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

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides policy for health care services to active duty and Reserve Component (RC) Servicemembers.

2. SUMMARY OF MAJOR CHANGES: This directive is now limited to a statement of VA policy and a description of the particular responsibilities of individuals with respect to the policy. Previously included programmatic and process matters are now included in procedure guides located at http://vaww.va.gov/CBO/apps/policyguides/index.asp?mode=contents&id=IV.01

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


4. RESPONSIBLE OFFICE: The Chief Business Office (10NB) is responsible for the content of this directive. Questions may be referred to 202-382-2500.


6. RECERTIFICATION: This directive is scheduled for recertification on or before the last working day of March 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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   Acting Under Secretary for Health

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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. AUTHORITY: Title 38 United States Code (U.S.C.) 8111 and 8111A.

2. BACKGROUND

a. Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) have greatly expanded the number of active duty Servicemembers requiring care upon returning to the United States. The mobilization of RC Servicemembers, including both National Guard (NG) and Reserves, to active duty has further increased the number of individuals requiring post-deployment health care. In addition, 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.

b. Title 38 U.S.C.§ 8111, “Sharing of Department of Veterans Affairs and Defense Health Care Resources,” authorizes VA and 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 (Pub. L.) 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. That 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 under § 8111A 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 (DEERS) and care management, as well as to obtain authorizations to allow for reimbursement for such care. VA-DOD TRICARE Regional Office (TRO) Liaisons can be contacted at the following telephone numbers:

(1) TRO-NORTH 1 703-588-1882

(2) TRO-SOUTH 210-536-6020
e. Active duty Servicemembers and RC Servicemembers who are on active duty have the same TRICARE eligibility for treatment in VA medical facilities for service-connected determined line of duty (LOD) injuries and illnesses. However, without proper authorization for care of RC Servicemembers, actual reimbursement by TRICARE for care or treatment may be delayed or denied. If a VA facility provides urgent care to an Active Duty Servicemember or any TRICARE beneficiary the (VA facility) is required to notify the Managed Care Support Contractors (MCSC) within 48 hours. Notification of admission is required within 24 hours. With the exception of Integrated Disability Evaluation System (IDES), VA must follow TRICARE policy requiring authorization for all routine care is required prior to the Active Duty Servicemember or Prime beneficiary receiving that care. Otherwise, the Servicemember might receive a notice that they have incurred a debt to VA in the form of a humanitarian charge for emergent care services only in accordance with Title 38 Code of Federal Regulations (CFR) Section 17.102 - Charges for care or services. If a RC member is not eligible for VA benefits, then their care would fall to their TRICARE benefit, such as TRICARE Reserve Select (TRS), and would be subject to TRICARE Standard/Extra rules. If a RC member does not have TRS or any other TRICARE coverage, then their VA care falls under the humanitarian category.

3. DEFINITIONS

a. Active Duty. For purposes of this Directive, an active duty Servicemember is any individual who is on active duty as defined in 38 CFR 17.31.

b. Reserve Component. For purposes of this Directive, a Reserve Component (RC) Servicemember is a member of any of the organizations named in 10 U.S.C. 10101.

(1) Air Force Reserve.

(2) Air National Guard.

(3) Army National Guard.

(4) Army Reserve.

(5) Navy Reserve.

(6) Marine Corps Reserve.

(7) Coast Guard Reserve.

4. POLICY

It is VHA policy to provide hospital care and medical services to eligible Active Duty Servicemembers and RC Servicemembers presenting for care at a VA health care
facility. **NOTE:** For more information on eligibility of active duty and RC Servicemembers, see VHA Handbook 1660.06, VA-TRICARE Network Agreements.

5. RESPONSIBILITIES

a. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

   (1) Ensuring that appropriate hospital care and medical services are provided to eligible active duty and RC Servicemembers.

   (2) Ensuring that services and care are provided in accordance with the requirements of the CBO Procedure Guide, available at [http://vaww.va.gov/CBO/apps/policyguides/index.asp?mode=contents&id=IV.01](http://vaww.va.gov/CBO/apps/policyguides/index.asp?mode=contents&id=IV.01). **NOTE:** This is an internal VA Web site and is not available to the public.

   (3) Appointing and supervising a facility point of contact (POC) for VA-DoD and TRICARE coordination.

   (4) Ensuring that the VA medical facility obtains reimbursement from DoD for treatment of all eligible active duty and RC Servicemembers. **NOTE:** For responsibilities of the VA medical facility Director pursuant to VA-TRICARE Network Agreements, see VHA Handbook 1660.06.

   (5) Ensuring that care coordination processes and assigned responsibilities are in accordance with the VA-DoD Memorandum of Understanding for Interagency Complex Care Coordination Requirements for Service Members and Veterans.

b. **Facility Point of Contact for VA-DoD and TRICARE Coordination.** The facility POC for VA-DoD and TRICARE coordination is responsible for:

   (1) Assisting the VA-TRICARE Regional Office Liaison Coordinator in resolving issues related to eligibility, authorization, and billing. **NOTE:** The VA-TRICARE Regional Office Liaison Coordinator is responsible for liaison with the appropriate TRICARE Regional Office, regional MCSC, VISNs, VHA, DoD MTFs, and DHA regarding these issues.

   (2) Receiving and expediting referrals, authorizations, and requests for transfer of care of active duty and RC Servicemembers.

   (3) Maintaining contact information for Military Treatment Facility POCs, TRICARE MCSC, and DHA in order to facilitate obtaining authorization for routine care.

6. REFERENCES

a. 38 U.S.C. §§ 8111 and 8111A.
b. VHA Handbook 1601A.02.

c. VHA Handbook 1660.04.

d. VHA Handbook 1660.06.

e. Deputy Under Secretary for Health for Operations and Management Memorandum, VA-DoD Sharing Agreements, dated November 30, 2014.


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

i. VHA CBO Question and Answer Database: http://vaww.va.gov/CBO/apps/qanda/index.cfm. NOTE: This is an internal VA Web site and is not available to the public.


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

k. VA-DoD Medical Sharing Office: http://vaww.dodcoordination.va.gov/. NOTE: This is an internal VA Web site and is not available to the public.


n. TRICARE Web site and contact information: http://www.tricare.mil/contactus/


p. Web site for TRICARE North, South and West Regional Fiscal Intermediary (FI) PGBA: http://www.myTRICARE.com

q. Web site for TRICARE For Life (TFL) and overseas beneficiaries: http://www.tricare4u.com

s. VA-DoD Memorandum of Understanding for Interagency Complex Care Coordination Requirements for Servicemembers and Veterans: Interagency Coordination of Complex Care, Benefits and Services