



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6320.103
BUMED-M3B1
8 Aug 2016

BUMED INSTRUCTION 6320.103

From: Chief, Bureau of Medicine and Surgery

Subj: PATIENT SERVICES PROGRAM

Ref: (a) through (am) - see enclosure (1)

Encl: (1) References
(2) Navy Medicine Patient Services Program

1. Purpose. To standardize responsibility for Navy Medicine (NAVMED) personnel in support of patient services. References (a) through (am) located in enclosure (1) provide additional information.

2. Cancellation. BUMEDINST 6150.35, NAVMEDCOMINST 6320.3B, BUMEDINST 6320.72, BUMEDINST 6320.76, BUMED Policy 08-013, BUMED Policy 08-015, BUMED 10-010 and BUMED Policy 10-015.

3. Scope. This instruction applies to Navy commands having medical department personnel.

4. Background. This instruction identifies and defines the requirements, policies, procedures, activities, and minimum expectations necessary to ensure a successful Navy patient services mission. It describes who is eligible for health care in Navy medical treatment facilities (MTF) and how eligible beneficiaries gain access to this care based on their access priorities. This instruction encompasses medical services and authorizations, patient administration functions, including determining eligibility for care, protecting medical information, managing health records, the preparation and disposition of medical documentation, and managing other administrative activities to support patients including both inpatient and outpatient services. This instruction directs the collection and maintenance of information subject to The Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

5. Responsibilities

a. Deputy Director, Bureau of Medicine and Surgery (BUMED), Healthcare Operations (BUMED-M3) must:

(1) Develop, coordinate, and issue guidance based on congressional mandates and Department of Defense (DoD) policies to NAVMED regions for implementation to Navy MTFs in their respective areas of responsibility (AOR).

(2) Appoint a TRICARE liaison to serve as a headquarters' point of contact to respond to inquiries from NAVMED regions. The TRICARE liaison will monitor legislative and policy changes to the TRICARE benefit and provide appropriate guidance to the NAVMED regions.

b. Commanders, NAVMED Regions must:

(1) Provide support and resources to ensure adequate staffing exists to support patient services programs.

(2) Disseminate guidance provided in this instruction to Navy MTFs in their respective AOR.

(3) Ensure MTFs within each region comply with all policies outlined in enclosure (2).

(4) Ensure each of their MTFs appoint a Defense Enrollment Eligibility Report System (DEERS) site security manager (SSM) who will manage access to DEERS.

(5) Ensure their MTFs meet the requirement to conduct 100 percent DEERS eligibility verifications on all patients provided health care in their facility.

(6) Provide to Healthcare Business and Administration (BUMED-M3B1) by 20 October of each year, a consolidated report concerning secretarial designation care provided by Navy MTFs in your AOR for the prior fiscal year.

c. MTF Commanding Officers (CO) and Officers in Charge (OIC) must:

(1) Ensure compliance with all aspects of this policy.

(2) Appoint a DEERS SSM to manage access to DEERS in their facility.

(3) Conduct 100 percent DEERS eligibility verifications on all patients provided health care in their facility.

(4) Provide to your NAVMED region by 10 October of each year, a report concerning secretarial designation care provided at your facility for the prior fiscal year.

6. Records. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV M-5210.1 of January 2012.

7. Reports. The reports required in this instruction, are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7k.

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8. Forms

a. The following NAVMED forms are available at:

<https://navalforms.documentservices.dla.mil/web/public/home>.

(1) NAVMED 6300/5, Inpatient Admission/Disposition Record.

(2) NAVMED 6320/9, Eligibility for Medical Care.

(3) NAVMED 6320/11, Newborn Identification.

b. SF 600, Chronological Record of Medical Care is available at:

<http://www.gsa.gov/portal/forms/download/115550>.

c. The following DD forms are available at:

<http://www.dtic.mil/whs/directives/forms/>.

(1) DD Form 2870, Authorization for Disclosure of Medical or Dental Information.

(2) DD Form 2569, Third Party Collection Program/Medical Services Account/Other Health Insurance.

(3) DD 2876, Tricare Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Form.



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Distribution is electronic only via the Navy Medicine Web Site at:

<http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>

REFERENCES

- Ref: (a) 10 U.S.C. Chapter 55
(b) 32 CFR 199
(c) ASD(HA) Policy Memo 97-057 of 11 Jul 1997
(d) DoD Instruction 1000.24 of 22 May 2003
(e) OPNAVINST 6000.1C
(f) OPNAVINST 1330.2B
(g) DoD Instruction 6025.19 of 9 June 2014
(h) SECNAVINST 6120.3
(i) BUMEDINST 6110.14
(j) BUMEDINST 1001.4
(k) ASD(HA) Policy Memo 06-006 of 16 Feb 2006
(l) DoDM 1000.13, Identification (ID) Cards: Benefits For Members Of The Uniformed Services, Their Dependents, And Other Eligible Individuals of 23 January 2014
(m) DoD Instruction 1342.24 of 23 May 1995
(n) OPNAVINST 1750.3
(o) 10 U.S.C. §1145
(p) 10 U.S.C. §2559
(q) DoD Instruction 6015.23 of 23 February 2015
(r) 10 U.S.C. §2341
(s) 5 U.S.C. §8101
(t) 24 U.S.C. §34
(u) DoD Directive 1400.31 of 28 April 1995
(v) DoD Instruction 1400.32 of 24 April 1995
(w) DoD Directive 1404.10 of 23 January 2009
(x) DoD Instruction 6490.03 of 11 August 2006
(y) 31 U.S.C. §1535
(z) 32 CFR Part 108
(aa) SECNAV Memo of 17 Dec 1996
(ab) National Defense Authorization Act 2008, Section 1672
(ac) DoD Instruction 3020.41 of 20 December 2011
(ad) BUMEDINST 6320.11
(ae) 48 U.S.C. §1921
(af) ASD(HA) Policy Memo 05-014 of 19 Aug 2005
(ag) ASD(HA) Policy Memo 10-007 of 20 Aug 2010
(ah) ASD(HA) Policy Memo 12-004 of 14 May 2012
(ai) ASD(HA) Policy Memo 05-020 of 25 Oct 2005
(aj) BUMEDINST 6320.85A
(ak) BUMEDINST 6320.71A
(al) DoD 6010.15-M Military Treatment Facility Uniform Business Office (UBO) Manual of 9 November 2006
(am) BUMEDINST 6000.15

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8 Aug 2016



NAVY MEDICINE (NAVMED)
PATIENT SERVICES PROGRAM

Enclosure (2)

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SECTION 1

ELIGIBILITY REQUIREMENTS

1. The military services administer the Uniformed Services Health Benefits Program per reference (a). The authority for the TRICARE Program is reference (b). Reference (b) is located at: <http://www.gpo.gov/fdsys/pkg/CFR-2011-title32-vol2/pdf/CFR-2011-title32-vol2-part199.pdf>. Health care services are provided under these programs regardless of the military sponsor's Service affiliation.
2. Eligibility. Each uniform service personnel authority establishes health care eligibility and ensures authorized beneficiaries are identified in DEERS. MTFs are responsible for verifying health care eligibility for each beneficiary seeking health care in the Military Health System (MHS) by referencing DEERS.
3. Eligibility Verification
 - a. All persons, including Service members in uniform, retirees, family members, or any others seeking health care in Navy MTFs must show satisfactory evidence of their beneficiary status. Designated MTF personnel will confirm a patient's identity and verify entitlement to health care by performing a DEERS verification check and a thorough examination of the patient's DoD identification (ID) card. Eligibility issues will be referred to the MTF's patient administration department.
 - b. Non-emergent patients who are found not eligible in DEERS and who lack a valid DoD ID card may be denied MTF health care services. When a non-emergent patient is determined eligible in DEERS, but lacks a valid DoD ID card, the patient, or the patient's sponsor, must complete and sign a NAVMED 6320/9, Eligibility for Medical Care. The NAVMED 6320/9 indicates the patient or sponsor will provide the patient's DoD ID card proving eligibility within 30 days or action will be initiated to recoup the cost of care. If the patient or sponsor refuses to sign the NAVMED 6320/9, patient administration department officials, or the MTF command duty officer if after working hours, should deny treatment or admission in physician determined, non-emergent situations. Completion of the NAVMED 6320/9 does not apply to dependent children under age 10 or to beneficiaries identified in paragraph 4 below. Unresolved beneficiary eligibility issues will be referred to the MTF's patient administration department.
 - c. Patients who require emergent care to prevent undue suffering or loss of life or limb as deemed by the MTF treating physician, but whose eligibility is questionable, will be provided treatment as necessary to stabilize the patient. If the patient's eligibility remains in doubt at the time of discharge from the MTF, a NAVMED 6320/9 must be completed and signed by the patient or sponsor indicating eligibility documentation (e.g., DoD ID card) must be presented within 30 days or action will be initiated to recoup the cost of care.

d. Children under age 10 must be enrolled in DEERS, but are not routinely issued a DoD ID card. Certification and ID of children under age 10 will be the responsibility of the sponsor, parent, or legal guardian. In addition to DEERS eligibility verification, the DoD ID card of the sponsor or spouse is acceptable for the purpose of verifying a child's eligibility.

e. Per reference (c), 100 percent DEERS eligibility checks will be performed for all outpatient visits and inpatient admissions at Navy MTFs. One hundred percent DEERS verification is also required when beneficiaries present to MTF pharmacies with prescriptions written by civilian providers. DEERS eligibility may be verified by accessing the Composite Health Care System (CHCS)-DEERS eligibility menu option or by referring to the general inquiry of DEERS (GIQD) Internet Web site. MTF personnel must contact their facility's SSM to obtain access to this Web site. COs at MTFs will ensure verifying personnel receive annual DEERS training from the MTF DEERS SSM. Reference (c) is located at: <http://www.health.mil/Policies?daterange=1995-1999&query=97-057>.

f. Newly issued military ID cards no longer display social security numbers (SSN). Instead, a 10-digit DoD ID number, unique to each individual, is on the ID card. In addition, for those beneficiaries who are eligible for DoD benefits, an 11-digit DoD benefits number is also displayed on their card. Since most DoD electronic health information management systems, including the Armed Forces Health Longitudinal Technology Application and Essentris, identify the patient by the sponsor's SSN, it may be necessary to cross reference the sponsor's SSN to verify eligibility if the patient does not know it. Verifying officials should use the GIQD option on a U.S. Government approved Internet connection to ensure a valid check of the sponsor's SSN in DEERS.

g. Per reference (d), a physical review of the ID card will be accomplished to determine if the photo ID matches the beneficiary, the entitlement dates are appropriate, the beneficiary is authorized medical care, and the ID card has not been tampered with. If the physical review of the ID card determines the individual is not entitled to medical treatment in the MHS, the ID card is to be confiscated. A patient administration department representative from the MTF will take control of the ID card, and the MTF's servicing military criminal investigative organization will be notified when MTF personnel suspect the ID card has been tampered with or is being fraudulently used. MTF officials will mail or physically transport confiscated ID cards to the nearest military ID card issuing office using a trackable means to ensure the MTF can confirm the ID cards have been received by personnel at the ID card issuing office. If medical treatment has already been provided, the MTF or the Defense Health Agency (DHA) will take necessary action to initiate administrative recoupment actions for the costs of the unauthorized military medical benefit.

4. DEERS Exceptions. The following beneficiaries are not authorized enrollment in DEERS and will show as ineligible. With proper documentation, these individuals should not be denied care solely based on a DEERS check:

- a. Secretarial Designees may be treated as indicated in their letter of designation. The letter should be issued and signed by an authorizing official as identified in section 8 of this instruction.
- b. Reserve Component (RC) Service members who are on active duty (AD) for 30 days or less. These RC members will not show eligible in DEERS and should produce a copy of their orders to receive health care. RC Service members on AD for greater than 30 days and their family members must present a valid ID card and pass a DEERS check. If, and only if, the DEERS check does not pass, the RC Service members or the family member must present a copy of the member's AD orders. If the RC Service member is issued delayed-effective-date AD orders for more than 30 days in support of a contingency operation, the member and the member's family are eligible for early TRICARE medical and dental benefits. DEERS must show the delayed-effective-date RC Service member and/or family member is eligible.
- c. Inactive RC members who have been issued a line of duty (LOD) authorization to obtain health care for an injury or illness acquired during a period of AD.
- d. Reserve Officer Training Corps (ROTC) students who incur an injury or illness while traveling to or from and while attending required field training or practice cruises. ROTC students may also receive required medical examinations related to fitness for duty. Refer to Section 3 of this instruction for additional information on eligibility for ROTC students.
- e. Applicants for commissioning and enlistment in the uniform services. Refer to Section 9 of this instruction for additional information on eligibility for applicants.
- f. DoD and other Federal Government civilian employees who receive occupational health care as a beneficiary of the Office of Workers Compensation Program (OWCP) under the Federal Employee's Compensation Act.
- g. Service members accepted into the Career Intermission Pilot Program (CIPP). Refer to Section 2 of this instruction for additional information on CIPP.

SECTION 2

HEALTH CARE FOR ACTIVE DUTY SERVICE MEMBERS

1. AD Service members. Per reference (a) AD Service members of the U.S. Navy, U.S. Marine Corps (USMC), U.S. Air Force (USAF), U.S. Army, U.S. Coast Guard (USCG), and the Commissioned Officers Corps of the U.S. Public Health Service (USPHS) and the U.S. National Oceanic and Atmospheric Administration (NOAA) are entitled to medical and dental benefits at Navy MTFs without consideration of Service affiliation.

2. Civilian Health Care for AD Service members. AD Navy and USMC members may require civilian health care, including during a period of leave or temporary additional duty (TAD). Emergency health care will not need prior approval. Civilian health care considered non-emergent in nature requires the AD Service members to seek prior approval before obtaining care. AD Service members should contact their primary care manager (PCM) or authorizing officials in the TRICARE region they are enrolled for pre-authorization of civilian health care benefits.

3. Maternity Care for AD Service women
 - a. Pregnant AD Service women who remain on AD will be given priority in receiving routine obstetric and/or gynecologic (OB/GYN) care in all Navy MTFs. Further, AD Service women assigned to imminently deploying units or positions (within 3 months) will be given priority over other AD Service women receiving routine OB/GYN care in all Navy MTFs. Personnel assigned on permanent change of station (PCS) or TAD orders to a unit in another Service must comply with the applicable pre-deployment rules and policies of that Service.

 - b. Pregnant Service women will be provided OB/GYN care and delivery at the MTF to which they are enrolled. Refer to reference (ae) for AD Service women who are in transition, or who wish to seek care outside the MTF.

 - c. Per reference (e), section 107a(2), referral and authorization is required for OB/GYN care outside of the MTF when a Service woman is in a leave status.

4. Surrogacy pertaining to AD Service women. Per reference (ae), AD Service women are not authorized to provide surrogate pregnancy services.

5. CIPP. Per reference (f), the CIPP is a program under which officer and enlisted members may be temporarily released from AD with a corresponding appointment or enlistment in the Individual Ready Reserve (IRR) for periods of up to 3 years. Under this program, Service members and their family members, are entitled to the same medical and dental care under reference (a) as is provided to members of the uniformed services and their family members at

MTFs, and to the same coverage under the TRICARE Program as is provided to members of the uniformed services on AD for a period of more than 30 days and the family members of such members. For additional information on CIPP, contact the BUMED-M3B1.

6. Midshipmen and Cadets of Service Academies. Midshipmen enrolled at the U.S. Naval Academy, and cadets enrolled at the U.S. Military Academy, USAF Academy, and USCG Academy are considered on AD and will be provided medical care the same as AD.

7. Temporary Disability Retired List (TDRL)

a. AD Service members may be placed on the TDRL following a finding of unfit for duty by medical board proceedings. While on the TDRL, the Service member may receive necessary medical care as a retiree.

b. When ordered by officials at Navy Personnel Command (NPC) or Headquarters, U.S. Marine Corps, to report to a MTF for a periodic evaluation of the condition that caused the member's placement on the TDRL, the Service member will be furnished the examination, including any required supplemental health care, with the priority of an AD Service member.

