**VA/DoD Health Care Resource Sharing**

**Resource Sharing Agreements (RSAs) Lessons Learned**

The following bullets are recommendations from Sharing Agreement managing partners based on their experience with their RSA(s). They do not apply to every RSA but may prove helpful to partners as they work to develop, renew, or expand their Resource Sharing Agreement(s).

The topics are categorized by color as:

**Access, Leadership engagement, Communication, Building/renewing RSAs, Reimbursement, Metrics**

1. Each military base is responsible for its own base access requirements. Confirm those requirements for each DoD installation included in the RSA. This includes access during regular hours, weekends, holidays, and at times when the registration office may be closed. Ensure unique information is passed along to each beneficiary requiring access to the installation.
2. Ensure a primary and secondary POC for DoD base access is kept on file with emphasis on telephone numbers as POC’s change due to transfers. Reach out annually (start of FY) to confirm no changes in access requirements/policy and to maintain an open communication link.
3. For those needing computer access, recommend working with IT from both partners to communicate a path that works well for both teams.
4. Recommend that Sharing Partners’ leadership teams regularly communicate with their staffs about the VA/DoD sharing activities in which their health systems are participating.
5. Keep Sharing Agreement signatories (leaders) abreast of activities. When a new leader arrives, ask for calendar time to brief them on the RSA and its benefits. This provides an opportunity to discuss national Memorandum of Understanding (MOU), local operating procedures, capacity, benefits, performance measures, etc.
6. Schedule recurring meetings with Military Treatment facility (MTF) Commanders and VAMC Directors to maintain engagement on RSA status, expiration, renewal, modifications, successes, and required assistance. This brief also provides an opportunity to share the number of providers currently participating in clinical competency at the facility. During these meetings, the leadership may also express their concerns, visions, goals, etc.
7. Have working groups that meet monthly, individually and then collectively, to report to the VA and DoD Executive Leaders to keep them aware of activities and pending initiatives you are looking at. Create action plans, track them to completion, and report to VA and DoD Executive Leaders. If action plans drift, make time with your Executive Leader, before collective meeting, to brief the status and request any assistance needed.
8. Provide VISN leadership and the Market Directors with a quarterly summary of events, services, savings, training, etc. Additionally, prepare an annual report highlighting the partnership accomplishments, goals, and strategic planning.
9. Not all RSAs require 100% or constant utilization. Some RSAs create opportunities for daily engagements between the VA and DoD agencies. Some create opportunities for occasional engagements. Ensure that MTF and VAMC leaders are aware of this. Set the expectation to discourage punishment for sites that do not use the RSA with a high frequency.
10. Onboarding new staff (VA to DoD facility and DoD staff to VA Facility) varies by location. Developing continuity documents, onboarding checklists, and appointing an orientation sponsor can be quite helpful and can speed the onboarding process for providers.
11. Communication between the VA and DoD Sharing coordinators is vital. Establish regular Sharing meetings between all involved VA and DoD facility coordinators on an RSA – quarterly is recommended. Track progress, review services, discuss renewals/extensions/modifications early.
12. At times, VA and DoD Executive Leaders will communicate 1:1 with their respective counterparts. Foster a relationship with the Executive Leader’s Executive Assistant to kept apprised of any discussions, initiatives, or issues, that may need to be addressed appropriately within agreement conditions.
13. Establishing a SharePoint site can be quite helpful in communicating changes in partnership, training, services, etc.
14. Modifications to an RSA (e.g. to add services) can take several weeks or months. When developing a new RSA (or renewing an existing RSA) set up as many potential Shared Services as possible. Create the RSA as broadly as possible and document/manage specific services through Annexes RSA between renewal events. Using the phrase “including but not limited to” may also provide a degree of flexibility in services provided, avoiding the necessity for an amendment.
15. When developing new RSAs, refer to the Medical Sharing Office intranet site for information and tools, such as a user guide and handbook. <https://vaww.va.gov/VADODHEALTH/How_to_Complete_a_VA_DoD_Sharing_Agreement.asp>

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1. As new sharing agreements are brought online, create VA/DoD operational workgroups to outline the process flow before going “live”. Ensure subject matter experts from all parties involved in providing the full service (not just direct care providers) are at the table. Participating parties might include Eligibility & Enrollment, TRICARE coordinators, Referral Management Office, Transportation, etc.
2. The value of DoD Readiness is often challenging to quantify (such as increased patient flow from the VA). It is important to define the potential value early in the RSA process.
3. For RSA extensions and renewals, negotiations between sharing parties can be lengthy – particularly if new services are being added. Engage all sharing entities at least 6-12 months before an agreement expires to prevent a lapse in sharing.
4. When sharing a provider with another facility, don’t forget to account for the need for follow-up appointments and the frequency this may entail. Also, consider solidifying the visiting provider’s schedule 45-60 days out.
5. Address sharing reimbursement issues promptly with the Consolidated Patient Account Center (CPAC) in order to maintain strong sharing relationships and to better understand the TRICARE reimbursement process and timeline.
6. It is important to ensure that the billing/reimbursement processes are clear and that all parties have the correct tools and resources to invoice and provide reimbursement. Manual billing is very labor intensive – any solutions that include more automated processes and established systems are optimal. Be sure to build close relationships with VA Community Care and Fiscal offices as well as MTF Resource Management offices. It is also helpful to develop procedures to audit the processes in order to improve performance and compliance.
7. Invite/Include Payment and Operations Management (POM) on any business working group meetings to maintain awareness of any billing/claim’s issues being experienced and to expedite troubleshooting/resolution.
8. It is important to demonstrate the Return on Investment that barter and no-cost sharing brings to RSA partners. Resource sharing without billing is a valuable commodity.
9. Workload and claims data from M2 have a lag time from 3 to 6 months (due to claim processing). Sites might need to manually ‘clean’ the data to reflect the actual sharing performance metrics.
10. Highlight the RSA accomplishments, cost savings, goals, readiness, etc. Develop a Sharing Annual Report between the VA and DoD teams that will convey this information to the VA Directors and MTF Commanders.