



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

DEC 19 1995

MEMORANDUM FOR: SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Nonavailability Statement (NAS) Requirements at Base Realignment and Closure (BRAC) Sites

When an MTF is identified for closure, NAS requirements continue to apply until we take action to eliminate the catchment area. Because it is important to minimize patient inconvenience and encourage our beneficiaries to develop a relationship with their civilian health care communities at closure sites, catchment areas should be eliminated effective the first day of the month that any inpatient service is lost. My [policy decision on NAS issuance at BRAC sites](#) is attached.

Advance planning is important. Eliminating the catchment area during the first month that any inpatient services are eliminated should reduce the likelihood that MTFs will be issuing NASs even after all inpatient capability is lost. Catchment area changes require a four month lead time once we receive the request so MTF closure plans should incorporate the length of time needed to eliminate a catchment area.

Eliminating NAS requirements at BRAC sites will not affect TRICARE Prime rules and restrictions. Enrolled beneficiaries will continue to require an authorization for specialty care--both inpatient and outpatient--even without NAS restrictions. Thoughtful closure planning will minimize patient and provider confusion by reducing the unnecessary burden of obtaining an NAS for services no longer rendered by a closing MTF.

Edward D. Martin, M.D.
Principal Deputy Assistant Secretary

HA POLICY 96-017

Attachment:
As Stated

cc:
Lead Agents

BASE REALIGNMENT AND CLOSURE (BRAC) SITES AND NONAVAILABILITY (NAS) STATEMENT ISSUANCE POLICY

When a military facility is designated as a BRAC site, the medical treatment facility co-located at the military base or post reduces services in concert with the simultaneous departure of line missions and the personnel supporting them. MTFs generally close in a systematic fashion by first reducing inpatient care by service until ultimately eliminating outpatient primary care services when the base closes. The requirement to issue both outpatient and inpatient NASs continues until the MTF loses its catchment area.

MTFs must issue NASs until they request catchment area deletion which they must do as a part of their closure process. Even with perfect advance planning, some closures are accelerated when medical personnel leave earlier than planned or when the entire base's closure becomes accelerated. Until the catchment area is officially deleted, beneficiaries must continue to seek an NAS for care even if the MTF has already lost all inpatient capability. We require a four month lead time once we are notified of the need to eliminate the catchment area; this lead time is necessary for VECTOR, DEERS, and OCHAMPUS to modify their ADP systems accordingly.

In order to standardize NAS issuance for MTFs at BRAC locations, MTFs should request catchment area deletion effective the first day of the month that any inpatient service is lost. This should be an integral part of closure actions and will provide all affected parties with one defined date, identified early in the closure process, so all can be given advance notice of the discontinued need for an NAS.

Eliminating NAS requirements at BRAC sites will not affect TRICARE Prime rules and restrictions. Enrolled beneficiaries will continue to require an authorization for specialty care even without NAS restrictions. Experience with past MTF closures has shown that many beneficiaries will continue to seek medical care at an MTF even when the MTF is no longer staffed to accommodate their needs. The risk that care will be prematurely shifted from the MTF to the civilian community by eliminating the requirement for an NAS is small.
