

Appendix F

Delivery of Health Care and Access to Medical Treatment Facilities

This appendix contains Department of Defense Instruction (DoDI) and Secretary of Defense for Health Affairs (ASD (HA) Policy Memorandum on **deliver of health care** and **priority use** of Department of Defense (DoD) Medical Treatment Facilities (MTFs).

F-1 DoDI 6015.23 – Delivery of Health Care at Military Treatment Facilities (MTFs)

Department of Defense INSTRUCTION

NUMBER 6015.23
December 9, 1996
ASD (HA)

SUBJECT: Delivery of Healthcare at Military Treatment Facilities (MTFs)

References:

- (a) DoD Directive 5136.1, "Assistant Secretary of Defense (Health Affairs)," April 15, 1991
- (b) DoD Instruction 6010.15, "Third Party Collection (TPC) Program," March 10, 1993 (hereby canceled)
- (c) DoD Instruction 6015.19, "Issuance of Nonavailability Statements (NASs)," June 11, 1991 (hereby canceled)
- (d) DoD Instruction 6015.20, "Changes in Services Provided at Military Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs)," December 3, 1992 (hereby canceled)
- (e) through (m), see enclosure 1

1. PURPOSE

This Instruction under reference (a):

- 1.1. Implements policy, assigns responsibilities and prescribes procedures on provisions of care in the delivery of healthcare at MTFs in the Military Health Services System.
- 1.2. Implements policy, assigns responsibilities and prescribes procedures on international military reciprocal healthcare agreements.
- 1.3. Replaces references (b) through (g).
- 1.4. Authorizes the publication of DoD 6015.1-M "Classification Nomenclature and Definitions Relating to Fixed and Non-fixed MTFs" and DoD 6010.15-M, "Military Treatment Facility Uniform Business Office (UBO)," in accordance with DoD 5025.1-M (reference (h)).
- 1.5. Authorizes retention of DD Form 2494, "TRICARE - Active Duty Family Member Dental Plan (FMDP) Enrollment Election," and DD Form 2494-1, "Supplemental TRICARE - Active Duty Family Member Dental Plan (FMDP) Enrollment Form." These forms must be used for enrolling and effecting changes and termination of enrollment in the TRICARE-Active Duty Family Member Dental Plan.
- 1.6. Continues to authorize the publication of DoD 6010.8-R (reference (i)). In accordance with DoD 5025.1-M (reference (h)), reference (i) provides guidelines for the worldwide administration of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and prescribes a uniform policy for an equitable delivery of authorized healthcare benefits to all beneficiaries.

2. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense, the Military Departments, and the Defense Agencies (hereafter referred to collectively as "DoD Components").

3. POLICY

It is DoD policy under DoD Directive 5136.1 reference (a) that:

