

**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
*Chief Business Office*

**Enrollment and Eligibility Procedure Guide for  
Veterans Affairs (VA) – Indian Health Services  
(IHS) and Tribal Health Programs (THP)  
Reimbursement Agreements Program**

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## **Background**

For the purposes of VA health benefits and services, a person who served in the active military service and who was discharged or released from service under other than dishonorable conditions is a Veteran. American Indian/Alaska Native (AI/AN) Veterans have served at the highest rate per capita of any ethnic group, in the US Armed Forces. AI/AN Veterans are the most rural of all the diverse groups. The often isolated and dispersed nature of rural AI/AN Veterans presents significant barriers for VA access and quality of health care.

The Department of Veterans Affairs (VA) established a national interagency sharing/reimbursement agreement under 25 U.S.C. § 1645 (Sharing arrangements with Federal agencies) with the Department of Health and Human Services/Indian Health Service (HHS/IHS) to provide Direct Care Services that will comprise all the IHS facilities. VA will only reimburse for Direct Care Services provided in the Medical Benefits Package available to Veterans under Title 38 Code of Federal Regulations (CFR) Section 17.38 i.e. basic and preventive care, outpatient, inpatient, ambulatory surgical services, prescription drugs, emergency care, etc. and a choice of a health care provider.

Direct care services are provided at IHS/THP hospitals, clinics or facilities) for any member of an AI/AN tribe or village, provided that the facility has the staff, clinic capacity, or capability to provide the medical care or service. Pursuant to 25 U.S.C. § 1645(c), VA copayments do not apply to direct care services provided by IHS/THP facilities to eligible AI/AN Veterans under the tribal agreements if the Veteran was eligible for services from the THP absent an agreement with VA. Under the Reimbursement Agreements IHS/THP health care facilities will bill all third party payers, as permissible by law, prior to billing VA. VA is the payer of last resort.

This national agreement was signed on December 5, 2012; and its principles will serve as a standard reimbursement agreement for AI/AN Veterans and their individually designated tribal units and self-governing THP operated facilities, Indian tribes, tribal organizations and programs.

The IHS/THP reimbursement agreements program are only available to IHS/THP facilities who provide Direct Care Service to eligible American Indian/Alaska Native (AI/AN) Veterans. The term Direct Care Services means any health service that is provided directly on site by IHS/THP facilities and/or programs and does not include Purchased Referred Care (PRC).

## **Purpose**

This procedure guide will provide direction on how the IHS/THP reimbursement program will process and verify AI/AN Veterans eligibility and enrollment. This document will also delineate the roles and responsibilities related to the AI/AN Veteran eligibility and enrollment process.

## **VA Enrollment Requirements**

AI/AN Veteran under the VA- IHS/THP reimbursement agreements must be 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. Once a Veteran is enrolled, that Veteran remains

enrolled in the VA Healthcare System and maintains immediate access to certain VA health benefits.

VA will determine your eligibility through enrollment. During enrollment, each Veteran is assigned to a priority group to ensure health care benefits are readily available to all enrolled AI/AN Veterans. Changes in available VA resources may reduce or increase the number of priority groups VA can enroll. A Veteran may be eligible for more than one Enrollment Priority Group. In that case, VA will always place a Veteran in the highest Priority Group for which the Veteran is eligible. VA Priority Group is not a consideration for AI/AN Veteran eligibility in IHS/THP reimbursement agreement program.

Title 38 CFR § 17.36(C) states that annual VA notification of changes to the categories & subcategories of Veterans eligible to be enrolled based on the order of priority groups will be posted in the Federal Register. Claims for treatment of those Veterans not enrolled in VAHCS will not be considered for payment under the 38 CFR § 17.38 Medical Benefits provisions of this agreement.

## **Eligibility Requirements**

The term eligible AI/AN Veteran for the IHS/THP reimbursement agreement program means an AI/AN Veteran who has the following qualifying criteria:

1. Eligible for services from IHS/THP in accordance with 42 CFR Part 136, and...  
VA does not determine tribal eligibility or enrollment; the IHS/THP is responsible for ensuring that a Veteran being treated at a tribal health facility is eligible to receive such services.
2. AI/AN Veteran enrollment in the VA Healthcare System of patient enrollment is a requirement and condition for receiving the 'Medical Benefits package' set forth in §17.38 under the IHS/THP reimbursement agreement program, in accordance with 38 U.S.C. § 1705 and 38 CFR § 17.36 or is eligible for hospital care and medical services.

