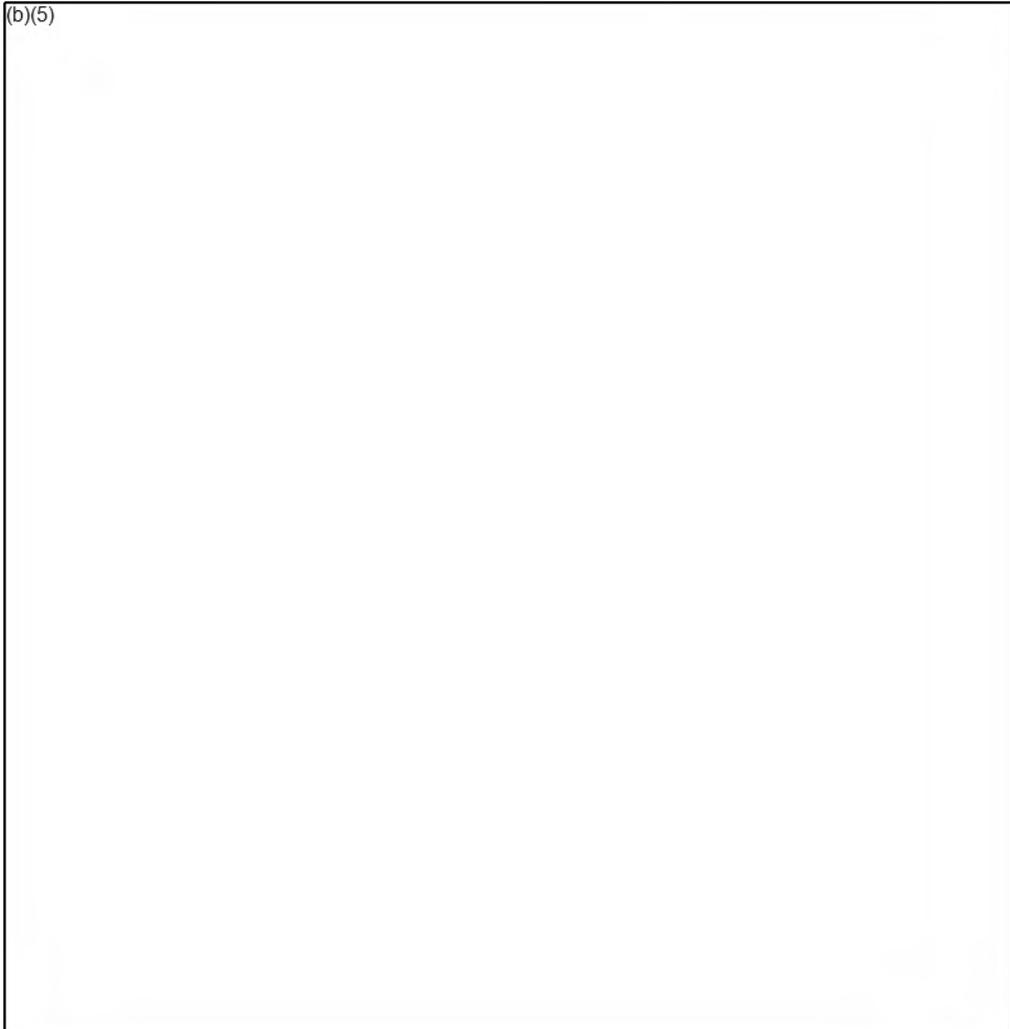
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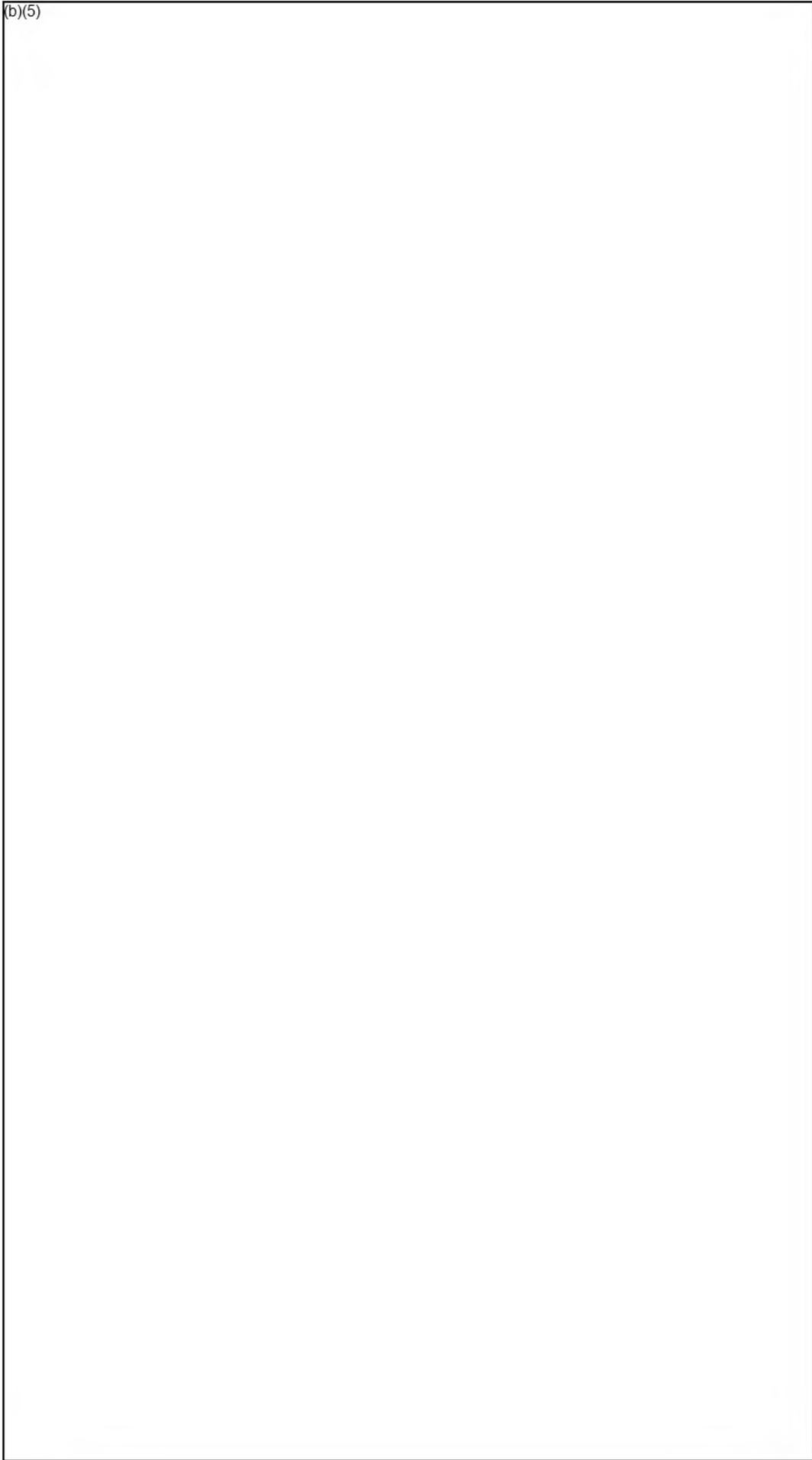
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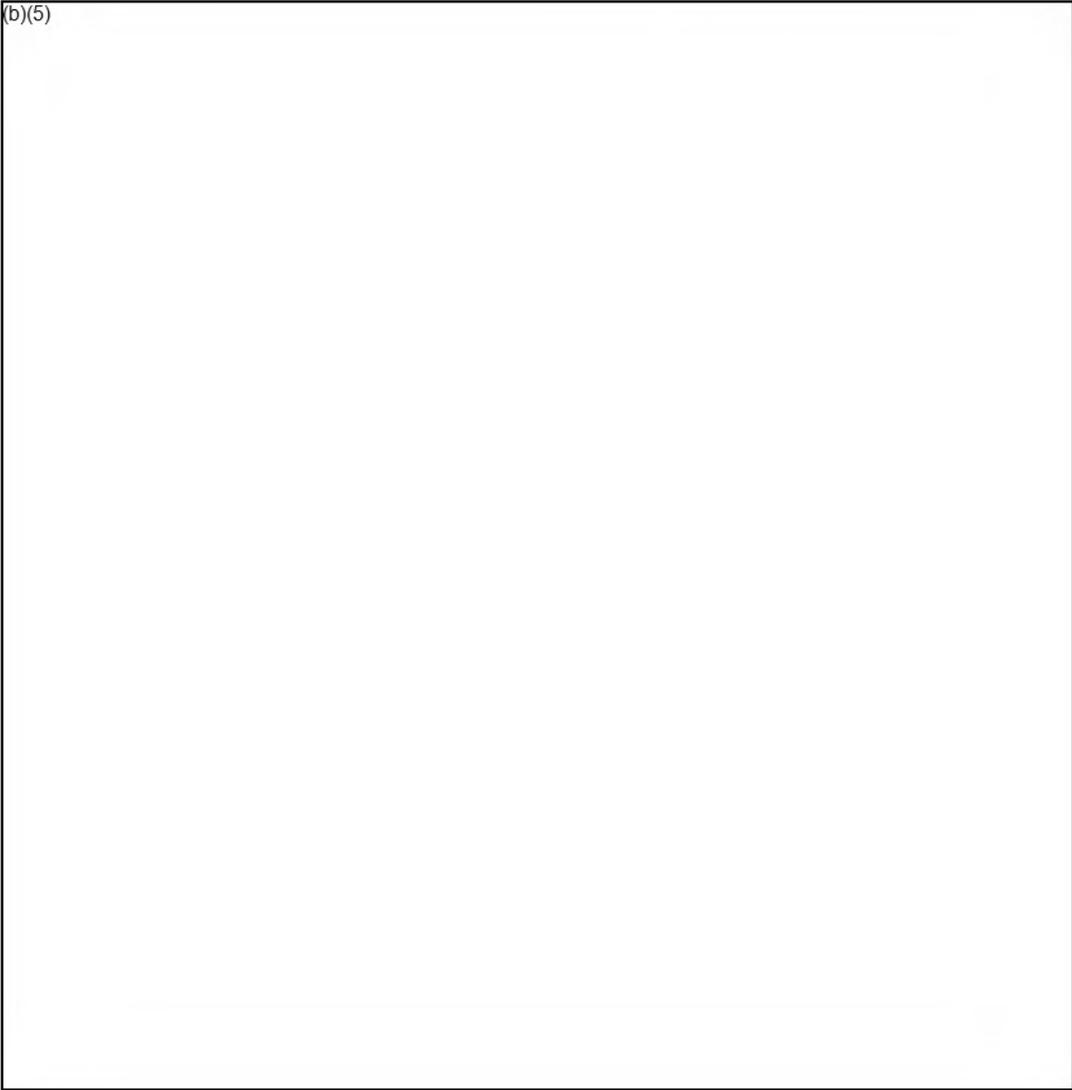
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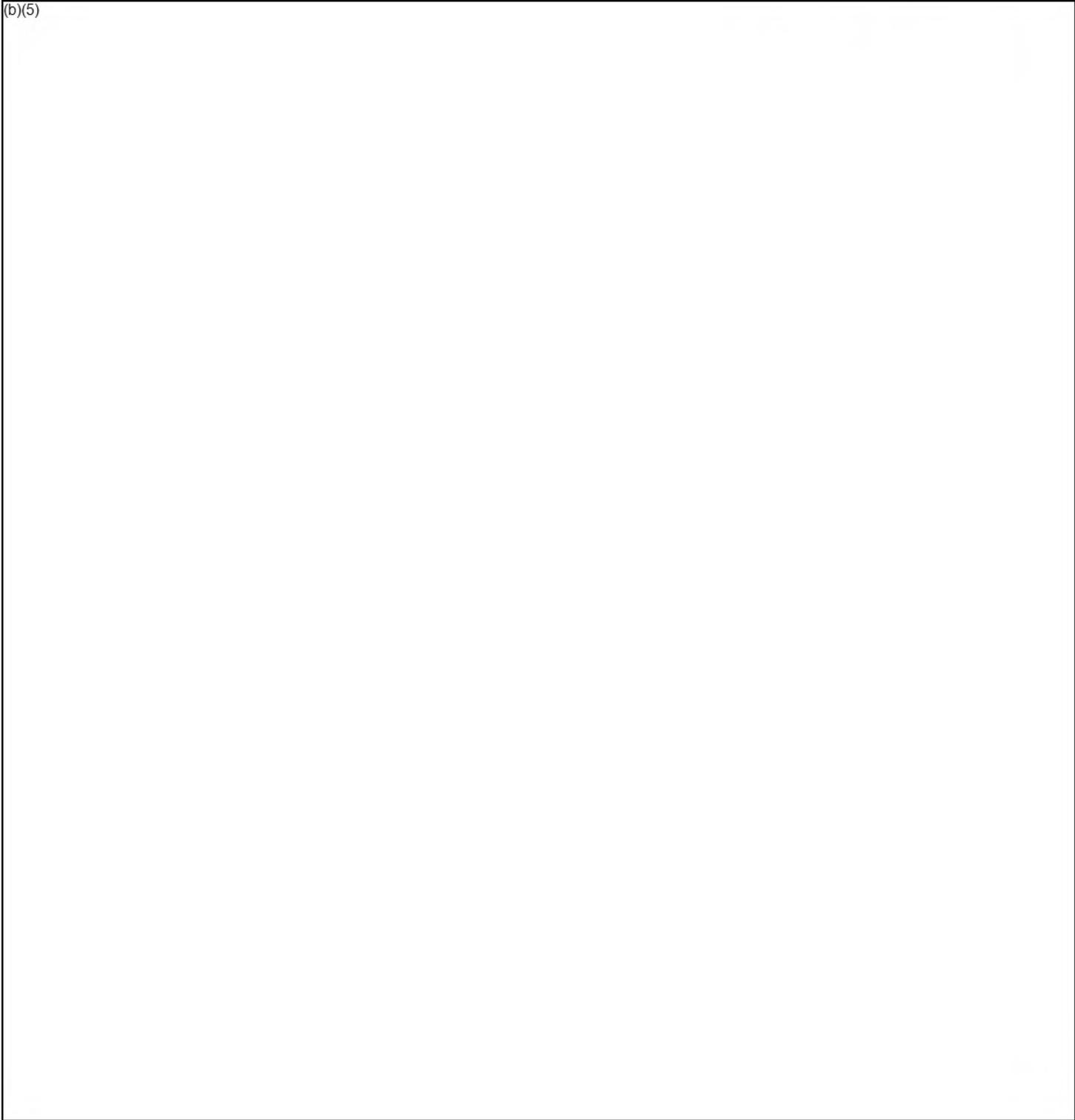
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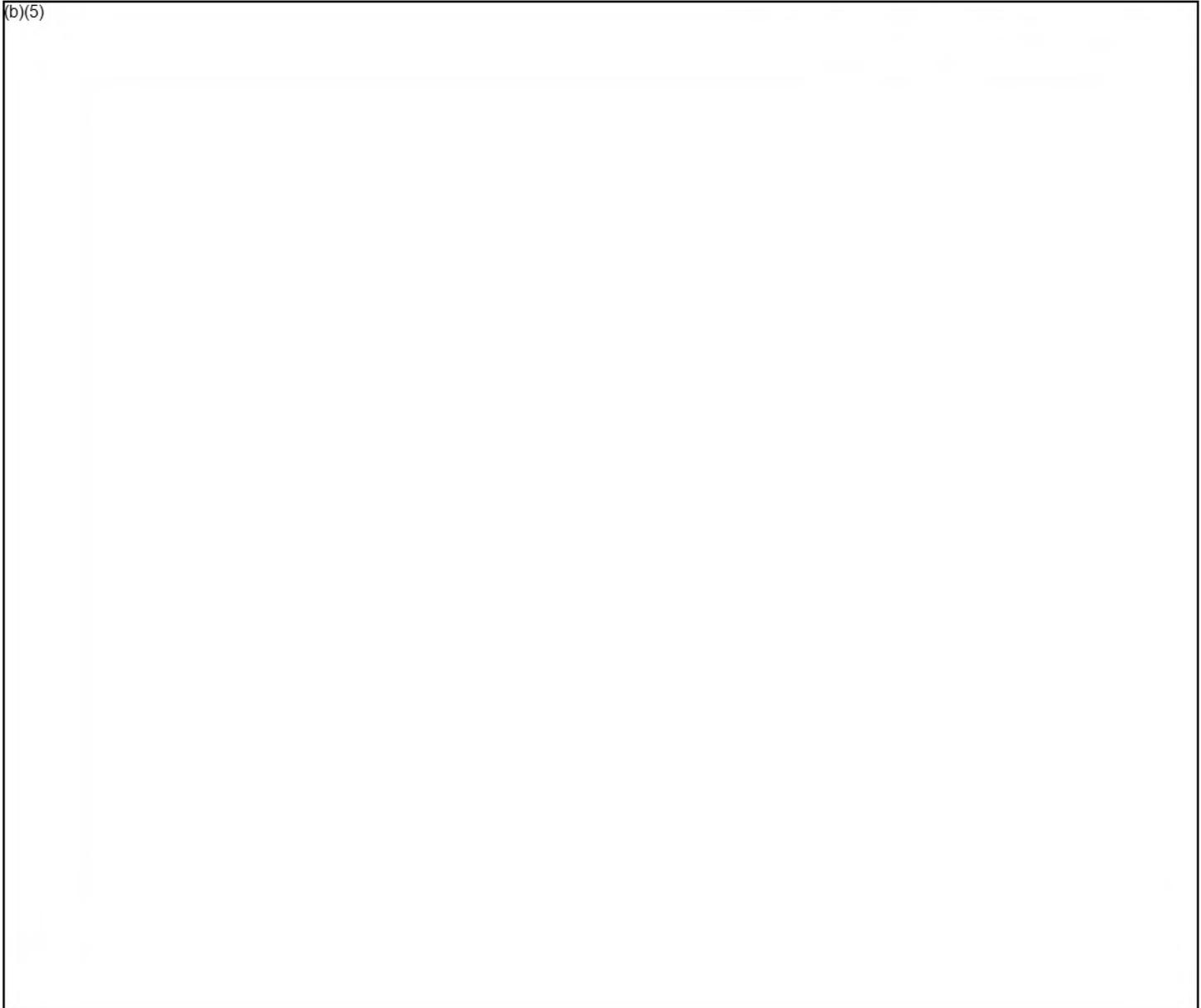


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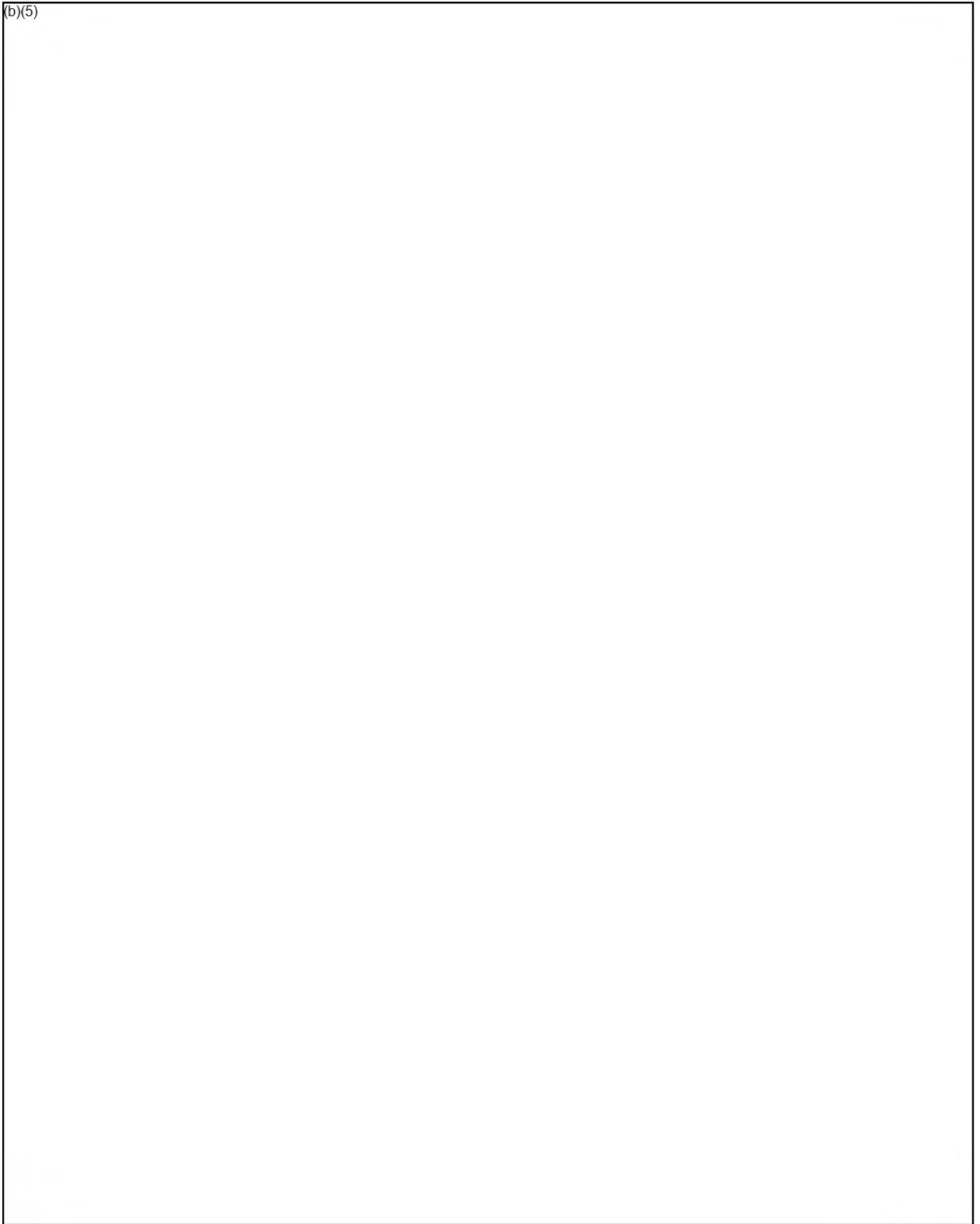






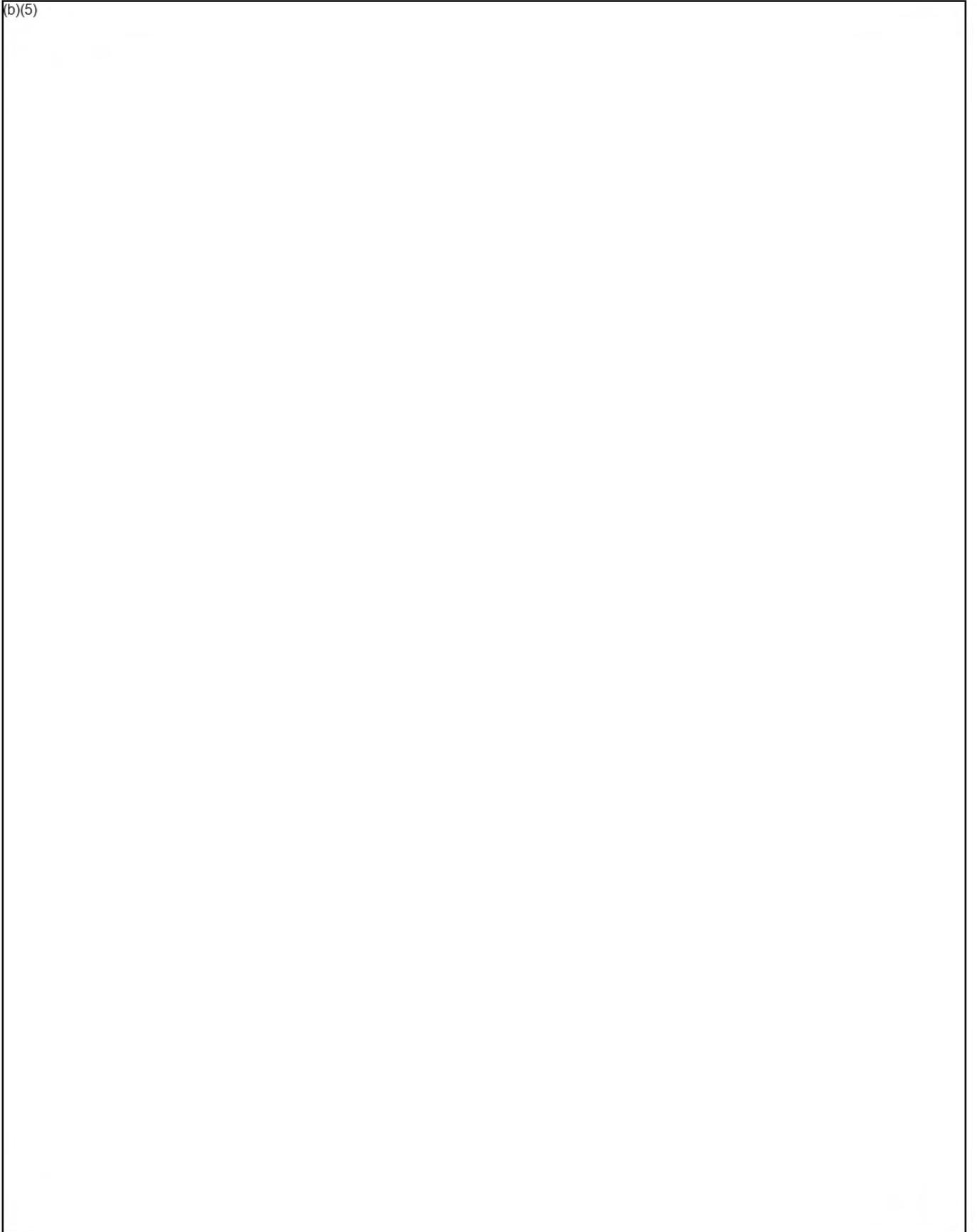
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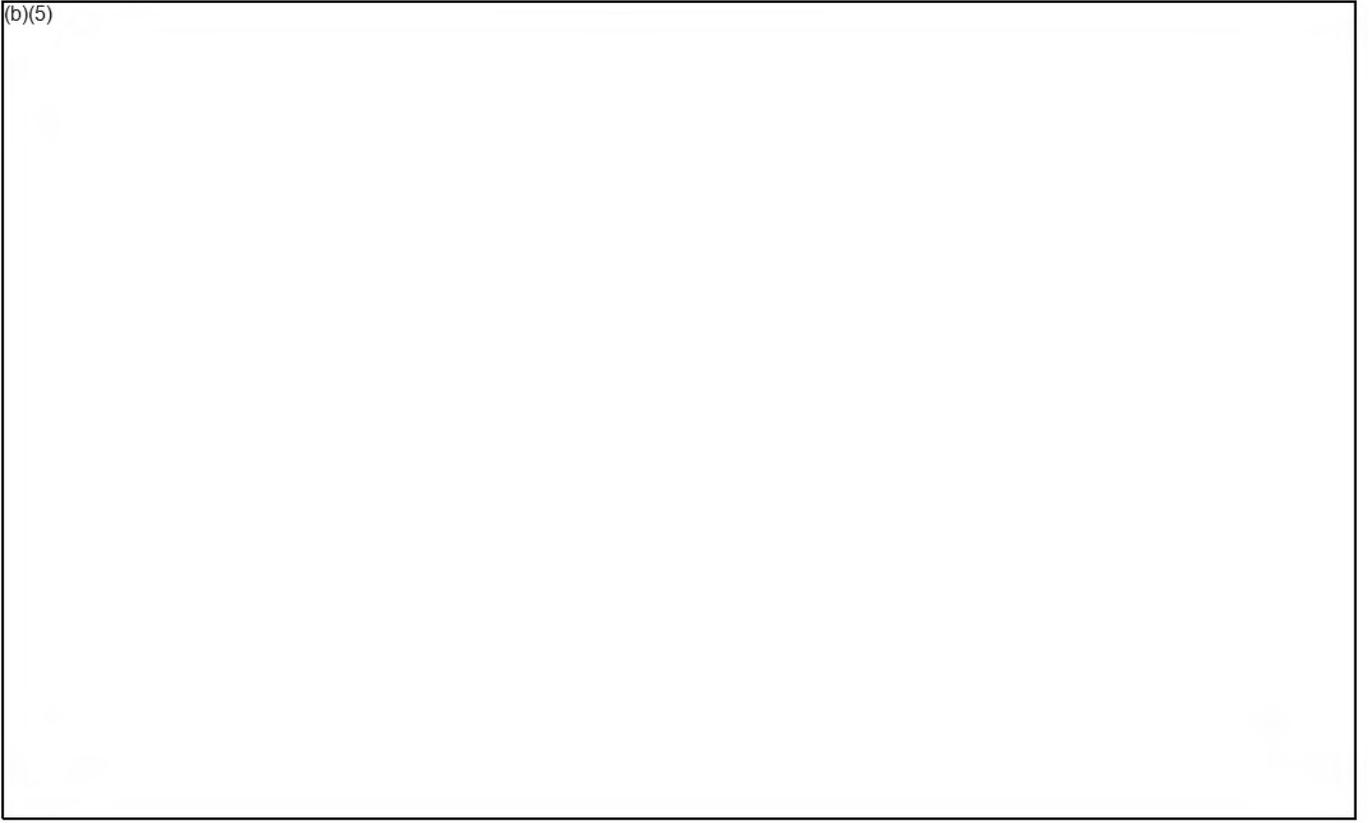


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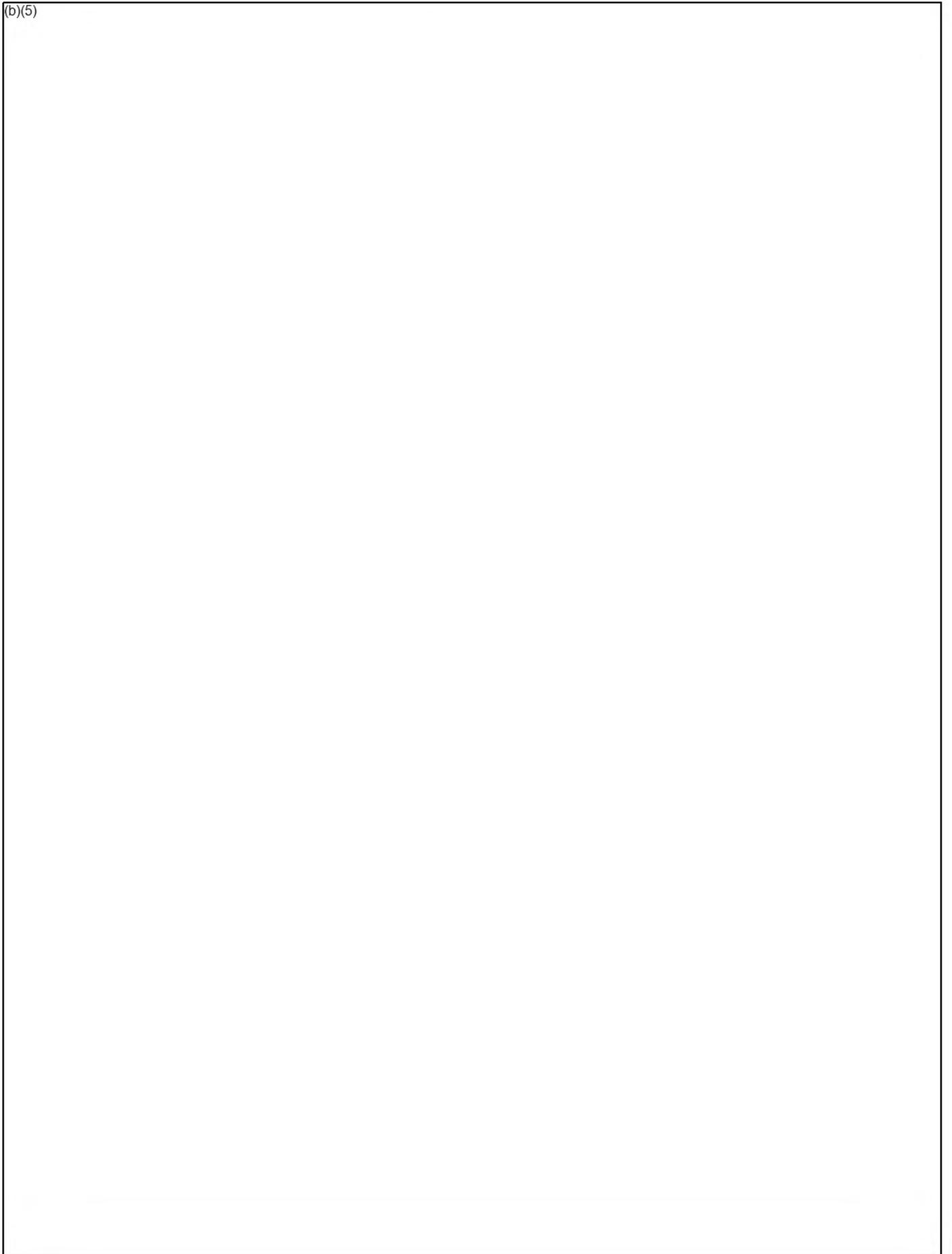
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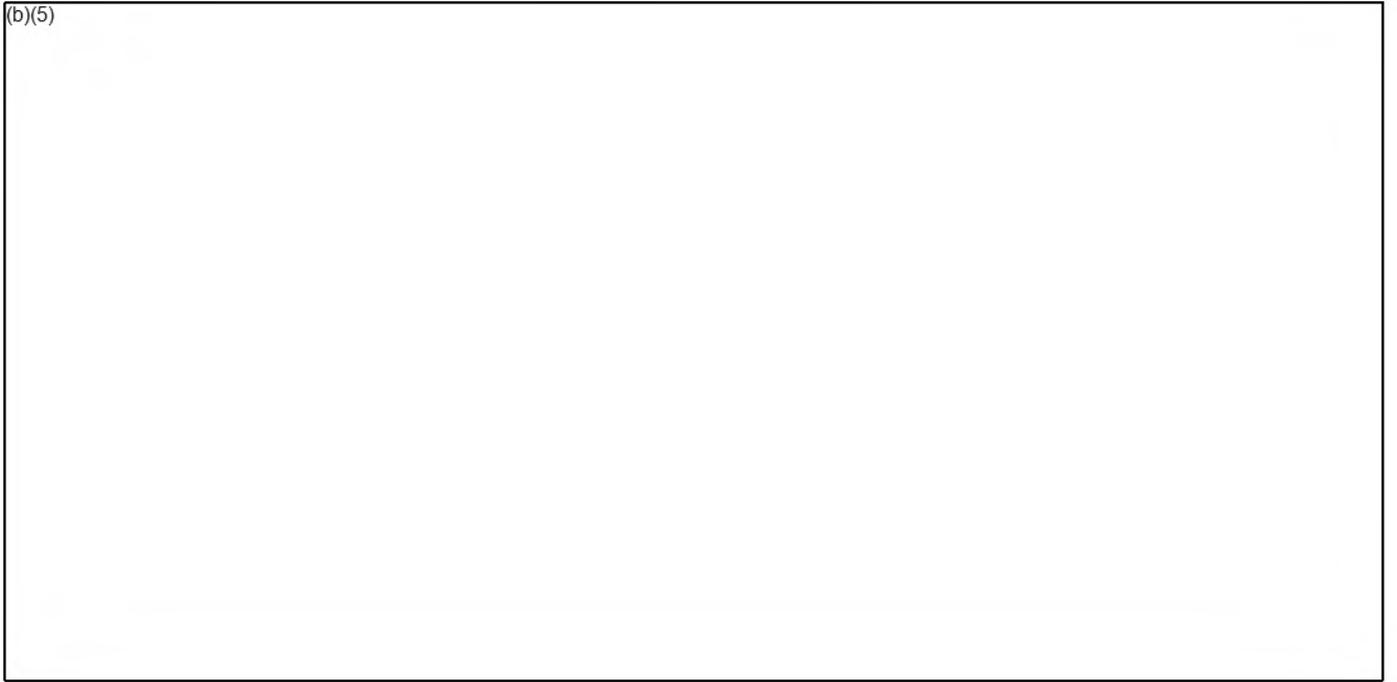
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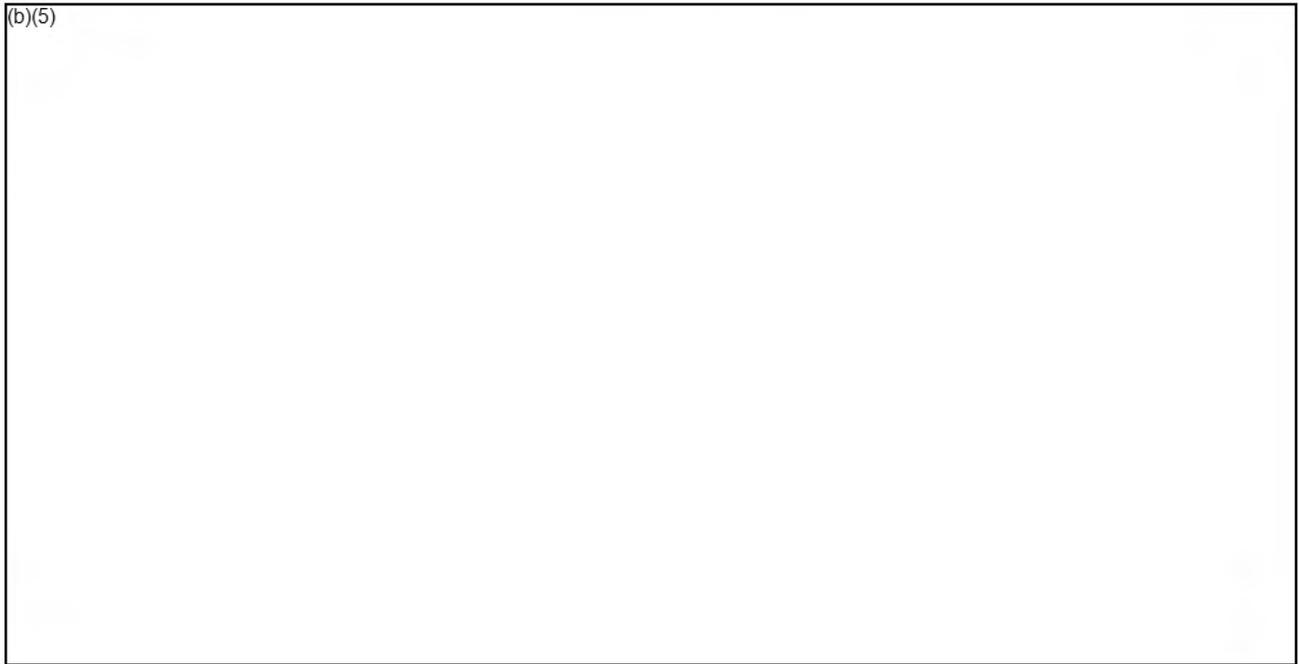


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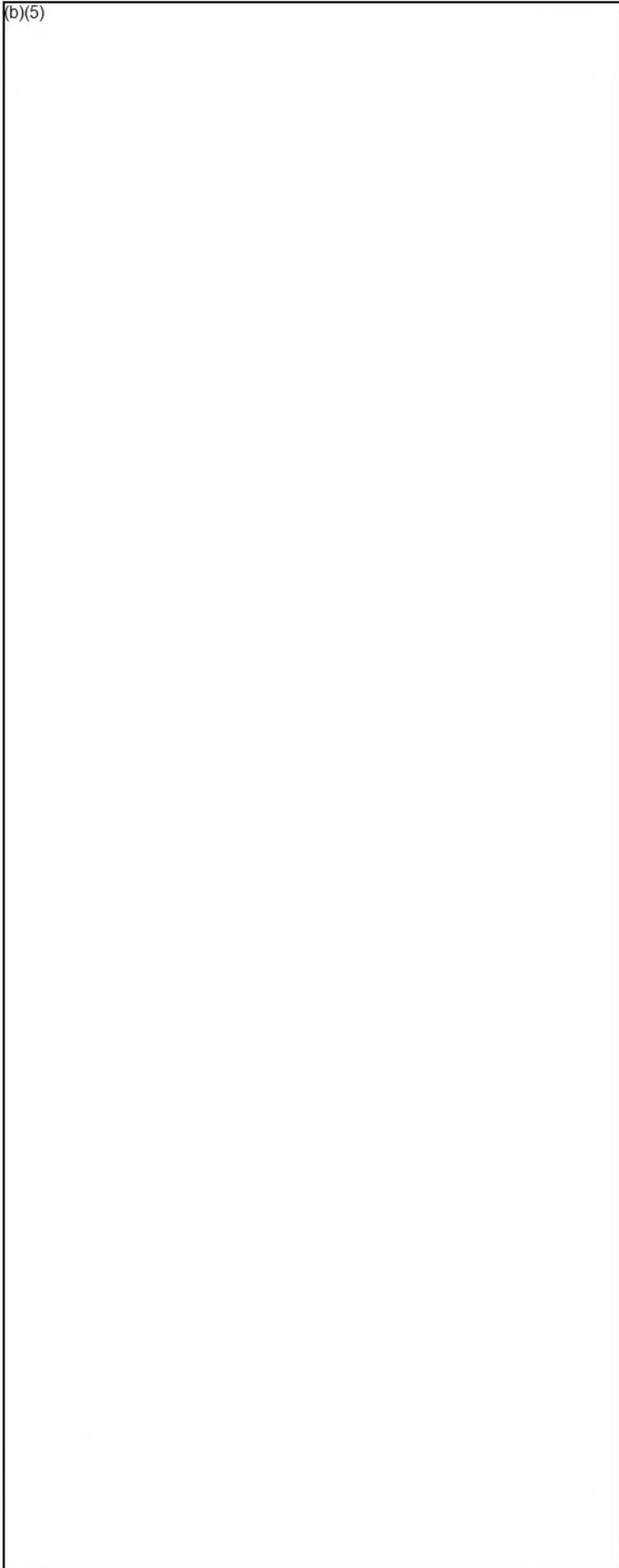


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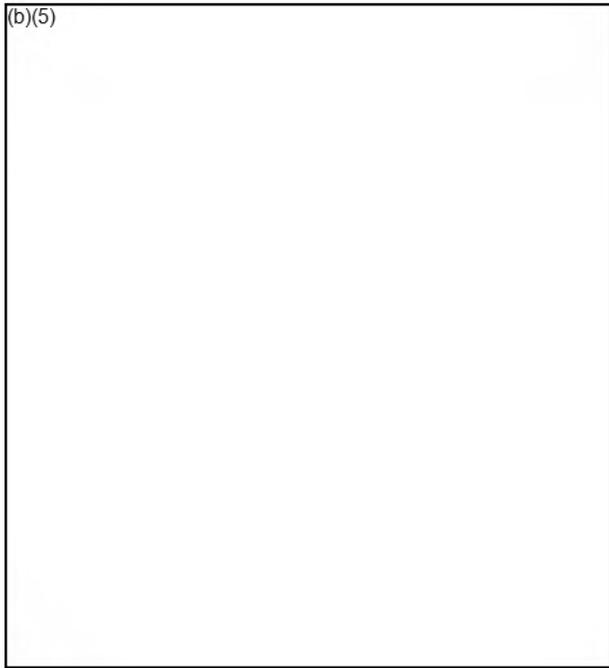
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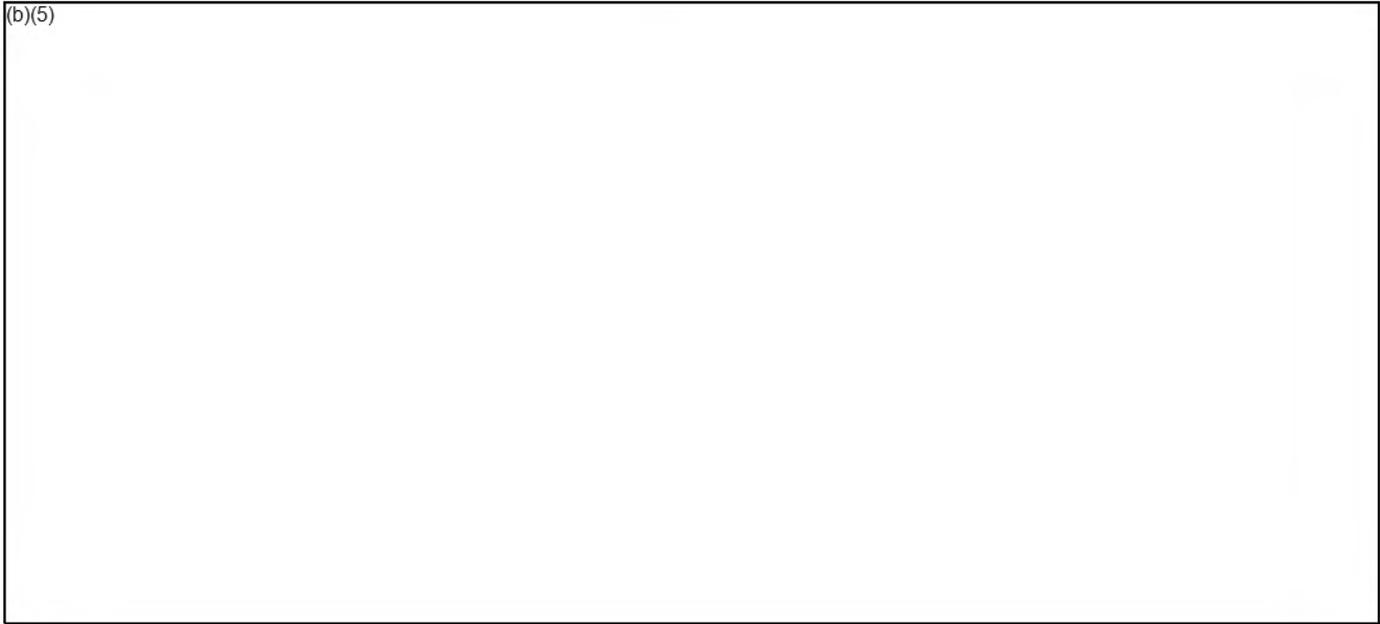


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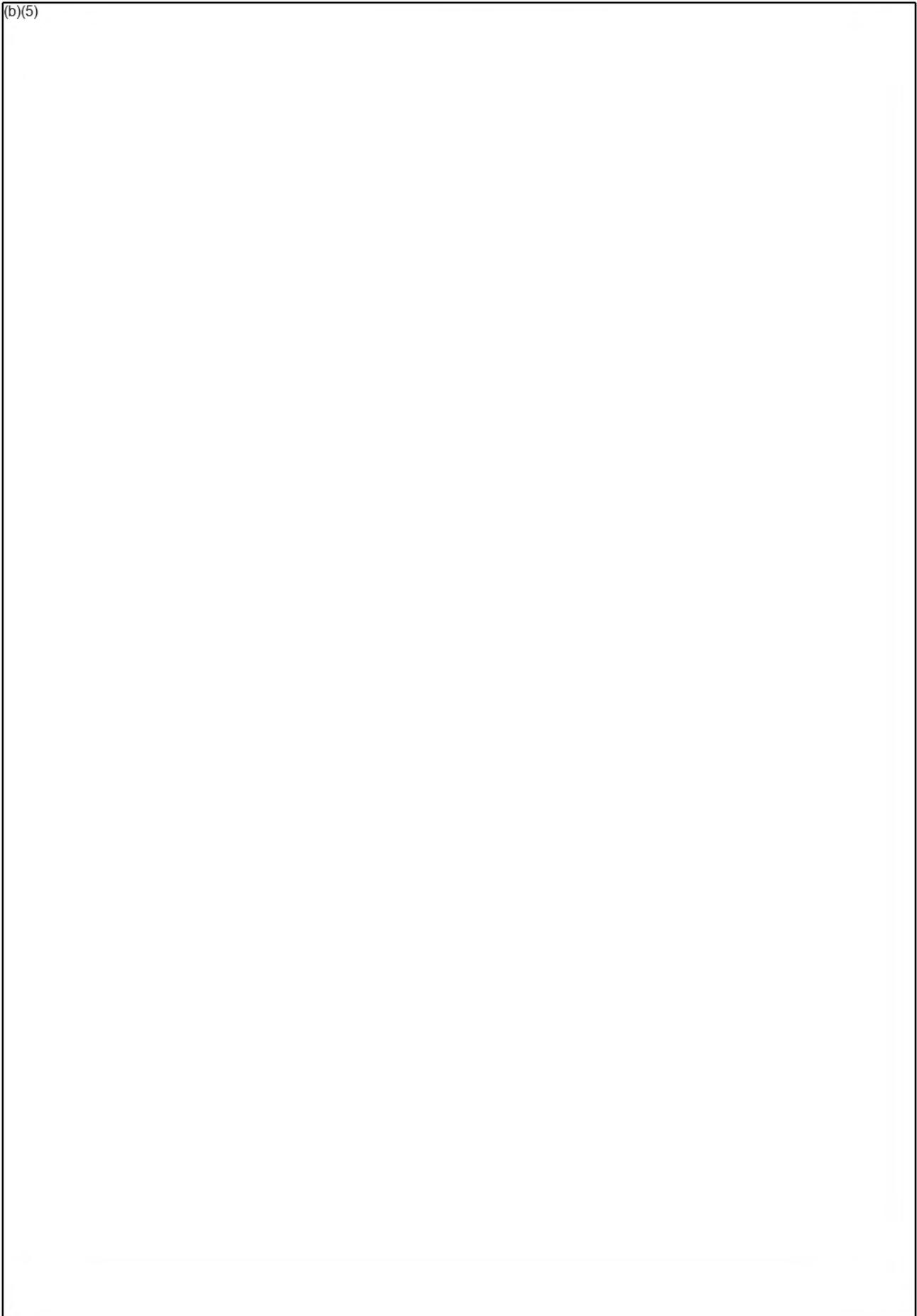


