

VA-TRICARE NETWORK AGREEMENTS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive contains the policy for developing Department of Veterans Affairs (VA)-TRICARE Network agreements whereby VA health care facilities (HCF) act as a TRICARE Network provider to furnish health care services to TRICARE beneficiaries; and recovering the cost of care as required under Title 38 United States Code (U.S.C.) 8111; 10 U.S.C. 1074.

2. SUMMARY OF MAJOR CHANGES: This VHA directive incorporates directions, clarifications, and revisions necessary due to changes in departmental policies and VHA reorganizations. Significant changes in this directive include reimbursement based on the latest Supplement to the VA/Department of Defense (DoD) Health Care Resources Sharing Guidelines.

3. RELATED ISSUES: VHA Directive 1660, Health Care Resources Sharing with the Department of Defense, dated July 29, 2015; VHA Handbook 1660.04(1), Department of Veterans Affairs – Department of Defense Health Care Resources Sharing Agreements, dated July 29, 2015.

4. RESPONSIBLE OFFICE: The VA-DoD Medical Sharing Office (10P5) is responsible for the contents of this directive. Questions should be directed to this office at 202-461-4060 and via email at VHA10P5Action@va.gov.

5. RESCISSIONS: VHA Handbook 1660.06(1), VA-TRICARE Network Agreements, dated May 15, 2015, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of June 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY THE DIRECTION OF THE UNDER
SECRETARY FOR HEALTH:**

/s/ Lucille B. Beck, PhD.
Deputy Under Secretary for
Health for Policy and Services

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

June 28, 2019

VHA DIRECTIVE 1660.06

DISTRIBUTION: Emailed to the VHA Publications Distribution List on July 1, 2019.

CONTENTS

VA-TRICARE NETWORK AGREEMENTS

1.PURPOSE 1

2.BACKGROUND..... 1

3.POLICY 1

4.RESPONSIBILITIES..... 1

5.ELIGIBILITY AND DUAL ELIGIBILITY 3

6.DEVELOPING NETWORK AGREEMENTS 4

7.REGISTRATION, BILLING, AND REIMBURSEMENT 5

8.APPROVAL OF NETWORK AGREEMENTS 8

9.TRAINING 9

10.RECORDS MANAGEMENT 9

11.REFERENCES 9

VA-TRICARE NETWORK AGREEMENTS

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy for the development of TRICARE Network agreements with TRICARE Managed Care Support Contractors (MCSCs) to furnish health care to TRICARE beneficiaries eligible for care for monetary reimbursement. **AUTHORITY:** Title 38 United States Code (U.S.C.) 8111; 10 U.S.C. 1074.

2. BACKGROUND

VA-DoD health care resources sharing activities covered within the scope of this directive include: eligibility for care; VA health care facilities (HCF) and Veterans Integrated Service Networks (VISNs)-level responsibilities; development of TRICARE Network agreements; billing and reimbursement; and approval of TRICARE Network agreements. TRICARE Network agreements are now executed at the TRICARE region level, replacing the former structure that required a Network agreement for each VISN. There are currently two TRICARE regions (East and West). **NOTE:** *TRICARE Network agreements will not adversely affect the range of services, the quality of care, or the established priorities for care.*

3. POLICY

It is VHA policy to provide hospital care and medical services to eligible TRICARE beneficiaries referred under a VA-MCSC Network agreement.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring overall VHA compliance with this directive.

(2) Ensuring that the VA-DoD Medical Sharing Office has notified national Veterans Service Organization (VSO) representatives by way of the VA-VSO Liaison before Network agreements are signed and certifying to the Secretary that this notification has occurred.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each VISN.

(2) Approving national agreements between VA and applicable TRICARE MCSCs submitted by the VA-DoD Medical Sharing Office.

c. **Deputy Under Secretary for Health for Community Care.** The Deputy Under Secretary for Health for Community Care is responsible for coordinating with each MCSC via the VA-Defense Health Agency (DHA) Liaison on developing TRICARE

Network agreements, using rates from the latest Supplement to the VA/DoD Health Care Resources Sharing Guidelines, available at: [http://vaww.va.gov/VADODHEALTH/docs/Supplement to the VA and DoD Health Care Resources Sharing Guidelines Signed 1252016.pdf](http://vaww.va.gov/VADODHEALTH/docs/Supplement%20to%20the%20VA%20and%20DoD%20Health%20Care%20Resources%20Sharing%20Guidelines%20Signed%201252016.pdf). **NOTE:** This is an internal VA Web site that is not available to the public.

d. **Director, VA-DoD Medical Sharing Office.** The Director, VA-DoD Medical Sharing Office is responsible for:

(1) Developing national agreements between VA and applicable TRICARE MCSCs to establish general terms and conditions to be applicable to the TRICARE Network agreements with MCSCs, in coordination with the DHA TRICARE Health Plan.

