Veterans Health Administration
Office of Emergency Management

# Fostering VA Partnerships and the National Disaster Medical System

Reginald J. Kornegay
Network 8 Emergency Manager
US Dept of Veterans Affairs
Veterans Health Administration







### The Real Message Today...

Here VA! Come help!!!



The proper care and feeding of your VA Hospital in a disaster!





### What truly is the VA?

- Federal agency providing healthcare and benefits afforded to eligible prior and existing service members of the Armed Forces and their beneficiaries
- Care for injuries and illnesses as a direct or indirect result of military service
  - War time or training traumatic injuries
  - Exposure and hardship illnesses
  - Repetitive and degradation injuries and conditions
  - Mental Health Services
  - Other Health Services (OB-GYN, Geriatric, Smoking Cessation, Wellness Care)
- Compensation, Pension, and Disability Benefits
- · Cemetery and Burial Assistance
- Other benefits
  - Education benefits (GI Bill, Tuition and Transition Assistance, Vocational Rehabilitation)
  - VA housing benefits (VA Home Loans, Homeless Veterans, Transition Housing)
  - Business Services (VA/SBA Loans, Contracting Preference)
  - Life Insurance
  - Career and Job Preferences

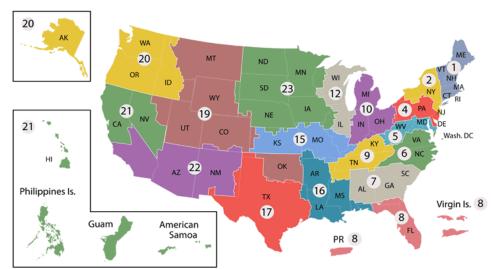




#### What truly is the VA?

- 171 Medical Center
- 1113 Outpatient Facilities
- Over 16,000 Affiliated Medical Faculty
- Over 113,000 health profession trainees
- 25,000 active volunteers
- 155 VA Managed Cemeteries
- 121 VA Funded Cemeteries

VISN 8 – South Georgia, Florida and the Caribbean







#### **4 Core Missions**

- Provide exceptional healthcare to veterans and beneficiaries
- Provide and facilitate veterans benefits to eligible recipients
- Provide ceremonial burial and internment services
- Respond to the national's disasters with comprehensive healthcare services







#### What does the VA 4th Mission Entail?

- Maintain continuity of care for the persons served during a disaster
  - Resiliency in outpatient services
  - Management and securing of VA inpatient census, within the impacted area
  - Coordinating care with partners for Veterans/beneficiaries in the community
  - Expansion of care based on needs post emergency
- Maintain capabilities to support response/recovery actions within their respective communities
- Deploy healthcare and support personnel to disaster areas, as a part of the National Response Framework (Local ERTs, DEMPS Volunteers, and the CDT)
  - Federal Medical Stations
  - Federal Coordination Centers





#### **Continuity of Care for Veterans in a Disaster**

- Preparation (Emerging Events)
  - Education on personal preparedness
  - Develop emergency plans with vulnerable patients
  - Communication with vulnerable patients prior to event; enacting personal plans
  - Coordinating with supporting vendors/stakeholders (Home 02; Shelters; Dialysis Pharmacy Services)

#### Response

- Intake of vulnerable patients into inpatient care (safe-harboring)
- Rescheduling and conversion of appointments to virtual care
- Evacuation and transfer of inpatient from impacted VA Medical Centers (Intra-VA)
- Ensuring resiliency of outpatient facilities for continuity of care

#### Recovery

- Deploy DEMPS and CDT staff to support impacted VA facilities and catchment areas
- Deployment of VA mobile clinics and support assets





#### **Support Response/Recovery Actions in the Community**

- Stafford Act v. Non-Stafford Act Support
  - VA can provide limited assistance without a Stafford Act declaration
- Coordination and Integration with Local Response Organizations
  - Municipal EOCs
  - Disaster Medical Coalitions
  - County Department of Health
  - Partnering Healthcare Entities (Hospitals, Clinics, Nursing Homes, Veterans Homes, Diagnostic Services)
  - Community Outreach Organizations (Local Red Cross, Food Banks, Homeless Programs)
- Federally Coordinated Response Capabilities (FMS and FCCs)