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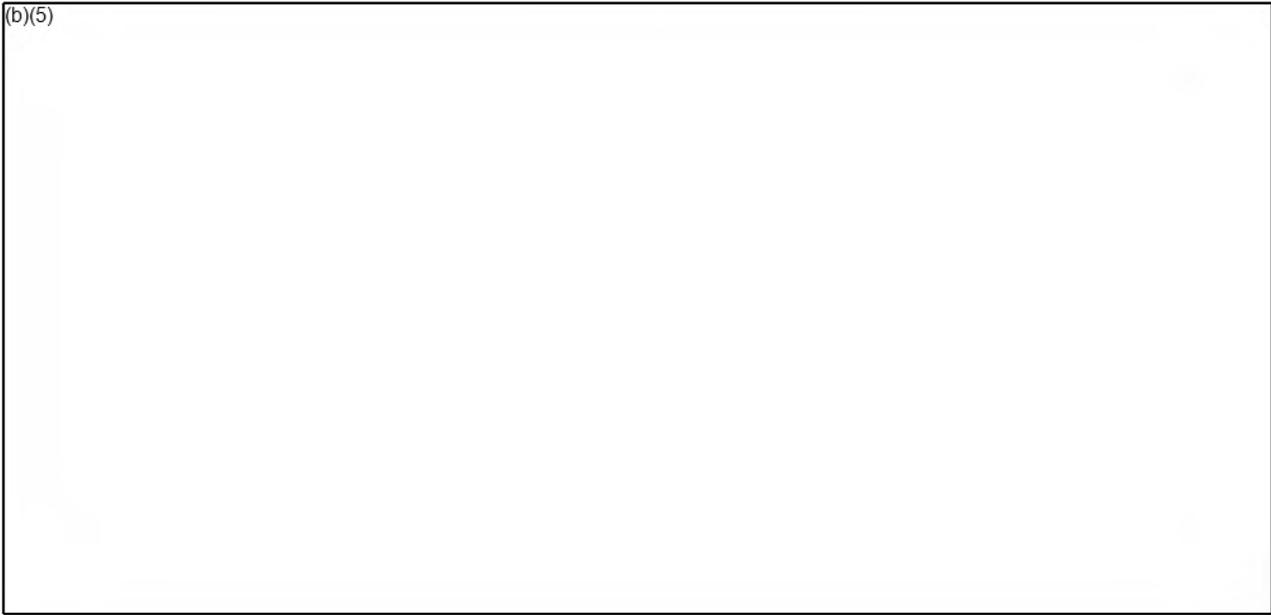
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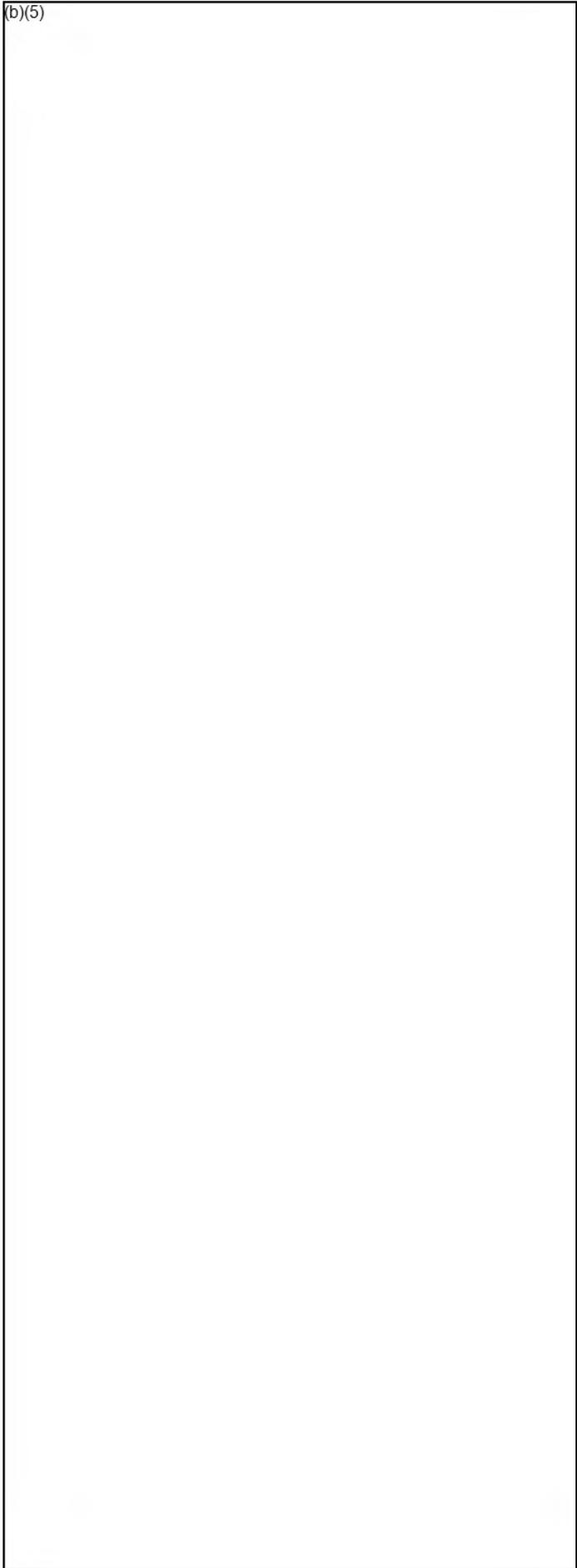
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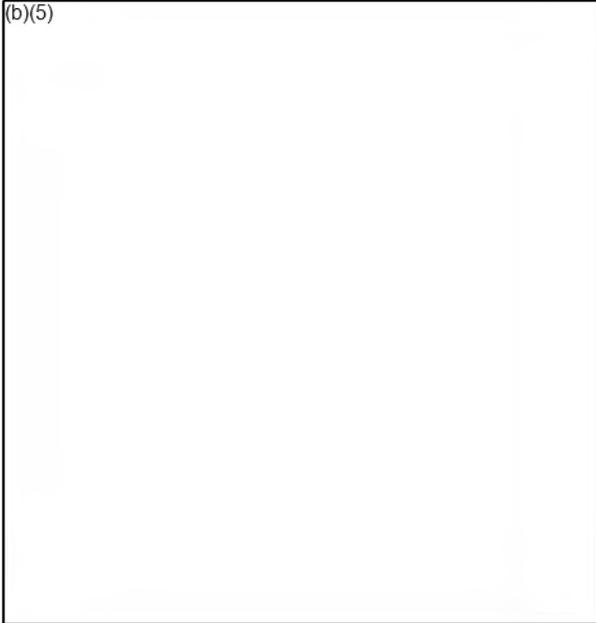
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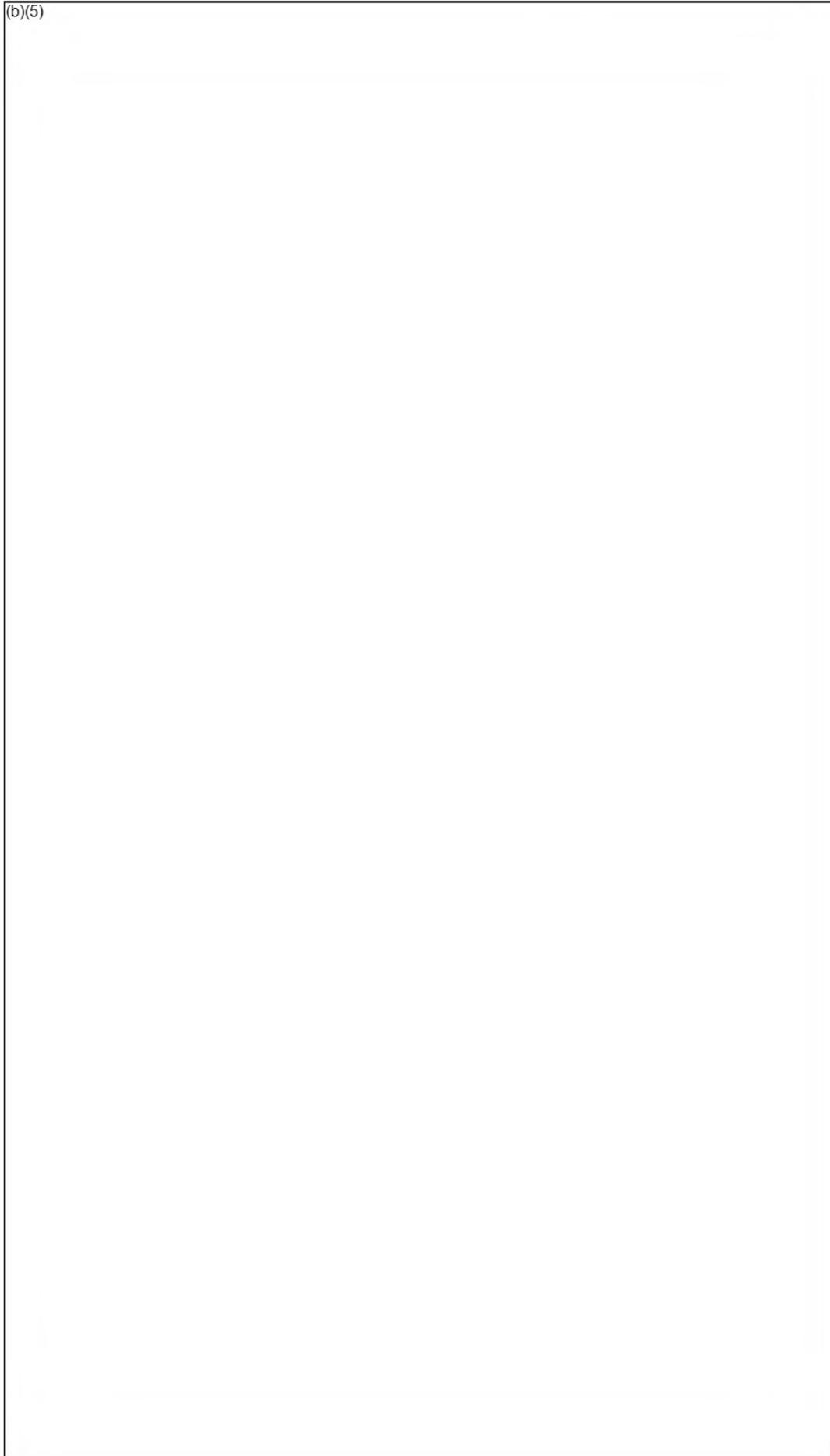
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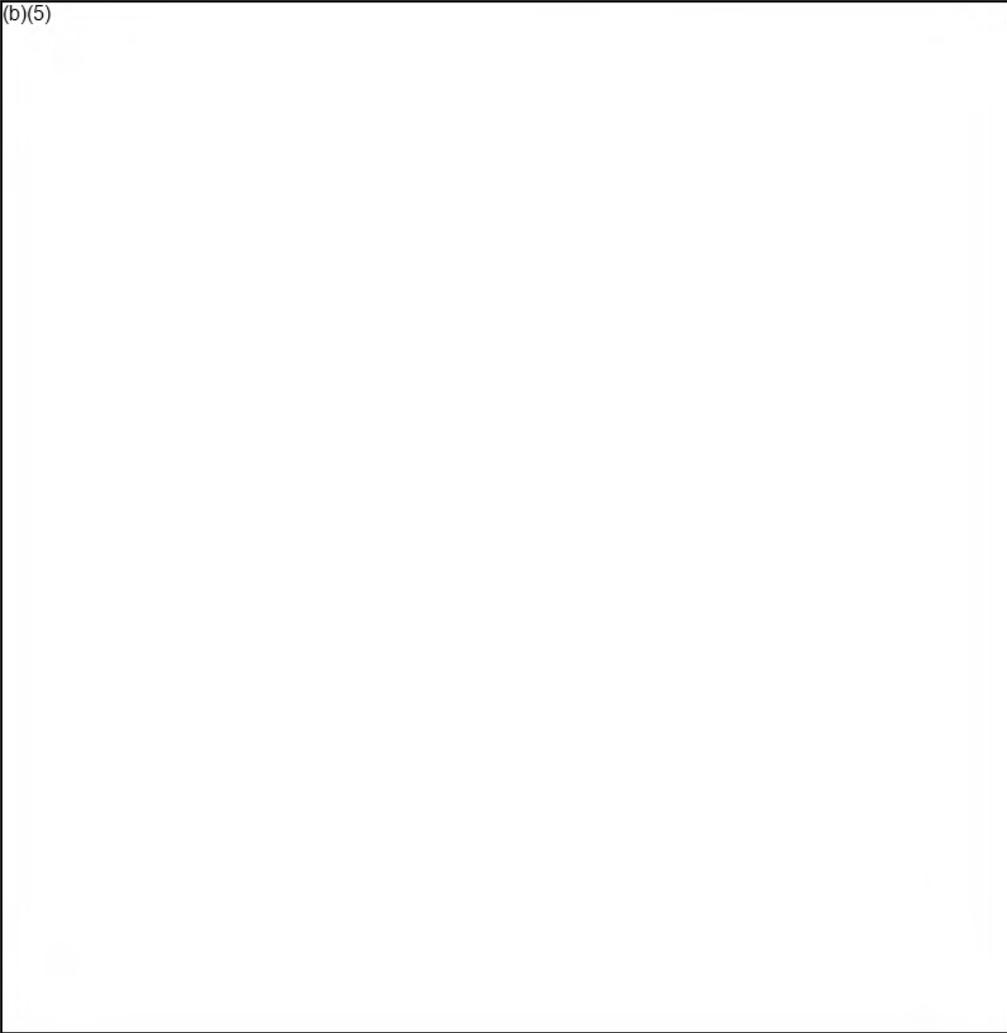
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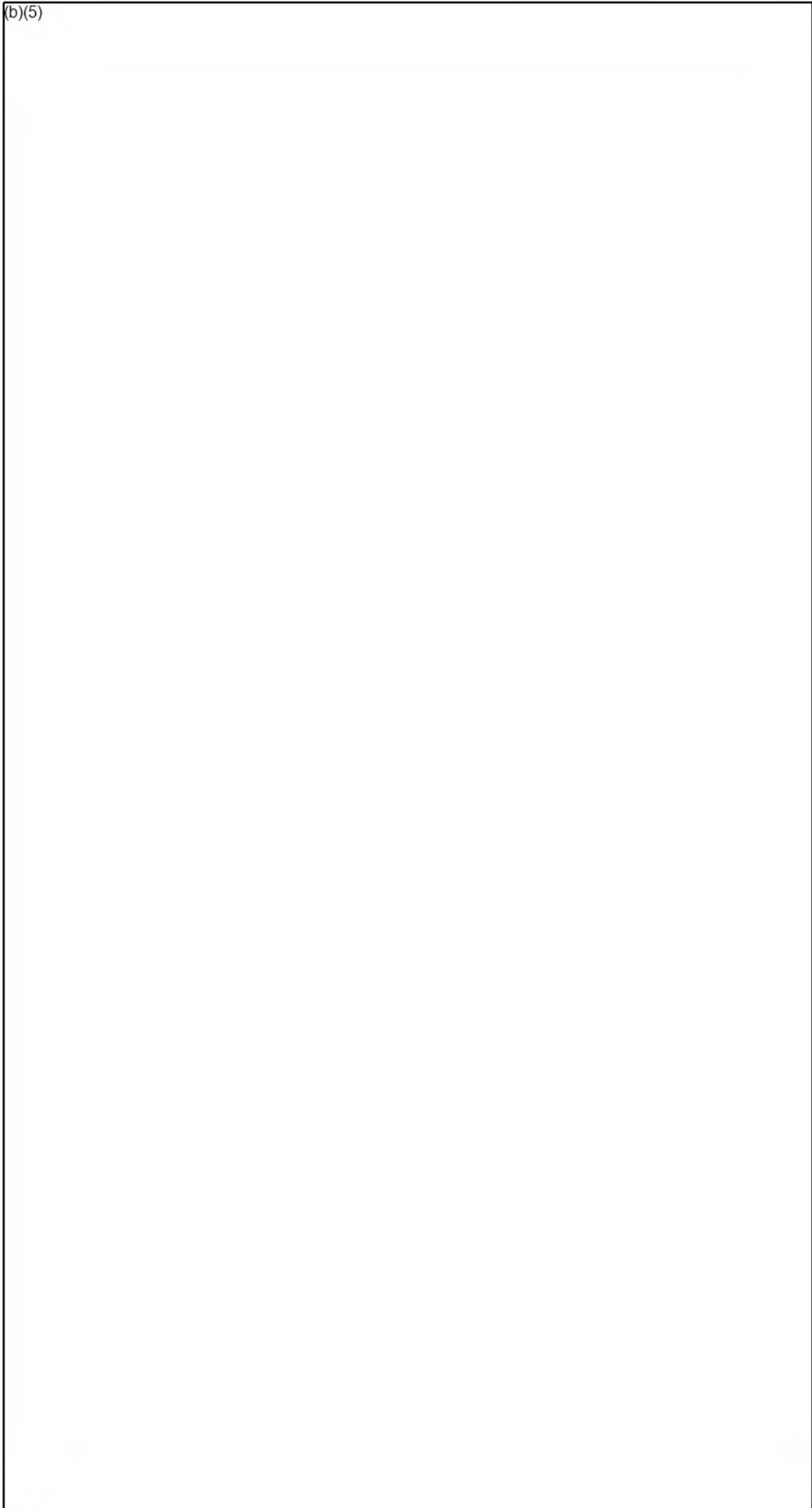
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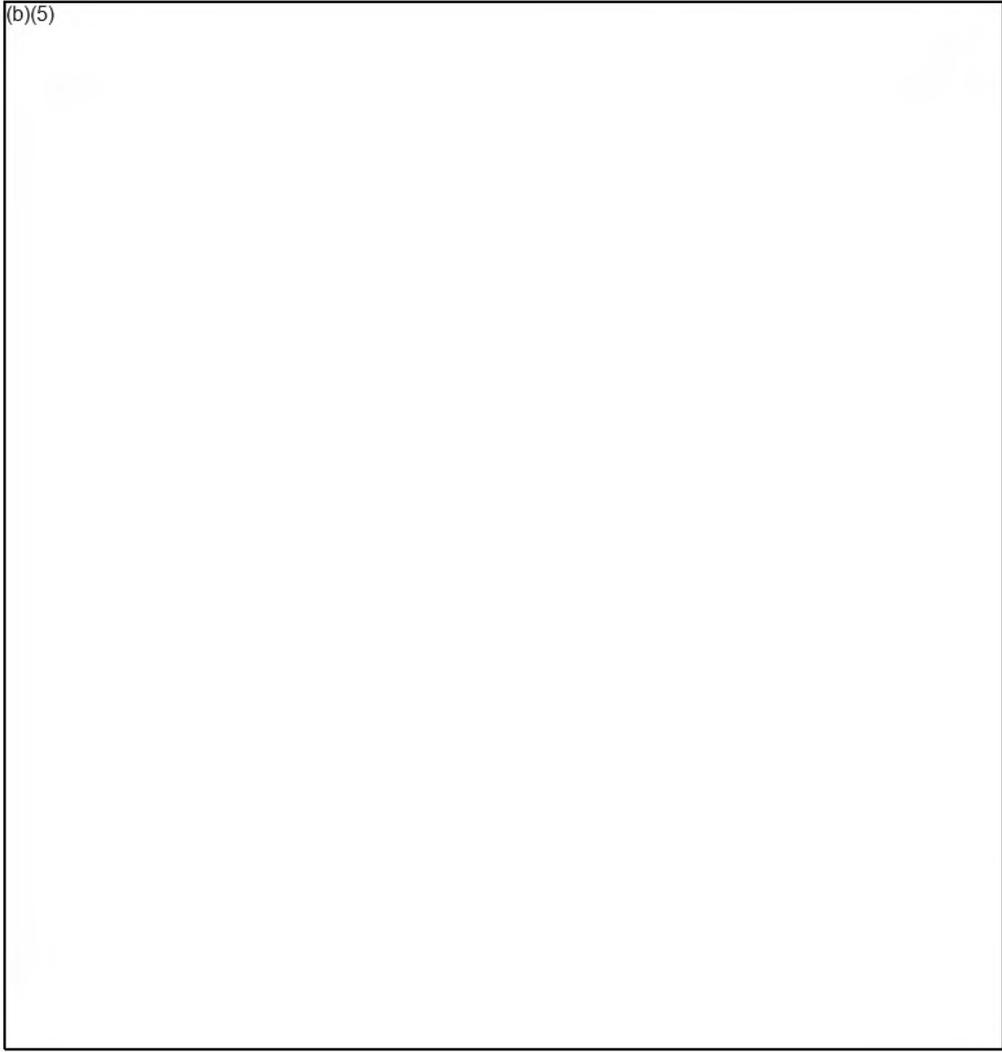
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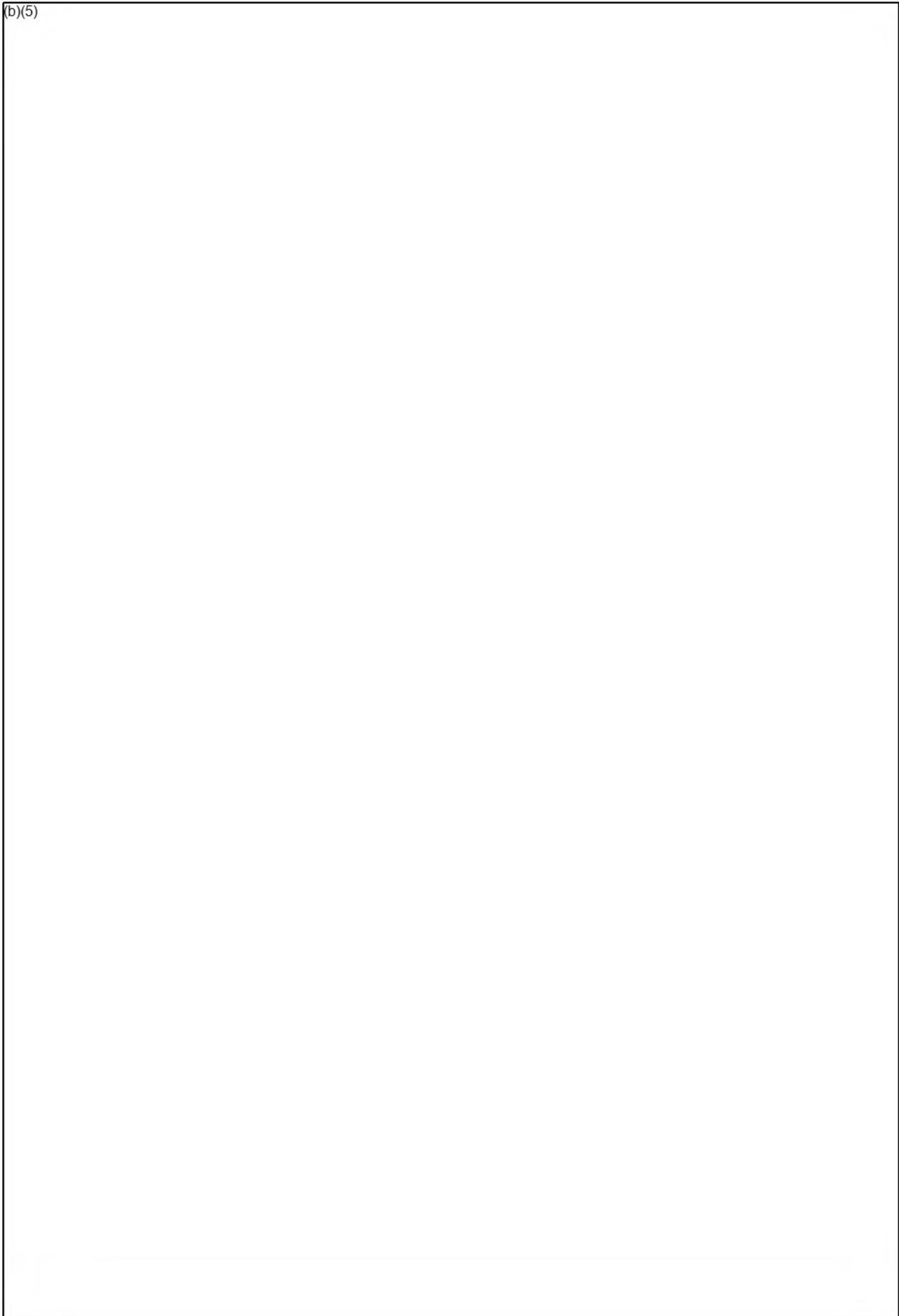
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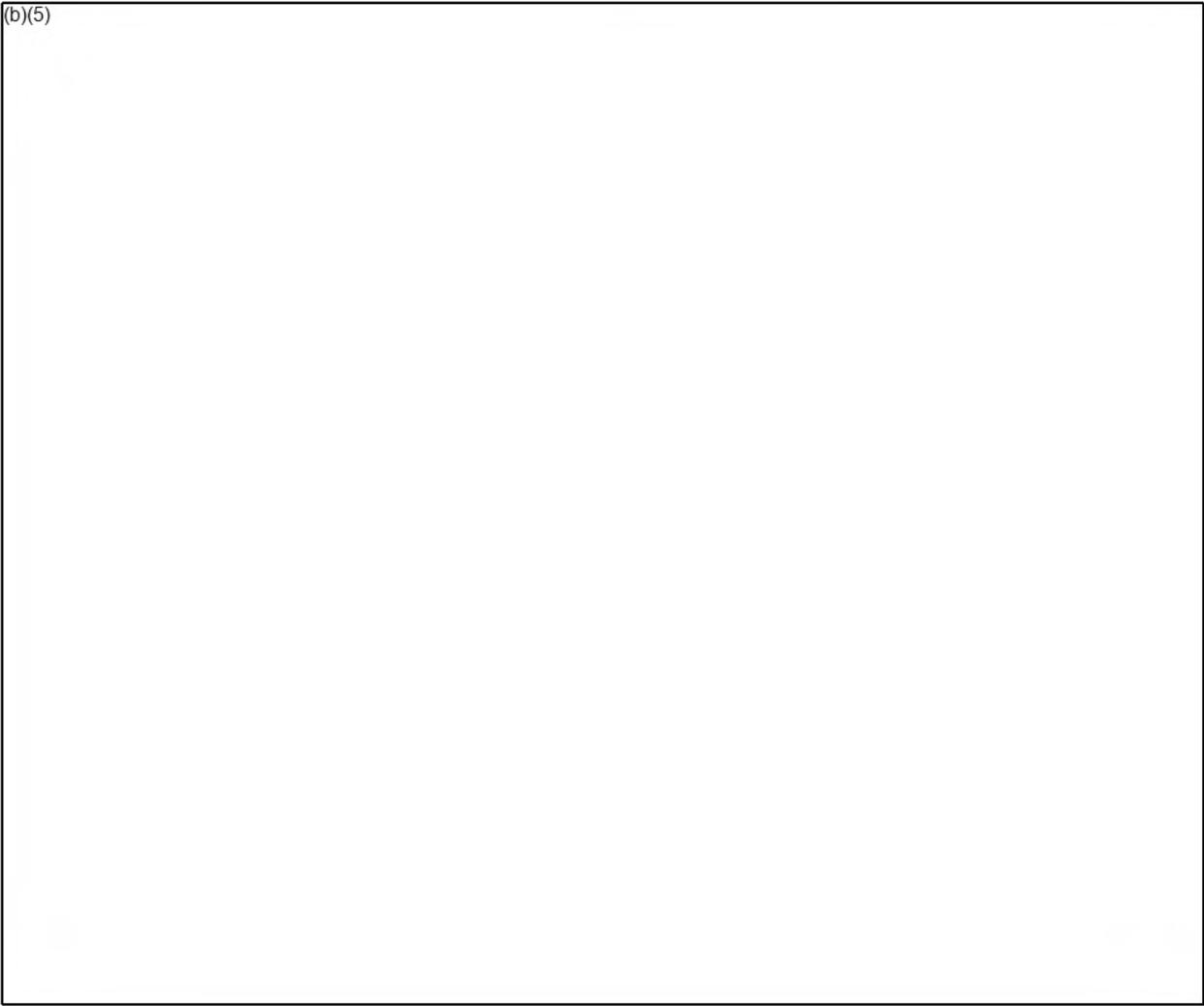
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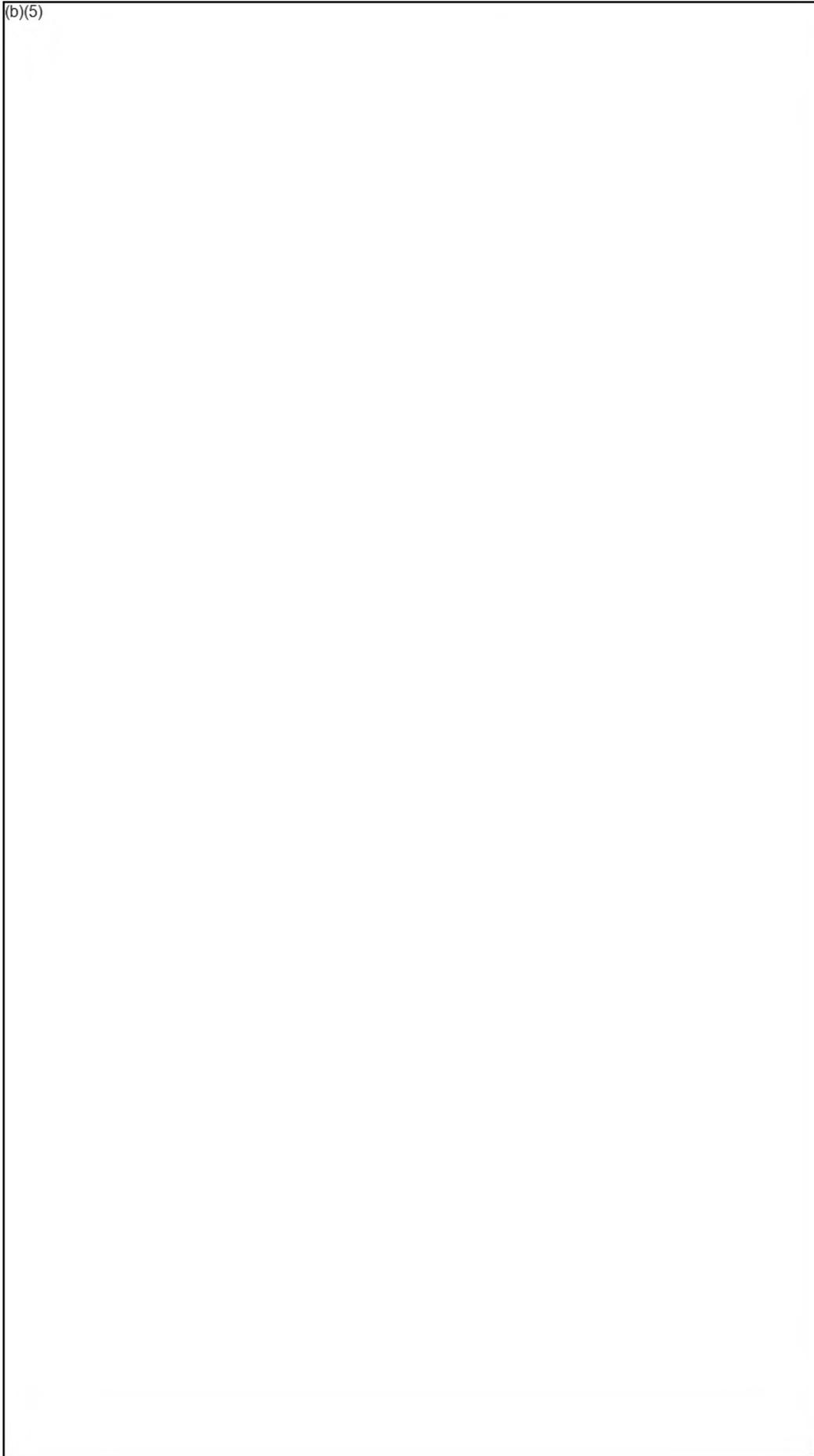
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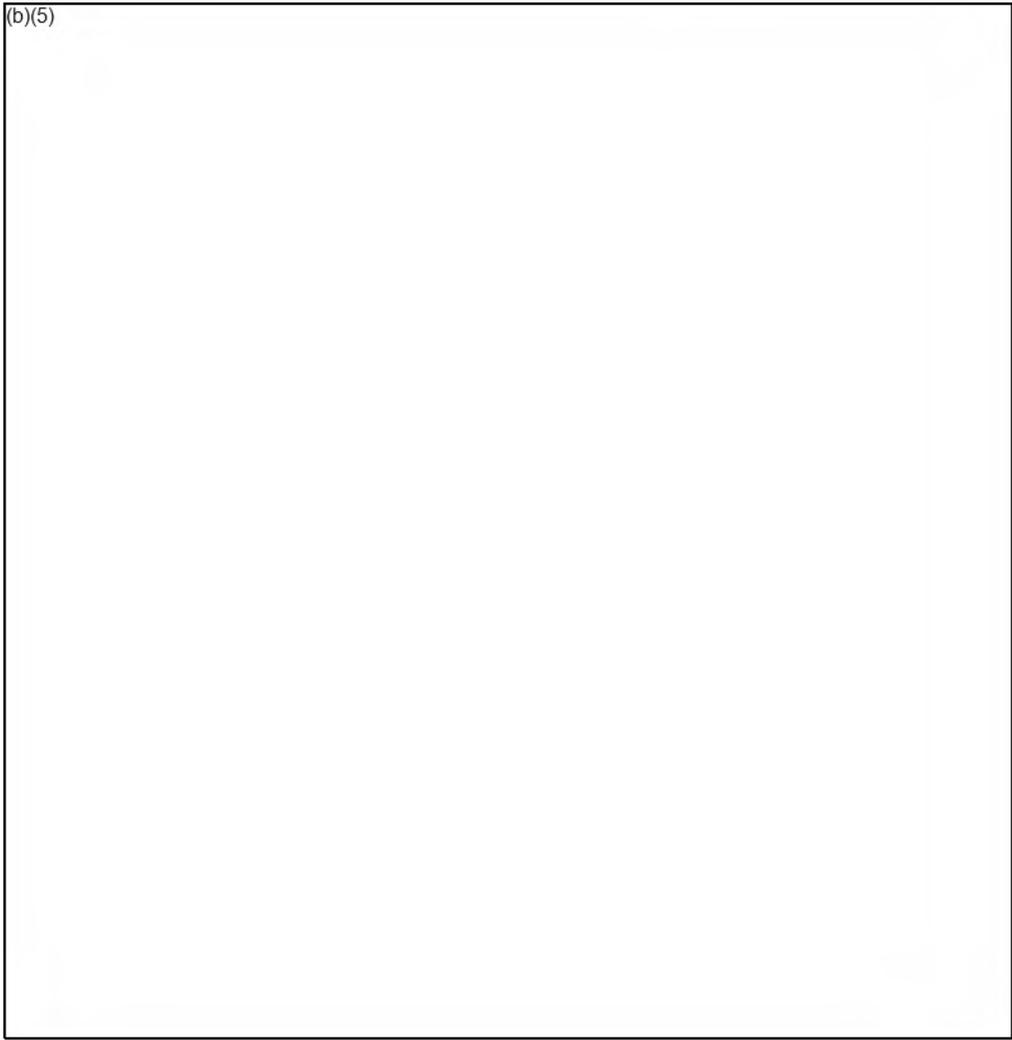
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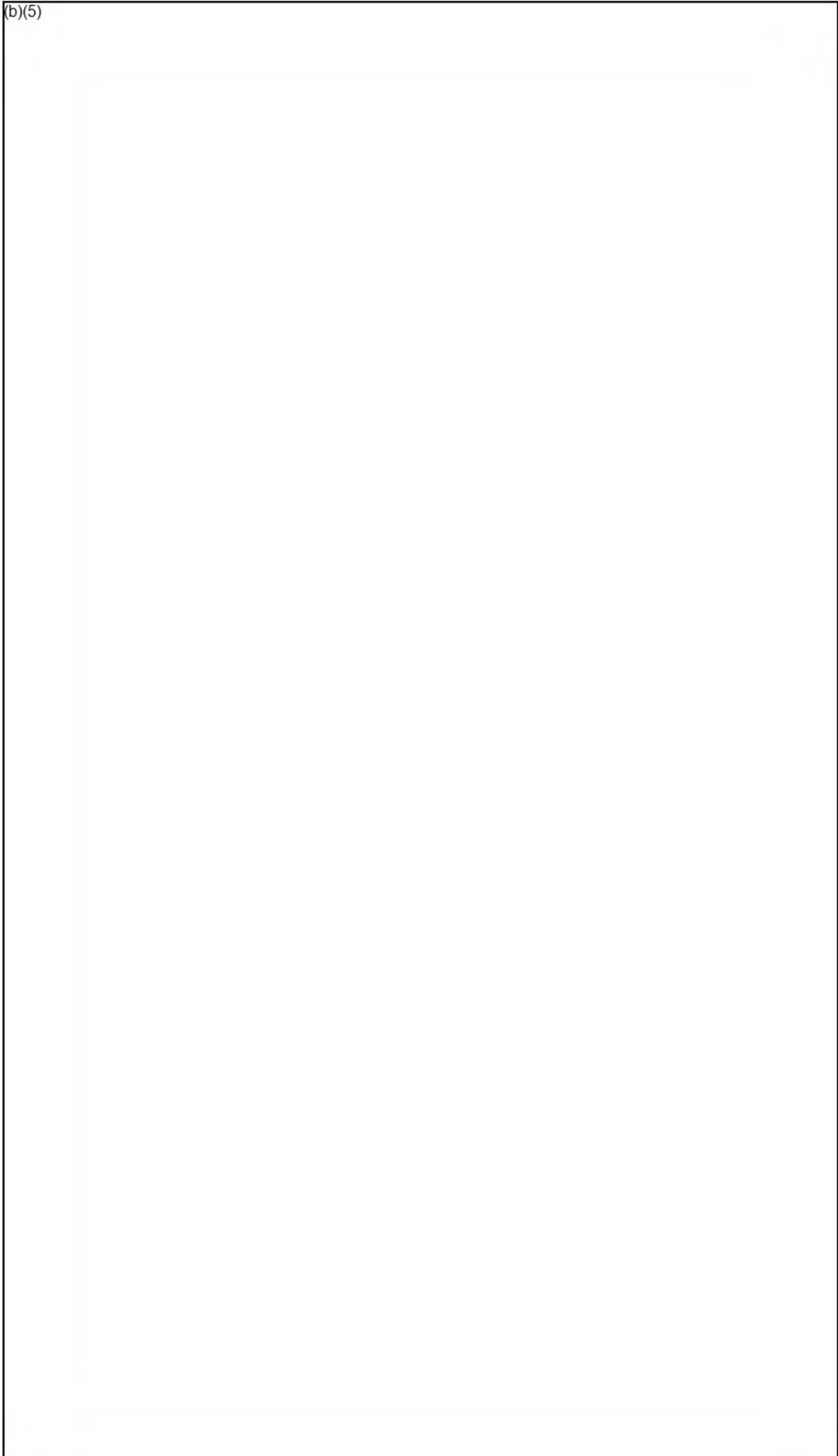
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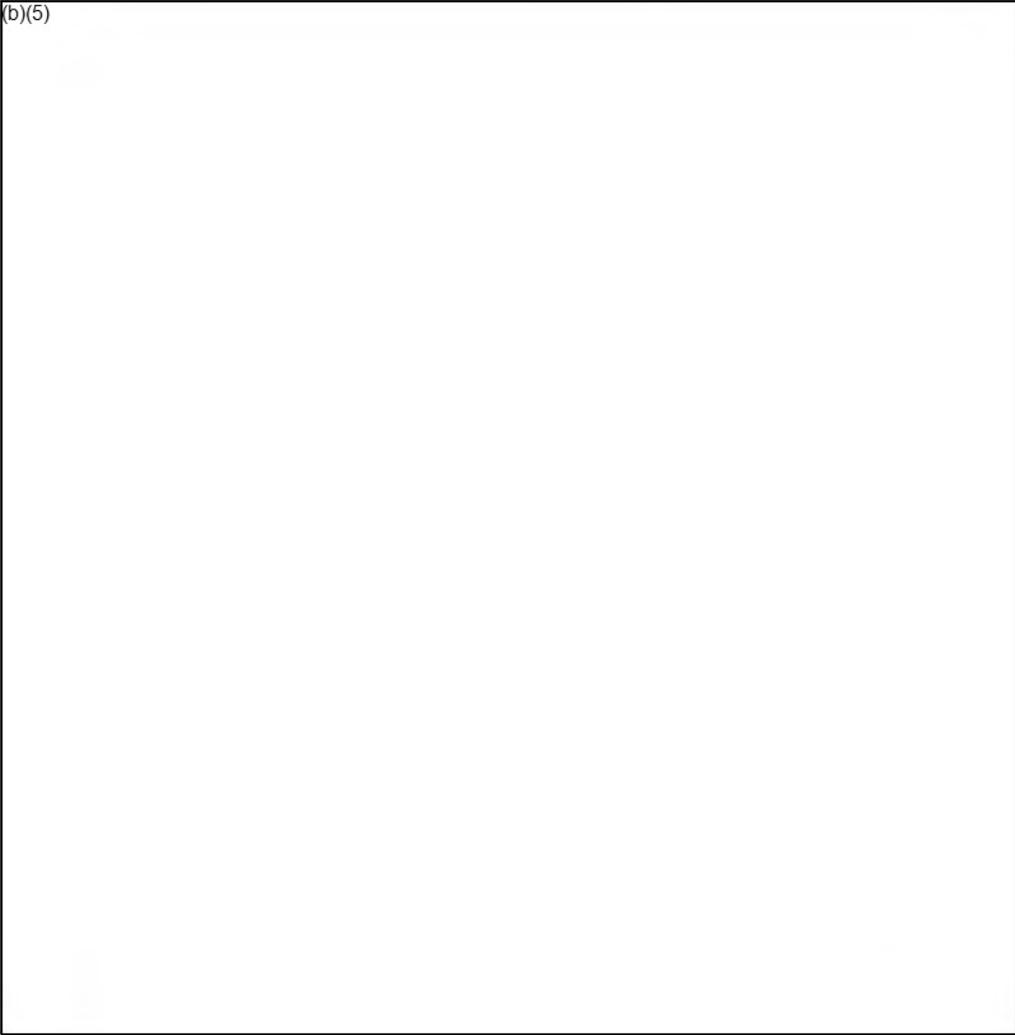
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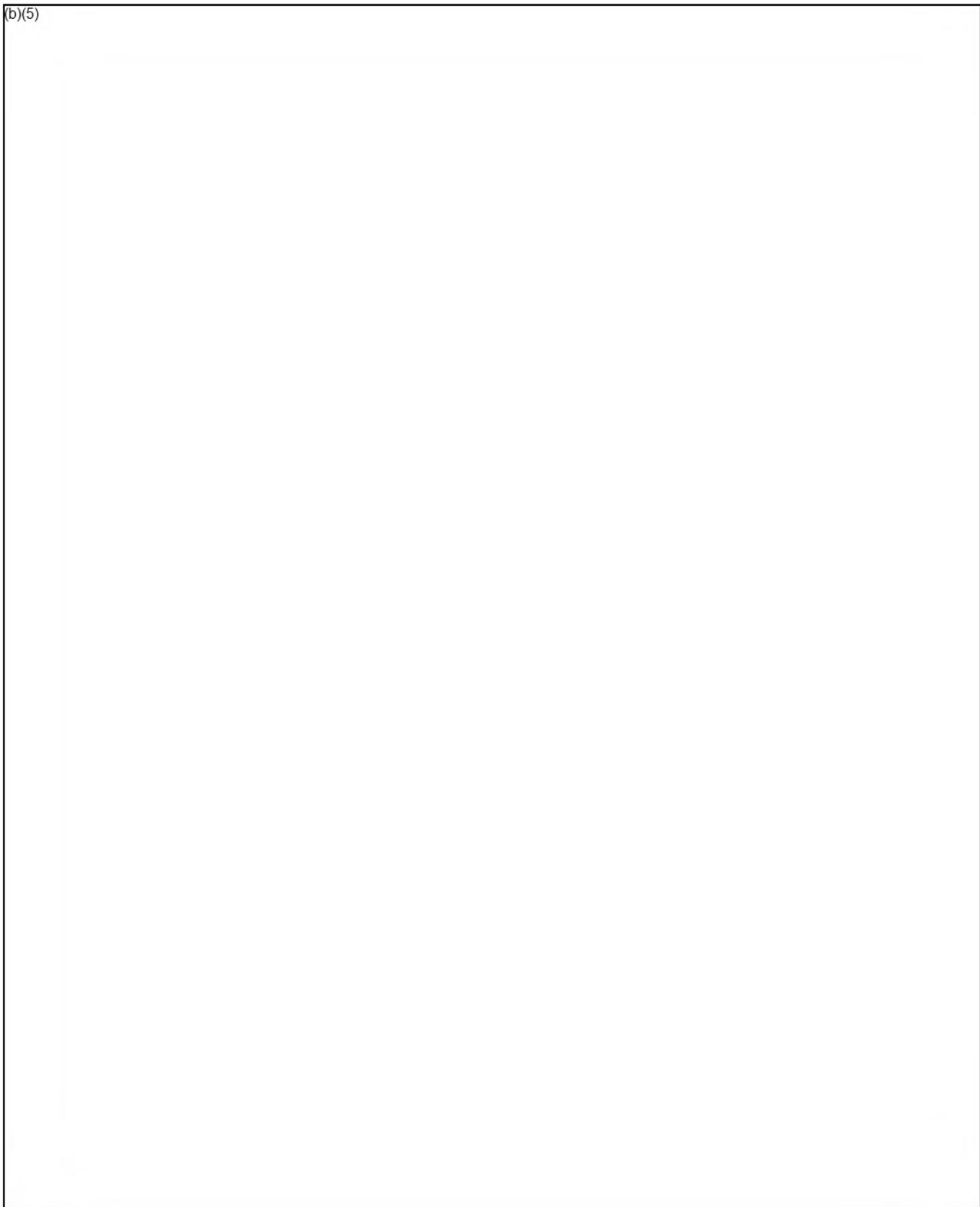


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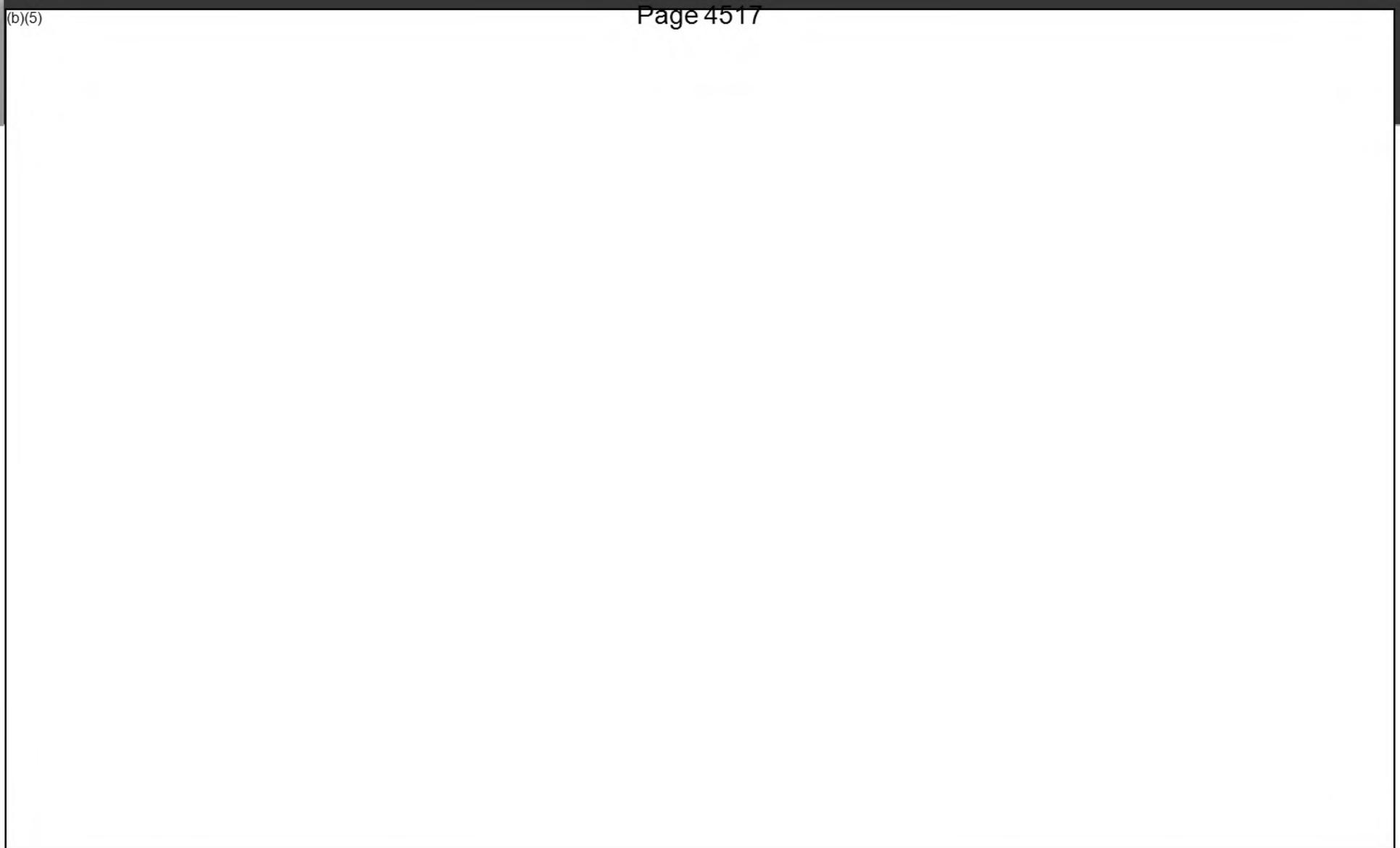
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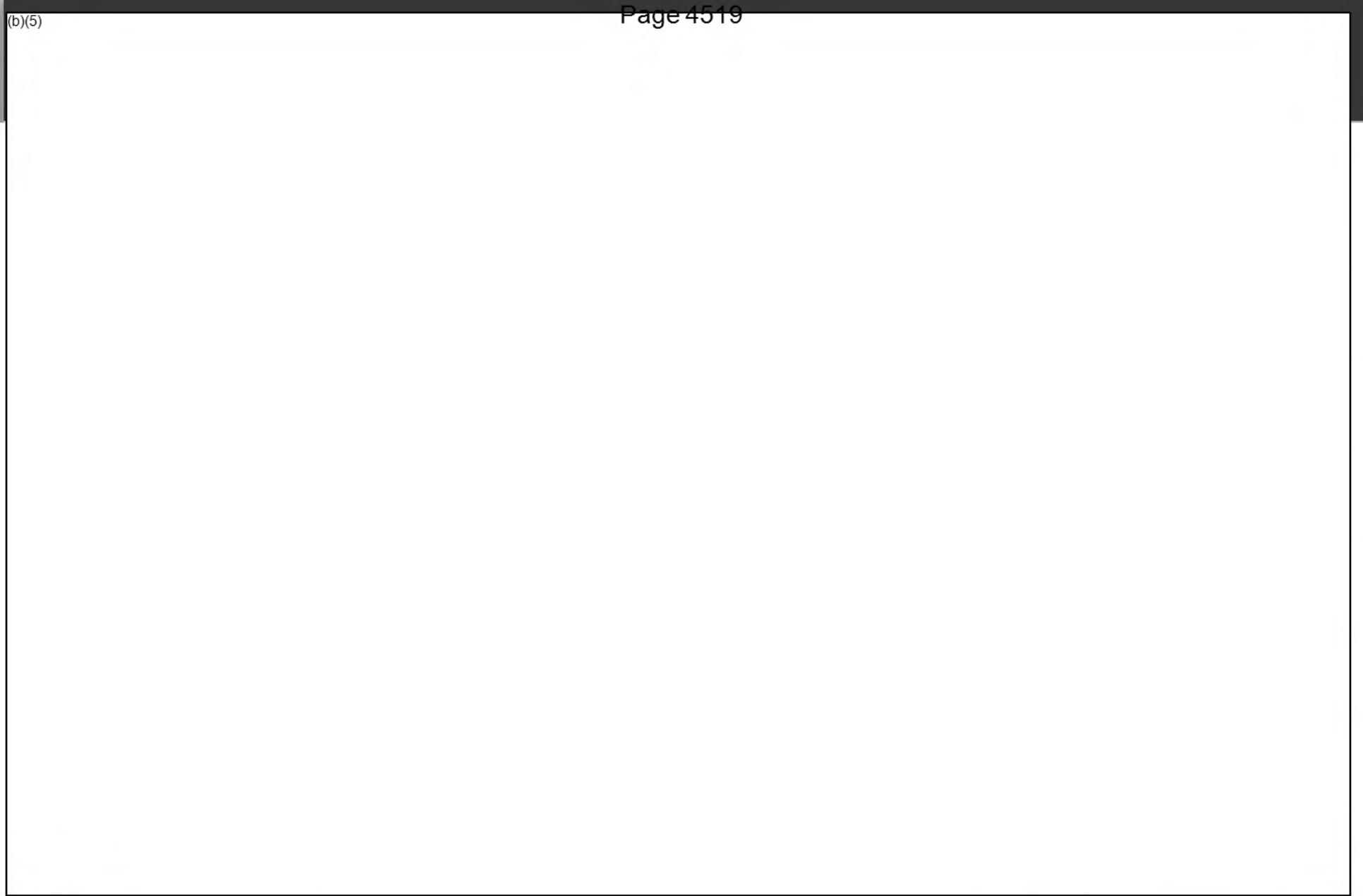
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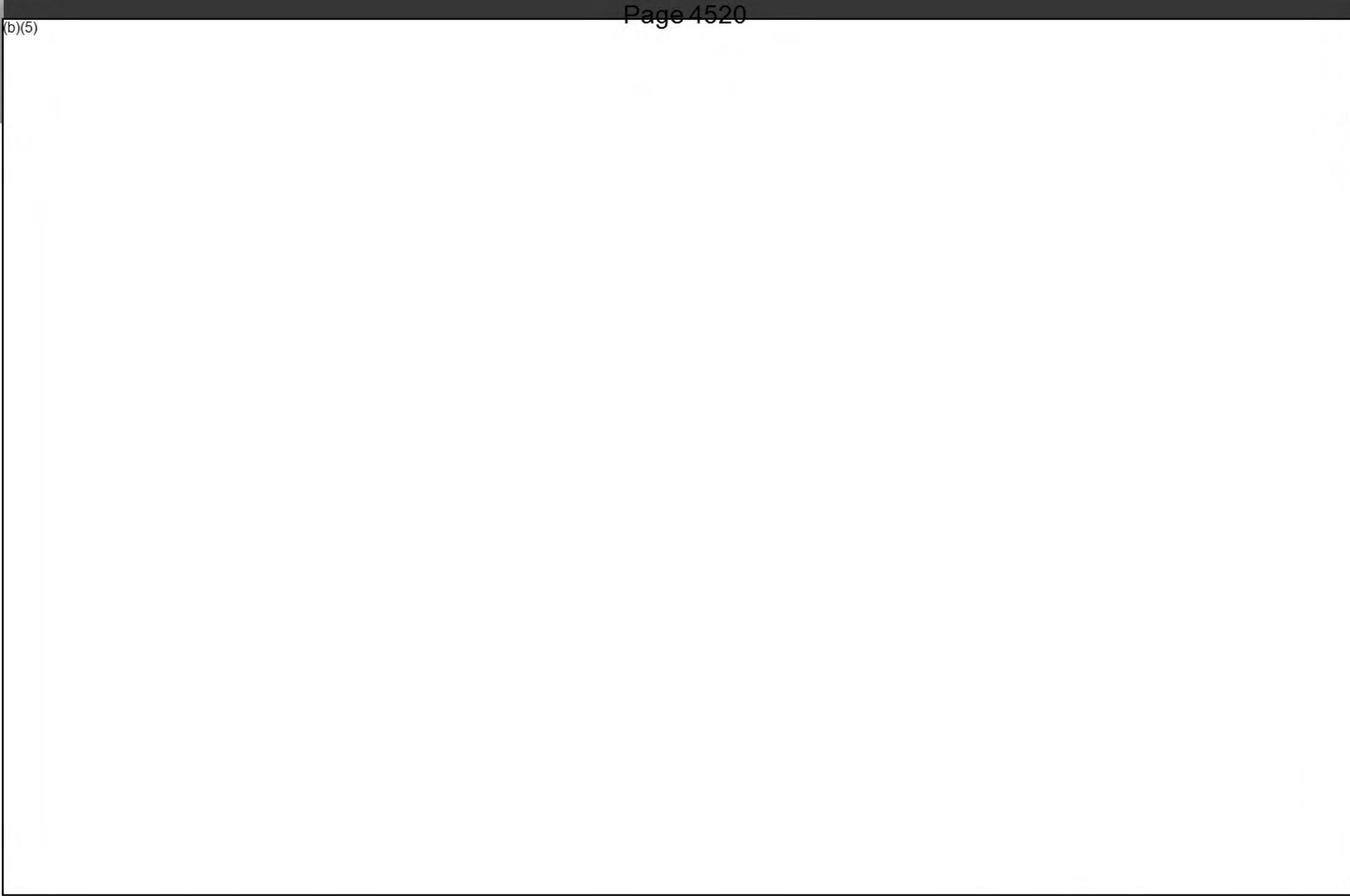
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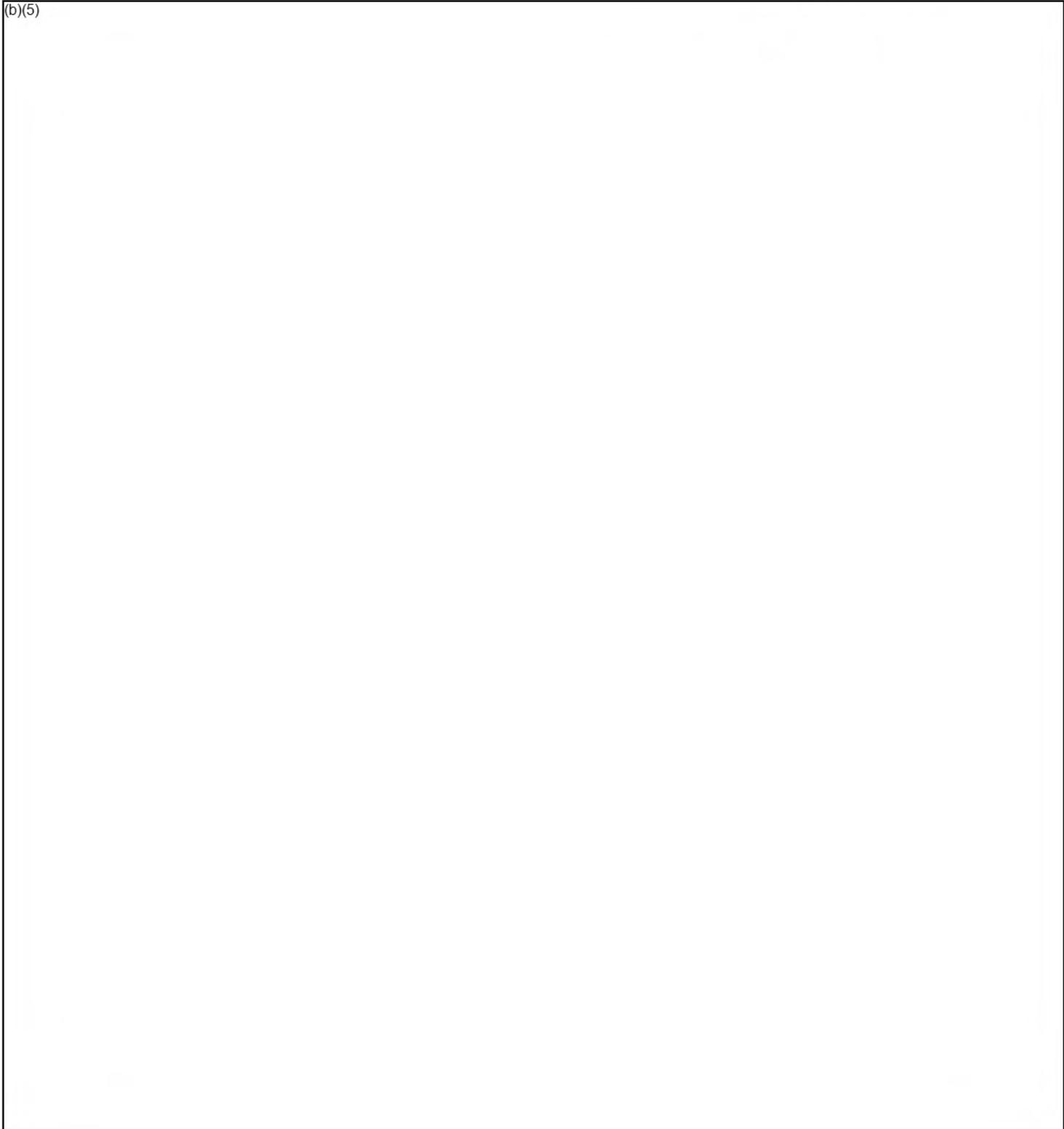
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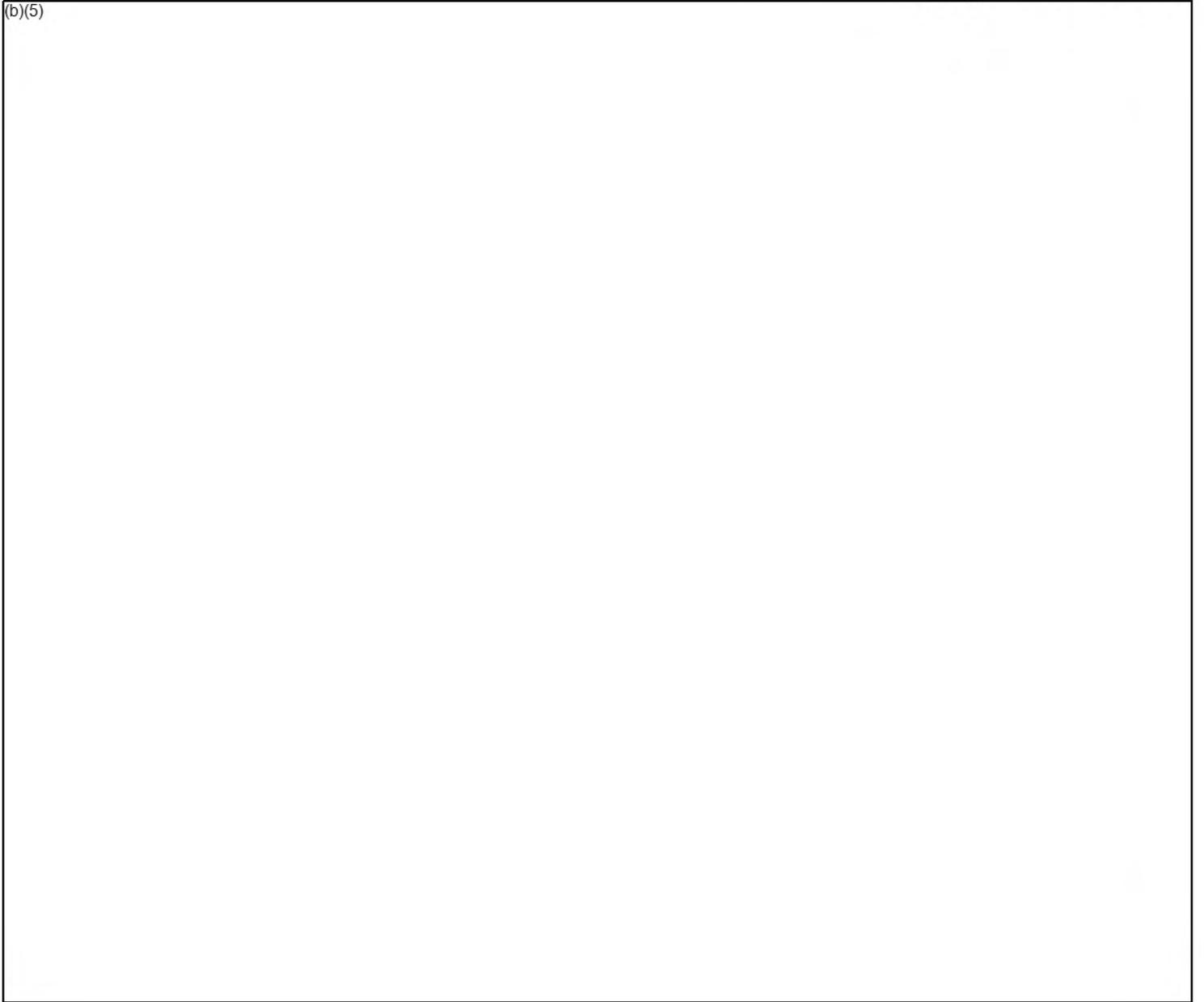


