

October 4, 2005

**TREATMENT OF ACTIVE DUTY SERVICE MEMBERS
IN VA HEALTH CARE FACILITIES**

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy for providing health care services to active duty service members of the Armed Forces of the United States. *NOTE: This Directive does not pertain to the transfer of active duty military personnel to Department of Veterans Affairs (VA) facilities for care or treatment related to alcohol or drug abuse or dependence in accordance with Title 38 United States Code (U.S.C.) 620A(d)(1).*

2. BACKGROUND

a. Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) have greatly expanded the number of active duty service members requiring care upon returning to the United States. The call-up of Reserve Component service members (National Guard and Reserves) has introduced additional complexity to the business process of providing necessary treatment within the context of proper authorization for treatment and billing for VA health care.

b. Title 38 U.S.C. §§ 8111, Sharing of Department and Department of Defense Health Care Resources, provides the authority for VA and the Department of Defense (DOD) to enter into agreements and contracts for the mutual use or exchange of use of services, supplies or other resources.

c. Title 38 U.S.C. §§ 8111A, Furnishing of Health-care Services to Members of the Armed Forces During a War or National Emergency, authorizes VA to provide care during and immediately following a period of war, or a period of national emergency as declared by the President or Congress that involves the use of the Armed Forces in armed conflict. Public Law 97-174, Section 2(b), notes that DOD might not have adequate health care resources to care for military personnel wounded in combat and other active duty personnel. The law further noted that VA has an extensive, comprehensive health care system that could be used to assist DOD in caring for such personnel.

d. The Deputy Under Secretary for Health for Operations and Management (10N) in a memorandum to Network Directors, November 4, 2004, directed all VA medical facilities to become TRICARE network providers. This action was taken to ensure VA's ability to meet its responsibility to provide timely care to service members returning from theaters of war and to have a billing mechanism in place to obtain reimbursement for such care. VA-DOD TRICARE Regional Office Liaisons are:

(1) TRO-NORTH
Washington, DC
(703) 588-1882

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(2) TRO-SOUTH
San Antonio, TX
(210) 292-3232

(3) TRO-WEST
San Diego, CA
(619) 236-5309

e. Reserve Component members on active duty have the same eligibility status as those in the regular Armed Forces in terms of treatment in VA medical facilities. TRICARE reimbursement policy for all those on active duty does not distinguish between the Reserve Component on active duty and other members of the Armed Forces on active duty.

f. In the case of a Federally-activated service member who has been previously verified and/or seen as an enrolled veteran, the patient type field remains as either service connected (SC) or non-service connected (NSC) and primary eligibility code will remain as a veteran type code (Screen 7, Registration menu). Secondary eligibility codes of Sharing Agreement and TRICARE and/or CHAMPUS must be established and must be used, as appropriate, for all inpatient or outpatient encounters while the patient is in this active duty status.

3. POLICY: It is VHA policy to provide health care services to active duty members presenting for care at a VA health care facility as determined in paragraph 4. below.

4. ACTION: The Medical Center Director is responsible for ensuring:

a. The facility's point of contact (POC) for VA-DOD issues, receives and expedites referrals and transfers of care and ensures that the appropriate linkage is made for the requested clinical follow-up services. The POC confirms and arranges for assignment to the appropriate health care provider, based on the Clinical Orders or authorization received from the Military Treatment Facility (MTF) or TRICARE Service Center.

b. That health care services are provided to active duty members under the following circumstances:

(1) **Emergent or Urgent Care.** VA will always treat active duty soldiers needing urgent or emergent medical care first and ask questions later, regardless of whether the VA medical facility has signed a TRICARE contract with DOD or its regional TRICARE Health Service and Support Contractor or not. Once the VA medical center has provided the required care, VA immediately contacts the MTF where the service member is enrolled, the regional TRICARE contractor, or the service point of contact (SPOC) to notify them of the treatment and to obtain an authorization for the care.

(a) Under episodic urgent or emergent conditions, it is VA's policy not to require VA medical facilities to obtain authorizations prior to providing the needed care, however, VA medical centers must contact TRICARE for an authorization concurrently with provided

treatment, or as soon as possible thereafter. The intent is not to bypass the TRICARE authorization process, however, do not delay treatment of the patient while awaiting an authorization.