- 3.1. Under 10 U.S.C. 1073 (reference (j)), in general, the Secretary of Defense administers programs and activities of Chapter 55 of reference (j) for the Armed Forces under his jurisdiction, the Secretary of Transportation administers such programs and activities for the Coast Guard when the Coast Guard is not operating as a Service in the Navy, and the Secretary of Health and Human Services administers such programs and activities for the Commissioned Corps of the National Oceanic and Atmospheric Administration and for the U.S. Public Health Service. The Secretary of Defense's authority has been delegated to the Assistant Secretary of Defense for Health Affairs by reference (a).
- 3.2. The Department of Defense shall make available inpatient medical care in MTFs, without cost (except for a subsistence charge, if applicable) to the foreign force members and their dependents in the United States, as determined by the ASD (HA). The ASD (HA) determines that comparable care is made available to a comparable number of United States force members and their dependents in the foreign country concerned and that there is an appropriate international agreement with the foreign country. Foreign force members eligible for inpatient care under this criteria are also eligible for supplemental care without cost.
- 3.3. Foreign force members and their dependents in the United States who do not meet the criteria in subsection 3.1., above, and who are otherwise eligible for and receive MTF inpatient medical care, must reimburse that facility for such care at the appropriate DoD reimbursement rate.
- 3.4. The ASD(HA) shall act upon requests for international reciprocal healthcare agreements and negotiate and conclude any necessary international agreements.
- 3.5. Foreign military members and their dependents in the United States who are not covered by an international reciprocal healthcare agreement shall be offered DoD healthcare to the extent authorized by the regulations of the Military Departments.
- 3.6. Requests for agreements may be submitted to the ASD (HA) by a foreign government. The request should include a description of the healthcare offered by the foreign country and the numbers of foreign military members and dependents who are expected to be covered by the agreement.
- 3.7. Foreign personnel subject to North Atlantic Treaty Organization Status of Forces Agreement (SOFA) or countries under the Partnership For Peace SOFA, their dependents and civilian personnel accompanying the forces may receive medical and dental care, including hospitalization, under the same conditions as comparable personnel of the receiving State. Outpatient care is at military expense, inpatient care at full reimbursement rate from MTFs and other federal and civilian sources.
- 3.8. Collections from third party payers shall be done to the fullest extent allowed by law and 32 CFR 220 (reference (k)).
- 3.9. All funds collected through the Third Party Collection (TPC) Program shall be deposited into the appropriations supporting the MTF in the fiscal year in which collections are made and, to the extent practical, such funds shall be available to the local MTF rendering the care. Collections shall be over and above the hospital's direct budgetary authority in the year of execution as obtained through the normal budget process.
- 3.10. All funds collected under the TPC Program shall be used, except for amounts needed to finance collection activities, to enhance healthcare services.
- 3.11. An MTF shall issue a Nonavailability statement (NAS) to a non-enrolled CHAMPUS beneficiary for authorized nonemergency care only when the care required is not available from an MTF having a catchment area that includes the beneficiary's current address, or is inappropriate medically to require the beneficiary to use the MTF. MTF procedures for NAS issuance shall be consistent with NAS requirements in DoD 6010.8-R (reference (i)).
- 3.12. Data on inpatients in the military healthcare system shall be accurately and uniformly reported to the Office of the Assistant Secretary of Defense (OASD (HA)), as the ASD (HA) may require, for use in studies of diseases, types of care rendered, utilization, and workload.
- 3.13. The Secretaries of the Military Departments shall approve changes in the clinical services offered at any MTF, after concurrence of the lead agent of the DoD health services region in which the affected installation is located. This authority may be redelegated to an Assistant Secretary or the Surgeon General.

4. RESPONSIBILITIES

- 4.1. The Assistant Secretary of Defense for Health Affairs, under the Under Secretary of Defense for Personnel and Readiness, shall:
 - 4.1.1. Monitor compliance with this Instruction.
 - 4.1.2. Be responsible for coordinating proposed international reciprocal healthcare agreements with the Under Secretary of Defense for Policy, Under Secretary of Defense (Comptroller), General Counsel of the Department of Defense, and appropriate other DoD Components; for providing copies of concluded agreements to appropriate DoD Components; and for furnishing guidance concerning application of the agreements.
 - 4.1.3. Modify or supplement this Instruction, as needed.
 - 4.1.4. Act on recommendations for international reciprocal healthcare agreements submitted, and negotiate and conclude any necessary international agreements, consistent with DoD Directive 5530.3 (reference (I)).
 - 4.1.5. Set policies concerning NASs and catchment areas.
- 4.2. The Secretaries of the Military Departments shall:
 - 4.2.1. Be responsible for reviewing procedures established by the Military Departments to ensure compliance with this Instruction.
 - 4.2.2. Comply with international reciprocal healthcare agreements.
 - 4.2.3. Budget for the medical and dental care it anticipates will be furnished to eligible foreign personnel under its sponsorship in civilian and U.S. Government facilities other than military. Payment procedures and rates shall be the same as those used for U. S. personnel.
 - 4.2.4. Ensure that each Commander of an MTF shall be responsible for submitting to their respective biometrics agencies workload information on a monthly basis. The information is to be sent by the fifth of the next month. The biometrics agencies review it and, if necessary, work with the site to correct it. It is to be available for release by the MTF by the fifteenth of the month following the report month. Information to be reported include, but are not limited to, live births, admissions, dispositions, days of care, and ancillary services.

