

# VA -Tribal Health Program (THP) Reimbursement Agreements

August 2017

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The local VA Reimbursement Agreements with the Indian Health Service (IHS) and Tribal Health Programs (THP) pays the IHS and THP health care facilities for direct care services they provide onsite 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 establish access to care collaboration, resource sharing, and care coordination, for our nation's eligible AI/AN Veterans.

In December 2012, VA signed a national 'Reimbursement Agreement' with IHS which promotes improved VA–IHS and Tribal program interactions. The Agreements provide easier access to healthcare within VHA, IHS, or Tribal health care systems, for eligible AI/AN Veterans.

SERVICES	BASED ON	APPLICABLE
<i>Inpatient Hospital</i>	❖ Medicare Inpatient Prospective Patient System (IPPS)	
<i>Outpatient</i>	❖ IHS All Inclusive Rate published in the Federal Register	
<i>Critical Access Hospital</i>	❖ Established rate as determined by Medicare	❖ Facility must provide the Medicare rate letter to VISN 20 NPC
<i>Ambulatory Surgical</i>	❖ Medicare rates established	
<i>Pharmacy (Outpatient)</i>	❖ Actual cost (retail price)	❖ Pharmaceuticals must be in the VA formulary or prior approval has been acquired for Non-VA formulary from the VA pharmacist
<b>Administrative fees</b> will be applied to the following claims: <ul style="list-style-type: none"> <li>❖ Paper claims will incur a \$15 fee</li> </ul>		

# Enrollment and Eligibility Roles and Responsibilities 6A

## **VHA Office of Community Care (OCC) IHS/THP Reimbursement Agreement Program Team will:**

- Ensure all program documentations are consistent with the IHS and THP Reimbursement Agreements
- Coordinate with the IHS and THP, VISN 20 Network Payment Center, and VA medical center staff regarding program operations

## **VISN 20 Network Payment Center (NPC) will:**

- Establish program requirements, staffing, training, and oversight necessary to facilitate the processing and payment of healthcare claims associated with direct care services provided under an approved IHS or THP agreement
- Validate the enrollment and eligibility of AI/AN Veteran prior to claims payment
- Provide customer service to IHS and THP stakeholders related to healthcare claims inquiries

## **Local VA medical center will:**

- Provide AI/AN Veteran enrollment and eligibility information to IHS/THP providers as needed
- Collaborate with the IHS/THP providers by assisting the eligible AI/AN Veteran in enrolling in the VA Healthcare System

# Enrollment and Eligibility Roles and Responsibilities

6A

## **VA Health Eligibility Center (HEC) will:**

- Provide VA enrollment and eligibility training to IHS/THP providers and stakeholders
- Provide AI/AN Veteran enrollment and eligibility information to IHS/THP providers/facilities

## **IHS/THP facilities/providers will:**

- Provide Direct Care Services to eligible AI/AN Veterans as specified in the IHS\THP reimbursement agreement
- Ensure that AI/AN Veteran enrollment and eligibility has been verified prior to the submittal of healthcare claims
- Submit healthcare claims in accordance to the IHS/THP 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

## Eligibility and Enrollment Requirements :

Eligible AI/AN Veteran must meet the following qualifying criteria:

- ❖ Eligible for services from IHS/THP in accordance with 42 CFR Part 136.
- ❖ Enrolled in the VA Healthcare System as a condition to be reimbursed for 'Direct Care Services' provided under 38 CFR § 17.38 the Medical Benefits Package.

## Enrollment Exemptions:

Eligible AI/AN Veteran must meet one of the following if he/she is not enrolled or choose not enroll in VA Healthcare System:

- ❖ Rated Service Connected (SC) disability at 50 percent or greater
- ❖ SC disability will receive services for SC disability
- ❖ Discharged or release from active military for a disability incurred or aggravated in the line of duty will receive service for 12-month period following discharge or release.

- If the VA Healthcare enrollment exception is met, then the IHS/THP can submit healthcare claims for the direct care services rendered specific to the exemption (e.g., service connected disability) provided that the proof of VA benefits entitlement is provided (e.g., VA benefits grant letter).
- For detailed process on how getting a copy or apply for VA benefits letter, enrolling the AI/AN Veterans in the VA healthcare system, and verifying AI/AN Veterans VA enrollment status refer to the VA-IHS/THP Reimbursement Agreement Enrollment and Eligibility procedure guide (attached).



