

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Integrated Veteran Care



VA Indian Health Service (IHS)/Tribal Health Program (THP)/Urban Indian Organization (UIO) (I/T/U) Reimbursement Agreement - **Joint Orientation**

November 2024




Topics

- Introduction
- VA-ITU Reimbursement Agreement Background
- Roles in the Agreement
- Payment Rates and Fees
- Program Operations – Eligibility, Billing, Claims Check and Resources
 - Eligibility and Enrollment Verification
 - Healthcare claims submission – EDI, Paper and eCAMS
 - Pharmacy claims and VA Non-Formulary
 - Other Health Insurance and Billing Timely Filing
 - Claims Status Check
- Referring care to VA
- Resources and Contact Information
- Questions



Introductions





Background and Key Program Features

For specific operational details, refer to
our website

[https://www.va.gov/COMMUNITYCARE/
providers/info-IHS-THP.asp](https://www.va.gov/COMMUNITYCARE/providers/info-IHS-THP.asp)

VHA Office of Community Care

**Department of Veterans Affairs (VA) - Indian
Health Service (IHS), Tribal Health Program
(THP), and Urban Indian Organization (UIO)
(I/T/U) Reimbursement Agreements**

Provider Guide

Revised Date: March 31, 2022



Overview of the VA the I/T/U RAP

Since 2012, VA has administered the [Reimbursement Agreement Program](#)



Purpose of the program is to provide reimbursement to I/T/U health care facilities reimbursement for services provided to dually eligible American Indian/Alaska Native (AI/AN) Veterans

Do **not** require VA preauthorization
(Care is not considered VA care)

Are **not** subject to VA Copay



123 Tribal Health Programs (THP), **73 Indian Health Service (IHS)**, and **10 Urban Indian Organization (UIO)** facilities participate in the VA RAP (as of 11/2024)

I/T/U Reimbursement Agreements vs Other MOUs

Sharing Agreements are the authority to enter the relationship.

- Different from other VA Memorandum of Understandings (MOUs), Sharing Agreements, or Interagency Agreements (IAAs)
- Not part of VA purchased care programs.
 - Community Care Network (CCN)
 - Veteran Care Agreement (VCA)
 - Local Contracts
- Program managed by the Office of Integrated Veteran Care (IVC) but agreements are established between the local VAMC and ITU facilities.





Program Operations

Roles, Scope,
Rates



Roles in the Agreement (1 of 3)

STAKEHOLDER	ROLES AND RESPONSIBILITY
<p style="text-align: center;">I/T/U Reimbursement Agreement Program (RAP) Office</p>	<p>Office within VHA Office of Integrated Veteran Care (IVC), focused on providing AI/AN veterans with access to health care at qualifying I/T/U facilities. The program office performs the following:</p> <ul style="list-style-type: none"> ▪ Administers reimbursement agreement program, ▪ Provides program guidance and communication, ▪ Coordinates the completion of tribal agreements and modifications, ▪ Manages program documentation, SharePoint site, and websites, ▪ Provides stakeholder training, ▪ Manages risks and issues, ▪ Provides reports and data, and ▪ Performs other activities to support the Reimbursement Agreement Program.
<p style="text-align: center;">VHA Health Eligibility Center (HEC)</p>	<p>VHA's authoritative source for the verification of a Veteran's eligibility for VA health care benefits, including enrollment determination processing and notification, priority group assignment, and income verification. They provide VA enrollment and eligibility training, assist with Veteran eligibility verification, and Veterans Enrollment for the I/T/U facilities.</p>
<p style="text-align: center;">Western Region Payment Operations (WR PO)</p>	<p>A centralized VA I/T/U claims processing facility for AI/AN veterans and Alaska Non-Native Veteran receiving direct care at I/T/U facilities. Provides customer service to I/T/U stakeholders related to health care claims inquiries and appropriately redirecting questions related to other programmatic areas.</p>
<p style="text-align: center;">Contracting Officer (CO)</p>	<p>CO is the Government signatory for the THP/UIO Reimbursement Agreements. They have the responsibility and authority to issue, modify, extend and enforce individual VA-THP Reimbursement Agreements. The COs responsibility is centralized and assigned to Regional Procurement Office West. The CO is aligned under and work within the VA Office of Acquisition and Logistics (OAL).</p>

Roles in the Agreement (2 of 3)

STAKEHOLDER	ROLES AND RESPONSIBILITY
<p>Veterans Affairs Medical Center/ Veteran Affairs Health Care Systems (VAMC/VAHCS)</p>	<p>VAMC and VAHCS are directly involved the VA-I/T/U RAP through the completion of individually signed reimbursement agreement with the THP/UIO and implementation plans with IHS healthcare facilities. VAMC and VAHCS supports the program by:</p> <ul style="list-style-type: none"> ▪ Provide additional information about other VA programs or resources for Veterans. ▪ Assists the I/T/U with Veteran eligibility verification and enrollments. ▪ Facilitates care of coordination for eligible AI/AN Veteran and Alaska Non-Native Veterans, if care cannot be provided within the participating I/T/U facility, which could include services provided directly by VA or the Community Care Network (CCN). Includes coordinating care for durable medical equipment (DME) requests. ▪ Provides patient advocacy services when needed (Customer Service). ▪ Assigns staff to perform roles to includes: <ul style="list-style-type: none"> • VAMC Agreement Manager is the liaison between with the I/T/U and their local VAMC. Provides assistance, facilitate communication, coordinate, and provide information to the I/T/U in support of the agreement. • Benefits coordinator assist Veterans and provides information regarding Veteran VA benefits • VAMC Care Coordinator – is the liaison to the tribe for when the tribe cannot provide services and desires to refer to VA. • Pharmacy Representatives provides pharmacy information; reviews and approves VA Non-Formulary request from UIO facilities.

