

# 87th Medical Group Joint Base McGuire-Dix-Lakehurst



## PATIENT HANDBOOK



<https://mcguiredixlakehurst.tricare.mil/>

<https://www.facebook.com/87mdg>

Appointment Line

1 (866) DRS-APPT (377-2778)

3458 Neely Road  
JB MDL, NJ 08641

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Dear Patient,

Welcome to your 87th Medical Group! We are honored to serve you with a range of primary and specialty care services at Joint Base McGuire-Dix-Lakehurst (JB MDL). This handbook is intended to help you understand and access the high-quality healthcare services we provide throughout our clinic.

Our 87th Medical Group professionals continuously strive to exceed your healthcare expectations and provide you with the means to achieve your health and performance goals. We are a patient-centered, learning organization dedicated to “continuous improvement”—we welcome your suggestions. If there is any aspect of our service that can be improved, please let us know!

For information not provided within this guide, please ask any staff member or call our central appointment line at 1-866-377- 2778! Each of our clinics and support services also have designated section Patient Advocates to assist you.

TRICARE is the Department of Defense’s program for high quality, cost-effective, and accessible healthcare. As a member of TRICARE Prime, you are guaranteed access to our healthcare system and you will be assigned to a primary care management team to provide and coordinate your healthcare.

Again, I welcome you to the 87th Medical Group and thank you for choosing us to be your trusted medical home.

BRDIGET J. GILL, Colonel, USAF, BSC  
Commander, 87th Medical Group

## **Vision, Mission, and Priorities**

### **Vision**

Warrior Medics – Superior Care – Optimal Human Performance

### **Mission**

Ready Medics Delivering a Medically Fit Joint Force... optimizing the health of all we serve

### **Priorities**

People  
Mission  
High Reliability

## **Medical Group Hours**

### **Appointment Line**

1(866) DRS-APPT (377-2778)

Monday - Friday: 0645-1600

### **Clinic Hours of Operation**

Monday- Friday: 0730-1630

*(excluding Federal Holidays)*

## How To Access Care

You must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) to receive care in this facility. Both active and retired military sponsors and family members must be entered into the DEERS system to be eligible for TRICARE benefits. Additionally, newborns should be enrolled in DEERS as soon as possible after birth to ensure full TRICARE Prime coverage for care. It is the sponsor's responsibility to make sure all family members are enrolled in DEERS through the nearest military personnel office. All military sponsors must ensure that the status of their family (marriage, new child, divorce, etc.), residential address, and telephone numbers are current in both DEERS and the Military Health System GENESIS (MHS GENESIS). This information can be updated by accessing the MilConnect website <https://milconnect.dmdc.osd.mil/milconnect/>. Once you are enrolled in DEERS, please visit the Medical Records section of the clinic to be registered into MHS GENESIS. Upon the completion of registration, you will be able to make an appointment and receive other clinic services.

**Guard/Reserve:** If you are on active military orders for 30 days or less and/or have a line of duty determination, you must present your line of duty paperwork and/or written orders to the patient administration area located in the Medical Records section to be registered for care. You must then call the Appointment Line 1-(866) DRS-APPT (377-2778) to schedule an appointment.

**Retirement:** Once you retire, make sure DEERS reflects your change in status from active duty to retiree. If you (or your family) were TRICARE Prime while active duty and you wish to continue your PRIME benefits, you must re-enroll in TRICARE Prime as a retiree.

**Adult Student:** If you have a child, over age 21 and under the age 23, who is a full-time student, you need to enter his/her status as a student into DEERS. This will ensure TRICARE eligibility is not interrupted and access to healthcare is not lost.

**Young Adult Coverage:** If you have a child up to age 26 who is not a full-time student, not married, and not eligible for their own employer-sponsored coverage, you can enroll them in the TRICARE Young Adult (TYA) Program. Eligible young adults can enroll by submitting the TYA enrollment form at [www.tricare.mil](http://www.tricare.mil) or by calling (877) TRI-CARE (874-2273).

