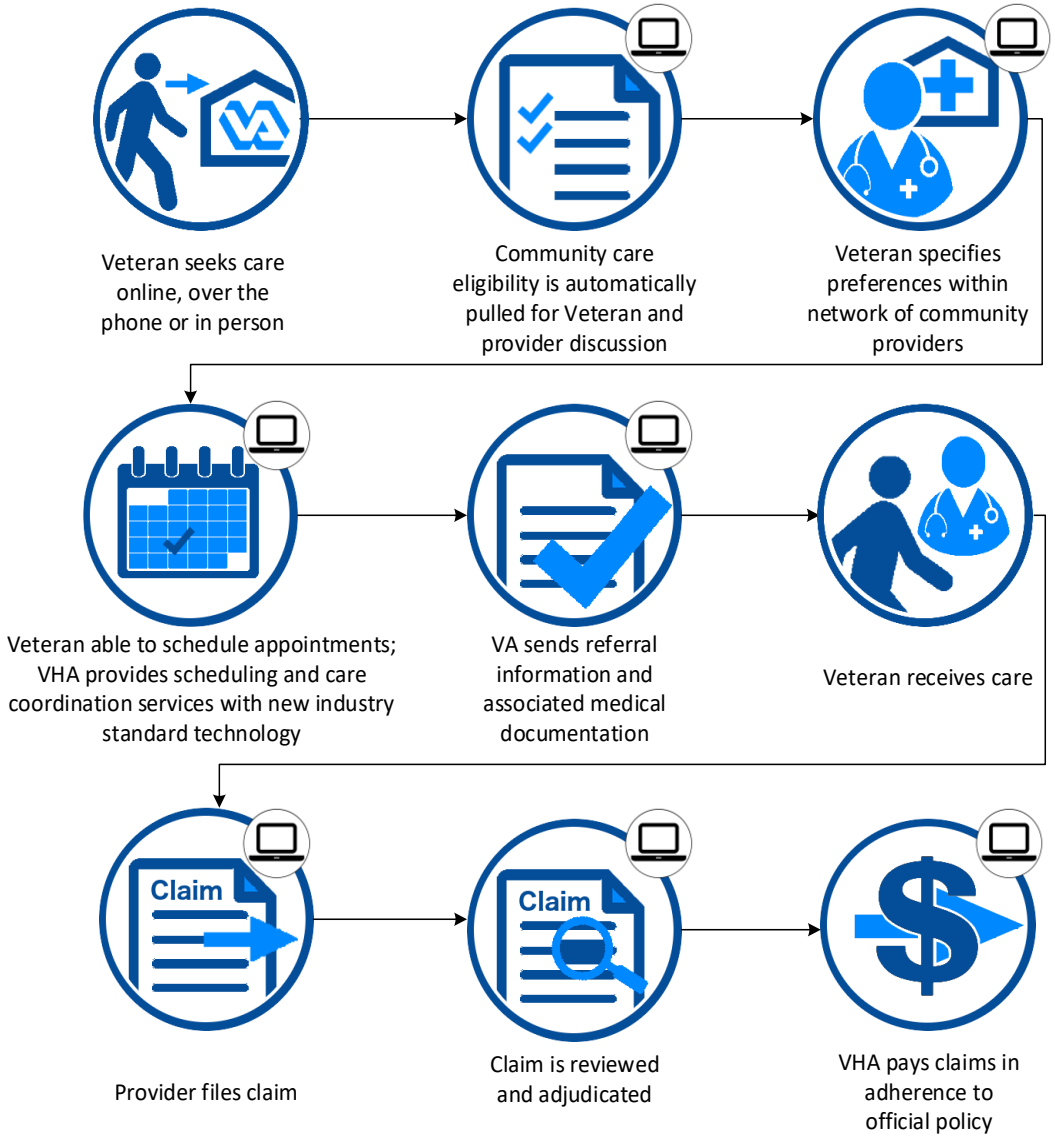
Community Care Program - Overview



Community Care Eligibility

Key Changes

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

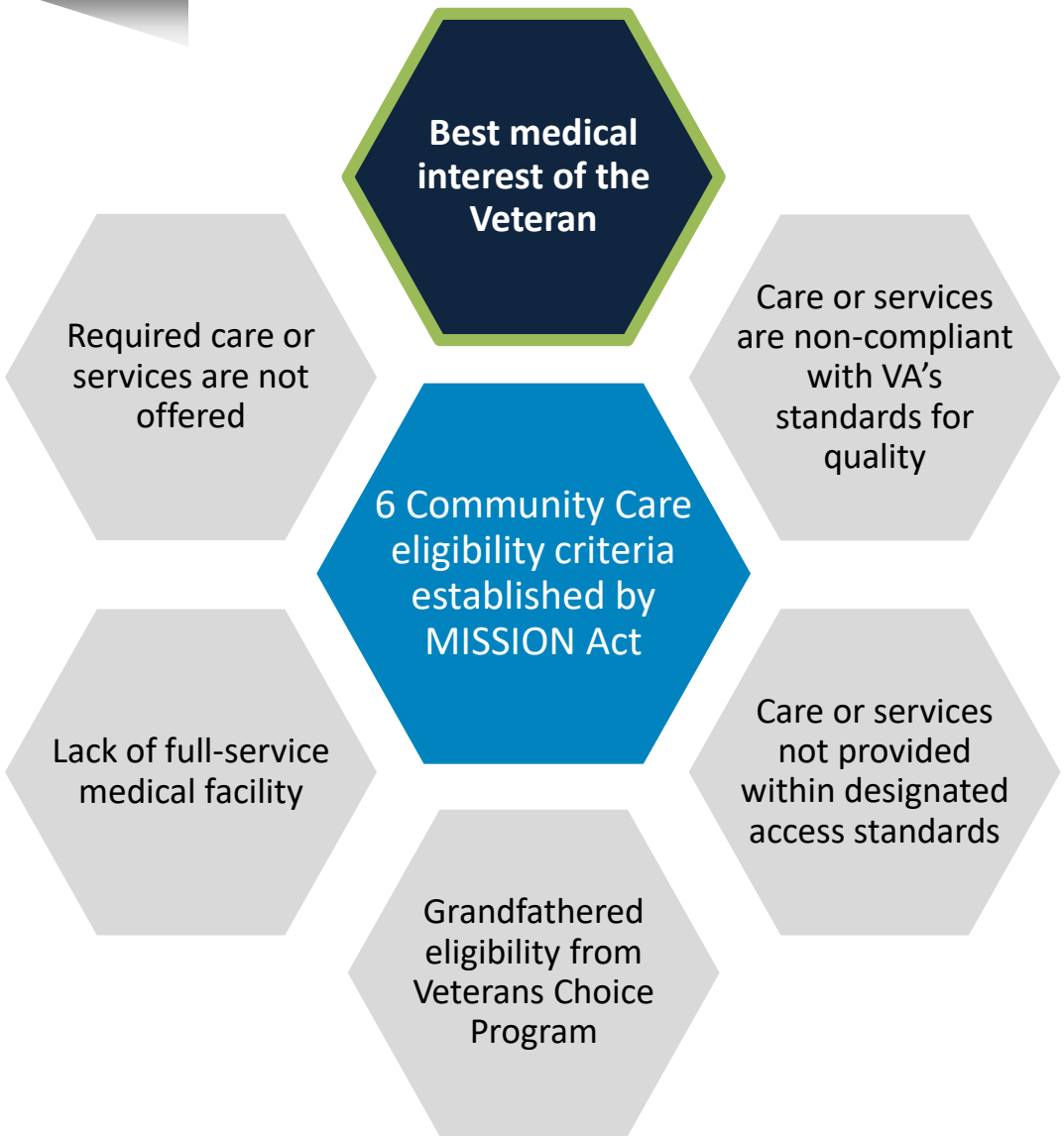
Services Unavailable at VA

Services unavailable at VA

(e.g., maternity care, IVF)

- In this situation, a Veteran needs a specific type of care or service that VA does not provide in-house at any of its medical facilities.
- *Example: If a female Veteran needs maternity care, the Veteran would be eligible for community care because VA does not provide maternity care in any of its medical facilities.*

