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Health Services

**AUTHORIZED HEALTH CARE AND HEALTH
CARE BENEFITS IN THE MILITARY HEALTH
SERVICES SYSTEM (MHSS)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFR 41-1, *Health Care Programs and Resources*. It tells health care personnel how to determine eligibility for health care in Air Force dental and medical treatment facilities (MTF) and use the Aeromedical Evacuation System. It also discusses other related health care benefits and describes the extent of care that the Air Force authorizes. This instruction applies to all active duty and retired personnel of all seven uniformed services as well as their family members. It implements DoD Directive 3025.13, *Employment of Department of Defense Resources in Support of the United States Secret Service*, September 13, 1985; DoD Directive 6010.14, *Inpatient Medical Care for Foreign Military Personnel*, July 8, 1986; DoD Directive 6310.7, *Medical Care for Foreign Personnel Subject to the North Atlantic Treaty Organization (NATO) and Status of Forces Agreement (SOFA)*, December 18, 1962; DoD 6010.8-R, *Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)*, March 1986, with Change 6, and Executive Order (EO) 11733, July 30, 1973. This instruction directs collecting and maintaining information subject to the Privacy Act of 1974 authorized by Title 10, United States Code, Section 8013. System of records notice F168 SG A, *Automated Medical/Dental Record System*, applies. Send comments and suggested improvements on AF

Form 847, **Recommendation for Change of Publication**, through channels, to HQ USAF/SGHA, 170 Luke Avenue, Suite 400, Bolling AFB DC 20332-5113. **Attachment 1** is a glossary of references, abbreviations, acronyms, and terms.

SUMMARY OF REVISIONS

This is the initial publication of AFI 41-115, substantially revising AFR 168-6 and AFR 168-2. It updates the Secretarial Designee Program, eliminating reciprocity with the US Army. It includes policy changes on abortion services in overseas military treatment facilities, and eliminates information about billing procedures, charges for eligible beneficiaries, and information on hearing aids.

Chapter 1

ELIGIBILITY AND HEALTH CARE SERVICES PROVIDED BY THE MHSS

1.1. Administering Health Care Benefits. The Military Services administer the Uniformed Services Health Benefits Program (USHBP) according to Title 10, United States Code, Chapter 55, Sections 1071 through 1088, 1090, 1093, 1095, and 1097. Health care personnel provide services under this program regardless of the sponsor's Service affiliation. Categories of beneficiaries who receive services under the USHBP are:

- Uniformed services active duty personnel.
- Family members (dependents) of active duty personnel of the uniformed services.
- Retired members of the uniformed services.
- Family members (dependents) of retired personnel of the uniformed services.
 - Individuals under the Transition Assistance Management Program.
 - Surviving family members of persons who at the time of death were active duty or retired personnel of the uniformed services.
- Unmarried former spouses of members.

1.1.1. All Army, Navy, Air Force, and Coast Guard medical facilities are Uniformed Services Medical Treatment Facilities (USMTF). The USHBP also recognizes other institutions that provide care to retirees and family members of active duty personnel of the uniformed services, such as the former Public Health Service facilities, now known as Uniformed Services Treatment Facilities (USTF). *EXCEPTION:* Coast Guard contract physicians' offices are not USMTFs.

1.1.2. The MTF commander:

- Approves medical care.
- Authorizes moving a patient via aeromedical evacuation (based on cost and medical considerations).
- Provides care in the MTF for authorized patients who aren't uniformed service personnel, if conditions allow.
- Works directly with other medical authorities on patient care matters.

1.1.2.1. In foreign countries, laws of the host country take precedence. Commanders must pay special attention to the local customs and practices when using this instruction. Do not jeopardize the rights and status of personnel under international agreements.

1.1.3. MTF commanders consult DoD 4515.13-R, *Air Transportation Eligibility*, Chapter 11, with Change 1, when a patient must be moved by aeromedical evacuation.

1.1.3.1. For Foreign Military Sales (FMS) or International Military Education and Training (IMET) cases, see applicable instructions.

1.1.3.2. Except for authorized users of the aeromedical evacuation system, DoD charges all other persons at its established movement rates. For en route medical care DoD charges non-authorized users its established medical reimbursement rates. Unless the referring MTF provides evidence of special billing arrangements to Headquarters Air Mobility Command, Office of Health Care

Resources (HQ AMC/SGAR), the DoD bills the MTF or referring agency at the DoD established movement rate or Full Reimbursement Rate (FRR).

1.2. Dependents Dental Program. See Section 1076a of 10 U.S.C. 55, for the legal authority to provide dental care under the Dependent Dental Program (DDP). **Chapter 3**, paragraph **3.3**. of this instruction, spells out eligibility criteria, enrollment period, premium collection, and provides the administration and management requirements for this program.

1.3. Eligibility. 10 U.S.C. 55 lists individuals eligible for care in a USMTF and the aeromedical evacuation system. Air Force Handbook AFH 41-114, *Military Health Services System (MHSS) Matrix* contains specific limitations on medical care. Command sponsorship does not affect eligibility for health care overseas but may affect the individual's priority for space-available care.

1.3.1. See DoD 6010.8-R, *Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)* with Change 6, for eligibility criteria.

1.3.2. Title 10 U.S.C. 55 describes when an individual's eligibility for military-sponsored health benefits begins and ends.

1.3.3. At Air Force MTFs, civilian emergencies are authorized emergency care only. When the patient is medically stabilized, transfer to an appropriate civilian medical facility or discharge as appropriate.

1.3.3.1. A medical officer assists in coordinating the transfer.

1.3.3.2. Patient Administration and Medical Resource Management personnel complete a thorough identification (including an emergency address) of the patient and document it before transferring the patient.

1.4. Eligibility Priority and Limiting Services in the Direct Care System. MTFs provide care without regard to the sponsor's Service affiliation, rank or grade, according to 10 U.S.C. 55. When providing health care services, the priority is:

- Active duty.
- Family members of active duty personnel.
- Retirees and their family members.
- All other categories of beneficiaries.

1.4.1. When determining if the MTF may provide care to other than active duty members, the MTF commander considers:

- Space and facility limitations.
- Staff capabilities.
- Quality assurance concerns.
- Effective use of the facility.

1.4.1.1. Providing health care services, to other than active duty members, must not interfere with the MTF's ability to provide care to active duty personnel.

1.4.2. When an MTF provides care to individuals who aren't active duty personnel and categorical cutbacks in services must occur, use the following priority list:

1.4.2.1. Active duty (includes North Atlantic Treaty Organization (NATO) military personnel, Security Assistance and Training Program (SATP) personnel, and Reserve and Guard on active duty or inactive duty for training).

1.4.2.2. Family members (dependents) of active duty, of persons who die while on active duty, and unmarried former spouses who meet the criteria outlined in AFH 41-114.

1.4.2.3. Retired personnel (including those on the Temporary Disability Retired List (TDRL) and their family members including surviving dependents of persons who die while in retired status.

1.4.2.4. Civilian employees stationed overseas on official orders, traveling in temporary duty (TDY) status in the continental United States (CONUS), or covered under the Air Force Occupational Safety and Health (AFOSH) program. For a detailed explanation of civilian dependent entitlements, see AFH 41-114.

1.4.2.5. All other categories.

1.4.2.6. The general rule to follow when MTF personnel must make priority choices in the delivery of health care services is to serve active duty members first and cut back on services to them last.

1.4.2.7. In overseas locations, the wing commander may alter the priority of care (for other than active duty personnel) when by doing so a degradation of the mission is prevented. Civilian personnel stationed overseas determined to be "mission essential" are an additional beneficiary category to consider when changing the priority of care. This also applies when cutbacks in services must occur.

1.4.3. When individuals fall into several beneficiary categories, provide care at their highest priority level. The point of contact (POC) for questions regarding third party billing is the major command (MAJCOM) Resource Management Division.

1.4.4. In all cases (except active duty personnel), when space is unavailable, the MTF personnel may release individuals to civilian care. These individuals need to sign a memorandum ([Attachment 6](#)) that they understand that MTF care is limited. By signing the memo, patients acknowledge that the MTF may transfer them to civilian care under certain circumstances. This memo is especially important because it alerts patients to financial considerations and ensures continuity of care if patients subsequently choose civilian care over the MTF.

1.4.5. MTF policies regarding individuals access to the health care system must reflect the guidelines established in this instruction.

1.4.6. DoD Instruction 6015.20, *Changes in Services Provided at Military Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs)* December 3, 1992 , with Change 1, contains the notification requirements for MTFs considering cutbacks. This notification applies to categorical limitations, such as limiting services to all retirees in a specialty or to inpatients who reach their hospitalization limits. 10 U.S.C. 55 contains cutback requirements. When cutbacks affect custodial and domiciliary care, or exceed the capabilities of the staff or facility, notify the MAJCOM surgeon's office, which advises Headquarters United States Air Force, Managed Care Division (HQ USAF/SGHA) and Headquarters Air Force Medical Operations Agency (HQ AFMOA).

1.4.7. TDRL patients who have been directed to an MTF for a physical associated with their TDRL status have the same priority for the physical as an active duty member.

1.5. Eligibility Verification. The local Military Personnel Flight (MPF) establishes an individual's eligibility for medical care. Medical facility personnel confirm the patient's identity and verify entitlement through the Defense Enrollment Eligibility Reporting System (DEERS) and ID "check." Direct questions on eligibility to the Director of Patient Administration.

1.5.1. Individuals requesting care must show satisfactory evidence of their beneficiary status. A valid ID card and a DEERS eligibility check are the ways to establish a patient's beneficiary status. Children under age 10 must be enrolled in DEERS, but they don't need their own ID cards. MTF personnel should not provide routine care to patients with questionable eligibility until they make a final determination on a patient's eligibility. In an emergency, always provide care first. Determine eligibility after treatment.

1.5.2. Eligibility verification is normally a two-step process. First, the patient presents a valid ID card. MTF staff ensures that all patients, including those in uniform, show valid IDs before they provide routine care, ancillary, or administrative services.

1.5.2.1. Types of Uniformed Services ID cards:

- DD Form 2 AFACT, **United States Armed Forces Identification Card**, (green for active duty, red for reserves, and gray or blue for retirees).
- DD Form 1173, **Uniformed Services Identification and Privilege Card**, (brown for family members and specifically for foreign military personnel/family members).
- DD Form 1173-1, **Department of Defense Guard and Reserve Family Member Identification Card**, for family members of reserve personnel.

