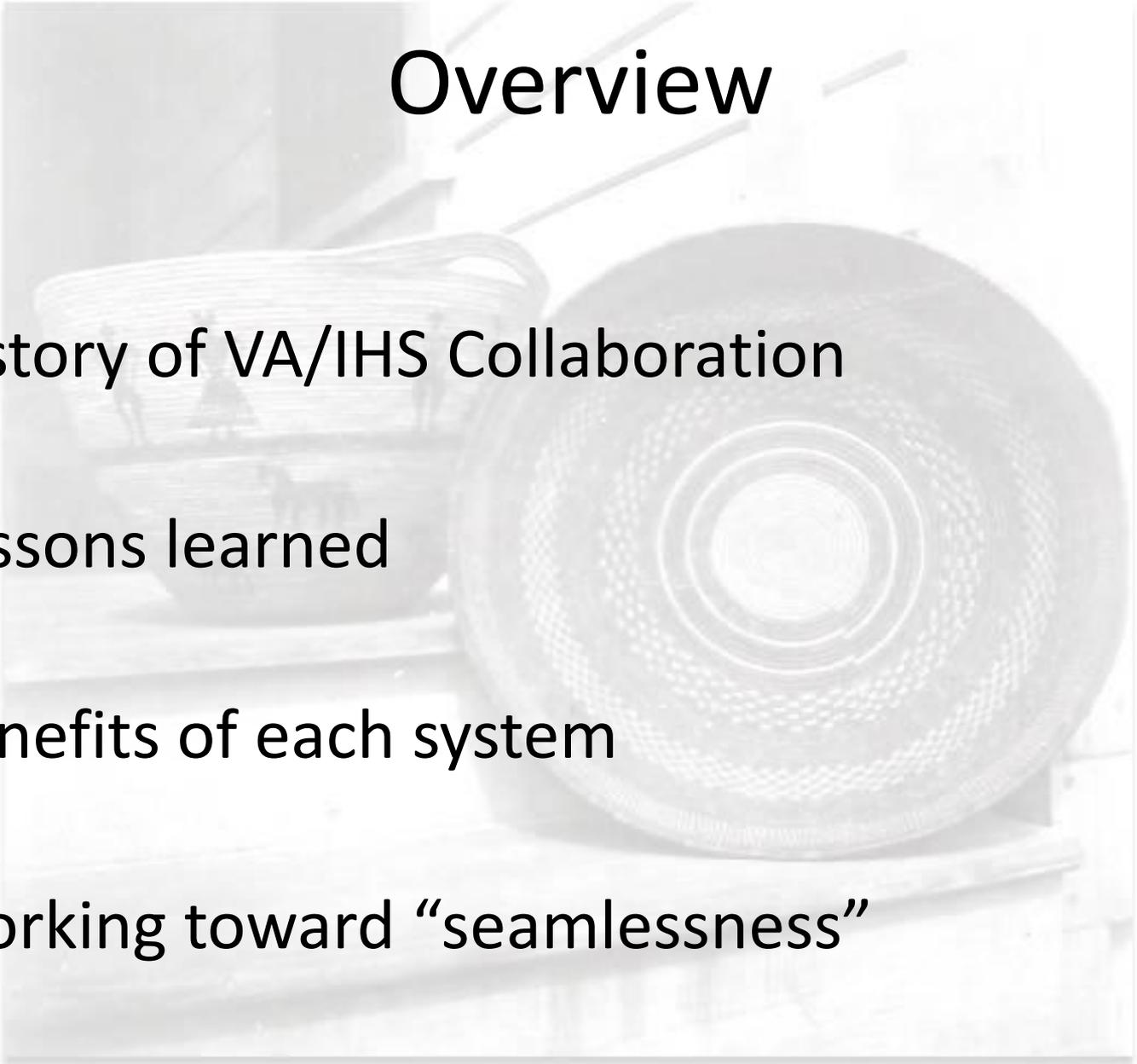


# Coordination of Benefits: Access to care for AI/AN Veterans

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# Overview



- History of VA/IHS Collaboration
- Lessons learned
- Benefits of each system
- Working toward “seamlessness”

# History- Pre-MOU

- Most done without formal Agency support, done to address particular local need, or interest
- Alaska Federal Healthcare Partnership, formed 1995 brought together military VA, IHS and tribal resources
- Neurology service agreement between Albuquerque VA and Northern Navajo Medical Center in the 1990's
- Reduced rate agreement between United American Indian Involvement and Long Beach VA