5. PROCEDURES

5.1. Nonavailability Statements

- 5.1.1. A NAS is not required for a medical emergency, when a beneficiary has another health insurance plan that provides primary coverage for the cost of their medical services or is enrolled in TRICARE Prime. In the case of a TRICARE Prime enrollee, a valid care authorization issued by a healthcare finder or primary care manager must still be issued.
 - 5.1.2. NASs must be electronically issued through the Defense Eligibility Enrollment Reporting System or Composite Health Care System and shall be valid for admission or a procedure within 30 days of issuance. NASs should be retroactively issued if the care provided by civilian sources could not have been obtained from an MTF.
 - 5.1.3. Medical necessity reviews for selected inpatient procedures must be accomplished before NAS issuance. These medical necessity reviews shall be conducted in accordance with Lead Agent requirements as specified in TRICARE Managed Care Support contracts. The timeframe to issue a NAS, once requested, is the same as the preauthorization review timeliness standards.
 - 5.1.4. The first-level appeal for decisions surrounding NAS issuance is the MTF commander, the second level appeal is the TRICARE lead agent, and the third and final level of appeal is the Service Surgeon General having responsibility for the TRICARE region in which the appeal is generated. In those cases where the TRICARE lead agent is the first level of appeal, the Service Surgeon General having responsibility for the TRICARE region is the second-level appeal, the third level of appeal is the Deputy Assistant Secretary of Defense (Health Services Financing).
- 5.2. Inpatient data shall be forwarded to the agency designated by the OASD (HA) at least monthly, using the procedures and format mandated in the Manual for Reporting Inpatient Data. The data must be sent by the 25th day of the month following the month of data.

6. INFORMATION REQUIREMENTS

The inpatient data collected for compliance with this requirement shall be reported using the Report Control Symbol of RCS DD-HA (AR) 1453, in accordance with DoD 8910.1-M (reference (m)). Definitions of the data elements and codes must be the same for all three Military Services. New facilities must be given identification codes by the OASD (HA) and properly identified when initially reporting their data. The reporting requirements identified at paragraphs in 4.1.4., 4.2.4., and 5.1.2. are exempt from licensing in accordance with paragraph 5.3. of DoD 8910.1-M (reference (m)).

7. EFFECTIVE DATE

This Instruction is effective immediately.

Enclosures - 1

1. References

E1. ENCLOSURE 1

REFERENCES, continued

- (e) DoD Instruction 6040.39, "Reporting of Inpatient Data," April 6, 1988 (hereby canceled)
- (f) DoD Instruction 6010.8, "Administration of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)," October 24, 1984 (hereby canceled)
- (g) DoD Instruction 6040.33, "Medical Diagnoses and Surgical Operations and Procedures Nomenclature and Statistical Classification," May 12, 1986 (hereby canceled)
- (h) DoD 5025.1-M, "DoD Directives System Procedures," August 1994, authorized by DoD Directive 5025.1, June 24, 1994
- (i) DoD 6010.8 -R, "Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)," July 1991, authorized by this Instruction
- (j) Chapter 55 and Sections 1079(a) and 1073 of title 10, United States Code, "Medical and Dental Care"
- (k) Title 32, Code of Federal Regulations, Part 220, "Collection from Third Party Payers of Reasonable Costs of Healthcare Services," current edition
- (l) DoD Directive 5530.3, "International Agreements," June 11, 1987
- (m) DoD 8910.1-M, "DoD Procedures for Management of Information Requirements," November 28, 1986, authorized by DoD Directive 8910.1, June 11, 1993.

