

Veterans Choice Program

December 2015

Executive Summary

Purpose: To gain feedback on the plan to consolidate VA's various community care activities

- The VA Budget and Choice Improvement Act calls for improving Veteran access to care by consolidating community programs into one, standardized New Veterans Choice Program (New VCP)
- Stakeholder feedback, including VSO, VA Staff and Clinicians, Federal Partners, and Health care industry leaders, along with best practices, financial modeling, and alignment with VA's future vision for health care informed design
- The new program will standardize Veterans we serve, access to community care, high-performing networks, care coordination, and provider payment
- Transformation of this scale and impact will require a phased Implementation approach and a systems approach
- VA submitted its response to Congress on October 30 2015



Stakeholder Feedback Highlights Key Themes

VA gathered insights from VSOs, health care leaders, Federal partners, VA clinicians and staff, feedback on the Choice Program, and VACAA Independent Assessments Report

Veteran Service Organizations

VSOs emphasized the voice of Veterans, including:

- VA provides a **unique environment** and culture for Veteran health care
- Some Veterans are **willing to travel** farther to see VA providers
- Current processes for accessing community care are **confusing**
- Concerns the current VA provider system would **be underfunded to purchase care in the community**
- VA should be the face of **care coordination** for Veterans
- Procedures for filling claims (for payment or reimbursement of emergency care) are **restrictive and burdensome**

Health Care Leaders

Leaders from across health care emphasized the:

- Use of **data and metrics** to drive decision-making
- Use of **new technologies** to advance care delivery
- Need to build a **sound technology infrastructure**
- VA's opportunity to lead the field in **care coordination**
- Importance of **a high-performing network** to provide the care and services Veterans require

VA Staff and Clinicians

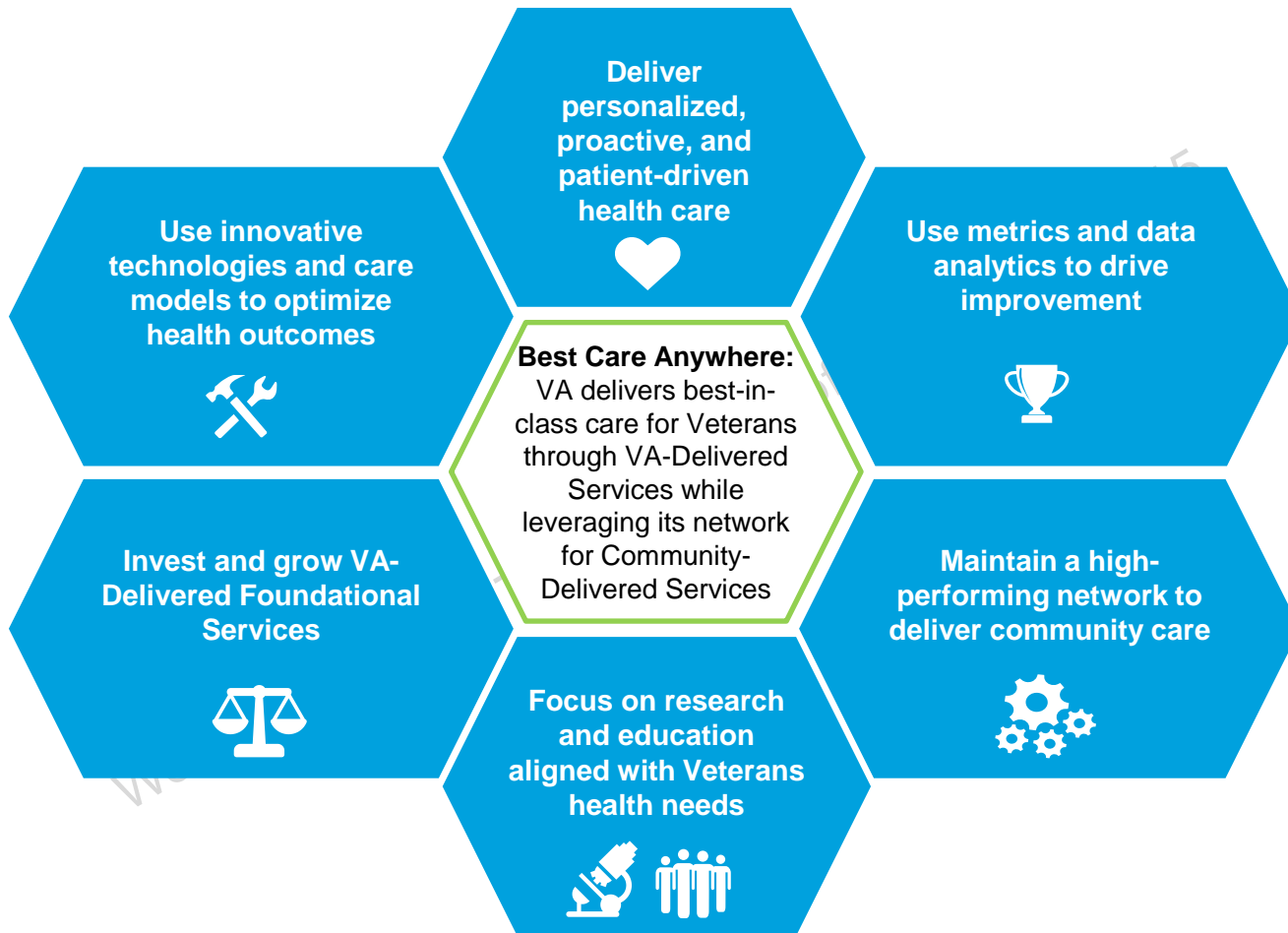
VA staff/clinicians emphasized the need to:

- Identify, use, and disseminate **existing best practices at VA**
- Improve **efficiency/timeliness of business processes and clinical pathways** so that Veterans are successfully connected to care in the community
- **Simplify and consolidate** various programs to reduce confusion
- **Increase staffing** and dedicate VA employees to care coordination
- Implement **technologies to replace manual processes** and increase **information sharing**
- Establish **quality metrics**/review processes for community care



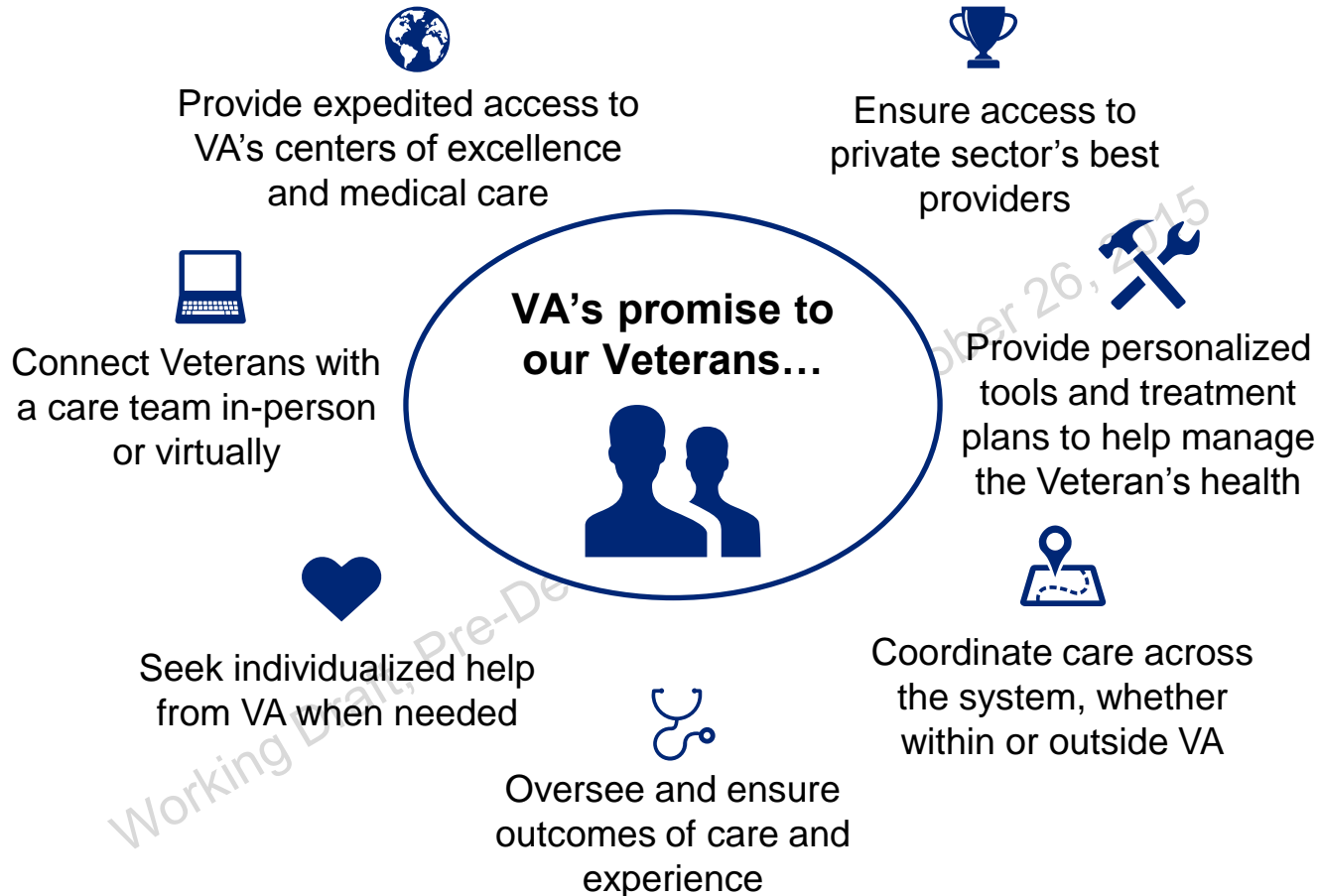
Proposed Future State Vision for VA Healthcare