Roles in the Agreement (3 of 3)

STAKEHOLDER	ROLES AND RESPONSIBILITY
<p>Department of Veterans Affairs (VA) Office of Tribal Government Relations (OTGR)</p>	<p>VA office designed to build and strengthen relationships between the VA, tribal governments and other key federal, state, private and non-profit partners to improve service to American Indian and Alaska Native Veterans.</p>
<p>Indian Health Services (IHS) Tribal Health Program (THP) Urban Indian Organization (UIO)</p>	<p>IHS is an agency within the Department of Health and Human Services (HHS) that provides federal health services to American Indians and Alaska Natives. VA has a National Reimbursement Agreement with IHS that includes several IHS Outpatient and Hospital Healthcare facility.</p> <p>THPs are health programs operated by federally recognized tribes that control sovereignty over their own health care. While UIOs are nonprofit corporate body situated in an urban center, composed of urban Indians, providing Indian groups and individuals the provision of healthcare and referral services. VA has established individual THP/UIO Reimbursement Agreements with the THP/UIO.</p> <p>The I/T/U facilities' role is to primarily deliver healthcare services to eligible AI/AN Veterans. They are also responsible to:</p> <ul style="list-style-type: none"> ▪ Managing and coordinating the VA-IHS reimbursement agreement program between the VA and their respective facilities/providers. ▪ Meet the terms of their Agreement. ▪ Submit claims according to VA billing and timeliness requirements. ▪ Verify Veteran's eligibility and enrollment status prior to billing VA. ▪ Ensure high quality of care is being delivered, to include established patient grievance process and open communication with their local VAMC.



Scope of Services

- **Direct Care Services:** healthcare services provided directly by I/T/U facilities
- **Purchased/Referred Care and Contracted Travel:** healthcare services purchased by IHS/THP facilities (does not include UIO)

Generally, VA will reimburse for services that are part of VA's Medical Benefits package such as:

- ✓ **Outpatient Services**, to include ambulatory surgery and mental health/substance use care
- ✓ **Inpatient hospital**
- ✓ **Outpatient prescription pharmaceuticals**
- ✓ **Emergency care** (Direct Care - PRC would follow VA payment regulation)
- ✓ **Via Telehealth**

Scope of Service, Limited Eligibility

- Veterans must meet special eligibility for some limited benefit services.
- Medical records may be required to determine eligibility. Request will be sent to the billing ITU facility as needed.

Limited Benefits included, not limited to:

- ✓ Dental Care
- ✓ Long Term Care/Residential Treatment
- ✓ In vitro Fertilization (IVF)

ITU L48 States RAP Reimbursement Rates

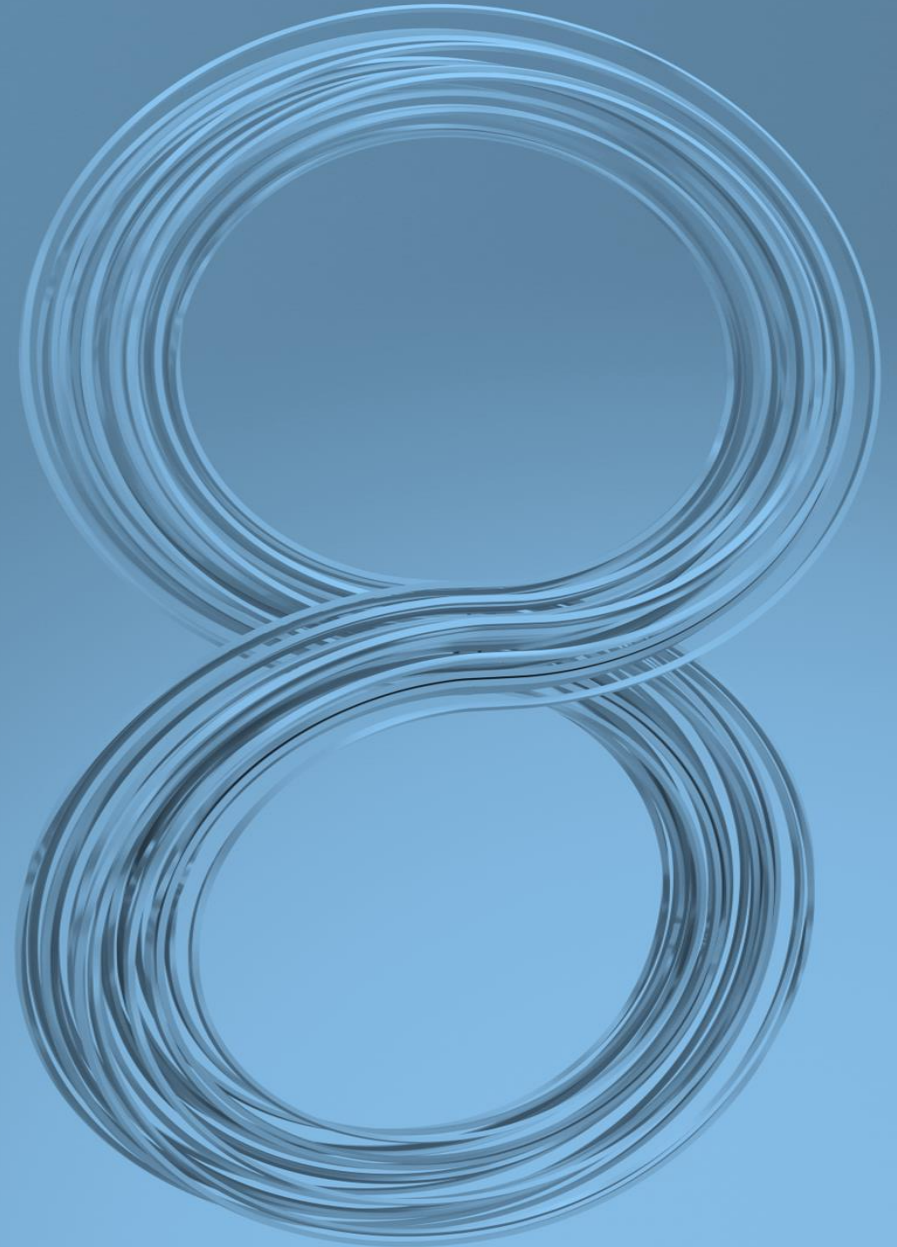
SERVICE	RATE INFORMATION
Outpatient Services	IHS and THP - IHS All Inclusive Rate published in the Federal Register UIO - Medicare rates
Inpatient Hospital Services	Medicare rates -Prospective Payment System (PPS).
Ambulatory Surgical Services	Medicare rates
Durable Medical Equipment	IHS and THP - Reasonable Billed Charges UIO - Medicare rates for DMEPOS
Home Health	IHS and THP - IHS All Inclusive Rate published in the Federal Register UIO - Medicare rates, Prospective Payment System (PPS) rate
Outpatient Pharmacy	IHS: Billed charges THP and UIO: Lesser between billed charges or the Wholesale Acquisition Cost (WAC) plus dispensing fee
Purchased Referred Care	IHS and THP: What the Tribe paid with EOB submission. Does not eliminate PRC requirements to seek OHI



Eligibility and Enrollment

Also found on our website

[IHS/THP/UIO Reimbursement Agreements Program—
Information for Providers - Community Care \(va.gov\)](#)



Eligibility & Enrollment Requirements

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

- Eligible for services from I/T/U 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.