1.5.2.2. The United States Public Health Service (USPHS) ID card number is PHS 1866-1 for active duty and PHS 1866-2 for reserve PHS personnel. Individuals in possession of these cards are authorized users of DoD medical facilities.

1.5.2.3. Some separating personnel and their family members are eligible for medical benefits under the Transitional Assistance Management Program (TAMP) and possess the DD Form 1173.

1.5.2.4. Other beneficiaries have different organizational identification. When an organization doesn't issue ID cards, its members must show some proof of organizational affiliation as well as personal identification.

1.5.2.5. Each uniformed service issues DD Form 1173. Contact the nearest uniformed facility for information on applicable publications.

1.5.3. The second step in verifying a person's eligibility status is DEERS. Not all beneficiaries are enrolled in DEERS. MTFs should perform DEERS checks on active duty, retirees, family members of active duty and retired, TAMP eligibles, and survivors only.

1.5.3.1. Deny routine care when the verification process results in questionable eligibility. In these situations, a competent medical authority then performs a risk assessment. If there is a possibility of risk to either the patient or the Air Force, treat the patient. Such patients must first sign a statement saying they will prove eligibility within 30 days. After the 30th day, Patient Administration forwards the patient information to Resource Management for billing. This procedure

applies to "hands-on" care as well as ancillary services, for example, filling prescriptions from non-Federal civilian providers.

1.5.3.2. Perform a DEERS check when a dependent child, over 10 years of age and without an ID card, seeks medical care. If the child is in DEERS and with an adult sponsor or parent who has a valid ID card, don't require the parent to return within 30 days with the ID card. The Director of Patient Administration should explain to the sponsor or parent that all children over 10 years of age need ID cards to continue to receive authorized military services like health care.

1.5.3.3. Provide routine care in the direct care system to these categories of patients (even if they fail a DEERS eligibility check):

- The patient received an ID card within the last 120 days.
- The patient presents a DD Form 1172 , **Application for Uniformed Services Identification and Privilege Card**, that the Air Force issued or reverified within the last 120 days. The DD Form 1172 must have a date and a verifying authority from the MPF must have certified it. This certification includes an original signature in ink with the rank, position, and phone number of the verifying official.
- The patient's sponsor is a member of the Reserve or National Guard ordered to Federal active duty for more than 30 days and the patient has a copy of such orders. The beginning period of active duty must be within the last 120 days.
- The patient is less than 1 year old.
- The patient is under 10 years old and the sponsor is a reservist or guardsman called to duty (within the last 120 days) for more than 30 days. The child may use a copy of the orders to verify eligibility.
- The patient is a Secretarial Designee (use the designee letter to verify eligibility and benefits).
- The patient is a foreign military sponsor or family member.
- The sponsor is on overseas assignment, afloat, or has an Army or Air Force Post Office (APO) or Fleet Post Office (FPO) address. The patient should present some documentation to indicate the sponsor's status such as TDY or PCS orders.

1.5.4. Each MTF must have written instructions on how to handle patients with questionable eligibility.

1.5.5. The Director of Patient Administration establishes a procedure to verify the eligibility of all beneficiaries with prescriptions from non-Federal providers. Such procedures should verify eligibility with a valid ID card and a DEERS check. The procedures should also allow adult family members or friends to pick up prescriptions from the pharmacy for an eligible beneficiary.

1.6. The Uniformed Services Treatment Facilities (USTF) Program. USTFs are former US Public Health Service medical treatment facilities providing medical and dental care to DoD beneficiaries. Individuals eligible to receive care in a Department of Defense medical treatment facility (DoD MTF) and living within the defined USTF service area, may enroll in the local USTF Managed Care Plan. Active duty personnel aren't eligible to enroll in the Managed Care Plans but may receive medical care at USTFs. USTFs are required to reimburse MTFs for care provided to beneficiaries enrolled in the USTF Managed Care Plans.

1.6.1. MTF personnel whose facilities are located near USTFs must be familiar with the terms of the contract under which each USTF operates, for example, eligibility, billing procedures, health care benefits and Managed Care Plans.

1.6.2. The list of USTFs is in [Attachment 6](#).

1.7. Comparable Care Agreements. Title 10, United States Code (Annotated), Chapter 151, Section 2549, requires foreign military and diplomatic personnel to pay for inpatient care in MTFs, unless the foreign country and the United States have completed an agreement indicating otherwise. These comparable care agreements require that both countries provide a comparable level of health care to a comparable number of personnel.

1.7.1. Air Force medical personnel who see the need for a comparable care agreement to provide inpatient care for foreign military or diplomatic personnel (or their family members) in the United States should send a proposal through the MAJCOM Surgeon's Office to HQ USAF/SGHA. Proposals should include :

- Enough information to evaluate the benefit of the agreement to the United States.
- Specific information on what the DoD would receive and what it would be expected to provide. For example, explain whether the foreign country would provide military or civilian care, at what price, and for whom (active duty, family members, and so on).
- The number of foreign and US Forces personnel and their family members who may be affected by the agreement.

1.7.2. HQ USAF/SGHA reviews all proposals.

1.7.3. Currently only Canada, Germany, Ecuador, El Salvador, Guatemala, Uruguay, Tunisia and Columbia have comparable care agreements with the United States.

1.7.4. As additional agreements are completed, HQ USAF/SGHA will send the necessary information via message to MAJCOMs and MTFs.

1.8. Special Foreign Nationals. The Secretary of the Air Force may authorize Air Force health care benefits to foreign nationals considered to be critically important to the interests of the United States. The Secretary of the Air Force may use this authority for individual designations, on a case-by-case basis. Such a designation doesn't create a new category of beneficiaries.

1.8.1. Criteria for selection as a Secretary of the Air Force Designee for foreign nationals:

- Foreign nationals nominated for designee status must be heads of State, Cabinet members (Minister), Chiefs of Staff of the Armed Forces, or hold equivalent positions.
- Appropriate health care must not be available in the nominee's country or in a civilian health care facility in the United States.
- The nominee or his government must agree to assume responsibility for payment of DoD health care services (at the FRR) and, if the individual requested and the Air Force approved, the cost of aeromedical evacuation.

1.8.2. Designation procedures:

- Foreign governments seeking Designee status will submit requests to the State Department through the mission chief of the country involved. The request must contain the full name and

title of the individual, an explanation of why the individual is critical to US interests, the pertinent medical information, the billing address (individual or office), and a certification that the nominee meets all of the necessary criteria.

- Refer inquiries from foreign embassies in Washington, or other sources to the US Chief of Mission in the country concerned.
- The State Department reviews the request and, if appropriate, refers it to the Office of the Assistant Secretary of Defense (Health Affairs) with a recommendation for approval.
- The Office of the Assistant Secretary of Defense (Health Affairs) reviews the request and, if appropriate, refers it to the Secretary of the Air Force with a recommendation for approval.
- If the Secretary of the Air Force approves the request, the Secretary's office forwards it to the Office of the Air Force Surgeon General for appropriate action. HQ USAF/SGHA prepares the request and assigns responsibility for moving the Designee through the Aeromedical Evacuation Control Center to the specific overseas or CONUS MTF.

1.8.3. When the Secretary of the Air Force designates an individual as a beneficiary for Air Force health care under this paragraph, the benefit does not extend to the individual's family.

1.9. Medically Related Services. Sections 927(c) and 1401 of Title 20, U.S.C. and the following entitles handicapped DoD Dependents Schools (DoDDS) students to a free public education. Federal law also entitles Handicapped DoDDS students who require medically related services and are in a "tuition free" status under DoD Directive 1342.13 *Eligibility Requirements for Education of Minor Dependents in Overseas Areas* July 8, 1983, with Changes 1 and 2, , to receive those medical services free of charge, regardless of their beneficiary category, or the location of the service.

1.9.1. Under DoD Instruction 1010.13, *Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependent Schools Outside the United States* August 28, 1986, with Change 1, and DoD Instruction 1342.12, *Education of Handicapped Children in the DoD Dependent Schools*, December 17, 1981, the DoD provides medical care and related services in-theater in overseas locations according to MTF capabilities. When a handicapped student who is entitled to government medical care needs an evaluation or services outside the theater, aeromedical evacuation of that student and an accompanying adult to and from CONUS is free. The Air Force may also authorize commercial transportation of the handicapped student and accompanying adult.

1.9.2. Providing medically related services under Sections 927(c) and 1401 of 20 U.S.C. must not disrupt the individual's special education. For evaluations performed in CONUS, consider the scope of the law. For example, ongoing counseling or physical therapy, in CONUS based facilities, is likely disruptive and, as such, inconsistent with the law and DoD directives. As a result, in the extremely rare case of a handicapped DoDDS student who cannot obtain required ongoing services in-theater, management must consider reassigning the individual's sponsor to another accompanied area where the necessary medical services are available that don't disrupt the child's special education.

1.10. Authorization for Physical Examinations. This paragraph doesn't cover the physical examinations (flying, non-flying and occupational health) in AFI 48-123, *Medical Examination and Medical Standards* (formerly AFR 160-43).

1.10.1. The Physical Exams Section (PES) provides pre-employment and other physicals when the MTF commander determines that MTF personnel are available and an official of the sponsoring agency sends a written request for the physical. There is no charge to the individual for the physical. The MTF commander may authorize the use of supplemental or cooperative care funds to cover the costs of these physicals. Individuals who may receive physicals under this paragraph are:

1.10.1.1. Contract food service, housekeeping, and other health care employees or health care volunteers.

1.10.1.2. Army and Air Force Exchange Service (AAFES) personnel and AAFES concessionaire employees.

1.10.1.3. Employees of Officer, Non-Commissioned Officer (NCO) and Service Clubs.

1.10.1.4. DoD School System teachers working on base or overseas in uniformed service schools that a US military department operates.

1.10.1.5. Civilian contractors working in positions that require exposure to occupational hazards such as laser energy and/or toxic substances.

1.10.1.6. Domestic servants of uniformed services personnel. The PES personnel will provide a physical for these domestic servants when command directives require it as a condition of employment, or the employer overseas requests it.

