

**VA**



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

Veterans Health Administration  
*Chief Business Office*

**Department of Veterans Affairs (VA) -  
Indian Health Service (IHS) and  
Tribal Health Programs (THP)  
Provider Guide**

**February 18, 2016**

## VA and IHS/THP Reimbursement Agreement Provider Guide

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### 1. Introduction

The Department of Veteran Affairs (VA) has partnered with Indian Health Service (IHS) and Tribal Health Programs (THP) to provide a reimbursement program ensuring eligible American Indian/Alaskan Native (AI/AN) Veterans receive 'Direct Care Services' available 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 will enter into Sharing Agreements with IHS and / or THPs to increase health care options for all eligible AI/AN Veterans (especially those in remote, rural areas) and enhance coordination, collaboration, and resource-sharing between VA and IHS and/ or THPs.

On August 24, 2012, the Under Secretary for Health in the Department of Veterans Affairs (VA), Dr. Petzel, 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 VA - IHS National 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 tribal units and self-governing operated facilities, Indian tribes, tribal organizations and tribal health programs.

This guide provides the Continental U.S. IHS and THP providers with instructions on how to complete the sharing agreement process and seek reimbursement from VA.

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. Refer to this link to access the Native Sharing Vendor Guide:

<http://www.alaska.va.gov/About/vendors.asp>

### 2. Eligibility and Enrollment

The Sharing Agreements provide care for eligible AI/AN Veterans. "Eligible Veteran" means a Veteran who is enrolled in VA's system of patient enrollment in accordance with 38 U.S.C. § 1705 (Management of health care: patient enrollment system), and 38 C.F.R. 17.36 (Enrollment—provision of hospital and outpatient care to veterans) or is otherwise eligible for hospital care and medical services under 38 U.S.C. § 1705(c)(2) and 38 C.F.R. 17.37(a)-(c) notwithstanding the Veteran's failure to enroll in VA's system of patient enrollment when not required. Details regarding the program eligibility and enrollment process can be found in the

**Enrollment and Eligibility Procedure Guide for Veterans Affairs (VA) – Indian Health Service (IHS) and Tribal Health Programs (THP) Reimbursement Agreements Program** procedure guide, refer to this link: [http://www.va.gov/PURCHASEDCARE/docs/programs/nvc/IHS-THP\\_EE\\_Guide.pdf](http://www.va.gov/PURCHASEDCARE/docs/programs/nvc/IHS-THP_EE_Guide.pdf). 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.

### **A. Eligibility**

The IHS/THP Reimbursement Agreement states VA will only be billed for those Veterans eligible within their health care system as a tribal member. Each tribe will determine tribal membership eligibility criteria. The following are several ways IHS/THP can verify AI/AN Veteran eligibility:

- **Secure Data Transfer**

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 IHS Secure Data Transfer Service is made available by IHS on a limited basis to enable the THP and IHS facilities to initially acquire a comprehensive listing of all their AI/AN Veteran enrollment and eligibility from VA HEC.

Below are the instructions for obtaining access to the IHS Secure Data Transfer Service and verifying Veteran eligibility and enrollment:

- 1) IHS/THP staff request access to the IHS Secure Data Transfer Service by emailing Cynthia.Larsen@ihs.gov. Access will be limited to email receipt and reply.
- 2) IHS/THP staff completes fills out columns A-C of the VA HEC template. The template is loaded up at the IHS secure site and is provided in Attachment C.
- 3) IHS/THP Enrollment and eligibility information requests are securely transmitted to VA HEC from the IHS or THP providers using the IHS Secure Data Transfer Service.
- 4) 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.
- 5) VA HEC returns the completed enrollment/eligibility Excel spreadsheet to Cynthia Larsen via IHS Secure Data Transfer and she will return it to the IHS/THP staff.

- **Contact the VA HEC by telephone**

IHS/THP can contact the VA HEC directly by phone if the staff is checking the enrollment/eligibility on less than 5 Veterans, phone: 1-855-488-8441, Monday to Friday, between the hours of 7:00 AM and 5:30 PM (Eastern Time). 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).

- **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 via telephone call by calling the VA Benefits Manager listed in the IHS/THP Implementation Plan (page 6). 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:' ambulance services, eyeglasses & hearing aids, prosthetics, durable medical equipment (DME), rehabilitative devices, dental care, certain counseling services, and VA Care in the Community (following the Hierarchy of Care Memorandum), etc.

