



## **VHA Office of Community Care**

# **Department of Veterans Affairs (VA) – Indian Health Service (IHS) and Tribal Health Program (THP) Reimbursement Agreements**

## **Provider Guide**



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## 1. Introduction

This guidance provides the Continental U.S. IHS and THP providers with instructions on how to complete the Reimbursement Agreement Process and seek reimbursement from VA. This includes information on how the IHS/THP reimbursement agreement program will process and verify American Indian/Alaska Native (AI/AN) Veterans eligibility and enrollment.

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. Please refer to the Tribal Sharing Guidebook at <http://www.alaska.va.gov/About/vendors.asp>.

## 2. Program Overview

The Department of Veteran Affairs (VA) has partnered with Indian Health Service (IHS) and Tribal Health Programs (THPs) to establish a reimbursement program that reimburses IHS and THPs' for 'Direct Care Services' provided to eligible AI/AN Veterans 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 signed the National Reimbursement Agreement with IHS and will establish individual agreements with THPs to increase health care options for all eligible AI/AN Veterans (especially those in remote, rural areas) facilitating enhanced coordination, collaboration, and resource-sharing between VA and IHS and/or THPs.

On August 24, 2012, the VHA Under Secretary for Health 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 National VA-IHS 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 service units and self-governing operated facilities, Indian tribes, tribal organizations and tribal health programs.

The VA-IHS/THP Reimbursement Agreements Program is only available to IHS/THP facilities who provide Direct Care Service to eligible American Indian/Alaska Native (AI/AN) Veterans. The term Direct Care Services means any health service that is provided directly on site by IHS/THP facilities and/or programs and does not include Purchased Referred Care (PRC).

## 3. Direct Care Services

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



VA will not reimburse for any services that are excluded from the Agreement or Veteran's Medical Benefits Package such as contracted health services, or for any services 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) List of Excluded Individuals/ Entities (LEIE) database are also prohibited from participating.

### **3.1 VA Medical Package Basic Services**

Includes:

- Basic care
- Outpatient medical, surgical, and mental healthcare, including care for substance abuse
- Inpatient hospital, medical, surgical, and mental healthcare, including care for substance abuse
- Prescription pharmaceutical drugs available under the VA national formulary system
- Emergency care in community care facilities in accordance with sharing contracts or if authorized by 38 CFR §§17.52(a)(3), 17.53, 17.54, 17.120-132 and 17.1000-17.1008

### **3.2 VA Medical Package Preventative Services**

Includes:

- 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 reexamination of members of high-risk groups for selected diseases and 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.

### **3.3 Limited Benefits**

Limited benefits for the following needs to be coordinated with the local VA Medical Center/VA Healthcare System:



- Ambulance Service (travel authorized under 38 U.S.C. §111, Payments or Allowances for Beneficiary Travel and 38 CFR part 70, Veterans Transportation Programs)
- 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)

The Medical Benefits Packages mentioned here are not complete. Detailed information on these packages can be found on the Electronics Code of Federal Regulations website.

*Note: Effective July 5, 2017, to reduce suicide by, and treat mental illness of, former Service members, all Veterans Health Administration (VHA) medical centers will provide crisis intervention services to any former Service member, with an other-than-honorable (OTH) administrative discharge (VHA Directive 1601A.02), who presents for care from the VHA Healthcare System in a Mental Health emergency or to be referred for services via the Veteran Crisis Line or visiting the VA Emergency Room, or Vet Center for an initial period of up to 90 days, which can include inpatient, residential or outpatient care.*

Neither IHS nor THP providers can approve community medical care at VA expense. If care cannot be provided directly on-site by the IHS or THP facilities and the Veteran wants to use the VA Medical Benefits Package then the AI/AN Veteran must contact the local VA medical facility for care coordination. Following community care policies and guidelines, eligible AI/AN Veterans will need to see VA primary care physicians for follow-up or continued medical needs assessments when the THP facilities cannot provide care or services “directly.”

#### **4. Program Eligibility and Enrollment**

The Reimbursement Agreements provide care for eligible AI/AN Veterans. The term eligible AI/AN Veteran for the VA-IHS/THP Reimbursement Agreement program means an AI/AN Veteran who has the following qualifying criteria:

- Eligible for services from IHS/THP in accordance with 42 CFR Part 136, and VA does not determine tribal eligibility or enrollment; the IHS/THP is responsible for ensuring that a Veteran being treated at a tribal health facility is eligible to receive such services.
- AI/AN Veteran enrollment in the VA Healthcare System of patient enrollment is a requirement and condition for receiving the 'Medical Benefits Package' set forth in §17.38 under the IHS/THP Reimbursement Agreement program, in accordance with 38 U.S.C. §1705 and 38 CFR §17.36 or is eligible for hospital care and medical services.

