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1. Introduction

The Department of Veteran Affairs (VA) has partnered with Indian Health Service (IHS) and Tribal Health Programs (THP) to provide a reimbursement program ensuring eligible American Indian/Alaskan Native (AI/AN) Veterans receive “Direct Care Services” available under 38 CFR §17.38, Medical Benefits Package. Due to this program, eligible AI/AN Veterans may now choose to seek health care through IHS or THP facilities without preauthorization. VA will enter into Sharing Agreements with IHS and/or THPs to increase health care options for all eligible AI/AN Veterans (especially those in remote, rural areas), and to enhance coordination, collaboration and resource-sharing between VA and IHS and/or THP facilities.

On August 24, 2012, the Under Secretary for Health in the Department of Veterans Affairs (VA), Dr. Petzel, signed and distributed a letter to all Tribal Leaders with program guidance on establishing agreements with the VA. The enclosures to the letter include program highlights, frequently asked questions, and claims processing site readiness criteria.

The VA-IHS National Reimbursement Agreement was signed on December 5, 2012; and its principles will serve as a standard reimbursement agreement for eligible AI/AN Veterans and their individually designated tribal units and self-governing operated facilities, Indian tribes, tribal organizations and tribal health programs.

This guide provides the Continental U.S. IHS and THP providers with instructions on how to complete the sharing agreement process and seek reimbursement from VA. Alaska THP providers will use the Alaska VA Native Health Sharing and Reimbursement Agreement Guidebook for instructions on the Alaska THP sharing and agreement process for reimbursement. Refer to this link to access the Native Sharing Vendor Guide at the Alaska VA Healthcare System Partner Resources website.

2. Eligibility and Enrollment

The Sharing Agreements provide care for eligible AI/AN Veterans. “Eligible Veteran” means a Veteran who is enrolled in VA’s system of patient enrollment in accordance with 38 U.S.C. §1705 (Management of health care: patient enrollment system), and 38 CFR §17.36 (Enrollment—provision of hospital and outpatient care to veterans) or is otherwise eligible for hospital care and medical services under 38 U.S.C. §1705(c)(2) and 38 CFR §17.37(a)-(c) notwithstanding the Veteran’s failure to enroll in VA’s system of patient enrollment when not required. Details regarding the program eligibility and enrollment process can be found in the Enrollment and Eligibility Procedure Guide for Veterans Affairs (VA) – Indian Health Service (IHS) and Tribal Health Programs (THP) Reimbursement Agreements Program. VA and IHS/THP are responsible for determining whether an individual qualifies to be enrolled for health care services within their respective programs or otherwise meets the definition of an eligible Veteran for purposes of the Agreement.
A. Eligibility

The IHS/THP Reimbursement Agreement states VA will only be billed for those Veterans eligible within their health care system as a tribal member. Each tribe will determine tribal membership eligibility criteria. The following are several ways IHS/THP can verify AI/AN Veteran eligibility:

- **Secure Data Transfer:** IHS/THP can use the IHS Secure Data Transfer Service to request enrollment/eligibility information from VA Health Eligibility Center (HEC) using a Microsoft excel template. The IHS Secure Data Transfer Service is made available by IHS on a limited basis to enable the THP and IHS facilities to initially acquire a comprehensive listing of all their AI/AN Veteran enrollment and eligibility from VA HEC.

  Below are the instructions for obtaining access to the IHS Secure Data Transfer Service and verifying Veteran eligibility and enrollment:

  1) IHS/THP staff request access to the IHS Secure Data Transfer Service by emailing Cynthia.Larsen@ihs.gov. Access will be limited to email receipt and reply.

  2) IHS/THP staff completes fills out columns A-C of the VA HEC template. The template is loaded up at the IHS secure site and is provided in Attachment C.

  3) IHS/THP Enrollment and eligibility information requests are securely transmitted to VA HEC from the IHS or THP providers using the IHS Secure Data Transfer Service.

  4) VA HEC verifies the list of AI/AN Veteran’s eligibility and enrollment in the VA Healthcare System and fills in columns D-F of the template.