(2) Submitting agreements to VHA Deputy Under Secretary for Health for Operations and Management for approval.

(3) Notifying national VSO representatives by way of the VA-VSO Liaison before Network agreements are signed.

(4) Forwarding the approved Network agreement(s) to the relevant VISN Directors and VA HCF Directors for awareness of participation in the TRICARE.

(5) Providing oversight of the functions of the VA-DHA Liaisons.

e. **VA-Defense Health Agency Liaison.** The VA-DHA Liaison is responsible for:

(1) Developing TRICARE Network agreements with each MCSC using rates from the latest Supplement to the VA/DoD Health Care Resources Sharing Guidelines, after coordination with the VHA Office of Community Care. The latest Supplement is available at: [http://vaww.va.gov/VADODHEALTH/docs/Supplement to the VA and DoD Health Care Resources Sharing Guidelines Signed 1252016.pdf](http://vaww.va.gov/VADODHEALTH/docs/Supplement%20to%20the%20VA%20and%20DoD%20Health%20Care%20Resources%20Sharing%20Guidelines%20Signed%201252016.pdf). **NOTE:** This is an internal VA Web site that is not available to the public.

(2) Where the VISN is in more than one TRICARE Region, ensuring the VISN is included in both TRICARE Network agreements.

(3) Processing any modifications, extensions, or amendments to the TRICARE Network agreements.

(4) Acting as liaison with the regional MCSCs, VHA, VISNs, DHA, and DoD military treatment facilities (MTFs) to facilitate resolution of issues related to eligibility, authorization, and billing.

(5) Communicating with DoD entities and VA staff concerning VA's role in the TRICARE program.

(6) Formulating agreements, in coordination with DHA, to improve participation from VA HCF.

(7) Coordinating provider education on administering TRICARE benefits.

f. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring Veteran demand is met before appointments are made for non-Veteran patients with the VA HCFs.

(2) Undertaking appropriate reviews to determine available health care services capacity and capability and notifying the VA-DHA Liaison of any changes on at least a biannual basis.

g. **VA Health Care Facility Director.** The VA HCF Director is responsible for:

(1) Ensuring individuals are identified to serve as points of contact (POCs) to work closely with the VA-DHA Liaisons and TRICARE MCSCs.

(2) Verifying eligibility of TRICARE beneficiaries in the Defense Enrollment Eligibility Reporting System (DEERS) prior to provision of medical care. **NOTE:** *TRICARE beneficiaries may receive VA care only if capacity is available at the HCF and providing such care will not delay or deny care to VA beneficiaries.*

(3) Ensuring relevant facility staff inform TRICARE beneficiaries, who are using their TRICARE benefit at the time of registration, that TRICARE copayments and cost shares will be assessed to the beneficiary and cannot be waived, and ensuring each TRICARE beneficiary agrees to pay the associated cost shares or copays as a condition of a VA HCF registration. **NOTE:** *For more information, see Paragraph 7 on Registration, Billing, and Reimbursement.*

(4) Ensuring HCF staff are trained and aware that active duty service members or active duty family members enrolled to TRICARE PRIME or TRICARE Prime Remote should never pay a copayment/cost share. The only exception to this is if the active duty family member uses the Point of Service Option under the TRICARE Prime plan. Active duty service members do not have a point of service option. **NOTE:** *Information on current copayment and cost sharing amounts may also be found at <https://www.tricare.mil/Costs/HealthPlanCosts>.*

(5) Providing oversight of VA HCF staff, including ensuring the relevant staff follow established procedures for billing and claims adjudication of TRICARE beneficiaries. **NOTE:** *See Paragraphs 7 and 8 for more information on procedures for billing.*

(6) Utilizing mandated electronic offset programs to collect first-party Federal debts that become delinquent as per VA Financial Policy, Volume XII, Chapter 1E (<https://www.va.gov/finance/docs/VA-FinancialPolicyVolumeXIIChapter01E.pdf>).