(b) In cases when urgent or emergent medical care has been provided without a referral or prior authorization, appropriate VA medical center personnel must notify the service member's respective MTF, primary care manager (PCM), or service point of contact (SPOC) as soon as possible, but no later than 72 hours of treatment. Appropriate personnel must subsequently, or concurrently, notify the appropriate TRICARE Managed Care Support Contractor (MCSC), TRICARE Service Center, or MTF to obtain an authorization and instructions for the disposition of the active duty service member. This needs to be accomplished as soon as possible, but no later than 72 hours from when the active duty patient is treated. **NOTE:** *Phone numbers for the respective points of contact can be found at: <http://www.tricare.osd.mil>.*

(2) **Routine Care.** If the MTF or TRICARE Contractor declines to provide an authorization, VA is unable to provide treatment. Staff will inform the active duty service member of the MTF or TRICARE Contractor determination and provide information that will assist the service member seeking treatment to the appropriate site of care. **NOTE:** *The active duty service member is ultimately responsible for obtaining a preauthorization or referral for medical treatment in clearly non-emergency or routine cases. Note: Fee Basis is not to be used, referral care outside VA is to be coordinated with local MTF or TRICARE Service Center.*

(3) **Separation Exams.** If an active duty member presents to a VA facility requesting a "separation exam," refer the active duty to contact active duty member's military unit to arrange a separation exam, unless the VA facility has an established MOU to perform a joint physical.

c. Appropriate procedures are in place to ensure active duty service members with a valid referral or authorization are properly treated for their medical conditions.

(1) Active duty service members may be referred directly to VA medical centers from MTFs via sharing agreements or via a TRICARE Network Provider agreement.

(a) All active duty service members included under a VA-DOD sharing agreement are to be seen only for treatment specifically-approved within the sharing agreement.

(b) TRICARE Network Provider's pre-authorizations are normally limited to care for a specific medical condition or other course of treatment. Additional medical conditions found while treating the patient for the authorized care or to continue care beyond that originally authorized requires additional authorization or referral.

(c) All other medical treatment requires appropriate TRICARE contractor or TRICARE Service Center authorization. A preauthorization or referral must be obtained for the movement of the patient.

(d) At those MTFs where a VA-DOD Liaison has been assigned, the VA-DOD Liaison facilitates obtaining the authorizations for OIF and OEF patients.

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(2) The Army has established a special health care program for mobilized Army Reservists and Army National Guard personnel based on medical conditions identified while on active duty in support of "Global War on Terrorism." Community-based Health Care Organizations (CBHCO) allow medical holdover (MHO) soldiers to return to their homes and receive outpatient medical care in their local community rather than remaining at a mobilization or demobilization site awaiting determination of their discharge status. The civilian PCM or the CBHCOs are responsible for obtaining TRICARE authorizations for these patients.

d. Appropriate staff are knowledgeable concerning TRICARE benefits and trained to appropriately bill TRICARE. *NOTE: Appropriate staff are encouraged to take the online "TRICARE University, TRICARE Fundamentals Course." In addition, staff need to be familiar with the "TRICARE and VA Training Guide" <http://vaww.vistau.med.va.gov/vistau/tricare>.*

e. Staff maintains appropriate contact information for local MTF POCs and TRICARE Contractor call numbers in order to facilitate obtaining authorizations.

f. Treatment for active duty service members is billed to the appropriate military office or TRICARE contractor's fiscal intermediary.

g. Prescriptions for active duty service members are not filled by VA's pharmacy except at those sites with specific interagency agreements. A written prescription may be provided to the patient to be filled in MTF or TRICARE Retail Pharmacy, which can be identified at <http://www.tricare.osd.mil/pharmacy>.

5. REFERENCES

a. Title 38 U.S.C. §§ 8111 and 8111A.

b. Deputy Under Secretary for Health and Operations and Management Memorandum, Requirement to Participate in TRICARE, dated November 4, 2004.

c. VHA Handbook 1660.4, VA-DOD Health Care Resources Sharing.

d. VA-DOD Health Executive Council Memorandum of Agreement (MOA) Health Care Resource Sharing Reimbursement Methodology, dated July 8, 2003.

e. VA-DOD MOA Regarding Referral of Active Duty Military Personnel Who Sustain Spinal Cord Injury, Traumatic Brain Injury, or Blindness to VA Medical Facilities for Health Care and Rehabilitative Services, dated March 2004.

f. Web sites:

(1) TRICARE Program at: <http://www.tricare.osd.mil/>

(2) TRICARE Contractors at: <http://www.mytricare.com>

(3) TRICARE and VA Training Guide at: <http://vaww.vistau.med.va.gov/vistau/tricare>

(4) VA Resources Sharing Office at: <http://vaww.vhaco.va.gov/medshare>

6. FOLLOW-UP RESPONSIBILITY: The Chief Business Office is responsible for the content of this Directive. Questions may be referred to 202-254-0406.

7. RESCISSIONS: None. This VHA Directive October 31, 2010.

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Under Secretary for Health

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