#### VA and its 4th Mission

#### **The Stafford Act**

- Robert T. Stafford Disaster Relief and Emergency Assistance Act (Circa 1988)
- Defines Federally what is a major disaster and emergency
- Presidential Powers Disaster Declaration
- Identifies what Federal support and funding is allowed to respond to disasters
- Provides provisions of what part of the NRF can be activated
- Established procedures for requesting Federal assistance
- Only the Governor of a state can request Federal assistance for a disaster under the Stafford Act
- Essential Assistance Clause (Sec. 403. Non-Stafford Act Support)





### National Response Framework

#### **National Response Framework**

- Establishes a comprehensive national all-hazards approach to disaster response (Implements the Stafford Act)
- Presents an overview of key response principles, roles, and structure that guides the national response
  - Contains 15 Emergency Support Functions (ESFs)
    - Expanded to 18 ESFs in Florida
- Provides core documents, annexes, and partner guidelines
- Primary ESF under which VA resources may be requested is "Public Health and Medical Services" (ESF #8).





#### National Response Framework

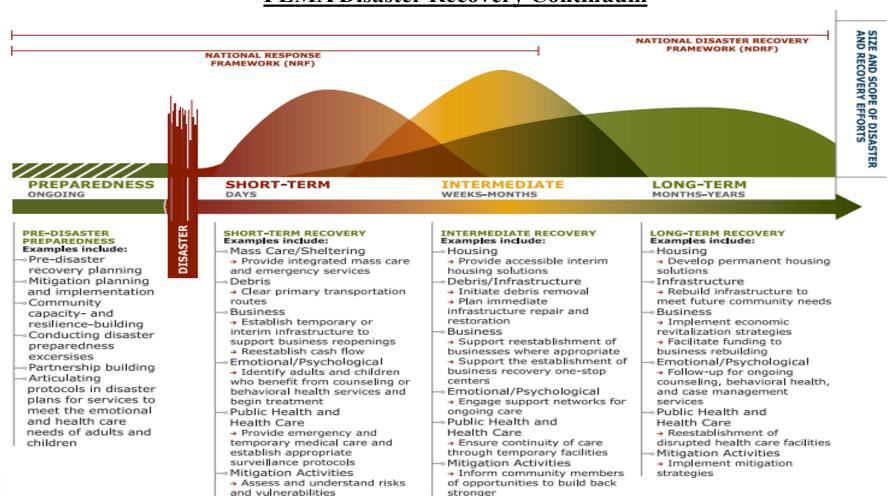
#### **Disaster Response**





#### Federal Government in a Disaster

#### **FEMA Disaster Recovery Continuum**





#### Mobile EOC Trailer









## Mobile Incident Command Post (Self Propelled)





#### Mobile Medical Units









## **CFORTS Mobile Clinics (FORTS)**









## FORTS 80 Mobile Building (FORTS)





## Mobile ICU (FORTS)







## Mobile Triage and Treatment Tents (Zumbro)









## Western Shelter Hospital Tent







## Dual Use Patient Transport Vehicle







#### **DLX Medical Service Tent**





**VA** 

U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Emergency Management

## VA, NDMS, and Federal Coordination Centers









- VA, DoD, HHS, DHS (FEMA)
- 3 Major Components
  - Medical Response (HHS) DMATs and other teams
  - Patient Movement (DoD ) Aero-Medical Evacuation
  - Definitive Care (VA and DoD FCCs) Patient Reception
- Definitive Care Coordinated by DoD and Strategic VA Medical Centers that are designated as Federal Coordination Centers
- FCCs coordinate a nationwide network of non-Federal Medical Center to support patient reception and definitive care
- VHA OEM (Area Emergency Managers) Primary responsible coordinators for establishing partnerships for NDMS and VA FCCs with the community partners





## Federal Coordinating Center (FCC)

#### NDMS may be activated by:

- Stafford Act Request
- Public Health Service Act
- Overseas and Domestic Military Contingency Emergency

