MEMORANDUM OF AGREEMENT BETWEEN THE DEPARTMENT OF VETERANS AFFAIRS (VA) AND THE DEPARTMENT OF DEFENSE (DoD)

REGARDING VA FURNISHING HEALTH CARE SERVICES TO MEMBERS OF THE ARMED FORCES DURING A WAR OR NATIONAL EMERGENCY

1. PURPOSE

Recognizing that VA's extensive and comprehensive health care resources could assist DoD in the event of a war or national emergency, the Secretary of Veterans Affairs and the Secretary of Defense agree to this Memorandum of Agreement (MOA). This memorandum establishes procedures and guidelines for planning and implementing VA's role as a principal backup to DoD during a war or national emergency to provide health care services to members of the armed forces.

2. AUTHORITY

This MOA is entered into under the authority of 38 U.S.C. Section 8111A and 38 C.F.R. Section 17.230.

3. CIRCUMSTANCES FOR THE FURNISHING OF HEALTH CARE SERVICES BY THE VA TO MEMBERS OF THE ARMED FORCES

3.1. Armed Conflict. During and immediately following a period of war, or a period of national emergency declared by the President or the Congress that involves the use of the armed forces in armed conflict, VA may furnish hospital care, nursing home care, and medical services to members of the armed forces on active duty.

3.2. Priority for Care. In furnishing health care services to members of the armed forces under this MOA, VA may give such members higher priority than to any other group of persons eligible for care and services, with the exception of veterans with service-connected disabilities. VA agrees to meet TRICARE Access Standards when accepting these patients.

4. CONTINGENCY PLANNING FOR USE OF VA HEALTH CARE SERVICES UNDER THIS MEMORANDUM

4.1. The VA Under Secretary for Health (USH) will represent VA in coordinating with DoD the planning and implementation of VA's contingency role under this Memorandum.

4.2. The Assistant Secretary of Defense for Health Affairs (ASD(HA)) will represent DoD in coordinating with VA the development of VA-DoD contingency plans.

4.3. The ASD(HA) will initiate DoD's planning for VA health care services support to DoD. The approved plan will be forwarded to the USH for review.

4.4. The ASD(HA) and the USH will review the VA-DoD Contingency Plan (Appendix A and Appendix A, Attachment 1) annually and update as necessary. The VA-DoD Contingency Plan will include an assessment of VA's capacity to treat both inpatient and outpatient active duty service members. This assessment will take into account the impact upon VA operations of a call-up to active duty (mobilization) of VA employees who are members of the Ready Reserves. The VA-DoD Contingency Plan will be approved by the ASD(HA) and the USH.

4.5. The ASD(HA) and the USH will coordinate the publication of implementing actions on the VA-DoD plans.

4.6 Following the annual reviews of this MOA and Contingency Plan by the ASD(HA) and the USH, any modification shall be reported within 30 days to the Committees on Veterans' Affairs and on Armed Services of the Senate and House of Representatives.

5. REIMBURSEMENT

The ASD(HA) and the USH will annually review reimbursement for health care services, as addressed in Appendix B and update as necessary.

6. ADDITIONAL PROVISIONS

6.1. Prior Memorandum. The December 23, 1982, Memorandum of Agreement between the VA and DoD Regarding the Furnishing of Health-Care Services to Members of the Armed Forces in the Event of a War or National Emergency is rescinded.

6.2. Definitions. The definitions of the terms "hospital care," "nursing home care," and "medical services" are found in 38 U.S.C. Sections 1701(5), 101(28), and 1701(6) respectively.

6.3. Management of VA Facilities. Throughout such period as VA is providing health care services to members of the armed forces, the medical centers and other facilities of VA will continue to be managed and operated under the direction of VA. In the event of an attack on the United States, the use of VA health care resources may be affected by other Executive Orders and Memoranda of Understanding between VA and other Federal (non-DoD) departments or agencies.