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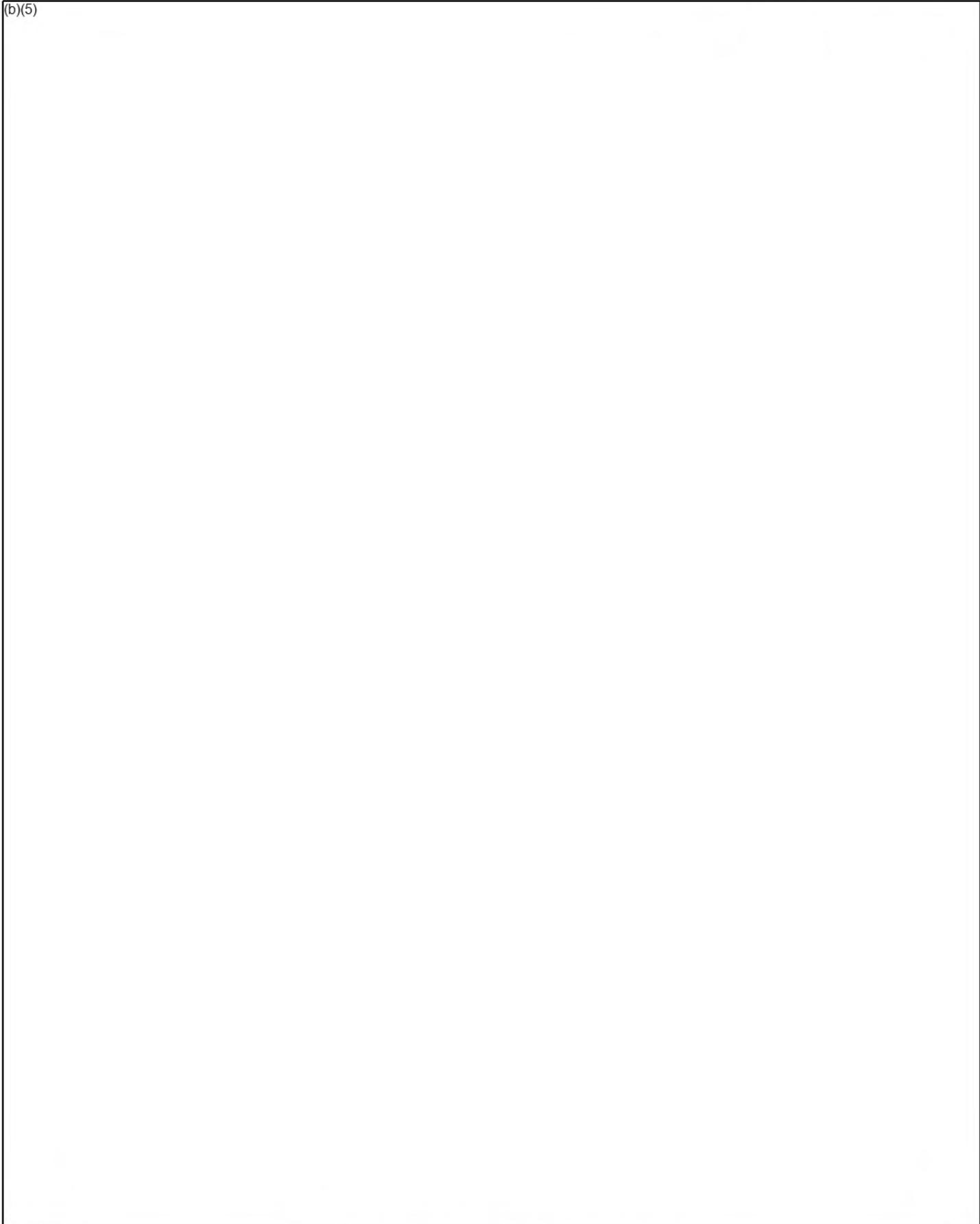


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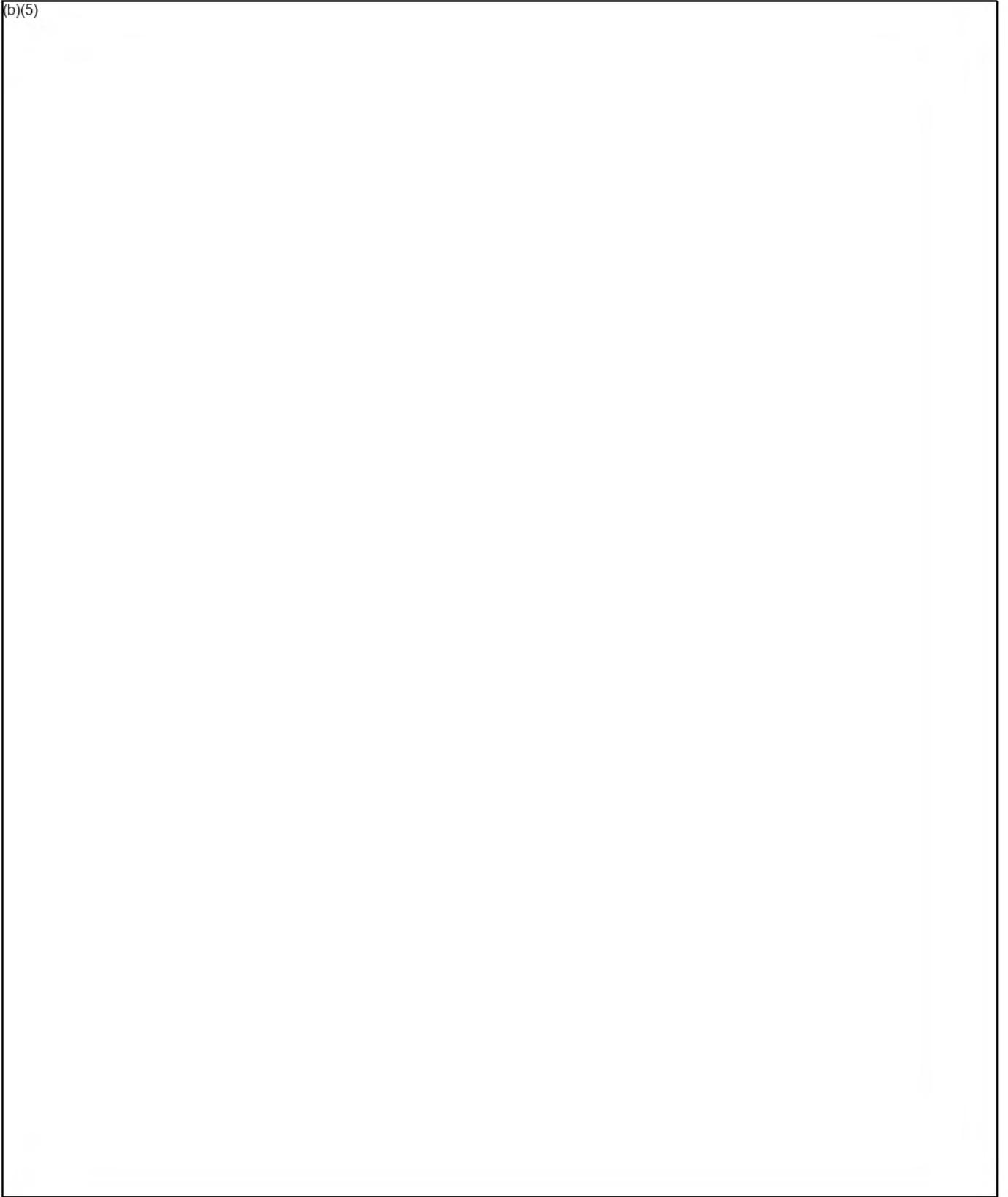






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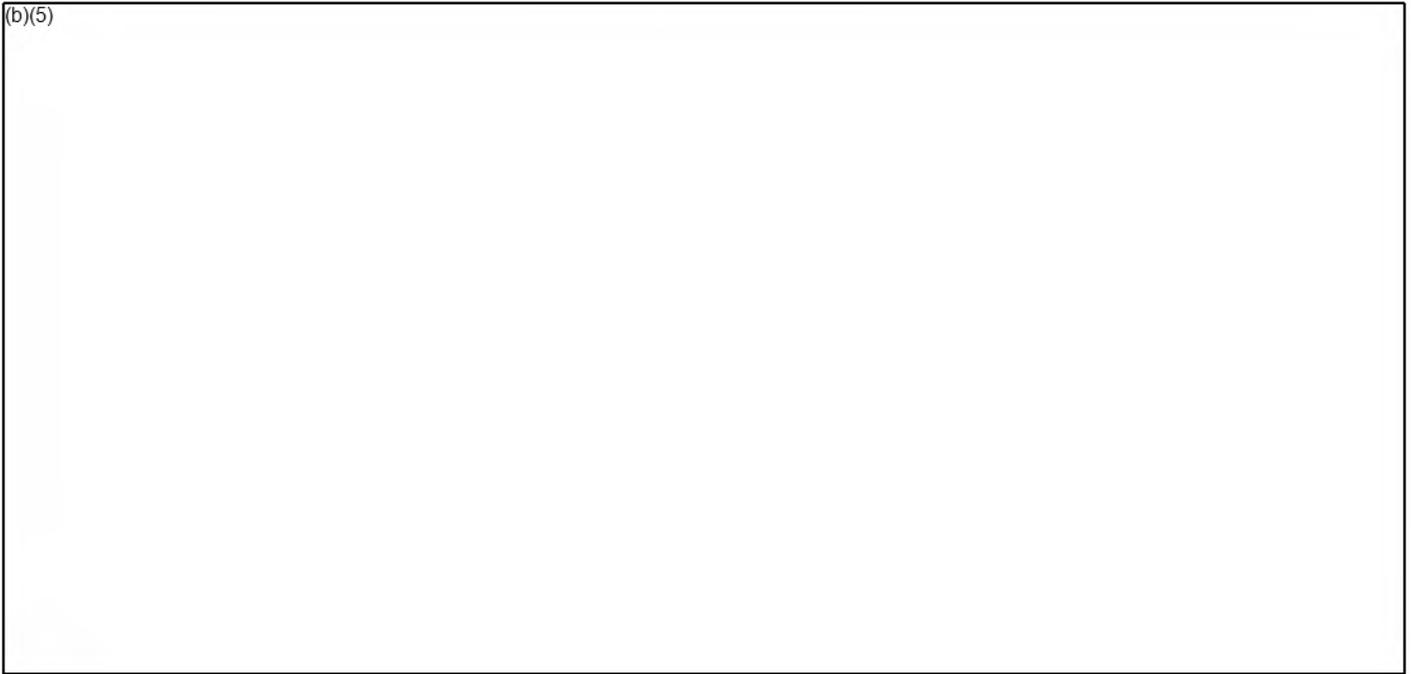
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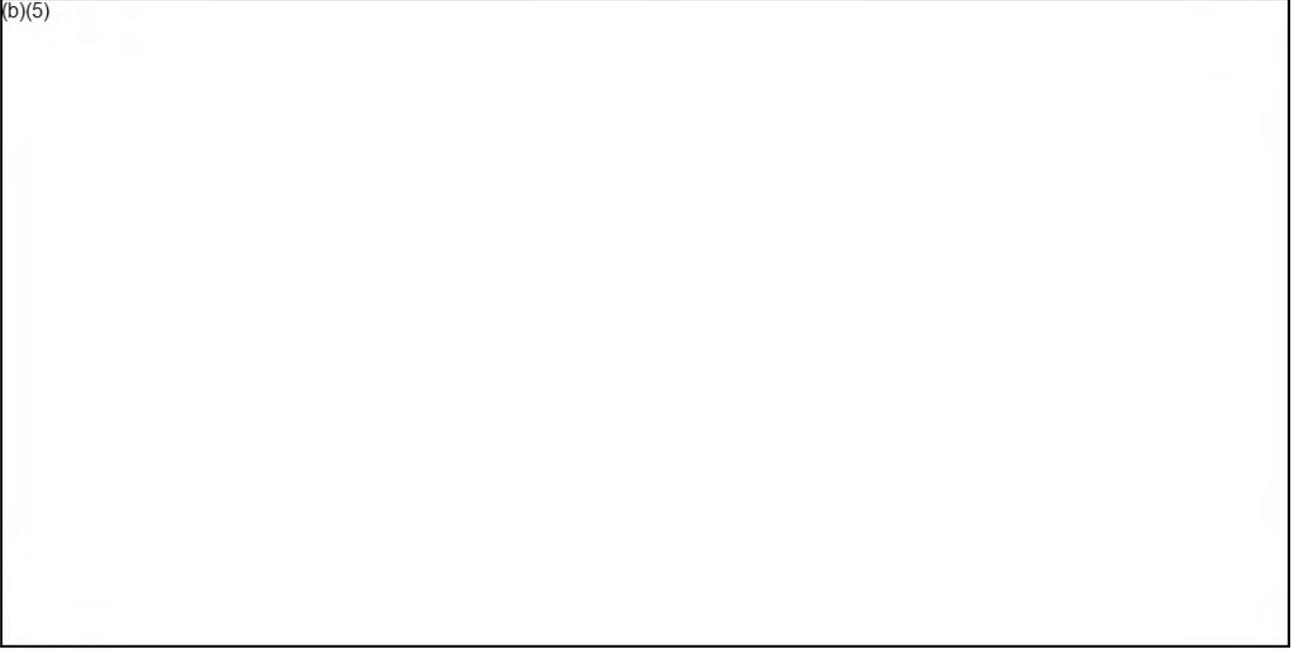
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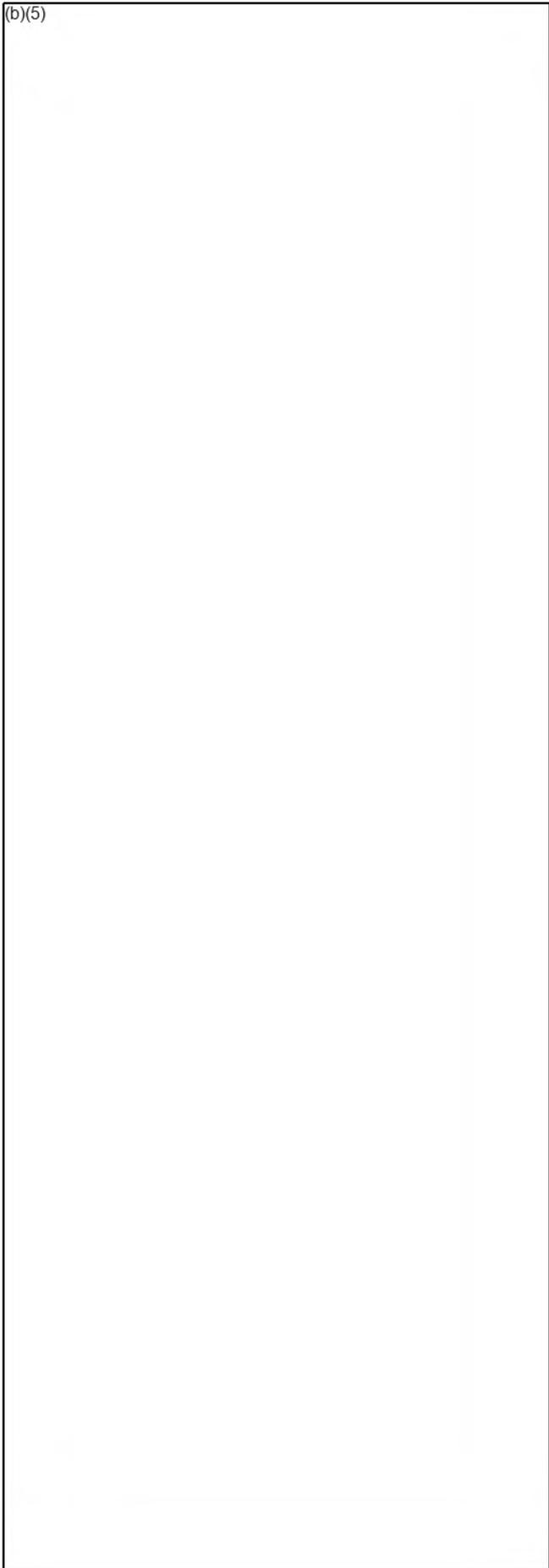


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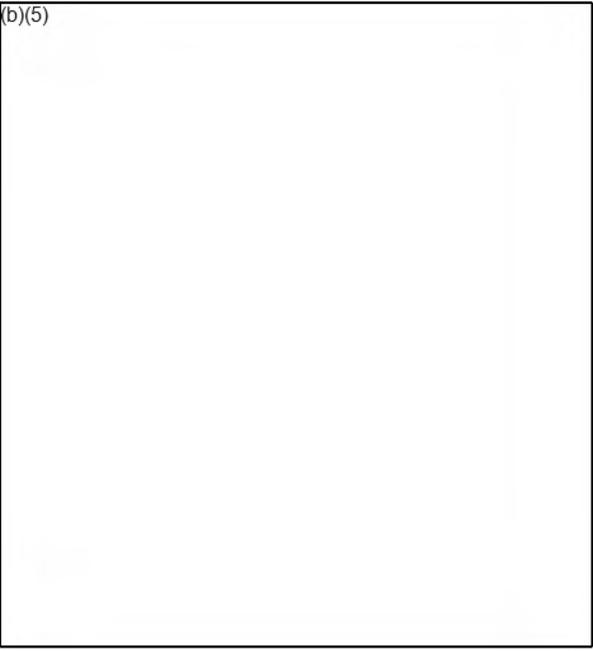
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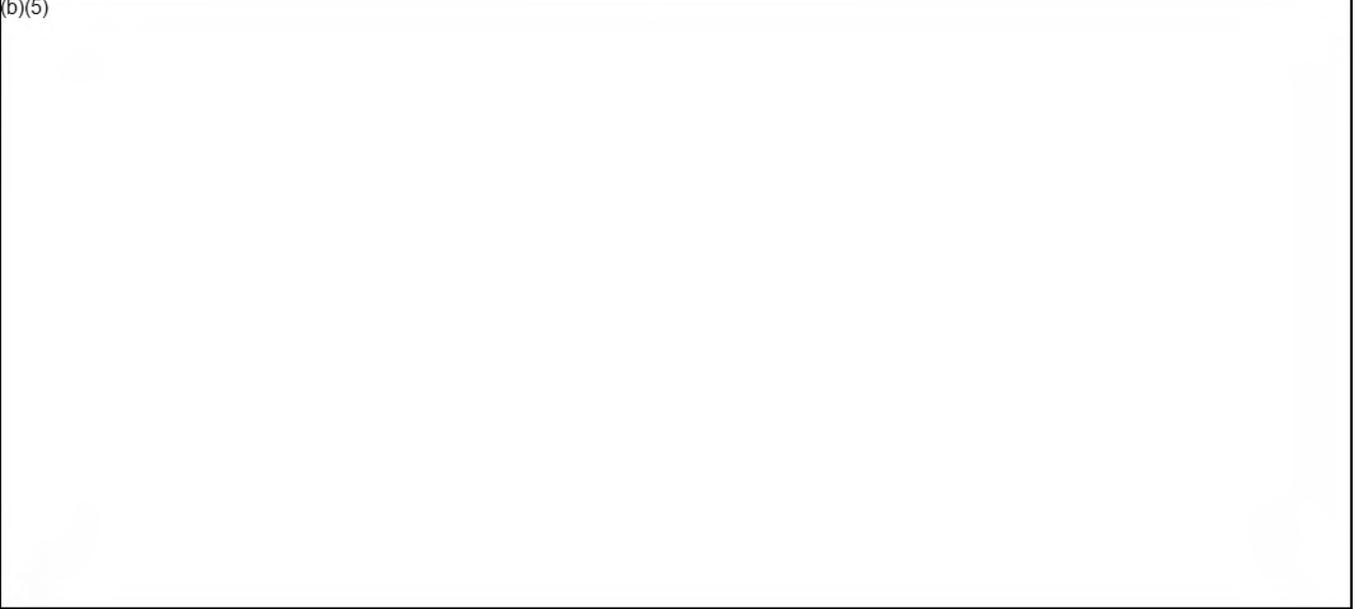


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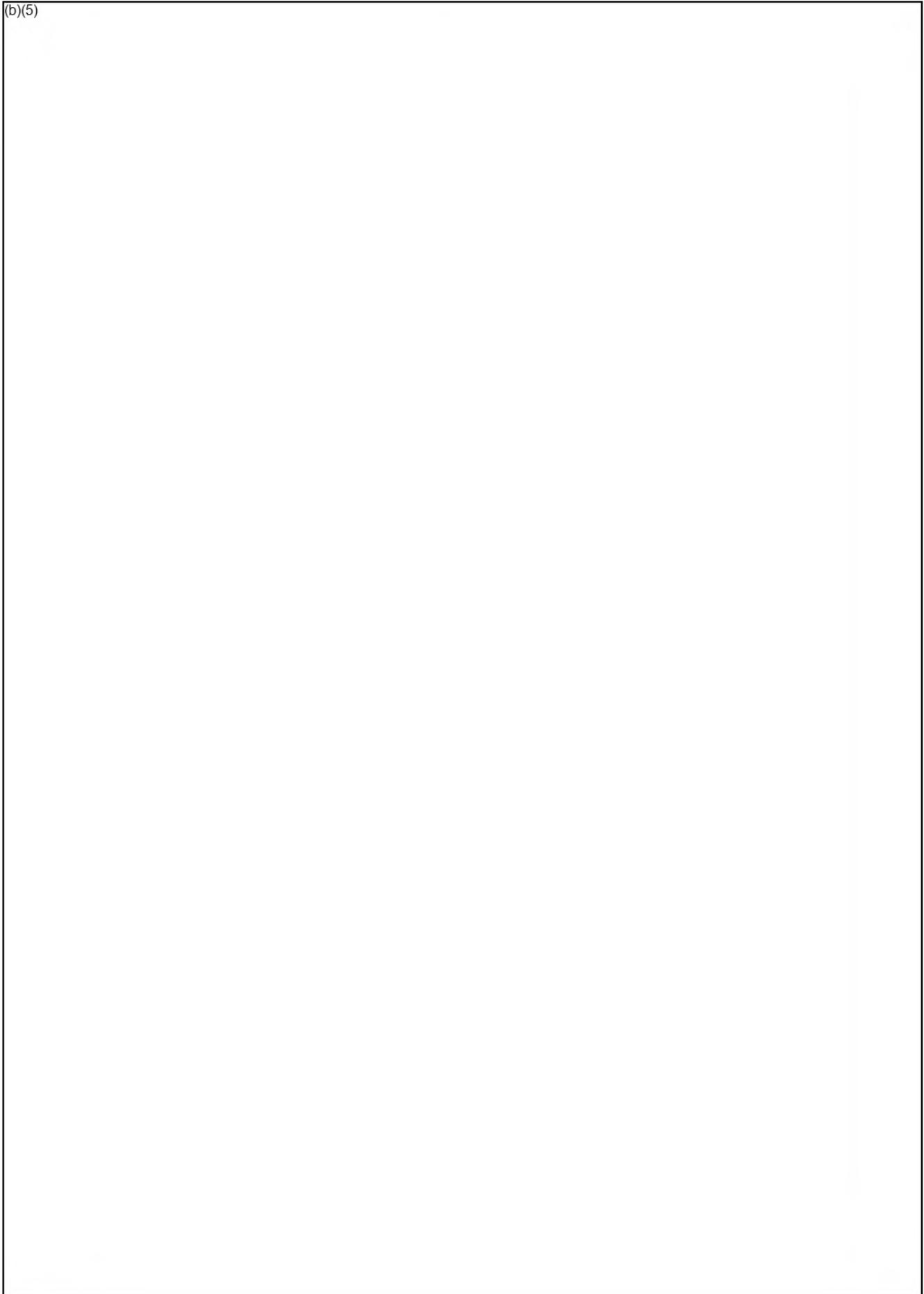


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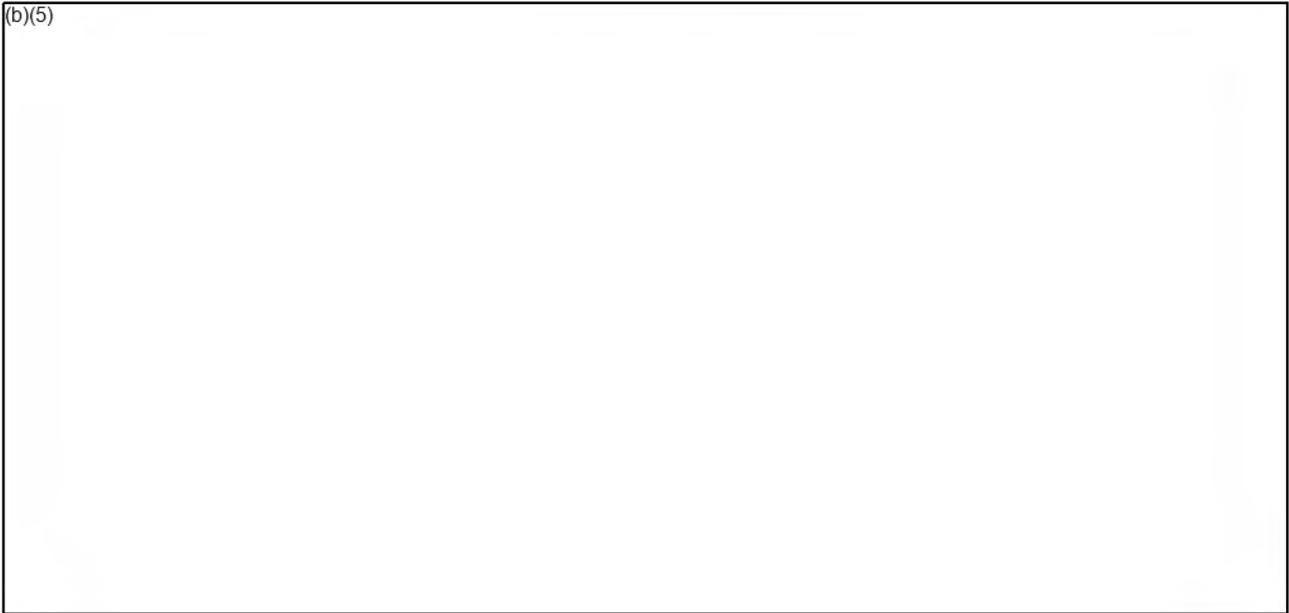
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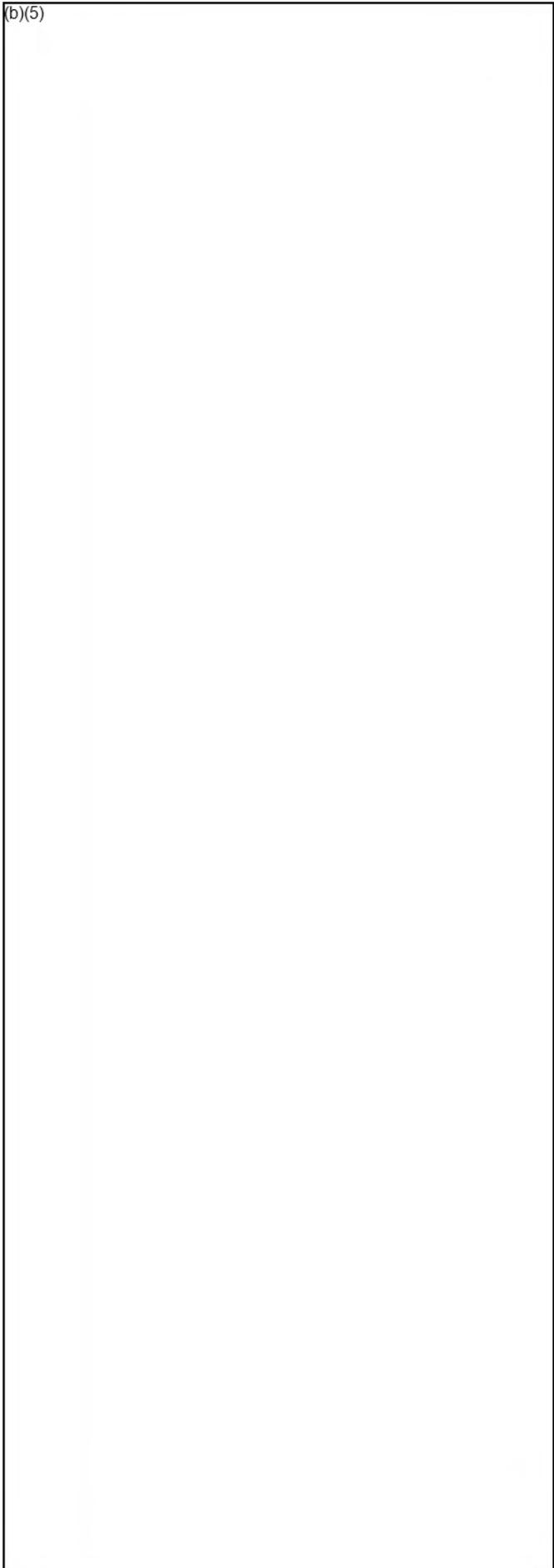
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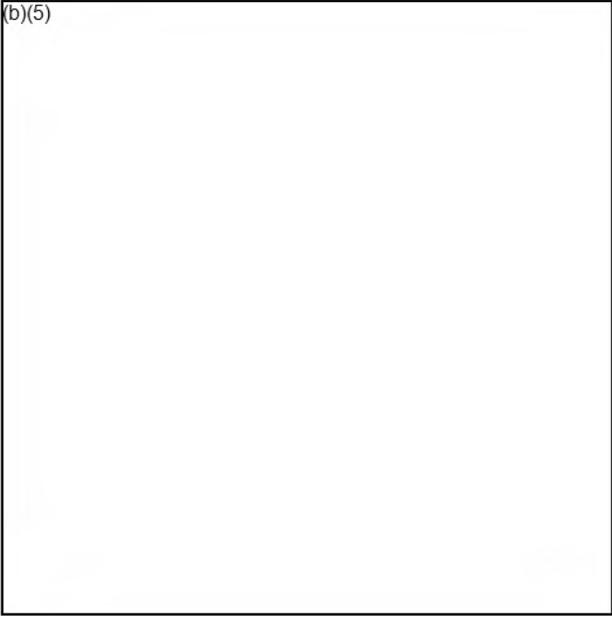
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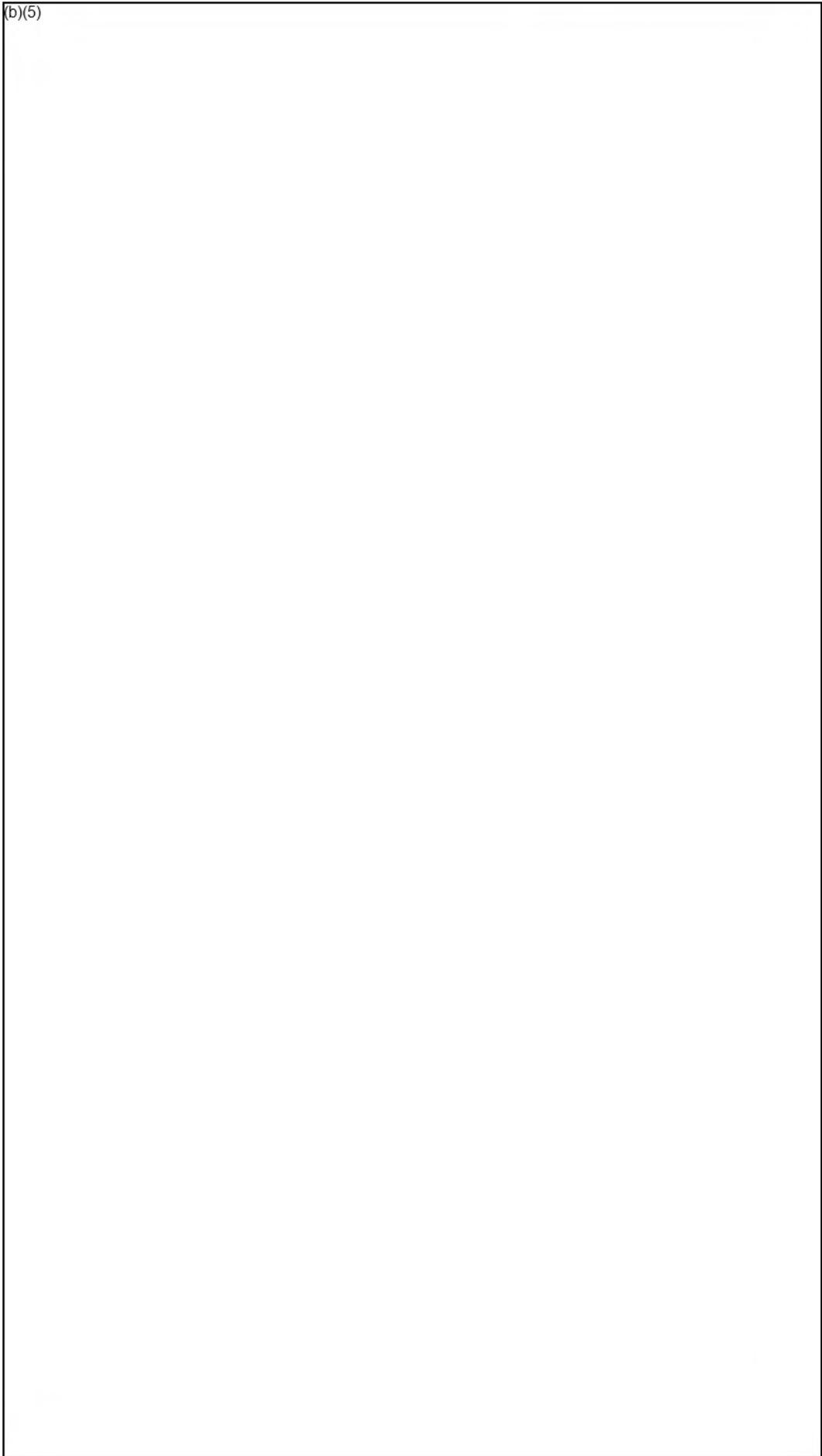
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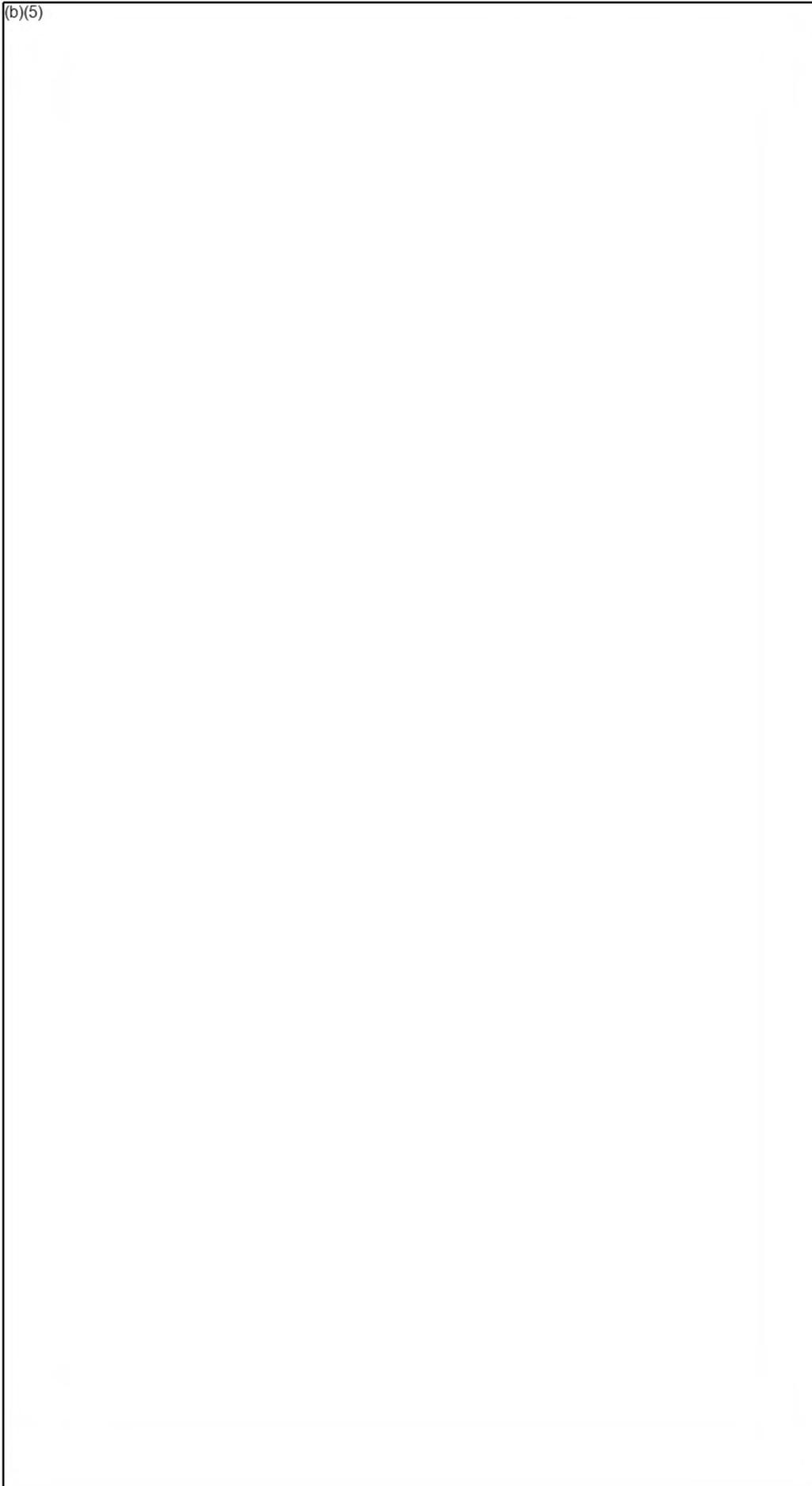
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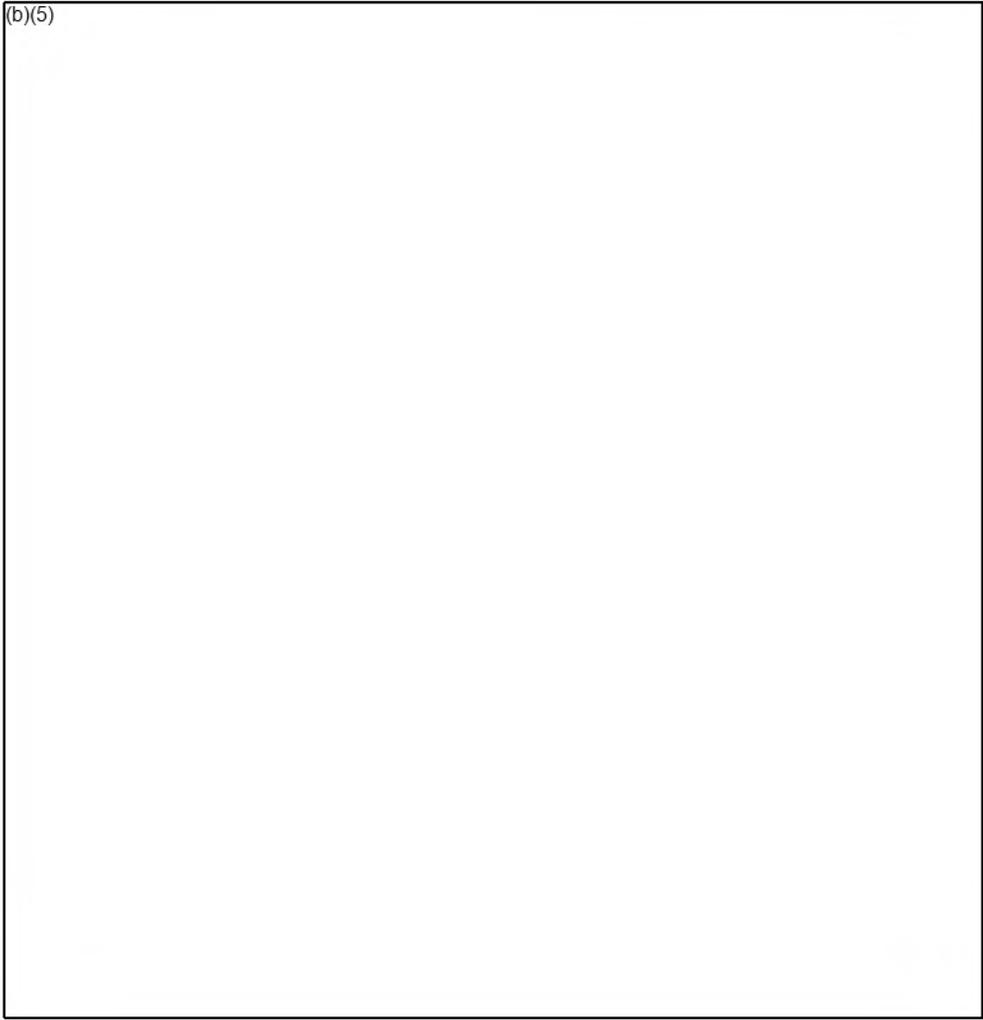
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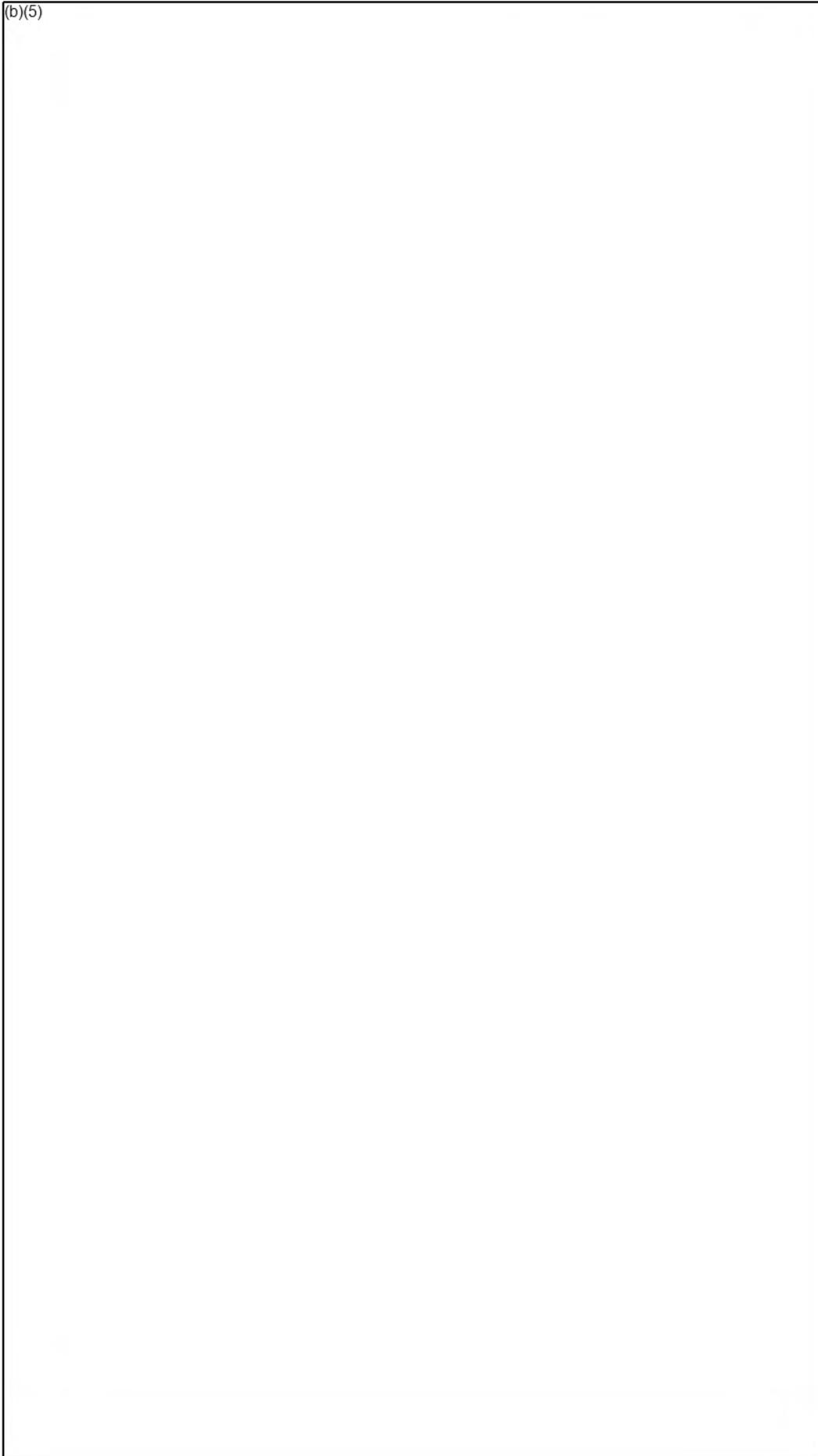


