

# VA Indian Health Service (IHS)/Tribal Health Program (THP) Reimbursement Agreement - 2022 Refresher Training

May 5, 2022

**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
*Office of Integrated Veteran Care*

# Topics

- VA-IHS/THP Reimbursement Agreement Background
- Key Program Features
- Program Operations
  - Eligibility and Enrollment
  - Billing Claims and Claims Check
  - Other Topics
  - Program Update and References
- Questions

# IHS/THP Reimbursement Agreements Program

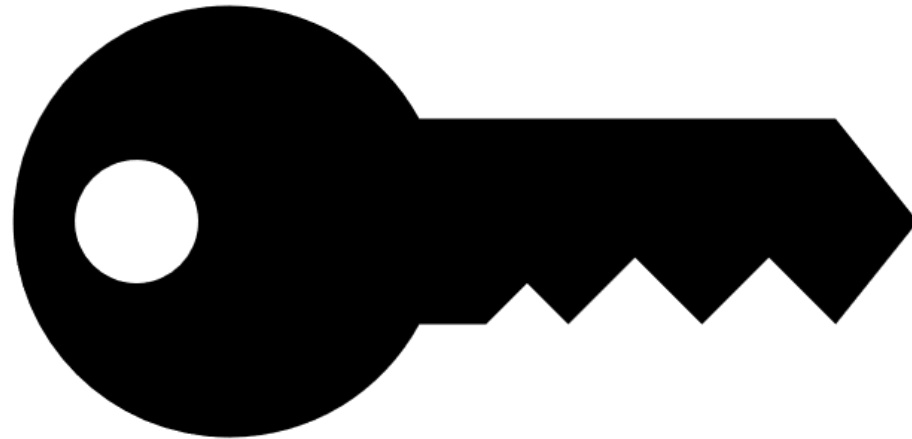
The VA Reimbursement Agreement Program (RAP) with the Indian Health Service/Tribal Health Programs/Urban Indian Organizations (I/T/U) provides a means for I/T/U healthcare facilities to receive reimbursement from VA for direct care.

## Key Milestones

- 10/ 2010- VA and IHS signed an agency level Memorandum of Understanding to improve access to care and care coordination. This program supports the MOU goals.
- December 2012- The National VA-IHS Reimbursement Agreement signed and individual THPs began execution.
- Sept. 2020 – Agreement modified to extended until June 30, 2024, as well as reimbursing for telehealth and Covid-19 related PRC.
- 2022 – Expanded to include Urban Indian Organizations and working to include Purchased referred care.

In Alaska, VA will reimburse for preauthorized non-native care

# Key Program Features



[Provider guide](#) details specific operational details.

# I/T/U Reimbursement Agreements Versus Other MOUs

- Do not relate to existing Memorandum of Understandings (MOUs) or sharing agreements.
- Separate program from VA's Community Care Network.
  - Such as the Community Care Network (CCN) or Veteran Care Agreements (VCP)
- Apply only to AI/AN Veterans receiving direct care services accessing services at a participating facility.
- Program managed by the Office of Integrated Veteran Care (IVC) but agreements are locally established.

# Key Benefits

## Benefit

**Collaboration** - Promotes quality health care through collaborative relationships both intergovernmental by sharing resources and with the community.

**Choice of Provider and Access** - Eligible AI/AN Veterans can choose to receive their health care from the I/T/U facility and/or VA facility closer to their homes in a culturally sensitive environment. In Alaska, due to the rural nature of the state and the limited presence of VA there, reimbursement agreements also cover eligible non-AI/AN Veterans.

**No Prior Authorization** – I/T/U facilities that are providing direct care services Eligible AI/AN Veteran does not require VA-preauthorization to receive reimbursement from the VA.

**No Copayment** – Pursuant to section 405(c) of the Indian Health Care Improvement Act (IHCIA), VA copayments do not apply to direct care services delivered by the IHS or THP healthcare facility to eligible AI/AN Veterans under agreements with VA.

**No Outstanding Balances** - For United States lower 48 states, IHS and THP medical facilities bill third parties *prior* to billing VA. VA is only responsible for the balance remaining after third party reimbursements (except for Medicare/Medicaid which must be the first and only payer). For Alaska, VA can be the primary payer, but VA payments are considered payment in full, they cannot bill both.

**Pharmacy Benefit-** Facilities will be reimbursed for outpatient medications dispensed by the facility that are on the VA's formulary. This is not limited to emergent prescriptions.

# Scope of Services

- VA only reimburses for **Direct Care Services**; defined as any health service that is provided directly by IHS/THP. This does not include Contract Health Services, unless those services are provided within the walls of the IHS or THP facility.
  - Currently working to include Purchased Referred Care
- 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 qualifying criteria.

