



Department of Defense INSTRUCTION

NUMBER 6010.23

January 23, 2012

Incorporating Change 1, Effective October 3, 2013

USD(P&R)

SUBJECT: DoD and Department of Veterans Affairs (VA) Health Care Resource Sharing Program

References: See Enclosure 1

1. **PURPOSE.** This Instruction, in accordance with the authority in DoD Directive (DoDD) 5124.02 (Reference (a)):

a. Reissues DoD Instruction (DoDI) 6010.23 (Reference (b)) to implement the policy in section 8111 of title 38, United States Code (U.S.C.) (Reference (c)) and section 1104 of title 10, U.S.C. (Reference (d)).

b. Assigns responsibilities and prescribes procedures for the development and operation of DoD and VA health care resource sharing agreements (hereinafter referred to as “sharing agreements”) and joint ventures when a determination is made that such arrangements will improve access to quality health care or increase cost-effectiveness of the health care provided by the Military Health System (MHS) and the Veterans Health Administration (VHA) to beneficiaries of both departments.

2. **APPLICABILITY.** This Instruction applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD entering into sharing agreements with VA (hereinafter referred to collectively as the “DoD Components”).

3. **DEFINITIONS.** See Glossary.

4. **POLICY.** It is DoD policy, in accordance with section 8111 of Reference (c) and section 1104 of Reference (d), that:

a. The DoD and VA shall enter into direct care sharing agreements and contracts for the mutually beneficial coordination, use, and exchange of health care resources of their departments. The goal of sharing agreements is to improve access to, and quality, efficiency, and effectiveness of the health care provided by the MHS and VHA to their respective beneficiaries.

b. Sharing agreements shall not adversely affect the range of services, the quality of care, the established priorities for care, or result in delay or denial of services to primary beneficiaries of the providing department. Additionally, sharing agreements shall not adversely affect readiness or the deployment capability requirement of DoD personnel.

c. To encourage TRICARE provider networks to include VA medical facilities for the treatment of TRICARE beneficiaries, VA medical facilities may negotiate rates directly with the managed care support contractors (MCSC), and are subject to the same utilization management and quality assurance requirements applicable to other network providers. Generally, VA participation in TRICARE provider networks must be in accordance with the most recent version of TRICARE Policy Manual 6010.54-M (Reference (e)).

d. In accordance with section 8111(e) of Reference (c), funds received from VA under a sharing agreement shall be credited to the funds that have been allotted to support the operation and maintenance of the DoD medical treatment facility (MTF) involved in the sharing agreement.

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. See Enclosure 3.

7. INFORMATION COLLECTION REQUIREMENTS. The DoD/VA Health Care Resource Sharing Program reporting requirement referred to in paragraph 9.a. of Enclosure 3 of this Instruction is submitted to Congress in accordance with section 8111(f) of Reference (c) and in coordination with the Office of the Assistant Secretary of Defense for Legislative Affairs.

8. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

9. SUMMARY OF CHANGE 1. The changes to this issuance are administrative and update organizational titles and references for accuracy.

10. EFFECTIVE DATE. This Instruction:

- a. Is effective on January 23, 2012.
- b. Must be reissued, cancelled, or certified current within 5 years of its publication to be considered current in accordance with DoDI 5025.01 (Reference (m)).
- c. Will expire effective January 23, 2022 and be removed from the DoD Issuances Website if it hasn't been reissued or cancelled in accordance with Reference (m).