# First IHS/VA MOU

- Provided a loose framework and more of a statement of intent
- In IHS/California Area, very motivated THP's took initiative to draft and implement an agreement
- Of those who invested a lot of time, only one of three was able to implement

# Feather River Tribal Health and VA Northern CA Health System

- Original concept signed in 2007 and original agreement period 2008-2010
- Purpose
  - VA: Primary care access for VA beneficiaries in Yuba City, pending the development of CBOC
  - FRTH: Ability to expand capacity, gain access to laboratory, X-RAY, and some specialty consultation
- **Lessons learned:** Areas of greatest difficulty included information management (working with two databases) and finding suitable reimbursement amount and process

# History- Current MOU

- October 1, 2010 – VA Under Secretary for Health, Dr. Petzel, and the IHS Director, Dr. Roubideaux, signed a Memorandum of Understanding (MOU) to establish coordination, collaboration, and resource-sharing between VA and IHS
- Extensive tribal consultation during 2012
- December 5, 2012 – VA/IHS National Agreement signed

# Current MOU- Significance

- Accompanying this MOU, the VA OTGR has developed an extensive technical support network
- Addresses and facilitates solutions to many of the challenges experienced by earlier local agreements
- Purpose is to provide improved access and coordinated care to approximately 48,000 AI/AN Veteran registered beneficiaries nationwide

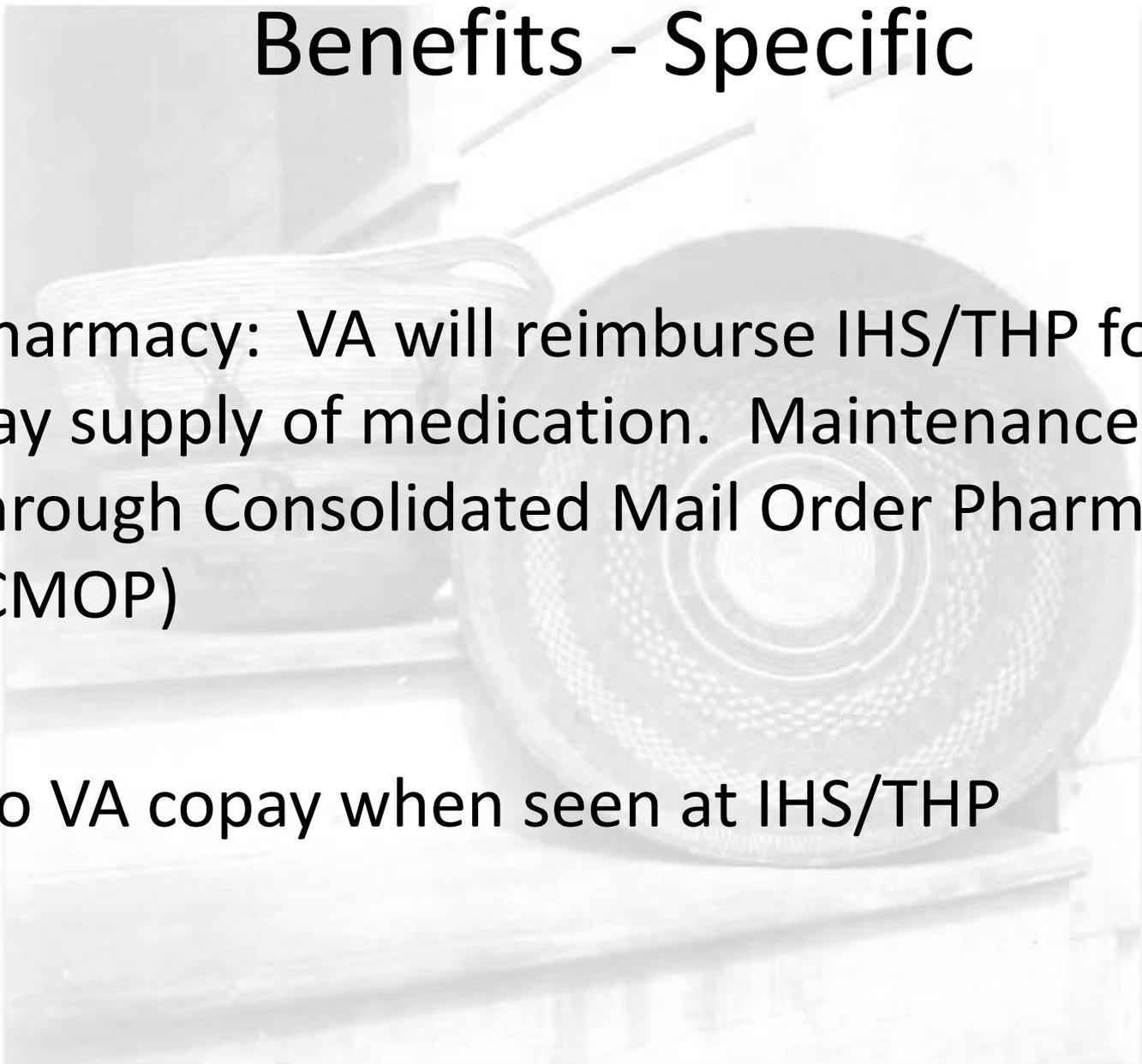
# Advantages to AI/AN Veteran status under new agreement

