

CHAMPUS and Overseas Security Assistance Personnel

By

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The odds are that you and your family members will need medical care some time during your security assistance tour of duty away from home.

INTRODUCTION

It is very likely that overseas security assistance personnel will have a requirement at some time during their assignments to use CHAMPUS (the Civilian Health and Medical Program of the Uniformed Services). Some significant changes have recently been made in the administration of the overseas CHAMPUS program, and this article is designed to provide an understanding of those changes which affect the majority of security assistance personnel serving abroad.

In 1986, OCHAMPUS (the Office, or organizational administrator, of CHAMPUS) began an expedited program of paying health care claims to security assistance personnel in as little time as 12 hours (on the average). This program was expanded worldwide as of 10 November 1986, and involves the filing of health care claims by electronic message, with reimbursement for accepted health care expenses received by the claimant within one or two days. This is a substantial reduction in time from the months which might be required for receiving reimbursements for mailed health care claims from some countries. (Certain follow-up actions are required after sending the initial claim message, and will be discussed later in this article.)

This new, expedited reimbursement program is a result of the establishment of two Memoranda of Understanding (MOUs) that have been established between OCHAMPUS and the Defense Security Assistance Agency (DSAA). These agreements permit the accelerated reimbursement of most health care costs incurred by active duty members of the uniformed services and their dependents serving with security assistance organizations (SAOs) and certain defense attache offices (DAOs) in designated countries. Based on the two MOUs, implementing instructions for active duty members and their dependents were furnished to the overseas security assistance community in the following two DSAA messages transmitted in November, 1986: (1) DTG 152103Z, Subject: Submission of Health Care Claim by Message for Active Duty Security Assistance Personnel; and (2) DTG 152119Z, Subject: Submission of CHAMPUS Claims by Message for Dependents of Active Duty Security Assistance Personnel. The following discussion is based on the contents of these two messages.

In general, the SAOs and DAOs which are designated to employ electronic message claims are located in foreign countries where the use of U.S. military health care facilities is not practicable and where mail service would lead to long delays in claim processing. Per the messages cited above, SAOs and augmented DAOs in the following designated countries are authorized to employ the new message claims procedures.

The author is indebted to Major Terry Rutledge, USA, DSAA, and Ms. Terri Katsouranis, OCHAMPUS, for their valuable technical assistance in the preparation of this article.

Algeria	China	Haiti	Malaysia	Senegal
Argentina	Colombia	Honduras	Mexico	Singapore
Australia	Costa Rica	India	Morocco	Somalia
Bahrain	Denmark	Indonesia	Niger	Sri Lanka
Barbados	Djibouti	Jamaica	Nigeria	Sudan
Belize	Dominican Republic	Jordan	Norway	Thailand
Bolivia	Ecuador	Kenya	Oman	Tunisia
Botswana	Egypt	Kuwait	Pakistan	United Arab Emirates
Brazil	El Salvador	Lebanon	Paraguay	Uruguay
Cameroon	Ghana	Liberia	Peru	Venezuela
Chad	Guatemala	Madagascar	Portugal	Yemen Arab Republic
			Saudi Arabia	Yugoslavia

The new procedures establish a minimum claim level of \$50.00 (U.S.). In effect, this establishes a floor for the message claim program. For any claim less than \$50.00, OCHAMPUS requires the use of the normal claim procedures, i.e., the submission of claim forms and supporting documents through the mail. Similarly, any claim which is filed more than 60 days after the health care was received must also be filed through the mail using the normal claim procedure. In sum, claims from SAOs or augmented DAOs from the above listed countries may be settled under the expedited message procedure only if they are for reimbursement of \$50.00 or more, and only if they are submitted within 60 days following receipt of the health care for which reimbursement is being sought. All other claims must employ the normal mail submission procedure.

Three other important points about the new program should be understood:

- The SAO Chief/Defense Attache (DATT) is responsible for the accuracy of all claims from initiation until the case is closed by OCHAMPUS, whether or not the service member is still assigned to the SAO/DAO.
- Hard-copy, back-up data must be submitted in a timely manner as set forth in the implementing messages.
- Data in the message and in the hard-copy back-up (e.g., dates and exchange rates) must be identical.