## **VA Enrollment Exemptions**

Under 38 U.S.C. § 1705 (c) (2) and 38 CFR § 17.37(a)-(c) notwithstanding the eligible AI/AN Veteran's failure to enroll in VA's Healthcare System of patient enrollment, to the extent an eligible AI/AN Veteran is entitled for VA's "Medical Benefits Package" but not enrolled, if the Veteran has (met one of the following criteria):

1. Been rated for service-connected (SC) disabilities at 50 percent or greater will receive VA care provided for in the "Medical Benefits Package" identified in 38 CFR §17.38.
2. A SC disability will receive VA health care services for that SC disability.
3. Been discharged or released from active military service for a disability incurred or aggravated in the line of duty will receive VA health care for that disability for the 12-month period following discharge or release.

VA - IHS/THP will address the 38 CFR § 17.37 eligible AI/AN Veteran who is not required to enroll and choose not to enroll in the VA Healthcare System on a case by case basis. If the AI/AN Veteran met the VA Enrollment Exemptions stated above then IHS/THP can submit the health care claims with the supporting document proving AI/AN Veteran eligibility (e.g. VA issued letter for SC eligibility) to the VA for reimbursement.

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 the qualifying criteria.

## **Roles and Responsibilities**

The following outlines the roles and responsibilities pertaining to the IHS/THP Reimbursement Agreements Program eligibility and enrollment process.

### **Chief Business Office (CBO) Purchased Care (PC) IHS/THP Reimbursement Agreement Program Office 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.
- Provide program guidance on the AI/AN Veteran eligibility and eligibility requirements.

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

- Support the IHS or THP reimbursement agreement terms for the processing of inpatient, outpatient, and pharmacy claims.
- Establish program requirements, staffing, training, and oversight necessary to facilitate the processing and payment of health care 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 health care claims inquiries and appropriately redirecting questions related to other programmatic areas.

### **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.

### **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 health care claims.
- Submit health care 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.

**Veteran Enrollment and Eligibility Process Description**

1. AI/AN Veteran will receive services at IHS/THP facilities in accordance with 42 CFR Part 136 regardless of VA and IHS/THP reimbursement agreement eligibility. VA authorization process does not apply to this program.
2. IHS/THP Patient Registration obtains information on the AI/AN Veteran eligibility status. The Patient Registration is completed during the AI/AN Veteran's initial visit to the IHS/THP facility and is updated whenever there is a change in the Veteran information or status.
3. During the IHS/THP Patient Registration, the AI/AN Veteran status of enrollment in the VA Healthcare System is verified.
  - 3.1. If the AI/AN Veteran responded that he or she is not enrolled in the VA Healthcare System. The following actions are taken:
    - 3.1.1. IHS/THP staff sends the AI/AN Veteran to their Benefits Coordinator for assistance in enrollment in the VA Healthcare System.
    - 3.1.2. If the AI/AN Veteran is not enrolled and refused enrollment in the VA Healthcare System.
    - 3.1.3. The AI/AN Veteran is asked if they have a service connected (SC) disability.
      - 3.1.3.1. If the AI/AN Veteran is not receiving Direct Care Services related to a SC Disability condition, the Direct Care Services provided to the AI/AN Veteran is not reimbursable by the VA; IHS/THP does not submit health care claims to VA.
      - 3.1.3.2. If the AI/AN Veteran is receiving Direct Care Services related to a SC Disability condition. The AI/AN Veteran must meet one of the requirement stated in 38 CFR §17.37 (a)-(c).
        - 3.1.3.2.1. IHS/THP will verify that the AI/AN Veteran receiving Direct Care Service is related to the SC disability condition. IHS/THP facilities can

confirm the AI/AN Veteran SC Disability eligibility by requesting the Veteran to provide proof of SC eligibility (e.g., VA letter).

3.1.3.2.2. IHS/THP will submit a proof of the AI/AN Veteran SC disability eligibility (e.g., VA letter) as supporting document with the health care claims to VISN 20 National Payment Center for VA reimbursement.

3.2. Yes, the AI/AN Veterans are enrolled in VA Healthcare System. The AI/AN Veteran enrollment/eligibility status is verified by IHS/THP facilities/providers prior to providing direct care services and submission of claims.