- **Veteran provided documentation**

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

## **B. Enrollment**

Enrollment in the VA Healthcare System provides eligible Veterans with the hospital care or medical services when needed. Except as otherwise provided in 38 CFR § 17.38, treatment of Veterans under this agreement will be limited to those Veterans who are formally enrolled in the VA Healthcare System, as set forth in 38 U.S.C. §1705 and 38 CFR § 17.36. Claims for treatment of those Veterans not enrolled will not be considered for payment under the provisions of this agreement in accordance with 38 U.S.C. §1705(c)(2) and (38 CFR § 17.37(a)-(c)).

There are four ways a Veteran can enroll with VA:

- **Online**

Veterans can apply for enrollment online by access this link (<https://www.1010ez.med.va.gov/>) and follow the online instructions.

- **By phone**

Veterans can apply for enrollment for their benefits 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.

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- **By mail**

Print the 10-10EZ form (link: <http://www.va.gov/vaforms/medical/pdf/vha-10-10EZ-fill.pdf>) or 10-10EZR form (link: <https://www.1010ez.med.va.gov/sec/vha/1010ez/Form/1010EZR-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

- **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) document is not required to complete the enrollment process, but will expedite the process.

The DD-214 can be requested online, by mail, or by fax. This website link will provide details on how to make the request: <http://www.archives.gov/veterans/military-service-records/>.

The IHS/THP must ensure the eligible Veteran is enrolled or met the enrollment exception before seeking Direct Care Services reimbursement from the VA.

### 3. 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 the 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 health care 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

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Veteran's eligibility (e.g., VA benefits grant letter) must be attached to the submitted health care claim.

Where can a Veteran get a copy or apply for VA benefits letter?

- In person at one of the Veterans Benefits Administration Facilities, location listing and links <http://www.va.gov/directory/guide/division.asp?dnum=3>
- On-line <https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>
- For questions call 1-800-827-1000.
- Additional information on how to apply for different types of VA benefits <http://www.benefits.va.gov/BENEFITS/Applying.asp>

### 4. Direct Care Services

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

VA will not reimburse for any services that are excluded from the 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) exclusionary list are prohibited from participating.

#### **The VA Medical Benefits Package Basic Care Services include:**

- 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 drugs available under the VA national formulary system
- Emergency care in non-VA facilities in accordance with sharing contracts or if authorized by §§17.52(a)(3), 17.53, 17.54, 17.120-132.

#### **The VA Medical Benefits Package Preventive Care Services include:**

- Periodic medical exams
- Health education, including nutrition education

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- 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 re-examination of members of high-risk groups for selected diseases and for 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.

Adult Day Health Care, Long-Term care and/or inpatient rehab issues are some of the Non-Institutional Care Programs under the authority of the Office of Geriatrics & Extended Care (GEC). Claims should be paid through a contract. Long Term care authorities can be found under 38 U.S.C. 1710 Eligibility for hospital, nursing home, and domiciliary care, and 38 U.S.C. 1710B Extended Care Services. Home infusion therapy services may be authorized and paid in accordance with 38 U.S.C. §1720C.

### **Limited Benefits for the following:**

- Ambulance Service (travel authorized under 38 CFR part 70)
- 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)
- In accordance with 17.38 CFR (a)(1) (viii) Durable medical equipment and prosthetic and orthotic devices, this includes eyeglasses and hearing aids as authorized under §17.149.

The Medical Benefits Package list mentioned here is not complete. Detailed information on the Medical Benefits Package can be found at this website link: [http://www.ecfr.gov/cgi-bin/text-idx?SID=d3b25eeb458c7e4a08b86240e04fdfae&node=se38.1.17\\_138&rgn=div8](http://www.ecfr.gov/cgi-bin/text-idx?SID=d3b25eeb458c7e4a08b86240e04fdfae&node=se38.1.17_138&rgn=div8).

## **5. Quality of Care**

VA through the VA medical center (VAMC) or VA Health Care 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:

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- **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.
- **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.
- **Certification and Accreditation.** In order to receive reimbursement, each IHS/THP facility must meet (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 B for examples. IHS/THP will be asked to provide the certification or accreditation prior to signing the Reimbursement Agreement. IHS/THP must ensure that their certification or accreditation document is up to date. If this document has expired, IHS and THP are required to submit an updated document to [tribal.agreements@va.gov](mailto:tribal.agreements@va.gov).

