MEMORANDUM OF UNDERSTANDING BETWEEN THE DEPARTMENT OF DEFENSE AND THE DEPARTMENT OF VETERANS AFFAIRS

SUBJECT: Use of VA Prosthetic Equipment and Expertise by the Military in Support of Active Duty Patients

I. **PURPOSE:** In furtherance of the purpose of the "Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act" (38 U.S.C. 8111), this Memorandum of Understanding (MOU) is intended to: (1) have the Department of Defense consult with the Department of Veterans Affairs regarding all active duty service personnel who have suffered a major therapeutic or traumatic amputation; (2) encourage the DoD to purchase VA prosthetic equipment, sensory aids, and/or devices for DoD beneficiaries while being treated in military treatment facilities (MTFs); (3) state procedures for transferring active duty military personnel requiring VA prosthetic equipment and/or rehabilitation to VA Medical Centers; and, (4) clarify reimbursement policy regarding payment for prosthetic appliances and/or rehabilitation services provided by VA under the auspices of this MOU.

II. **BACKGROUND:** Many VA and DoD medical facilities have initiated local agreements under 38 U.S.C. 8111 that involve furnishing health care on a referral basis. In 1986, VA and DoD agreed to an MOU covering "Referral of Active Duty Patients to VA Medical Facilities" in certain situations where no local agreements had been negotiated. The Assistant Secretary of Defense (Health Affairs) and the Chief Medical Director of VA have concluded that increased use of VA prosthetics, sensory aids and devices, and rehabilitative services would aid in ensuring that DoD beneficiaries receive high quality care and devices at reasonable cost. To that end, this memorandum expands on the 1986 MOU. It specifically encourages use of VA prosthetics for active duty DoD amputees while in MTFs and addresses transfer of active duty amputee patients to VA medical centers for prosthetic equipment and rehabilitation.

III. **AUTHORITY:** This memorandum is entered into pursuant to "Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act" (codified at 38 U.S.C. 8111(d)), Section 3-105 of the "VA/DoD Health Care Resources Sharing Guidelines" set forth in an MOU between the Veterans Administration and the Department of Defense (1983), and "Referral of Active Duty Patients to Veterans Administration Medical Facilities," a VA/DoD MOU effective 10 June 1986.

IV. DURATION:

1. This agreement shall be in effect upon signature by both parties to the agreement and remain in force unless terminated at the request of either party after thirty (30) days notice in writing. In the event that this MOU is so terminated, DoD shall be liable only for payment in accordance with provisions of this agreement for care provided prior to the effective termination date.

2. In the event of war or national emergency, this agreement may be terminated immediately upon written notice by either party or expanded by mutual agreement.

V. REIMBURSEMENT AND BILLING:

1. Reimbursement to VA medical facilities shall be at the interagency rates established according to OMB Circular A-11, Section 13.5 (a) and in effect at the time care was provided. Because the interagency rates do not include the cost of transportation or prosthetics, the VA will bill DoD for the cost of transportation and prosthetics in addition to the interagency rates.

2. Charges for services provided to active duty personnel under terms of this agreement shall be prepared monthly, on UB 82, in multiple billing format for each branch of the DoD. The statements of charges, accompanied by copies of supporting documents such as authorizations and/or VA Form 10-10, Application for Medical Benefits, shall be submitted with a covering SF-1080 through Fiscal Services to the respective military payment center. The UB 82 must contain, at a minimum, the name, rank or rate, SSN, the Armed Services Medical Regulating Office (ASMRO) issued authority (CITE) number, the type of care provided, dates of admission, discharge, and/or outpatient treatment, and the condition for which medical care was given for each active duty person provided medical care during the month.

3. MTFs may purchase prosthetics, sensory aids, and devices under VA contracts when authorized under the terms of the contract.

VI. VA RESPONSIBILITIES:

1. Provide DoD, ASMRO, an annually updated list of names and telephone numbers of VA facilities with prosthetic rehabilitation capability and prosthetic contractors irrespective of any association with the VA.