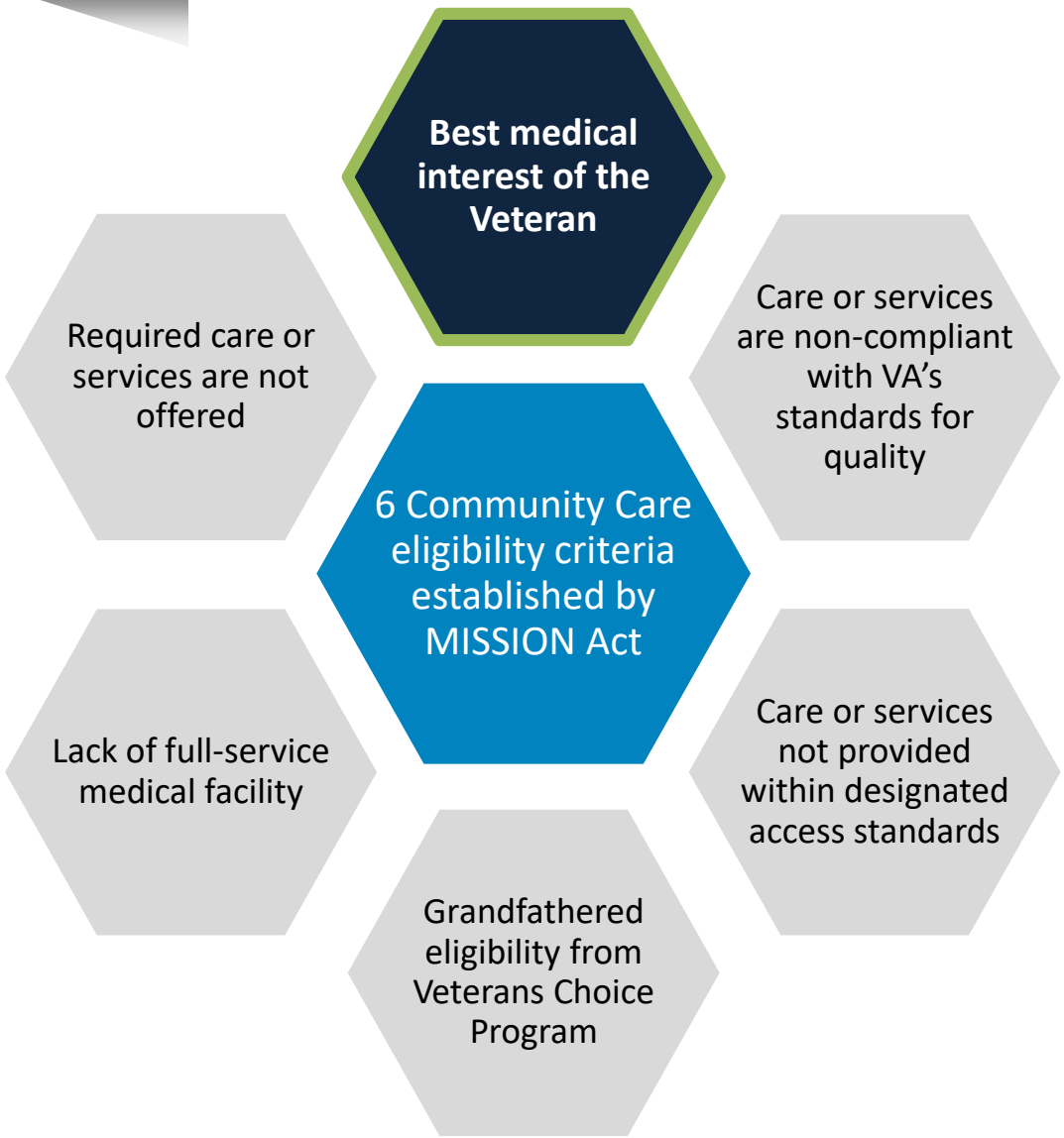
Best Medical Interest



Best Medical Interest

- In this situation, a Veteran may be referred to a community provider if it's in the Veteran's best medical interest as determined by a VA provider in discussion with the Veteran.
- *Example: If a Veteran had a specific type of ovarian cancer that their VA oncologist is unfamiliar with, and the Veteran lives close to a medical facility where there is specialist for that type of cancer, the Veteran would be eligible for community care.*

