

## Chapter 8

### Responsibilities

This chapter contains the responsibilities of the SAO, IMSO, DoD Health Care Providers, DoD MTFs and MILDEP financial managers of IMET medical funds and FMS case medical lines.

- A. SAOs** – Paragraph 2-9 of the JSAT assigns SAOs the responsibilities to ensure that IMSs meet medical requirements for training provided under the SATP; to ensure the IMSs are briefed before their departure from home country; and to prepare necessary administrative documents related to training as required by the JSAT.
1. Item 13a of the ITO (DD Form 2285) requires the IMS to be physically acceptable in accordance with the health provisions of the USCs, CFRs, applicable laws, regulations, and directives that may be enacted from time to time. The medical and dental requirements in Chapter 2 of this handbook are based on those legislative and regulatory requires as well as DoD policy. Paragraph 10-46a of the JSAT requires certification from a competent medical and dental authority stating that the IMS has received a thorough physical examination within the three preceding months. Paragraph 10-46b requires this same medical certification (dental examination not required) for authorized family members that accompany or join the IMS. Family members must not be authorized on the ITO unless the medical certification is received on each family member and IMS shows proof of Health Care Coverage for the duration of their stay.
  2. The sample medical checklist in Chapter 2 should be used as a guideline to develop a series of checklists to be provided to the medical and dental examiners. One is to be used for the IMS and should have special physical examination requirements attached. For example, there could be a list of immunizations required for IMSs scheduled for medical and dental training, or a special physical examination listed as a prerequisite for the course that the IMS is to attend such as flight physical, special operations training, etc. There should be another checklist for family members 15 years of age and older, one for school aged family members and one for family members under the age of 5 years.
  3. If the country facilities are not equipped or available to process the medical and dental examinations required, the SAO will make every effort to have the medical and dental screening for IMSs and family members conducted by the closest U.S. medical or dental facilities. The country will pay cost of transportation to the U.S. facilities. Cost of special physical examination requirements that cannot be performed by the country facilities and must be performed at the first U.S. training installation is the financial responsibility of the country. These examinations are not chargeable to the IMETP.
  4. Pre-departure Briefing
    - a. Develop a handout using the information in Chapters 4 and 7 to be given to the IMS at the time of the pre-departure briefing. The handout should be a country profile of eligibility for health care in DoD MTFs, health care constraints, the IMS's financial responsibility, charges and collection procedures. If the country has a SOFA or reciprocal health care agreement in effect, outline the IMS's financial responsibility for care when no DoD MTF is available. When the IMS is financially responsible for his/her health care and/or family member's IMS must show proof of Medical insurance before ITO can be issued and/or family members authorized. When purchasing health insurance ensure that it that it meets the minimum qualifying coverage (outlined in Chapter 2) and covers both DoD and civilian health care providers.
    - b. Item 13c of the ITO (DD Form 2285) the IMS is responsible for personal debts incurred by self or family members. Moneys owed for health care received from a DoD MTF is considered a personal indebtedness to the U.S. Government. Outstanding medical bills upon departure will be

processed for collection through channels. Outstanding civilian medical bills will be forwarded to the IMS's embassy for collection.

- b. In addition to the handout, explain in detail health care eligibility, constraints and financial responsibility. All training locations do not have DoD MTFs and must rely on civilian health care providers. This information is available from MILDEP training location web sites.
5. The ITO (DD Form 2285) is the most important document concerning the receipt of health care. Make sure it is properly marked.
    - a. When family members are authorized, list them in Item 15, Special Conditions/Remarks. Make sure the financial responsibility is marked in item 12b(1) for IMSs and item 12b(2) for authorized family members. Only family members authorized in item 12a will be issued ID cards and are eligible to receive health care in DoD MTFs.
    - b. When the country has a NATO/PFP SOFA and the IMS is training under the IMETP, make sure that you mark the item 12b(1)(a) not item 12b(2)(b).
    - c. When the country has a NATO/PFP SOFA in item 15, assign financial responsibility for care not covered by the agreements. When a country has a reciprocal health care agreement mark item 12b(3)(a). In item 15 reference the reciprocal agreement and assign financial responsibility for care not covered by the agreement.
    - d. Before you mark the FMS case in items 12b(1)(c) or (d) make sure there is a medical line on the case. Do not mark this for IMET IMS.
    - e. Item 15, of the ITO **must** reflect any existing medical conditions such as diabetes, cardiac condition etc. Additionally, list medications the IMS is allergic to and medications IMS is taking. Failure to annotate these conditions could have an adverse effect.
  6. Under no circumstances should IMS be led to believe that DoD MTFs would be available for remedial surgery, surgical correction of pre-existing conditions, cosmetic surgery or elective surgery.
  7. In the event of the death of an IMS the SAO must act in a timely manner to notify the country representative of the death with as many details available for notification of next of kin. Obtain instructions for disposition of the remains, permissions as required to ship the remains to the country and burial, name of the receiving funeral home, and coordinate reception of the remains. Assist the IMSO in obtaining a Power of Attorney, if necessary, as well as receipt and delivery of personal effects.