1.10.1.7. NAF employees.

1.10.1.8. Under AFI 36-401, *Civilian Training and Development*, formerly AFR 40-418, civilian employees may receive (at no charge to them) routine physicals as well as physicals for:

- Regular occupational health screening and follow-up under the AFOSH.
- DoD sponsored assignments overseas, when DoD requires it.
- DoD sponsored courses, when it is a course requirement.
- The Sensitive Duties Program.

1.10.2. The PES also provides physicals for any individual on a DoD sponsored orientation flight.

1.10.2.1. The PES performs physicals to determine if a person is qualified for duty in the uniformed services according to AFI 48-123.

1.10.2.2. The PES performs premarital physicals for the intended spouse of an entitled beneficiary. The sponsor must accompany the intended spouse to the MTF on the day of the physical.

1.10.2.3. The PES performs physicals on pre-adoptive children in conjunction with a request for secretarial designation.

1.10.2.4. The Director of Base Medical Services (DBMS) may determine that providing the physical or immunization serves the best interest of command health. If necessary, the PES will provide physicals, health inspections and immunizations to ensure detection of any communicable disease at a uniformed service installation. The PES doesn't treat any disease or illness discovered during that physical. PES only has authority to determine the presence or absence of a communicable disease.

1.10.3. Under 31 U.S.C. 1535, the PES provides physicals for applicants for:

1.10.3.1. Foreign Service Posts. The State Department requests physicals for Foreign Service Officers or applicants for the Foreign Service (including family members) on Form DSL-820, **Letter of Authorization for Medical Examination** (two copies). Return the report of the physical examination as outlined in the DSL-820.

1.10.3.2. Civil Service.

1.10.3.3. Job Corps and VISTA. Appropriate agency officials request physicals and the PES completes SF 88, **Report of Medical Examination**, and SF 93, **Report of Medical History**. Return these reports to the requesting official. Provide five copies of DD Form 7A, **Report of Treatment Furnished Pay Patients-Outpatients Treatment Furnished Part B** (RCS: HAF-SGH[M]7103), to HQ USAF/SGHC for reimbursement and include a copy of the request for physicals.

1.10.3.4. Peace Corps. Peace Corps officials request physicals for volunteers and family members. These are typically pre-selection, separation, or special physicals.

1.10.3.5. Federal Aviation Administration (FAA). FAA regional office officials requests a physical examination that includes:

- Chest X-rays.
- Electrocardiograms (including exercise electrocardiograms).
- Audiograms.
- Basic blood chemistries (including a 2-hour Postprandial Blood Sugar, Blood Urea Nitrogen (BUN), Serum Cholesterol, Uric Acid, automated blood chemistry program if available.)

Return copies of the results to the officials who requested the exam. Prepare five copies of DD Form 7A and send them to HQ USAF/SGHC with a copy of the request.

1.10.3.6. US Secret Service. The Chief, US Secret Service or a designated representative submits a written request for the PES to perform the same type of periodic physical as for a non-flying officer (AFI 48-123). Send one copy of SF 88 and SF 93 to the Chief, US Secret Service, Treasury Department, Washington DC 20220.

1.10.3.7. Federal Bureau of Investigation (FBI) applicants and investigative personnel and Deputy US Marshals in Alaska. The special agent in charge of an FBI field office for FBI personnel and an official of the Department of Justice requests that PES perform physicals using SF 88 and SF 93. Send a copy of the forms to the requesting official.

1.10.4. The PES performs physicals for reservists and guardsmen who require the examination to determine their continued military affiliation or for a special duty assignment. PES performs physicals even if the individual is not on an active duty tour. Many of these reservists and guardsmen must travel considerable distances to obtain a physical. If the individual lives outside the MTF catchment area or more than 40 miles from the MTF, PES personnel must complete the physical in 1 day (this does not include the completion of the paperwork, only the actual testing, evaluation, and so on.). AFH 41-114 governs physicals for a reserve or guard applicant.

1.10.5. PES personnel may perform one time ancillary services, such as drawing blood and testing, for individuals who are not beneficiaries, if the service is part of an evaluation or treatment program for an authorized beneficiary (potential organ and blood donors).

1.10.6. In addition to the physicals listed in paragraph **1.10.1**, civilian employees may also receive physicals (at no charge to them) when a physical is necessary to determine fitness for duty.

1.10.6.1. It is a civilian employee's responsibility to get an eye refraction exam for safety glasses. Employees must present their civilian prescriptions to the MTF to obtain safety glasses. If space is available the MTF may provide eye refraction or contract for such services locally, if the MTF commander feels it better serves the Government to do so.

1.10.7. Upon written request from the appropriate government agency, PES provides physicals for individuals who have filed claims against the Federal Government. These physicals are to determine the nature and extent of that individual's injuries or disabilities.

1.10.7.1. If the individual is filing a claim against the Army, Navy, Air Force, or Marine Corps or if a congressman is considering filing for a private relief bill, there is no charge for this examination unless it results in an admission. In that case, collect the subsistence rate from the individual.

1.10.7.2. If the individual is filing a claim against another government agency, complete a DD Form 7A for the IAR and send it to HQ USAF/SGHC.

1.10.8. When the government considers it necessary or desirable and the appropriate commander files a request, PES performs physicals for civilianS who are performing aircrew duties or flying in military aircraft. The following individuals may receive physicals under this provision:

1.10.8.1. Employees or prospective employees of government contractors whom the government has approved for training in DoD facilities or for performing aircrew duties under the AFI 36 series or other DoD agency directives.

1.10.8.2. Passengers and maintenance personnel flying in high performance aircraft under AFI 11-403, *Air Force Aerospace Physiological Training Program* (formerly AFR 50-27).

1.10.8.3. Civilian employees of, or under contract to, the DoD or other government departments or agencies who have been approved to perform aircrew duties or receive instructions in such duties, under AFI 48-123.

1.10.8.4. DoD test pilots, representatives of (or persons sponsored by) foreign governments, other non-US citizens, and US citizens not a part of the DoD who have been otherwise approved for flying aircraft under appropriate flying management AFIs or comparable non-DoD directives.

1.11. Abortions. Air Force medical personnel are permitted to perform prepaid abortions in MTFs overseas. Abortions are available only when medical teams have no objections to performing this service. In CONUS, the Air Force restricts abortions to cases in which the mother's life would be endangered if she carried the fetus to term.

1.12. Care of Minors. MTF personnel may treat minors without parental consent for routine care in accordance with applicable state or local laws. MTF commanders overseas must consult the base staff judge advocate and have a written policy available before treating minors without parental consent.

1.12.1. MTF providers may treat minors without parental consent in a medical emergency when failure to treat would result in potential loss of life, limb, or sight. Two Medical Corps officers should concur with the need for emergency treatment when possible. Don't delay care for a second opinion when such delay could result in loss of life, limb, or sight. Contact the parent as soon as possible after treatment.

1.12.2. When needed or appropriate, substitute a properly executed limited power of attorney (medical power of attorney) for parental consent.

1.13. Additional Beneficiary Categories; Medical Care From the DVA and Other Government Agencies. Except for Secretarial Designees covered in [Chapter 2](#), AFH 41-114 outlines descriptions of beneficiaries, their eligibility for services, and special considerations in providing their care. If a person requiring emergent care doesn't fit into any of the categories included in these documents, treat the patient as a civilian emergency.

1.13.1. The Department of Veterans Administration (DVA) provides care for active duty and retired members by law on a space-available basis. DVA provides care for other categories of DoD beneficiaries in accordance with Public Law 97-174, *Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act*, which extends VA care to other DoD beneficiaries via resource sharing agreements.

1.13.2. Title 31 United States Code 686, *The Economy Act*, provides that any Government agency (if funds are available and it serves the Government's best interest) may order from any other Government agency any services that the requisitioned agency can provide. The MTF commander may provide such services under the limitations of this paragraph. Unless this instruction specifies otherwise, this paragraph applies when non-DoD Federal agencies request health care for their beneficiaries in an Air Force MTFs. The appropriate agency official must request MTF services in writing. This authority also applies to occupational health services.

1.13.2.1. MTF personnel provide a copy of the results of treatment to the requesting agency official.

1.13.2.2. AFH 41-114 specifies the FRR.

1.13.3. For dependent parents and parents-in-Law, ensure that the sponsor and patient understand that when MTF personnel cannot provide the necessary care, they will be discharged to a civilian facility at their expense. Dependent parents and parents-in-laws are not eligible for CHAMPUS. MTF personnel may authorize supplemental care for diagnostic tests and ancillary services for parents and parents-in-law when the patient remains in the MTF. Both the patient and sponsor will be briefed and sign the statement in [Attachment 6](#) acknowledging their financial responsibility when discharged/transferred to civilian care. MTFs will maintain this statement in the patient's record.

1.14. Incapacitated Dependency Determinations. According to AFI 36-3001, *Issuing and Controlling ID Cards* (formerly AFR 30-20), family members about to lose their eligibility may retain their access to the DoD health care system if they meet certain conditions. The base Accounting and Finance Office determines if individuals meet the criteria in AFI 36-3001. If individuals meet these conditions, they receive a dependent ID card.

1.14.1. In making a decision, the Accounting and Finance Office requires a recommendation from the individual's attending provider, endorsed by the MTF commander. Either a military or civilian provider may prepare the recommendation.

1.14.2. In order to establish medical incapacity, the patient's illness must be substantial and truly disabling. In addition, the medical incapacity must occur before the individual's 23rd birthday (or 21st birthday in the case of a family member not enrolled in a full time college program) (the individual must be an eligible beneficiary (or dependent) at the time of the decision). The Air Force doesn't con-

sider a diagnosis of alcoholism/or drug abuse as an incapacitating illness for the purposes of dependency determinations. Future medical expenditures and a medical condition that will worsen doesn't justify a determination of medical incapacity.

1.14.3. The MTF provider should provide this information in the recommendation:

- Diagnosis (use medical and layperson's terms).
- Summary of the individual's incapacitation, including the nature and extent of the illness or/ disease. Non-medical personnel must be able to understand this summary.
- Explain how the incapacity affects the individual's ability to perform routine life activities (working, attending school, driving a car, and so on).
- Age when the incapacitation began (may not be the same as when medical personnel diagnosed the illness or/disease).
- Probable duration of the incapacitation. Indicate if the incapacity has been continuous since before the individual's 23rd or 21st birthday.
- Based on the health care provider's professional opinion, indicate if the incapacity makes the individual incapable of self-support.