Where can a Veteran get a copy or apply for VA benefits letter?

- In person at one of the Veterans Benefits Administration Facilities, location listing and links <http://www.va.gov/directory/guide/division.asp?dnum=3>
- On-line <https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>
- For questions call 1-800-827-1000, or go to this link to send VA an e-mail question: [www.vba.va.gov/benefits/address.htm](http://www.vba.va.gov/benefits/address.htm).
- Additional information on how to apply for different types of VA benefits <http://www.benefits.va.gov/BENEFITS/Applying.asp>

- Veteran Benefits Administration (VBA) Benefits Grant Letter Example

DEPARTMENT OF VETERANS AFFAIRS  
PO Name  
STREET ADDRESS  
CITY STATE 20420

December 2, 2014 EXAMPLE

In Reply Refer To: CSS "12345678"  
"Last Name", "First Name"  
"Middle Name"

"ADDRESSED TO"  
"ADDRESS LINE 2"  
"ADDRESS LINE 3"  
"ADDRESS LINE 4"  
"ADDRESS LINE 5"  
"ADDRESS LINE 6" "zip code"

Dear "Mr. Currently radio button selection" "Last Name":

We made a decision on your claim for additional benefits for your dependents received on "date of claim e.g. November 11, 2011".

This letter tells you what we decided, how we made our decision and the evidence used to decide your claim. We have also included information about what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

**Your Award Amount and Payment Change Date**  
Your monthly payment amount is shown below:

Monthly Award Amount	Payment Change Date	Reason For Change
"\$475.00"	"Nov 11, 2011"	"Reason for change" e.g. Added child #2
\$453.00	"Jul 8, 2025"	"Child #1 turns 18 and is removed from your award"
\$421.00	"Nov 11, 2029"	"Child #2 turns 18 and is removed from your award"

**You Can Expect Payment**  
Your payment begins the first day of the month following your effective date. You will receive a payment covering the initial amount due under this award, minus any withholdings, in approximately 15 days. Payment will then be made at the beginning of each month for the prior month. For example, benefits due for May are paid on or about June 1.

2

CSS "file #"  
Last Name, Vet First Name Middle

**What We Decided**  
We determined that the following condition(s) was/were related to your military service, service connection has been granted:

Medical Description	Percent Assigned	Effective Date
Tinnitus (example)	10%	00/00/0000

Your overall combined rating is %, details explained.

We are paying you as a veteran with "3" dependent(s). Your payment includes an additional amount for your spouse "spouse name" and your child(ren) "child name1" and "child name 2".  
*Let us know right away if there is any change in the status of your dependents.*

**Evidence Used to Decide Your Claim**  
In making our decision, we considered:

- "VA Form XXXXXX"
- "VA Form XXXXXX"

**What You Should Do If You Disagree With Our Decision**  
If you do not agree with our decision, you should write and tell us why. You have one year from the date of this letter to appeal the decision. The enclosed VA Form 4107, "Your Rights to Appeal Our Decision," explains your right to appeal.

**If You Have Questions or Need Assistance**  
If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
Use the Internet	Send electronic inquiries through the Internet at <a href="https://iris.va.gov">https://iris.va.gov</a> .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

In all cases, be sure to refer to your VA file number "file #".

There several ways to verify program AI/AN Veteran enrollment and eligibility in VA healthcare system.

A. IHS/THP can use the IHS Secure Data Transfer Service to request enrollment/eligibility information from VA Health Eligibility Center (HEC) using a Microsoft excel template.

Clipboard Font Alignment Number Styles Cells					
C18					
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

To request access to the IHS Secure Data Transfer Service email Cynthia.Larsen@ihs.gov. Access will be limited to email receipt and reply, contact Cynthia Larsen for instructions.

The screenshot shows the 'Indian Health Service Secure Data Transfer Service' login interface. It includes a header with the U.S. Department of Health and Human Services logo and the service name. Below the header, there is a sign-in section with fields for 'Username' and 'Password', a 'Remember my username' checkbox, and a 'Sign in' button. A 'Forgot your password?' link is also present. To the right of the sign-in section, 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'.

