



# Department of Veterans Affairs (VA) Indian Health Services (IHS) and Tribal Health Program (THP) Reimbursement Agreements Program: Joint Orientation Brief

Presented by: VA-IHS/THP Reimbursement Agreements Team

2016

# Agenda

- Introductions
- Agreement Overview
- Agreement Onboarding Steps
- Agreement Implementation Highlights
- Points of Contact

# Introductions

- VA-IHS/THP Reimbursement Agreements Team/Chief Business Office Purchased Care (CBOPC)
- VA Health Care System (HCS)/VA Medical Center (VAMC)
- VA Office Tribal and Government Relations (OTGR)
- VA Office of Rural Health
- Indian Health Service (IHS)/Tribal Health Program (THP)

# Agreement Overview: Introduction

The VA-IHS/THP Reimbursement Agreements Program provides a means for IHS and THP health facilities to receive reimbursement from the VA for direct care services provided to eligible American Indian/Alaska Native (AI/AN) Veterans. This program is part of a larger effort set forth in the VA and IHS Memorandum of Understanding signed in October 2010 to improve access to care and care coordination for our nation's Native Veterans.

# Agreement Overview: Highlights

- **Medical Benefits Package** – VA will reimburse tribal facilities for direct care services provided under the Medical Benefits Package available to eligible Veterans under 38 CFR § 17.38.
- **No Pre-Authorizations** – VA does not require a pre-authorization for direct care services provided to eligible AI/AN Veterans for care provided at the tribal facility
- **Pharmacy Options** – facilities will be reimbursed for outpatient medications dispensed by the facility that are on the VA's formulary
- **No Copayment** – Pursuant to section 405(c) of the Indian Health Care Improvement Act (IHICIA), VA copayments do not apply to direct care services provided by the tribal facility to eligible Native Veterans

*Note: “direct care services” means any eligible service that is provided directly by tribal facility providers at the tribal facility(ies). Direct care services does not include care or service referred or provided outside the tribal facility(ies) through a contract*

# Agreement Overview: Reimbursement Rates

- Direct care services will be reimbursed according to the following payment methods and rates:
  - Inpatient hospital services: Medicare Inpatient Prospective Patient System
  - Outpatient services: IHS All Inclusive Rate posted in the Federal Register (published annually)
  - Ambulatory Surgical Services: Medicare rates
  - Critical Access Hospitals : 101% of billed charges per Medicare
- Paper claims will be reduced by \$15 to cover administrative processing costs

# Agreement Onboarding

## **Step 1: Send an Email to [tribal.agreements@va.gov](mailto:tribal.agreements@va.gov)**

- In order to begin the agreement process, please send an email to [tribal.agreements@va.gov](mailto:tribal.agreements@va.gov). The email should include a short statement indicating interest in the agreement, the facility's name, address and phone number, plus a point of contact. The VA -IHS/THP Reimbursement Agreements Team will respond within two business days to confirm receipt and work with the facility point of contact to schedule a joint orientation call with the appropriate VA staff.

## **Step 2: Schedule a joint orientation call**

- During the joint orientation call, the VA -IHS/THP Reimbursement Agreements Team will present an overview of the program, go over needed paperwork and address the implementation of the program. The facility staff will also be put in touch with the corresponding Office of Tribal Government Relations (OTGR) representative and VA medical center (VAMC) staff for further assistance.

# Agreement Onboarding (cont.)

## Step 3: Submit required paperwork and information to [tribal.agreements@va.gov](mailto:tribal.agreements@va.gov)

- W-9 Request for Taxpayer Identification Number and Certification
- VA Form 10091 FMS Vendor File Request Form
- VISN 20 Vendor Demographic Form
- Draft Agreement
  - Please keep the agreement in MS word format and use the “Track Changes” feature for all changes made to the template.
- Implementation Plan
  - page 5: list of services the tribal facility provides (in-house and contracted)
  - page 6: tribal facility points of contact
- Proof of accreditation/certification (see Provider Guide Appendix B for examples)
- Approximate number of Veterans the tribal facility serves
- Whether or not claims will be submitted electronically (EDI) to the VA (see step 4, “Submitting Claims” for details on how to sign up for electronic claims submission)
- Email addresses for attendees to the VA HEC Eligibility and Enrollment Training
  - At least one tribal facility staff member is required to attend the VA’s eligibility and enrollment training hosted by the VA’s Health Eligibility Center (HEC). The training is offered once a month, every third Tuesday from 2-3pm EST. The VA-IHS/THP Reimbursement Agreement Team will forward the invitation for the training to the emails addresses provided. Facility staff need to attend the training only one time.

# Agreement Onboarding (cont.)

## **Step 3 (cont.):**

- The VA -IHS/THP Reimbursement Agreements Team will confirm receipt of the paperwork and information and will notify the tribal facility point of contact via email if there is any missing information. Once everything is in order, the VA -IHS/THP Reimbursement Agreements Team will forward the draft agreement and paperwork to the appropriate VA contracting officer and legal team for final review. This process typically takes 30-60 days. The VA -IHS/THP Reimbursement Agreements Team will notify the tribal facility point of contact when the agreement is ready for tribal signature.
- While working through the agreement process, the VA encourages IHS/THP facility staff to ensure Veterans are enrolled in the VA health system.