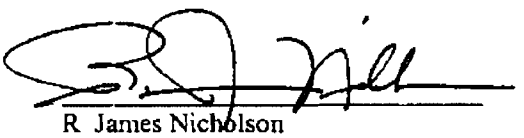
6 4 Other Sharing Agreements. Nothing in this Memorandum shall be construed as limiting the authorities of the Departments of Veterans Affairs and Defense to enter into other resource sharing agreements under 38 U.S.C. Section 8111 or other provisions of law (other than 38 U.S.C. Section 8111A, the subject of this Memorandum), including agreements relating to health care services for members of the armed forces.

6.5 Confidentiality of Patient Medical Information. Records of health care provided to military personnel by VA under this MOA are VA records covered by the Privacy Act, 5 USC 552a, the Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, and 38 USC 7332, where applicable. VA will use and disclose patients' protected health information only as authorized under these laws and regulations. VA will provide to DoD copies of patient medical information gathered or created in the course of providing health care to patients under this agreement in accordance with 5 USC 552a(b)(3), 45 CFR 164.512(k)(1)(i), and 38 USC 7332(e)(2)

7. EFFECTIVE DATE, MODIFICATION, AND TERMINATION

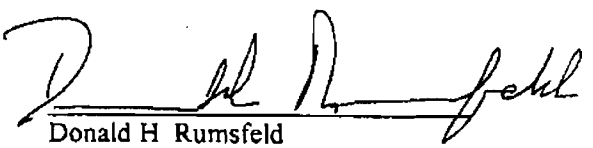
The Memorandum becomes effective on the date of the last signature. Either party may terminate this Memorandum upon 30 days written notice to the other party

8. APPROVALS



R James Nicholson
Secretary
Department of Veterans Affairs

9/26/06
Date



Donald H Rumsfeld
Secretary
Department of Defense

NOV 16 2006
Date

APPENDIX A, VA-DoD CONTINGENCY PLAN
to
MEMORANDUM OF AGREEMENT
BETWEEN THE
DEPARTMENT OF VETERANS AFFAIRS (VA)
AND THE
DEPARTMENT OF DEFENSE (DoD)

REGARDING VA FURNISHING HEALTH CARE SERVICES TO MEMBERS OF THE ARMED FORCES DURING A WAR OR NATIONAL EMERGENCY

I. OVERVIEW

During an armed conflict or a national emergency, DoD has a responsibility to provide medical care to armed forces on active duty.

One of VA's mission, consistent with Section 2(b) of Public Law 97-174, is to serve as a principal health care backup to the DoD in the event of an armed conflict or national emergency as declared by the President or Congress involving the use of United States Armed Forces. In order to implement this law, this Contingency Plan makes full use of available VA health care resources. This includes the use of VA medical centers, outpatient clinics, domiciliaries, nursing homes, supply services, communications systems, education and other medical resources. This will also take into consideration existing national agreements that include VA treatment of spinal cord injuries, traumatic brain injuries and visually impaired patient rehabilitation, etc.

To link VA and DoD medical systems, the two Departments designate these centers:

1. Primary Receiving Centers for coordinating and/or providing treatment to sick and wounded military personnel needing immediate care;

2. Secondary Support Centers for accepting transfers from and or sharing resources with the Primary Receiving Centers so as to maximize health care services support to DoD; and,

3. VA Installation Support Centers to provide health care resources support for military personnel at military bases in proximity to VA medical facilities.

These centers represent the foundation for a contingency health care system that will integrate with the National Disaster Medical System (NDMS). In addition, VA will include in local contingency plans provisions for entering into contracts with private facilities for the furnishing of health care to those eligible veterans displaced from a VA medical care facility or subject to delayed treatment because of the furnishing of care and services to members of the armed forces.

II. SYSTEM COMPOSITION AND DESCRIPTION

A. PRIMARY RECEIVING CENTERS (PRC)

Designated areas of the United States have been identified as patient reception areas for the treatment of sick and wounded military personnel returning from armed conflict or national emergency. A patient reception area is a geographic region of the United States containing a concentration of definitive medical capability (generally this refers to accredited, acute care institutions) and access to ground transportation, airfields and/or seaports.