NOTE: IHS Secure Data Transfer is used to initially acquire a comprehensive listing of all AI/AN Veterans enrollment and eligibility from VA HEC.

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

**VA Health Eligibility Center (HEC)**  
Enrollment and Eligibility Status are defined below:

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.
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, the Veteran is not eligible to be enrolled into the VA Healthcare System

B. IHS/THP can contact the VA Health Enrollment Center (HEC) directly by telephone if their staff is checking the enrollment/eligibility on less than 5 Veterans.

VA HEC telephone number: 1 (855) 488-8441

Hours of Operation: Monday to Friday, 7:00 AM and 5:30 PM (Eastern Time)

Veteran's name and social security number will be required

C. IHS/THP can contact their local VA medical center to verify the AI/AN Veteran's VA enrollment/eligibility by telephone call.

D. IHS/THP can request documentation or information regarding Veteran's specific VA health care eligibility or/and service connection disability directly from the Veteran (e.g., DD214, VA benefits letter, etc.).

If AI/AN Veteran is not enrolled in the VA healthcare system. There are four ways a Veteran may enroll with the VA:

- **Online**

Veterans can apply for enrollment online by access this link (<https://www.1010ez.med.va.gov/>) and follow the online instructions.

- **By phone**

Veterans can apply for enrollment for their benefits or update their information by phone by calling 1-877-222-VETS (8387), Monday through Friday, between the hours of 8:00 AM and 8:00 PM (Eastern Time). A VA representative will have their completed form sent to them for verification and signature.

- **By mail**

Print the 10-10EZ form (link: <http://www.va.gov/vaforms/medical/pdf/vha-10-10EZ-fill.pdf>) or 10-10EZR form (link: <https://www.1010ez.med.va.gov/sec/vha/1010ez/Form/1010EZR-fillable.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

- **In person**

Veterans can find the nearest VA Medical Center or clinic nearest to them to apply for enrollment or if they are already enrolled, to 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 is not required , but will expedite the enrollment process.

## Electronic Healthcare Claims Submissions:

Must satisfy the criteria established by the [Health Insurance Portability Accountability Act of 1996 \(HIPAA, Title II\)](#); require the Department of Health and Human Services (HHS) to adopt national standards for electronic health care transactions and national identifiers for providers, health plans, and employers.

- ❖ VA is accepting Electronic Data Interchange (EDI) healthcare claims submission for outpatient and inpatient claims (CMS 1500, UB04); except for pharmacy claims.
- ❖ IHS/THP providers or facilities must register or establish connection with the VA's clearinghouse, Change Healthcare (Emdeon), to enable the processing of electronic health care claims. Once registered, be sure to add "THP" in the SBR03 segment of the claim (837) for proper routing through the VA.

## Paper Healthcare Claims Submissions:

- ❖ \$ 15 fee per paper claims; except pharmacy paper claims
- ❖ Use CMS 1500 and UB04 (include sample claims)
- ❖ Include all applicable and accurate ICD, CPT, and HCPCS codes

### Mail in paper claims to:

VA Portland Health Care System  
10N20NPC – IHS/THP  
1601 E Fourth Plain Blvd.  
Vancouver, WA 98661

For Questions AI/AN Veteran claims submission and payments, please contact VISN 20 NPC - Claims Payment Processing Call Center at 1-877-881-7618, Monday through Friday, between 6:05 a.m. and 4:45 p.m., Mountain Standard Time.



## Other Health Insurance (OHI)/Other Liable Payers (OLP):

- ❖ Pursuant to 25 U.S.C. 1645(c), the IHS/THP will seek payment from all other liable payers, as permissible by law for the tribes before seeking reimbursement from VA. VA is responsible for the balance remaining, up to amount determined by the agreement reimbursement rates (refer to slide 5 for details), after the other third party payments. (VA is consider a payer of last resort for this agreement.)
- ❖ IHS/THP providers are responsible for submitting healthcare claims to the other health insurance or liable payers prior to billing VA. If applicable, the submitted healthcare claims must have an attached Explanation of Benefits (EOB) from the other health insurance. If the healthcare claims are being submitted to the VA via EDI, mail the EOB to VISN 20 NPC at least 4 days prior to expected EDI claim submission.

## Timely Filing:

- ❖ Healthcare claims for IHS/THP provided 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.