For information on obtaining the CMS certification document refer to the links below:

- CMS Tribal Affairs/Regional Native American Contacts - <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/NACTAG-LIST.pdf>
  - CMS Regional Offices Map and Contacts - <http://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/RegionalMap.html>
- **Medical Quality Assurance Activities.** At least annually, VAMC/VAHCS and IHS/THP agree to use existing medical quality assurance activities, 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. Pharmacy Services

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:

<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.

The pharmacy claims will need to be submitted by paper; refer to section 9 Claims Submission and Processing for details.

### **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.

### **8. 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) has already paid.

### **9. Claims Submission and Processing**

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 Emdeon to provide clearing house services for electronic /EDI health care claims. To register or submit an EDI, please call 1-800-845-6592 or visit:

<http://www.emdeon.com>. Once registered, be sure to add "THP" in the SBR03 segment of the claim (837) for proper routing through VA. This will ensure that claims are easily distinguished

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from other provider claims and routed appropriately through VA systems in order to be processed timely.

It is important to note that the unique identifiers must be preserved throughout all stages of connection (per the site readiness checklist). The site's clearing house will need to ensure the pass through of the unique identifiers for proper processing.

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

### **Paper Claims Submissions**

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 or UB-04) are complete and accurate.

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                                       | - Number of day's supply   |
| - Quantity   | - Prescription number  |
| - Pharmacy name                                      | - Doctor and address   |
| - Drug name (generic name) and strength<br>price for | - Amount paid by the other health plan or retail<br>the pharmacy |

National Drug Code

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

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

V20NPC – IHS

PO Box 1035 Mail Stop: 10N20

Portland, OR 97207

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For questions regarding submitted health care claims, contact VISN 20 NPC - Claims Payment Processing Center at (855) 331-5560, Monday to Thursday, hours of operation 8:45 AM to 3:45 PM (Pacific time).

### **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.

### **10. VA Claim 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.

### **11. Process for Establishing a Reimbursement Agreement**

Step 1	Tribal facility staff sends an email to <a href="mailto:tribal.agreements@va.gov">tribal.agreements@va.gov</a> indicating interest in pursuing an agreement.
2	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.
3	Tribal facility staff submits the following to <a href="mailto:tribal.agreements@va.gov">tribal.agreements@va.gov</a> : <ul style="list-style-type: none"><li>• W-9 Form</li><li>• VA Form 10091, FSC Vendor File Request Form</li><li>• VISN 20 Vendor Form</li><li>• Proof of accreditation/certification (CMS, Joint Commission, or AAAHC)</li><li>• Implementation Plan, page 5: list of services the tribal facility provides (in-</li></ul>

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	<p>house and contracted)</p> <ul style="list-style-type: none"> <li>• Implementation Plan, page 6: tribal facility points of contact</li> <li>• Approximate number of Veterans the tribal facility serves</li> <li>• Whether or not claims will be submitted electronically (EDI) to VA</li> <li>• Draft Agreement (word version with tracked changes)</li> <li>• Email addresses for attendees to VA’s eligibility and enrollment training</li> </ul> <p>Refer to Appendix D for the Agreement Implementation Plan Template.</p>
4	<p>The VA-IHS/THP Reimbursement Agreements Team will confirm receipt of information from tribal facility and review the submitted information for completeness and accuracy.</p> <p>The VA-IHS/THP Reimbursement Agreements Team will send out invitations to the tribal facility representatives for VA’s Eligibility and Enrollment training (one time attendance), which is offered monthly, every third Tuesday, 2pm – 3pm (Eastern Time).</p>
5	<p>The VA-IHS/THP Reimbursement Agreements Team will notify tribal facility staff of any missing/unclear information.</p> <p>If tribal facility meets program requirements, the VA-IHS/THP Reimbursement Agreements Team will forward tribal facility’s package to the VA Contracting Officer.</p>
6	<p>The VA Contracting Officer and Regional Legal Counsel will review tribal facility agreement and paperwork.</p> <p>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.</p> <p>Tribal facility staff will sign agreement and return to <a href="mailto:tribal.agreements@va.gov">tribal.agreements@va.gov</a> and VA Contracting Officer.</p> <p>VA Contracting Officer will sign agreement and Notice to Proceed.</p>
7	<p>The VA-IHS/THP Reimbursement Agreements Team will send the signed agreement, implementation plan and Notice to Proceed to tribal facility staff.</p>

