Indian Health Service/Tribal Health Program/ Urban Indian Organization (I/T/U) Healthcare Reimbursement Agreement Program (RAP)

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ChooseVA

VA | U.S. Department of Veterans Affairs

OVERVIEW OF THE VA I/T/U RAP

Since 2012, VA has administered the Indian Health Services/Tribal Health Program/Urban Indian Organization (I/T/U) Reimbursement Agreement Program (RAP)

Purpose of the program is to provide reimbursement to I/T/U health care facilities 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

Scope of Services

- **Direct Care Services**: health care services provided directly by I/T/U facilities

- **Purchased/Referred Care and Contracted Travel:** healthcare services purchased by IHS/THP facilities. Does not apply to UIO.

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

- ✓ Outpatient, inpatient hospital, surgical, and mental healthcare, including care for substance abuse
- ✓ Outpatient prescription pharmaceutical drugs
- ✓ Emergency care (Direct Care - PRC would follow VA payment regulation)
- ✓ Telehealth

I/T/U RAP Payment Rates

Outpatient Services	**IHS and THP:** IHS All Inclusive Rate published in the Federal Register **UIO**: Medicare rates for UIO facilities
Inpatient Hospital Services	**IHS, Lower 48 THP and UIO**: Medicare rates **Alaska THP**: IHS All Inclusive Rate Inpatient Hospital Per Diem (excludes Physician/ Practitioners Services, paid at the Alaska Fee schedule)
DME	**IHS and THP L48**: Reasonable Billed Charges **AK THP and UIO**: Medicare rates for DMEPOS
Ambulatory Surgical Services	**I/T/U:** Medicare rates
Outpatient Pharmacy	**IHS**: Billed charges **THP and UIO**: Wholesale Acquisition Cost (WAC) plus dispensing fee
Purchased Referred Care & Contracted Travel	**IHS and THP:** What the Tribe paid with EOB submission. Does not eliminate PRC requirements to seek OHI

Benefits of the Reimbursement Agreements

Collaboration and Resource sharing

- Partners with peer governments by sharing resources supporting economic sustainability of ITU facilities while minimizing service duplication, optimizing healthcare spending. Ultimately leads to a more sustainable health care model for Native Veterans

Access to Cultural Culturally Competent Care

- Increased access culturally sensitive care at Native facilities and builds partnerships for referral to VA or coordinated services between VA and ITUs. The partnership respects the cultural values of Native Veterans, fostering greater trust and engagement in their care.

No VA preauthorization or CoPay

- Care is not VA care thus not subject to VA preauthorization, CoPay, or medical record exchange.

Key Features and Requirements

AGREEMENT REQUIREMENTS

- Reimbursement Agreement – Executed with VA and THP/UIO designated representative signature. IHS is signed Nationally.
- I/T/U Implementation Plan and Required Documents - Completion and submission

