



Indian Health Service/Tribal Health Program Reimbursement Agreements Key Attributes to Establishing a Tribal Agreement

Brief Overview of the Program

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Indian Health Service & Tribal Health Reimbursement Milestones

- October 1, 2010: the VA Under Secretary for Health, Dr. Petzel, and the IHS Director, Dr. Roubideaux, signed a Memorandum of Understanding (MOU).
- March – May 2012: VA and IHS and Tribal Health Programs (THP) initiated tribal consultation on a draft national agreement.
- June 2012: Confirmed approach: one National Agreement with IHS and individual sharing agreements under 38 USC 8153 for Tribal Health Programs due to their sovereign nature.
- August 24, 2012: Dr. Petzel signed and distributed the Dear Tribal Leader Letter with program guidance.
- December 5, 2012: VA-IHS National Agreement signed.
- Ongoing coordination in onboarding THPs.

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

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. These services are listed under the VA THP provider orientation guide as part of these agreements.
- **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 (IHCA), VA copayments do not apply to direct care services provided by the IHS/THP facility to eligible AI/AN Veterans under the National Agreement or local reimbursement agreements.
- **Third Party Billing** – Pursuant to section 405(c) of IHCA, IHS/THP health care facilities will bill all third party payers, as permissible by law, prior to billing VA.

Direct Care Services

- Direct Care Services are defined as any health service that is provided directly by IHS/THP. This does not include Contract Health Services, unless those services are provided within the walls of the IHS or THP facility.
- 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 qualifying criteria.

Payment Methodologies and Fees

- **Inpatient** hospital services are based on Medicare Inpatient Prospective Patient System (IPPS).
- **Outpatient** services will be based on the IHS All Inclusive Rate published in the Federal Register. Currently \$330.00 per encounter.
- **Critical Access Hospitals** will be reimbursed at the established rate as determined by Medicare.
- **Ambulatory Surgical Services** will be reimbursed at Medicare rates.
- **Administrative fees** will be applied to the following claims:
 - Outpatient claims with the All Inclusive Rate will have a \$15 fee per claim for the first two years.
 - Paper claims will incur a \$15 fee for the duration of agreements

Reimbursement Agreements vs. MOUs

- **Reimbursement agreements:**
 - Only apply to AI/AN Veterans receiving direct care services
 - Do **not** relate to existing MOUs or sharing agreements in place, or being negotiated with VA
 - Program guidance and authorities for these agreements **do not apply** to other agreements or MOUs you may have in progress and/or in place
 - While some VAMC staff involved with Reimbursement Agreements might also be the points of contact for other MOU development efforts, the efforts should be **considered separate and distinct**

Status of IHS and THP Agreements

- **IHS**: During implementation, VA and IHS completed ten Phase I Pilot Sites two months ahead of schedule in March 2013
- Finalized all remaining 71 local implementation plans in July 2013
- Cover a total of 106 IHS facilities.

- **THP**: Currently 45 signed agreements, with over 60 tribes in progress.
 - Four California Tribes have signed agreements
 - 11 California Tribes in the queue

- In Fiscal Year 2013, VA has reimbursed over \$2 million in direct care services for over 2,000 eligible AI/AN Veterans under both Reimbursement Agreements. As of March 2014, we have reimbursed over \$5 million dollars.

Current Tribal Health Programs with Signed Reimbursement Agreements

Alaska (26)

- Alaska Native Tribal Health Consortium
- Aleutian Pribilof Islands Association
- Annette Island Service Unit/Metlakatla
- Arctic Slope Native Association Limited
- Athabascan Tribal Government
- Bristol Bay Area health Corporation
- Chickaloon Village Traditional
- Chugachmuit
- Copper River Native Association
- Eastern Aleutian Tribes, Inc.
- Native Village of Eklutna
- Native Village of Eyak
- Kenaitze Indian Tribe
- Ketchikan Indian Tribe
- Kodiak Area Native Association
- Maniilaq Association
- Mount Sandford Tribal Consortium
- Norton Sound Health Corporation
- Seldovia Village Tribe
- Southcentral Foundation
- Southeast Alaska Regional Health Consortium
- Tanana Chiefs Conference
- Yakutat Tlingit Tribe
- Yukon-Kuskokwim Health Corporation
- Native Village of Tanana
- Ninilchik Tribe

Current Tribal Health Programs with Signed Reimbursement Agreements

Arizona

- Tuba City Regional Health Corporation (Navajo Nation)
- Winslow Indian Health Care Center

California

- The Indian Health Council, Inc.
- The Southern Indian Health Council
- United Indian Health Services
- Toiyabe Indian Health

Colorado

- Southern Ute Indian Health

Kansas

- Prairie Band of Potawatomi Nation

Continental US (19)

Oregon

- Confederated Tribes of Grand Ronde
- Confederated Tribes of the Umatilla Indian Reservation

Oklahoma

- Muscogee (Creek) Nation
- Choctaw Nation
- White Eagle – Ponca
- Chickasaw Nation
- Northeastern Tribal Health System

Idaho

- Benewah Medical & Wellness Center (Coeur d' Alene Indian Tribes)
- Nez Perce Tribe (Nimiipuu Health)

Basic THP Process for Establishing Agreements

1

Interested THP express interest to VA at tribal.agreements@va.gov officially starting the process.

2

VA hosts a joint orientation with THP staff to review reimbursement agreement program and ensure THP has program materials.



3

VA and THP agreement team work to complete agreement and local implementation plan

4

THP submit final documents for VA review to include Contracting and Legal Counsel

6

Direct Care Services can be provided and reimbursed via claims processing by VA.

5

Final approval and signatures from tribal authority and VA Contracting Officer.