The design of the Veterans Choice Program aligns with VA's vision for the future of healthcare delivery, which aims to provide Veterans the best care anywhere both inside and outside VA.



Impact to the Veteran

VCP aims to improve the Veteran experience both inside VA and within our provider network.



Simplify and Consolidate Community Care Programs

The “VA Budget and Choice Improvement Act” calls for a plan to develop a new “Veterans Choice Program” that consolidates VA’s various ways of purchasing care in the community.

Multiple, disjointed approaches

VA Community Care
“Individual
Arrangements”

PC3

Federal Partnerships

Academic Affiliations

Veterans Choice Program

Project ARCH

Emergency Care

Dialysis Contracts

Other Authorities
(e.g., Dependent
Programs)

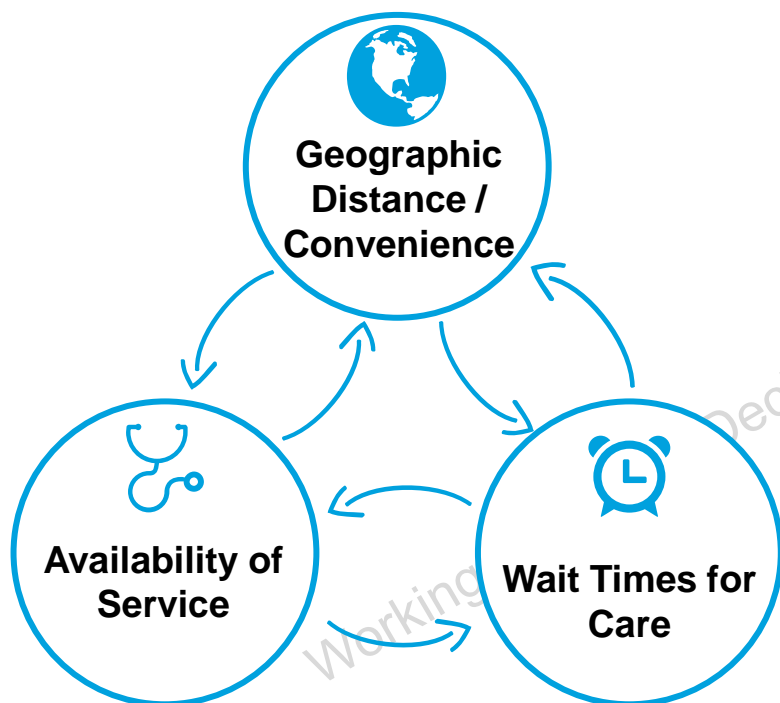
The New Veterans Choice Program consolidates VA’s community care programs and addresses the following:



Patient Eligibility Criteria - Considerations for Developing New VCP Patient Eligibility Criteria

Current Criteria for Community Care

VA determines eligibility for community care through a number of mechanisms focused on:



Unique Considerations for VA

Unique considerations when defining a single set of eligibility criteria:



VA is required to provide coverage in areas where it has no physical assets or provider network









~80% of enrolled Veterans have other health insurance (OHI) and often use VA when cost shares are more advantageous than OHI



The need to support VA's education and research missions



Patient Eligibility Criteria Future State: Medical, Dental, and Vision

Eligibility Category	Proposed Criteria Veterans Choice Program	Change to Eligible Population
 <p>Wait Times for Care</p>	<p>An appointment cannot be scheduled within VA wait-time goals for providing the service or within the clinically necessary time frame indicated by the provider if that time frame is less than VA wait-time goals</p>	
 <p>Geographic Distance / Convenience</p>	<p>Veteran lives 40 miles or farther driving distance from their PCP as designated by the VA OR Veteran faces excessive burden in accessing care at a VA facility, including:</p> <ul style="list-style-type: none"> ▪ Geographical challenges ▪ Environmental factors ▪ Medical conditions that affect travel ▪ Other factors (nature of care, frequency of care, and need for an attendant) 	
 <p>Availability of Service</p>	<p>Facility does not provide the service or has chosen to 'buy' service from the community OR There is a compelling reason why the Veteran needs to receive the service outside a VA facility (e.g., female victims of MST unable to be seen by a female provider).</p>	



Provides more access to community care than is available today





Does not significantly change access to community care



New eligibility criteria that does not exist today



Patient Eligibility Criteria –Future State: Emergency and Urgent Care

Eligibility Category	Proposed Criteria for Veterans Choice Program (Future State)	Change to Eligible Population
Emergency Care	<ol style="list-style-type: none"> 1. Veteran is enrolled in the VA. 2. Veteran has received care through the VA within the last 24 months. 3. Symptoms satisfy the “prudent layperson” definition of emergency 4. There is no authorization requirement (preservice or post service) for emergency care. 	
Urgent Care	<ol style="list-style-type: none"> 1. Veteran is enrolled in the VA. 2. Veteran has received care through the VA within the last 24 months. 3. Access care at a VA designated Urgent Care Center 	

Definitions:

- **Emergency:** “A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman or her unborn child) in serious jeopardy, serious impairment to body functions or serious dysfunction of any bodily organ or part.”
- **Urgent:** “‘Urgent medical condition’ shall mean a condition which, if not treated within 24 hours could lead to serious impairment of bodily function or serious dysfunction of any bodily organ or part.”



Provides more access to community care than is available today



Does not significantly change access to community care



New eligibility criteria that does not exist today



Referrals and Authorizations – Current and Future State

Referrals and authorizations will follow an industry leading approach where fewer services require referrals and/or authorizations, allowing Veterans quicker access to care

Definitions

Referral: A written or electronic transfer of care initiated by a clinician that enables a patient to see another provider for specific care or to receive medical services.

Authorization: A decision that a health care service, treatment plan, prescription drug, or DME is medically necessary.