5. ELIGIBILITY AND DUAL ELIGIBILITY

a. **Eligibility.** Active duty members of the armed services, including Reservists and National Guard members, active duty family members, military retirees, and family

members of retirees properly enrolled in TRICARE programs, may be furnished care at VA HCFs under Network agreements negotiated between VA-DHA Liaisons and TRICARE MCSCs.

b. **Referral.** Eligible TRICARE beneficiaries treated at VA HCFs may be referred by a DoD MTF, a TRICARE MCSC, or may self-refer. VHA HCFs may elect to provide primary care services to TRICARE beneficiaries based on clinic capacity, so long as Veteran demand is met before appointments are made for non-Veteran patients with the VA HCFs.

c. **Dual Eligibility.** Some TRICARE beneficiaries may be eligible for both VA and TRICARE benefits:

(1) If a dual-eligible beneficiary is seeking care for a service-connected condition in a VA HCF, the beneficiary must receive care using their Veteran benefit. VA must not bill TRICARE for treatment of a service-connected condition.

(2) If a dual-eligible beneficiary is seeking care for a nonservice-connected condition in a VA HCF, the beneficiary may elect to receive that care under either the Veteran's benefits or TRICARE benefits for that episode of care.

(3) For Reserve Component Service Members serving on orders to active duty for greater than 30 days, DoD eligibility will take precedence over VA eligibility for care and all applicable TRICARE rules will apply.

(4) During the enrollment (registration) process, VA HCF staff must inform dual-eligible beneficiaries that it is the dual-eligible beneficiary's responsibility, at each episode of care, to identify which benefit (VA or TRICARE) they intend to use. Non-Medical Care Collections Fund (MCCF) Coordinators or designee must counsel the dual-eligible beneficiary prior to care being received. **NOTE:** *TRICARE Policy and Procedure Guide "VA-TRICARE" Information on Dual Eligible Beneficiaries, can be found at:*

https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001031/content/554400000050841/Chapter_1. Job aids are also available on the eBusiness eRevenue Resources SharePoint site, available at: <https://vaww.vashare.vha.va.gov/sites/eRevenueResources/Pages/Non-MCCFRoles.aspx>. **NOTE:** *These are internal VA Web sites that are not available to the public.*

6. DEVELOPING NETWORK AGREEMENTS

a. **VA Points of Contact.** VA POCs, as established by the VHA HCF Directors, must establish close working relationships with the VA-DHA Liaison and TRICARE MCSCs.

b. **Areas of TRICARE Coverage.** Network agreements negotiated between VHA and TRICARE MCSCs may cover only those medical services specified in DoD's contract (TRICARE covered services) with its MCSCs. Medical services covered by

TRICARE can be found in the latest version of the TRICARE Policy Manual at: <https://manuals.health.mil/>

c. **Establishing Network Agreements.** VA-DoD Medical Sharing Office must negotiate Network agreements between VHA and TRICARE MCSCs. Each VISN must undertake appropriate reviews to determine available health care services' capacity and capability and notify the VA-DHA Liaison of any changes on at least a biannual basis. Period of performance must be commensurate with the TRICARE MCSC awarded contract or no more than 5 years, whichever is longer.

d. **Items to Be Included in TRICARE Agreement Rates.** After potential areas for providing services are identified, VISN staff must discuss projected workload and resources with VA-DHA Liaisons, as appropriate. Discussions must result in a clear understanding of capability, capacity, and TRICARE beneficiaries. **NOTE:** *This information is included in TRICARE Network agreements.* VA-DHA Liaisons have the authority to work with the MCSCs to restrict services due to lack of capacity, with input from VISN and VA HCFs. The TRICARE Network agreements mandate the discount off the TRICARE Reimbursement Rates. Rates and reimbursement information is available at: <https://health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement>.