In order to trigger reimbursement under the new electronic message claim procedures, one of the following two message formats should be employed--one for active duty members, the other for dependents.

ACTIVE DUTY MEMBER CLAIMS

The format for claims involving active duty U.S. military security assistance personnel contains the following 14 data elements which must be included in the message claim:

1. **Service member's name** (last, first, middle initial).
2. **Service member's rank and pay grade.**
3. **Service member's social security number.**
4. **Service member's branch of service** (USA, USN, USAF, USMC, or USCG).
5. **Service member's unit of assignment** (with APO number, if applicable).
6. **Service member's duty status** (duty, leave, pass, TDY, DDALV).
7. **Name and address of physician rendering service** (i.e., the physician providing the care for which the charges are being submitted). If physician information is not identifiable, enter "None."
8. **Name and address of hospital where services were rendered.** (Indicate name and address of the facility where care was rendered, if different from physician's

- address. If same, enter "same as item 7". There must be a complete name and address in either para. 7 or para. 8, or both.)
9. **Symptoms, diagnosis, and treatment.** (Indicate very briefly the reason care was rendered). This data must be included for claim to be processed. (For outpatient claims, the name of each drug must be given.)
 10. **Date service received/inclusive dates of care for the specific claim.** (Indicate numerical month, day, and year care was rendered, or in the case of an in-patient/hospital claim, the admission and discharge dates.)
 11. **Date back-up documentation was sent or will be sent.** (Back-up documentation should be sent before or simultaneously with message, but in no case later than 48 hours after transmission of the message.)
 12. **Charges in U.S. currency, charges in foreign currency, and the exchange rate used.** (Exchange rate for charges must be based on the date the message is submitted.) For claims covering multiple medical services, each service must be itemized and a charge shown for each. [Claims for less than \$50.00 (U.S. currency) cannot be submitted by message.]
 13. **Authentication.** (Indicate the name and title of the Security Assistance Officer certifying that the specific medical services or supplies being claimed were actually rendered on the date(s) indicated, and that the itemized statement presents a legal obligation to pay.)
 14. **Privacy Act Statement.** Include the following statement: "The contents of this message are subject to the provisions of the Privacy Act."

Sample Message -- Active Duty Member

The following is an example of a message claim submitted for reimbursement of medical costs for active duty U.S. military security assistance personnel.

FROM: ODC Oslo NO//
TO: DIR OCHAMPUSEUR Heidelberg GE//
INFO: USCINCEUR Vaihingen GE//ECMD//ECJ4-7//
UNCLASS

SUBJ: Request for Message Claims Payment for Active Duty SAO Personnel

1. Patient's Name: Garber, Robert S.
2. Rank and Pay Grade: SGT E-5
3. SSN: 123-45-6789
4. Branch of SVC: USA
5. Unit of Assignment: USODC, Oslo, NO
6. Duty Status: Duty
7. Name and Address of Physician Rendering SVC: Ola Johanson, Bergsefue v. 14C, 1640 Oslo, NO
8. Name and Address of Hospital Rendering SVC: Oslo Central Hospital, SVDA v. 25, 6900 Oslo, NO
9. Symptoms/Diagnosis/Treatment: Abdominal pain/Appendicitis/Appendectomy
10. Date(s) Medical SVC Received: 12/05/86 to 12/09/86
11. Date Back-Up Documentation Will Be Mailed: 12/20/86
12. Charges in U.S. Currency, Foreign Currency, and Exchange Rate Used: \$1,500.00 U.S. (10,714 kronor: Exchange Rate .14)
13. Authorization: Lt Col Thomas J. Osoba, Chief, ODC Oslo NO
14. The contents of this message are subject to the provisions of the Privacy Act.