## **B. IMSO**

1. The IMSO is responsible for the welfare of the IMSs from their arrival to departure at the training installation. The IMSO also serves as a liaison with the medical facilities and must be familiar with the eligibility for care of the IMSs and their family members. IMSO should ensure that medical facilities contact them in the event an IMS is hospitalized or incurs excessive medical charges. IMSO should also provide medical facilities with a copy of this handbook. When hospitalization occurs, follow the guidelines set forth in paragraph 10-48 and applicable MILDEP instructions in paragraph 10-81, 19-93 or 10-127 of the JSAT and Chapter 7 of this handbook. During the IMS's in processing, the IMSO should review the immunization requirements as a preparation for the IMS's return to his/her home country.
2. Paragraph 10-7 of the JSAT charges the IMSO to provide an information packet to the SAO for each IMS, provide a briefing upon arrival, and establish procedures to avoid indebtedness. Medical facilities, eligibility and financial responsibility should be included in packets and briefings. When ITO is marked that the IMS is responsible for payment of medical charges, ask to see proof of Medical insurance. If IMS fails to provide proof of insurance MILDEP and SAO must be notified. Failure to have Medical insurance on family member will result in your request to have ITO amended deleting family members from the ITO. No ID cards will be issue to family members without health care coverage. Additionally, IMSO has the responsibility to ensure proper installation clearance and check out-processing procedures with respect to medical facilities are followed.

3. The information packet provided to the SAO for the IMS should contain information on the DoD MTFs available on the installation. If there are no DoD MTFs, include information on health care from civilian sources.
4. IMSO should become knowledgeable of the entitlements to health care in Chapter 4 of this handbook and Section V of the JSAT. Review the ITO to ensure that it is properly marked to include whether family members are authorized and listed, financial responsibility for the IMS and family members have been identified, and if there are any existing medical conditions in item 15 of the ITO. If a NATO/PFP SOFA and/or reciprocal health care agreement cover the IMS and/or family members, check to see if the SAO has identified financial responsibility for care not covered by the agreement. If there are any discrepancies, request an amendment of the ITO.
5. The training installation briefing for IMS (paragraph 10-55 of the JSAT) shall include:
  - a. The IMS's and family member's eligibility to receive health care and applicable constraints (the local patient administration/affairs office can be called upon for assistance in preparing the brief). There are three categories of IMS: those covered by the NATO/PFP SOFA; those covered by a reciprocal health care agreement; and those who are eligible for care on a space available reimbursable basis. In some cases an IMS' country may have both a SOFA and a reciprocal health care agreement. In these cases the reciprocal health care agreement takes precedence. Tailor your brief for the specific IMSs receiving the briefing. As an example, if you are briefing a group, which is comprised of only countries that have a NATO/PFP SOFA, do not include the benefits of the other two categories.
  - b. Provide location of the MTF and specific facility to report to for sick call. Outline the procedures for going on sick call or reporting for treatment at the DoD MTFs. As a minimum, IMSs and their family members should have a copy of the ITO when reporting for treatment. The MTF requires the Work Control Number (WCN), FMS case designator or IMET year, country and the full name for record keeping and billing.
  - c. When the IMS is responsible for payment of medical charges for self and/or family members, he must show proof of Medical insurance. Discuss the procedures for payment of deductibles and copayments during the in processing to ensure the IMS is aware of how and when these payments are required (paragraph 10-20 of the JSAT). If the IMS or family member has a pre-existing condition, most health insurance policy will not cover that condition. In that instance family members should not have been authorized unless country pay for health care, they are covered by a medical line on the FMS case or they are covered by a Reciprocal health care agreement and there are both outpatient and inpatient facilities at your location, Explain that moneys owed for health care received in a DoD MTF is considered a personal indebtedness to the U.S. Government and by the terms in item 13c of the ITO the IMS is responsible for the debt.
6. When the hospitalization or death of an IMS or family member occurs follow the guidelines in Chapter 6.
7. As part of the out-processing and installation clearance have the IMS clear with the Immunization Clinic to ensure immunizations required for return to IMS's home country are current and with the hospital treasurer to pay or make arrangements for payment of any outstanding medical bills.

### **C. DoD Health Care Providers**

1. DoD health care providers need to be aware of the access and financial responsibilities for care, located in Chapter 4, for IMSs not covered by the NATO/PFP SOFA or a reciprocal health care agreement.
2. Prior to any referral for consultation to a DoD MTF not located on the installation or within the same city, coordination with the IMSO must be made.

3. The IMS's primary purpose for being in the U.S. is to be trained. The country is responsible for providing IMSs that meet the physical requirements for the training. Approval of the home country must be obtained before medical or dental care is provided to meet the prerequisites of the scheduled training. Cosmetic or remedial surgery will be provided only when a bona fide emergency exists. The guiding factor is, if in the opinion of the chief of the medical, surgical, or dental clinic, consultation, medical, surgical and dental procedures that can be performed at another time or place without jeopardizing the health or well being of the patient will not be provided. Elective medical/surgical care will not be provided.

#### **D. DoD MTFs**

1. Patient Administration/Patient Affairs personnel, hospital treasurers, appointment clerks (within the MTF and contractors), clinic administrative personnel and the TRICARE Support staff all have a need to know the entitlements and constraints of health care for the IMS and their family members. This handbook will be an excellent reference for those personnel.
2. Patient Administration/Patient Affairs personnel need to be cognizant of the location of the IMSO, and how to determine when and how to process billings for health care received. With the exception of those IMS and their families covered by international agreements, all health care is provided on a reimbursable basis.

#### **E. MILDEP Financial Managers**

1. The MILDEP financial managers are responsible for managing the IMET medical funds and FMS cases with medical lines. Chapters 4, 6 and 7 are of special interest to them. MILDEP financial managers must also be thoroughly familiar with the contents of Appendix I.
2. Bills for medical care provided to IMSs and/or family members must be reviewed to assure that the charges are appropriate and comply with the benefits and constraints of the laws governing the Security Assistance Training Program, as well as the NATO/PFP SOFA when applicable.
3. Pay all bona fide medical bills in a timely manner.