## Emergency Care

The 87th Medical Group does NOT have an emergency room and provides NO emergency medical services. Please go to the nearest emergency room or call 911 for emergency ambulance transport if you have a medical emergency that could result in loss of life, limb, or eyesight. The 87th Medical Group does provide 24-hour advanced life support ambulance services to the Fort Dix and McGuire housing areas, including Falcon Courts North. The 87th Civil Engineer Squadron fire department provides ambulance transport services to the Lakehurst portion of the Joint Base.

## After Hours Urgent Care

If you have a healthcare need outside of regular duty hours, call the Nurse Advise Line (NAL) at 1 (800) 874-2273. The NAL will assist in getting the care you need to include scheduling appointments or providing self-care recommendations. If you are seen by another healthcare organization for urgent care issues, please schedule a follow-up appointment with your Primary Care Manager (PCM) within 72 hours to update profiles, medication refills, etc. The 87th Medical Group should be your initial option for urgent and routine care needs. The NAL can offer care advice over the phone, as well as authorize after hours urgent care. Active Duty personnel require pre-authorization to use network urgent care clinics. All other TRICARE Prime beneficiaries can obtain network urgent care without a pre-authorization.

## Out of Area Care

**Routine** - For TRICARE Prime patients, if you need non-emergency care away from home, your care will be covered if you get approval from your primary care manager (PCM) and it is a TRICARE Prime-covered service. (For Prime enrollees, you may get care at any military treatment facility without calling your PCM). You can contact your PCM 24/7 according to local procedures provided to you when you in-processed to your base and enroll. For non-enrolled beneficiaries, TRICARE deductibles and cost shares may apply.

**Urgent** - Care for a medical condition that, while not life or limb threatening, is serious enough that you cannot delay treatment. Call your PCM or the Nurse Advice Line for authorization prior to seeing a provider to avoid Point of Service charges for receiving care without a referral.

**Emergency** – Medical, maternity or psychiatric emergencies that would lead a “prudent layperson,” (someone with average knowledge of health and medicine), to believe that a serious medical condition existed or the absence of medical attention would result in a threat to his/her life, limb, or sight and requires immediate medical treatment or effort to relieve suffering. Go to the nearest facility that is equipped to handle the situation. Call the patient’s primary care manager and the managed care support contractor (MCSC) the next working day after receiving the care. TRICARE covers emergency medical services no matter where you are or which plan you use; however, deductibles, cost shares and/or co-pays may apply. Before leaving town, check with TRICARE personnel for additional information about services available in the area you will be visiting.

**Travel Overseas** – For emergency care while traveling overseas, contact International SOS, prior to receiving the care if possible, at <http://www.tricare-overseas.com/> or call the TRICARE Service Center that serves the region:

Europe: 1-877-678-1207

Asia: 1-877-678-1208

Latin America: 1-877-451-8569

Global TRICARE Service Center: 1-877-451-8659

### MHS GENESIS Patient Portal

<https://patientportal.mhsgenesis.health.mil>



The MHS GENESIS Patient Portal (also referred to as “Patient Portal”) is the current secure patient portal that gives registered users access to online health care information and services at military hospitals and clinics. Registering for MHS GENESIS at <https://patientportal.mhsgenesis.health.mil> allows you to do the following:

- Review and download personal health information
- Schedule, change, view, or cancel appointments at your military hospital or clinic
- Refill and check status of your prescriptions at your military hospital or clinic
- Get information and services when separating from active duty or reserves
- Access the Patient Portal through your mobile device
- Send secure messages to your Primary Care Manager Team

## **Referral Management**

Your PCM may refer you to another medical facility for evaluation and treatment if the specialty is not available at the 87th Medical Group. After your appointment with your PCM, please stop by the Medical Records section to address any questions regarding the referral process, how to access your referral, and much more! If you would like to view your authorization and referral information such as provider name and location, please download the Humana Application to your phone, visit [www.humanamilitary.com/beneficiary](http://www.humanamilitary.com/beneficiary) to access your referral information or call 1-800-444-5445 after 3 business days for your referral authorization information.