3.2.1. IHS/THP facilities/providers validate the AI/AN Veteran VA enrollment/eligibility via phone call to the local VA medical center, VA Health Eligibility Center (HEC), or IHS/THP verifies Veteran VA enrollment/eligibility by sending an excel template to VA HEC. For details, refer to Enrollment and Eligibility IHS/THP facilities or providers verification process on page 10 of this procedure guide.

3.2.2. VA Health Eligibility Center (HEC) returns the completed enrollment/eligibility excel spreadsheet to IHS/THP.

4. Does the AI/AN Veteran meet the eligibility requirements of the agreement? Is the Direct Care provided by IHS/THP reimbursable by the VA?

4.1. Yes, the AI/AN Veteran is enrolled in the VA Healthcare System or has met VA enrollment exemptions as defined in page 6.

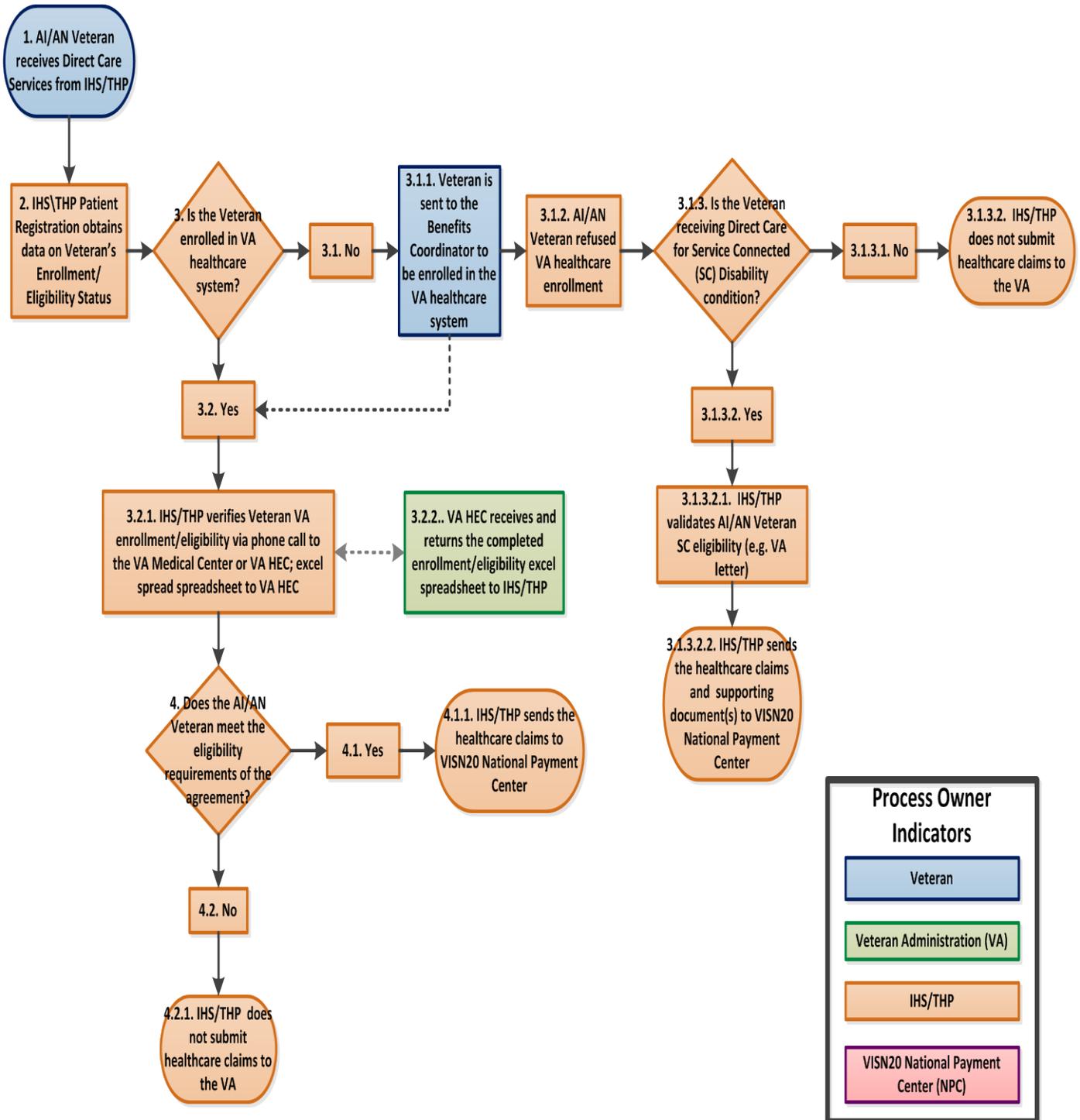
4.1.1. IHS/THP sends the health care claims for services provided to the AI/AN Veteran to VISN 20 NPC via electronic or paper claims.