  5) VA HEC returns the completed enrollment/eligibility Excel spreadsheet to Cynthia Larsen via IHS Secure Data Transfer and she will return it to the IHS/THP staff.

- **Contact the VA HEC by telephone:** Call 1-855-488-8441, Monday to Friday between 7:00 AM and 5:30 PM (EST). IHS/THP can contact the VA HEC directly by phone if the staff is checking the enrollment/eligibility on less than five Veterans. The Veteran’s name and social security number will be required. VA HEC can provide basic eligibility information over the phone (regarding whether the Veteran is enrolled and enrollment date).

- **Contact the local VA medical center by telephone:** IHS/THP can contact the local VA medical center to verify the AI/AN Veteran’s VA enrollment/eligibility via telephone call by calling the VA Benefits Manager listed in the IHS/THP Implementation Plan (page 6). It is recommended that IHS\THP work through the local VA medical center enrollment and eligibility coordinator to help determine if the Veteran is eligible for other limited benefits included in the Medical Benefits Package: ambulance services, eyeglasses & hearing aids, prosthetics, durable medical equipment (DME), rehabilitative devices, dental care, certain counseling services, and VA Care in the Community (following the Hierarchy of Care Memorandum), etc.

- **Veteran provided documentation:** IHS/THP may request documentation or information regarding Veteran’s specific VA health care eligibility or/and service connection disability directly from the Veteran (e.g., VA letter, etc.).
B. Enrollment

Enrollment in the VA Healthcare System provides eligible Veterans with the hospital care or medical services when needed. Except as otherwise provided in 38 CFR §17.38, treatment of Veterans under this agreement will be limited to those Veterans who are formally enrolled in the VA Healthcare System, as set forth in 38 U.S.C. §1705 and 38 CFR §17.36. Claims for treatment of those Veterans not enrolled will not be considered for payment under the provisions of this agreement in accordance with 38 U.S.C. §1705(c)(2) and (38 CFR §17.37(a)-(c)). The IHS/THP must ensure the eligible Veteran is enrolled or has met the enrollment exception before seeking Direct Care Services reimbursement from the VA.

There are four ways a Veteran can enroll with VA:

1) **Online**: Veterans can apply for enrollment online by filling out the interactive VA Form 10-10EZ at the [Vets.gov website](http://vets.gov).

2) **By phone**: Veterans can apply for enrollment for their benefits or update their information by phone by calling 1-877-222-VETS (8387), Monday to Friday, between 8:00 AM and 8:00 PM (EST). A VA representative will have their completed form sent to them for verification and signature.

3) **By mail**: Print VA Form 10-10EZ from the VA Forms website or VA Form 10-10EZR call the phone number above to have the form mailed to you. Complete and sign the application, then mail it to:

   Health Eligibility Center, 2957 Clairmont Road, Suite 200, Atlanta GA 30329-1647

4) **In person**: Veterans can find the closest VA medical center or clinic near them to apply for enrollment or if already enrolled, may update their information in person. For VA locations refer to the [VA Facility Locator](http://vets.gov).

*Note: A copy of the Veteran’s DD-214, Certificate of Release or Discharge from Active Duty, document is not required to complete the enrollment process, but will expedite the process. The DD-214 can be requested online, by mail or by fax from the [National Archives website](http://www.archives.gov).*

3. VA Enrollment Exception and Reimbursement

If the AI/AN Veteran is not enrolled or chooses not to enroll in the VA Healthcare System under 38 CFR §17.37, *Enrollment not required-provision of hospital and outpatient care to Veterans (a)-(c)*, the Veteran must meet one of the following the eligibility criteria to be considered exempt from VA health care enrollment:

- Rated for service-connected disabilities at 50 percent or greater
- A service-connected disability will receive services for that service-connected disability
• Discharged or released from active military service for a disability incurred or aggravated in the line of duty will receive VA health care for that disability for the 12-month period following discharge or release.