Eligibility and Enrollment

- VA and IHS are responsible for determining eligibility for health care services within their respective programs.
- The eligible Veteran must also meet IHS eligibility requirements and be eligible for services in accordance with 42 C.F.R. Part 136.
- Veterans must be enrolled in the VA system before a claim can be processed and reimbursed.

VHA Health Eligibility Center Training

Training

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

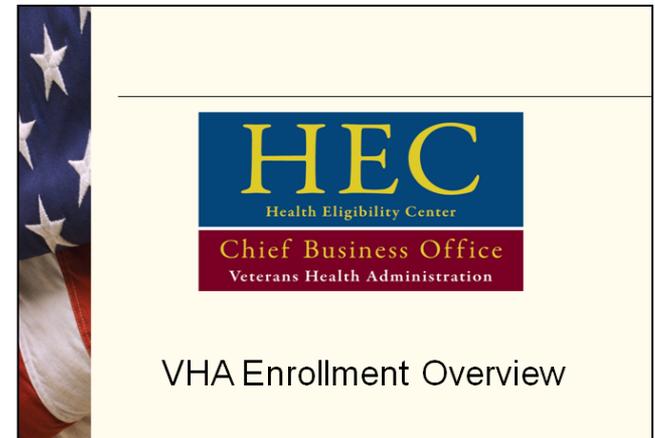
Current Schedule:

- Every third Tuesday Monthly (next training March 18, 2014)
- 2pm – 3pm (EST)
- Please email

Tribal.Agreements@va.gov

to receive a calendar invite.

- Additional information on VA Health Benefits:
<http://www.va.gov/healthbenefits/>



VA OTGR Information

All documentation on how to establish agreements are 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

Office of Tribal Government Relations



2013 White House Tribal Nations Conference

VA Secretary Eric Shinseki delivered remarks during the morning session.

November/December 2013 Office of Tribal Government Relations Newsletter

View [PDF]

Native American Direct Loan Program Webcast

On November 22, 2013: The Office of Tribal Government Relations and the VBA Loan Guaranty Office held a webcast on the Native American Direct Loan Program. Please view the webcast below:

<http://www.ustream.tv/recorded/41004723>

2014 OTGR Training Summits

Please [click here](#) for more information.

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Local Implementation Plan (1 of 2)



VA Medical Center

and

Tribal Health Program

Local Implementation Plan

The Local Implementation Plan serves as a document to aid in the onboarding process and enable knowledge sharing regarding facility services and points of contact.

2.1 Site Readiness Milestones and Checklist

Milestone	Description	Status and Notes	Completion Date
Joint Orientation Held	Local THP and VA representatives took part in a joint orientation call		
Certification/ Accreditation Submitted	THP provided evidence of the Certification/ Accreditation that meets reimbursement agreement criteria		
VA Enrollment Training Attended	THP facility members participated in the VHA HEC Eligibility and Enrollment Training		
Veteran Volume Estimate Submitted	THP submitted estimates of their known Veteran population		
Emdeon Registration Complete (if applicable)	THP registers with Emdeon clearinghouse to enable the processing of electronic claims (not applicable if not using paper claims initially)		
VISN 20 Vendor Demographic Form completed/ submitted	VISN 20 Vendor Demographic Form completed and submitted back to tribal.agreements@va.gov		
SF 3881 completed/ submitted	ACH Vendor/Miscellaneous Payment Enrollment Form (SF 3881) completed and submitted back to tribal.agreements@va.gov		
W9 completed/ submitted	Taxpayer Identification (W9) form completed and submitted back to tribal.agreements@va.gov		

Note: Required documents should be submitted as a package and not sent in separately.

Local Implementation Plan (2 of 2)

Services Inventory:

Tribal Health Program	
Direct care services include:	This THP facility typically uses Contract Healthcare Services for the following services:
•	•

These sections detail unique services and key personnel.

Key Points of Contact:

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

Tips for Success

- Utilize VA national template – send back as a ‘word’ document for all signatures.
- Complete all site readiness criteria – use checklist to guide you.
- There are no clinic inspections required to implement agreement. Sometimes the local VA team wants to meet with the Tribal Health Program for a tour and meet-and-greet.
- Send all communication to the tribal.agreements@va.gov email box. If any THP’s feel that communication is not timely, email their tribal government relations specialist – for CA, it is terry.bentley@va.gov
- It is important to establish a relationship with the local VAMC who enters into the agreement with the Tribal Health Program. Those relationships are what helps provide the best outcome for the agreement.
- Veterans must be enrolled in the VA system under these agreements.

Billing Tips

- See attached samples of Health Insurance Claim Form Form 1500 when submitted claims under this program.
 - Note that the Agreement Number and Local VA Station Number are required
 - Note the requirements specific to pharmacy claims
- **Electronic Data Interchange (EDI) Claims (VA uses Emdeon)**
- Electronic Data Interchange (EDI) is the electronic transfer of information in a standardized format between trading partners. It allows partners to exchange information and conduct business transactions in a faster and more cost-effective manner.
- The Health Insurance Portability Accountability Act of 1996 Public Law 104-191 (HIPAA) was passed by Congress to reform the health care insurance industry and simplify health care administrative processes.

Billing Tips

- **Electronic Data Interchange (EDI) Claims (VA uses Emdeon)**
- 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.
- #1- What software vendor are you using to submit claims electronically?
 - Contact your vendor representative to see if they have connection to Emdeon
 - Or, if you are set up with Emdeon, contact your Emdeon Representative
- While registering you will need the VA Fee programs payer IDs which include:
 - 12115 for submission of medical claims.
 - 12116 for submission of dental claims.
 - 00231 for submission of any inquiry transaction.

Questions / Points of Contact

VA

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