

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 facility. 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 the care coordination components and addresses supporting tools, implementation plans, and Standard Operating Procedures (SOPs) required for executing the effort. This policy does not supplant nor supersede the existing IHS/THP Agreements and any conflicts between this approach and established Agreements will defer to the negotiated and agreed upon Agreements.

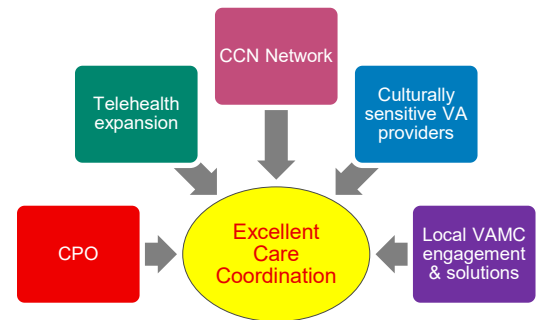
¹ Veterans must be eligible for both VA services, in accordance with 42 CFR Part 136, and IHS services. A Veteran must be enrolled in the VA healthcare system as a condition for receiving the 'medical benefits package' set forth in 38 CFR §17.36. The IHS/THP is responsible for ensuring that a Veteran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

Approach

Care coordination will focus on 5 critical components:

- (1) Community Provider Orders (CPO)/ Standardized Request for Service (RFS) process
- (2) Expanding IHS/THP RAP Agreements to include telehealth
- (3) Collaboration with VA's Community Care Network (CCN)
- (4) Cultural competence: VA and CCN providers
- (5) Local solutions and engagement with tribes

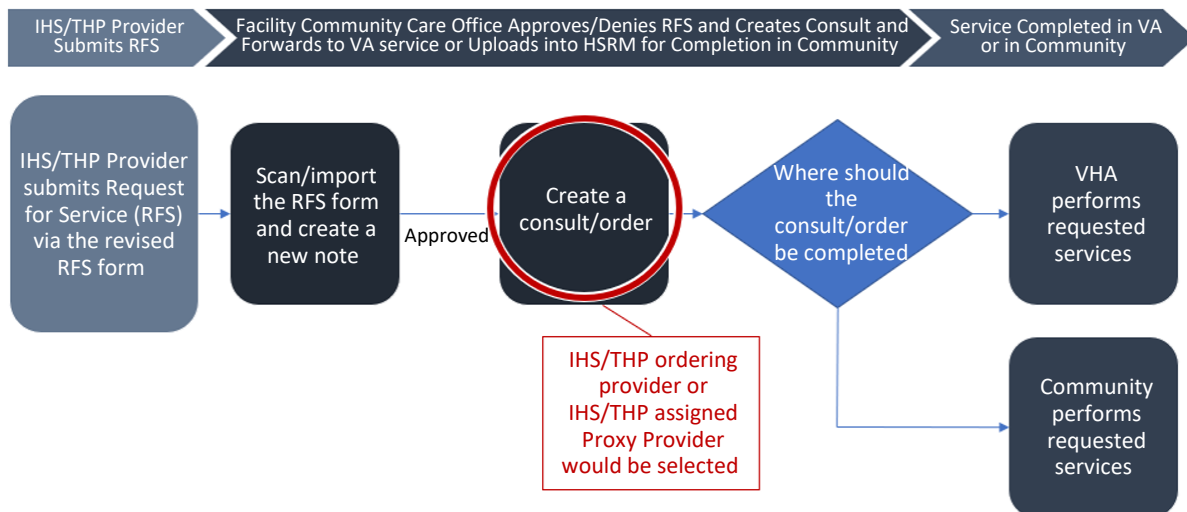


Care Coordination Components

1) Community Provider Orders (CPO) / Standardized Request for 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 nation wide deployment, tailored for the IHS/THP RAP.

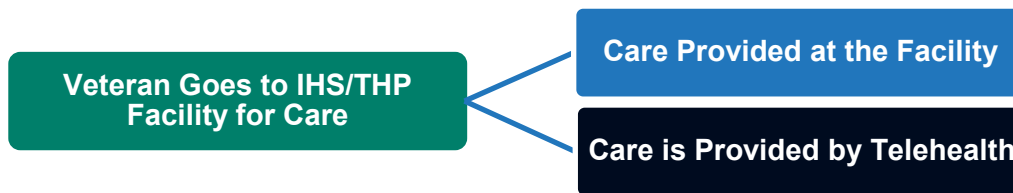
- Enables IHS/THP providers to be entered as the requesting provider for the Request for Service (RFS) in VHA systems.
- Establishes the process as well as supporting tools required for placement, tracking, managing, and reporting requests from IHS/THP providers



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

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

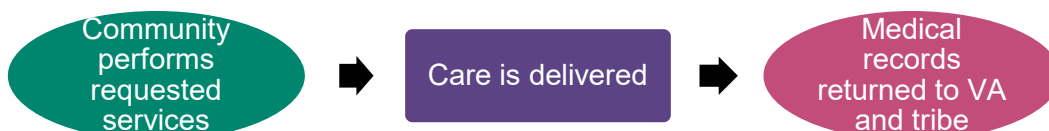
- Expand agreements to included reimbursing for telehealth
- Telehealth is considered an acceptable delivery mode for outpatient care, thus the established IHS all-inclusive rate in the current reimbursement agreements would also apply to telehealth services.



3) Collaboration with Community Care Network (CCN)

Leverage VA's CCN for expanded care.

- When AI/AN Veteran healthcare needs are beyond what IHS/THP facilities can provide directly, tribal facilities can leverage 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 CCN³ can be used to deliver care to eligible Veterans. VA's CCN third-party administrators (TPAs) maintain a high-performing network to serve Veterans across the nation with network adequacy and quality 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/IHS do not bear the burden of payment for additional services coordinating care for services provided outside their facility, nor are they an intermediary in the payment process. VA (via CCN TPAs) negotiates reimbursement rates and directly pays providers for services rendered.

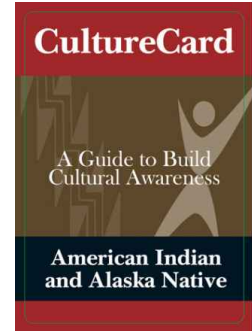


³ The CCN is a separate VA community care program that the IHS/THP RAP sites can leveraged when needs exceed the direct care offered at the IHS/THP facilities. VA contracts with Optum and Tri-West to build the CCN Network.

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

Provide training 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 and distributed to all stakeholders will be the [SAMHSA Native Culture Card](#). A secondary resource will be the IHS Gold Book (broken down into [Part 1](#), [Part 2](#), [Part 3](#), and [Part 4](#)).



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:

- Identifying local IHS/THP facilities
- Having local level point-of contacts at the VAMC/VAHCS (CPO/RFS process and Agreement Managers)
- Working with tribes to identify care delivery solutions tailored to the local communities