## **Step 4: Implement the signed agreement**

- Once the agreement is signed by the VA contracting officer and the facility, VA -IHS/THP Reimbursement Agreements Team will email the final agreement, notice to proceed and the completed implementation plan to the facility point of contact. The facility will be able to submit claims for reimbursement on and after the date notated on the notice to proceed.

# Agreement Implementation: Veteran Eligibility Verification

The following are ways IHS/THP facilities can verify AI/AN Veteran eligibility:

- Secure Data Transfer
  - Request access to the IHS Secure Data Transfer Service by emailing [Cynthia.Larsen@ihs.gov](mailto:Cynthia.Larsen@ihs.gov)
- Contact the VA HEC by telephone
  - 1-855-488-8441, Monday to Friday, 7:00 AM - 5:30 PM (Eastern Time)
- Contact the local VA medical center by telephone
  - Page 6 of the implementation plan
- Veteran provided documentation

# Agreement Implementation: Electronic/EDI claim submission

- VA contracts with Emdeon, an EDI clearinghouse
- Tribal facilities submitting EDI claims will need to register with Emdeon:
  - Call 1-800-845-6592 or visit: <http://www.emdeon.com/payerlists/>
  - When registering you will need to provide the following payer IDs:
    - 12115 for submission of medical claims
    - 12116 for submission of dental claims
    - 00231 for submission of any inquiry transaction
- Once registered, ensure to add “THP” in the SBR03 segment of the 837 for proper routing through the VA
- Questions:
  - VA THP Claims Payment Processing Center (855) 331-5560

# Agreement Implementation: Paper claims submission

- VA has a centralized claims processing center for THPs
- Send paper claims to:
  - V20NPC – IHS
  - PO Box 1035 Mail Stop: 10N20
  - Portland, OR 97207
- Questions:
  - VA THP Claims Payment Processing Center (855) 331-5560

# Other Health Insurance and Billing Timeliness

- **Other Health Insurance (OHI)/Other Liable Payers**

Pursuant to 25 U.S.C. 1645(c), the THP will seek payment from all other liable payers, as permissible by law for the tribes before seeking reimbursement from VA for direct care services provided to an Eligible AI/AN Veteran under this agreement. VA is responsible for only the balance remaining after other third party reimbursements. (VA is consider a payer of last resort for this agreement.)

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 VISN 20 NPC at least 4 days prior to expected EDI claim submission. VA will then pay the remaining allowable amount.

- **Timely Filing**

Healthcare claims for THP provided 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.

# Pharmacy Claims Submission and Reimbursement

VA will reimburse 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 in advance of the request for reimbursement to the local VAMC Pharmacy. Here is the link to the VA Formulary listing:

<http://www.pbm.va.gov/NationalFormulary.asp>.

VA will reimburse the actual cost of the drugs for outpatient emergent need prescriptions or other outpatient prescriptions dispensed by the tribal facility to Eligible AI/AN Veterans. This includes reimbursement for long term prescriptions.

VA can only accept Pharmacy paper claims due current EDI limitation, the submitting THP must use CMS 1500 to submit pharmacy claims. The CMS 1500 must contain the following information:

- Date of fill
- Quantity
- Pharmacy name
- Drug name and strength
- Number of day's supply
- Prescription number
- Doctor's name or DEA number
- Amount paid by the other health plan or retail price for the pharmacy

# Pharmacy VA-Non Formulary Request

VA Non-Formulary requests must be submitted to the local VAMC pharmacy for approval. The local VAMC pharmacy will provide THP the process for submitting the request.

- Routine request for non-formulary agents are reviewed and the requestor notified of the decision within 96 hours of receipt of a completed non-formulary request.
- Emergency request for non-formulary agents are immediately addressed by individual(s) Identified in local VA medical policy.

Request will be handled according to the VHA Handbook 1108.08 VHA Formulary Management Process and local VAMC policy.

THP requesting reimbursement for a VA Non-Formulary pharmaceutical must attached the approval documentation with submitted pharmacy claims.

## Quality Assurance (Quality of Care)

The Quality of Care requirements are detail in section 7 of the agreement. Provides standards for information exchange, collaboration, certification and accreditation, and medical quality assurance activities.

- THP must meet Centers of Medicare and Medicaid (CMS) certification and conditions of participation, or must have accreditation through the Joint Commission or Accreditation Association for Ambulatory Health Care (AAAHC). THP must keep certification and accreditation documentation up to date.
- At least annually, the local VAMC and THP representatives must agree to use existing medical quality assurance activities, as required under accreditation or certification standards and review the overall quality of care provided to AI/AN Veterans served under this agreement.

# Questions/Comments

Thank you for your service to Veterans!

Please contact the VA-IHS/THP Reimbursement Agreements Team at [tribal.agreements@va.gov](mailto:tribal.agreements@va.gov) for assistance.

For more detail on the program, to include templates, guides and FAQs, please visit the VA-IHS/THP Reimbursement Agreement Program Site: <http://www.va.gov/PURCHASEDCARE/programs/veterans/nonvacare/ih/index.asp>