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**TREATMENT OF ACTIVE DUTY AND RESERVE COMPONENT  
SERVICEMEMBERS IN VA HEALTH CARE FACILITIES**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides policy for reimbursement and provision of Department of Veterans Affairs (VA) health care services to active duty and Reserve Component (RC) Servicemembers of the Armed Forces of the United States.

**2. BACKGROUND**

a. Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have greatly expanded the number of active duty Servicemembers requiring care upon returning to the United States. The mobilization of RC Servicemembers (National Guard (NG) and Reserves) to active duty has introduced additional complexity to the business process of providing necessary treatment within the context of proper authorization for treatment that effects registration and billing for VA health care. The Department of Defense (DOD) has implemented various transitional care programs to assist RC members with obtaining care before and after their active duty period, which also adds more complexity.

b. Title 38 United States Code (U.S.C.) § 8111, “Sharing of Department of Veterans Affairs and Defense Health Care Resources,” provides the authority for VA and the 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 may 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. In 2004, VA medical facilities became TRICARE network providers. This action was taken to ensure VA’s ability to meet its responsibility to provide timely care to Servicemembers returning from theaters of war and to have a registration and billing mechanism in place to ensure appropriate eligibility, as identified by Defense Enrollment Eligibility Reporting System and care management, as well as to obtain authorizations to allow for reimbursement for such care. VA-DOD TRICARE Regional Office (TRO) Liaisons are located as follows with their appropriate telephone numbers:

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

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

(3) TRO-WEST Aurora, CO (303) 676-3706.

e. RC members have the same TRICARE eligibility status as those in the regular Armed Forces in terms of treatment in VA medical facilities while on active duty for those members with service-determined line of duty (LOD) injuries and illnesses, initiated LOD, and appropriate notification between the Unit and the Military Medical Support Office (MMSO) to ensure authorization for approved care and treatment. TRICARE reimbursement policy does not distinguish between the RC and active duty members of the Armed Forces. However, without proper authorization for care of RC members, actual reimbursement for care or treatment may be delayed or denied. This could result in the Servicemember receiving a notification that reflects they have incurred a debt to VA in the form of a humanitarian charge.

**3. POLICY:** It is VHA policy to provide health care services to eligible active duty and RC Servicemembers presenting for care at a VA health care facility.

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

a. All VHA personnel responsible for OEF/OIF, LOD, and TRICARE registration, care coordination, and revenue management are aware of:

(1) The phone numbers and Web sites for the respective DOD points of contact (POC) at: <http://www.tricare.mil/contactus> or [www.tricare.mil/mtf](http://www.tricare.mil/mtf).

(2) The Chief Business Office (CBO) TRICARE Policy Procedure Guide, which provides appropriate guidance on correct registration, authorization, and revenue billing and collection. **NOTE:** *This guide is available for internal VA use only and can be found at <http://vaww1.va.gov/CBO/apps/policyguides/index.asp?mode=contents&id=IV.01>. **NOTE:** *This is an internal Web site and is not available to the public.**

b. All appropriate personnel participate in the VHA CBO and TRICARE training that is available on an annual basis.

c. Staff maintain appropriate contact information for MMSO, local Military Treatment Facility (MTF) POCs, and Regional TRICARE contractor call numbers in order to facilitate obtaining authorizations.

d. Staff are encouraged to use the CBO Question and Answer Database to search for questions and answers, or to submit questions, concerning business office functions. <http://vaww1.va.gov/CBO/apps/qanda/index.cfm> . **NOTE:** *This is an internal Web site and is not available to the public.*

e. The Patient Type field, in the case of a federally activated Servicemember who has previously been verified or treated as an enrolled Veteran, remains as either service-connected (SC) or non-service connected (NSC); the Primary Eligibility code remains as a Veteran type code (Screen 7, Registration Menu). Secondary eligibility codes of Sharing Agreement and TRICARE

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must be established and used as appropriate for all inpatient or outpatient encounters while the patient is in an active duty status (see CBO's Procedure Guide 1601D.01-TRICARE at: <http://vaww1.va.gov/CBO/apps/policyguides/index.asp?mode=contents&id=IV.01>).

*NOTE: This is an internal Web site and is not available to the public.*

f. The facility's POC for VA-DOD and TRICARE care coordination:

(1) Receives and expedites referrals, authorizations, and requests for transfer of care.

(2) Confirms and arranges for assignment to the appropriate health care provider, based on the clinical orders or authorization received from the MTF, the TRICARE Regional Managed Care Support Contractors (MCSCs) TRICARE Service Centers (TSCs), or MMSO.