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.

##### **4.1 Roles and Responsibilities**

The following outlines the roles and responsibilities pertaining to the VA-IHS/THP Reimbursement Agreements Program eligibility and enrollment process.



#### **4.1.1 VHA Office of Community Care (OCC) VA-IHS/THP Reimbursement Agreement Program Office responsibilities:**

- Ensure all program documentations are consistent with the IHS and THP Reimbursement Agreements.
- Coordinate with the IHS and THP, VISN 20 Network Payment Center, and VA medical center staff regarding program operations.
- Provide program guidance on the AI/AN Veteran eligibility and eligibility requirements.

#### **4.1.2 VISN 20 Network Payment Center (NPC) responsibilities:**

- Support the IHS or THP reimbursement agreement terms for the processing of inpatient, outpatient, and pharmacy claims.
- Establish program requirements, staffing, training, and oversight necessary to facilitate the processing and payment of health care claims associated with direct care services provided under an approved IHS or THP agreement.
- Validate the enrollment and eligibility of AI/AN Veteran prior to claims payment.
- Provide customer service to IHS and THP stakeholders related to health care claims inquiries and appropriately redirecting questions related to other programmatic areas.

#### **4.1.3 Local VA Medical Center (VAMC)/VA Health Care System (VAHCS) responsibilities:**

- Provide AI/AN Veteran enrollment and eligibility information to IHS/THP providers as needed.
- Collaborate with the IHS/THP providers by assisting the eligible AI/AN Veteran in enrolling in the VA Healthcare System.

#### **4.1.4 VA Health Eligibility Center (HEC) responsibilities:**

- Provide VA enrollment and eligibility training to IHS/THP providers and stakeholders.
- Provide AI/AN Veteran enrollment and eligibility information to IHS/THP providers/facilities.

#### **4.1.5 IHS/THP facilities/providers responsibilities:**

- Provide Direct Care Services to eligible AI/AN Veterans as specified in the IHS\THP reimbursement agreement.
- Ensure that AI/AN Veteran enrollment and eligibility has been verified prior to the submittal of health care claims.
- Submit health care claims in accordance to the VA-IHS/THP Reimbursement Agreement and applicable regulations.
- Assist the eligible AI/AN Veteran in enrolling in the VA Healthcare System and collaborate with the VA in the enrollment process as necessary.

## 4.2 Eligibility Procedure

The VA-IHS/THP Reimbursement Agreements states that VA, IHS and THP are responsible for determining eligibility for healthcare services within their respective program. VA will only be billed for those Veterans eligible within their health care system. Each tribe will determine tribal membership eligibility criteria.

The following are several ways IHS and THP can verify AI/AN Veteran eligibility and enrollment in the VA health care system:

### 4.2.1 Secure Data Transfer

IHS/THP can use the IHS Secured Data Transfer Service to request enrollment/eligibility information from VA Health Eligibility Center (HEC) using a Microsoft excel template. The IHS Secured Data Transfer Service is made available by IHS on a limited basis to enable the THP and IHS facilities to initially and periodically acquire a comprehensive listing of all their AI/AN Veteran enrollment and eligibility from VA HEC. IHS/THP staff can request access to the IHS Secured Data Transfer Service by emailing [Cynthia.Larsen@ihs.gov](mailto:Cynthia.Larsen@ihs.gov). Access will be limited to email receipt and reply.



Below are the instructions for verifying Veteran eligibility and enrollment:

- IHS/THP staff fills out columns A-C of the VA HEC template. The completed template is then uploaded to the IHS secured site.

Clipboard						Font						Alignment						Number						Styles						Cells					
C18												fx																							
A			B			C			D			E			F																				
Tribe/Healthcare Facility Name (Tribe to Populate )						VA HEC to fill out																													
Last,First		DOB (mm/dd/yyyy)		SSN		First Enrolled Date		Current Enrollment Status		Current Priority Group																									



- IHS/THP Enrollment and eligibility information requests are securely transmitted to VA HEC from the IHS or THP providers using the IHS Secured Data Transfer Service.
- 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.
- VA HEC returns the completed enrollment/eligibility Excel spreadsheet to Cynthia Larsen via IHS Secured Data Transfer and she will return it to the IHS/THP staff.

