

# Nebraska Western Iowa Care in the Community Updates

# Agenda

- State Home Per Diem Program updates- Rachel Aune, SHPDP Program Manager
- Department Updates-Rachel Aune and Heather Batt, RN Manager
- Optum Urgent Care and Pharmacy Information-Heather Batt, RN Manager
- Covid 19 testing and vaccinations-Heather Batt, RN Manager
- Care in the Community Transitions Team updates-Becky Moore, LCSW
- Community Health Services/Acute Rehab and Long Term Acute Care Benefits-Becky Moore, LCSW

## State Home Per Diem Program (SHPDP)

The State Home Per Diem Program is a federal grant program that assists states through a percentage of construction costs as well as per diem payments for care provided to eligible Veterans residing in Department of Veterans Affairs (VA) recognized State Veterans Homes (SVH). SVHs are owned and operated by state governments.

SVHs provide three levels of care: Nursing Home, Domiciliary, and Adult Day Health Care.

NWI SHPDP Program Manager:  
Rachel Aune  
402-996-3547  
[Rachel.aune@va.gov](mailto:Rachel.aune@va.gov)

# Nebraska State Homes

Eastern Nebraska Veterans' Home

Location: Bellevue, NE  
Beds: 120



Central Nebraska Veterans' Home

Location: Kearney, NE  
Beds: 225



Norfolk Veterans' Home

Location: Norfolk, NE  
Beds: 159

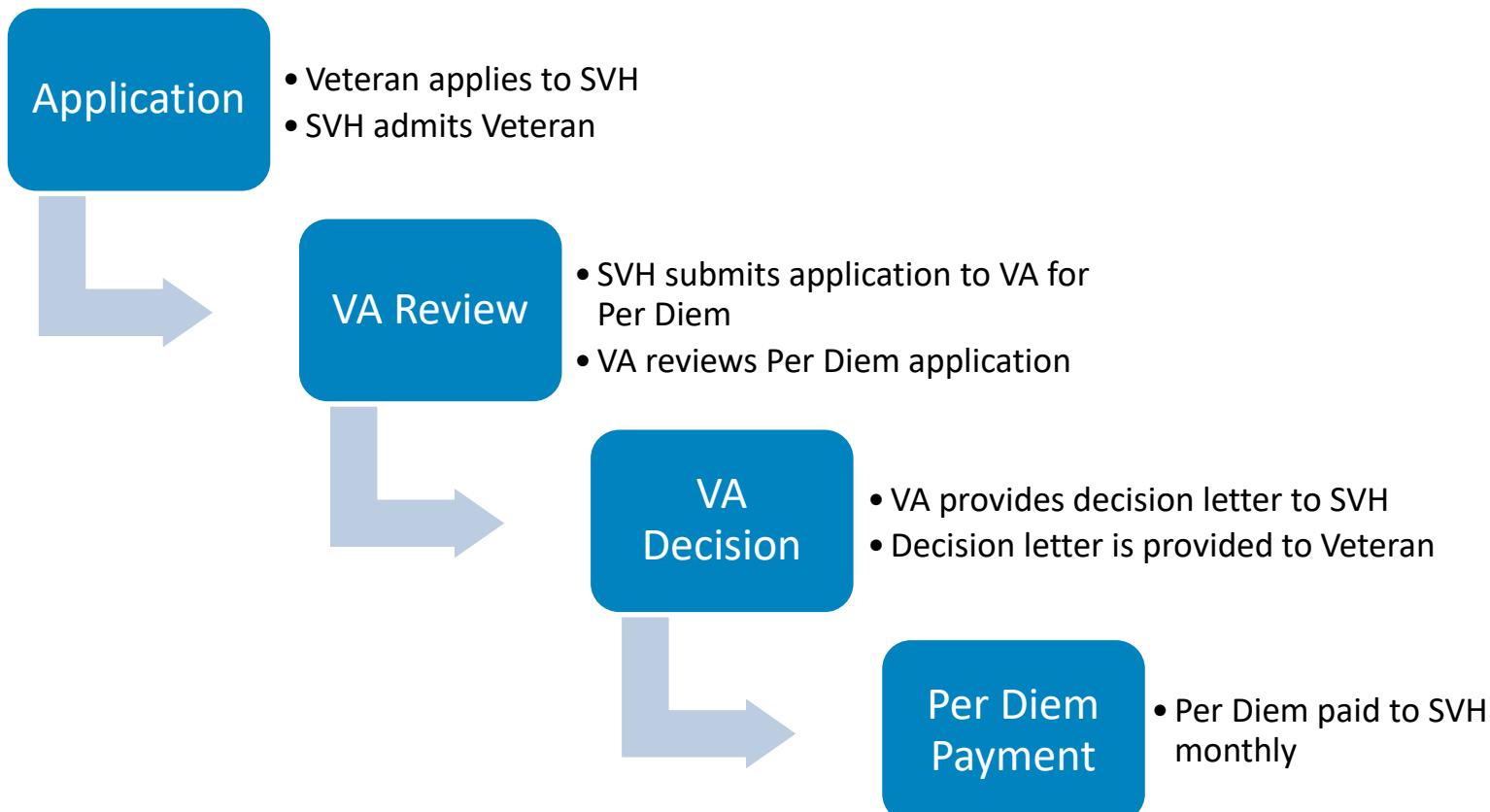


Western Nebraska Veterans' Home

Location: Scottsbluff, NE  
Beds: 109



## VA Per Diem Process



## When approved for Per Diem

- Veterans receive primary care from the SVH
- SVH is responsible for coordinating
  - Covid vaccine
  - Physical, occupational, and speech therapy
  - Mental health services
  - Prescription medications
- Veterans can still receive other specialty medicine care at VA or in the community at VA expense

### Nursing Home Care Regulations

- [38 CFR 51.150](#) Physician services
- [38 CFR 51.180](#) Pharmacy services

### Domiciliary Care Regulations

- [38 CFR 51.340](#) Physician services

# NWI SHPDP Updates

HONORING SERVICE  
EMPOWERING  
**HEALTH**

## Public Law 116-260 Section 517

- Consolidated Appropriations Act, was passed into law on 12/27/20
- Section 517 provides a \$100M one-time payment to SVH. Payment is to prevent, prepare for, and respond to Covid.

## Public Law 116-315 Section 3007

- Veterans Health Care and Benefits Improvement Act of 2020 passed into law 1/5/21
- Section 3007 requires an update of SHPDP regulations 38 CFR 51.51- Eligible Veterans- domiciliary care.
- The CFR(code of federal regulations) can take up to one year to update.
- Updates will affect ADLs (currently there are 8) that Vets are required to meet.

## Public Law 117-2

- American Rescue Plan, was passed into law on 03/11/21.
- Provides a \$250M one-time payment to SVH. Payment is for operating needs of the SVH.

# Resources

HONORING SERVICE  
EMPOWERING  
**HEALTH**

Nebraska State Veteran Home website

<https://veterans.nebraska.gov/homes>

Code of Federal Regulations for Per Diem 38 CFR 51

<https://ecfr.federalregister.gov/current/title-38/chapter-I/part-51>

NWI SHPDP contact

VHA NWI SHPD [VHANWISHPD@va.gov](mailto:VHANWISHPD@va.gov)

Rachel Aune, Phone: 402-996-3547, Email: [Rachel.aune@va.gov](mailto:Rachel.aune@va.gov)