SECTION 3

HEALTH CARE FOR RESERVE COMPONENT SERVICE MEMBERS

1. RC Service members

a. For the purposes of this instruction the RC consists of reservists and full-time National Guard Service members.

b. RC Service members on AD orders for more than 30 days are authorized health care on the same basis and same extent as AD Service members.

c. Per reference (a), RC Service members who incur or aggravate an injury, illness, or disease in the LOD while performing AD service, AD for training or inactive duty training for a period of 30 days or less, including travel to and from that duty, are entitled to medical and dental care appropriate for the treatment of that injury, illness, or disease until the resulting disability cannot be materially improved by further hospitalization or treatment. Care is authorized for such an injury, illness, or disease beyond the period of training to the same extent as care is authorized for AD Service members.

d. RC Service members who have been injured in the performance of AD or inactive duty training (including authorized leave, liberty, and travel to and from either duty) are eligible for care and will be considered to have been in LOD status. While the LOD investigation is being conducted, the RC Service member will remain entitled to care only for the injury incurred on AD or inactive duty training.

e. Except in emergencies or when inpatient care initiated during a period of training duty extends beyond such period, RC Service members will be required to furnish a LOD letter of authorization from their Navy Operational Support Center's CO, or higher authority, prior to receiving inpatient or outpatient care beyond the period of training duty. The LOD letter of authorization will include the reservist's name, grade or rate, SSN or DoD ID number, and organization of the reservist; type of training duty being performed or that was being performed when the condition manifested; diagnosis (if known); and a statement that the condition was incurred in the LOD and the reservist is entitled to care. When authorization has not been obtained beforehand, care may be provided on a civilian humanitarian basis pending final determination of eligibility.

f. RC Service members are authorized prosthetic devices, hearing aids, or orthopedic footwear for those injuries or diseases incurred or contracted in the LOD.

g. RC Service members on AD orders for a period of 30 days or less may receive treatment for acute exacerbations of conditions that existed prior to a reservist's period of training duty. Care will be limited to that necessary for the prevention of pain or undue suffering until the patient can reasonably return to control of the member's private physician or dentist.

h. RC Service members are eligible to access Navy MTFs for the purpose of completing their Individual Medical Readiness (IMR) requirements. Per references (g) through (i), all active and RC members are required to have periodic IMR assessments completed to ensure a healthy and fit fighting force ready to deploy. Per reference (j), NAVMED using active component (AC) and RC assets, will provide medical and dental readiness support to the Navy and USMC Reserve Force. Per reference (h), IMR consists of six elements: individual medical equipment, immunizations, readiness laboratory studies, dental readiness, deployment limiting conditions, and periodic health assessments (PHA). IMR elements must be documented in the approved and appropriate electronic database per reference (i). Reference (k) outlines the process for implementation of the PHA, which requires an annual health assessment of all AD and selected reserve. This includes a review and update of IMR elements, including deployment limiting conditions. RC Service members need to be in uniform and in military status (active, inactive, or points only) when at a MTF to complete IMR requirements. Reference (k) is available at: <http://www.health.mil/Policies?query=06-006&daterange=2005-2009>.

2. ROTC

a. Per reference (a), medical care in Navy MTFs is authorized for members of the ROTC of any branch of the uniform services, including students enrolled in the 4-year ROTC Program or the 2-year Advanced Training ROTC Program and members enrolled as authorized by 10 U.S.C. §2103 as indicated below:

(1) Medical care for an injury incurred or disease contracted without reference to LOD while traveling to or from, and while attending required field training or practice cruises under the provisions of 10 U.S.C. §2109. Medical care is also authorized for injury incurred as a result of practical military training. Practical military training includes military drill instruction, ROTC organized physical fitness activities, and annual training activities.

(2) Routine dental treatment will be furnished for conditions that are the result of injury or disease incurred in the LOD. Dental care for other conditions will be limited to emergency treatment. Emergency dental care will be billed at the full reimbursement rate unless it is covered under paragraph 2a(1) of this section.

(3) Prosthetic devices, prosthetic dental appliances, hearing aids, spectacles, orthopedic footwear, and orthopedic appliances will be furnished for conditions which are disabling and the result of injury or disease incurred in the LOD.

(4) ROTC members are also eligible to receive required medical examinations and immunizations, including hospitalization to complete the examination, or to treat severe reactions, respectively, while attending a civilian educational institution.

(5) ROTC members are authorized continued medical care, including hospitalization, for the injury or disease incurred in the LOD upon expiration of their field training or practice cruises period.

(6) While attending a civilian educational institution, ROTC members are eligible for medical care in Navy MTFs, including hospitalization, for a condition incurred in the LOD while at or traveling to or from a military installation for the purpose of undergoing medical or other examinations, or for purposes of making visits of observation, including participation in Service-sponsored sports, recreational, and training activities. ROTC members are also eligible to receive required medical examinations and immunizations, including hospitalization to complete the examinations, or to treat severe reactions, respectively, while attending a civilian educational institution.

(7) For LOD conditions, ROTC members may choose to obtain their care at a MTF or as a beneficiary of the OWCP under the Federal Employee's Compensation Act.

3. Navy and USMC Officer Candidate Programs. Members of the Reserve Officers Candidate Program and the Platoon Leaders Class are entitled to the same medical and dental benefits as are provided members of the Navy and USMC RCs stated in section 3, paragraph 1. Candidates, or individuals enrolled in these programs are authorized access to Navy MTFs for the purpose of conducting required special physical examinations to determine their fitness for appointment to, or continuation in the programs. Upon a request from the individual's CO or OIC of Navy and USMC recruiting stations, or officer selection officials, Navy MTFs are authorized to admit these individuals when hospitalization is necessary to conduct the examinations. Hospitalization should be kept to a minimum and treatment other than for humanitarian reasons is not authorized.

4. Army and USAF National Guard Personnel

a. Army and USAF National Guard personnel who contract a disease or become ill in the LOD while on full-time National Guard duty, or while traveling to or from that duty are eligible for care upon presentation of a letter of authorization from the member's Service Guard unit.

b. The authorization letter will include name, SSN, or DoD ID number, grade, and organization of the member; type and period of duty in which engaged (or in which engaged when the injury or illness occurred; diagnosis (if known); and will indicate the injury suffered or disease contracted was in the LOD, and the individual is entitled to medical or dental care.

c. Care will be limited to that appropriate for the injury, disease, or illness until the resulting disability cannot be materially improved by further hospitalization or treatment.

d. When requested by an Army or Air National Guard unit's CO, Navy MTFs may perform physical examinations on guard members subject to the availability of space, facilities, and the capabilities of the staff.

SECTION 4

**HEALTH CARE FOR FAMILY MEMBERS OF ACTIVE DUTY, DECEASED,
AND RETIRED SERVICE MEMBERS**

1. Family Members

a. Per reference (l), family members of AD, retired, and deceased members are eligible for MHS benefits. A family member's eligibility begins on the date the military sponsor enters on AD. The family member's eligibility ends at midnight on the date the sponsor's period of AD ends for any reason other than retirement, death, or the family member's eligibility for continued MHS benefits under the Transitional Compensation for Abused Dependents Program. Family members of RC sponsors on AD orders for more than 30 consecutive days are eligible for MHS benefits. Availability of health care in the MTF for family members may depend on whether or not they choose the option to enroll in TRICARE Prime.

b. Family members who have been abused by their military sponsor may be eligible for continued MHS benefits under the Transitional Compensation for Abused Dependents Program per references (m) and (n). This program is administered by uniformed Service personnel commands.

c. Family members whose military sponsor dies on AD, including National Guard and Reserve members who are activated for more than 30 consecutive days, remain eligible for MHS benefits. Surviving spouses remain eligible unless they remarry. Children remain eligible until reaching age 21, or until age 23 if they are full-time students at approved institutions of higher learning and the sponsor provided over 50 percent of financial support. Civilian medical claims for spouses will be cost-shared at the AD family member rate for 3 years after the death of the AD Service member sponsor and, thereafter, at the retiree rate. Likewise, surviving spouses enrolled in TRICARE Prime at the time of their AD sponsor's death will continue to be eligible for TRICARE Prime as an AD family member for 3 years. After 3 years, the surviving spouse will be required to pay the retiree fee for continued enrollment in TRICARE Prime. Spouses during this 3 year period are termed "Transitional Survivors."

d. Family members of retired military sponsors who die remain eligible for MHS benefits with the same TRICARE options and costs they have before their sponsor passed away. Surviving spouses remain eligible unless they remarry. Surviving children of deceased retirees remain eligible until reaching age 21, or until age 23 if they are full-time students at approved institutions of higher learning, and the sponsor provided over 50 percent of financial support.

e. Family members whose AD sponsor is officially placed in a deserter status lose MHS eligibility as of midnight of the date of placement. MHS eligibility is restored on the date a deserter returns to military control.

f. A spouse who is divorced from their military sponsor loses eligibility for MHS benefits as of midnight of the date a final divorce decree is issued by a court of competent jurisdiction. In cases of a legal separation, the spouse retains MHS eligibility until issuance of a final divorce decree.

2. Former Spouses. A former spouse may qualify for MHS benefits under the Former Spouse Program. This program is administered by uniformed Service personnel commands. Information on this program is available in reference (1). Former spouses who qualify for this program will be entered in DEERS under their own DoD ID number.

3. Children

a. Children of military sponsors, including step-children, wards, adopted children, and children placed in the custody of a military sponsor either by a court or by a recognized adoption agency in anticipation of legal adoption by the member, are eligible for MHS benefits until reaching age 21 or age 23 if enrolled in a full-time course of study at an approved institution of higher learning. The military sponsor must also provide over 50 percent of the child's financial support.

b. Children of military sponsors remain eligible for MHS benefits even if their parent's divorce or remarry. Unadopted step-children of sponsors, however, lose eligibility effective on the date the divorce decree is final.

c. Children of military sponsors who incur an incapacitating injury or illness prior to age 21 or 23, if enrolled in a full-time course of study at an institution of higher learning, and may be considered incapable of self-support, may qualify for the Incapacitated Dependent Program. This program provides continued MHS benefits to incapacitated children beyond the age of 21 or 23. This program is administered by uniform service personnel commands. AD Service members, retirees, and families of deceased military sponsors, whose child may qualify for this program should apply to their respective uniformed Service personnel command per reference (1).

d. Children under age 21, or 23 if a full-time student, who marry an individual who is not entitled to MHS benefits, lose MHS eligibility. If the marriage is terminated or annulled prior to the child attaining the age of 21, or 23 if a full-time student, the child may again become eligible for benefits under the military sponsor.

e. Due to the fact that "regular" TRICARE coverage ends at age 21, or 23 if enrolled in college, adult children of eligible sponsors who are unmarried and ineligible for employee-sponsored health plan based on their own employment, may purchase continued MHS coverage under the TRICARE Young Adult (TYA) Program until age 26. RC Service members must be enrolled in either TRICARE Reserve Select or TRICARE Retired Reserve for their adult child to

be eligible to purchase TYA coverage. Eligibility for TYA will end when the adult child reaches age 26 or when the adult child's sponsor is no longer eligible for TRICARE benefits. Additional information on TYA is available from www.tricare.mil/tya or the TRICARE regional contractor.

4. Parents and Parents-in-law. Parents and parents-in-law, approved by the respective Service's personnel community, are eligible for space-available care in the MTF and may enroll in TRICARE Plus based on availability. TRICARE Plus is a program administered by MTFs that allows beneficiaries who normally are only eligible for MTF care on a space-available basis to enroll and receive care at the MTF. Parents and parents-in-law within the TRICARE Plus are not eligible for referred medical care outside the MTF at government expense.

5. Dental Care. Family members are authorized dental care in a MTF on a space-available basis. Family members of AD Service members and retired Service members may voluntarily enroll in the TRICARE Dental Program or TRICARE Retiree Dental Program, respectively. Family members enrolled in TRICARE dental plans will use the plans' network providers for their dental care, unless the care is an adjunct to ongoing MTF medical or surgical inpatient care. Both dental programs provide worldwide coverage.

SECTION 5

HEALTH CARE FOR RETIREES AND FORMER SERVICE MEMBERS

1. **Retired Members.** Per reference (a), retired members of the uniformed services in receipt of retired or retainer pay are authorized the same medical and dental benefits as AD Service members subject to the availability of space, facilities, and capabilities of the professional staff. Included in this category are former members who retired for length of service, and those who were retired through the disability evaluation system.
2. **Medal of Honor Recipients.** Per reference (a), all recipients of the Medal of Honor, and their eligible family members, are eligible to receive medical care in MTFs. AD Medal of Honor recipients, and eligible family members, receive the same benefits as other AD Service members. Medal of Honor recipients, who are retirees, and their family members, have the same TRICARE benefits as those available to other retirees. Medal of Honor recipients, who choose to leave active service before retiring, are entitled to the same TRICARE benefits as are available to retirees and their eligible family members.
3. **Former U.S. Military Prisoners of War.** Former U.S. prisoners of war and their family members are eligible to receive health care in MTFs for a period of up to 5 years commencing on the date the member is released from AD for reasons other than retirement. These former members and their family members will be furnished care on the same priority as retired members and their family members.
4. **Care for Former AD Females (Ex-Service Maternity Beneficiaries)**
 - a. Former AD females of the uniformed services, who are separated under honorable conditions, including a general discharge under honorable conditions, and determined to have been pregnant at the time of separation, may receive maternity care in MTFs. Supplemental care or other MTF funds may not be used to purchase civilian care.
 - b. Female midshipmen who are pregnant and disenroll from the U.S. Naval Academy due to the pregnancy are eligible for space available maternity care in MTFs.
 - c. Care is limited to medical and surgical care incidental to the pregnancy, including prenatal, delivery, and postnatal care for 6 weeks following delivery. Treatment for conditions not related to the beneficiary's pregnancy is not authorized.
 - d. Ex-service maternity benefits are authorized for RC members who are honorably discharged following a period of AD of more than 30 consecutive days and receive a DD 214 Discharge Certificate.

e. Treatment of the newborn infant includes inpatient and outpatient care for 6 weeks following delivery. Six weeks after delivery, the newborn becomes a pay patient and charged at the full reimbursement rate. The former member may request Secretary of the Navy (SECNAV) designation for the newborn infant, which will allow the newborn's hospitalization to be charged at the family member rate. If the newborn requires care beyond the 6-week period, or outside the treating MTF, the mother or other responsible party should make arrangements for alternative sources of care.

f. Beneficiaries should apply either in person or in writing to a MTF with the capability to provide ex-service maternity benefits to include inpatient and outpatient care. A DD 214 will be provided as proof of eligibility for requested care. A physician's statement certifying the beneficiary was pregnant at the time of her separation should also be provided.

g. MTF officials must advise the beneficiary at the time of application that at any time during the management of her maternity care it becomes necessary to transfer or refer her, or her newborn, to a civilian source of care because care required is beyond the capability of the MTF, the cost associated with the civilian care will be at her expense. Likewise, they advise the beneficiary that should circumstances cause her to deliver in a civilian facility, costs associated with a civilian delivery will also be her responsibility.

5. Transition Assistance Management Program (TAMP)

a. Per reference (o), certain former AD Service members and demobilized RC Service members and their families, may be eligible for continued medical benefits under the TAMP. Reference (o) is available at: <http://www.gpo.gov/fdsys/granule/USCODE-2011-title10/USCODE-2011-title10-subtitleA-partII-chap58-sec1145>.

b. Eligibility for TAMP is determined by the personnel community and will be reflected in DEERS.

c. TAMP eligible AD Service members and RC Service members and their families are eligible for 180 days of continued MHS benefits following their release from AD. TRICARE Prime beneficiaries must reenroll in TRICARE Prime within 30 days of their discharge date in order to continue the TRICARE Prime benefit without interruption.

