

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Community Care

VA



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VHA Office of Community Care

IHS/THP Reimbursement Agreement Program

Care Coordination Approach



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Policy

The Department of Veterans Affairs (VA), Veterans Health Administration (VHA) has partnered with Indian Health Service (IHS) and Tribal Health Programs (THP) to establish an IHS/THP Reimbursement Agreement Program (IHS/THP RAP). Through this program, VA may reimburse IHS and THP for direct care services provided to eligible¹ American Indian/Alaska Native (AI/AN) Veterans. As a result, eligible AI/AN Veterans have greater access to covered health care services at participating facilities, paid for by the VA, without copay or preauthorization.² The VHA Office of Community Care (OCC) manages VA's IHS/THP RAP to include efforts to coordinate care between the two entities as needed.

Purpose/Background

VA's IHS/THP RAP provides reimbursement to tribes for *direct care*, meaning care provided within the participating facility, not for services referred outside the facility³. AI/AN Veterans in need of care not available within IHS/THP participating facilities must be referred to non-IHS/THP providers. For eligible Veterans, this includes referrals to VA health care facilities, where VA may provide the care directly or to a provider in VA's established Community Care Network (CCN) of providers. This requires enhanced care coordination and collaboration between VHA and IHS and/or THP. Tribes can also choose to use providers through their Contract Provider or Purchased/Referred Care (PRC) program.

To ensure enhanced care coordination for Veterans when care is referred to VA, this care coordination approach was developed. To assist VA in developing and implementing standardized processes for care coordination, VHA OCC established the Healthcare Coordination Advisory Board (HCAB) (See appendix 1). Tribes nominated HCAB tribal representatives to serve on the newly established board, with participation from IHS. The proposed care coordination approach was brought to tribal consultation, giving all tribes the opportunity to add their voices, experiences and expertise needed to achieve effective, culturally informed and timely care on behalf of Veterans served by THP, IHS and VHA.

This document outlines care coordination components and addresses supporting tools and implementation milestones required for execution. This policy does not supplant nor supersede existing IHS/THP agreements, and any conflicts between this approach and established agreements will defer to the negotiated and agreed upon agreements.

¹ Veterans must be eligible for both VA services, in accordance with 42 CFR Part 136, and IHS services. A Veteran must be enrolled in the VA health care system as a condition for receiving the "medical benefits package" set forth in 38 CFR §17.36. IHS/THP is responsible for ensuring that a Veteran being treated is eligible to receive such services.

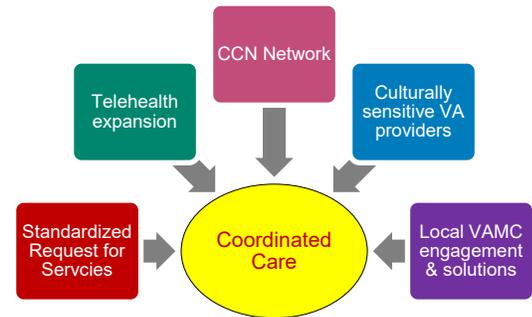
² Agreements between VHA and Alaska THP also cover reimbursement for direct care services to non-AI/AN Veterans, but those Veterans must receive pre-authorization.

³ In 12/2020 HR6237 was passed to allow for reimbursement of Purchased Referred Care (PRC), and implementation begin in 2021. The elements in this approach were not modified, as care will not be referred to VA if facilities leverage PRC reimbursement from VA.

Approach

Care coordination will focus on five critical components:

- (1) Standardized Request for VA Service process
- (2) Expanding IHS/THP RAP Agreements to include telehealth
- (3) Utilization of VA's Community Care Network (CCN)
- (4) Cultural Awareness: VA and CCN providers
- (5) Local VA medical center (VAMC) solutions and engagement with tribes

