



**NPAIHB**

*Indian Leadership for Indian Health*

### **Northwest Portland Area Indian Health Board**

To: Tribal Delegates, Tribal Health Directors, and Tribal Clinic Directors  
From: Northwest Portland Area Indian Health Board  
Date: January 16, 2018  
Re: VA Issues Briefing for VA Presentation/Discussion at NPAIHB Quarterly Board Meeting  
January 16-18,2018

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#### **I. VA's Community of Care Consolidation Effort - Dear Tribal Leader Letter on 9/28/2016**

- **REQUEST: The Board requests that VA leadership hold a tribal roundtable this year in the Northwest with tribal leaders, tribal health directors, and tribal clinic directors. VA has renewed existing IHS and tribal health program reimbursement agreements through June 30, 2019**
- Currently, the VA has 16 reimbursement agreements in the Northwest (1 in ID, 6 in OR, and 9 in WA) with Tribal health programs (THPs) in the Northwest and the program is growing so there is a need to improve the relationship between the VA and THPs as well as the experience of the veteran.
- VA has held a tribal consultation in Washington D.C. in September 2016; a roundtable in Phoenix, AZ. In July 2017; and is rescheduling a roundtable in Alaska (was scheduled for August 2017).
- VA is seeking tribal input on a new payment structure. VA has suggested a value-based rate structure instead of the all-inclusive rate payment methodology, which could decrease payments reimbursed to Tribes for health care services rendered to AI/AN veterans. The OMB all-inclusive rate is recent, established annually and based on cost reports from Tribal hospitals and IHS. It was set when Tribal facilities received authorization to bill Medicare and Medicaid services.
- Not all tribes have equal capability to get their veteran tribal members access to VA health benefits. Voice the barriers for tribes who do not have reimbursement agreements with the VA (i.e. negotiation process, training, limited personnel, minimal resources to support program)

#### **II. Care Coordination**

- It is a barrier to constantly refer AI/AN Veteran patients back to the VA because it is time consuming and, ultimately delays services.
- Care coordination can be difficult in more rural tribal communities.

- The current process often leads to the tribe utilizing PRC dollars to pay for the specialist care of the AI/AN veteran. However, tribes do not get reimbursed for care coordination because of the restriction of reimbursement to direct care.
- There seems to not be adequate guidelines or trainings for staff coordinating veteran services at tribal clinics. This issue was brought up in a 2013 GAO report, what has the VA headquarters and the VA regional office done to address the lack of implementation guidelines and training?

### **III. Effects of the New VA Electronic Health Record (EHR) System with Cerner on Indian health care providers and the Reimbursement Agreements**

- How will the new EHR system effect the sharing of patient records with the VA and tribes?
- When will we know if the tribal EHR system comply and are able to share information across our systems when the new system is implemented.
- Is there at timeline in place for when the VA will transition from the VistA EHR system to the full utilization of the new VA EHR system will be?
- What decisions have come out of the discussions between VA and IHS? We have not been provided any updates and our tribal clinics need to understand the impacts and be prepared.
- Is the VA and all tribes with reimbursement agreements able to exchange patient health information on the Health Information Exchange?

### **IV. Enrollment and Eligibility of AI/AN Veterans**

- There is a need to improve eligibility and service eligibility determinations. There is a need to streamline training so that eligibility requirements and benefits can be made quickly available.
- There is a need for expanding direct care services for care provided to all veterans regardless if they are eligible for IHS funding or not. There needs to be improvements in how to identify the veterans and make them eligible. When you have a veteran in a rural community they are going to go to the facility that they know they will receive care and that they won't have to spend time and money, the VA system can be a barrier to this process.
- Tribes should voice if they have beneficial ways or barriers at the tribal clinics for determining what services their veterans are eligible for.

### **V. Other Potential Topics:**

- Recognition of Tribal Organizations for Representation of VA Claimants (Effective March 21, 2017)
- Consolidated Mail Order Pharmacy (CMOP) and Pharmacy Reimbursement
- Mental Health Care Services for Veterans