

Michigan Center for Rural Health

I-REACH – Rural Veterans



I-REACH
Improving Veterans Access
to Healthcare



*Improving Rural Enrollment,
Access, and Health in Rural
Veterans*

(I-REACH Rural Veterans)

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What I-REACH Does

- ❖ Promotes screening for military service during intake
 - Ask, **“Have you, a family member, or anyone in your household ever served in the military?”**
- ❖ Encourages facilities and providers to join the VA Community Care Network, through Optum
- ❖ Coordinates the U.P. Together With Veterans Program
- ❖ Promotes other agency programs



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Veterans Care in the Community, Today's Objectives

1. Importance of screening for military service
2. Value in designating a Veteran Coordinator at your facility
3. Advantages of being in the VA Community Care Network, including Urgent Care services
4. Learn about the Request For Services process including:
 - a. VA billing procedures
 - b. Prescription procedures and payment processes
5. Partnering with your local VA Medical Center



Veterans Care in the Community, Panelists

- ❖ Dr. Carolyn Turvey, Clinical Director of the Office of Rural Health Veterans Rural Health Resource Center, Iowa City VA.
- ❖ Patrice Olivo, Community Care Program Specialist, Saginaw VA.



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**MICHIGAN CENTER
for
RURAL HEALTH**

Veteran Population and Accessing Benefits

- ❖ United States: 20 million Veterans
 - 10 million do not receive VA benefits or services
 - 14 million do not receive VA health care
 - Half are 65 years or older, higher rates in rural areas
 - Most are receiving health care at a non-VA facility
- ❖ Michigan: 530,000+ Veterans
 - Over 372,000 had not received treatment at a VA facility in 2022 (71%)



“Have You Served?” Screening during intake

- ❖ Less than 50% of Veterans are connected to all their earned military benefits. Awareness and how to get started are largest barriers.
- ❖ Connection to benefits saves lives and improves quality of life.
- ❖ Identifying those who have served is the first step in enrollment.



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“Have You Served?” Screening during intake

- ❖ Increased enrollment leads to increased utilization.
- ❖ Benefits providers to know patient background due to the unique culture, possible exposures, and common medical conditions of military service.
- ❖ Providers can identify trends in Veteran health conditions, which could impact future legislation, such as the recent PACT Act.
- ❖ Facilities can recoup funds by billing the VA.
- ❖ Improves facility needs assessment efforts.
- ❖ Improves accuracy of patient characteristic report to UDS.



How to Ask

“Have you, a family member, or anyone in your household ever served in the military?” is the preferred screening question vs. “Are you a Veteran?”

- Enables those who are not comfortable with the term Veteran or don't identify as a Veteran to be recognized.



Ask the Question

“Have you, a family member, or anyone in your household ever served in the military?”

It's the right thing to do

How to Ask

- Helps identify spouses (benefits) and non-family members who are providing care (caregiver benefits).
- Allows others to identify Veterans.
- Informs providers of conditions potentially associated with generational effects of military service.
- Cues the potential to bill the VA for services.

Toolkit for providers to assist with next steps and referrals.



Ask the Question

“Have you, a family member, or anyone in your household ever served in the military?”

It's not just an intake form,
it's a life-altering journey!



Connecting service members, Veterans, their families, and their caregivers with care services and well-being activities



Help us improve Veterans access to healthcare



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VETERANS HEALTH ADMINISTRATION

Meeting Rural Veterans' Needs in their Communities: The VetCoor Care Coordination Program



Presentation for: Michigan Critical Access Hospital Annual Conference

Presented by: Carolyn Turvey, Ph.D., Jane Moeckli, Ph.D., Bryant Howren, Ph.D.

