











Overview

- Urgent Care
- Seasonal Flu Program
- Care in the Community (CITC) Transition Team
- ER Hospital Notification Process
- Wolfe vs Wilke
- Community Health Services













Urgent Care, Pharmacy and Seasonal Flu shots

- Seasonal Flu Shots Available through Community Care
 - Veterans can receive their seasonal flu shot at more than 60,000 Community Care in-network retail pharmacies and urgent care locations
 - Replaces the Walgreens Retail Immunization Care Coordination Program (ended Mar 2020)
 - Locations: https://www.va.gov/find-locations
 - No cost available 9.1.2020 to 3.31.2020 to eligible Veterans (subject to availability)
 - 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
 - •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



Urgent Care Assistance Card for Region 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

Please Bring This Card to Urgent Care Provider

For Veterans

- Call 844-MyVA311 (844-698-2311) and select option 1 and then option 3 to verify your eligibility for urgent care services, or for general questions related to the urgent care benefit.
- Use the VA Facility Locator to find in-network urgent care and pharmacy locations (https://www.va.gov/find-locations/).
- You must visit an in-network pharmacy location in the same state as your urgent care visit to avoid any issues filling your urgent care prescription.
- Bring a valid, government-issued photo ID to the in-network urgent care location/ pharmacy. Ask and verify the urgent care provider/pharmacy is in VA network.
- Call 888-901-6609 for assistance if you have difficulty receiving urgent care or filling your urgent care prescription.
- · DO NOT pay a copayment at the time of urgent care visit.

For Providers

- Call 888-901-6609 to confirm Veteran's eligibility for urgent care services.
- Ensure 14-day Rx is on VA Urgent/Emergent Formulary
 (https://www.pbm.va.gov/PBM/NationalFormulary.asp) if prescribing an urgent care prescription.
- Make sure you have activated Veteran's pharmacy benefit by calling to check their eligibility.
- · DO NOT charge a copayment to Veteran.
- · File urgent care claim within 30 days with Optum.
- After the visit, submit medical documentation to the Veteran's home VA medical center (VAMC) within 30 calendar days of the date of service. Find a VAMC at https://www.va.gov/find-locations/.



Urgent Care Assistance Card for Region 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

Please Bring This Card to Urgent Care Provider

For Pharmacists

- Maximum day supply for a Veteran's initial fill is 14 days (7 days or fewer for opioids). No refills.
- Medication must be on VA Urgent/Emergent Formulary (https://www.pbm.va.gov/PBM/NationalFormulary.asp).
- · DO NOT charge Veteran a copayment for dispensed medications.
- Instruct Veteran to fill prescription(s) in the same state as their urgent care visit.
- · Enter VA pharmacy claims using the following information:

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

(front)

Step 3: Enter Rx Group: RX4136

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

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

- If the Veteran does not have their Veteran ID, ask the Veteran for their 9 digit SSN and call 888-901-6609 for assistance.
- If a non-contracted pharmacy is used, Veteran must pay out-of-pocket for the prescription and then file a claim for reimbursement with their local VA facility's Office of Community Care.
- If Veteran is not eligible for pharmacy benefits, but has an urgent care prescription, please advise him/her to call Optum at 888-901-6609 (7 a.m.-12 a.m. ET / 7 days a week).
- For questions, please call the CVS Caremark Pharmacy Help Desk at 800-364-6331 (24/7).

9/1/2020 (back)













CITC Transitions Program

- As of 6/8/2020 Community Care has three 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

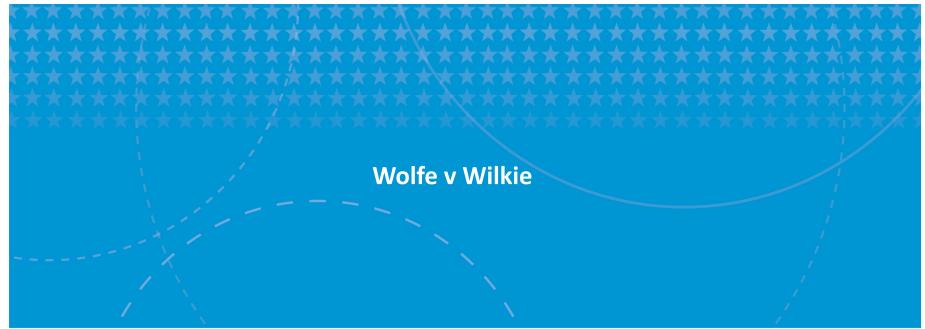
- Our workload is separated by an alpha split like other Community Care staff
 - Last name A-G: Kelly Schierbrock RN. Phone: 402-996-3593
 - Last name H-O: Elizabeth Clayton RN. Phone: 402-996-3560
 - Last name P-Z: Annette Kolter RN. Phone: 402-996-3564
 - MSW: Becky Moore LCSW. Phone: 402-996-3554
- 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
 - 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.













Wolfe v Wilkie

The U.S. Court of Appeals for Veterans Claims (CAVC) ruled in a case entitled Wolfe v. Wilkie that the VA must reimburse veterans for all of their past and future out-of-pocket emergency medical expenses incurred at non-VA facilities which were not covered by the veteran's private insurance other than copayments. Veterans who are affected by this court decision should receive a notice from the VA advising them of their right to continue to pursue relevant claims. If you are not sure whether you are entitled to pursue reimbursement as a result of the court ruling or if you received the VA notice but have questions, contact the VA directly at 1-877-466-7124 for assistance.



Wolfe v Wilke

- When they receive the letters, Veterans are to submit by mail a copy of the claims, EOB, other health insurance, a copy of the VA letter and statement from the hospital on what the Veteran paid to the VA.
- The letters do not state who the vendor was or any further details other than the dates of service so if the Veteran cannot recall what the bill was for or where they were, they need to contact the C4 Customer Service line at 877-881-7618 for details. Once received, the VA would review the claim to see if they owe the Veteran or the hospital payment for deductibles or co-insurance payments.
- Office of Community Care POM
- ATTN: EOBs
- PO Box 1004
- Ft. Harrison, MT 59636













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 o 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



Additional VA services continued

- Long Term Acute Care (LTAC) and Acute Rehab benefits
 - This is a newer benefit
 - Payor source is Optum through VACC
 - Must be prior approved
 - Approval is case by case basis
 - Reviewed by Chief of Staff, EC&R Chief, PT Chief













VACC Updates – Phone Tree

- Rolling Phone System
- New number is our current general customer service line number of 402-996-3545
- Better Customer Services for both internal staff, vendors and veterans
- System mirrors VISN Call Center, VA Pharmacy, VA HR, Verizon and AT&T use
- Part of the VISN Scheduling Project Jan 2020
- Letters and CPRS templates updated with new phone number



QUESTIONS!



Thank you for your commitment to improve care for Veterans!