Additional Information on Submitting Claims -- Active Duty Members

• Hard-copy, back-up voucher claim forms required by the governing directive of the respective uniformed service must be completed by the SAO/DAO. The SAO/DAO must mail these claim forms, along with all supporting documentation and its English translation, by certified mail, return receipt requested, directly to:

**Director
OCHAMPUSEUR
ATTN: CME-1
APO New York 09102**

• This back-up documentation must be mailed no later than 48 hours from the day the initial message claim is sent, or as soon as documentation to support the claim is available from the medical provider.

• OCHAMPUSEUR will ensure that adequate and timely follow ups are initiated in the event the completed forms are not received from the certifying officer within 60 days.

• The SAO Chief or DATT will ensure that the following requirements are complied with:

•• The foreign exchange conversion rate must be the same in the back-up documentation as in the message.

•• Diagnosis and medical treatment must both be included.

•• All foreign language documents must be accompanied by a complete English translation.

•• The appropriate governing directives, regulations, and guidelines will be followed for the submission of open-allotment claims. The required number of copies of the voucher shall be included.

••• The governing directive for **Army** personnel is AR 40-3, Chapter 15, "Care from Civilian Sources." Five copies of the Standard Form (SF) 1034, "Voucher for Purchases and Services other than Personal," must be submitted for Army members.

••• The governing directive for **Air Force** personnel is AFR 168-10. Seven copies of the SF 1034 must be submitted for Air Force members.

••• The governing directive for **Navy and Marine Corps** personnel is NAV-MEDCOMINST 6320.3. Five copies of the NAVCOMPT Form 2160 with one copy of NAVMEO 6320/10 must be submitted for Navy and Marine Corps members.

•• A copy of all back-up documentation will be maintained by the authenticating SAO/DAO until notified by message from OCHAMPUSEUR that the case is closed, at which time these copies may be forwarded to the service member informing them that the case is closed. (This is to be done even if the personnel have left the SAO before the case is closed.)

•• To facilitate any follow-up action (e.g., follow-up information requests from OCHAMPUSEUR, recoupment, forwarding back-up file when case is closed, etc.), the authenticating SAO/DAO must maintain the forwarding address of former personnel with outstanding

claims. Failure to submit back-up documentation may result in suspension of the SAO's privilege to submit claims by message until all delinquent back-up data is received. Continued failure to provide the required back-up documentation will constitute grounds for the permanent revocation of the SAO's/DAO's message submission privileges.

•• All non-emergency care must have a written pre-authorization in accordance with the directive concerning the respective service.

DEPENDENT CLAIMS

The message format for claims involving dependents of U.S. military security assistance personnel contains the following 19 data elements which must be included in the message claim:

1. **Patient's name** (last, first, middle initial).
2. **Patient's date of birth** (numeric month, day, year).
3. **Patient's address** (apartment number, street, city, and host country in which the patient is presently residing).
4. **Patient's sex**.
5. **Military ID card number**. (Must be the card number located on the front of the dependent's ID card, except for a child under 10 years of age when the card number of the active duty sponsor, located on the back left side, may be used.) The effective date from item 15B and the expiration date from item 3 (on the card) must also be indicated.
6. **Patient's relationship to sponsor**.
7. **Sponsor's name and grade**.
8. **Sponsor's social security number**.
9. **Sponsor's branch of service** (USA, USN, USAF, USMC, or USCG).
10. **Type of care**. [Indicate whether services rendered were on an inpatient (i.e., hospital) or outpatient (i.e., clinic) basis.] Note: These two types of care must not be reported on the same claim.
11. **Name and address of physician rendering service** (i.e., the physician providing the care for which the charges are being submitted. If physician information is not identifiable, enter "None."
12. **Name and address of hospital where services were rendered**. (Indicate name and address of the facility where care was rendered, if different from physician's address. If same, enter "same as item 11"). [There must be a complete name and address in either para. 11 or para. 12, or both.]
13. **Symptoms, diagnosis, and treatment**. (Indicate very briefly the reason care was rendered). This data must be included for claim to be processed. (For outpatient claims, the name of each drug must be given.)
14. **Date service received/inclusive dates of care for the specific claim**. (Indicate numerical month, day, and year care was rendered, or in the case of an in-patient/hospital claim, the admission and discharge dates.)
15. **Date back-up documentation was sent or will be sent**. (Back-up documentation should be sent before or simultaneously with message, but in no case later than 48 hours after transmission of the message.)
16. **Deductible status**. (Enter, as appropriate, for annual CHAMPUS deductible: "Yes, deductible satisfied," or "No, deductible not satisfied.")
17. **Charges in U.S. currency, charges in foreign currency, and the exchange rate used**. (Exchange rate for charges must be based on the date the message is submitted.) For claims covering multiple medical services, each service must be itemized and a charge shown for each. [Claims for less than \$50.00 (U.S. currency) cannot be submitted by message.]

