



VHA Office of Community Care

Department of Veterans Affairs (VA) - Indian Health Service (IHS), Tribal Health Program (THP), and Urban Indian Organization (UIO) (I/T/U) Reimbursement Agreements

Provider Guide



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VA I/T/U Reimbursement Agreement Provider Guide

1. Introduction

This guidance provides the lower 48 United States (U.S.) and Indian Health Services (IHS), Tribal Health Program (THP), and Urban Indian Organization (UIO) (I/T/U) providers with instructions on the Reimbursement Agreement processes, some of the requirements, and how to seek reimbursement from Department of Veterans Affairs (VA). This includes information on how the I/T/U facilities will process and verify American Indian/Alaska Native (AI/AN) Veteran's eligibility and enrollment.

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. Please refer to the Tribal Sharing Guidebook at

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

2. Program Overview

VA has partnered with IHS, THP, and UIOs (I/T/U) to establish a reimbursement program that reimburses I/T/Us for 'Direct Care Services' provided to eligible AI/AN Veterans under 38 CFR § 17.38, [Medical Benefits Package](#). Due to this program, eligible AI/AN Veterans may choose to seek health care at I/T/U facilities without preauthorization. VA signed the National Reimbursement Agreement with IHS and will establish individual agreements with THPs and UIOs to increase health care options for all eligible AI/AN Veterans (especially those in remote, rural areas) facilitating enhanced coordination, collaboration, and resource-sharing between VA and IHS and/or THPs and/or UIO.

On August 24, 2012, the VHA Under Secretary for Health 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 National VA-IHS Reimbursement Agreement, was signed on December 5, 2012; and its principles served as the foundation for a reimbursement agreement for eligible AI/AN Veterans and their individually designated service units and self-governing operated facilities, Indian tribes, tribal organizations, and tribal health programs (THP).

In 2021, Public Law 116–260, §11113(1) Consolidated Appropriations Act, amended the 25 U.S.C. 1645 Indian Health Care Improvement Act allowing UIO participation in VA's Reimbursement Agreement Program. Urban Indian Organizations (UIO) are nonprofit corporate bodies situated in an urban center, governed by an urban Indian controlled board of directors, providing health care and referrals services.

The VA-I/T/U Reimbursement Agreements Program only reimburses I/T/U facilities who provide Direct Care Service to eligible American Indian/Alaska Native (AI/AN) Veterans. The term Direct

Care Services means any health service that is provided directly on site by I/T/U facilities and/or programs and does not include Purchased Referred Care (PRC).

3. Scope of Services - Direct Care Services

3.1. Direct Care

VA will reimburse I/T/U for Direct Care Services provided to eligible AI/AN Veterans provided in the Veteran Medical Benefits Package under (38 CFR § 17.38), effective on the date the agreement is signed by all parties. The VA-IHS THP Reimbursement reimbursement includes Telehealth, if provided as direct care by the facility, reimbursed at the outpatient rate specified in the Agreement.

VA will not reimburse for any services that are excluded from the Agreement or VA 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) List of Excluded Individuals/ Entities (LEIE) database are also prohibited from participating.

3.2. VA Medical Package.

Under the I/T/U Agreements, VA will cover services that are under VA's medical benefits package.

Basic Services Includes:

- 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 pharmaceutical drugs available under the VA national formulary system
- Emergency care in community care facilities in accordance with sharing contracts or if authorized by 38 CFR §§17.52(a)(3), 17.53, 17.54, 17.120-132 and 17.1000-17.1008

Preventative Services Includes:

- Periodic medical exams
- Health education, including nutrition education
- 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 reexamination of members of high-risk groups for selected diseases and functional decline of sensory organs, and the services to treat these diseases and functional declines

The Medical Benefits Packages mentioned here are not complete. Detailed information on these packages can be found on the electronic Code of Federal Regulations website.

As exception to reimbursing for direct care services, COVID-19 related testing and care provided by contracts established by the I/T/U (i.e., purchased referred care program) for health care provided outside of the facility during the COVID-19 emergency period are reimbursable.

3.3. Benefits with Special Eligibility Criteria

While all enrolled Veterans enjoy access to VA's comprehensive medical benefits package, certain benefits may vary depending on each Veteran's unique eligibility status. VA's special eligibility services include:

- Dental
- Ambulance Services
- Community Health Care Services

Of the special eligibility services VA provides, *only Dental care* is covered under the I/T/U RAP. The other speciality services, are not covered under the I/T/U RAP.

3.4. Other Services.

I/T/U providers can approve community medical care at VA expense. If care cannot be provided directly on-site (or via telehealth) by the IHS, THP or UIO facilities and the Veteran wants to use the VA Medical Benefits Package, then the AI/AN Veteran must contact the local VA medical facility for care coordination. Following community care policies and guidelines, eligible AI/AN Veterans will need to see VA primary care physicians for follow-up or continued medical needs assessments when the THP facilities cannot provide care or services "directly."

4. Roles and Responsibilities

The following outlines the roles and responsibilities pertaining to the VA-I/T/U Reimbursement Agreements Program process:

4.1. VHA Office of Community Care (OCC) VA-I/T/U Reimbursement Agreement Program Office will:

- Establishes program policy and guidance

- Coordinates the completion and implementation of tribal agreements and modifications, ensuring all program required documentation are received and maintained.
- Coordinate with the I/T/U facilities, Northwest (NW) Region Payment Operations and Management (POM), and VA medical center staff regarding program operations.
- Offer Resources to I/T/U facilities on how to verify Veteran eligibility and eligibility requirements.
- Provide program guidance, communication, and stakeholder training.
- Provides overall management of the program to include addressing risks and issues creating and maintaining program documentation, and program reporting.

