

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Integrated Veteran Care



Indian Health Service (IHS) Reimbursement Agreement Program (RAP) Annual Training

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VA Western Region Payment Operations



Purpose

- Provide information on the following:
 - New IHS Reimbursement Agreement
 - Agreement Operational Processes and Requirements
 - VA billing requirements to include the new process for PRC and Contract travel billing.



Topics

- I/T/U RAP Overview
- New IHS Reimbursement Agreement and Highlights
- Key Benefits
- Scope of Services
- Roles in the Agreement
- Program Operations
 - Payment Rates
 - Eligibility and Enrollment Requirement and Verification
 - Secure Messaging
- VA Billing
 - Direct Care Claims Submission - EDI, Paper, Pharmacy
 - Purchased Referred Care (PRC) and Contract Travel Invoice Submission
 - Other Health Insurance and Billing Timely Filing
 - Claims Status Check
- Resources and Contact Information
- Questions



Overview of the VA the I/T/U RAP

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



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

Are **not** subject to VA Copay



Care is not considered VA Care

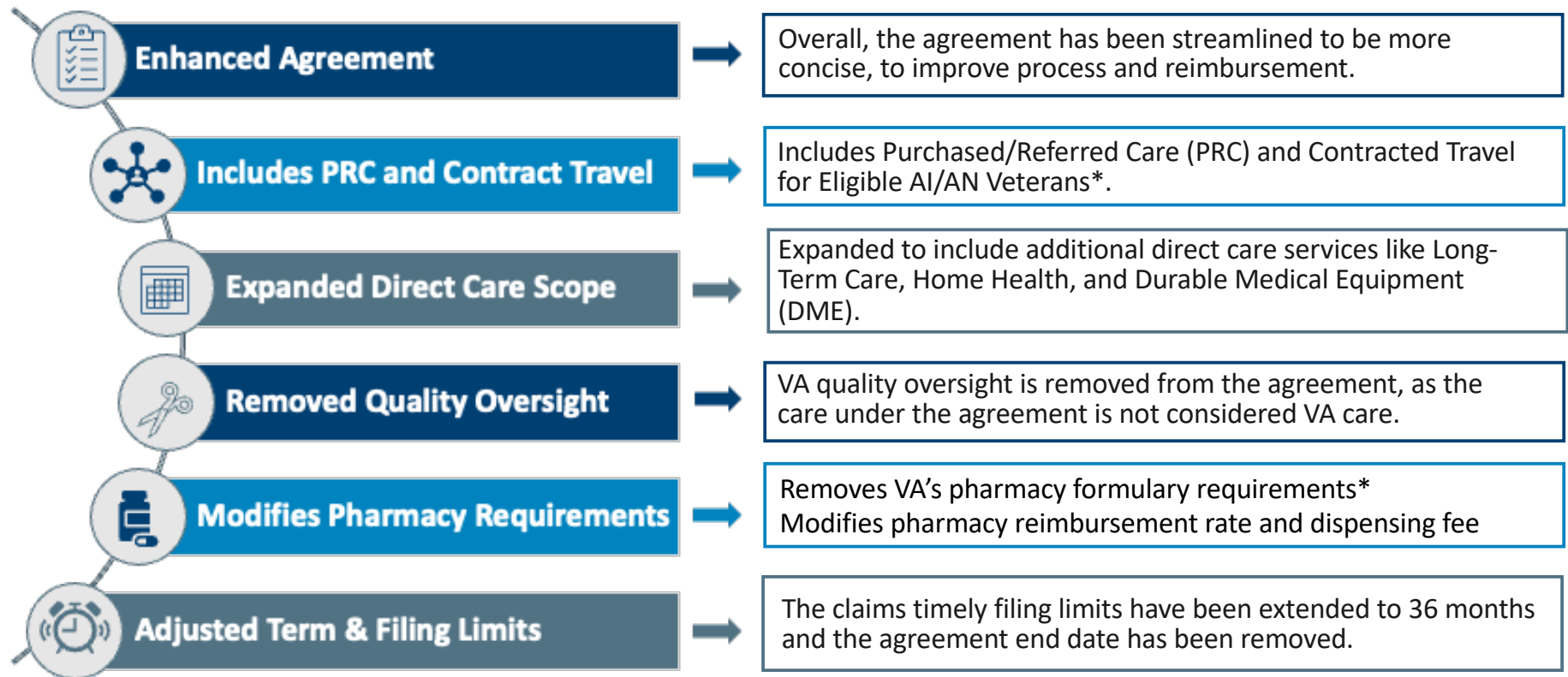


New IHS Reimbursement Agreement

- IHS Reimbursement Agreement was signed and executed on December 6, 2023.
- Impacts all existing IHS facilities that are participating under the National IHS Reimbursement Agreement with the VA.
- There are major changes in the agreement that will affect IHS facility billing and VA payments.
- All IHS facilities will have to provide an updated **implementation plan**.