Seeking care from a civilian provider without prior authorization can result in significant out-of-pocket costs to you. Please ensure that you have the proper authorization before seeing any off base provider. If you do not receive a letter by mail or have any questions regarding your referral, please call 1-800-444-5445.

### **IMPORTANT**

Your authorized off-base specialist will need copies of all pertinent medical history related to the care referral. **AFTER** you have scheduled your off-base appointment, stop by the 87th Medical Group medical records section to request a copy of your medical documentation that is pertinent to your referral appointment (e.g., lab results, x-ray reports, medication list and encounter notes) OR access your medical records anytime online by visiting the MHS GENESIS Patient Portal

For more information regarding referral management please call the 87th Medical Group's referral managers at (609) 754-9048.

### **‘HeroCare Connect’**

This is free a concierge program associated with Deborah Hospital and Cooper Hospital that connects Active Duty, Retired military, Veterans, and their families who have specialty referrals from the 87 MDG to quality appointments with specialty physicians, usually within 48 hours of calling. With a referral from your doctor, one call to HeroCare Connect puts you in touch with a dedicated professional who will manage your case from start to finish—making appointments, following up on results, scheduling additional testing, and coordinating with your physician. Outstanding primary care is provided at the 87th MDG, but when other specialty services are needed, HeroCare Connect steps in as a personal, one-stop resource. Please call 1-866-943-7622 or visit [HeroCareConnect.org](http://HeroCareConnect.org).

### **‘Here to Serve’**

This is free a concierge program associated with Virtua Hospital and the Children’s Hospital of Philadelphia (CHOP) that connects Active Duty, Retired military, Veterans, and their families who have specialty referrals from the 87 MDG to quality appointments with specialty physicians, usually within 48 hours of calling. A personal navigator will assist you to locate and secure appointments, obtain the required pre-authorizations, and coordinate care and medical records as needed. The navigator will connect you to high quality local providers to get you treated efficiently and quickly. For more information, please call 1-833-676-7677 or visit [Virtua.org/heretoserve](http://Virtua.org/heretoserve).

## 87 MDG Services

### **Medical & Specialty**

- *Warrior Operational Medicine\**
- *Flight Medicine\**
- Family Health
- Pediatrics
- Women's Health
- *Physical Therapy\**
- *Chiropractic Services\**
- Optometry
- *Mental Health\**
- *ADAPT\**
- BHOP
- Family Advocacy
- Public Health
- Bioenvironmental Engineering
- Immunizations
- *Audiology\**
- Health Promotions
- Nutritional Medicine

### **Diagnostic**

- Clinical Laboratory
- Radiology
- Pharmacy

### **Dental Services\***

- *Comprehensive Dentistry\**
- *Endodontics\**
- *Prosthodontics\**
- *Periodontics\**

\* *Italicized services are for Active Duty Only*



## Patient Advocates

Our patient advocates serve as a link between you and the clinic. The patient advocates seek solutions to problems, concerns and needs of beneficiaries. They also clarify, direct, and coordinate information about the clinic. The 87th Medical Group strives for excellence in patient care. We value our patients' feedback, as it helps us to identify problems, and implement improvements. If during any visit to the 87th Medical Group, you have a safety concern or we have not succeeded in meeting your expectations, let us know and we will work to address the issue immediately. You may also provide feedback after you have left the clinic. Please contact the section patient advocate where you were serviced at the numbers below.

### Section Patient Advocate Contact Information

Dental Clinic:	754-5044/3786
EFMP/Medical Management:	754-9156
Family Advocacy:	754-9680
Family Health:	754-9171/9696
Flight Medicine:	754-9711/9349
Immunizations:	754-9240/9209
Laboratory:	754-9091
Medical Records:	754-9056
Mental Health:	754-9324
Optometry:	754-9685/9163
Pediatrics:	754-9185/9754
Pharmacy:	754-9715/9001
Physical Therapy:	754-9212
Public Health:	754-9356
Radiology:	754-9523
Warrior Medicine (uniformed member care):	754-9729
Women's Health:	754-9298/9696

If section patient advocates are unavailable or unable to address your concerns, please contact the Medical Group Patient Advocate via email at [usaf.jbmdl.87-mdg.mbx.87-mdg-patient-relations@health.mil](mailto:usaf.jbmdl.87-mdg.mbx.87-mdg-patient-relations@health.mil) or by phone at 609-752-2167.