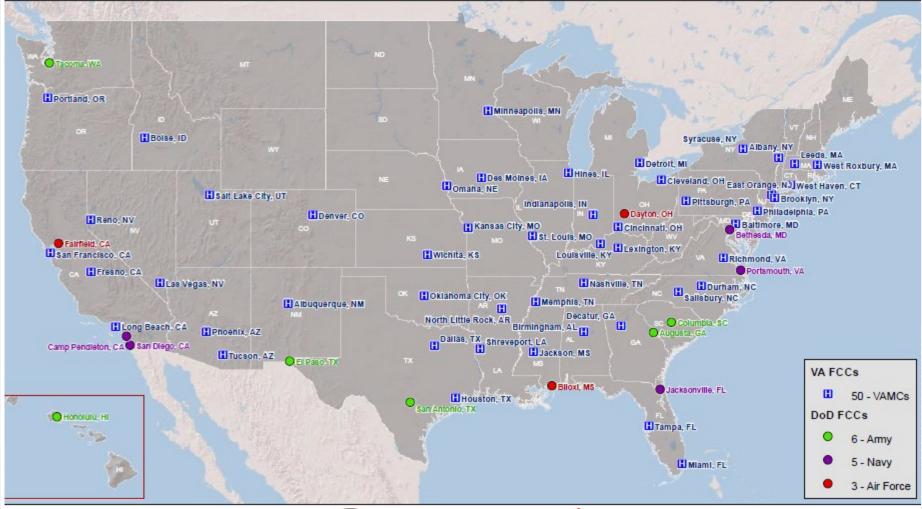
FCCs coordinate for patient reception into the PRA and onward integration into local care sites







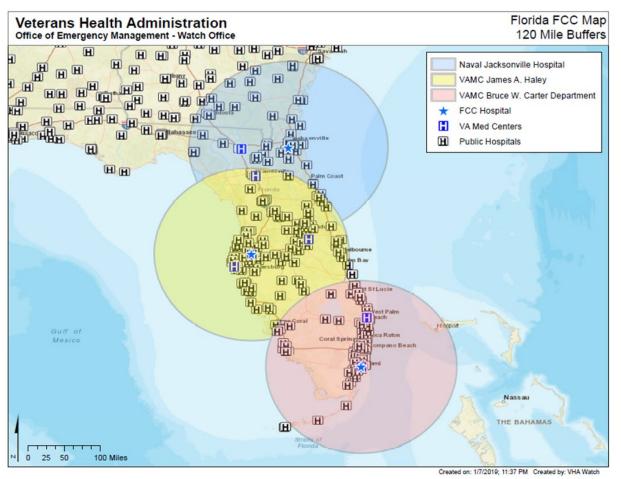
#### NDMS Federal Coordinating Centers (FCCs)







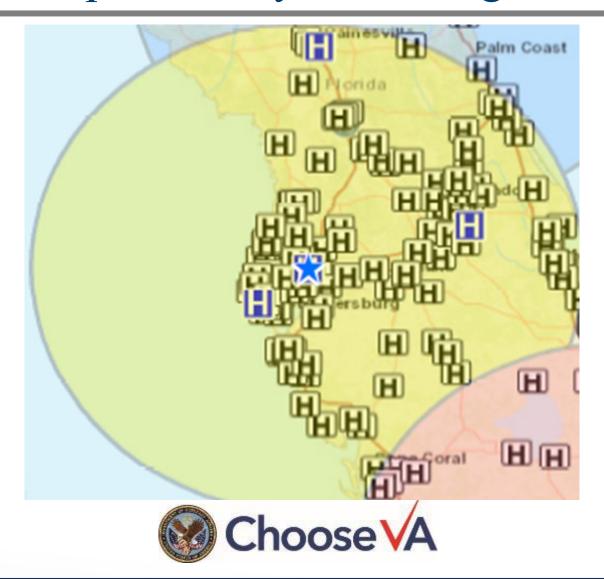
#### Florida's FCCs







### Tampa Primary Receiving Area





### FCC Tampa

- James A. Haley VAMC
- FCC Coordinator: Darryl Stevenson
- PRA- Tampa International Airport
- Key Supporting Agencies:
  - o Tampa Fire Rescue
  - Hillsborough County EOC
  - Hillsborough County DOH
- NDMS Partner Hospitals- 63 (Not confirmed for upcoming MOA Release)