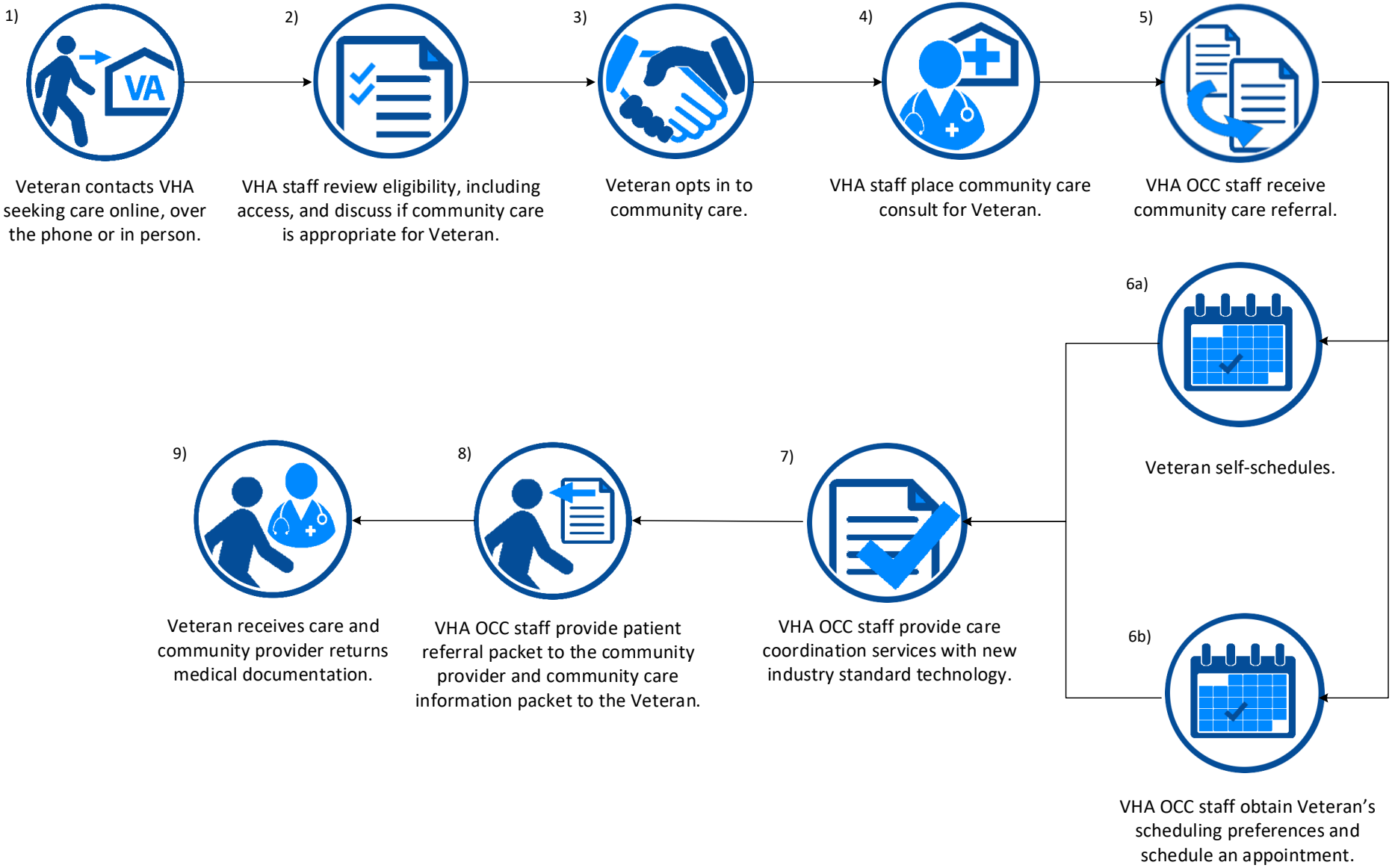
Best Medical Interest



The VA Provider and Veteran may determine it is in the Best Medical Interest in consideration of the following:

- Distance between Veteran and the facility or facilities that could provide required care or services
- Nature or complexity of the hospital care or medical services
- Frequency that such hospital care or medical services need to be furnished to the Veteran
- Need for medical attendant
- Potential for improved continuity of care
- Potential for improved quality of care
- Timeliness of available appointments
- Another reason as determined in consultation with the Veteran