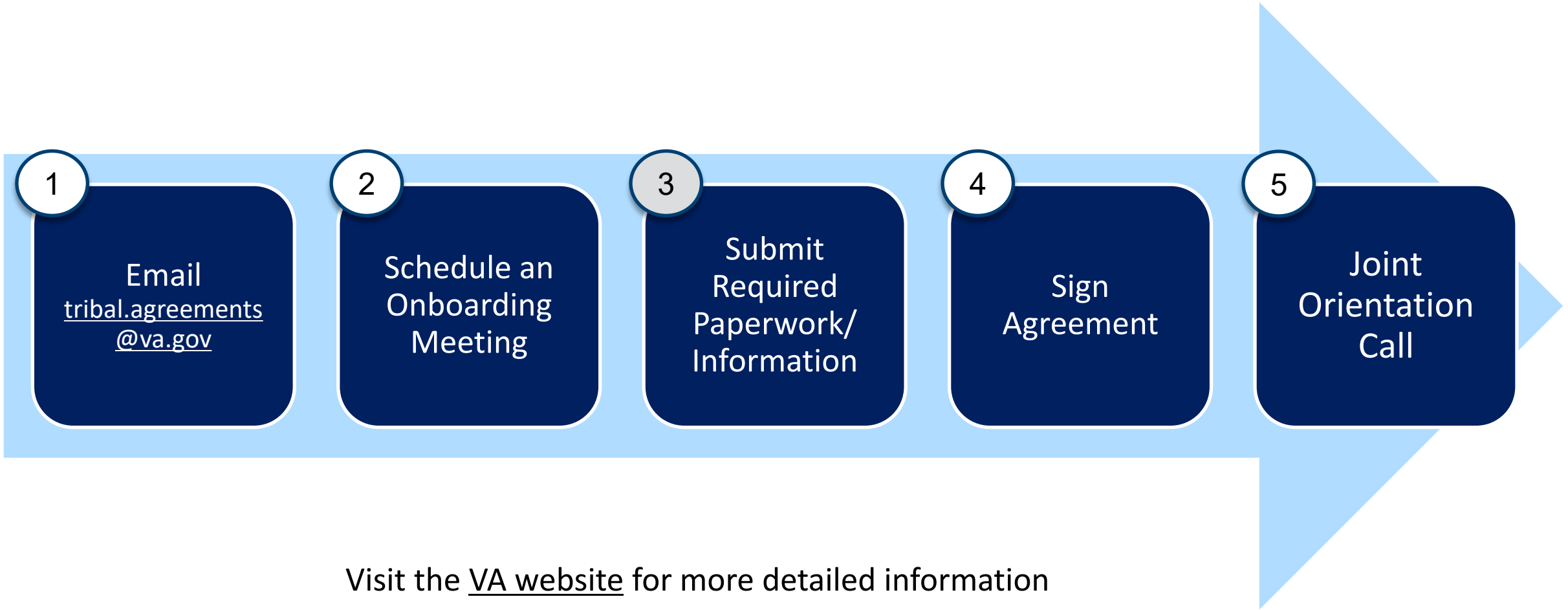
VETERAN ELIGIBLITY REQUIREMENTS

- Native Status – eligible for services from IHS/THP/UIO in accordance with 42 CFR part 136
- VA Status - Eligible for VA services provided under 38 CFR 17.38 the Medical Benefits Package.
  - Generally, Veterans must be enrolled in the VA Healthcare System as a condition to reimbursement*

Billing Requirements

- Timely filing – submit ITU claims to VA within 36 months of the date of service
- Use of EDI Preferred
- Use CMS guidelines for submitting Outpatient and Inpatient claims.