## Department Updates:

# Staff Contact Information

General Customer Service Line: 402-996-3545		
<u>Alpha Split</u>	<u>Nurse (RN)</u>	<u>Admin Staff</u>
S	Tamara Little 402-996-3565	Holly Simons 402-996-3568 Gabrielle Nielsen 402-996-3542 Jennifer Hovey 402-996-3552
A, D, V	Linda Nelson 402-996-3506	Val Ronan 402-996-3551 Deb Legier 402-996-3558 Angela Burget 402-996-3514
H, U, X	Candy Berry 402-996-3625	Lindsey Jackson 402-996-3543 Patricia (PJ) Staton (Training) Tracy Kelly 402-996-3585
M	Vacant - RN Covering: Ann Lacy 402-996-3618	Megan Bayles 402-996-3520 Rebecca Smith 402-996-3544
C, N	Annie Sedlacek 402-996-3535	Deb Reyes 402-996-3583 Tammy Walls 402-996-3550 Jamila Davis 402-996-3576
F, G, Y	Ronda Fritz 402-996-3556	Denise Miller 402-996-3581 Daphne McDowell 402-996-3577 Christina West 402-996-3540
I, Q, R, T	April Marks 402-996-3566	Steve Walls 402-996-3561 Jessica Ferguson 402-996-3562 Kevin Genier 402-996-3507
E, W, Z	Shannon Scherbring 402-996-3621	Lori Gurnon 402-996-3592 Karen Burns 402-996-3619
K, L	Vacant - RN Covering: Desire Simon-Smith 402-996-3584	Kayla Hallberg 402-996-3612 Jeanette Huerta 402-996-3549 Joaquina Borunda 402-996-3574
J, O, P	Janet Johnson 402-996-3504	Amanda Atanasiu 402-996-3525 Christine Acker 402-996-3610 Sharon Harper-Whitworth 402-996-3508
B	Sam Lloyd 402-996-3569 Elisa Znamenacek (In Training)	Jordyn Frazier 402-996-3505 Megan Wisniewski 402-996-3563

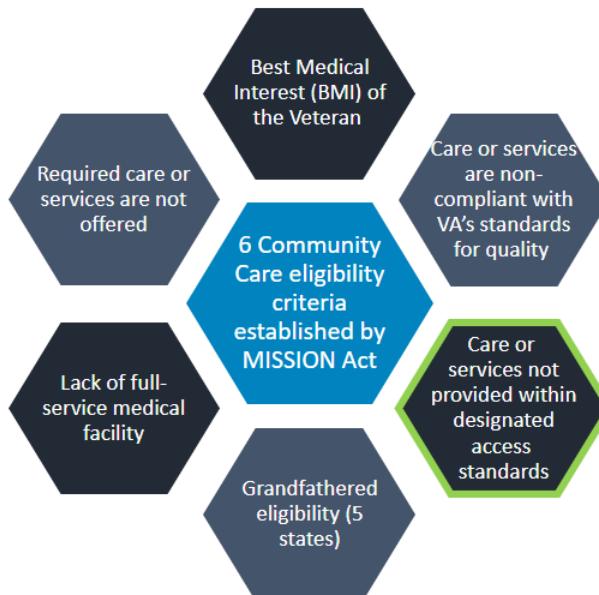
Transition Care Team/Emergency Treatment Team:			
<u>Alpha Split</u>	<u>Team Member</u>	<u>Phone Number</u>	
Nurse - Veteran last name A-C & W-X	Kelly Schierbrock	402-996-3593	
Nurse - Veteran last name D-G, N-Q & V	Elizabeth Clayton	402-996-3560	
Nurse - Veteran last name H-I, L-M, T	Annette Kolter	402-996-3564	
Nurse - Veteran last name J-K, R-S, U, & Y-Z	Julie Johns	402-996-3533	
	Becky Moore	402-996-3554	
Social Worker - All Alpha's	Shannon Vondra (PT -Thursdays only)	402-301-2984	

Rehab and Extended Care(R&EC/EC&R/GEC) Team:			
***Extend Care and Rehab team is located across NWI. Numbers listed are direct numbers only ***			
Omaha Veteran's A-G Nurse	Dianna Deis	Phone: 308-395-3244	Fax: 402-995-5645
Omaha Veteran's H-P Nurse	Linda Oliver	Phone: 402-486-7937	Fax: 402-995-5645
Omaha Veteran's Q-Z Nurse	Regina Judge	Phone: 402-996-3626	Fax: 402-995-5645
Lincoln Veteran's Nurse	Bianca Meehan	Phone: 402-996-3614	Fax: 612-725-1069
Grand Island Veteran's Nurse	Tamara Wood	Phone: 308-395-3524	Fax: 612-725-1354
PSA	Karen Maulsby	Phone: 402-995-3782	Fax: 402-995-5645
Lead Medical Support Assistant	Tammy Walls	Phone: 402-996-3550	None
Medical Support Assistant	Tora Wardlow	Phone: 402-996-3580	None

# Community Care Eligibility

## Community Care Eligibility Criteria



- There are now **six (6) community care eligibility criteria**.
- Eligibility criteria for community care will be **expanded** and more **straightforward**.
- Key tools used for determining eligibility:
  - DST
  - Computerized Patient Record System (CPRS)
- DST** will automate and streamline eligibility determinations along with CPRS.

Access Standards	Primary Care, Mental Health, Non-institutional Extended Care	Specialty Care
Drive Time	30 minutes	60 minutes
Wait Time	20 days	28 days



ChooseVA



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

## Primary Care Changes

- What happens when a Veteran chooses to have a primary care provider in the community instead of the VA?
  - Approved authorization for a CITC PCP if eligibility requirements met
  - Drive time 30 minutes to nearest VA or Wait time 20 days for first available VA appt.
  - Authorization covers basic care received in a PCP office- labs, radiology, immunizations
  - Any referrals by PCP to specialty care or ancillary care providers require a new authorization
  - A Request for Additional Services form must be faxed to CITC dept with supporting medical
  - Records for review prior to authorization.
- Removed from VA PCP panel
  - No longer able to have both VA PCP and Community PCP
- Care coordination team reviews request for additional services
- Specialty Care
  - May be seen at VA for specialty care
  - Based on eligibility rules-
  - Drive time is 60 minutes from residence to nearest VA to provide the care needed
  - Wait time is 28 days from date of consult entry.

# Primary Care authorizations

**Duration:** 365 days

**Procedural Overview:**

1. Outpatient evaluation and treatment for routine primary care and management of acute complaints
2. Diagnostic imaging relevant to routine primary care and management of acute complaints
3. Labs and pathology relevant to routine primary care and management of acute complaints
4. Procedures/studies relevant to routine primary care and management of acute complaints including but not limited to: incision/drainage, arthrocentesis/joint aspiration, PAP smear, cryotherapy, fecal occult blood testing, colonoscopy, mammogram, etc.
5. Evidence-based vaccinations
6. Follow-up visits (including nursing visits) relevant to routine primary care and acute care management

**Disclaimer:**

**Additional Information:**

\*Please visit the VHA Storefront [www.va.gov/COMMUNITYCARE/providers/index.asp](http://www.va.gov/COMMUNITYCARE/providers/index.asp) for additional resources and requirements pertaining to the following:

- \* Pharmacy prescribing requirements
- \* Durable Medical Equipment (DME), Prosthetics, and Orthotics prescribing requirements
- \* Precertification (PRCT) process requirements
- \* Request for Services (RFS) requirements

# Primary Care authorizations- HSRM

VA | U.S. Department of Veterans Affairs

VA Form 10-7080 - Approved Referral For Medical Care

Veteran Name: [REDACTED]  
 Veteran ICN: 1018086899V033891  
 Veteran EDIPI: 487331  
 Veteran Date of Birth: 1 [REDACTED]  
 Veteran Address: 1 [REDACTED]  
 Veteran Phone Number: 402-996-70 [REDACTED]  
 Veteran Mobile Phone Number (if Known): 402-996-70 [REDACTED]  
 Veteran Business Phone Number (if Known):  
 Veteran Email Address (If Known):

Referring VA Facility: Omaha VA Medical Center  
 VA Telephone Number: 402-996-3545  
 VA Fax Number: 402-996-3696

Initial Community Care Provider/Facility: MIDLANDS FAMILY MEDICINE  
 Initial Provider Location: MIDLANDS FAMILY MEDICINE-611 W FRANCIS ST STE 100, NORTH PLATTE, NE, 69101-193200000X  
 Provider Name (if known): MIDLANDS FAMILY MEDICINE  
 Community Provider NPI: 1982638920

Any claim related to this episode of care **MUST INCLUDE THE APPROVED REFERRAL NUMBER** as the Referral Number or Prior Authorization number.

Please see below for Additional VA Referring Facility Information and Billing Information

Referral Number: VA0013134560  
 Priority: Routine  
 Referral Issue Date: 2021-04-23  
 Expiration Date: 2022-04-23  
 First Appointment Date: 2021-04-23

Auth Number and Validity Dates

Approved Vendor

## What is it?

Approved Referral for Medical Care, which authorizes a community provider to render healthcare to a Veteran at VA expense. VA referrals may be issued through TriWest, Optum or VA

## Also Know As:

VA 10-7080  
 Authorization  
 Offline Line Referral

## How its Received:

### **Vendors:**

Faxed  
 Downloadable through HSRM System

### **Veterans:**

Mailed to Veterans  
 Call Customer Service Line/Team Member to have them re-mail

# Primary Care authorizations- HSRM

## Covered Services

### Pertinent Clinical Information

Please view the Clinical Information in the VA Order section for more information related to the Original VA Order Reason for Request.