New Agreement Update Highlights





Key Benefits

BENEFIT	DESCRIPTION
Collaboration	Promotes resource sharing through collaborative relationships both inter-governmental by sharing resources and with the community.
Choice of Provider and Access	Eligible AI/AN Veterans can choose to receive their health care from an IHS facility in a culturally sensitive environment, often closer to their home.
No Prior Authorization	IHS facilities that are providing direct care services Eligible AI/AN Veteran does not require VA-authorization to receive reimbursement from the VA.
No Copayment	VA copayments do not apply services delivered or purchased by the IHS healthcare facility to eligible AI/AN Veterans under these agreements with VA. (Pursuant to section 405(c) of the Indian Health Care Improvement Act (IHCIA)).
Outpatient Pharmacy Benefit	Facilities will be reimbursed for outpatient medications dispensed by the facility that are on the IHS facilities formulary. This is not limited to emergent prescriptions.
No Outstanding Balances	IHS facilities must bill the Veteran's Other Health Insurance (OHI) prior to billing VA. VA is only responsible for the balance remaining after OHI reimbursements (except for Medicaid, which consider their payments in full).



Scope of Service

Direct Care Services: any health service that is provided directly by IHS healthcare facilities.

Purchased Referred Care and Contracted Travel: care provided outside of an IHS healthcare facility

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

- ✓ Outpatient, inpatient hospital, surgical DME, home health, and mental healthcare, including care for substance abuse
- ✓ Outpatient prescription pharmaceutical drugs
 - ✓ IHS may bill under their own formulary
- ✓ Emergency care (Direct Care)
- ✓ Telemedicine

For full details: [About VA Health Benefits](#)



Scope of Service Continued

Limited Benefits:

- ✓ Dental Care
- ✓ In vitro Fertilization (IVF)

NOTE:

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



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
Veterans Affairs Medical Center/ Veteran Affairs Health Care Systems (VAMC/VAHCS)	<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.• VAMC Care Coordinator – is the liaison to the tribe for when the tribe cannot provide services and desires to refer to VA.• Benefits coordinator assist Veterans and provides information regarding Veteran VA benefits.• 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
Department of Veterans Affairs (VA) Office of Tribal Government Relations (OTGR)	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.
Indian Health Services (IHS)	<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>The IHS 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.



Program Operations

Rates, Eligibility and Enrollment

A blue-tinted photograph of a keyhole in a door, with a key inserted and turned. The key is in focus, and the light from the hole creates a bright glow.

[Provider guide](#)
details specific
operational details.



IHS RAP Reimbursement Rates

SERVICE	RATE INFORMATION
Outpatient Services	IHS All Inclusive Rate published in the Federal Register
Inpatient Hospital Services	Medicare rates
Critical Access Hospitals	Medicare rates
Ambulatory Surgical Services	Medicare rates
Durable Medical Equipment	Billed Charges
Outpatient Pharmacy	Billed charges
Purchased Referred Care Contract Travel	IHS paid to contract/non-IHS provider with EOB submission PRC must seek OHI reimbursement prior to billing VA



Eligibility & Enrollment Requirements

VA and IHS are all responsible for verifying eligibility for health care services within their respective programs

- Eligible AI/AN Veteran must meet the following qualifying criteria:
 - Eligible for services from IHS 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.



Veteran Eligibility & Enrollment Verification

There are 2 ways IHS facilities can verify AI/AN Veteran eligibility/enrollment:

1. Veteran Verification List - Secure Data Transfer

STEP 1. IHS staff fills out columns A-C of the VA Health Eligibility Center (HEC) template, located on the I/T/U Eligibility and Enrollment Verification - Community Care (va.gov) page. The completed template is then either sent to IHS Data Secure Transfer (DST).

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

STEP 2. Send the Excel template securely for verification.

STEP 3. Once VA HEC receives the list, they will verify Veteran eligibility and enrollment:

- VA HEC verifies the list of AI/AN Veteran’s eligibility and enrollment in the VA Health Care System and fills in columns D-F of the template.
- VA HEC returns the completed enrollment/eligibility Excel spreadsheet to Cynthia Larsen via IHS Secured Data Transfer, then it will be sent to the requesting IHS staff.



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 from website link above.

