Tribal Health Reimbursement Agreement Orientation Brief

Veteran Affairs Sharing Agreement Program with Indian Health Service (IHS) and Tribal Health Programs (THP)

VA Northern & Southern California Health Care System – VISN 21 & 22

April 9, 2013
Agenda

- IHS and THP Milestones
- Reimbursement Agreement Key Definitions
- Benefits
- Reimbursement Agreement Payment Methodologies
- IHS and THP Locations in the VISNs
- THP Agreement Implementation Process
- Detailed VAMC and CBO Process
- VHA Health Eligibility Center Training
- Implementation SharePoint Site
- Implementation Timeline
- Implementation Next Steps
- Joint Call Next Steps
- VA Office of Tribal Government Internet Site
Indian Health Service & Tribal Health Reimbursement Agreement Milestones

- October 1, 2010: the VA Under Secretary for Health, Dr. Petzel, and the IHS Director, Dr. Roubideaux, signed a Memorandum of Understand (MOU)
- March – May 2012: VA and IHS and Tribal Health Programs (THP) initiated tribal consultation on a draft national agreement
- June 2012: Department of Justice provided guidance that VA’s Title 38 was the authority that governed agreements between VA and IHS/ THP
  - Changed approach from one National Agreement for both to National Agreement for IHS and individual sharing agreements under 38 USC 8153 for Tribal Organizations
- August 24, 2012: Dr. Petzel signed and distributed the Dear Tribal Leader Letter with program guidance.
- December 5, 2012: VA-IHS National Agreement signed.

The MOU and Agreements:
- Promotes quality health care through collaborative relationships and agreements
- Focuses on increasing coordination, collaboration, and resource-sharing for eligible American Indian and Alaska Native Veterans
Reimbursement Agreement Key Definitions

• Eligible American Indian/Alaska Native (AI/AN) Veteran is a Veteran who is
  – (1) eligible for services from IHS or THP in accordance with 42 C.F.R. Part 136 and
  – (2) is enrolled in VA’s system of patient enrollment in accordance with 38 U.S.C. § 1705 and 38 C.F.R. 17.36 or is 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 AI/AN Veteran’s failure to enroll in VA’s system of patient enrollment.

• Direct Care Services means any eligible service that is provided directly by THP at the THP facility(ies).
  – Direct care services does not include care or service referred or provided outside the THP facility(ies) through a contract established by THP.
Benefits

- **Medical Benefits Package** – VA will reimburse for direct care services provided under the Medical Benefits package available to eligible Veterans under 38 CFR § 17.38.

- **Choice of care provider** – Eligible AI/AN Veterans can choose to receive their health care from the IHS/THP facility and/or VA Medical Center (VAMC). No pre-authorization by VA will be required for direct care services provided to eligible AI/AN Veterans if care is received at the IHS/THP facility.

- **Pharmacy Options** – IHS/THP health care facilities will be reimbursed when providing a 30-day supply of outpatient medications to eligible AI/AN Veterans. After the initial 30-day supply, eligible AI/AN Veterans may obtain prescriptions using the VA Consolidated Mail Outpatient Pharmacy (CMOP) for routine, long-term outpatient medication.

- **No Copayment** – Pursuant to section 405(c) of the Indian Health Care Improvement Act (IHCIA), VA copayments do not apply to direct care services provided by the IHS/THP facility to eligible AI/AN Veterans under the National Agreement.

- **Third Party Billing** – Pursuant to section 405(c) of IHCIA, IHS/THP health care facilities will bill all third party payers, as permissible by law, prior to billing VA under the National Agreement so that VA is responsible only for the balance remaining after other third party reimbursements.
Reimbursement Agreement Payment Methodologies

• Direct Care Services will be reimbursed according to the following payment methods and rates:
  – Inpatient hospital services are based on Medicare Inpatient Prospective Patient System.
  – Outpatient services will be based on the IHS All Inclusive Rate posted in the Federal Register annually.
  – Critical Access Hospitals will be reimbursed at the established IHS Cost-to-Charge (CTC) ratio as determined by Medicare.
  – Ambulatory Surgical Services will be reimbursed at Medicare rates.

• VA is responsible only for the balance remaining after other third party reimbursements.