1.14.4. Depending on the circumstances involved in the dependency determination, the MTF commander recommends one of the following endorsements:

- If an incapacity existed before age 23 (or 21) and continues to exist: "The patient's condition is such that it establishes medical sufficiency. This individual is incapable of self-support because of a mental or physical incapacity that has existed on a continuous basis since before the individual's 23rd (21st) birthday and will be resolved within (estimate of years) years. If incapacity will not be resolved than conclude prior sentence with "...and will not be resolved in the foreseeable future."
- If there is no incapacitating illness or/disease; "The patient's condition is such that it doesn't establish medical sufficiency."
- If an incapacity exists now, but did not exist before age 23 (21): "This individual is incapable of self-support because of a mental or physical incapacity that exists at this time. It is our opinion that this incapacity did not exist before the individual's 23rd (21st) birthday."

1.14.5. If possible, the MTF should provide the sponsor with the completed endorsement. If the MTF can't give the completed package to the sponsor, send the sponsor to:

- The Accounting and Finance Office if the commander's endorsement supports the request.
- The Military Personnel Flight if the commander's endorsement does not support the request.

1.15. Artificial Insemination. Military medical care continues for women who become pregnant as a result of artificial insemination. Availability of care is based on their beneficiary category. The Air Force doesn't spend its funds to support artificial insemination by a unknown donor (AID). In limited cases Air Force teaching program may provide artificial insemination with the husband's semen (AIH) in Air Force facilities. The Air Force doesn't authorize the use of supplemental and cooperative care funds for this purpose. Providers in facilities without teaching programs may request a MAJCOM waiver to perform AIH.

Chapter 2

SECRETARY OF THE AIR FORCE DESIGNEE PROGRAM

2.1. Program Operations. Under appropriate circumstances, the Secretary of Defense; Secretary of Commerce (for National Oceanic and Atmospheric Administration (NOAA) members); Secretary of Transportation (for United States Coast Guard (USCG) members); Secretary of Health and Human Services (for USPHS members); or the Secretary of the Army, Navy, and Air Force may designate individuals not otherwise entitled to DoD care, for care in military medical treatment facilities. Under Section 8013 of 10 U.S.C., the Secretary of the Air Force has delegated authority and oversight responsibility for this program to the Administrative Assistant (SAF/AA). The Letter of Designation (the individual's proof of entitlement) indicates the type and duration of care authorized.

2.1.1. Secretarial Designees from all uniformed services (except US Army) may receive treatment in Air Force MTFs. These Designees receive space-available care at the MTF Commander's determination. This authorization includes supplemental care for diagnostic procedures. Designee status doesn't entitle an individual to receive medical care in Army medical treatment facilities or through CHAMPUS.

2.1.2. Each individual designated by the Secretary of the Air Force, Administrative Assistant must have a signed letter from that office establishing eligibility for care. The letter will include: an effective date, period covered, a determination as to whether the Air Force is providing transportation on aeromedical evacuation aircraft and the rate (charges) for care.

2.1.3. Unless the authorization letter specifies otherwise, individual Designees may not use the aeromedical evacuation system. If this becomes a requirement after the SAF/AA has approved the initial request, submit a supplemental Designee request. Patient Administration personnel should contact HQ USAF/SGHA by phone or message for assistance.

2.1.4. The SAF/AA may authorize care for up to 2 years. Individuals may request renewal of Designee status and reapply for designation as outlined in this chapter.

2.2. Secretary of Defense Designees. These Designees receive care in all DoD medical treatment facilities. Faculty Members of the Uniformed Service University of the Health Sciences (USUHS) are Secretary of Defense Designees. Charges for services are at the interagency rate. Family members of USUHS faculty are not Designees. See paragraph 2.6. and 2.7. for details on restrictions/charges for other Secretary of Defense Designees.

2.3. Air Force Secretarial Designee Criteria. Individuals who meet one or more of the following criteria, may apply for Secretarial Designee status through the MTF using the format in paragraph 2.4.

2.3.1. Pre-adoptive Wards. This category of Designees includes individuals who are undergoing adoption and who are placed with a family for that purpose. See paragraph 2.5. for additional information and application procedures (locally approved).

2.3.2. Military is Only Source of Care. People for whom the military is the only source of care, for example, hyperbaric medicine, may seek Designee status.

2.3.3. Teaching Case. When the case presents a unique teaching opportunity for the MTF staff or residency programs, this person may receive Designee status.

2.3.4. Best Interests of the Air Force. This category of Designees includes those for whom it is in the best interests of the Air Force to provide continued care.

2.3.5. Continuity of Care. If continuity of care is a significant clinical issue in the individual's course of treatment and civilian medical care is not available or appropriate, this individual may receive Designee status.

2.3.6. Medical Evaluations for Foreign Military Members. Foreign Governments may request Designee status for their military members in order to receive medical evaluations at the USAF Armstrong Laboratory at Brooks AFB, TX. The US Embassy in the member's country will assist in processing the Designee request through the State Department. In addition to the information required under paragraph [2.4.](#), the request must contain:

- Nationality.
- Service affiliation.
- Age.
- Aeronautical rating.
- Type of aircraft flown and total number of flying hours.
- Type of evaluation or test required.
- Date for which the applicant is requesting service.
- Where to report the results of the evaluation or test.
- Billing information.

2.3.6.1. If the country has an open FMS case, the Air Force may bill the costs for the additional study to that case number. In other situations, the requesting country may have the Air Force bill costs to another US controlled fund or may have the bill sent to their Embassy. The applicant must provide billing information before the Air Force decides on the availability of the requested service.

2.3.7. Involuntary Separation. If a sponsor is involuntarily separated for medical reasons under honorable conditions and the sponsor's wife is pregnant, the wife may request Designee status.

2.3.8. Abused Family Members (Dependents). When the sponsor was discharged or separated from service for dependent abuse, the abused individuals or those affected by the knowledge of the abuse may request care for associated problems. By law, medical care ends 1 year after the sponsor's discharge. This provision applies to individuals whose sponsor the Air Force discharged/separated on or after 14 November 1986 (the date the law became effective). These Designees may obtain care in USMTFs and through CHAMPUS. When an individual meets the criteria of this paragraph, the medical facility commander approves the request, and issues a letter using the format outlined in [Attachment 2](#)

2.3.9. Former Spouses. Certain former spouses (known as 20/20/20 or 20/20/15) are eligible for Designee status under limited conditions. Their applications for Designee status should be in the format provided at [Attachment 4](#). See AFH 41-114 for specifics.

2.4. Applying for Air Force Designee Status. Submit applications for Designee status (except for Pre-Adoptive Wards) to HQ USAF/SGHA, using the format in paragraph [2.4](#). MAJCOMs may require MTFs/applicants to route requests through the command surgeon's office. Disapproval authority rests

with MTF commanders and the command surgeon level for requests that do not meet the requirements of this chapter. The MTF commander signs the application and makes a specific recommendation as to whether Designee status is appropriate. Those applications that the MTF commander or MAJCOM disapproves don't go to HQ USAF/SGHA. Submit requests only if the MTF commander determines that there are facilities and professional capability to provide the care. HQ USAF/SGHA returns application results to the requesting MTF commander or MAJCOM so that the individual can be notified. File a copy of the letter in the individual's outpatient record.

2.4.1. The application contains:

- The patient's full name and relationship to sponsor.
- Sponsor's full name, rank, branch of service, SSN, and status (active duty retired, deceased) and reason for discharge or separation.
- The exact date Designee status should begin and recommendation for length of designation.
- Whether the patient requesting Designee status might require transportation on aeromedical evacuation. If so, include patient's home address.
- Reason for designation: for example, age (specify date of birth), marriage, sponsor leaving the service.

2.4.1.1. The justification for the request: Identify the specific justification for the designation using the criteria in paragraphs [2.3](#).

2.4.1.2. For cases when the justification is the best interest of the government include a letter addressing the effects of denying Designee status, for example, litigation risk, cost, negative press coverage. Cases should be reviewed by the MTF law consultant or base Legal Office.

2.4.1.3. For cases when the justification is continuity of care, the case must be medically supportable. Include a statement on the impact, if the Air Force were to deny the individual Designee status.

2.4.1.4. If the Air Force is submitting the case for teaching purposes, include an endorsement from the department chairperson and the director of education verifying the teaching significance, for example, the case is critical for continued accreditation of a training program; is an extremely rare case; the case is a necessary part of a training program protocol and the patient's case mix is not available in the beneficiary population. At MTFs without a director of education or formal internship or residency program, the chief of hospital or/clinic services provides verification that the case has significant teaching value.

2.4.1.5. Diagnosis. The application should include diagnosis in layman's terms.

2.4.1.6. Case history. The application needs a brief one or two paragraph case history. For complex cases, attach a separate letter with additional details. Include a long-term prognosis, the patient's age when medical providers first diagnosed the problem, and when and where DoD sponsored care began. Histories must be understandable to non-medical personnel.

2.4.1.7. Name of attending physician.

2.4.1.8. Medical specialty. Application should specify the type of medical specialist (orthopedics, pediatrics, and so on) who would provide care for the patient.

2.4.1.9. Name, rank, and duty phone (DSN and commercial) of the Patient Administration case worker.

2.5. Pre-adoptive Ward Program and Application Procedures. MTF commanders have the authority to approve requests for this category of Designees. These applicants are children undergoing adoption and living with the family planning to adopt. This category does not include foster children or court appointed ward, unless the family with whom these children resides is adopting them. DoD civilians stationed overseas on official orders may apply for Designee status under the pre-adoptive ward program. Use **Attachment 5** as the sample to authorize medical care for pre-adoptive wards.

2.5.1. In processing applications for pre-adoptive wards, use the format in paragraph **2.4.1** only. Follow these steps:

2.5.1.1. After the sponsor applies to the Patient Administration office, Patient Administration personnel obtain an endorsement from the base staff judge advocate. This endorsement is not an approval or disapproval, but a coordination that helps determine if the family has taken the appropriate steps consistent with the laws of the state or country to adopt the child in question.

2.5.1.2. Include a notarized, acknowledged, or photostat copy of the legal decree or other instrument that a court of law or adoption agency has issued awarding custody for the purpose of adoption.