VA and I/T/U are all responsible for verifying eligibility for health care services within their respective programs

Enrollment Exemptions:

- ❖ Rated service-connected (SC) disability at 50 percent or greater
- ❖ SC disability will receive services for SC disability
- ❖ Discharged or released 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.



Veteran Eligibility & Enrollment Verification

There are 2 ways to verify AI/AN Veteran eligibility/enrollment:

1. Veteran Verification List - Secure Data Transfer

STEP 1. IHS/THP/UIO staff fills out columns A-C of the VA Health Eligibility Check template, located on the Eligibility and Enrollment section of the RAP webpage.

STEP 2. Send the Excel template securely for verification.

IHS and THP/UIOs have different processes. See the “Secure messaging” slides (19/20).

STEP 3. VA verifies eligibility and fills in columns D-F of the template.

STEP 4. VA returns the spreadsheet to the requesting I/T/U staff.

A	B	C	D	E	F	G
ADD I/T/U NAME HERE						
IUT Staff To Complete This Section			VA HEC Staff To Complete This Section			
Last,First	DOB (mm/dd/yyyy)	SSN	First Enrolled Date	Current Enrollment Status	Current Priority Group	Dental Eligibility



Veteran Eligibility & Enrollment Verification continued

2. Small Batch Verification (Five Veterans or Less) Options of Contact:

Option A: [Local VA Medical Center](#) – Point of contact information may be found in the **local implementation** plan or a general POC from website link above.

Option B: VA HEC Contacts:

- **VA Health Eligibility Center (HEC):** (855) 488 – 8441
Hours of Operation: Monday – Friday, 7:00 a.m. – 7:00 p.m. ET
- **Health Resource Center (HRC):** 877-222-8387

Also found on our website:

On this Page:

- Agreement Initiation
- Eligibility**
- Other Health Insurance Billing
- Claims and Invoice Submission
- Claims Status Check
- Secure Data Transfer
- Care Coordination
- Training
- I/T/U Healthcare Facilities/Clinics
- Operational Updates
- Contacts & Resources

Ways to Enroll / Apply for VA Healthcare

1. Apply Online

<https://www.va.gov/health-care/how-to-apply/>

2. By Phone

Call our toll-free hotline at [877-222-8387](tel:877-222-8387) to get help with your application.

Monday through Friday,
8:00 a.m. to 8:00 p.m.
Est.

3. By Mail

Fill out an Application for Health Benefits [VA Form 10-10EZ](#) and sign.

Mail to:

HEC

PO Box 5207

Janesville, WI 53547

If you are using a power of attorney, you will need to submit a copy

4. In Person

Fill out an Application for Health Benefits [VA Form 10-10EZ](#) and sign.

Go to your nearest VA medical center or clinic to submit

If you are using a power of attorney, you will need to bring a copy

5. Help from a Trained Professional

Work with a trained professional called an accredited representative to get help applying for health care benefits.

[Get help filing your claim](#)



Secure Messaging Instructions

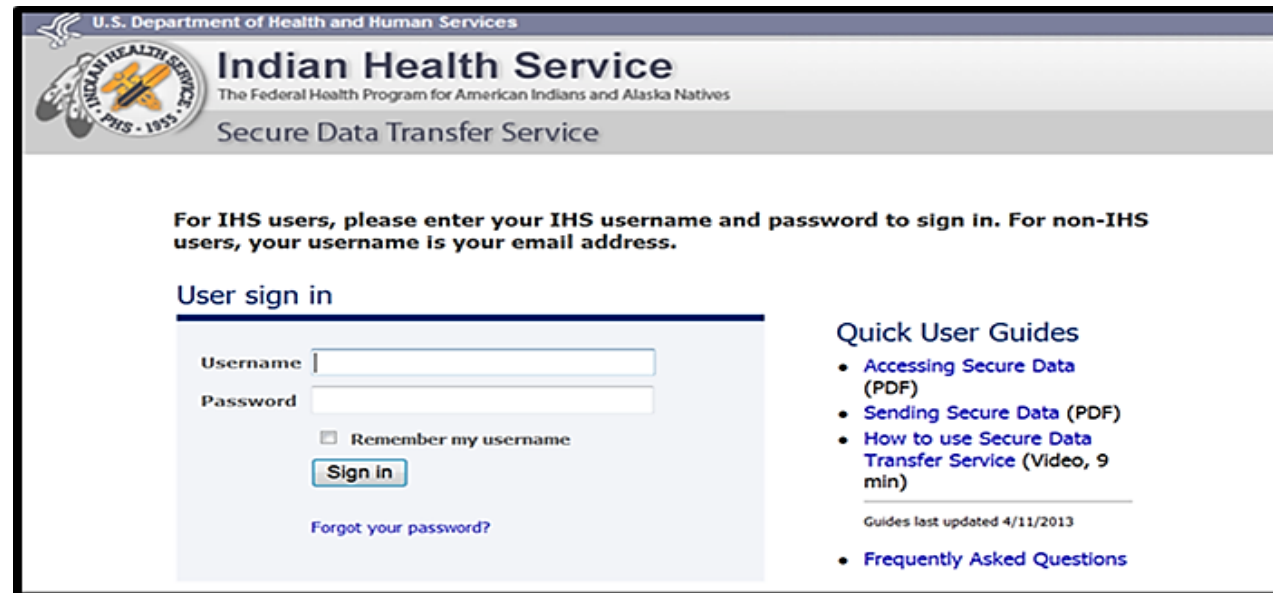
Also found on our website

[https://www.va.gov/COMMUNITYCARE/
providers/info-IHS-
THP.asp#Messaging](https://www.va.gov/COMMUNITYCARE/providers/info-IHS-THP.asp#Messaging)