Military or VA medical facilities are designated as PRCs in these areas. PRCs develop plans, train, exercise, and maintain the capability to receive patients from other regions by land, air or sea, distribute them within the patient reception area, and coordinate and/or provide health care services. Further, PRCs may be designated as Federal Coordinating Centers of the National Disaster Medical System.

Patient reception areas and designated PRCs are listed in Attachment 1.

B. SECONDARY SUPPORT CENTERS (SSCs)

Medical facilities not designated as PRCs may be designated as SSCs. SSCs accept transfers of patients from PRCs and provide other resource support to PRCs. This support will be detailed in a local plan developed between PRC and SSC.

C. VA INSTALLATION SUPPORT CENTERS (ISC)

ISCs are designated VA medical facilities proximate to military installations. ISCs develop local contingency plans to provide health care services and other health care resource support to military forces in the event of armed conflict or national emergency.

D. STANDARDIZATION

To ensure effective delivery of services, VA and DoD will standardize training, equipping, exercising, and evaluation of the system. This system includes, but is not limited to, PRCs, SSCs, ISCs, Federal Coordinating Centers (FCC), patient reception teams, and patient regulating teams.

VA and DoD will coordinate to establish funding requirements in support of this MOA.

III. ARMED CONFLICT OR NATIONAL EMERGENCY OPERATIONS

A. IMMEDIATELY PRIOR TO DECLARATION

The Assistant Secretary of Defense for Health Affairs (ASD(HA)) maintains continuous communications and liaison with the VA Under Secretary for Health (USH). This may be accomplished through a medical inter-agency coordination group. The purpose of these communications is to determine medical delivery capabilities, determine possible limiting factors to the delivery of medical care in both the military and VA systems, initiate plans or actions to address these factors, and refine patient discharge or transfer plans for non-active duty and non-service-connected VA patients.

B. UPON DECLARATION

Upon declaration of a national emergency, the Secretary of Veterans Affairs may, on his own initiative or upon request of the Secretary of Defense, authorize the admission and/or treatment of active duty military personnel on a priority basis at VA medical facilities. Subsequently, the Secretary of Veterans Affairs prescribes the priorities for treating active duty military personnel in VA medical facilities. The USH will notify the ASD(HA) of this decision.

Upon receipt of the notice from the USH of VA decision on treatment priorities, the ASD(HA) will notify the military departments of the VA medical support prescribed by the Secretary of Veterans Affairs. The Secretary of Veterans Affairs or his designee will notify VA medical facilities of the support prescribed for treating active duty military personnel on a priority basis.

Both Departments will maintain liaison with the Department of Homeland Security, the Department of Health and Human Services, or other governmental or non-governmental agencies, as appropriate.

C. DURING ARMED CONFLICT OR NATIONAL EMERGENCY

Under this VA-DoD Contingency Plan, active duty patients will be placed into hospitals or medical facilities that can best meet the following criteria:

- Capability to deliver the most appropriate medical care
- Nearest to home or unit of record
- Capability to provide seamless transition from military to veteran status, if required.

The USH and the ASD(HA) will ensure the continual flow of critical information between VA and DoD. This will include reports on projected patient workloads, patient throughput and treatment capacities that will be used to design patient movement and reception operations. This may include regional or national level movement and reception operations as applicable.

VA will promote access to VA health care services and VA benefits programs to active duty patients by assigning social workers and veterans' service representatives to military medical facilities receiving patients. These VA liaisons will ensure that patients receive information and counseling about VA benefits and programs, and arrange for appropriate transfers to the system.

Maximum use will be made of the U.S. Transportation Command Regulating and Command and Control Evacuation System (TRAC2ES) to manage patient movement.

D. RESOLUTION

Upon resolution of armed conflict or national emergency, the Secretary of Veterans Affairs may revise the priorities for treatment for active duty military personnel at VA medical facilities. The USH will notify the ASD(HA) of this decision.