(3) Ensures that the appropriate linkage is made for the requested clinical follow-up services, to include obtaining all appropriate authorizations.

g. RC Servicemembers, who may be dual eligible for medical benefits under VHA as verified Veterans and active duty Servicemember's under TRICARE, LOD care, or the National VA-DOD Memorandum of Agreement (MoA) for Spinal Cord (SCI), Traumatic Brain Injury (TBI), or Blind Rehabilitation receive appropriate treatment. In all cases, the benefits associated with the active duty Servicemember's eligibility and active duty status takes precedence over the Veteran's benefit when treated in a VA medical facility.

h. The medical facility obtains reimbursement from DOD for treatment of all active duty Servicemembers.

i. That health care services are provided to active duty and RC Servicemembers under the following circumstances:

(1) **Emergent or Urgent Care.** VA always treats active duty Servicemembers needing urgent or emergent medical care first and seeks authorization once the active duty Servicemember has been stabilized, regardless of whether the VA medical facility has a signed TRICARE Network Participation Agreement with DOD's Regional TRICARE MCSC or not. Once the VA medical facility has provided the required care, the appropriate VA medical facility POC must immediately contact the MTF where the active duty Servicemember is enrolled, the regional TRICARE MCSC, or the MMSO 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 providing treatment, or as soon as possible thereafter. The intent is not to bypass the TRICARE authorization process, but to avoid, delaying 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 facility personnel must notify the active duty Servicemember's respective MTF, primary care manager (PCM), or MMSO SPOC, as soon as

possible, but no later than 48 hours after treatment, or the next business day (whichever is later). While the VA POC is obtaining an authorization for care, instructions related to the disposition of the active duty Servicemember once care has been provided must be asked.

(2) **Routine Care.** If the MTF, MMSO or the TRICARE contractor declines to provide an authorization, VA is unable to provide treatment.

(a) Facility staff must inform the active duty Servicemember of the MTF, MMSO, or TRICARE contractor's determination and provide information that will assist the Servicemember seeking treatment at the appropriate site of care. *NOTE: The active duty Servicemember is ultimately responsible for obtaining a preauthorization or referral for medical treatment in clearly non-emergency or routine cases.*

(b) Fee Basis is not to be used for any TRICARE patient, especially active duty Servicemembers. If the care required is available at VA, that care is to be coordinated with local MTF, MMSO, or MCSC.

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

(1) Active duty Servicemembers may be referred directly to VA medical facilities from MTFs, or MMSO, using the local or National VA-DOD sharing agreements or by using a TRICARE Network Provider agreement.

(a) All active duty Servicemembers 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 MTF, MMSO, or TRICARE MCSC TSC 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 OEF and OIF patients.

(e) Active duty Servicemembers being referred to a VA medical facility for specialty care for a specific illness or injury with a valid authorization will be seen in the specialty care clinic without being seen by Primary Care first. While the active duty Servicemembers will not be enrolled, they must be registered in the Veterans Health Information and Technology Architecture (VistA) (see CBO Procedure Guide at:

<http://vaww1.va.gov/CBO/apps/policyguides/index.asp?mode=contents&id=IV.01>).

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(2) The Army has established a special health care program for mobilized Army Reservists and Army NG personnel based on medical conditions identified while on active duty in support of OEF/OIF.

(a) Community-based Warrior Transition Units (CBWTU) 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.

(b) The civilian PCM, or the CBWTU PCM or Case Managers, are responsible for obtaining TRICARE referrals and appropriate authorizations for these patients.

(c) VA facilities must provide treatment to the soldiers assigned to CBWTU under normal TRICARE rules for preauthorization and payment of services through the appropriate Regional TRICARE MCSC. These patients must be registered into VistA (see the CBO TRICARE Policy Procedure Guide at:

<http://vaww1.va.gov/CBO/apps/policyguides/index.asp?mode=contents&id=IV.01> ). **NOTE:** *This is an internal Web site and is not available to the public. NOTE: The CBWTU was formerly known as Community-based Health Care Organizations (CBHCO).*

k. DOD examinations are provided. The two types are: Separation from Active Duty and Re-Examinations of Temporary Disability Retired List (TDRL).

(1) If an active duty Servicemember presents to a VA facility requesting a separation exam or TDRL exam, the active duty Servicemember is to be referred to the military unit administrator (UA) to arrange a physical exam. Separation exams may be performed within a MTF, or with an MTF provider referral under the VA-DOD Disability Evaluation System (DES) under the National VA-DOD Sharing Agreement, or Benefits Delivery at Discharge Programs (BDD) if a VA-DOD Sharing Agreement exists.

(2) If the request is for an examination under the TDRL Program, the VA medical facility must have a letter or order directing the patient to VA along with the TRICARE authorization as a consult.