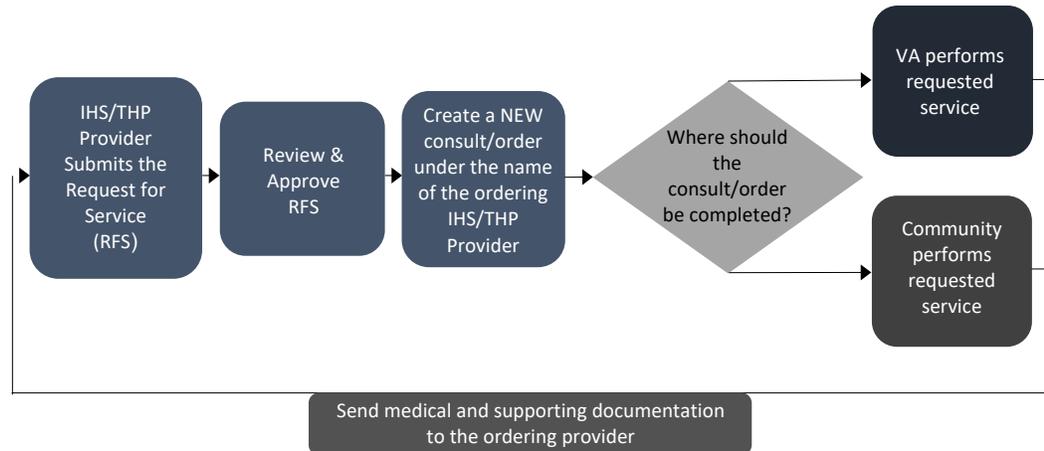


Care Coordination Components

1) Standardized Request for VA Service (RFS) process

- a. **Summary** - To implement a standardized process for providers to request services from the VA, we will leverage the efforts currently in development VA Office of Community Care's Clinical Integration and adopt the Community Provider Orders (CPO) / Standardized Request for Service (RFS) process.
 - i. **CPO Process** - The CPO process is a nationwide effort to create a standardized approach for managing requests (orders) to VA for clinical services from external providers. The process will enable IHS/THP providers to be entered as the requesting (ordering) provider in VHA systems and submit the request using standard Request for Service (RFS) form. In addition, CPO establishes the process, timelines, and supporting tools required for placement, tracking, managing, and reporting of requests from non-VA providers. The program will be adopted with some customization for the IHS/THP Reimbursement Agreement Program.
 - Operationalizing the CPO process will necessitate identifying and loading IHS/THP providers into the VA's system. VA will offer IHS/THP RAP participating facilities two approaches to determine the providers to be entered. Facilities can identify a single clinical point of contact (POC) (e.g., Chief of Staff) whose name will be associated with each of the referrals, or facilities can provide their full provider list. Tribal facilities will provide their provider information in a standardized template provided by VA, and VHA will develop a process to load those providers into the system and make ongoing updates.
 - ii. **Request for Service (RFS) Process** - In order to standardize all requests from the community, the Request for Service (RFS) form and process was created. IHS/THP providers will use VA Form 10-10172 to request all services including Prosthetics and Durable Medical Equipment (DME). VA form 10-10172 is available on [VA's Community care request and coordination webpage](#), and can be submitted back and forth from the

IHS/THP facility and VA by email, fax, or mail, or VA's referral system, [Health Share Referral Manager](#)⁴ (HSRM). VA implemented several enhancements to the RFS Form 10-10172 the form based on feedback such as: 1) a check box to designate an IHS/THP RFS request, and 2) check boxes for commonly requested services as well as free text fields for providers to write in requested services.



b. Flow

VHA will utilize the CPO process that is already in place and familiar to staff as the baseline. The “Create a consult/order” step in the process has been tailored to meet specific IHS/THP RAP needs.

c. Implementation– Summary of Actions:

- i. Finalize RFS Form 10-10172⁵, tailored to IHS/THP RAP needs, and distribute.
- ii. Share with tribes’ facility specific [Care Coordination POCs](#)⁶ to receive the RFS and facilitate care coordination.
- iii. Adopt and share the process for medical record return to the tribes
- iv. Identify tribal providers and load in VA’s Provider Database
 - Send data call to tribes requesting their voluntarily submission of clinical staff – either chief of staff or individual providers.
 - Upload tribal providers into VHA provider database
- v. Establish guidance on utilization of the CPO/RFS processes at VAMCs with IHS/THP agreements and incorporate into appropriate documentation.
- vi. Create and deliver training and artifacts for tribes and VA staff regarding the CPO and RFS process.