Eligibility Process Overview



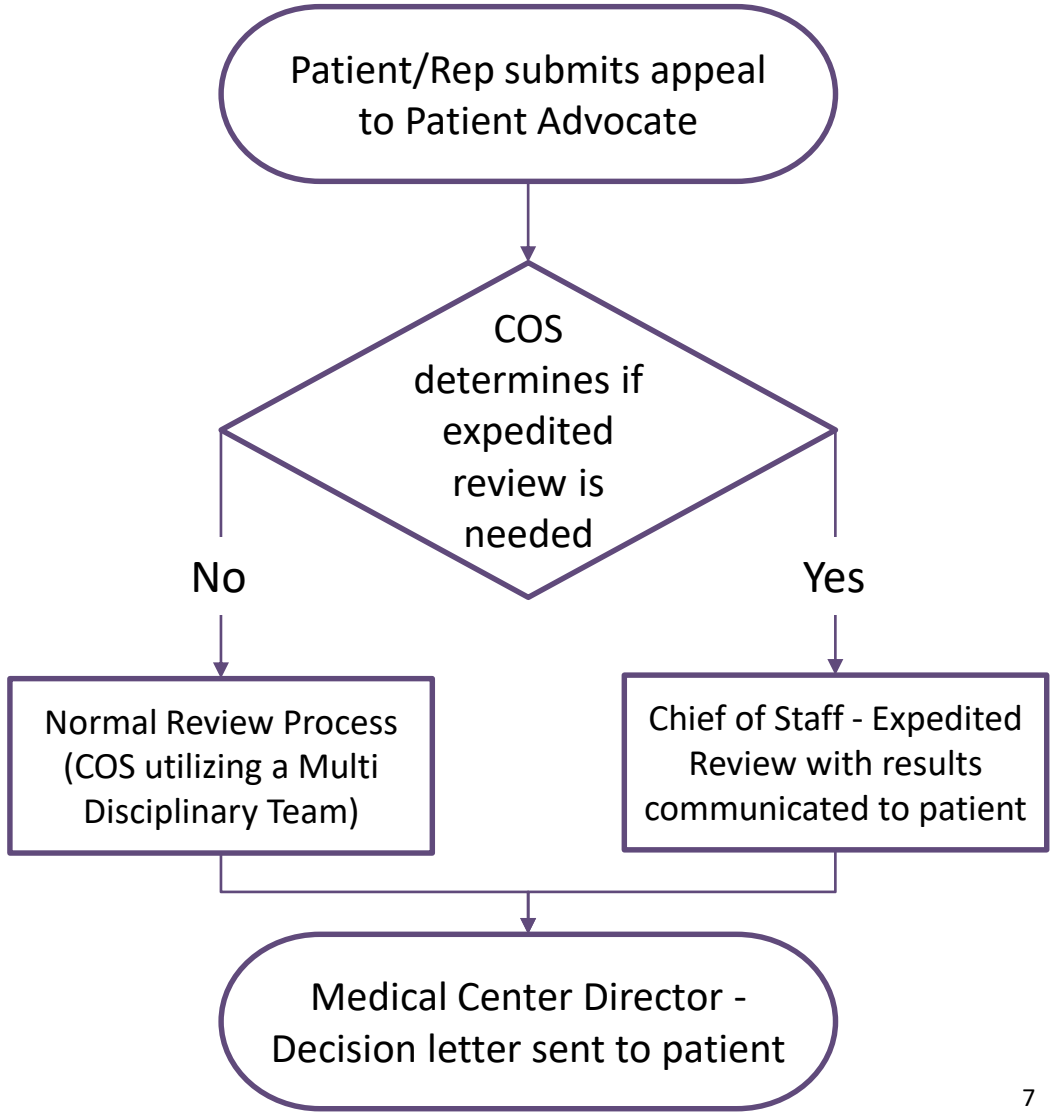
Community Care Eligibility Appeals Process

VA MISSION Act requirement:

Any review of community care eligibility determination (for the six criteria) is subject to VA's clinical appeals process

- Appeals related to initial eligibility determination follow the expedited 72 hours (3 days) process
- Appeals related to Request For Services (RFS) (also known as secondary authorization requests (SARs)) follow the normal process

**Note: The process and timelines have not been finalized and are subject to change*



Urgent Care Benefit Overview

- The VA MISSION Act establishes a new benefit for urgent (walk-in) care
- Provides Veterans with access to urgent, non-emergency care (e.g. non-life threatening conditions) through the VA contracted network of community providers (TriWest or CCN contractor)
  - Does not include preventive health care (with exception of flu vaccinations)
  - Does not require pre-authorization - Veterans access providers in the network when it is convenient for them
- Veterans must meet specific eligibility requirements
  - Enrolled in VA healthcare & received care through VA in the last 24 months prior to the visit
- Requires copayments based on priority group and number of visits during a calendar year