- AI/AN Veterans have choice of location, either IHS/THP or VA, for basic “medical package”
- Have access to very large tertiary care health system with some of the best specialists and researchers in the world (VA trains ½ of the physicians in the US)
- If you are an eligible veteran, you earned it (only 27% of AI/AN Veterans without private insurance use VA, compared with 53% using IHS)

# Benefits - General

- VA will reimburse IHS/THP for direct health services provided in VA's "Medical Benefits Package" available to all eligible Veterans
- This reimbursement incentivizes IHS/THPs to outreach to Veterans and to provide better coordination in the provision of tertiary services (not available in IHS/THP)
- Provides "best of both worlds" to AI/AN veteran

# Benefits - Specific



- Pharmacy: VA will reimburse IHS/THP for 30 day supply of medication. Maintenance meds through Consolidated Mail Order Pharmacy (CMOP)
- No VA copay when seen at IHS/THP

# VA Medical Package Benefits

- Outpatient medical, surgical, and mental healthcare, including care for substance abuse.
- Inpatient hospital, medical, surgical, and mental healthcare, including care for substance abuse.
- Durable medical equipment and prosthetic and orthotic devices, including eyeglasses and hearing aids
- Reconstructive (plastic) surgery required as a result of disease or trauma, but not including cosmetic surgery that is not medically necessary.

# VA Medical Benefits Package

- Hospice care, palliative care, and institutional respite care
- Home health services
- Payment of beneficiary travel as authorized under 38 CFR part 70
- Health education, including nutrition education
- Immunizations against infectious disease
- Routine vision testing and eye-care services