IHS Secure Messaging

- **IHS:** Continue to use the IHS Data Secure Transfer to share secure emails with the VA.
 - For AI/AN Veteran eligibility check: request access to the IHS Secured Data Transfer (SDT) by emailing Cynthia.Larsen@ihs.gov. IHS SDT login page is shown here:



The screenshot shows the login page for the Indian Health Service (IHS) Secure Data Transfer Service. The page header includes the U.S. Department of Health and Human Services logo and the IHS logo, which features a caduceus and the text 'INDIAN HEALTH SERVICE' and 'PHS - 1955'. The main heading is 'Indian Health Service' with the subtitle 'The Federal Health Program for American Indians and Alaska Natives'. Below this is 'Secure Data Transfer Service'.

The main content area contains the following text: 'For IHS users, please enter your IHS username and password to sign in. For non-IHS users, your username is your email address.'

Under the heading 'User sign in', there is a form with the following fields and options:

- Username: [text input field]
- Password: [text input field]
- Remember my username
-
- [Forgot your password?](#)

To the right of the form is a section titled 'Quick User Guides' with the following links:

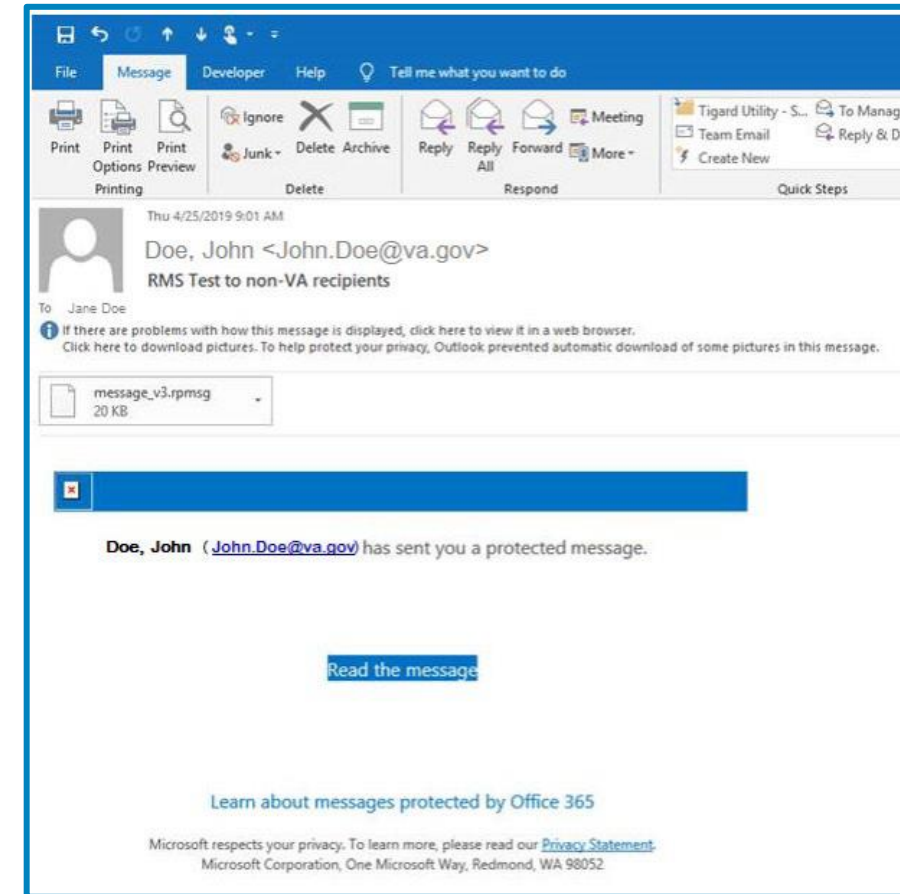
- [Accessing Secure Data \(PDF\)](#)
- [Sending Secure Data \(PDF\)](#)
- [How to use Secure Data Transfer Service \(Video, 9 min\)](#)

Below these links, it states 'Guides last updated 4/11/2013' and a final link: '• [Frequently Asked Questions](#)'.

THP/UIO Secure Messaging

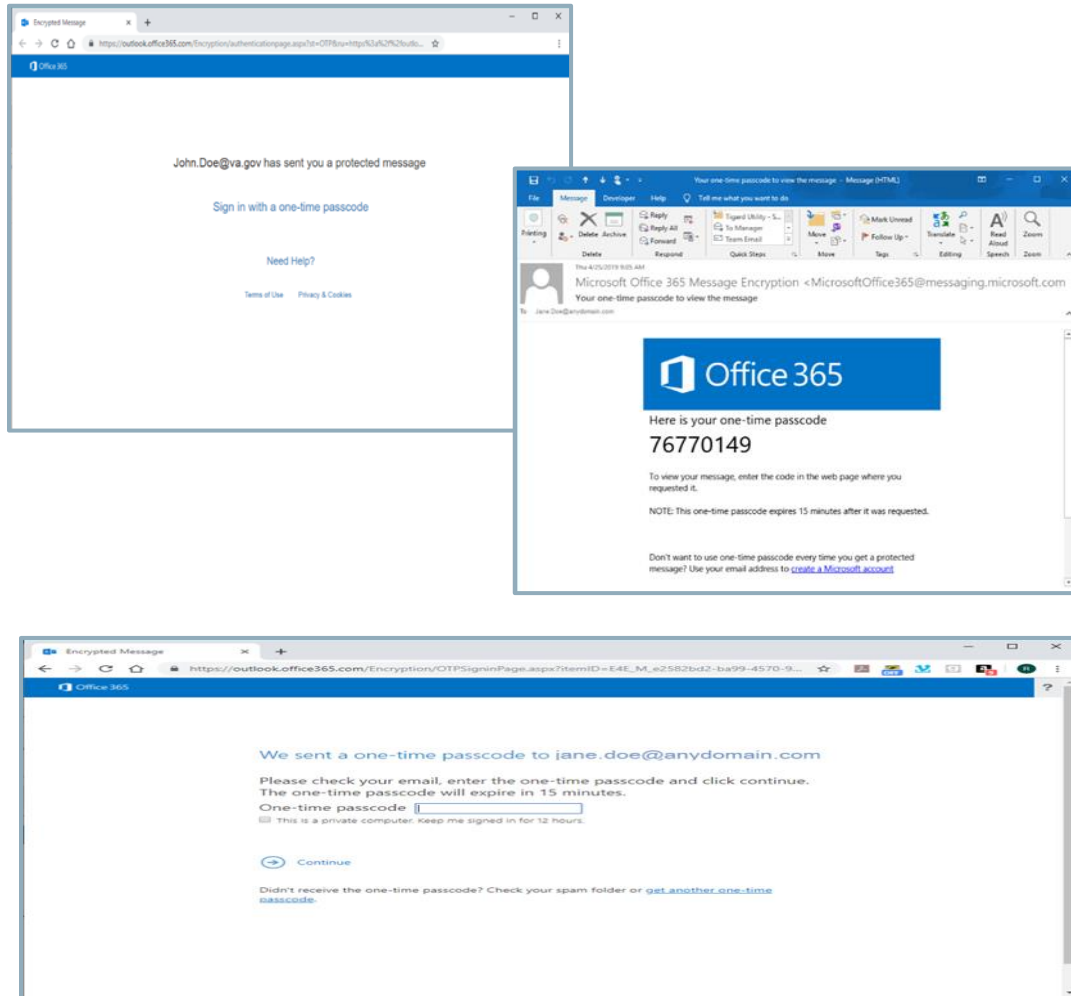
If Facilities do not have the ability to send a secure email – **VA can help!**