• Additionally, claims will be reduced by $15 on outpatient claims and paper claims will be reduced by $15. This helps cover the administrative processing costs of these unique claims.
IHS and THP Locations in the Veterans Integrated Service Networks (VISNs)
IHS and THP Locations in VISN 21
IHS and THP Locations in the VISN 22
• Using the agreement template, the VAMC and THP work together to complete the draft reimbursement agreement.
• Concurrently, the THP works to satisfy site readiness criteria.
• Once the draft is complete, it will be reviewed by CBO and regional counsel/contracting.
• After final signatures, reimbursement for direct care can commence.
Detailed THP Sharing Agreement Implementation Process

1. THP initiates communication (Letter of Intent)
2. CBO PC provides POC list for nearest VISN/VAMC and reimbursement program guidance
3. CBO PC schedules and holds a joint THP-VAMC orientation brief
4. IPT established/ IPT works with THP to develop Reimbursement Agreement

• The THP may reach out to the tribal mailbox or to the VAMC directly
• CBO PC and the VAMC will work closely to manage these first steps

5. THP works to complete agreement and site readiness/THP provides data to CBO PC
6. CBO PC verifies THP site readiness
7. Final approval and signatures completed (review by CBO and Regional Counsel)
8. CBO PC publishes signed agreement on CBO-PC SharePoint site

• The VA Chief Business Office of Purchased Care and the VAMC reviews, recommends modifications, and coordinates with Contracting Officer and Regional General Counsel approval
• At the same time, the THP is working to complete the Site Readiness criteria
• Final signatures from THP, VAMC, the VA Contracting Officer completes the process

Operations

THP seeks reimbursement
Care provided by THP
VAMC processes claims
VHA Health Eligibility Center Training

Training

• The VHA Health Eligibility Center (HEC) provides monthly training focused on eligibility, the medical benefits package, and enrollment.

Schedule:

• Dec 18, 2012@ 2:00 PM EST
• Jan 22, 2013@ 2:00 PM EST
• Feb 19, 2013@ 2:00 PM EST
• Mar 26, 2013@ 2:00 PM EST
• Apr 23, 2013@ 2:00 PM EST

Please email Tribal.Agreements@va.gov to receive a calendar invite.
Library of Sharing Agreements

Final templates and guidance documents for IHS and THP

Tracks each of the tribal groups and IHS facilities that have initiated the process through completion.

Provides a total # by VISN and total # overall
VA-IHS & THP SharePoint Site
https://vaww.portal.va.gov/sites/HAC/IHS_and_THP/Agreements/default.aspx

Library of all tribal agreements and IHS local implementation plans
Will be used to manage throughout lifecycle from drafts to final approval.
Provides a total # by VISN
Utilizes workflows for tracking reviews and approval process

Other data needs:

- Sharing Agreement Number
- Tax ID Number/ Provider ID Number
- Vendorized; Date Vendor Sheet Submitted
- EDI Capable & Emdeon Connection
- Pharmacy Scripts Processing
- Volume Estimate
- Certification/ Accreditation
- Covered Services/ Non-Covered Services
- Received Enrollment Training
- Ability to check eligibility
Implementation Timelines

IHS
- Signed IHS Agreement 12/05/12
- Phase 1 Kick Off Feb 2013
- Finalize Phase 1 Sites
- CBO & VAMC Approve
  - Local Implementation Plans
  - Site Readiness
- 6 months
- Finalize Phase 2 Sites
  - CBO & VAMC Approve
    - Local Implementation Plans
    - Site Readiness
- Phase 2 Kick Off Summer 2013
- VA and IHS negotiations

THP
- Signed 28 Agreements Over 25 tribes in process
- Revise THP Agreement
- Continue communication and in processing of Tribal Health Programs
- Update Program Documents
Implementation Next Steps

• Claims Processing and Payment
  – IHS/THP will be different that traditional claims processing
  – Due to the administrative burden of processing these non-traditional, complex claims, CBO Purchased Care will consolidate claims processing to VISN 20s Network Payment Center

• Finalizing the VA-IHS National Agreement Local Implementation Plans for Phase 1

• Continue development and implementation of VA-THP Reimbursement Agreements (not subject to phased approach).

• CBO Purchased Care Monthly Program Status
  – Holding monthly overview and program status calls for the VISNs and VAMCs
  – This call will occur every third Thursday from 1-2pm (EST). To access this call, please dial 1-800-767-1750 (Code: 35559). Please distribute this information to the appropriate members within your VISN and email the tribal.agreements@va.gov mailbox for the calendar invite.
Joint Call Next Steps

- The THP and VAMC should have follow-on discussions to complete the THP Agreement Template.

- Services and issues not relating to the reimbursement of direct care services should be included in appendices to the agreement (e.g., training and equipment).

- Care for non-AI/AN Veterans is not included in the VA-THP Reimbursement Agreement. If a need exists to provide care for non-AI/AN Veterans, this should be established with your local VAMC based on Non-VA Care Program criteria.

- The THP should work to meet all site readiness criteria and complete the data questionnaire template.
All documentation on how to establish agreements will be housed at VA Office of Tribal Government Relations Website.

http://www.va.gov/tribalgovernment/

For more information on getting started with Tribal Health Program agreements, send an e-mail to

tribal.agreements@va.gov