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
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) 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/