Initiating a Reimbursement Agreement



Visit the VA website for more detailed information

AI/AN Care Options

ITU Direct Care

IHS/THP PRC

I/T/U

Community Providers

No VA referral needed

Reimbursement Agreement Program

VA Direct Care

VA Purchased Care

VAMC

Community Providers

No VA referral needed

VA referral required

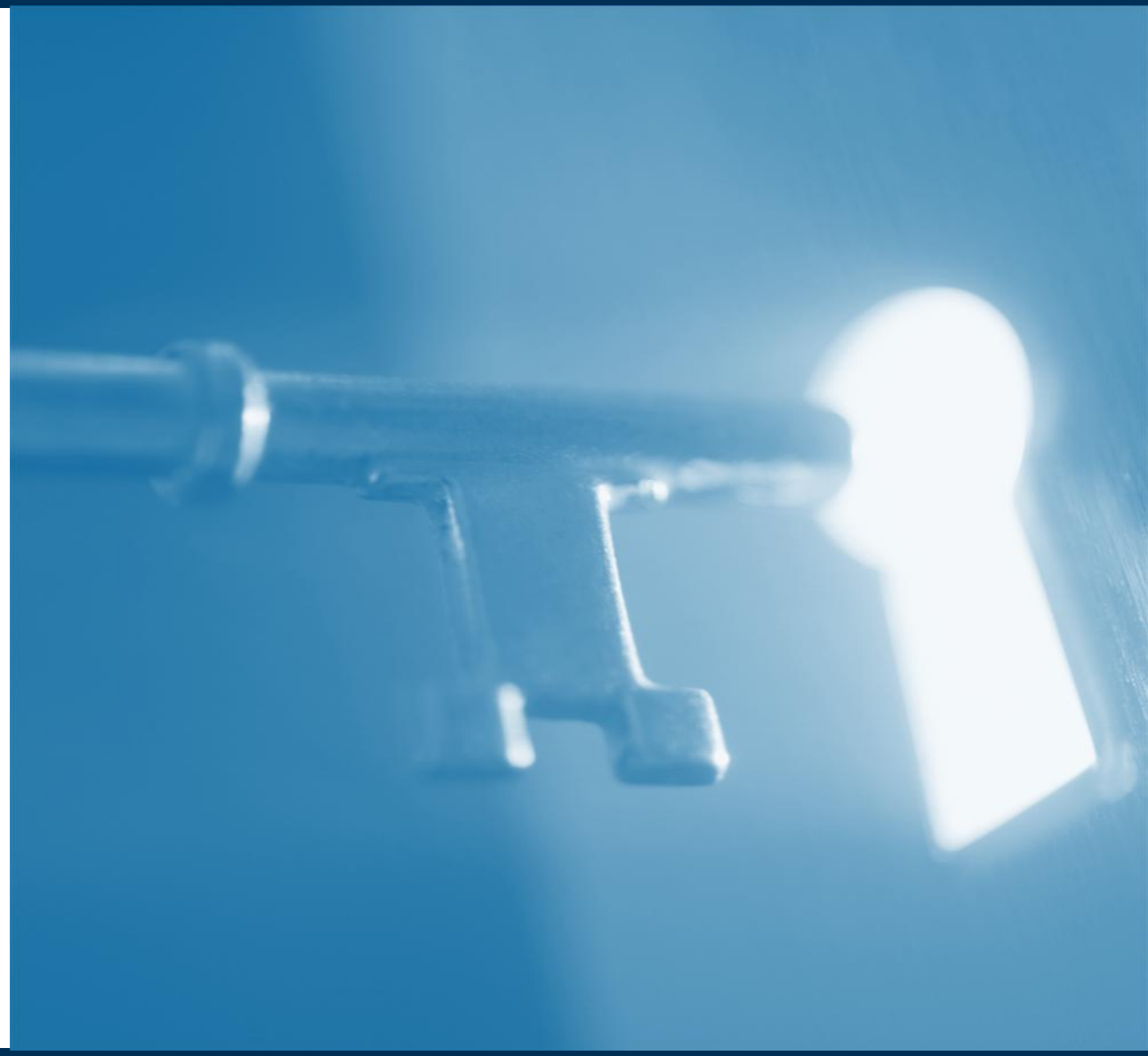
Not part of the Reimbursement Agreement Program

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 I/T/U facilities.

Program Operations



Roles in the Agreement (1 of 2)

STAKEHOLDER	ROLES AND RESPONSIBILITY
I/T/U Reimbursement Agreement Program (RAP) Office	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: ▪ 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.
VHA Health Eligibility Center (HEC)	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.
Western Region Payment Operations (WR PO)	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.
Contracting Officer (CO)	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).

Roles in the Agreement (2 of 2)

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) Tribal Health Program (THP) Urban Indian Organization (UIO)	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. 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. The I/T/U facilities' role is to primarily deliver healthcare services to eligible AI/AN Veterans. They are also responsible to: ▪ 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.

Eligibility & Enrollment Requirements

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

1. Eligible for services from I/T/U in accordance with 42 CFR Part 136.
2. 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

Veteran Eligibility & Enrollment Verification, cont.

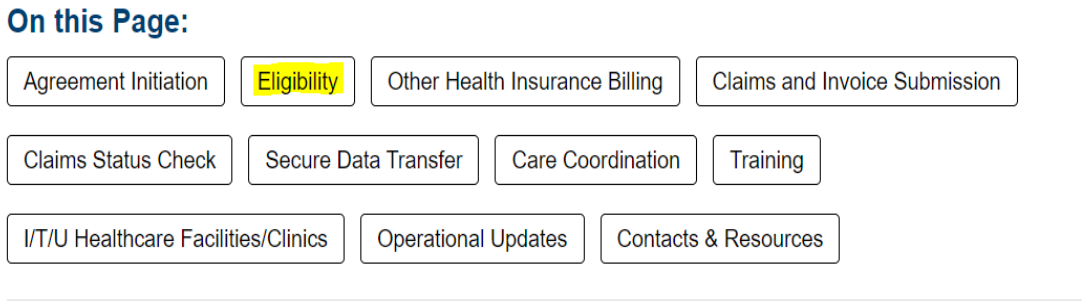
1. Small Batch Verification (Five Veterans or Less) Options of Contact:

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:



Veteran Eligibility & Enrollment Verification , cont.