### Miami Primary Receiving Area







#### **FCC Miami**

- Bruce W. Carter (Miami) VAMC
- FCC Coordinator: Dawn Stevenson
- PRA-United State Coast Guard Miami Air Station (Opa-Locka)
- Key Supporting Agencies:
  - Miami Veterans Affairs Healthcare System
  - Miami-Dade EOC
  - Miami-Dade Police Department
- NDMS Partner Hospitals-30
- Current Activities:
  - 2022 MOA Update; Plan Rewrite; Partnership Confirmation





## Jacksonville Primary Receiving Area







## FCC Jacksonville (DoD)

- Naval Air Station Jacksonville (NAS JAX)
- FCC Coordinator: Dana Shropshire
- PRA- Naval Air Station Jacksonville (NAS JAX)





## Objective: Be Prepared for Anything













# Definitive Medical Care Memorandum of Agreement (MOA)











#### **MOA**

- 1. Parties of the Agreement
- 2. Authority
- 3. Purpose
- 4. Responsibilities
- 5. Reimbursements
- 6. NDMS Division Director
- 7. Points of Contact







#### MOA (Cont.)

- 8. Other Provisions
- 9. Effective Date of MOA
- 10. Information Laws
- 11. Termination of MOA
- 12. Signatures on MOA
  - o For the NDMS Federal Partners- FCC Director- VAMC Director
  - For the NDMS Health Care Facility- CEO or Designee







#### Reimbursement







#### Reimbursement

Reimbursements, subject to the availability of appropriations, will be limited to care provided for:

- Injuries or illnesses resulting directly from a specified public health emergency;
- Injuries, illnesses and conditions requiring essential medical treatment or services necessary to maintain a reasonable level of health when such medical treatment or services are temporarily not available as a result of the public health emergency;
- Injuries or illnesses affecting authorized emergency response and disaster relief personnel responding to the public health emergency.





#### Reimbursement

- The HHS, as payer, will define the "NDMS patient."
  - An "NDMS patient" is usually a person who may be processed and regulated through the FCC to an NDMS participating health care facility or provider
- The following pay tables identify the various providers, sources of funding for NDMS health care facility reimbursement, and the order of payment.
- The Provider agrees to seek reimbursement in accordance with this table. The NDMS will reimburse the Provider for medical treatment or services rendered by the Provider as indicated in the following table.





#### Table 1:

## NDMS Participating Health Care Facility Reimbursable under Medicare Part A

Patient's Insurance Status	Facility will bill first	Facility will bill second	Reimbursement Rates for NDMS Participating Health Care Facilities
Uninsured	NDMS	N/A	110% of Medicare Part A rate
Medicaid	NDMS	N/A	110% of Medicare Part A rate
Medicare	Medicare	NDMS	NDMS will pay remaining amount not to exceed 110% of Medicare Part A. Facility will submit Explanation of Benefits (EOB) to NDMS in order to receive 10% Administration Fee
Dual Eligible (As defined by the Center for Medicare & Medicaid)	Medicare	Medicaid	Facility will submit EOB to NDMS in order to receive the 10% Administration Fee
Other Insurance or Health Program Coverage (Other than Medicaid, Medicare, or TRICARE)	Other Insurance	NDMS	NDMS will pay remaining amount not to exceed 110% of Medicare Part A. Facility will submit EOB to NDMS in order to receive the 10% Administration Fee
TRICARE	TRICARE		Not eligible
VA Medical Coverage	VA	N/A	Not Eligible