ATTACHMENT 1, PRIMARY RECEIVING CENTERS
to
APPENDIX A, VA-DoD CONTINGENCY PLAN
to
MEMORANDUM OF AGREEMENT
BETWEEN THE
DEPARTMENT OF VETERANS AFFAIRS (VA)
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FEDERAL REGION	PRIMARY RECEIVING CENTER:	PATIENT RECEPTION AREA:
1	VA Boston HCS (W Roxbury)	Boston
1	VA Connecticut HCS (W Haven)	Westhaven
1	VAMC Northampton	Northampton
1	VAMC Providence	Providence, Newport NS
2	VAMC Stratton (Albany)	Albany
2	VA West NY HCS (Buffalo)	Buffalo
2	VAMC Syracuse	Syracuse, Ft Drum
2	VA NJ HCS (East Orange/Lyons)	East Orange/Lyons
2	VA NY Harbor HCS (Brooklyn)	New York City minus Bronx, Long Island
2	VA Hudson Valley HCS (Castle Point)	Mid-Hudson, North New York City environs
3	Walter Reed Army Med Ctr (D.C.)	Walt Reed AMC DC & Maryland environs
3	VA Maryland HCS (Baltimore)	Baltimore
3	79 Med Wing Andrews AFB (Maryland)	N Virginia, Andrews AFB
3	National Naval Medical Center (Bethesda)	NNMC, DC & Maryland environs
3	Naval Medical Center Portsmouth (Norfolk)	Norfolk, NMC Portsmouth, Langley AFB, Ft Eustis
3	VAMC Philadelphia	Philadelphia
3	VAMC Pittsburgh (UD) (Pittsburgh HCS)	Pittsburgh
3	VAM&ROC Wilmington	Wilmington
3	VAMC McGuire (Richmond)	Richmond, Ft Lee
4	VAMC Asheville	Asheville
4	VAMC Atlanta	Atlanta

FEDERAL REGION	PRIMARY RECEIVING CENTER:	PATIENT RECEPTION AREA:
4	Eisenhower Army Med Ctr (Augusta)	Augusta, Ft Gordon
4	VAMC Birmingham	Birmingham, Red Stone Arsenal
4	VAMC Johnson (Charleston)	Charleston
4	Blanchfield Army Hospital (Ft Campbell)	Clarksville, Ft Campbell
4	Moncrief Army Hospital (Ft Jackson)	Columbia SC, Ft Jackson
4	Martin Army Hospital (Ft Benning)	Columbus, Ft Benning
4	VAMC Durham	Raleigh - Durham
4	Womack Army Med Ctr (Ft Bragg)	Fayetteville, Ft Bragg
4	VAMC G.V.S. Montgomery (Jackson)	Jackson
4	Naval Hosp Cp Lejeune (Jacksonville NC)	Jacksonville NC, Cp Lejeune, Cherry Pt USMC AS
4	Naval Hosp Jacksonville (Jacksonville FL)	Jacksonville, NH Jacksonville
4	VAMC Lexington	Lexington
4	VAMC Louisville	Louisville, Ft Knox
4	VAMC Memphis	Memphis
4	VAMC Miami	Miami
4	81 AMDS Keesler AFB (Mobile)	Mobile, Keesler AFB
4	VAMC Nashville	Nashville
4	Naval Hospital Pensacola	Pensacola
4	VAMC Salisbury	Salisbury, Charlotte, Winston-Salem
4	VAMC San Juan	San Juan, Roosevelt Roads, Ft Buchanan
4	Winn Army Hosp (Ft Stewart)	Savannah, Ft Stewart
4	VAMC Bay Pines	Tampa, MacDill AFB
5	Naval Hospital Great Lakes (Chicago)	Chicago, NH Great Lakes
5	VAMC Cincinnati	Cincinnati
5	VAMC Stokes (Cleveland)	Cleveland
5	74 Med Gp Wright-Pat AFB (Dayton)	Dayton, Wright-Pat AFB
5	VAMC Dingell (Detroit)	Detroit
5	VAMC Roudebush (Indianapolis)	Indianapolis
5	VAMC Zablocki (Milwaukee)	Milwaukee
5	VAMC Minneapolis	Minneapolis
5	375 Med Group Scott AFB (St Louis)	St Louis, Scott AFB, Ft Leonard Wood
6	VA New Mexico HCS (Albuquerque)	Albuquerque, Kirtland AFB
6	VAMC Dallas (North Texas HCS)	Dallas
6	Beaumont Army Med Ctr (Ft Bliss)	El Paso, Ft Bliss