2. Large Batch Veteran Verification List - Secure Email

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.
See the Secure messaging instruction for THP/UIO or IHS Data Secure transfer for IHS

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

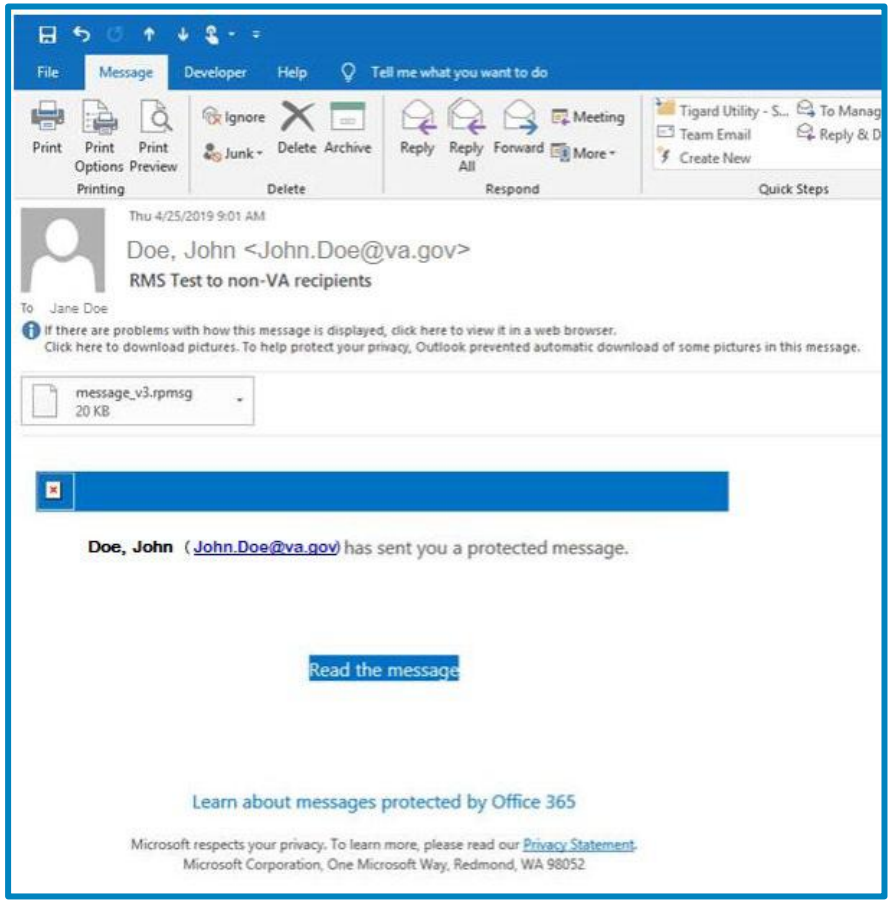
STEP 4. VA returns the spreadsheet to the requesting I/T/U staff.