If the VA health care enrollment exception is met, then IHS/THP can receive reimbursement for services provided specific to the exemption (e.g., service-connected disability). Proof of the Veteran’s eligibility (e.g., VA benefits grant letter) must be attached to the submitted health care claim.

Additional information on how to apply for different types of VA benefits can be found on the VBA “Applying for Benefits” web page.

Where can a Veteran get a copy or apply for a VA benefits letter?

• In person at one of the Veterans Benefits Administration (VBA) facilities. You can find a location on the VBA Directory web page
• Create a Benefit Summary Letter online at the eBenefits website
• Call the Veterans Affairs Benefits and Services at 1-800-827-1000

4. Direct Care Services

VA will reimburse IHS and/or THP facilities for Direct Care Services provided to eligible AI/AN Veterans, to include home and community-based services provided in the Veteran Medical Benefits package under (38 CFR §17.38), effective the date the agreement is signed by all parties.

VA will not reimburse for any services that are excluded from the Medical Benefits package such as contracted health services, or any services for which the eligible AI/AN Veteran does not meet the qualifying criteria. Providers listed on the Centers for Medicare and Medicaid Services (CMS) exclusionary list are prohibited from participating.

Providers listed on the U.S. Department of Health and Human Service (HHS) Office of the Inspector General’s (OIG) exclusionary list are prohibited from participating.

The VA Medical Benefits Package Basic Care Services include:

• Basic care
• Outpatient medical, surgical, and mental health care, including care for substance abuse
• Inpatient hospital, medical, surgical, and mental health care, including care for substance abuse
• Prescription drugs available under the VA national formulary system
• Emergency care in non-VA facilities in accordance with sharing contracts or if authorized by §§17.52(a) (3), 17.53, 17.54, 17.120-132.

The VA Medical Benefits Package Preventive Care Services include:

• Periodic medical exams
• Health education, including nutrition education
• Maintenance of drug-use profiles, drug monitoring, and drug use education
• Mental health and substance abuse preventive services
• Immunization against infectious disease
• Prevention of musculoskeletal deformity or other gradually-developing disabilities of a metabolic or degenerative nature
• Genetic counseling concerning inheritance of genetically-determined disease
• Routine vision testing and eye-care services
• Periodic re-examination of members of high-risk groups for selected diseases and for functional decline of sensory organs, and the services to treat these diseases and functional declines

In accordance with §17.38 CFR (a) (1) (ix), _Home health services_, as authorized under 38 U.S.C. §1717 and §1720C, adult day health care, long-term care and/or inpatient rehab issues are some of the Noninstitutional Care Programs under the authority of the Office of Geriatrics & Extended Care (GEC). Claims should be paid through a contract. Long Term care authorities can be found under 38 U.S.C. §1710, _Eligibility for hospital, nursing home, and domiciliary care_, and 38 U.S.C. §1710B, _Extended Care Services_. Home infusion therapy services may be authorized and paid in accordance with 38 U.S.C. §1720C, _Noninstitutional alternatives to nursing home care_.

**Limited benefits for the following:**

• Ambulance Service (travel authorized under 38 CFR part 70)
• Comprehensive rehabilitative services (other than vocational services provided under 38 U.S.C. Chapter 31)
• Certain Counseling Services (as authorized under 38 CFR §71.50)
• In accordance with §17.38 CFR (a) (1) (viii) Durable medical equipment and prosthetic and orthotic devices, including eyeglasses and hearing aids as authorized under §17.149.

The Medical Benefits Package list mentioned here is not complete. Detailed information on the Medical Benefits Package can be found on the U.S. Government Publishing Office, Electronic Code Of Federal Regulations website under Title 38 → Chapter I → Part 17 → §17.38.

5. **Quality of Care**

VA through the VA medical center (VAMC) or VA Health Care System (VAHCS) will work collaboratively with the IHS and THP facility staff to ensure access to quality care for AI/AN Veterans. The following defines the requirements for quality:

• **Information Exchange.** VAMC/VAHCS and IHS/THPs shall develop a process to share patient records consistent with relevant privacy laws and will continue activities to share data electronically.
• **Collaboration.** VAMC/VAHCS and IHS/THPs shall promote quality health care services through collaboration activities to review, measure and report on quality of care delivered.

