

National Indian Health Board



Purpose

On July 12, 2017, the National Indian Health Board (NIHB) attended the U.S. Department of Veterans' Affairs (VA) Round Table discussion at the Heard Museum in Phoenix, Arizona. The primary purpose of VA Roundtable Discussion was to work together to update the Indian Health Service (IHS) and Tribal health program (THP) reimbursement agreements. The Round Table was a follow-up discussion with Tribal leaders and Tribal representatives on the VA's community care consolidation effort and the future alteration to the reimbursement agreements. The VA is renewing existing reimbursement agreements with the Indian Health Service (IHS) and THPs through June 30, 2019. However, the VA is proposing to move from an all-inclusive rate for reimbursement to a value-based rate, which could decrease the payments reimbursed to Tribes for health care services rendered to Native veterans. The VA does not have any formal value-based structure agreements with outside groups yet.

The following VA staff facilitated the Round Table discussion: Henry Huntley, Acting Executive Director for the Office of Intergovernmental Affairs; RimaAnn O. Nelson, Director, Phoenix VA Medical Center; Dr. Baligh R. Yehia, Deputy Under Secretary for Health for Community Care; and Majed Ibrahim, Program Manager, Office of Community Care.

The VA has announced another Round Table in Anchorage, Alaska on August 2, 2017, however there are currently no other Round Table discussions scheduled in the lower 48. NIHB invited the VA to hold another Round Table at the National Tribal Health Conference in Bellevue, Washington. NIHB provided Tribal leaders and Tribal representatives talking points.

Discussion

The VA posed the following questions at the Round Table discussion to receive feedback from Tribal leaders and Tribal representatives.

- Do THPs have any suggestions on how VA can move from the all-inclusive rate payment methodology to more recent industry standard payment methodology (e.g., value based rate structure)?
- Do THPs have quality related standards in place that can be shared with VA and utilized as the basis for developing a value based rate structure?



- Do THPs have any suggestions related to care coordination between VA and THPs?
- Do THPs have any established care coordination procedures that may be utilized as basis for enhancing care coordination between VA and THPs?

Current Reimbursement Agreements

Currently, the VA has 101 reimbursement agreements with Tribal health programs (THPs) and the program is growing so there is a need to improve the relationship between the VA and THPs as well as the experience of the veteran. Tribes proposed that the VA does not consolidate the current memorandum of understanding (MOU) into a larger Community Care Program or standardize IHS/THP agreements. Tribal representatives voiced that they do not support or recommend that Tribal agreements be standardized to incorporate Choice Act provisions because the current agreements are successful in providing additional care to AI/ANs and respect the government-to-government relationship. Tribes recommended that IHS and THPs continue to be able to directly bill and receive reimbursement from the VA without going through an intermediary service. Deputy Under Secretary Baligh Yehia stated that the outcome of the previous Tribal consultations was to extend the Tribal reimbursement agreements.

Reimbursement Rates

The VA is exploring payment methodology options for moving away from the Office of Management and Budget (OMB) all-inclusive payment reimbursement rates. The OMB all-inclusive rate is recent, established annually and based on cost reports from Tribal hospitals and IHS. It was set when Tribal facilities received authorization to bill Medicare and Medicaid services. The VA has proposed a value-based payment to align payment with quality of care and is consistent with payment systems being implemented throughout the health care industry. The payment methodology ideas are not settled upon and they are seeking Tribal input on how a new payment structure would look.

Tribal representatives unanimously voiced opposition to the VA alteration of the current agreed upon all-inclusive reimbursement rates, which are cost-based and are included in the initial memorandum of understanding (MOU). Tribes voiced concern about the value-based methodology reimbursing less money to Tribal health programs, particularly smaller programs with minimal resources that would have difficulty meeting the quality-standard measures.

The VA highlighted the utilization of a payment minimum to be set for the value-based payment methodology and then bonus payments could be made if the quality standards are met or are exceeded. Deputy Under Secretary Dr. Baligh Yehia stated that the incentive system for the exceeded quality standards could mean reimbursement higher than the existing all-inclusive payment rate.