#### Table 2:

## Individual Health Care Provider Reimbursable under Medicare Part B

Patient's Insurance Status	Provider will bill first	Provider will bill second	NDMS Reimbursement Rates
Uninsured	NDMS	N/A	100% of Medicare Part B rate
Medicaid	NDMS	N/A	100% of Medicare Part B rate
Medicare	Medicare	N/A	Not eligible
Dual Eligible	Medicare	Medicaid	N/A
Other Insurance or Health Program Coverage (Other than Medicaid, Medicare, or TRICARE)	Other Insurance	NDMS	100% of Medicare Part B rate less any payments received by provider from Other Insurance or Health Program Coverage
TRICARE	TRICARE	N/A	Not eligible
VA Medical Coverage	VA	N/A	Not Eligible





#### Table 3:

## Health Care Facility or Health Care Provider Covered by Medicaid but not Medicare Part A/Part B

Patient's	Facility/Provider	Facility/Provider	NDMS Reimbursement
Insurance Status	will bill first	will bill second	Rates
Uninsured	NDMS	N/A	Health Care Facility:110% of receiving State's Medicaid rate Health Care Provider: 100% of receiving State's Medicaid rate
Medicaid	NDMS	N/A	Health Care Facility:110% of receiving State's Medicaid rate Health Care Provider: 100% of receiving State's Medicaid rate
Medicare	NDMS	N/A	Health Care Facility:110% of receiving State's Medicaid rate Health Care Provider: 100% of receiving State's Medicaid rate
Dual Eligible	NDMS	N/A	Health Care Facility:110% of receiving State's Medicaid rate Health Care Provider: 100% of receiving State's Medicaid rate
Other Insurance or Health Program Coverage (Other than Medicaid, Medicare, or TRICARE)	Other Insurance	NDMS	Health Care Facility: 110% of receiving State's Medicaid rate less any payments received from Other Insurance or Health Program Coverage.  Health Care Provider: 100% of receiving State's Medicaid rate less any payments received from Other Insurance or Health Program Coverage
TRICARE	TRICARE	N/A	Not eligible
VA Medical Coverage	VA	N/A	Not Eligible



#### **The Dilemma**

- There are a total of 5534 hospitals registered in the AHA data base (as of 2019)
- Currently there are 1900 NDMS Hospitals with MOAs across the US (or 1/3 of available hospitals)
- ASPR would like to expand the capacity of participating Hospitals to assist in bolstering their new Regional Response Initiatives





#### **The Dilemma**

#### Map of Registered Hospitals in the United States

Data source: 2016 AHA Annual Survey Database

Learn more about hospital data from AHA

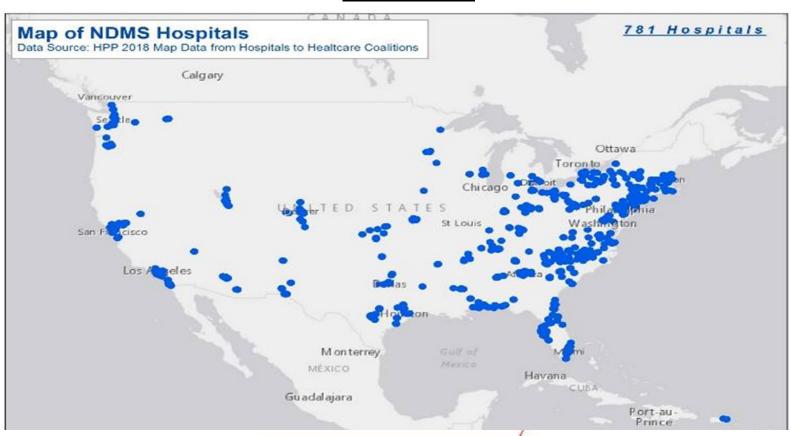
5,534 Hospitals







#### **The Dilemma**







#### **Questions/Discussion**

Dawn Stevenson Area Emergency Manager FCC-Miami Coordinator

dawn.stevenson@va.gov

C: 786-695-3460

Darryl Stevenson
Area Emergency Manager
FCC-Tampa Coordinator
darryl.stevenson@va.gov

C: 813-893-1816

Rick Rhodes 8900 Grand Oak Circle Regional Emergency Manager VHA Office of Emergency Management

Richard.Rhodes2@va.gov

W: 813-903-4445 C: 813-335-6487