#### **4.2.2 Contact the VA HEC by Telephone**

IHS/THP can contact the VA HEC directly by phone if staff is checking enrollment/ eligibility on less than five Veterans by calling 855-488-8441, Monday through Friday, between 7:00 a.m. and 5:30 p.m., Eastern Standard Time (EST). 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).

#### **4.2.3 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 by calling the VA Benefits Manager listed in the IHS/THP Implementation Plan. 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 such as ambulance services, eyeglasses & hearing aids, prosthetics, durable medical equipment (DME), rehabilitative devices, dental care, certain counseling services, and VA Community Care (following the guidance in the Options for Providing Community Care, Memorandum).

#### **4.2.4 Veteran Provided Documentation**

IHS/THP may request documentation or information regarding Veteran's specific VA health care eligibility and/or service connection disability directly from the Veteran (e.g., VA letter, etc.).

### **4.3 Enrollment Procedure**

AI/AN Veteran under the VA-IHS/THP Reimbursement Agreements must be enrolled in the VA Healthcare System as a condition to be reimbursed for 'Direct Care Services' provided under 38 CFR §17.38, Medical Benefits Package. Once a Veteran is enrolled, that Veteran remains enrolled in the VA Healthcare System and maintains immediate access to certain VA health care benefits.

VA will determine Veteran's eligibility through enrollment. During enrollment, each Veteran is assigned to a priority group to ensure health care benefits are readily available to all enrolled AI/AN Veterans. A Veteran may be eligible for more than one Enrollment Priority Group. In that case, VA will always place a Veteran in the highest Priority Group for which the Veteran is eligible. VA Priority Group is not a consideration for AI/AN Veteran eligibility in VA-IHS/THP Reimbursement Agreement program. Title 38 CFR §17.36(C) states that the annual VA



notification changes the categories and subcategories of Veterans eligible to be enrolled based on the order of priority groups will be posted in the Federal Register each fiscal year.

Healthcare claims submitted for treatment of those Veterans not enrolled in VA health care system will not be considered for payment under the 38 CFR §17.38 Medical Benefits provisions of this agreement. The following are several ways the eligible AI/AN Veteran can enroll in the VA health care system:

#### 4.3.1 Online

Veterans can apply for enrollment online by accessing the Vets.gov Health Care Application Process at <https://www.1010ez.med.va.gov/> and following the instructions.

#### 4.3.2 By Phone

Veterans can apply for benefits or update their information by calling 877-222-VETS (8387), Monday through Friday, between 8:00 a.m. and 8:00 p.m., EST. A VA representative will have their completed form sent to them for verification and signature.

#### 4.3.3 By Mail

Print VA Form 10-10EZ (<https://www.va.gov/vaforms/medical/pdf/1010EZ-fillable.pdf>) or 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

#### 4.3.4 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 this link: <http://www.va.gov/directory/guide/home.asp>.

*Note: A copy of the Veteran's DD-214, Certificate of Release or Discharge from Active Duty, is not required to complete the enrollment process, but will expedite the process.*

### 4.4 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 eligibility criteria to be considered as exempt from VA health care enrollment:

- Rated for Service-Connected (SC) disabilities at 50 percent or greater; a SC disability will receive services for that SC disability
- Discharged or released from active military 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 healthcare 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. VA will not reimburse for any services that are excluded from the "Medical Benefits Package" or for which the eligible AI/AN Veteran does not meet the qualifying criteria.

#### 4.5 VA Benefits Letter

A Veteran can get a copy or apply for a VA benefits letter either in person or online.

- In person at one of the Veterans Benefits Administration Facilities. Location listing and links can be found at <http://www.va.gov/directory/guide/division.asp?dnum=3>
- Online at <https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>

Additional information on VA benefits depending on the type of benefit you are seeking is located at <http://www.benefits.va.gov/benefits/Applying.asp>. For questions regarding the VA benefits letter, call 800-827-1000.

### 5. Quality of Care

VA through the VA Medical Center (VAMC) or VA HealthCare 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:

#### 5.1 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.

#### 5.2 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.

#### 5.3 Certification and Accreditation

In order to receive reimbursement, each IHS/THP facility must meet Centers for Medicare and Medicaid Services (CMS) certification and CMS conditions of participation, or must have accreditation through the Joint Commission or Accreditation Association for Ambulatory Health Care (AAAHC), refer to Appendix C for examples.