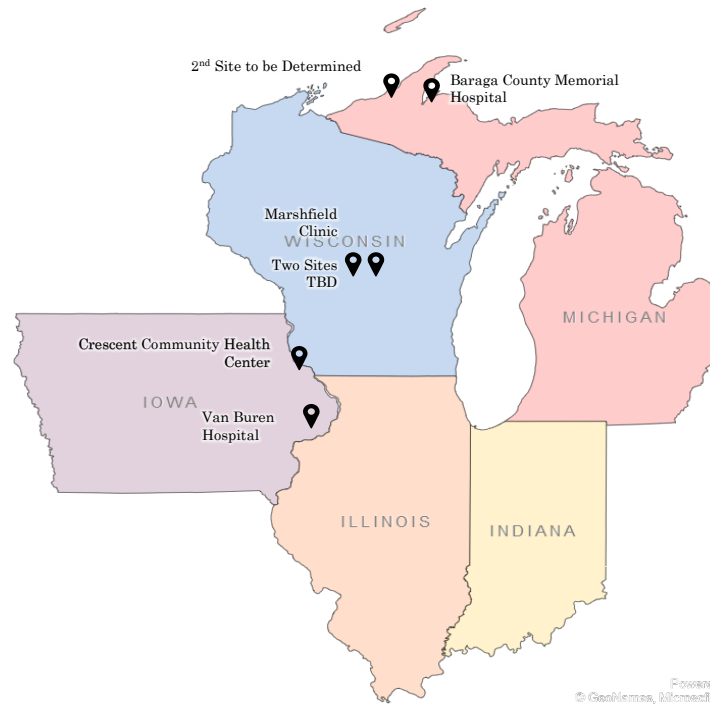
Date of briefing: November 7th, 2024



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Rural Health

- ▶ All HRSA Designated Safety Net Hospitals
- ▶ Coordinating with VHA strategic planners and facility directors to identify expansion targets
- ▶ Each site requires:
 - ▶ Community clinic care coordinator, 0.5 FTE, ~50K
 - ▶ VA project lead, 0.3 FTE
 - ▶ VA admin support, 0.25 FTE
 - ▶ VA data support, 0.15 FTE
- ▶ Multi-source referrals from medical record, community, self-referred, provider requests



VETCOOR: Community of Practice

- ▶ Community coordinators meet bi-weekly and share best-practices for working with VA
 - ▶ Navigating the enrollment process
 - ▶ e.g., how to help Veterans with missing DD214's
 - ▶ VA Community Care
 - ▶ e.g., preventing misunderstandings around post-acute care authorizations
 - ▶ How to help Veterans who choose not to enroll in VA
 - ▶ e.g., community support for disengaged women Veterans

Van Buren Hospital and Crescent Community Hospital 2022- 2023



220 Veterans served over 773 Encounters



73 were assisted with enrollment



54 were referred for medical care, of which 35 was VA Integrated Care



82 received some sort of care coordination, VA, Community, Home Health



20 received intensive medication management

Social Determinants of Health

N=220

Assistance Received:



- ▶ 42 Food Insecurity
- ▶ 42 Rent or Housing Repair
- ▶ 31 Utility Finances
- ▶ 20 Medicaid Application
- ▶ 19 Locating Housing
- ▶ 16 Social Security Application
- ▶ 11 Legal Assistance
- ▶ 11 Transportation Assistance
- ▶ 8 Vocational Assistance

Two Examples

Veteran Y unable to obtain Care in the Community at Van Buren Hospital so primary care provider established at Ottumwa CBOC. Facilitated appointment and transportation for primary care appointment at Ottumwa CBOC and appointment and transportation for appointment related to hearing aids which are no longer working.

Veteran A has only met with the community coordinator once, but the meeting went on for multiple hours and he has had ongoing email contact. He is already getting medical care through the VA, but he was paying for his dental work out of pocket. He is only making around \$20,000. The coordinator helped him apply for Medicaid (to cover his dental expenses), food stamps, and discounted utilities. The coordinator referred him to Iowa Workforce Development's Veteran program, provided him with referrals to get free professional clothes for interviews.

How do We as a Community Respond to the Healthcare Provider Shortage?

Move beyond: Should a Veteran go to the community or to VHA based on geographic distance or wait times?

Move towards: How can we best leverage community and VA resources to meet Veterans' comprehensive health needs?



U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health

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Where Are the Mental-Health Providers?

As more patients seek help, advocates scramble to expand providers' ranks

By Louise Radnofsky [Follow](#)

Feb. 16, 2015 11:00 pm ET

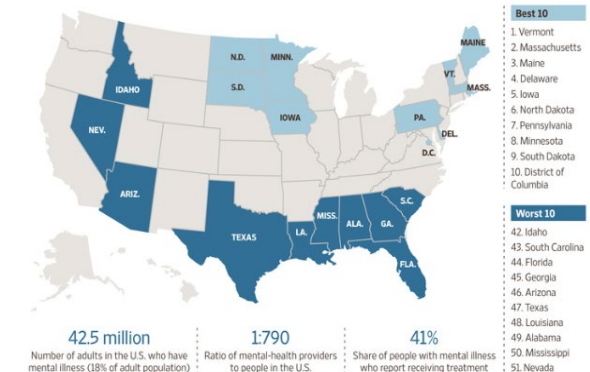
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Taking Care

How Mental Health America, a patient advocacy group, ranks the states on access to care, from best to worst. The ranking reflects measures including access to insurance, access to treatment, quality and cost of insurance and access to special education.