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

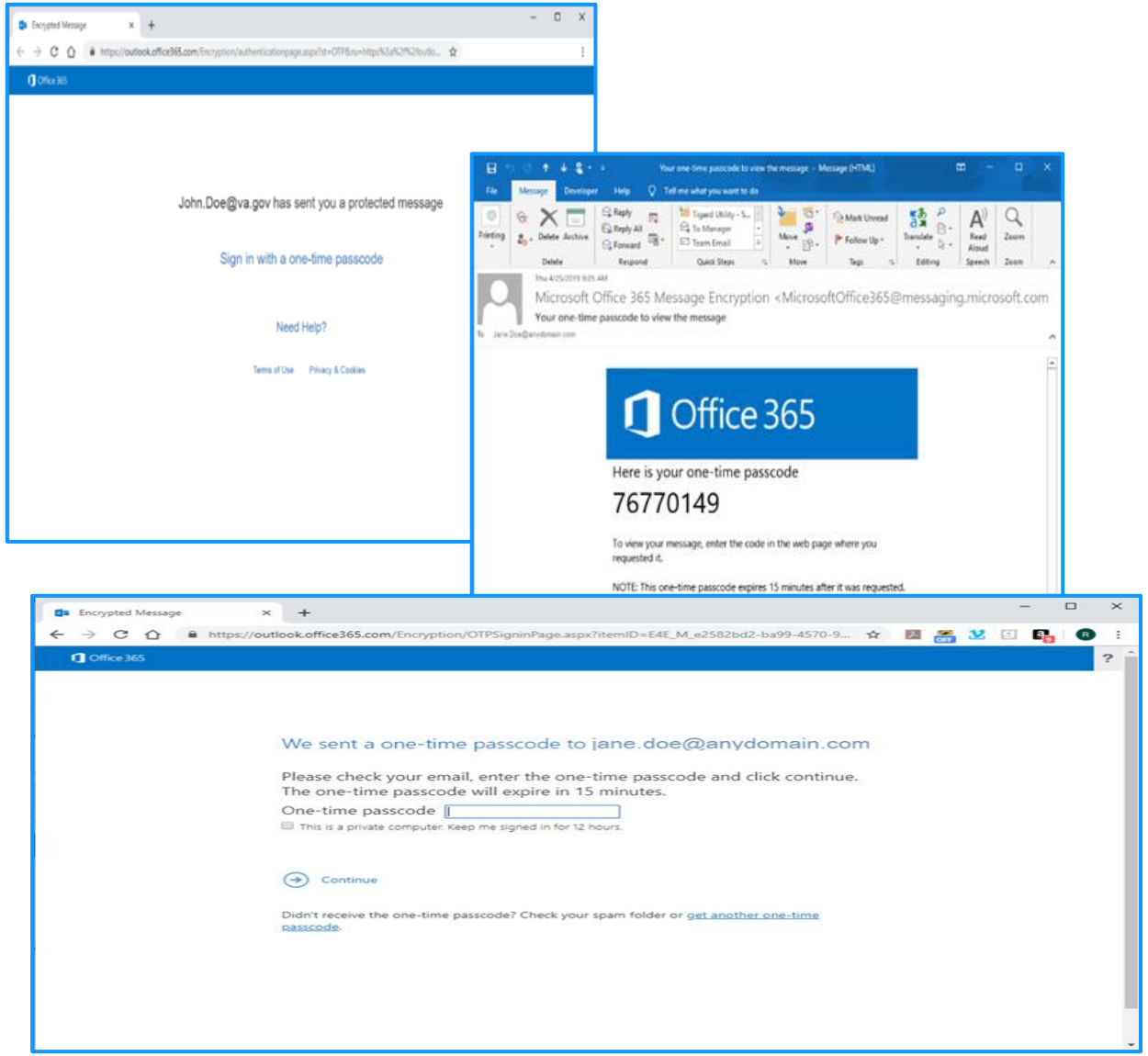
THP/UIO Secure Message

1. Request access to the VA Outlook Secure RMS system by emailing:
   - For AI/AN Veteran eligibility check: tribal.agreements@va.gov
   - For claims inquiry: 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 Message, cont.



- 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/UIO staff can respond to the sender’s message securely and attach the documents as needed.

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 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

Direct Care Claims Submission

Claim Requirements

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 I/T/U RAP at the **Western Region Payment Operations (WRPO).**

Electronic Data Interchange (EDI) Claims Submission

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

- VA uses **Optum iEDI** as our EDI clearinghouse.