**Chief Complaint:** To establish primary care services

**Patient History / Clinical Findings / Diagnosis (Co-Morbidites):** See above -- clinicals to be sent

**Provisional Diagnosis:** Z0001 Encounter for general adult medical examination with abnormal findings

### Services Authorized

The VA Order Reason for Request is the official clinical order. This scope of services associated with the medical care for this authorization is found below. Necessary services that are not included must be requested using the Request for Services procedures. Please visit the VHA Storefront [www.va.gov/COMMUNITYCARE/providers/index.asp](http://www.va.gov/COMMUNITYCARE/providers/index.asp) for additional resources and requirements.

**Service Requested:** Primary Care 12M SEOC 1.0.7 PRCT

**Request for Services not  
Covered**

VA Form 10-7080 - Approved Referral For Medical Care

Referral No: VA0013134560

VA Form 10-7080 - Approved Referral For Medical Care

Referral No: VA0013134560

Page 2 of 5

**Category of Care:** PRIMARY CARE

### Procedural Overview - Standardized Episode of Care (SEOC)

Primary Care 12M SEOC 1.0.7 PRCT Duration: 365 Days

#### No. Service/Procedure

No.	Service/Procedure	Number Of Visits Authorized
1	Outpatient evaluation and treatment for routine primary care and management of acute complaints	999
2	Evidence based vaccinations	999
3	Follow-up visits (including nursing visits) relevant to routine primary care and acute care management	999
4	Diagnostic imaging relevant to routine primary care and management of acute complaints	999
5	Labs and pathology relevant to routine primary care and management of acute complaints	999
6	Procedures/studies relevant to routine primary care and management of acute complaints including but not limited to: incision/drainage, arthrocentesis/joint aspiration, PAP smear, cryotherapy, fecal occult blood testing, colonoscopy, mammogram, etc.	999

#### SEOC Disclaimer

\*Please visit the VHA Storefront [www.va.gov/COMMUNITYCARE/providers/index.asp](http://www.va.gov/COMMUNITYCARE/providers/index.asp) for additional resources and requirements pertaining to the following: \* Pharmacy prescribing requirements \* Durable Medical Equipment (DME), Prosthetics, and Orthotics prescribing requirements \* Precertification (PRCT) process requirements \* Request for Services (RFS) requirements

**REFER ALL QUESTIONS RELATED TO THIS APPROVAL TO THE ISSUING VA OFFICE**

**Referring VA Facility:** Omaha VA Medical Center

**Station Number:** 636

**Telephone Number:** 402-996-3545

**Address:** 4101 Woolworth Avenue OMAHA NE 68105

**Referring Provider:** NAGANNA CHANNAVEERAIAH

**Referring Provider NPI:** 1801983390

**Unique Consult No:** 636\_8581731

**Program Authority:** Authorized/Pre-authorized VA Referral (not otherwise specified) - 1703

# Primary Care authorizations- HSRM

Affiliation: Optum	Network: CC Network 2	Additional Approved Vendors and FIRST appt Date's															
<b>Appointments/Providers Assigned to the Referral</b> <table border="1"> <thead> <tr> <th>Provider/Facility Name</th> <th>Provider/Facility Location</th> <th>Appt Date</th> <th>Appt Time</th> <th>Telephone #</th> </tr> </thead> <tbody> <tr> <td>MIDLANDS FAMILY MEDICINE NPI 1982638920</td> <td>MIDLANDS FAMILY MEDICINE-611 W FRANCIS ST STE 100, NORTH PLATTE, NE, 69101-19320000X</td> <td>2021-04-23</td> <td>16:00 CST</td> <td>308-534-2532</td> </tr> <tr> <td>GREAT PLAINS HEALTH NPI 1700855533</td> <td>GREAT PLAINS HEALTH-601 W LEOTA ST, NORTH PLATTE, NE, 69101-19320000X</td> <td>2021-04-23</td> <td>16:00 CST</td> <td>800-399-2346</td> </tr> </tbody> </table>			Provider/Facility Name	Provider/Facility Location	Appt Date	Appt Time	Telephone #	MIDLANDS FAMILY MEDICINE NPI 1982638920	MIDLANDS FAMILY MEDICINE-611 W FRANCIS ST STE 100, NORTH PLATTE, NE, 69101-19320000X	2021-04-23	16:00 CST	308-534-2532	GREAT PLAINS HEALTH NPI 1700855533	GREAT PLAINS HEALTH-601 W LEOTA ST, NORTH PLATTE, NE, 69101-19320000X	2021-04-23	16:00 CST	800-399-2346
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Page 2 of 5																	
VA Form 10-7080 - Approved Referral For Medical Care		Referral No: VA0013134560															
Page 3 of 5																	
<b>Billing and Other Referral Information</b> <p><b>Submitting Claims</b>  <b>ANY CLAIMS RELATED TO THIS EPISODE OF CARE MUST BE SUBMITTED TO OPTUM UNITEDHEALTH CARE AND INCLUDE THE APPROVED REFERRAL NUMBER.</b></p> <p><b>Methods to submit claims:</b>  <b>Electronic Data Interchange (EDI):</b>  Payer ID for Medical and Dental – VACCN</p> <p>More information on how to submit claims can be found by visiting  <a href="https://www.va.gov/COMMUNITYCARE/revenue_ops/Veteran_Care_Claims.asp">https://www.va.gov/COMMUNITYCARE/revenue_ops/Veteran_Care_Claims.asp</a></p>																	
Billing Info		Pharmacy Instructions															

## Precertification

The Standardized Episode of Care (SEOC) referral you have accepted includes certain services that require Third PartyPayer (TPP) precertification. It is imperative that you notify the VA if you have scheduled any of these specific services for a Veteran that has Other Health Insurance (OHI), so that VA can notify the TPP. VHA is required by law to bill the TPP for care that is not for a Service Connection or Special Authority eligibility.

Notification details and specific care requiring TPP precertification for this SEOC can be found at:  
[https://www.va.gov/COMMUNITYCARE/providers/PRCT\\_requirements.asp](https://www.va.gov/COMMUNITYCARE/providers/PRCT_requirements.asp).

## Pharmacy

CVS Caremark is the retail pharmacy network for Veterans' immediately needed or Urgent/Emergent prescriptions.

### Immediate need prescriptions:

- Must follow the VA Urgent/Emergent Formulary which can be found at <http://www.pbm.va.gov/PBM/nationalformulary.asp>
- Prescription can only go up to a 14-day supply. No refills of the immediate need medication may be authorized.
- Only a seven-day supply for opioids, or up to the opioid prescribing limit allowed by State—whichever is less—may be authorized.

### Immediate need prescription extending past 14 days:

- The provider will need to send second prescription (beyond 14 days) to the referring VA medical facility's pharmacy for prescription fulfillment services.

### Routine/maintenance prescriptions:

- Must be sent to the referring VA medical facility's pharmacy

If you do not have the ability to electronically submit prescriptions to pharmacies, please contact the Community Care representative at the referring VA medical facility for their pharmacy fax number. Please refer to [https://www.va.gov/COMMUNITYCARE/providers/Service\\_Requirements.asp](https://www.va.gov/COMMUNITYCARE/providers/Service_Requirements.asp) for additional instructions related to prescriptions.