1. Request access to the VA Outlook Secure RMS system by emailing:
 - Veteran eligibility check:
tribal.agreements@va.gov
 - Claims inquiries:
vha_104p_ops_western_region_nw_ihs_thp_support@va.gov
2. THP/UIO recipients using non-Microsoft based email systems such as Gmail or Comcast will receive an email message that has a link to read the message in Microsoft's Office 365 web portal. The recipient should click the "Read the message" link in the email to launch the portal.





THP/UIO Secure Messaging Instructions continued



- Once the Office 365 portal loads click the “Sign in with a one-time passcode” and an email will be sent to the recipient's email with a one-time passcode.
- Copy the one-time passcode from the email. Enter the one-time passcode and click “Continue” and the encrypted message will open.
- From here, THP staff can respond to the sender’s message securely and attach the documents as needed.



Direct Care Claims Submission and Claims Check

Also found on our website

<https://www.va.gov/COMMUNITYCARE/providers/info-IHS-THP.asp#Claims>



Claim Requirements (inpatient and outpatient)

In general, **VA claims submission follows National Correct Coding Initiative (NCCI) standards.**

- Paper or EDI (preferred)
- EDI Claims – VA payer IDs
- Unique VA Requirements:
 - Program Identifier
 - Agreement Number
 - Outpatient - Non-standard Pharmacy Claim submission

VA has a **centralized claims processing** center for UIO RAP at the **Western Region Payment Operations (WRPO)**.



Claim Forms

Facility/Institutional Claims

- Providers will submit using either:
 - Paper
 - CMS1450
 - ADA Dental Form
 - Electronic
 - 837O EDI file
 - 837I EDI file
 - 837D EDI file

Professional Claims

- Providers will submit using either:
 - Paper
 - CMS1500
 - Electronic
 - 837P EDI file



Electronic Data Interchange (EDI) Claims Submission

VA accepts and encourages the use of Electronic Data Interchange (EDI).

- VA uses **Change Healthcare** as their EDI clearinghouse.
 - To submit EDI claims, your claims system must connect and register with Change Healthcare:
 - Online at [Change Healthcare](#) or by phone at 1-866-371-9066, 7:00 a.m. to 3:00 p.m. ET

- **VA payer IDs:**

- 12115 for medical claim
- 12116 for dental claims

NM1 - Payer Name		
NM1	01 - Entity Identifier Code	PR - Payer
NM1	02 - Entity Type Qualifier	2 - Non-Person Entity
NM1	03 - Name Last or Organization Name	VA MEDICAL BENEFIT (VMBP)
NM1	08 - Identification Code Qualifier	PI - Payor Identification
NM1	09 - Identification Code	12115

For more general information: [File a Claim for Veteran Care - Community Care](#)



EDI Claims Submission Requirements, All service

PROGRAM IDENTIFIER:

- Program Identifier required in the **SBR03** segment of the **EDI 837 claim form** to route claims for payment:
 - **THP, UIO, IHS** depending on your facility type
 - **NNV** for Non-Veterans – Programs other than RAP
 - Claims will be auto rejected without

SBR - Subscriber Information	
SBR 01 - Payer Responsibility Sequence Number Code	P - Primary
SBR 02 - Individual Relationship Code	18 - Self
SBR 03 - Reference Identification	IHS
SBR 09 - Claim Filing Indicator Code	CH - Champus

AGREEMENT NUMBER

- Provided by the VA and on your signed Reimbursement Agreement (page 1, top right corner). VA Program staff can provide to you if needed.
- Agreement Number must be entered in the **NTE02** segment of the **EDI 837 claim form**:

NTE - Claim Note	
NTE 01 - Note Reference Code	ADD - Additional Information
NTE 02 - Description	VA256-14-H-0005



Paper Claims Submission Requirements, All services

To route claims for payment, VA requires specific identifiers to be placed in the boxes referenced below:

1. Program Identifier:

IHS or **THP** or **UIO** for AI/AN Veterans at ITU Facilities

NNV for Non-Veterans – Programs other than RAP

2. Agreement Number

Provided by the VA and on your signed Reimbursement Agreement (page 1, top right corner). VA Program staff can provide to you if needed.

Enter information here:

IDENTIFIER	CMS 1500 (HCFA)	CMS 1450 (UB)	ADA DENTAL FORM
IHS or THP or UIO (NNV)	Box 11	Box 62	Box 16
Agreement Number	Box 19	Box 80	Box 35

All other claims information should be provided based on CMS and American Dental Association (ADA) guidelines.