FEDERAL REGION	PRIMARY RECEIVING CENTER:	PATIENT RECEPTION AREA:
6	VAMC Houston	Houston
6	Reynolds Army Hospital (Ft Sill)	Lawton, Ft Sill
6	VA Central Arkansas HCS	Little Rock, Little Rock AFB
6	VAMC New Orleans	New Orleans, New Orleans NMC
6	VAMC Oklahoma City	Oklahoma City, Tinker AFB
6	Brooke Army Med Ctr (Ft Sam Houston)	San Antonio, Lackland AFB, Brooke Army Medical Center
6	VAMC Brooks (Shreveport)	Shreveport, Barksdale AFB
6	Darnall Army Hospital (Ft Hood)	Temple, Ft Hood
7	VAMC Des Moines	Des Moines
7	VAMC Kansas City	Kansas City, Ft Leavenworth, Whiteman AFB, Ft Riley
7	VAM&ROC Wichita	Wichita, McConnell AFB
8	Evans Army Hosp (Ft Carson)	Colorado Springs, USAF Academy
8	VAMC Denver	Denver
8	VA Salt Lake City HCS	Salt Lake City, Hill AFB
8	VA E Montana HCS (Montana HCS)	Miles City
8	VAMC Fort Meade (Black Hills HCS)	Rapid City
9	Tripler Army Medical Center (Honolulu)	Honolulu, Tripler AMC
9	Michael O'Callahan Federal Hospital	Las Vegas, Nellis AFB
9	VA Loma Linda HCS	Loma Linda, USMC 29 Palms
9	VA Long Beach HCS	Long Beach
9	VA Greater Los Angeles HCS	Los Angeles
9	Naval Hosp Camp Pendleton (Orange County)	Orange County, Camp Pendleton
9	60 AMDS Travis AFB (Sacramento)	Sacramento, Travis AFB
9	Naval Medical Center San Diego	San Diego, NMC San Diego
9	VAMC San Francisco	San Francisco
9	VAMC Hayden (Phoenix)	Phoenix, Luke AFB
9	VA S Arizona HCS (Tucson)	Tucson, D-M AFB, Ft Huachuca
10	3 Med Gp Elmendorf AFB (Anchorage)	Anchorage, Elmendorf AFB
10	VAMC Portland	Portland
10	Naval Hosp Bremerton (Bremerton)	Bremerton
10	Madigan Army Med Ctr (Ft Lewis)	Seattle, McChord AFB, Oak Harbor

APPENDIX B, REIMBURSEMENT
to
MEMORANDUM OF AGREEMENT
BETWEEN THE
DEPARTMENT OF VETERANS AFFAIRS (VA)
AND THE
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I. Unless a local or TRICARE Network agreement provides for an alternate reimbursement rate, the reimbursement for all health care services shall be at the rates established by the Secretary of Defense and the Secretary of Veterans Affairs under Title 38 United States Code, section 8111, and implemented in the DoD/VA Memorandum of Agreement of 2003. The inpatient reimbursement methodology was implemented in guidance signed on August 29, 2006. Outpatient pharmaceuticals will not be provided if the referral is made through the TRICARE network, but rather a prescription will be given to the patient to be filled under the TRICARE pharmacy program.

II. Bills shall be forwarded to the fiscal intermediary for supplemental care or to the local military medical treatment facility, if referred under a direct sharing agreement.

III. These provisions will be reviewed annually by the Assistant Secretary of Defense for Health Affairs and the VA Under Secretary of Health, and will be updated or revised as necessary by an addendum agreed to by the parties. The terms of this Appendix will remain in effect until a new rate structure has been approved.