## Clinical Information on the VA Order

### Reason for Request:

Justification for Non VA Care:  
BMI-Hardship  
Type of Service: Evaluation and Treatment

# Primary Care authorizations- Letter

## Page 1

{{PATIENT-ADDRESS}}

Dear {{PATIENT-NAME}},

RE: Important Information Regarding VA-Sponsored Primary Care in the Community

Thank you for participating in VA's Care in the Community (CITC) program for your primary care needs. VA's Mission Act has brought many welcome improvements to this program and we are excited to be able to offer Veterans care closer to home. We are sending you this letter to provide you information about this program and to answer some basic questions about the benefits this program provides:

1. What is VA-Sponsored Community Primary Care? This program is a referral (consult) from VA to an in-network community Primary Care Provider (PCP) that authorizes the community provider to provide a broad range of primary care medical services. Wellness checks, acute and routine medical care, lab studies, basic x-rays, immunizations and pharmacy prescriptions are a few examples of care that is authorized under this referral. You should be able to receive all your primary care services from this provider. They also become your main source of entry to specialty or other care services.
2. Do these rules apply if I use other health insurance or Medicare for my community provider? This letter specifically addresses guidance for Veterans using VA-Sponsored Primary Care in the Community. Veterans who rely on other insurance for their community primary care may still use VA services when it makes sense to do so financially or due to service connection. Veterans not using VA-Sponsored Community Primary Care should see their VA PCP if they need services or prescriptions from VA.
3. If I use VA-Sponsored Community Primary Care, do I keep my VA PCP still? No. When we assign you a VA-Sponsored Community PCP through this program, you will be disenrolled from your VA PCP Team (PACT). It is bad medicine to have two providers guiding your care- the risk for miscommunication or error is very high. The intent of this program is that Veterans who are not close to the VA can see a trusted local provider for their primary care.
4. What if I want to keep my VA PCP? If Veterans want to keep their VA PCP, we would love for them to choose VA-but we will discontinue their VA-Sponsored Community Primary Care authorization. VA will only cover a community primary provider OR a VA primary provider - not both.
5. What if I need additional services from VA? Your VA-Sponsored Community PCP can submit a request for additional services (or RFAS) to our Care in the Community department. The Care in the Community department will coordinate the referral with you to either have you get the care in your local community or to come to VA for specialized care.

## Page 2

6. Can I still use VA for care? Yes! When possible, we would prefer that you VA for specialty care, physical therapy or rehab services, pain management services, optometry or eye care services, hearing aid evaluations, MRI or other advanced imaging studies, and many other services. You can still access all these services with a RFAS referral from your VA-Sponsored Community Care provider. For example, if you need physical therapy and would prefer to use VA, your community PCP can submit a physical therapy consult to VA by sending the RFAS request to the Community Care office and VA will get it scheduled.

7. Can I still walk-in to the VA for care? VA has limited walk-in primary care services. Veterans with community PCP's should first attempt to see their community provider. If care is unavailable, Veterans may call the nearest VA to see when they can be seen. Since you are assigned a community care provider, any walk-in primary care services at VA will be on a space-available basis. A new benefit VA offers is community Urgent Care visits for acute, non-emergent needs. Information on VA Urgent Care services can be found by calling 877-222-VETS(8387) or finding a nearby site at <https://www.va.gov/find-locations/>.

8. How do I get prescriptions from my community PCP filled? Veterans receiving care from a community PCP are still eligible for VA pharmacy benefits. The PCP should first check VA's formulary (medication list) to ensure that the medication they are ordering is covered by VA. If a formulary medication is prescribed your provider can submit a prescription to VA electronically, by fax, mail or you can present a written prescription in person at a VA pharmacy. Chronic or maintenance medications will be mailed to your home. If a non-formulary medication is prescribed, the VA Pharmacy will reach out to your community provider to discuss an alternative or to discuss the use of a non-formulary medication.

Our Pharmacy Fax Lines are:  
 Grand Island Pharmacy Fax - 308-389-5161  
 Lincoln Pharmacy Fax - 612-725-1092  
 Omaha Pharmacy Fax - 612-725-1293

After visiting a VA Community Care Network Provider, patients can have prescriptions for up to 14 days' supply of urgent medications (such as antibiotics) filled at a local retail pharmacy at their own expense and request reimbursement.

For reimbursement, send the receipt, the drug information sheet, and a copy of the referral authorization (if available) by mail to:  
 POM-Omaha  
 P. O. Box 30780  
 Tampa, FL 33630

9. How do I get x-rays/labs done? X-rays and labs are approved on your authorization for primary care, however, if your community PCP needs to send you outside of their facility for care they cannot provide, they should submit a RFAS - request for additional services, to our Care in the Community department. The Care in the Community department will coordinate the referral with you to either have you get the care in your local community or to come to VA.

## Page 3

10. What about special procedures or studies? Your community PCP can submit an RFAS to the Care in the Community department at 612-725-1339. They will work with you to schedule the necessary services at either a local community or VA facility. It takes about a week or two to process non-emergent referrals, after which a VA Care in the Community team member will call you to arrange your care.

11. What about canes, walkers or scooter prescriptions? Durable medical equipment (DME) requests should be sent via an RFAS to the Care in the Community office for review and approval. VA has rules regarding these items so please do not purchase these with prior approval from VA-you may be responsible for some or all the cost of the item.

12. What about Prosthetics, Eye Glasses and Hearing & Sensory Aids? Your primary care provider can send the prosthetics request to VA at 402-996-3645 (Fax) and VA will provide these services to you based upon standard eligibility rules. Veterans receiving VA-Sponsored Community Primary Care can still be seen at their local VA CBOC for these services.

13. Will I have copays for community care services? If you have copays for your care at VA facilities you will usually have copays for VA-Sponsored Community Care as well.

14. What about emergency care? Emergency care is distinct from your community care primary care referral. Veterans experiencing a medical emergency are encouraged to go to the nearest Emergency Room for care and to call 402-996-3250 to notify VA of the ER visit within 72 hours. Coverage rules for ER services are complex but early notification ensures VA will pay bills for services covered by VA.

15. Who can I call with questions? Questions about referrals and additional services can be called to our Care in the Community staff at 402-996-3545. Staff are very busy scheduling referrals and will respond to Veterans in the order that calls are received. For billing concerns, who the hospital or provider's office contact VA's billing line at 1-877-881-7618 for assistance.

16. After February 20, 2020, we will be transitioning from the TriWest network to the Optum network. Optum is a third party administrator (TPA) who will manage our community network of providers for the next 4-5 years. We will notify you in the authorization letter you receive if there needs to be a change in your provider-otherwise you can continue to see the same provider/hospital network.

Here are few of the telephone numbers to keep handy:  
 Care in the Community (NWICHS) - 402-996-3545 OR see your team contact info on the appointment letter sent to you.  
 VA Billing Questions - 1-877-881-7618  
 Urgent Care Benefits - 1-877-222-VETS(8387)  
 My HealthVet Help Desk - 1-877-327-0022

Thank you again for choosing VA for your healthcare needs. I hope this information has answered some questions you have had about VA-Sponsored Community Primary Care. If you change your mind and wish to continue to receive primary care at a VA facility, please call our Community Care team and let them know as soon as possible. We are dedicated to providing you the best medical services at the VA and to ensure good care coordination for your healthcare needs in the community.

Sincerely,

David A. Williams, MD  
Chief of Staff

## What happens after care is authorized?

- CC Team contacts veteran and sets up the initial appointment at the provider's office.
- CC Team mails an appointment letter to the veteran with a hard copy of the authorization and faxes an authorization packet to the provider's office for their reference to include any pertinent medical documents needed for the veteran's care.
- Any subsequent appointments during the authorization time frame are arranged between the veteran and the provider.
- If the veteran has an authorization for care in the community, the authorized provider may prescribe medications for the veteran by sending the prescription to the VA pharmacy or the veteran can fill medications at an Optum network pharmacy.
- The veteran must have an active authorization in order to get medications filled at VA or at an Optum network pharmacy.