• **Certification and Accreditation.** In order to receive reimbursement, each IHS/THP facility must meet (CMS) certification and CMS conditions of participation, or must have accreditation through the Joint Commission or Accreditation Association for Ambulatory Heath Care (AAAHC), refer to Appendix B for examples. IHS/THP will be asked to provide the certification or accreditation prior to signing the Reimbursement Agreement. IHS/THP must ensure their certification or accreditation document is up to date. If this document has expired, IHS and THP are required to submit an updated document to tribal.agreements@va.gov.

For information on obtaining the CMS certification document refer to the links below from the CMS.gov website:
- CMS Tribal Affairs/Regional Native American Contacts list
- CMS Regional Offices Map and Contacts

• **Medical Quality Assurance Activities.** At least annually, VAMC/VAHCS and IHS/THP agree to use existing medical quality assurance activities, as required under accreditation or certification standards are maintained for reporting. IHS/THP agrees to share information with VA regarding its medical quality assurance activities, which shall include periodic review of care utilization (health system level trends) and care delivery consistent with current standards of care and evidence-based practices.

6. **Pharmacy Services**

Under agreements with VA, IHS and THP will receive reimbursement for outpatient medications prescribed by an IHS/THP provider and dispensed by the IHS or tribal facility to eligible AI/AN Veterans. VA will reimburse IHS and/or THP only for pharmaceutical drugs on the VA National Formulary used by VA in accordance with 38 CFR §17.38(a) (iii). Requests for reimbursement of pharmaceutical drugs not on the VA formulary will be submitted for approval to the local VAMC Pharmacy in advance of the request for reimbursement.

VA non-formulary requests will be handled according to the VHA Handbook 1108.08, VHA Formulary Management Process, and local VAMC policy.

The pharmacy claims will need to be submitted by paper; refer to Section 9: Claims Submission and Processing for details.

7. **Copayment**

Pursuant to 25 U.S.C. §1645(c), Sharing arrangements with Federal agencies– Reimbursement, VA copayments do not apply to direct care services provided by IHS/THP to eligible AI/AN Veterans under the agreement with the IHS/THP. The copayment requirement is waived for eligible AI/AN Veterans.
8. **Third Party Billing/Other Health Insurance**

Pursuant to 25 U.S.C. §1645(c), IHS/THP will bill all third party payers, as permissible by law prior to billing VA for direct care services under these agreements, so VA is responsible only for the balance remaining after other third party reimbursements. The balance remaining is VA responsibility when the remaining balance on the claim does not exceed the VA allowable amount. VA does not reimburse copays or deductibles, nor participate in balance billing; in addition to what other Federal organizations (i.e., Medicare or Medicaid) has already paid.

When a third party payer’s insurance payment is made on a claim, an Explanation of Benefits (EOB) must be sent with a paper claim. If the health care claim is being submitted to VA via electronic data interchange (EDI), mail the EOB to VISN 20 NPC at least four days prior to the expected EDI claim submission.

9. **Claims Submission and Processing**

VA accepts and encourages the use of EDI for submitting claims that satisfy criteria established in the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*. The standard transactions included within HIPAA regulations consist of standard electronic formats for enrollment, eligibility, payment and remittance advice, claims, health plan premium payments, health claim status, referral certification and authorization.

VA contracts with Change Healthcare (formerly Emdeon Inc.) to provide clearing house services for electronic/EDI health care claims. To register or submit an EDI, please call 1-800-845-6592 or visit the [Change Healthcare website](#).

Once registered, be sure to add “THP” in the SBR03 segment of the claim (837) for proper routing through VA. This will ensure claims are easily distinguished from other provider claims and routed appropriately through VA systems in order to be processed timely.