Current State Service Categories	Description
Referral Only (with or without an authorization)	For all non-emergent services, a referral is required

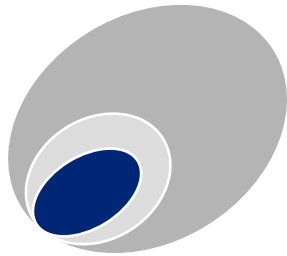


Future State Service Categories	Description
Referral Only (no Authorization)	A clinician's referral is all that is required for most services and promotes coordination of care between the providers
Referral and Authorization Required	A defined, limited set of services requiring clinical review and approval after referral



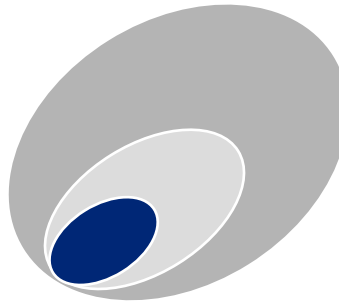
Provider Network – Future State

Tiered Provider Network Evolution



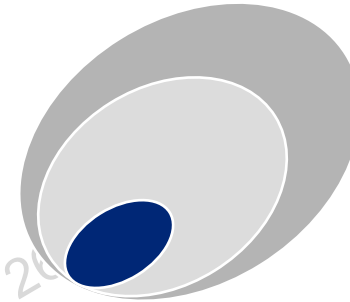
Phase 1

Growth of VA Core Network through stronger relationships with Federal and academic teaching partners



Phase 2

Expansion of External Network and shift to complementary clinical services



Phase 3

Expansion of Preferred Tier Providers supplying complementary clinical services

Network actively managed and integrated with claims and customer service departments



Preferred Provider Designation



Quality: Adherence to evidence-based care guidelines



Value: Delivery of high quality and appropriate care based on defined metrics and goals



Compact: Pledge to serving US Veterans

***Academic affiliates** have active teaching relationships with VA (Directive 1663) and are in the Core Network. Remaining academic institutions without teaching relationships are in the External Network.*



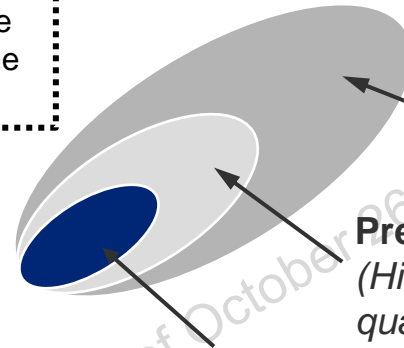
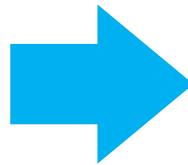
Provider Reimbursement Rates – Future State

VA will pay up to Medicare rates and shift to a value-based care model.

Single Program with
Regional Fee Schedule for
Community Networks



VA will move to a value-based care model in the future



Networks Evolve to Value-Based Care

Community Providers
(Standard Fee Schedule)

Preferred Community Providers
(Higher reimbursement based on quality metrics)