Jo Ann Rooney
Acting Under Secretary of Defense for
Personnel and Readiness

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Glossary

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (b) DoD Instruction 6010.23, “Department of Defense and Department of Veterans Affairs Health Care Resource Sharing Program,” September 12, 2005 (hereby cancelled)
- (c) Sections 101, 1701, 1782, 1783 and 8111 of title 38, United States Code
- (d) Sections 1074, 1079, 1086, 1104, and chapter 61 of title 10, United States Code
- (e) TRICARE Policy Manual 6010.54-M, “Veterans Affairs Health Care Facilities,” August 1, 2002
- (f) Memorandum of Understanding Between the Department of Veterans Affairs and Department of Defense, “Health Care Resources Sharing Guidelines,” October 31, 2008¹
- (g) DoD Instruction 4000.19, “Support Agreements,” April 25, 2013, as amended
- (h) DoD Instruction 6015.17, “Military Health System (MHS) Facility Portfolio Management,” January 13, 2012, as amended
- (i) Memorandum of Understanding Between the Department of Veterans Affairs and Department of Defense, “VA-DoD Health Care Resource Sharing Rates-Billing Guidance Outpatient Services,” August 17, 2009²
- (j) Memorandum of Understanding Between the Department of Veterans Affairs and Department of Defense, “Department of Veterans Affairs (VA)-Department of Defense (DoD) Health Care Resource Sharing Rates-Billing Guidance Inpatient Services,” August 29, 2006¹
- (k) DoD Directive 5106.01, “Inspector General of the Department of Defense (IG DoD),” August 19, 2014, as amended
- (l) Joint Publication 1-02, “Department of Defense Dictionary of Military and Associated Terms,” current edition
- (m) DoD Instruction 5025.01, “DoD Issuances Program,” August 1, 2016, as amended

¹ This guidance is available at <http://www.tricare.mil/DVPCO/policy-leg.cfm>

² This guidance is available at <http://www.tricare.mil/DVPCO/va-direct.cfm>.

ENCLOSURE 2

RESPONSIBILITIES

1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). The ASD(HA), under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, shall:

- a. Co-chair the VA/DoD Health Executive Council (HEC) with the VA Under Secretary for Health in accordance with the procedures in Enclosure 3 of this Instruction.
- b. Issue guidance and oversee the DoD/VA Health Care Resource Sharing Program.
- c. Implement a formal DoD/VA Health Care Resource Sharing Program and ensure availability of information management and other support systems determined necessary for program implementation and operation.
- d. Designate a director to oversee the program as described in Enclosure 3 of this Instruction, and coordinate issues and policy with VA representatives to the HEC, their working groups, and VA Central Office personnel.

2. HEADS OF DoD COMPONENTS ENGAGED IN VA/DoD HEALTH CARE RESOURCE SHARING AGREEMENTS. The Heads of DoD Components engaged in VA/DoD health care resource sharing agreements shall designate a point of contact to coordinate and oversee applicable activities and to interact with the Director of the DoD/VA Health Care Resource Sharing Program referenced in section 2 of this enclosure..

3. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments, in addition to the responsibilities in section 2 of this enclosure, shall:

- a. Comply with this Instruction and develop and publish department-specific supplemental guidance to this Instruction.
- b. Provide a program manager to oversee the DoD/VA Health Care Resource Sharing Program within their respective departments, and coordinate issues and policy with the Office of the ASD(HA) (OASD(HA)) Program Director for DoD/VA Health Care Resource Sharing, VA representatives to the HEC, HEC working groups, and VA Central Office personnel. The departmental program managers shall provide operational direction and oversight for their respective departments' activities, and provide reports as required in Enclosure 2 of this Instruction.
- c. Assign Military Department Surgeons General to attend all HEC meetings.

d. Following the appropriate Military Department chain of command, direct the heads of medical facilities to:

(1) Become familiar with DoD and Military Department instructions and regulations for the management of sharing agreements and the procedures for developing, obtaining approval for, and monitoring of sharing agreements with VA facilities consistent with this Instruction.

(2) Maintain utilization review and quality assurance programs to ensure the necessity, appropriateness, and quality of health care services provided under sharing agreements. The content and operation of this program shall, at a minimum, meet the guidelines and requirements established by the most recent standards of the selected accreditation organization for the facility.