6. Continued Health Care Benefit Program. Per reference (a), the Continued Health Care Benefit Program is available to former AD Service members, and their families, who are released from AD, or full-time National Guard duty under other than adverse conditions. Continued Health Care Benefit Program is not part of the TRICARE Program and participants are not authorized care in MTFs except in emergencies.

SECTION 6

**HEALTH CARE FOR FOREIGN MILITARY MEMBERS AND THEIR
ACCOMPANYING FAMILY MEMBERS**

1. Foreign Military Members in the United States. Per references (l) and (p), foreign military members, and their authorized family members, who are stationed in the United States at the official invitation of a Federal department or agency are eligible for medical care in Navy MTFs. The extent to which care may be provided is based on whether the foreign military member's country has signed a Status of Forces Agreement (SOFA) or international Reciprocal Health Care Agreement (RHCA) with the United States.
2. Foreign Military Personnel from Countries with RHCA with the United States
 - a. Per reference (q), foreign military members from RHCA countries, and their authorized family members, who are stationed in the United States, are eligible to receive care in Navy MTFs. Services include both inpatient and outpatient care in MTFs. Dental care will be provided to foreign military members and their family members to the same extent that such care is made available within the United States to U.S. AD Service members and their family members in MTFs.
 - b. The agreements are not applicable in Navy MTFs overseas.
 - c. Foreign military members eligible for inpatient care under these agreements are also eligible for supplemental care without cost.
 - d. Under RHCAs, foreign military members and their family members are not charged for outpatient care. For inpatient care, foreign military members are charged the subsistence rate, and their family members are charged the family member rate.
 - e. The cost of civilian medical care incurred by foreign military members and their family members beyond the parameters of supplemental care is the responsibility of the foreign military member and/or their foreign country. Civilian medical bills received by Navy MTFs should be referred to the foreign military member or the Embassy of the foreign country involved.
 - f. RHCA foreign military members and their accompanying family members have the same priority as U.S. AD Service members and their family members enrolled in TRICARE Prime. However, they are not allowed to enroll in any TRICARE Prime Program. Navy MTFs should take measures to ensure access to health care is available to RHCA beneficiaries.

g. To obtain a current listing of RHCAs between the DoD and other foreign countries, please visit the DHA Web site at: <https://rhca.dhhq.health.mil/>. The Web site is only accessible with a “.mil” e-mail address. Contact the Deputy Director, Healthcare Operations (BUMED-M3), for further information about RHCAs.

3. North Atlantic Treaty Organization (NATO) and Partnership for Peace (PFP) Military Personnel in the United States

a. Per references (l) and (q), foreign military members of NATO countries and those PFP countries that have signed a SOFA, and their authorized family members, stationed in the United States at the official invitation of a Federal department or agency, will be provided full medical care as required. Services include both inpatient and outpatient care in MTFs. Dental care will be provided to foreign military members and their family members to the same extent that such care is made available within the United States to U.S. AD Service members and their family members in MTFs.

b. Outpatient care is provided at no charge. Inpatient care is billed at the full reimbursement rate. NATO and PFP military members are also eligible for supplemental care without cost.

c. Spouses and children of NATO and PFP foreign military members are eligible for outpatient care at no charge and inpatient care charged at the full reimbursement rate. Authorized family members are also eligible for civilian outpatient care under TRICARE Standard benefits only. Applicable cost-shares and deductibles apply.

d. Parents, parents-in-law, and wards are not eligible for MHS benefits.

e. NATO and PFP foreign military members and their accompanying family members have the same priority as U.S. AD Service members and their family members enrolled in TRICARE Prime. However, they are not allowed to enroll in any TRICARE Prime Program. Navy MTFs should take measures to ensure access to health care is available to NATO and PFP beneficiaries.

f. A list of NATO and PFP countries indicating eligibility for foreign military members and their family members from their respective countries is available at the following Web site: <https://rhca.dhhq.health.mil/>. The Web site is only accessible with a “.mil” e-mail address. Contact BUMED-M3, for additional information.

4. Non-NATO Military Personnel in the United States

a. Per reference (l), foreign military members of non-NATO countries, and their authorized family members, stationed in the United States at the official invitation of a Federal department or agency, are entitled to medical care on an outpatient basis only at a MTF. Hospitalization and dental care are limited to emergency care only.

b. Outpatient care is provided at the full outpatient reimbursement rate. Emergency inpatient care is billed at the full reimbursement rate. Supplemental care is not authorized.

c. Spouses and children of non-NATO foreign military members are not eligible for civilian care at MHS expense.

d. Parents, parents-in-law, and wards are not eligible for MHS benefits.

e. Foreign military members, and accompanying family members, from PFP countries that have not signed a SOFA, have the same eligibility as military personnel from non-NATO countries.

5. NATO, PFP, and Non-NATO Foreign Military Members Serving in Foreign Countries

a. Per reference (1), foreign military members, when serving in a foreign country and outside their own country, are authorized outpatient care at a Navy MTF at the full outpatient reimbursement rate if they are:

(1) under the sponsorship or invitation of the DoD or military Service, or

(2) determined by the major overseas commander that granting medical privileges is in the best interest of the United States, and

(3) connected with, or their activities are related to, the performance of functions of the U.S. military establishment, and

(4) provided required care that cannot reasonably be obtained in medical facilities of the host country, in the patient's own country, or if such facilities are inadequate.

b. Inpatient care is provided in emergency situations only. Inpatient charges are at the full reimbursement rate.

c. Accompanying spouses and children of NATO and non-NATO foreign military members are only authorized outpatient medical care at Navy MTFs outside of the United States at the full outpatient reimbursement rate.

d. Per reference (r), medical care may be provided to foreign military personnel in the Navy MTFs outside of the United States per a cross-servicing agreement between the United States and a NATO or individual ally. Two prerequisites must be met: a valid international agreement referencing the provision of medical care, and reimbursement to the United States for the services provided. Reference (r) is available at: <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title10/pdf/USCODE-2010-title10-subtitleA-partIV-chap138-subchapI-sec2341.pdf>.

6. Foreign Military Sales (FMS) and International Military Education and Training (IMET)

a. Foreign military personnel, and their authorized family members, stationed in the United States, or at an overseas U.S. military training installation, who are participating in an FMS or IMET Program (part of the Security Assistance and Training Program), are eligible to receive medical care in Navy MTFs.

b. All patients in this category should provide a copy of their invitational travel orders when presenting for medical treatment. The invitational travel orders will specify the type of care authorized and billing procedures.

c. NATO IMET foreign military members and authorized family members are eligible for outpatient care at no charge. Foreign military members are eligible for inpatient care billed at the IMET rate. Family members are eligible for inpatient care billed at the full reimbursable rate. Family members are also entitled to outpatient TRICARE Standard benefits, but not authorized inpatient TRICARE Standard benefits.

d. NATO FMS foreign military members and authorized family members are eligible for outpatient care at no charge, and inpatient care billed at the full reimbursable rate. Family members are also entitled to outpatient TRICARE Standard benefits and may seek care with a TRICARE authorized civilian provider.

e. Non-NATO IMET foreign military members are eligible for both outpatient and inpatient care charged at the IMET rate. Authorized family members are eligible for both outpatient and inpatient care charged at the full reimbursable rate. Care received outside of the MTF is the responsibility of the foreign member and/or their government.

f. Non-NATO FMS foreign military members and authorized family members are eligible for outpatient and inpatient care charged at the full reimbursable rate. Care received outside of the MTF is the responsibility of the foreign member and/or their government.

SECTION 7

**HEALTH CARE FOR DEPARTMENT OF DEFENSE CIVILIAN EMPLOYEES AND
CIVILIAN EMPLOYEES OF OTHER FEDERAL AGENCIES**

1. DoD Civilian Employees

a. Per reference (s), emergency medical care is authorized for DoD employees, both appropriated and non-appropriated fund employees, injured on the job. This initial care is provided free of charge to the employee, the employee's command, and the employee's insurance carrier. Following initial care, the employee may apply for continued medical benefits under the Federal Employees' Compensation Act administered by the OWCP, Department of Labor, by completing form CA-16, Authorization for Examination and/or Treatment. The form CA-16 will be available to the employee at their command civilian personnel office. If the MTF has the capability to provide required care and services, the employee may choose to receive care through the MTF. Medical services will be provided at no cost to the employee. After initial care, follow-up medical and surgical management of an on the job injury or illness will be provided to an employee and paid from appropriated funds as a beneficiary of the Department of Labor, OWCP. Reference (s) is available at: <http://www.gpo.gov/fdsys/pkg/USCODE-2011-title5/pdf/USCODE-2011-title5-partIII-subpartG-chap81-subchapI-sec8101.pdf>.

b. When treatment is required for other than minor injury or illness that is not the result of employment, employees will be referred to their private physician for care after initial emergency treatment.

c. Per reference (t), civil service employees of all Federal agencies, including teachers employed by the DoD Education Activity and their accompanying family members, may be provided hospitalization and necessary outpatient services (other than occupational health services), on a reimbursable basis, when assigned outside the continental United States, or in Hawaii and Alaska, on a space available basis. Routine dental care, other than dental prosthesis and orthodontia, is authorized on a space available basis when facilities outside of the United States are not otherwise available in reasonably accessible and appropriate non-Federal facilities. Reference (t) is located at: <http://www.gpo.gov/fdsys/pkg/USCODE-2013-title24/pdf/USCODE-2013-title24-chap1-sec34.pdf>.

d. Per reference (l), civilian DoD employees employed in Guam under a valid transportation agreement, as well as U.S.-hired civilian employees of other government agencies and DoD contractors, are eligible to receive health care at U.S. Naval Hospital Guam on a space available and fully reimbursable basis. Civilian health care at government expense is not authorized. Locally hired civilian Federal employees in Guam are not eligible for DoD health care.

e. Treatment other than that authorized to OWCP beneficiaries is not provided to non-U.S. citizen employees unless the major overseas commander concerned determines civilian facilities are not available or adequate.

f. Per references (u) through (x), DoD civilian employees designated as emergency essential who are participating in direct support of combat operations, participating in support of humanitarian missions, disaster relief, restoring order in civilian disorders, drug interdiction operations, contingencies, and emergencies will receive the following health care services:

(1) Immunizations as given to military personnel in theater. If required, Human Immunodeficiency Virus (HIV) testing will be conducted prior to deployment. Civilian employees will also have deoxyribonucleic acid (DNA) samples taken for ID purposes.

(2) Medical and dental examinations and, if warranted, psychological evaluations to ensure fitness for duty in the theater of operations to support the military mission.

(3) During a contingency or emergency, civilian employees returning to the United States and the Territories from a theater of operations shall receive cost-free military physical examinations within 30 days if the DoD MHS decides it is warranted or required for military personnel.

(4) Emergency essential employees who require treatment for disease or injury sustained overseas during hostilities may be provided care at no cost to the employee under the DoD MHS. The scope of care provided will be equivalent to that received by AD personnel. Employees may apply for OWCP benefits.

2. Department of Labor, OWCP Beneficiaries

a. The following individuals may become OWCP beneficiaries under the conditions indicated. These individuals may be provided occupationally related medical care in Navy MTFs upon presentation of a properly prepared and signed authorization form CA-16.

(1) Members of, and applicants for membership in the ROTC of the Navy, Army, and USAF, provided the condition requiring treatment was incurred in the LOD during an off-campus training regimen. Such care is authorized for an injury, disease, or illness incurred while engaged in training, flight instructions, and travel to and from training or flight instruction.

(2) Civil officers and employees in any branch of the U.S. Government who sustain a job-related injury. A job related injury includes injuries sustained while in the performance of duty and diseases proximately caused by the conditions of employment.

(3) Employees of the government of the District of Columbia (except members of the police and fire departments) under the provisions of reference (t) for injury or disease that is the proximate result of their employment.

(4) Volunteer civilian members of the Civil Air Patrol (CAP), except CAP cadets under 18 years of age, for injury or disease that is the proximate result of active service, and travel to and from such service, provided in performance or support of operational missions of the CAP under direction and written authorization of the USAF.

(5) Former Peace Corps volunteers for injury or disease that is the proximate result of their employment. An injury suffered by a volunteer when he or she is outside of the United States is deemed proximately caused by his or her employment, unless the injury or disease is caused by willful misconduct of the volunteer, caused by the volunteer's intention to bring about the injury or death to him or herself, or of another, or proximately caused by the intoxication of the injured volunteer.

(6) Job Corps and AmeriCorps Volunteers in Service to America (VISTA) enrollees after termination of enrollment or other congressionally mandated programs that authorize care in MTFs for injury or disease that is the proximate result of their employment.

(7) Military Sealift Command civilian Marine personnel are entitled to occupationally related care at the expense of OWCP. Civilian Marines are in a crew status only after reporting to their assigned ship. They are in a travel status from crewing point to ship and return. While in a travel status, they are entitled to the same health care benefits as other Federal civil service employees in a travel status. As a general rule, the following may be initially considered as occupationally related for civilian Marine personnel:

(a) Any injury or illness occurring as a direct result of employment. Injury or illness may occur on a ship, at a U.S. Government installation ashore, or in an aircraft while performing a requirement of employment.

(b) Any injury or illness which becomes manifest while away from work (on leave or liberty) while in a crew status, or travel status, as long as the condition may be directly related to job activities or to exposures incident to travel to ship assignment.

(c) Required immunizations.

(d) Required physical examinations.

(e) Periodic medical surveillance screening examinations for DoD occupational and industrial health programs, i.e., asbestos medical surveillance, hearing conservation, etc.

b. When OWCP determines that a claim should be disallowed, OWCP will advise the patient and the Navy MTF providing care that no further treatment should be rendered at OWCP expense. The patient ceases to be an OWCP beneficiary as of the date of receipt of the notice of disallowance by the Navy MTF. Any treatment subsequent to the date of receipt of the notice of disallowance will be at the personal expense of the patient.

3. Economy Act

a. Reference (y), the Economy Act permits heads of Federal agencies, or heads of major organizational units of Federal agencies, to procure goods and services from other Federal agencies or within their own agency so long as funds for procurement are available, the order is in the best interest of the U.S. Government, the sources from which the goods or services are ordered can produce them or obtain them by contract, and the internal or interagency procurement is more convenient, or less expensive, than commercial procurement. Reference (y) is located at: <http://www.dol.gov/oasam/regs/statutes/1535.htm>.

b. Provisions of reference (y) apply to requests from other Federal agencies for medical and dental care for beneficiaries for whom they are responsible. Consult specific provisions of reference (y) regarding financial and accounting limitations and requirements. With proper authorization, including the agency's responsibility for the cost of care, beneficiaries from Federal agencies listed in section 7, paragraphs 4 through 11 may receive medical care and examinations in Navy MTFs.

4. Department of Veterans Affairs (DVA) Beneficiaries. If a DoD-DVA sharing agreement under 38 U.S.C. §8111 and reference (a) is in effect, the agreement takes precedence over guidance provided below.

a. Veterans Affairs Beneficiaries (VAB) are eligible for DVA authorized care in Navy MTFs upon presentation of written authorization signed by an official of the DVA office of jurisdiction. When authorized by DVA officials, physical examinations may be provided to VABs in Navy MTFs. Dental treatment is limited to inpatients requiring services related to medical or surgical conditions for which hospitalized.

b. When emergency care is provided to a VAB, MTF officials will notify the appropriate DVA office of jurisdiction. If the DVA denies VAB status to the patient, treat the patient as a civilian humanitarian.

c. The responsibility for authorizing VAB care in foreign countries is vested in the following agencies:

(1) For VABs in the Federated States of Micronesia, the DVA regional office, Honolulu, HI.

(2) For VABs in the Philippines, the DVA regional office, Manila, Philippines.

(3) For VABs in Canada, the Canadian DVA, Ottawa, Canada.