When registering you will need to provide the following payer IDs:

- 12115 for submission of medical claims
- 12116 for submission of dental claims
- 00231 for submission of any inquiry transaction

It is important to note that the unique identifiers must be preserved throughout all stages of connection (per the site readiness checklist). The site’s clearing house will need to ensure the pass through of the unique identifiers for proper processing.

**Paper Claims Submissions**

If the IHS or THP facility does not have a capability to submit electronic health care claims, paper claim submissions will be accepted by VA provided the applicable health care claim forms (CMS 1500, *Health Insurance Claim Form*, or CMS 1450, *UB-04 Uniform Bill*) are complete and accurate. Due to current EDI
limitations, VA can only accept Pharmacy paper claims. The submitting THP must use CMS 1500 to submit pharmacy claims.

The CMS 1500 must contain the following information:

- Drug name (generic name) and strength
- Date of fill
- Number of day’s supply
- Quantity
- Prescription number
- Pharmacy name
- Doctor and address
- Amount paid by the other health plan or retail price for the pharmacy
- National Drug Code
- Drug Enforcement Administration (DEA) number, if the drug is a controlled substance

Paper health care claims can be submitted to the VISN 20 Network Payment Center (NPC):

V20NPC – IHS, PO Box 1035 Mail Stop: 10N20, Portland OR 97207

For questions regarding submitted health care claims, contact VISN 20 NPC, Claims Payment Processing Center at 1-855-331-5560, Monday to Thursday, between 8:45 AM and 3:45 PM (PST).

Timely Filing

Health care claims for IHS and/or THP provided through direct care services to eligible AI/AN Veterans must be submitted to VA for payment within 12 months from the date of service, otherwise the claims will not be reimbursed by VA.

10. VA Claim Denial

As mentioned in Section 4, limited benefits (to include dental) apply to some Direct Care Services. Thus, VA will deny a claim or a portion of the claim for services provided by IHS or THP under the following conditions:

- The Veteran is not an eligible Veteran as defined in the agreement; or
- Care provided is not a direct care service; or
- Care provided is not otherwise reimbursable under the terms of this agreement; or
- Claim was not submitted as required in this agreement; or
- The information needed to adjudicate the claim, consistent with the information contained on the electronic billing forms, is not provided; or
- Providers are on the HHS OIG exclusionary list.

If VA denies reimbursement for a claim, VA shall notify IHS or THP of the denial in writing together with a statement of the reason for the denial.
# 11. Process for Establishing a Reimbursement Agreement

<table>
<thead>
<tr>
<th>Step</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tribal facility staff sends an email to <a href="mailto:tribal.agreements@va.gov">tribal.agreements@va.gov</a> indicating interest in pursuing an agreement.</td>
</tr>
<tr>
<td>2</td>
<td>The VA-IHS/THP Reimbursement Agreements Team schedules a joint orientation meeting with the tribal facility staff and VA staff to go over the agreement highlights and onboarding process.</td>
</tr>
</tbody>
</table>
| 3    | Tribal facility staff submits the following to [tribal.agreements@va.gov](mailto:tribal.agreements@va.gov):  
  - W-9 Form  
  - VA Form 10091, *FSC Vendor File Request Form*  
  - VISN 20 Vendor Form  
  - Proof of accreditation/certification (CMS, Joint Commission, or AAAHC)  
  - Implementation Plan, page 5: list of services the tribal facility provides (in-house and contracted)  
  - Implementation Plan, page 6: tribal facility points of contact  
  - Approximate number of Veterans the tribal facility serves  
  - Whether or not claims will be submitted electronically to VA  
  - Draft Agreement (word version with tracked changes)  
  - Email addresses for attendees to VA Eligibility and Enrollment training  
  
