

U.S. Immigration and Customs Enforcement

IHSC Provider Information



What is IHSC?

- The ICE Health Service Corps (IHSC) serves as Immigration and Custom Enforcement's (ICE) medical authority relating to health care provided to those in ICE custody. For more information about ICE and IHSC, please visit www.ice.gov.

Who is the FSC and why does VA pay for immigration detainees' healthcare?

- The VA Financial Services Center (FSC) provides financial services to many federal customers. FSC has an agreement with ICE to provide medical claims processing services. Claims are reimbursed with Department of Homeland Security (DHS) funds.

Whom can I contact to retrieve an IHSC authorization?

- Please check your records as paperwork should have accompanied the detainee when they were referred to you for healthcare services. If you still need to contact the detention facility for this or other information, please refer to <https://www.ice.gov/detention-facilities> to assist in locating the detention facility that referred the detainee to you for healthcare services.

Will healthcare costs be covered by ICE if the detainee is released from ICE custody?

- No, healthcare coverage is only provided for the dates the detainee is in ICE custody.

What is ID.me and why do I need an account?

- ID.me is used to access the Healthcare Claims Processing System (HCPS) for claims status and EOB statements.

Where do I sign up for ID.me?

- Go to: <https://www.hcps.fsc.va.gov/login.aspx>
- Click on Documents Then click on ID.me New User Sign up

What is the Bill of Collection and what is the process?

- A Bill of Collection (BOC) is a formal request to collect a debt (i.e., overpayment, erroneous payment, etc.) owed to the FSC. After 60 days, providers are sent their final notice of indebtedness. If no payment is received in the next 31 days, the amount owed is reported to the Treasury Offset Program (TOP) for collection. TOP will intercept and reduce the next Treasury payment, made to the provider by any federal agency, by the amount owed, assess a fee to the provider, then forward payment to FSC and any remaining funds to the provider. The provider will receive notification from TOP when this occurs.
- Once TOP intervenes to collect the debt, the FSC is not privy to the details of the payments offset in order to satisfy the debt. Inquiries must be made to TOP to obtain that information.

How can I contact Treasury Offset Program (TOP)?

- 800-304-3107 or TDD 866-297-0517
- You will need the debt number provided in the letter from TOP

What is a MedPAR?

- A MedPAR is a Medical Payment Authorization Request or authorization issued by IHSC for the approval of healthcare services rendered to detainees.

Do healthcare services require authorization?

- All services require authorization obtained in advance of any healthcare services being rendered with the **EXCEPTIONS** as follows:
- ER Visits and Inpatient Admissions will require an authorization **AFTER** the detainee is discharged.
- Annual chest x-ray to rule out pulmonary tuberculosis (TB), and labs to rule out chicken pox.
- Restrictions apply; please refer to Chest X-ray, Varicella and MMR waivers in Documents section of the HCPS Website: <https://www.hcps.fsc.va.gov/login.aspx>

Are all sections of the HCFA/UB/ADA required to be filled out?

- For instructions on filling out claims, please visit:
- ADA - <https://www.ice.gov/doclib/about/offices/ihsc/pdf/dental-instructions.pdf>
- 1450 - <https://www.ice.gov/doclib/about/offices/ihsc/pdf/cms1450-instructions.pdf>
- 1500 - <https://www.ice.gov/doclib/about/offices/ihsc/pdf/cms1500-instructions.pdf>

Why do I have to submit a W-9 and Automated Clearinghouse (ACH)/Electronic Funds Transfer (EFT) enrollment form? Is it required?

- In accordance with the Federal Acquisitions Register (FAR), 31 CFR Part 208, the EFT rule requires that most federal payments be made electronically. **No waivers are available to vendors/providers.** As a result, any vendor/provider of the Federal government is required to receive payment by EFT. A W-9 is also required to be on file with FSC in order for payments to be made. Please contact FSC for an ACH/EFT enrollment form or W-9.

If claims were denied because my W-9/EFT information wasn't on file, will my claims be automatically reprocessed once that information is submitted?

- Claims will not need to be resubmitted; they will be automatically reprocessed within 30 days.

What is the timely filing limit for claims?

- The timely filing limit for claim submission is one (1) year or 365 days from the date of service. No claims can be paid beyond this limit unless appealed. Most denials do not require an appeal; they can be resolved by submitting a corrected claim. Please see appeals guidance and contact customer service at 800-479-0523 if you have questions.

Who can I contact regarding pharmacy benefits and billing?

- Please direct all pharmacy benefits and billing questions to IHSC's account representative at Scriptcare at 800-880-9988.