F-2 Assistance Secretary of Defense for Health Affairs Policy Memorandum 96-053

HA POLICY 96-053

MEMORANDUM FOR

ASSISTANT SECRETARY OF ARMY (M&RA)
ASSISTANT SECRETARY OF NAVY (M&RA)
ASSISTANT SECRETARY OF AIR FORCE (MRA&E)

SUBJECT: Policy for Priority Use of Medical Treatment Facilities for Persons Enrolled in TRICARE Prime

Section 712 of the National Defense Authorization Act for Fiscal Year 1996 revised title 10, United States Code, section 1097(c), regarding the role of military medical treatment facilities in managed care initiatives, including TRICARE. Prior to the revision, section 1097(c) read in part, "However, the Secretary may, as an incentive for enrollment, establish reasonable preferences for services in facilities of the uniformed services for covered beneficiaries enrolled in any program established under, or operating in connection with, any contract under this section." [emphasis added.] The Authorization Act provision replaces may with shall, which has the effect of directing priority access for TRICARE Prime enrollees over persons not enrolled.

We will promulgate a regulatory change to codify the change in access priority. Until the regulation change, this memorandum establishes the Department's policy, pursuant to statutory direction. Effective immediately, in regions where TRICARE is implemented, the order of access priority for services in military facilities shall be as follows: (1) active duty service members;

(2) family members of active duty service members enrolled in TRICARE Prime; (3) retirees, their family members and survivors enrolled in TRICARE Prime; (4) family members of active duty service members who are not enrolled in TRICARE Prime; and, (5) all other beneficiaries.

For purposes of access priority (but not for cost sharing), survivors of sponsors who died on active duty, as defined in 10 U.S.C. 1076(a) are to be given the same priority as family members of active duty members. In other words, they are assigned to priority group (2) above, if enrolled in TRICARE Prime, or to priority Group (4) above if not enrolled in TRICARE Prime.

Edward Martin, M.D.
Acting Assistant Secretary

cc:

Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
TRICARE Lead Agents

F-3 Assistance Secretary of Defense for Health Affairs Policy Memorandum 97-041

This policy supplements and refines HA Policy 96-053

MAR 18, 1997

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (MRA.I&E)

SUBJECT: Policy Memorandum to Refine Policy for Priority Use of Medical Treatment Facilities
by TRICARE Prime Enrollees

My memorandum of August 5, 1996, subject "Policy for Priority Use of Medical Treatment Facilities for Persons Enrolled in TRICARE Prime," modified previous policy (96-053) on the issue of priority access to military medical treatment facilities (MTFs) for enrollees in TRICARE Prime to comply with a recent statutory amendment. This memorandum supplements and refines that policy regarding a number of miscellaneous beneficiary groups and special circumstances not specifically addressed in that memorandum. Specific issues pertaining to access to pharmacy services will be addressed in a separate, forthcoming policy memorandum.

A. General Rule. Among the following beneficiary groups, access priority for care in military treatment facilities where TRICARE is implemented as follows:

1. active duty service members;
2. active duty service members' family members who are enrolled in TRICARE Prime;
3. retirees, their family members and survivors who are enrolled in TRICARE Prime;
4. active duty service members' family members who are not enrolled in TRICARE Prime; and,
5. retirees, their family members and survivors who are not enrolled in TRICARE Prime.

I anticipate that MTFs will provide for TRICARE Prime enrollment of eligible beneficiaries, consistent with TRICARE policy. Enrollees will be assigned to a primary care manager, which, as stated in the policy memorandum of December 19, 1995, must be an individual provider or a primary care team. The term "empanelment" will be used for the process by which primary care managers are identified and

individual TRICARE Prime enrollees are assigned to them. Only TRICARE Prime Enrollees will be empanelled.

B. Special provisions. In applying the general rules, the following special provisions are applicable:

1. Military members not on active duty but entitled to MTF care are associated with priority group 1. This includes members of reserve components entitled to medical care relating to conditions incurred in the line of duty, and members on the Temporary Disability Retired List for required periodic medical examinations.

2. NATO and other foreign military members who are entitled to MTF care pursuant to an applicable international agreement are associated with priority group 1, for the scope of services specified in the agreement.

3. NATO and other foreign military members' family members who are entitled to care pursuant to an applicable international agreement are associated with priority group 2, for the scope of services specified *in* the agreement.

4. Survivors of sponsors who die on active duty, as provided in 10 U.S.C. 1076(a), are, for purposes of MTF access, considered together with dependents of active duty members. They would, therefore, be in priority group 2 or 4, depending on Prime enrollment status.