Refer to Appendix D for the Agreement Implementation Plan Template. |
| 4    | VA-IHS/THP Reimbursement Agreements Team will confirm receipt of submitted information from tribal facility, and review for completeness and accuracy. VA-IHS/THP Reimbursement Agreements Team will send invitations to the tribal facility representatives for VA Eligibility and Enrollment training (one time attendance), which is offered monthly, every third Tuesday, 2 – 3pm (EST). |
| 5    | VA-IHS/THP Reimbursement Agreements Team will notify tribal facility staff of any missing/unclear information. If tribal facility meets program requirements, VA-IHS/THP Reimbursement Agreements Team will forward tribal facility package to VA Contracting Officer. |
| 6    | VA Contracting Officer and Regional Legal Counsel will review tribal facility agreement and paperwork. If there are no major revisions or issues, VA-IHS/THP Reimbursement Agreements Team will contact tribal facility staff for a signed version of the agreement. Tribal facility staff will sign agreement and return to [tribal.agreements@va.gov](mailto:tribal.agreements@va.gov) and VA Contracting Officer. VA Contracting Officer will sign agreement and Notice to Proceed. |
| 7    | VA-IHS/THP Reimbursement Agreements Team will send the signed agreement, implementation plan and Notice to Proceed to tribal facility staff. |
12. IHS/THP Provider Site Readiness

The IHS/THP must meet claims processing and site readiness requirements to be determined ready for implementation. VA will work with IHS/THP facilities to ensure these criteria are met prior to approving the Sharing Agreement as well as to consider exceptions to the criteria.

The following set of criteria must be completed by each IHS/THP site prior to receiving final approval of the Sharing Agreement and prior to seeking reimbursement for claims:

- **Received Eligibility and Enrollment Training.**
- **Provided Certification/Accreditation.** Must meet requirements for the Centers for Medicare and Medicaid (CMS) certification (Conditions of Participation/Conditions of Coverage) and/or accreditation through The Joint Commission (TJC) or the Accreditation Association for Ambulatory Health Care (AAAHC), and provide certification to VA. See Appendix B for examples of the certification or accreditation documents.
- **Volume Estimate.** Must provide an estimate of number of enrolled AI/AN Veterans with an estimate of projected use to VA. This information will be used to help VA estimate annual use and will not affect the terms of the Sharing Agreement.
- **Vendorized in VistA.** Must provide data necessary to be a vendor in the VA claims processing system, Veterans Health Information Systems and Technology Architecture (VistA), by submitting a VA Form 10091, FMS Vendor File Request Form, to VA.
- **Unique Provider Information.** Must provide the IHS/THP Provider Tax ID Numbers or Provider ID Numbers by submitting a W-9, Request for Taxpayer Identification Number and Certification, to VA.
- **Provider Covered and non-Covered Services.** Must provide a list of covered and non-covered services for the facilities covered in the Sharing Agreement. This information will be used to help VA understand the types of care and services provided to AI/AN Veterans and will not affect the terms of the Sharing Agreement.
- **EDI capability with Emdeon Connect.** Electronic Data Interchange (EDI) with Change Healthcare establishes and uses a unique identifier on the claim for accurate routing and reimbursement. Must have capability to include an Explanation of Benefits (EOB) with all claims, indicating VA is responsible only for the balance remaining after other third party reimbursements.
- **Unique Claim Fields.** Must use unique identifiers on the claim for accurate routing and reimbursement with VA.
  - Must include the VHA Facility Station number on the claim to identify the VHA Facility with which the agreement was established. The location of the field to insert the facility station number is Field 63 (Treatment Authorization Codes) on the CMS 1450 (UB-04), and Field 23 (Prior Authorization Number) on the CMS 1500 (HCFA).
  - Must send a value of “THP” in the SBR03 data element. This will enable routines to identify with a flag the claim in FPPS as ‘Y’ for the THP.
13. **Amendment, Modification and Exercise of Options**

Except for cancellation, Agreements may be revised or amended only by mutual written agreement signed by the signatories (or their authorized representatives) to this Agreement. Amendments, Modifications and Exercise of Options shall be done through an agreement addendum that, at a minimum, contains the following: THP facility, VAMC facility, Agreement number, and defined intent of the amendment, modification or exercise of option including authorized signatures of both parties involved.