⁴ Information on HSRM can be found here: https://www.va.gov/COMMUNITYCARE/providers/Care_Coordination.asp#HSRM

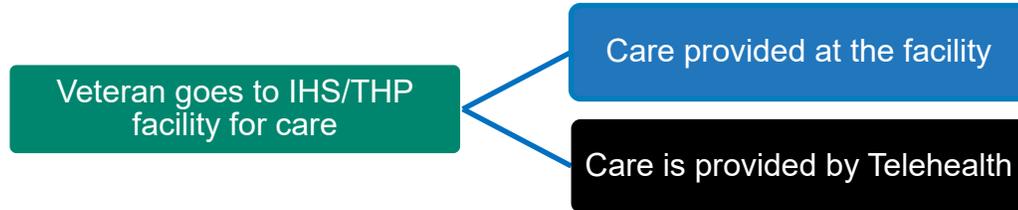
⁵ Form located here: https://www.va.gov/COMMUNITYCARE/providers/Care_Coordination.asp

⁶ Community Care POCs located: https://www.va.gov/COMMUNITYCARE/docs/providers/Care-Coordination_Facility-Contacts.pdf

2) Telehealth - Expand IHS/THP Reimbursement Agreements to include Telehealth

a. **Summary** – Telemedicine is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, and public health services. Telehealth is more narrowly the provision of clinical healthcare remotely by means of asynchronous telecommunications technology. The range and use of telehealth services have expanded over the past decade and telehealth is now considered a vital tool in improving and coordinating care. Traditional models of telehealth involve care delivered to a patient at an originating, or spoke, site from a provider, frequently a specialist, working at a distant, or hub, site. Expanding the IHS/THP RAP to allow synchronous, real-time telehealth (video and audio only) reimbursement in the lower 48 states (the Alaska agreement already reimburses for telehealth) will offer additional reimbursement opportunities for participating tribal/IHS facilities. This does not include asynchronous work (e.g., store and forward, email exchange or other CMS types of telemedicine). Telehealth is considered an acceptable delivery mode for outpatient clinical care, thus the established IHS all-inclusive rate in the current reimbursement agreements for outpatient care would also apply to telehealth services.

b. Flow



c. **Implementation** – Summary of Actions:

- i. VA Office of General Counsel (OGC) approved a contract modification and new IHS/THP reimbursement agreement template
- ii. Execute modification to the IHS agreement and individual THP agreements, backdating to March 1, 2020, to allow for reimbursement of telehealth services in response to COVID-19.
 - One national IHS modification was signed in 9/2020 and local VAMC contracting officers began to execute for THP sites assigned under their jurisdiction.

3) Utilization of VA's CCN Network

a. **Summary** – Leverage VA's community provider network for expanded care.

When AI/AN Veteran health care needs are beyond what IHS/THP facilities can provide directly, tribal facilities can leverage the CPO process to request care from VA (reference component 1 above). If health care needs can best be provided in the community, VA's CCN⁷ can be used to deliver care to eligible Veterans. VA's CCN third-party administrators (TPAs) maintain a high-performing network to serve Veterans across the Nation. IHS/THP contract or Purchased Referred Care (PRC) providers that IHS and tribal facilities use, or wish to use, can join CCN.

Collaborating with CCN is of great benefit to both Veterans, IHS and tribes.

- i. CCN providers are held to the standards outlined in the VA MISSION Act. These standards include credentialing requirements, training, medical records return and reporting patient safety and quality issues.
 - Credentialing programs are accredited by an approved credentialing organization, and verify primary source data (license, training, education, residency, board certification, etc. To maintain the highest quality network, VA retains the right to have certain providers excluded (See appendix 2).
- ii. Tribes do not have the task for coordinating and scheduling care for services provided outside their facility when leveraging VA's CCN, nor do they bear the burden of payment for additional services or be an intermediary in the payment process. VA (via CCN TPAs) negotiates reimbursement rates and directly pays providers for services rendered.
- iii. VA monitors network adequacy and has processes and staff in place to address deficiencies at the local level.

To ensure IHS/THP preferred providers are contracted under CCN, VA OCC will assist with outreach to IHS/THP sites to obtain a list of those providers. CCN TPAs will do their due diligence to enroll providers into the network. It is likely that many of these providers are already in the CCN.

b. **Flow – Leveraging the CCN**



⁷ The CCN is a separate VA community care program that IHS/THP Reimbursement Agreements can leverage when needs exceed the direct care offered at the IHS/THP facilities. VA contracts with Optum and Tri-West to build the CCN Network.