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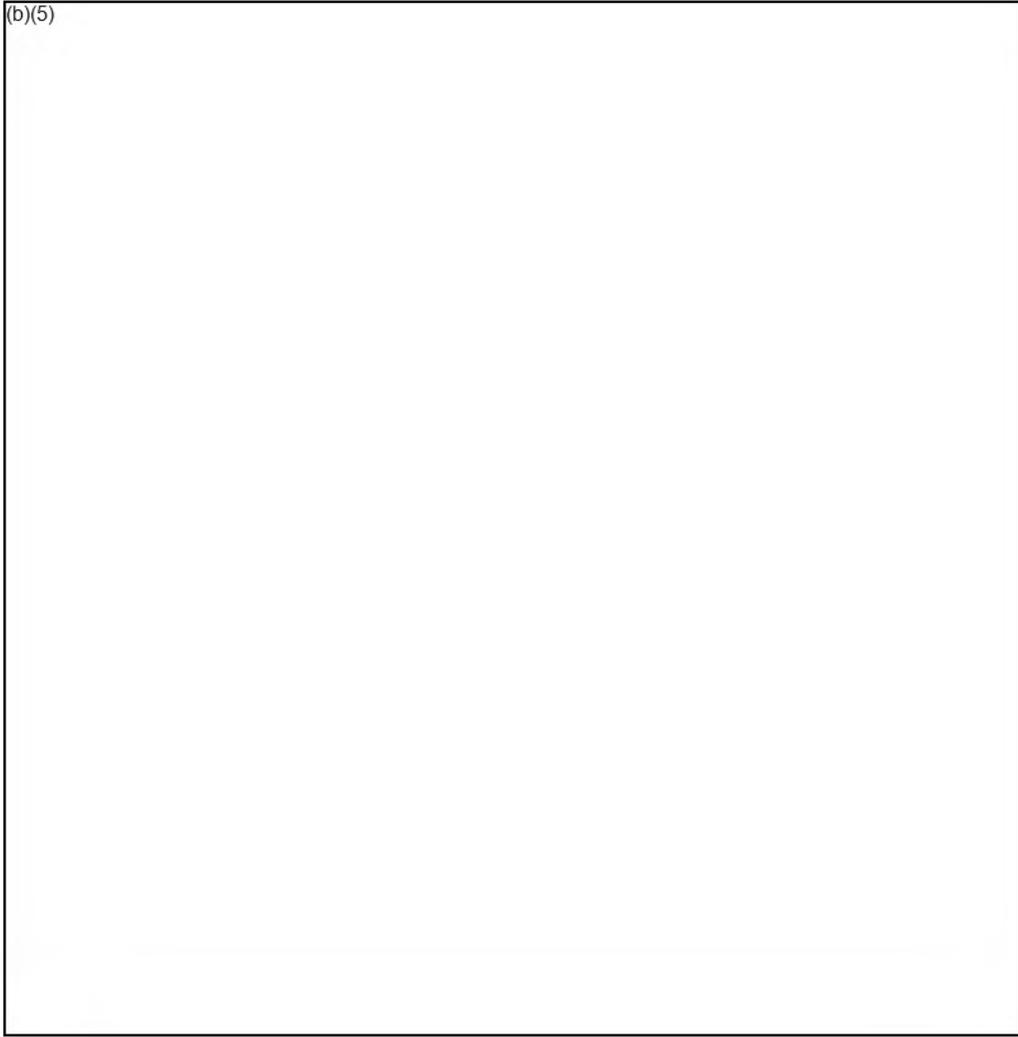
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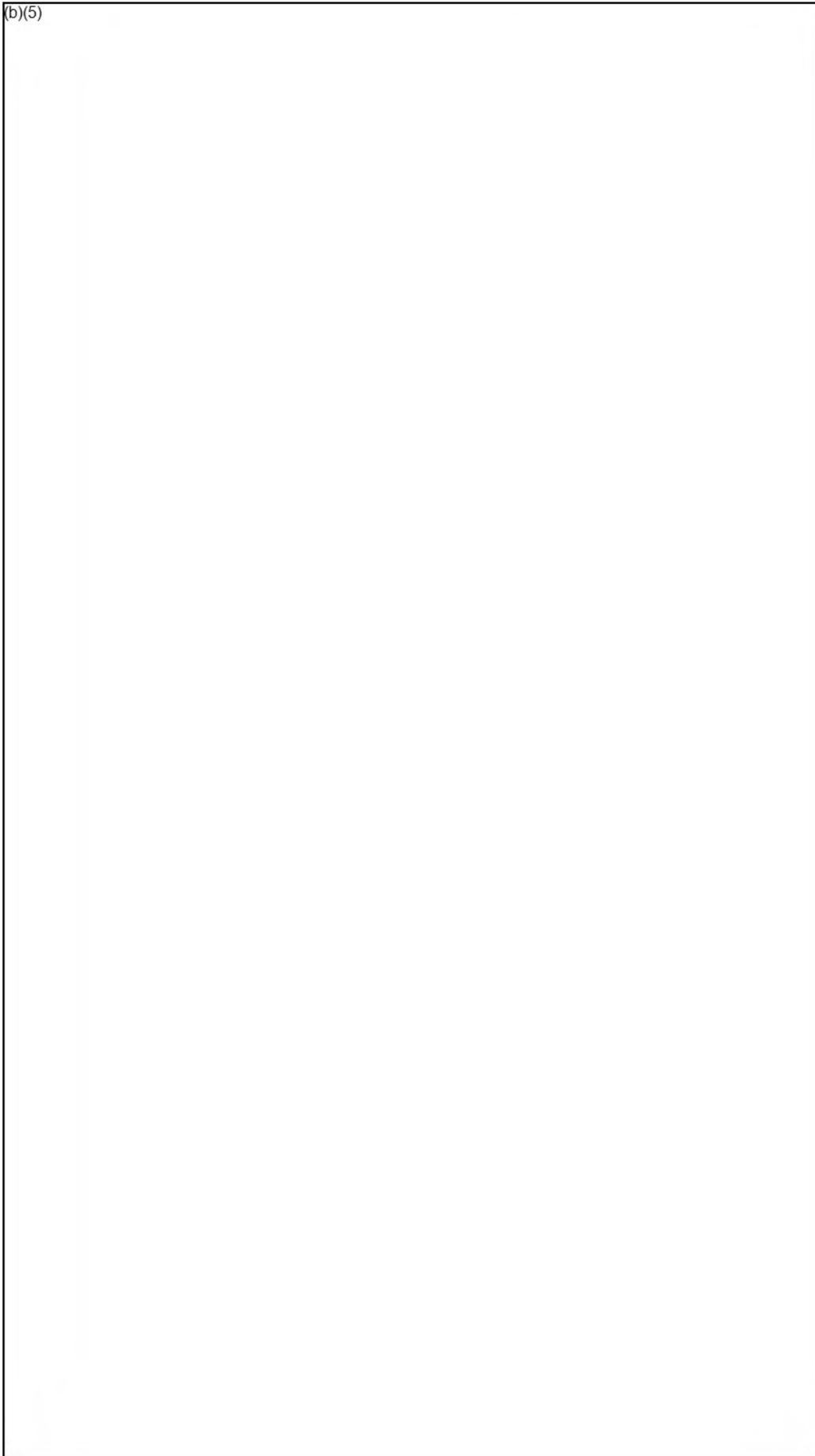
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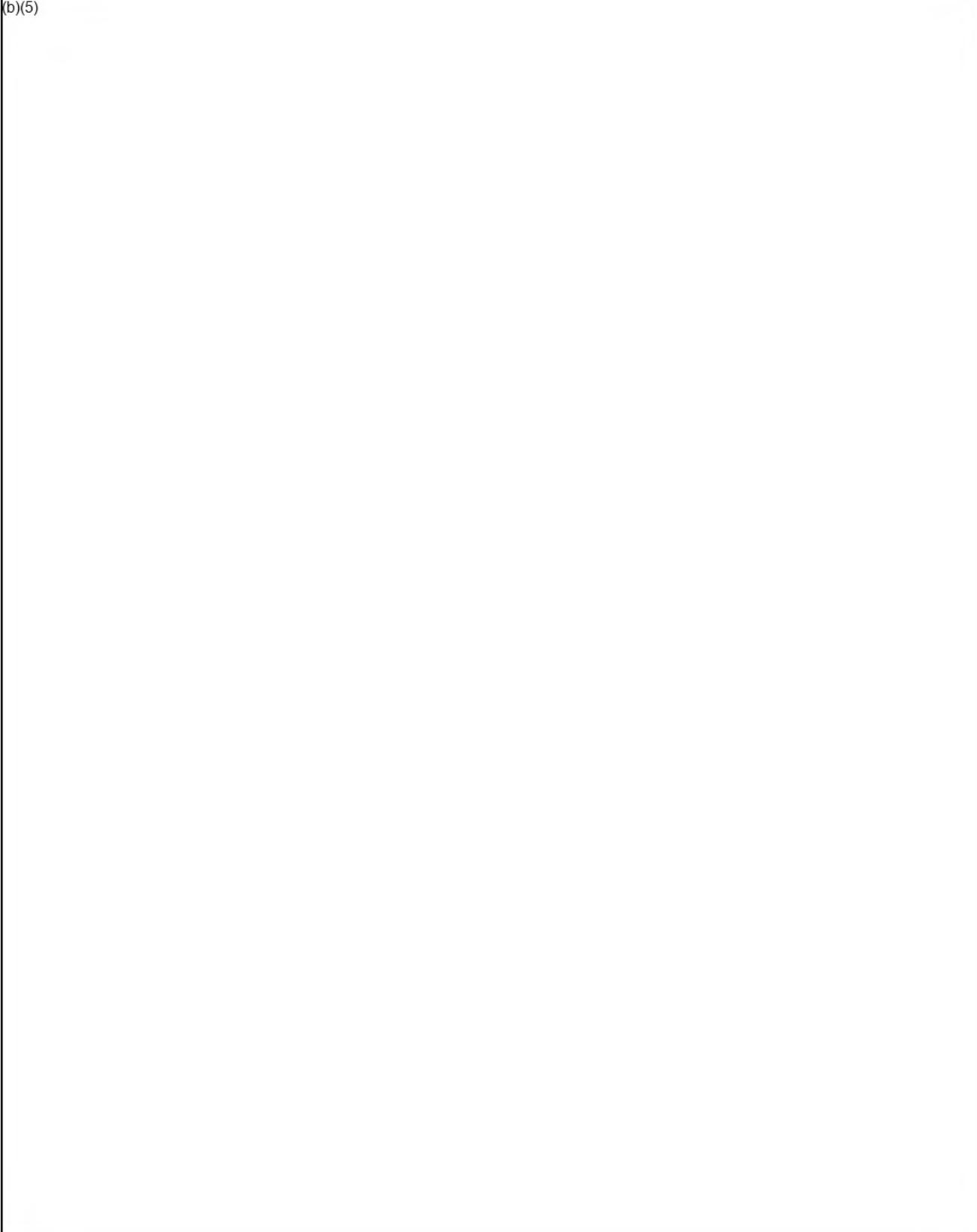


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Choose VA

July 2020

VA



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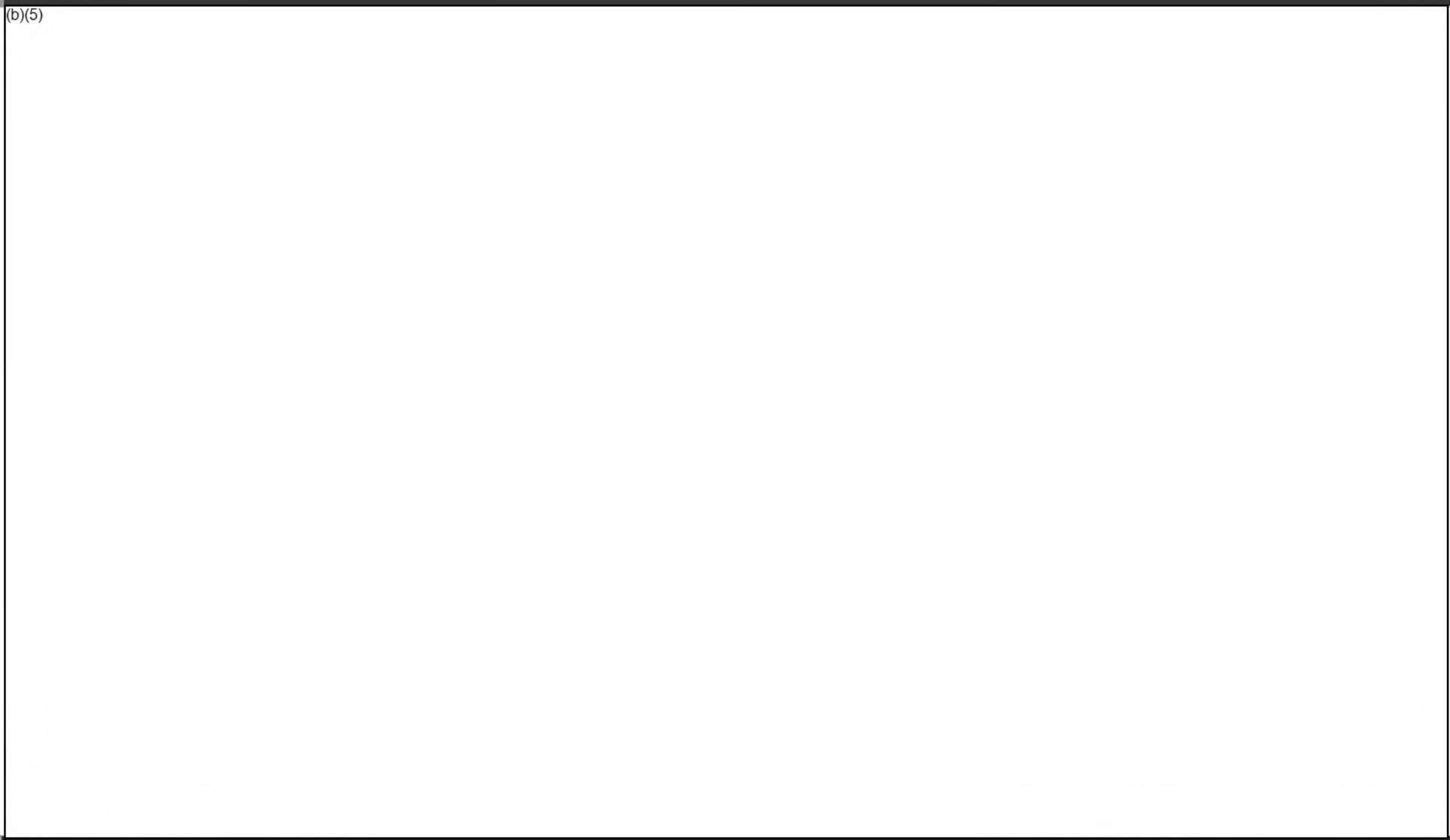
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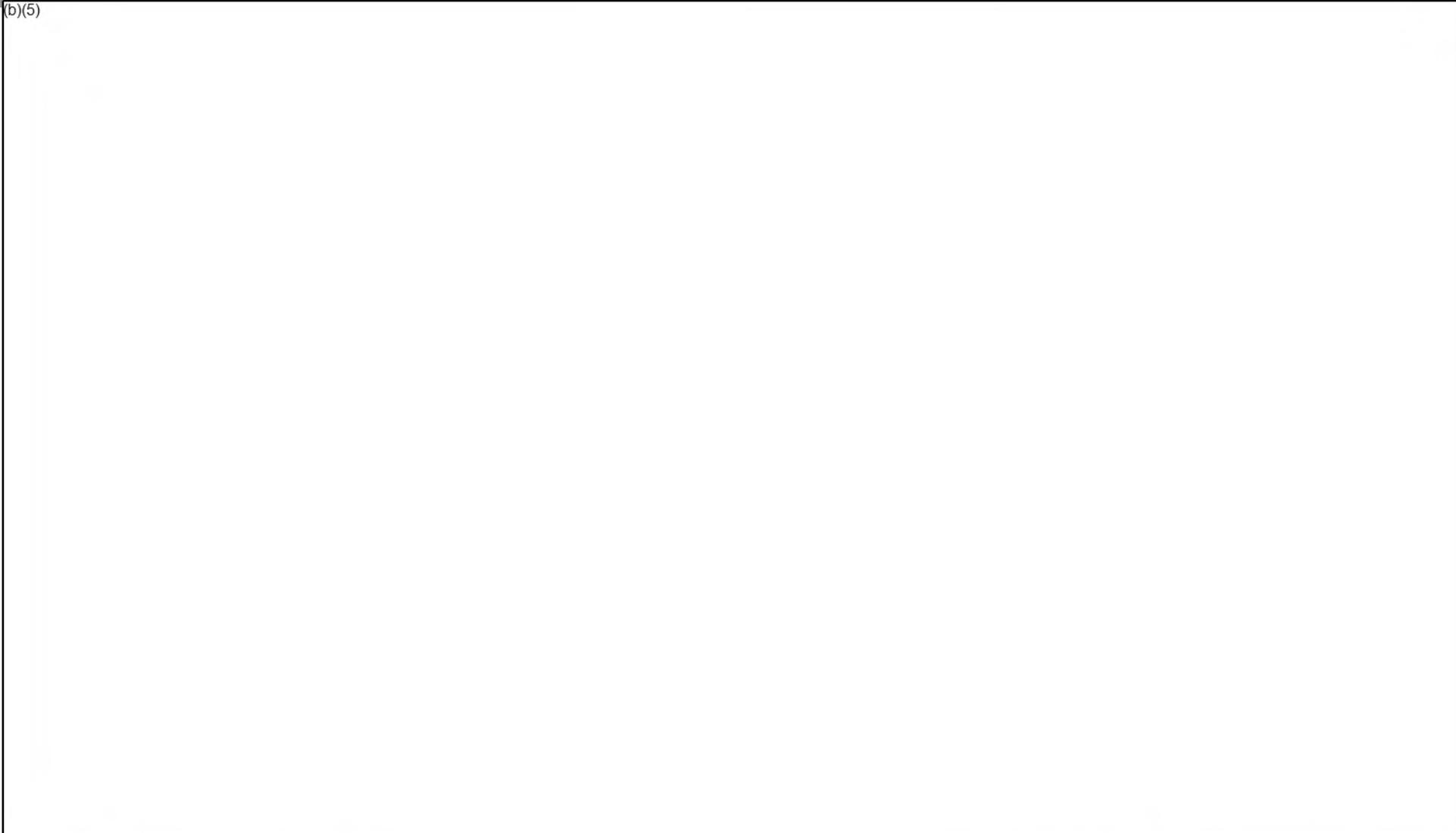
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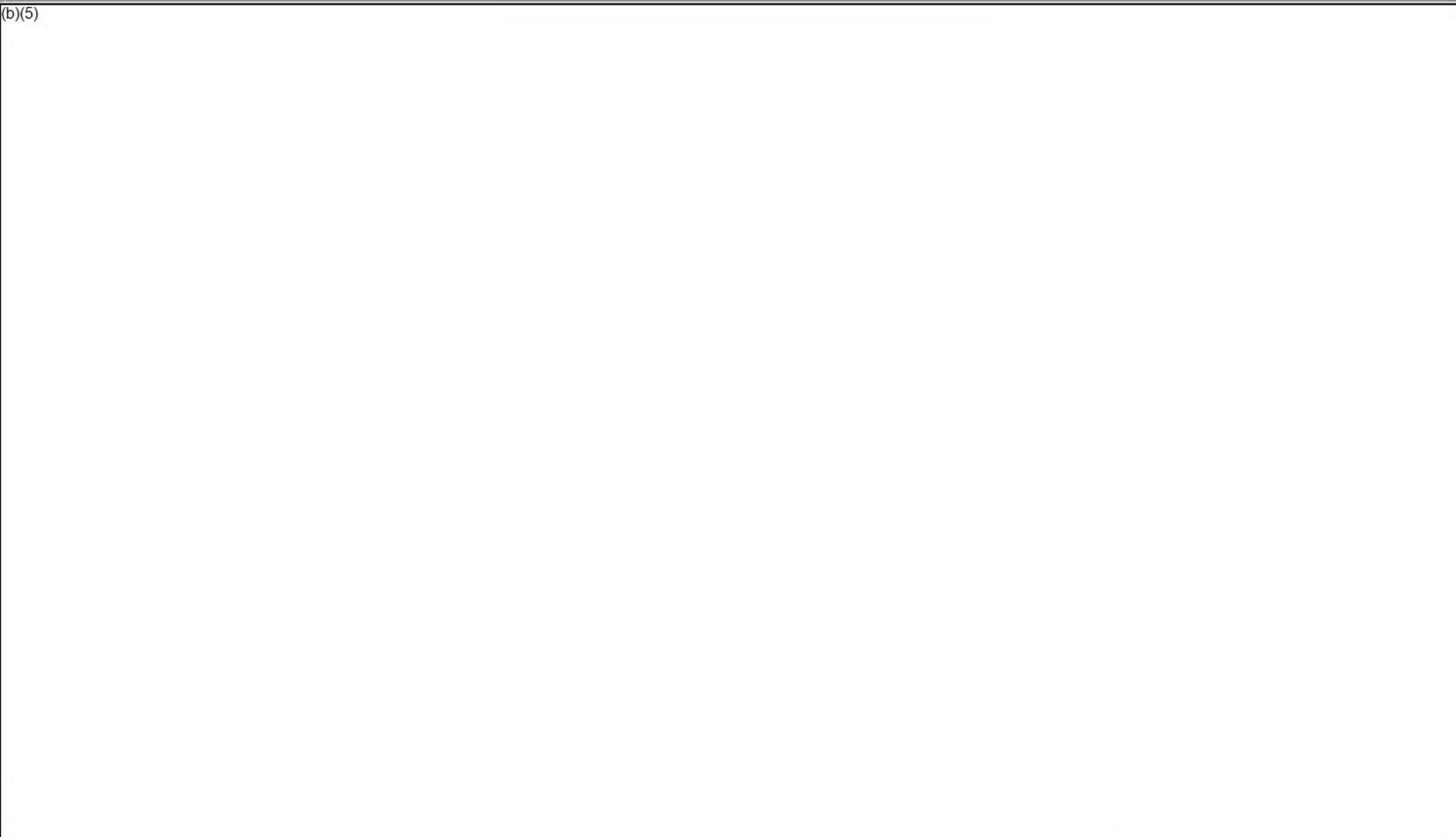
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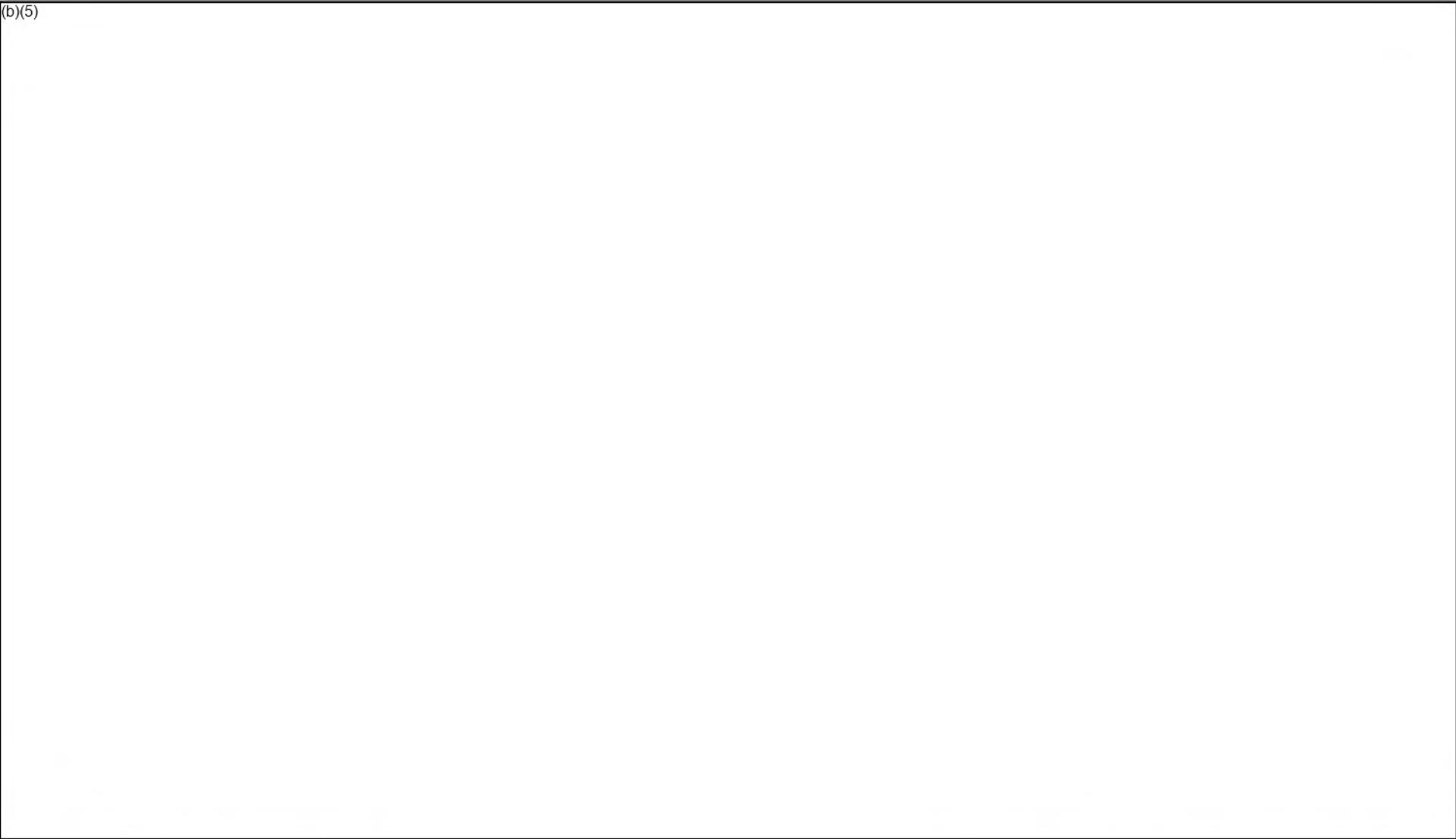
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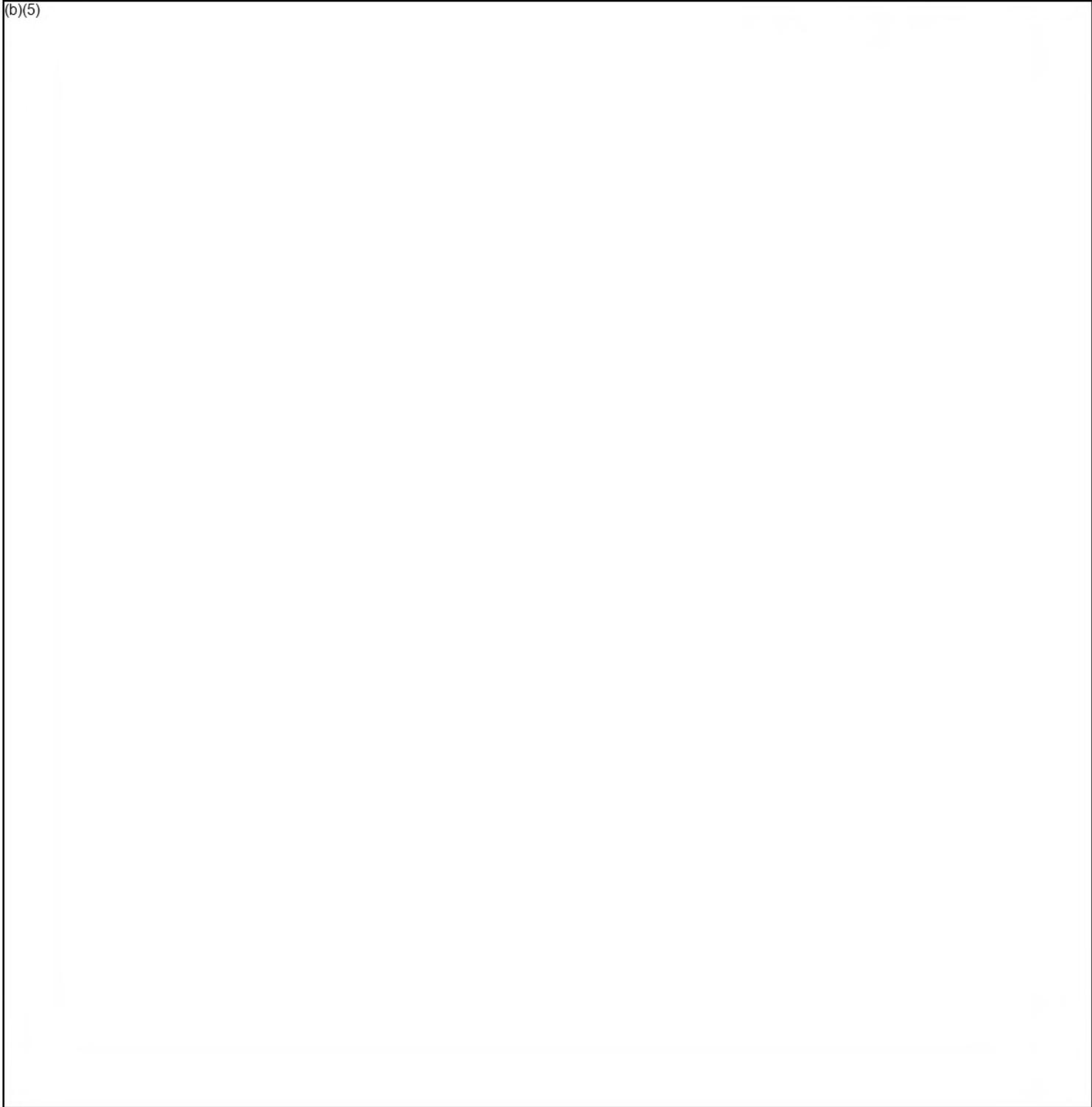


# Community Care Network Regions

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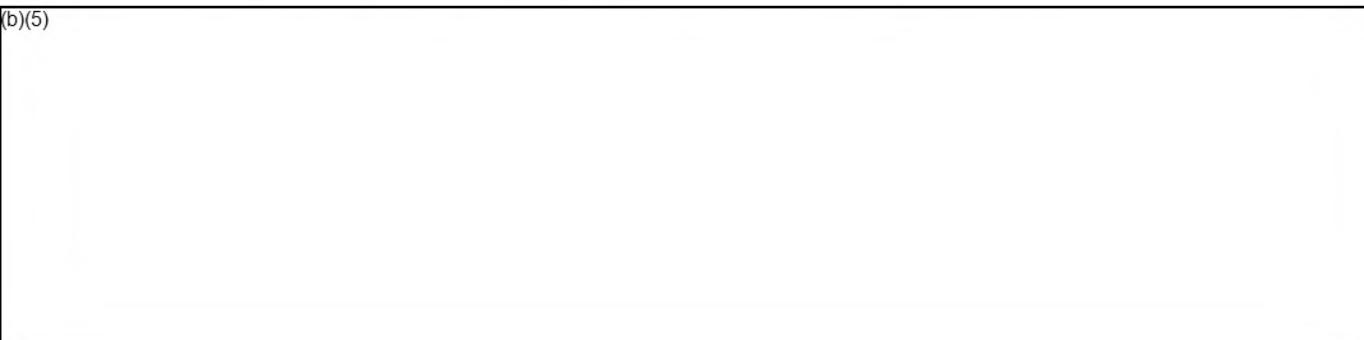


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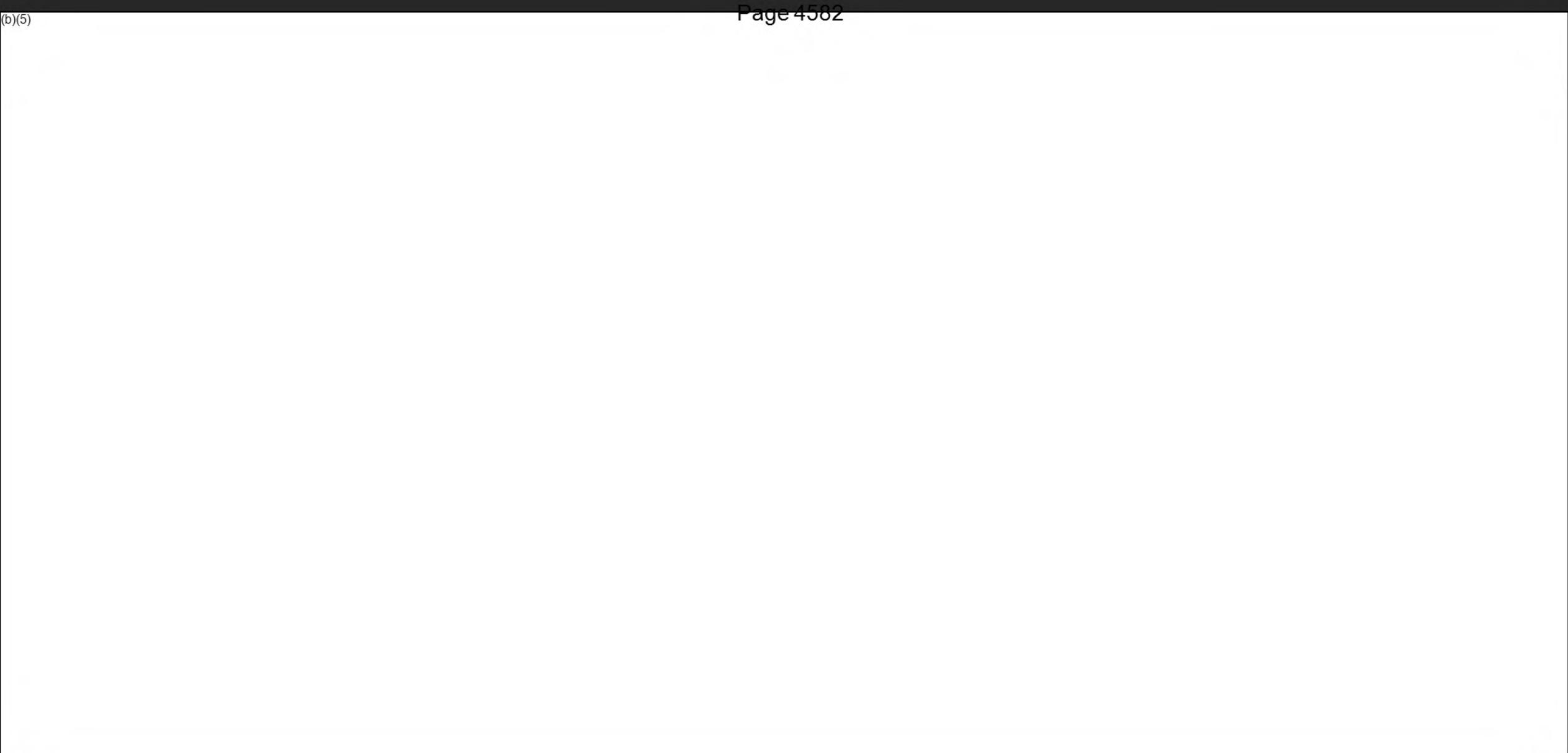
- New OCC guidance and processes (example: Centralized Authorized Emergency Care Notification Process)
- COVID-19 impacts to provider availability and referral categories of care

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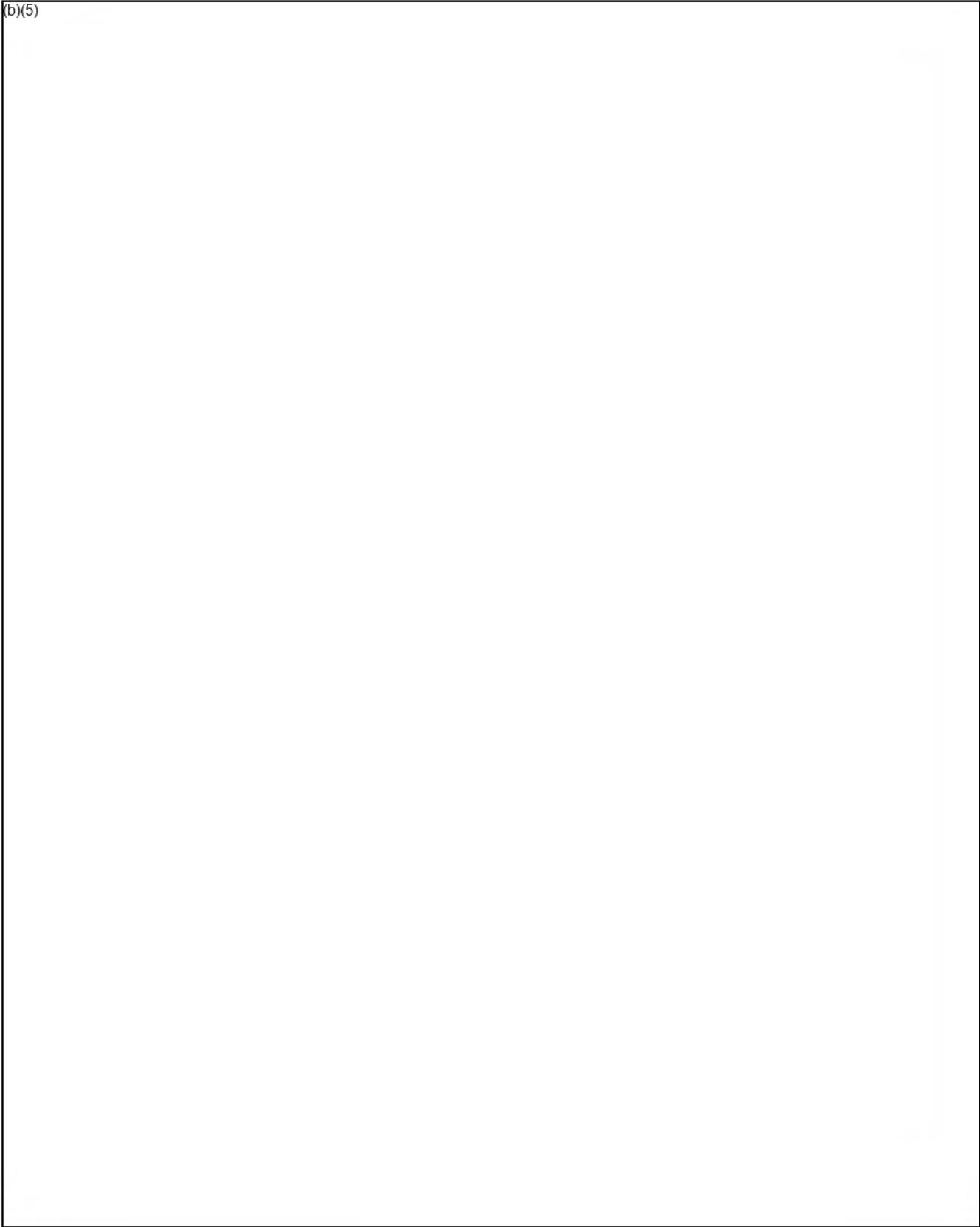






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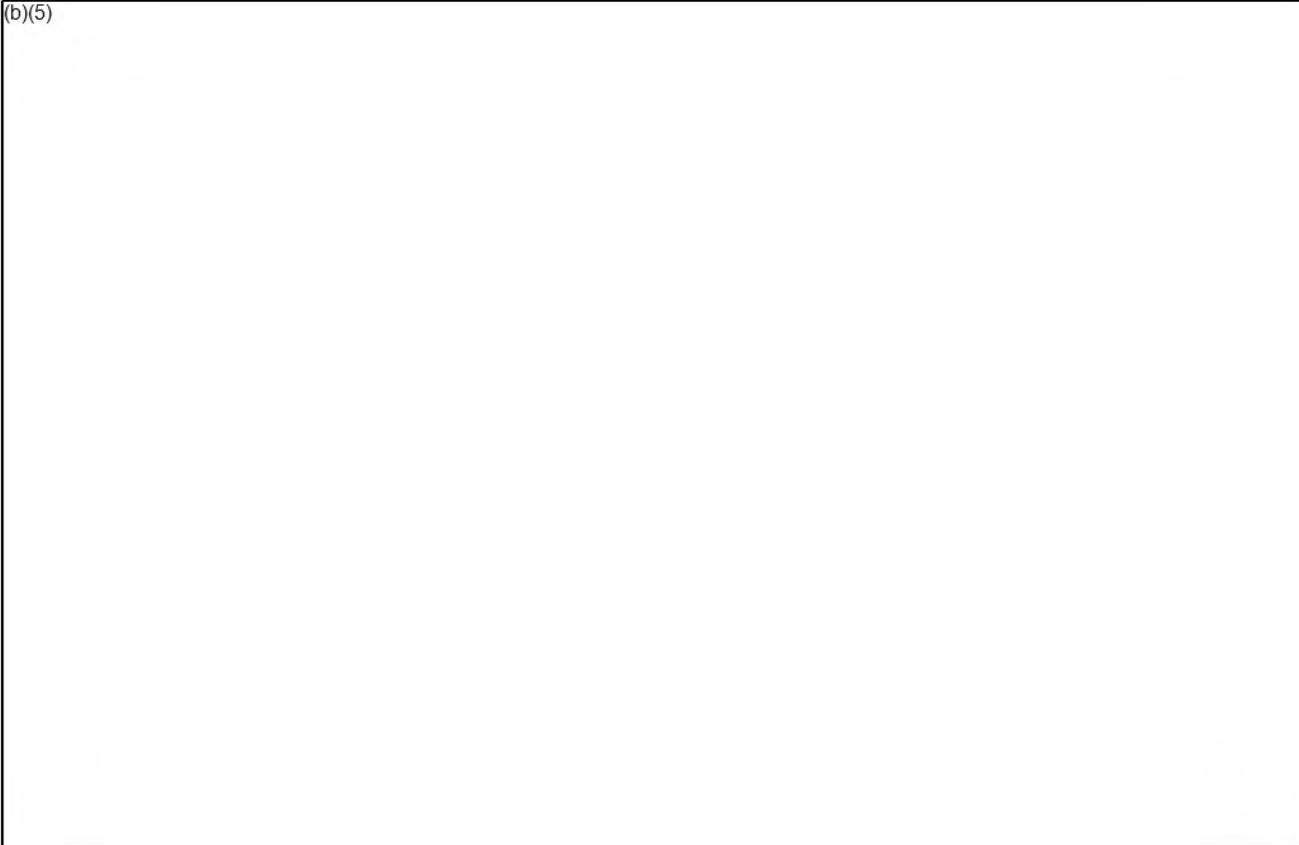
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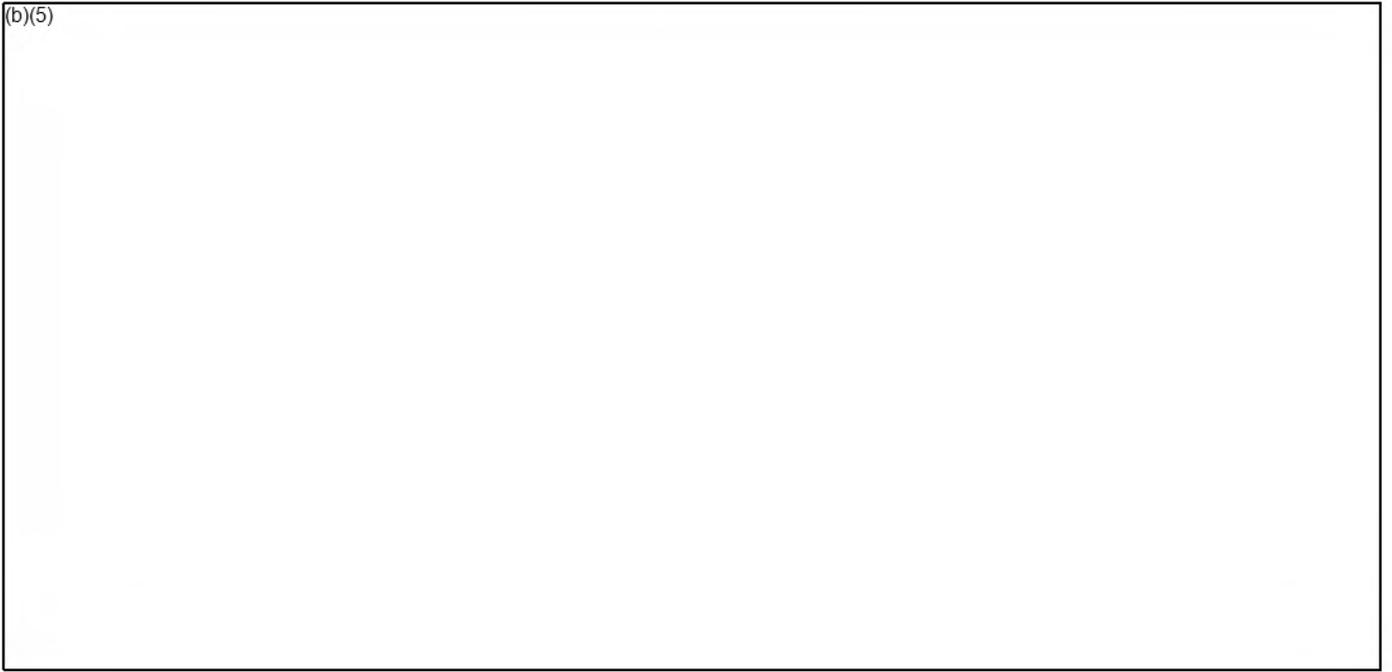
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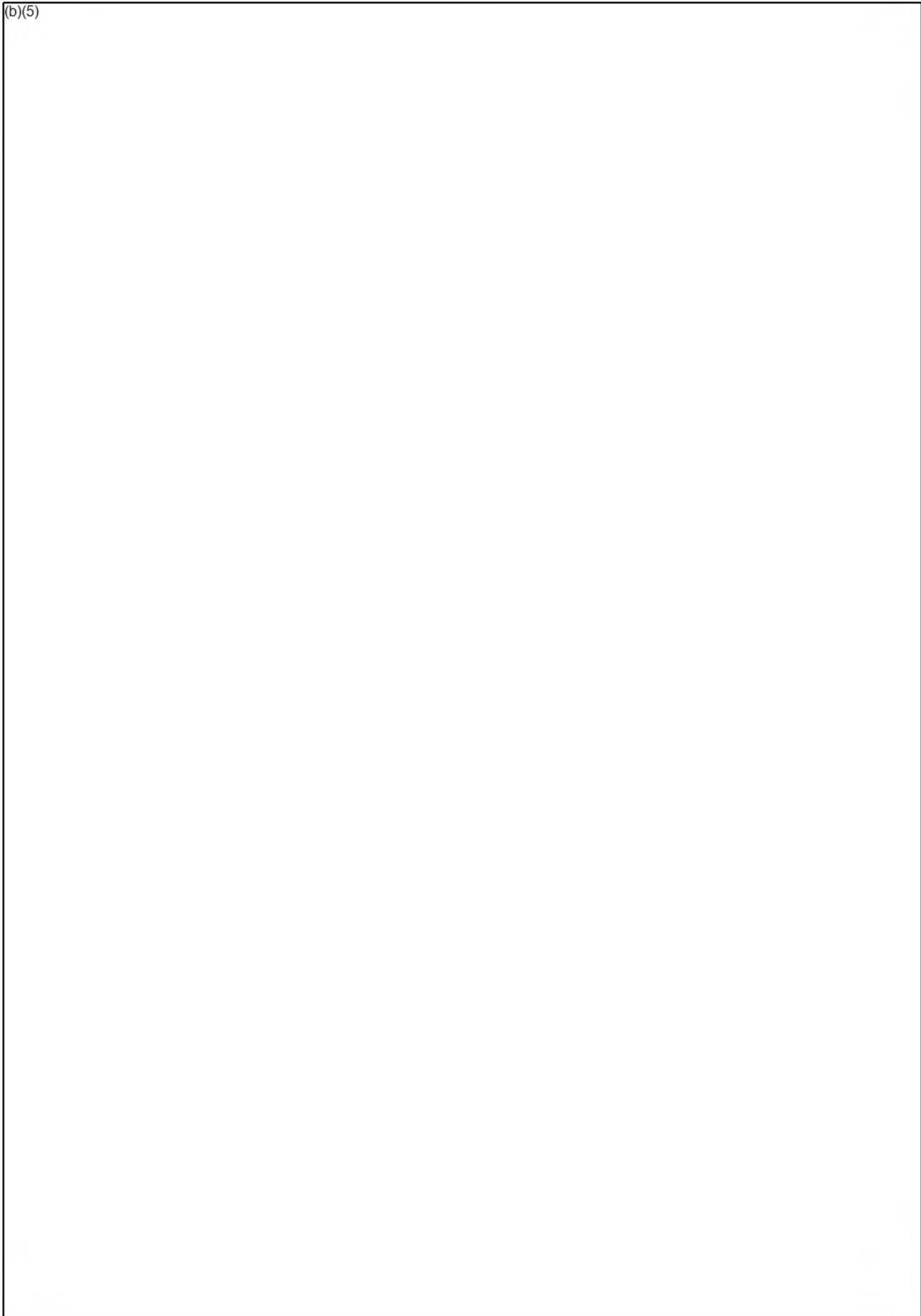