# Scope of Services, Cont.

## Medical Benefits package includes:

- Outpatient medical, surgical, and mental healthcare, including care for substance abuse
- Inpatient hospital, medical, surgical, and mental healthcare, including care for substance abuse
- Outpatient Prescription pharmaceutical drugs available under the VA's formulary
- Emergency care
- Telehealth
- COVID-19 treatment (provided directly or contract care)
- Dental Care dependent on Veteran eligibility

## MBC exclusions listed here

AI/AN Veterans in need of Medical Durable Equipment, Eyeglasses, Hearing Aid, and Ambulance needs to be referred to the local VAMC for these services.

Home Health is not reimbursable under the agreement.

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. (see Care Coordination slide)



# Facility Requirements / Veteran Eligibility

## AGREEMENT REQUIREMENTS

- ❖ UIO Reimbursement Agreement – Executed with VA and UIO designated representative signature
- ❖ Implementation Plan and Required Documents - Completion and submission

## QUALITY OF CARE REQUIREMENTS

- ❖ AAAHC or Joint Commission Accredited or CMS Participating
- ❖ Annual or Ad Hoc Quality Meeting as needed
- ❖ Patient Grievance process

## VETERAN ELIGIBILITY REQUIREMENTS

- ❖ Native Status – eligible for services from IHS/THP/UIO in accordance with 42 CFR part 136
- ❖ VA Status - Eligible for VA services provided under 38 CFR 17.38 the Medical Benefits Package.
  - Generally, Veterans must be enrolled in the VA Healthcare System as a condition to reimbursement\*

# IHS/THP Payment Rates and Fees - US Lower 48 States

Services	Based On	As Applicable
<b>Outpatient</b>	IHS Outpatient All Inclusive Rate (AIR)	
<b>Inpatient</b>	Medicare Inpatient Prospective Payment System (IPPS)	
<b>Critical Access Hospital</b>	Medicare Rate	IHS/THS Facility must provide Medicare rate letter to NW POM
<b>Ambulatory Care</b>	Medicare Rate	
<b>Pharmacy (Outpatient)</b>	Actual Cost	Pharmaceuticals must be in the VA formulary or prior approval has been acquired for Non-VA formulary from the VA pharmacy

# Roles in the Agreement (1 of 3)

Stakeholder	Roles and Responsibility
<b>I/T/U Reimbursement Agreement Program (RAP) Office</b>	<p>Office within VHA Office of Integrated Veteran Care (IVC), focused on providing AI/AN veterans with access to health care at qualifying I/T/U facilities. The program office performs the following:</p> <ul style="list-style-type: none"> <li>○ Administers reimbursement agreement program,</li> <li>○ Provides program guidance and communication,</li> <li>○ Coordinates the completion of tribal agreements and modifications,</li> <li>○ Manages program documentation, SharePoint site, and websites,</li> <li>○ Provides stakeholder training,</li> <li>○ Manages risks and issues,</li> <li>○ Provides reports and data, and</li> <li>○ Performs other activities to support the Reimbursement Agreement Program.</li> </ul>
<b>VHA Health Eligibility Center (HEC)</b>	<p>VHA's authoritative source for the verification of a Veteran's eligibility for VA health care benefits, including enrollment determination processing and notification, priority group assignment, and income verification. They provide VA enrollment and eligibility training, assist with Veteran eligibility verification, and Veterans Enrollment for the I/T/U facilities.</p>
<b>Northwest Region Payment Operations and Management (POM)</b>	<p>A centralized VA I/T/U claims processing facility for AI/AN veterans and Alaska Non-Native Veteran receiving direct care at I/T/U facilities. Provides customer service to I/T/U stakeholders related to health care claims inquiries and appropriately redirecting questions related to other programmatic areas.</p>
<b>Contracting Officer (CO)</b>	<p>CO is the Government signatory for the THP/UIO Reimbursement Agreements. They have the responsibility and authority to issue, modify, extend and enforce individual VA-THP Reimbursement Agreements. The COs responsibility is centralized and assigned to Regional Procurement Office West. The CO is aligned under and work within the VA Office of Acquisition and Logistics (OAL).</p>

