



DEPARTMENT OF VETERANS AFFAIRS  
WASHINGTON DC 20420

September 12, 2016

Dear Tribal Leader:

We are writing to facilitate tribal consultation on the Department of Veterans Affairs (VA) effort to improve continuity of care and health care access for Veterans by consolidating multiple community care, previously known as non-VA care, programs into one standard program with standard rates.

Today, VA uses multiple programs, including the Indian Health Service (IHS)/Tribal Health Program Reimbursement Agreement Program, to provide thousands of Veterans access to community care. Having multiple programs, each governed by its own set of requirements, with different payment schedules results in a complex and complicated landscape that Veterans and their caregivers must navigate. It causes confusion for Veterans, community providers, and VA staff.

In October 2015, VA submitted to Congress the *Plan to Consolidate Programs of Department of Veterans Affairs to Improve Access to Care*, which lays out the vision for a consolidated community care program that is easy to understand, simple to administer, and meets the needs of Veterans, community providers, and VA staff. The *Plan* incorporates feedback from key stakeholders, including VHA field leadership as well as clinicians, representing diverse groups and backgrounds. VA conducted tribal consultation in October 2015, regarding the inclusion of IHS and tribal health programs in the core provider network proposed in the *Plan*, prior to its submission to Congress.

As VA continues to move forward with implementing the vision of the *Plan*, we again seek tribal input to assist VA in developing the network of providers in a manner that would build on VA's existing relationships with tribal health programs and facilitate future collaboration to improve health care services provided to all eligible, VA-enrolled Veterans, regardless of whether they are eligible for IHS-funded health care or not. Future collaborations may focus on enhancing care options for all eligible Veterans using a single set of eligibility requirements; streamlining the manner in which VA engages with non-VA providers, including tribal health programs; standardizing clinical and business processes, including the referral process, care coordination, and health information exchange; and establishing standard reimbursement rates.

Tribal Consultation

We are seeking tribal consultation regarding the tribal health programs participation in the core provider network, and potentially transitioning from the current reimbursement agreement structure to a model under which tribal health programs deliver care to all eligible, VA enrolled Veterans using a standard reimbursement rate. We would like your comments on the following questions:

- 1) What would be the impact of transitioning from the existing reimbursement agreement structure, which requires each tribe to enter into an individual reimbursement agreement with VA, to a standard arrangement for reimbursement of direct care services provided to eligible Veterans managed by a third party administrator for VA?
- 2) Would tribal health programs be interested in expanding direct care services under this new structure to include reimbursements for care provided to all Veterans enrolled in VA health care, regardless of whether they are eligible for IHS-funded health care or not?
- 3) Would tribal health programs be interested in receiving standard reimbursement rates based on Medicare rates plus a feasible percentage of those rates that minimize improper payments and comply with industry standards?
- 4) Would tribal health programs be interested in extending existing reimbursement agreements between VA and tribal health programs through December 2018 and ensuring any new reimbursement agreements between VA and tribal health programs extend through December 2018, as VA works in collaboration with tribes and other VA stakeholders on implementing a consolidated community care program?

The in-person session of the Consultation is scheduled for Wednesday, September 28, between 9:00 AM and 11:00 AM at the Smithsonian - National Museum of the American Indian (NMAI), 4th Street & Independence Avenue, SW, Washington, DC 20560.

If you or a representative plans to attend the consultation, please RSVP to [tribalgovernmentconsultation@va.gov](mailto:tribalgovernmentconsultation@va.gov) to expedite processing through security at the NMAI and for venue planning purposes. Attendees should enter on the south doors marked "staff entrance" on 4th Street & Independence Avenue, SW.



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Tribal Consultation

Written comments may be submitted to [tribalgovernmentconsultation@va.gov](mailto:tribalgovernmentconsultation@va.gov) before November 5, 2016. For additional information regarding this effort please contact Majed Ibrahim at [majed.ibrahim@va.gov](mailto:majed.ibrahim@va.gov).

We appreciate your support as we move forward to enhance and improve the experience for our Veterans.

Sincerely,

A handwritten signature in blue ink that reads "David J. Shulkin, MD". The signature is written in a cursive style.