## VACC Customer Service Line Update

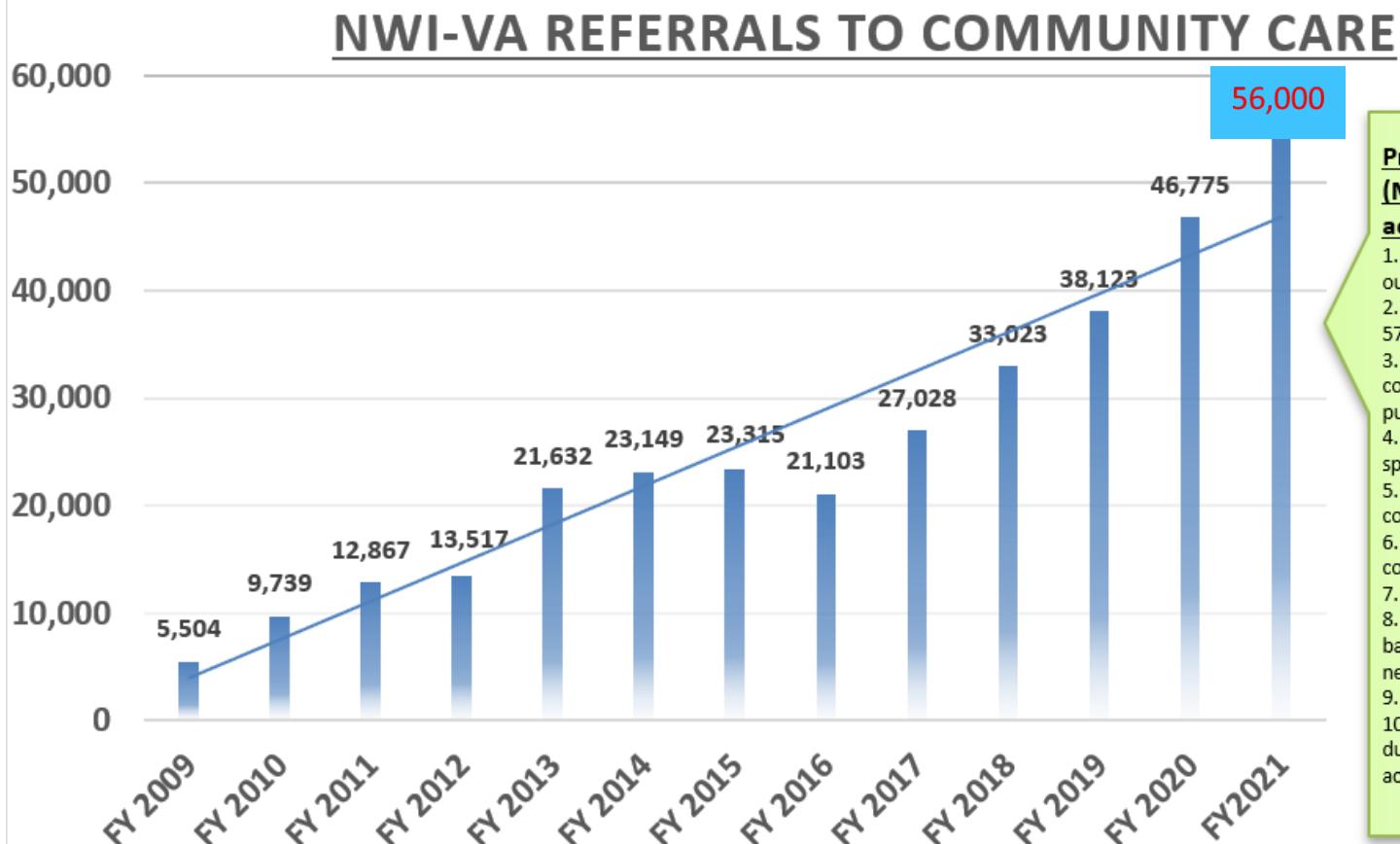
HONORING SERVICE  
EMPOWERING  
**HEALTH**

- Rolling Phone System launched last year
  - Customer service line number: 402-996-3545
  - Better Customer Services for both internal staff, vendors and veterans
  - Veterans can still reach their care coordination team directly
- Audio Care Communicator launched Feb 2021
  - Robo call system calls Veterans
  - Reduced 5.5 hours wasted on dead calls per day
  - 19% more Veterans scheduled less consults cancelled or discontinued
  - Reduced scheduling timeframe from within 4 days to within 3 days

## We Have Come A Long Way

- Sorry I missed this meeting but let me take a minute to brag about our amazing team
- Nebraska-Western Iowa Care in the Community Department
  - #1 in the nation in scheduling Veterans the fastest-average 3 days to move to scheduled
  - No backlogs
  - Real time scheduling same day of 75% consults received after RN review
  - Automated processes to allow for more Care Coordination
  - Created alpha split teams reducing multiple calls to Veterans
    - Better Care Coordination
  - Electronic faxing
  - Developed Hospital Transitions Team for Veterans in ER/hospitals
    - Administrative staff added to assist medical documentation retrieval
  - Redesigned medical document process
    - Documents scanned w/one business day
  - And our consult volume continues to grow!