IHS facilities will be asked to provide the certification or accreditation prior to getting reimbursed while THPs will be asked to provide the certification or accreditation prior to signing the Reimbursement Agreement. IHS facilities and THPs must ensure that their certification or accreditation document is up to date. If this document has expired, IHS facilities and THPs are required to submit an updated document to: [tribal.agreements@va.gov](mailto:tribal.agreements@va.gov).



For information about CMS certification refer to the links below:

- CMS AI/AN website: <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/index.html>
- CMS AI/AN Outreach and Education Resources website: <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education/index.html>

#### **5.4 Medical Quality Assurance Activities**

At least annually, VAMC/VAHCS and IHS/THPs agree to use existing medical quality assurance activities that 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. Billing and Claims Submission**

### **6.1 Electronic Data Interchange (EDI) Claims Submission**

VA accepts and encourages the use of electronic data interchange (EDI) for submitting claims that satisfy criteria established in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The standard transactions that are 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 to provide clearing house services for electronic /EDI health care claims. To register or submit an EDI, please call 800-845-6592 or visit: <http://www.changehealthcare.com/>.

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

- 12115 for submission of medical claims
- 12116 for submission of dental claims

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

### **6.2 Paper Claims Submission**

If the IHS or THP facility does not have a capability to submit an electronic health care claims, paper claims submissions will be accepted by VA provided that the applicable health care claims (CMS 1500, UB-04 or ADA Dental Claim Form – refer to Appendix D for sample) are complete, accurate, and that it includes all required data fields, ICD, CPT, HCPCS codes.



The following information is required for all IHS/THP claims:

	CMS 1500 (HCFA)	CMS 1450 (UB)	Dental Claims
<b>Contract/Agreement #</b>	Box 19	Box 80	Box 35
<b>Station #</b>	Box 23	Box 63	
<b>Annotate IHS or THP</b>	Box 11	Box 62	Box 16

All other information should be provided based on CMS and American Dental Association guidelines.

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

VA Portland Health Care System  
 10N20NPC  
 ATTN: IHS/THP  
 1601 E Fourth Plain Blvd.  
 Vancouver, WA 98661

For questions regarding submitted health care claims, contact VISN 20 NPC – Claims Payment Processing Call Center at 877-881-7618, Monday through Friday, between 6:05 a.m. and 4:45 p.m., Mountain Standard Time.

### 6.3 Pharmacy Claims Submission

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. Here is the link to the VA National Formulary listing at <http://www.pbm.va.gov/NationalFormulary.asp>.

VA Non-Formulary requests will be handled according to the VHA Handbook 1108.08 (VHA Formulary Management Process) and local VAMC policy.

VA can only accept Pharmacy paper claims due current EDI limitation, the submitting THP must use CMS 1500 to submit pharmacy claims. Pharmacy claims should only be coded using Healthcare Common Procedure Coding System (HCPCS) J3490, this code is described as unclassified drugs. The CMS 1500 must contain the following information:

If the drug is a controlled substance, the Drug Enforcement Administration (DEA) number must also be provided.



Here is an example of a correctly completed pharmacy claim:

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan
	From	To			(Explain Unusual Circumstances)				CPT/HCPCS	MODIFIER				
MM	DD	YY	MM	DD	YY									
N400085113201	09	04	14	09	04	14	22		ZZALBUTEROL 90MCG 200D ORAL INHL		AB	1070	6.7	
									J3490					
N463304083005	09	04	14	09	04	14	22		ZZATORVASTATIN CA 80MG TABLET		AD	1276	45	
									J3490					
N400085461001	09	04	14	09	04	14	22		ZZFORMOTEROL/MOMETASONE 5MCG/200MCG		AB	4893	13	
									J3490					
N400172208380	09	04	14	09	04	14	22		ZZHYDROCHLOROTHIAZIDE 25MG TABLET		AD	527	90	
									J3490					
N400169183411	09	04	14	09	04	14	22		ZZINSULIN NPH U-100 INJ		AC	1887	30	
									J3490					
N400603421232	09	04	14	09	04	14	22		ZZLISINAPRIL 20MG TABLET		AD	852	135	
									J3490					

### 6.4 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 that VA is responsible only for the balance remaining after other third party reimbursements.

When a third party payer’s insurance payment is made on a claim, an Explanation of Benefits (EOB) must be sent with paper claim. If the healthcare claims are being submitted to VA via EDI, mail the EOB to VISN 20 NPC at least 4 days prior to the expected EDI claim submission. The balance remaining is VA responsibility when the remaining balance on the claim does not exceed VA allowable amount.