4.2. VA Regional Procurement Office West Contracting Officer

- Government signatory for all the THP/UIO Reimbursement Agreements.
- Responsibility and authority to issue, modify, extend and enforce individual VA-THP Reimbursement Agreements.

4.3. Northwest (NW) Region Payment Operations and Management (POM) will:

- Support the I/T/U reimbursement agreement terms for the processing of inpatient, outpatient, and pharmacy claims processing and payment.
- Establish program requirements, staffing, training, and oversight necessary to facilitate the processing and payment of health care claims provided under an approved I/T/U agreement.
- Validate the enrollment and eligibility of AI/AN Veteran prior to claims payment.
- Assist in resolving I/T/U claims denial, rejection, and payment issues.
- Provide customer service to I/T/U stakeholders related to health care claims inquiries and concerns.

4.4. Local VA Medical Center (VAMC)/VA Health Care System (VAHCS) will:

- Primary responsibly for the local relationship on behalf of the RAP National Office with the I/T/U facility. Agreements are local agreements between the VA and the I/T/U facility.
- Collaborates with the National office to execute individually signed reimbursement agreement with the THP/UIO and implementation plans with IHS healthcare facilities.
- Provide AI/AN Veteran enrollment and eligibility information, verification, and assistance with enrolling eligible Veterans in the VA Healthcare System.
- Provide additional information about other VA programs or resources for Veterans.
- Facilitates care of coordination for eligible AI/AN Veteran and Alaska Non-Native Veterans when a Veteran / facility seek care from VA, which could include services provided directly by VA, the Community Care Network (CCN) or medical equipment (DME) requests.

- Provides patient advocacy services (customer service) when needed.
- Assigns staff to perform roles to includes:
 - VAMC Agreement Manager is the liaison between with the I/T/U and their local VAMC. Provides assistance to I/T/U facilities, facilitate communication, coordinate care when Veterans seek VA care, assist in getting VAMC POCs for DME and care coordination as requested, and provide information to the I/T/U in support of the agreement.
 - Benefits Coordinator assist Veterans and provides information regarding Veteran VA benefits and enrollment.
 - Quality Manager provides guidance and conducts local VAMC quality related activities
 - Pharmacy Representatives provides pharmacy information; reviews and approves VA Non-Formulary request from I/T/U facilities.

4.5. VA Health Eligibility Center (HEC) will:

- Provide VA enrollment and eligibility training to I/T/U providers and stakeholders.
- Provide AI/AN Veteran enrollment and eligibility information to I/T/U providers/facilities.

4.6. I/T/U facilities/providers will:

- Provide healthcare services to eligible AI/AN Veterans as specified in the I/T/U reimbursement agreement.
- Managing and coordinating the VA-I/T/U reimbursement agreement program between the VA and their respective facilities/providers.
- Ensure that AI/AN Veteran enrollment and eligibility has been verified prior to the submittal of health care claims.
- Submit health care claims in accordance to the VA- I/T/U Reimbursement Agreement and applicable regulations.
- Assist the eligible AI/AN Veteran in enrolling in the VA Healthcare System and collaborate with the VA in the enrollment process as necessary.
- Ensure high quality of care is being delivered, to include established patient grievance process and open communication with their local VAMC.

5. Program Eligibility and Enrollment

5.1. Veteran Eligibility

The Reimbursement Agreements provide care for eligible AI/AN Veterans. The term eligible AI/AN Veteran for the VA-I/T/U Reimbursement Agreement program means an AI/AN Veteran who has the following qualifying criteria:

- Eligible for services from I/T/U in accordance with 42 CFR Part 136, and VA does not determine tribal eligibility or enrollment; the I/T/U is responsible for ensuring that a Veteran being treated at a tribal health facility is eligible to receive such services.

- AI/AN Veteran enrollment in the VA Healthcare System of patient enrollment is a requirement and condition for receiving the 'Medical Benefits Package' set forth in §17.38 under the I/T/U Reimbursement Agreement program, in accordance with 38 U.S.C. §1705 and 38 CFR §17.36 or is eligible for hospital care and medical services.

VA and I/T/U 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. I/T/U facilities are to verify eligibility and enrollment, using resources provided in section 5.2, prior to submitting claims to VA.

5.2. Eligibility Procedure

The VA- I/T/U Reimbursement Agreements states that VA, IHS, THP, and UIO are responsible for determining eligibility for healthcare services within their respective program. VA will only be billed for those Veterans eligible within their health care system. Each tribe will determine tribal membership eligibility criteria.

The following are several ways I/T/U can verify AI/AN Veteran eligibility and enrollment in the VA health care system:

5.2.1. Secure Data Transfer

I/T/U can use the IHS Secured Data Transfer Service to request enrollment/eligibility information from VA Health Eligibility Center (HEC) using a Microsoft excel template. The IHS Secured Data Transfer Service is made available by IHS on a limited basis to enable the I/T/U facilities to initially and periodically acquire a comprehensive listing of all their AI/AN Veteran enrollment and eligibility from VA HEC. I/T/U staff can request access to the IHS Secured Data Transfer Service by emailing Cynthia.Larsen@ihs.gov. Access will be limited to email receipt and reply.