2.5.1.3. Use the date of placement in the home as the exact date that designee status should begin.

2.5.1.4. Use the expected final adoption date as the recommended length of designation.

2.5.1.5. Include a statement signed by the sponsor that no other civilian organization is obligated to furnish medical care for the child.

2.5.1.6. MTFs must add these pre-adoptive Designees to the calendar year log of designated individuals (RCS: HAF-SGH[A]9474, *Secretary of the Air Force Designee Log*). Use the format shown in **Attachment 3**. Send the log to the MAJCOM by 15 January for consolidation and transmittal to HQ USAF/SGHA by 31 January of the following year. This report is designated emergency status code C3. Continue reporting during emergency conditions, delayed precedence. Submit data requirements as prescribed, but they may be delayed to allow the submission of higher precedence reports. Submit by non-electronic means, if possible. Discontinue reporting during MINIMIZE.

2.5.1.7. Charges for pre-adoptive wards of civilians are at the full reimbursement rate. Charges for pre-adoptive wards of active duty or retired members are at the dependent rate.

2.6. Aeromedical Evacuation of Designees. The Secretary of the Air Force authorized aeromedical evacuation for these Secretary of Defense Designees (family members are not included):

- The President and Vice President.
- Members of the Congress.
- Members of the Cabinet as well as Deputy Secretary, and the Assistant Secretaries of Defense.
- The Under Secretary of Defense for Policy.
- The Under Secretary of Defense for Research and Engineering.

- The Secretaries, the Under Secretaries, the Assistant Secretaries, and the General Counsels of the Military Departments.
- Article III Federal Judges. Notify HQ USAF/SGH immediately if you treat an Article III Federal Judge. Article III Federal Judges have an identification card proving their association with one of the following courts: The Supreme Court of the United States, US Courts of Appeal, US District Courts, US Court of Claims, US Court of Customs and Patent Appeals, the US Court of International Trade.
- Judges of the US Court of Military Appeals.

2.6.1. Alcohol rehabilitation treatment often requires that members of the family support the active duty member receiving treatment at an authorized DoD MTF. These family members may receive transportation to the treatment facility via aeromedical evacuation aircraft at no costs. However, these individuals must cover the costs of their transportation from their homes to the pickup point that the Aeromedical Evacuation Control Center designates. The Aeromedical Evacuation Control Center makes all reasonable attempts to keep ground travel times and distances to a minimum. Only two individuals may receive transportation under this authority, exceptions require approval from HQ AMC/SG or designated representative.

2.7. Charges for Care Under the Air Force Designee Program. The Secretary of the Air Force has authorized the individuals listed above to receive medical care and emergency dental care within the United States. Charges for care are as follows:

- 2.7.1. For outpatient charges within the National Capital Region (Andrews and Bolling AFBs): Charges waived.
- 2.7.2. For outpatient charges outside the National Capital Region:
 - Members of the Congress: FRR.
 - All others: Interagency rate.
- 2.7.3. For inpatient charges anywhere:
 - Members of the Congress: FRR.
 - All others: Interagency rate.

2.8. Operating the Air Force Secretarial Designee Program Overseas. The Secretary of the Air Force delegates authority to commanders at Headquarters United States Air Force Europe (HQ USAFE) and Headquarters Pacific Air Forces (HQ PACAF) for their respective theater, to designate individuals for care in overseas military MTFs. This authority does not extend to authorizing transportation to the CONUS. Commanders keep a log of individuals designated under this paragraph according to the instructions in this AFI. In general, commanders authorize admission to an Air Force MTF, if space, facilities, and professional staff capabilities are available. In the case of foreign nationals, care must not be available from a medical facility in their own country. Charges for care are at the FRR. In circumstances where it would serve the best interest of the overseas command, the commander may authorize charges at the subsistence rate.

2.8.1. US Citizens. The Air Force tries to keep the number of US citizens that the commander designates under this paragraph to an absolute minimum. Most US citizens that fall under this paragraph

are returning hostages and individuals involved in prisoner exchanges. There may be some occasions when designating US citizens other than those above would be appropriate.

2.8.2. Foreign Nationals. Commanders who use the authority under this paragraph must issue guidelines on medical care for nationals of foreign governments. These guidelines must identify the categories of persons, both military and civilian, who have authorization for medical care within the provisions of this paragraph. Individuals whom the commander designated under this paragraph, must contribute to the advancement of US public interests. Generally, only officials of high national prominence are made Designees. Sometimes, a commander grants Designee status when there are special, unusual, or extraordinary circumstances. The Air Force may not provide care for foreign nationals with incurable diseases or who require excessive nursing care. Commanders should seek recommendations from the chief of the diplomatic mission to the country involved before authorizing care to any foreign national. The Air Force collects charges for the Designee's care locally. The commander waives charges on an exception basis only.

2.9. Designees of Other Uniformed Services. This includes Designees of the Secretary of the Navy, Commerce, Health and Human Services, or Transportation. An individual with a letter of designation from any of these Secretaries may receive care in an Air Force MTF without the Secretary of the Air Force issuing a designation. The letter of designation should include limitations on medical care. Charges for Designees of other uniformed services are at the full reimbursement rate unless the Air Force specifies otherwise.

2.10. Designee Status Used in Claims Against the United States. Individuals may seek Designee status in return for settling a claim against the United States. The Secretary of the Air Force will be very cautious in granting Designee Status and will do so in rare circumstances. Individuals or their representatives who are submitting the claim must request Designee status which will only be granted by the Office of the Secretary of the Air Force. Air Force employees must not offer or suggest Designee status to any potential claimant.

2.10.1. If the Air Force MTF receives a request for Designee Status from a claimant, and all attempts to arrange or negotiate an alternative to the request are unsuccessful, then the office receiving the request should prepare an application and follow the procedures in this chapter. The application should include a specific statement as to what alternatives the MTF presented, and why they were unsuccessful. The Secretary of the Air Force has delegated final approval of Secretarial Designee Status to the Administrative Assistant (SAF/AA). The Air Force won't finalize any settlement agreement that incorporates a Secretarial designation until SAF/AA approved the request.

Chapter 3

THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES (CHAMPUS) AND OTHER MEDICAL SERVICES

3.1. CHAMPUS Non-availability Statements (NAS). DoD policy governs the issuance of DD Form 1251 , **Uniformed Services Medical Treatment Facility Non-availability Statement (NAS)**, to CHAMPUS eligible beneficiaries. The Air Force requires NASs for non-emergency inpatient care, and for certain outpatient procedures, that civilian providers deliver to CHAMPUS eligible beneficiaries living in the ZIP Code Catchment area of an MTF. DoD and HQ USAF/SG specify the NAS requirements for outpatient procedures. NASs are issued electronically through a DEERS automated NAS system within the United States (CONUS, Alaska, Hawaii and Puerto Rico).

3.1.1. The Air Force issues an NAS when the MTF does not have the proper facilities (equipment, beds, and so on) or the professional capability (because of excessive waiting lists, staff shortages, or the like) to provide medical care to CHAMPUS beneficiaries. The Air Force also issues a NAS when the MTF commander determines that it is clinically inappropriate to deny the NAS. For beneficiaries of both Medicaid and military health care, the Air Force may issue NASs retroactively.

3.1.2. DoD policy requires 100 percent eligibility verification (ID card and DEERS Check) for DD Form 1251 issuance. Enter the date and the result of the DEERS check in the remarks section of the NAS. Issue a "conditional" NAS as appropriate under local commander policy.

3.1.3. Policy Regarding Retroactive NASs. Patients receiving retroactive NASs must be eligible for care and must have been unable to receive care at the time they needed it. The Air Force may also issue retroactive NASs when denying a patient care would have been medically inappropriate.

3.1.4. Policy Regarding NAS Appeals. A patient may appeal the denial of an NAS. In this three-tiered appeal process, the patient appeals first to the DBMS, and if denied, to the MAJCOM surgeon. The final level of appeal is HQ USAF/SGH, 170 Luke Avenue Suite 400, Bolling AFB DC 20332-5113. When appellate action results in issuance of DD FM 1251, the originating MTF provides an NAS number.

3.2. Military-Civilian Health Services Partnership Program. The Partnership Program provides MTF commanders with the authority to share civilian and military medical resources for the purpose of delivering more cost-effective health care to CHAMPUS beneficiaries. The Partnership Program has two components:

- **External Partnerships.** An external Partnership agreement allows military providers to treat CHAMPUS beneficiaries in civilian health care settings. Authorized costs associated with the use of civilian facilities are cost-shared through CHAMPUS.
- **Internal Partnerships.** An internal Partnership agreement permits civilian health care providers to deliver care inside a uniformed services MTF to CHAMPUS beneficiaries. CHAMPUS pays the civilian provider for patient visits. The patient incurs the same charges as would be applicable if treated by a military health care provider.

3.2.1. MTF commanders perform an auditable cost analysis which establishes the agreement as cost-effective, prior to entering into any Partnership agreement. HQ USAF/SGHA will continue to provide guidance on program requirements via ALMAJCOM letters or messages. Agreements may

include provisions for Partnership providers to treat non-CHAMPUS beneficiaries using supplemental care funds.

3.3. Functions of the Health Benefits Advisor (HBA). The HBA performs the following functions (additional duties are determined locally):

3.3.1. Keeps current on the uniformed services health benefits programs available for current active duty personnel, former active duty and their eligible family members, such as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), the Active Duty Dependents Dental Plan (DDP), and other state and Federal applicable health care programs.

3.3.2. Understands that CHAMPUS includes eligibility, claims processing, appeal procedures, NASs (DD Form 1251). Advises CHAMPUS beneficiaries on the relationship between CHAMPUS, DVA programs, Medicare, other health insurance and benefits under CHAMPUS.

3.3.3. Provides information to newly assigned medical providers of the uniformed services; for example, local MTF referral policies, and Air Force instructions on health care. Conducts briefings on health benefits for active duty and Air Reserve Components (ARC) members and their families in event of mobilization. Stresses availability of CHAMPUS supplemental policies when briefing retirees and other beneficiaries.

3.3.4. Explains provider participation in CHAMPUS and DDP and explains financial implications of using non-participating providers.