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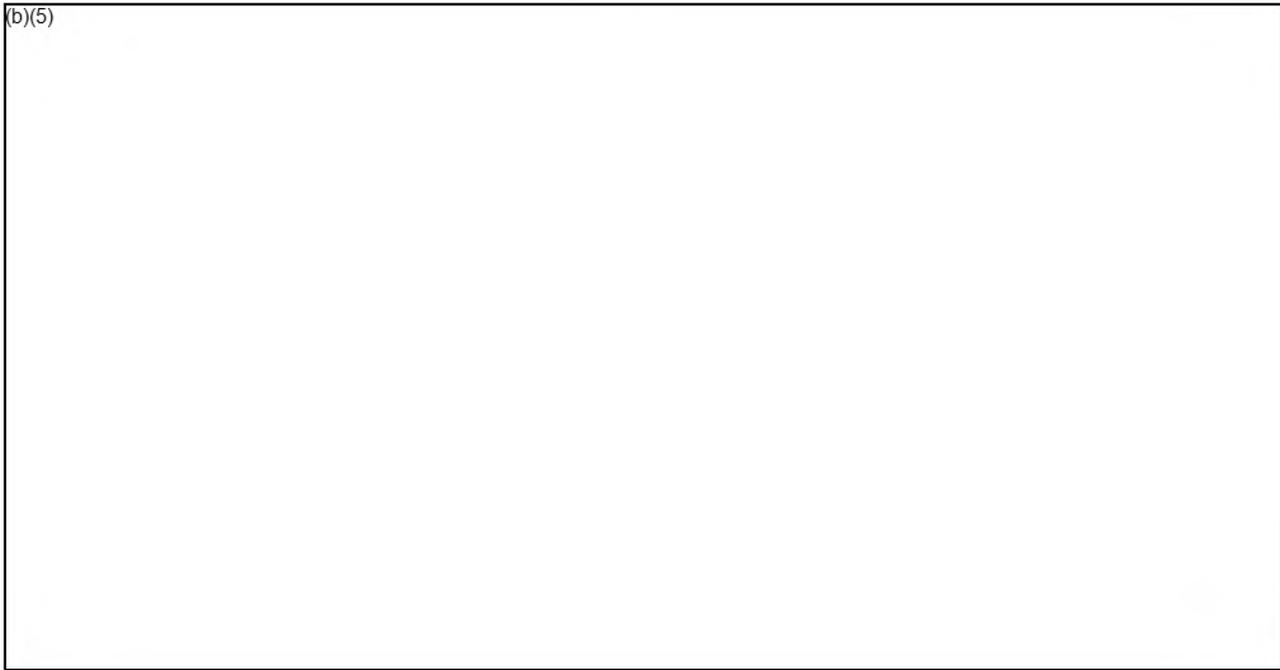
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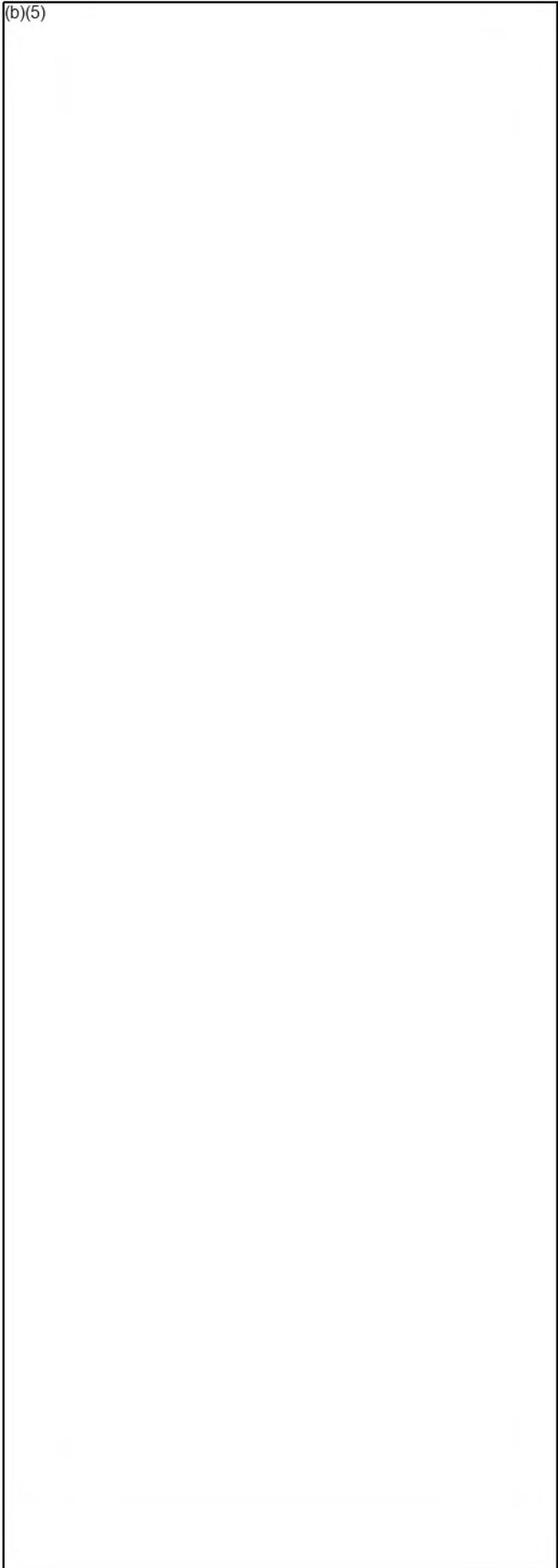
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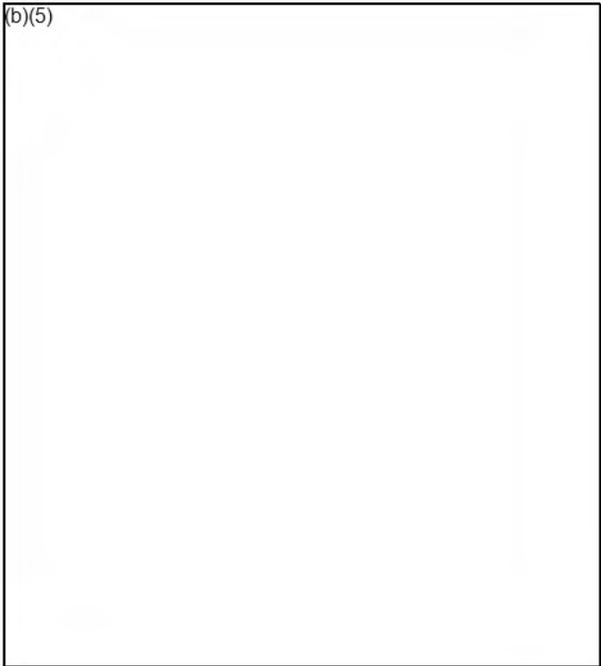
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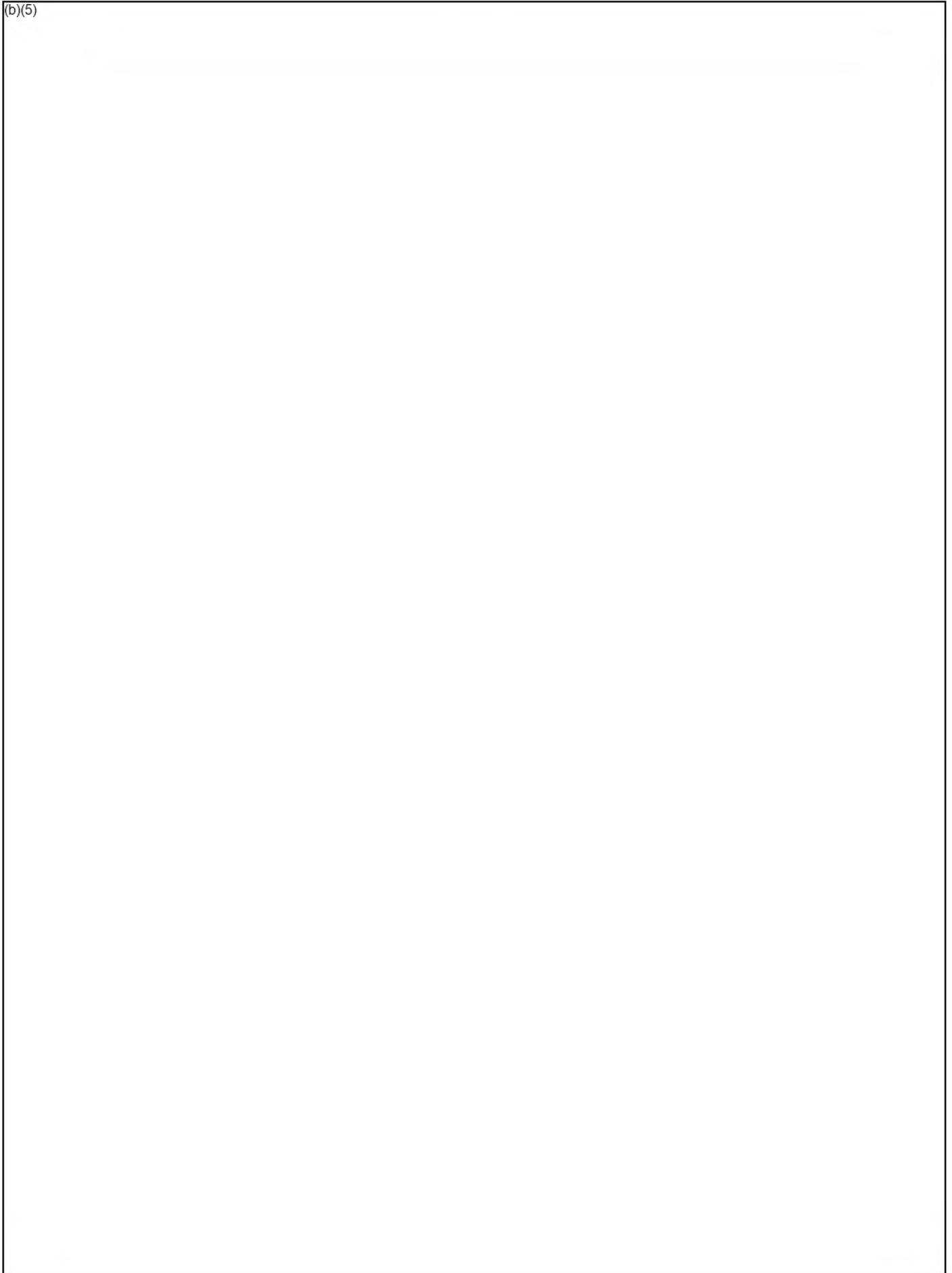
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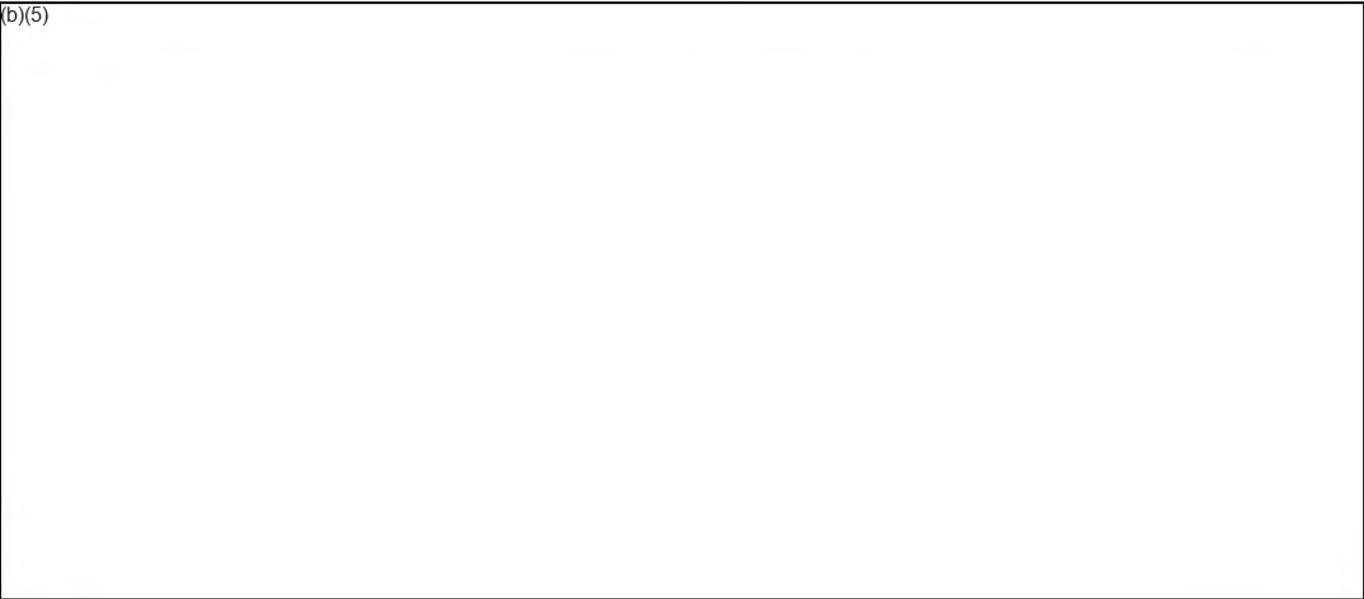
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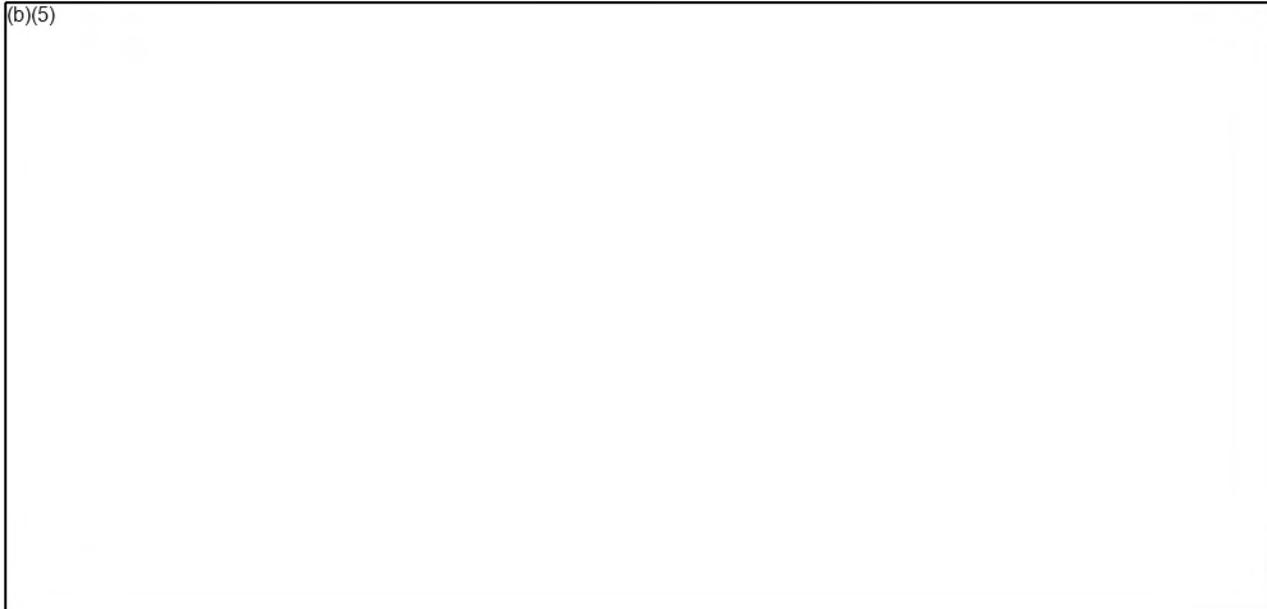


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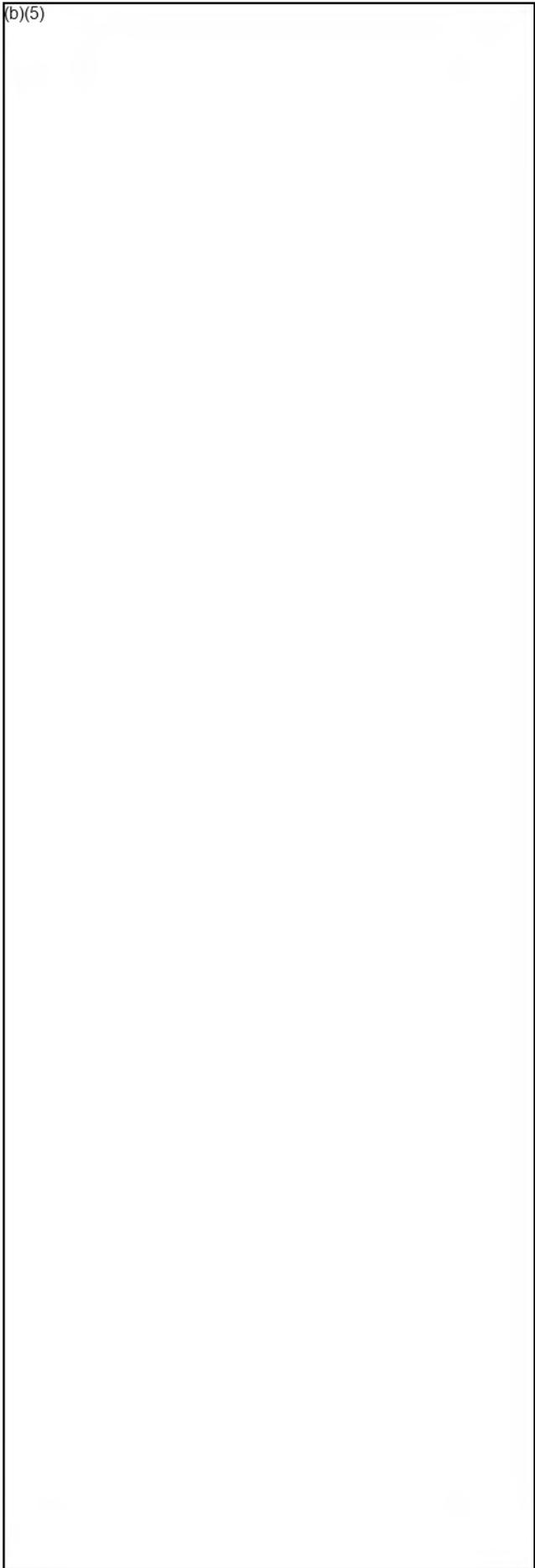


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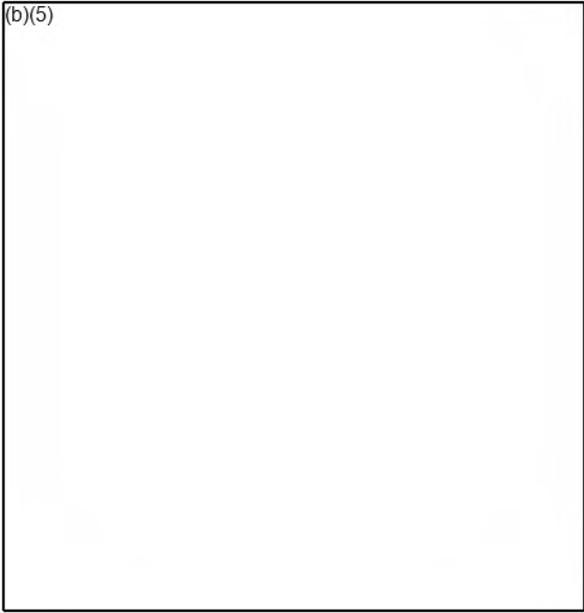
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### **What have we done since the beginning of COVID?**

- The Office of Veterans Access to Care (OVAC), in partnership with VSSC, created a COVID data report to allow tracking categories of follow-up for both COVID and non-COVID appointment cancellations and unscheduled consults. This report is essential for subsequent patient follow-up.
- During the pandemic, the COVID 19 report has been periodically updated, based upon input from the field. The updates allowed for improved capture of follow-up activity (e.g. with the updates it now captures rescheduled appointments.)
- Ongoing training for field staff as to how to best use the COVID 19 report in their day to day work has been maintained throughout the pandemic.
- OVAC queried medical centers and gathered from them strong practices they have initiated to review and resolve their appointment cancellations and consults not scheduled. Those strong practices will be shared with the field as a part of our moving forward plan to review and reschedule cancelled appointments and open referrals for care.

### **How many patient appointments and consults need follow-up?**

#### Cancelled Appointments

- There are 3.58 million cancelled appointments which need to be reviewed. Of these:
  - Some have a review underway, but this is not yet trackable.
  - Some have had attempts to contact, but an appointment has yet to be scheduled.

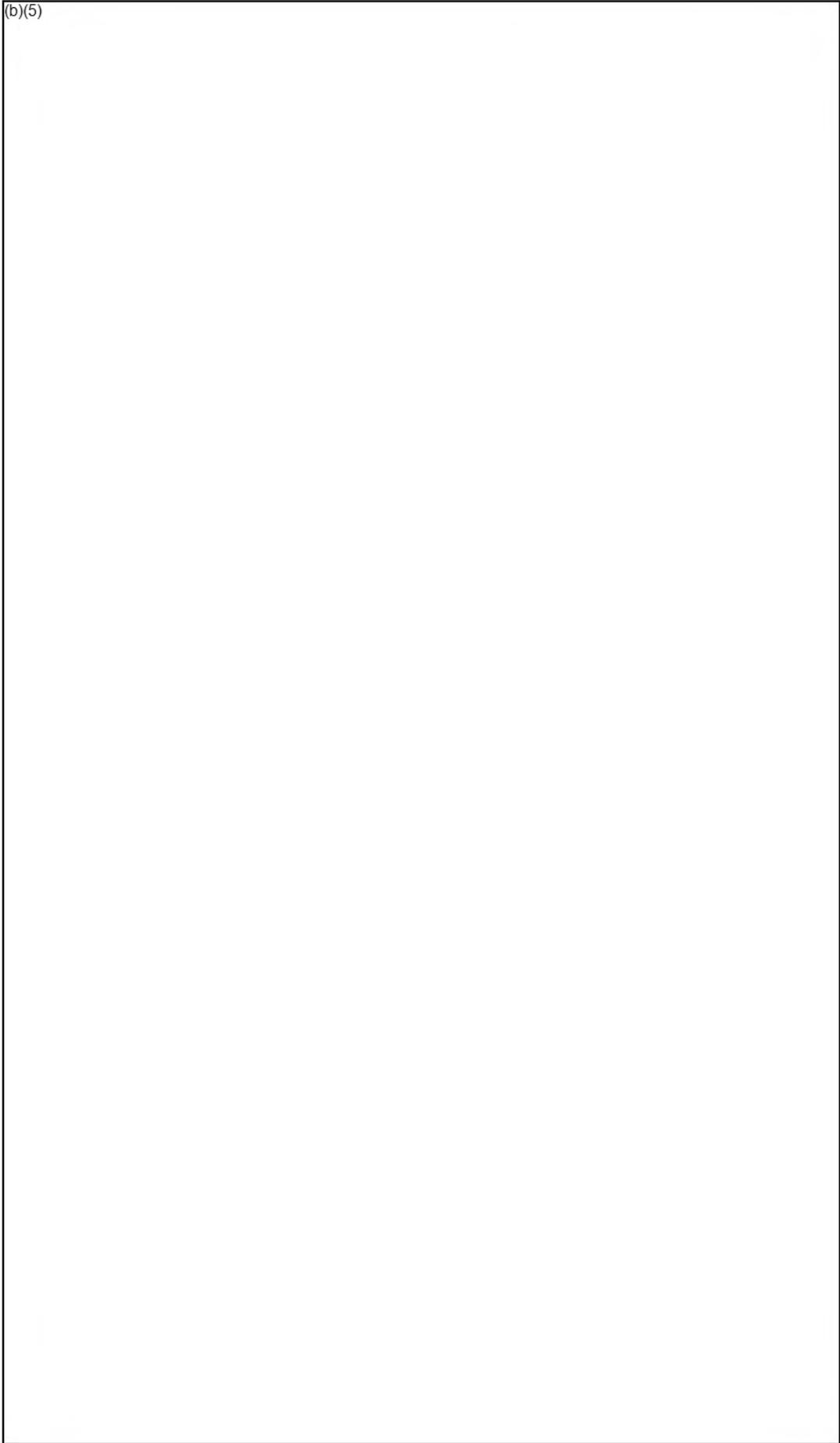
#### Unresolved Consults

- There are 1,164,454 that need to be reviewed and/or rescheduled.
  - Some of these may have been seen without the appointment linked to the consult (an administrative function required to formally close the consult).
  - Some have clinically appropriate appointment dates in the future when the Veteran care is needed and have not needed review until a future time.

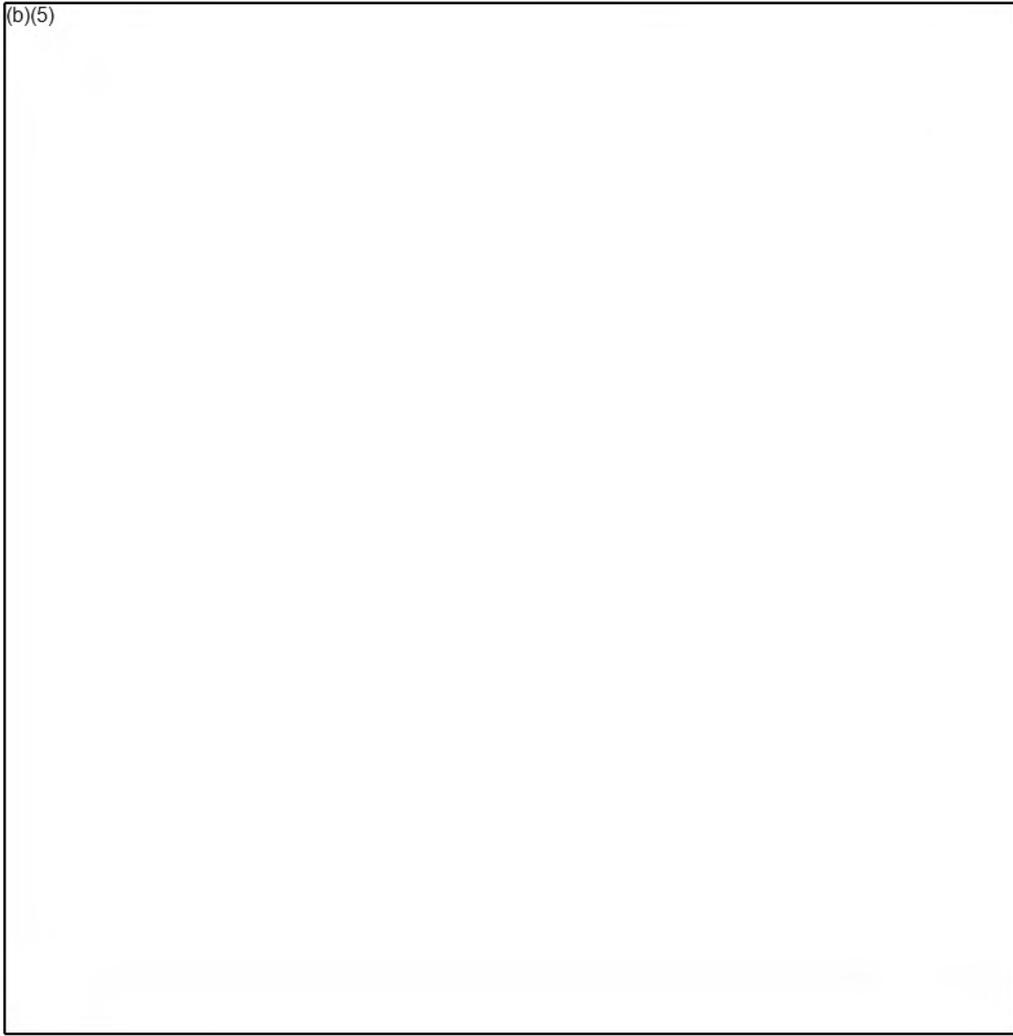
### **What will we do to move forward to resolve these cancelled appointments and unresolved consults?**

- To ensure data validation, OVAC will provide medical centers with defined processes for reviewing Veteran appointment cancellation data and consult activity.
- VHA is developing a well-defined plan for how medical centers will review appointment cancellations and unresolved consults (By July 31, 2020). Part of this plan will include emphasis to schedule care into virtual modalities into the future, instead of holding to schedule a face to face appointment. As a part of this, VHA continues to expand specialties. Major focus is to those services with large volumes of unresolved consults.
- VHA is developing processes for each medical center's group practice managers and providers to optimally address patient care needs and utilize strong practices for reviewing appointment cancellations and unresolved consults.
- VHA will share current scheduling, consult, and COVID policies/resources as well as provide updates to Congress, OIG, VA central office, network directors and medical centers. (Begin by August 2020)
- VHA will identify facilities with the highest cancellation rates and provide support to them for backlog reduction. (Begin by August 5, 2020)
- Entirety of backlog is 3.58 cancelled appointments and 1,164,454 unresolved consults. It is expected that all of these will have been reviewed and plans for follow-up made when needed by October 31, 2020.

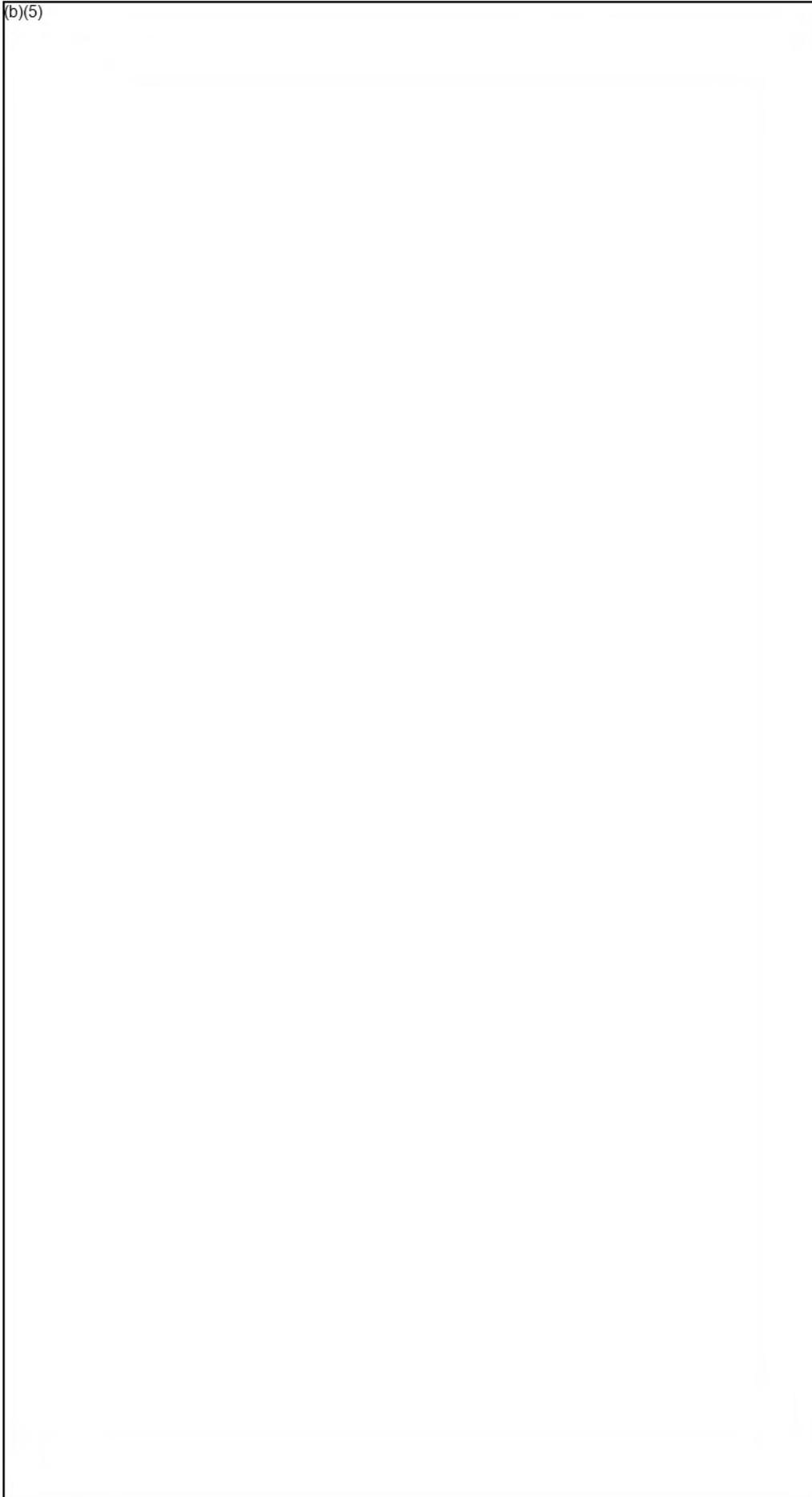
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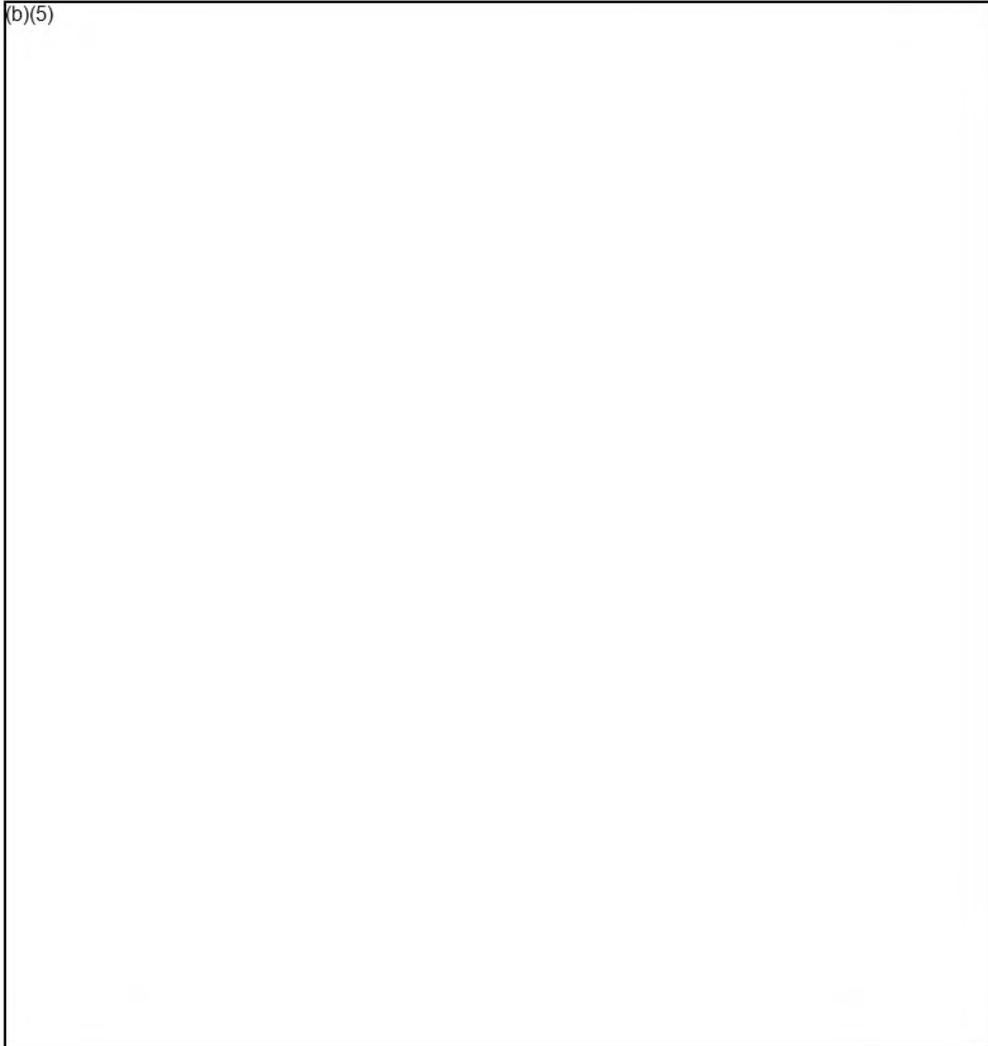
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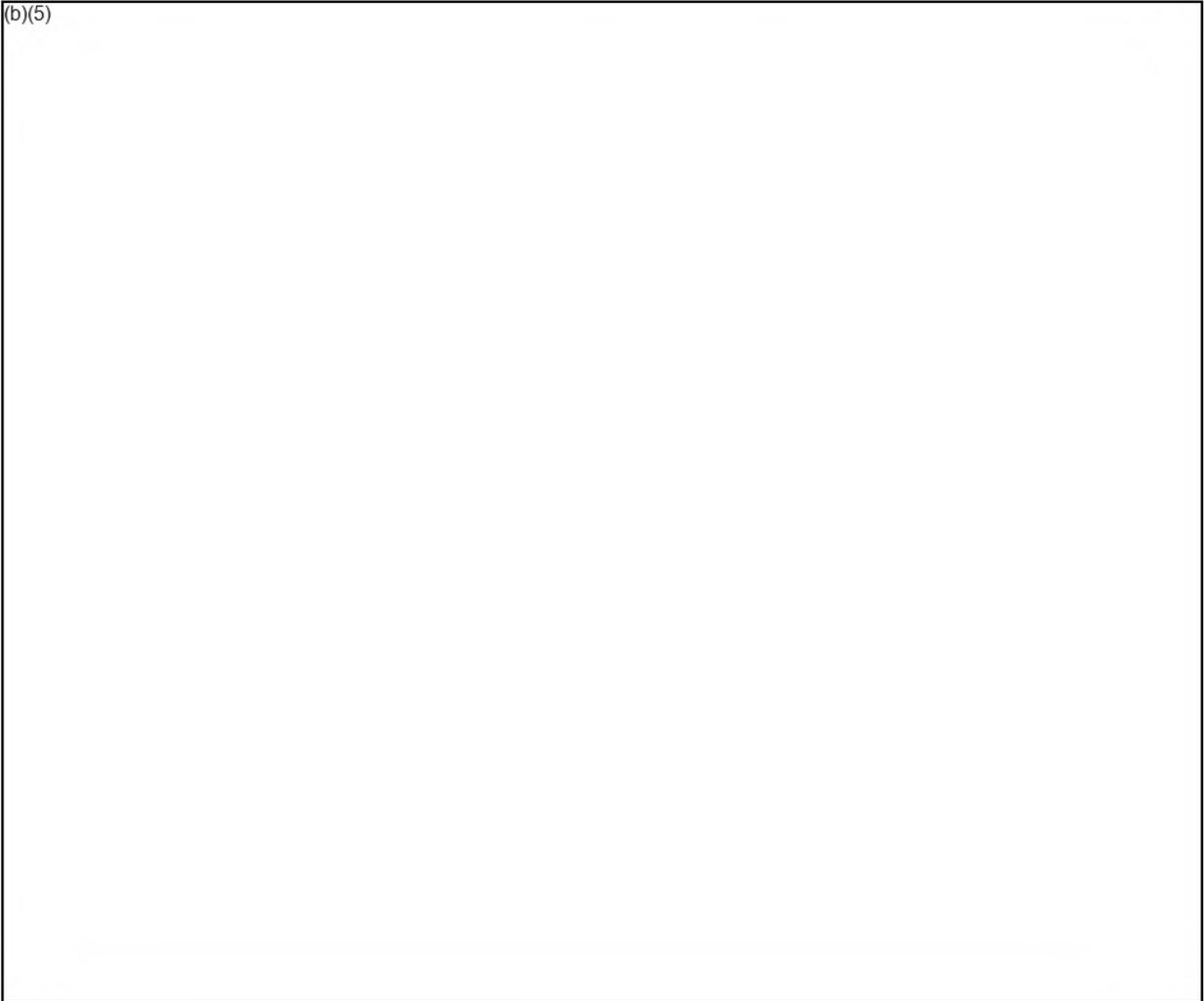
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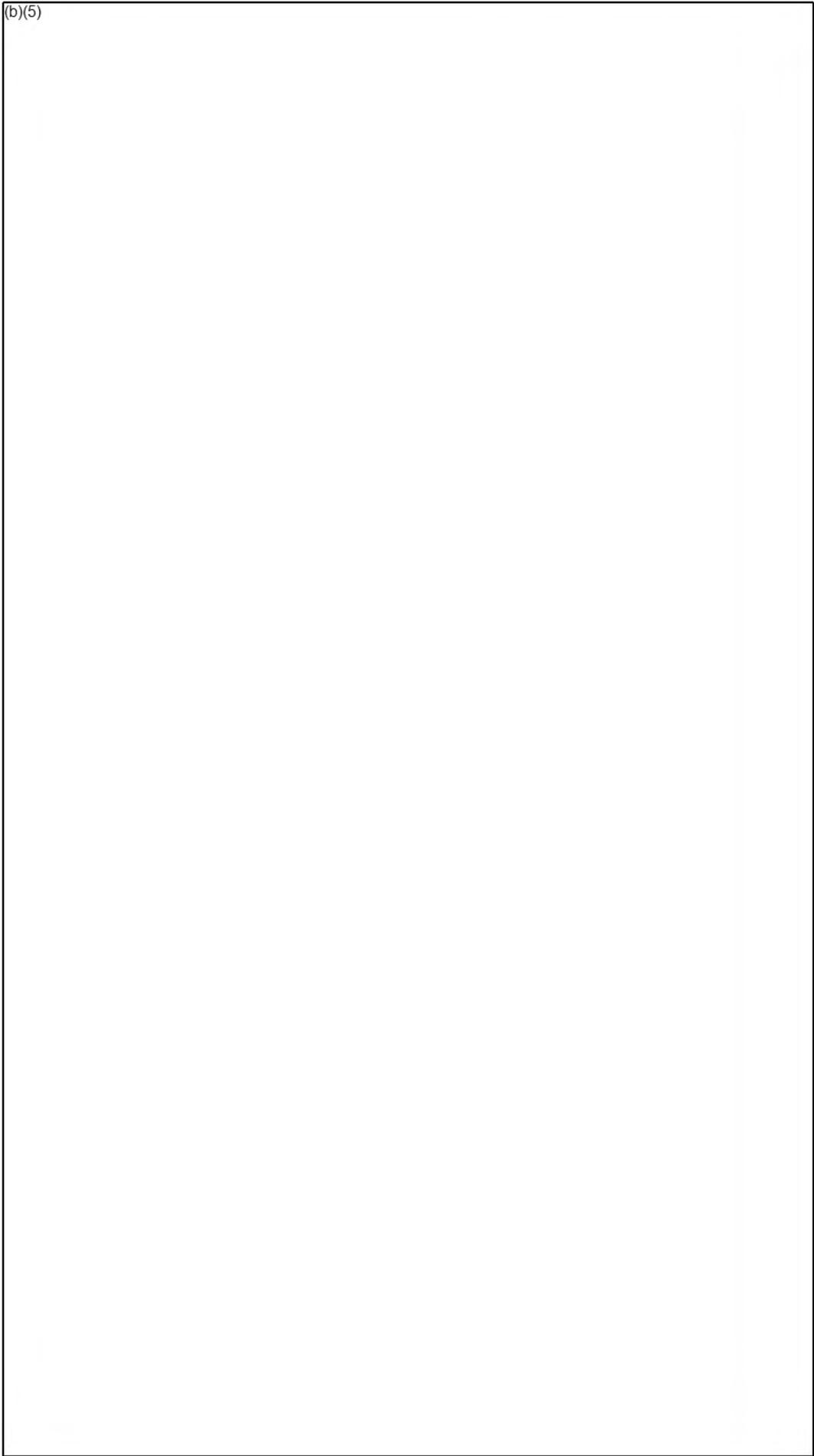
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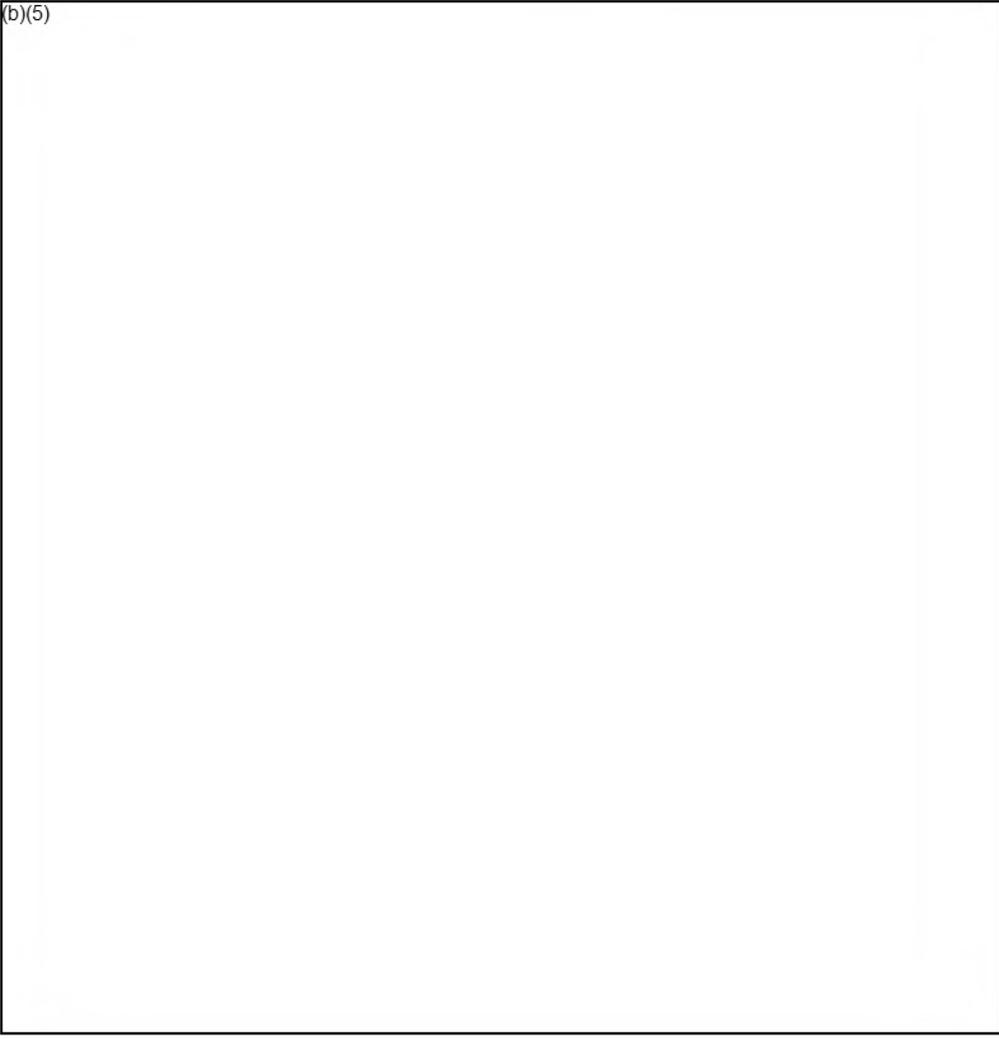
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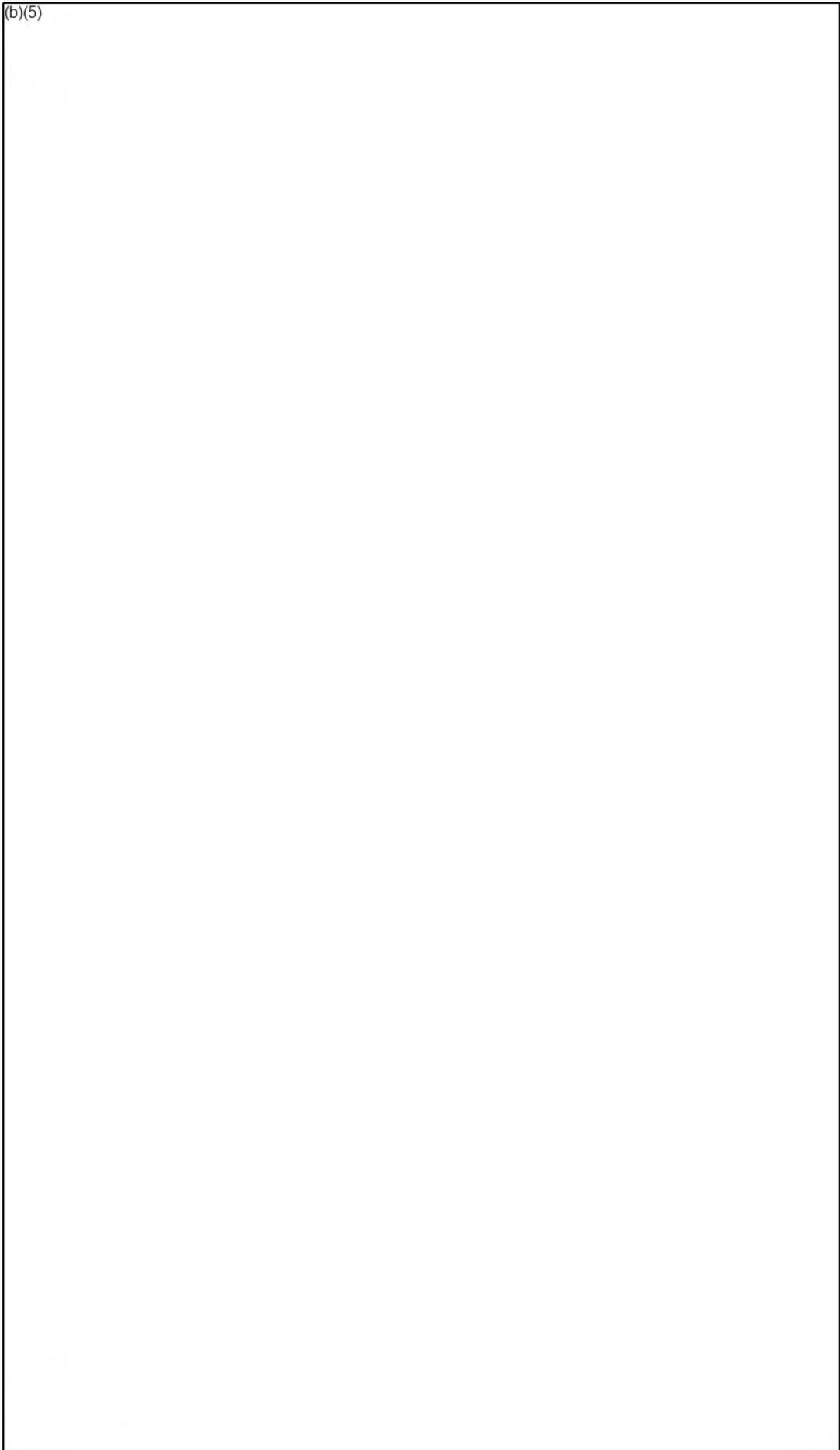
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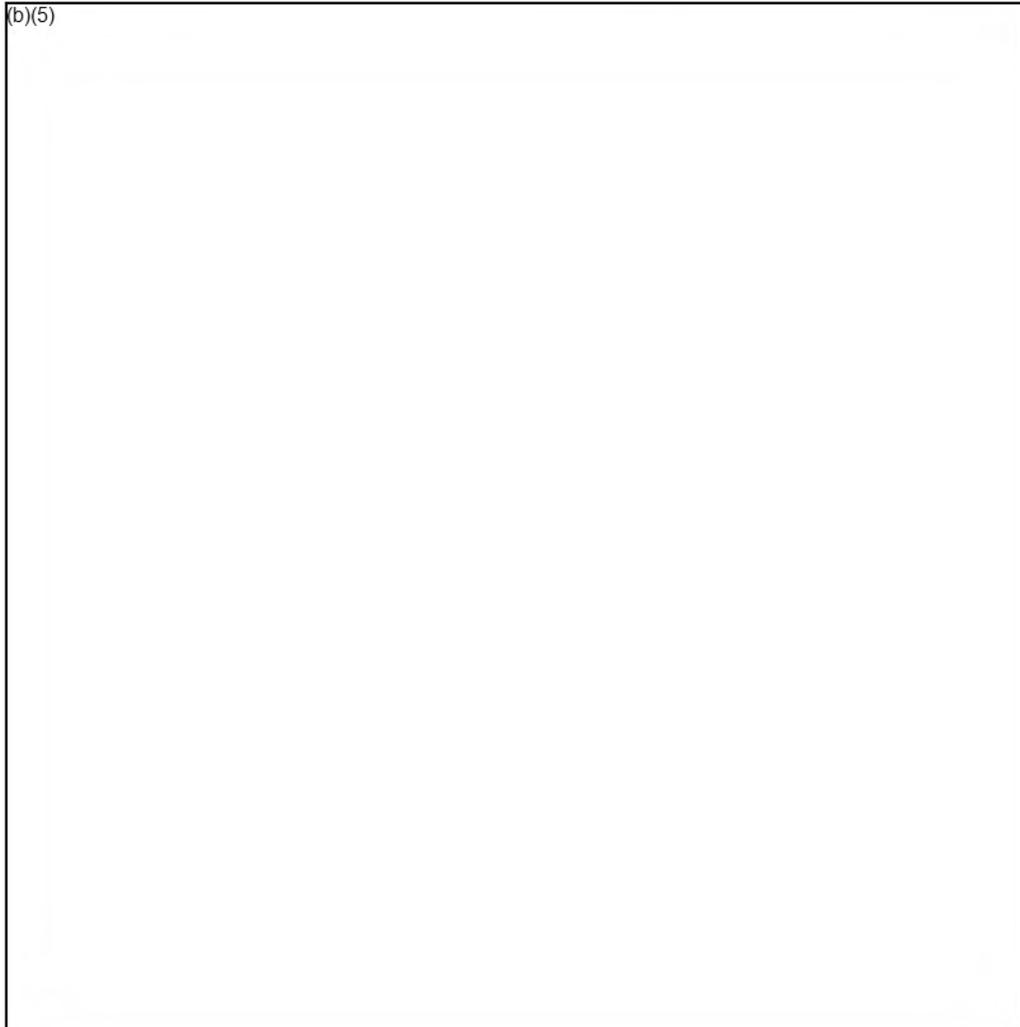
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# Community Care Business Program Management Review (PMR) #1

07/28/2020



# Agenda

- **OCC Priority Project Review**
  - OCC Data Governance
  - VA/DoD Advanced Payment and Referral Standardization
  - One Consult 2.0
  - Indian/Tribal Health Coordination (ITHC)
  - Advanced Medical Cost Management System (AMCMS)
  - Urgent Care Integrated Project Team
  - Provider Profile Management System (PPMS)
  - Community Care Reimbursement System (CCRS)
- **Appendix**
  - Project Review
  - Project Idea Evaluation Updates

# OCC Data Governance Project

# Initiation

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

Establish OCC Data Governance to ensure data are reliable, dependable, consistent, and well documented. OCC Data Governance will include standards and policies that drive how data are used and maintained to reduce misuse and misreporting of data and increase the credibility and the quality of that data to support high-quality, consistent, and timely data to drive accurate decision-making.

### Key Performance Indicators (KPI)

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

### Accomplishments

- 7/6/2020 NOMINATED DATA GOVERNANCE GROUP
- 7/7/2020 CCSC DATA GOVERNANCE PROJECT APPROVAL
- 7/8/2020 KICKED OFF DATA GOVERNANCE PROJECT
- 7/15/2020 ADOPTED CONTINUOUS LEARNING APPROACH

### Upcoming Milestones

- 8/5/2020 DEFINE OVERARCHING DATA GOVERNANCE STRATEGIC PRIORITIES
- 8/12/2020 FINALIZE DATA GOVERNANCE CHARTER
- 8/19/2020 IDENTIFY A DATA-RELATED GOVERNANCE PORTFOLIO

### OCC Business Dependencies

- Pending Dependency Management Analysis

(b)(5)

### OIT / Data Dependencies

(b)(5)

### ELC Decision Needed/ ELC Priority Discussion

(b)(5)

### Project Description

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

### Key Performance Indicators (KPI)

- 24,861 VA/DoD consults entered in FY20.
- 95% of FY20 VA/DOD consults have SEOCs included.
- Live Pilot Results
  - Biloxi/Pensacola FY20: 95% automated consult/claim match rate
  - NCR FY20: 74% consult/claim match rate

### Upcoming Milestones

- 5/1/20 GO LIVE W/ NCR AP PILOT
- 5/30/20: SITE-BY-SITE ROLLOUT SCHEDULE PROVIDED TO HEC
- 7/1/20: BEGIN PREPPING NEXT AP ROLLOUT SITES

- 6/30/20: REPORT ON NCR AP PILOT RESULTS FOR HEC

- 9/15/20: ITSC RECOMMENDATION ON DATA SHARING SOLUTION TO JEC

- 10/1/20: NEXT AP SITE GO-LIVES (WOMACK, KEESLER & EGLIN MTFS)

### OCC Business Dependencies

- **Clinical Integration:** CI has trained VAMC Community Care staff on standard VA/DoD care coordination processes.
- **DO/POM:** (b)(5)
- **RO Staff** (b)(5)
- **OCC BOA/Finance and VAMC Fiscal Staff:** (b)(5)
- **VHA VSSC:** (b)(5)
- **DoD DHA:** (b)(5)

### Office of Information and Technology (OIT) / Data Dependencies

(b)(5)

(b)(5)

### Executive Leadership Committee (ELC) Decision Needed / Priority Discussion

**DECISION:** No decision requested at this time

(b)(5)

### Project Description

One Consult 2.0 was approved for project intake by the Community Care Steering Committee on March 31, 2020. The focus of One Consult 2.0 is to replace Consult Toolbox with a web application that follows a DevOps model, in order to eliminate the long and costly desktop deployment process of Consult Toolbox. The new web app will include user-validated requirements and existing Consult Toolbox backlog items, while filling any additional gaps within the existing system. It also pulls in DST and SEOC DB into ONE project and highlights their interdependencies

### Key Performance Indicators (KPI)

- DST integrated into CPRS- Q1 FY 21
- CTB integrated into CPRS- Q2 FY 21
- DST use of new drive time CC eligibility API estimated mid August (30 days after FRN publication)

### Accomplishments

### Upcoming Milestones

- RECEIVED APPROVAL FROM BUSINESS TO UTILIZE EXISTING CAPABILITIES WITHIN DST
- RELEASED UPDATE THAT ADDED CC AVERAGE WAIT TIMES TO THE DST DASHBOARD
- DEPLOYMENT OF CTB 1.9.0072 OVER 30 DAYS, BEGAN 7/14/20
- CBT V1.9.0072 ANNOUNCEMENT AND FGB UPDATES COMPLETED

- DST DRIVE TIME TO BE ENABLED 30 DAYS AFTER FRN PUBLICATION
- TEAM CONTINUES TO CAPTURE REQUIREMENTS FOR WEB BASED PLATFORM.
- DST OFFICE HOURS CONTINUE 7/20/2020.
- TESTING / NATIONAL DEPLOYMENT OF CTB V1.9.0076. TESTING 9/16/2020, NATIONAL DEPLOYMENT 10/03/2020

### OCC Business Dependencies

### OIT / Data Dependencies

(b)(5)

(b)(5)

# Indian-Tribal Health Coordination

# Development

<i>ELC Decision Needed/ ELC Priority Discussion</i>	<i>Project Description</i>	<i>Key Performance Indicators (KPI)</i>
<p><i>Discussion</i> (1)This project’s training activities were impacted by COVID-19 and were/are on hold until the partners are free to resume. VA staff training was moved to self-paced PPT and sent to the field on 7/17. (b)(5)</p>	<p>Integrate the IHS/THP Reimbursement Agreement Program (RAP) operations with other OCC efforts. Tasks included executing an advisory board and developing a Care Coordination Plan; hosting tribal and VA staff training; continuous communication efforts; program expansion ; and community Outreach and engagement</p>	<ul style="list-style-type: none"> <li>• <b>Metric 1:</b> Advisory Board meetings</li> <li>• <b>Metric 2:</b> Care Coordination Plan developed</li> <li>• <b>Metric 3:</b> Annual re-trainings conducted</li> </ul>

<i>Accomplishments</i>	<i>Upcoming Milestones</i>
<ul style="list-style-type: none"> <li>● 6/4/20 HELD 2<sup>ND</sup> ADVISORY BOARD MTG</li> <li>● 07/17/20 VA FIELD STAKEHOLDER VIRTUAL TRAINING EMAILED</li> </ul>	<ul style="list-style-type: none"> <li>● 08/20/20 TRIBAL CONSULTATION (VIRTUAL)</li> <li>● 08/30/20 RESTART IHS/THP RE-TRAINING (VIRTUALLY)</li> <li>● 9/30/20 CLEARANCE AND EXECUTION OF IHS/THP EXPANSION MOD</li> <li>● 11/30/20 CARE COORDINATION PLAN FINALIZED</li> </ul>

<i>OCC Business Dependencies</i>	<i>OIT / Data Dependencies</i>
<p>(b)(5)</p>	<p>N/A</p> <p><b>Risk:</b></p> <p><b>Mitigation:</b></p>

**ELC Decision Needed/ ELC Priority Discussion**

(b)(5)

**Project Description**

Deploy AMCMS Software as a Service (SaaS) product that integrates financial, medical, and utilization management through data analytics to accurately forecast, monitor and control Community Care's medical services.