The screenshot shows the login interface for the Indian Health Service (IHS) Secure Data Transfer Service. At the top, it features the IHS logo and the text "U.S. Department of Health and Human Services Indian Health Service The Federal Health Program for American Indians and Alaska Natives Secure Data Transfer Service". Below this, a message states: "For IHS users, please enter your IHS username and password to sign in. For non-IHS users, your username is your email address." The main section is titled "User sign in" and contains a form with fields for "Username" and "Password", a "Remember my username" checkbox, and a "Sign in" button. A link for "Forgot your password?" is located below the form. To the right of the form, there is a "Quick User Guides" section with links to "Accessing Secure Data (PDF)", "Sending Secure Data (PDF)", "How to use Secure Data Transfer Service (Video, 9 min)", and "Frequently Asked Questions". A note at the bottom of the guides section states "Guides last updated 4/11/2013".

Below are the instructions for verifying Veteran eligibility and enrollment:

- IHS/THP staff fills out columns A-C of the VA HEC template. The completed template is then uploaded to the IHS secured site.

Clipboard						Font						Alignment						Number						Styles						Cells					
C18												fx																							
A			B			C			D			E			F																				
Tribe/Healthcare Facility Name (Tribe to Populate)						VA HEC to fill out																													
Last,First			DOB (mm/dd/yyyy)			SSN			First Enrolled Date			Current Enrollment Status			Current Priority Group																				

- I/T/U Enrollment and eligibility information requests are securely transmitted to VA HEC from the I/T/U providers using the IHS Secured Data Transfer Service.
- 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.
- VA HEC returns the completed enrollment/eligibility Excel spreadsheet to Cynthia Larsen via IHS Secured Data Transfer and she will return it to the I/T/U staff.

5.2.2. Contact the VA HEC by Telephone

I/T/U can contact the VA HEC directly by phone if staff is checking enrollment/eligibility on less than five Veterans by calling 1-855-488-8441, Monday to Friday, 7:00 am to 5:30 pm Eastern Time (ET). 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).

5.2.3. Contact the local VA Medical Center by Telephone

I/T/U can contact the local VA medical center to verify the AI/AN Veteran’s VA enrollment/eligibility by calling the VA Benefits Manager listed in the I/T/U Implementation Plan. It is recommended that I/T/U 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 such as dental care, certain counseling services, and VA Community Care (following the guidance in the Options for Providing Community Care, Memorandum).

5.2.4. Veteran Provided Documentation

I/T/U may request documentation or information regarding Veteran’s specific VA health care eligibility and/or service connection disability directly from the Veteran (e.g., VA letter, etc.).

6. Enrollment Procedure

AI/AN Veteran under the VA- I/T/U Reimbursement Agreements must be enrolled in the VA Healthcare System as a condition to be reimbursed for ‘Direct Care Services’ provided under

38 CFR §17.38, Medical Benefits Package. Once a Veteran is enrolled, that Veteran remains enrolled in the VA Healthcare System and maintains immediate access to certain VA health care benefits.

VA will determine Veteran's eligibility through enrollment. During enrollment, each Veteran is assigned to a priority group to ensure health care benefits are readily available to all enrolled AI/AN Veterans. A Veteran may be eligible for more than one Enrollment Priority Group. In that case, VA will always place a Veteran in the highest Priority Group for which the Veteran is eligible. VA Priority Group is not a consideration for AI/AN Veteran eligibility in VA- I/T/U Reimbursement Agreement program. Title 38 CFR §17.36(C) states that the annual VA notification changes the categories and subcategories of Veterans eligible to be enrolled based on the order of priority groups will be posted in the Federal Register each fiscal year.

Healthcare claims submitted for treatment of those Veterans not enrolled in VA health care system will not be considered for payment under the 38 CFR §17.38 Medical Benefits provisions of this agreement. The following are several ways the eligible AI/AN Veteran can enroll in the VA health care system:

6.1. Online

Veterans can apply for enrollment online by accessing the Vets.gov Health Care Application Process at <https://www.1010ez.med.va.gov/> and following the instructions.

6.2. By Phone

Veterans can apply for benefits or update their information by calling 1-877-222-8387, Monday to Friday, between 8:00 am to 8:00 pm ET. A VA representative will have their completed form sent to them for verification and signature.

6.3. By Mail

Print VA Form 10-10EZ

[https://www.va.gov/vaforms/form_detail.asp?FormNo=10EZ%20\(pdf](https://www.va.gov/vaforms/form_detail.asp?FormNo=10EZ%20(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

6.4. 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, is not required to complete the enrollment process, but will expedite the process.

7. 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 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 healthcare enrollment exception is met, then I/T/U can receive reimbursement for services provided specific to the exemption (e.g., service connected disability). Proof of the Veteran's eligibility (e.g., VA benefits grant letter) must be attached to the submitted health care claim. VA will not reimburse for any services that are excluded from the "Medical Benefits Package" or for which the eligible AI/AN Veteran does not meet the qualifying criteria.

7.1. VA Benefits Letter

A Veteran can get a copy or apply for a VA benefits letter either in person or online.

- In person at one of the Veterans Benefits Administration Facilities. Location listing and links can be found at <http://www.va.gov/directory/guide/division.asp?dnum=3>.
- Online at <https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>

Additional information on VA benefits depending on the type of benefit you are seeking is located at <http://www.benefits.va.gov/benefits/Applying.asp>. For Benefits questions, contact 1-800-827-1000, Monday to Friday, 8:00 am to 9:00 pm ET.

8. Quality of Care

I/T/U facilities will work collaboratively with their designated VA Medical Center (VAMC) or VA HealthCare System (VAHCS) to ensure access to quality care for AI/AN Veterans according to the agreement section 7 for IHS/UIO and section 6 for THP. The following defines the requirements for quality:

8.1. Information Exchange

VAMC/VAHCS and I/T/U shall develop a process to share patient records consistent with relevant privacy laws and will continue activities to share data electronically.