Primary care doctor gap growing in nation

Newly insured to face long appointment wait in some rural regions and poor inner cities

By Ann Sanner
Associated Press
COLUMBUS—Getting face time with the family doctor could soon become even harder. A shortage of primary care physicians in some parts of the country is expected to worsen as millions of newly insured Americans gain coverage under the federal health-care law next year. Doctors could face a backlog, and patients could find it difficult to get quick appointments.

Attempts to address the provider gap have taken on increased urgency ahead of the law's full implementation Jan. 1, but many of the potential solutions face a backlash from influential groups or will take years to bear fruit.

Lobbying groups representing doctors have questioned the safety of some of the proposed changes, arguing they would encourage less collaboration among health professionals and



Dr. John Ucci talks with Violet Frisbie, of Chillicothe, during an exam at Family Healthcare Inc., in Chillicothe, Ohio. A shortage of primary care physicians in parts of the country is expected to worsen as millions of newly insured Americans gain coverage under the federal health-care law next year.

"There's going to be lines for the newly insured, because many physicians and nurses who trained in primary care would rather practice in specialty rather than in general medicine," says Dr. David Goodman of the Dartmouth Institute for Health Policy and Clinical Practice.

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COMMUNITY CARE IN THE VA

BY PATRICE OLIVO, COMMUNITY CARE PROGRAM SPECIALIST



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WHAT IS COMMUNITY CARE AND HOW DO OUR VETERANS USE IT?

- VA provides care to Veterans through community providers when VA cannot provide the care needed. Community care is based on specific eligibility requirements, availability of VA care, and the needs and circumstances of individual Veterans.

ELIGIBILITY FOR COMMUNITY CARE

Under the VA Mission Act of 2018, Veterans have better access and greater choice in health care either at VA or a community provider through improved eligibility criteria.

1. Veterans must receive approval from VA prior to obtaining care from a community provider in most circumstances.
2. Veterans must either be enrolled in VA health care or be eligible for VA care without needing to enroll to be eligible for community care.
3. Eligibility for community care will continue to be dependent upon a Veteran's individual health care needs or circumstances.
4. VA staff members generally make all eligibility determinations.
5. Veterans will usually have the option to receive care at a VA medical facility regardless of their eligibility for community care.
6. Meeting any one of the six eligibility criteria listed below is sufficient to be referred to a community provider. A Veteran does not have to meet all of them for eligibility.

ELIGIBILITY CONTINUED

1. Veteran needs a service not available at a VA medical facility
2. Veteran lives in a U.S. state or territory without a full-service VA medical facility
3. Veteran qualifies under the “grandfather” provision related to distance eligibility for the Veteran's choice program.
4. VA cannot furnish care within certain designated access standards
5. It is in the Veteran’s best medical interest
6. A VA service line does not meet certain quality standards

HOW TO RECEIVE SERVICES

- Every category of care is offered in community care to the Veterans. However, some of them have different criteria for going into the community.
- According to Mission Act, Primary care, Mental Health and non-institutional extended care services can only be booked out 20 days from CID (clinically indicated date). Specialty services are 28 days from CID. This is how wait time eligibility is approved or disapproved.
- Drive time eligibility: >30 minutes for primary care, mental health and non-institutional extended care. >60 minutes for specialty care

WHAT COMMUNITY CARE PAYS FOR AND HOW

- When a community care agency accepts the VA for payment, they are only allowed to bill the VA for payment. They can't bill the Veteran or co-insurance.
- VA pays 100% of the visit at Medicare rates.
- The provider must be a part of the United Health Care-VA Optum Network in order to accept VA patients.

COMPACT ACT

- What is the compact act?
- The VA will now pay for emergent suicide care including transportation to the VA or a non-VA facility for (up to 30 day inpatient or 90 day outpatient care) for eligible veterans.
- Who is eligible?
- Veterans that were discharged or released from active duty after more than 24 months of active service. Former member of the service who served more than 100 days under combat exclusion. Former veterans that were victim of physical assault of a sexual nature, a battery of sexual nature or sexual harassment while serving.
- Any veteran that served and was discharged with above requirements is eligible for the compact act. They don't have to be enrolled in the VA system.