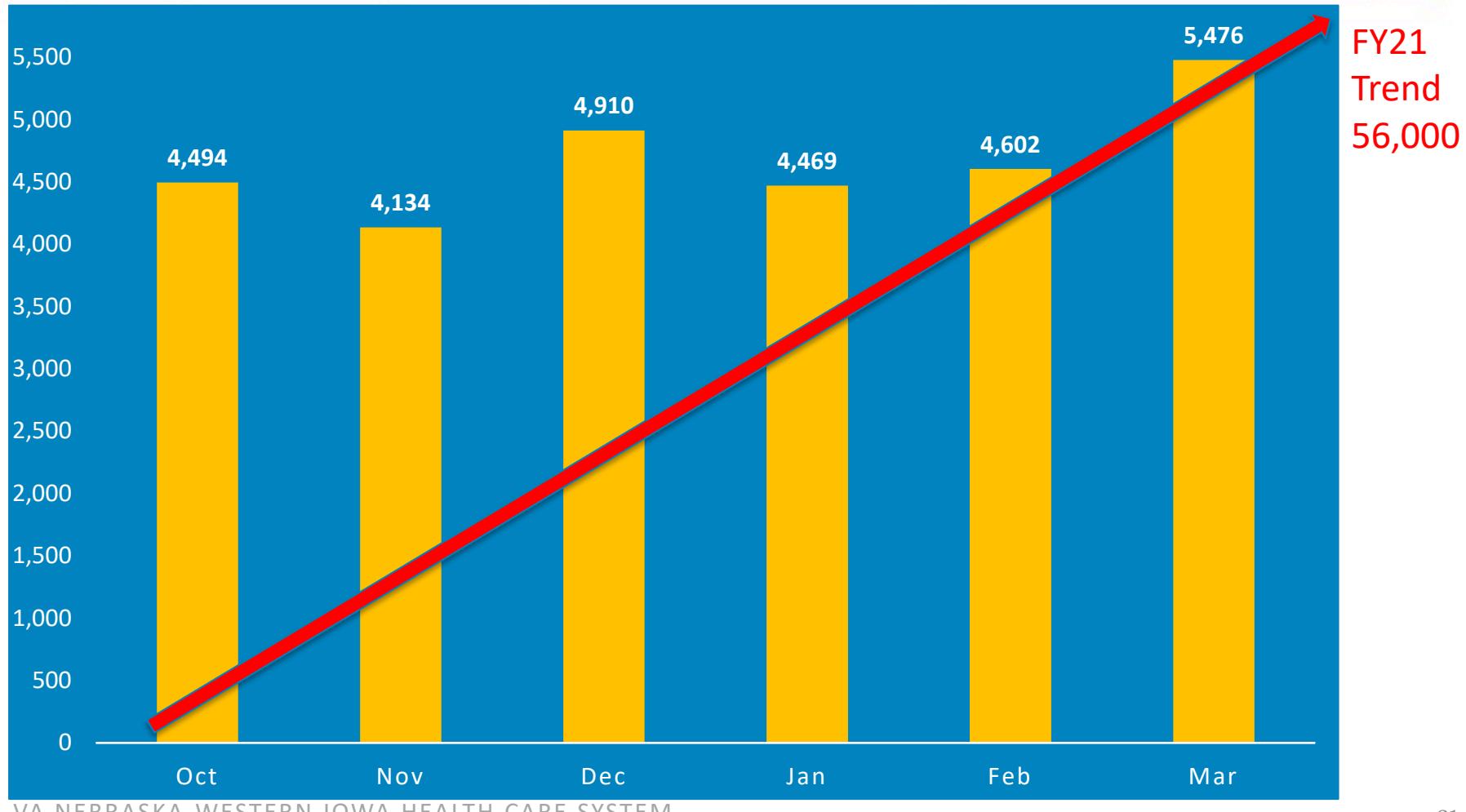
We Have Come A Long Way



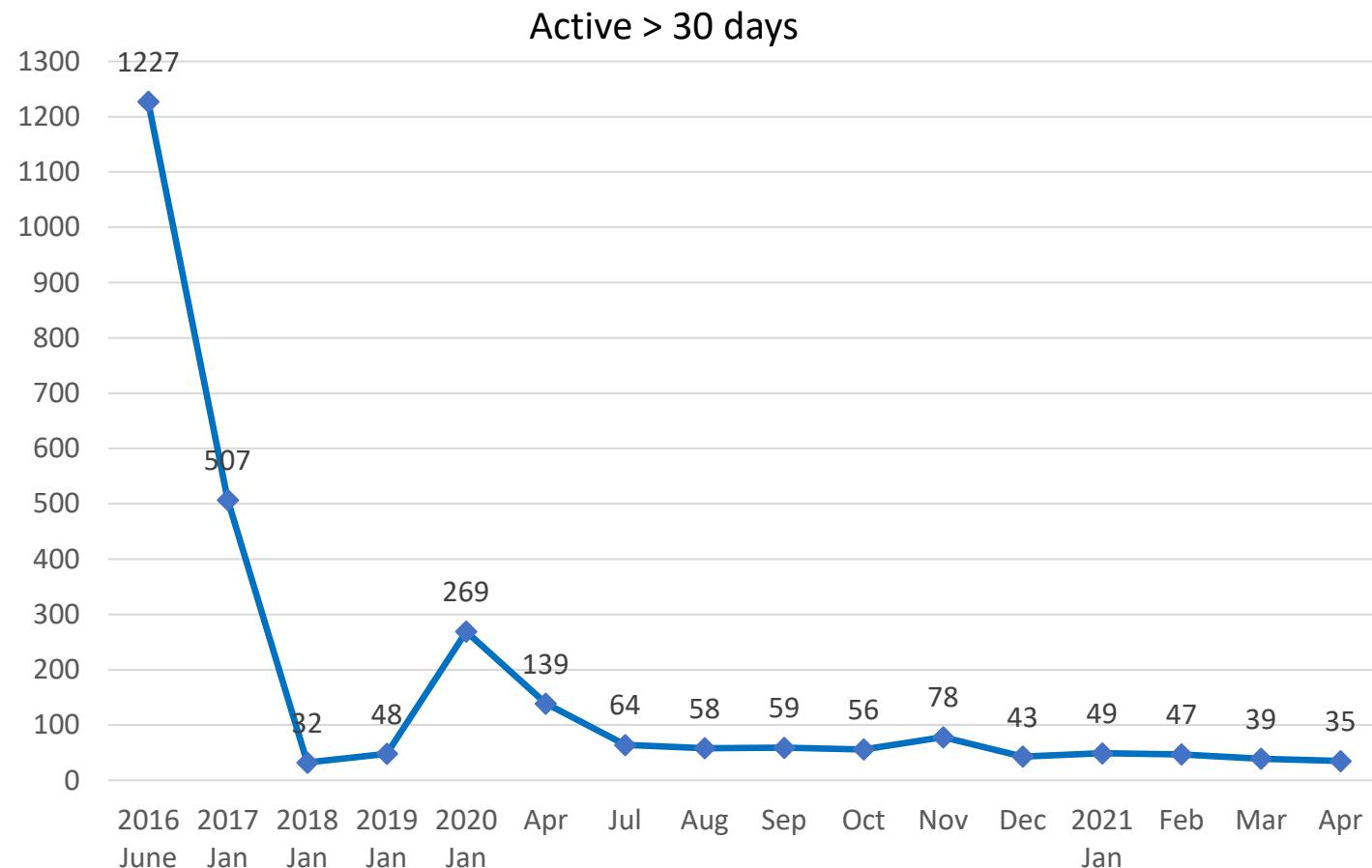
**Projection based on  
(Massive effects of Mission  
act/Covid -19 )**

1. Increased primary care leak out...Domino effect
2. Specialty service leak projected at 57% at NWIHCs (national data)
3. Each SEOC is triggering more consults (Ex. Ortho needing cardio/pulmonary clearance)
4. BMI utilization by PCP's and some specialty.
5. Increase in the GEC service consults
6. Increased radiology consults to the community
7. ER/Hospital notification.
8. Some capture of specialty services back to VA (cardiology, Allergy and neurology!)
9. Loss of service line- Neurosurgery
10. Limited appointment openings due to COVID-19, ACC activation...remote capability

We Have Come A Long Way



We Have Come A Long Way



## V23 Timeliness to Schedule

Average Days From File Entry To First Scheduled by First Scheduled Month

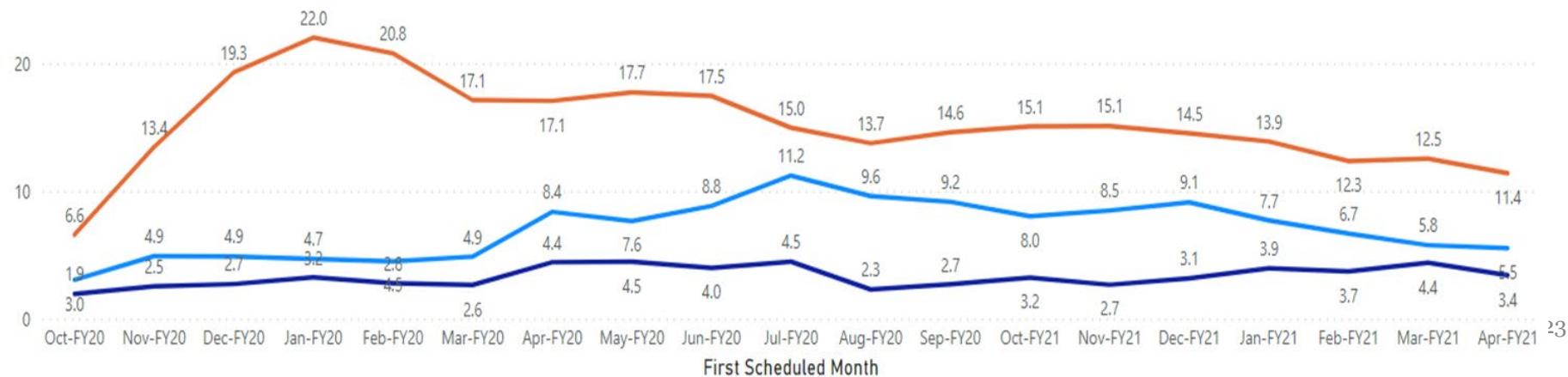
PrimaryRequestType ● ClinicalConsult ● ClinicalProcedure ● CommunityCare



**National Oct FY20 – Apr 9 FY21**

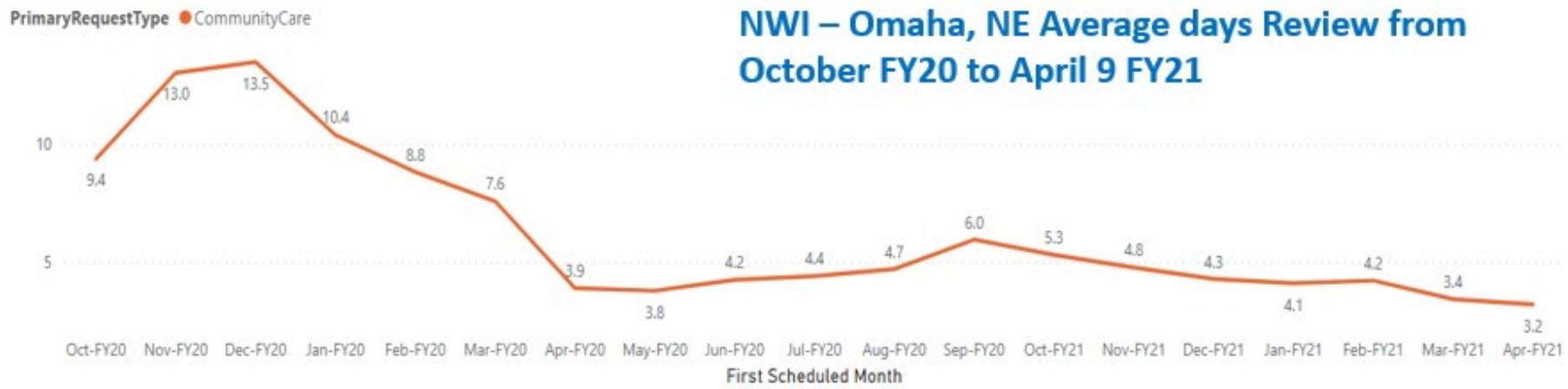
Average Days From File Entry To First Scheduled by First Scheduled Month

