

VHA Office of Community Care

IHS/THP Reimbursement Agreement Program

Care Coordination Approach

Policy

The Department of Veterans Affairs (VA), Veterans Health Administration (VHA) has partnered with the Indian Health Service (IHS) and Tribal Health Programs (THPs) to establish an IHS/THP Reimbursement Agreement Program (RAP). Through this program, VA may reimburse IHS and THPs for direct care services provided to eligible¹ American Indian/ Alaska Native (AI/AN) Veterans. As a result, eligible AI/AN Veterans may choose to seek covered health care services through IHS or THP participating facilities, paid for by VHA without a co-pay or preauthorization for direct care services.² The VHA Office of Community Care (OCC) manages VA's IHS/THP RAP to include efforts to coordinate care between the two entities.

Purpose/Background

VA's IHS/THP Reimbursement Agreement Program (RAP) provides reimbursement to tribes for *direct care*, meaning care provided within the facility, not services referred outside the facility³. AI/AN Veterans in need of care not available within IHS/THP facilities must be referred to non-IHS/THP providers. For eligible Veterans, this includes referrals to VA health care facilities, where VA may provide the care directly or referral to VA's established network of community care providers, thus requiring enhanced care coordination and associated collaboration between VHA and IHS and/or THPs. Tribes can also choose to use providers through their Contract Provider or Purchased/Referred Care (PRC) program. This care is not reimbursed by VA.

To ensure enhanced care coordination for Veterans referred to VA, VHA established the Healthcare Coordination Advisory Board (HCAB). Tribes nominated HCAB tribal representatives to serve on the newly established board, with participation from IHS, to assist VA in developing and implementing standardized processes for care coordination. A proposed care coordination approach will be subject to tribal consultation, giving all tribes the opportunity to add their voices, experience and expertise needed to achieve effective, culturally informed and timely care on behalf of Veterans served by Tribal Health Programs, IHS and VA.

This document outlines care coordination components and addresses supporting tools and implementation milestones required for execution. This policy does not supplant nor supersede existing IHS/THP agreements, and any conflicts between this approach and established agreements will defer to the negotiated and agreed upon agreements.

¹ Veterans must be eligible for both VA services, in accordance with 42 CFR Part 136, and IHS services. A Veteran must be enrolled in the VA healthcare system as a condition for receiving the 'medical benefits package' set forth in 38 CFR §17.36. The IHS/THP is responsible for ensuring that a Veteran being treated is eligible to receive such services.

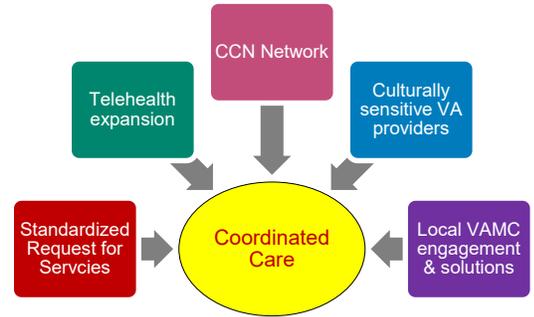
² Agreements between VHA and Alaska THPs also cover reimbursement for direct care services to non-AI/AN Veterans, but those veterans must receive pre-authorization.

³ Late 2020 legislation expands to include care purchased by tribes and agreements will be modified to reflect this change. That change is beyond this CC approach.

Approach

Care coordination will focus on 5 critical components:

- (1) Standardized Request for VA Service process
- (2) Expanding IHS/THP RAP Agreements to include telehealth
- (3) Utilization of VA’s Community Care Network (CCN)
- (4) Cultural Awareness: VA and CCN providers
- (5) Local VA medical center (VAMC) solutions and engagement with tribes



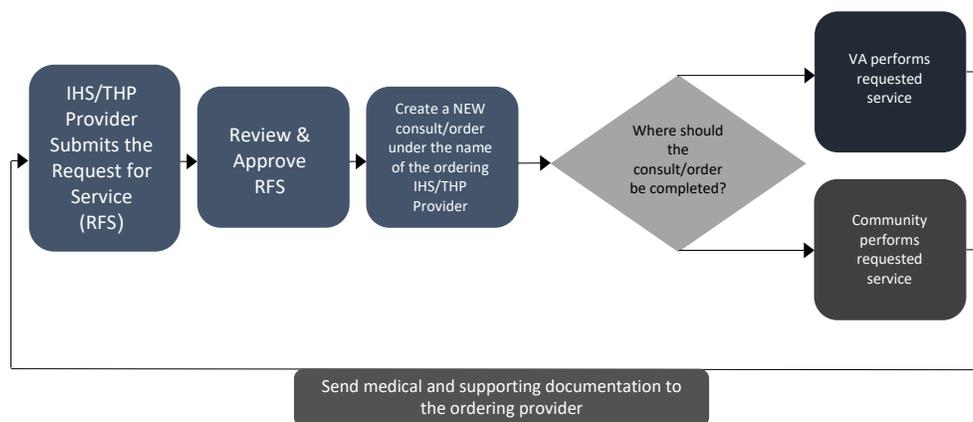
Care Coordination Components

1) Standardized Request for VA Service (RFS) process

The Community Provider Orders (CPO) process is a standardized approach for managing requests (orders) to VA for clinical services from external providers being developed for nationwide deployment, tailored for the IHS/THP RAP.