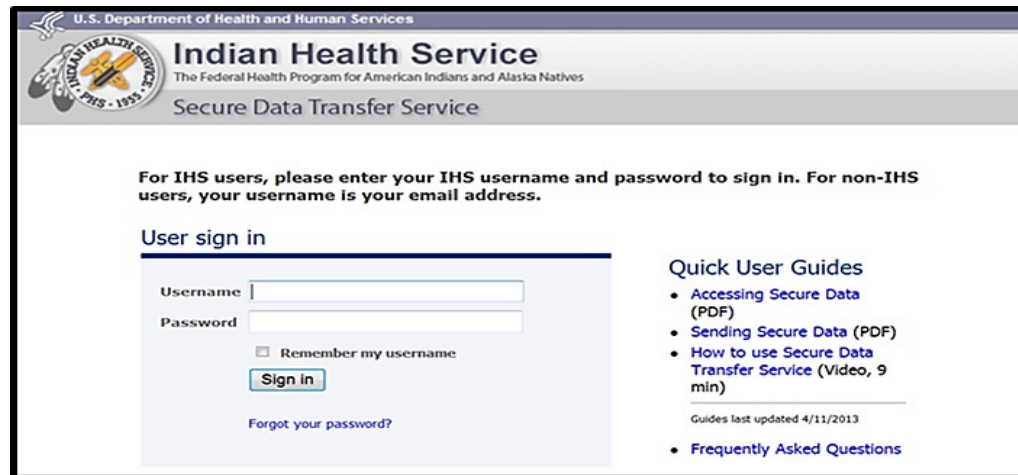
Option B: VA HEC Contacts:

- **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



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:





How to Apply for VA Benefits



OPTION 1: Apply by phone

Call our toll-free hotline

877-222-8387

Monday through Friday

8:00 a.m. to 8:00 p.m. ET

to get help with your application.



OPTION 2: Apply by mail

Fill out an Application for Health Benefits [VA Form 10-10EZ](#) and provide a copy of power of attorney as appropriate/applicable.

Send your completed application to:

Health Eligibility Center

2957 Clairmont Road, Suite 200

Brookhaven, GA 30329-1647



OPTION 3: Apply in person

Fill out an Application for Health Benefits [VA Form 10-10EZ](#) and provide a copy of power of attorney as appropriate/ applicable.

Go to your nearest VA medical center or clinic.

Bring signed Application for Health Benefits

(VA Form 10-10EZ) with you.



OPTION 4: Apply with the help of a trained professional

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

[Get help filing your claim](#)



Direct Care Claims Submission and Claims Check





Claim Requirements

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

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



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](#)



Electronic Data Interchange (EDI) Program Identifier

PROGRAM IDENTIFIER:

- Program Identifier required in the **SBR03** segment of the **EDI 837 claim form** to route claims for payment:

- IHS**

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

Note: Submitted claims will be auto rejected without the program identifier and agreement number.



Paper Claims Submission

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

1. Program Identifier:

IHS for AI/AN Veterans at IHS Facilities

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	Box 11	Box 62	Box 16
Agreement Number	Box 19	Box 80	Box 35



Paper Claims Submission Continued

IHS will mail to:

VHA Office of Finance
5401 W. Kennedy Blvd., Suite 150
Tampa, FL 33609-2433

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



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

- To prevent VA processing system from rejecting, DME should be billed on a POS 12 professional claim.



Pharmacy Claims or Invoice Submission

VA will reimburse IHS for pharmaceuticals on the IHS formulary.

IHS 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

Per NCCI standard, only a whole number may be billed in the units field of the claim. Line-items with decimals included in the units field will reject; please round up to the nearest whole number.



Pharmacy Claims Submissions continued

- VA requires IHS Providers to bill the National Drug Code (NDC) in the correct field of the 837 EDI 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.
- The NDC must be placed in:
Loop 2410, LIN Segment LINN4*555544422~**
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 continued

- 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)"] *****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.



Pharmacy Claims Submissions continued

- CMS 1500/Paper Example of a correctly completed pharmacy paper claim

24. A	DATE(S) OF SERVICE						B PLACE OF SERVICE	C EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E DIAGNOSIS POINTER	F. S CHARGES	G DATE OF UNIT
	From				To	(Explain Unusual Circumstances)							
	MM	DD	YY	MM	DD	YY		CPT/HOPCS	MODIFIER				
	N400078065920			UN60				SACUBITRIL VALSARTAN 24-26MG TABLET					
	04	05	23	04	05	23	22	J3490	9201847	A	801.56	60	



Inpatient Claims Submissions – Other Considerations

- VA requires IHS to submit a copy of the facility claim and on file before VA can process the professional claims for the Episode of Care (EOC) determination and payment.
 - VA will reject any professional claims submitted without the facility claim. Once VA receives the facility claim, VA will reopen the professional claim for reprocessing.
- If the Veteran has Medicaid, VA may only reimburse for the portion of the Episode of Care (EOC) Medicaid did not cover. An Explanation of Benefit (EOB), or Payment (EOP), is required with claims submission.