18. **Authentication.** (Indicate the name and title of the Security Assistance Officer certifying that the specific medical services or supplies being claimed were actually rendered on the date(s) indicated, and that the itemized statement presents a legal obligation to pay.)
19. **Privacy Act Statement.** Include the following statement: "The contents of this message are subject to the provisions of the Privacy Act."

Sample Message -- Dependent

The following is an example of a message claim submitted for reimbursement of medical costs for dependents of U.S. military security assistance personnel.

FROM: USMILGP Caracas VE//
TO: DIR OCHAMPUSEUR Heidelberg GE//
INFO: USCINCSO Quarry Heights PN//SCSG/SCJ5-SA//
UNCLAS

SUBJ: Request for Message Claims Payment for Dependent of Active Duty SAO
Personnel

1. Patient's Name: Stephens, Karen B.
2. DOB: 12/07/47
3. Address: 14 Avenue Simon Bolivar, Caracas, VE
4. Sex: Female
5. ID Card No.: C 123456; Effective Date 7/23/85; Expiration Date 7/22/88
6. Relationship: Spouse
7. Sponsor's Name (Last, First, Middle Initial) and Grade: Stephens, Robert S.; E-5
8. Sponsor's SSN: 123-45-6789
9. Sponsor's Branch of SVC: USN
10. Type of Care: Inpatient
11. Name and Address of Physician Rendering SVC: Alfredo Diaz, 33/4 Avenue Simon Bolivar, Caracas, VE
12. Name and Address of Hospital Rendering SVC: University of Caracas Medical Center, 3 Avenue Universidata, Caracas, VE
13. Symptoms/Diagnosis/Treatment: Abdominal pain/Ruptured Ectopic Pregnancy/Laparoscopy
14. Date(s) Medical SVC Received: 12/02/86 to 12/08/86
15. Date Back-Up Documentation Will Be Mailed: 12/20/86
16. Deductible Status: Yes, deductible satisfied
17. Charges in U.S. Currency, Foreign Currency, and Exchange Rate Used: \$2,212.00 U.S. (40,000 Bolivar: Exchange Rate .0553)
18. Authorization: Commander Thomas J. Osoba, CDR, USMILGP Caracas, VE
19. The contents of this message are subject to the provisions of the Privacy Act.

Additional Information on Submitting Claims -- Dependents

- Hard-copy, back-up CHAMPUS claim forms 500, 1863-1, or US-82 must be completed by the SAO/DAO. The SAO/DAO must mail these claim forms, along with all supporting documentation and its English translation, by certified mail, return receipt requested, directly to:

Director
OCHAMPUSEUR
ATTN: CME-1
APO New York 09102

- This back-up documentation must be mailed no later than 48 hours from the day the initial message claim is sent. If there is additional back-up documentation not yet available to send before this 48 hour limit runs out, send all that can be sent within 48 hours of the health care being provided and the rest as soon thereafter as possible.

- OCHAMPUSEUR will ensure that adequate and timely follow ups are initiated in the event the completed forms are not received from the certifying officer within 60 days.

- The SAO Chief or DATT will ensure that the following requirements are complied with:

- The foreign exchange conversion rate must be the same in the back-up documentation as in the message.

- Diagnosis and medical treatment must both be included.

- All foreign language documents must be accompanied by a complete English translation.

