U.S. Department of Veterans Affairs

Under Secretary for Health
Washington DC 20420

JAN 1 6 2020

Dear Tribal Leader:

We are writing to request your assistance to develop a care coordination process that will enhance care coordination between Tribal Health Programs (THPs) and Indian Health Service (IHS) facilities and Department of Veterans Affairs (VA) medical centers. The new process will standardize care referrals to VA and make the process easier and more effective for both THP and IHS facilities and American Indian/Alaska Native Veterans. VA is proposing to establish a Healthcare Coordination Advisory Board and is seeking representation from tribes to serve on such a Board. The enclosed charter describes the purpose, authority, scope, membership, responsibilities, and reporting mechanism of the Board.

I invite tribes to nominate members to serve on the Healthcare Coordination Advisory Board. The enclosed charter reflects that Board membership will include 12 elected or appointed Tribal Officers or their designated employees with authority to act on their behalf representing each IHS catchment area. Each area is asked to submit one nomination. VA proposes that the Board's term continue until the new care coordination process is in place, which is expected to be within a 1-year timeframe.

Nominations for the Board may be sent via email within 30 calendar days from the date of this letter to the Tribal Agreements mailbox at Tribal.Agreements@va.gov. Also, please contact this mailbox for additional information regarding this effort.

I appreciate your support as we move forward together to enhance and improve care for our Veterans.

Sincerely,

Richard A. Stone, M.D.
Executive in Charge

Enclosure

Department of Veterans Affairs (VA), Veterans Health Administration (VHA), Office of Community Care (OCC)

Department of Health and Human Services (HHS), Indian Health Service (IHS); and Tribal Health Programs (THP) Healthcare Coordination Advisory Board Charter

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VHA, IHS, and THP Healthcare Coordination Advisory Board (HCAB) Charter

1. Mission

The Department of Veterans Affairs (VA), Veterans Health Administration (VHA) has partnered with the Indian Health Service (IHS) and Tribal Health Programs (THPs) to establish reimbursement agreements under which VA reimburses IHS and THPs for direct care services provided to eligible American Indian (AI)/Alaska Native (AN) Veterans. As a result, eligible AI/AN Veterans may choose to seek covered health care services, paid for by VHA, through IHS or THP facilities without preauthorization.[1] VHA has a national reimbursement agreement with IHS that covers IHS sites, and will continue to establish individual reimbursement agreements with THPs to increase health care options for all eligible AI/AN Veterans (especially those in remote, rural areas). AI/AN Veterans in need of care not available within IHS/THP facilities must be referred to non-IHS/THP providers to provide such care. For eligible Veterans, this includes referrals to VA health care facilities, where VA may provide the care directly or refer the care to a community care provider, thus requiring enhanced care coordination and associated collaboration between VHA and IHS and/or THPs. To ensure enhanced care coordination, VHA Office of Community Care (OCC) will establish and chair a Healthcare Coordination Advisory Board (Board) with participation from IHS and Tribes. The purpose of the Board is to assist VA in developing and implementing standardized processes for care coordination of eligible AI/AN Veterans, including referrals from IHS or THP facilities to the respective VA Medical Centers (VAMCs) to receive care not available within the IHS or THP health care facilities. The process must ensure that the Veterans are at the center of the process and ensure seamless care coordination for AI/AN Veterans. The Board will aim to exchange information, provide advice, and develop recommendations related to the implementation of health care coordination activities for eligible AI/AN Veterans.

VA care coordination is a component of VA hospital care and medical services authorized under 38 U.S.C. §§ 1705 and 1710 and provided within the Medical Benefits Package under 38 C.F.R. § 17.38.

2. Objective

Since the first reimbursement agreements were established, proper care coordination for eligible AI/AN Veterans has been a significant challenge at some locations. Veterans referred to some VAMCs have been required to obtain care through a VA primary care provider before being referred for other treatment, which can duplicate care the Veteran already received at the IHS or THP facility. To resolve such issues, VA is developing standardized care coordination processes and is looking for the Board to advise on and help in implementing the care coordination processes and processes related to ensuring Veterans get all their care seamlessly.

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[1] Agreements between VHA and Alaska THPs cover reimbursement for direct care services for non-AI/AN Veterans subject to pre-authorization.