- ❖ VA will reimburse IHS/THP only for pharmaceutical drugs on the formulary used by VA. 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 Formulary listing: <http://www.pbm.va.gov/NationalFormulary.asp>  
Search engine: <http://www.pbm.va.gov/apps/VANationalFormulary>

VA Criteria for Use for many Non-VA formulary drugs:  
<http://www.pbm.va.gov/PBM/clinicalguidance/criteriaforuse.asp>

VA can only accept Pharmacy paper claims due current EDI limitation, the submitting IHS/THP must use CMS 1500 to submit pharmacy claims. The CMS 1500 must contain the following:

- |  |                 |                            |
|--|-----------------|----------------------------|
| ❖ Date of fill   | ❖ Quantity      | ❖ Number of day's supply   |
| ❖ Pharmacy name  | ❖ Dr.'s name    | ❖ National Drug Code (NDC) |
| ❖ Drug name (generic name)                             | ❖ Drug strength | ❖ Prescription number      |
| ❖ Amount paid by the other health plan or for Pharmacy | ❖ Retail price  |                            |
- ❖ If the drug is a controlled substance, the Drug Enforcement Administration (DEA) number must also be provided.

# Pharmacy VA-Non Formulary Request 6A

**VA Non-Formulary requests must be submitted to the local VAMC pharmacy for approval. The local VAMC pharmacy will provide IHS/THP the process for submitting the request.**

- ❖ Routine request for non-formulary agents are reviewed and the requestor notified of the decision within 96 hours of receipt of a completed non-formulary request.
- ❖ Emergency request for non-formulary agents are immediately addressed by individual(s) Identified in local VA medical policy.

Request will be handled according to the VHA Handbook 1108.08 VHA Formulary Management Process and local VAMC policy.

IHS/THP requesting reimbursement for a VA Non-Formulary pharmaceutical must attached the approval documentation with submitted pharmacy claims.

# IHS/THP Resources and Contact Information

Information on how to establish agreements, templates, forms and guides about the program are housed at VA Office of Community Care (OCC):

<https://www.va.gov/COMMUNITYCARE/programs/veterans/ihs/index.asp>

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

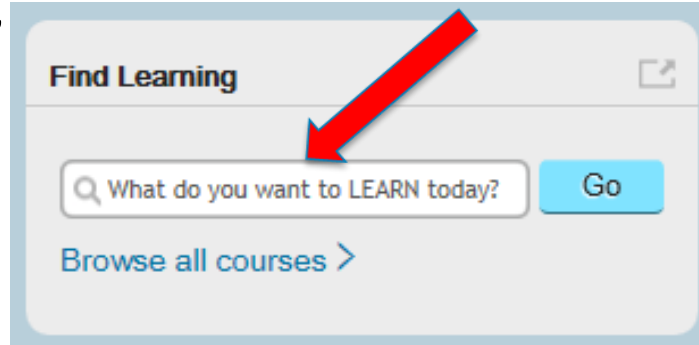
[tribal.agreements@va.gov](mailto:tribal.agreements@va.gov)

The screenshot displays the official VA website for the VHA Office of Community Care. The header includes the VA seal, the text 'U.S. Department of Veterans Affairs', and a search bar. A navigation menu at the top lists various categories: Health, Benefits, Burials & Memorials, About VA, Resources, Media Room, Locations, and Contact Us. The main content area is titled 'VHA Office of Community Care' and 'Indian Health Service / Tribal Health Program (IHS/THP) Reimbursement Agreements Program'. A left sidebar contains a list of links: VHA Office of Community Care Home, Community Care Programs Overview, Information for Caregivers, Information for Dependents, Information for Veterans (highlighted), Billing, Copayment Information, Emergency Care, Foreign Medical Program, Indian Health Services, No-Cost Flu Immunizations, Patient-Centered Community Care (PC3) Program, Preauthorized Inpatient and Outpatient Care, State Home Per Diem Program, and Veterans Choice Program. The main text area explains the program's purpose: to provide reimbursement for eligible American Indian/Alaska Native Veterans through the Tribal Reimbursement Agreements Program. It mentions that the program is part of a larger effort to improve access to care and coordination for Native Veterans. A 'CONTACTS' sidebar on the right lists the Office of Tribal Government Relations (OTGR) website, Tribal Agreements Program Team email (tribal.agreements@va.gov), and VA-IHS/THP Claims Payment Processing Center (855-331-5560). Below the main text, an 'Additional Resources' section lists links to FAQs, the 2016 Inclusive Rate, the OTGR website's 'Explore Veteran Resources' page, and the VA Medical Benefits Package (38 CFR 17.38).

