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# DoD/VA Sharing Agreements

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# Agenda



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- Program Overview
  - Sharing Agreements/Sharing Authority
  - TRICARE Agreements
  - Models of Sharing
  - RWTF Questions:
    - Are there formal and informal agreements between DoD and VA?
    - Are these agreements universal throughout the US or location specific?



# DoD/VA Collaboration



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## Vision

***Enhance the overall healthcare experience of all federal beneficiaries***

## Mission

***Promotes the sharing of medical resources between VA and DoD through policy guidance and oversight***



# VA-DoD Sharing Authority



- Public Law 97-174, VA/DoD Health Resources Sharing and Emergency Operations Act of 1982
  - Directs VHA and DoD to form an interagency committee to oversee opportunities for sharing medical resources of the VA and DoD; codified as Title 38 U.S.C. § 8111
- 38 U.S.C. § 8111, Sharing of VA and DoD Healthcare Resources May 4, 1982
  - Provides for the sharing of healthcare resources between VA and DoD for the mutually beneficial coordination, use, or exchange of use of healthcare resources between the two Departments
- 10 U.S.C. § 1104, Sharing of Resources with the Department of Veterans Affairs
  - Provides for the sharing of DoD healthcare resources with the VA in accordance with 38 U.S.C. § 8111



# Types of Sharing Agreements - Local



## Direct Sharing/Local

- Agreement between the head of a medical facility or organization of both Departments. May vary in scope:
  - Local – between the heads of individual VA and DoD medical facilities
  - Reimbursement:
    - Paid from local site to local site
    - Barter for exchange of services

Department of Veterans Affairs		VA/Department of Defense Sharing Agreement
<b>INSTRUCTIONS:</b>		
1. A proposed agreement must include this form, signed by both parties and submitted to the approving authorities in each Department. Normally, agreements will go into effect 46 days after receipt by the approving authorities provided no disapproval has been transmitted in writing to one or both parties signing the agreement. Agreements will go into effect earlier than the 46-day period if approvals are obtained from both Departments' approving authorities. Agreements may go into effect more than 46 days after receipt if a later date is indicated in Box 3.		
2. If additional resources are required to implement an agreement, approval must be obtained from the Department providing the resources prior to submitting the proposal.		
3. The organization providing care should prepare a claim for services/care provided on an approved industry standard claim form (i.e. CMS 1500 / UB 04), if possible. The form should be transmitted via the organization's Electronic Data Interface (EDI) to the receiving organization's office, or designee, to be processed for billing. In cases where EDI is not available, claims may be printed and sent via secured mail. In some cases, the SF 1080 may still be used if agreed to by both parties, primarily for non-medical services.		
4. Rates should be established for all shared services and bills rendered for services provided. It is improper to exchange services without the preparation of bills. Payments may be at the billed rate or offset against payments due.		
5. Amendments to this agreement shall be submitted for approval as new sharing agreements. This agreement will remain in force during the period stated unless terminated at the request of either party after thirty (30) days' notice in writing. To the extent that this agreement is so terminated, each party will be liable only for payment in accordance with provisions of this agreement for resources provided prior to the effective date.		
6. In the event of war or national emergency, this agreement may be terminated immediately upon written notice by either Department.		
7. This agreement is subject to the availability of funds for the period after September 30 in succeeding fiscal years.		
8. For further guidance see: VA-DoD Sharing Guidelines, dated October 31, 2008. For applicable Departmental policies for VA see: VHA Handbook 1660.4 "VA-DoD Health Care Resources Sharing Handbook": <a href="http://www.dodcoordination.va.gov">http://www.dodcoordination.va.gov</a> For DoD see: DoD Instruction 6010.23, "DoD and VA Health Care Resource Sharing Program": <a href="http://www.tricare.osd.mil/DVPC-0/default.cfm">http://www.tricare.osd.mil/DVPC-0/default.cfm</a>		
1. AGREEMENT NUMBER (Leave blank)	2. TYPE OF ACTION (Check box) <input type="checkbox"/> New agreement <input type="checkbox"/> Renewal (Replaces: _____ ) <input type="checkbox"/> Amendment (Amends: _____ )	3. AGREEMENT PERIOD (Month/Year)  TO
4. VA FACILITY (Name/Address)		
5. DOD FACILITY (Name /Address)		
6. DIRECT PAYMENT TO: (Name/Address)		
7. OFFICE TO BE BILLED/BILLING FREQUENCY (Name/Address)		
8. GENERAL PROVISIONS: (To be included in all agreements)		
a. Authorities for this agreement are "Department of Veterans Affairs and Department of Defense Health Resources Sharing and Emergency Operations Act," 38 U.S.C. 8111; and "Sharing of Health Care Resources with the Department of Veterans Affairs" 10 U.S.C. 1104.		
b. Other provisions (if applicable)		