  To submit EDI claims, your claims system must connect with Optum iEDI

- VA payer IDs:
  - 12115 for medical claim
  - 12116 for dental claims

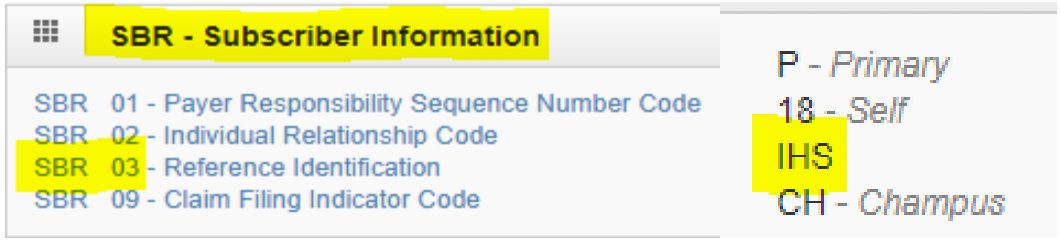
NM1 - Payer Name	
NM1 01 - Entity Identifier Code	PR - *Payer*
NM1 02 - Entity Type Qualifier	2 - *Non-Person Entity*
NM1 03 - Name Last or Organization Name	VA MEDICAL BENEFIT (VMBP)
NM1 08 - Identification Code Qualifier	PI - *Payor Identification*
NM1 09 - Identification Code	12115

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 , IHS, or UIO**

    Claims will be auto rejected without this identifier



Paper Claims Submission

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

Program Identifier:

THP, IHS or UIO

IDENTIFIER	CMS 1500 (HCFA)	CMS 1450 (UB)	ADA DENTAL FORM
THP, IHS or UIO	Box 11	Box 62	Box 16

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

CPT J3490 Required. Use of any other CPT for Outpatient Pharmacy (ex. A- or S-Codes for supplies), will result in a claim or line-item rejection.

UIO only – must be in the VA Formulary. Links - https://www.va.gov/formularyadvisor/ https://www.pbm.va.gov/nationalformulary.asp

Claim Forms:

- 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.

Required Claim/Invoice Must Contain:

- Date of fill
- Pharmacy 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

Pharmacy Claims Submissions, EDI example

- 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 (THP/IHS/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: *J3490*82.56*UN*30***1:2*~
Service Date(s) (D8 for single date) (RD8 for Range)	DTP**472*D8*20191108*~
Prescription Date	DTP**471*D8*20191115*~
Reference	REF**6R*00000469185230001*~
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, Paper example

Here is an example of a correctly completed pharmacy paper claim (CMS 1500):

* Please enter at least one space between the NDC Code and NDC Units to ensure the data transmits through the P2E process accurately.

Outpatient Claims Submissions – Other Considerations

Medical Claims:

- For IHS and THP, due to 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

- For IHS and THP, 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

- DME should be billed on a POS **12** on the professional claim per NCCI 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 after OHI.
  - ITU providers are responsible for submitting healthcare claims to the OHI or other liable payers prior to billing VA.
  - ITU providers can submit a secondary claim to the VA for reimbursement of balance remaining after OHI. Claims must have an attached Explanation of Benefits (EOB)/Payment (EOP).
    - Exemptions: VA will not pay the balance remaining on Medicaid payments, as those are considered paid-in-full.

- **Timely Filing**
  - Claims must be submitted to VA for payment within *36* months from the date of service.

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

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

Required Documentation (1 of 3)

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

- IHS/THP information
  - » THP requirements: Facility name, TIN, Billing Provider NPI, and address
  - » IHS requirements: IHS Area and Facility name, 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.
- Exact amount paid by IHS/THP

Required Documentation (2 of 3)

THP Cover letter, Continued: Cover letter and links to form

Tab one:

THP-PRC Billing INVOICE

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
E-Services order #	THP Tracking # (optional)	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

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/info-IHS-THP.asp#Billing

Or by emailing VHA_104p_ops_western_region_nw_ihs_thp_support@va.gov

Required Documentation (2 of 3)

IHS 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 Veteran 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/COMMUNITYCARE/providers/info-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 IHS/THP showing payment.

Additional Requirements

- The total invoice amount included on the cover letter must exactly match the supporting documentation submission.

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.