Paper Claims Submission Continued

Mail to:

VHA Office of Finance

PO Box 30780

Tampa, FL 33630-3780

Notes:

Per the Social Security Number Fraud Prevention Act of 2017, **IHS** is required to mail paper claims via Certified Mail.

The PO Box will only accept Certified Mail via USPS.

- FedEx is not accepted.

Pharmacy Claims or Invoice Submission

VA will reimburse IHS/THP for pharmaceuticals on the IHS/THP formulary.

VA will reimburse UIO for pharmaceuticals on the VA Formulary.

ITUs must bill pharmacy claims using the CPT Code J3490. Use of any other CPT for Outpatient Pharmacy (ex. A- or S-Codes for supplies), will result in a claim or line-item rejection.

Required Claim/Invoice Information:

- Direct Care: must use CMS 1500 or EDI 837P (Professional) to submit pharmacy claims
- PRC: must submit on the Cover Letter with Pharmacy Tab completed.

All pharmacy claims or invoice submission must contain the following:

- Date of fill
- Pharmacy name
- Drug name (generic name)
- Amount paid by the Pharmacy or OHI
- Quantity/NDC Unit
- Dr.'s name
- Drug strength
- Retail price
- Number of day's supply
- National Drug Code (NDC)
- Prescription number

VA Formulary listing: <http://www.pbm.va.gov/NationalFormulary.asp>



Pharmacy Claims Submissions, NDC Code

- **NCD Code:** VA requires providers to bill the National Drug Code (NDC) in the correct field of the 837p EDI and paper CMS 1500 claim file as shown below.
 - **EDI** pharmacy claims that are submitted with the NDC missing from the proper field will result in an **automatic rejection**, even if the NDC can be found in a different data field.

NDC Code Placement:

Loop 2410, LIN Segment LIN**N4*55555444422~

N4 National Drug Code

2410 - Drug Identification	
LIN - Drug Identification	
LIN 02 - Product/Service ID Qualifier	N4 - National Drug Code in 5-4-2 Format
LIN 03 - Product/Service ID	00074706819

Pharmacy Claims Submissions, EDI

- 837P pharmacy example. (Example entries are italicized, and entries left blank are bold/bracketed. All other content is hard coded and should remain the same on submitted claims.)

HIERARCHY	HL*2*1*22*0~
Subscriber Type	SBR*P*18* [i.e., "Native beneficiary (IHS, THP, or UIO)"] *****CH~
Veteran Name/ SSN	NM1*IL*1*[LAST NAME]*[FIRST NAME]****[MI]*[SOCIAL SECURITY NUMBER]~
Street Address	N3*[STREET ADDRESS]~
City, State, Zip	N4*[CITY]*[STATE]*[ZIP CODE]~
Line Number	LX*1~
HCPCS, Cost, and NDC unit, quantity	SV1*HC: <i>J3490*82.56*UN*30***1:2~</i>
Service Date(s) (D8 for single date) (RD8 for Range)	DTP*472*D8*20191108~
Prescription Date	DTP*471*D8*20191115~
Reference	REF*6R*000000469185230001~
Line Note	NTE*ADD*[NDC Description/Drug name, days supply]~
NDC Code*	LIN**N4*76282042290~
NDC Units	CTP****30*UN~
Prescription #	REF*XZ*1701092~

* If NDC Code is not included the proper field, claim will be denied.

VA Non-Formulary Requirements (UIO Only)

- VA will reimburse UIO only for pharmaceutical drugs on the formulary used by VA: [VA National Formulary](#)
- UIO requests for reimbursement of pharmaceutical drugs not on the VA formulary will need to be approved by the local VAMC in advance of the request for reimbursement. The local VAMC pharmacy will provide UIO the process for submitting the request.
- UIO must provide the VA Pharmacy Non-Formulary Approval notice with their claims.
 - For paper claims CMS 1500, annotate PAO NF (Prior Auth Obtained – Non-Formulary) on Box 23 and attach the Non-Formulary Approval with the paper claims.
 - For EDI 837P claims, annotate PAO NF on the EDI claims note section.

Outpatient Claims Submissions – Other Considerations

Medical Claims:

- Due to the use of the All-Inclusive Rate (AIR) for payment of OP medical claims, the VA requires that only *one* DOS per claim be submitted to ensure receipt of daily AIR payment.
 - Exceptions:
 - POS 24/Ambulatory Surgical Center – priced/paid at CMS rate
 - OP Emergency or Observation that span more than 24 hours or cross over multiple DOS.

Pharmacy

- Pharmaceuticals dispensed during a medical appointment are not paid in addition to the AIR and should be billed on the claim with the medical CPT/HCPCS.
- Take-home prescriptions should be billed separately.

DME and Home Health

- DME and Home Health should be billed on a POS **12** on the professional claim per NCII standards. Improper billing will result in rejection.




Inpatient Claims Submissions – Other Considerations

- **Claim Submission order:** VA requires ITU to submit a copy of the *facility claim* to VA before VA can process the professional claims for the Episode of Care (EOC) for determination and payment.
 - VA will reject any professional claims submitted without the facility claim on file. Once VA receives the facility claim, VA will reopen the professional claim for reprocessing.

Other Health Insurance and Billing Timeliness

- Other Health Insurance (OHI)/Other Liable Payers
 - VA is considered the payer of last resort.
 - ITU providers are responsible for submitting healthcare claims to the OHI or other liable payers prior to billing VA.
 - If applicable, ITU providers can submit a secondary claim to the VA. VA will then pay the remaining allowable amount per the agreement rate after the OHI or other liable payer reimbursements. Claims must have an attached Explanation of Benefits (EOB)/Payment (EOP).
 - Medicaid payments are considered paid-in-full, VA will not pay as Secondary.
- Timely Filing
 - Claims must be submitted to VA for payment within 36 months from the date of service, otherwise the claims will not be reimbursed by VA.



IHS/THP only
Purchased and
Referred Care (PRC)
and Contracted
Travel Invoice
Submission





PRC and Contracted Travel

IHS and THP facilities may obtain reimbursement for care they purchased and paid for under their PRC and Contracted Travel authority.

The requirements for the IHS and THP facilities are similar, but Submission for IHS and THPs is different.

UIOs are not reimbursed for PRC or Contracted Travel.