Additionally, Deputy Under Secretary Baligh Yehia suggested the potential development of pilot projects with individual Tribes to explore what may work.



Quality Standards

The VA was interested in quality-related standards that Tribal health programs currently have in place, which could be used as a basis for developing a new value-based payment structure. Tribal representatives voiced concern with regards to the development of a new set of quality standards because of the various sets of burdensome standards that Tribes already have to meet. For Tribal facilities to comply with the value-based quality measures would mean taking away resources from patient care. Tribes report on Government Performance and Results Act (GPR) for quality of care and adding additional quality standards may just impose additional burdens. Tribal representatives recommended the utilization of the GPR measurements as a basis for developing the new VA value-based structure.

Deputy Under Secretary Baligh Yehia responded to the concerns by stating that the intention of the VA is to not come up with new measures, but to utilize the measures Tribes already report on.

Care Coordination

The VA requested Tribal input for improving care coordination between the VA and Tribal health programs (THPs) to care for Native veterans. Deputy Under Secretary Baligh Yehia believes that there is an opportunity to expand the coordination of care and improve the relationship between the VA and THPs. Tribes have a lot of opportunities for coordination of care. The VA already requires Tribal facilities to be accredited in order to get reimbursements so there is a standard of quality. Coordination of care happens at the local level. A few Tribal representatives stated that care coordination can be difficult in the more rural communities, but Tribes are successful with coordinating care with other providers. However, Tribes do not get reimbursed for care coordination.

There were a number of comments from Tribal representatives requesting the need for VA to reimburse for Purchased/Referred Care (PRC) as well as the need to simplify the process for a Native veteran to see a specialist directly through a Tribal PRC referral. Currently, to receive care from a specialist, the Native veteran must be sent back through the VA system, which is burdensome and time consuming. The current process often leads to the Tribe utilizing PRC dollars to pay for the specialist care of the Native veteran.

Tribal representatives expressed the need to improve eligibility and service eligibility determinations. Various Tribes try to do as much as possible during the intake process by having an individual coordinate on behalf of the patient. There is a need to streamline training so that eligibility requirements and benefits can be made quickly available.

Numerous Tribal representatives recommended that the VA as well as IHS participate in Health Information Exchanges (HIEs) with Tribes to share health information between the THP and the VA, including eligibility information. Deputy Under Secretary Baligh Yehia informed Tribal representatives that the VA participates in over 100 HIEs that already exist in local areas and states and the VA will look into joining Tribal HIEs. However, the VA requires signed consent from veterans in order to share their health information. The VA proposed the placement of care



coordinators within Tribal health facilities to assist with on-site eligibility determinations and enrollment. Dr. Yehia mentioned a current pilot program that allows providers to access a web-based portal to see the VA records. Dr. Yehia offered the potential of the web-based portal pilot program on a Tribal basis.

Co-Payments

Tribal representatives recommended the discontinuation of the practice of collecting co-payments from Native veterans because it violates the federal government's trust responsibility. Currently, Native veterans who enter a VA facility are assessed and pay co-payments. Several Tribal representatives expressed that many Native veterans avoid the VA system because of the co-payments. Therefore, removing the co-payments could increase access to care for Native veterans. Tribal representatives requested support from the VA if discontinuation of co-payments required a legislative fix.

Additional Requests

Numerous Tribal representatives expressed the need to identify Native veterans and allow them to be eligible for health care services. Native veterans in rural communities will always go to the facility that they know will provide care and won't cost them significant time or money. Therefore, the Native veterans will not go to the VA facility because of all the additional barriers. A Tribal representative recommended the need for agreements with regards to determining eligibility.

A Tribal representative from Navajo Nation expressed the need for more concern for Native female veterans. He stated that there are many additional challenges for Native female veterans that are being overlooked.

Tribes requested a report from the VA on the outcomes of prior consultation meetings and the Round Table discussion. NIHB requested a new formal written comment period for Tribes to submit comments on the most recent round of VA questions discussed at the Round Table. Additionally, NIHB requested the VA to hold another Round Table discussion at the upcoming National Tribal Health Conference in Bellevue, Washington on September 25, 2017.