(4) For VABs in all other foreign countries, the U.S. Consulate Office or the U.S. Embassy.

5. USPHS Beneficiaries

a. Upon presentation of written permission, Native Americans and Alaska Natives in the continental United States who are receiving care under the USPHS or Indian Health Service are eligible for inpatient and outpatient care in Navy MTFs. Authorization will be prepared and signed by an Indian Health Service unit director or the director's designee.

b. When emergency care is provided without prior authorization, MTF personnel will notify the Service unit director.

c. Dental care in the United States is limited to emergency treatment for the relief of pain or acute conditions and dental care requiring hospitalization.

6. Peace Corps Beneficiaries

a. The following care is authorized in the United States to applicants for the Peace Corps, Peace Corps volunteers, and family members of Peace Corps volunteers, when verified in writing by an authorized Peace Corps official on a space available basis:

(1) Physical examinations are authorized on an outpatient basis. The provider performing the examination will make no determination for the qualifications for duty with the exception of interpretation of radiographic imaging. Pre-selection physical examinations may be provided to applicants for the Peace Corps. Separation or other special physical examinations may be provided to Peace Corps volunteers and their family members.

(2) When requested, required immunizations may be provided to all beneficiaries.

(3) Both inpatient and outpatient medical care may be provided to Peace Corps volunteers for illnesses or injuries occurring during their period of service, which includes all periods of training. Family members of volunteers are authorized care to the same extent as their sponsor.

(4) Dental care is limited to emergency treatment to relieve pain and prevent imminent loss of teeth. All beneficiaries seeking dental care will be requested to furnish advanced authorization whenever possible.

b. The following care is authorized in Navy MTFs outside the United States to Peace Corps volunteers and their family members, when authorized in writing by a Peace Corps official:

(1) Termination physical examinations may be provided to Peace Corps volunteers and eligible family members.

(2) When requested, required immunizations may be provided to all beneficiaries.

(3) When requested in writing by a representative or physician of a Peace Corps Foreign Service post, Peace Corps volunteers, eligible family members of volunteers, and trainees of the Peace Corps may be provided necessary medical care at Peace Corps expense. When emergency treatment is provided without prior approval, submit a request to the Peace Corps Foreign Service for reimbursement.

(4) Dental care is limited to emergency treatment to relieve pain and prevent imminent loss of teeth. All beneficiaries seeking dental care will be requested to furnish advanced authorization whenever possible.

(5) When a beneficiary in a Navy MTF outside the United States requires evacuation to the United States, MTF officials will coordinate with the local Peace Corps representative.

7. Job Corps and AmeriCorps VISTA Beneficiaries

a. Job Corps and AmeriCorps VISTA applicants for enrollment may be provided pre-enrollment medical examinations and immunizations on an outpatient basis at Navy MTFs, upon presentation of a written request from a Job Corps or AmeriCorps VISTA official.

b. Upon presentation of appropriate ID and authorization, Job Corps and AmeriCorps VISTA enrollees, volunteers and trainees may be provided hospitalization, outpatient medical treatment, examinations, and immunizations.

c. Upon presentation of authorizing documentation signed by a physician affiliated with AmeriCorps, surgery, or other treatment required in order to correct remediable physical defects of AmeriCorps VISTA enrollees and personnel may be provided. Navy MTFs may provide these services if, in the professional judgment of the physicians concerned, such treatment is indicated and the required sources are available.

d. Dental care is limited to emergency treatment to relieve pain and prevent imminent loss of teeth. All beneficiaries seeking dental care will be requested to furnish advanced authorization whenever possible.

8. Federal Aviation Administration (FAA) Air Traffic Control Specialists. Upon written request from an FAA Regional Flight Surgeon, air traffic control specialists may be rendered chest x-rays, electrocardiograms, basic blood chemistries, and audiograms, without interpretation, in support of the FAA Medical Surveillance Program.

9. Department of Justice Beneficiaries

a. Upon presentation of written authorization, agents of the Federal Bureau of Investigation, applicants for employment as special agents, and U.S. Marshals, may be furnished medical examinations and hospitalization when required to determine physical fitness. This period of hospitalization is for diagnostic purposes only, not to correct disqualifying defects.

b. Upon presentation of written authorization from the Department of Justice or the U.S. Attorney in the case, persons whose claims are being administered by the Department of Justice may be furnished medical examinations in Navy MTFs to determine the extent and nature of injuries or disabilities claimed.

10. Department of Homeland Security Beneficiaries

a. Secret Service agents may be provided routine annual physical examinations upon presentation of written authorization. Conduct and record examinations in the same manner as routine examinations provided Navy officers, but on an outpatient basis only.

b. Secret Service agents providing protection to certain individuals and those persons being provided such protection may be provided all required medical services, including hospitalization, on a space available basis.

c. Officers and agents of the Bureau of Customs and Border Protection (CBP), the Immigration and Customs Enforcement (ICE), and prisoners under their jurisdiction, may be provided emergency medical care at Navy MTFs in remote areas of the United States where no other such services are available. The Navy's responsibility for medical care of CBP and ICE prisoners terminates once the medical emergency has been resolved. The guarding of civilian prisoners in the custody of CBP and ICE officials will be provided by CBP and ICE personnel or other appropriate non-military law enforcement agencies.

11. Department of State

a. Upon presentation of appropriate authorization from Department of State officials, employees of the State Department, and their accompanying family members, may receive medical evaluation and hospitalization in Navy MTFs outside the United States. Outpatient care is authorized only when treatment is furnished for a condition that results in hospitalization or treatment required for post-hospitalization follow-up.

b. Should a State Department beneficiary in a Navy MTF outside the United States require prolonged hospitalization, the MTF will inform State Department representatives and request authority to return the patient to the United States using the military aeromedical evacuation system. Travel of an attendant is authorized at Department of State expense when required.

c. In the United States, care is not authorized in Navy MTFs for an injury or illness sustained by a Department of State beneficiary in the United States. Authorizations and other arrangements for MTF care in the United States for individuals incurring injury or illness outside the United States will be provided by officials at the State Department. Care furnished in Navy MTFs in the United States to individuals evacuated to the United States for medical reasons will be comparable in all respects to that which is authorized outside of the United States. When authorized by State Department officials, employees and their accompanying family members who have returned to the United States for a non-medical reason, may be furnished medical care at the expense of the State Department for treatment of an illness or injury incurred while outside the United States.

d. Medical examinations, including periodic evaluations, may be furnished to State Department employees, accompanying family members, and applicants for employment, when authorized by Department of State officials. This includes examinations necessary to establish disability or incapacity for retirement purposes.

e. Immunizations are authorized for State Department employees and their accompanying family members upon written authorization from appropriate Department of State officials. The authorization should state the type of immunization required and that the beneficiary is entitled to services at the expense of the Department of State.

f. Dental care is limited to emergency treatment to relieve pain and prevent imminent loss of teeth. All beneficiaries seeking dental care will be requested to furnish advanced authorization whenever possible.

12. Medicare Beneficiaries. Non-beneficiaries who are Medicare-eligible may be provided hospitalization in Navy MTFs in the United States in an emergency to prevent undue suffering or loss of life. The local office of the Social Security Administration will be notified as soon as possible after emergency admission of one of their beneficiaries. The patient or responsible family member will be advised that arrangements should be made with a civilian hospital that participates in the Medicare Program, so the patient can be transferred as soon as his or her condition has improved to the extent he or she can be moved. Patients will be billed directly for services rendered.

SECTION 8

SECRETARIAL DESIGNATION

1. SECNAVDES

a. Per reference (z), SECNAV may authorize individuals, not otherwise authorized by law, to receive such care as is available in Navy MTFs in the United States.

b. Subject to the capabilities of the professional staff, the availability of space and facilities, and any other limitation imposed by the approving authority, MTFs of all Services and the DHA will provide medical treatment to individuals who have been granted Secretarial designee (SECDES) status by any of the Secretaries of the Military Departments.

c. Supplemental care or other MTF funds may not be used to purchase civilian care, including care through resource sharing.

2. Requests for SECNAVDES

a. Requests for SECNAVDES must be submitted by the applicant, sponsor, or designated representative to the CO of the Navy MTF where treatment is to be received.

b. The CO should disapprove requests that do not meet criteria outlined in this section, or if facilities and professional capability are not available.

c. Applications that meet program criteria must be endorsed by the MTF CO with a specific recommendation as to whether designee status is appropriate. Submit applications to BUMED-M3B1, via the MTF's NAVMED region. Each application should contain the following information:

(1) Patient's full name, date of birth, and relationship to sponsor, if applicable.

(2) If applicable, sponsor's full name, rank, branch of service, and SSN, or DoD ID number, or DoD benefits number.

(3) If applicable, sponsor's status (AD, retired, deceased, separated).

(4) The exact date designee status should begin.

(5) Recommended length of designation.

(6) Whether transportation on aeromedical evacuation aircraft is anticipated. If so, include patient's place of residence. Aeromedical evacuation is usually not authorized for secretarial designees.

(7) Reason for designation: (e.g., age, marriage, sponsor leaving service, etc.).

(8) Justification: (e.g., teaching case, best interest of the Navy, military is the only source of care, etc.).

(a) If case is submitted for the best interest of the government, provide detailed supporting documentation to justify granting designee status, including a statement of impact if designation is denied.

(b) If case is submitted for teaching purposes, include an endorsement from the department head verifying the teaching significance (e.g., critical for continued accreditation of a training program, extremely rare case, required as a part of a training program protocol and the patient's case mix is not available in the beneficiary population).

(9) Diagnosis (use medical and layman's terminology).

(10) A brief one or two paragraph case history. For complex cases, attach a separate letter with additional details. Include a long-term prognosis and treatment plan, the age when the condition was first diagnosed, and when and where DoD sponsored care began. Histories must be understandable to nonmedical personnel.

(11) Name and telephone number of attending physician.

(12) Medical specialty required (orthopedics, pediatrics, etc.).

(13) Statement regarding patient's coverage, or planned coverage, by a health insurance plan as required by the Patient Protection and Affordable Care Act.

(14) Name, rank, and duty phone of the MTF point of contact.

d. BUMED will review the SECNAVDES request and prepare endorsement, either favorable or unfavorable.

(1) BUMED will forward the request to the Office of SECNAV for final review and approval or disapproval.

(2) If Secretarial Designation is granted, the Office of SECNAV will provide an approval letter to BUMED. BUMED will then issue a letter to the MTF CO. The letter will be specific regarding type of treatment and place of treatment, and will also provide billing information and a date designee status will expire. An authorization letter will be issued to the designee by the MTF CO, and will be used by the designee to access care.

(3) If disapproved, BUMED will notify the MTF CO by letter.

3. Requests from Foreign Dignitaries and Foreign Nationals

a. MTF officials may receive requests for care from foreign dignitaries and foreign nationals. Requests for care from these individuals must initiate with the U.S. Embassy in the respective foreign country. If the U.S. Ambassador concurs with the request, the Ambassador notifies officials in the Department of State. Following concurrence by the State Department, the request is forwarded to officials in the Office of the Assistant Secretary of Defense, Health Affairs and the Service Secretary for action.

b. Requesters should be advised to contact the Defense Attache's office at the U.S. Embassy in their respective country for assistance in requesting care at a MTF in the United States.

4. Donor Candidate. Evaluation and selection of non-beneficiaries who are donor candidates for an organ or tissue transplant procedure on behalf of a DoD beneficiary will generally receive favorable designee status.

5. Clinical Research Study. Requests for non-beneficiary participants in officially approved clinical research studies must include:

a. Sufficient clinical information concerning the nature of the study.

b. Justification for participation of non-uniformed services beneficiaries.

c. Benefits which the participant will be entitled.

d. What the anticipated benefit will be to the command, and/or the Navy (i.e., enhancement of training, maximum use of specialized facilities, etc.).

e. Recommended duration of designation.

f. If the consenting individual has been informed concerning the nature of the study, its personal implications, and whether the individual freely consents. Ensure participants understand that any health care provided to them is limited to care related to the research study, including treatment for an injury or illness incurred as a result of their participation.

6. Continuity of Care Extensions of Eligibility

a. The Secretaries of the Military Departments may grant secretarial designation on a space-available basis for non-retired former members of the uniformed services and former family members when appropriate to allow completion of appropriate transition of a course of treatment begun prior to the former member's release from AD. The length of Secretarial Designee status will not exceed 6 months.

b. In the case of pregnancy, the length of Secretarial Designee status will not exceed the completion of, and hospitalization for the pregnancy. Care for newborns is limited to initial care and hospitalization only. See Section 5 regarding maternity care for former Service women who were pregnant at the time of their release from AD.

7. Non-Medical Attendants. The Secretaries of the Military Departments may designate non-medical attendants as eligible for space available MTF care.

8. In the Best Interest of the Navy. Where circumstances clearly merit providing treatment in Navy MTFs, and in which the best interest of the patient, the Navy, and the government will be served, favorable Secretarial action may result. The mere need of medical care by the patient, alone, will not support approval of such a request.

9. Newborns of Dependent Daughters and Ex-Service Maternity Beneficiaries

a. Per reference (aa), COs of all Navy MTFs are delegated authority to designate newborns of ex-service maternity beneficiaries (except former members of NOAA and USPHS) discharged under honorable conditions, and newborns of dependent daughters as SECNAV designees. This authority may not be delegated lower, and covers inpatient and outpatient care at the Navy MTF from the date of birth to 6 weeks following delivery. All care provided under this authority is subject to the capabilities of the professional staff and the availability of space and facilities at the MTF. This designation does not create an entitlement to civilian health care at government expense.

b. If newborns are covered by third party insurance, the care provided will be billed at the full reimbursable rate. For those newborns not covered by third party insurance, charges will be at the family member rate.

c. Dependent daughters and ex-service maternity beneficiaries who receive Army or USAF designee status for their newborn, and subsequently require care for the newborn at a Navy MTF, may be provided space available care at Navy facilities subject to the Service's secretarial designation letter.

d. Dependent daughters and ex-service maternity beneficiaries who deliver at civilian hospitals may request designee status for their newborn to cover post-partum care at the MTF for 6 weeks following delivery.

e. Requests for SECNAVDES status for newborns should be submitted in writing to the MTF CO by the sponsor. MTF COs should not approve the request or issue a designee letter prior to the birth of the newborn.

10. Children Born Overseas to Dependent Daughters of Navy and Marine Corps AD Members on Command Sponsored Tours

a. Children born overseas to dependent daughters of Navy and USMC AD members on command sponsored tours are SECNAVDES. Outpatient care is provided at no charge, and inpatient charges are at the family member rate.

b. Designation remains in effect as long as the grandchild resides in the home of the AD sponsor while stationed overseas. Designation expires when the sponsor departs his or her command under PCS orders or separates from AD.

11. Blanket Secretarial Designation

a. The following officials within the Government, the DoD, and Military Departments have had extended to them on a blanket basis, the privilege of secretarial designation for medical care and emergency dental care in Navy MTFs:

(1) The President of the United States and Vice President, and their spouses, and minor children.

(2) Members of Congress.

(3) Members of the Cabinet.

(4) Officials of the DoD Appointed by the President of the United States and confirmed by the Senate.

(5) Article III Federal Judges. Article III courts are: The Supreme Court of the United States, U.S. Courts of Appeal, U.S. District Courts, U.S. Court of International Trade, U.S. Foreign Intelligence Surveillance Court, U.S. Foreign Intelligence Surveillance Court of Review.

(6) Judges of the U.S. Court of Appeals for the Armed Forces.

(7) Assistants to the President of the United States.

(8) Director of the White House Military Office.

(9) Former Presidents of the United States and their spouses, widows, and minor children.

c. Charges for care provided at MTFs will be reimbursed based on the following schedule:

(1) Designated officials other than Members of Congress and Officers of the Senate, the House of Representatives and the Capitol:

(a) For care rendered within the national capital region (NCR), outpatient charges are waived. Inpatient charges will be at the interagency rate.