5. Individuals other than those in any of the beneficiary groups identified in priority groups 1 through 5 do not have priority access.

6. Priority access rules are not applicable to bona fide medical emergencies or cases in which the provision of certain medical care is required by law or applicable DoD Directive or Instruction. This includes care for civilian employees exposed to health hazards in the workplace or injured on the job.

C. Exceptions to General Rule. In the following instances, MTF commanders have discretion to grant exceptions to priority access rules:

1. A higher priority may be given to a Secretarial designee, to the extent appropriate to the context in which Secretarial designee status is given.

2. A higher priority may be given to an active duty members' family member who is *'in* priority group 4 owing to the, unavailability of TRICARE Prime at the place of the sponsor's assignment (for example a remote CONUS or OCONUS location), when the beneficiary is temporarily in a location where TRICARE has been implemented and needs medical care.

3. To the extent authorized by the ASD (HA) for the particular graduate medical education (GME) program or MTF involved, after coordination with the TRICARE Lead Agent, a patient may be given a higher priority if necessary to maintain an adequate clinical case mix for GME programs functioning in the MTF or for readiness related medical skills sustainment activities. Mechanisms to implement this policy could include identification of space available to carry out specific procedures or treat specific clinical diagnoses, or, in unique circumstances, provision for assignment to primary care managers of a limited number of individuals not eligible for TRICARE Prime enrollment.

4. A higher priority may be given in other unexpected or extraordinary cases, not otherwise addressed in this policy, in which the MTF Commander determines, in coordination with the TRICARE Lead Agent, that a special exception is in the best interest of the Military Health Services System and TRICARE.

5. In overseas locations, other exceptions may be established to the extent necessary to support mission objectives.

6. Other priority groupings are not authorized.

The point of contact for this policy memorandum is Steve Lillie, (703) 695 3350.

Stephen C. Joseph, T.D., M.P.H.

HA POLICY 97-041

cc:

Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
TRICARE Lead Agents

F-4 Department of Navy, Bureau of Medicine Message 151502Z Dec 98, Subject: Access to Care in CONUS Naval Medical Treatment Facilities (MTFs) of Foreign Military Members from Countries having International Health Care Agreements or Status of Forces Agreements (SOFAs)

ADMINISTRATIVE MESSAGE

ROUTINE

R 151502Z DEC 98 ZYB

FM BUMED WASHINGTON DC//3 1//

TO AIG SEVEN SEVEN EIGHT THREE

UNCLAS //NO6320//

MSGID/GENADM/N/8U/MRD//

SUBJ/ACCESS TO CARE IN CONUS NAVAL MEDICAL TREATMENT
/FACILITIES (MTFS) OF FOREIGN MILITARY MEMBERS FROM COUNTRIES
/HAVING INTERNATIONAL HEALTH CARE AGREEMENTS OR STATUS OF
/FORCES AGREEMENTS (SOFA)//

POC/MR. S. KATON/CIV/MED-31BAS/-/TEL:202-762-3144/TEL:DSN 762-3144//

REF/A/DOC/DOD PRIORITY POLICY AT MTFS//8MAR97//

AMPN/REF A IS DOD HEALTH AFFAIRS MEMO 97-041 POLICY

MEMORANDUM TO REFINE POLICY FOR PRIORITY USE OF MTFS BY
TRICARE PRIME ENROLLEES.//

RMKS/

1. WITH TRICARE NOW OPERATING IN ALL REGIONS, THERE IS A NEED TO CLARIFY THE ISSUE OF ACCESS TO CARE AT MTFS IN THE CONTINENTAL UNITED STATES (CONUS) FOR FOREIGN MILITARY MEMBERS, AND ACCOMPANYING FAMILY MEMBERS, FROM NORTH ATLANTIC TREATY ORGANIZATION (NATO), PARTNERSHIP FOR PEACE (PFP), AND RECIPROCAL HEALTHCARE AGREEMENT (RHCA) COUNTRIES.