# Roles in the Agreement (2 of 3)

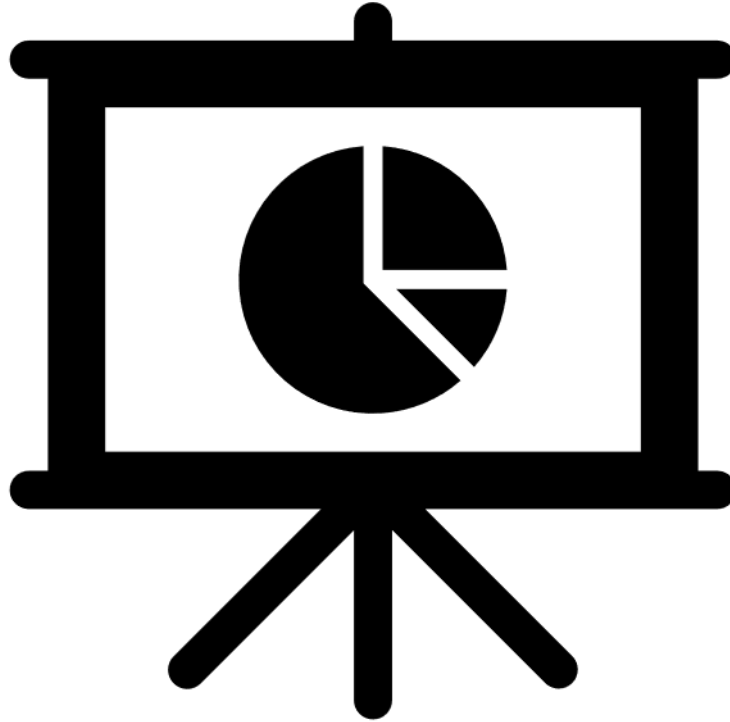
Stakeholder	Roles and Responsibility
<b>Veterans Affairs Medical Center / Veteran Affairs Health Care Systems (VAMC/VAHCS)</b>	<p>VAMC and VAHCS are directly involved the VA-I/T/U RAP through the completion of individually signed reimbursement agreement with the THP/UIO and implementation plans with IHS healthcare facilities. VAMC and VAHCS supports the program by:</p> <ul style="list-style-type: none"> <li>• Provide additional information about other VA programs or resources for Veterans.</li> <li>• Assists the I/T/U with Veteran eligibility verification and enrollments.</li> <li>• Facilitates care of coordination for eligible AI/AN Veteran and Alaska Non-Native Veterans, if care cannot be provided within the participating I/T/U facility, which could include services provided directly by VA or the Community Care Network (CCN). Includes coordinating care for durable medical equipment (DME) requests.</li> <li>• Provides patient advocacy services when needed (Customer Service).</li> <li>• Assigns staff to perform roles to includes:             <ul style="list-style-type: none"> <li>• <b>VAMC Agreement Manager</b> is the liaison between with the I/T/U and their local VAMC. Provides assistance, facilitate communication, coordinate, and provide information to the I/T/U in support of the agreement.</li> <li>• <b>Benefits coordinator</b> assist Veterans and provides information regarding Veteran VA benefits.</li> <li>• <b>Quality Manager</b> provides guidance and conducts local VAMC quality related activities</li> <li>• <b>Pharmacy Representatives</b> provides pharmacy information; reviews and approves VA Non-Formulary request from I/T/U facilities.</li> </ul> </li> </ul>
<b>Veteran Integrated Service Network (VISN)</b>	<p>The VHA is divided into areas called VISNs. They have oversight over VAMC and VAHCS that are involved in the VA-I/T/U Reimbursement Agreement Program.</p>

# Roles in the Agreement (3 of 3)

Stakeholder	Roles and Responsibility
<b>Department of Veterans Affairs (VA) Office of Tribal Government Relations (OTGR)</b>	VA office designed to build and strengthen relationships between the VA, tribal governments and other key federal, state, private and non-profit partners to improve service to American Indian and Alaska Native Veterans.
<b>Indian Health Services (IHS) Tribal Health Program (THP) Urban Indian Organization (UIO)</b>	<p>IHS is an agency within the Department of Health and Human Services (HHS) that provides federal health services to American Indians and Alaska Natives. VA has a National Reimbursement Agreement with IHS that includes several IHS Outpatient and Hospital Healthcare facility.</p> <p>THPs are health programs operated by federally recognized tribes that control sovereignty over their own health care. While UIOs are nonprofit corporate body situated in an urban center, composed of urban Indians, providing Indian groups and individuals the provision of healthcare and referral services. VA has established individual THP/UIO Reimbursement Agreements with the THP/UIO.</p> <p>The I/T/U facilities' role is to primarily deliver healthcare services to eligible AI/AN Veterans. They are also responsible to:</p> <ul style="list-style-type: none"> <li>• Managing and coordinating the VA-IHS reimbursement agreement program between the VA and their respective facilities/providers.</li> <li>• Meet the terms of their Agreement.</li> <li>• Submit claims according to VA billing and timeliness requirements.</li> <li>• Verify Veteran's eligibility and enrollment status prior to billing VA.</li> <li>• Ensure high quality of care is being delivered, to include established patient grievance process and open communication with their local VAMC.</li> </ul>

Program Operations

Eligibility &  
Enrollment



[Provider guide](#) details specific operational details.

# Eligibility and Enrollment Requirements

## Eligibility and Enrollment Requirements:

Eligible AI/AN Veteran must meet the following qualifying criteria:

- ❖ Eligible for services from IHS/THP in accordance with 42 CFR Part 136.
- ❖ Enrolled in the VA Healthcare System as a condition to be reimbursed for 'Direct Care Services' provided under 38 CFR § 17.38 the Medical Benefits Package.