HOW A PROVIDER SIGNS UP WITH OPTUM

- Go to website – www.vacommunitycare.com
 - Click on “I am a Provider”
 - Click on “Join the Network”
- Detailed questions for Optum and their contracting process:
 - (844) 839-6108
 - Press option 1

URGENT CARE BENEFITS

Who is eligible for the Urgent Care benefit?

Veterans enrolled in VHA who have received care through VA within the past 24 months

Provide Urgent Care location information based on Veteran address (<https://www.va.gov/find-locations/>)

Urgent/Emergent Formulary:

<https://www.pbm.va.gov/nationalformulary.asp>

Prescribing maximum of 14 days of medication without refills or 7 days supply (or State limits) of opioid medications

If longer than a 14-day supply or not needed immediately, CCN provider must provide 2nd Rx to be filled by VA pharmacy

- 1-5 First three visits (per calendar year): \$0
- Fourth and subsequent visits (per calendar year): \$30 per visit
- 6 If related to combat experience, special authority, or exposure: First three visits (per calendar year): \$0
- Fourth and subsequent visits (per calendar year): \$30 per visit
- If not related to combat experience, special authority, or exposure: \$30 per visit
- 7-8 \$30 per visit
- 1-8 No copay for a flu-shot only visit

Emergency vs. Urgent/Retail Care

- Sudden numbness or weakness on one side of the body; sudden and severe headache or vision changes
- Chest pain/discomfort
- Mental Health emergency
- Difficulty breathing
- Loss of consciousness
- Severe allergic reaction
- Uncontrollable bleeding
- Severe stomach pain
- Suspected broken bone
- Uncontrolled vomiting/diarrhea

Emergency Room



- Cold and flu
- Sinus pain and pressure
- Fever
- Allergies
- Sore throat
- Painful, burning urination
- Persistent Headache
- Ear pain
- Sprains or strains
- Minor rashes

Urgent & Retail Care



ER VISITS - HOW DO THEY GET COVERED

- Centralized Emergency Care Authorization Call Center :
 - Telephone: 844.72HRVHA (844.724.7842)
 - Fax: 833.72HRVHA (833.724.7842)
- Email: VAERNOTIF@VA.GOV
- 72hr line

PHARMACY INFORMATION FOR SCRIPTS RECEIVED IN THE COMMUNITY

Maximum day supply for a veteran's initial fill is 14 days (7 days for opioids) with no refills.

For questions, please call the CVS Caremark pharmacy help desk at
800 364-6331



U.S. Department
of Veterans Affairs

CCN Regions 1-3
Payer ID: VACCN

BIN#: 004336

Veteran ID: 10-digit Veteran ID or SSN

PCN: ADV

Veteran DOB: YYMMDD format

Rx Group:

24/7 CVS Caremark
Pharmacy Help Desk:
800-364-6331

- Referred Care: Rx3839
- Urgent Care?/VA Provider: Rx4136
- Flu Shot or COVID-19 Vaccine: Rx3841

DME INFORMATION

(DURABLE MEDICAL EQUIPMENT)

- When receiving DME's at Emergency rooms or Urgent care's they are covered under your ER/UC auth.
- When receiving them out in the community you have to have a PO from the VA in order to be covered.
- ALL DME's have to come from the VA unless given at ER/UC

BENEFICIARY TRAVEL (BT) AMBULANCE CLAIMS

- **Residence to hospital (RH), scene to hospital (SH), or Nursing Home to Hospital (NH)**- Veteran must meet BT eligibility and EOC must have a 1703 authorization.
- **Transport from VA to outside hospital**- BT eligibility not required.
- **Non-VA Hospital to non-VA hospital transport (HH)**- BT eligibility not required if both EOCs are 1703 approved.
- **Transport at discharge to residence or nursing facility from hospital**- EOC must be 1703 approved and Veteran must meet BT eligibility.
- **BT Eligibility**- 30% SC or more
 - VA Pension
 - Low Income
 - Diagnosis related to service connection if under 30% SC
- If no transport occurs (ex: ambulance called to residence but not transported to a hospital) VA bene-travel cannot pay for ambulance. Must have 1703 authorization attached to claim.

QUESTIONS



Help us improve Veterans access to healthcare



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