The strategic objective of the Board is to establish the framework to implement the new care coordination processes. These strategic objectives will enhance care coordination experience for eligible AI/AN Veterans.

3. Scope

Within the scope of applicable legal authorities and VA policies, the Board will develop ways, provide recommendations, and advise on how to implement care coordination processes to enhance care coordination between IHS and THP and VA. This will include:

- Communication efforts to local facilities to ensure awareness of new processes.
- Review of technology components imbedded within these processes to ensure utilized technology is effective (e.g., ensure compatibility across VHA, IHS, and THPs).
- Education efforts to ensure applicable staff can implement new processes.

The Board has no implicit or explicit authority to change the function and/or policies of any governmental or non-governmental entity. The Board will provide recommendations for VA consideration and implementation. VA is the final authority and decision maker on what can be applied and implemented as it relates to the VA programs.

4. Membership

Board membership will consist of 19 members:

- VHA OCC Representatives (3 members)
  - Clinical Network & Management (CNM) Representative, (Chair)
  - Clinical Integration (CI) Representative
  - Providers Relations Services, VA-IHS/THP Reimbursement Agreement Representative
- VA Office of Tribal Government Relations Representative (OGTR) (1 member)
- Indian Health Service (IHS) Representative (1 member)
- VAMC Representative (2 members; Alaska and Lower 48 states)
- Area Representatives (12 members). Elected or appointed Tribal Officers or their designated employees with authority to act on their behalf representing each IHS catchment area

  Area Representatives:

  Area Representatives should be an elected official or designated representative that is qualified to represent the views of the Indian Tribes in the respective area for which they are being nominated. Each area is asked to submit one nomination.

Except for the Chair who will be only a tie breaker, above described Board members are considered voting members and complete the membership for the Board. Nominations will be made to OCC and final selection will be made by leadership of OCC. If multiple members from one area are submitted, OCC and OGTR will confer to select a geographically dispersed committee that is diverse in professions/tribal roles. Additional non-voting subject-matter experts (SMEs) may be invited to participate in Board meetings on an ad-hoc basis at the discretion of the voting members. These SMEs will provide facts, exchange information, or provide guidance; but will not participate in Board decisions.

Members will serve for the duration of the Board, which is not expected to be more than 1 year. However, a Tribe, VA, and/or IHS may replace one of their members if the new member meets the same requirement set for membership as described above.

Board members represent their organization's interests and have no additional authorities beyond those afforded in their current position.

5. Roles and Responsibilities

Board Members roles and responsibilities are limited to the following:

- Review, advise, and make recommendations for VHA's consideration on care coordination processes designed to improve care coordination between IHS and THP and VA. If there are conflicting recommendations, voting members will vote on which recommendation should be forwarded for consideration.
- Advise on elements related to successfully implementing the care coordination processes (e.g., communication, technology, and education).
- Identify opportunities for process and performance improvement.

6. Meetings

6.1 Frequency

The VHA, IHS, and THP Healthcare Coordination Advisory Board will conduct a regularly scheduled monthly meeting (or as required by the Chairperson after consultation with Board members) to facilitate care coordination activities as described within the Charter and to ensure Board initiatives are being proactively managed. Any member of the Board may request a special meeting outside of the monthly meetings, but the Chair must officially convene the special meeting. The Board will report on performed activities to OCC Leadership.

6.2 Quorum

A quorum will consist of majority (10 of 18) of the voting members. If a quorum is not achieved, then the meeting will be canceled.

6.3 Voting

Should voting be necessary, a vote may be conducted with two-thirds of the voting members present. The majority vote carries. If there is a tie, the Chair will break that tie. The Chair will vote only to break a tie.

6.4 Agenda and Minutes

An Agenda will be provided 24 hours prior to a scheduled meeting and meeting minutes will be captured by OCC and shared with Board members within 7 calendar days from a scheduled meeting.

6.5. Reporting Mechanism

The VHA, IHS, and THP Healthcare Coordination Advisory Board do not have mandated reporting mechanisms. On an as needed basis, a meeting and activity summary report will be created and distributed to keep stakeholders informed.

7. Effective Date and Term

The Charter is effective upon signature and throughout the duration of the Board, which is expected to be for 1 year.

Name — Date: 1/9/2020

Kameron Leigh Matthews, MD, JD, FAAFP
Deputy Under Secretary for Health for Community Care