8.2. Collaboration

VAMC/VAHCS and I/T/U shall promote quality health care services through collaboration activities to review, measure and report on quality of care delivered.

8.3. Certification and Accreditation

In order to receive reimbursement, each facility of the I/T/U must meet conditions and requirements for participation in Medicare or Medicaid, as demonstrated by enrollment or certification in Medicaid or Medicare, or by maintaining accreditation with a recognized organization such as the Joint Commission or Accreditation Association for Ambulatory Health Care (AAAHC). Each I/T/U facility shall submit enrollment/certification or accreditation information to VA upon request during the effective period of this agreement and notify VA within 15 days of any disenrollment or loss of certification or accreditation. Refer to Appendix C for examples.

IHS facilities will be asked to provide the certification or accreditation prior to getting reimbursed while THP/UIO will be asked to provide the certification or accreditation prior to signing the Reimbursement Agreement. I/T/U must ensure that their certification or accreditation document is up to date. If this document has expired, I/T/U facilities are required to submit an updated document to: tribal.agreements@va.gov.

For information about CMS certification refer to the links below:

- CMS AI/AN website: <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/index.html>
- CMS AI/AN Outreach and Education Resources website: <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education/index.html>

8.4. Medical Quality Assurance Activities

I/T/U facilities are required to have established patient advocacy/grievance process and review quality of care per the Agreement. For IHS/THPs, at least annually THP/IHS are to meet with VA To share information 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. IHS/THP can use existing medical quality assurance activities already collected/reviewed under accreditation or certification standards or maintained for reporting.

UIOs are required to conduct ad hoc or an annual meeting between UIO and VAMC/VAHCS to discuss program-specific quality issues or concerns, and to review that other agreement requirements, such as a grievance process, are in place, but are not required to do a utilization review.

I/T/U agrees to share information with VA regarding its medical quality assurance activities and any efforts to address issues.

9. Billing and Claims Submission

9.1. Electronic Data Interchange (EDI) Claims Submission

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 Change Healthcare to provide clearing house services for electronic /EDI health care claims. To register or submit an EDI, please call 1-866-371-9066, 8am to 4pm Central Standard Time (CST) or visit: <http://www.changehealthcare.com/>.

When registering you will need to provide the following payer IDs:

- 12115 for submission of medical claims
- 12116 for submission of dental claims

VA Requires “THP, IHS or UIO” in the SBR03 segment of the claim (837) for proper routing through VA. This will ensure that claims are easily distinguished from other provider claims and routed appropriately through VA systems in order to be processed timely.

9.2. Paper Claims Submission

If the I/T/U facility does not have a capability to submit an electronic health care claim, paper claims submissions will be accepted by VA provided that the applicable health care claims (CMS 1500, UB-04 or ADA Dental Claim Form – refer to Appendix D for sample) are complete, accurate, and that it includes all required data fields, ICD, CPT, HCPCS codes.

The following information is required for all I/T/U claims:

Required Information	CMS 1500 (HCFA)	CMS 1450 (UB)	Dental Claims
Contract/Agreement #	Box 19	Box 80	Box 35
Station #	Box 23	Box 63	
Annotate IHS, THP or UIO	Box 11	Box 62	Box 16

All other information should be provided based on CMS and American Dental Association guidelines.

The paper health care claims can be submitted to:

VHA Office of Community Care
P.O. Box 30780
Tampa, FL 33630-3780

For questions regarding submitted health care claims, contact the VA Claims Payment Processing Call Center at 1-877-881-7618, Monday to Friday, 6:05 am to 4:45 pm MT.

When contacting the call center, identify as a non-CCN provider (option 2) and use the zip code for Vancouver, WA, to be directed to the correct operator: 98661.

9.3. Pharmacy Claims Submission

I/T/U can receive reimbursement for outpatient medications prescribed by an I/T/U provider and dispensed by the I/T/U facility to eligible AI/AN Veterans that are on [VA's 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 at <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.

I/T/U must provide the VA Pharmacy Non-Formulary Approval notice with their claims.

- For paper claims CMS 1500, annotate PAO NF (Prior Auth Obtained – Non-Formulary) on Box 23 and attach the Non-Formulary Approval with the paper claims.
- For EDI 837p (professional) claims, annotate PAO NF on the EDI claims note section, then send the approval authorization to VA via fax or mail:
 - Fax to 360-905-1772, ATTN: I/T/U.
 - Mail: Northwest Region Payment Operations and Management (NW POM)
VA Portland Health Care System
ATTN: IHS/THP/UIO (10N20NPC)
1601 E Fourth Plain Blvd.
Vancouver, WA 98661
 - *In addition*, I/T/U must mail the VA Pharmacy Non-VA Formulary Approval to the NW POM Vancouver, WA address, can send an email notice to VHA13D01POMNWIHSTHPSupport@va.gov stating that the VA Non-Formulary Approval is being mailed.

I/T/U must use CMS 1500 for paper claims and 837p (professional) for EDI claims for Pharmacy reimbursement. All pharmacy claims should only be coded using Healthcare Common Procedure Coding System (HCPCS) J3490, this code is described as unclassified drugs.

I/T/U must follow the most updated claim form guidance for CMS 1500/837P from National Uniform Claim Committee www.nucc.org. CMS 1500 instruction website link: https://www.nucc.org/images/stories/PDF/1500_claim_form_instruction_manual_2020_07-v8.pdf refer to page 45 to 47 for pertinent information/instructions and examples NDC and NDC units.