## Enrollment Exemptions:

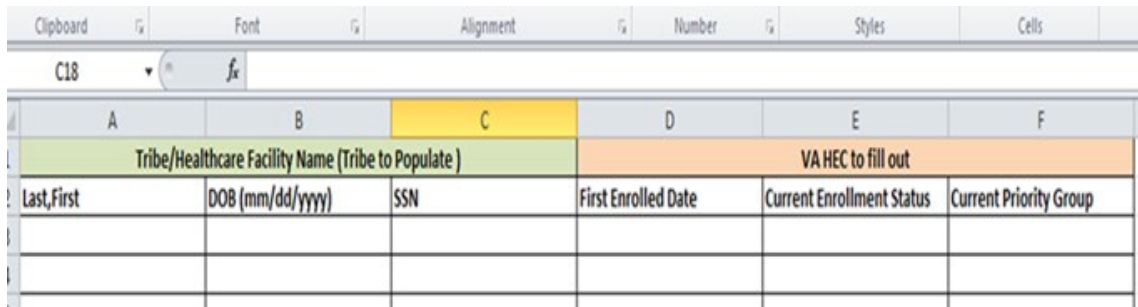
Eligible AI/AN Veteran must meet one of the following if he/she is not enrolled or choose not to enroll in VA Healthcare System:

- ❖ Rated Service Connected (SC) disability at 50 percent or greater
- ❖ SC disability will receive services for SC disability
- ❖ Discharged or release from active military for a disability incurred or aggravated in the line of duty will receive service for 12-month period following discharge or release.

# Enrollment Verification (1 of 3)

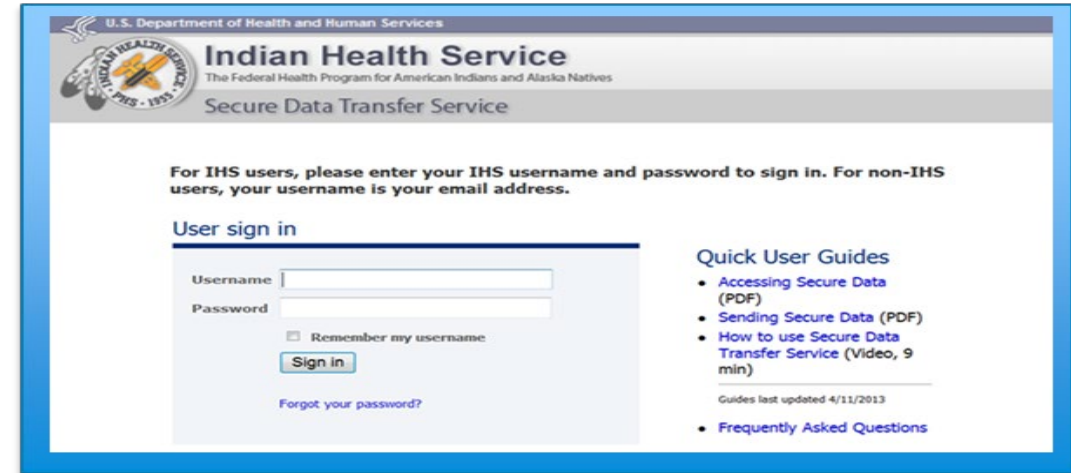
There are several ways to verify program AI/AN Veteran enrollment and eligibility in VA healthcare system.

A. 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 image shows a Microsoft Excel spreadsheet template. The columns are labeled A through F. Column A is for 'Last,First', B for 'DOB (mm/dd/yyyy)', C for 'SSN', D for 'First Enrolled Date', E for 'Current Enrollment Status', and F for 'Current Priority Group'. The header row has a green background for 'Tribe/Healthcare Facility Name (Tribe to Populate)' and an orange background for 'VA HEC to fill out'.

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



To request access to the IHS Secure Data Transfer Service email Cynthia.Larsen@ihs.gov. Access will be limited to email receipt and reply, contact Cynthia Larsen for instructions.

## ○ Initial List Request

IHS/THP organization will upload the comprehensive AI/AN Veteran HEC excel list to the IHS Secure Data Transfer site

## ○ Quarterly List Updates (AI/AN Veterans not verified on the initial list)

IHS/THP organization will upload the HEC excel list to IHS Secure Data Transfer Service



# Enrollment Verification (2 of 3)

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

**VA Health Eligibility Center (HEC) Enrollment and Eligibility Status are defined below:**

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, the Veteran is not eligible to be enrolled into the VA Healthcare System.

# Enrollment Verification (3 of 3)

B. IHS/THP can contact the VA Health Enrollment Center (HEC) directly by telephone if their staff is checking the enrollment/eligibility on less than 5 Veterans. Hours of Operation: Monday to Friday, 7:00 AM and 5:30 PM (Eastern Time). Veteran's name and social security number will be required.

- VA HEC Representative Contacts: Harris Smith: 404-828-5422; Parris Phillips: 404-828-5614
- VA HEC telephone number: 1 (855) 488-8441

C. IHS/THP can contact their local VA medical center to verify the AI/AN Veteran's VA enrollment/eligibility by telephone call.

D. IHS/THP can request documentation or information regarding Veteran's specific VA health care eligibility or/and service connection disability directly from the Veteran (e.g., DD214, VA benefits letter, etc.).