## Patient Centered Medical Home

The Medical Group follows the Patient Centered Medical Home (PCMH) model. PCMH is team-based care led by a Primary Care Manager (PCM) who ensures continuous and coordinated care to maximize your health outcomes. This approach is designed to provide consistency with your healthcare team and allow for greater flexibility when scheduling appointments.

Your healthcare team will know you and your health history Allows greater focus on your wellness and clinical preventive services improved access to care and continuity of care Family Health teams work hand-in-hand with the Disease Management team for those with chronic illnesses

### Benefits of having a Primary Care Manager

**Continuity of Care:** Your PCM leads your care team. When your provider is not available, you will be seen by another provider on the same team. This improves continuity of care with a provider familiar with your past medical history.

**Preventive Care:** Your PCM team performs regularly scheduled checkups, screenings and examinations to ensure early detection of disease.

**Communication:** “One-on-one” communication with your PCM team will keep you involved with options and decisions related to your healthcare needs.

**To request a change of PCM:** Dependents and retirees can visit their PCM team and/or designated section patient advocate to request an internal PCM change. Dependents and Retirees requesting an in-network PCM must visit the 87th Medical Group’s Records office to complete a PCM Waiver Request form. Active duty members requesting a PCM change can visit the Warrior Clinic’s patient advocate or leadership to initiate the request.

**Appointments:** We encourage you to use the Patient Portal to book appointments from your own computer 24/7. You may also call our appointment line at (866) DRS-APPT (377- 2778).

**Canceling an Appointment:** Appointments must be cancelled 24 hours in advance. Call (866) DRS APPT (377-2778) to cancel or cancel using the Patient Portal.

### Warrior Operational Medicine Clinic

All active duty, guard, or reservists, on orders that are not on fly or control status, will be seen at the Warrior Operational Medicine Clinic. To schedule an appointment, leave a message regarding refills or referrals, please call (866) DRS-APPT (377-2778). Hours of operation are Monday through Friday from 0730-1630, excluding federal holidays. The shaving waiver clinic will occur Wednesdays at 0730. The clinic no longer accepts walk-ins, so please call the appointment line at (866) DRS-APPT (377-2778).

### Flight Medicine

If you are on flying or controlling status, you will be assigned to the Flight Medicine clinic. To schedule an appointment, leave a message regarding refills or referrals call (866) DRS-APPT (377-2778). Hours of operation are Monday through Friday from 0730-1630, excluding federal holidays.

Sick call services are offered for “Return to Flying Status” and acute issues that have occurred within 24-48 hours. These services are offered at 0730 Monday through Friday for Flyers only.

## Periodic Health Assessments (PHA) for Non-Flyers

Please complete your online questionnaire at <https://asimsimr.health.mil/imr/MainMenu.aspx> then contact the appointment line at (866) DRS-APPT (377-2778) to schedule your PHA appointment. PHAs are conducted by phone.

Email: usaf.jbmdl.87-mdg.mbx.87-omrs-bomc-pha-cell@health.mil

Hearing Tests: (866) DRS-APPT (377-2778)

Vision Screening: Rm 2C01 (Optometry) Walk-in Hours on Tuesdays and Fridays from 1530-1600 ONLY or, by appointment at (866) DRS-APPT (377-2778).

Email: usaf.jbmdl.87-mdg.mbx.87-omrs-bomc-pha-cell@health.mil

Hearing Tests: (866) DRS-APPT (377-2778)

Vision Screening: Rm 2C01 (Optometry) Walk-in Hours on Tuesdays and Fridays from 1530-1600 ONLY, or by appointment at (866) DRS-APPT (377-2778).