2. NATO, PFP, AND RHCA ACTIVE DUTY PERSONNEL STATIONED IN THE UNITED STATES. AND THEIR ACCOMPANYING FAMILY MEMBERS, ARE ELIGIBLE FOR BOTH INPATIENT AND OUTPATIENT CARE IN CONUS MTFS. REF A STATES NATO AND OTHER FOREIGN MILITARY PERSONNEL ENTITLED TO MTF CARE PURSUANT TO AN APPLICABLE INTERNATIONAL AGREEMENT, HAVE THE SAME MEDICAL CARE ACCESS PRIORITY AS U.S. ACTIVE DUTY SERVICE MEMBERS (PRIORITY GROUP 1). REF A ALSO ADVISES ACCOMPANYING FAMILY MEMBERS OF FOREIGN MILITARY PERSONNEL IN PRIORITY GROUP 1 HAVE THE SAME ACCESS PRIORITY AS FAMILY MEMBERS OF U.S. ACTIVE DUTY MEMBERS ENROLLED IN TRICARE PRIME (PRIORITY GROUP 2).

3. FOREIGN MILITARY PERSONNEL AND THEIR FAMILIES ARE HAVING DIFFICULTY OBTAINING APPOINTMENTS FOR MEDICAL CARE DUE TO TRICARE PRIME RESTRICTIONS. MANY FOREIGN MILITARY AND THEIR FAMILY MEMBERS ARE NOT ENROLLED IN DEERS AND, THEREFORE, BEING DENIED APPOINTMENTS BY PERSONNEL AT THE REGIONAL TRICARE SERVICE CENTER

PER THE MANAGED CARE SUPPORT CONTRACT. ELIGIBLE FAMILY MEMBERS OF NATO AND PFP PERSONNEL ARE ELIGIBLE FOR OUTPATIENT TRICARE STANDARD/EXTRA ONLY.

4. SOME MTFs MAY BE LIMITING ACCESS TO CARE FOR NATO, PFP, OR RHCA PERSONNEL DUE TO EFFORTS TO GIVE ACCESS PRIORITY TO TRICARE PRIME ENROLLEES.
5. MTFs SHOULD TAKE STEPS TO ENSURE APPROPRIATE ACCESS TO CARE FOR FOREIGN MILITARY MEMBERS AND THEIR FAMILIES. MTFs SHOULD CONSIDER ASSIGNING A POINT OF CONTACT FOR FOREIGN PERSONNEL AND FAMILY MEMBERS TO CALL WHEN CARE IS REQUIRED; OR MAY DESIGNATE A SPECIALTY CLINIC OR BRANCH CLINIC AS A PRIMARY CARE CLINIC FOR FOREIGN MILITARY PERSONNEL IN THEIR GEOGRAPHIC AREA TO REPORT TO OBTAIN CARE.
6. MTFs SHOULD WORK CLOSELY WITH COMMANDS TO HELP COORDINATE MEDICAL CARE ACCESS FOR THEIR FOREIGN MILITARY PERSONNEL.
7. THE FOLLOWING ARE NATO COUNTRIES: BELGIUM, CANADA, DENMARK, FRANCE, GERMANY, GREECE, ICELAND, ITALY, LUXEMBOURG, THE NETHERLANDS, NORWAY, PORTUGAL, SPAIN, TURKEY, UNITED KINGDOM, AND THE UNITED STATES.
8. THE FOLLOWING ARE PARTNERSHIP FOR PEACE (PFP) COUNTRIES: ALBANIA, BULGARIA, CZECH REPUBLIC, ESTONIA, FINLAND, FYROM (MACEDONIA), GEORGIA, HUNGARY, KAZAKHSTAN, LATVIA, LITHUANIA, MOLDOVA, POLAND, ROMANIA, SLOVAK REPUBLIC, SLOVENIA, SWEDEN, UZBEKISTAN.
9. THE FOLLOWING ARE COUNTRIES WITH RECIPROCAL HEALTH CARE AGREEMENTS (RHCA) WITH THE UNITED STATES: BOLIVIA, CANADA, COLOMBIA, ECUADOR, EL SALVADOR, GERMANY, GUATEMALA, ROMANIA, TUNISIA, UKRAINE, URUGUAY, VENEZUELA.
10. PLEASE NOTE CANADA AND GERMANY ARE BOTH NATO AND RHCA COUNTRIES. PERSONNEL FROM THE NATO COUNTRIES OF CANADA AND GERMANY SHOULD RECEIVE CARE BASED ON THEIR RHCA.
11. SOME RHCA'S ARE SPECIFIC IN NATURE AS TO BENEFICIARY ELIGIBILITY. PLEASE REFER ANY QUESTIONS ABOUT RHCAS' TO THE BENEFICIARY ACCESS AND SUPPORT CELL (MED-31BAS) AT (202) 762-3144 OR DSN 762-3144//

