

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

SUBJECT: Transportation of Certain Veterans Administration (VA) Patients on Department of Defense (DOD) Aeromedical Evacuation Aircraft

I. PURPOSE: This Memorandum of Understanding (MOU) defines responsibilities and establishes procedures for transporting certain VA patients who are not Uniformed Services beneficiaries aboard DOD aeromedical evacuation aircraft. Further, this MOU provides guidelines and procedures for applying transportation rates and establishes methods for reimbursing DOD for expenses related to movement of these veterans.

II. BACKGROUND: To promote the efficient use of Federal resources, Congress amended Chapter 157 Title 10, United States Code to authorize the DOD to provide transportation on a DOD aeromedical evacuation aircraft for the purpose of transporting a veteran to or from a VA medical facility. This memorandum satisfies the requirement of the law for the Secretary of Defense and Administrator of the Veterans Administration to enter into an agreement implementing the law.

III. AUTHORITY: This MOU is entered into pursuant to Section 1250 of Public Law 100-180 (1987) (codified at 10 U.S.C. Chapter 157).

IV. GENERAL RESPONSIBILITIES:

1. The Administrator of the Veterans Administration will ensure that:
 - a. Eligible veterans meet the medical criteria for movement as specified in applicable DOD directives and regulations. All patients must be referred to DOD by a VA Medical Center (VAMC) to be covered under this MOU.
 - b. Requests for space available patient travel are provided to the Patient Airlift Center (PAC), Scott Air Force Base, Illinois, for transferring a routine or nonemergent VA patient to/from either a VA facility or a civilian hospital. The theater Aeromedical Evacuation Control Center is contacted for approval of transfer of VA patients from the overseas areas. If approved, ensure the patient and attendant is reported to the Armed Services Medical Regulating Office (ASMRO) (through the Joint Medical Regulating Office (JMRO) overseas).
 - c. Local VA medical facilities provide, and are otherwise responsible for, local ground transportation of eligible patients and attendants between origin and destination medical facilities and their related airfields.
 - d. All VA medical facilities provide the PAC, in writing, the name and phone number(s) of a 24-hour aeromedical evacuation point of contact.
 - e. All necessary medical and non medical attendants, medical supplies, litters, and items required for care enroute which are not routinely provided by the aeromedical evacuation system accompany the patient if required by the Deputy Commander for Aeromedical Evacuation, 375th Aeromedical Airlift Wing (375 AAW/SG) or his designee.

f. VA personnel involved in reporting and preparing patients and attendants receive training as provided by the DOD in conjunction with the VA.

g. All patients, attendants and accompanying baggage comply with security and customs requirements outlined in Military Airlift Command (MAC) Regulation (MACR) 76-1, Volume 1.

h. The individual's travel is for official purposes.

i. Prior to implementing this MOU an implementing instruction governing patient reporting and movement procedures for VA eligible patients is published in coordination with ASMRO and the MAC Surgeon's Office.

j. DOD is reimbursed for all expenses incident to movement of a VA patient that would not otherwise have been incurred by the DOD and for attendant travel.

2. The Secretary of Defense will:

a. Provide transportation for eligible VA patients and attendants aboard aeromedical evacuation aircraft when space is available.

b. Ensure that once the patient is accepted for movement aboard aeromedical evacuation aircraft, transportation is provided from point of origin to point of destination, regardless of enroute stops or multiple mission requirements. An individual is considered "accepted for movement" when accepted by the Medical Crew Director (MCD) at the departure airfield.

c. Ensure that inpatients accepted for movement and required to remain overnight are provided medical accommodations.

d. Ensure DOD resources are used to transport VA-sponsored patients between DOD medical staging points and aircraft once an individual has been formally accepted into the aeromedical evacuation system.

e. Conduct training for VA personnel on patient reporting and preparation for movement.

f. Design and implement a system within the Defense Medical Regulating Information System (DMRIS) to support this MOU.

V. PROCEDURES

1. VA requests for transportation of individuals under this MOU are made via the DMRIS whenever possible. The request will be reviewed and the requesting VA medical treatment facility notified of approval/disapproval through DMRIS. Once a reporting authority number has been issued, the patient is reported for movement to ASMRO in the same format and manner as required for Uniformed Services beneficiaries. ASMRO reviews the request for completeness, assigns an ASMRO cite number, and notifies the PAC who subsequently notifies the originating and destination medical treatment facilities of the date, time, and location of pickup and delivery of the patient. Individuals returning to their point of origin are considered and reported the same as an originating patient.

2. VA patients may be granted space on aeromedical evacuation flights. DOD may cancel pickups at any time prior to the patient's acceptance into the system. However, once the patient is accepted into the system, the patient will be delivered to his/her final destination. There must also be an adequate number of medical and other attendants to care for all persons being transported on the aircraft.

3. Prior to implementing this MOU, VA personnel must receive training on the requirements of the aeromedical evacuation system, including reporting and preparing patients for movement and enroute patient requirements. Prior to using DMRIS, VA personnel must be trained on DMRIS.

4. Travel of attendants is considered on a case-by-case basis by the 375 AAW/SG.

5. For each patient or attendant, a letter certifying that all requirements in MACR 76-1 including customs and security have been met and that the travel is official must be presented to the MCD prior to embarkation. The letter must also include the name of origin and destination medical center and contain necessary billing instructions. Where required, US Customs/preclearance inspections information must be included in this letter.