The CMS 1500 (paper claims) must contain the following information:

- Contract/Agreement # on Box 19
- Station # on Box 23
- Annotate IHS, THP or UIO on Box 11
- PAO NF (Prior Auth Obtained – Non-Formulary) on Box 23 (if applicable)

The CMS 1500 (paper) and 837P (EDI) claims must contain the following information:

- HCPCS – J3490
- Date of fill
- Number of day’s supply
- Quantity of Drug
- Prescription number
- Pharmacy name
- Doctor and address
- Drug name (generic name) and strength
- Amount paid by the other health plan or retail price for the pharmacy
- National Drug Code (NDC) and Description
- NDC Unit/basis of measurements
- (Qualifier examples: F2-Intertional Unit/ ME- Milligram/ ML- Milliliter/ GR – Gram/ UN- Unit)
- If the drug is a controlled substance, the Drug Enforcement Administration (DEA) – Provider number must also be provided.
- VA Non-Formulary Approval notice annotate PAO NF (Prior Auth Obtained – Non-Formulary) if applicable.

Here is an example of an CMS 1500 pharmacy paper claim:

24. A	DATE(S) OF SERVICE			B.	C.	D.	E.	F.	G.	H.	I.	J.
MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	EMG	PHARMACY SERVICES, UN SUPPLIED (Explain Unusual Circumstances)	DIAGNOSIS POINTER	\$ CHARGES	NO. DAYS ON HAND	PERF. FUNDY PER
N400085113201	09	04	14	09	04	22	J3490	ZZALBUTEROL 90MCG 200D ORAL INHL	AB	1070	6	7
N463304083005	09	04	14	09	04	22	J3490	ZZATORVASTATIN CA 80MG TABLET	AD	1276	45	
N400085461001	09	04	14	09	04	22	J3490	ZZFORMOTEROL/MOMETASONE 5MCG/200MCG	AB	4893	13	
N400172208380	09	04	14	09	04	22	J3490	ZZHYDROCHLOROTHIAZIDE 25MG TABLET	AD	527	90	
N400169183411	09	04	14	09	04	22	J3490	ZZINSULIN NPH U-100 INJ	AC	1887	30	
N400603421232	09	04	14	09	04	22	J3490	ZZLISINAPRIL 20MG TABLET	AD	852	135	

Here is an example of an 837P pharmacy EDI:

Hierarchy	HL*2*1*22*0~
Subscriber Type	SBR*P*18* *****CH~
Veteran Name/SSN or Unique Patient Identifier #	NM1*IL*1*[LAST NAME]*[FIRST NAME]****[MI]*[SOCIAL SECURITY NUMBER/UNIQUE PATIENT IDENTIFIER]~
Street Address	N3*[STREET ADDRESS]~
City, State, Zip	N4*[CITY]*[STATE]*[ZIP CODE]~
Line Number	LX*1~
HCPCS, Cost, and NDC unit, quantity	SV1*HC: J3490*82.56*UN*30***1:2~
Service Date(s) (D8 for single date) (RD8 for Range)	DTP*472*D8*20191108~
Prescription Date	DTP*471*D8*20191115~
Reference	REF*6R*000000469185230001~
Line Note	NTE*ADD*[NDC Description/Drug name, days' supply]~
NDC Code	LIN**N4*76282042290~
NDC Units	CTP****30*UN~
Prescription #	REF*XZ*1701092~

Additional requirements when submitting EDI claims:

- SSNs in the NM1*IL Subscriber X12 segment must be 9 digits with no dashes or other character
- Provider Tax IDs must be exactly 9 digits with no extra characters

10. Third Party Billing/Other Health Insurance

Pursuant to 25 U.S.C. 1645(c), I/T/U will bill all third-party payers, as permissible by law, prior to billing VA under these agreements so that VA is responsible only for the balance remaining after other third-party reimbursements (excludes other federal payers). Federal payment is considered payment in full.

When a third-party payer's insurance payment is made on a claim, an Explanation of Benefits (EOB) or Explanation of Payment (EOP) must be sent with paper claim. If the healthcare claims are being submitted to VA via EDI, either mail or fax the third-party payer's EOB or EOP copy to NW POM. The balance remaining is VA responsibility when the remaining balance on the claim does not exceed VA allowable amount.

- Mail: Northwest Region Payment Operations and Management (NW POM) address
VA Portland Health Care System
ATTN: IHS/THP/UIO (10N20NPC)
1601 E Fourth Plain Blvd.

Vancouver, WA 98661

- Fax: 360-905-1772, ATTN: I/T/U.

VA does not reimburse co-pays, deductibles, or do balance billing on claims that other Federal payers (i.e., Medicare or Medicaid) have already paid.

11. VA Claims Denial

VA may deny a claim or a portion of the claim for services provided by I/T/U under the following conditions:

- The Veteran is not an eligible Veteran as defined in the agreement; or
- Veteran does not meet VA special eligibility requirements (referenced in Section 2.2, special eligibility (to include dental) applies to some VA services).
- 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 the I/T/U agreement; or
- The information needed to adjudicate the claim, consistent with the information contained on the electronic Health Care Financing Administration (HCFA) and Universal Billing (UB) forms (or other applicable billing form), is not provided; or
- Providers are on the HHS OIG exclusionary list.

If VA denies reimbursement for a claim, VA will notify I/T/U of the denial in writing together with a statement of the reason for the denial.

12. Timely Filing

Healthcare claims that I/T/U 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.