VA does not reimburse co-pays, deductibles, or participate in balance billing; in addition to what other Federal organizations (i.e., Medicare or Medicaid) have already paid.

### 6.5 VA Claims Denial

As mentioned in Section 2.2, limited benefits (to include dental) apply to some Direct Care Services. With that in mind, 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.

## 6.6 Timely Filing

Healthcare 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.

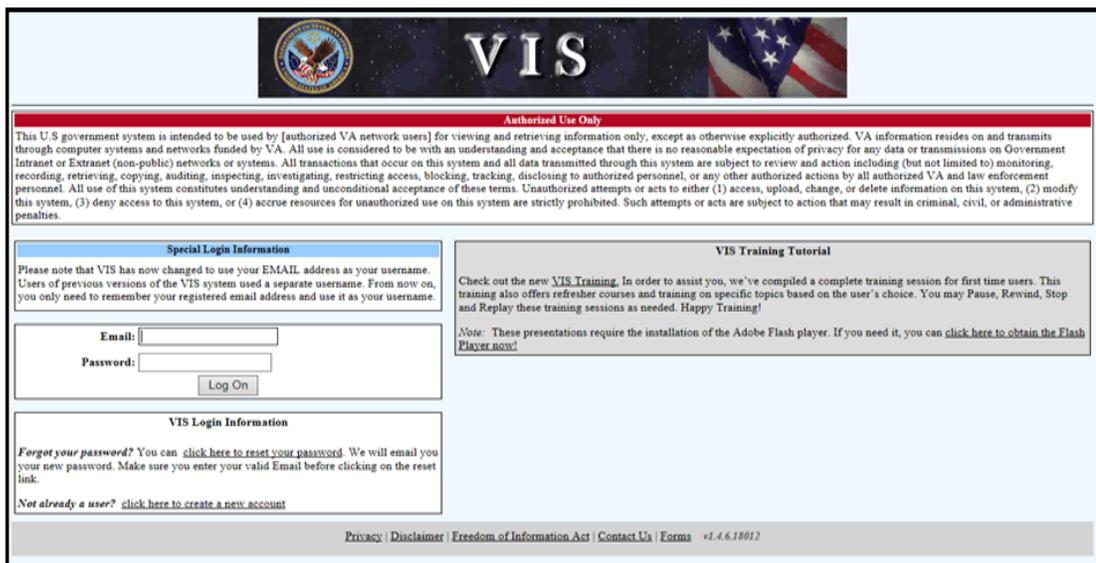
## 6.7 Copayment

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 co-payment requirement has been waived for eligible AI/AN Veterans.

## 6.8 Claims Status Check and Inquiry

IHS\THP facility may check the status of their submitted health care claims through the following:

- **By Phone:** Contact the VA Claims Payment Processing Call Center at 877-881-7618, Monday through Friday, 6:05 a.m. to 4:45 p.m., Mountain Standard Time (MST). When contacting the call center, use the Vancouver zip code 98661.
- **Online using the Vendor Inquiry System (VIS):** VIS is an external web application that allows registered IHS/THP providers to research the status of claims received by VA. IHS/THP providers may register in VIS <https://www.vis.fsc.va.gov/DesktopDefault.aspx> to view the VA Treasury payment information and claim status.



**Authorized Use Only**

This U.S. government system is intended to be used by [authorized VA network users] for viewing and retrieving information only, except as otherwise explicitly authorized. VA information resides on and transmits through computer systems and networks funded by VA. All use is considered to be with an understanding and acceptance that there is no reasonable expectation of privacy for any data or transmissions on Government Intranet or Extranet (non-public) networks or systems. All transactions that occur on this system and all data transmitted through this system are subject to review and action including (but not limited to) monitoring, recording, retrieving, copying, auditing, inspecting, investigating, restricting access, blocking, tracking, disclosing to authorized personnel, or any other authorized actions by all authorized VA and law enforcement personnel. All use of this system constitutes understanding and unconditional acceptance of these terms. Unauthorized attempts or acts to either (1) access, upload, change, or delete information on this system, (2) modify this system, (3) deny access to this system, or (4) accrue resources for unauthorized use on this system are strictly prohibited. Such attempts or acts are subject to action that may result in criminal, civil, or administrative penalties.