Flow – Provider Enrollment



c. **Implementation** - Summary of Actions:

Implementation will require collaboration from IHS/THP Facilities, the CCN contractor, and VA's clinical operations:

- i. Identify IHS preferred providers
 - Request voluntary feedback from active IHS/THP RAP sites to identify providers they would like enrolled in the CCN.
- ii. CCN TPAs outreach to identified IHS/THP preferred providers to educate on CCN and how to enroll, and enroll if applicable.
- iii. OCC to provide education to IHS/THP sites on CCN, including how a provider would inquire about participation.
- iv. Verify a process for medical record return to the tribes from the CCN provider (same process used for CPO/RFS above)

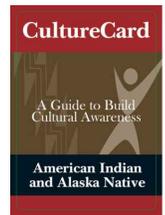
4) **Cultural Competency - VA and CCN providers**

- a. **Summary** - Provide training to VA and CCN providers to ensure cultural competence when Native Veterans use VA services.

AI/AN communities historically have high rates of enlistment in the military and support military service. AI/AN groups are diverse and may vary significantly across the Nation, but differences in cultural groups are closely related to regional variances. For example, social and health problem solutions are often seen as spiritually based and as part of a holistic world view of balance between mind, body, spirit, and the environment. Another example, AI/AN people communicate a great deal through non-verbal gestures or body language; one may look down to show respect or deference to their elders, ignore an individual to show disagreement or displeasure, or give a gentle handshake as a sign of respect, not weakness. Having VA staff and providers that understand AI/AN culture will support patient-centered care and enhance the provider/patient relationship. Three subgroups have been identified for targeted training include VA IHS/THP program administrative staff (e.g., agreement

manager, OCC staff, eligibility POC, Tribal Veteran Representatives [TVR's], etc.); VA clinical employees; and VA CCN community providers.

The primary material used will be the [SAMHSA Native Culture Card](#). A secondary resource will be the [IHS Gold Book](#)⁸. Facilities are encouraged to reach out to their local IHS/tribal affiliates to provide more localized cultural training to VAMC staff.



b. Flow



c. Implementation Plan - Summary of Actions:

- i. Identify specific training material to use
- ii. Provide relevant VA employees the identified material via their leadership, and load into VA's OCC Training HUB for 24-7 access⁹
- iii. Provide training material to CCN TPAs to present on their platforms for relevant providers to access and, add notification of training to the TPAs provider newsletter

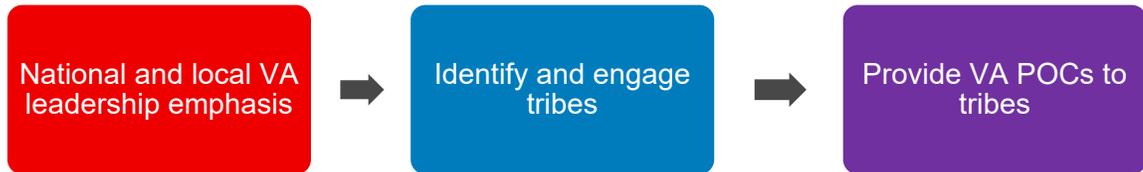
5) Local VAMC solutions and engagement with tribes.

a. Summary – Engage with tribes and tribal facilities to understand and meet local needs.

The relationship with tribes at the local level is paramount to a successful delivery of health care, as there are within-region similarities ranging from linguistic and cultural differences that are important to understand. Having local community members who are more familiar with such cultural preferences is one reason why locally based engagement is crucial. Further, an emphasis on importance at the VA leadership level is also important, as organizational status and one-on-one relationships are especially important in Native cultures. This component of care coordination takes those nuances into account and goes beyond the scope of the IHS/THP RAP to encourage local efforts. It starts with national and local VAMC leadership establishing partnerships between tribes as a priority. It includes identifying local IHS/THP facilities, outreach and communication with those tribes, ensuring VA staff and leadership understand AI/AN culture, having local level VA POCs for tribes, and identifying care delivery solutions tailored to local communities.