13. 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 I/T/U to eligible AI/AN Veterans under the agreement with the I/T/U. The copayment requirement has been waived for eligible AI/AN Veterans.

14. Claims Status Check and Inquiry

I/T/U facility may check the status of their submitted health care claims through the following:

- **By Phone:**
Contact the VA Claims Payment Processing Call Center at 1-877-881-7618, Monday to Friday, 6:05 am to 4:45 pm MT. When contacting the call center,

identify as a non-CCN provider (option 2) and use the zip code for Vancouver, WA, to be directed to the correct operator: 98661.

- **Online:**
 - **Customer Engagement Portal (CEP)** allows registered I/T/U providers to research the status of claims received by VA. I/T/U providers may register in CEP <https://www.cep.fsc.va.gov/> to view the VA payment information and claim status. Note: System for Award Management (SAM) unique identifier number will be needed to register for CEP. If the CEP is down and claims information is required, please contact Provider Portal Customer Support at phone 1-877-353-9791 (Select Option 1), Monday to Friday, 7:15 am to 4:00 pm CT or email vafscshd@va.gov.
 - **eCAMS Provider Portal (ePP)** allows registered I/T/U providers to research the status of claims received by VA and being processed in the VA's Electronic Claims Adjudication Management System (eCAMS). I/T/U providers may register for ePP (<https://www.occepp.fsc.va.gov/>) to view the VA payment information and claim status. If you need assistance, please contact a Customer Service Representative at 512-386-2278, Monday to Friday, 7:00 am to 4:00pm CT or email eCamsHDsupport@va.gov.
- **Email:**
 - NW POM – I/T/U claims processing department at VHA13D01POMNWIHSTHPSupport@va.gov.

15. Establishing A Reimbursement Agreement

I/T/U Facilities that are interested in participating in the VA I/T/U Reimbursement Agreements must following process:

15.1. Notice of Interest

For THP/UIO - THP/UIO facilities that are interested in participating in the VA I/T/U Reimbursement Agreements Program must contact the VA I/T/U RAP representative via phone or e-mail notice to tribal.agreements@va.gov.

For IHS - IHS informs the VA I/T/U RAP team of any additional participating IHS site to the National VA-IHS Reimbursement Agreement during the VA-IHS meeting.

15.2. Onboarding Meeting

The VA- I/T/U RAP team schedules a meeting with the I/T/U facility staff to go over the agreement requirements, program highlights and onboarding requirements.

15.3. Submit Required Documentation and attend VA Eligibility/Enrollment Training

I/T/U facility submits the following completed documents to tribal.agreements@va.gov. Section 16 provides further details.

- Proof of Joint Commission, or AAAHC accreditation/certification or CMS participation (refer to Appendix C for examples.)
- Draft Agreement (provided in word version with tracked changes)
- Implementation Plan and embedded requirements
- VA Form 10091, FSC Vendor File Request Form
 - Complete form and submit to VA-FSC Customer Engagement via secure fax FAX: 512-460-5221 and send an email notice on date of submission.
 - For questions, contact the VA-FSC Customer Engagement listed in the VA Form 10091 at phone 512-460-5380, Monday to Friday, 7:15 am to 4:00 pm CT or email VAFSCSHD@va.gov.
- I/T/U staff must complete the VA Health Eligibility Center (HEC) Eligibility and Enrollment training and annotate the date on their Implementation plan.

15.4.VA Review of Submitted Documents

The VA- I/T/U RAP team will confirm receipt of information from I/T/U facility and review the submitted information for completeness and accuracy. The VA- I/T/U RAP team will notify I/T/U staff of any missing/unclear information.

15.5.Agreement Signing

For THP/UIO - THP/UIO designated representative and VA Contracting Officer on behalf of the VAMC will sign the agreement and then return it to tribal.agreements@va.gov.
For IHS - IHS designated representative and VAMC/VAHCS Director will sign the implementation and then return it to tribal.agreements@va.gov.

15.6.Agreement Completion and Distribution

For THP/UIO - The VA- I/T/U RAP team will send the signed agreement, implementation plan, and effective date to the THP/UIO and local VAMC facility staff.

For IHS - The VA- I/T/U RAP team will send the signed implementation plan and effective date to the IHS facility staff and local VAMC facility staff.

15.7. Joint Orientation

I/T/U facility staff and local VA representatives attend a Joint Orientation training to meet their local contacts, to review the program operational details and the provider guide.

16.I/T/U Onboarding and Implementation Plan Requirements

During the onboarding process, there is information and documents required from the I/T/U prior to implementation completion and tribes submitting claims. Information is tracked in the Implementation Plan, with a user friendly "Site Readiness Checklist". The Implementation Plan template will be provided to facilities during their onboarding meeting. You can find a copy of the Site Readiness Checklist in Appendix B.

Listed by Implementation Plan sections, requirements include:

16.1. I/T/U and VA facility information and Points of Contact (POC) (section 3)

The purpose of this list is to ensure each site has accurate points of contact (include email and phone number for individual POCs) during the implementation and operational phases of the reimbursement agreement. I/T/U facility will complete information on their facility, and VA will complement information for the local VA.

16.2. VA and I/T/U Healthcare Services (section 4)

Contains Local VAMC and I/T/U Healthcare Direct Care and Contract. 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 Agreement.

16.3. Site Readiness Checklist (section 5)**16.3.1. Onboarding Meeting**

I/T/U facility must attend an onboarding meeting with VA I/T/U RAP team.

16.3.2. Implementation Plan

The implementation plan provides additional guidance to I/T/U, contains onboarding requirements and completion date, VA and I/T/U information on services and POCs. Note: For IHS site, the IHS designated representative and VAMC/VAHCS Director will need to sign the implementation plan.