(3) Participate in regular meetings with appropriate VA counterparts to monitor emerging opportunities for VA/DoD health care resource sharing and to provide oversight to operational performance associated with existing sharing agreements in their local areas.

(4) Conduct financial analyses and negotiate sharing agreements with local VA medical facilities.

ENCLOSURE 3

PROCEDURES

1. HEC

a. The HEC shall:

(1) Oversee the cooperative efforts of DoD and VA health care organizations and all councils or work groups designated by the HEC co-chairs.

(2) Oversee the development and implementation of the health care initiatives consistent with the VA/DoD Joint Strategic Plan (JSP).

(3) Oversee the DoD/VA Health Care Resource Sharing Program activities of each agency and all councils or work groups designated by the HEC co-chairs.

(4) Work to remove barriers and challenges that impede collaboration, assert and support mutually beneficial opportunities to improve business practices, ensure high quality and cost effective health care services for DoD and VA beneficiaries, and facilitate new activities and initiatives to improve resource utilization.

(5) Recommend to the Secretaries of DoD and VA, through the DoD/VA Joint Executive Council in accordance with the Memorandum of Understanding Between the Department of Veterans Affairs and Department of Defense (Reference (f)), the strategic direction for policy development and implementation initiatives, the joint coordination and sharing efforts between and within the two health care organizations, and oversee the implementation of those efforts.

b. Departmental level or interagency agreements will be developed and approved through the HEC or its subordinate councils, steering committees, and work groups. Departmental level agreements, including specific executive decision memorandums (EDMs) and memorandums of agreement (MOAs) or memorandums of understanding (MOUs) in accordance with DoDI 4000.19 (Reference (g)), are those applying to all operational levels within the DoD and VA, and guide the development of local sharing agreements. The EDM format is to be used only for initiatives that require HEC approval.

c. HEC membership includes the Surgeons General of each Military Department, the Director, Defense Health Agency (DHA), the Deputy Assistant Secretaries of Defense for Health Affairs, the MHS Chief Information Officer, and representatives of the VA/DoD Benefits Executive Council.

d. The HEC will meet on a bi-monthly basis. The co-chairs may call additional meetings as necessary.

2. DoD/VA RESOURCE SHARING PROGRAM. The Director, DoD/VA Resource Sharing Program, shall:

- a. Monitor and facilitate collaborative VA/DoD initiatives in support of legislative requirements and JSP goals and objectives.
- b. Develop and implement education, training, and marketing programs in support of legislative requirements and JSP goals and objectives for all OASD(HA) and Military Department personnel at appropriate organizational levels.
- c. Assess program performance using cost and utilization reports of sharing activities. Identify opportunities for expanded and enhanced sharing of health care resources among Federal health care programs by establishing cooperative health care agreements between military installations and local or regional health care systems.
- d. Require regular communication with external stakeholders by serving as the OASD(HA) clearinghouse for all health care resource sharing related information.

3. LOCAL AND REGIONAL SHARING AGREEMENTS, MOAs, AND MOUs

a. Business Planning. An assessment of opportunities for resource sharing with the VA shall be included as part of the annual MTF and Regional Business Planning process.

b. Informational Requirements for Proposed Agreements

(1) All new and, when appropriate as determined by the Military Department chain of command, amended proposed agreements must contain a financial analysis demonstrating the arrangement is in the mutual best interest of both departments. The financial analysis template is posted to the DoD/VA Program Coordination Website at <http://www.tricare.mil/DVPCO/default.cfm>.

(2) Sharing agreements must identify local points of contact to facilitate communication and resolve issues associated with the execution of the sharing agreement.

(3) The DoD Components may request permission to acquire or increase health care resources that exceed the needs of their primary beneficiaries or other mission-related requirements, if the additional resources will effectively serve the combined needs of both departments. Justification for acquiring or increasing resources will be based on the projected workload resulting from a sharing agreement.