# Types of Sharing Agreements - Local



- Approximately 200 active VA/DoD sharing agreements nationwide: 59 VAMCs providing health care services for DoD beneficiaries and 38 DoD medical facilities providing health care services for Veterans
- In FY 2013 VA purchased from DoD \$118.9M for services rendered to Veterans and DoD reimbursed VA \$89.4M for services delivered to Servicemembers, military retirees and DoD beneficiaries at VAMCs
- There are currently 11 VA/DoD Joint Ventures including the James A. Lovell Federal Health Care Center
- Range of services include; Graduate Medical Education (GME), Laundry, Administration, Clinical Pathology, Cardiology, Dermatology, Ambulatory Care Services, Radiology, Mental Health, Neurosurgery, Fitness Centers
- Services may be discontinued at any time by either party, given a 30-day notice to terminate



# Levels of VA/DoD Collaboration



## VA / DoD Levels of Collaboration



Level of Collaboration	1	2	3	4	5
<b>Level of Collaboration</b>	<b>Separate Facilities w/o Sharing of Services</b>	<b>Separate Facilities with Sharing of Services</b>	<b>Co-occupancy with Sharing of Ancillary Support</b>	<b>Co-occupancy with Sharing of Ancillary Support AND Inpatient and/or Specialty Care</b>	<b>Fully Integrated Care - Federal Health Facility</b>
<b>Description</b>	<ul style="list-style-type: none"> <li>Separate buildings in same or different locations</li> <li>Individual agency beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>Separate buildings in same or different locations</li> <li>Sharing agreement outlining service arrangements in market</li> </ul>	<ul style="list-style-type: none"> <li>Collocated – single facility</li> <li>Joint capital investment <u>OR</u> one entity pays rent to other entity to occupy space</li> <li>Two entities providing separate care</li> <li>Sharing of selected ancillary support services (e.g., pharmacy, lab, radiology, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Collocated – single facility</li> <li>Joint capital investment <u>OR</u> one entity pays rent to other entity to occupy space</li> <li>Two entities providing separate care</li> <li>Sharing of selected ancillary support services (e.g., pharmacy, lab, radiology, etc.)</li> <li>Sharing of selected inpatient and/or specialty care services</li> </ul>	<ul style="list-style-type: none"> <li>Single facility with integrated leadership</li> <li>Fully integrated and shared clinical and facility operations</li> </ul>
<b>Physical Layout</b>	Separate	Separate	Joint use	Joint use	Joint use
<b>Building Operations</b>	Independent	Independent	Joint capital investment with sharing agreement outlining building operations plan <u>OR</u> prime tenant / lease type sharing agreement	Joint capital investment with sharing agreement outlining building operations plan <u>OR</u> prime tenant / lease type sharing agreement	Fully integrated
<b>Clinical Operations</b>	Independent	Sharing agreement outlining service arrangements; beneficiaries can receive services at either facility	Sharing agreement outlining service arrangements	Sharing agreement outlining service arrangements	Fully integrated

■ Department of Veterans Affairs (VA)  
 ■ Department of Defense (DoD)  
 ♂ VA Patient  
 ♂ DoD Patient  
  Shared Ancillary Support  
  Shared Inpatient and/or Specialty Care  
 ■ Shared and Integrated

<b>Facility Example</b>	S. Nevada VAHCS and Nellis AFB	VA Gulf Coast HCS and Keesler AFB	Joint Ambulatory Care Clinic Goose Creek Charleston, SC	William Beaumont AMC and El Paso VAHCS	North Chicago Federal Health Facility
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# Types of Sharing Agreements - National



## National – between the two Departments

- Reimbursement varies by terms of agreement
- National Agreement to provide treatment for Active Duty with Spinal Cord Injuries, Traumatic Brain Injuries and Blindness, Rehabilitation
- National Integrated Disability Evaluation System MOA for Service members referred to VA for Compensation and Pension (C&P) examinations of potentially unfitting conditions
- National Pharmacy MOA promoting all VA pharmacies to participate as a TRICARE pharmacy
- National TRICARE Dental MOA to provide dental services to Active Duty where VA capacity permits
- National Allergen Extract Program
- Other collaborative activities: purchase of prosthetics, hearing devices





