

What are the approved changes to the VERA 2017 Model?

The VHA leadership has approved several changes to the VERA Model for 2017. Some of the changes impact the VERA Patient Classification system, while others pertain to the VERA Model.

Patient Classification: There will be 62 Patient Classes in the VERA 2017 Classification hierarchy. Changes to the system include the following:

1. **Eliminate the Vesting requirements from the Patient Classification system:** The VERA Patient Classification system will remove the Vesting requirements from the classification process. This means that the business rules associated with ensuring a primary care visit will not be a factor in the VERA Patient Classification process. Furthermore, the non-Vested Patient Class (formerly identified as class number 4 in Price Group 1) will be removed from the classification hierarchy. **Patients formerly classified as Non-Vested will be reclassified to a class no lower than Price Group 2 based on total care received during the fiscal year. Note: As a result of this change, previously approved changes allowing for waivers for Vesting for audiology and optometry are no longer necessary, because Vesting is no longer a factor.** This decision to remove the vesting requirements from the classification process will be evaluated throughout fiscal year 2017 to determine its impact on reducing VHA's wait list for primary care services.
2. Create a new Basic Care class for Hospice in Price Group 5. Workload indicating that the patient has received hospice services for a minimum of two weeks without an admission to acute care services will qualify for the Hospice class in Price Group 5. Qualifying hospice services includes inpatient care to treating specialties 2B, 96 and 1F as well as purchased outpatient hospice services identified by purpose of visit codes 77 and 78. Services must be received for a minimum of 14 calendar days prior to date of death.
3. Create a new Long Stay Community Nursing Home (CNH) in Price Group 10. This class is exclusively for patients in Enrollment Priority Group 1 who are greater than 70% service connected and have a minimum of 331 BDOC in a CNH. Note: This is a new class for VERA 2017, which moves considerable funding. To ensure successful implementation of this class, the BDOC will be graduated down to greater than 90 CNH BDOC by the VERA 2019 Model.
4. The Complex Hep C with Anti-viral Therapy class will be removed from the VERA Patient Classification system because the Hep C pharmaceuticals are paid from Specific Purpose funds (not VERA General Purpose funds). All patients qualifying for the former Complex Care Hep C with Anti-viral Therapy class will fall no lower than the Basic Care Hepatitis C patient class, but may qualify for a higher class based on other services received.
5. The Skilled Nursing and Rehab patient class is modified to include additional RUG IV scores that identify a costly cohort of patients residing in VHA Community Living Centers (CLCs). The costs of patients with the precise scores mirror the costs of the patient population in this Patient Class ensuring more accurate funding of this patient population. The precise RUG IV scores include the following 10 Clinically Complex scores: CA1, CA2, CB1, CB2, CC1, CC2, CD1, CD2, CE1, CE2.

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6. The Enrollment Priority Groups organized within the VERA Price Groups were realigned to ensure that the groupings have comparable cost structures. Specifically, Enrollment Priority 6 was moved to the second Price Group. The two new Price Groups include Enrollment Priority Groups 1 - 5 and

Enrollment Priority Groups 6 – 8, respectively. This realignment ensures more accurate funding of both of the Price Groups.

7. **The Education Support dollars will be extended to include all paid trainees.** Historically, the budget was allocated based on the number of medical residents, which served as a proxy population for all education initiatives. **Beginning with VERA 2017, the education support budget will be apportioned to two groups of paid trainees including the 1) medical residents and 2) all other allied health and nursing students.** The education budget will be apportioned to the groups commensurate with the stipend costs of each group, which is 82/18 respectively. The price per trainee will be computed by dividing the budget for each group by the number of respective trainees.
8. Projected patient workload derived from the Office of Policy and Planning's Enrollee Health Care Projection Model (EHCPM) will be incorporated into the VERA and Medical Center Allocation System (MCAS) Models. Specifically, each model will include projected Price Group 2 patient workload, and commensurate funds will be allocated for the *anticipated* patient workload for the allocation year. This recommendation will be incrementally incorporated over a three year period, as it moves considerable funding.
9. Alaska Care in the Community (CITC): An adjustment will be applied to the Alaska CITC costs to account for the excessively costly purchased care costs.