

# CMS Region 10 Technical Training

Department of Veterans Affairs  
Webinar  
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VA Northwest Health Network (VISN 20)

# Brief VA History

- First U.S. disability pension legislation for veterans enacted in 1789
- By 1808 all Veteran pensions were administered by the War Department
- Bureau of Pension established in 1833 – first federal unit dedicated solely to assist Veterans
- General Pension Act of 1862 provided disability payments based on rank and degree of disability, and liberalized benefits for widows and orphans
- Veterans Bureau created in 1921 to oversee federal Veterans programs
- Veterans Administration established in 1930, consolidating Veterans benefits administration
- VA elevated to the Department of Veterans Affairs, a cabinet-level agency, in 1989

# VA's Three Administrations

- Veterans Health Administration (VHA)
- Veterans Benefits Administration (VBA)
- National Cemetery Administration (NCA)

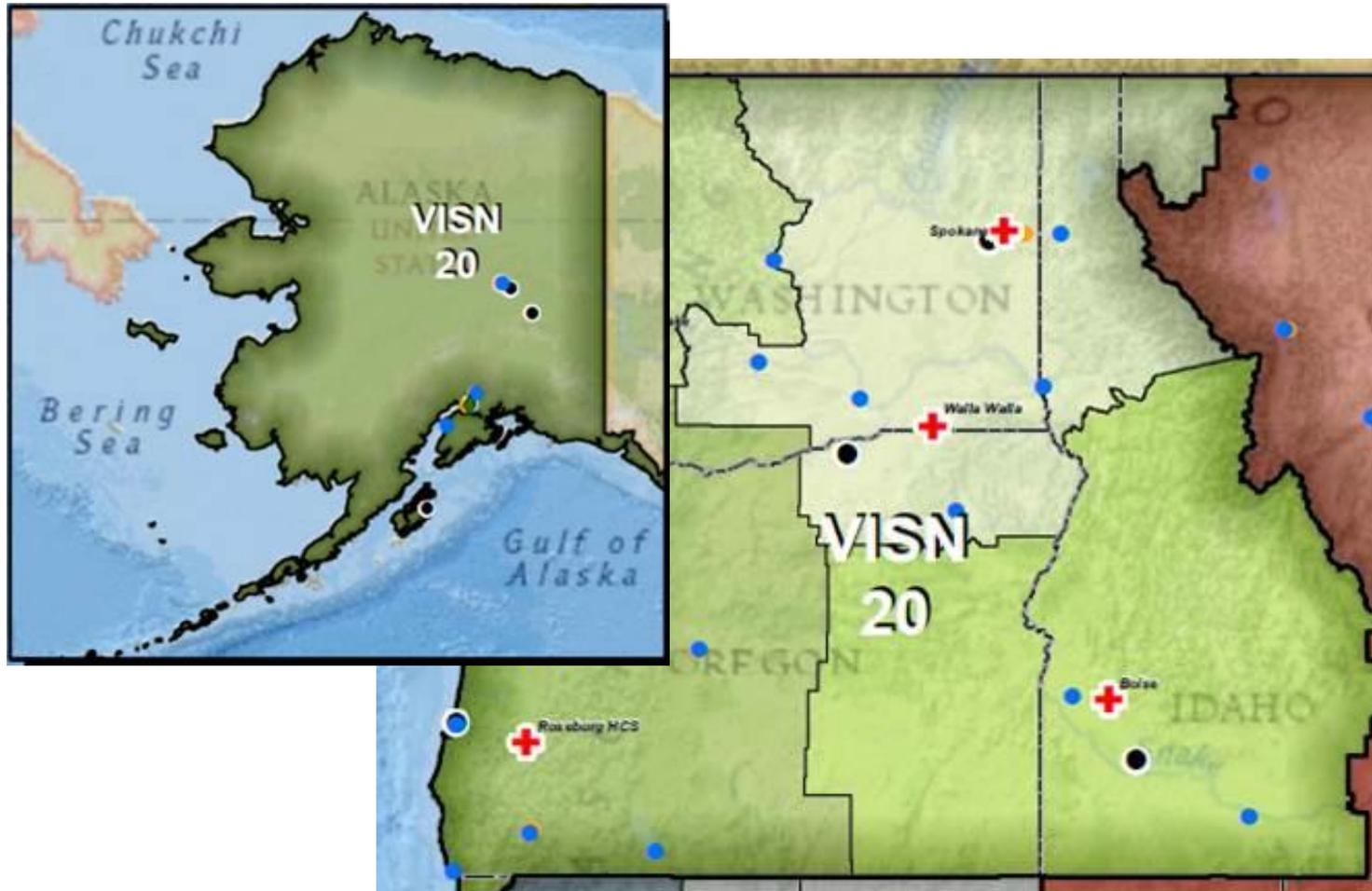
# Veterans Health Administration (VHA) Mission