14. **Website**

IHS/THP Reimbursement Agreement Program information and resources for initiating and implementing a reimbursement agreement can be found on the VHA Office of Community Care IHS/THP web page.
Appendix A:
VA and THP Sharing Agreement Draft Template

Please visit the IHS/THP Initiation and Implementation page on the VHA Office of Community Care website for a downloadable agreement template along with other valuable resources.
Appendix B:  
Examples of Accreditation/Certification Documents

Accreditation Association for Ambulatory Health Care (AAAHC)

Joint Commission
RE: Document Control #_____

Dear Provider:

TrailBlazer Health Enterprises® is pleased to inform you that the Medicare enrollment application for the below Provider Transaction Access Number (PTAN) has been approved. Listed below is the information reflected in your Medicare enrollment record, including your National Provider Identifier (NPI).

All correspondence related to a pending application, including the confirmation letter will be sent to the contact person listed in section 13 of the CMS-855 application.

Medicare claims can be submitted electronically. The Electronic Data Interchange (EDI) department can be contacted at (866) 740-4302. The NPI is required on all Medicare claim submissions. The PTAN is also activated for use and is required for all inquiries via telephone and in writing. The PTAN is required when retrieving data from our Interactive Voice Response (IVR) system concerning claims status, beneficiary eligibility, check status or other supplier related transactions. Please keep your PTAN secure. The PTAN is not considered a Medicare legacy identifier; and is not to be reported to the National Plan and Provider Enumeration System (NPPES) as an “other” provider identification number.

Tax Identification Number (TIN):
Group PTAN
Individual PTAN
NPI
Participation Status
Specialty
Effective Date
Group Name
Individual Name

If you disagree with any of the information above, please utilize the reconsideration process. Reconsideration is an independent review conducted by a hearing officer who was not involved in the initial determination. A reconsideration request must be received in writing within 60 calendar days of the postmarked date of this letter. Clearly state the issues, findings, facts and/or reasons for disagreement. Any additional information that may influence the decision should accompany the reconsideration request. The reconsideration request must be signed and dated by the physician, non-physician practitioner or any responsible authorized official who was included on the original CMS-855 application. Failure to timely request reconsideration is deemed a waiver of all rights to further administrative review. The request for reconsideration should be sent to:

TrailBlazer Health Enterprises, LLC

August 24, 2011

ISO

P.O. Box 460044 • Dallas, TX 75246-0044
Executive Center B • 8330 LBJ Parkway • Dallas, TX 75243-1213
Appendix C: CMS 1500 and UB-04 Samples

UB-04 Uniform Bill (CMS-1450)

Health Insurance Claim Form (CMS-1500)
Appendix D:
Agreement Implementation Plan Template

1.0 Purpose

The purpose of the Local Implementation Plan is to ensure the Tribal Health Program (THP) sites are ready to begin claims processing with VA and have the correct points of contact (POCs) to effectively support Veterans.

1.1 VISN 20 Vancouver Network Payment Center Responsibilities

The VISN 20 Network Payment Center (NPC) will process all paper and electronic claims. VISN 20 NPC has a call center to answer all questions related to the processing and payment of claims.

1.2 Local VAMC Responsibilities

The local VAMC plays a critical role in care coordination with the THP facility. Below are just a few ways the THP facility may need to coordinate with the local VAMC:

- When the THP facility needs to check Veteran eligibility or enroll a Veteran
- When an AI/AN Veteran needs care that cannot be provided as a direct care service at the THP facility
- When the THP provider needs approval for VA non-Formulary pharmaceuticals
- When durable medical equipment (DME) is required and can be requested in advance
- When additional information about VA programs or resources for Veterans is needed

1.3 Tribal Health Program Responsibilities

- Complete draft Agreement
- Complete site readiness milestones
- Submit both draft agreement and site readiness documentation in a single package
### 2.0 Implementation Plan