Required Documentation (1 of 3)

1. **Cover letter** (in Excel format provided by the VA).

Elements include:

- THP facility or IHS area information
 - **If THP:** Facility name, TIN, Billing Provider NPI, and address
 - **If IHS:** IHS area name and HIS facility name. The following information is required for both area and site: TIN, Billing Provider NPI, and address
- Veteran information(Full name, full SSN *or* ICN (Client ID), DOB)
- Date of Service (From Date/To Date)
- Name of community provider Veteran was referred out to
- Pharmacy Tab (if applicable)
 - If submitting a pharmacy invoice, the pharmacy tab must also be completed.
- IHS/THP exact payment amount



Required Documentation (2 of 3)

Cover letter, Continued: Cover letter and links to form

Tab one:

THP-PRC/Contracted Travel INVOICE VA U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Integrated Veteran Care

THP Facility NAME:						
THP Facility ADDRESS:						
THP Facility CITY:	STATE:	ZIPCODE:				
NPI:						
Tax ID:						
TOTAL INVOICE AMOUNT (must exactly match E-services submission) \$						

VETERAN INFORMATION				DATE OF SERVICE		SUBTOTAL	
LAST NAME	FIRST NAME	UNIQUE ID (SSN or ICN)	DOB (MM/DD/YYYY)	Name of community provider/group	From Date (MM/DD/YYYY)	To Date (MM/DD/YYYY)	THP Payment Amount

Tab two (for pharmacy, if applicable):

THP-PRC Pharmacy INVOICE VA U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Integrated Veteran Care

VETERAN INFORMATION			DRUG INFORMATION				DATE OF SERVICE		
LAST NAME	FIRST NAME	UNIQUE ID (SSN or ICN)	NDC	NDC Description	Strength	Unit of Measure	Quantity	From Date (MM/DD/YYYY)	To Date (MM/DD/YYYY)



Cover letter can be found:



Online at
<https://www.va.gov/COMMUNITYCARE/providers/inf-fo-IHS-THP.asp#Billing>



Or by emailing
VHA_104p_ops_western_region_nw_ihs_thp_support@va.gov

Required Documentation (3 of 3)

2. From the Servicing Provider to Billed IHS/THP:

- A copy of the claim form (CMS 1450/1500).
- A copy of the Explanation of Benefit (EOB), or Payment (EOP), from any Primary Payer/Other Health Insurance (OHI) billed prior to IHS/THP.

3. From IHS/THP facility:

- Explanation of Benefit (EOB), or Payment (EOP) from the THP facility or IHS site/area showing IHS/THP payment.

Additional Requirements

- The total invoice amount included on the cover letter must exactly match the supporting documentation submission.
- If submitting an invoice for Contract Travel, a copy of the THP's purchase order, referral, or authorization approving the travel must also be included.



IHS/THP PRC Submission Process

1. Submit to VA via Secure Message at:
vha_104p_ops_western_region_nw_ihs_thp_support@va.gov.
 - IHS - via the IHS Secure Data Transfer Service.
 - THP - to VA via Secure Message at
 - See slide 19 for instructions on secure messaging
2. VA Payment Operations will review and make annotations on the cover letter regarding the VA approval or rejection/denial determination. The VA will return the cover letter to IHS via the IHS Secure Data Transfer Service.



Submission of Corrected Invoices

- Submitted via the same process to the VA's ITU Payment Operations Support Group email.
- IHS/THP must annotate that the invoice submission is a correction in the body of the secure message/email.





Timeframe for VA Reimbursement

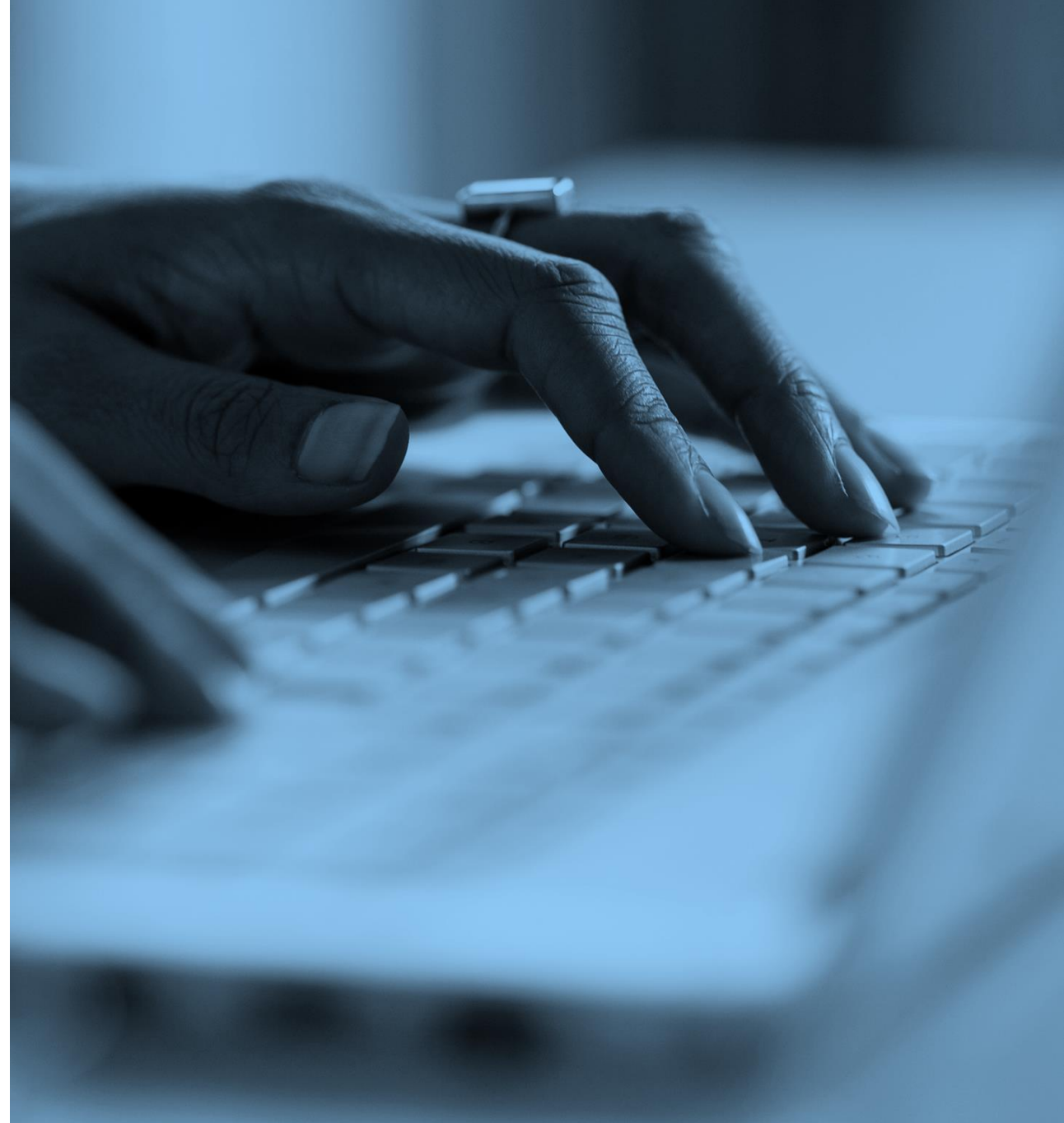
- VA will adjudicate PRC invoices within 45 days of receipt and send back via email.
 - VA will annotate by line item the disposition of payment on the cover letter.