- Honor America's Veterans by providing exceptional health care that improves their health and wellbeing.
- VHA accomplishes its mission by being People Centric, Results Driven, and Forward Looking.





# Veterans Integrated Service Network (VISN 20)



# Veterans Integrated Service Network (VISN 20)

- VISN 20, the VA Northwest Health Network, includes the states of Alaska, Washington, Oregon, most of Idaho and one county each in Montana and California.
- Our 135 counties cover 817,417 square miles, approximately 23% of the United States land mass, making it the largest VISN geographically.
- As of the end of FY14, approximately 39% of enrollees and 41% of patients reside in rural or highly rural areas.
- VISN 20 is also home to 273 federally recognized American Indian/Alaskan Native tribes, 229 of which are located in Alaska.

# VA Enrollment / Eligibility

## **Basic Eligibility:**

- Veterans who served in the active military, naval, or air service and discharged or released under conditions other than dishonorable may qualify.
- Reservists and National Guard Eligibility:
- Reservists and National Guard members called to active duty (other than for training only) by a Federal order and completed the full period for which they were called or ordered to active duty.

## **Minimum Duty Requirements:**

- Veterans who enlisted after Sept. 7, 1980, or who entered active duty after Oct. 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible. This minimum duty requirement may not apply to veterans discharged for hardship, early out or a disability incurred or aggravated in the line of duty.

# VHA Enrollment

- Complete the Application for Health Care Benefits, VA Form 10-10EZ, at any VA health care facility or regional VA office.
- Online at [www.va.gov/1010ez.htm](http://www.va.gov/1010ez.htm).
- By calling 1-877-222-VETS (8387).
- Submit on line, or mail to nearest VA facility.
- Veterans Must be Enrolled to use their VA Health Care Benefits.

# Veterans Access, Choice and Accountability Act of 2014 (VACAA)

## The Choice Program and the Choice Card

- Launched the Veterans Choice Program on November 5, 2014 in accordance with the timeframe established under Public Law 113-146 signed by President Obama on August 7, 2014
- Allows VA to expand the availability of hospital care and medical services for eligible Veterans through agreements with eligible non-VA entities and providers through section 101 of the Act (38 CFR 17.1500)
- Includes Veterans who: (38 CFR 17.1510)
  - Enrolled in VA health care
  - On a wait list of 30 or more days from the clinically indicated date (CID) for the service or patient preferred date if no CID provided
  - Reside more than 40 miles from a VA medical facility (or more than 20 miles from White River Junction, VT if a resident of New Hampshire)
  - Reside in a state or territory without a full service VA medical facility
  - Meet certain other residence based requirements

# Veterans Access, Choice and Accountability Act of 2014 (VACAA)

## The Choice Program and the Choice Card

- Includes services that are part of the medical benefits package (subject to any specific eligibility criteria)
  - Does not include long term care services (38 CFR 17.1500)
  - Includes Beneficiary Travel (38 CFR 17.1520)

# Choice – FY 16 Changes to Choice

- **Operational Enhancements**

- **Choice First Phase 2:** NVCC staff will contact eligible Veterans from the 30-day wait group to explain the Veterans Choice Program and offer it as an option to receive care when their wait time for a VA appointment is greater than 30 days
- **Outbound Calls:** Eliminate the requirement for an inbound call from Veteran; require Contractor to make outbound calls to eligible Veterans to facilitate care