3.3.5. Assists beneficiaries in obtaining CHAMPUS benefits from Health Care Finder providers. Provides beneficiaries with names and addresses of Health Care Finder providers and the specific services available. Explains beneficiary responsibilities--that is, what they have to do to receive benefits.

3.3.6. Cautions beneficiaries to verify that the provider participates in CHAMPUS whenever they seek medical services.

3.3.7. Coordinates problem CHAMPUS cases with CHAMPUS fiscal intermediaries or the Air Force liaison officer at OCHAMPUS when necessary.

3.3.8. Provides beneficiaries guidance on how to properly complete CHAMPUS claim forms.

3.3.9. Trains other qualified patient administration personnel to counsel and assist beneficiaries on HBA matters if workload requires.

3.3.10. Assists individuals who have questions regarding DDP eligibility and coverage, provides general information on the program's benefits and maintains the list of participating providers which the contractor supplies.

3.3.11. Establishes a close working relationship with Military Personnel Flight Customer Service Unit representatives to:

- Ensure coordinated support and assistance to the beneficiary.
- Assist in newcomers orientation briefings, in and out-processing briefings, and DDP contractor seminars.

3.3.11.1. HBAs should also establish a close working relationship with the medical and dental contractor's regional customer service representatives.

3.4. The Dependents Dental Plan (DDP). DDP is a congressionally mandated program that provides dental insurance for eligible family members of active duty personnel of the seven uniformed services. It is a voluntary prepaid dental insurance program that requires monthly payroll deductions for insurance premium payment. The Air Force deducts premiums in the month before the month coverage begins. The amount of the premium is based upon the number of eligible family members and the elected coverage for split families under certain conditions. For information on eligibility for this program, see **Chapter 1** of this instruction, and the DDP Evidence of Coverage Booklet that the contractor supplies.

3.4.1. Program Operation Policy. The AF DDP Program operates in strict compliance with Section 1076a of 10 U.S.C., the contractual requirements that OCHAMPUS has identified and DoD policy.

3.4.2. Enrollment Applications. Use DD Forms 2494, **Uniformed Services Active Duty Dependents Dental Plan (DDP) Enrollment Election**, and DD 2494-1, **Supplemental Uniformed Services Active Duty Dependents Dental Plan (DDP) Enrollment Form**, for enrollment and disenrollment.

3.4.3. Program Management. For guidance on program operation, eligibility, and responsibilities:

- DoD Directive 6410.3, *Active Duty Dependents Dental Plan*, August 16, 1989.
- DoD 6010.8-R, Chapter 13, *Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)* with Change 6, March 1989.
- DDP Program Evidence of Coverage (EOC) Booklet
- AFR 168-19, *Active Duty Dependents Dental Program (DDP)*, 11 Mar 91.
- AFM 30-130, Volume I, *Base Level Military Personnel System--User's Guide*.

3.5. Military Treatment Facilities (MTF) Volunteers. The MTF commander directs the facility volunteer program. Volunteers supplement existing programs, expand limited programs, or implement new activities in the MTF.

3.5.1. Volunteer groups may include the Retiree Activities Office (RAO), American Red Cross (ARC), officer and enlisted spouses, or similar groups. Coordinate all volunteer activities within the MTF with the nearest Staff Judge Advocate Medical Legal Consultant (SJA/MLC) to ensure compliance and identify possible ethical, medical, or legal factors involving the use of volunteers.

3.5.2. For additional information on the Retiree Activities Program, contact the local Retiree Activities Office. Local Red Cross Chapters should contact the regional Red Cross Office. All MTF volunteer activities must follow specific policy in their administration and operation. In establishing this policy the MTF commander should seek the assistance of the SJA/MLC. This policy ensures the protection of the volunteers from personal liability for injuries they may cause while acting within the scope of their authority. Local volunteer directives should, at a minimum, define:

- The role of the volunteer.
- The scope of the volunteer's authority and the limits of volunteer responsibilities (should be the basis of the policy governing volunteer activities).
- The chain of command and lines of communication between the volunteer representatives and the Air Force Medical Service (including the appointment of a volunteer coordinator), as well as the day-to-day supervision of the volunteer.
- Specific training or qualification standards.

- Applicable rules and regulations governing volunteer activities, including MTF privileging, certification, or licensure as appropriate.

3.6. Medical Care Third Party Liability Notification. Active duty fixed MTFs must notify the base staff judge advocate (SJA) of situations in which Air Force medical personnel might become liable or financially responsible for treating individuals whose disease or injury was caused by a third party.

3.6.1. Liability Policy. The Air Force must attempt to recover the cost of providing medical care to an individual whose injury or disease was caused by a third party (see the Federal Medical Care Recovery Act (FMCRA), Title 42, U.S.C., Sections 2651 through 2653, judicial decisions, and DoD and Air Force regulations). The Air Force is entitled to recover medical care costs when the United States becomes a third party beneficiary under the medical care provisions of insurance or worker's compensation. See AFI 51-502, *Personnel and Government Recovery Claims*, (formerly AFR 112-1), for information on how the United States asserts and settles claims against third parties for costs of medical care it provided under FMCRA.

3.6.2. Procedures for Processing Third Party Liability Cases. The Director of Base Medical Services (DBMS) and the base SJA develop a written memorandum of understanding (MOU) covering the notification procedure, the preparation and follow-up for AF Forms 438, **Medical Care - Third Party Liability Notification**. The MTF also develops internal procedures for clinical services coordination, keeping track of civilian medical care that the Government pays for, and establishing appropriate procedures for closing cases. Number all AF Forms 438 on a fiscal year basis before submitting to the SJA.

3.6.3. Initiating Third Party Notification. Use AF Form 1488, **Daily Log of Patients Treated for Injuries**, to report to the SJA all patients whom the Air Force has treated without reimbursement or for patients whose care the Air Force paid for at non-Air Force facilities. The SJA decides if it wants to pursue the matter, and requests a completed AF Form 438 from the MTF.

3.6.4. Documentation Management Policy. All medical records (inpatient and outpatient) for which MTF personnel identify third party liability should have appropriate entries addressing third party liability issues. The local facility determines the content and placement of these remarks. To confirm completion of patient treatment, Patient Administration should review all medical records before filing.

3.7. Major Changes in Services. MAJCOMs and MTFs request major changes in medical services according to DoDI 6015.20. To meet Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) reporting requirements, MAJCOMs forward requests for changes in services and base realignment and closure (BRAC) transition plans to HQ USAF/SGHA no later than 30 days before the date OASD(HA) requires. Although DoDI 6015.20 is silent on the issue, major changes under enclosure 1, sub section 1a, require approval. Secure approval before proceeding with these types of major changes.

3.7.1. Although changing the hours of emergency services does not require HQ USAF and OASD(HA) approval, completely closing emergency services is an example of a situation requiring such a request in accordance with DoD Instruction 6015.20 120 days in advance.

3.7.2. Report transition plans from BRAC sites; they do not require approval.

3.7.3. MTFs and MAJCOMs should do what they can to minimize congressional and local public objections to major and minor changes in services.

3.8. Minor Changes in Services. Reductions in medical services that fit the definition of a major change in accordance with DoD Instruction 6015.20 but lasting 30 to 90 days require reporting to HQ USAF/SGHA (see RCS: DD-HA[AR]1776). Report the reduction of emergency services as a minor change. For example, a reduction of Level III emergency services to Level IV is a minor change.

3.8.1. In the report include:

- The name and location of the facility. The service that the MTF is reducing.
- Effective date and estimated duration of reduction in services.
- Reason for the reduction in service.
- Estimated number of visits or admissions affected by beneficiary category, and alternatives that the MTF considered, if applicable.

ALEXANDER M. SLOAN, Lt General, USAF, MC
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES, ABBREVIATIONS, ACRONYMS, AND TERMS

References

Public Law 97-174, *Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act*

Title 10, United States Code, Chapters 151, 55 and section 8013, current edition

Title 20, United States Code, Sections 927 (c), 1401, current edition

Title 31 United States Code, Section 1535 and 686, *The Economy Act*, current edition

Title 42, United States Code, Sections 2651 through 2653, current edition

Executive Order (EO) 11733, July 30, 1973

Federal Medical Care Recovery Act (FMCRA)

DoD Instruction 1010.13, *Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependent Schools Outside the United States*, with Change 1, August 28, 1985

DoD Instruction 1342.12, *Education of Handicapped Children in the DoD Dependents Schools*, December 17, 1981

DoD Directive 1342.13, *Eligibility Requirements for Education of Minor Children in Overseas Areas*, July 8, 1982, with Changes 1 and 2

DoD Directive 3025.13, *Employment of Department of Defense Resources in Support of the United States Secret Service*, September 13, 1985

DoD 4515.13-R, *Air Transportation Eligibility*, Chapter 11, January 1980, with Change 1

DoD Regulation 6010.8-R, *Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)*, July 1991, with Change 6

DoD Directive 6010.14, *Inpatient Medical Care for Foreign Military Personnel*, July 8, 1986

DoD Instruction 6015.20, *Changes in Services Provided at Military Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs)*, with Change 1, December 3 1992

DoD Directive 6310.7, *Medical Care for Foreign Personnel Subject to NATO and SOFA*, December 18, 1962

DoD Directive 6410.3, *Active Duty Dependents Dental Plan*, August 16, 1989

AFPD 41-1 , *Health Care Programs and Resources*

AFH 41-114, *Military Health Services System (MHSS) Matrix*

AFI 11-403, *Air Force Aerospace Physiological Training Program* (formerly AFR 50-27)

AFI 36-3001, *Issuing and Controlling ID Cards* (formerly AFR 30-20)

AFI 36-401, *Civilian Training and Development*, (formerly AFR 40-418)

AFI 48-123, *Medical Examination and Medical Standards* (formerly AFR 160-43)
AFI 51-502, *Personnel and Government Recovery Claims*, (formerly AFR 112-1)
AFM 30-130, Volume I, *Base Level Military Personnel System--User's Guide*
AFR 168-6, *Persons Authorized Health Care, Health Care Benefits, Charges and Billing Procedures*,
March 15, 1988
AFR 168-19, *Active Duty Dependents Dental Program (DDP)*, March 11, 1991
DDP Program Evidence of Coverage (EOC) Booklet