VA, DoD, IHS, Tribal, FQHC, and Academic Teaching Partners

Improvements

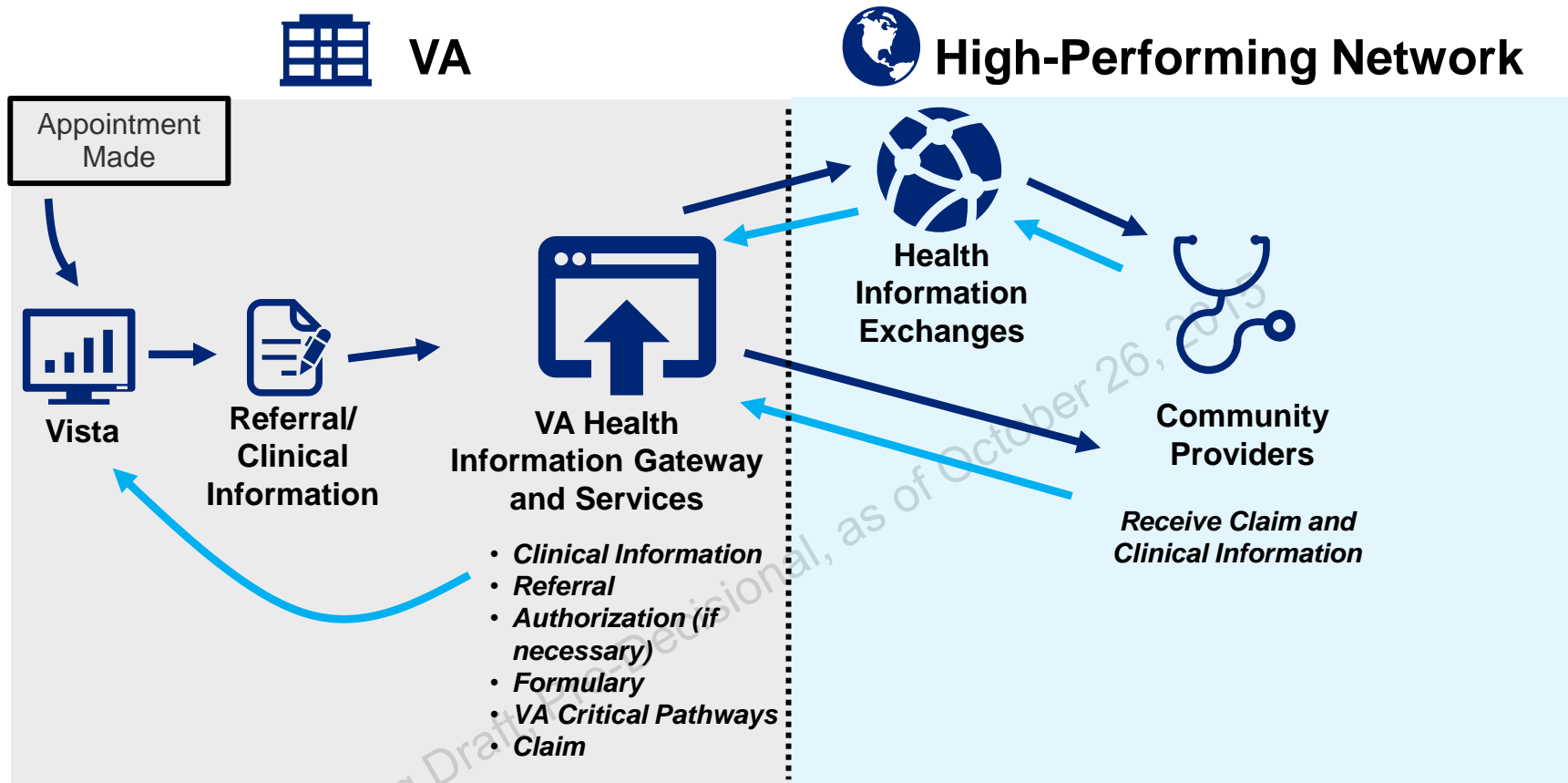
- Use negotiated network rates
- Tie to regional Medicare rates
- Exceptions for specific geographic areas with particularly few providers (e.g. Alaska, Hawaii, Guam, Puerto Rico, and the Philippines)
- Negotiate rates for services not covered by Medicare, not paid billed charges
- Provides a clear basis for business rules in claims systems
- Maintains existing relationships with DoD, IHS, Tribal, FQHC partners

 VA Core Network

 Community Networks



Medical Records Management – Future State



Future State Improvements

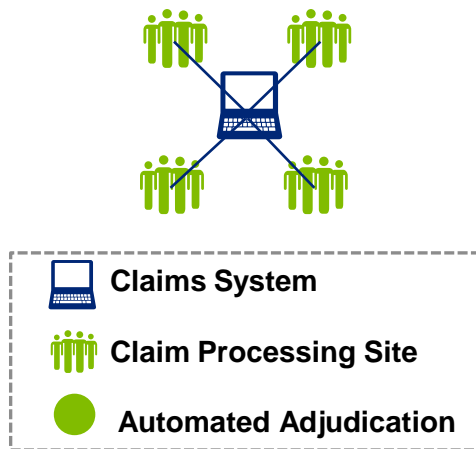
- Supports PCP care coordination
- High Electronic Data Interchange (EDI) and less paper involved in transfer of health information
- Quicker processing time and clearer definition of information ownership at each step
- Consistent and more user-friendly process