e. **TRICARE Pharmacy Services.** VA HCFs may provide eligible TRICARE beneficiaries, receiving treatment at a VA HCF, outpatient prescriptions for the treatment received from VA, as long as the VA HCF Pharmacy dispenses prescriptions in accordance with the TRICARE Pharmacy benefit, available at: <https://www.tricare.mil/Pharmacy.aspx>. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.* TRICARE Pharmacy benefit has different coverages and copayments than VA. Eligible TRICARE beneficiaries may also choose to fill prescription medications at MTF pharmacies, through the TRICARE Mail Order to Pharmacy (TMOP), at TRICARE retail network pharmacies (TRRx), and at non-network pharmacies and will require a written prescription from the treating provider.

f. **Dental Services.** VA HCFs may participate in DoD's Active Duty Dental Program (ADDP). Interested facilities should contact their VA-DHA Liaison. The VHA Office of Community Care fact sheet (available at: <https://vaww.va.gov/COMMUNITYCARE/revops/ebizsols/tricare/factsheets/regbilladdpfs.asp>) and TRICARE Policy and Procedure Guide (https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001031/search/TRICARE) provide more information on the ADDP and VHA procedures. **NOTE:** *These are internal VA Web sites and are not available to the public.*

7. REGISTRATION, BILLING, AND REIMBURSEMENT

a. **Outpatient and Inpatient Rates.** Rates for TRICARE Network agreements with each MCSC are based on the standardized reimbursement methodology of the Supplement to the VA/DoD Health Care Resources Sharing Guidelines, available at:

[http://vaww.va.gov/VADODHEALTH/docs/Supplement to the VA and DoD Health Care Resources Sharing Guidelines Signed 1252016.pdf](http://vaww.va.gov/VADODHEALTH/docs/Supplement%20to%20the%20VA%20and%20DoD%20Health%20Care%20Resources%20Sharing%20Guidelines%20Signed%201252016.pdf). Guidance for specific TRICARE billing is developed jointly by the Office of Community Care's Revenue Operations staff and VA-DHA Liaison. **NOTE:** Information on this can also be found within the TRICARE Policy and Procedure Guide for specific guidance, available at: https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001031/search/TRICARE and eBusiness eRevenue Resources SharePoint site, available at: [https://vaww.vashare.vha.va.gov/sites/eRevenueResources/Pages/Non-MCCF Roles.aspx](https://vaww.vashare.vha.va.gov/sites/eRevenueResources/Pages/Non-MCCFRoles.aspx). These are internal VA Web sites and are not available to the public.

(1) If VA receives an Explanation of Benefits (EOB) that indicates denial of a claim due to Other Health Insurance (OHI), relevant VA HCF must submit the claim to the OHI payer as the primary payer. **NOTE:** As part of the network agreement, the TRICARE MCSC must provide complete OHI information to VA.

(2) If the TRICARE beneficiary is receiving care as part of the TRICARE agreement, VA's Reasonable Charges are used to bill for services provided. If the beneficiary has OHI, OHI will be billed as Primary and TRICARE will be billed as secondary. VA will be reimbursed at the agreed upon TRICARE reimbursement rate(s).

b. Traumatic Brain Injury, Spinal Cord Injury/Disorder, and Blind Rehabilitation Care. For TRICARE beneficiaries that are active duty service members covered under the national VA-DoD Memorandum of Agreement (MOA) for Traumatic Brain Injury (TBI), Spinal Cord Injury/Disorder (SCI/D), and Blind Rehabilitation (BR), VISNs and VA HCFs must follow special authorization procedures from the Defense Health Agency – Great Lakes (DHA-GL) and VA/DoD billing guidance to TRICARE MCSCs for TBI, SCI/D, and BR. The MOA is available on the VA/DoD Medical Sharing Office's (10P5) website: http://vaww.DoDcoordination.va.gov/Publications_Forms.asp. **NOTE:** This is an internal VA Web site that is not available to the public. Information on obtaining assistive technology can be found at the DoD's Computer/Electronic Accommodation Program Web site: <https://cap.mil/>.

c. Eligibility and Enrollment.

(1) VA staff must request OHI from TRICARE beneficiaries and load this information into VA's Electronic Health Record (EHR) system for policy verification and billing. **NOTE:** The EHR is the digital collection of patient health information resulting from clinical patient care, medical testing, and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including CPRS, VistA, and Cerner platforms.

