

IHSC Frequently Asked Questions

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.

Where do I submit healthcare claims for reimbursement by IHSC?

- **Submit claims electronically to payer ID - VAICE**
 - For questions regarding electronic billing: clearinghouse's website is www.claimsnet.com/vafsc and number is 800-356-0092
- **Via US Postal Service (USPS):**
ICE Health Service Corps
VA Financial Services Center
P. O. Box 149345
Austin, TX 78714-9345
- **Other Non-USPS Carrier:**
ICE Health Service Corps
VA Financial Services Center
1615 Woodward St.
Austin, Texas 78772

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.

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

IHSC Frequently Asked Questions

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 exception of one 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 and Varicella waivers in Documents section.

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.

What is the appeal process and appeals filing limit for IHSC claims?

- 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 action**
 - 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.

IHSC Frequently Asked Questions

- 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:
 - A completed Reconsideration / Appeal Request form found in General Information / Documents section at <https://www.hcps.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/Authorizations (Medical Payment Authorization Request).

- Mail documentation to:
 - ICE Health Service Corps
 - VA Financial Services Center
 - Attn: Appeals Department
 - PO Box 149345
 - Austin, TX 78714-9345

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.