(b) For care rendered outside the NCR, outpatient and inpatient charges will be at the interagency rate.

(2) Members of Congress and Officers of the Senate, the House of Representatives and the Capitol:

(a) For care rendered within the NCR, outpatient charges are waived. Inpatient charges will be at the full reimbursement rate.

(b) For care rendered outside the NCR, outpatient and inpatient charges will be at the full reimbursement rate.

12. Reports

a. Per reference (z), at the end of the FY, MTF COs will submit a report to BUMED-M3B1, via their respective NAVMED region, concerning the care provided to SECDES in their facility for the prior FY. The report will list the number of secretarial designees who received care, the reason for such designation, nature and duration of treatment, total cost of care provided, collection of reimbursement costs, and expiration date of designee status. The list will include newborns of dependent daughters and ex-service maternity beneficiaries granted designee status by the MTF CO and designees approved by the Office of SECNAV and other Service Secretaries. MTF COs will provide their report to their respective NAVMED region 10 days after the end of the FY. Negative reports are required.

b. NAVMED regions will consolidate secretarial designee reports from their respective MTFs and submit the consolidated report to BUMED-M3B1 20 days following the end of the FY.

SECTION 9

HEALTH CARE FOR OTHER ELIGIBLE BENEFICIARIES

1. Red Cross Personnel and Family Members

a. Per references (l), American Red Cross (ARC) personnel, both full-time paid personnel and volunteers, and their accompanying family members, assigned to a tour of duty with the uniformed services outside of the United States are authorized hospitalization and medical care on a space-available basis in Navy MTFs.

b. When assigned to MTFs in the United States, care for ARC personnel is limited to treatment for injuries sustained in the performance of their work-related duties.

c. Immunizations may be provided to ARC personnel assigned to MTFs in the United States at no cost to individuals preparing for transfer to overseas assignments.

d. Routine dental care in overseas MTFs is authorized on a space-available basis to ARC personnel assigned to the MTF.

2. Applicants for Enrollment in the Senior ROTC Training Program

a. When properly authorized, designated applicants, including applicants for enrollment in the 2-year program and Military Science II enrollees applying for Military Science III, will be furnished medical examinations at Navy MTFs, including hospitalization when necessary for the proper conduct of the examination. Per reference (a), applicants are also authorized medical care, including hospitalization, for injury incurred or disease contracted in the LOD while at or traveling to and from a military installation for the purpose of undergoing medical or other examinations.

b. Designated applicants for membership in the Senior ROTC Programs are authorized medical care in Navy MTFs during the initial training period (field training and/or practice cruises) authorized by reference (a) on the same basis as enrolled members of the ROTC advanced courses. Reference (a) is located at: <http://www.gpo.gov/fdsys/pkg/USCODE-2013-title10/pdf/USCODE-2013-title10-subtitleA-partIII-chap103-sec2104.pdf>.

3. Applicants for Cadetship at Service Academies and Applicants for the Uniformed Services University of Health Sciences (USU)

a. Upon presentation of a letter of authorization from the DoD Medical Examination Review Board, applicants for cadetship at Service academies and applicants for the USU will be furnished medical examinations at facilities designated by the DoD Medical Examination

Review Board. Hospitalization is authorized when qualifications for service cannot otherwise be determined, and is for diagnostic purposes only, not to correct disqualifying conditions or other defects. Examinations will be performed per authority of references (a).

b. Applicants who suffer injury or acute illness while awaiting or undergoing processing at Navy and USMC facilities or a military entrance processing station (MEPS) may be furnished emergency medical and dental care, including emergency hospitalization, for that injury or illness.

4. Applicants for Enlistment or Reenlistment in the Armed Forces, and Applicants for Enlistment in the RCs

a. Upon referral by the MEPS commander, applicants for enlistment or reenlistment will be furnished necessary medical examinations, including hospitalization when qualifications for service cannot otherwise be determined. The MTF will use the hospitalization period for diagnostic purposes only, and will not correct disqualifying defects. Reference (a) applies.

b. Applicants who suffer injury or acute illness while awaiting or undergoing processing at Navy and USMC facilities or MEPS may be furnished emergency medical and dental care, including emergency hospitalization, for that injury or illness.

5. Applicants for Appointment in the Regular Navy or USMC and RCs, including Members of the RCs Who Apply for AD

a. Necessary medical examinations may be furnished, including hospitalization when qualifications for service cannot otherwise be determined. The MTF will use the hospitalization period for diagnostic purposes only, and will not correct disqualifying defects. Reference (a) applies.

b. Applicants who suffer injury or acute illness while awaiting or undergoing processing at Navy and USMC facilities or MEPS may be furnished emergency medical and dental care, including emergency hospitalization, for that injury or illness.

6. Caregivers

a. Per reference (ab), AD Service members who incur a serious injury or illness on AD that may render the member medically unfit to perform his or her duties, may designate a family member or non-family member as his or her caregiver. While supporting the member's care at the MTF, caregivers who are not eligible beneficiaries entitled to MHS benefits, are authorized inpatient and outpatient medical care in the MTF on a space available, reimbursable basis. The provision of care must not interfere with the MTF's primary mission.

b. Caregivers must be placed on invitational orders, identified as a non-medical attendant, or receiving per diem payments from DoD in order to qualify for the benefit. Authorization for care terminates for the caregiver when the above specified criteria cease to be met.

c. Upon ID of a Service member recovering from a serious injury or illness, the department head of patient administration will ensure written designation of a caregiver by the Service member, or MTF ethics committee if the Service member is unable to provide designation, is obtained and a copy maintained on file. Proper notification will be made to the Service Personnel Casualty Office. Required documentation regarding the caregiver and their need at the bedside will be provided to ensure prompt issuance of orders per MILPERSMAN 1770-230. In addition, MTFs will capture medical care cost data using patient category "K99, sub-category B, patient not elsewhere classified," unless a more applicable patient category code is identified. Operational Forces Medical Liaison personnel will render support to assist designated caregivers in ensuring lodging and food arrangements are made, and to assist with the prompt resolution of other issues. The goal is to ensure the caregiver's attention remains focused on supporting the Service member's needs.

d. MTFs will track patient encounters and costs, and pursue cost recovery of care provided to caregivers through the third party collections program. Caregivers will not be billed for medical costs not covered by their private health insurance or other third party payers.

7. Civilian Emergencies

a. In an emergency, any person is authorized care in Navy MTFs to prevent undue suffering or loss of life or limb. Care will be limited to that necessary only during the period of the emergency. If further treatment is indicated, initiate action to transfer the patient to a private physician or civilian treatment facility as soon as possible. Charges for medical care will be at the full reimbursable rate.

b. Civilians treated during a declared state of emergency will not be charged for outpatient care and charged only the subsistence rate if they are provided inpatient care.

8. Employees of Federal Contractors and Subcontractors

a. Per references (l) and (ac), DoD contractors and employees of defense contractors may be authorized care in MTFs. For specific eligibility guidance, consult with the Service contracting officer and review the contract terms as there are many variations in care provided to contractors, depending on the contractors' support role.

b. Contractors employed in the United States are authorized MTF emergency care associated with employment related accidents or injuries. Contractors in the United States are also authorized evaluations at MTFs to determine fitness for employment or compliance with

occupational requirements, unless otherwise stipulated under an agreement between the contracting company and the employee as a medical requirement for employment, and not related to the MHS.

c. Contractors employed outside the United States, and their accompanying family members, may receive hospitalization and necessary outpatient services in MTFs outside the United States on a fully reimbursable basis when facilities are not otherwise available in reasonably accessible and appropriate non-Federal facilities. Routine dental care, other than dental prosthesis and orthodontia, is authorized on a space available basis provided facilities are not otherwise available in reasonably accessible and appropriate non-Federal facilities.

d. Defense contractors are responsible to provide medically, dentally, and psychologically qualified contingency contractor personnel for deployment outside the United States. Contingency contractor personnel must undergo a medical and dental assessment within 12 months prior to arrival at the designated deployment center. The contingency contractor personnel's own physician shall complete medical and dental requirements prior to arrival at the deployment center, unless otherwise specified in the contract. Unless otherwise stated in the contract, all pre-, during-, and post-deployment medical evaluations and treatment are the responsibility of the contractor.

e. Contracts shall require contingency contractor personnel to complete a pre-deployment health assessment in the Defense Medical Surveillance System (DMSS) at the designated deployment center or Government-authorized contractor-performed deployment processing facility. These assessments will only be used by the DoD to accomplish population-wide assessments for epidemiological purposes, and to help identify trends related to health outcomes and possible exposures. They will not be used for individual purposes in diagnosing conditions or informing individuals they require a medical follow-up. Diagnosing conditions requiring medical referral is a function of the contractor.

f. Contracts shall require contingency contractor personnel to complete a post-deployment health assessment in DMSS at the termination of the deployment (within 30 days of redeployment).

g. HIV testing is not mandatory for contingency contractor personnel unless the country of deployment requires it. If required, HIV testing shall occur within 1 year before deployment.

h. For ID of remains purposes, contingency contractor personnel who are U.S. citizens shall obtain a dental panograph and provide a specimen sample suitable for DNA analysis prior to or during deployment processing. Contractor personnel processing through a deployment center will have a sample collected and forwarded to the Armed Forces Repository of Specimen Samples for the ID of Remains for storage.

i. Deploying contingency contractor personnel shall receive all required immunizations before completing the deployment process. The Government shall provide military specific vaccinations and/or immunizations (e.g., anthrax, smallpox) during deployment processing. Contingency contractor personnel, however, shall obtain all other immunizations (e.g., yellow fever, tetanus, typhoid, flu, hepatitis A and B, meningococcal, and tuberculin (TB) skin testing) prior to arrival at the deployment center. A TB skin test is required within 3 months prior to deployment.

j. Theater-specific medical supplies and force health protection prescription products will be provided to contingency contractor personnel on the same basis as they are to AD Service members. Other than force health protection prescription products, contingency contractors shall deploy with a minimum 90 day supply of any required medications obtained at their own expense. MTFs outside the United States and deployed medical units will not be able to provide or replace many medications required for routine treatment of chronic medical conditions, such as high blood pressure, heart conditions, and arthritis. Contingency contractor personnel shall review both the amount of the medication and its suitability in the foreign area with their personal physician, and make any necessary adjustments before deploying. The deploying contractor will be responsible for the re-supply of required medications.

9. Former Service Members Whose Military Records are Being Considered for Correction. Former Service members who require medical evaluation in connection with consideration of their case by the Army, Navy, or USAF Board for Correction of Military Records are authorized evaluation, including hospitalization when necessary, in Navy MTFs.

10. Other Civilians

a. The following civilians who are injured or become ill while participating in Navy and USMC sponsored sports, recreational or training activities may be provided care at Navy MTFs on an emergency basis until such time as an appropriate disposition can be made to another source of care:

- (1) Members of the Naval Sea Cadet Corps.
- (2) Junior ROTC Cadets.
- (3) Civilian athletes training or competing as part of the U.S. Olympic effort.
- (4) Civilians competing in Navy or USMC sponsored competitive meets.
- (5) Members of Little League teams and Youth Conservation groups.
- (6) Boy Scouts of America and Girl Scouts of America.

b. The following civilians who are contracted to provide direct services to the uniform services and who are acting under orders issued by DoD or one of the military departments to visit military commands overseas, and their accompanying family members, may be provided medical care in Navy MTFs outside the United States provided local civilian facilities are not reasonably available or are inadequate. Limit inpatient care to acute medical and surgical conditions exclusive of nervous, mental, or contagious diseases, or those requiring domiciliary care. Routine dental care, other than dental prosthesis and orthodontia, is authorized on a space available basis outside of the United States, provided care is not otherwise available in reasonably accessible and appropriate non-Federal facilities:

- (1) Civilian representatives of religious groups.
- (2) Educational institutions representatives.
- (3) Athletic clinic instructors.
- (4) United Services Organization representatives.
- (5) Celebrities and entertainers.
- (6) Social agencies representatives.

c. News correspondents, commercial airline pilots, and airline employees are authorized emergency medical and dental care in Navy MTFs outside the United States provided local civilian facilities are not reasonably available or are inadequate.

d. Volunteer workers, excluding ARC volunteers, may receive care in Navy MTFs for injuries or diseases incurred in the performance of duty as beneficiaries of OWCP. If such volunteers are sponsored by an international organization or by a voluntary nonprofit relief agency registered with and approved by the Advisory Committee on Voluntary Aid, they may receive other necessary nonemergency medical care and occupational health services while serving outside the United States.

11. Persons in Military Custody and Non-military Federal Prisoners

a. Per reference (ad), military prisoners whose punitive discharges have been executed, but whose sentences have not expired are authorized medical and dental care in a MTF. Supplemental care funds may be used to purchase civilian care or durable medical equipment.

b. Military prisoners whose punitive discharges have been executed and who require hospitalization beyond expiration of sentences are not eligible for care, but may be hospitalized as civilian humanitarian non-indigents until final disposition can be made to some other appropriate facility.

c. Military prisoners on parole pending completion of appellate review or whose parole changes to an excess leave status following completion of sentence to confinement while on parole are members of the military service and are authorized care in MTFs on the same basis as any other AD Service members.

d. Military prisoners on parole whose punitive discharge has been executed, and are not members of the military Service, are not entitled to care at Government expense. If the circumstances are exceptional, individuals who are not authorized care may request SECDES status.

e. Non-military Federal prisoners are authorized only emergency medical care. When such care is being provided, the institution to which prisoners are sentenced must furnish necessary guards to effectively maintain custody of prisoners and assure the safety of other patients, staff members, and residents of the local area. Under no circumstances will military personnel be voluntarily used to guard or control such prisoners. Upon completion of emergency care, arrangements will be made for immediate transfer of the prisoners to a non-MTF or for return to the facility to which sentenced.

f. Enemy prisoners of war and other detained personnel are entitled to, and may be provided, all necessary medical and dental care in Navy MTFs.

12. Citizens of Pacific Island Nations. Per reference (ae), citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are eligible to receive inpatient and outpatient care in Navy MTFs when they are referred by Government authorities responsible for provision of medical services in their respective countries. Care shall be provided on a space available basis and billed at the interagency rate. Reference (ak) is located at: <http://www.gpo.gov/fdsys/pkg/USCODE-2013-title48/pdf/USCODE-2013-title48-chap18-subchapI-partB-sec1921.pdf>.

SECTION 10

**ENROLLMENT OF ACTIVE DUTY SERVICE
MEMBERS IN TRICARE PRIME**

1. TRICARE Prime Enrollment

a. Per references (b) and (af), AD Service members will be enrolled to TRICARE Prime or TRICARE Prime Remote. The Managed Care Support Contractor (MCSC) of each TRICARE region is responsible for processing the enrollments of all AD Service members per the criteria outlined in the Memorandum of Understanding (MOU) between the MCSC and the MTF or TRICARE Regional Office (TRO) and TRICARE Area Office (TAO). AD Service members within the MTF's Prime Service Area (PSA), and meeting the following criteria, will be enrolled to a Defense Medical Information System (DMIS) ID code specific to the MTF (hospital or clinic), and assigned to PCM team who will be responsible for providing care. These include:

(1) AD Service members who are not in an initial entry training or student status (179 days or less).

(2) AD Service members who are not assigned to operational forces units with organic medical assets.

(3) AD Service members who are not, or will not be, assigned to TRICARE Prime Remote areas.

2. Training/Student Enrollment

a. Service members in their initial entry training (e.g., recruit training, officer candidate school, etc.) are not enrolled in TRICARE Prime. These members will remain in a non-enrolled status until either they arrive at their first permanent duty station or begin training at a school lasting more than 179 days, at which time they will have to take appropriate action to enroll in TRICARE Prime.

b. Service members who are attending military Service schools for training lasting more than 179 days will be enrolled to the nearest MTF and assigned the appropriate MTF DMIS ID code, as well as, assigned to a PCM and/or Team. Service members attending service school training for 179 days or less may be enrolled to the nearest MTF. Upon arrival to their permanent duty station, AD Service members need to transfer their TRICARE Prime enrollment assignment to their new location (MTF and/or region).