# Veteran Enrollment

If AI/AN Veteran is not enrolled in the VA healthcare system. There are four ways a Veteran may enroll with the VA:

**Online** - Apply for enrollment online by access this link (<https://www.1010ez.med.va.gov/>)

**By phone** - Apply for enrollment or update their information by phone by calling 1-877-222-VETS (8387), Monday through Friday, between the hours of 8:00 AM and 8:00 PM (Eastern Time).

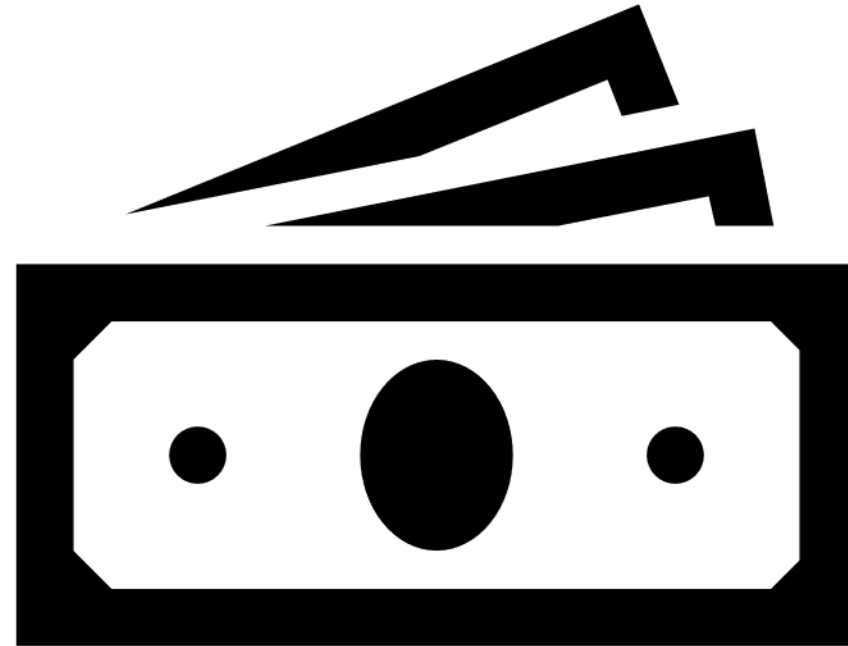
A VA representative will have their completed form sent to them for verification and signature

**By mail** - Print the 10-10EZ form (link: <https://www.va.gov/vaforms/medical/pdf/10-10EZ-fillable.pdf>) or call the phone number 1-877-222-VETS (8387) 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

**In person** – Enroll or update information in person at a VA Medical Center. For VA locations refer to this link: <http://www.va.gov/directory/guide/home.asp>. A copy of the Veteran's DD-214 is not required but will expedite the enrollment process.

Program Operations

Billing and Claims  
check



[Provider guide](#) details specific operational details.

# Electronic Data Interchange (EDI) Claims Submission

- VA has a centralized claims processing center for IHS/THP at Region 5 Northwest Payment Operations and Management.
- VA accept and encourages the use of electronica data interchange (EDI)
- VA contracts with **Change Healthcare**, an EDI clearinghouse. To register with Change Health:
  - Call : 866-371-9066, 8am to 4pm CT. or Online at: <http://www.changehealthcare.com>
  - The payer IDs are:
    - 12115 for medical claim,
    - 12116 for dental claims,
    - 00231 for any inquiry transaction.
- VA requires “THP” or “IHS” in the **SBR03** segment of the **837claim form** for proper routing through the VA.

# Claims Submission – Paper

- The following information is required for IHS/THP *Paper* claims submission.

Required Information	CMS 1500 (HCFA)	CMS 1450 (UB)	Dental Claims
Contract/Agreement #	Box 19	Box 80	Box 35
VAMC Station #	Box 23	Box 63	
IHS or THP	Box 11	Box 62	Box 16

- All other information should be provided based on CMS and American Dental Association (ADA) guidelines.
- Send ALL paper claims to:
  - VHA Office of Community Care
  - P.O. Box 30780
  - Tampa, FL 33630-3780

Administrative fee: \$15 fee per paper claim submission

\* remember, dental is a limited Veteran benefit, verify eligibility before claims submission!

# Claims Reimbursement and Submission – Pharmacy (1 of 3)

- ❖ VA will reimburse IHS/THP only for pharmaceutical drugs on the formulary used by VA. 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 Formulary listing: <http://www.pbm.va.gov/NationalFormulary.asp>

Search engine: <http://www.pbm.va.gov/apps/VANationalFormulary>

VA Criteria for Use for many Non-VA formulary drugs: <http://www.pbm.va.gov/PBM/clinicalguidance/criteriaforuse.asp>

IHS/THP must use CMS 1500 or EDI 837p to submit pharmacy claims and must contain the following:

<ul style="list-style-type: none"><li>❖ Date of fill</li><li>❖ Pharmacy name</li><li>❖ Drug name (generic name)</li><li>❖ Amount paid by the other health plan or for Pharmacy</li></ul>	<ul style="list-style-type: none"><li>❖ Quantity/NDC Unit</li><li>❖ Dr.'s name</li><li>❖ Drug strength</li><li>❖ Retail price</li></ul>	<ul style="list-style-type: none"><li>❖ Number of day's supply</li><li>❖ National Drug Code (NDC)</li><li>❖ Prescription number</li></ul>
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- ❖ If the drug is a controlled substance, the Drug Enforcement Administration (DEA) number must also be provided.