(2) VA staff must counsel Dual-Eligible beneficiaries on out-of-pocket costs for both VA benefits and TRICARE benefits. VA HCF staff are required to have the beneficiary sign a TRICARE Affirmation form for treatment/bill when selecting their TRICARE benefits at each episode of care prior to care being rendered. **NOTE:** Refer to the VA

Forms Web site at: <https://vaww.va.gov/vaforms/> (VA Form 10-493, TRICARE Affirmation). This is an internal VA Web site and is not available to the public.

(3) VA staff must counsel TRICARE For Life (TFL) beneficiaries at registration and prior to receiving care how TFL is administered in a VA HCF. VA HCF staff are required to have the beneficiary sign a TRICARE For Life Affirmation form for treatment/bill when selecting their TFL benefits. **NOTE:** Refer to the VA Forms Web site at <https://vaww.va.gov/vaforms/medical/pdf/10-493a.pdf> (VA Form 10-493a, TRICARE For Life Affirmation). This is an internal VA Web site and is not available to the public.

(4) VA staff must assign the TRICARE beneficiary sponsor's Social Security Number (SSN) to the appropriate insurance screen when registering and ensure that the sponsor's SSN is entered in the appropriate insurance data fields. For more information, refer to the reference guide published on the eBusiness eRevenue Resources SharePoint site, available at: [https://vaww.vashare.vha.va.gov/sites/eRevenueResources/Pages/Non-MCCF Roles.aspx](https://vaww.vashare.vha.va.gov/sites/eRevenueResources/Pages/Non-MCCFRoles.aspx)).

(5) VA HCF staff must obtain a 10-10EZ, Application of Benefits from the TRICARE sponsor prior to care being rendered to the TRICARE dependent, except in an emergency situation. VA HCF staff must enter the appropriate information in EHR, allowing VA to bill the copayment debt of the TRICARE dependent to the TRICARE sponsor. Refer to the TRICARE Policy and Procedure Guide for specific guidance, available at: https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001031/search/TRICARE. **NOTE:** This is an internal VA Web site that is not available to the public.

(6) VHA HCF staff must utilize mandated offset programs, including internal Debt Management Center (DMC) and the Treasury Offset Program (TOP), to collect on first-party Federal debts that become delinquent. **NOTE:** The TRICARE sponsor is responsible for any copayment debt belonging to a beneficiary of a sponsor. This debt is in addition to any Federal payments the spouse is receiving if the spouse's copayments become delinquent.

d. **Revenue Source Codes.** The following revenue source codes must be used for revenue generated pursuant to a TRICARE agreement:

(1) **Code 8028.** Medical services agreements for inpatient services, that is, services which involve an overnight stay.

(2) **Code 8029.** Medical services agreements for outpatient services, for example, laboratory work or physicals.

(3) **Code 8030.** First-party copays, cost shares, and deductibles paid by TRICARE patients.

NOTE: TRICARE billing guidance may be found at: <http://www.tricare.mil/claims>. VA TRICARE billing guidance can be found at: VHA Internal Billing Guidance SharePoint site at: https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001031/search/tricare%20billing. This is an internal VA Web site that is not available to the public.

e. **Electronic Claims Processing.** Claims are to be transmitted to the appropriate TRICARE fiscal intermediary (FI) for processing utilizing the Electronic Data Interchange (EDI). **NOTE:** TFL Claims must not be submitted using the eMRA process. An electronic copy or VA's "TRICARE Policy and Procedure Guide," which standardizes administrative and billing processes, can be downloaded from VHA Internal Billing Guidance SharePoint site at: https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001031/search/tricare%20billing. This is an internal VA Web site that is not available to the public.

f. **Electronic Payment Processing.** TRICARE utilizes electronic remittance advices (ERAs) and electronic funds transfers (EFTs). In certain instances, paper checks and explanation of benefits may continue to arrive at the VA HCF. Information (data) regarding TRICARE ERAs and EFTs resides in EHR and can be accessed through the EDI Third Party Lockbox, also known as ePayments software.

(1) Payments received through EFTs are automatically deposited into Treasury, and information is transmitted to FMS based upon VA HCF Taxpayer Identification Number (TIN). This money is deposited into the MCCF Fund 528704 with revenue source code 8NZZ until it is processed by the Non-MCCF staff responsible for posting TRICARE payments. By processing the EFT, the dollars (revenue) are moved from MCCF Fund 528704 into Medical Services Fund 0160A1 and associated revenue source code(s).

(2) Collections from TRICARE MCSCs are available in the fiscal year they are received.