16.3.3. Agreement

THP/UIO must submit draft agreement with tracked changes (word document). NOTE: THP/UIO designated representative and VA Contracting will need to sign the agreement. The individual agreement is not applicable to IHS sites as they are already included under the National VA-IHS Reimbursement Agreement.

16.3.4. Certification/Accreditation documentation

I/T/U must meet conditions and requirements for participation in Medicare or Medicaid, as demonstrated by enrollment or certification meet requirements as demonstrated by enrollment or certification in Medicaid or Medicare, or by maintaining accreditation with an organization recognized by the Centers for Medicare and Medicaid Services (CMS), such as the Joint Commission or Accreditation Association for Ambulatory Health Care (AAAHC) and provide certification to VA. See Appendix C for examples of the certification or accreditation documents.

16.3.5. Eligibility and Enrollment Training

I/T/U staff must complete the VA Health Eligibility Center (HEC) Eligibility and Enrollment training and annotate the date on their Implementation plan. Offered monthly, on every third Tuesday, 2 pm to 3 pm ET. VA will send dial information.

16.3.6. VA Form 10091 - Vendor File Request Form

I/T/U must provide information necessary to be a vendor in the VA claims processing system by submitting a Form 10091 to VA Financial Services Center (FSC), refer to section 15.3 of this document for details on submission.

16.3.7. Unique Provider Information (NPI and Tax ID)

I/T/U must provide their Provider Tax ID Number and National Provider Identifier (NPI) that will be used for billing VA. This information must match the provider information in the VA Form 10091 and are necessary to minimize claims billing denials or rejection.

16.3.8. Electronic Data Interchange (EDI) Claim Submission Capability

I/T/U must indicate whether their facility will submit claims using Electronic Data Interchange (EDI) with Change Healthcare established and use a unique identifier on the claim for accurate routing and reimbursement.

16.3.9. Veteran Volume Estimate

I/T/U 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 program utilization and will not affect the terms of the Reimbursement Agreements.

16.3.10. System for Award Management (SAM) Registration

THP/UIO must register in the System for Award Management (SAM) website <https://www.sam.gov/SAM/> to do business with VA and complete the VA 10091. NOTE: This requirement is optional for IHS sites. System for Award Management (SAM) unique identifier number will be needed to register for CEP.

16.3.11. VA HEC Verification List of Veterans

I/T/U will collect known Veteran population and information for eligibility verification review. To be completed by I/T/U and submitted to the VA HEC (submit directly using IHS data secure transfer). Details on how submit this list can be found in section 5.2.1 of this document.

17. Amendment, Modification and Exercise Options

Except for cancellation, Agreements may be revised or amended only by mutual written agreement signed by the signatories (or their authorized representatives) to the Agreement.

Amendments, Modifications and Exercise of Options shall be done through an agreement addendum that contains at a minimum, the following:

- VA-THP/UIO Reimbursement Agreement – THP/UIO facility, VAMC facility, Agreement number, and defined intent of the amendment, modification or exercise of option including authorized signatures of both parties involved.

- VA-IHS National Reimbursement Agreement- defined intent of the amendment, modification or exercise of option including authorized signatures of both parties involved.

18. Websites

VA- I/T/U Reimbursement Agreement Program information and resources for initiating and implementing reimbursement agreement can be found on the following websites:

- I/T/U RAP Provider Website
<https://www.va.gov/COMMUNITYCARE/programs/veterans/ihs/index.asp>
- I/T/U Veteran Website
<https://www.va.gov/COMMUNITYCARE/programs/veterans/ihs/index.asp>

Other VHA websites also offer valuable information on topics beyond the I/T/U program. Popular links include:

- Information about VA [General Eligibility](#)
- Information on the [Medical Benefits Package](#)

19. Appendix A: VA Health Eligibility Center (HEC) Enrollment and Eligibility Definitions

The definitions below are provided by VA HEC to support I/T/U facility utilization when verifying enrollment in the VA Healthcare System and eligibility for AI/AN Veterans.

STATUS	DEFINITION
Verified	Veteran status has been verified as enrolled and eligible.
Pending; Means Test Required	Veteran enrollment is pending. Financial assessment needs to be accomplished to be enrolled in the VA.
Pending; Eligibility Status is Unverified	Veteran's status has not been verified as enrolled or eligible. The Veteran enrollment application is pending.
Rejected; Below Enrollment Group Threshold	Veteran has applied for VA health care after January 17, 2003 and their salary is above the income thresholds. Therefore, Veteran request for enrollment into the VA health care program was rejected.
Not Eligible; Ineligible Date	Veteran has been determined to be ineligible for VA medical benefits package. The ineligible date and reason for rejection is maintained on file.



STATUS	DEFINITION
Not Applicable	Veteran is not applicable for enrollment. The Veterans could be eligible for TRICARE, Allied Veteran, or have other status that is not eligible for enrollment in VA health care.
Not Eligible; Refused to Pay Copay	Veteran applied for VA health care, but refused to pay copayment. Therefore, Veteran is not eligible to be enrolled in the VA Healthcare System.
Deceased	Veteran is deceased and date of death is maintained on file. The Veterans is no longer enrolled or eligible for VA health care.
No Enrollment Determination	Veteran’s enrollment status cannot be determined. This is due to the Veteran’s record not being fully transmitted to the Enrollment System (ES), caused by unknown Veteran status, or a Veteran’s file that has inconsistencies the Veterans Health Information Systems and Technology Architecture (VistA) user has not resolved; and the Veteran’s record is prevented from fully transmitting to the ES.
Not in System	Veteran not found to be in the VA system and has not applied for VA medical benefits package.