SUBTOTAL		
THP Payment Amount	Approved/Rejected	VA Notes
\$2,135.00	Approved	VA will reimburse \$2,135.00.
\$25.39	Rejected	Veteran was not enrolled/eligible at time of service.

- VA Payment via direct deposit / Electronic Fund Transfer (EFT) will be received by the IHS/THP shortly after VA adjudication.
- Explanation of Benefit (EOB) or Payment (EOP) may take between 4 - 6 weeks to be delivered to the IHS/THP either by mail to the address you have in your vendor file or electronically.



Claims Status Check



Claims Status Check (1 of 2)

Online:

- **VA Customer Engagement Portal (CEP)** - to view VA payment information and status of claims received by VA. EOPs are not available via ePP . Provider Vender files are also updated in CEP. <https://www.cep.fsc.va.gov/>
Note: System for Award Management (SAM) unique identifier number will be needed to register for CEP.
 - For assistance, contact VA Financial Support Center (FSC) Customer Service at phone 1-877-353-9791 (select option 1), Monday to Friday, 7:15 am to 4:00 pm CT or email vafscshd@va.gov.
- **eCAMS Provider Portal (ePP)** registered providers can research the status of claims received by VA and being processed. This also provides access to the claim's Explanation of Benefits/Payment (EOB/EOP). [eCAMS Provider Portal \(ePP\)](#).
 - For assistance contact, ePP Customer Service at 512-386-2278, Monday to Friday, 7:00 am to 4:00pm CT or email eCamsHDsupport@va.gov

Claims Status Check (2 of 2)

Email:

- For questions and issues with submitted ITU claims, email NW PO at vha_104p_ops_western_region_nw_ihs_thp_support@va.gov.

Phone:

- **VA Claims Payment Processing Call Center contact** (least information)
1-877-881-7618, Monday through Friday, 8:05 a.m. to 6:45 p.m. ET. When contacting the call center, identify yourself as a non-CCN provider (option 2). VA Call Center staff is not trained in I/T/U Claims Processing. **They can only provide you the claims status** and direct you to NW PO if you have a claims issue or need further assistance. If you are prompted for a zip code, use the NW PO zip code 98661, Do not enter your facility zip code.



Other VA topics



Referring Care to VA

- When care is not available within I/T/U facilities, AI/AN Veterans must be referred to non-I/T/U providers
- Tribes can refer a Veteran to VA for care, use their PRC program, or other means
- If a tribe chooses to refer to the VA, VA has established a process to receive referrals
- **This process and care is outside of the Reimbursement Agreements.**



More information can be found here:

<https://www.va.gov/communitycare/providers/Care-Coordination.asp>



For assistance, email:

RequestForServiceSupport@va.gov or
ivccmteam@va.gov or,

Contact your VA Agreement Manager

EXPEDITE CARE



The process expedites care and gives VA the ability to recapture care in the VA if we can offer the service

IMPROVE CARE COORDINATION



Improves care coordination between the VA and I/T/U providers

IMPROVE VETERAN'S ACCESS



Improves Veteran's access to care by streamlining the process.

Resources and Contact Information

- Website:
<https://www.va.gov/COMMUNITYCARE/providers/info-IHS-THP.asp>
- Video:
<https://youtu.be/8MzDeO3OQtg>
- [Provider guide](#) – contains specific operational details

To talk to someone in VA's RAP:
tribal.agreements@va.gov

Participating facilities with payment questions:
vha_104p_ops_western_region_nw_ihs_thp_support@va.gov

The screenshot shows the VA website's 'Community Care' page. The header includes the VA logo, 'U.S. Department of Veterans Affairs', a search bar, and a 'Sign in' button. The main navigation bar contains 'VA Benefits and Health Care', 'About VA', and 'Find a VA Location'. The breadcrumb trail reads: 'VA > Health Care > Community Care > IHS/THP Reimbursement Agreements Program—Information for Providers'. The page title is 'Community Care'. A left sidebar menu lists: 'Community Care Home', 'Veteran Care', 'Family Member Care', 'For Caregivers', 'For Providers', 'For Payers', 'Publications', 'About VHA OCC', 'Site Map', and 'More Health Care'. The main content area is titled 'IHS/THP Reimbursement Agreements Program—Information for Providers'. It contains a paragraph explaining the program's purpose for eligible American Indian/Alaska Native (AI/AN) Veterans. To the right, there is a video player with a play button and a caption: 'Veterans can expect: Your Choice of Provider. Veterans can choose to receive care from an IHS, THP, or VA medical facility.' Below the text, a list of resources is provided, including a 'Hospital Locator' with a zip code field and a 'Go' button. At the bottom, there are several quick links: 'Eligibility and Enrollment Verification', 'IHS/THP Initiation and Implementation', 'Submitting Claims', 'Claims Status Check', 'Care Coordination', 'Training', 'Operational Updates', and 'Contacts & Resources'.



Questions

Contact

tribal.agreements@va.gov