## 12. 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 an approved Sharing 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 prior to the Sharing Agreement being approved. 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 receiving final approval of the Sharing Agreement and prior to seeking reimbursement for claims:

- a. **Received Eligibility and Enrollment Training.**
- b. **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.
- c. **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 Sharing Agreement.
- d. **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.
- e. **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.
- f. **Provider Covered and non-Covered Services.** Must provide a list of covered and non-covered services for the facilities covered in the Sharing 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 Sharing Agreement.
- g. **EDI Capable & Emdeon Connection.** Electronic Data Interchange (EDI) with Emdeon 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.
- h. **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” in the SBR03 data element. This will enable routines to identify with a flag the claim in FPPS as ‘Y’ for the THP.

### 13. Amendment, Modification and Exercise of Options

Except for cancellation, Agreements may be revised or amended only by mutual written agreement signed by the signatories (or their authorized representatives) to this Agreement. Amendments, Modifications and Exercise of Options shall be done through an agreement addendum that contains the following at a minimum: THP facility, VAMC facility, Agreement number, and defined intent of the amendment, modification or exercise of option including authorized signatures of both parties involved.

### 14. Website

IHS/THP Reimbursement Agreement Program information and resources for initiating and implementing reimbursement agreement can be found in this website:

<http://www.va.gov/PURCHASEDCARE/programs/veterans/nonvacare/ihs/index.asp>

The screenshot shows a web browser window displaying the VA website. The page title is "Chief Business Office Purchased Care" and the subtitle is "Indian Health Service / Tribal Health Program (IHS/THP) Reimbursement Agreements Program". The page features the VA logo and the U.S. Department of Veterans Affairs logo. The main content area contains the following text:

**VA** |  **U.S. Department of Veterans Affairs**  
Veterans Health Administration  
Chief Business Office Purchased Care  
Tribal Reimbursement Agreements Program

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 care coordination and access to care for our nation's Native Veterans. Listed below are several resources for initiating agreements and implementing the reimbursement agreement.

For additional questions or information, please send an email to the VA IHS/THP Reimbursement Agreements Team at [tribal.agreements@va.gov](mailto:tribal.agreements@va.gov).

**Initiation and Implementation**

## Appendix A: VA and THP Sharing Agreement Draft Template

Please visit the [IHS/THP web pages](#) on the VA Chief Business Office Purchased Care website for a downloadable agreement template along with other valuable resources.

## Appendix B: Examples of Accreditation/Certification Documents

### Accreditation Association for Ambulatory Health Care (AAHC)



### Joint Commission



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## Center for Medicare & Medicaid Services (CMS)

	<b>MEDICAR</b>
	August 24, 2011
RE: Document Control # 	
Dear Provider:	
TrailBlazer Health Enterprises® is pleased to inform you that the Medicare enrollment application for the below Provider Transaction Access Number (PTAN) has been approved. Listed below is the information reflected in your Medicare enrollment record, including your National Provider Identifier (NPI).	
All correspondence related to a pending application, including the confirmation letter will be sent to the contact person listed in section 13 of the CMS-855 application.	
Medicare claims can be submitted electronically. The Electronic Data Interchange (EDI) department can be contacted at (866) 749-4302. The NPI is <u>required</u> on all Medicare claim submissions. The PTAN is also activated for use and is required for all inquiries via telephone and in writing. The PTAN is required when retrieving data from our Interactive Voice Response (IVR) system concerning claims status, beneficiary eligibility, check status or other supplier related transactions. <u>Please keep your PTAN secure</u> . The PTAN is not considered a Medicare legacy identifier; and is <u>not</u> to be reported to the National Plan and Provider Enumeration System (NPPES) as an "other" provider identification number.	
Tax Identification Number (TIN):	
Group PTAN	
Individual PTAN	
NPI	
Participation Status	
Specialty	70 Multi Specialty Clinic Or Group Practice
Effective Date	June 13, 2011
Group Name	
Individual Name	
If you disagree with any of the information above, please utilize the reconsideration process. Reconsideration is an independent review conducted by a hearing officer who was not involved in the initial determination. A reconsideration request must be received in writing within 60 calendar days of the postmarked date of this letter. Clearly state the issues, findings, facts and/or reasons for disagreement. Any additional information that may influence the decision should accompany the reconsideration request. The reconsideration request must be signed and dated by the physician, non-physician practitioner or any responsible authorized official who was included on the original CMS-855 application. Failure to timely request reconsideration is deemed a waiver of all rights to further administrative review. The request for reconsideration should be sent to:	
<b>TrailBlazer Health Enterprises, LLC</b> Provider Enrollment P.O. Box 859841 • Dallas, TX 75205-0544 Executive Center III • 8330 LBJ Freeway • Dallas, TX 75243-1213	
	