4.2. No, the AI/AN Veteran is neither enrolled in the VA Healthcare System nor has met one of the eligibility criteria for VA enrollment exceptions.

4.2.1. IHS/THP does not submit health care claims to VA.

## Veteran Enrollment and Eligibility Process Flowchart

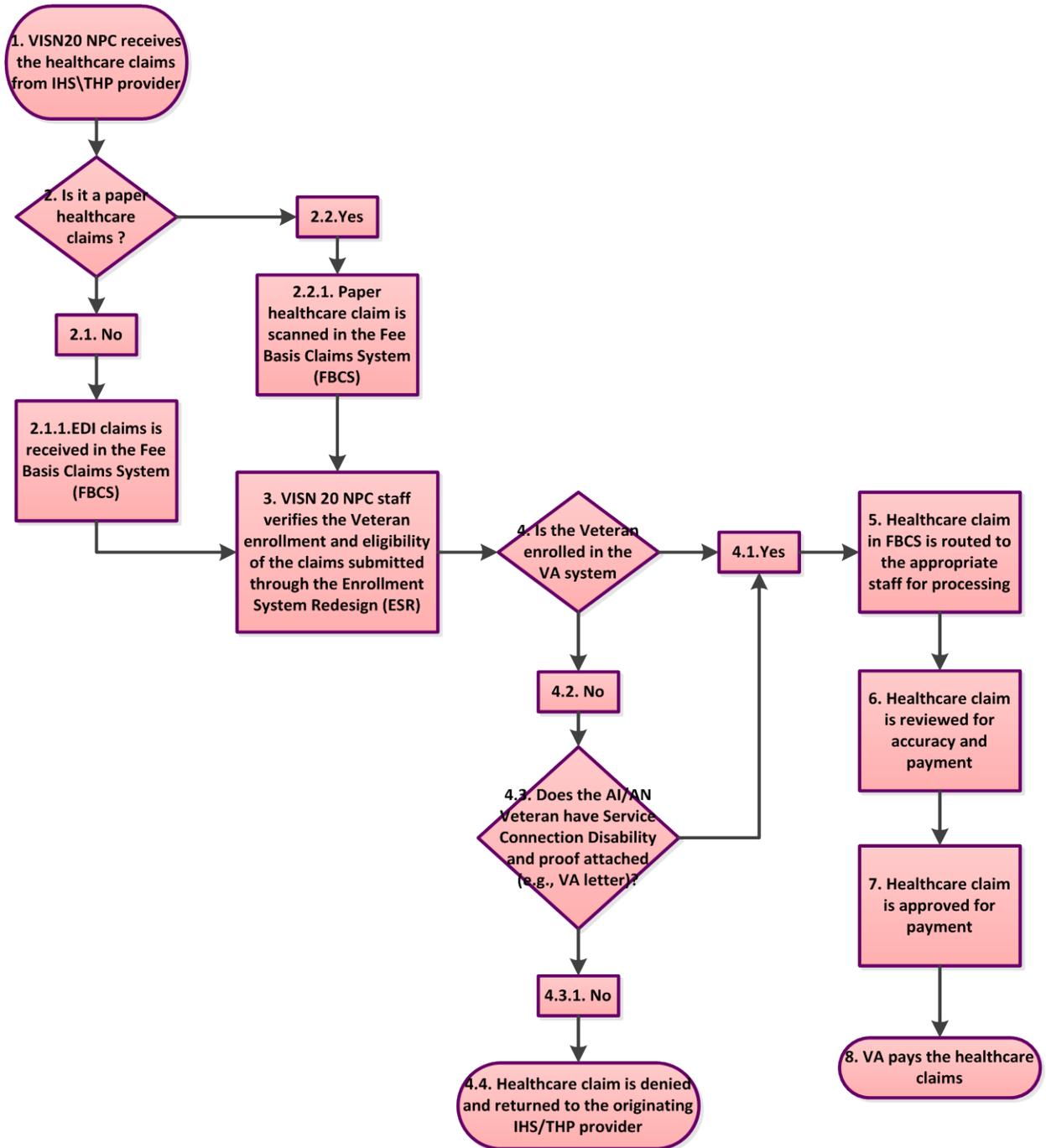
The IHS/THP Reimbursement Agreement program process flowchart (below) includes the procedure for AI/AN Veteran enrollment and eligibility verification to program reimbursement.