- Documentation must include the authorized CHAMPUS claim forms, SF 1034 ("Voucher for Purchases and Services Other than Personal"), original invoice, receipt, and a copy of the message authorizing payment.

- A copy of all back-up documentation will be maintained by the authenticating SAO/DAO until notified by message from OCHAMPUSEUR that the case is closed, at which time these copies may be forwarded to the sponsor or dependent informing them that the case is closed. (This is to be done even if the personnel have left the SAO before the case is closed.)

- To facilitate any follow-up action (e.g., follow-up information requests from OCHAMPUSEUR, recoupment, forwarding back-up file when case is closed, etc.), the authenticating SAO/DAO must maintain the forwarding address of former personnel with outstanding claims. Failure to submit back-up documentation may result in suspension of the SAO's privilege to submit claims by message until all delinquent back-up data is received. Continued failure to provide the required back-up documentation will constitute grounds for the permanent revocation of the SAO's/DAO's message submission privileges.

- All non-emergency care must have a written pre-authorization in accordance with the directive concerning the respective service.

CONCLUSION

Based on their review of the message, OCHAMPUSEUR will provide the payment of the claim as a fund cite to the claimant via message to the SAO/DAO. The SAO/DAO must immediately acknowledge, by return message, the receipt of the message from OCHAMPUSEUR authorizing payment.

Careful review of rules, regulations, and guidelines provided in the governing directives is mandatory before submitting a medical claim utilizing this system. Knowledge of voucher preparation instructions will minimize subsequent problems regarding overpayment which may occur after OCHAMPUSEUR reviews supporting backup claim documentation (and after initial reimbursement is made under the electronic message claim program). Any such overpayment must be returned to OCHAMPUSEUR upon their request and before the claim is closed. The same stipulation applies to active duty claims. As a result of the MOU between DSAA and OCHAMPUS, this

program requires several specific actions to be performed by each SAO/DAO in the countries listed above.

First the chief of the SAO will be designated by DSAA as the (sole) certifying official to OCHAMPUS for both open-allotment (active duty) and CHAMPUS claim (dependents) messages sent in conjunction with this program.

As such, the chief of the SAO is responsible for all actions related to claims submission by electronic message, including the backup documentation and subsequent recoupment action if necessary, even if the service member has left the SAO/DAO. Second, the chief will certify that the services and supplies claimed were in fact received, and that the documentation is accurately converted into the prescribed message format as presented in the Secretary of Defense messages which are referenced and summarized here. And thirdly, that procedures are established between the SAO/DAO and embassy finance office so that the administration of this program becomes so routine that reimbursement can be made to the claimant from the embassy finance office upon receipt of the fund cite via electronic message from OCHAMPUSEUR. The two-year program has gone very well. Most accepted claims have been reimbursed through a fund cite message within 12 hours of the electronic message (claim) being received by OCHAMPUSEUR.

KEY POINTS OF CONTACT

Unified commands:

- USCINCEUR Vaihingen GE//ECMD//ECJ4/7//
- USCINCPAC Honolulu HI//J76/J4//
- USCINCSO Quarry Heights PN//SCSG/SCJ5/SA//
- USCINCCENT MacDill AFB FL//CCSG/J4/7-S//
- USCINCLANT Norfolk VA/J-45//
- COMUSFORCARIB Key West FL//J3/5-S//

Department of Defense:

- Asst SECDEF Washington DC//HA//
- JCS Washington DC//J4/J5//
- HQ USAF Washington DC//MPEX//
- CNO Washington DC//OP-631//
- DA Washington DC//DALO-SAZ-A//
- Dir OCHAMPUSEUR Heidelberg GE
- Dir OCHAMPUS Aurora CO/PDR//

Other:

- Defense Security Assistance Agency (DSAA), Plans Division (O&M), Pentagon Room 4B720, AUTOVON 225-7976/7977/6177, Message: SECDEF Washington DC//USDP/DSAA-Plans//
- OCHAMPUS, Attn: Ms. Terri Katsouranis, Aurora CO 80045-6900, AUTOVON 943-3285