20. Appendix B: Agreement Implementation Plan Template

Site Readiness Checklist (Section 5)

Milestone	Description	Status/Notes	Completion Date
Onboarding Meeting	I/T/U meeting discussing agreement onboarding requirements		
Local Implementation Plan Draft (this document)	I/T/U Implementation plan – readiness checklist, healthcare services listing, and POCs		
Draft Agreement (does not apply to IHS sites)	THP or UIO submitted draft agreement with tracked changes		
Certification/Accreditation	I/T/U provided evidence of the certification/accreditation that meets reimbursement agreement criteria		
VA HEC Enrollment Training Attendance	I/T/U facility members participated in the VHA HEC Eligibility and Enrollment Training		
VA Form 10091	I/T/U completed and submitted FSC Vendor File Request Form Payee/Vendor Information Fax 512-460-5221		
NPI Number(s)	Provide All Facility NPI		
Tax ID #	Provide Facility Tax ID		
Electronic (EDI) Claims Submission	I/T/U indicated whether or not the facility will submit claims electronically (EDI)		
Veteran Volume Estimate Submitted	I/T/U submitted estimates of their known Veteran population		
Systems for Awards Management (SAM) (optional for IHS site)	THP or UIO must complete registration in the SAM https://www.sam.gov/SAM/		
HEC Verification list of Veterans	I/T/U Collects known Veteran information for initial eligibility review. To be completed by tribe and submitted to the eligibility office (submit directly using IHS data secure transfer)		

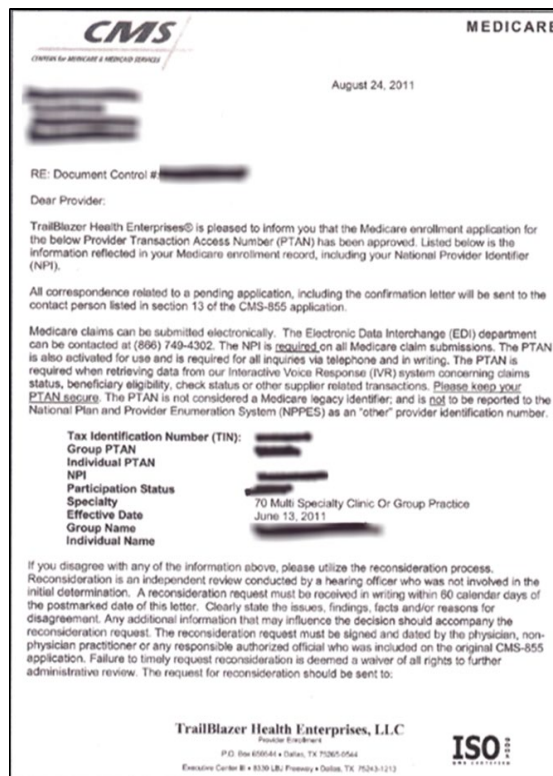
21. Appendix C: Examples of Accreditation and Certification

Accreditation Association for Ambulatory Health Care (AAHC)

Joint Commission



Center for Medicare and Medicaid Services (CMS)





UB-04 Sample (CMS 1450)

Blank UB-04 form with a large 'SAMPLE' watermark.

Completed UB-04 form for Eagle Butte Cheyenne River Health Center. Includes patient information, charges for emergency room and clinic, and medical benefits details.

American Dental Association (ADA) Form

ADA American Dental Association Dental Claim Form. Includes sections for header information, policyholder/subscriber information, dental benefit plan information, other coverage, patient information, record of services provided, authorizations, and ancillary claim/treatment information.

List of Acronyms

Acronym	Definition
AAAH	Accreditation Association for Ambulatory Health Care
ADA	American Dental Association
AI/AN	American Indian/ Alaska Native
CT	Central Time
Cert/Accred	Certification/Accreditation
CFR	Code of Federal Regulations
CMS	Center for Medicare and Medicaid Services
DME	Durable Medical Equipment
ET	Eastern Time
EOP	Explanation of Payments
CO	Contracting Officer
EDI	Electronic Data Interchange
FY	Fiscal Year
FQHC	Federally Qualified Health Center
HCFA	Health Care Financing Administration
HCPCS	Healthcare Common Procedure Coding System
HEC	Health Eligibility Center
HHS	Department of Health and Human Service
IHS	Indian Health Services
I/T/U	Indian Health Service, Tribal Health Programs, and Urban Indian Organization
JC	Joint Commission
LEIE	List of Excluded Individuals/ Entities
Mod	Modification
MOU	Memorandum of Understanding

Acronym	Definition
MT	Mountain Time
NPC	Network Payment Center
NTP	Notice to Proceed
NW	Northwest
OCC	Office of Community Care
OGC	Office of General Council
OGTR	Office of Governmental Tribal Relations
OIG	Office of the Inspector General
OTH	Other-Than-Honorable
PAO NF	Prior Auth Obtained – Non-Formulary (Pharmacy)
POC	Points of Contact
POM	Payments Operations and Management
PRC	Purchased Referred Care
QSV	Office of Quality Safety and Value
SC	Service Connected
SF	Standard Form
THP	Tribal Health Programs
Tax ID	Tax Identification Number
UB	Uniform Bill
USC	United States Code
UIO	Urban Health Organizations
VA	Veterans Affairs
VAMC	VA Medical Center
VAHCS	VA Health Care System
VISN	Veterans Integrated Service Network