# Claims Reimbursement and Submission – Pharmacy (2 of 3)

- Here is an example of a correctly completed pharmacy paper claim (CMS 1500):

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PHARMACEUTICALS, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	
MM	DD	YY	MM	DD	YY			MODIFIER					
N400085113201 UN6.7						22	ZZALBUTEROL	90MCG	200D ORAL INHL	AB	1070	6.7	
09	04	14	09	04	14		J3490						
N463304083005 UN45						22	ZZATORVASTATIN CA	80MG	TABLET	AD	1276	45	
09	04	14	09	04	14		J3490						
N400085461001 UN13						22	ZZFORMOTEROL/MOMETASONE	5MCG/200MCG		AB	4893	13	
09	04	14	09	04	14		J3490						
N400172208380 UN90						22	ZZHYDROCHLOROTHIAZIDE	25MG	TABLET	AD	527	90	
09	04	14	09	04	14		J3490						
N400169183411 UN30						22	ZZINSULIN NPH U-100	INJ		AC	1887	30	
09	04	14	09	04	14		J3490						
N400603421232 UN135						22	ZZLISINOPRIL	20MG	TABLET	AD	852	135	
09	04	14	09	04	14		J3490						



# Claims Reimbursement and Submission – Pharmacy (3 of 3)

- Here is an example of an 837P pharmacy EDI (Note: In the EDI information below, example entries are italicized, and entries left blank are bold/bracketed. All other content is hardcoded and should remain the same on submitted claims.):

<b>Hierarchy</b>	HL*2*1*22*0~
<b>Subscriber Type</b>	SBR*P*18* ["Native beneficiary (THP 463 AIAN)" or a "Non-Native (THP 463)"] *****CH~
<b>Veteran Name/ SSN (or unique identifier)</b>	NM1*IL*1*[LAST NAME]*[FIRST NAME]****[MI]*[SOCIAL SECURITY NUMBER]~
<b>Street Address</b>	N3*[STREET ADDRESS]~
<b>City, State, Zip</b>	N4*[CITY]*[STATE]*[ZIP CODE]~
<b>Line Number</b>	LX*1~
<b>HCPCS, Cost, and NDC unit, quantity</b>	SV1*HC: J3490*82.56*UN*30***1:2~
<b>Service Date(s) (D8 for single date) (RD8 for Range)</b>	DTP*472*D8*20191108~
<b>Prescription Date</b>	DTP*471*D8*20191115~
<b>Reference</b>	REF*6R*000000469185230001~
<b>Line Note</b>	NTE*ADD*[NDC Description/Drug name, days supply]~
<b>NDC Code</b>	LIN**N4*76282042290~
<b>NDC Units</b>	CTP****30*UN~
<b>Prescription #</b>	REF*XZ*1701092~

# VA Non-Formulary Requirements

- VA will reimburse IHS/THP only for pharmaceutical drugs on the formulary used by VA. Here is the link to the VA National Formulary listing at <http://www.pbm.va.gov/NationalFormulary.asp>.
- IHS/THP requests for reimbursement of pharmaceutical drugs not on the VA formulary will need to be approved by the local VAMC in advance of the request for reimbursement. The local VAMC pharmacy will provide IHS/THP the process for submitting the request.
- If a medication being billed is not on the VA Formulary, the billing IHS/THP must obtain a VA Non-Formulary Approval notice and annotate “PAO NF” (Prior Auth Obtained – Non-Formulary) on the claim. On the CMS 1500, the PAO NF annotation should be noted in Box 23 and on EDI 837P write PAO NF on the EDI claims note section; then attach the approval in the EDI submission or mail to Northwest Region Payment Operations and Management (NW POM) address:
  - VA Portland Health Care System
  - ATTN: IHS/THP/UIO (10N20NPC)
  - 1601 E Fourth Plain Blvd.
  - Vancouver, WA 98661
- If the IHS/THP is mailing the VA Pharmacy Non-VA Formulary Approval to the NW POM in Vancouver, WA, that IHS/THP must also send an email to [VHA13D01POMNWIHSTHPSupport@va.gov](mailto:VHA13D01POMNWIHSTHPSupport@va.gov) stating that the VA Non-Formulary Approval is being mailed. Additional options for sending a copy of the VA Pharmacy Non-VA Formulary Approval include sending it encrypted as an attachment to the above email or by faxing to 360-905-1772, ATTN: IHS/THP/UIO.