Abbreviations and Acronyms

AAFES—Army and Air Force Exchange Service
ADT—Active Duty Tour
AFI—Air Force Instruction
AFMOA—Air Force Medical Operations Agency
AFMPC—Air Force Military Personnel Center
AGR—Active/Guard Reserve
ANG—Air National Guard
ARF—Air Reserve Forces
CAP—Civil Air Patrol (USAF Auxiliary)
CHAMPUS—Civilian Health and Medical Program of the Uniformed Services
CONUS—Continental United States
DBMS—Director of Base Medical Services
DEERS—Defense Enrollment Eligibility Reporting System
DR—Dependent Rate
DSN—Defense Switched Network
DVA—Department of Veterans Affairs
EAD—Extended Active Duty
FECA—Federal Employees Compensation Act
FMS—Foreign Military Sales
FOPR—Full Outpatient Rate
FRR—Full Reimbursement Rate
FSR—Full Subsistence Rate
IAR—Interagency Rate
IAOPR—Interagency Outpatient Rate

IDT—Inactive Duty for Training
IMET—International Military Education and Training
INF—Intermediate Range Nuclear Forces
IR—Immunization Rate
ITO—Invitation Travel Order
LOD—Line of Duty
MCSS—Military Clothing Sales Store (Base Exchange)
MRE—Meals, Ready to Eat
MTF—Medical Treatment Facility
NAF—Nonappropriated Fund
NATO—North Atlantic Treaty Organization
NOAA—National Oceanic and Atmospheric Administration
OASD(HA)—Office of the Assistant Secretary of Defense for Health Affairs
OCHAMPUS—Office of the Civilian Health and Medical Program of the Uniformed Services
OTS—Officer Training School
OWCP—Office of Workers Compensation Program
PCS—Permanent Change of Station
ROTC—Reserve Officer Training Corps
SATP—Security Assistance Training Program
SR—Subsistence Rate
SSN—Social Security Number
TAD—Temporary Attached Duty (Navy term for TDY)
TDRL—Temporary Disability Retired List
TDY—Temporary Duty
US—United States
USA—United States Army
USAF—United States Air Force
USC—United States Code
USCG—United States Coast Guard
USHBP—Uniformed Services Health Benefits Program
USMTF—Uniformed Service Medical Treatment Facility
USMC—United States Marine Corps

USN—United States Navy

USO—United Services Organization

USPHS—United States Public Health Service

USS—United Seamen’s Service

USTF—Uniformed Service Treatment Facility

VISTA—Volunteers in Service To America

Terms

Active Duty—Full-time duty in the active military service of the United States. The term applies to all active duty military service with the Reserve Components serving on active duty or full-time training duty, but does not include full time National Guard duty. Also called AD. For medical entitlements, active duty status includes members of the National Guard and Reserve serving active duty tours for any period. Such tours include:

- Active duty for training (ADT) - Special Tour.
- Active duty for training (ADT) - School Tour.
- Active duty for training (ADT) - Substitute Training.
- Initial active duty for training (IADT).
- Annual training (AT).
- Temporary tour of active training (TTAD) - Used for short term support of the active force.
- Active duty support (ADS).
- Extended active duty (EAD).

Active Duty Member—A person appointed, enlisted, inducted, called, or conscripted into a uniformed service. This includes National Guard members, reserve members, ANG unit members called or ordered to Federal active duty or active duty for training.

Active Duty Training or Active Duty for Training—A tour of active duty which is used for training members of the Reserve components to provide trained units and qualified persons to fill the needs of the Armed Forces in war or national emergency and such other times as the national security requires. The member is under orders which provide for return to non-active status when the period of active duty training is completed. It includes annual training, special tours of active duty for training, school tours, and the initial duty for training performed by nonprior service enlistees.

Active Guard/Reserve—Members of the Air National Guard or Air Force Reserves who are on extended active duty tours. An AGR carries a green (active duty) identification card.

Air Reserve Components (ARC)—All units, organizations, and members of the Air National Guard of the United States (ANG) and the US Air Force Reserve (USAFR).

Beneficiary—Persons entitled to benefits under the USHBP and this instruction.

Child—An individual under the age of 10. For the purposes of medical care and the parental consent requirement, the definition of a child varies according to state law (see AFI 36-3001).

Chronic Medical Condition—A medical condition that active medical treatment can’t cure or control.

Chronic conditions may involve periodic acute episodes and may require intermittent inpatient care. Sometimes medical treatment may control a chronic medical condition sufficiently to permit continuation of daily living activities such as work, or school).

Civilian Health and Medical Program of the Uniformed Services—That part of the USHBP under which the Government pays a portion of the of the specific health serviced that eligible individuals receive from civilian health care providers. DoD 6010.8-R outlines CHAMPUS.

Commander—Synonymous with commanding officer, officer in charge, director, chief, and so on.

Continental United States (CONUS)—United States territory, including the adjacent territorial waters, located within North America between Canada and Mexico (Alaska and Hawaii are not part of CONUS).

Cooperative Care—Medical or dental care that CHAMPUS beneficiaries, receive from civilian sources, when the Air Force MTF retains medical management of that patient and the care required is not available at that facility. The MTFs O&M cooperative care funds pay for civilian diagnostic, ambulance, and consultation services along with prescription medications that the MTF orders. Under specific circumstances, CHAMPUS will cost share medical treatment for CHAMPUS beneficiaries even though the patients remain under the primary control of the military MTF.

Custodial Care—Care for a patient who:

- Is mentally or physically disabled and expected to continue as such for prolonged period.
- Requires a protected, monitored, or controlled environment in an institution or home.
- Requires assistance to support the essentials of daily living.
- Is not under active and special medical, surgical, or psychiatric treatment that reduces the disability to the extent necessary to enable the patient to function outside a protected, monitored, or controlled environment.

Deceased Member—A person who was, at the time of death, a uniformed service active duty member or retired; or a retired member of a reserve component who elected to participate in the Survivor Benefit Plan (for information on this plan, contact the Personal Affairs Section at the local MPF), but died before reaching age 60.

Deferred Non-emergency Care—Medical, surgical, or dental care that, in the opinion of medical authority, could be performed at another time or place without risk of the patient's life, limb, health, or well-being. Examples are surgery for cosmetic purposes, vitamins without a therapeutic basis, sterilization procedures, therapeutic abortions, procedures for dental prosthesis, and prosthetic appliances.

Dental Care (as an adjunct to medical or surgical treatment, typically called adjunctive dental care)—Dental care that in the professional judgment of the attending physician and dentist judge to be both:

- Necessary for the treatment or management of a medical or surgical condition other than dental.
- Greatly beneficial to the patient's primary medical or surgical condition or its after-effects. The primary diagnosis must be specific so that the relationship between the primary condition and the requirement for dental care in the treatment of the primary condition is known. Dental care to improve the general health of the patient is not necessarily adjunctive dental care.

Dependency Determination—A determination by the Air Force Accounting and Finance Center, than individuals may retain their status a dependents of an active duty or retired member of the uniformed

services. A dependency determination that establishes dependency (called a favorable dependency determination) does not in itself establish an entitlement to medical care. The dependency determination must provide specifically for medical care.

Dependent—An immediate family member of an active duty or retired member of the uniformed services. See AFI 36-3001 for a detailed explanation.

Direct Care System—The system of military hospitals and clinics around the world. It includes Coast Guard facilities and excludes the system of benefits delivered under CHAMPUS.

Director of Base Medical Services (DBMS)—The senior individual of any corps of the Medical Service who has overall managerial responsibility for patient care activities on an installation.

Disposition—The removal of a patient from a medical treatment facility because of a return to duty or to home, transfer to another medical treatment facility, death, or other termination of medical care. The term may also refer to change from inpatient to outpatient status (for example, inpatient to subsisting elsewhere or convalescent leave).

Domiciliary Care—See "Custodial Care". While there may be a clinical difference between these two types of care, for the purpose of determining entitlements, they are the same.

Durable Medical Equipment—Equipment that can withstand repeated use and generally is not useful to a person in the absence of illness or injury, for example, Respirators, nebulizers, IPP machines, oxygen tents, wheelchairs, hospital type beds, and ambulation devices such as walkers are examples.

Elective Health Care—Health care that is not medically necessary to provide relief from in, suffering, or potential health problem. A health care provider makes this determination.

Emergency Care—The immediate medical or dental care necessary to save a person's life, limb, or sight, or to prevent undue suffering or loss of body tissue.

Extended Active Duty—A tour of active duty, normally for more than 90 days, that members of the Reserve Component perform. Strength accountability changes from the Reserve Component to the active duty force. Active duty for training is not creditable for EAD.

Foreign Military Sales—That portion of United States security assistance authorized by the Foreign Assistance Act of 1961, as amended, and the Arms Export Control Act of 1976, as amended. This assistance differs from the Military Assistance Program and the International Military Education and Training Program in that the recipient provides reimbursement for defense articles and services transferred. Also called FMS.

Former Spouse—An individual who was married to an active duty member for a sufficient length of time to become eligible for health care. AFH 41-114 provides details.

Inactive Duty Training--A—Uthorized training performed by a member of a Reserve Component not on active duty for training and consisting of regularly scheduled unit training assemblies, additional training assemblies, periods of appropriate duty of equivalent training, and any special additional duties for Reserve Component personnel that an authority designated by the Secretary concerned, and performed by them in connection with the prescribed activities of the organization in which they are assigned with or without pay. Does not include work or study associated with correspondence courses. Also called IDT. See AFI 36-2115, for more details.

International Military Education and Training—Formal or informal instruction provided to foreign

military students, and forces on a non-reimbursable (grant) basis by offices or employees of the United States, contract technicians, and contractors. Instruction may include correspondence courses; technical, educational or informational publications; and media of all kinds.

Maternity (obstetrical) and Infant Care—Medical and surgical care incident to pregnancy, including prenatal care, delivery, postnatal care, treatment of complications of pregnancy, and inpatient newborn care.

Maximum Hospital Benefit—The point during hospitalization when the patient's progress appears stable, and medical authorities determine that further hospitalization won't spell recovery. For example, a patient who continues to improve slowly over a long period of time, without specific therapy or medical supervision, or with only a moderate amount of treatment on an outpatient basis has attained maximum hospital benefit.

Medical Care—Inpatient, outpatient, dental care, and related professional services.

Medical Treatment Facility—A facility established for the purpose of furnishing medical and/or dental care to eligible individuals (applies to both hospitals and clinics). It does not include aid stations nor contract facilities (except PRIMUS clinics).