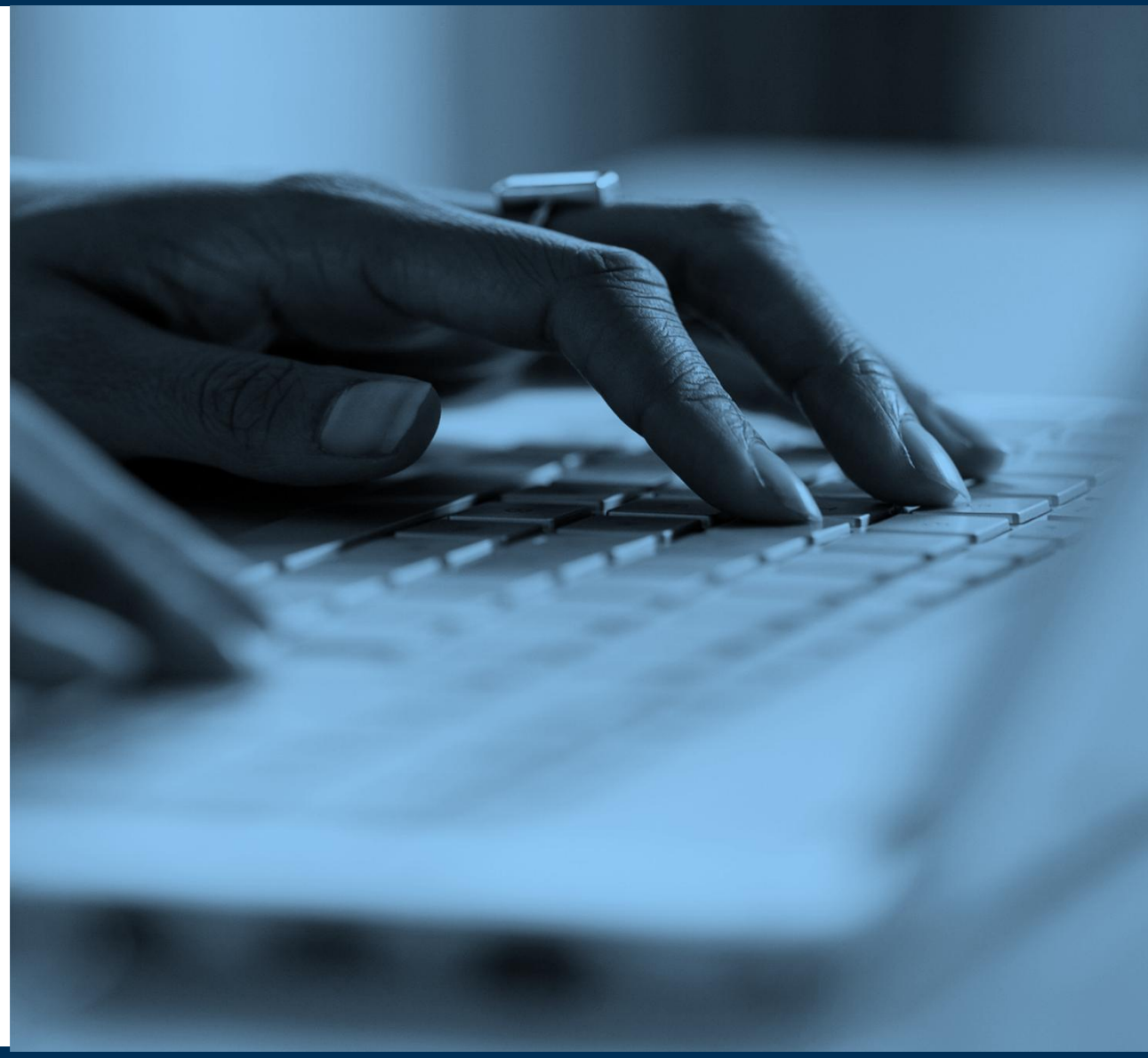
Timeframe for VA Reimbursement

- 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 reimbursement will arrive via direct deposit/Electronic Fund Transfer (EFT) to the IHS/THP.
- 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

Online:

- **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

Email:

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

Claims Status Check

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 NW PO if you have a claims issue or need further assistance.

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 I/T/U chooses to refer to the VA, VA has established a process to receive referrals
- **This process and care is outside of the Reimbursement Agreements.**
- **The process likely includes submitting a Request for Service (RFS) *(see next slide),* but may vary by facility**

PLEASE WORK WITH THE CARE COORDINATION POC IDENTIFIED IN YOUR IMPLEMTATION PLAN.