3. TRICARE Prime Remote (TPR). AD Service members may only enroll with a civilian PCM and/or Team under the rules applicable to TPR. In general, eligible TPR beneficiaries must reside and work outside a 50 mile radius or approximately 1 hour's travel time from a MTF to

be eligible for enrollment with a civilian PCM and/or Team. A TPR AD Service member may be enrolled to a network provider if one is available. If there is no network provider available, they can seek primary care from any TRICARE authorized provider. Additional information on TPR is available at: <http://www.tricare.osd.mil/tpr/>.

4. Operational Forces Enrollment. Operational forces enrollment pertains to AD Service members assigned to Navy and USMC operational units having their own organic medical personnel (medical asset assigned to operational units, funded by the Line and staffed with at least an Independent Duty Corpsman). This includes afloat personnel and personnel assigned to USMC operational platforms. AD Service members assigned to an operational unit are enrolled in TRICARE Prime. They are enrolled to the appropriate Operational Forces DMIS ID affiliated with a parent MTF.

5. TRICARE Overseas Program (TOP)

a. Per reference (af), TOP Prime and TOP Prime Remote are available to AD Service members in overseas locations. TOP Prime enrollees will typically be enrolled to a MTF PCM and/or Team, but enrollment to a host nation PCM and/or Team may be authorized when MTF capacity is reached. TOP Prime Remote enrollees will be enrolled to a remote DMIS ID with assignment to a host nation PCM and/or Team or to the TOP contractor, according to specific regional enrollment procedures as identified in the contractor or TAO MOU.

b. Enrollment in TOP Prime and TOP Prime Remote may occur at any time after TOP eligibility has been established, and normally remains effective during the overseas tour of the AD Service member.

6. Enrollment of RC Members. Per reference (ag), RC members called or ordered to AD for more than 30 days, or who are issued delayed-effective AD orders for more than 30 days in support of a contingency operation (early eligibility) are entitled to TRICARE-covered health and dental services on the same basis as AD Service members. Activated RC members living within the MTF's PSA will be enrolled to a DMIS ID code specific to the MTF and assigned to a PCM team who will be responsible for providing care. Reference (ag) is located at: <http://www.health.mil/Policies?daterange=2010-2015&query=10-007>.

7. Enrollment of AD Service Members on Terminal Leave

a. Per reference (ah), AD Service members in a terminal leave status will remain enrolled in TRICARE Prime at their final duty station to ensure the member remains fit for discharge until their separation or retirement date. Any significant changes in health status during the terminal leave period can affect the final separation date.

b. AD Service members are required to report changes in their medical status to their transition point personnel and their TRICARE Prime enrollment site. AD Service members enrolled in TPR will report changes to the Navy point of contact at the DHA, Reserve and Service Member Support Office (RSMSO). The telephone number for RSMSO is 1 (888) 647-6636.

c. AD Service members in need of urgent care must continue to receive a referral and authorization from the PCM or PCM team at their final duty station, or RSMSO if enrolled in TPR. Routine medical care must be pre-authorized between the AD Service member and his or her MTF of enrollment or RSMSO.

d. AD Service members on terminal leave may be seen in a DoD MTF regardless of the AD Service member's Service affiliation or enrollment location. AD Service members on terminal leave have first priority for care over all other beneficiary categories, regardless of which DoD MTF they seek care with.

e. TRICARE overseas AD Service members on terminal leave and remaining overseas who require urgent medical care in the overseas civilian network must first secure a referral and authorization from the MTF where they are enrolled. If the AD Service members are located away from the MTF, they should contact the TOP contractor, International SOS Assistance, Inc.

f. TRICARE overseas AD Service members on terminal leave traveling or returning stateside should contact International SOS at 1-877-451-8659.

8. Enrollment of AD Service Members in Appellate Leave Status

a. AD Service members on appellate leave remain eligible for MHS benefits. AD Service members remain enrolled in TRICARE Prime until their separation or retirement date. AD Service members on appellate leave will need to be enrolled into TRICARE Prime and/or their enrollment transferred to facilitate routine care. AD Service members should be enrolled at the closest MTF to their appellate leave address.

b. If there is a MTF of another Service that is closer to the member's leave address, MTFs will facilitate transfer of enrollment and medical records between the gaining and losing MTF. In the event transfer of enrollment cannot be accomplished, and remaining at a Navy MTF places an undue hardship on the AD Service member due to driving times and/or distances, MTFs will contact their NAVMED regional TRICARE operations staff to assist with the transfer to another Service's MTF.

c. MTFs may find it necessary to enroll and transfer enrollment of non-compliant AD Service members on appellate leave without the member's permission or without them completing a DD Form 2876, Tricare Prime Enrollment, Disenrollment, and Primary Care Manager Change (PCM) Form. In this event, NAVMED regional commanders will approve the transfer of enrollment and provide any necessary oversight and liaison between the respective MCSCs, TRO(s), or with other Services' MTFs.

SECTION 11

POLICY AND GUIDANCE

1. Cosmetic Surgery

a. Per reference (ai), cosmetic surgery is permitted on a limited basis in Navy MTFs. It is not a covered benefit under TRICARE. Reference (ai) is located at:

<http://www.health.mil/Policies?query=05-020&daterange=2005-2009>.

b. Cosmetic surgery is defined as any elective plastic surgery performed to reshape normal structures of the body in order to improve the patient's appearance or self-esteem.

c. Cosmetic surgery procedures may be performed on a space-available basis only, and cosmetic surgery procedures may not exceed 20 percent of any privileged provider's case load.

d. Cosmetic surgery procedures will be restricted to TRICARE-eligible beneficiaries, including TRICARE for Life, who will not lose TRICARE eligibility for at least 6 months. AD personnel undergoing cosmetic surgery procedures must have written permission from their unit commander.

e. All patients, including AD personnel, undergoing cosmetic surgery procedures must pay the surgical fee, plus any applicable institutional and anesthesia fee, for the procedures per the fee schedule published annually by the Office of the Secretary of Defense Comptroller. Additionally, the patient must reimburse the MTF for any cosmetic implants.

f. Only privileged staff and residents in the specialties of plastic surgery, otorhinolaryngology, ophthalmology, dermatology, and oral-maxillofacial surgery may perform cosmetic surgery procedures. This restriction excludes the excision or destruction of minor benign dermatologic lesions, which may be performed by qualified and privileged providers in any specialty. Civil service providers in these specialties may perform cosmetic surgery procedures only if they are employed full-time by the MTF with no other opportunity to maintain their skills in cosmetic surgery. Waivers to the previous restrictions can only be granted by the respective Service Surgeon General. Providers contracted to perform medically necessary surgery are not to perform cosmetic surgery procedures.

g. There will be no discrimination in patient selection based on rank of the patient or the rank of the sponsor.

h. Cosmetic surgery cases shall not be performed if they would cause other medically necessary and/or reconstructive surgery cases to be cancelled, rescheduled, or sent to the managed care contractor support network.

i. Patients who undergo cosmetic surgery procedures in the MTF must be permitted to obtain necessary post-operative care within the MTF unless the care required exceeds MTF capabilities. All cosmetic surgery patients must be informed prior to surgery that the availability of long-term follow-up, including revision surgery, is not guaranteed in the direct care system. Complications of cosmetic surgery procedures are excluded from coverage under TRICARE. The patient must acknowledge this disclosure and a copy of the signed acknowledgement must be documented in the patient's medical record.

j. MTF COs are responsible for ensuring this policy is implemented in their MTFs and for regular monitoring and evaluation of this policy. The Services have primary responsibility for accountability audits of MTFs and adherence to this policy, including audits of collection for cosmetic surgery procedure fees.

k. The DHA will conduct periodic DoD-wide accountability audits of MTFs performing cosmetic surgery procedures for adherence to this policy, including audits of collection for cosmetic surgery procedure fees.

2. Domiciliary, Custodial, and Residential Treatment Program Care

a. Domiciliary and custodial care is provided to those individuals who require help in meeting the normal activities of daily living.

b. Residential Treatment Program care is normally care provided to individuals who require specialized inpatient or outpatient treatment.

c. Navy MTFs do not provide long-term domiciliary and custodial care nor Residential Treatment Program services.

3. Elective Care Guidelines for AD and RC Service Members Pending Separation, Retirement, or Referral to the Physical Evaluation Board

a. NAVMED has reviewed practices associated with the delivery of care and treatment as compared to the trend of elective care performed on Active and Reserve personnel that have an impending separation date or whose case is being evaluated by the Physical Evaluation Board. Elective care during this period may delay a Service member's transition to the civilian sector and affect the accuracy and efficiency of disability and compensation determination of our wounded, ill, and injured Service members.

b. Elective care, to include self-referred non-emergent care (inpatient or outpatient) is defined as medical, surgical, or dental care that, in the opinion of professional authority, could be performed at another time or place without jeopardizing the patient's life, sight, limb, health, or well-being. The ultimate decision to pursue a course of care should be based solely upon the

patient's medical condition(s). What constitutes elective care is a clinical decision that must be determined on a case-by-case basis and is in concert with NAVMED's foundational values of patient and family-centered care.

c. When differences of opinion occur among clinicians as to whether care is elective in nature, it is appropriate to involve the chain of command of the MTF. Senior clinical judgment, including specialty leaders or second and/or third opinions should be solicited in instances of doubt or disagreement. Predicated on respective command policies, the senior medical officer, the chief of the clinical staff and/or the Convening Authority for Medical Evaluation Boards (i.e., the CO) should be consulted.

d. The treating physician must remain the patient advocate and base all treatment decisions on the patient's best interest. In consonance with appropriate clinical management, non-elective surgery should be completed prior to the Medical Evaluation Board report submission to facilitate comprehensive case adjudication by the Physical Evaluation Board. The provider must communicate with the MTF patient administration department to ensure the patient, his or her parent command, the Physical Evaluation Board, and the respective Service headquarters remain constantly apprised of the patient's status, particularly regarding any attempt to retain the patient on AD beyond the previously enacted separation or retirement date.

e. The Integrated Disability Evaluation System (IDES) is the appropriate referral source for determination of fitness for continued naval service. Individuals who have complications resulting from an elective procedure will not be referred into the IDES as a "fit to separate" status at the time of retirement or separation does not indicate the service member is devoid of any medical conditions, but rather the absence of a service-connected disability condition meriting referral to the Physical Evaluation Board, or the Service member satisfactorily meets retention standards. Each MTF should establish procedures to ensure comprehensive and timely completion of Medical Evaluation Board Report requirements. Internal procedures must incorporate the ability to amend the Medical Evaluation Board report when clinical conditions change. Notification procedures in the case of RC personnel on medical hold orders must follow guidelines stated in NAVADMIN 056/08. NAVADMIN 056/08 is available at: <http://www.public.navy.mil/bupers-npc/reference/messages/Documents/NAVADMINS/NAV2008/NAV08056.txt> for Navy Reserve personnel or MARADMIN 259/04 for USMC Reserve personnel. MARADMIN 259/04 is available at: <http://www.marines.mil/News/Messages/MARADMINS/tabid/13079/Year/2004/Page/11/Default.aspx>.

f. For reservists, the usual entitlement to care following the date of discharge includes eligibility for DVA health care benefits for all Service members under mobilization orders. For those cases in which it cannot be asserted that a patient's condition represents a potential disability that mandates referral to the Physical Evaluation Board, the provider must conscientiously determine whether all care can appropriately be rendered prior to the member's

projected date of discharge. When there is uncertainty about medical coverage following release from AD for a member of the RC, it is prudent to discuss any proposed elective course of therapy with the NPC (PERS-95) senior medical officer, the USMC Reserve Wounded Warrior Regiment senior medical officer, or the RC Command Medical Director prior to pursuing the recommendation.

g. In cases involving a member's pending retirement and request for elective care, the requirement to maintain the member on AD is not compelling in many cases, as retirees still have Federally-mandated access to care within the direct care infrastructure of the MHS. Only in those cases where the prospective retiree can assert an impact on any potential disability determination status based on a recommended elective care course, should consideration of retention on AD be entertained.

4. Elective Civilian Surgery and Medical Care for AD Service members

a. The MHS is the means by which AD Service members will receive medical and dental care. When it becomes known that an AD Service member plans on receiving non-emergency medical care from a non-Federal source without prior approval, the Service member must be counseled by, or in the presence of a medical department representative, as to the consequences of such an action.

b. Counseling should include the member signing a statement on a SF 600, Chronological Record of Medical Care, which reflects the intended episode of civilian medical or dental care. The statement must specify that counseling has been accomplished and the member understands the significance of receiving unauthorized civilian health care. This must be accomplished when either personal funds or third party insurance funds are intended to be used to defray the cost of care.

c. Counseling will include, but is not limited to the following:

(1) Availability of care from a MTF.

(2) The requirement for prior approval if the AD Service member expects the Government to defray any of the cost of such care.

(3) Information regarding possible compromise of military disability benefits should there be an adverse outcome.

(4) Lost time arising from hospitalization that should become necessary, or other time lost from the member's place of duty, may be chargeable as ordinary leave.

(5) Notification that the Government cannot be responsible for out-of-pocket expenses, which may be required by the insurance carrier, or when the member does not have insurance, which would normally cover the cost of contemplated care.

(6) Direction to report to the member's PCM upon completion of treatment for determination of the member's fitness for continued service.

(7) The requirement to provide medical documentation of treatment for inclusion in the member's Service medical record.

d. The counseling form (SF-600) should allow the Service member to initial each item discussed indicating the member's acknowledgment and understanding. The SF 600 should be signed by the Service member and counselor with appropriate identifying information including printed names, rank, position, and unit. The SF 600 should also be signed by a witness to the counseling with the appropriate identifying information.

e. Should it become known that a member has already received medical or dental care outside of the MHS without prior approval, the AD Service member should be referred to his or her PCM to determine fitness for duty. The AD Service member should also be counseled on the following:

(1) Care may have been available from a MTF.

(2) The AD Service member should have requested prior approval and the Government will not pay any costs of such care.

(3) Military disability benefits will not be rendered should an adverse outcome occur.

(4) Any lost time from the member's place of duty resulting from the care may be charged as leave.

(5) The requirement to provide medical documentation of treatment for inclusion in the member's Service medical record.

(6) Direction for the member to provide all clinical documentation to the PCM upon completion of treatment for determination of the member's fitness for continued service.

5. Medical Cognizance of Hospitalized Navy and USMC AD Service members

a. Per reference (aj), Navy and USMC AD Service members and activated reservists have the primary responsibility, if medically able, to notify their parent command or the nearest military authority to provide parent command notification in the event of an admission to a civilian facility or non-naval MTF.

b. Any military command which first learns of an unplanned non-naval hospitalization of an AD Service member shall contact the patient's parent command and nearest Navy MTF. The contacted Navy MTF will relay all pertinent patient information to their appropriate NAVMED region patient administration department office.

c. If an AD Service member is hospitalized in a civilian facility, the MCSC is responsible for notifying the MTF where the AD Service member is TRICARE enrolled. Civilian hospitals will generally notify the TRICARE regional contractor or the closest MTF when an AD Service member is admitted to their facility. The MTF of enrollment has primary case management responsibility, including authorization of care and patient movement for all civilian hospitalizations. For AD Service members who are enrolled to TPR, officials at RSMSO should be notified. RSMSO shall contact the nearest MTF and assist the regions in coordinating medical cognizance of the member. The contacted MTF shall communicate any AD Service member's admission to their respective NAVMED region.

d. AD Service members who are TRICARE Prime enrolled to a MTF outside the United States are not case managed by the TOP contractor. The enrolling MTF has responsibility for case management and referral management regardless of the location of the civilian admission.

e. The NAVMED region patient administration department will ultimately coordinate, track, and assign medical cognizance for Service members and activated reservists in their respective geographic areas for non-naval hospitalizations and medical evacuations. If the Service member is hospitalized within the MTF's known medical cognizance AOR, the respective MTF automatically has responsibility. However, once medical cognizance is assigned to, and accepted by a MTF, the MTF is now required to manage and track the specific details related to the patient within their respective AOR. The MTF is still required to provide updates to its NAVMED region patient administration department office, but those updates are now for general oversight purposes.

f. Responsibilities of the MTF with primary medical cognizance entail administrative control of the patient and include reporting, monitoring, assigning secondary medical cognizance if necessary, and disposition of members from non-Naval MTFs. Monitoring is most critical and involves frequent status checks to ensure the needs of members and their families are being met.