Medical Treatment Facility Commander—The person appointed on orders as the commanding officer of the medical treatment facility. This may also be the DBMS.

Military Patient—A patient who is a member of the uniformed services of the United States on active duty, or an active duty member of a foreign government, or a member of a Reserve Component on duty.

NATO Countries—See NATO member.

NATO Member—A military member of a NATO nation who is on active duty and who, in connection with official duties, is stationed in or passing through the United States. NATO nations are: Belgium, Canada, Denmark, Federal Republic of Germany, France, Greece, Iceland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Turkey, the United Kingdom, and the United States.

Non-appropriated Fund Employee—A Government employee whose pay comes from other than Congressional funds (for example, bowling alley and base exchange employees).

Office of Worker's Compensation Programs Beneficiary—A civilian employee of the US Government who is injured or contracts a disease in the performance of duty and the OWCP has designated as a beneficiary.

Optimal Hospital Improvement for Disposition Purposes—That point during hospitalization, when after the necessary medical treatment, medical authorities can determine the patient's medical fitness for further active services. Also, the point when further treatment for a reasonable period won't result in any material change in the patient's condition that would ultimately alter the type of disposition or amount of separation benefits.

Prosthetic Devices—Artificial limbs, hearing aids, orthopedic footwear, and spectacles.

Reserve Components—Reserve components of the Armed Forces of the United States are: a. the Air National Guard of the United States, b. the Air Force Reserve, c. the Army National Guard of the United States, d. the Army Reserve, e. the Naval Reserve, f. the Marine Corps Reserve, and g. the Coast Guard Reserve. For the purpose of this instruction, the term also includes the reserve members of the commissioned corps of the United States Public Health Service and National Oceanic and Atmospheric

Administration.

Retiree—A member or former member of a uniformed service who is entitled to retired, retainer, or equivalent pay, based on duty in a uniformed service.

Routine Medical Care—Routine care includes

- Prescriptions from federal or non-Federal civilian providers
- Physical exams including pertinent tests and procedures.
- Eye examinations and special lenses for those eye conditions that require such lenses for complete medical or surgical management of the condition.
- Newborn and well-baby care.
- Diagnostic tests including laboratory and radiology services.
- Family planning services and supplies including counseling and guidance. Under sound medical practice and applicable laws, medical personnel may provide these services to any dependent upon request.
- Ground ambulance service.
- Home calls when the DBMS determines them to be medically necessary.
- Loans of non-expendable durable medical equipment.
- Orthopedic aids such as braces, crutches, walking irons, elastic stockings, and so on.
- Orthopedic footwear is included only if it is an integral part of, and attached to, a brace.
- Hearing examinations.
- Primary and secondary medical care.

Routine Dental Care—All professional treatment of oral disease, injuries, and deficiencies that fall within the field of dental and oral or maxillofacial surgeon.

Security Assistance Training Program—The umbrella program for International Military Education and Training Program and Foreign Military Sales.

Supplemental Care—MTF operating and maintenance funds that the MTF used to obtain civilian health care for active duty members and non-CHAMPUS beneficiaries when that care is not available in the MTF. The patient must remain under the clinic supervision of a member of the MTF staff.

Survivors—A spouse or child who was a dependent as defined by AFI 36-3001, and whose sponsor died while on active duty, or was a participant in the Survivor Benefit Program.

Treatment—A procedure or medical service that medical persons expect to lead to or assist in the patient's recovery.

Uniformed Services—The Army, Navy, Air Force, Marine Corps, Coast Guard, National Oceanic and Atmospheric Administration, and US Public Health Service.

Uniformed Services Medical Treatment Facilities—Medical treatment facilities that belong to the Air Force, Army, Navy, and Coast Guard, but not former Public Health Service medical facilities that the Congress has designated as USTFs.

Uniformed Services Treatment Facilities—Former USPHS facilities that the Congress has designated as institutions where USHBP personnel may obtain care.

United States—The 50 States and the District of Columbia.

Veteran—A person who served in the active military, Army, Navy, Coast Guard or Air Force. A person who originally enlisted in a regular component of the Armed Forces after 7 September 1980, or who entered active duty after 16 October 1981, is not eligible for benefits from the Veterans Administration unless he or she completes the lesser of 24 continuous months of active duty or the full period for which the person was called or ordered to duty. This provision does not apply to veterans who have a compensable service-connected disability or who were discharged close to the end of an enlistment term because of hardship, or a disability incurred or aggravated in line of duty.

Veterans Medical Benefits—Medical benefits authorized under Title 38, U.S.C. chapter 17, available to veterans with honorable and general discharges. Discharges issued by general court-martial are a bar to Veterans Administration benefits.

Attachment 2

SECRETARY OF THE AIR FORCE DESIGNEE FORMAT FOR ABUSED DEPENDENTS

MEMORANDUM FOR (PATIENT'S NAME, SPONSORS SSN)

FROM: (NAME OF MTF)/SG

SUBJECT: Secretary of the Air Force Designee

Under Title 10, U.S.C., Section 1076(e), and AFI 41-115, **Chapter 2**, you have authorization for DoD sponsored health care as a Secretary of the Air Force Designee for the period _____ to _____.

You may receive care on a space-available basis at any military medical treatment facility and under CHAMPUS. Charges are at the dependent rate, and you have authorization for movement via aeromedical evacuation.

Your Care is only for the treatment of INSERT CONDITION ASSOCIATED WITH ABUSE.

Use this memorandum to verify eligibility. A copy of this letter also verifies eligibility. Your medical records should also include a copy of this letter, which must accompany all CHAMPUS claims.

JOHN R. SMITH, Colonel, USAF, MC
Commander

Attachment 3

SECRETARY OF THE AIR FORCE DESIGNEE LOG FORMAT (RCS: HAF-SGH[A]9474)

Annual Designee Log

MAJCOM: _____ Year Covered by List: _____

Name of person submitting list _____

Phone number (DSN): _____

Category refers to the reason for designation, for example., pre-adoptive, continuity of care, best interest of the Air Force (see **Chapter 2**).

- a. MTFs logs should include all categories of Designees except those designated through HQ USAF/SG.
- b. HQ PACAF and HQ USAFE should include all individuals designated by the theater commanders on their logs (do not include individuals designated through HQ USAF/SGHA).
- c. HQ PACAF and HQ USAFE should include contractors who had access to care under the provisions of AFH 41-114.

Patient's Name	Sponsor's SSN	Category	Date of Designation
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Attachment 4

SECRETARY OF THE AIR FORCE DESIGNEE FORMAT FOR CERTAIN FORMER SPOUSES

MEMORANDUM FOR (PATIENT NAME, SPONSOR'S SSN)

FROM: (NAME OF MTF)/SG

SUBJECT: Secretary of the Air Force Designee

Under Section 651 of PL 100-45 and Title 10, U.S.C., Section 1076(f)(1); and AFI 41-115, **Chapter 2**, as a 20/20/15 former spouse who has purchased the conversion health insurance through the DoD, you have authorization for DoD-sponsored health care for the 1-year period beginning_____and ending_____.

You may receive care on a space-available basis as a dependent of a retired member at any Uniformed Service medical or dental facility. Charges are at the dependent rate, all Uniformed Services regulations apply, and you are authorized for movement via aeromedical evacuated. You don't have authorization for care through CHAMPUS.

You may receive treatment for the following preexisting conditions only:

This letter serves as your "ID Card" and you must present it at each visit to prove your eligibility.

JOHN R. SMITH, Colonel, USAF, MC
Commander

Attachment 5

SECRETARY OF THE AIR FORCE DESIGNEE FORMAT FOR PRE-ADOPTIVE CHILDREN

MEMORANDUM FOR (PATIENT'S NAME, SPONSOR SSN)

FROM: (NAME OF MTF)/SG

SUBJECT: Secretary of the Air Force Designee

Under AFI 41-115, **Chapter 2**, your pre-adoptive child may receive DoD sponsored health care as a Secretary of the Air Force Designee for the period _____ to _____.

Your pre-adoptive child may receive care on a space-available basis at any Air Force or Navy military medical treatment facility. Charges are at the dependent rate, all Uniformed Services regulations apply, and movement via aeromedical evacuation is authorized. Care is not authorized through CHAMPUS.

This letter serves as the "ID Card" and you must present at each visit to an MTF to prove eligibility. A copy of this letter should be in your child's medical record.

JOHN R. SMITH, Colonel, USAF, MC
Commander

Attachment 6

DISENGAGEMENT/DISCHARGE STATEMENT

"I understand that care provided to other than active duty personnel is provided on a space available basis as the medical facility commander determines. If the Air Force facility can't provide the required care and the beneficiary is disengaged from care (that is, the MTF staff no longer manages that individual's health care), the Air Force won't pay for any care from a civilian provider (individual or institutional)."

NOTE:

In the case of parents and parents-in-law, neither the Air Force or CHAMPUS will pay for medical care from a civilian provider.

Attachment 7

UNIFORMED SERVICES TREATMENT FACILITIES (USTF)

- a. Wyman Park Medical Center, Wyman Park Drive, Baltimore MD 21211Phone: (410) 338-3000
- b. Brighton Marine Public Health Center, 77 Warren St, Boston MA 02135Phone: (617) 782-3400
- c. Sisters of Charity of the Incarnate Word, 2600 North Loop West, Houston TX 77092Phone: (713) 681-8877
 - a. St John's Hospital, 2050 Space Park Dr, Nassau Bay TX 77058
 - b. St Joseph's Hospital, 1919 LaBranch, Houston TX 77002
 - c. St Mary's Hospital, 440 St Mary's Blvd, Galveston TX 77550
 - d. St Mary's Hospital, Port Arthur TX
- d. Pacific Medical Center, 1200 12th Ave. South, Seattle WA 98144Phone: (206) 326-4000
- e. Bayley-Seton Hospital, Bay St and Vanderbilt Ave, Staten Island, NY 10304Phone (212) 447-3010
- f. Martin's Point Health Care Center, 331 Veranda St, Portland ME 04103Phone: (207) 774-5801 or 1-800-332-0280
- g. Lutheran Medical Center, 2609 Franklin Blvd, Cleveland OH 44113Phone: (216) 363-2043 or 1-800-662-1810