**Key Performance Indicators (KPI)**

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

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

**Accomplishments**

- 6/17-6/24 UAT DATA VALIDATION ROUND I EXECUTED
- 7/10 UAT TEST SCRIPTS UPDATED
- 6/24-7/15 INCORPORATION OF CHANGES & DATA VALIDATION FIXES BASED ON UAT FEEDBACK

**Upcoming Milestones**

- 7/15-7/25 UAT DATA VALIDATION ROUND II EXECUTION
- 8/21 UAT TEST EVALUATION REPORT
- 8/25 NATIONAL DEPLOYMENT GATE REVIEW MEETING
- 8/26/20 BEGIN FIELD NATIONAL DEPLOYMENT

**OCC Business Dependencies**

(b)(5)

**Office of Information and Technology (OIT) / Data Dependencies**

(b)(5)

# Urgent Care IPT

# National Deployment

### ELC Decision Needed/ ELC Priority Discussion

(b)(5)

### Project Description

Coordinates the transition of urgent care benefit from PC3 to CCN. Work coordinated under the Urgent Care IPT falls into three categories: operations, contract modifications, and CCN transition.

### Key Performance Indicators (KPI)

- 5,688 total probable UC visits in Region 1, as of 5/31/2020

### Accomplishments

- 06/08/20 REGION 2/3 GO LIVE DATE FINALIZED AS 8/4
- 07/15/20 REGION 2/3 COMMS RELEASED

### Upcoming Milestones

- 08/04/20 REGION 2 TRANSITION
- 08/04/20 REGION 3 TRANSITION
- 08/31/20 REGION 4 TRANSITION

### OCC Business Dependencies

- Clinical Integration: N/A
- Delivery Operations: N/A
- Provider Relations and Services (PRS): (b)(5)
- Communications: (b)(5)

(b)(5)

### Office of Information Technology / Data Dependencies

(b)(5)

### ELC Decision Needed/ ELC Priority Discussion

- Priority Discussion:**

(b)(5)

### Project Description

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

### Key Performance Indicators (KPI)

**Power BI functionality exceeded license capability for reporting previous metrics.**

### Accomplishments

- 5/22/20  
PPMS 8.0  
GO-LIVE
- 6/30/20  
DEV CONTRACT  
AWARDED JUNE
- 7/1/20  
URGENT CARE  
LEGACY RE-ROUTE
- 7/7/20  
PPMS 8.1 GO-  
LIVE

### Upcoming Milestones

- 7/23/20  
HOTFIX 8.1.1.1  
RELEASE
- 7/29/20  
COMMUNITY PROVIDER  
LOCATOR (CPL) RELEASE
- 08/11/20  
PPMS 9.0 NATIONAL  
GATEWAY REVIEW
- 08/20/20  
PPMS 9.0  
GO-LIVE

### OCC Business Dependencies

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

(b)(5)

### OIT / Data Dependencies

(b)(5)

**ELC Decision Needed/ ELC Priority Discussion**

- *No ELC Decision Requests for July*

**Project Description**

*This project creates a system to facilitate the receipt and validation of post-payment 837 COB invoices, reimbursement, post-payment audit activities, and facilitation of revenue operation activities (i.e., first party billing).*

**Key Performance Indicators (KPI)**

**CCN Payment Metrics as of July 17, 2020**

- **Region 1:** Invoices Received – 1,329,157, Confirmed Paid – 825,256, Sent for Payment – 27,528, “No Action” Optum denials – 409,257
- **Region 2:** Invoices Received – 759,546, Confirmed Paid – 464,651, Sent for Payment – 23,090, “No Action” Optum denials – 242,340
- **Region 3:** Invoices Received – 176,601, Confirmed Paid – 72,137, Sent for Payment – 4,983, “No Action” Optum denials – 94,192
- **Region 4:** Invoices Received – 1,347, Confirmed Paid – 241, Sent for Payment – 299, “No Action” TriWest denials - 563
- **The total Invoice Amount Paid/Sent for Payment:** \$984,680,609.20

**Accomplishments**

- 06/23/2020 SUSPENSION OF SUSPENSION OF 270 DAY DENIAL REASON APPROVED BY ELC
- 07/06/2020 PMPM ADMIN FEES FOR RESUBMISSIONS IMPLEMENTED STARTING WITH MAY

- 07/09/2020 CCRS USER ACCEPTANCE TESTING 11.4

- 07/14/2020 NATIONAL DEPLOYMENT GATE REVIEW (GO, NO GO DECISION)

- 07/16/2020 RELEASE CCRS 11.4 TO PRODUCTION

- 07/17/2020 UPDATE USER GUIDES AND LESSONS LEARNED CCRS 11.4

- 07/17/2020 UPDATE KMS AND TRAINING DOCS FOR CCRS 11.4

**Upcoming Milestones**

**OCC Business Dependencies**

- **Clinical Integration (Facility CC Staff and VAMC RN Staff)**
- **Delivery Operations/Payment Oversight and Management (Invoice Processing Staff):** (b)(5)
- **Revenue Operations (Facility Revenue, RUR, and CPAC Staff):** (b)(5)
- **Finance (OCC Finance and Informatics Staff):** (b)(5)
- **VAMC / Fiscal Budget Staff:** (b)(5)

**OIT / Data Dependencies**

(b)(5)

# Appendix

# Cerner OCC Integration

# Development

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

TBD: Focusing on timeliness measures and qualitative surveys

### Accomplishments

### Upcoming Milestones

These dates are subject to change due to COVID-19 uncertainty

**TBD awaiting OEHRM Decision**

● IV3:  
7/27/2020

● Super User Training:  
8/10/2020

● CSS:  
Go Live 8/21/2020

● ORA:  
9/7/2020

### OCC Business Dependencies

#### Highlight OCC Business Dependencies:

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

(b)(5)

-Payment Operations Management

-Revenue Operations (Facility Revenue, RUR, and CPAC Staff)

-Women's Health (IVF and Infertility)

(b)(5)

### OIT / Data Dependencies

(b)(5)

**ELC Decision Needed/ ELC Priority Discussion**

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

**Project Description**

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

**Key Performance Indicators (KPI)**

- Region 3 Gradual Transition – CCN Referral #**
  - Week 1: May 18 – 22, 2020
    - Total Referrals = 4,965\* Total Rejects = 10
  - Week 2: May 25-29, 2020
    - Total Referrals = 5,084\* Total Rejects = 10
  - Week 3: June 1-5, 2020
    - Total Referrals = 7,743\* Total Rejects = 18\*\*
- Region 4 R4P1 Go Live – CCN Referral #**
  - Week 1: June 8-12, 2020
    - Total Referrals = 842 Total Rejects = 45

**Accomplishments**

- 06/16/20 R3P2 SHCD GO-LIVE
- 07/21/20 R4P2 SHCD GO-LIVE

**Upcoming Milestones**

- 08/04/20 R2 & R3 URGENT CARE CUTOVER FROM PC3
- 08/11/20 R4P3 SHCD GO-LIVE
- 08/25/20 R4P4 SHCD GO-LIVE
- 08/31/20 R4 URGENT CARE CUTOVER FROM PC3

**OCC Business Dependencies**

(b)(5)

**Office of Information and Technology (OIT) / Data Dependencies**

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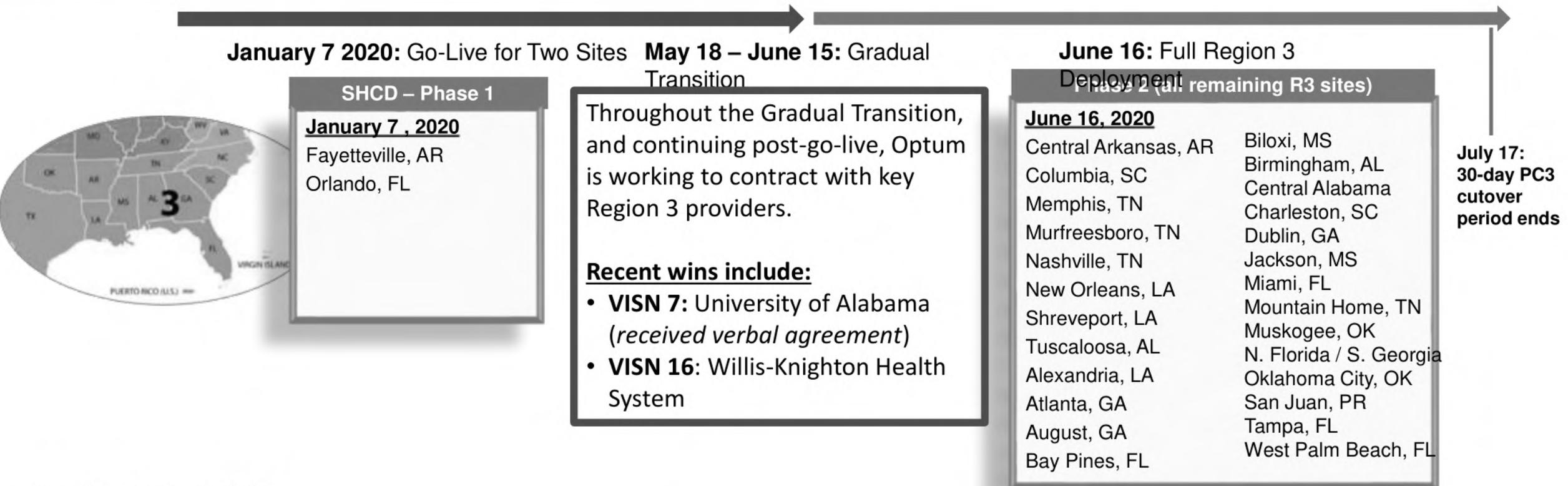
# National Network Deployment Progress – As of 7/6/2020



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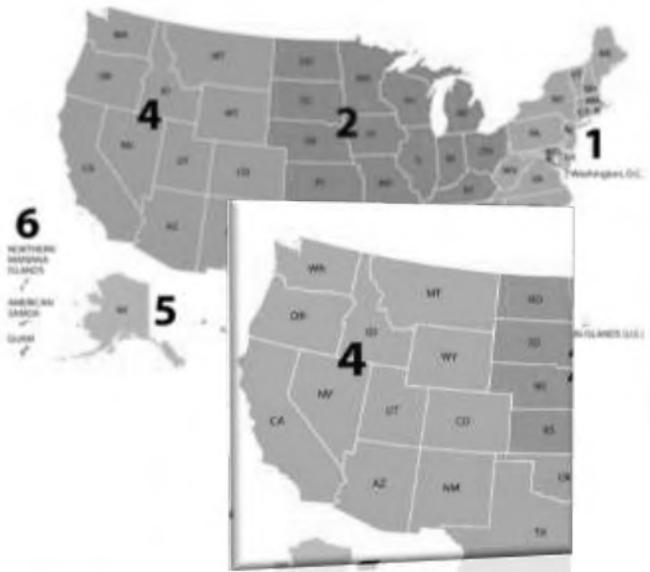
- Regions 1, 2, and 3 are fully deployed
- Region 4 Phase 1 deployed on 6/8/2020
- Covid-19 is impacting the national deployment progress and provider recruitment progress

# Region 3 Update



## Region 3 Activities

- **CAST calls** continue for another two weeks until sites transition to the monthly network adequacy calls
- Optum and Network Management are reviewing the **16 requests for PC3 extensions**. Some sites are reporting gaps in specific specialties whereas others are requesting for specific providers. Final decisions will be made this week.
- Optum is holding **network reviews** with individual sites that have concerns with the network. These meetings will focus in on certain specialties and outstanding issue tracker items.



**SHCD – Phase 1 (2 VAMCs)**

**June 8, 2020**  
**VISN 19 – 2 VAMCs**

- Montana (436)
- Eastern Colorado, CO (554)

**Phase 2 (13 VAMCs)**

**July 21, 2020**  
**VISN 17 – 7 VAMCs**

- Amarillo, TX (504)
- El Paso, TX (756)
- Texas Valley Coastal (740)
- Central Texas (674)
- North Texas (549)
- South Texas (671)
- West Texas (519)

**VISN 16 – 2 VAMC**

- Houston, TX (580)
- Texas counties aligned to Shreveport, LA (667) catchment area

**VISN 19 – 4 VAMCs**

- Cheyenne, WY (442)
- Sheridan, WY (666)
- Salt Lake City, UT (660)
- Grand Junction, CO (575)

**Phase 3 (14 VAMCs)**

**August 11, 2020**  
**VISN 20 – 7 VAMCs**

- Portland, OR (648)
- Puget Sound, WA (663)
- Roseburg, OR (653)
- Spokane, WA (668)
- White City, OR (692)
- Walla Walla, WA (687)
- Boise, ID (531)

**VISN 21 – 7 VAMC**

- Fresno, CA (570)
- Reno, NV (654)
- San Francisco, CA (662)
- Northern California (612)
- Palo Alto, CA (640)
- Southern Nevada (593)
- Honolulu, HI (459)

**Phase 4 (8 VAMCs)**

**August 25, 2020**  
**VISN 22 – 8 VAMCs**

- Loma Linda, CA (605)
- Long Beach, CA (600)
- New Mexico (501)
- Northern Arizona (649)
- Phoenix, AZ (644)
- San Diego, CA (664)
- Southern Arizona (678)
- Greater LA, CA (691)

**Region 4 SHCD**

- ✓ Region 4 Phase 2 deploying on July 21, 2020
- ✓ Collaborating with TriWest to prepare Phase 2 and 3 sites for CCN Go live through pre-deployment meeting series
- ✓ Planning and conducting sequence of e-learnings, virtual training sessions, and just in time refresher trainings to ensure site staff are ready to use CCN systems and tools for Go Live
- ✓ Increasing messaging on differences between CCN and PC3 to level set site expectations
- ✓ Updating deployment approach for Phase 2-4 Command Center based on Phase 1 lessons learned; scaling to account for increased number of Go-Live sites
- ✓ Developing proactive referral tracking approach to determine trends: network gaps, COVID-19 impact vs field utilization

### ELC Decision Needed/ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

- Quality Check UI: 35/80 Users
- CCN Accreditation Waivers UI: 25/30 Users
- CCN Complaints & Grievances UI: 24/54 Users
- CCN Congressional Inquiries UI: 27/42 Users
- CCN Corrective Action Plans (CAPs) UI: 25/30 Users
- CCN Network Adequacy Deviations UI: 25/51 Users

### Accomplishments

### Upcoming Milestones

● 04/01/2020  
EPRS Build 4

● 04/28/2020  
EPRS Build 5B

● 05/18/2020  
UAT complete for  
Build 5C IDA Reports

● 06/26/2020  
UAT complete for  
Build 5D IDA Reports

● 06/26/2020  
EPRS Build 5.1

**Future Build/Release Planning Underway**

### OCC Business Dependencies

(b)(5)

### OIT / Data Dependencies

(b)(5)

# HealthShare Referral Manager

# Development

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

- **2,223,145:** Total Referrals FY 2020
- **186,901:** Total Referral FY 2019
- **16,581:** Total number of VA user accounts provisioned
- **13,381:** Number of Community Providers provisioned
- **4,903:** Number of unique Community Provider locations
- **148:** Number of sites actively using HSRM
- **5,270:** Support Ticket Count for June
- 2,000: Monthly VA Ticket Budget
- Top 3 Categories: Provisioning-VA; Provisioning- CP; Related to Production Outage

### Accomplishments

- 07/10/2020 CTB V1.9.0072 ND
- 07/20/2020 RELEASE 9.0 ND

### Upcoming Milestones

- 07/21/2020 COVID REFERRAL EXT BATCHING COMPLETE
- 08/25/2020 RELEASE 10.0 CCSC PRESENTATION
- 08/25/2020 RELEASE 10.0 FIELD NOTIFICATION
- 9/14/2020 RELEASE 10.0 ND
- OCT 2020 RELEASE 11.0 ND

### OCC Business Dependencies

#### Highlight OCC Business Dependencies:

- **COVID19 Referral Extension:** Issue found on 6/12/2020 with certain SEOC versions used in referral extension was addressed via a development script; Referral batching with downstream system was resumed on 6/29 and completed on 7/21/2020, ahead of scheduled by 3 days
- **Clinical Integration (CI Field Support Director & Assistants):** (b)(5)
- **Delivery Operations/POM:** (b)(5)
- **Finance (OCC Finance and Informatics Staff):** (b)(5)
- **Revenue Operations (Facility Revenue, RUR, and CPAC Staff):** (b)(5)

### OIT / Data Dependencies

(b)(5)

(b)(5)

## Overview of Release 10.0 Enhancements

- Release 10 will contain a number of general HSRM enhancements in addition to Community Provider Profile enhancements, Revenue Tasking enhancements and enhancements to the HSRM Task List. All of which will increase HSRM usability and efficiency.

### General HSRM Enhancements

- **Offline Referral** edits to include the display of multiple Appointments/Providers and other enhancements
- **Remove all statuses except Approved** from the status drop down when the referral is in a Suspended status
- **Enable ability to email reports** for VA users to prevent the timeout errors. Emails will be limited to 40 MB, as this is a VA email limitation
- **Scheduling Comments** added to the HL7 feed to writeback to CPRS
- **Appointment Time Zone** added for appointments recorded in HSRM
- **Optional Tasks:** OT read only for CCN security groups
- **Optional Tasks:** added OT search to referral screen
- **Suspended Referrals:** enhanced restrictions on user ability to make updates to suspended referrals
- **CAC Logins:** ability for DoD users with CAC cards to access HSRM

### Task Management Enhancements

- **Search on Referral** by Category of Care
- **Auto assignment** of new referrals by SSN, Category of Care, and Veteran Surname
- **Modified Task Triggers** for GEC Documents task and EOC Complete – follow up for medical documentation tasks
- **Follow up with Veteran:** Change from Automated Task to Manual Task

### Revenue Tasking Enhancements

- **Precertification Workflow:** Turn off trigger PRCT triggers for Precertification Task
- **“Clean Slate” Revenue Task List:** Precertification Tasks greater than 10 days old, where the task status is Pending, and Task Comments field is blank will be archived from the task list

### Community Provider enhancements

- **Provisioning Enhancements:** provision community providers by NPI and location
- **Limit referral status dropdown** to Accept, Reject, first Appointment Made and Initial Care Given

## Overview of Release 9.0 Enhancements

- Release 9 contains several general HSRM enhancements in addition to reporting enhancements and critical HSRM Task list enhancements, which will make task list management more efficient and user friendly.
- Training and communications are being developed to ensure proper task management utilization.

### General HSRM Enhancements

- **Referral Date:** Change to Referral Date logic to reflect the start date to be the date the consult is 'Sent to HSRM' from CPRS
- **Clinically Indicated Date:** Removal of validation check logic for CID field
- **Multiple Veteran Addresses:** Addition of Residential Address

### Task Management Enhancements

- **Enhanced filtering by Veteran Last name**
  - Search for specific Veteran by last name
  - Filter task list by Alpha Split
- **"Clean slate":** Tasks greater than 10 days old will be archived from the task list
- **Addition of referral number** on task list
- **Search task list** by referral number
- **Search task list** by assigned user
- **Add Level of Care Coordination** to Priority field on task list
- **Sort/filter** by Level of Care Coordination/Priority
- **Medical documentation** task enhancements: 5 New dispositions for documents loaded to VistA

### Reports Enhancements

- **Community Provider User Provisioning Report:**
  - Added Community Facility parameter and removed the affiliation parameter
  - City and state added to the report
- **Community Provider Referral Summary Report:**
  - Veteran's date of birth added to the report
- **Optional Task Report**
  - Region added to the report

**ELC Decision Needed/ ELC Priority Discussion**

- The initial contract period ended on 06/04/20. A six-month extension to continue the VistA Integrated Billing (IB) and Accounts Receivable (AR) updates was approved and awarded. This extension will run through 12/04/20 and will provide IB/AR patches with requested and mandated enhancements for all 130+ VistA instances.

**Project Description**

VistA Integrated Billing (IB) and Accounts Receivable (AR) enhancements for administration of copay benefit, billing system collection updates and modification of VistA reports in support of MISSION Act and COVID requirements.

**Key Performance Indicators (KPI)**

- No specific KPI's were identified for this phase of the project.

**Accomplishments**

- 05/18/20 (2) IB & (1) AR PATCH NATIONALLY RELEASED
- 06/02/20 IB 675 NATIONALLY RELEASED
- 06/05/20 SIX MONTH EXTENSION STARTED

**Upcoming Milestones**

- 08/03/20 IB PATCH 677 NATIONALLY RELEASING
- 08/31/20 IB PATCH 678 NATIONALLY RELEASING
- FOUR ADDITIONAL IB/AR PATCHES TARGETED FOR DEVELOPMENT AND NATIONAL RELEASE
- 12/04/20 CONTRACT COMPLETED

**OCC Business Dependencies**

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

**Office of Information and Technology / Data Dependencies**

- Downstream Dependency** – None at this time.

(b)(5)

### *ELC Decision Needed/ ELC Priority Discussion*

(b)(5)

### *Project Description*

Implement a document scanning solution using the FSC as the scanned image repository allowing each CPAC facility to meet documentation retention requirements, eliminate warehouse capacity/backlog issues and access scanned documents electronically.

### *Key Performance Indicators (KPI)*

- Elimination of shipping costs associated with current FSC Service Level Agreement (SLA).
- Approximately 50% reduction in per page SLA scanning cost.
- Easier document retention management.
- ~90% decrease in conversion time – paper to electronic.
- 100% decrease in shipment damages.

### *Accomplishments*

- 10/09/19 UPDATED PERFORMANCE DESCRIPTIONS AND UNION APPROVAL FOR CPAC DEPLOYMENT RECEIVED
- 03/31/20 FINAL 9957 ACCESS REQUEST SUBMITTED
- 04/24/20 FSC COMPLETES KOFAX UPDATES TO CPAC SCANNERS

### *Upcoming Milestones*

- 07/24/20 PROJECT COMPLETE

### *OCC Business Dependencies*

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

### *Office of Information and Technology / Data Dependencies*

(b)(5)

*ELC Decision Needed/ ELC Priority Discussion*

(b)(5)

*Project Description*

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

*Key Performance Indicators (KPI)*

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

*Accomplishments*

*Upcoming Milestones*

- 06/2020 SUNSET GRANDFATHER ELIGIBILITY BASED ON CARE DATA
- 06/2020 RSD APPROVED FOR SOLUTION OF NOT ENROLLED COVERED VETERANS
- 06/2020 DEPLOYED FUNCTIONALITY FOR THE 6 AND 12 MONTH HARDSHIP
- 07/2020 COMPLETED ELIGIBILITY ANALYSIS OF CC DATA FOR REJECTED REFERRALS

- 08/2020 COLLABORATING WITH HSRM TEAMS REGARDING BUSINESS RULES FOR PREVENTING APPROVAL OF REFERRALS FOR INELIGIBLE VETERANS
- 08/2020 ES RELEASE TO EXPAND STATIC ELIGIBILITY TO NOT ENROLLED COVERED VETERANS AND INCLUDE COPY OF RECORDS IN ELIGIBILITY FILE
- 08/2020 ES RELEASE TO AUTOMATE COLLATERAL OF VETERAN PROCESS TO INCLUDE COPY OF RECORDS IN ELIGIBILITY FILE (PHASE I)

*OCC Business Dependencies*

- Highlight OCC Business Dependencies:
- Clinical Integration (Business Owners)
- System Engineering Management (SEM) – (b)(5)
- Business Intelligence Service Line (BISL) (b)(5)
- Community Care Contractor (CCN) – (b)(5)
- VA Master Patient Index (MPI) , Office of Policy and Planning (PSSG), Veteran Experience Office (VEO)

(b)(5)

*Office of Information and Technology (OIT) / Data Dependencies*

(b)(5)

# Retail Pharmacy Program

# Sustainment

### ELC Decision Needed/ ELC Priority Discussion

- None

### Project Description

Allows eligible Veterans access to "no cost" Quadrivalent Influenza vaccinations at Retail Pharmacies in their neighborhoods

### Key Performance Indicators (KPI)

- **Metric 1: over 100,000 Veteran's vaccinated**
- **Metric 2: Vaccinate 125,000 next year**
- **Metric 3: Reimburse Walgreens 99% accuracy**
- **Metric 4: Continued Outreach to Rural Veterans**

### Accomplishments

- 7/11/2020 FINAL FILE/INVOICE SENT WALGREENS

### Upcoming Milestones

- 8/1/2020 CLOSE OUT RETAIL PHARMACY

### OCC Business Dependencies

- (b)(5)
- (b)(5) (b)(6)

(b)(5)

### Office of Information and Technology (OIT) / Data Dependencies

RISK: N/A

### *ELC Decision Needed/ ELC Priority Discussion*

- **DECISION:** No new decisions needed from Revenue Operations regarding back end process at this time.

### *Project Description*

To support the VHA DoD Reimbursement pilots with a web based tool, standardize use of Intra-governmental Payment and Collection System (IPAC), standardized monthly invoice batch processing, a streamlined trackable process from authorization of care through to invoice payment and reconciliation, monthly and quarterly reconciliation reports.

### *Key Performance Indicators (KPI)*

- Align with the VA/DoD Advanced Payment Methodology.

### *Accomplishments*

- 2019 SEM BUSINESS ANALYST TASKS COMPLETE
- 5/15/2020 SEM SHAREPOINT DEVELOPMENT COMPLETE

### *Upcoming Milestones*

- 8/1/20 VSSC VALIDATION OF DOD DATA COMPLETE
- 9/1/20 SEM SHAREPOINT TOOL TESTING
- 10/01/20 FUNCTIONAL USER TESTING

### *OCC Business Dependencies*

- There are no dependencies to other OCC Directorates.
- Revenue Operations (Facility Revenue, RUR, and CPAC Staff).

(b)(5)

### *Office of Information and Technology (OIT) / Data Dependencies*

(b)(5)

# Project Idea Evaluation (PIE) Updates

# Project Idea Evaluation Updates

Project Name	Date Presented at PMR	Decision	Status
Comprehensive Disaster Recovery Plans	6/23	Approved	Intake
ePrescribing	6/23	Approved	Intake
CAVE	7/14	Approved	CCSC, 7/28, approval to move to project development
Veteran Credit Database Program	<i>Scheduled for 8/11</i>	Pending	TBD

# Community Care Business Program Management Review (PMR) #1

07/28/2020



# Agenda

- **OCC Priority Project Review**
  - OCC Data Governance
  - VA/DoD Advanced Payment and Referral Standardization
  - One Consult 2.0
  - Indian/Tribal Health Coordination (ITHC)
  - Advanced Medical Cost Management System (AMCMS)
  - Urgent Care Integrated Project Team
  - Provider Profile Management System (PPMS)
  - Community Care Reimbursement System (CCRS)
- **Appendix**
  - Project Review
  - Project Idea Evaluation Updates

# OCC Data Governance Project

# Initiation

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

Establish OCC Data Governance to ensure data are reliable, dependable, consistent, and well documented. OCC Data Governance will include standards and policies that drive how data are used and maintained to reduce misuse and misreporting of data and increase the credibility and the quality of that data to support high-quality, consistent, and timely data to drive accurate decision-making.

### Key Performance Indicators (KPI)

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

### Accomplishments

- 7/6/2020 NOMINATED DATA GOVERNANCE GROUP
- 7/7/2020 CCSC DATA GOVERNANCE PROJECT APPROVAL
- 7/8/2020 KICKED OFF DATA GOVERNANCE PROJECT
- 7/15/2020 ADOPTED CONTINUOUS LEARNING APPROACH

### Upcoming Milestones

- 8/5/2020 DEFINE OVERARCHING DATA GOVERNANCE STRATEGIC PRIORITIES
- 8/12/2020 FINALIZE DATA GOVERNANCE CHARTER
- 8/19/2020 IDENTIFY A DATA-RELATED GOVERNANCE PORTFOLIO

### OCC Business Dependencies

(b)(5)

### OIT / Data Dependencies

- Pending Dependency Management Analysis

(b)(5)

### ELC Decision Needed/ ELC Priority Discussion

(b)(5)

### Project Description

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

### Key Performance Indicators (KPI)

- **24,861** VA/DoD consults entered in FY20.
- **95%** of FY20 VA/DOD consults have SEOCs included.
- Live Pilot Results
  - Biloxi/Pensacola FY20: **95%** automated consult/claim match rate
  - NCR FY20: **74%** consult/claim match rate

### Upcoming Milestones

- |                                  |  |  |   |  |   |
|----------------------------------|--|--|---|--|---|
| ● 5/1/20 GO LIVE W/ NCR AP PILOT | ● 5/30/20: SITE-BY-SITE ROLLOUT SCHEDULE PROVIDED TO HEC | ● 7/1/20: BEGIN PREPPING NEXT AP ROLLOUT SITES | ● 6/30/20: REPORT ON NCR AP PILOT RESULTS FOR HEC | ● 9/15/20: ITSC RECOMMENDATION ON DATA SHARING SOLUTION TO JEC | ● 10/1/20: NEXT AP SITE GO-LIVES (WOMACK, KEESLER & EGLIN MTFS) |
|----------------------------------|--|--|---|--|---|

### OCC Business Dependencies

- **Clinical Integration:** CI has trained VAMC Community Care staff on standard VA/DoD care coordination processes.
- **DO/POM:** (b)(5)
- **RO Staff**
- **OCC BOA/Finance and VAMC Fiscal Staff:** (b)(5)
- **VHA VSSC:** (b)(5)
- **DoD DHA:** (b)(5)

(b)(5)

### Office of Information and Technology (OIT) / Data Dependencies

(b)(5)

### Executive Leadership Committee (ELC) Decision Needed / Priority Discussion

**DECISION:** No decision requested at this time

(b)(5)

### Project Description

One Consult 2.0 was approved for project intake by the Community Care Steering Committee on March 31, 2020. The focus of One Consult 2.0 is to replace Consult Toolbox with a web application that follows a DevOps model, in order to eliminate the long and costly desktop deployment process of Consult Toolbox. The new web app will include user-validated requirements and existing Consult Toolbox backlog items, while filling any additional gaps within the existing system. It also pulls in DST and SEOC DB into ONE project and highlights their interdependencies

### Key Performance Indicators (KPI)

- DST integrated into CPRS- Q1 FY 21
- CTB integrated into CPRS- Q2 FY 21
- DST use of new drive time CC eligibility API estimated mid August (30 days after FRN publication)

### Accomplishments

### Upcoming Milestones

- RECEIVED APPROVAL FROM BUSINESS TO UTILIZE EXISTING CAPABILITIES WITHIN DST
- RELEASED UPDATE THAT ADDED CC AVERAGE WAIT TIMES TO THE DST DASHBOARD
- DEPLOYMENT OF CTB 1.9.0072 OVER 30 DAYS, BEGAN 7/14/20
- CBT V1.9.0072 ANNOUNCEMENT AND FGB UPDATES COMPLETED

- DST DRIVE TIME TO BE ENABLED 30 DAYS AFTER FRN PUBLICATION
- TEAM CONTINUES TO CAPTURE REQUIREMENTS FOR WEB BASED PLATFORM.
- DST OFFICE HOURS CONTINUE 7/20/2020.
- TESTING / NATIONAL DEPLOYMENT OF CTB V1.9.0076. TESTING 9/16/2020, NATIONAL DEPLOYMENT 10/03/2020

### OCC Business Dependencies

### OIT / Data Dependencies

(b)(5)

(b)(5)

# Indian-Tribal Health Coordination

# Development

<i>ELC Decision Needed/ ELC Priority Discussion</i>	<i>Project Description</i>	<i>Key Performance Indicators (KPI)</i>
<p>(1)This project’s training activities were impacted by COVID-19 and were/are on hold until the partners are free to resume. VA staff training was moved to self-paced PPT and sent to the field on 7/17. (b)(5)</p> <p><b>Discussion</b> (b)(5)</p>	<p>Integrate the IHS/THP Reimbursement Agreement Program (RAP) operations with other OCC efforts. Tasks included executing an advisory board and developing a Care Coordination Plan; hosting tribal and VA staff training; continuous communication efforts; program expansion ; and community Outreach and engagement</p>	<ul style="list-style-type: none"> <li>• <b>Metric 1:</b> Advisory Board meetings</li> <li>• <b>Metric 2:</b> Care Coordination Plan developed</li> <li>• <b>Metric 3:</b> Annual re-trainings conducted</li> </ul>

<i>Accomplishments</i>	<i>Upcoming Milestones</i>
<ul style="list-style-type: none"> <li>● 6/4/20 HELD 2<sup>ND</sup> ADVISORY BOARD MTG</li> <li>● 07/17/20 VA FIELD STAKEHOLDER VIRTUAL TRAINING EMAILED</li> </ul>	<ul style="list-style-type: none"> <li>● 08/20/20 TRIBAL CONSULTATION (VIRTUAL)</li> <li>● 08/30/20 RESTART IHS/THP RE-TRAINING (VIRTUALLY)</li> <li>● 9/30/20 CLEARANCE AND EXECUTION OF IHS/THP EXPANSION MOD</li> <li>● 11/30/20 CARE COORDINATION PLAN FINALIZED</li> </ul>

<i>OCC Business Dependencies</i>	<i>OIT / Data Dependencies</i>
<p>(b)(5)</p>	<p>N/A</p> <p><b>Risk:</b></p> <p><b>Mitigation:</b></p>

**ELC Decision Needed/ ELC Priority Discussion**

(b)(5)

**Project Description**

Deploy AMCMS Software as a Service (SaaS) product that integrates financial, medical, and utilization management through data analytics to accurately forecast, monitor and control Community Care's medical services.

**Key Performance Indicators (KPI)**

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

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

**Accomplishments**

- 6/17-6/24 UAT DATA VALIDATION ROUND I EXECUTED
- 7/10 UAT TEST SCRIPTS UPDATED
- 6/24-7/15 INCORPORATION OF CHANGES & DATA VALIDATION FIXES BASED ON UAT FEEDBACK

**Upcoming Milestones**

- 7/15-7/25 UAT DATA VALIDATION ROUND II EXECUTION
- 8/21 UAT TEST EVALUATION REPORT
- 8/25 NATIONAL DEPLOYMENT GATE REVIEW MEETING
- 8/26/20 BEGIN FIELD NATIONAL DEPLOYMENT

**OCC Business Dependencies**

(b)(5)

**Office of Information and Technology (OIT) / Data Dependencies**

(b)(5)

# Urgent Care IPT

# National Deployment

### ELC Decision Needed/ ELC Priority Discussion

(b)(5)

### Project Description

Coordinates the transition of urgent care benefit from PC3 to CCN. Work coordinated under the Urgent Care IPT falls into three categories: operations, contract modifications, and CCN transition.

### Key Performance Indicators (KPI)

- 5,688 total probable UC visits in Region 1, as of 5/31/2020

### Accomplishments

- 06/08/20 REGION 2/3 GO LIVE DATE FINALIZED AS 8/4
- 07/15/20 REGION 2/3 COMMS RELEASED

### Upcoming Milestones

- 08/04/20 REGION 2 TRANSITION
- 08/04/20 REGION 3 TRANSITION
- 08/31/20 REGION 4 TRANSITION

### OCC Business Dependencies

- Clinical Integration: N/A
- Delivery Operations: N/A
- Provider Relations and Services (PRS): (b)(5)
- Communications: (b)(5)

(b)(5)

### Office of Information Technology / Data Dependencies

(b)(5)

RISK: N/A  
Mitigation: N/A

### ELC Decision Needed/ ELC Priority Discussion

- Priority Discussion:**

(b)(5)

### Project Description

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

### Key Performance Indicators (KPI)

**Power BI functionality exceeded license capability for reporting previous metrics.**

### Accomplishments

- 5/22/20  
PPMS 8.0  
GO-LIVE
- 6/30/20  
DEV CONTRACT  
AWARDED JUNE
- 7/1/20  
URGENT CARE  
LEGACY RE-ROUTE
- 7/7/20  
PPMS 8.1 GO-  
LIVE

### Upcoming Milestones

- 7/23/20  
HOTFIX 8.1.1.1  
RELEASE
- 7/29/20  
COMMUNITY PROVIDER  
LOCATOR (CPL) RELEASE
- 08/11/20  
PPMS 9.0 NATIONAL  
GATEWAY REVIEW
- 08/20/20  
PPMS 9.0  
GO-LIVE

### OCC Business Dependencies

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

(b)(5)

### OIT / Data Dependencies

(b)(5)

**ELC Decision Needed/ ELC Priority Discussion**

- *No ELC Decision Requests for July*

**Project Description**

*This project creates a system to facilitate the receipt and validation of post-payment 837 COB invoices, reimbursement, post-payment audit activities, and facilitation of revenue operation activities (i.e., first party billing).*

**Key Performance Indicators (KPI)**

**CCN Payment Metrics as of July 17, 2020**

- **Region 1:** Invoices Received – 1,329,157, Confirmed Paid – 825,256, Sent for Payment – 27,528, “No Action” Optum denials – 409,257
- **Region 2:** Invoices Received – 759,546, Confirmed Paid – 464,651, Sent for Payment – 23,090, “No Action” Optum denials – 242,340
- **Region 3:** Invoices Received – 176,601, Confirmed Paid – 72,137, Sent for Payment – 4,983, “No Action” Optum denials – 94,192
- **Region 4:** Invoices Received – 1,347, Confirmed Paid – 241, Sent for Payment – 299, “No Action” TriWest denials - 563
- **The total Invoice Amount Paid/Sent for Payment:** \$984,680,609.20

**Accomplishments**

- 06/23/2020 SUSPENSION OF SUSPENSION OF 270 DAY DENIAL REASON APPROVED BY ELC
- 07/06/2020 PMPM ADMIN FEES FOR RESUBMISSIONS IMPLEMENTED STARTING WITH MAY

- 07/09/2020 CCRS USER ACCEPTANCE TESTING 11.4

- 07/14/2020 NATIONAL DEPLOYMENT GATE REVIEW (GO, NO GO DECISION)

**Upcoming Milestones**

- 07/16/2020 RELEASE CCRS 11.4 TO PRODUCTION

- 07/17/2020 UPDATE USER GUIDES AND LESSONS LEARNED CCRS 11.4

- 07/17/2020 UPDATE KMS AND TRAINING DOCS FOR CCRS 11.4

**OCC Business Dependencies**

- **Clinical Integration (Facility CC Staff and VAMC RN Staff)**
- **Delivery Operations/Payment Oversight and Management (Invoice Processing Staff)** (b)(5)
- **Revenue Operations (Facility Revenue, RUR, and CPAC Staff):** (b)(5)
- **Finance (OCC Finance and Informatics Staff):** (b)(5)
- **VAMC / Fiscal Budget Staff:** (b)(5)

**OIT / Data Dependencies**

(b)(5)

(b)(5)

# Appendix

# Cerner OCC Integration

# Development

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

TBD: Focusing on timeliness measures and qualitative surveys

### Accomplishments

### Upcoming Milestones

These dates are subject to change due to COVID-19 uncertainty

**TBD awaiting OEHRM Decision**

● IV3:  
7/27/2020

● Super User Training:  
8/10/2020

● CSS:  
Go Live 8/21/2020

● ORA:  
9/7/2020

### OCC Business Dependencies

#### Highlight OCC Business Dependencies:

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

(b)(5)

-Payment Operations Management

-Revenue Operations (Facility Revenue, RUR, and CPAC Staff)

-Women's Health (IVF and Infertility)

(b)(5)

### OIT / Data Dependencies

(b)(5)

**ELC Decision Needed/ ELC Priority Discussion**

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

**Project Description**

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

**Key Performance Indicators (KPI)**

- Region 3 Gradual Transition – CCN Referral #**
- Week 1: May 18 – 22, 2020
    - Total Referrals = 4,965\* Total Rejects = 10
  - Week 2: May 25-29, 2020
    - Total Referrals = 5,084\* Total Rejects = 10
  - Week 3: June 1-5, 2020
    - Total Referrals = 7,743\* Total Rejects = 18\*\*
- Region 4 R4P1 Go Live – CCN Referral #**
- Week 1: June 8-12, 2020
    - Total Referrals = 842 Total Rejects = 45

**Accomplishments**

- 06/16/20 R3P2 SHCD GO-LIVE
- 07/21/20 R4P2 SHCD GO-LIVE

**Upcoming Milestones**

- 08/04/20 R2 & R3 URGENT CARE CUTOVER FROM PC3
- 08/11/20 R4P3 SHCD GO-LIVE
- 08/25/20 R4P4 SHCD GO-LIVE
- 08/31/20 R4 URGENT CARE CUTOVER FROM PC3

**OCC Business Dependencies**

**Office of Information and Technology (OIT) / Data Dependencies**

(b)(5)

(b)(5)

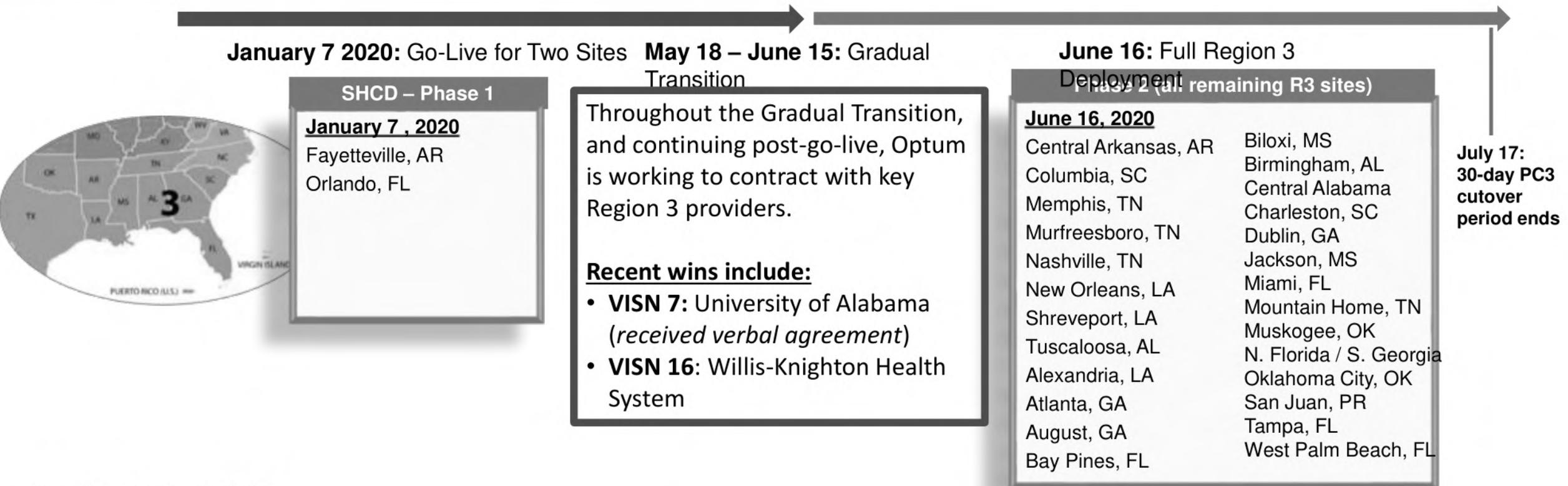
# National Network Deployment Progress – As of 7/6/2020



(b)(5)

- Regions 1, 2, and 3 are fully deployed
- Region 4 Phase 1 deployed on 6/8/2020
- Covid-19 is impacting the national deployment progress and provider recruitment progress

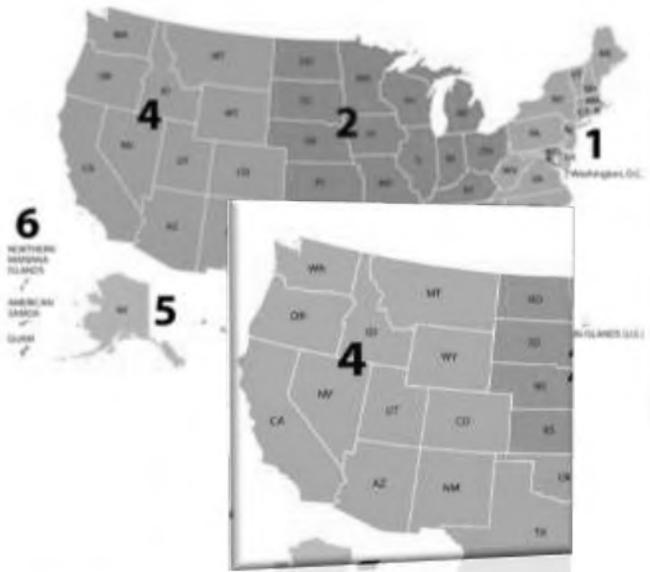
# Region 3 Update



## Region 3 Activities

- **CAST calls** continue for another two weeks until sites transition to the monthly network adequacy calls
- Optum and Network Management are reviewing the **16 requests for PC3 extensions**. Some sites are reporting gaps in specific specialties whereas others are requesting for specific providers. Final decisions will be made this week.
- Optum is holding **network reviews** with individual sites that have concerns with the network. These meetings will focus in on certain specialties and outstanding issue tracker items.

15



**SHCD – Phase 1 (2 VAMCs)**

**June 8, 2020**  
**VISN 19 – 2 VAMCs**

- Montana (436)
- Eastern Colorado, CO (554)

**Phase 2 (13 VAMCs)**

**July 21, 2020**  
**VISN 17 – 7 VAMCs**

- Amarillo, TX (504)
- El Paso, TX (756)
- Texas Valley Coastal (740)
- Central Texas (674)
- North Texas (549)
- South Texas (671)
- West Texas (519)

**VISN 16 – 2 VAMC**

- Houston, TX (580)
- Texas counties aligned to Shreveport, LA (667) catchment area

**VISN 19 – 4 VAMCs**

- Cheyenne, WY (442)
- Sheridan, WY (666)
- Salt Lake City, UT (660)
- Grand Junction, CO (575)

**Phase 3 (14 VAMCs)**

**August 11, 2020**  
**VISN 20 – 7 VAMCs**

- Portland, OR (648)
- Puget Sound, WA (663)
- Roseburg, OR (653)
- Spokane, WA (668)
- White City, OR (692)
- Walla Walla, WA (687)
- Boise, ID (531)

**VISN 21 – 7 VAMC**

- Fresno, CA (570)
- Reno, NV (654)
- San Francisco, CA (662)
- Northern California (612)
- Palo Alto, CA (640)
- Southern Nevada (593)
- Honolulu, HI (459)

**Phase 4 (8 VAMCs)**

**August 25, 2020**  
**VISN 22 – 8 VAMCs**

- Loma Linda, CA (605)
- Long Beach, CA (600)
- New Mexico (501)
- Northern Arizona (649)
- Phoenix, AZ (644)
- San Diego, CA (664)
- Southern Arizona (678)
- Greater LA, CA (691)

**Region 4 SHCD**

- ✓ Region 4 Phase 2 deploying on July 21, 2020
- ✓ Collaborating with TriWest to prepare Phase 2 and 3 sites for CCN Go live through pre-deployment meeting series
- ✓ Planning and conducting sequence of e-learnings, virtual training sessions, and just in time refresher trainings to ensure site staff are ready to use CCN systems and tools for Go Live
- ✓ Increasing messaging on differences between CCN and PC3 to level set site expectations
- ✓ Updating deployment approach for Phase 2-4 Command Center based on Phase 1 lessons learned; scaling to account for increased number of Go-Live sites
- ✓ Developing proactive referral tracking approach to determine trends: network gaps, COVID-19 impact vs field utilization

### ELC Decision Needed/ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

- Quality Check UI: 35/80 Users
- CCN Accreditation Waivers UI: 25/30 Users
- CCN Complaints & Grievances UI: 24/54 Users
- CCN Congressional Inquiries UI: 27/42 Users
- CCN Corrective Action Plans (CAPs) UI: 25/30 Users
- CCN Network Adequacy Deviations UI: 25/51 Users

### Accomplishments

### Upcoming Milestones

- 04/01/2020 EPRS Build 4
- 04/28/2020 EPRS Build 5B
- 05/18/2020 UAT complete for Build 5C IDA Reports
- 06/26/2020 UAT complete for Build 5D IDA Reports
- 06/26/2020 EPRS Build 5.1

**Future Build/Release Planning Underway**

### OCC Business Dependencies

(b)(5)

### OIT / Data Dependencies

(b)(5)

# HealthShare Referral Manager

# Development

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

- **2,223,145**: Total Referrals FY 2020
- **186,901**: Total Referral FY 2019
- **16,581**: Total number of VA user accounts provisioned
- **13,381**: Number of Community Providers provisioned
- **4,903**: Number of unique Community Provider locations
- **148**: Number of sites actively using HSRM
- **5,270**: Support Ticket Count for June
- 2,000: Monthly VA Ticket Budget
- Top 3 Categories: Provisioning-VA; Provisioning- CP; Related to Production Outage

### Accomplishments

- 07/10/2020 CTB V1.9.0072 ND
- 07/20/2020 RELEASE 9.0 ND

### Upcoming Milestones

- 07/21/2020 COVID REFERRAL EXT BATCHING COMPLETE
- 08/25/2020 RELEASE 10.0 CCSC PRESENTATION
- 08/25/2020 RELEASE 10.0 FIELD NOTIFICATION
- 9/14/2020 RELEASE 10.0 ND
- OCT 2020 RELEASE 11.0 ND

### OCC Business Dependencies

#### Highlight OCC Business Dependencies:

- **COVID19 Referral Extension**: Issue found on 6/12/2020 with certain SEOC versions used in referral extension was addressed via a development script; Referral batching with downstream system was resumed on 6/29 and completed on 7/21/2020, ahead of scheduled by 3 days
- **Clinical Integration (CI Field Support Director & Assistants)**: (b)(5)
- **Delivery Operations/POM**: (b)(5)
- **Finance (OCC Finance and Informatics Staff)**: (b)(5)
- **Revenue Operations (Facility Revenue, RUR, and CPAC Staff)**: (b)(5)

### OIT / Data Dependencies

(b)(5)

(b)(5)

## Overview of Release 10.0 Enhancements

- Release 10 will contain a number of general HSRM enhancements in addition to Community Provider Profile enhancements, Revenue Tasking enhancements and enhancements to the HSRM Task List. All of which will increase HSRM usability and efficiency.

### General HSRM Enhancements

- **Offline Referral** edits to include the display of multiple Appointments/Providers and other enhancements
- **Remove all statuses except Approved** from the status drop down when the referral is in a Suspended status
- **Enable ability to email reports** for VA users to prevent the timeout errors. Emails will be limited to 40 MB, as this is a VA email limitation
- **Scheduling Comments** added to the HL7 feed to writeback to CPRS
- **Appointment Time Zone** added for appointments recorded in HSRM
- **Optional Tasks:** OT read only for CCN security groups
- **Optional Tasks:** added OT search to referral screen
- **Suspended Referrals:** enhanced restrictions on user ability to make updates to suspended referrals
- **CAC Logins:** ability for DoD users with CAC cards to access HSRM

### Task Management Enhancements

- **Search on Referral** by Category of Care
- **Auto assignment** of new referrals by SSN, Category of Care, and Veteran Surname
- **Modified Task Triggers** for GEC Documents task and EOC Complete – follow up for medical documentation tasks
- **Follow up with Veteran:** Change from Automated Task to Manual Task

### Revenue Tasking Enhancements

- **Precertification Workflow:** Turn off trigger PRCT triggers for Precertification Task
- **“Clean Slate” Revenue Task List:** Precertification Tasks greater than 10 days old, where the task status is Pending, and Task Comments field is blank will be archived from the task list

### Community Provider enhancements

- **Provisioning Enhancements:** provision community providers by NPI and location
- **Limit referral status dropdown** to Accept, Reject, first Appointment Made and Initial Care Given

## Overview of Release 9.0 Enhancements

- Release 9 contains several general HSRM enhancements in addition to reporting enhancements and critical HSRM Task list enhancements, which will make task list management more efficient and user friendly.
- Training and communications are being developed to ensure proper task management utilization.

### General HSRM Enhancements

- **Referral Date:** Change to Referral Date logic to reflect the start date to be the date the consult is 'Sent to HSRM' from CPRS
- **Clinically Indicated Date:** Removal of validation check logic for CID field
- **Multiple Veteran Addresses:** Addition of Residential Address

### Task Management Enhancements

- **Enhanced filtering by Veteran Last name**
  - Search for specific Veteran by last name
  - Filter task list by Alpha Split
- **"Clean slate":** Tasks greater than 10 days old will be archived from the task list
- **Addition of referral number** on task list
- **Search task list** by referral number
- **Search task list** by assigned user
- **Add Level of Care Coordination** to Priority field on task list
- **Sort/filter** by Level of Care Coordination/Priority
- **Medical documentation** task enhancements: 5 New dispositions for documents loaded to VistA

### Reports Enhancements

- **Community Provider User Provisioning Report:**
  - Added Community Facility parameter and removed the affiliation parameter
  - City and state added to the report
- **Community Provider Referral Summary Report:**
  - Veteran's date of birth added to the report
- **Optional Task Report**
  - Region added to the report

**ELC Decision Needed/ ELC Priority Discussion**

(b)(5)

**Project Description**

Vista Integrated Billing (IB) and Accounts Receivable (AR) enhancements for administration of copay benefit, billing system collection updates and modification of Vista reports in support of MISSION Act and COVID requirements.