6. Refusal of Treatment. Members are responsible for their actions if they refuse treatment or act against medical advice when a condition or defect is remediable and/or interferes with the member's performance of duty. The member will be counseled by the attending physician and a patient administration department representative on the implications of the Manual of the Medical Department (MANMED), article 18-15, and must sign a statement to this effect.

7. Second Opinions. Patients are entitled to a second opinion for care and treatment if requested. Patients requesting a second opinion should be informed they are usually

accomplished through another provider or specialist in the same facility. If no other provider or specialist exists within the MTF, the patient will be referred to another military MTF within the same geographic area. Patients requesting a specific provider or facility (military or civilian) will be considered by the MTF CO on a case-by-case basis.

8. Responsibilities of the CO. The CO of a Navy MTF will:

- a. Be responsible for the care and treatment of each beneficiary receiving care within his or her facility.
- b. Determine which eligible beneficiaries are authorized care in the facility.
- c. Supervise care and treatment, including the ID of recognized professional procedures justified by a business case analysis.

9. Sick in Quarters (SIQ). An AD Service member is in this status when excused from duty for treatment, or "medically directed" self-treatment, in home, barracks, or other non-MTF. The length of time an individual may be placed in this status by a provider should normally be no greater than 72 hours. This status may be extended to a maximum period of 14 days when medically directed. SIQ status should be used when the disease or injury does not require inpatient care to return the patient to a full or limited duty status in the shortest period of time, but the condition is such that the member should not return to duty immediately. Patients should be instructed to return for reevaluation within 24 hours after being placed in SIQ status, or report by telephone after 24 hours when the injury or illness prevents the member from returning after 24 hours.

10. Special Liberty for Inpatient AD Service members

a. Special liberty is a period of authorized absence while still in an inpatient status. Criteria include:

- (1) Must not exceed 72 hours.
- (2) Must be approved by a medical officer.
- (3) Generally limited to:
 - (a) Mental Health patients as part of the rehabilitation.
 - (b) Chemotherapy inpatients visiting their families.
 - (c) Patients receiving ancillary tests or therapies.

b. Special liberty should be used for inpatient AD Service members when a provider determines the patient needs to be retained in an inpatient status, but is required to leave the facility as part of his or her rehabilitation and treatment. The patient will return to the facility and resume their inpatient status.

c. Further clarification of the examples above include: Behavioral health therapy where an inpatient is permitted time outside the MTF for a few hours as part of therapy, and returns as an inpatient; oncology patients spending time at home, but are still an inpatient; or, when a patient must be transported to another facility for ancillary tests or therapies.

d. For patient health record purposes, when an inpatient is in a special liberty status, the attending provider is still required to manage the care and add summary notes.

11. Transfer of AD Service Members

a. If an AD inpatient needs to be transferred to a civilian inpatient facility, and the provider has no intention of returning the AD Service member to an inpatient status at the MTF, the AD Service member should be “discharged” in CHCS, or any electronic system replacement, and the medical record closed out and prepared for coding. Do not place the patient in a subsistence out status in CHCS. The record should be closed out and should only include care rendered in the MTF.

(1) In order to “discharge” the AD Service member to a non-Federal civilian facility in CHCS, a work around must be done. CHCS does not have the capability to discharge an AD patient to a non-Federal facility. When discharging an AD Service member to a civilian facility, the AD Service member must be discharged to duty. Place notes into CHCS that the patient was transferred to a civilian facility when the patient will not return to the MTF as an inpatient. The patient can, however, be discharged and transferred to another MTF or Federal facility.

(2) Do not confuse Navy’s process with the Army or USAF process. The Army and USAF admit and discharge the patient to an absent status and track through CHCS when the AD Service member is transferred to a civilian facility. Absent status allows accounting for the admission, but does not accumulate bed days in CHCS.

b. Navy MTFs shall utilize officials at the DHA, RSMSO, 1-888-647-6636, and/or case managers to track AD Service members in civilian facilities until they are discharged or transferred.

12. Notifications

a. Navy MTFs will make the following notifications upon admission or diagnosis of individuals as specified in this section. The provisions of this paragraph supplement, but do not supersede, guidance established in MILPERSMAN 1301-010; 1306-1600; 1770-030; 1770-090;

1770-170; 1770-180; 1770-230; NAVADMIN 090/15; MCO 3040.4, Marine Corps Casualty Assistance Program; MCO 6320.2E, Administration and Processing of Injured/Ill/Hospitalized Marines; and MARADMIN 752/07.

b. Privacy Act. The right to privacy of individuals for whom hospitalization reports and other notifications are made will be safeguarded as required by the Privacy Act, implemented in the Department of the Navy by SECNAVINST 5211.5E, U.S. Navy Regulations, the Manual of the Judge Advocate General (JAGINST 5800.7F), and the MANMED.

c. HIPAA. HIPAA compliance must be adhered to under this instruction. DoD 6025.18-R, prescribes the uses and disclosures of protected health information (PHI) and shall be followed.

d. AD Service members

(1) Notification of Member's Command. The MTF CO is responsible for notifying each member's command under the conditions listed below. MTFs must ensure that copies of notifications and updated status reports are forwarded to appropriate codes at NPC or CMC as required by guidance listed in paragraph 12a of this instruction. Coordinate admission notifications of other uniformed Service members with the appropriate Service liaison officer.

(a) Direct Admissions. Upon direct admission of an AD Service member, the patient administration department or designated after hours officer is responsible for preparation and release of patient information reports. If the patient is attached to a local command, initial notification may be made by telephone for emergent situations.

(b) Personnel Casualty Report (PCR) Requirement. A PCR will be submitted to the respective Service casualty office when a Navy or USMC AD Service member's condition warrants placement on the seriously ill/injured (SI) list or very seriously ill/injured (VSI) list; when the Service member is considered terminally ill; when the Service member has demonstrated suicide related behaviors which resulted in placement on the SI or VSI, or when the Service member is not considered seriously wounded, ill, or injured but injuries were incurred in-theatre. The member's Command is required to submit the PCR as soon as practicable after the change in condition, preferably within 4 hours. Navy MTFs will coordinate submission of the PCR with the member's Command. If the member's Command is not known or is not within the general vicinity of the MTF, MTF officials may be required to submit the PCR.

(c) Submission of the PCR. Guidance regarding submission of the PCR is available in MILPERSMAN 1770-030 and 1770-230, and MCO 3040.4. The PCR will be submitted to the Navy Casualty Assistance Branch (PERS-13), or USMC Casualty Section, Military Personnel and Recreation, Personal and Family Readiness Division (MFPC), respectively, using the Web-based Defense Casualty Information Processing System (DCIPS). The DCIPS Web

sites are: <https://dcsa.hrc.army.mil/pcr>, <https://dcsb.hrc.army.mil/pcr>, <https://dcsd.hrc.army.mil/pcr>, and <https://dcsd.hrc.army.mil/pcr>. Questions regarding submission of the PCR should be addressed to Navy Casualty at DSN 882-2501, commercial (901) 874-2501, and toll-free 1 (800) 368-3202. USMC Casualty telephone numbers are DSN 278-9512, commercial (703) 784-9512, and toll-free 1 (800) 847-1597.

(2) Notification of Primary Next of Kin (PNOK)

(a) Admitted Members. As part of the admission procedure, encourage all patients to communicate expeditiously and regularly with their PNOK. Do not start the process if the patient specifically declines or opts out of such notification or it is clear the PNOK already has knowledge of the admission. DD Form 2870, Authorization for Disclosure of Medical or Dental Information, shall be used by patients to consent to the release of PHI.

(b) Navy Personnel. Per MILPERSMAN 1770-230, the member's CO will ensure notification is made to the PNOK for Navy AD Service members who are SI, VSI, terminally ill, or have a serious mental disorder. Patient administration department personnel will follow-up with the member's command to ensure PNOK notification has been made.

(c) USMC Personnel. When USMC personnel are admitted, initiate the following notification procedures:

1. In the United States. The commander of the unit or activity to which the casualty member is assigned is responsible for initiating notification procedures to the PNOK of SI or VSI for injured USMC personnel. Patient administration department personnel will communicate with the appropriate command or activity when such personnel are admitted. Patient administration department officials will notify the Marine's command and request that cognizance be assumed for in-person initial notification of the PNOK of USMC patients admitted with an incapacity that makes personal and timely communication impractical, and for those arriving via the medical air-evacuation system. If a member's command is unknown or cannot be contacted, inform MFPC at DSN 278-9512, commercial (703) 784-9512, or toll-free 1 (800) 847-1597.

2. Outside the United States. Make casualty notification for USMC personnel hospitalized in Navy MTFs outside the United States to the individual's command. If the command is unknown or not located in close proximity to the MTF, notify the USMC Casualty Section (MFPC). If initial notification to the individual's command is made via message, make CMC (MFPC) an information addressee.

(d) Other Uniformed Services Patients. Establish liaison with other uniformed services to assure proper notification upon admission or diagnosis of AD Service members of other Services.

(e) Non-AD Patients. At the discretion of the individual CO, PNOK guidance provided in paragraph 12d(2)(a) may be followed for admissions of non-AD patients.

e. AD and Retired Flag and General Officers. Upon admission of AD Flag and General officers, MTFs will notify the officer's command and the respective NAVMED region command duty officer, NAVMED West at (619) 607-1004 or NAVMED East at (757) 240-0208. Notification of the admission of a retired Flag or General officer will only be made when the retiree provides written consent. Officials at the respective NAVMED regions will telephone the BUMED command duty officer at (202) 714-0131 and provide the following information:

(1) Initial Report. Include in the initial report:

- (a) Officer's name, grade or rank, SSN or DoD ID number, and designator.
- (b) Duty assignment in ship or station, or other status.
- (c) Admitting facility, date of admission, and admitting physician.
- (d) Prognosis and present condition: including if SI or VSI.

(2) Progress and Discharge Reports. Call frequency and content of progress reports will be at the discretion of the MTF CO. However, promptly report changes in condition or status. Provide a discharge of hospitalization report for informational purposes.

13. Congressional Notification of MTF Admission of Service members from a Theater of Combat

a. Reference (a) mandates the Services notify appropriate Members of Congress when a Service member within their constituency is evacuated from a theater of combat and admitted to a MTF in the United States. Congressional notification will be provided only with the consent of the Service member. In the case of a member who is unable to provide consent, information and consent may be provided by the member's PNOK as designated in the service record. The congressional notification requirement also applies to Navy Service members assigned to operational commands either in or outside of a theater of combat, and admitted to a MTF in the United States.

b. COs of MTFs in the United States will ensure Service members admitted to their facility from a theater of combat, and Navy Service members from an operational command, be provided an opportunity to consent to the release of PHI within 24 hours of admission using DD Form 2870. Service members will also be informed of the HIPAA and their right to withdraw any prior consent to release PHI. Unless the Service member specifically declines notification of the PNOK, the member's PNOK will be contacted and informed of the member's admission prior to congressional notification.

c. Congressional notification of USMC Service members and Navy Service members assigned to USMC commands who are evacuated from a theater of combat will be conducted by USMC officials. MTFs will coordinate with their respective USMC liaison offices to ensure the appropriate consent and notification process for these Service members has been conducted.

d. Following notification of the Service member's PNOK, MTFs will provide an excel spreadsheet via encrypted e-mail to BUMED's Office of Legislative Affairs (BUMED-M00P) on a weekly basis, or more often if patients from theater have arrived within the last 24 hours. The spreadsheet should include the names of members requesting congressional notification, date admitted, battle or non-battle injury, member's Service, unit, pay grade, home of record, and whether a DD Form 2870 was completed. The spreadsheet should also include the number of members who declined congressional notification. Contact the Office of BUMED Legislative Affairs at: (703) 681-9044 (DSN 761) or <http://www.med.navy.mil/bumed/comms/Pages/default.aspx> for current e-mails to use for forwarding the spreadsheet. The BUMED Office of Legislative Affairs (BUMED-M00P) will ensure the appropriate Service congressional liaison receives the notification.

14. Patient Registration

a. MTF CO should ensure every effort is made to capture accurate information during the patient registration process. Procedures and monitoring should be in place to ensure zero patient registration duplications. To ensure patient duplications do not occur, a limited number of designated and trained staff should be identified as the personnel responsible for patient registration in the MTF. This includes full registration capability for the patient administration department's admissions and dispositions staff, mini registration for appointment clerks in centralized call centers, as well as mini registration for two to three (maximum) staff members at any one time for each outpatient clinic. Each staff member designated with full or mini registration capability should receive annual patient registration refresher training.

b. Changes to demographic information should be coordinated with the sponsor's servicing pay and personnel office(s), as appropriate, by a properly trained MTF patient registration clerk. Patients updating their demographic information in person should present their DoD ID Card. If needed, patients may update their demographic information via telephone. Verification of the patient's identity should be accomplished by asking for two forms of ID, birth date, and full name.

c. Additional processes should be implemented to ensure newborn patient registration duplications do not occur. This should be done through close coordination with admissions and dispositions, the member's sponsor, and the servicing pay and personnel office(s).

d. Each MTF shall have designated procedures to correct patient duplications should they occur. This involves a process to identify patient duplications which in turn creates a duplicate electronic medical record, establish procedures to merge the patient registration and duplicate

electronic medical records, and develop processes to avoid duplicate registration and patient records in the future. Some merging and corrections to electronic medical records may require support from the MHS help desk.

15. Patient ID Bands

a. Proper ID for patients receiving surgery, blood replacement, therapy, medication, and diagnostic examination is a requirement. The use of inpatient ID bands is a simple, inexpensive method of positive patient ID.

b. To ensure positive patient ID, secure an ID band to the left wrist of each patient at the time of admission. If medically impractical to use the left wrist, place the band on the right wrist, left ankle, or right ankle in that order.

c. ID items on the insert card of the band must include as a minimum:

- (1) Patient's full name.
- (2) Military status or relationship to sponsor.
- (3) DoD ID number.
- (4) Register number.
- (5) Date of admission.

16. Medical Warning Tags

a. A medical warning tag will be issued to any patient authorized to receive care in a Navy MTF when the attending physician determines a tag is indicated.

(1) A permanent, definitive diagnosis must be established for a condition which, if the patient were unable to give a history, would:

- (a) Render the normally indicated course of treatment dangerous.
 - (b) Delay proper treatment in the absence of a medical warning tag.
- (2) Examples of some conditions for which a tag should be issued are:
- (a) Allergic reaction to drugs or insect bites.
 - (b) Sensitivity to biological products or immunizing agents.

- (c) Convulsive disorders.
- (d) Diabetes mellitus.
- (e) Congenital heart disease.

(3) A tag must not be used solely to indicate the wearing of contact lenses. If a tag is made for other reasons, the presence of contact lenses may be noted on the tag.

(4) A medical warning tag must not be used for other purposes.