⁸ The IHS Gold Book is a publication in which IHS reviews progress from the agency's first 50 years of operation, including lessons learned regarding culturally acceptable public health services. You can find the four-part publication at <https://www.ihs.gov/newsroom/factsheets/>

⁹ The OCC HUB is an internal VA website that all VA employees have access to. Link the training: <https://vaww.va.gov/COMMUNITYCARE/cchub/aboutotherprograms.asp>

b. Flow**c. Implementation Plan - Summary of steps:**

- i. National Engagement - Develop national-level VA leadership communication to express the expectation for collaboration at the local level with tribal communities and their health care service areas.
- ii. Outreach - Recommend local VA medical center (VAMC) or Veterans Integrated Support Network (VISN) conduct outreach activities to tribes and host periodic tribal meetings to discuss operations and issue resolution as applicable.
 - Develop and publish outreach tracking for VAMCs and VISNs to track efforts (use will not be mandated). Internal [VA Outreach tracker](#)¹⁰ is located on the IHS/THP SharePoint site for VA employees to update.
- iii. Identify IHS/THP RAP local VAMC point-of contacts (POC) at the VAMCs and VISNs to assist tribal members reaching the needed POC (e.g., Agreement Managers, RFS process, etc.) The program POCs are provided to each tribe in their implementation plan, and [Community Care POCs](#) are located on VA's website.

¹⁰ <https://apps.gov.powerapps.us/play/bbad459a-d429-4fdd-9e63-93859ef99b7a?tenantId=e95f1b23-abaf-45ee-821d-b7ab251ab3bf>

Appendices

1) Healthcare Coordination Advisory Board Membership List

Board membership consists of 19 members:

- Veteran Affairs (VA) Office of Community Care (OCC) representatives (3 members):
 - Clinical Network & Management (CNM) representative, (Chair) – Dr. Elizabeth Brill, Chief Medical Officer.
 - Clinical Integration (CI) representative – Dr. Clinton Greenstone, Deputy Executive Director, Clinical Integration.
 - Providers Relations Services, VA-IHS/THP Reimbursement Agreement representative – Kara Hawthorne, IHS/THP RAP Program Manager.
- VA Office of Tribal Government Relations (OTGR) representative (1 member) – Stephanie Birdwell, Director.
- Indian Health Service (IHS) representative (1 member) – CAPT John E. Rael, Director, Office of Resource Access and Partnerships.
- VA Medical Center representatives (2 members):
 - South Dakota – Dr. Goodloe, Chief of Staff, Black Hills VAMC.
 - Alaska – Michelle Wyatt, Chief Community Care, Alaska VAMC.
- IHS Area representatives (12 members) – (Name/Tribe Representing):
 - Charles Akers, South Central Foundation.
 - Lynette Bonar, Navajo Tribe.
 - Gil Calac, Yakama Nation.
 - Jestin Dupree, Fort Peck.
 - Melanie Fourkiller, Choctaw Nation of Oklahoma.
 - Lona Ibanitoru, Susanville Indian Rancheria.
 - Lucero, Robert, Ute Indian Tribe.
 - Jeannette Jagles, Pueblo of Tesuque.
 - Geri Opsal, Sisseton-Wahpeton Sioux Tribe.
 - Mark Rogers, Absentee Shawnee Tribe of Oklahoma.
 - Tihtiyas (Dee) Sabattus, Passamaquoddy Tribe and Indian Township.
 - William Smith, Alaska Native Health Board.

2) Provider exclusions reasons

 <p>Provider was found to be non-compliant with safe standards of care</p>	 <p>Media reports, comments from Veteran patients, or other sources alleging the provider delivered substandard care</p>	 <p>Provider's occupational certification, specialty certification, or board certification is under investigation</p>
 <p>Provider violated the requirements of their medical license</p>	 <p>Provider was removed or suspended from VA employment</p>	 <p>Provider was named in a misdemeanor or felony conviction</p>
 <p>Provider is under investigation</p>	 <p>Provider did not complete the required trainings</p>	 <p>Provider was not following contract requirements</p>

Revision History

Version	Date	Summary of Updates
1	1/22/2021	First draft completed in collaboration with the established advisory board and tribal consultation.

Definitions/Acronyms

Word/Acronym	Definition
CPO	Community Provider Orders
CPRS	Computerized Patient Record System
EHR	Electronic Health Record
EOC	Episode of Care
HCAB	Healthcare Coordination Advisory Board (HCAB)
HSRM	HealthShare Referral Manager
IHS/THP	Indian Health Services/Tribal Health Program
NPI	National Provider Identification number (Type 1 is for individuals; Type II is for facilities/groups)
OCC	Office of Community Care
OHI	Other Health Insurance
POC	Point of Contact
RFS	Request for Service
PRC	Purchased/Referred Care
TPA	Third-Party Administrator
VAMC	Department of Veterans Affairs Medical Center
VHA	Veterans Health Administration