**Key Performance Indicators (KPI)**

- No specific KPI's were identified for this phase of the project.

**Accomplishments**

- 05/18/20 (2) IB & (1) AR PATCH NATIONALLY RELEASED
- 06/02/20 IB 675 NATIONALLY RELEASED
- 06/05/20 SIX MONTH EXTENSION STARTED

**Upcoming Milestones**

- 08/03/20 IB PATCH 677 NATIONALLY RELEASING
- 08/31/20 IB PATCH 678 NATIONALLY RELEASING
- FOUR ADDITIONAL IB/AR PATCHES TARGETED FOR DEVELOPMENT AND NATIONAL RELEASE
- 12/04/20 CONTRACT COMPLETED

**OCC Business Dependencies**

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

**Office of Information and Technology / Data Dependencies**

- **Downstream Dependency** – None at this time.

(b)(5)

### *ELC Decision Needed/ ELC Priority Discussion*

(b)(5)

### *Project Description*

Implement a document scanning solution using the FSC as the scanned image repository allowing each CPAC facility to meet documentation retention requirements, eliminate warehouse capacity/backlog issues and access scanned documents electronically.

### *Key Performance Indicators (KPI)*

- Elimination of shipping costs associated with current FSC Service Level Agreement (SLA).
- Approximately 50% reduction in per page SLA scanning cost.
- Easier document retention management.
- ~90% decrease in conversion time – paper to electronic.
- 100% decrease in shipment damages.

### *Accomplishments*

- 10/09/19 UPDATED PERFORMANCE DESCRIPTIONS AND UNION APPROVAL FOR CPAC DEPLOYMENT RECEIVED
- 03/31/20 FINAL 9957 ACCESS REQUEST SUBMITTED
- 04/24/20 FSC COMPLETES KOFAX UPDATES TO CPAC SCANNERS

### *Upcoming Milestones*

- 07/24/20 PROJECT COMPLETE

### *OCC Business Dependencies*

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

### *Office of Information and Technology / Data Dependencies*

(b)(5)

*ELC Decision Needed/ ELC Priority Discussion*

(b)(5)

*Project Description*

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

*Key Performance Indicators (KPI)*

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

*Accomplishments*

*Upcoming Milestones*

- 06/2020 SUNSET GRANDFATHER ELIGIBILITY BASED ON CARE DATA
- 06/2020 RSD APPROVED FOR SOLUTION OF NOT ENROLLED COVERED VETERANS
- 06/2020 DEPLOYED FUNCTIONALITY FOR THE 6 AND 12 MONTH HARDSHIP
- 07/2020 COMPLETED ELIGIBILITY ANALYSIS OF CC DATA FOR REJECTED REFERRALS

- 08/2020 COLLABORATING WITH HSRM TEAMS REGARDING BUSINESS RULES FOR PREVENTING APPROVAL OF REFERRALS FOR INELIGIBLE VETERANS
- 08/2020 ES RELEASE TO EXPAND STATIC ELIGIBILITY TO NOT ENROLLED COVERED VETERANS AND INCLUDE COPY OF RECORDS IN ELIGIBILITY FILE
- 08/2020 ES RELEASE TO AUTOMATE COLLATERAL OF VETERAN PROCESS TO INCLUDE COPY OF RECORDS IN ELIGIBILITY FILE (PHASE I)

*OCC Business Dependencies*

- Highlight OCC Business Dependencies:
- Clinical Integration (Business Owners)
- System Engineering Management (SEM) (b)(5)
- Business Intelligence Service Line (BISL) (b)(5)
- Community Care Contractor (CCN) (b)(5)
- VA Master Patient Index (MPI) , Office of Policy and Planning (PSSG), Veteran Experience Office (VEO)

(b)(5)

*Office of Information and Technology (OIT) / Data Dependencies*

(b)(5)

# Retail Pharmacy Program

# Sustainment

### ELC Decision Needed/ ELC Priority Discussion

- None

### Project Description

Allows eligible Veterans access to “no cost” Quadrivalent Influenza vaccinations at Retail Pharmacies in their neighborhoods

### Key Performance Indicators (KPI)

- **Metric 1: over 100,000 Veteran's vaccinated**
- **Metric 2: Vaccinate 125,000 next year**
- **Metric 3: Reimburse Walgreens 99% accuracy**
- **Metric 4: Continued Outreach to Rural Veterans**

### Accomplishments

- 7/11/2020 FINAL FILE/INVOICE SENT WALGREENS

### Upcoming Milestones

- 8/1/2020 CLOSE OUT RETAIL PHARMACY

### OCC Business Dependencies

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

**RISK: If Communications to internal staff and Veterans is comprehensive then there should not be confusion that Walgreens is no longer a provider**

**Mitigation: Communications must be effective**

### Office of Information and Technology (OIT) / Data Dependencies

**RISK: N/A**

### ELC Decision Needed/ ELC Priority Discussion

- **DECISION:** No new decisions needed from Revenue Operations regarding back end process at this time.

### Project Description

To support the VHA DoD Reimbursement pilots with a web based tool, standardize use of Intra-governmental Payment and Collection System (IPAC), standardized monthly invoice batch processing, a streamlined trackable process from authorization of care through to invoice payment and reconciliation, monthly and quarterly reconciliation reports.

### Key Performance Indicators (KPI)

- Align with the VA/DoD Advanced Payment Methodology.

### Accomplishments

● 2019 SEM BUSINESS ANALYST TASKS COMPLETE

● 5/15/2020 SEM SHAREPOINT DEVELOPMENT COMPLETE

### Upcoming Milestones

● 8/1/20 VSSC VALIDATION OF DOD DATA COMPLETE

● 9/1/20 SEM SHAREPOINT TOOL TESTING

● 10/01/20 FUNCTIONAL USER TESTING

### OCC Business Dependencies

- There are no dependencies to other OCC Directorates.
- Revenue Operations (Facility Revenue, RUR, and CPAC Staff).

(b)(5)

### Office of Information and Technology (OIT) / Data Dependencies

(b)(5)

# Project Idea Evaluation (PIE) Updates

# Project Idea Evaluation Updates

Project Name	Date Presented at PMR	Decision	Status
Comprehensive Disaster Recovery Plans	6/23	Approved	Intake
ePrescribing	6/23	Approved	Intake
CAVE	7/14	Approved	CCSC, 7/28, approval to move to project development
Veteran Credit Database Program	<i>Scheduled for 8/11</i>	Pending	TBD

# Community Care Business Program Management Review (PMR) #1

07/28/2020



- **OCC Priority Project Review**
  - OCC Data Governance
  - VA/DoD Advanced Payment and Referral Standardization
  - One Consult 2.0
  - Indian/Tribal Health Coordination (ITHC)
  - Advanced Medical Cost Management System (AMCMS)
  - Urgent Care Integrated Project Team
  - Provider Profile Management System (PPMS)
  - Community Care Reimbursement System (CCRS)
- **Appendix**
  - Project Review
  - Project Idea Evaluation Updates

**ELC Decision Needed/ ELC Priority Discussion**

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

**Project Description**

Establish OCC Data Governance to ensure data are reliable, dependable, consistent, and well documented. OCC Data Governance will include standards and policies that drive how data are used and maintained to reduce misuse and misreporting of data and increase the credibility and the quality of that data to support high-quality, consistent, and timely data to drive accurate decision-making.

- Key Performance Indicators (KPI)**
- Number of data policies, practices, and standards established
  - Percent of data issues resolved
  - Number of completed data initiatives in data governance project portfolio
  - Percent of data initiatives that meet or exceed established initiative targets

**Accomplishments**

- 7/6/2020 NOMINATED DATA GOVERNANCE GROUP
- 7/7/2020 CCSC DATA GOVERNANCE PROJECT APPROVAL
- 7/8/20 KICKED OFF DATA GOVERNANCE PROJECT
- 7/15/2020 ADOPTED CONTINUOUS LEARNING APPROACH

**Upcoming Milestones**

- 8/5/2020 DEFINE OVERARCHING DATA GOVERNANCE STRATEGIC PRIORITIES
- 8/12/2020 FINALIZE DATA GOVERNANCE CHARTER
- 8/19/2020 IDENTIFY A DATA-RELATED GOVERNANCE PORTFOLIO

**OCC Business Dependencies**

(b)(5)

**OIT / Data Dependencies**

(b)(5)

**ELC Decision Needed/ ELC Priority Discussion**

(b)(5)

**Project Description**

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

**Key Performance Indicators (KPI)**

- 24,861 VA/DoD consults entered in FY20.
- 95% of FY20 VA/DOD consults have SEOCs included.
- Live Pilot Results
  - Biloxi/Pensacola FY20: 95% automated consult/claim match rate
  - NCR FY20: 74% consult/claim match rate

**Upcoming Milestones**

- 5/1/20 GO LIVE W/ NCR AP PILOT
- 5/30/20: SITE-BY-SITE ROLLOUT SCHEDULE PROVIDED TO HEC
- 7/1/20: BEGIN PREPPING NEXT AP ROLLOUT SITES

- 6/30/20: REPORT ON NCR AP PILOT RESULTS FOR HEC

- 9/15/20: ITSC RECOMMENDATION ON DATA SHARING SOLUTION TO JEC

- 10/1/20: NEXT AP SITE GO-LIVES (WOMACK, KEESLER & EGLIN MTFS)

**OCC Business Dependencies**

- **Clinical Integration:** CI has trained VAMC Community Care staff on standard VA/DoD care coordination processes.
- **DO/POM:** (b)(5)
- **RO Staff**
- **OCC BOA/Finance and VAMC Fiscal Staff:** (b)(5)
- **VHA VSSC:** (b)(5)
- **DoD DHA:** (b)(5)

(b)(5)

**Office of Information and Technology (OIT) / Data Dependencies**

(b)(5)

**Executive Leadership Committee (ELC) Decision Needed / Priority Discussion**

**DECISION:** No decision requested at this time

• (b)(5)

**Project Description**

One Consult 2.0 was approved for project intake by the Community Care Steering Committee on March 31, 2020. The focus of One Consult 2.0 is to replace Consult Toolbox with a web application that follows a DevOps model, in order to eliminate the long and costly desktop deployment process of Consult Toolbox. The new web app will include user-validated requirements and existing Consult Toolbox backlog items, while filling any additional gaps within the existing system. It also pulls in DST and SEOC DB into ONE project and highlights their interdependencies

**Key Performance Indicators (KPI)**

- DST integrated into CPRS- Q1 FY 21
- CTB integrated into CPRS- Q2 FY 21
- DST use of new drive time CC eligibility API estimated mid August (30 days after FRN publication)

**Accomplishments**

**Upcoming Milestones**

- RECEIVED APPROVAL FROM BUSINESS TO UTILIZE EXISTING CAPABILITIES WITHIN DST
- RELEASED UPDATE THAT ADDED CC AVERAGE WAIT TIMES TO THE DST DASHBOARD
- DEPLOYMENT OF CTB 1.9.0072 OVER 30 DAYS, BEGAN 7/14/20
- CBT V1.9.0072 ANNOUNCEMENT AND FGB UPDATES COMPLETED

- DST DRIVE TIME TO BE ENABLED 30 DAYS AFTER FRN PUBLICATION
- TEAM CONTINUES TO CAPTURE REQUIREMENTS FOR WEB BASED PLATFORM.
- DST OFFICE HOURS CONTINUE 7/20/2020.
- TESTING / NATIONAL DEPLOYMENT OF CTB V1.9.0076. TESTING 9/16/2020, NATIONAL DEPLOYMENT 10/03/2020

**OCC Business Dependencies**

(b)(5)

**OIT / Data Dependencies**

(b)(5)

# Indian-Tribal Health Coordination

# Development

<i>ELC Decision Needed/ ELC Priority Discussion</i>	<i>Project Description</i>	<i>Key Performance Indicators (KPI)</i>
<p>(1)This project’s training activities were impacted by COVID-19 and were/are on hold until the partners are free to resume. VA staff training was moved to self-paced PPT and sent to the field on 7/17. (b)(5)</p> <p><b>Discussion</b> (b)(5)</p>	<p>Integrate the IHS/THP Reimbursement Agreement Program (RAP) operations with other OCC efforts. Tasks included executing an advisory board and developing a Care Coordination Plan; hosting tribal and VA staff training; continuous communication efforts; program expansion ; and community Outreach and engagement</p>	<ul style="list-style-type: none"> <li>• <b>Metric 1:</b> Advisory Board meetings</li> <li>• <b>Metric 2:</b> Care Coordination Plan developed</li> <li>• <b>Metric 3:</b> Annual re-trainings conducted</li> </ul>

<i>Accomplishments</i>	<i>Upcoming Milestones</i>
<ul style="list-style-type: none"> <li>● 6/4/20 HELD 2<sup>ND</sup> ADVISORY BOARD MTG</li> <li>● 07/17/20 VA FIELD STAKEHOLDER VIRTUAL TRAINING EMAILED</li> </ul>	<ul style="list-style-type: none"> <li>● 08/20/20 TRIBAL CONSULTATION (VIRTUAL)</li> <li>● 08/30/20 RESTART IHS/THP RE-TRAINING (VIRTUALLY)</li> <li>● 9/30/20 CLEARANCE AND EXECUTION OF IHS/THP EXPANSION MOD</li> <li>● 11/30/20 CARE COORDINATION PLAN FINALIZED</li> </ul>

<i>OCC Business Dependencies</i>	<i>OIT / Data Dependencies</i>
(b)(5)	<p>N/A</p> <p><b>Risk:</b></p> <p><b>Mitigation:</b></p>

**ELC Decision Needed/ ELC Priority Discussion**

(b)(5)

**Project Description**

Deploy AMCMS Software as a Service (SaaS) product that integrates financial, medical, and utilization management through data analytics to accurately forecast, monitor and control Community Care's medical services.

**Key Performance Indicators (KPI)**

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

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

**Accomplishments**

- 6/17-6/24 UAT DATA VALIDATION ROUND I EXECUTED
- 7/10 UAT TEST SCRIPTS UPDATED
- 6/24-7/15 INCORPORATION OF CHANGES & DATA VALIDATION FIXES BASED ON UAT FEEDBACK

**Upcoming Milestones**

- 7/15-7/25 UAT DATA VALIDATION ROUND II EXECUTION
- 8/21 UAT TEST EVALUATION REPORT
- 8/25 NATIONAL DEPLOYMENT GATE REVIEW MEETING
- 8/26/20 BEGIN FIELD NATIONAL DEPLOYMENT

**OCC Business Dependencies**

(b)(5)

**Office of Information and Technology (OIT) / Data Dependencies**

(b)(5)

### ELC Decision Needed/ ELC Priority Discussion

(b)(5)

### Project Description

Coordinates the transition of urgent care benefit from PC3 to CCN. Work coordinated under the Urgent Care IPT falls into three categories: operations, contract modifications, and CCN transition.

### Key Performance Indicators (KPI)

- 5,688 total probable UC visits in Region 1, as of 5/31/2020

### Accomplishments

- 06/08/20 REGION 2/3 GO LIVE DATE FINALIZED AS 8/4
- 07/15/20 REGION 2/3 COMMS RELEASED

### Upcoming Milestones

- 08/04/20 REGION 2 TRANSITION
- 08/04/20 REGION 3 TRANSITION
- 08/31/20 REGION 4 TRANSITION

### OCC Business Dependencies

- Clinical Integration: N/A
- Delivery Operations: N/A

(b)(5)

### Office of Information Technology / Data Dependencies

(b)(5)

### ELC Decision Needed/ ELC Priority Discussion

- **Priority Discussion:**
  - PIE seeding effort requires duplicate cleanup and ability to identify same-name providers prior to restart. Actions include MVI File 200 'NVA' 'tab' (approved for September release) and CPRS/Vista modifications (Approved by systems owner). Remaining cleanup activities in coordination with CPO, PBM, CI, PI, and Field.

### Project Description

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

### Key Performance Indicators (KPI)

**Power BI functionality exceeded license capability for reporting previous metrics.**

### Accomplishments

- 5/22/20 PPMS 8.0 GO-LIVE
- 6/30/20 DEV CONTRACT AWARDED JUNE
- 7/1/20 URGENT CARE LEGACY RE-ROUTE
- 7/7/20 PPMS 8.1 GO-LIVE

### Upcoming Milestones

- 7/23/20 HOTFIX 8.1.1.1 RELEASE
- 7/29/20 COMMUNITY PROVIDER LOCATOR (CPL) RELEASE
- 08/11/20 PPMS 9.0 NATIONAL GATEWAY REVIEW
- 08/20/20 PPMS 9.0 GO-LIVE

### OCC Business Dependencies

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

(b)(5)

### OIT / Data Dependencies

(b)(5)

**ELC Decision Needed/ ELC Priority Discussion**

- *No ELC Decision Requests for July*

**Project Description**

*This project creates a system to facilitate the receipt and validation of post-payment 837 COB invoices, reimbursement, post-payment audit activities, and facilitation of revenue operation activities (i.e., first party billing).*

**Key Performance Indicators (KPI)**

**CCN Payment Metrics as of July 17, 2020**

- **Region 1:** Invoices Received – 1,329,157, Confirmed Paid – 825,256, Sent for Payment – 27,528, “No Action” Optum denials – 409,257
- **Region 2:** Invoices Received – 759,546, Confirmed Paid – 464,651, Sent for Payment – 23,090, “No Action” Optum denials – 242,340
- **Region 3:** Invoices Received – 176,601, Confirmed Paid – 72,137, Sent for Payment – 4,983, “No Action” Optum denials – 94,192
- **Region 4:** Invoices Received – 1,347, Confirmed Paid – 241, Sent for Payment – 299, “No Action” TriWest denials - 563
- **The total Invoice Amount Paid/Sent for Payment:** \$984,680,609.20

**Accomplishments**

- 06/23/2020 SUSPENSION OF SUSPENSION OF 270 DAY DENIAL REASON APPROVED BY ELC
- 07/06/2020 PMPM ADMIN FEES FOR RESUBMISSIONS IMPLEMENTED STARTING WITH MAY

- 07/09/2020 CCRS USER ACCEPTANCE TESTING 11.4

- 07/14/2020 NATIONAL DEPLOYMENT GATE REVIEW (GO, NO GO DECISION)

**Upcoming Milestones**

- 07/16/2020 RELEASE CCRS 11.4 TO PRODUCTION

- 07/17/2020 UPDATE USER GUIDES AND LESSONS LEARNED CCRS 11.4

- 07/17/2020 UPDATE KMS AND TRAINING DOCS FOR CCRS 11.4

**OCC Business Dependencies**

- **Clinical Integration (Facility CC Staff and VAMC RN Staff)**
- **Delivery Operations/Payment Oversight and Management (Invoice Processing Staff)** (b)(5)
- **Revenue Operations (Facility Revenue, RUR, and CPAC Staff)** (b)(5)
- **Finance (OCC Finance and Informatics Staff)** (b)(5)
- **VAMC / Fiscal Budget Staff:** (b)(5)

**OIT / Data Dependencies**

(b)(5)

(b)(5)

(b)(5)

# Appendix

# Cerner OCC Integration

# Development

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

TBD: Focusing on timeliness measures and qualitative surveys

### Accomplishments

### Upcoming Milestones

These dates are subject to change due to COVID-19 uncertainty

**TBD awaiting OEHRM Decision**

● IV3:  
7/27/2020

● Super User Training:  
8/10/2020

● CSS:  
Go Live 8/21/2020

● ORA:  
9/7/2020

### OCC Business Dependencies

#### Highlight OCC Business Dependencies:

- Clinical Integration and Mann Grandstaff Facility CC Staff: (b)(5)
- (b)(5)
- Payment Operations Management
- Revenue Operations (Facility Revenue, RUR, and CPAC Staff)
- Women's Health (IVF and Infertility)

(b)(5)

### OIT / Data Dependencies

(b)(5)

**ELC Decision Needed/ ELC Priority Discussion**

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

**Project Description**

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

**Key Performance Indicators (KPI)**

- Region 3 Gradual Transition – CCN Referral #**
  - Week 1: May 18 – 22, 2020
    - Total Referrals = 4,965\* Total Rejects = 10
  - Week 2: May 25-29, 2020
    - Total Referrals = 5,084\* Total Rejects = 10
  - Week 3: June 1-5, 2020
    - Total Referrals = 7,743\* Total Rejects = 18\*\*
- Region 4 R4P1 Go Live – CCN Referral #**
  - Week 1: June 8-12, 2020
    - Total Referrals = 842 Total Rejects = 45

**Accomplishments**

- 06/16/20 R3P2 SHCD GO-LIVE
- 07/21/20 R4P2 SHCD GO-LIVE

**Upcoming Milestones**

- 08/04/20 R2 & R3 URGENT CARE CUTOVER FROM PC3
- 08/11/20 R4P3 SHCD GO-LIVE
- 08/25/20 R4P4 SHCD GO-LIVE
- 08/31/20 R4 URGENT CARE CUTOVER FROM PC3

**OCC Business Dependencies**

(b)(5)

**Office of Information and Technology (OIT) / Data Dependencies**

(b)(5)

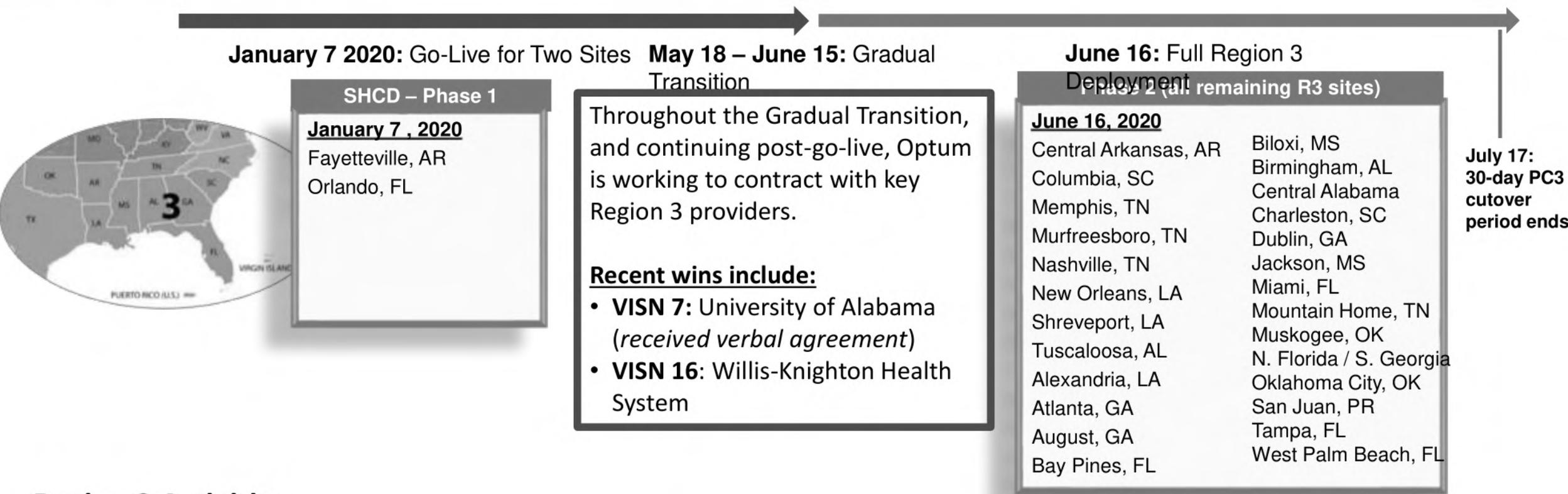
# National Network Deployment Progress – As of 7/6/2020



(b)(5)

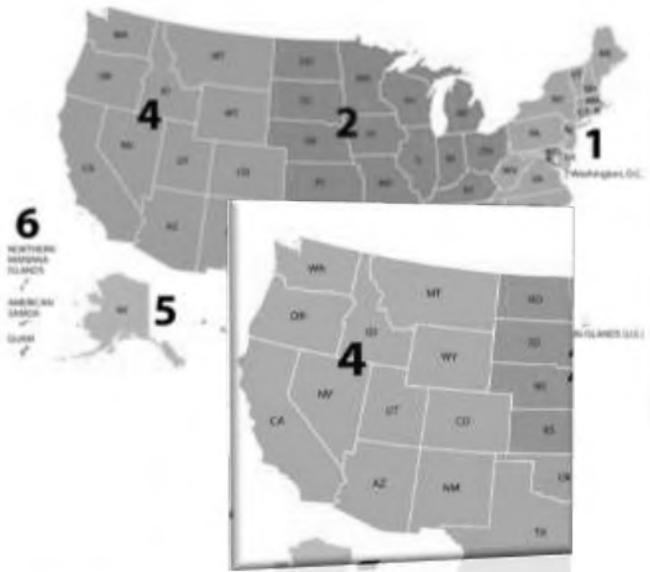
- Regions 1, 2, and 3 are fully deployed
- Region 4 Phase 1 deployed on 6/8/2020
- Covid-19 is impacting the national deployment progress and provider recruitment progress

# Region 3 Update



## Region 3 Activities

- **CAST calls** continue for another two weeks until sites transition to the monthly network adequacy calls
- Optum and Network Management are reviewing the **16 requests for PC3 extensions**. Some sites are reporting gaps in specific specialties whereas others are requesting for specific providers. Final decisions will be made this week.
- Optum is holding **network reviews** with individual sites that have concerns with the network. These meetings will focus in on certain specialties and outstanding issue tracker items.



**SHCD – Phase 1 (2 VAMCs)**

**June 8, 2020**  
**VISN 19 – 2 VAMCs**

- Montana (436)
- Eastern Colorado, CO (554)

**Phase 2 (13 VAMCs)**

**July 21, 2020**  
**VISN 17 – 7 VAMCs**

- Amarillo, TX (504)
- El Paso, TX (756)
- Texas Valley Coastal (740)
- Central Texas (674)
- North Texas (549)
- South Texas (671)
- West Texas (519)

**VISN 16 – 2 VAMC**

- Houston, TX (580)
- Texas counties aligned to Shreveport, LA (667) catchment area

**VISN 19 – 4 VAMCs**

- Cheyenne, WY (442)
- Sheridan, WY (666)
- Salt Lake City, UT (660)
- Grand Junction, CO (575)

**Phase 3 (14 VAMCs)**

**August 11, 2020**  
**VISN 20 – 7 VAMCs**

- Portland, OR (648)
- Puget Sound, WA (663)
- Roseburg, OR (653)
- Spokane, WA (668)
- White City, OR (692)
- Walla Walla, WA (687)
- Boise, ID (531)

**VISN 21 – 7 VAMC**

- Fresno, CA (570)
- Reno, NV (654)
- San Francisco, CA (662)
- Northern California (612)
- Palo Alto, CA (640)
- Southern Nevada (593)
- Honolulu, HI (459)

**Phase 4 (8 VAMCs)**

**August 25, 2020**  
**VISN 22 – 8 VAMCs**

- Loma Linda, CA (605)
- Long Beach, CA (600)
- New Mexico (501)
- Northern Arizona (649)
- Phoenix, AZ (644)
- San Diego, CA (664)
- Southern Arizona (678)
- Greater LA, CA (691)

**Region 4 SHCD**

- ✓ Region 4 Phase 2 deploying on July 21, 2020
- ✓ Collaborating with TriWest to prepare Phase 2 and 3 sites for CCN Go live through pre-deployment meeting series
- ✓ Planning and conducting sequence of e-learnings, virtual training sessions, and just in time refresher trainings to ensure site staff are ready to use CCN systems and tools for Go Live
- ✓ Increasing messaging on differences between CCN and PC3 to level set site expectations
- ✓ Updating deployment approach for Phase 2-4 Command Center based on Phase 1 lessons learned; scaling to account for increased number of Go-Live sites
- ✓ Developing proactive referral tracking approach to determine trends: network gaps, COVID-19 impact vs field utilization

### ELC Decision Needed/ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

- Quality Check UI: 35/80 Users
- CCN Accreditation Waivers UI: 25/30 Users
- CCN Complaints & Grievances UI: 24/54 Users
- CCN Congressional Inquiries UI: 27/42 Users
- CCN Corrective Action Plans (CAPs) UI: 25/30 Users
- CCN Network Adequacy Deviations UI: 25/51 Users

### Accomplishments

- 04/01/2020 EPRS Build 4
- 04/28/2020 EPRS Build 5B
- 05/18/2020 UAT complete for Build 5C IDA Reports
- 06/26/2020 UAT complete for Build 5D IDA Reports
- 06/26/2020 EPRS Build 5.1

### Upcoming Milestones

**Future Build/Release Planning Underway**

### OCC Business Dependencies

#### Project Dependencies

- **Community Care Contract Administration (CCCA)**: (b)(5)
- **Community Care Network Management (NM)**: (b)(5)

### OIT / Data Dependencies

(b)(5)

# HealthShare Referral Manager

# Development

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

- **2,223,145:** Total Referrals FY 2020
- **186,901:** Total Referral FY 2019
- **16,581:** Total number of VA user accounts provisioned
- **13,381:** Number of Community Providers provisioned
- **4,903:** Number of unique Community Provider locations
- **148:** Number of sites actively using HSRM
- **5,270:** Support Ticket Count for June
- **2,000:** Monthly VA Ticket Budget
- **Top 3 Categories:** Provisioning-VA; Provisioning- CP; Related to Production Outage

### Accomplishments

- 07/10/2020 CTB V1.9.0072 ND
- 07/20/2020 RELEASE 9.0 ND

### Upcoming Milestones

- 07/21/2020 COVID REFERRAL EXT BATCHING COMPLETE
- 08/25/2020 RELEASE 10.0 CCSC PRESENTATION
- 08/25/2020 RELEASE 10.0 FIELD NOTIFICATION
- 9/14/2020 RELEASE 10.0 ND
- OCT 2020 RELEASE 11.0 ND

### OCC Business Dependencies

#### Highlight OCC Business Dependencies:

- **COVID19 Referral Extension:** Issue found on 6/12/2020 with certain SEOC versions used in referral extension was addressed via a development script; Referral batching with downstream system was resumed on 6/29 and completed on 7/21/2020, ahead of scheduled by 3 days
- **Clinical Integration (CI Field Support Director & Assistants):** (b)(5)
- **Delivery Operations/POM:** (b)(5)
- **Finance (OCC Finance and Informatics Staff):** (b)(5)
- **Revenue Operations (Facility Revenue, RUR, and CPAC Staff):** (b)(5)

### OIT / Data Dependencies

(b)(5)

(b)(5)

## Overview of Release 10.0 Enhancements

- Release 10 will contain a number of general HSRM enhancements in addition to Community Provider Profile enhancements, Revenue Tasking enhancements and enhancements to the HSRM Task List. All of which will increase HSRM usability and efficiency.

### General HSRM Enhancements

- **Offline Referral** edits to include the display of multiple Appointments/Providers and other enhancements
- **Remove all statuses except Approved** from the status drop down when the referral is in a Suspended status
- **Enable ability to email reports** for VA users to prevent the timeout errors. Emails will be limited to 40 MB, as this is a VA email limitation
- **Scheduling Comments** added to the HL7 feed to writeback to CPRS
- **Appointment Time Zone** added for appointments recorded in HSRM
- **Optional Tasks:** OT read only for CCN security groups
- **Optional Tasks:** added OT search to referral screen
- **Suspended Referrals:** enhanced restrictions on user ability to make updates to suspended referrals
- **CAC Logins:** ability for DoD users with CAC cards to access HSRM

### Task Management Enhancements

- **Search on Referral** by Category of Care
- **Auto assignment** of new referrals by SSN, Category of Care, and Veteran Surname
- **Modified Task Triggers** for GEC Documents task and EOC Complete – follow up for medical documentation tasks
- **Follow up with Veteran:** Change from Automated Task to Manual Task

### Revenue Tasking Enhancements

- **Precertification Workflow:** Turn off trigger PRCT triggers for Precertification Task
- **“Clean Slate” Revenue Task List:** Precertification Tasks greater than 10 days old, where the task status is Pending, and Task Comments field is blank will be archived from the task list

### Community Provider enhancements

- **Provisioning Enhancements:** provision community providers by NPI and location
- **Limit referral status dropdown** to Accept, Reject, first Appointment Made and Initial Care Given

## Overview of Release 9.0 Enhancements

- Release 9 contains several general HSRM enhancements in addition to reporting enhancements and critical HSRM Task list enhancements, which will make task list management more efficient and user friendly.
- Training and communications are being developed to ensure proper task management utilization.

### General HSRM Enhancements

- **Referral Date:** Change to Referral Date logic to reflect the start date to be the date the consult is 'Sent to HSRM' from CPRS
- **Clinically Indicated Date:** Removal of validation check logic for CID field
- **Multiple Veteran Addresses:** Addition of Residential Address

### Task Management Enhancements

- **Enhanced filtering by Veteran Last name**
  - Search for specific Veteran by last name
  - Filter task list by Alpha Split
- **"Clean slate":** Tasks greater than 10 days old will be archived from the task list
- **Addition of referral number** on task list
- **Search task list** by referral number
- **Search task list** by assigned user
- **Add Level of Care Coordination** to Priority field on task list
- **Sort/filter** by Level of Care Coordination/Priority
- **Medical documentation** task enhancements: 5 New dispositions for documents loaded to VistA

### Reports Enhancements

- **Community Provider User Provisioning Report:**
  - Added Community Facility parameter and removed the affiliation parameter
  - City and state added to the report
- **Community Provider Referral Summary Report:**
  - Veteran's date of birth added to the report
- **Optional Task Report**
  - Region added to the report

**ELC Decision Needed/ ELC Priority Discussion**

- The initial contract period ended on 06/04/20. A six-month extension to continue the VistA Integrated Billing (IB) and Accounts Receivable (AR) updates was approved and awarded. This extension will run through 12/04/20 and will provide IB/AR patches with requested and mandated enhancements for all 130+ VistA instances.

**Project Description**

VistA Integrated Billing (IB) and Accounts Receivable (AR) enhancements for administration of copay benefit, billing system collection updates and modification of VistA reports in support of MISSION Act and COVID requirements.

**Key Performance Indicators (KPI)**

- No specific KPI's were identified for this phase of the project.

**Accomplishments**

- 05/18/20 (2) IB & (1) AR PATCH NATIONALLY RELEASED
- 06/02/20 IB 675 NATIONALLY RELEASED
- 06/05/20 SIX MONTH EXTENSION STARTED

**Upcoming Milestones**

- 08/03/20 IB PATCH 677 NATIONALLY RELEASING
- 08/31/20 IB PATCH 678 NATIONALLY RELEASING
- FOUR ADDITIONAL IB/AR PATCHES TARGETED FOR DEVELOPMENT AND NATIONAL RELEASE
- 12/04/20 CONTRACT COMPLETED

**OCC Business Dependencies**

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

**Office of Information and Technology / Data Dependencies**

- **Downstream Dependency** – None at this time.

(b)(5)

### *ELC Decision Needed/ ELC Priority Discussion*

(b)(5)

### *Project Description*

Implement a document scanning solution using the FSC as the scanned image repository allowing each CPAC facility to meet documentation retention requirements, eliminate warehouse capacity/backlog issues and access scanned documents electronically.

### *Key Performance Indicators (KPI)*

- Elimination of shipping costs associated with current FSC Service Level Agreement (SLA).
- Approximately 50% reduction in per page SLA scanning cost.
- Easier document retention management.
- ~90% decrease in conversion time – paper to electronic.
- 100% decrease in shipment damages.

### *Accomplishments*

- 10/09/19 UPDATED PERFORMANCE DESCRIPTIONS AND UNION APPROVAL FOR CPAC DEPLOYMENT RECEIVED
- 03/31/20 FINAL 9957 ACCESS REQUEST SUBMITTED
- 04/24/20 FSC COMPLETES KOFAX UPDATES TO CPAC SCANNERS

### *Upcoming Milestones*

- 07/24/20 PROJECT COMPLETE

### *OCC Business Dependencies*

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

### *Office of Information and Technology / Data Dependencies*

(b)(5)

*ELC Decision Needed/ ELC Priority Discussion*

**DECISION:**

(b)(5)

- **Priority Discussion: No**

**Project Description**

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

**Key Performance Indicators (KPI)**

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

**Accomplishments**

**Upcoming Milestones**

- 06/2020 SUNSET GRANDFATHER ELIGIBILITY BASED ON CARE DATA
- 06/2020 RSD APPROVED FOR SOLUTION OF NOT ENROLLED COVERED VETERANS
- 06/2020 DEPLOYED FUNCTIONALITY FOR THE 6 AND 12 MONTH HARDSHIP
- 07/2020 COMPLETED ELIGIBILITY ANALYSIS OF CC DATA FOR REJECTED REFERRALS

- 08/2020 COLLABORATING WITH HSRM TEAMS REGARDING BUSINESS RULES FOR PREVENTING APPROVAL OF REFERRALS FOR INELIGIBLE VETERANS
- 08/2020 ES RELEASE TO EXPAND STATIC ELIGIBILITY TO NOT ENROLLED COVERED VETERANS AND INCLUDE COPY OF RECORDS IN ELIGIBILITY FILE
- 08/2020 ES RELEASE TO AUTOMATE COLLATERAL OF VETERAN PROCESS TO INCLUDE COPY OF RECORDS IN ELIGIBILITY FILE (PHASE I)

**OCC Business Dependencies**

- **Highlight OCC Business Dependencies:**
- **Clinical Integration** (Business Owners)
- **System Engineering Management (SEM)** (b)(5)
- **Business Intelligence Service Line (BISL)** (b)(5)
- **Community Care Contractor (CCN)** (b)(5)
- **VA Master Patient Index (MPI) , Office of Policy and Planning (PSSG), Veteran Experience Office (VEO)**

(b)(5)

**Office of Information and Technology (OIT) / Data Dependencies**

(b)(5)

# Retail Pharmacy Program

# Sustainment

### ELC Decision Needed/ ELC Priority Discussion

- None

### Project Description

Allows eligible Veterans access to "no cost" Quadrivalent Influenza vaccinations at Retail Pharmacies in their neighborhoods

### Key Performance Indicators (KPI)

- **Metric 1: over 100,000 Veteran's vaccinated**
- **Metric 2: Vaccinate 125,000 next year**
- **Metric 3: Reimburse Walgreens 99% accuracy**
- **Metric 4: Continued Outreach to Rural Veterans**

### Accomplishments

- 7/11/2020 FINAL FILE/INVOICE SENT WALGREENS

### Upcoming Milestones

- 8/1/2020 CLOSE OUT RETAIL PHARMACY

### OCC Business Dependencies

(b)(5)

(b)(5)

(b)(6)

### Office of Information and Technology (OIT) / Data Dependencies

RISK: N/A

### *ELC Decision Needed/ ELC Priority Discussion*

- **DECISION:** No new decisions needed from Revenue Operations regarding back end process at this time.

### *Project Description*

To support the VHA DoD Reimbursement pilots with a web based tool, standardize use of Intra-governmental Payment and Collection System (IPAC), standardized monthly invoice batch processing, a streamlined trackable process from authorization of care through to invoice payment and reconciliation, monthly and quarterly reconciliation reports.

### *Key Performance Indicators (KPI)*

- Align with the VA/DoD Advanced Payment Methodology.

### *Accomplishments*

● 2019 SEM BUSINESS ANALYST TASKS COMPLETE

● 5/15/2020 SEM SHAREPOINT DEVELOPMENT COMPLETE

### *Upcoming Milestones*

● 8/1/20 VSSC VALIDATION OF DOD DATA COMPLETE

● 9/1/20 SEM SHAREPOINT TOOL TESTING

● 10/01/20 FUNCTIONAL USER TESTING

### *OCC Business Dependencies*

- There are no dependencies to other OCC Directorates.
- Revenue Operations (Facility Revenue, RUR, and CPAC Staff).

(b)(5)

### *Office of Information and Technology (OIT) / Data Dependencies*

(b)(5)

# Project Idea Evaluation (PIE) Updates

# Project Idea Evaluation Updates

Project Name	Date Presented at PMR	Decision	Status
Comprehensive Disaster Recovery Plans	6/23	Approved	Intake
ePrescribing	6/23	Approved	Intake
CAVE	7/14	Approved	CCSC, 7/28, approval to move to project development
Veteran Credit Database Program	<i>Scheduled for 8/11</i>	Pending	TBD

# Community Care Business Program Management Review (PMR) #1

07/28/2020



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

Veterans Health Administration  
*Office of Community Care*

- **OCC Priority Project Review**
  - OCC Data Governance
  - VA/DoD Advanced Payment and Referral Standardization
  - One Consult 2.0
  - Indian/Tribal Health Coordination (ITHC)
  - Advanced Medical Cost Management System (AMCMS)
  - Urgent Care Integrated Project Team
  - Provider Profile Management System (PPMS)
  - Community Care Reimbursement System (CCRS)
- **Appendix**
  - Project Review
  - Project Idea Evaluation Updates

# OCC Data Governance Project

# Initiation

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

Establish OCC Data Governance to ensure data are reliable, dependable, consistent, and well documented. OCC Data Governance will include standards and policies that drive how data are used and maintained to reduce misuse and misreporting of data and increase the credibility and the quality of that data to support high-quality, consistent, and timely data to drive accurate decision-making.

### Key Performance Indicators (KPI)

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

### Accomplishments

- 7/6/2020 NOMINATED DATA GOVERNANCE GROUP
- 7/7/2020 CCSC DATA GOVERNANCE PROJECT APPROVAL
- 7/8/20 KICKED OFF DATA GOVERNANCE PROJECT
- 7/15/2020 ADOPTED CONTINUOUS LEARNING APPROACH

### Upcoming Milestones

- 8/5/2020 DEFINE OVERARCHING DATA GOVERNANCE STRATEGIC PRIORITIES
- 8/12/2020 FINALIZE DATA GOVERNANCE CHARTER
- 8/19/2020 IDENTIFY A DATA-RELATED GOVERNANCE PORTFOLIO

### OCC Business Dependencies

- Pending Dependency Management Analysis

(b)(5)

### OIT / Data Dependencies

- Pending Dependency Management Analysis

(b)(5)

### ELC Decision Needed/ ELC Priority Discussion

(b)(5)

### Project Description

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

### Key Performance Indicators (KPI)

- **24,861** VA/DoD consults entered in FY20.
- **95%** of FY20 VA/DOD consults have SEOCs included.
- Live Pilot Results
  - Biloxi/Pensacola FY20: **95%** automated consult/claim match rate
  - NCR FY20: **74%** consult/claim match rate

### Upcoming Milestones

- |                                  |  |  |   |  |   |
|----------------------------------|--|--|---|--|---|
| ● 5/1/20 GO LIVE W/ NCR AP PILOT | ● 5/30/20: SITE-BY-SITE ROLLOUT SCHEDULE PROVIDED TO HEC | ● 7/1/20: BEGIN PREPPING NEXT AP ROLLOUT SITES | ● 6/30/20: REPORT ON NCR AP PILOT RESULTS FOR HEC | ● 9/15/20: ITSC RECOMMENDATION ON DATA SHARING SOLUTION TO JEC | ● 10/1/20: NEXT AP SITE GO-LIVES (WOMACK, KEESLER & EGLIN MTFs) |
|----------------------------------|--|--|---|--|---|

### OCC Business Dependencies

- **Clinical Integration:** CI has trained VAMC Community Care staff on standard VA/DoD care coordination processes.
- **DO/POM:** (b)(5)
- **RO Staff**
- **OCC BOA/Finance and VAMC Fiscal Staff:** (b)(5)
- **VHA VSSC:** (b)(5)
- **DoD DHA:**

(b)(5)

(b)(5)

### Office of Information and Technology (OIT) / Data Dependencies

(b)(5)

### Executive Leadership Committee (ELC) Decision Needed / Priority Discussion

**DECISION:** No decision requested at this time

(b)(5)

### Project Description

One Consult 2.0 was approved for project intake by the Community Care Steering Committee on March 31, 2020. The focus of One Consult 2.0 is to replace Consult Toolbox with a web application that follows a DevOps model, in order to eliminate the long and costly desktop deployment process of Consult Toolbox. The new web app will include user-validated requirements and existing Consult Toolbox backlog items, while filling any additional gaps within the existing system. It also pulls in DST and SEOC DB into ONE project and highlights their interdependencies

### Key Performance Indicators (KPI)

- DST integrated into CPRS- Q1 FY 21
- CTB integrated into CPRS- Q2 FY 21
- DST use of new drive time CC eligibility API estimated mid August (30 days after FRN publication)

### Accomplishments

### Upcoming Milestones

- RECEIVED APPROVAL FROM BUSINESS TO UTILIZE EXISTING CAPABILITIES WITHIN DST
- RELEASED UPDATE THAT ADDED CC AVERAGE WAIT TIMES TO THE DST DASHBOARD
- DEPLOYMENT OF CTB 1.9.0072 OVER 30 DAYS, BEGAN 7/14/20
- CBT V1.9.0072 ANNOUNCEMENT AND FGB UPDATES COMPLETED

- DST DRIVE TIME TO BE ENABLED 30 DAYS AFTER FRN PUBLICATION
- TEAM CONTINUES TO CAPTURE REQUIREMENTS FOR WEB BASED PLATFORM.
- DST OFFICE HOURS CONTINUE 7/20/2020.
- TESTING / NATIONAL DEPLOYMENT OF CTB V1.9.0076. TESTING 9/16/2020, NATIONAL DEPLOYMENT 10/03/2020

### OCC Business Dependencies

(b)(5)

### OIT / Data Dependencies

(b)(5)

# Indian-Tribal Health Coordination

# Development

<i>ELC Decision Needed/ ELC Priority Discussion</i>	<i>Project Description</i>	<i>Key Performance Indicators (KPI)</i>
<p>(1)This project’s training activities were impacted by COVID-19 and were/are on hold until the partners are free to resume. VA staff training was moved to self-paced PPT and sent to the field on 7/17. (b)(5)</p> <p><b>Discussion</b> (b)(5)</p>	<p>Integrate the IHS/THP Reimbursement Agreement Program (RAP) operations with other OCC efforts. Tasks included executing an advisory board and developing a Care Coordination Plan; hosting tribal and VA staff training; continuous communication efforts; program expansion ; and community Outreach and engagement</p>	<ul style="list-style-type: none"> <li>• <b>Metric 1:</b> Advisory Board meetings</li> <li>• <b>Metric 2:</b> Care Coordination Plan developed</li> <li>• <b>Metric 3:</b> Annual re-trainings conducted</li> </ul>

<i>Accomplishments</i>	<i>Upcoming Milestones</i>
<ul style="list-style-type: none"> <li>● 6/4/20 HELD 2<sup>ND</sup> ADVISORY BOARD MTG</li> <li>● 07/17/20 VA FIELD STAKEHOLDER VIRTUAL TRAINING EMAILED</li> </ul>	<ul style="list-style-type: none"> <li>● 08/20/20 TRIBAL CONSULTATION (VIRTUAL)</li> <li>● 08/30/20 RESTART IHS/THP RE-TRAINING (VIRTUALLY)</li> <li>● 9/30/20 CLEARANCE AND EXECUTION OF IHS/THP EXPANSION MOD</li> <li>● 11/30/20 CARE COORDINATION PLAN FINALIZED</li> </ul>

<i>OCC Business Dependencies</i>	<i>OIT / Data Dependencies</i>
(b)(5)	<p>N/A</p> <p><b>Risk:</b></p> <p><b>Mitigation:</b></p>

**ELC Decision Needed/ ELC Priority Discussion**

(b)(5)

**Project Description**

Deploy AMCMS Software as a Service (SaaS) product that integrates financial, medical, and utilization management through data analytics to accurately forecast, monitor and control Community Care's medical services.

**Key Performance Indicators (KPI)**

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

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

**Accomplishments**

- 6/17-6/24 UAT DATA VALIDATION ROUND I EXECUTED
- 7/10 UAT TEST SCRIPTS UPDATED
- 6/24-7/15 INCORPORATION OF CHANGES & DATA VALIDATION FIXES BASED ON UAT FEEDBACK

**Upcoming Milestones**

- 7/15-7/25 UAT DATA VALIDATION ROUND II EXECUTION
- 8/21 UAT TEST EVALUATION REPORT
- 8/25 NATIONAL DEPLOYMENT GATE REVIEW MEETING
- 8/26/20 BEGIN FIELD NATIONAL DEPLOYMENT

**OCC Business Dependencies**

(b)(5)

**Office of Information and Technology (OIT) / Data Dependencies**

(b)(5)

# Urgent Care IPT

# National Deployment

### ELC Decision Needed/ ELC Priority Discussion

(b)(5)

### Project Description

Coordinates the transition of urgent care benefit from PC3 to CCN. Work coordinated under the Urgent Care IPT falls into three categories: operations, contract modifications, and CCN transition.