(a) VA does not perform DOD examinations solely for the determination of fitness for military duty.

(b) VA continues to provide clinical examinations and ancillary services for TRICARE beneficiaries. These clinical examinations answer a clinical question posed by the referring provider. VA may provide a clinical summary of the clinical examination that may be used by the referring provider.

(c) VA providers will not complete any DOD forms as requested by DOD or the person presenting for such examinations, unless otherwise noted in a VA-DOD Sharing Agreement.

(d) VA providers are not to recommend to the military authority a determination of a member's fitness or non-fitness for continued military service as part of the examination or specialty consult.

1. VA will ensure appropriate treatment for active duty Servicemembers on terminal leave status pending separation from military service. The DOD TRICARE Management Activity (TMA) has issued a policy regarding TRICARE preauthorization for active duty Servicemembers on terminal leave status who seek routine and urgent outpatient care at VA medical facility.

(1) According to the policy, Uniformed Services advises active duty Servicemembers, who are enrolled in TRICARE Prime at an MTF and are transitioning to terminal leave status, how they should access health care services until their separation or retirement date.

(a) If the active duty Servicemembers intends to reside outside of the Prime Service Area (PSA) of the MTF while on terminal leave, the MTF issues the TRICARE MCSC a single preauthorization for the active duty Servicemember to obtain any necessary routine or urgent outpatient medical care from VA while on terminal leave.

(b) This preauthorization is to be sent to the MCSC before the active duty Servicemember departs the final duty station to commence terminal leave. The preauthorization only applies to medical care received at VA medical facilities.

(c) Any non-emergent care the active duty Servicemember requires from the private sector must have a separate preauthorization. This single authorization does not cover specialty care or inpatient admissions. If these situations occur, a request for referral or authorization must be obtained from the MTF or TRICARE MCSC.

(2) VA medical facility staff must:

(a) Ensure each active duty Servicemember provides a Social Security Number (SSN) and DOD photo identification at registration.

(b) Make a copy of the military identification card and place it in the administrative folder (see <http://vaww1.va.gov/CBO/apps/policyguides/index.asp?mode=contents&id=IV.01> ).

*NOTE: This is an internal website and is not available to the public.*

(3) The first time that an active duty Servicemember presents to a VA medical facility for routine health care services, VA medical facility staff must check the MCSC's site to verify eligibility and to check the status of the authorization for care. *NOTE: The VA POC may also call the MCSC to verify that an authorization has been entered into the MCSC's computer system and to determine the end date of the authorization, or to request an authorization for services.*

(a) Once this authorization has been provided to VA, then appropriate VA medical facility staff must register the active duty Servicemember.

(b) The VA medical facility may provide care and services; however, the appropriate TRICARE MCSC must be billed for routine outpatient care provided to these active duty Servicemembers until the end date of the authorization.

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(4) If an active duty Servicemember presents for emergent care, it is VA's policy not to require VA medical facilities to obtain authorizations prior to providing the needed care. However, VA medical facilities are to contact the TRICARE MCSC for an authorization for treatment as soon as possible after the care is provided as stated in previous sections of this Directive.

(5) Inpatient care for active duty Servicemembers on terminal leave status is not included in the authorization provided by the MCSC. Any care that a VA medical facility deems clinically necessary, for any active duty Servicemember on an inpatient basis, must be authorized, prior to admission, by the MTF, MMSO or the appropriate Regional MCSC in accordance with the current VHA CBO TRICARE Policy Procedure Guide at <http://vaww1.va.gov/CBO/apps/policyguides/index.asp?mode=contents&id=IV.01>). **NOTE:** *This is an internal Web site and is not available to the public.* The exception would be if the admission is required due to an emergent situation. The MTF, MMSO, or the MCSC must be notified with 24 hours of the admission.

m. Ensuring the following treatment of RC Servicemembers on active duty for 30 days or less, or inactive duty. All RC Servicemembers that are not on active duty orders for more than 30 days may be treated at the VA facility as long as they have a LOD determination and an authorization from MMSO.

(1) A letter from the unit commander (UC), or representative, is not authorization for care. If it is an emergent situation, VA evaluates, treats, and follows-up with the UC and MMSO.

(2) If LOD determination has not been initiated and completed, and this results in VA not receiving an authorization for care from either MMSO or the MCSC, the member may incur a debt to VA in the form of a humanitarian claim.

(3) If emergent or urgent treatment is initiated or the patient is admitted, the VA POC or appropriate staff must attempt to notify the reserve UC, or designee, by telephone regarding the incident for the reserve unit to initiate or complete the military's LOD determination for proper authorization for care provided.

(4) If the Servicemember presents to VA without the UC's knowledge, VA's POC, or appropriate staff must notify the Servicemember's RC or NG Component UC of the emergency treatment immediately, or as soon as possible, but not to exceed 48 hours.