## **VISN 20 NPC Enrollment and Eligibility Process Description**

1. VISN 20 NPC receives the health care claims from the IHS/THP facilities/providers.
2. VISN 20 NPC staff determines the health care claim received is paper claims. Is it a paper health care claim?
  - 2.1. No, the health care claim received is not a paper claim.
    - 2.1.1. EDI claim is received in the Fee Basis Claims System (FBCS).
  - 2.2. Yes, health care claims received is a paper claim.
    - 2.2.1. The paper health care claim is scan in the Fee Basis Claims System (FBCS).
3. AI/AN Veteran enrollment and eligibility of the claim submitted is verified by VISN 20 NPC staff through the Enrollment System Redesign (ESR).
4. VISN 20 NPC staff identifies health care claim of AI/AN Veterans that is enrolled in the VA Healthcare System.
  - 4.1. Yes, the AI/AN Veteran is enrolled in the VA Healthcare System, VISN 20 NPC follows the next processes: steps 5 through 8.
  - 4.2. No, the AI/AN Veteran is not enrolled in the VA Healthcare System.
  - 4.3. Does the AI/AN Veteran have Service Connection Disability (SCD) and the proof (e.g., VA letter) attached? Is the claims submitted related to the SCD condition?
    - 4.3.1. If yes, VISN 20 NPC follows the next processes: steps 5 through 8
    - 4.3.2. No
  - 4.4. Health care claims is denied and returned to the originating IHS/THP provider.
5. Health care claim in FBCS is routed to the appropriate staff for processing.
6. Health care claim is reviewed for accuracy and payment.
7. Health care claim is approved for payment.
8. VA pays the health care claim.

## VISN 20 NPC Enrollment and Eligibility Process Flowchart

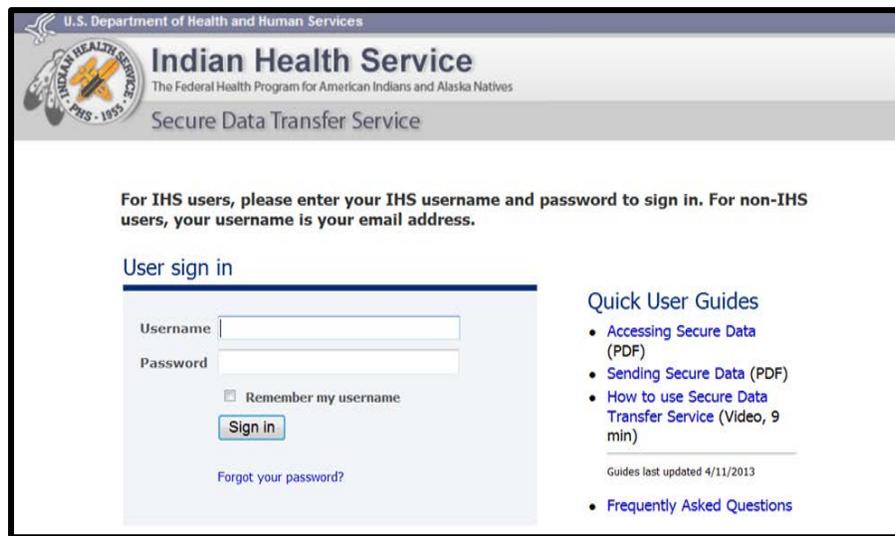


## Program Enrollment and Eligibility IHS/THP Facilities/Providers Verification Process

The following are several ways to verify program AI/AN Veteran enrollment and eligibility.

1. 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 (Attachment A). The IHS Secure Data Transfer is made available by IHS in a limited basis to enable the THP and IHS facilities or providers to initially acquire a comprehensive listing of all their AI/AN Veteran enrollment and eligibility from VA HEC.

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.



- 1.1. IHS\THP completes a listing of AI/AN Veterans using the VA HEC template, the Microsoft excel template is shown below. The template is loaded up at the IHS secure site.

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		

- 1.2. IHS or THP completes the Microsoft excel and sends the enrollment and eligibility information request to Cynthia Larsen, which then securely transmits the request to VHA Health Eligibility Center from the using the IHS Secure Data Transfer Service.