F-5 Air Force Surgeon General message, 111630Z Dec 98, Subject: Priority Use of Medical Treatment Facilities 13Y Foreign

>>> BCC1 <BCC1@88CS.WPAFB.AF.MIL> 12/10 2:43 PM >>>
 RTAUZYUW RUEABOL2203 3441944-UUUU--RUVAFMC.
 ZNR UUUUU
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SUBJ: PRIORITY USE OF MEDICAL TREATMENT FACILITIES BY FOREIGN MILITARY PERSONNEL

1. THIS MESSAGE PROVIDES INFORMATION ON ACCESS PRIORITY IN DOD MEDICAL TREATMENT FACILITIES (MTF) FOR FOREIGN MILITARY PERSONNEL IN THE U.S. WHILE FOREIGN MILITARY AND THEIR FAMILY MEMBERS ARE NOT ELIGIBLE TO ENROLL IN TRICARE, IT IS THE POLICY OF THE ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS) TO PROVIDE THOSE ELIGIBLE PERSONS ACCESS TO APPOINTMENTS FOR CARE WITHIN THE CAPABILITY OF THE MTF EQUAL TO THOSE ENROLLED IN TRICARE PRIME.
2. FOREIGN PERSONNEL SUBJECT TO THE NATO STATUS OF FORCES AGREEMENT (SOFA) AND SIGNATORIES TO THE PARTNERSHIP FOR PEACE (PFP) SOFA ARE ELIGIBLE TO RECEIVE, WITHIN DOD FACILITIES, OUTPATIENT MEDICAL AND DENTAL CARE AT DOD EXPENSE, AND INPATIENT CARE AT THE FULL PAGE 02 RUEABOL2203 UNCLAS REIMBURSEMENT RATE. THEIR FAMILY MEMBERS AND CIVILIAN PERSONNEL ACCOMPANYING THESE FORCES ARE ELIGIBLE TO RECEIVE OUTPATIENT MEDICAL CARE AT DOD EXPENSE AND INPATIENT CARE AT THE

FULL REIMBURSEMENT RATE; DENTAL CARE IS LIMITED TO EMERGENCY SITUATIONS AND ONLY TO RELIEVE PAIN OR UNDUE SUFFERING.

3. NON-NATO PFP COUNTRIES INCLUDE ALBANIA, BULGARIA, CZECH REPUBLIC, ESTONIA, FYROM (MACEDONIA), FINLAND, GEORGIA, HUNGARY, KAZAKHSTAN, LATVIA, LITHUANIA, MOLDOVA, POLAND, SLOVAK REPUBLIC, SLOVENIA, SWEDEN, UZBEKISTAN.