17. Procedures for Identifying Newborns

a. To assure that permanent, positive newborn ID records are created and appropriately recorded, all MTFs that perform labor and delivery services must adhere to record keeping and security procedures outlined in reference (ak). MTF personnel must follow ID Banding requirements and complete NAVMED 6320/11. Identify confirmation requirements must also be adhered to at delivery, during the newborn's and mother's hospitalization, and upon discharge or transfer from the MTF.

b. Include birth information in the certificate of live birth authenticated by the attending physician or other responsible person from a U.S. hospital or MTF. The same process applies to patients born overseas using the Consular Report of Birth Abroad, FS-240.

c. The certificate of live birth should be presented to the mother while still an inpatient. The mother and/or sponsor can use the certificate of live birth to enroll the newborn in DEERS at the local DoD ID card issuing office. Following enrollment in DEERS, the newborn can be enrolled in TRICARE Prime, TRICARE Prime Remote, or TOP Prime/Prime Remote. If the mother of a newborn leaves the hospital prior to presentation of the certificate of live birth, send a completed record of birth to the mother within 3 working days of discharge. Indicate the place (State or other jurisdiction of birth) where the legal birth certificate can be obtained. This is especially important for births occurring aboard ships, aircraft, and in foreign jurisdictions. Refer to reference (ak) for additional guidance.

18. Third Party Collection Program (TPCP). COs of Navy MTFs shall be responsible for implementing a TPCP. The program will identify those MTF patients with third-party payer plan coverage and aggressively pursue collection from a third-party payer to the fullest extent allowed by law. Reference (al) provides further guidance concerning the TPCP. The information collected in DD Form 2569, Third Party Collection Program/Medical Services Account/Other Health Insurance shall be used to collect reimbursement from private insurers for medical care provided to the Navy MTF patient.

SECTION 12

ACCESS TO CARE

1. Access to Care. Access to care for our beneficiaries is a top priority for the MHS and Navy Medicine. All beneficiaries enrolled in TRICARE Prime programs must be afforded access to care according to the standards provided in reference (b).

a. To be successful, the MTF COs must oversee the development and deployment of a well-researched, effective and efficient access plan that supports their beneficiary population's mission requirements and health care needs. MTF access processes will be reviewed during Navy Medical Inspector General visits.

b. MTF COs will use resources such as the MHS Guide to Access Success for managing beneficiary access to care, and the MHS Business Planning Tool to support development of an annual business plan. Additional resources such as MHS Insight and the TRICARE Operations Center can provide MTF COs and Access Managers with metrics and data to monitor access to care and patient satisfaction. Utilizing these tools will help MTF COs optimize their beneficiaries ability to get needed care in a timely manner.

2. Access to Care Standards

a. To ensure beneficiaries who use the DoD MHS receive medically necessary care when they need it, DoD leadership developed access standards for TRICARE Prime enrollees. It is important to ensure access to care is easy, fast, and logical.

b. TRICARE standards for access are:

(1) The wait time for an urgent care appointment should not exceed 24 hours (1 day).

(2) The wait time for a routine appointment should not exceed 1 week (7 days).

(3) The wait time for a specialty care appointment or wellness visit should not exceed 4 weeks (28 days).

(4) The travel time for a routine or urgent appointment should not exceed 30 minutes.

(5) The travel time for a specialty care appointment should not exceed 1 hour.

c. In an emergency, TRICARE beneficiaries should call 911 in the United States, or country emergency number outside the United States, or go to the nearest emergency room.

d. Access to care standards measure the actual waiting and drive times beneficiaries' experience.

3. Specialty Care Access Standards

a. Beneficiaries who are referred for specialty care services must be offered an appointment with an appropriately trained provider within 4 weeks (28 calendar days), or sooner if required, and within a 1-hour travel time from the beneficiary's residence.

b. A basic principle of the TRICARE Program and the MHS business design is that MTFs have first priority for providing referred specialty care or inpatient care for all enrollees.

c. If the MTF does not have the capability to provide the needed care, or cannot provide the care within the required access standards, the care will be referred to the TRICARE provider network. The determination as to whether the MTF can provide the needed care should be made by the MTF within 1 business day of the request.

d. MTFs will request referral of their TRICARE Prime enrollees to a non-network civilian provider only when capacity and/or capabilities do not exist within the civilian network. Federal health care systems (for example, the DVA and the Indian Health Service) are considered network providers for MTF referral purposes.

e. The MCSC coordinates the processing of the referral and advises the beneficiary whether specialty care will be provided in the MTF or by a TRICARE network provider. In addition, a network provider directory is available on each MCSC Web site to assist the beneficiary in selecting a network provider.

4. Access to Care Priorities. Access to Care priority is available in MTFs as follows:

a. Priority 1:

(1) AD Service members

(2) Military members not on AD, but entitled to MTF care, to include:

(a) RC members entitled to care relating to LOD incurred conditions, or as otherwise provided under applicable DoD policy.

(b) TDRL for required periodic medical examinations and access to MTFs for mandatory reevaluation requirements.

(c) Certain former members with a serious illness or injury as provided by section 1631 of the National Defense Authorization Act for Fiscal Year 2008.

(3) Foreign military members entitled to MTF care pursuant to a reciprocal health care or other applicable international agreement (e.g., NATO, PFP SOFA). Foreign members are eligible for the scope of services specified in the applicable agreement.

b. Priority 2:

(1) AD family members and transitional survivors of Service members who died on AD, and who are enrolled in TRICARE Prime.

(2) NATO/PFP SOFA and other foreign military members' family members who are entitled to care pursuant to an applicable international or RHCA for the scope of services specified in the agreement.

c. Priority 3:

(1) Retirees, their family members, and survivors enrolled in TRICARE Prime.

(2) TRICARE Plus beneficiaries when being appointed for primary care at the MTF where they are enrolled.

d. Priority 4:

(1) AD family members not enrolled in TRICARE Prime.

(2) Transitional survivors of deceased AD Service members and who are not enrolled in TRICARE Prime or TRICARE Reserve Select beneficiaries.

e. Priority 5:

(1) Retirees, their family members, and survivors who are not enrolled in TRICARE Prime.

(2) TRICARE Plus beneficiaries being appointed for specialty care at the MTF where they are enrolled.

f. Priority exceptions, outlined below, are granted at MTF CO's discretion:

(1) Medical emergencies or cases in which the provision of certain medical care is required by law or applicable DoD Directive or Instruction. This includes care for civilian employees exposed to health hazards in the workplace or injured on the job.

(2) SECDES, to the extent appropriate to the context in which SECDES status is given.

(3) Patients needed to maintain an adequate clinical case mix for an approved Graduate Medical Education Program functioning in the MTF or for readiness-related medical skills sustainment activities.

(4) Unexpected or extraordinary cases, not otherwise addressed in this listing, in which the MTF CO determines, in coordination with his or her Service guidance and/or the TRO or TAO, as appropriate, that a special exception is in the best interest of the MHS and TRICARE.

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

5. Referral Management. In order to establish an optimal, patient-centered strategy, the overarching goal of referral management is to provide each patient with a seamless, well-coordinated continuum of care. MTF COs and OICs must build upon the framework established in reference (am) to optimize the referral management process and ensure the process is responsive to patient needs and the unique aspects of the local health care market. The goals of referral management are to promote continuity of care and utilize resources efficiently. Refer to reference (al) for additional information.

SECTION 13

ACRONYMS

AC	Active Component
AD	Active Duty
AOR	Area of Responsibility
ARC	American Red Cross
BUMED	Bureau of Medicine and Surgery
CAP	Civil Air Patrol
CHCS	Composite Health Care System (or any electronic system replacement)
CIPP	Career Intermission Pilot Program
CO	Commanding Officer
CMC	Commandant of the Marine Corps
DEERS	Defense Enrollment Eligibility Reporting System
DHA	Defense Health Agency
DMIS	Defense Medical Information System
DMSS	Defense Medical Surveillance System
DNA	Deoxyribonucleic Acid
DoD	Department of Defense
DVA	Department of Veterans Affairs
FAA	Federal Aviation Administration
FMS	Foreign Military Sales
GIQD	General Inquiry of DEERS
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
ID	Identification
IDES	Integrated Disability Evaluation System
IMET	International Military Education and Training
IMR	Individual Medical Readiness
IRR	Individual Ready Reserve
LOD	Line of Duty
MANMED	Manual of the Medical Department
MCSC	Managed Care Support Contractor
MEPS	Military Entrance Processing Station
MFPC	Marine Corps Casualty Section, Military Personnel and Recreation, Personal and Family Readiness Division
MHS	Military Health System
MOU	Memorandum of Understanding
MTF	Military Treatment Facility
NATO	North Atlantic Treaty Organization
NAVMED	Navy Medicine
NCR	National Capital Region

NOAA	National Oceanic and Atmospheric Administration
NPC	Navy Personnel Command
OB/GYN	Obstetrics and Gynecology
OIC	Officer in Charge
OWCP	Office of Workers' Compensation Program
PCM	Primary Care Manager
PCR	Personnel Casualty Report
PCS	Permanent Change of Station
PPF	Partnership for Peace
PHA	Periodic Health Assessment
PHI	Protected Health Information
PNOK	Primary Next of Kin
PSA	Prime Service Area
RC	Reserve Component
RHCA	Reciprocal Health Care Agreement
ROTC	Reserve Officers Training Corps
RSMSO	Reserve and Service Member Support Office
SI	Seriously Ill or Injured
SIQ	Sick in Quarters
SOFA	Status of Forces Agreement
SSM	Site Security Manager
SSN	Social Security Number
TAD	Temporary Additional Duty
TAMP	Transition Assistance Management Program
TDRL	Temporary Disability Retired List
TOP	TRICARE Overseas Program
TPCP	Third Party Collection Program
TYA	TRICARE Young Adult
USAF	United States Air Force
USCG	United States Coast Guard
USMC	United States Marine Corps
USPHS	United States Public Health Service
USU	Uniformed Services University of Health Sciences
VAB	Veterans Affairs Beneficiary
VSI	Very Seriously Ill or Injured

SECTION 14

DEFINITIONS

1. **Abused Dependent.** A family member of a member or former member of the Armed Forces, whose eligibility to retired pay was terminated, and who was separated due to misconduct involving dependent abuse; or a family member of a member of the Armed Forces on AD for a period of more than 30 days who was convicted of a dependent-abuse offense and whose conviction results in the member being separated from AD pursuant to a sentence of a court-martial; or who was administratively separated from AD per applicable regulations if the basis for the separation includes a dependent-abuse offense.
2. **AD.** Full-time duty in the active military service of the United States. The term includes full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a Service school by law or by the Secretary of the military department concerned.
3. **AD for Training.** A tour of AD which is used for training members of the RCs to provide trained units and qualified persons to fill the needs of the Armed Forces in time of war or national emergency and such other times as national security requires. The member is under orders, which provide for return to non-active status when the period of AD for training is completed.
4. **Adopted Child.** A child adopted before the age of 21 or if enrolled in a full-time course of study at an institution of higher learning before the age of 23.
5. **Armed Forces of the United States.** A term used to denote collectively all components of the Army, Navy, USAF, USMC, and USCG.
6. **Child.** A sponsor's currently unmarried, legitimate child (born of marriage), adopted child, legitimate stepchild, or illegitimate child approved for military health benefits by officials at the Bureau of Naval Personnel.
7. **Common Access Card.** The standard ID card for AD uniform services personnel including the Selected Reserve, DoD civilian employees, eligible contractor personnel, and eligible foreign nationals.
8. **Defense Enrollment Eligibility Reporting Systems.** A computer-based enrollment and eligibility system the DoD established to support, implement, and maintain its efforts to improve planning and distributing military benefits, including military health care, and to eliminate waste and fraud in the use of benefits and privileges.
9. **Dependent.** An individual whose relationship to the sponsor leads to benefits.

10. DoD Beneficiary. A person who receives benefits from the DoD based on prior association, condition, or authorization. This term is usually given to unremarried widows and widowers and unremarried former spouses.
11. Family Member. The same as a dependent.
12. Former Spouses. DoD beneficiaries who were married to a Uniformed Service member for at least 20 years, and the member had at least 20 years of service creditable in determining eligibility to retired pay, and the marriage overlapped by: 20 or more years (20/20/20); or 15 years, but less than 20 years (20/20/15); or, an abused spouse whose marriage overlapped by 10 or more years (10/20/10).
13. Full-time National Guard Duty. Training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States, or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 of Title 32 for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.
14. Inactive Duty Training. A period of training on inactive duty which includes not only that time between muster and dismissal, but also includes travel to or from such drills.
15. IRR. A manpower pool consisting of individuals who have had some training and who have served previously in the AC or in the Selected Reserve and have some period of their military service obligation remaining.
16. Medal of Honor Recipient. A discharged or separated person awarded the Medal of Honor from any of the U.S. Armed Forces.
17. Member. An individual who is affiliated with a Service, AD, Reserve, AD retired or retired Reserve.
18. NATO Countries. Albania, Belgium, Bulgaria, Canada, Croatia, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Turkey, United Kingdom, and the United States.
19. PF. Euro-Atlantic Partnership Council Member Countries. For a current list, access: <https://rhca.dhhq.health.mil/> from a ".mil" e-mail account.

20. Preadoptive Child. For the purposes of DEERS enrollment, a pre-adoptive child is considered to be a ward of the member and is an unmarried person who is placed in the home of the sponsor by a placement agency recognized by the Secretary of Defense in anticipation of the legal adoption of the person by the sponsor.
21. RCs of the Uniform Services of the United States. The Army National Guard of the United States, Army Reserve, Naval Reserve, USMC Reserve, Air National Guard of the United States, USAF Reserve, USCG Reserve, and the Reserve Corps of the Public Health Service.
22. Retired Member of a Uniform Service. A retired member who is entitled to retired, retainer, or equivalent pay.
23. Retired Reserve Entitled to Pay at Age 60 (Gray Area Retiree). Reserve members who have completed 20 qualifying years for retirement and are entitled to receive retired pay at age 60, but have not reached age 60.
24. SECDES. Individuals who are authorized by Service Secretaries to receive medical treatment in their respective Services' military treatment facilities in the United States. This is not a benefit shown on a military ID card or in DEERS.
25. Selected Reserves. Those National Guard and Reserve units and individuals within the Ready Reserve (Selected Reserve, IRR and Inactive National Guard) designated by their respective Services, and approved by the Chairman of the Joint Chiefs of Staff, as so essential to initial wartime missions that they have priority over all other Reserves.
26. SSM. A person who serves as the DEERS SSM at MTFs and allows access to eligibility and reporting systems in DEERS. The SSM is responsible for requesting access for new users and deleting access to users who leave or are assigned other duties. The SSM must be a person who is a U.S. citizen and can be a military member, DoD civilian (appropriated or non-appropriated fund), or a DoD contractor.
27. Sponsor. Eligible beneficiary with family members.
28. TAMP. A program that provides 180 days of continued MHS benefits to qualified sponsors and their family members following the sponsor's release from AD.
29. TRICARE. The DoD-managed health care program for AD military, AD service families, and other beneficiaries.
30. Uniform Services. The seven United States uniform services are the Army, Navy, USAF, USMC, USCG, National Oceanic and Atmospheric Administration, and the Public Health Service.

31. United States. The 50 states, territories, and possessions.
32. Unremarried. A DoD beneficiary (widow or widower) who has never remarried.
33. Ward. For MHS benefits, a ward is an unmarried person who has been placed in the legal custody of the military sponsor as a result of an order of a court of competent jurisdiction in the United States, or a territory or possession of the United States, for a period of at least 12 consecutive months and the person is: (1) Younger than 21 years of age; (2) Between the ages of 21 and 23 and enrolled in a full-time course of study at an institution of higher learning approved by the administering Secretary, and is dependent on the sponsor for over one-half of the student's support or was at the time of the sponsor's death; (3) Incapable of self-support because of a mental or physical incapacity that occurred while the person was considered a dependent of the sponsor, and is dependent on the sponsor for over one-half of the person's support or was at the time of the sponsor's death, and resides with the sponsor unless separated by the necessity of military service or to receive institutional care as a result of disability or incapacitation; (4) Not an eligible dependent of any other military member or former member.