- 1.3. VA HEC verifies the list of AI/AN Veteran's eligibility and enrollment in the VA Healthcare System. Veterans must meet a minimum of eligibility requirements to qualify for the system of annual patient enrollment.
- 1.4. VA HEC returns the completed enrollment/eligibility excel spreadsheet to Cynthia Larsen via IHS Secure Data Transfer. Cynthia then returns the completed enrollment/eligibility excel spreadsheet to the requesting IHS/THP facility.
2. IHS/THP can contact the VA HEC directly by telephone if their staff is checking the enrollment/eligibility on less than 5 Veterans, it is recommended to use the direct line for IHS and/ or THP, phone: 1-855-488-8441, Monday to Friday, between the hours of 7:00 AM and 5:30 PM (Eastern Time). The Veteran's name and social security number will be required. VA HEC can provide basic eligibility information over the phone (enrolled y/n, enrollment date).
3. IHS/THP can contact their local VA medical center to verify the AI/AN Veteran's VA enrollment/eligibility by telephone call. It is recommended that IHS/THP to work through the local VA medical center enrollment and eligibility coordinator to help determine if the Veteran is eligible for other limited benefits included in the 'Medical Benefits Package:' ambulance services, eyeglasses & hearing aids, prosthetics, Durable medical equipment (DME), Rehabilitative devices, dental care, certain counseling services, and non-VA medical care, etc.

Neither IHS nor THP providers can approve Non-VA Medical Care at VA expense. If care cannot be provided directly on-site by the IHS or THP facilities and the Veteran wants to use the VA Medical Benefits Package then the AI/AN Veteran must contact the local VA medical facility for care coordination. Following Non-VA Care policies and guidelines, eligible AI/AN Veterans will need to see VA primary care physicians for follow-up or continued medical needs assessments when the THP facilities cannot provide care or services "directly."

4. 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 letter, etc.).

## References

- [Title 25 U.S.C. §§ 1645 & 1645\(c\)](#): Sharing arrangements with Federal agencies & Authorization for emergency contract health services
- [Title 38 U.S.C. §§ 1705 & 1705 \(c\)\(2\)](#): Management of health care: patient enrollment system
- [Title 38 U.S.C. 38 U.S.C. § 8153](#): Sharing of health-care resources
- [Title 38 CFR § 17.36](#): Enrollment—provision of hospital and outpatient care to veterans
- [Title 38 CFR § 17.37\(a\)-\(c\)](#): Enrollment not required—provision of hospital and outpatient care to veterans
- [Title 38 CFR §17.38](#): Medical benefits package
- [Title 42 Public Health CFR § \(Part\) 136 – Indian Health](#)
- [Title 25 U.S.C. 1603 Definitions](#): (12) Indian Health Program, (13) Indians or Indian & (25) Tribal Health Program
- [THP Reimbursement Agreement Template](#)
- [IHS Reimbursement Agreement \(signed\)](#)

## ATTACHMENT A

### VA Health Eligibility Center (HEC) Enrollment and Eligibility Definitions

The definitions below are provided by VA HEC to support IHS/THP facilities utilization when verifying enrollment in the VA Healthcare System and eligibility for AI/AN Veterans.

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, Veteran is not eligible to be enrolled in the VA Healthcare System.
Deceased	Veteran is deceased and date of death is maintained on file. The Veterans is no longer enrolled or eligible for VA health care.
No Enrollment Determination	Veteran's enrollment status cannot be determined. This is due to the Veteran's record not being fully transmitted to the Enrollment System (ES), caused by unknown Veteran status, or a Veteran's file that has inconsistencies the Veterans Health Information Systems and Technology Architecture (VistA) user has not resolved; and the Veteran's record is prevented from fully transmitting to the ES.
Not in System	Veteran not found to be in the VA system and has not applied for VA medical benefits package.

<b>STATUS</b>	<b>DEFINITION</b>
Unverified	Veteran status is not verified as enrolled and eligible. New applicant enrollment determination is in process.
Rejected; Initial Application by VA Medical Center	This occurs at the VA medical center when the preliminary determination is that the Veteran will be rejected based on information submitted. It is not official until the enrollment in the system makes a final determination.
Cancelled/Declined	Veteran has indicated they want to cancel or decline enrollment into the system establishing eligibility for VA health care. It is manually set to cancelled/declined by the Eligibility and Enrollment staff at the HEC.