8. APPROVAL OF NETWORK AGREEMENTS

a. Approval Process for New Network Agreements.

(1) VA-DoD Medical Sharing Office must notify national VSO representatives by way of the VA-VSO Liaison before Network agreements are signed.

(2) VA-DoD Medical Sharing Office must obtain signature from the TRICARE MCSC on the TRICARE Network agreements prior to submitting to the VHA Deputy Under Secretary for Health for Operations and Management. **NOTE:** Any changes recommended by the Deputy Under Secretary for Health for Operations and Management must be reviewed and resubmitted by VA-DHA Liaisons, VA-DoD Medical Sharing Office, and TRICARE MCSC.

(3) Proposed Network agreements must include the following statements:

(a) Notification of local VSO has been completed; and

(b) The Network agreement must not result in the denial of, or delay in, providing care to Veterans.

(4) Upon its approval, the VA-DoD Medical Sharing Office must forward the approved agreement(s) to relevant VISN Directors and VA HCF Directors.

b. **Renewals, Modifications, or Amendments.** Once the VHA Deputy Under Secretary for Health for Operations and Management approves a TRICARE Network agreement, the VA-DHA Liaisons are responsible for processing any modifications, extensions or amendments.

9. TRAINING

a. There is no formal training for this directive.

b. The recommended training modules associated with this directive can be found on the VA Talent Management System (TMS) and are as follows:

(1) TRICARE Overview Course, VA 19143.

(2) TRICARE Registration/Intake, VA 19559.

(3) TRICARE Utilization Review, VA 19558.

(4) TRICARE Facility Billing, VA 19600.

(5) TRICARE Facility Collections, VA 21230.

10. RECORDS MANAGEMENT

All records in any medium (paper, electronic, electronic systems) created in response to this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. If you have any question regarding any aspect of records management, you should contact your facility Records Manager or your Records Liaison.

11. REFERENCES

a. 10 U.S.C. 1074.

b. 38 U.S.C. 8111.

c. VA Financial Policy, Volume XII, Chapter 1E – Debt Management, Treasury Offset Program and Treasury Cross-Servicing, <https://www.va.gov/finance/docs/VA-FinancialPolicyVolumeXIIChapter01E.pdf>.

d. VHA Directive 1660, Health Care Resources Sharing with the Department of Defense, dated July 29, 2015.

e. VHA Handbook 1660.04(1), Department of Veterans Affairs – Department of Defense Health Care Resources Sharing Agreements, dated July 29, 2015.

f. eBusiness eRevenue Resources SharePoint site, available at: <https://vaww.vashare.vha.va.gov/sites/eRevenueResources/Pages/Non-MCCFRoles.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

g. National VA-DoD Memorandum of Agreement for Traumatic Brain Injury, Spinal Cord Injury/Disorder, and Blind Rehabilitation, available at: http://vaww.DoDcoordination.va.gov/Publications_Forms.asp. **NOTE:** *This is an internal VA Web site that is not available to the public.*

h. Supplement to the VA/DoD Health Care Resources Sharing Guidelines, [https://vaww.va.gov/VADODHEALTH/docs/Supplement to the VA and DoD Health Care Resources Sharing Guidelines Signed 1252016.pdf](https://vaww.va.gov/VADODHEALTH/docs/Supplement%20to%20the%20VA%20and%20DoD%20Health%20Care%20Resources%20Sharing%20Guidelines%20Signed%201252016.pdf). **NOTE:** *This is an internal VA Web site that is not available to the public.*

i. TRICARE Manuals, available at: <https://manuals.health.mil/>.

j. TRICARE Billing Guidance, available at: <https://www.tricare.mil/claims>.

k. TRICARE Health Plan Costs, Formation on Current Copayment, and Cost Sharing Amounts, available at: <https://www.tricare.mil/Costs/HealthPlanCosts>.

l. TRICARE Pharmacy Benefit, available at: <https://www.tricare.mil/Pharmacy.aspx>.

m. TRICARE Policy and Procedure Guide, available at: https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001031/search/TRICARE. **NOTE:** *This is an internal VA Web site that is not available to the public.*

n. VHA Office of Community Care fact sheet, available at: <https://vaww.va.gov/communitycare/>. **NOTE:** *This is an internal VA Web site that is not available to the public.*