The Community Provider Orders (CPO) process is a nationwide effort to create a standardized approach for managing requests (orders) to VA for clinical services from external providers. The process will be tailored for the IHS/THP RAP. VA facilities have identified points of contact to receive the tribal request for service. In addition, VHA will identify a implement a process to allow tribal providers to access the medical documentation for VA care provided.

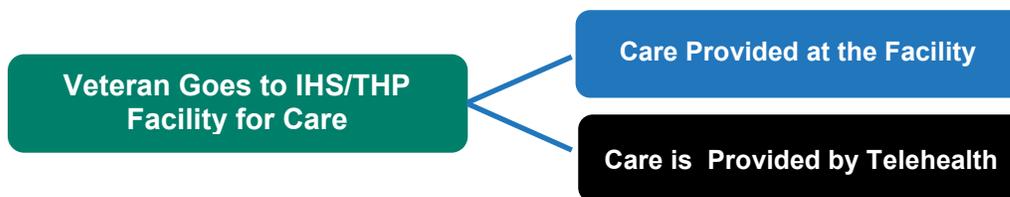
- Enables IHS/THP providers to be entered as the requesting provider for the Request for Service (RFS) in VHA systems.
- Establishes the process as well as supporting tools required for placement, tracking, managing, and reporting requests from IHS/THP providers.



2) Telehealth - Expand IHS/THP Reimbursement Agreements to Include Telehealth

Telehealth is defined as the use of synchronous technology (video/audio communications) to support clinical interactions between the patient and the physician or practitioner at a distant site.

- Expand agreements to included reimbursing for synchronous telehealth. This was completed 9/2020 for IHS and the agreement template is with local VAMC contracting offices for execution with THPs.
- Telehealth is considered an acceptable delivery mode for outpatient care, thus the established IHS all-inclusive rate in the current reimbursement agreements would also apply to telehealth services.



3) Collaboration with Community Care Network (CCN)

When AI/AN Veteran healthcare needs are beyond what IHS/THP facilities can provide directly, tribal facilities can utilize the CPO process to request care from VA (care coordination component #1 addressed above). If healthcare needs can best be provided in the community, VA's CCN⁴ can be used to deliver care to eligible Veterans.

- CCN third-party administrators (TPAs) maintain a high-performing network to serve Veterans across the nation with credentialed providers and quality and network adequacy monitored by VA.
- Contract IHS/THP preferred providers (a.k.a PRC providers) that tribal facilities use, or wish to use, can join VA's CCN.
- Tribes do not have the task for coordinating and scheduling care for services provided outside their facility when leveraging VA's CCN, nor do they bear the burden of payment for additional services or be an intermediary in the payment process. VA (via CCN TPAs) negotiates reimbursement rates and directly pays providers for services rendered.

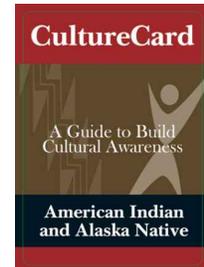


⁴ The CCN is a separate VA community care program that the IHS/THP RAP sites can leveraged when needs exceed the direct care offered at the IHS/THP facilities. VA contracts with Optum and Tri-West to build the CCN Network.

4) Cultural Competency - VA and Community Care Network (CCN) Providers

Provide training opportunities to VA and CCN providers to ensure cultural competence when Native Veterans use VA services.

- Three (3) subgroups have been identified for targeted training:
 - VA Clinical Employees
 - VA IHS/THP Program administrative staff (e.g. Agreement Manager, OCC staff, eligibility POC, TVR's etc.)
 - VA CCN providers
- The primary material used will be the [SAMHSA Native Culture Card](#). A secondary resource will be the [IHS Gold Book](#)



5) Local Solutions and Engagement with Tribes

The relationship with tribes at the local level is paramount to a successful care coordination process. This component focuses on:

- Establish importance of tribal engagement
- Identify local IHS/THP facilities and perform outreach as appropriate
- Identify local VAMC point-of contacts at the VAMC/VAHCS
- Work with tribes to identify care delivery solutions tailored to the local communities