David J. Shulkin, MD



**Tribal Health Programs – Collaborating Today for a Better Tomorrow  
Fact Sheet  
August 2016**

Since 2012, the Department of Veterans Affairs (VA) has worked closely with the Indian Health Service (IHS) and Tribal Health Programs (THP) to ensure that American Indian/Alaska Native (AI/AN) Veterans can receive care paid for by the VA in a culturally sensitive environment. VA values these collaborations and looks forward to working with IHS and THP as VA moves towards implementing a consolidated community care program that is easy to understand, simple to administer, and meets the needs of Veterans, community providers, and VA staff. VA proposes to extend existing reimbursement agreements with IHS and THP through December 2018 and ensure any new reimbursement agreements between VA and THP extend through December 2018, so that we may conduct tribal consultation and work together to ensure VA's consolidated community care program builds on VA's existing relationships with IHS and THP.

**Future Vision for VA Community Care**

- Today, VA uses multiple programs to provide thousands of Veterans access to community care. Having multiple programs, each governed by its own set of requirements, with different payment schedules results in a complex and complicated landscape that Veterans and their caregivers must navigate. It causes confusion for Veterans, community providers, and VA staff.
- VA submitted the *Plan to Consolidate Programs of Department of Veterans Affairs to Improve Access to Care (Plan)* to Congress in October 2015. That plan outlines our vision to move towards an integrated health care network that delivers the best health care available through VA and community providers.
- VA collected feedback from Veterans, Veterans Service Organizations (VSOs), tribes, Federal partners, Health Care Industry Leaders, Congress, and VA Staff, and sought industry best practices to develop the *Plan*. Some key themes from this feedback included recommendations for:
  - Clarifying processes for accessing community care, as current processes are confusing today; and
  - VA to play an active role in care coordination for Veterans.
- Based on this feedback, the *Plan* proposes to simplify and consolidate all existing VA Community Care programs by rolling them into one program with a single set of eligibility requirements, streamlined clinical and business processes, and the establishment of a high-performing network of community providers and facilities.



- To successfully achieve the goal outlined in the *Plan*, VA is taking both a short-term and long-term approach to implement immediate fixes where we can today, while driving towards a better future state for community care.
- In creating our two-pronged approach, we looked at the Veteran's community care journey to identify five major touch points that would have the most impact on improving each Veteran's health care experience. Encompassing all of these touch points is a focus on Customer Service that aims to provide quick resolution of questions and issues.
  1. *Eligibility*: We want to provide easy-to-understand eligibility information to Veterans, community providers, and staff.
  2. *Referral and Authorizations*: We want to streamline referrals and authorizations, providing Veterans timely access to a community provider of their choice.
  3. *Care Coordination*: We want to solidify care coordination through seamless health information exchanges.
  4. *Community Care Network*: We plan to implement a Community Care Network that provides access to high-quality care inside and outside of VA.
  5. *Provider Payment (Claims)*: We want to become better partners to our community providers by paying them promptly and correctly.

## **VA's Community Care Network**

- As part of VA's *Plan*, VA is working to build a high-performing, integrated health care network to improve Veterans' access to high-quality care both in VA and in the community.
- Reimbursement agreements with IHS and THP are one of the many ways in which VA purchases care for Veterans. VA wants to continue our collaborations with IHS and THP and work together to determine the path forward towards an integrated health care network.
- Participation in the Community Care Network could allow THP to provide care to and receive reimbursement for all Veterans enrolled in VA health care and served by THP, regardless of whether they are eligible for IHS-funded health care or not.
- VA is incorporating lessons-learned from existing community care programs and industry best practices into the Community Care Network draft request for proposal (RFP), which is scheduled to be out for bid in 2016. Many of these features will benefit tribal health programs, including:
  - Ensuring Veteran choice in provider selection.
  - Establishing direct communication channels between VA and community providers.
  - Standardizing and simplifying processes for sharing information between VA and community providers.



## Next Steps

- Conduct Tribal Consultation regarding the tribal health programs participation in the core provider network, and potentially transitioning from the current reimbursement agreement structure to a model under which tribal health programs deliver care to all eligible, VA enrolled Veterans using a standard reimbursement rate.
- Continue to serve Veterans under the existing reimbursement agreements while VA engages in consultation and future planning with THP.
- Continue to work with key stakeholders to ensure that the future Community Care Network provides Veterans with a provider network that best meets their needs.