# Other Health Insurance and Billing Timeliness

- **Other Health Insurance (OHI)/Other Liable Payers**
  - IHS/THP providers are responsible for submitting healthcare claims to the other health insurance or liable payers such as Medicare, Aetna, etc. prior to billing VA.
  - If applicable, the submitted healthcare claims must have an attached Explanation of Benefits (EOB) from the other health insurance. If the healthcare claims are being submitted to the VA via EDI, mail the EOB to NW POM at least 4 days prior to expected EDI claim submission.
  - VA will then pay the remaining allowable amount after other third-party reimbursements.
  - VA is considered the payer of last resort.
- **Timely Filing**
  - IHS/THP claims must be submitted to VA for payment within 12 months from the date of service, otherwise the claims will not be reimbursed by VA.

# Claims Status Check

## Phone:

- **VA THP Claims Payment Processing Center contact**

1-877-881-7618, Monday through Friday, 6:05 a.m. to 4:45 p.m., Mountain Standard Time (MST). Do not enter your facility zip code, instead use the NW POM zip code 98661.

## Online:

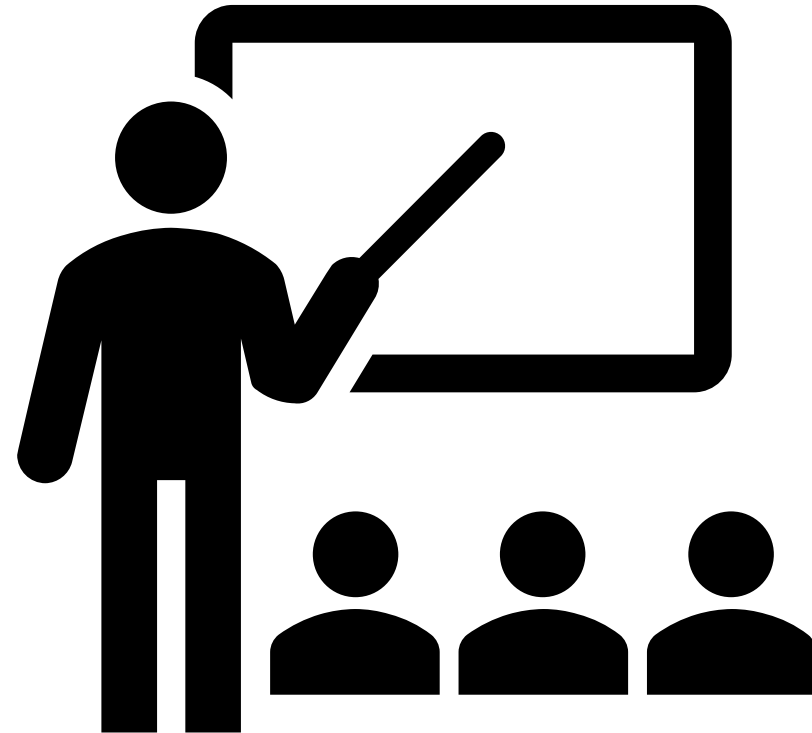
- **VA Customer Engagement Portal (CEP)** allows registered IHS/THP providers to research the status of claims received by VA, link - <https://www.cep.fsc.va.gov/>.
- **eCAMS Provider Portal (ePP)** allows registered THP providers to research the status of claims received by VA and being processed in the VA's Electronic Claims Adjudication Management System (eCAMS). THP providers may register for ePP (<https://www.occepp.fsc.va.gov/>) to view the VA payment information and claim status.

## Email:

- For questions and issues with submitted UIO claims, email NW POM at [VHA13D01POMNWIHSTHPSupport@va.gov](mailto:VHA13D01POMNWIHSTHPSupport@va.gov).

Program Operations

Other Topics



# Quality Requirements

VA through the VA Medical Center (VAMC) will work collaboratively with the I/T/U staff to ensure access to quality care for AI/AN Veterans. I/T/U requirements include:

- **Accredited (AAAHHC/JACHO) or CMS participating**
  - Established patient grievance process
  - Annual meeting with VAMC to review quality and care coordination.
- 
- Detailed Quality requirements can be found in the following section of the agreement:
    - Section 7 for IHS and UIO
    - Section 6 for THP

# Care Coordination for the I/T/U RAP

- When care is not available within IHS/THP facilities, Veterans must be referred to non-IHS/THP providers
  - For eligible AI/AN Veterans, referrals can be made to the VA. VA may provide the care directly or refer the care to a community care provider, requiring enhanced care coordination
- 
- The Community Provider Order (CPO) is the standardized process used for placing, tracking, managing, and reporting requests VA receives from community providers on behalf of the Veteran.
  - Uses a standardized Request for Service (RFS) form that community providers complete and send back to VA (email, fax, or snail mail)

Local POCs and more information can be found here:

[https://www.va.gov/communitycare/providers/Care\\_Coordination.asp](https://www.va.gov/communitycare/providers/Care_Coordination.asp)

## Expedite Care



The process expedites care and gives VA the ability to recapture care in the VA if we can offer the service