(4) Sharing agreements must include a permanent business office address, a claims processing point of contact, and guidance for claims processing.

c. Approval Process

(1) The DoD Components are authorized to enter into health care coordination and sharing agreements in accordance with section 8111 of Reference (c).

(2) Proposed sharing agreements shall be submitted by the heads of medical facilities through the appropriate Military Department chain of command for approval or disapproval. The program director shall facilitate resolution of issues arising from sharing agreements that cannot be resolved within the Military Departments or other DoD Components.

(3) In accordance with section 8111 of Reference (c), if an approval or disapproval decision regarding a sharing agreement is not made by the 46th calendar day after receipt of the proposed agreement by the appropriate organizational element within the Military Departments as designated by Reference (f), the agreement shall become effective consistent with its terms. Approved sharing agreements will be sent to OASD(HA) via the VA/DoD health care sharing agreement database. If disapproved, the proposed sharing agreement, along with a written statement citing reasons for disapproval, will be sent electronically to the originating entity and the OASD(HA), Director, DoD/VA Program Coordination Office.

(4) The heads of medical facilities or the appropriate authority within the Reserve and National Guard Components shall submit a final, signed copy of the proposed agreement as a completed VA Form 10-1245c, "VA/Department of Defense Sharing Agreement," which may include an MOA, depending on Military Department guidance, through their respective Military Department or DoD Component chain of command, to the OASD(HA) via the VA/DoD health care sharing agreement database. A copy of the VA Form 10-1245c may be found at <http://www4.va.gov/vaforms/>.

d. Modification, Renewal, Amendment, Duration, and Termination

(1) Modifications, renewals, or amendments to existing sharing agreements are subject to the same approval process as newly proposed sharing agreements. Each sharing agreement shall expressly include terms for modification or termination.

(2) All sharing agreements shall provide for modification or termination in the event of war or national emergency. Sharing agreements may be terminated at any time by mutual consent of the parties involved. The agreement may also be terminated by either party by providing 30 days' written notice to the other party. Additional conditions for terminating sharing agreements are determined by the heads of medical facilities or the appropriate authority within the Reserve and National Guard Components, and must be stated in the original sharing agreement.

(3) Sharing agreements may be entered into for up to 5 years. If the duration is longer than 1 year, the sharing agreement must contain a statement that continuation beyond the current fiscal year is contingent on the availability of funds appropriated for such purposes. Additionally, sharing agreements must be reviewed at least annually.

e. Issue or Conflict Resolution. Disputes arising in the execution of any sharing agreement or joint initiative are to be addressed at the lowest possible organizational level.

4. NETWORK PROVIDER AGREEMENTS

a. In accordance with Reference (e), VA health care facilities may enter into network provider agreements directly with MCSCs. The approval process outlined in section 8111 of Reference (c) and paragraph 2.d. of this enclosure shall not apply to network provider agreements that require explicit MCSC approval.

b. Under such an agreement, the VA facility is established as an authorized participating provider and the MCSC shall reimburse the VA facility for inpatient care and professional services, including outpatient care, in accordance with MCSC contract requirements.

c. The referral of DoD beneficiaries eligible for care pursuant to sections 1079 and 1086 of Reference (d) to VA facilities shall be managed through the MCSC.

5. JOINT VENTURES

a. Characteristics. Joint ventures may or may not involve joint capital planning or coordinated use of existing or planned facilities. However, there are several characteristics that distinguish a joint venture from ordinary resource sharing relationships:

(1) Joint ventures function like strategic alliances between DoD and VA for the purposes of commitments of more than 5 years to facilitate comprehensive cooperation, shared risk, and mutual benefit.