PrimaryRequestType ● ClinicalConsult ● ClinicalProcedure ● CommunityCare



**V23 Oct FY20 – Apr FY21**

## NWI – File Entry to First Scheduled



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**HEALTH**





## Optum Urgent Care and Pharmacy

## Network Urgent Care and Pharmacy

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- Locations: <https://www.va.gov/find-locations>
- Eligibility
  - **Retail pharmacy:** Veterans must be enrolled in the VA health care system
  - **Urgent care locations:** Veterans must be enrolled in the VA health care system and have received care from a VA or in-network community provider in the past 24 months
  - Veterans can call 1-844-698-2311 option 1 then select 1 again to check eligibility
  - There may be subject to VA co-payment after the visit, which is billed separately by VA.
  - Use VA's urgent care benefit to treat minor injuries and illnesses that are not life-threatening, such as colds, strep throat, sprained muscles, and skin and ear infections.
- Veterans can view or download "Urgent Care Assistance Cards" to take with them to their urgent care visit

[https://www.va.gov/COMMUNITYCARE/programs/veterans/Urgent\\_Care.asp](https://www.va.gov/COMMUNITYCARE/programs/veterans/Urgent_Care.asp)

[Optum and TriWest Pharmacy Network Notes \(va.gov\)](#)

# Network Pharmacy Information

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**HEALTH**

## Pharmacy Billing Information

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

### INFORMATION FOR VETERANS

Please bring this flyer when you visit an in-network retail pharmacy to fill a prescription

#### Eligibility

- You **MUST** verify your eligibility before using pharmacy benefits. Visit [https://www.va.gov/COMMUNITYCARE/programs/veterans/General\\_Care.asp](https://www.va.gov/COMMUNITYCARE/programs/veterans/General_Care.asp)
- **DISCLAIMER:** This flyer does not guarantee authorization of service. You **MUST** meet VA eligibility requirements and be enrolled for health care to use this benefit

#### Choosing a pharmacy

- You **must** visit an **in-network pharmacy** located in the same state as your urgent care or referred care visit to fill your prescription
- Use the **VA Facility Locator** to find an in-network pharmacy at <https://www.va.gov//find-locations/>

#### When you arrive at the pharmacy

- Present a valid government-issued ID (i.e. Veterans Health ID Card, DoD ID Card or other valid government ID)
- You **SHOULD NOT** have to pay a copayment at the time you receive your prescriptions or vaccination

#### For more information

- To determine what CCN region you live in, or for more information, visit <https://www.va.gov/COMMUNITYCARE/programs/veterans/CCN-Veterans.asp>

# Pharmacy information

## INFORMATION FOR PHARMACIES

### Community Care Network Regions 1-3

AL, AR, CT, DC, DE, FL, GA, IA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NY, OH, OK, PA, PR, RI, SC, SD, TN, VA, VI, VT, WI, WV

**Billing information for OPTUM providers in these states or U.S. territories listed above:** Enter Community Care Network/Veteran's pharmacy claims using the following information:

Step 1: Enter BIN: 004336 Step 2: Enter PCN: ADV

Step 3: Enter Rx Group

- Referred Care: Rx3839
- Urgent Care: Rx4136
- Flu Shot or COVID-19 Vaccine: Rx3841

Step 4: Enter Veteran ID: 10-digit Veteran ID or SSN

Step 5: Enter Veteran's date of birth (YYMMDD format)

For questions, please call the CVS Caremark™ Pharmacy Help Desk at 800-364-6331 (24/7)

### Community Care Network Region 4 & 5

AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, TX, UT, WA, WY

**Billing information for TriWest providers in the states listed above:** Enter Community Care Network/Veteran's pharmacy claims using the following information:

Step 1: Enter BIN: 003858

Step 2: Person Code: 01 Step 3: Enter PCN: A4

Step 4: Enter Rx Group

- Referred Care, Flu Shot or COVID-19 Vaccine: VETERAN
- Urgent Care: VAPC3RX

Step 5: Enter Veteran ID: 10-digit Veteran ID or SSN

Step 6: Enter Veteran's date of birth (YYMMDD format)

For questions, please call the Express Scripts Pharmacy Help Desk at 800-922-1557 (24/7)

## INFORMATION FOR URGENT CARE PROVIDERS

- Call 888-901-6609 to confirm Veteran's eligibility for urgent care services
- Call 833-4VETNOW (833-483-8669) to confirm Veteran's eligibility for urgent care services

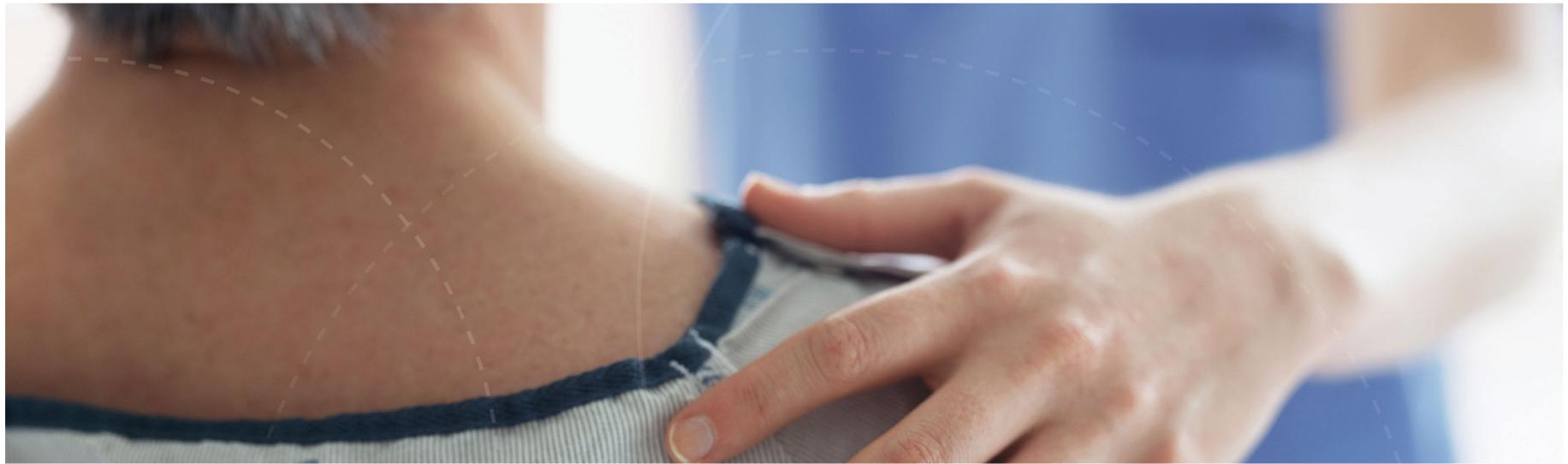
## Covid 19 Testing

- To be eligible, Veterans must either be enrolled in VA health care or otherwise be eligible for VA care. Eligible Veterans will not be charged a copayment for COVID-19 viral testing.
- VA will reimburse community providers for COVID-19 viral testing of eligible Veterans at one of the following outlets:
  1. In-network Urgent Care/Retail locations, if it is in conjunction with a clinical visit for care.
  2. In-network Community Care Network (CCN) providers, if a referral or authorization exists.
  3. Emergency Departments, if the visit otherwise meets criteria for VA coverage of emergency care services (either through the PC3 or CCN networks or care that is paid for directly by VA).