## Improve Care Coordination



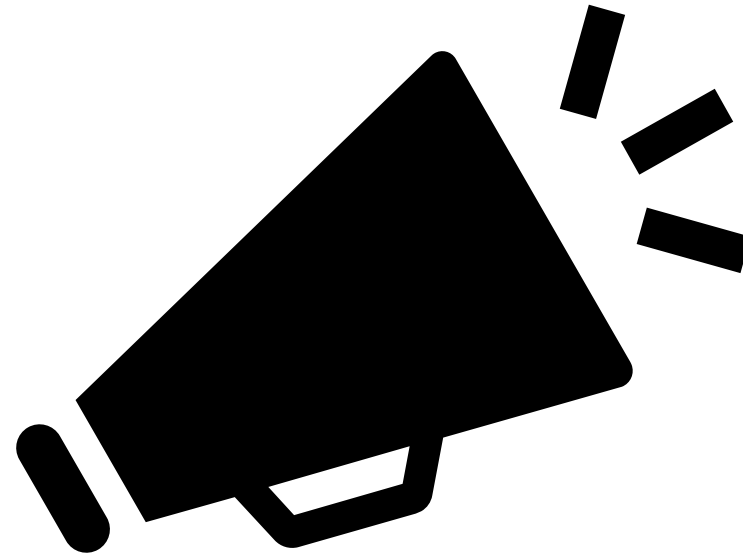
Improves care coordination between the VA and I/T/U providers

## Improve Veteran's access



Improves Veteran's access to care by streamlining the process.

# Program Updates and References





# Future Expansion

## **Purchase Referred Care (PRC) and Contract Travel**

Public Law 116-311 amends Section 405(c) of the Indian Health Care Improvement Act (25 U.S.C. 1645) by clarifying the authority to reimburse for services “regardless of whether they are provided directly by the Service, an Indian tribe, or tribal organization, through purchased/referred care, or through a contract for travel described in section 213(b). To meet this requirement, VA will have to update the current VA Reimbursement Agreement.

## Implementation Status

- VA is working with representatives from IHS and THPs to implement Public Law 116-311.
- VA in effort to gain feedback has:
  - Hosted two listening sessions on December 16, 2021 and January 13, 2022
  - Requested written comments requests on February 13, 2022

# Additional Information

- NPI (National Provider Identifier)
  - Ensure that your facility NPI are correct and current
- Provider Guide Updated (available on the website)
- Implementation Plan Update Needed
  - Request that all THPs site update their implementation plan with a focus on POC and services.. VA will work with the IHS representative to update all IHS site information.
  - Plan insert

	<b>Affiliated Tribe Name</b>	
THP	<b>Healthcare Facility Name</b>	
	<b>Healthcare Facility Address</b> (List all facilities if multiple)	
	<b>Mailing Address</b> (if different)	
	<b>Healthcare Facility Phone:</b>	
	<b>Healthcare Facility Leadership:</b>	
	<b>Healthcare Facility POC/ Agreement Manager:</b> (Name; Email; Phone)	
	<b>Additional POCs:</b>	

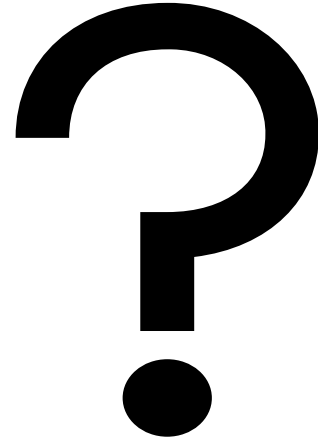
# Resources and Contact Information

- Website:  
[https://www.va.gov/COMMUNITYCARE/providers/info\\_IHS-THP.asp](https://www.va.gov/COMMUNITYCARE/providers/info_IHS-THP.asp)
- Video:  
<https://youtu.be/8MzDeO3OQtg>
- Provider guide – contains specific operational details

To talk to someone in VA's RAP, send an e-mail to [tribal.agreements@va.gov](mailto:tribal.agreements@va.gov)

The screenshot shows the VA website's 'Community Care' page. The header includes the VA logo, 'U.S. Department of Veterans Affairs', a search bar, and a 'Sign in' button. The main navigation bar has 'VA Benefits and Health Care', 'About VA', and 'Find a VA Location'. The breadcrumb trail reads 'VA » Health Care » Community Care » IHS/THP/UIO Reimbursement Agreements Program—Information for Providers'. The page title is 'Community Care'. A left sidebar menu lists: 'Community Care Home', 'Veteran Care', 'Family Member Care', 'For Caregivers', 'For Providers', 'For Payers', 'Publications', 'About VHA OCC', 'Support', 'Site Map', and 'More Health Care'. The main content area is titled 'IHS/THP/UIO Reimbursement Agreements Program—Information for Providers'. It contains text explaining the program, a video player with a play button, and a 'QUICK LINKS' section with a 'Hospital Locator' form. The video player has a blue overlay with the text: 'Veterans can expect: Your Choice of Provider. Veterans can choose to receive care from an IHS, THP, or VA medical facility.' A note below the video states: 'NOTE: This video has not been updated to reflect UIO inclusions.'

# Questions



Contact: [tribal.agreements@va.gov](mailto:tribal.agreements@va.gov)