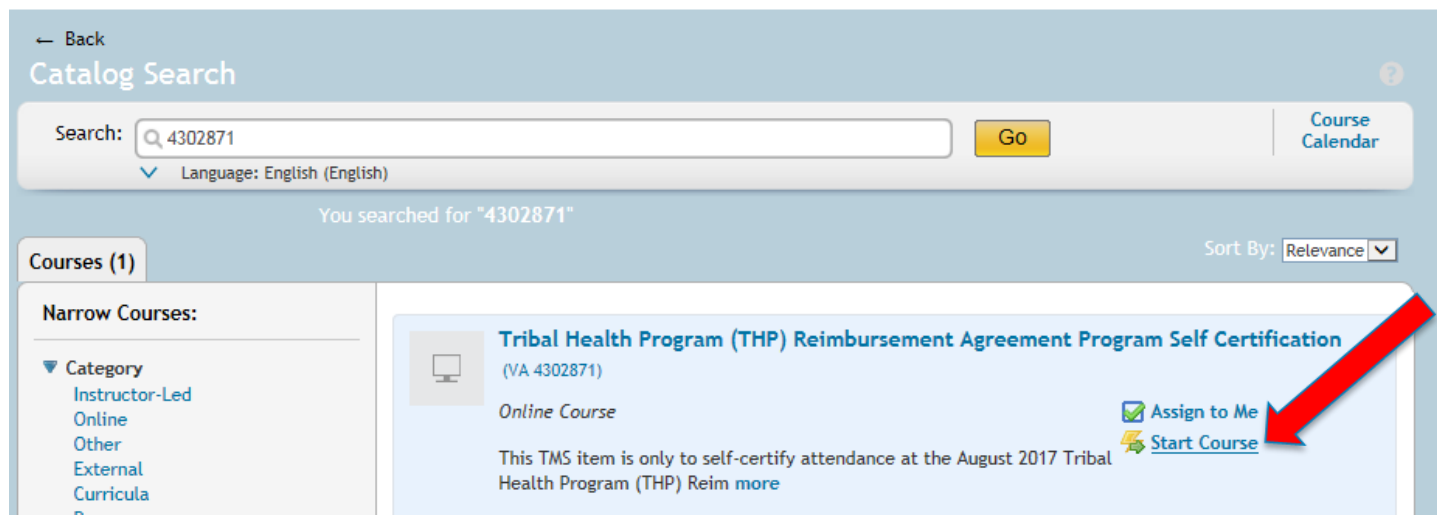
- 25 U.S.C. § 1645 & 1645(c) Sharing agreements with Federal agencies
- 38 U.S.C. § 1705 & 1705 (c)(2) Management of health care: patient enrollment system
- 38 U.S.C. § 8153 Sharing healthcare resource
- 38 U.S.C. § 111 and 38 CFR Part 70 ; VHA Handbook 1601B.05; Travel Benefits
- 38 CFR § 17.36 Enrollment – provision of hospital and outpatient care to veterans
- 38 CFR § 17.37(a)-(c) Enrollment not required – provision of hospital and outpatient care to veterans
- 38 CFR § 17.38 Medical benefits package
- 42 CFR § (Part) 136- Indian Health
- 25 U.S.C. 38 U.S.C. § 111 and 38 CFR Part 70 ; VHA Handbook 1601B.05; Travel Benefits
- 1603 Definitions: (12) Indian Health Program, (13) Indians or Indian & (25) Tribal Health Program



- Login into your TMS and enter 4302871 in the Catalog search field and click on “Go”



- Hover your mouse over the title and click on the “Start Course” button



# Self Certify this Training in TMS (continued)

- Select the Yes button to indicate you have completed 100% of the training

**Self Certification of Training**

Click YES to certify completion of the training.

I certify that I have completed 100% of this training event.

A. ☒ YES

B. ☐ NO

- Your training is now added to your Learning History