**Special Login Information**

Please note that VIS has now changed to use your EMAIL address as your username. Users of previous versions of the VIS system used a separate username. From now on, you only need to remember your registered email address and use it as your username.

Email:

Password:

**VIS Login Information**

Forgot your password? You can [click here to reset your password](#). We will email you your new password. Make sure you enter your valid Email before clicking on the reset link.

Not already a user? [click here to create a new account](#)

**VIS Training Tutorial**

Check out the new VIS Training. In order to assist you, we've compiled a complete training session for first time users. This training also offers refresher courses and training on specific topics based on the user's choice. You may Pause, Rewind, Stop and Replay these training sessions as needed. Happy Training!

Note: These presentations require the installation of the Adobe Flash player. If you need it, you can [click here to obtain the Flash Player now!](#)

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## 7. Establishing A Reimbursement Agreement

### 7.1 Process

Tribal Health Facilities that are interested in participating in the VA IHS/THP Reimbursement Agreements must following process:



### 7.1.1 Statement of Interest

Tribal health facilities that are interested in participating in the VA IHS/THP Reimbursement Agreements Program must submit a statement of interest via e-mail to ([tribal.agreements@va.gov](mailto:tribal.agreements@va.gov)). The e-mail includes a short statement indicating interest in the program, the tribal facility's name, address, phone number, and a point of contact (POC).

### 7.1.2 Joint Orientation Meeting

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.

### 7.1.3 Submit Required Documentation

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: list of services the tribal facility provides (in-house and contracted)
- Implementation Plan: tribal facility points of contact
- Approximate number of Veterans the tribal facility serves
- Whether or not claims will be submitted electronically (EDI) to VA
- Draft Agreement (word version with tracked changes)
- Email addresses for attendees to VA's eligibility and enrollment training

Refer to Appendix D for the Agreement Implementation Plan Template.

### 7.1.4 Review of Submitted Documents and VA Eligibility/Enrollment Training

The VA-IHS/THP Reimbursement Agreements Team will confirm receipt of information from tribal facility and review the submitted information for completeness and accuracy.

The VA-IHS/THP Reimbursement Agreements Team will send out invitations to the tribal facility representatives for VA Eligibility and Enrollment training (one time attendance), which is offered monthly, every third Tuesday, 2 p.m. to 3 p.m., EST.

### 7.1.5 Request for Additional Information/Clarification (if applicable)

The VA-IHS/THP Reimbursement Agreements Team will notify tribal facility staff of any missing/unclear information. If tribal facility meets program requirements, the VA-IHS/THP Reimbursement Agreements Team will forward tribal facility's package to the VA Contracting Officer.

### 7.1.6 VA Contracting Officer and Legal Review

The VA Contracting Officer and VA Office of General Counsel (OGC) District Contracting National Practice Group (DCNPG) will review tribal facility agreement and paperwork. If



there are no major revisions or issues, the VA-IHS/THP Reimbursement Agreements Team will contact tribal facility staff for a signed version of the agreement.

### **7.1.7 Agreement Signing**

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.

### **7.1.8 Agreement Completion and Distribution**

The VA-IHS/THP Reimbursement Agreements Team will send the signed agreement, implementation plan, and Notice to Proceed to the tribal facility staff.

## **7.2 IHS/THP Provider Site Readiness**

The IHS/THP must meet claims processing and site readiness criteria to be determined ready for implementation. VA and IHS/THP must have a signed Reimbursement Agreement and complete the site readiness requirements prior to the IHS/THP seeking reimbursement for claims. VA will work with IHS/THP facilities to ensure these criteria are met. VA will also work with IHS/THP facilities to consider exceptions to the criteria listed below.

The following is a set of criteria for each IHS/THP site to complete prior to seeking reimbursement for claims, and for THPs to complete prior to approving individual Reimbursement Agreements:

### **7.2.1 Completed the Eligibility and Enrollment Training**

IHS/THP staff must complete the VA Health Eligibility Center (HEC) Eligibility and Enrollment training.

### **7.2.2 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.

### **7.2.3 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 Reimbursement Agreements.

### **7.2.4 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 Form 10091 to VA.



### 7.2.5 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.

### 7.2.6 Provider Covered and non-Covered Services

Must provide a list of covered and non-covered services for the facilities included in the Reimbursement 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 Agreement.

### 7.2.7 EDI Capable and Change Healthcare Connection

Electronic Data Interchange (EDI) with Change Healthcare established and use 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.