(5) It is the RC Servicemember's responsibility, or the Servicemember's representative, to coordinate the UC's initiation of LOD and to contact MMSO or MCSC to convey request for authorization for care at the VA medical facility. Care that is not authorized for payment within 30 days is presumed not to be service related and the Servicemember will be billed for humanitarian care with instructions to the Servicemember to contact the UC for any further assistance on the Servicemember's eligibility for care status.

n. Ensuring the following procedures apply to LOD care for RC members:

(1) The RC UC, or designee, generates the appropriate authorization through the MMSO or obtains an MTF referral to coordinate an authorization with the MCSC. **NOTE:** *The MMSO*

contact information and guidance on LOD procedures can be found at:  
<http://www.tricare.mil/tma/MMSO/how.aspx>. The MTF locator can be found at  
[www.tricare.mil/mtf](http://www.tricare.mil/mtf).

(2) VA submits medical claims to the TRICARE Region where the Servicemember resides based on the address on the claim. **NOTE:** VA submits all claims electronically using the VA Electronic Data Interchange (EDI) process (see <http://vaww1.va.gov/CBO/apps/policyguides/index.asp?mode=contents&id=IV.01> ). **NOTE:** This is an internal Web site and is not available to the public.

j. Active duty Servicemembers, Reservists, or NG Servicemembers, and other TRICARE eligible patients treated at VA obtain medications for non-emergent events as follows:

(1) If the VA medical facility is participating in the TRICARE Retail Pharmacy Network, based on the National VA-DOD MoA, and the TRICARE patient is being treated at that VA medical facility, the prescriptions are filled at the VA Pharmacy. The billing clerk must follow TRICARE Retail Pharmacy policies. **NOTE:** Currently there are six approved sites: Palo Alto, CA; Long Beach, CA; Loma Linda, CA; Dallas, TX; Topeka, KS; and Louisville, KY.

(2) If the VA Pharmacy is not participating in the VA-DOD MoA, relative to the TRICARE Retail Pharmacy Network, VA gives the prescription to the Servicemember and the Servicemember has the prescription filled at a TRICARE Retail Pharmacy. The Servicemember may be requested to pay up-front and then need to seek reimbursement through the TRICARE Pharmacy Contractor. **NOTE:** The claim form for requesting pharmacy reimbursement is located at <http://www.tricare.mil/mybenefit/Download/Forms/dd2642.pdf>. The mailing address for the claim form and the required drug information is:

*Express Scripts  
Attn: TRICARE Claims  
P.O. Box 66518  
St. Louis, MO 63166-651*

## 5. REFERENCES

- a. Title 38 U.S.C. §§ 8111 and 8111A.
- b. Deputy Under Secretary for Health for Operations and Management Memorandum, Requirement to Participate in TRICARE, dated November 4, 2004.
- c. VHA Chief Business Office (CBO) TRICARE Policy Procedure Guide; <http://vaww1.va.gov/CBO/apps/policyguides/index.asp?mode=contents&id=IV.01>  
**NOTE:** This is an internal Web site and is not available to the public.
- d. CBO TRICARE Information page; <http://vaww1.va.gov/CBO/tricare.asp>  
**NOTE:** This is an internal Web site and is not available to the public.
- e. VHA Handbook 1660.06.

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f. VA-DOD Health Executive Council Memorandum of Agreement (MoA) Health Care Resource  
g. 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 August 4, 2009.

g. TRICARE Point of Contacts, POC info, and Web sites are located at:  
<http://www.tricare.mil/contactus/>

h. CBO Question and Answer Database; <http://vaww1.va.gov/CBO/apps/qanda/index.cfm>  
*NOTE: This is an internal Web site and is not available to the public.*

i. VA-DOD Medical Sharing Office at: <http://vaww.dodcoordination.va.gov/> . *NOTE: This is an internal Web site and is not available to the public.*

j. Web site for TRICARE Management Activity (TMA); <http://www.tricare.mil>

k. Web site for TRICARE North and South Regional Fiscal Intermediary (FI) PGBA;  
<http://www.myTRICARE.com>

l. Web site for TRICARE West Regional; <http://www.triwest.com>

m. Web site for TRICARE For Life (TFL) and overseas beneficiaries;  
<http://www.tricare4u.com>

**6. FOLLOW-UP RESPONSIBILITY:** The Chief Business Office is responsible for the content of this Directive. Questions may be referred to 202-461-1575 or 202-461-1588.

**7. RESCISSIONS:** VHA Directive 2005-045 is rescinded. This VHA Directive expires November 30, 2015.

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Under Secretary for Health

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