# Types of Sharing Agreements - TRICARE

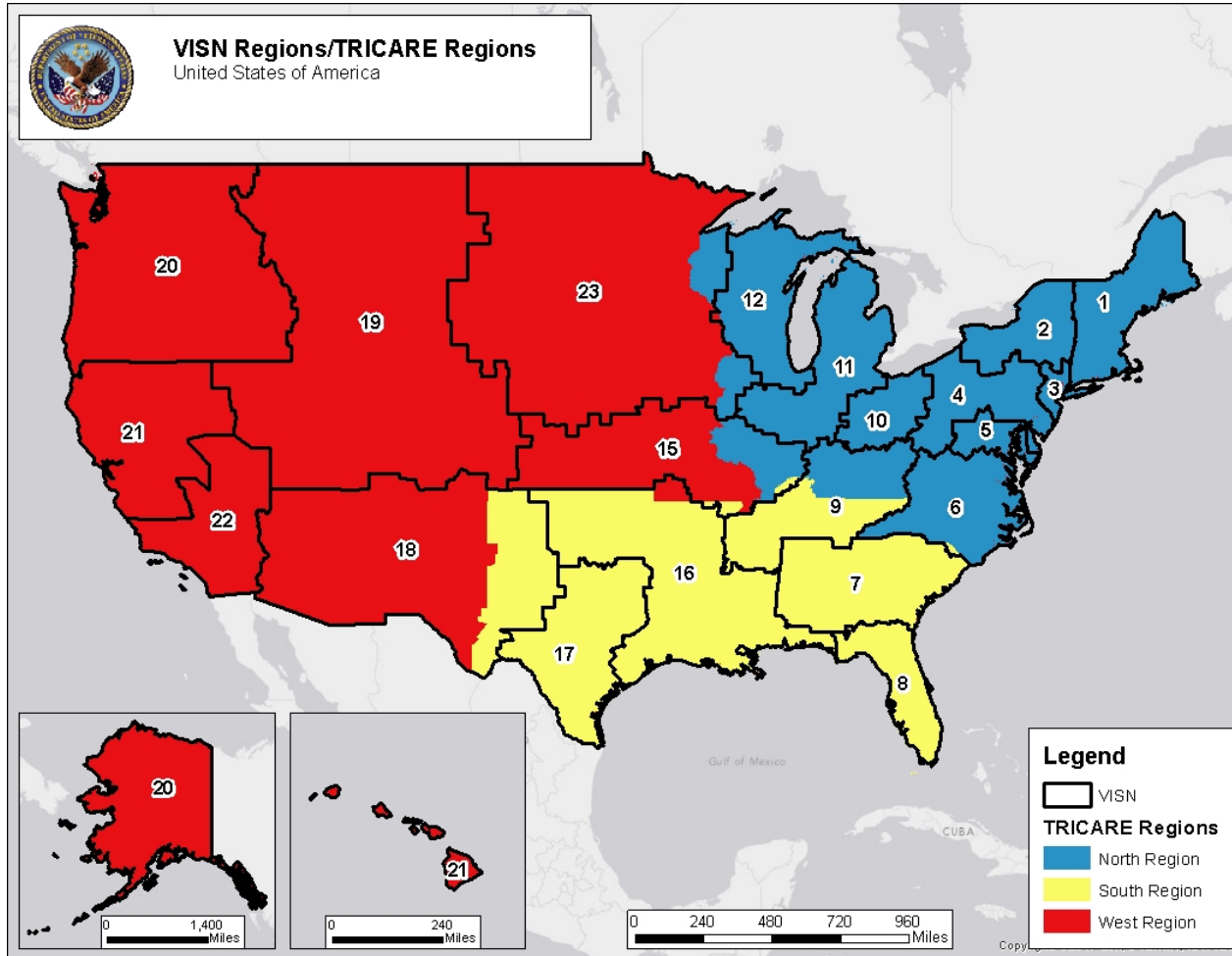


## TRICARE Network Provider Agreement

- Agreement between VA and the DoD Managed Care Support Contractor (MCSC) whereby VA will participate in the MCSC provider network to provide health care services to DoD beneficiaries in accordance with TRICARE regulations
- ALL VA medical facilities are TRICARE Providers
- Benefits of being a Network Provider include:
  - Continuity of care for Active Duty Service Members transitioning to VA care, especially for OEF/OIF/OND
  - Provision of medical care that may not be available at DoD Facilities
  - Streamlined Referral, Authorization and Billing Processes
- Reimbursement is negotiated through the agreement process and varies, but generally follows TRICARE reimbursement guidelines
- In FY2013, TRICARE reimbursed VA \$62.6M for health care services delivered to TRICARE beneficiaries at VAMCs



# Types of Sharing Agreements - TRICARE





# Benefits of VA-DoD Sharing



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- Purchased Care/Non-VA Care Recapture
  - Combining Other VA and DoD Services in one location – economies of scale
  - Increased patient mix and complexity – enhanced clinical currency
  - Combining or Complementary Services for Graduate Medical Education (GME)
  - Joint training sessions – increased training opportunities (non-GME); reduced training costs



# VA-DoD Sharing Summary



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- RWTF Questions:
    - Are there formal and informal agreements between DoD and VA?
    - Are these agreements universal throughout the US or location specific?