More information can be found here

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

For further assistance
Email:

- RequestForServiceSupport@va.gov or
- ivcccmteam@va.gov

Call: The community care contact center at: 877-881-7618
Monday - Friday, 8:00 a.m. to 9:00 p.m. ET.

Information Updates

- **Point of Contact (POC) and I/T/U information updates**
  - POC updates (leadership, primary POC, Claims POC, PRC POC)
  - I/T/U information updates (changes in address, healthcare services offered or facilities (additions or closures))

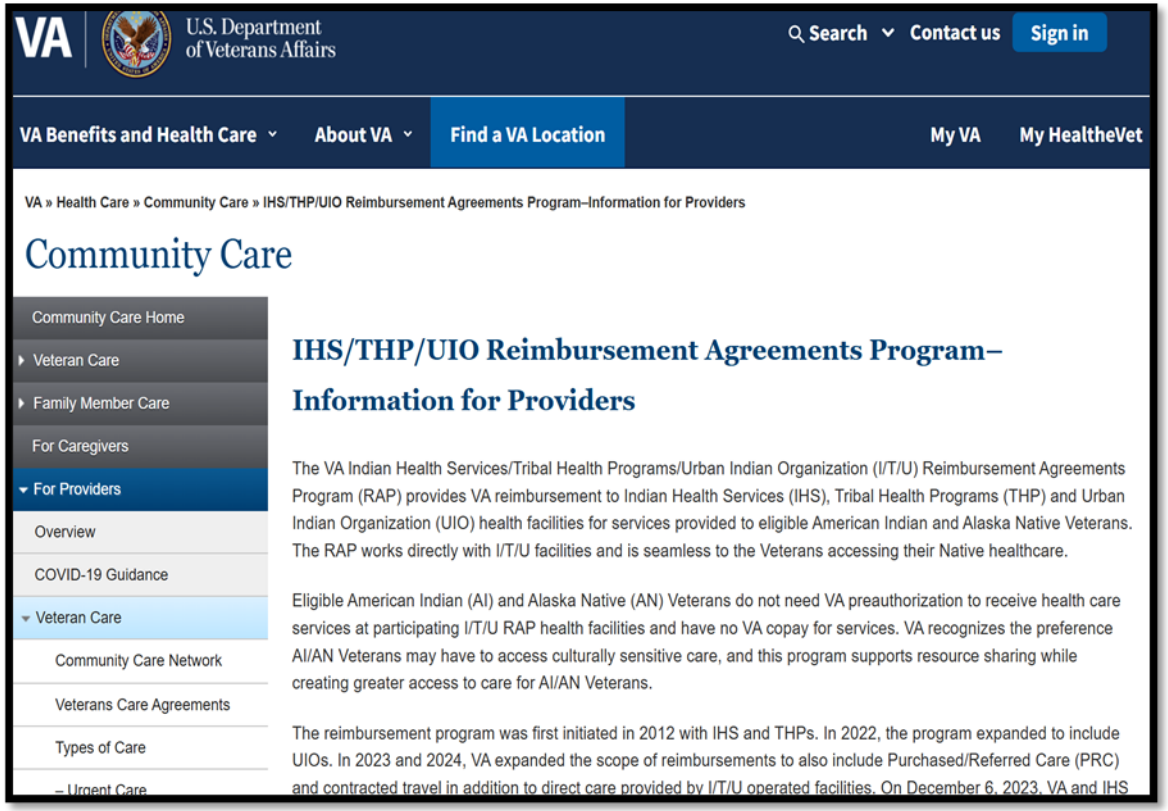
  Email: tribal.agreements@va.gov.

- **Vendor file updates**
  - Change in billing address, Tax ID, NPI and Banking information
    - Update online at VA Customer Engagement Portal (CEP) Payment Account Setup and Updates. Website - https://www.cep.fsc.va.gov/. 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 vafsccshd@va.gov.
  - In addition, for Tax ID and NPI updates email tribal.agreements@va.gov and vha_104p_ops_western_region_nw_ihs_thp_support@va.gov.

Resources

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

Participating facilities with payment questions, contact:
vha_104p_ops_western_region_nw_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

Questions

Contact

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