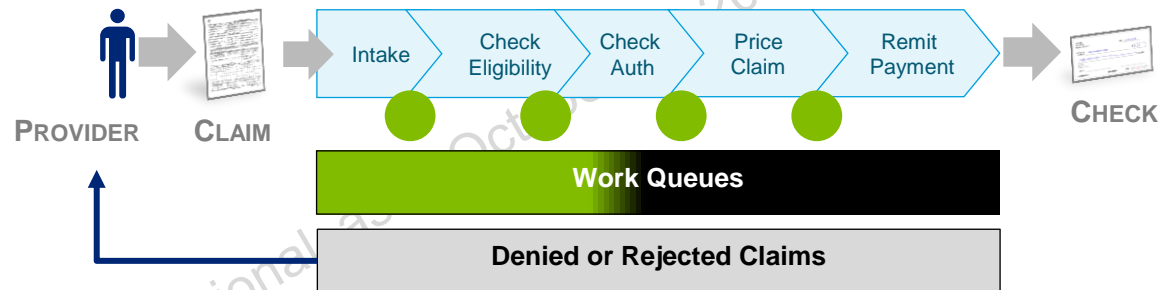
Billing and Reimbursement – Future State

The future process will be centralized with significant automation. VA will transition to a shared service model over time that may involve outsourcing claims processing to a third party.

Claims Infrastructure



Claims Process

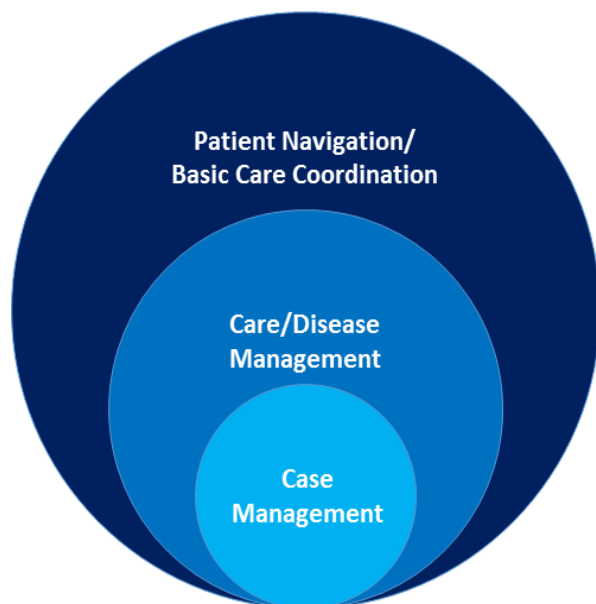


Improvements

- Auto adjudication rules defined and deployed
- Significant investments to purchase/deploy a consolidated claims system
- Shared service model deployed with centralized locations (~ 4-7) to process claims or outsourced model with claims processing managed by a contractor
- No requirement for return of medical record to pay claims



Future State Care Coordination Model & Components



Within the continuum of care, there may be some overlap between levels of service

Patient Navigation/Basic Care Coordination

- An intervention or a specific person who helps Veterans access care through medical data integration, referral coordination, and appointment scheduling assistance
- Services aimed at helping Veterans with multiple comorbidities and providers, but do not require complex care coordination
- The level of care coordination and patient navigation most Veterans will need
- Self-service options available to engage veterans

Care/Disease Management

- The oversight and management of a comprehensive care plan for a cohort of patients
- Condition-specific programs based on evidence-based guidelines
- Care Managers conduct Veteran outreach, monitor adherence, provide disease education, and engage the Veteran

Case Management

- Emphasizes a collaborative process that assesses, advocates, plans, implements, coordinates, monitors, and evaluates health care options and services so they meet the needs of the individual patient
- Multi-disciplinary team manages care for Veterans with complex conditions and coordinates across providers

The levels of care are coordinated and governed at the enterprise level and executed locally.



Transition Plan – Phased Approach

The implementation of the New VCP will follow a phased approach that will allow the VA to implement immediate improvements while planning for a future state that will align VA with industry leading practices and support high quality care delivery in and outside of VA facilities.