VI. REIMBURSEMENT AND BILLING:

1. Referred VA patients under this MOU are not billed for movement.

2. The PAC provides Headquarters MAC with a list of VA patients and attendants transferred via DOD aircraft. Charges for services provided to the VA under this agreement will be prepared monthly, on plain bond paper, in multiple billing format. This statement of charges, accompanied by copies of supporting documents, will be submitted with a SF-1080 to the originating VAMC Fiscal Service (04). The statement must contain at a minimum, the patient's name, SSN, location of remain overnight (RON) (if applicable), name of origination and destination points, and the ASMRO assigned cite number.

3. Reimbursement to the DOD for transportation costs of attendants is based on the US Government non-DOD tariff rate. Where Airlift Service Industrial Fund tariff rates are not established, reimbursement is based on the unrestricted economy class commercial air fare.

4. VA reimburses DOD for patients and attendants who RON in a DOD medical treatment facility while enroute to their final destination at the interagency rates established OMB Circular A-11, Section 13.5(a).

5. VA will reimburse DOD for any VA costs associated with the implementation and operation of DMRIS resulting from PL 100-180.

VII. IMPLEMENTATION:

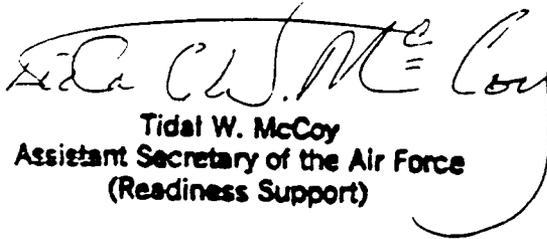
This agreement will be implemented by 1 July 1988.

VII. DURATION:

This agreement remains in force until modified or revised.

FOR THE DEPARTMENT OF DEFENSE

FOR THE VETERANS ADMINISTRATION


Tidal W. McCoy
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Attachment
Definitions

Definitions

AECC	Aeromedical Evacuation Control Center. The control facility established by an airlift division, MAC, another major command, or HQ USAF. It operates in conjunction with the command and control centers and coordinates medical requirements with airlift capabilities. It also assigns medical missions to the appropriate AE element in the system and monitors patient movements (e.g., 2 AES-Rhein Main AB, Germany; 9 AES-Clark AB, Philippines).
ASF	Aeromedical Staging Facility
ASMRO	The Armed Services Medical Regulating Office. A joint service activity under the operational control of the Joint Chiefs of Staff with the Air Force functioning as Executive Agent. ASMRO regulates (designates destination hospitals for) Uniformed Services health care beneficiaries being transferred to and within CONUS. Collocated with the Military Airlift Command's Patient Airlift Center, ASMRO also receives all routing requests for intra-CONUS movement of patients via the aeromedical evacuation system and, in turn, provides them to the PAC for scheduling and manifesting aboard MAC aircraft.
CONUS	Continental United States. The contiguous 48 states plus the District of Columbia. By definition, excludes Alaska and Hawaii.
DMRIS	Defense Medical Regulating Information System. An on-line, interactive automated system linking ASMRO and the PAC with CONUS MTFs and the European Command (EUCOM) and the Pacific Command (PACOM) JMROs, and used for the reporting of patients for regulating and movement.
JMRO	Joint Medical Regulating Office. A joint service activity under the control of a theater surgeon which has the responsibility for regulating of patients within the theater of operation and reporting to ASMRO patients requiring evacuation back to the Continental United States.
MAC	Military Airlift Command
Medical Attendant	Physician, nurse, medical technician or other health care professional required to attend a patient while enroute from one MTF to another.
MTF	Medical Treatment Facility

**Nonmedical
Attendant**

An individual determined by the attending physician to be necessary to the comfort and well being of the patient during the episode of care, able to provide for their own self-care, and with sufficient resources available to maintain themselves for the duration of the treatment. Nonmedical attendants will normally be limited to one person per patient unless a waiver is granted by the PAC in unusual circumstances. DOD responsibility is limited only to the providing of transportation while accompanying the patient.

PAC

Patient Airlift Center. A staff office of the 57th Aeromedical Evacuation Squadron responsible for the scheduling of aeromedical evacuations in the continental United States (CONUS) and for determining the patient manifests for those flights. Also responsible for notification of appropriate ground transportation contacts of estimated times of arrival/departure. The PAC is also responsible for scheduling patients from the following areas: Alaska, Puerto Rico, Iceland and the Azores.

RON

Remain Overnight

SECDEF

Secretary of Defense

Space Available

As used in Public Law 100-180, space available is meant to be the availability of litter or patient seat space on aeromedical evacuation aircraft AFTER eligible uniformed services beneficiaries and their medical and/or nonmedical attendants and BEFORE consideration of any other classification of passenger wishing to utilize the aircraft for transportation, and that the VA patient's point of origin and destination coincide with that required for the movement of a Uniformed Services beneficiary.

VA

Veterans Administration

Veteran

For the purposes of this agreement, the term 'veteran' does not include former military personnel who are fully eligible for DOD sponsored medical care.