HCPS Claims Status	
Claim status	Status description <i>(with extended explanation)</i>
ENTERED PENDING APPROVED ADJUDICATION COMPLETE	Normal steps in claims processing. Please allow 30 days from received date for final disposition.
Claim status	Status description <i>(with extended explanation)</i>
CLOSED	Select Claim Details View link for payment information or denial EOB code(s).



The Department of Veterans Affairs, Financial Services Center has been contracted to provide medical claims processing services to the Department of Homeland Security, Immigration and Customs Enforcement. Please thoroughly review the information contained within this document as it will assist you in submitting clean claims, resulting in our ability to expedite reimbursement.

Becoming a Payee

- All providers of medical service for ICE detainees are required to submit (and keep current) a W-9 and ACH Enrollment Form to the VAFSC.
 - Both forms can be found online at <https://www.heps.fsc.va.gov/DocumentList.aspx>
 - Please submit a W-9 for each DBA under the same Tax Identification Number
 - Please submit these forms via fax to 512-460-5538
 - 31 CFR Part 208 requires all payments to vendors be made electronically, no exceptions

Understanding Reimbursement Rates

- Medical services are reimbursed at the lesser of billed charges or the Medicare allowable
- Dental services are reimbursed at the lesser of billed charges or 90% Usual, Customary and Reasonable (UCR)
- All payments will incorporate a two percent (2%) reduction in accordance with the Budget Control Act of 2011
- Authorized health services are reimbursed in accordance with Title 18, Part III, Chapter 301, Section 4006 of the U.S. Code and shall not exceed the prescribed reimbursement rates unless explicitly authorized

Claim Requirements

- FSC will not process invoices unless specifically authorized by IHSC. Otherwise, standard medical claim forms are required for reimbursement, i.e. HCFA, UB-04, ADA.
- All claims should be filled out in their entirety, or in the case of missing information, to the best of one's ability. In addition to all pertinent information, the claim must also include:
 - ID # in boxes 15 (ADA), 1A (HCFA), 60A (UB)
 - Authorization # (when applicable) in boxes 2 (ADA), 23 (HCFA), 63A (UB)
- Examples of acceptable ID numbers are:
 - Alien ID numbers; nine digits in length and begin with zero (0) or two (2)
 - Border Patrol numbers; vary in length and begin with "BP"
 - Office of Field Operations numbers; vary in length and begin with "OF"
 - Homeland Security Investigation numbers; twelve digits in length including a preceding "HSI" followed by nine numeric digits
 - Will not begin with "Z"
- Examples of acceptable authorization numbers are:
 - 14-digit numbers like YYYYMMDD##### (e.g. 20170102123456)
 - 13-digit numbers like YYYYMMDD##### (e.g. 2017010212345)
 - 11-digit numbers like ##### (e.g. 01000012345)
- Please ensure that the services rendered are covered by the authorization.
 - If an authorization lists specific CPT codes to be reimbursed, those codes, and ancillary codes associated with those codes, will be the only codes reimbursed.
 - A separate authorization is required for services not outlined in the original authorization. Additional services should be requested within one week from the DOS.
 - To obtain authorizations or to have an authorization corrected, please contact the referring agency. VAFSC will not be able to assist with obtaining or correcting authorizations.

Claim Submission

- EDI (fastest and preferred method)
 - Payer ID: VAICE
 - For more information on submitting claims electronically, please visit www.claimsnet.com/vafsc or call 800-356-0092.
- Paper (handwritten claims will not be accepted)
 - ICE Health Service Corps
VA Financial Services Center
PO Box 149345
Austin, TX 78714-9345

Customer Service

- Register at <https://www.hcps.fsc.va.gov> to gain access to claim status, payment information, Explanations of Benefits (EOBs), helpful documents, Frequently Asked Questions and more!
- You may reach a representative at FSC to discuss claim status at 800-479-0523 M-F 7:30am – 3:30pm CST.
- EOBs will be mailed to medical providers by the Department of Treasury. Additional copies can only be accessed via <https://www.hcps.fsc.va.gov>. Customer Service representatives at VAFSC are not authorized to release EOBs due to strict privacy regulations.

