Financial health for the VA.

Optimization program to improve VERA performance.

**Challenge**
How can I ensure that my VA organization receives equitable funding for the healthcare services we provide?

**Solutions**
Veterans Equitable Resource Allocation (VERA) is a funding model that provides approximately 90 percent of the allocated operating funds to each Veterans Affairs Medical Center (VAMC). Every patient that is seen at a VAMC is assigned to a patient classification based on the type and amount of care received. Without proper monitoring of the program, patients can fall below the optimal category or even fall completely out of the funding model, resulting in a significant negative financial impact to the facility. VERA Optimization Service from Nuance® Healthcare is designed to ensure equitable funding of healthcare services provided within a Veterans Affairs (VA) facility. Our VERA Optimization Service:

- Monitors VERA program for continued success.
- Decreases overall number of patients in the Non-reliant Care price group.
- Increases total number of patients in the Complex Care price group.
- Educates the work force on their individual impact to VERA.

**Smarter technology.**
- VA-standardized software—Clintegrity® 360 | Encoder Product Suite—is utilized to run audits and monitor patients for optimum VERA patient classification placement.
- Allocation Resource Center (ARC) data is reviewed and validated for improved accuracy of data capture and transmission.
- Data validation and audits are completed to bring a facility’s FY up to date, and ongoing audits can be performed on demand by trained facility staff after services conclude using the Nuance process and solutions.

**Monitoring through reporting.**
- **Class-specific report** A list of all patients found within each of the complex patient classification categories with indicators of those needing action, as well as the action required to ensure they remain in the current category.
- **Estimated revenue Impact report** A list of patients who (after audit adjustments) may impact the local or VERA funding model for the next one to three years. The report measures potential funding impact based on the current year VERA model.

**Key benefits**
- Continued use of VERA optimization process coupled with workforce training delivers ongoing improvements that continue after project completion.
- Enhanced physician queries specific to clinical documentation and coding for VERA.
- VERA education for coders to ensure VERA classification potential is not limited by errors in PTF 501 code assignment process.
- Improved VERA funding through targeted inpatient and outpatient audits designed to increase the Complex Care patient classifications while decreasing the Non-reliant Care patients.
Sample report

**Verbal Non-Reliant Care**

- **Non-Reliant Care.** A list of patients that have not had an admission or have not been seen for a vesting CPT code in the past two or more years. An audit will determine which patients can be vested without a physician visit, as well as those who will need to receive a vesting visit. The report may include patients seen for care by dental, audiology, or social work, but not primary care.

- **Education report** An outline of all workforce staff training provided, attendance lists and handouts for distribution to on-boarding staff. You'll also receive the VERA Patient Classification Handbook with additional coding tips provided by Nuance Healthcare.

To learn more about how Nuance Healthcare can help you improve financial performance, raise the quality of care, and increase clinician satisfaction, please contact us at 800-447-7749 or visit nuance.com/go/clintegrity360.

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Number of Potentially Non-Reliant Patients: 7

Patient seen for RX only. No care provided. Patient seen with vesting code by non-vesting provider. Patient has not had vesting in 3 years.

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About Nuance Communications, Inc.

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