### Key Performance Indicators (KPI)

- 5,688 total probable UC visits in Region 1, as of 5/31/2020

### Accomplishments

- 06/08/20 REGION 2/3 GO LIVE DATE FINALIZED AS 8/4
- 07/15/20 REGION 2/3 COMMS RELEASED

### Upcoming Milestones

- 08/04/20 REGION 2 TRANSITION
- 08/04/20 REGION 3 TRANSITION
- 08/31/20 REGION 4 TRANSITION

### OCC Business Dependencies

- Clinical Integration: N/A
- Delivery Operations: N/A
- Provider Relations and Services (PRS): (b)(5)
- Communications: (b)(5)

(b)(5)

### Office of Information Technology / Data Dependencies

(b)(5)

RISK: N/A  
Mitigation: N/A

### ELC Decision Needed/ ELC Priority Discussion

- Priority Discussion:**

(b)(5)

### Project Description

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

### Key Performance Indicators (KPI)

**Power BI functionality exceeded license capability for reporting previous metrics.**

### Accomplishments

- 5/22/20  
PPMS 8.0  
GO-LIVE
- 6/30/20  
DEV CONTRACT  
AWARDED JUNE
- 7/1/20  
URGENT CARE  
LEGACY RE-ROUTE
- 7/7/20  
PPMS 8.1 GO-  
LIVE

### Upcoming Milestones

- 7/23/20  
HOTFIX 8.1.1.1  
RELEASE
- 7/29/20  
COMMUNITY PROVIDER  
LOCATOR (CPL) RELEASE
- 08/11/20  
PPMS 9.0 NATIONAL  
GATEWAY REVIEW
- 08/20/20  
PPMS 9.0  
GO-LIVE

### OCC Business Dependencies

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

(b)(5)

### OIT / Data Dependencies

(b)(5)

**ELC Decision Needed/ ELC Priority Discussion**

- *No ELC Decision Requests for July*

**Project Description**

*This project creates a system to facilitate the receipt and validation of post-payment 837 COB invoices, reimbursement, post-payment audit activities, and facilitation of revenue operation activities (i.e., first party billing).*

**Key Performance Indicators (KPI)**

**CCN Payment Metrics as of July 17, 2020**

- **Region 1:** Invoices Received – 1,329,157, Confirmed Paid – 825,256, Sent for Payment – 27,528, “No Action” Optum denials – 409,257
- **Region 2:** Invoices Received – 759,546, Confirmed Paid – 464,651, Sent for Payment – 23,090, “No Action” Optum denials – 242,340
- **Region 3:** Invoices Received – 176,601, Confirmed Paid – 72,137, Sent for Payment – 4,983, “No Action” Optum denials – 94,192
- **Region 4:** Invoices Received – 1,347, Confirmed Paid – 241, Sent for Payment – 299, “No Action” TriWest denials - 563
- **The total Invoice Amount Paid/Sent for Payment:** \$984,680,609.20

**Accomplishments**

- 06/23/2020 SUSPENSION OF SUSPENSION OF 270 DAY DENIAL REASON APPROVED BY ELC
- 07/06/2020 PMPM ADMIN FEES FOR RESUBMISSIONS IMPLEMENTED STARTING WITH MAY

**Upcoming Milestones**

- 07/09/2020 CCRS USER ACCEPTANCE TESTING 11.4
- 07/14/2020 NATIONAL DEPLOYMENT GATE REVIEW (GO, NO GO DECISION)
- 07/16/2020 RELEASE CCRS 11.4 TO PRODUCTION
- 07/17/2020 UPDATE USER GUIDES AND LESSONS LEARNED CCRS 11.4
- 07/17/2020 UPDATE KMS AND TRAINING DOCS FOR CCRS 11.4

**OCC Business Dependencies**

- **Clinical Integration (Facility CC Staff and VAMC RN Staff)**
- **Delivery Operations/Payment Oversight and Management (Invoice Processing Staff)** (b)(5)
- **Revenue Operations (Facility Revenue, RUR, and CPAC Staff)** (b)(5)
- **Finance (OCC Finance and Informatics Staff):** (b)(5)
- **VAMC / Fiscal Budget Staff** (b)(5)

**OIT / Data Dependencies**

(b)(5)

(b)(5)

# Appendix

# Cerner OCC Integration

# Development

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

TBD: Focusing on timeliness measures and qualitative surveys

### Accomplishments

### Upcoming Milestones

These dates are subject to change due to COVID-19 uncertainty

**TBD awaiting OEHRM Decision**

● IV3:  
7/27/2020

● Super User Training:  
8/10/2020

● CSS:  
Go Live 8/21/2020

● ORA:  
9/7/2020

### OCC Business Dependencies

#### Highlight OCC Business Dependencies:

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

(b)(5)

-Payment Operations Management

-Revenue Operations (Facility Revenue, RUR, and CPAC Staff)

-Women's Health (IVF and Infertility)

(b)(5)

### OIT / Data Dependencies

(b)(5)

**ELC Decision Needed/ ELC Priority Discussion**

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

**Project Description**

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

**Key Performance Indicators (KPI)**

- Region 3 Gradual Transition – CCN Referral #**
- Week 1: May 18 – 22, 2020
    - Total Referrals = 4,965\* Total Rejects = 10
  - Week 2: May 25-29, 2020
    - Total Referrals = 5,084\* Total Rejects = 10
  - Week 3: June 1-5, 2020
    - Total Referrals = 7,743\* Total Rejects = 18\*\*
- Region 4 R4P1 Go Live – CCN Referral #**
- Week 1: June 8-12, 2020
    - Total Referrals = 842 Total Rejects = 45

**Accomplishments**

- 06/16/20 R3P2 SHCD GO-LIVE
- 07/21/20 R4P2 SHCD GO-LIVE

**Upcoming Milestones**

- 08/04/20 R2 & R3 URGENT CARE CUTOVER FROM PC3
- 08/11/20 R4P3 SHCD GO-LIVE
- 08/25/20 R4P4 SHCD GO-LIVE
- 08/31/20 R4 URGENT CARE CUTOVER FROM PC3

**OCC Business Dependencies**

(b)(5)

**Office of Information and Technology (OIT) / Data Dependencies**

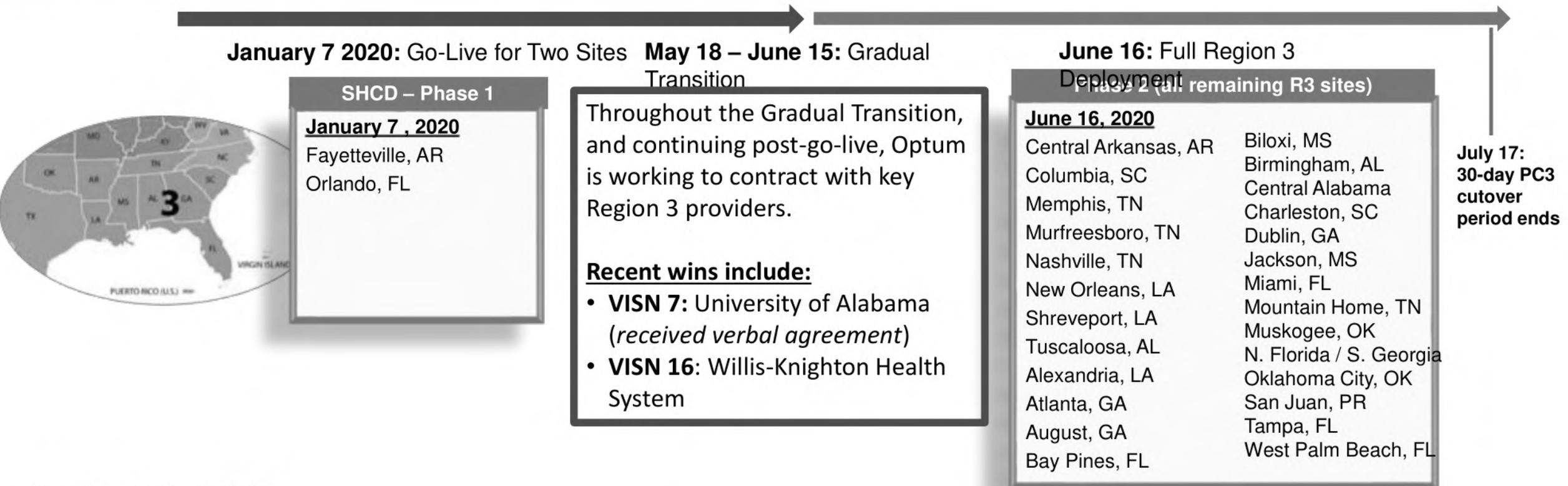
(b)(5)

# National Network Deployment Progress – As of 7/6/2020



- (b)(5)
- Regions 1, 2, and 3 are fully deployed
- Region 4 Phase 1 deployed on 6/8/2020
- Covid-19 is impacting the national deployment progress and provider recruitment progress

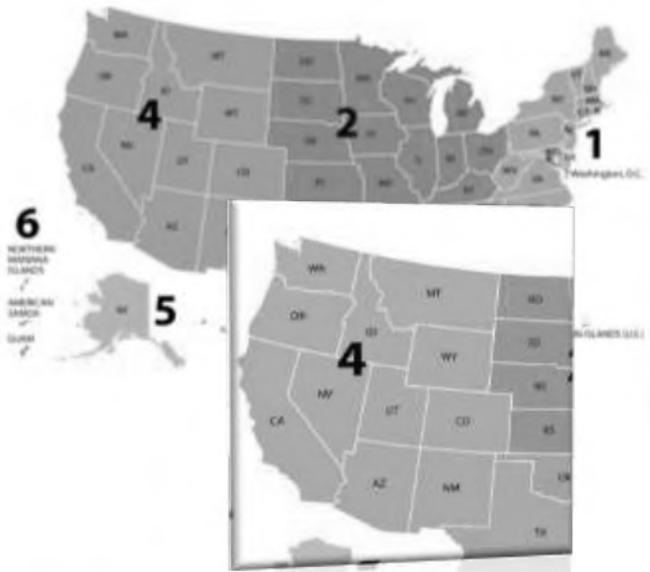
# Region 3 Update



## Region 3 Activities

- **CAST calls** continue for another two weeks until sites transition to the monthly network adequacy calls
- Optum and Network Management are reviewing the **16 requests for PC3 extensions**. Some sites are reporting gaps in specific specialties whereas others are requesting for specific providers. Final decisions will be made this week.
- Optum is holding **network reviews** with individual sites that have concerns with the network. These meetings will focus in on certain specialties and outstanding issue tracker items.

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**SHCD – Phase 1 (2 VAMCs)**

**June 8, 2020**  
**VISN 19 – 2 VAMCs**

- Montana (436)
- Eastern Colorado, CO (554)

**Phase 2 (13 VAMCs)**

**July 21, 2020**  
**VISN 17 – 7 VAMCs**

- Amarillo, TX (504)
- El Paso, TX (756)
- Texas Valley Coastal (740)
- Central Texas (674)
- North Texas (549)
- South Texas (671)
- West Texas (519)

**VISN 16 – 2 VAMC**

- Houston, TX (580)
- Texas counties aligned to Shreveport, LA (667) catchment area

**VISN 19 – 4 VAMCs**

- Cheyenne, WY (442)
- Sheridan, WY (666)
- Salt Lake City, UT (660)
- Grand Junction, CO (575)

**Phase 3 (14 VAMCs)**

**August 11, 2020**  
**VISN 20 – 7 VAMCs**

- Portland, OR (648)
- Puget Sound, WA (663)
- Roseburg, OR (653)
- Spokane, WA (668)
- White City, OR (692)
- Walla Walla, WA (687)
- Boise, ID (531)

**VISN 21 – 7 VAMC**

- Fresno, CA (570)
- Reno, NV (654)
- San Francisco, CA (662)
- Northern California (612)
- Palo Alto, CA (640)
- Southern Nevada (593)
- Honolulu, HI (459)

**Phase 4 (8 VAMCs)**

**August 25, 2020**  
**VISN 22 – 8 VAMCs**

- Loma Linda, CA (605)
- Long Beach, CA (600)
- New Mexico (501)
- Northern Arizona (649)
- Phoenix, AZ (644)
- San Diego, CA (664)
- Southern Arizona (678)
- Greater LA, CA (691)

**Region 4 SHCD**

- ✓ Region 4 Phase 2 deploying on July 21, 2020
- ✓ Collaborating with TriWest to prepare Phase 2 and 3 sites for CCN Go live through pre-deployment meeting series
- ✓ Planning and conducting sequence of e-learnings, virtual training sessions, and just in time refresher trainings to ensure site staff are ready to use CCN systems and tools for Go Live
- ✓ Increasing messaging on differences between CCN and PC3 to level set site expectations
- ✓ Updating deployment approach for Phase 2-4 Command Center based on Phase 1 lessons learned; scaling to account for increased number of Go-Live sites
- ✓ Developing proactive referral tracking approach to determine trends: network gaps, COVID-19 impact vs field utilization

### ELC Decision Needed/ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

- Quality Check UI: 35/80 Users
- CCN Accreditation Waivers UI: 25/30 Users
- CCN Complaints & Grievances UI: 24/54 Users
- CCN Congressional Inquiries UI: 27/42 Users
- CCN Corrective Action Plans (CAPs) UI: 25/30 Users
- CCN Network Adequacy Deviations UI: 25/51 Users

### Accomplishments

### Upcoming Milestones

- 04/01/2020 EPRS Build 4
- 04/28/2020 EPRS Build 5B
- 05/18/2020 UAT complete for Build 5C IDA Reports
- 06/26/2020 UAT complete for Build 5D IDA Reports
- 06/26/2020 EPRS Build 5.1

**Future Build/Release Planning Underway**

### OCC Business Dependencies

(b)(5)

### OIT / Data Dependencies

(b)(5)

# HealthShare Referral Manager

# Development

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

- **2,223,145:** Total Referrals FY 2020
- **186,901:** Total Referral FY 2019
- **16,581:** Total number of VA user accounts provisioned
- **13,381:** Number of Community Providers provisioned
- **4,903:** Number of unique Community Provider locations
- **148:** Number of sites actively using HSRM
- **5,270:** Support Ticket Count for June
- 2,000: Monthly VA Ticket Budget
- Top 3 Categories: Provisioning-VA; Provisioning- CP; Related to Production Outage

### Accomplishments

- 07/10/2020 CTB V1.9.0072 ND
- 07/20/2020 RELEASE 9.0 ND

### Upcoming Milestones

- 07/21/2020 COVID REFERRAL EXT BATCHING COMPLETE
- 08/25/2020 RELEASE 10.0 CCSC PRESENTATION
- 08/25/2020 RELEASE 10.0 FIELD NOTIFICATION
- 9/14/2020 RELEASE 10.0 ND
- OCT 2020 RELEASE 11.0 ND

### OCC Business Dependencies

#### Highlight OCC Business Dependencies:

- **COVID19 Referral Extension:** Issue found on 6/12/2020 with certain SEOC versions used in referral extension was addressed via a development script; Referral batching with downstream system was resumed on 6/29 and completed on 7/21/2020, ahead of scheduled by 3 days
- **Clinical Integration (CI Field Support Director & Assistants):** (b)(5)
- **Delivery Operations/POM:** (b)(5)
- **Finance (OCC Finance and Informatics Staff):** (b)(5)
- **Revenue Operations (Facility Revenue, RUR, and CPAC Staff):** (b)(5)

### OIT / Data Dependencies

(b)(5)

(b)(5)

## Overview of Release 10.0 Enhancements

- Release 10 will contain a number of general HSRM enhancements in addition to Community Provider Profile enhancements, Revenue Tasking enhancements and enhancements to the HSRM Task List. All of which will increase HSRM usability and efficiency.

### General HSRM Enhancements

- **Offline Referral** edits to include the display of multiple Appointments/Providers and other enhancements
- **Remove all statuses except Approved** from the status drop down when the referral is in a Suspended status
- **Enable ability to email reports** for VA users to prevent the timeout errors. Emails will be limited to 40 MB, as this is a VA email limitation
- **Scheduling Comments** added to the HL7 feed to writeback to CPRS
- **Appointment Time Zone** added for appointments recorded in HSRM
- **Optional Tasks:** OT read only for CCN security groups
- **Optional Tasks:** added OT search to referral screen
- **Suspended Referrals:** enhanced restrictions on user ability to make updates to suspended referrals
- **CAC Logins:** ability for DoD users with CAC cards to access HSRM

### Task Management Enhancements

- **Search on Referral** by Category of Care
- **Auto assignment** of new referrals by SSN, Category of Care, and Veteran Surname
- **Modified Task Triggers** for GEC Documents task and EOC Complete – follow up for medical documentation tasks
- **Follow up with Veteran:** Change from Automated Task to Manual Task

### Revenue Tasking Enhancements

- **Precertification Workflow:** Turn off trigger PRCT triggers for Precertification Task
- **“Clean Slate” Revenue Task List:** Precertification Tasks greater than 10 days old, where the task status is Pending, and Task Comments field is blank will be archived from the task list

### Community Provider enhancements

- **Provisioning Enhancements:** provision community providers by NPI and location
- **Limit referral status dropdown** to Accept, Reject, first Appointment Made and Initial Care Given

## Overview of Release 9.0 Enhancements

- Release 9 contains several general HSRM enhancements in addition to reporting enhancements and critical HSRM Task list enhancements, which will make task list management more efficient and user friendly.
- Training and communications are being developed to ensure proper task management utilization.

### General HSRM Enhancements

- **Referral Date:** Change to Referral Date logic to reflect the start date to be the date the consult is 'Sent to HSRM' from CPRS
- **Clinically Indicated Date:** Removal of validation check logic for CID field
- **Multiple Veteran Addresses:** Addition of Residential Address

### Task Management Enhancements

- **Enhanced filtering by Veteran Last name**
  - Search for specific Veteran by last name
  - Filter task list by Alpha Split
- **"Clean slate":** Tasks greater than 10 days old will be archived from the task list
- **Addition of referral number** on task list
- **Search task list** by referral number
- **Search task list** by assigned user
- **Add Level of Care Coordination** to Priority field on task list
- **Sort/filter** by Level of Care Coordination/Priority
- **Medical documentation** task enhancements: 5 New dispositions for documents loaded to VistA

### Reports Enhancements

- **Community Provider User Provisioning Report:**
  - Added Community Facility parameter and removed the affiliation parameter
  - City and state added to the report
- **Community Provider Referral Summary Report:**
  - Veteran's date of birth added to the report
- **Optional Task Report**
  - Region added to the report

**ELC Decision Needed/ ELC Priority Discussion**

- The initial contract period ended on 06/04/20. A six-month extension to continue the VistA Integrated Billing (IB) and Accounts Receivable (AR) updates was approved and awarded. This extension will run through 12/04/20 and will provide IB/AR patches with requested and mandated enhancements for all 130+ VistA instances.

**Project Description**

VistA Integrated Billing (IB) and Accounts Receivable (AR) enhancements for administration of copay benefit, billing system collection updates and modification of VistA reports in support of MISSION Act and COVID requirements.

**Key Performance Indicators (KPI)**

- No specific KPI's were identified for this phase of the project.

**Accomplishments**

- 05/18/20 (2) IB & (1) AR PATCH NATIONALLY RELEASED
- 06/02/20 IB 675 NATIONALLY RELEASED
- 06/05/20 SIX MONTH EXTENSION STARTED

**Upcoming Milestones**

- 08/03/20 IB PATCH 677 NATIONALLY RELEASING
- 08/31/20 IB PATCH 678 NATIONALLY RELEASING
- FOUR ADDITIONAL IB/AR PATCHES TARGETED FOR DEVELOPMENT AND NATIONAL RELEASE
- 12/04/20 CONTRACT COMPLETED

**OCC Business Dependencies**

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

**Office of Information and Technology / Data Dependencies**

- Downstream Dependency** – None at this time.

(b)(5)

### *ELC Decision Needed/ ELC Priority Discussion*

(b)(5)

### *Project Description*

Implement a document scanning solution using the FSC as the scanned image repository allowing each CPAC facility to meet documentation retention requirements, eliminate warehouse capacity/backlog issues and access scanned documents electronically.

### *Key Performance Indicators (KPI)*

- Elimination of shipping costs associated with current FSC Service Level Agreement (SLA).
- Approximately 50% reduction in per page SLA scanning cost.
- Easier document retention management.
- ~90% decrease in conversion time – paper to electronic.
- 100% decrease in shipment damages.

### *Accomplishments*

- 10/09/19 UPDATED PERFORMANCE DESCRIPTIONS AND UNION APPROVAL FOR CPAC DEPLOYMENT RECEIVED
- 03/31/20 FINAL 9957 ACCESS REQUEST SUBMITTED
- 04/24/20 FSC COMPLETES KOFAX UPDATES TO CPAC SCANNERS

### *Upcoming Milestones*

- 07/24/20 PROJECT COMPLETE

### *OCC Business Dependencies*

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

### *Office of Information and Technology / Data Dependencies*

(b)(5)

*ELC Decision Needed/ ELC Priority Discussion*

**DECISION:**

(b)(5)

- **Priority Discussion: No**

**Project Description**

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

**Key Performance Indicators (KPI)**

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

**Accomplishments**

**Upcoming Milestones**

- 06/2020 SUNSET GRANDFATHER ELIGIBILITY BASED ON CARE DATA
- 06/2020 RSD APPROVED FOR SOLUTION OF NOT ENROLLED COVERED VETERANS
- 06/2020 DEPLOYED FUNCTIONALITY FOR THE 6 AND 12 MONTH HARDSHIP
- 07/2020 COMPLETED ELIGIBILITY ANALYSIS OF CC DATA FOR REJECTED REFERRALS

- 08/2020 COLLABORATING WITH HSRM TEAMS REGARDING BUSINESS RULES FOR PREVENTING APPROVAL OF REFERRALS FOR INELIGIBLE VETERANS
- 08/2020 ES RELEASE TO EXPAND STATIC ELIGIBILITY TO NOT ENROLLED COVERED VETERANS AND INCLUDE COPY OF RECORDS IN ELIGIBILITY FILE
- 08/2020 ES RELEASE TO AUTOMATE COLLATERAL OF VETERAN PROCESS TO INCLUDE COPY OF RECORDS IN ELIGIBILITY FILE (PHASE I)

**OCC Business Dependencies**

- **Highlight OCC Business Dependencies:**
- **Clinical Integration** (Business Owners)
- **System Engineering Management (SEM)** (b)(5)
- **Business Intelligence Service Line (BISL)** (b)(5)
- **Community Care Contractor (CCN)** (b)(5)
- **VA Master Patient Index (MPI) , Office of Policy and Planning (PSSG), Veteran Experience Office (VEO)**

(b)(5)

**Office of Information and Technology (OIT) / Data Dependencies**

(b)(5)

# Retail Pharmacy Program

# Sustainment

### ELC Decision Needed/ ELC Priority Discussion

- None

### Project Description

Allows eligible Veterans access to “no cost” Quadrivalent Influenza vaccinations at Retail Pharmacies in their neighborhoods

### Key Performance Indicators (KPI)

- **Metric 1: over 100,000 Veteran's vaccinated**
- **Metric 2: Vaccinate 125,000 next year**
- **Metric 3: Reimburse Walgreens 99% accuracy**
- **Metric 4: Continued Outreach to Rural Veterans**

### Accomplishments

- 7/11/2020 FINAL FILE/INVOICE SENT WALGREENS

### Upcoming Milestones

- 8/1/2020 CLOSE OUT RETAIL PHARMACY

### OCC Business Dependencies

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

(b)(5)

### Office of Information and Technology (OIT) / Data Dependencies

RISK: N/A

### *ELC Decision Needed/ ELC Priority Discussion*

- **DECISION:** No new decisions needed from Revenue Operations regarding back end process at this time.

### *Project Description*

To support the VHA DoD Reimbursement pilots with a web based tool, standardize use of Intra-governmental Payment and Collection System (IPAC), standardized monthly invoice batch processing, a streamlined trackable process from authorization of care through to invoice payment and reconciliation, monthly and quarterly reconciliation reports.

### *Key Performance Indicators (KPI)*

- Align with the VA/DoD Advanced Payment Methodology.

### *Accomplishments*

- 2019 SEM BUSINESS ANALYST TASKS COMPLETE
- 5/15/2020 SEM SHAREPOINT DEVELOPMENT COMPLETE

### *Upcoming Milestones*

- 8/1/20 VSSC VALIDATION OF DOD DATA COMPLETE
- 9/1/20 SEM SHAREPOINT TOOL TESTING
- 10/01/20 FUNCTIONAL USER TESTING

### *OCC Business Dependencies*

- There are no dependencies to other OCC Directorates.
- Revenue Operations (Facility Revenue, RUR, and CPAC Staff).

(b)(5)

### *Office of Information and Technology (OIT) / Data Dependencies*

(b)(5)

# Project Idea Evaluation (PIE) Updates

# Project Idea Evaluation Updates

Project Name	Date Presented at PMR	Decision	Status
Comprehensive Disaster Recovery Plans	6/23	Approved	Intake
ePrescribing	6/23	Approved	Intake
CAVE	7/14	Approved	CCSC, 7/28, approval to move to project development
Veteran Credit Database Program	<i>Scheduled for 8/11</i>	Pending	TBD

# Community Care Business Program Management Review (PMR) #1

07/28/2020



# Agenda

- **OCC Priority Project Review**
  - OCC Data Governance
  - VA/DoD Advanced Payment and Referral Standardization
  - One Consult 2.0
  - Indian/Tribal Health Coordination (ITHC)
  - Advanced Medical Cost Management System (AMCMS)
  - Urgent Care Integrated Project Team
  - Provider Profile Management System (PPMS)
  - Community Care Reimbursement System (CCRS)
- **Appendix**
  - Project Review
  - Project Idea Evaluation Updates

# OCC Data Governance Project

# Initiation

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

Establish OCC Data Governance to ensure data are reliable, dependable, consistent, and well documented. OCC Data Governance will include standards and policies that drive how data are used and maintained to reduce misuse and misreporting of data and increase the credibility and the quality of that data to support high-quality, consistent, and timely data to drive accurate decision-making.

### Key Performance Indicators (KPI)

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

### Accomplishments

- 7/6/2020 NOMINATED DATA GOVERNANCE GROUP
- 7/7/2020 CCSC DATA GOVERNANCE PROJECT APPROVAL
- 7/8/20 KICKED OFF DATA GOVERNANCE PROJECT
- 7/15/2020 ADOPTED CONTINUOUS LEARNING APPROACH

### Upcoming Milestones

- 8/5/2020 DEFINE OVERARCHING DATA GOVERNANCE STRATEGIC PRIORITIES
- 8/12/2020 FINALIZE DATA GOVERNANCE CHARTER
- 8/19/2020 IDENTIFY A DATA-RELATED GOVERNANCE PORTFOLIO

### OCC Business Dependencies

(b)(5)

### OIT / Data Dependencies

(b)(5)

### ELC Decision Needed/ ELC Priority Discussion

(b)(5)

### Project Description

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

### Key Performance Indicators (KPI)

- **24,861** VA/DoD consults entered in FY20.
- **95%** of FY20 VA/DOD consults have SEOCs included.
- Live Pilot Results
  - Biloxi/Pensacola FY20: **95%** automated consult/claim match rate
  - NCR FY20: **74%** consult/claim match rate

### Upcoming Milestones

- 5/1/20 GO LIVE W/ NCR AP PILOT
- 5/30/20: SITE-BY-SITE ROLLOUT SCHEDULE PROVIDED TO HEC
- 7/1/20: BEGIN PREPPING NEXT AP ROLLOUT SITES
- 6/30/20: REPORT ON NCR AP PILOT RESULTS FOR HEC
- 9/15/20: ITSC RECOMMENDATION ON DATA SHARING SOLUTION TO JEC
- 10/1/20: NEXT AP SITE GO-LIVES (WOMACK, KEESLER & EGLIN MTFS)

### OCC Business Dependencies

- **Clinical Integration:** CI has trained VAMC Community Care staff on standard VA/DoD care coordination processes.
- **DO/POM:** (b)(5)
- **RO Staff**
- **OCC BOA/Finance and VAMC Fiscal Staff:** (b)(5)
- **VHA VSSC:** (b)(5)
- **DoD DHA:** (b)(5)

(b)(5)

### Office of Information and Technology (OIT) / Data Dependencies

(b)(5)

### Executive Leadership Committee (ELC) Decision Needed / Priority Discussion

**DECISION:** No decision requested at this time

(b)(5)

### Project Description

One Consult 2.0 was approved for project intake by the Community Care Steering Committee on March 31, 2020. The focus of One Consult 2.0 is to replace Consult Toolbox with a web application that follows a DevOps model, in order to eliminate the long and costly desktop deployment process of Consult Toolbox. The new web app will include user-validated requirements and existing Consult Toolbox backlog items, while filling any additional gaps within the existing system. It also pulls in DST and SEOC DB into ONE project and highlights their interdependencies

### Key Performance Indicators (KPI)

- DST integrated into CPRS- Q1 FY 21
- CTB integrated into CPRS- Q2 FY 21
- DST use of new drive time CC eligibility API estimated mid August (30 days after FRN publication)

### Accomplishments

### Upcoming Milestones

- RECEIVED APPROVAL FROM BUSINESS TO UTILIZE EXISTING CAPABILITIES WITHIN DST
- RELEASED UPDATE THAT ADDED CC AVERAGE WAIT TIMES TO THE DST DASHBOARD
- DEPLOYMENT OF CTB 1.9.0072 OVER 30 DAYS, BEGAN 7/14/20
- CBT V1.9.0072 ANNOUNCEMENT AND FGB UPDATES COMPLETED

- DST DRIVE TIME TO BE ENABLED 30 DAYS AFTER FRN PUBLICATION
- TEAM CONTINUES TO CAPTURE REQUIREMENTS FOR WEB BASED PLATFORM.
- DST OFFICE HOURS CONTINUE 7/20/2020.
- TESTING / NATIONAL DEPLOYMENT OF CTB V1.9.0076. TESTING 9/16/2020, NATIONAL DEPLOYMENT 10/03/2020

### OCC Business Dependencies

(b)(5)

### OIT / Data Dependencies

(b)(5)

# Indian-Tribal Health Coordination

# Development

<i>ELC Decision Needed/ ELC Priority Discussion</i>	<i>Project Description</i>	<i>Key Performance Indicators (KPI)</i>
<p><i>Discussion</i> (1)This project’s training activities were impacted by COVID-19 and were/are on hold until the partners are free to resume. VA staff training was moved to self-paced PPT and sent to the field on 7/17 (b)(5)</p>	<p>Integrate the IHS/THP Reimbursement Agreement Program (RAP) operations with other OCC efforts. Tasks included executing an advisory board and developing a Care Coordination Plan; hosting tribal and VA staff training; continuous communication efforts; program expansion ; and community Outreach and engagement</p>	<ul style="list-style-type: none"> <li>• <b>Metric 1:</b> Advisory Board meetings</li> <li>• <b>Metric 2:</b> Care Coordination Plan developed</li> <li>• <b>Metric 3:</b> Annual re-trainings conducted</li> </ul>

<i>Accomplishments</i>	<i>Upcoming Milestones</i>
<ul style="list-style-type: none"> <li>● 6/4/20 HELD 2<sup>ND</sup> ADVISORY BOARD MTG</li> <li>● 07/17/20 VA FIELD STAKEHOLDER VIRTUAL TRAINING EMAILED</li> </ul>	<ul style="list-style-type: none"> <li>● 08/20/20 TRIBAL CONSULTATION (VIRTUAL)</li> <li>● 08/30/20 RESTART IHS/THP RE-TRAINING (VIRTUALLY)</li> <li>● 9/30/20 CLEARANCE AND EXECUTION OF IHS/THP EXPANSION MOD</li> <li>● 11/30/20 CARE COORDINATION PLAN FINALIZED</li> </ul>

<i>OCC Business Dependencies</i>	<i>OIT / Data Dependencies</i>
(b)(5)	<p>N/A</p> <p><b>Risk:</b></p> <p><b>Mitigation:</b></p>

**ELC Decision Needed/ ELC Priority Discussion**

(b)(5)

**Project Description**

Deploy AMCMS Software as a Service (SaaS) product that integrates financial, medical, and utilization management through data analytics to accurately forecast, monitor and control Community Care's medical services.

**Key Performance Indicators (KPI)**

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

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

**Accomplishments**

- 6/17-6/24 UAT DATA VALIDATION ROUND I EXECUTED
- 7/10 UAT TEST SCRIPTS UPDATED
- 6/24-7/15 INCORPORATION OF CHANGES & DATA VALIDATION FIXES BASED ON UAT FEEDBACK

**Upcoming Milestones**

- 7/15-7/25 UAT DATA VALIDATION ROUND II EXECUTION
- 8/21 UAT TEST EVALUATION REPORT
- 8/25 NATIONAL DEPLOYMENT GATE REVIEW MEETING
- 8/26/20 BEGIN FIELD NATIONAL DEPLOYMENT

**OCC Business Dependencies**

(b)(5)

**Office of Information and Technology (OIT) / Data Dependencies**

(b)(5)

### ELC Decision Needed/ ELC Priority Discussion

(b)(5)

### Project Description

Coordinates the transition of urgent care benefit from PC3 to CCN. Work coordinated under the Urgent Care IPT falls into three categories: operations, contract modifications, and CCN transition.

### Key Performance Indicators (KPI)

- 5,688 total probable UC visits in Region 1, as of 5/31/2020

### Accomplishments

- 06/08/20 REGION 2/3 GO LIVE DATE FINALIZED AS 8/4
- 07/15/20 REGION 2/3 COMMS RELEASED

### Upcoming Milestones

- 08/04/20 REGION 2 TRANSITION
- 08/04/20 REGION 3 TRANSITION
- 08/31/20 REGION 4 TRANSITION

### OCC Business Dependencies

- Clinical Integration: N/A
- Delivery Operations: N/A

(b)(5)

### Office of Information Technology / Data Dependencies

(b)(5)

**RISK:** N/A  
**Mitigation:** N/A

### ELC Decision Needed/ ELC Priority Discussion

(b)(5)

### Project Description

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

### Key Performance Indicators (KPI)

**Power BI functionality exceeded license capability for reporting previous metrics.**

### Accomplishments

- 5/22/20  
PPMS 8.0  
GO-LIVE
- 6/30/20  
DEV CONTRACT  
AWARDED JUNE
- 7/1/20  
URGENT CARE  
LEGACY RE-ROUTE
- 7/7/20  
PPMS 8.1 GO-  
LIVE

### Upcoming Milestones

- 7/23/20  
HOTFIX 8.1.1.1  
RELEASE
- 7/29/20  
COMMUNITY PROVIDER  
LOCATOR (CPL) RELEASE
- 08/11/20  
PPMS 9.0 NATIONAL  
GATEWAY REVIEW
- 08/20/20  
PPMS 9.0  
GO-LIVE

### OCC Business Dependencies

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

(b)(5)

### OIT / Data Dependencies

(b)(5)

**ELC Decision Needed/ ELC Priority Discussion**

- *No ELC Decision Requests for July*

**Project Description**

*This project creates a system to facilitate the receipt and validation of post-payment 837 COB invoices, reimbursement, post-payment audit activities, and facilitation of revenue operation activities (i.e., first party billing).*

**Key Performance Indicators (KPI)**

**CCN Payment Metrics as of July 17, 2020**

- **Region 1:** Invoices Received – 1,329,157, Confirmed Paid – 825,256, Sent for Payment – 27,528, “No Action” Optum denials – 409,257
- **Region 2:** Invoices Received – 759,546, Confirmed Paid – 464,651, Sent for Payment – 23,090, “No Action” Optum denials – 242,340
- **Region 3:** Invoices Received – 176,601, Confirmed Paid – 72,137, Sent for Payment – 4,983, “No Action” Optum denials – 94,192
- **Region 4:** Invoices Received – 1,347, Confirmed Paid – 241, Sent for Payment – 299, “No Action” TriWest denials - 563
- **The total Invoice Amount Paid/Sent for Payment:** \$984,680,609.20

**Accomplishments**

- 06/23/2020 SUSPENSION OF SUSPENSION OF 270 DAY DENIAL REASON APPROVED BY ELC
- 07/06/2020 PMPM ADMIN FEES FOR RESUBMISSIONS IMPLEMENTED STARTING WITH MAY

- 07/09/2020 CCRS USER ACCEPTANCE TESTING 11.4

- 07/14/2020 NATIONAL DEPLOYMENT GATE REVIEW (GO, NO GO DECISION)

- 07/16/2020 RELEASE CCRS 11.4 TO PRODUCTION

- 07/17/2020 UPDATE USER GUIDES AND LESSONS LEARNED CCRS 11.4

- 07/17/2020 UPDATE KMS AND TRAINING DOCS FOR CCRS 11.4

**Upcoming Milestones**

**OCC Business Dependencies**

- **Clinical Integration (Facility CC Staff and VAMC RN Staff)**
- **Delivery Operations/Payment Oversight and Management (Invoice Processing Staff)** (b)(5)
- **Revenue Operations (Facility Revenue, RUR, and CPAC Staff)** (b)(5)
- **Finance (OCC Finance and Informatics Staff):** (b)(5)
- **VAMC / Fiscal Budget Staff:** (b)(5)

**OIT / Data Dependencies**

(b)(5)

(b)(5)

# Appendix

# Cerner OCC Integration

# Development

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

TBD: Focusing on timeliness measures and qualitative surveys

### Accomplishments

### Upcoming Milestones

These dates are subject to change due to COVID-19 uncertainty

**TBD awaiting OEHRM Decision**

● IV3:  
7/27/2020

● Super User Training:  
8/10/2020

● CSS:  
Go Live 8/21/2020

● ORA:  
9/7/2020

### OCC Business Dependencies

#### Highlight OCC Business Dependencies:

- Clinical Integration and Mann Grandstaff Facility CC Staff: (b)(5)
- (b)(5)
- Payment Operations Management
- Revenue Operations (Facility Revenue, RUR, and CPAC Staff)
- Women's Health (IVF and Infertility)

(b)(5)

### OIT / Data Dependencies

(b)(5)

**ELC Decision Needed/ ELC Priority Discussion**

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

**Project Description**

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

**Key Performance Indicators (KPI)**

- Region 3 Gradual Transition – CCN Referral #**
- Week 1: May 18 – 22, 2020
    - Total Referrals = 4,965\* Total Rejects = 10
  - Week 2: May 25-29, 2020
    - Total Referrals = 5,084\* Total Rejects = 10
  - Week 3: June 1-5, 2020
    - Total Referrals = 7,743\* Total Rejects = 18\*\*
- Region 4 R4P1 Go Live – CCN Referral #**
- Week 1: June 8-12, 2020
    - Total Referrals = 842 Total Rejects = 45

**Accomplishments**

- 06/16/20 R3P2 SHCD GO-LIVE
- 07/21/20 R4P2 SHCD GO-LIVE

**Upcoming Milestones**

- 08/04/20 R2 & R3 URGENT CARE CUTOVER FROM PC3
- 08/11/20 R4P3 SHCD GO-LIVE
- 08/25/20 R4P4 SHCD GO-LIVE
- 08/31/20 R4 URGENT CARE CUTOVER FROM PC3

**OCC Business Dependencies**

(b)(5)

**Office of Information and Technology (OIT) / Data Dependencies**

(b)(5)

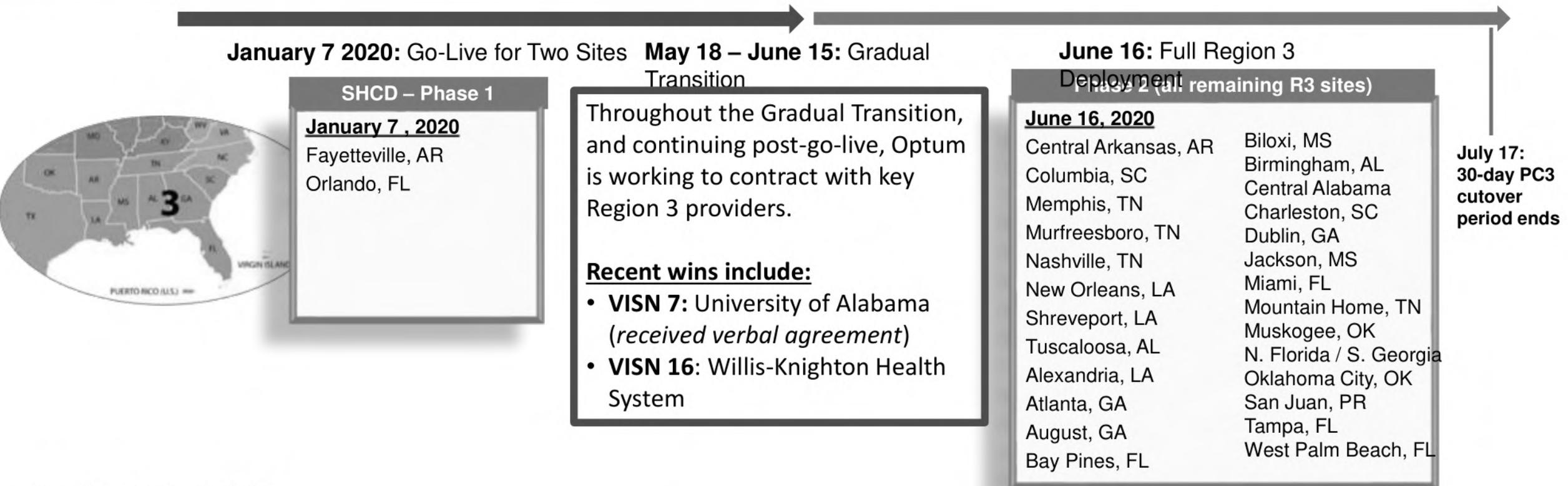
# National Network Deployment Progress – As of 7/6/2020



(b)(5)

- Regions 1, 2, and 3 are fully deployed
- Region 4 Phase 1 deployed on 6/8/2020
- Covid-19 is impacting the national deployment progress and provider recruitment progress

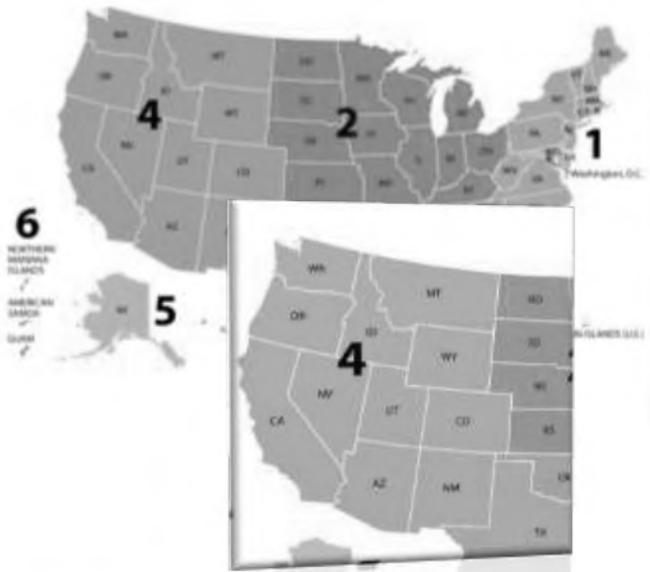
# Region 3 Update



## Region 3 Activities

- **CAST calls** continue for another two weeks until sites transition to the monthly network adequacy calls
- Optum and Network Management are reviewing the **16 requests for PC3 extensions**. Some sites are reporting gaps in specific specialties whereas others are requesting for specific providers. Final decisions will be made this week.
- Optum is holding **network reviews** with individual sites that have concerns with the network. These meetings will focus in on certain specialties and outstanding issue tracker items.

15



**SHCD – Phase 1 (2 VAMCs)**

**June 8, 2020**  
**VISN 19 – 2 VAMCs**

- Montana (436)
- Eastern Colorado, CO (554)

**Phase 2 (13 VAMCs)**

**July 21, 2020**  
**VISN 17 – 7 VAMCs**

- Amarillo, TX (504)
- El Paso, TX (756)
- Texas Valley Coastal (740)
- Central Texas (674)
- North Texas (549)
- South Texas (671)
- West Texas (519)

**VISN 16 – 2 VAMC**

- Houston, TX (580)
- Texas counties aligned to Shreveport, LA (667) catchment area

**VISN 19 – 4 VAMCs**

- Cheyenne, WY (442)
- Sheridan, WY (666)
- Salt Lake City, UT (660)
- Grand Junction, CO (575)

**Phase 3 (14 VAMCs)**

**August 11, 2020**  
**VISN 20 – 7 VAMCs**

- Portland, OR (648)
- Puget Sound, WA (663)
- Roseburg, OR (653)
- Spokane, WA (668)
- White City, OR (692)
- Walla Walla, WA (687)
- Boise, ID (531)

**VISN 21 – 7 VAMC**

- Fresno, CA (570)
- Reno, NV (654)
- San Francisco, CA (662)
- Northern California (612)
- Palo Alto, CA (640)
- Southern Nevada (593)
- Honolulu, HI (459)

**Phase 4 (8 VAMCs)**

**August 25, 2020**  
**VISN 22 – 8 VAMCs**

- Loma Linda, CA (605)
- Long Beach, CA (600)
- New Mexico (501)
- Northern Arizona (649)
- Phoenix, AZ (644)
- San Diego, CA (664)
- Southern Arizona (678)
- Greater LA, CA (691)

**Region 4 SHCD**

- ✓ Region 4 Phase 2 deploying on July 21, 2020
- ✓ Collaborating with TriWest to prepare Phase 2 and 3 sites for CCN Go live through pre-deployment meeting series
- ✓ Planning and conducting sequence of e-learnings, virtual training sessions, and just in time refresher trainings to ensure site staff are ready to use CCN systems and tools for Go Live
- ✓ Increasing messaging on differences between CCN and PC3 to level set site expectations
- ✓ Updating deployment approach for Phase 2-4 Command Center based on Phase 1 lessons learned; scaling to account for increased number of Go-Live sites
- ✓ Developing proactive referral tracking approach to determine trends: network gaps, COVID-19 impact vs field utilization

### ELC Decision Needed/ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

- Quality Check UI: 35/80 Users
- CCN Accreditation Waivers UI: 25/30 Users
- CCN Complaints & Grievances UI: 24/54 Users
- CCN Congressional Inquiries UI: 27/42 Users
- CCN Corrective Action Plans (CAPs) UI: 25/30 Users
- CCN Network Adequacy Deviations UI: 25/51 Users

### Accomplishments

### Upcoming Milestones

● 04/01/2020  
EPRS Build 4

● 04/28/2020  
EPRS Build 5B

● 05/18/2020  
UAT complete for  
Build 5C IDA Reports

● 06/26/2020  
UAT complete for  
Build 5D IDA Reports

● 06/26/2020  
EPRS Build 5.1

**Future Build/Release Planning Underway**

### OCC Business Dependencies

### OIT / Data Dependencies

#### Project Dependencies

• Community Care Contract Administration (CCCA) (b)(5)

(b)(5)

• Community Care Network Management (NM) (b)(5)

(b)(5)

(b)(5)

# HealthShare Referral Manager

# Development

### ELC Decision Needed/ ELC Priority Discussion

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

### Project Description

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

### Key Performance Indicators (KPI)

- **2,223,145:** Total Referrals FY 2020
- **186,901:** Total Referral FY 2019
- **16,581:** Total number of VA user accounts provisioned
- **13,381:** Number of Community Providers provisioned
- **4,903:** Number of unique Community Provider locations
- **148:** Number of sites actively using HSRM
- **5,270:** Support Ticket Count for June
- 2,000: Monthly VA Ticket Budget
- Top 3 Categories: Provisioning-VA; Provisioning- CP; Related to Production Outage

### Accomplishments

- 07/10/2020 CTB V1.9.0072 ND
- 07/20/2020 RELEASE 9.0 ND

### Upcoming Milestones

- 07/21/2020 COVID REFERRAL EXT BATCHING COMPLETE
- 08/25/2020 RELEASE 10.0 CCSC PRESENTATION
- 08/25/2020 RELEASE 10.0 FIELD NOTIFICATION
- 9/14/2020 RELEASE 10.0 ND
- OCT 2020 RELEASE 11.0 ND

### OCC Business Dependencies

#### Highlight OCC Business Dependencies:

- **COVID19 Referral Extension:** Issue found on 6/12/2020 with certain SEOC versions used in referral extension was addressed via a development script; Referral batching with downstream system was resumed on 6/29 and completed on 7/21/2020, ahead of scheduled by 3 days
- **Clinical Integration (CI Field Support Director & Assistants):** (b)(5)
- **Delivery Operations/POM:** (b)(5)
- **Finance (OCC Finance and Informatics Staff):** (b)(5)
- **Revenue Operations (Facility Revenue, RUR, and CPAC Staff):** (b)(5)

### OIT / Data Dependencies

(b)(5)

(b)(5)

## Overview of Release 10.0 Enhancements

- Release 10 will contain a number of general HSRM enhancements in addition to Community Provider Profile enhancements, Revenue Tasking enhancements and enhancements to the HSRM Task List. All of which will increase HSRM usability and efficiency.

### General HSRM Enhancements

- **Offline Referral** edits to include the display of multiple Appointments/Providers and other enhancements
- **Remove all statuses except Approved** from the status drop down when the referral is in a Suspended status
- **Enable ability to email reports** for VA users to prevent the timeout errors. Emails will be limited to 40 MB, as this is a VA email limitation
- **Scheduling Comments** added to the HL7 feed to writeback to CPRS
- **Appointment Time Zone** added for appointments recorded in HSRM
- **Optional Tasks:** OT read only for CCN security groups
- **Optional Tasks:** added OT search to referral screen
- **Suspended Referrals:** enhanced restrictions on user ability to make updates to suspended referrals
- **CAC Logins:** ability for DoD users with CAC cards to access HSRM

### Task Management Enhancements

- **Search on Referral** by Category of Care
- **Auto assignment** of new referrals by SSN, Category of Care, and Veteran Surname
- **Modified Task Triggers** for GEC Documents task and EOC Complete – follow up for medical documentation tasks
- **Follow up with Veteran:** Change from Automated Task to Manual Task

### Revenue Tasking Enhancements

- **Precertification Workflow:** Turn off trigger PRCT triggers for Precertification Task
- **“Clean Slate” Revenue Task List:** Precertification Tasks greater than 10 days old, where the task status is Pending, and Task Comments field is blank will be archived from the task list

### Community Provider enhancements

- **Provisioning Enhancements:** provision community providers by NPI and location
- **Limit referral status dropdown** to Accept, Reject, first Appointment Made and Initial Care Given

## Overview of Release 9.0 Enhancements

- Release 9 contains several general HSRM enhancements in addition to reporting enhancements and critical HSRM Task list enhancements, which will make task list management more efficient and user friendly.
- Training and communications are being developed to ensure proper task management utilization.

### General HSRM Enhancements

- **Referral Date:** Change to Referral Date logic to reflect the start date to be the date the consult is 'Sent to HSRM' from CPRS
- **Clinically Indicated Date:** Removal of validation check logic for CID field
- **Multiple Veteran Addresses:** Addition of Residential Address

### Task Management Enhancements

- **Enhanced filtering by Veteran Last name**
  - Search for specific Veteran by last name
  - Filter task list by Alpha Split
- **"Clean slate":** Tasks greater than 10 days old will be archived from the task list
- **Addition of referral number** on task list
- **Search task list** by referral number
- **Search task list** by assigned user
- **Add Level of Care Coordination** to Priority field on task list
- **Sort/filter** by Level of Care Coordination/Priority
- **Medical documentation** task enhancements: 5 New dispositions for documents loaded to VistA

### Reports Enhancements

- **Community Provider User Provisioning Report:**
  - Added Community Facility parameter and removed the affiliation parameter
  - City and state added to the report
- **Community Provider Referral Summary Report:**
  - Veteran's date of birth added to the report
- **Optional Task Report**
  - Region added to the report

**ELC Decision Needed/ ELC Priority Discussion**

- The initial contract period ended on 06/04/20. A six-month extension to continue the VistA Integrated Billing (IB) and Accounts Receivable (AR) updates was approved and awarded. This extension will run through 12/04/20 and will provide IB/AR patches with requested and mandated enhancements for all 130+ VistA instances.

**Project Description**

VistA Integrated Billing (IB) and Accounts Receivable (AR) enhancements for administration of copay benefit, billing system collection updates and modification of VistA reports in support of MISSION Act and COVID requirements.

**Key Performance Indicators (KPI)**

- No specific KPI's were identified for this phase of the project.

**Accomplishments**

- 05/18/20 (2) IB & (1) AR PATCH NATIONALLY RELEASED
- 06/02/20 IB 675 NATIONALLY RELEASED
- 06/05/20 SIX MONTH EXTENSION STARTED

**Upcoming Milestones**

- 08/03/20 IB PATCH 677 NATIONALLY RELEASING
- 08/31/20 IB PATCH 678 NATIONALLY RELEASING
- FOUR ADDITIONAL IB/AR PATCHES TARGETED FOR DEVELOPMENT AND NATIONAL RELEASE
- 12/04/20 CONTRACT COMPLETED

**OCC Business Dependencies**

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

**Office of Information and Technology / Data Dependencies**

- Downstream Dependency** – None at this time.

(b)(5)

### ELC Decision Needed/ ELC Priority Discussion

(b)(5)

### Project Description

Implement a document scanning solution using the FSC as the scanned image repository allowing each CPAC facility to meet documentation retention requirements, eliminate warehouse capacity/backlog issues and access scanned documents electronically.

### Key Performance Indicators (KPI)

- Elimination of shipping costs associated with current FSC Service Level Agreement (SLA).
- Approximately 50% reduction in per page SLA scanning cost.
- Easier document retention management.
- ~90% decrease in conversion time – paper to electronic.
- 100% decrease in shipment damages.

### Accomplishments

- 10/09/19 UPDATED PERFORMANCE DESCRIPTIONS AND UNION APPROVAL FOR CPAC DEPLOYMENT RECEIVED
- 03/31/20 FINAL 9957 ACCESS REQUEST SUBMITTED
- 04/24/20 FSC COMPLETES KOFAX UPDATES TO CPAC SCANNERS

### Upcoming Milestones

- 07/24/20 PROJECT COMPLETE

### OCC Business Dependencies

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

### Office of Information and Technology / Data Dependencies

(b)(5)

**ELC Decision Needed/ ELC Priority Discussion**

**DECISION:**

- No ELC decisions needed or priority discussion topics at this time. However, based on current discussions regarding how to document Hardship Eligibility in Cerner, the outcome may result in a change to the Enrollment System.
- **Priority Discussion: No**

**Project Description**

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

**Key Performance Indicators (KPI)**

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

**Accomplishments**

**Upcoming Milestones**

- 06/2020 SUNSET GRANDFATHER ELIGIBILITY BASED ON CARE DATA
- 06/2020 RSD APPROVED FOR SOLUTION OF NOT ENROLLED COVERED VETERANS
- 06/2020 DEPLOYED FUNCTIONALITY FOR THE 6 AND 12 MONTH HARDSHIP
- 07/2020 COMPLETED ELIGIBILITY ANALYSIS OF CC DATA FOR REJECTED REFERRALS

- 08/2020 COLLABORATING WITH HSRM TEAMS REGARDING BUSINESS RULES FOR PREVENTING APPROVAL OF REFERRALS FOR INELIGIBLE VETERANS
- 08/2020 ES RELEASE TO EXPAND STATIC ELIGIBILITY TO NOT ENROLLED COVERED VETERANS AND INCLUDE COPY OF RECORDS IN ELIGIBILITY FILE
- 08/2020 ES RELEASE TO AUTOMATE COLLATERAL OF VETERAN PROCESS TO INCLUDE COPY OF RECORDS IN ELIGIBILITY FILE (PHASE I)

**OCC Business Dependencies**

- **Highlight OCC Business Dependencies:**
- **Clinical Integration** (Business Owners)
- **System Engineering Management (SEM)** (b)(5)
- **Business Intelligence Service Line (BISL)** (b)(5)
- **Community Care Contractor (CCN)** (b)(5)
- **VA Master Patient Index (MPI) , Office of Policy and Planning (PSSG), Veteran Experience Office (VEO)**

(b)(5)

**Office of Information and Technology (OIT) / Data Dependencies**

(b)(5)

# Retail Pharmacy Program

# Sustainment

### ELC Decision Needed/ ELC Priority Discussion

- None

### Project Description

Allows eligible Veterans access to “no cost” Quadrivalent Influenza vaccinations at Retail Pharmacies in their neighborhoods

### Key Performance Indicators (KPI)

- **Metric 1: over 100,000 Veteran's vaccinated**
- **Metric 2: Vaccinate 125,000 next year**
- **Metric 3: Reimburse Walgreens 99% accuracy**
- **Metric 4: Continued Outreach to Rural Veterans**

### Accomplishments

- 7/11/2020 FINAL FILE/INVOICE SENT WALGREENS

### Upcoming Milestones

- 8/1/2020 CLOSE OUT RETAIL PHARMACY

### OCC Business Dependencies

(b)(5)

(b)(5)

(b)(6)

(b)(5)

### Office of Information and Technology (OIT) / Data Dependencies

RISK: N/A

### *ELC Decision Needed/ ELC Priority Discussion*

- **DECISION:** No new decisions needed from Revenue Operations regarding back end process at this time.

### *Project Description*

To support the VHA DoD Reimbursement pilots with a web based tool, standardize use of Intra-governmental Payment and Collection System (IPAC), standardized monthly invoice batch processing, a streamlined trackable process from authorization of care through to invoice payment and reconciliation, monthly and quarterly reconciliation reports.

### *Key Performance Indicators (KPI)*

- Align with the VA/DoD Advanced Payment Methodology.

### *Accomplishments*

- 2019 SEM BUSINESS ANALYST TASKS COMPLETE
- 5/15/2020 SEM SHAREPOINT DEVELOPMENT COMPLETE

### *Upcoming Milestones*

- 8/1/20 VSSC VALIDATION OF DOD DATA COMPLETE
- 9/1/20 SEM SHAREPOINT TOOL TESTING
- 10/01/20 FUNCTIONAL USER TESTING

### *OCC Business Dependencies*

- There are no dependencies to other OCC Directorates.
- Revenue Operations (Facility Revenue, RUR, and CPAC Staff).

(b)(5)

### *Office of Information and Technology (OIT) / Data Dependencies*

(b)(5)

# Project Idea Evaluation (PIE) Updates

# Project Idea Evaluation Updates

Project Name	Date Presented at PMR	Decision	Status
Comprehensive Disaster Recovery Plans	6/23	Approved	Intake
ePrescribing	6/23	Approved	Intake
CAVE	7/14	Approved	CCSC, 7/28, approval to move to project development
Veteran Credit Database Program	<i>Scheduled for 8/11</i>	Pending	TBD