(2) Joint ventures entail VA and DoD medical facility missions and operations to be connected, integrated, or consolidated to the extent that there is regular and ongoing interaction in several of the following areas: staffing, clinical workload, business processes, management, information technology, logistics, education and training, and research capabilities.

b. Approval Process. For proposed joint ventures, the heads of medical facilities involved shall develop a letter of agreement that outlines the basic concept and details the benefits of the proposed joint venture. The letter of agreement shall be forwarded for approval through the appropriate Military Department. When the agreement is approved, the proposed joint venture will establish a local joint venture planning team. This team will be responsible for developing a detailed concept of operations (CONOPS) describing the roles and responsibilities of each party, the joint venture host, a description of the governance model, and a proposed staffing plan. Proposed joint ventures involving capital improvements or new construction must comply with DoD Instruction 6015.17 (Reference (h)). The CONOPS shall be forwarded for consideration and comment to the same authorities approving the letter of agreement, with final approval by the ASD(HA) through the HEC.

6. JOINT MARKET OPPORTUNITIES

- a. Under the authority of the HEC, the Joint Facilities Utilization and Resource Sharing Work Group shall identify opportunities for improving delivery of health care to beneficiaries at current joint venture sites and identify elements of current joint venture practices that can be exported to other joint market-based areas.
- b. During site visits to current and potential sharing sites, the work group team shall evaluate the level of collaboration and identify possible joint initiatives.
- c. Sites with identified opportunities for increased sharing will develop Military Department specific documentation (e.g., CONOPS or MOA) leading to an operational sharing agreement with its VA partner.
- d. At a minimum, the DoD and VA partners will review potential joint market opportunities at least annually in the following health care related functional areas: clinical services, facilities, staffing, business processes, management or governance, information management and information technology, logistics, education and training, and research.
- e. Joint venture and joint market area sites will establish a baseline of quality, cost, and access to care data for use in evaluating the effectiveness of sharing initiatives on a bi-annual basis.

7. DUAL ELIGIBLE BENEFICIARIES. The guidelines in this section are issued to clarify business processes for handling dually eligible beneficiaries under a sharing agreement.

- a. In accordance with paragraph 4.e. of Reference (f), the referring entity will reimburse the medical facility performing the care. The medical facility performing the care will assume that the patient is seeking care under the eligibility of the referring entity, unless the patient voluntarily states otherwise.

- (1) Benefit election should occur at the beginning of an episode of care. At no time should the entity providing health care solicit or encourage a benefit election change of status from one benefit to the other. However, if a dual eligible beneficiary who has been duly referred for care voluntarily elects to change his or her benefit during an episode of care, he or she must be provided benefits and entitlement counseling from the local MHS Beneficiary Counseling and Assistance Coordinators regarding any potential negative ramifications of this decision to ensure that the patient makes an informed choice and is aware of all the implications of his or her choice, such as potential interruption in the continuity of care, increased or new co-payments, loss of eligibility for VA beneficiary travel allowance, or any potential loss of other benefits.

- (2) The referring facility must be notified about the change in benefit election.

- b. For dual eligible beneficiaries using TRICARE benefits, VA remains responsible for ensuring that all VA benefits for an eligible individual veteran are exhausted before utilizing TRICARE benefits. VA is exclusively responsible for all medical care for veterans with service-

connected conditions and any veteran receiving continued care for a condition previously under treatment at the VA facility.

8. REIMBURSEMENTS

a. Claims for reimbursement for direct (local) health care sharing shall be performed in accordance with VA/DoD jointly signed MOAs governing outpatient and inpatient billing guidance in accordance with MOUs between the VA and DoD (References (i) and (j)).

b. Reimbursement from DoD to VA for health care services provided under a sharing agreement shall not exceed payment amounts applicable to similar services provided by non-government providers under TRICARE payment rules and procedures, unless an exception to policy is approved by the ASD(HA).

c. Payments made or reimbursement received for services exchanged for special programs or initiatives, such as the Disability Evaluation System, are to be done in accordance with their corresponding MOA.