4. FOREIGN FORCE MEMBERS AND THEIR FAMILY MEMBERS IN THE U.S. ARE ELIGIBLE TO RECEIVE MEDICAL AND DENTAL CARE IN DOD MTF'S UNDER ESTABLISHED RECIPROCAL HEALTH CARE AGREEMENTS (RHCA'S) WHEN IT IS DETERMINED THAT COMPARABLE CARE IS MADE AVAILABLE TO A COMPARABLE NUMBER OF U.S. FORCE MEMBERS AND THEIR FAMILY MEMBERS IN THE FOREIGN COUNTRY CONCERNED AND AN APPROPRIATE RHCA HAS BEEN CONCLUDED. OUTPATIENT CARE IS AT DOD EXPENSE AND INPATIENT CARE IS AT THE SUBSISTENCE RATE. THE RHCA TAKES PRECEDENCE OVER OTHER AGREEMENTS. THE 12 RHCA'S AND THEIR EXPIRATION DATES ARE: BOLIVIA 12 SEP 00; CANADA 2 MAY 99; COLUMBIA 8 APR 99; ECUADOR 27 JAN 00; EL SALVADOR 6 FEB 01; GERMANY 7 JUL 02; GUATEMALA 23 APR 00; ROMANIA 25 APR 01; PAGE 03 RUEABOL2203 UNCLAS TUNISIA 12 OCT 99; UKRAINE 30 APR 00; URUGUAY 8 FEB 00; VENEZUELA 21 SEP 00. PLEASE REFER TO 9 DEC 98 SGMA MESSAGE SUBJ: UPDATE ON RECIPROCAL HEALTH CARE AGREEMENTS (RHCAS) BETWEEN DOD AND FOREIGN NATIONS FOR EXPANDED INFORMATION ON EACH RHCA.

5. FOREIGN FORCE MEMBERS AND THEIR FAMILY MEMBERS IN THE U.S. WHO DO NOT MEET THE ABOVE CRITERIA, AND WHO ARE OTHERWISE ELIGIBLE FOR AND RECEIVE DOD INPATIENT AND/OR OUTPATIENT CARE IN A DOD MTF, MUST REIMBURSE THAT FACILITY FOR SUCH CARE AT THE APPROPRIATE DOD REIMBURSEMENT RATE. EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, STUDENTS IN THE U.S. UNDER THE INTERNATIONAL MILITARY EDUCATION AND TRAINING (IMET) AND FOREIGN MILITARY SALES (FMS) PROGRAMS. MEMBERS ASSIGNED TO THE MILITARY PERSONNEL EXCHANGE PROGRAM ARE ELIGIBLE FOR OUTPATIENT MEDICAL CARE ON A NON-REIMBURSABLE BASIS.

6. MTF'S ARE ENCOURAGED TO REVIEW AF HANDBOOK 41-114, MILITARY HEALTH SERVICES SYSTEM (MHSS) MATRIX, AND AF INSTRUCTION 41-115, AUTHORIZED HEALTH CARE AND HEALTH CARE BENEFITS IN THE MILITARY HEALTH SERVICES SYSTEM (MHSS), FOR FURTHER GUIDANCE ON MEDICAL ENTITLEMENTS FOR FOREIGN FORCE MEMBERS AND THEIR FAMILY MEMBERS.

7. IN SUMMARY, NATO AND OTHER FOREIGN MILITARY MEMBERS ENTITLED TO MTF CARE, PURSUANT TO INTERNATIONAL AGREEMENTS, WILL RECEIVE THE SAME ACCESS PRIORITY AS THAT OF U.S. ACTIVE DUTY SERVICE MEMBERS WITHIN THE CAPABILITY OF THE MTF. THEIR FAMILY MEMBERS, WHO ARE ALSO ENTITLED TO CARE WITHIN THE CAPABILITY OF THE MTF, ARE ASSOCIATED WITH THE SAME PRIORITY AS U.S. ACTIVE DUTY SERVICE MEMBERS' FAMILY MEMBERS WHO ARE ENROLLED IN TRICARE PRIME.

8. MAJCOM'S ARE REQUESTED TO FORWARD THIS MESSAGE TO FACILITIES UNDER YOUR COMMAND AND ENSURE ITS WIDEST DISSEMINATION. YOUR ASSISTANCE WILL HELP TO ELIMINATE POTENTIAL PROBLEMS DEALING WITH APPOINTMENT SCHEDULING AND BILLING OF CARE RENDERED.

9. POC IS MRS. PATRICIA LASLEY, SGMA, DSN 297-4699 OR VIA E-MAIL AT PAT.LASLEY@USAFSG.BOLLING.AF.MIL, SHOULD YOU REQUIRE ADDITIONAL INFORMATION.

BT

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