## Appendix D: Agreement Implementation Plan Template

### 1.0 Purpose

The purpose of the Local Implementation Plan is to ensure the Tribal Health Program (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 VAMC plays a critical role in care coordination with the THP facility. Below are just a few ways the THP facility may need to coordinate with the local VAMC:

- When the 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 THP facility
- When the 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

## VA and IHS/THP Reimbursement Agreement Provider Guide

### 2.0 Implementation Plan

#### 2.1 Site Readiness Checklist (to be validated by VA Chief Business Office)

Milestone	Description	Status/Notes	Completion Date
<b>Joint Orientation</b>	Local THP and VA representatives took part in a joint orientation call		
<b>Certification/Accreditation</b>	THP provided evidence of the certification/accreditation that meets reimbursement agreement criteria (CMS, AAAHC or Joint Commission)		
<b>VA Enrollment Training Attended</b>	THP facility members participated in the VHA HEC Eligibility and Enrollment Training		
<b>Veteran Volume Estimate Submitted</b>	THP submitted estimates of their known Veteran population		
<b>Electronic (EDI) Claims Submission</b>	THP indicated whether or not the facility will submit claims electronically (EDI)		
<b>VISN 20 Vendor Demographic Form</b>	THP completed and submitted VISN 20 Vendor Demographic Form		
<b>VA Form 10091</b>	THP completed and submitted FSC Vendor File Request Form Payee/Vendor Information		
<b>W9</b>	THP completed and submitted Taxpayer Identification (W9) form		
<b>Draft Agreement</b>	THP submitted draft agreement with tracked changes		

## VA and IHS/THP Reimbursement Agreement Provider Guide

### 2.2 VA and THP Healthcare Services

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

<b>VAMC</b>	
VAMC available services include: <ul style="list-style-type: none"><li>•</li></ul>	The VAMC typically uses VA Care in the Community Providers for the following services: <ul style="list-style-type: none"><li>•</li></ul>

<b>Tribal Health Program</b>	
THP direct care services include: <ul style="list-style-type: none"><li>•</li></ul>	The THP facility typically uses Contract Healthcare Services for the following services: <ul style="list-style-type: none"><li>•</li></ul>

## VA and IHS/THP Reimbursement Agreement Provider Guide

### 3.0 VA 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.

<b>THP</b>	<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>	
<b>VA</b>	<b>Local VAMC Name:</b>	
	<b>Local VAMC Address:</b>	
	<b>Local VAMC Phone:</b>	
	<b>Local VAMC Director:</b>	
	<b>Local VAMC Agreement Manager:</b>	
	<b>Local VAMC Station #:</b>	
	<b>Local VAMC Benefits Coordinator:</b>	
	<b>Local VAMC Quality Manager:</b>	
	<b>Local VAMC Pharmacy Representative:</b>	
	<b>Regional Rural Health Representative:</b>	
	<b>Regional Tribal Government Relations Representative:</b>	
	<b>Claims Payment Center Address:</b>	V20NPC – THP PO Box 1035 Mail Stop: 10N20 Portland, OR 97207
	<b>Claims Payment Center Call Center:</b>	(855) 331-5560
	<b>Claims Payment Center Manager:</b>	Kerry Paperman; <a href="mailto:Kerry.Paperman@va.gov">Kerry.Paperman@va.gov</a> 360-696-4061 x31673
<b>Additional POCs:</b>		