# VA Medical Benefits Package - Limited

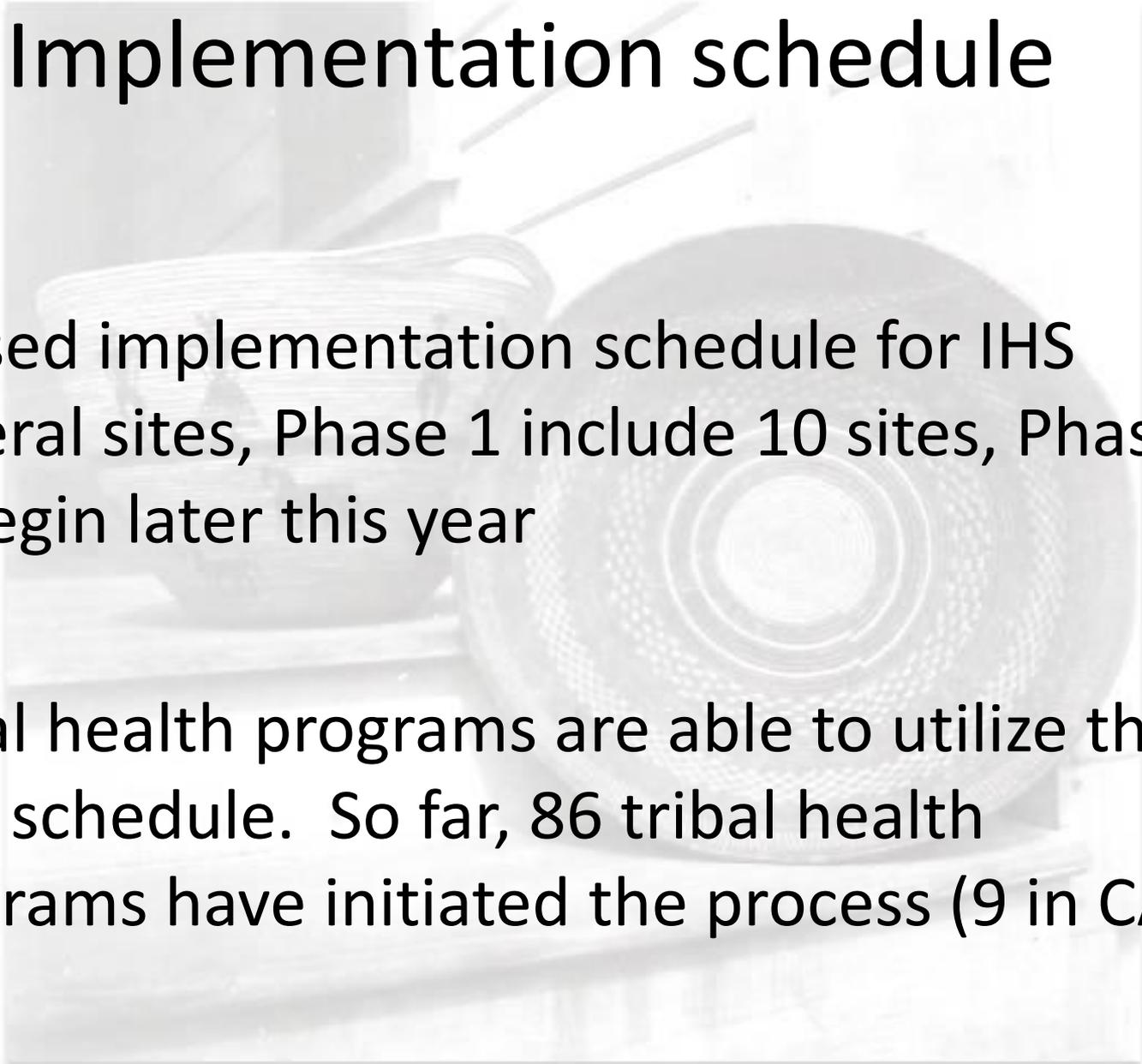
- Ambulance Service
- Hearing Aids
- Dental Care



# Coordination of care

- VA and IHS/THPs shall develop a process to share patient records consistent with relevant privacy laws
- VA and IHS/THPs shall promote quality health care services through collaboration activities to review, measure and report on quality of care delivered
- In order to receive reimbursement, each IHS and THP facility must meet certification through Centers for Medicare and Medicaid (CMS), The Joint Commission, or Accreditation Association Ambulatory Health Care (AAAHC)

# Implementation schedule



- Phased implementation schedule for IHS Federal sites, Phase 1 include 10 sites, Phase 2 to begin later this year
- Tribal health programs are able to utilize their own schedule. So far, 86 tribal health programs have initiated the process (9 in CA)

# Process for THPs

- 1. The THP initiates the program request with the CBO (by emailing [Tribal.agreements@va.gov](mailto:Tribal.agreements@va.gov)) or with their local VAMC.*
- 2. The Chief Business Office (CBO) of Purchased Care provides the Provider Orientation and agreement template, site readiness checklist, and other relevant documents to integrate the THP into the reimbursement program.*
- 3. CBO Purchased Care alerts the relevant VISN/VAMC and initiates a meeting.*
- 4. The VA establishes an Implementation Team to include the CBO Purchased Care Office, VISN and VAMC representatives, VA Contracting Officer, and General Counsel.*
- 5. The VA Implementation Team works with THP to develop Sharing Agreement.*
- 6. THP works to complete agreement and meet site readiness criteria.*
- 7. VA will verify THP readiness.*
- 8. VA will route the final documents and coordinate the signatures required for approval.*

# Summary

- Current National Agreement provides an unprecedented opportunity for AI/AN Veterans to receive very high quality care
- Provides the access to highly advanced care, with the opportunity to maintain important culturally competent care and community relationships

# More information

- <http://www.va.gov/tribalgovernment/>