### 7.2.8 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 on the CMS 1450 (UB-04), Treatment Authorization Codes, and Field 23 on the CMS 1500 (HCFA), Prior Authorization Number
- Must send a value of "THP or IHS" in the SBR03 data element. This will enable routines to identify with a flag the claim in FPPS as 'Y' for the THP or IHS.

## 8. Amendment, Modification and Exercise Options

Except for cancellation, Agreements may be revised or amended only by mutual written agreement signed by the signatories (or their authorized representatives) to the Agreement.

Amendments, Modifications and Exercise of Options shall be done through an agreement addendum that contains at a minimum, the following:

- VA-THP Reimbursement Agreement – THP facility, VAMC facility, Agreement number, and defined intent of the amendment, modification or exercise of option including authorized signatures of both parties involved.
- VA-IHS National Reimbursement Agreement/Memorandum of Understanding (MOU) – defined intent of the amendment, modification or exercise of option including authorized signatures of both parties involved.

## 9. Website

VA-IHS/THP Reimbursement Agreement Program information and resources for initiating and implementing reimbursement agreement can be found on the following website at [https://www.va.gov/COMMUNITYCARE/providers/info\\_IHS-THP.asp](https://www.va.gov/COMMUNITYCARE/providers/info_IHS-THP.asp).



## Appendix A: VA Health Eligibility Center (HEC) Enrollment and Eligibility Definitions

The definitions below are provided by VA HEC to support IHS/THP facility utilization when verifying enrollment in the VA Healthcare System and eligibility for AI/AN Veterans.

STATUS	DEFINITION
Verified	Veteran status has been verified as enrolled and eligible.
Pending; Means Test Required	Veteran enrollment is pending. Financial assessment needs to be accomplished to be enrolled in the VA.
Pending; Eligibility Status is Unverified	Veteran's status has not been verified as enrolled or eligible. The Veteran enrollment application is pending.
Rejected; Below Enrollment Group Threshold	Veteran has applied for VA health care after January 17, 2003 and their salary is above the income thresholds. Therefore, Veteran request for enrollment into the VA health care program was rejected.
Not Eligible; Ineligible Date	Veteran has been determined to be ineligible for VA medical benefits package. The ineligible date and reason for rejection is maintained on file.
Not Applicable	Veteran is not applicable for enrollment. The Veterans could be eligible for TRICARE, Allied Veteran, or have other status that is not eligible for enrollment in VA health care.
Not Eligible; Refused to Pay Copay	Veteran applied for VA health care, but refused to pay copayment. Therefore, Veteran is not eligible to be enrolled in the VA Healthcare System.
Deceased	Veteran is deceased and date of death is maintained on file. The Veterans is no longer enrolled or eligible for VA health care.
No Enrollment Determination	Veteran's enrollment status cannot be determined. This is due to the Veteran's record not being fully transmitted to the Enrollment System (ES), caused by unknown Veteran status, or a Veteran's file that has inconsistencies the Veterans Health Information Systems and Technology Architecture (Vista) user has not resolved; and the Veteran's record is prevented from fully transmitting to the ES.
Not in System	Veteran not found to be in the VA system and has not applied for VA medical benefits package.



## Appendix B: Agreement Implementation Plan Template

### 1.0 Purpose

The purpose of the Local Implementation Plan is to ensure the IHS and 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 VAMCs play a critical role in care coordination with the IHS and/or THP facilities. Below are just a few ways IHS and THP facilities may need to coordinate with the local VAMC:

- When the IHS or 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 his or THP facility
- When the IHS or 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 (for THPs as part of each reimbursement agreement)

Milestone	Description	Status/Notes	Completion Date
Joint Orientation	Local THP and VA representatives took part in a joint orientation call		
Certification/Accreditation	THP provided evidence of the certification/accreditation that meets reimbursement agreement criteria (CMS, AAAHC or Joint Commission)		



Milestone	Description	Status/Notes	Completion Date
VA Enrollment Training Attended	THP facility members participated in the VHA HEC Eligibility and Enrollment Training		
Veteran Volume Estimate Submitted	THP submitted estimates of their known Veteran population		
Electronic (EDI) Claims Submission	THP indicated whether or not the facility will submit claims electronically (EDI)		
VISN 20 Vendor Demographic Form	THP completed and submitted VISN 20 Vendor Demographic Form		
VA Form 10091	THP completed and submitted FSC Vendor File Request Form Payee/Vendor Information		
W9	THP completed and submitted Taxpayer Identification (W9) form		
Draft Agreement	THP submitted draft agreement with tracked changes		