# Covid Vaccines

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- In addition to offering the COVID-19 vaccine at VA facilities, VA now offers the following options for eligible Veterans to receive VA coverage for the vaccine in the community. This opportunity; however, does not give eligible Veterans priority over others seeking vaccinations at any location.
- In-Network Retail Pharmacy: Veterans must be enrolled in the VA health care system.
- In-Network Urgent Care facilities: Veterans must be enrolled in the VA health care system and have received care from a VA or in-network community provider in the past 24 months.
- Community providers, if a referral or authorization exists.
- <https://www.va.gov/COMMUNITYCARE/docs/programs/Pharmacy-Billing-Flyer.pdf>



## Care in the Community Transition Team

## CITC Transitions Program

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- As of 6/8/2020 Community Care has four RN's and one MSW who provide care coordination assistance to community facilities when NWI Veterans are inpatient in their facilities or seen in their ER's
  - Records collection and review
  - Work with discharge planners at community facilities
  - Assist PACT teams to set up appropriate follow up care, medications and services
    - **Important note: Emergency Care authorizations do not include follow up appointments-new consults are required for authorization of outpatient follow up needs.**
  - MSW to assist with facility placement, hospice, transportation, enrollment, etc.
- We are available to assist with all hospitalizations within the NWI catchment area

## CITC Transitions Program Data

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**HEALTH**

- Community Hospital Referrals (1/1/21 to 3/16/21): Grand Total: **2614**
  - Community Care Admin ER Consults: **2424**
  - Community Care Emergency Treatment Consults: **170**
  - Community Care Inpatient Transfer Consults: **20**
- Unable to track number of pre-authorized inpatient stay episodes of care
- Total number of CITC LCSW referrals (1/1/21 to 3/16/21): **290** (please note this number does not include Veterans that remained unenrolled at the time of hospital discharge or Vets that were triaged by CITC LCSW and handed off to CITC RN)

## CITC Transitions Program

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**HEALTH**

- Our workload is separated by an alpha split like other Community Care staff
- Last Name: A-C & W-X: Kelly Schierbrock RN P: 402-996-3593
- Last Name: D-G, N-Q & V: Liz Clayton RN P: 402-996-3560
- Last Name: H-I, L-M, & T: Annette Kolter RN P: 402-996-3564
- Last Name: J-K, R-S, U, & Y-Z: Julie Johns RN P:402-996-3533
- All Alphas: Becky Moore LCSW P:402-996-3554
  
- NWI Community Care no longer processes emergency care for payment when Veteran self presents to a community facility for emergency care

## Emergency Notification Process

- Veterans are asked to contact the OCC Centralized Call Center by phone at **1-844-724-7842** to report their Emergency room visit or emergent inpatient hospitalization within 72 hours of admission. The call center reviews all reports of care for VA payment eligibility and determination.
- Any VA staff that is notified of an ER visit or hospitalization in the community has the responsibility to notify the OCC Centralized Call Center for processing for payment by VA by encrypted email: [VHAEmergencyNotification@va.gov](mailto:VHAEmergencyNotification@va.gov)
  - Information needed in email: Veteran full name, full SSN, DOB, treating facility (with address, phone and NPI if known), date presented, chief complaint, if admitted or not, and discharge date if known.



## Community Health Services/Acute Rehab and LTAC benefits

## Community Health Services

- Must be enrolled in VA Healthcare System and have a VA/VACC PCP
  - These services do not require Service Connection
- Home Health Skilled Nursing Services
  - **PT/OT/SN/ST**
  - Veteran has need for intermittent, short-term or long-term skilled nursing assessment, teaching, treatment services or monitoring
  - Veteran has need for intermittent, short term or transitional rehab therapies

## Community Health Services (Respite Care)

- **Respite Care**
  - Goal is to provide respite care for relief and support to the caregiver maintaining Veteran in the home.
  - Respite services to eligible Veterans for up to 30 days/year regardless of the setting (in the home vs. inpatient at a facility (GI CLC (once covid restrictions lifted) or request for CNH approval). For respite in the home, respite is up to 6hrs/day.
- **Eligible Veterans**
  - Veteran has diagnosis of chronic disabling illness
  - Veteran lives at home and requires substantial assistance with activities of daily living (ADLS) to reside safely in the home
  - Veteran's caregiver is in need of temporary or intermittent relief
  - Veteran must meet all of the above criteria as well as eligibility criteria for nursing home/long term care
    - Dependent in 3 or more ADLS and 2 or more of the following:
      - Dependent in 3 or more instrumental activities of daily living (shopping, paying bills)
      - Recent d/c from a nursing home
      - Over 75 years old

## Community Health Services (Homemaker/Home Health Aide)

- **Homemaker Services/Home Health Aide**
  - Personal care and related support to Veteran's that are frail or disabled and living at home
  - Home Health Aide
    - Assistance with activities of daily living including
      - Bathing
      - Toileting
      - Eating
      - Dressing
  - Homemaker
    - Assist with instrumental activities of daily living including
      - Light housekeeping
      - Laundry
      - Dishes
      - Meal preparation

## Community Health Services (Homemaker/Home Health Aide)

- **Homemaker Services/Home Health Aide (continued)**
- Eligible Veterans
  - Veteran has been determined to have 3 or more ADL dependencies, or significant cognitive impairment, or require HHA services as adjunct care to community hospice services, or 2 ADL dependencies, and 2 or more of the following conditions:
    - Dependency in 3 or more IADLS
    - Has been recently d/c or is planning to d/c from nursing home
    - Is 75 years old or older
    - Has high use of medical services (>3 hospitalizations or 12 or more OP or ER visits in the past year)
    - Has been diagnosed with depression
    - Lives alone in the community

## Community Health Services (Hospice)

- **Hospice**
  - Patient is in the ending stages of a life-threatening illness
  - There is a person in the home capable of giving primary care or there is a plan for higher level of care when no longer able to care for self
    - Care may be set up under Medicare benefit, private insurance or VA benefit
    - Hospice will cover medications related to hospice diagnosis, prosthetic equipment, oxygen therapy, respite and home health aide, and the interdisciplinary team management
- \*\*(Hospice can also take place in VA CNH but this must be approved and there is a 1-page application for VA paid CNH coverage related to hospice benefit and cannot exceed 180 days in a lifetime)

## Additional VA services

- **Community Adult Day Health Care**
  - Key component in the long-term care continuum and as a respite resource for caregivers
  - Therapeutic day care program that provides social, nursing and rehabilitation services to functionally impaired veterans in a non-institutional setting
  - Eligibility-
    - Must be enrolled in VA system and identifies with one or more of following conditions:
      - 3 or more Activities of Daily Living (ADL) dependencies
      - Significant cognitive impairment
      - 2 ADL dependencies and 2 or more of the following conditions:
        - » Dependency in 3 or more Instrumental Activities of Daily Living (IADL)
        - » Recent d/c from nursing home, planned d/c from nursing home contingent on receipt of home and community-based care services
        - » 75 years old or older
        - » High use of medical services defined as 3 or more hospitalizations in the past year, or 12 or more visits to outpatient clinics and ER Units in the past year
        - » Clinical depression
        - » Lives alone in the community

## Additional VA services continued

- **Community Nursing Home Program**
  - Provides short- and long-term institutional care services under an established contract with VA
  - Eligibility
    - Veteran must be enrolled in VA system and must need nursing home level of care and must meet one of the following criteria:
      - 70%SC or higher
      - 60%SC for one disability and deemed UNEMPLOYABLE by VA
      - Any Veteran seeking NH Care for a SC disability
      - VA contracts are only in effect as long as the Veteran meets eligibility and medical criteria for nursing home level of care

## Acute Rehab Benefit (under 1703)

- Transitions team notified by community hospital staff of recommendation for acute rehab
- VA PT Chief clinical review based on VA National guidelines
  - Do not have to be SC for this benefit (but must be enrolled)
- Transitions team notifies community hospital of decision
  - If approved, in-network acute rehab facility receives authorization day of discharge and transportation is set up by CITC LCSW
  - CITC RN/LCSW follow Vet at acute rehab facility until discharge plan in place
- Approvals 1/1/21 to 3/16/21: **7**
  - Vendors:
    - Madonna Omaha/Lincoln
    - Immanuel
    - Methodist
    - Bryan
    - Mary Lanning
    - St Francis
    - Good Samaritan
    - Faith Regional

## Long Term Acute Care (LTAC) Benefit (under 1703)

- Transitions team notified by community hospital staff of recommendation for LTAC
- VA EC&R and COS clinical review
- Do not have to be SC for this benefit (must be enrolled)
- Transitions team notifies community hospital of decision
  - If approved, in-network LTAC facility receives authorization day of discharge and transportation is set up by CITC LCSW
  - CITC RN/LCSW follow Vet at LTAC facility until discharge plan in place
- Approvals 1/1/21 to 3/16/21: **14**
  - Vendors:
    - Madonna Omaha/Lincoln
    - Select Omaha/Lincoln

# QUESTIONS!

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