Common Denials and How to Resolve the Issue

EOB	EOB Description <i>(with extended explanation)</i>
DENIED1	MISSING OR INVALID ID-CUSTODY CONFLICTS <i>(The ID# submitted on the claim cannot be verified as assigned to an ICE detainee, or the detainee was not in custody at the time of service.)</i>
How can I correct the issue?	
Verify that the ID# submitted on the claim was correct according to the information you received from the referring agency. If it was not, resubmit a corrected claim. If it was correct according to your documentation (e.g. authorization), contact the referring agency to have them make corrections in the custody system, or by having the agency cancel the authorization and create a new one under the correct ID#. Resubmit a corrected claim.	
EOB	EOB Description <i>(with extended explanation)</i>
DENIED3	SERVICE NOT AUTHORIZED PER TREATMENT AUTH REQUEST <i>(The authorization number submitted on the claim does not cover the service(s) rendered.)</i>
How can I correct the issue?	
Verify that the correct authorization number was submitted on the claim. If not, resubmit a corrected claim; if so, contact the referring agency to discuss the authorization and services rendered to determine the best path forward.	
EOB	EOB Description <i>(with extended explanation)</i>
DENIED4	AUTH APPT DATE/SPECIALTY/REQUEST & REASON CONFLICT <i>(The authorization contains conflicting information. For ex. Specialty Cardiology w/ approval language for a Podiatry consult, or Appt Date 01/01/2018 w/ approval language for a consult on 01/05/18.)</i>
How can I correct the issue?	
Contact the referring agency to have them correct the conflicting information. Resubmit the claim with the authorization number in the correct field for the claim form submitted.	
EOB	EOB Description <i>(with extended explanation)</i>
DENIED8	AUTH REQ'D ON ADA CLAIM, UB BOX 63, HCFA BOX 23 <i>(The claim was submitted without an authorization in the appropriate field.)</i>
How can I correct the issue?	
Resubmit the claim with the authorization number in the correct field for the claim form submitted.	

EOB	EOB Description <i>(with extended explanation)</i>
037	PRIOR AUTHORIZATION ON CLAIM IS NOT VALID <i>(The authorization number submitted on the claim does not exist in FSC system.)</i>
How can I correct the issue?	
Contact the referring agency to have them follow their internal protocol for having authorizations transmitted to FSC. The referring agency will need to contact their designated Referral Coordinator or Field Medical Coordinator for resolution.	
EOB	EOB Description <i>(with extended explanation)</i>
CXAUTH	AUTH CANCELLED. OBTAIN NEW AUTH & RESUBMIT CLAIM. <i>(The authorization was cancelled because the detainee was booked-out, refused service, the appointment was cancelled or rescheduled.)</i>
How can I correct the issue?	
Contact the referring agency to obtain a valid authorization number and resubmit the claim with the authorization number in the correct field for the claim form submitted.	

Please contact a Customer Service Representative at 800-479-0523 to discuss line item/claim denials prior to submitting a Reconsideration or Appeal, because the issue may be resolved telephonically. If a Customer Service Representative is unable to resolve the issue, please follow the process below. **Many denials are resolvable by submitting a corrected claim or speaking with a Customer Service Representative and will not require taking the following actions.**

ICE Health Service Corps Reconsideration and Appeals Process
Reconsiderations: request for VAFSC to reconsider a line item denial on an otherwise paid claim. Appeals: request for VAFSC to reconsider the denial of an entire claim or to review the reimbursement rate.
Reconsiderations and Appeals must be received within six (6) months from the date of the INITIAL claim decision.
For your request to be routed correctly and considered, please include: <ul style="list-style-type: none"> • A completed Reconsideration / Appeal Request form (attached). An electronic version of the form can be found in General Information / Documents section at https://www.heps.fsc.va.gov. • A copy of the Explanation of Benefits (EOB) letter. • A clean claim for processing. • Documents to support your position, e.g. proof of reimbursement methodology, proof of timely filing, a copy of the MedPAR/Authorization (Medical Payment Authorization Request).
Mail documentation to: <ul style="list-style-type: none"> • ICE Health Service Corps VA Financial Services Center Attn: Appeals Department PO Box 149345 Austin, TX 78714-9345

Reconsideration / Appeal Request

NOTE: Completion of this form is mandatory. To obtain a review, submit this form as well as information that will support your appeal, to include a copy of the EOB denial and clean claim.

Please provide the following information. (This information may be found on the authorization form.)

Today's Date:	Detainee's Alien ID #:	Type of Care: [Medical or Dental]
Detainee's First Name:	Detainee's Last Name:	Detainee's Date of Birth:
Provider Name:	TIN:	Provider Group <i>(If Applicable)</i> :
Contact Name and Title:		
Contact Address:		
Contact Phone Number:	Contact Fax:	Contact Email Address:

(You may use this form to appeal multiple dates of service for the same detainee.)

CPT Code(s):	MedPAR/Referral/Authorization Number:	Date(s) of Service:
Initial Denial Date(s) on Explanation of Benefits (EOB):	CPT Code(s) Disputed:	
Explanation of Your Request <i>(please use additional pages if necessary.)</i> :		