- **Legislative Changes**

- **Removal of 8/1 enrollment and combat status requirements;** Veteran must be VA-eligible and enrolled
- **VA Appointment Beyond Clinically Indicated Date** - To have outreach by VA Care Coordination staff to Veteran offering Choice as an option to receive care when their wait time for a VA appointment is beyond the clinically indicated date
- **Removal of 60 day authorization limit** - Move to Episode of Care with maximum length of 12 months
- **Expansion of Provider Base** - Expand provider eligibility beyond those providers expressly listed in current Contract eg. Dental
- **40 Mile Expansion** - For Veterans seeking care and the nearest medical facility is a CBOC with Primary Care Physician below 0.9 FTEE

# National Focus on Access

- **Secretary Bob McDonald's main focus areas:**
  - Access
  - Backlog
  - Homelessness
- **Dr. David Shulkin's (Under Secretary for Health) Five Priorities:**
  - Improved Access
  - Increased Employee Engagement
  - Consistency of Best Practice
  - Rebuilding the Trust of American Public
  - Building a High-Performing Network

# VISN 20 Focus on Access

## **Access to Care:**

- Increase timely access to care for Veterans patients
- Decrease the number of Veterans patients on the electronic wait list (EWL) and waiting greater than 30 days for their care
- Standardize the process and tools for ongoing monitoring and access management at VA facilities

## **VISN 20 Challenges:**

- Lack of supply in communities
- Difficulty in recruiting providers in rural areas

# Background - VA's Vision for the Future of Health Care

The design of the New Veterans Choice Program aligns with VA's vision for the future of health care delivery, which aims to provide Veterans access to the best care anywhere both inside and outside VA.



# Improving Access for American Indian and Alaska Native Veterans through Reimbursement Agreements

- VISN 20 recognizes and values our relationships with Tribes and our Indian Health Service partners
- Eligible American Indian and Alaska Native (AI/AN) Veterans can choose to receive their health care from the Tribal Health Program (THP) facility and/or VA Medical Center (VAMC)
- Reimbursement agreements with Tribal Health Programs focus on increasing coordination, collaboration, and resource-sharing for eligible AI/AN Veterans

# 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 AI/AN 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 outpatient medications to eligible AI/AN Veterans.
- **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 or local reimbursement agreements.
- **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.

# 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.
- **Critical Access Hospitals** will be reimbursed at the established rate as determined by Medicare.
- **Ambulatory Surgical Services** will be reimbursed at Medicare rates.

# Basic THP Process for Establishing Agreements



- Using the agreement template, the VAMC, THP, and Contracting Officer work together to complete the draft reimbursement agreement.
- The national template shall always be used.
- Concurrently, the THP works to satisfy local implementation criteria.
- Once the draft is complete, it will be reviewed by CBO, Network Contracting Office and Regional Counsel, respectively.
- After final signatures, reimbursement for direct care can commence.

# 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.

# Electronic Health Care Claims Submissions

- VA is accepting electronic health care claims submission
- Claims submission must satisfy the criteria established in the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- IHS/THP providers or facilities must register or establish connection with the VA's clearinghouse, Emdeon, to enable the processing of electronic health care claims

# 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.



***VA Medical Center***

**and**

***Tribal Health Program***

**Local Implementation Plan**

# VHA Health Eligibility Center Training

## Training

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

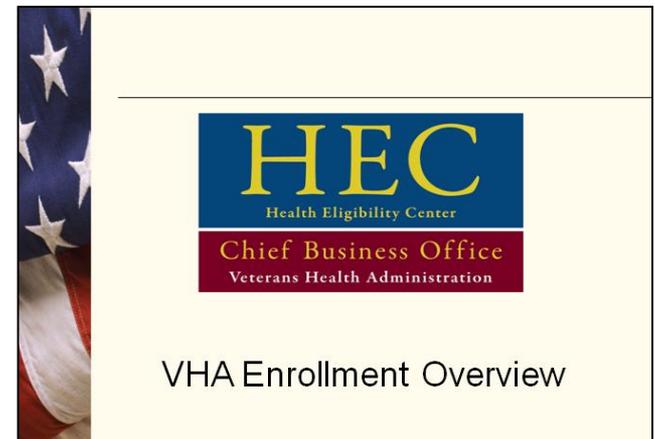
### Current Schedule:

- Every third Tuesday Monthly
- 2pm – 3pm (EST)
- Please email

[Tribal.Agreements@va.gov](mailto:Tribal.Agreements@va.gov)

to receive a calendar invite.

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



# Further Information

Information on how to establish agreements, templates, forms and guides about the program are housed at VA Chief Business Office Purchased Care:

<http://www.va.gov/PURCHASEDCARE/programs/veterans/nonvacare/ihs/index.asp>

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

[tribal.agreements@va.gov](mailto:tribal.agreements@va.gov)

## Chief Business Office Purchased Care

- ▼ Purchased Care
  - Chief Business Office Purchased Care Home
  - ▶ Programs for Dependents
  - ▼ Programs for Veterans
    - Foreign Medical Program
    - ▼ Non-VA Care
      - Non-VA Care Home
      - Emergency Care
      - Indian Health Services
        - Patient-Centered Community Care (PC3) Program
        - Pre-Authorized Inpatient and Outpatient Care
        - State Veterans Homes Program
    - ▶ Information for Providers
    - ▶ Publications
    - ▶ About Us
    - ▶ More Health Care

### Indian Health Service / Tribal Health Program (IHS/THP) Reimbursement Agreements Program



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
Chief Business Office Purchased Care  
Tribal Reimbursement Agreements Program

The VA IHS/THP Reimbursement Agreements Program provides a means for IHS and THP health facilities to receive reimbursement from the VA for direct care services provided to eligible American Indian/Alaska Native (AI/AN) Veterans. This program is part of a larger effort set forth in the VA and IHS Memorandum of Understanding signed in October 2010 to improve care coordination and access to care for our nation's Native Veterans. Listed below are several resources for initiating agreements and implementing the reimbursement agreement.

For additional questions or information, please send an email to the VA IHS/THP Reimbursement Agreements Team at [tribal.agreements@va.gov](mailto:tribal.agreements@va.gov)

### Initiation and implementation

This page outlines the process for starting and implementing the IHS/THP reimbursement agreement. While working through the agreement process, the VA encourages IHS/THP facility staff to ensure Veterans are enrolled in the VA health system.

**QUICK LINKS**

# Lessons Learned:

- **Communication:**
  - Initial meet and greet with VA and THP staff
  - Ensure POCs at both VA and THP with direct phone numbers and contact info
  - Ensuring coordinated care between THP and VA
- **Education:**
  - Ongoing education and sharing with local subject matter experts and POCs about the issues impacting Native Veterans
  - Ongoing education and sharing on the VA processes and any changes for the THP
- **Quality:**
  - Consistent communication and education between local VA facility, VA payment services (CBO) and the THP ensure our Native Veterans get the best care possible.

# Questions:

- Bill Murray, VISN 20 Chief Planning Officer, [william.murray3@va.gov](mailto:william.murray3@va.gov), 360-567-4684
- Terry Bentley, Tribal Government Relations Specialist, Western Region, [Terry.Bentley@va.gov](mailto:Terry.Bentley@va.gov), 541-440-1271
- VHA Chief Business Office for Purchased Care, [tribal.agreements@va.gov](mailto:tribal.agreements@va.gov)

# Additional Choice Program Resources and Information:

- [VACAA web site \(Internet – external\):](#)

<http://www.va.gov/opa/choiceact/>

- [For more information on how to become a Choice provider or PC3 provider:](#)

<http://www.va.gov/PURCHASEDCARE/programs/veterans/nonvacare/pccc/index.asp>

- TriWest: <https://joinournetwork.triwest.com/>