2. Assist military authorities in arranging transfers of active duty members, if appropriate, to VA facilities. This includes verification of acceptance, providing an assessment of VA's capability to manage the course of treatment or rehabilitation of members, discussion of any special circumstances, and coordination of transportation arrangements.

3. Render the full range of treatment and/or rehabilitative services available at the accepting VA facility to all active duty members referred to and accepted by a VA facility under this MOU, provided such acceptance does not adversely affect (as determined by the director of the accepting VA facility) the range of services, the quality of care or the priorities for care established by law for primary VA beneficiaries.

4. When specifically requested by a uniformed services medical authority, arrange and be responsible for providing local ground transportation of active duty members to VA facilities from local airfields.

5. Provide notification to the appropriate Army or Air Force MTF or the appropriate Navy OMA (Office of Medical Affairs) when a member, still on active duty is admitted or is to be released from a VA treatment or rehabilitative program.

6. Provide consultative and other assistance to the extent feasible to military patients in MTFs including facilitating access to VA prosthetic equipment.

7. Provide patient progress notes to appropriate members' service.

VII. DoD RESPONSIBILITIES:

1. MTF commander (or designee) shall consult the chief of staff (or designee) of the nearest VAMC with prosthetic consultative capability for each active duty service member suffering a major amputation, either traumatic or therapeutic for the purpose of consultation and not necessarily for acceptance for admission.

2. MTF commander (or designee) shall provide notification to ASMRO when seeking to transfer a routine or nonemergent active duty patient from either an MTF or from a civilian hospital for placement in a VAMC for prosthetic equipment and rehabilitation. See Joint Regulation "Patient Regulating To and Within the Continental United States," Chapter 4 "Transfer of Uniformed Service Members to VA Medical Centers." AF 168-11 (Air Force); AR 40-350 (Army); and BUMEDINST 6320.1E (Navy).

3. Following MTF notification by ASMRO of the VA facility agreeing to accept the patient, military personnel shall establish the most expeditious means of contact with their counterparts at the designated VA facility to make arrangements for transfer. The initial contact shall verify acceptance, provide medical information regarding the patient, and coordinate transportation of patient from point of origin to the destination VA facility. Once the MTF has received a cite number from ASMRO in cases of military transport, the MTF will contact the designated VAMC point of contact at the receiving VAMC to provide the cite number prior to transporting the patient.

4. For Intra-CONUS transfers of patients by air, the MTF commander is responsible to coordinate ground transportation from the airfield to the VA facility. Unless an agreement is already in effect that provides for local transportation, the originating MTF shall make arrangements with any MTF within a reasonable distance to provide needed transportation. If commercial transportation is required, the originating treatment facility shall reimburse the cost. The transferring MTF shall make arrangements 24 hours in advance with the VA facility to provide civilian transportation from the airfield, if necessary.

5. Provide notification, telephonically and in writing, to VA facilities when active duty members referred for care while anticipating separation from service, are discharged or released from active duty. This notification shall be made prior to the date of separation and shall include the date and type or character of separation and the periods of active duty served.

6. For emergency situations, expedite transfers from MTFs or civilian hospitals to VA facilities through telephonic communications exclusively. If movement is required through the aeromedical evacuation system, MTFs shall report directly to the Aeromedical Evacuation Coordination Center, Scott AFB, Illinois.

VIII. JOINT VA AND DoD RESPONSIBILITIES:

Medical services will be provided according to the policies and guidelines of a quality management program that is consistent with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards and other pertinent directives.

This Memorandum of Understanding is effective upon signature of the undersigned.

James W. Holsinger, Jr., M.D.
Chief Medical Director
Department of Veterans Affairs

Date: 9/17/92

Enrique Mendez, Jr., M.D.
Assistant Secretary of
Defense (Health Affairs)
Department of Defense

Date: 21 September 1992