#### 2.1 Site Readiness Checklist (to be validated by VHA Office of Community Care)

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Description</th>
<th>Status/Notes</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Orientation</td>
<td>Local THP and VA representatives took part in a joint orientation call</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certification/ Accreditation</td>
<td>THP provided evidence of the certification/accreditation that meets reimbursement agreement criteria (CMS, AAAHC or Joint Commission)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Enrollment Training Attended</td>
<td>THP facility members participated in the VHA HEC Eligibility and Enrollment Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran Volume Estimate Submitted</td>
<td>THP submitted estimates of their known Veteran population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic Claims Submission</td>
<td>THP indicated whether or not the facility will submit claims electronically (EDI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISN 20 Vendor Demographic Form</td>
<td>THP completed and submitted VISN 20 Vendor Demographic Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Form 10091</td>
<td>THP completed and submitted FSC Vendor File Request Form Payee/Vendor Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>W9</td>
<td>THP completed and submitted Taxpayer Identification (W9) form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draft Agreement</td>
<td>THP submitted draft agreement with tracked changes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.2 VA and THP Health Care Services

It is important for both facilities to understand what services are available for the AI/AN Veteran.

<table>
<thead>
<tr>
<th>VAMC Health Care Services</th>
<th>The VAMC typically uses VA Care in the Community Providers for the following services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAMC available services include:</td>
<td>•</td>
</tr>
<tr>
<td></td>
<td>•</td>
</tr>
<tr>
<td>Tribal Health Program Health Care Services</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>THP direct care services include:</td>
<td></td>
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<tr>
<td>•</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>The THP facility typically uses contracted health care for the following services:</td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
</tr>
</tbody>
</table>
3.0 VA and THP Local Implementation Plan–Points of Contact (POCs)

The purpose of this list is to ensure each site has accurate points of contact during the implementation and operational phases of the reimbursement agreement.

<table>
<thead>
<tr>
<th>VA and THP Local Implementation–Plan Points of Contact (POCs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local VAMC Name:</td>
</tr>
<tr>
<td>Local VAMC Address:</td>
</tr>
<tr>
<td>Local VAMC Phone:</td>
</tr>
<tr>
<td>Local VAMC Director:</td>
</tr>
<tr>
<td>Local VAMC Agreement Manager:</td>
</tr>
<tr>
<td>Local VAMC Station #:</td>
</tr>
<tr>
<td>Local VAMC Benefits Coordinator:</td>
</tr>
<tr>
<td>Local VAMC Quality Manager:</td>
</tr>
<tr>
<td>Local VAMC Pharmacy Representative:</td>
</tr>
<tr>
<td>Regional Rural Health Representative:</td>
</tr>
<tr>
<td>Regional Tribal Government Relations Representative:</td>
</tr>
<tr>
<td><strong>VA and THP Local Implementation–Plan Points of Contact (POCs)</strong></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Claims Payment Center Address:</strong></td>
</tr>
<tr>
<td>V20NPC – THP</td>
</tr>
<tr>
<td>PO Box 1035 Mail Stop: 10N20</td>
</tr>
<tr>
<td>Portland, OR 97207</td>
</tr>
<tr>
<td><strong>Claims Payment Center Call Center:</strong></td>
</tr>
<tr>
<td>(855) 331-5560</td>
</tr>
<tr>
<td><strong>Claims Payment Center Manager:</strong></td>
</tr>
<tr>
<td>Kerry Paperman; <a href="mailto:Kerry.Paperman@va.gov">Kerry.Paperman@va.gov</a>; 360-696-4061 x31673</td>
</tr>
<tr>
<td><strong>Additional POCs:</strong></td>
</tr>
<tr>
<td><strong>THP Health Care Facility Name:</strong></td>
</tr>
<tr>
<td><strong>THP Health Care Facility Address:</strong></td>
</tr>
<tr>
<td><strong>THP Health Care Facility Phone:</strong></td>
</tr>
<tr>
<td><strong>THP Health Care Facility Director:</strong></td>
</tr>
<tr>
<td><strong>THP Health Care Facility Agreement Manager:</strong></td>
</tr>
<tr>
<td><strong>Additional THP Facility POCs:</strong></td>
</tr>
</tbody>
</table>