## 2.2 VA and THP Healthcare Services

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

VAMC	
VAMC available services include:	The VAMC typically uses VA Community Care Providers for the following services:



Tribal Health Program	
THP direct care services include:	The THP facility typically uses Contract Healthcare Services for the following services:

### 3.0 VA, IHS, 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.

VA Medical Center Implementation Plan Points of Contact	
Local VAMC Name:	
Local VAMC Address:	
Local VAMC Phone:	
Local VAMC Director:	
Local VAMC Agreement Manager:	
Local VAMC Station Number:	
Local VAMC Benefits Coordinator:	
Local VAMC Quality Manager:	
Local VAMC Pharmacy Representative:	
Regional Rural Health Representative:	
Regional Tribal Government Relations Representative:	



VA Medical Center Implementation Plan Points of Contact	
<b>Claims Payment Center Address:</b>	VA Portland Health Care System 10N20NPC ATTN: IHS/THP 1601 E Fourth Plain Blvd. Vancouver, WA 98661
<b>Claims Payment Call Center:</b>	877-881-7618, Monday through Friday 6:05 a.m. to 4:45 p.m., Mountain Standard Time (MST)
<b>Claims Payment Center Manager:</b>	
<b>Additional POCs:</b>	

IHS-THP Implementation Plan Points of Contact	
<b>Healthcare Facility Name:</b>	
<b>Healthcare Facility Address:</b>	
<b>Healthcare Facility Phone:</b>	
<b>Healthcare Facility Director:</b>	
<b>Healthcare Facility Agreement Manager:</b>	
<b>Additional POCs:</b>	

## Appendix C: Examples of Accreditation and Certification

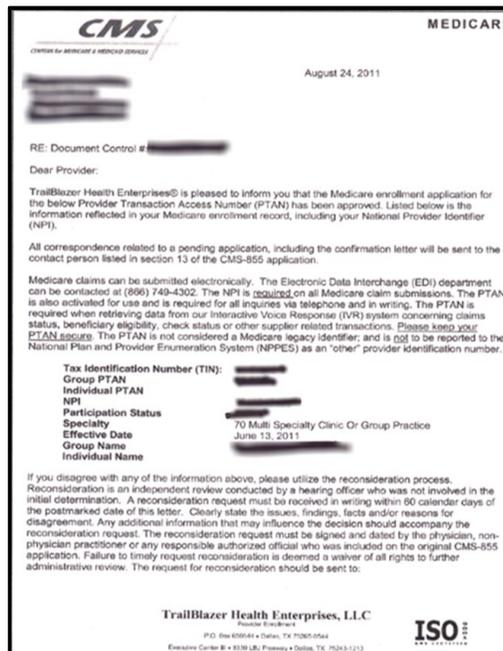
### Accreditation Association for Ambulatory



### Joint Commission Health Care (AACHC)



### Center for Medicare and Medicaid Services (CMS)







## List of Acronyms

Acronym	Definition
AAAH	Accreditation Association for Ambulatory Health Care
ADA	American Dental Association
AI/AN	American Indian/ Alaska Native
Cert/Accred	Certification/Accreditation
CFR	Code of Federal Regulations
CMS	Center for Medicare and Medicaid Services
DME	Durable Medical Equipment
eCMS	Electronic Contract Management System
CO	Contracting Officer
EDI	Electronic Data Interchange
FY	Fiscal Year
FQHC	Federally Qualified Health Center
HCFA	Health Care Financing Administration
HCPCS	Healthcare Common Procedure Coding System
HEC	Health Eligibility Center
HHS	Department of Health and Human Service
IHS	Indian Health Services
JC	Joint Commission
LEIE	List of Excluded Individuals/ Entities
Mod	Modification



Acronym	Definition
MOU	Memorandum of Understanding
NPC	Network Payment Center
NTP	Notice to Proceed
OCC	Office of Community Care
OGC	Office of General Council
OGTR	Office of Governmental Tribal Relations
OIG	Office of the Inspector General
OTH	Other-Than-Honorable
POC	Points of Contact
PRC	Purchased Referred Care
QSV	Office of Quality Safety and Value
SC	Service Connected
SF	Standard Form
THP	Tribal Health Programs
Tax ID	Tax Identification Number
UB	Uniform Bill
USC	United States Code
VA	Veterans Affairs
VAMC	VA Medical Center
VAHCS	VA Health Care System
VISN	Veterans Integrated Service Network