Other Health Insurance and Billing Timeliness

- Other Health Insurance (OHI)/Other Liable Payers
 - VA is considered the payer of last resort.
 - IHS providers are responsible for submitting healthcare claims to the OHI or other liable payers prior to billing VA.
 - If applicable, IHS 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.



Purchased and Referred Care (PRC) and Contracted Travel Invoice Submission





PRC and Contracted Travel

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

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



Required Documentation (1 of 3)

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

Elements include:

- IHS area information

IHS area name and IHS 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 exact payment amount



Required Documentation (2 of 3)

Cover letter, Continued: Cover letter and links to form

Tab one:

IHS-PRC/Contracted Travel		INVOICE		VA		U.S. Department of Veterans Affairs Veterans Health Administration Office of Integrated Veterans Care	
REIMBURSEMENT INFORMATION	IHS Area NAME:	_____					
	IHS Area ADDRESS:	_____					
	IHS Area CITY:	STATE:	ZIPCODE:		_____		
	NPI:	_____					
	Tax ID:	_____					
TRACKING INFORMATION	IHS Facility NAME:	_____					
	IHS Facility ADDRESS:	_____					
	IHS 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)	IHS Payment Amount

Tab two (for pharmacy, if applicable):

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/COM/MUNITYCARE/providers/in-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:
 - 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.

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

Additional Requirements

- The total invoice amount included on the cover letter must exactly match the supporting documentation submission.
- For COVID-19 PRC (for the timeframe all PRC is not covered) a COVID-19 diagnosis code must be shown in the submitted supporting documentation



Covid-19 emergency period PRC Pharmacy Billing

VA will reimburse only for pharmaceutical drugs/supplies on the formulary used by VA. Requests for reimbursement of pharmaceutical drugs not on the VA formulary will be submitted for approval to the local VAMC Pharmacy in advance of the request for reimbursement.

Here is the link to the VA Formulary listing: <http://www.pbm.va.gov/NationalFormulary.asp>
Search engine: <http://www.pbm.va.gov/apps/VANationalFormulary>

VA Criteria for Use for many Non-VA formulary drugs: <http://www.pbm.va.gov/PBM/clinicalguidance/criteriaforuse.asp>

IHSTHP must use cover letter and pharmacy tab completed to submit pharmacy invoice. It must contain the following:

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



COVID-19 PRC Scope

Date Range: Covers COVID-19 services during the related ***Emergency Period:***
January 27, 2020, to May 11, 2023. *(For IHS, all PRC is covered starting 12/6/23.)*

Eligible services – **COVID -19 related healthcare services**, identified by having one of the below COVID-19 related Diagnoses codes:

- U07.1 COVID-19
- U09.9 POST COVID-19*
- B34.2 CORONAVIRUS Infection, unspecified
- B97.29 OTH CORONAVIRUS as the cause of diseases
- J12.81 Pneumonia due to SARS-associated coronavirus
- J12.82 Pneumonia due to coronavirus disease 2019
- B97.21 SARS-associated coronavirus causing diseases class elsewhere



IHS 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.
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 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		
IHS 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 shortly after VA adjudication.
- Explanation of Benefit (EOB) or Payment (EOP) may take between 4 - 6 weeks to be delivered to the IHS either by mail to the address you have in your vendor file or electronically



Claims Status Check





Claims Status Check

Online:

- **VA Customer Engagement Portal (CEP)** allows registered IHS providers to research the status of claims received by VA. Providers may register in CEP <https://www.cep.fsc.va.gov/> to view the VA payment information and claim status. EOPs are not available via ePP. 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)** allows registered I/T/U providers to 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). Providers may register for ePP there: [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 continued

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). Do not enter your facility zip code, instead use the NW PO zip code 98661.
 - 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 WR PO if you have a claims issue or need further assistance.



Resources

To contact someone in VA's RAP:
Tribal.Agreements@va.gov

Participating facilities with
payment questions, contact:
vha_104p_ops_western_region_nw@va.gov
ihs_thp_support@va.gov



- **Website** <https://www.va.gov/COMMUNITYCARE/providers/info-IHS-THP.asp>
- **Provider guide** – The guide contains specific operational details, hosted on website



I/T/U RAP Team



**Kara Hawthorne, LCSW –
Program Manager**
VA I/T/U Healthcare
Reimbursement Agreement
Program



**Michelle Slusser, MBA,
MASG, PMP**
VA I/T/U Reimbursement
Agreement Program



Questions

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