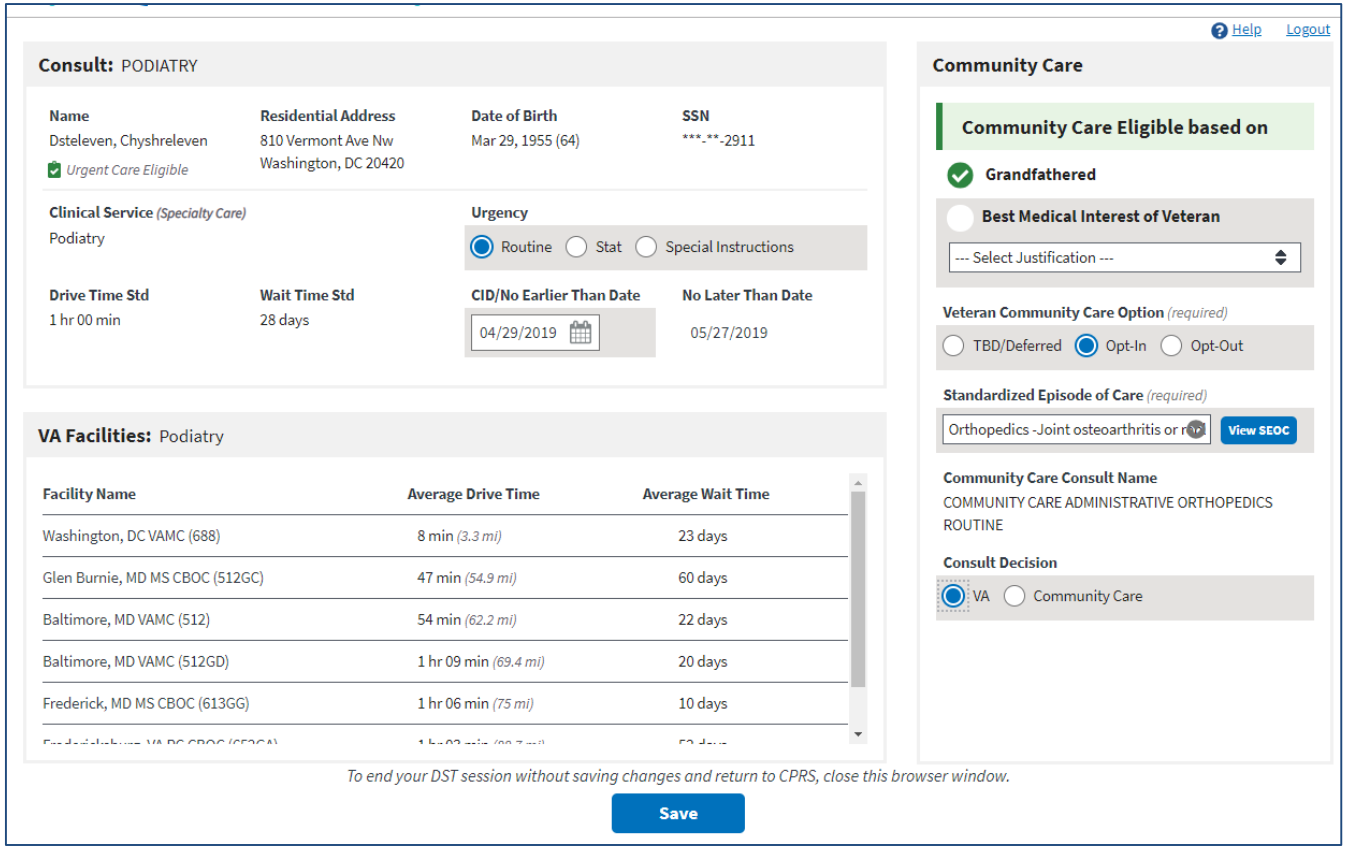
Priority Group(s)	Copayments
1-5	▪ First three visits: $0 & Fourth and greater visits: $30
6	▪ If related to combat experience, special authority, or exposure: ▪ First three visits: $0 & Fourth and greater visits: $30 ▪ If not related to combat experience, special authority, or exposure: $30 per visit
7-8	▪ $30 per visit

Decision Support Tool (DST) Overview

DST will automate and streamline eligibility determinations for VA staff, as well as enable VA providers to determine if a Veteran meets certain eligibilities for community care in real-time

Key Features

- ✓ Automated drive time calculations
- ✓ At-a-glance eligibility determinations
- ✓ Reporting capabilities
- ✓ Integrated into existing consult order workflow
- ✓ Supports best medical interest discussion between provider and Veteran



Contingency Plan: If DST is not available on June 6, 2019, VA staff will be able to check static eligibility using CPRS, manually check drive time eligibility using PPMS, and manually determine appointment wait time availability.