9. REPORTING REQUIREMENTS

a. Annual Report. Pursuant to section 8111(f) of Reference (c), a report on the DoD/VA Health Care Resource Sharing Program is due annually to the Congress to coincide with the submission of the President's budget.

b. External Audits. All DoD/VA Health Care Resource Sharing program audits conducted by external agencies, such as the Government Accountability Office (GAO), shall be coordinated through the DoD Inspector General (IG), in accordance with DoDD 5106.01 (Reference (k)), to OASD(HA) and DHA through the GAO/IG liaison office. Audits requiring participation from the Military Departments shall be coordinated between the DoD Inspector General, through the respective Service audit organization, and the designated external audit liaison point of contact within the Military Departments.

c. Other External Information Requests. All other requests for information from external agencies shall be coordinated through the OASD(HA).

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
CONOPS	concept of operations
DHA	Defense Health Agency
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
EDM	executive decision memorandum
GAO	Government Accountability Office
HEC	Health Executive Council
IG	Inspector General
JSP	Joint Strategic Plan
MCSC	managed care support contractors
MHS	Military Health System
MOA	memorandum of agreement
MOU	memorandum of understanding
MTF	military treatment facility
OASD(HA)	Office of the Assistant Secretary of Defense for Health Affairs
U.S.C.	United States Code
VA	Department of Veterans Affairs
VHA	Veterans Health Administration

PART II. DEFINITIONS

These terms and their definitions are for the purpose of this Instruction.

beneficiary. A person eligible for health care services as a beneficiary of the DoD or VA.

DoD beneficiary. A primary beneficiary, as defined by section 8111 of Reference (c), is a Service member or former Service member who is eligible for care pursuant to section 1074 of Reference (d).

VA beneficiary. An individual eligible for care pursuant to section 101 et. seq. of Reference (c).

CONOPS. A verbal or graphic statement that clearly and concisely expresses what the DoD and VA heads of medical facilities intend to accomplish and how it will be done using available resources. The CONOPS is designed to give an overall picture of the operation.

direct care sharing agreements. An approved VA Form 10-1245c executed between a MHS facility command or other authorized authority and a VA medical facility. These agreements involve the exchange of services for reimbursement or services in kind.

disability evaluation system. The mechanism for implementing determining retirement or separation and return to duty of Service members because of physical disability in accordance with chapter 61 of Reference (d).

dual eligible beneficiaries. Individuals who have statutory eligibility for care in the DoD MHS and VA health care system. Dually eligible beneficiaries have freedom of choice, consistent with the rules and procedures of the respective departments, as to which medical benefit to use for an episode of care, which is defined as all the discrete services and encounters associated with specific diagnostic condition.

heads of medical facilities

DoD head of medical facilities. The commander or medical or dental officer in charge of the MTF.

VA head of medical facilities. The director of the VA medical facility.

health care resource. All available manpower, facilities, equipment, supplies, and funding to produce health care services, and any other health care support or administrative resource.

health care services. Hospital care, medical services, and rehabilitative services, as defined in section 1701 of Reference (c), certain health care services for immediate family members of veterans consistent with section 1782 of Reference (c), and bereavement counseling consistent with section 1783 of Reference (c).

joint venture. A VA and DoD mutually approved, locally negotiated partnership characterized by specific resource sharing agreements encompassing multiple services resulting in joint operations, consistent with the authority in section 8111 of Reference (c), section 1104 of Reference (d), or other enacted authority, that will generate increased access to or an enhanced level of services for the beneficiaries of both agencies in a mutually beneficial, efficient, and cost sharing manner.

MOA. Defined in Reference (g).

MOU. Defined in Reference (g).

MTF. Defined in Joint Publication 1-02 (Reference (l)).

participating providers. A medical provider under contract to TRICARE.

readiness. Defined in Reference (l).

TRICARE. The Department of Defense's managed health care program for active duty service members, service families, retirees and their families, survivors, and other eligible beneficiaries. TRICARE is a blend of the military's direct care system of hospitals and clinics and civilian providers.