## PHAs for Geographically Separated Unit (GSU) and Reserve/Guard

PHAs for members of GSUs and those in the Reserve/Guard \*on active orders\* who do not live near the 87 MDG may accomplish their PHAs using the Virtually Integrated Patient Readiness and Remote Care (VIPRR) Clinic. For these service members to complete their PHAs, they must:

- Complete Part 1 of the PHA online through their service specific medical readiness portal
- Ensure vision, dental and hearing are all up-to-date if possible, but this is NOT a requirement to complete the PHA. This may not be applicable to SMs in geographically displaced locations.
- The service member will then contact the Virtual Appointment Management Office (VAMO) to make an appointment at 1-844-VMEDCEN (863-3236) – option #1 then option #1.
- The member will be ready to complete the virtual appointment as instructed on the day of the appointment. Additional instructions are provided by the VAMO staff.

## Personnel Reliability Program (PRP)/Arming Use of Force

If you are on **PRP status**, report to the Flight Medicine front desk to check in and receive your red badge prior to your appointment. Members must notify each section they visit that they are PRP.

If you are on **Arming Use of Force status**, please notify the check-in desk and ensure you notify each section you visit that you are on Arming Use of Force.

## Dental Services

The dental clinic is located in building 2417 on McGuire Blvd. Hours of operations are Monday-Friday: 0730-1630, excluding federal holidays.

Routine exams are scheduled by Unit Health Monitors (UHMs). Urgent dental needs may be seen for an evaluation by the dental triage provider during duty hours or by the dentist on call after duty hours. Active-duty members are eligible for comprehensive dental care to include diagnostic, preventive, restorative, periodontal, endodontic, prosthodontic, and oral surgical care. Services not available at the clinic due to access to care, may be referred to off-base providers via the Active-Duty Dental Program on a case-by-case basis.

For emergent dental needs after duty hours, on weekends, and holidays, the on-call dentist can be reached by calling (609) 234-1364.

Family members and retired members are encouraged to register for the TRICARE Dental Program or Federal Employees Dental and Vision and Insurance Program (FEDVIP) at [www.tricare.mil/bwe](http://www.tricare.mil/bwe) or call United Concordia at (844) 653-4061).

## **Family Health**

The Family Health Clinic provides primary care to Active-Duty dependents, retirees. Referrals from your provider are required for any specialty services not offered at the clinic, with the exception of Mental Health services. Please call (866) DRS- APPT (377- 2778) to schedule a visit with your PCM or visit the Patient Portal to send a secure message to your healthcare team. All routine messages will be answered within 3 duty days.

## **Pediatric Clinic**

The Pediatric Clinic promotes wellness, provides treatment, evaluation and referral services for pediatric patients from newborn to 16 years. We recognize that our patients from birth to 24 months require more frequent well child visits. We ask that parents/guardians call to schedule well visits at least one month in advance. Please note, all minors presenting to our clinic to receive care or treatment must be escorted by a parent, legal guardian or individual with power of attorney (specifications must be clearly listed), unless authorized by state or federal law.

## **Pediatric Clinic (continued)**

To ensure the highest quality of care can be delivered, the staff respectfully requests:

- All patients arrive on time for their appointment
- Food, drinks, electronics, or any items that may possibly be a distraction during the appointment will not be used in the exam room

Documentation that requires a provider's attention or signature (i.e., Child Development Center forms, medication for school administration, sports/school/camp physicals, Women/Infant/Children papers), should be brought to your appointment. School, camp, sports physicals, and yearly well checks are all equivalent and are valid for one year. If you need paperwork completed for a child over 2 years old, and have had a well visit within the last year, a new appointment is not required and paperwork can be dropped off at the Information/Patient Check-in Desk. Please allow 3 duty days to ensure proper and safe processing completion.

If you have not heard from us within 3 duty days, please contact (866) DRS-APPT (377-2778) for further assistance. You can also submit (routine/non-urgent) paperwork or questions to your MHS GENESIS Patient Portal.

For any administrative concerns that require immediate action (i.e. medication renewal or referrals) please call (866) DRS-APPT (377 -2778) to leave a message for our medical staff.

## **Women's Health Clinic (WHC)**

The WHC provides routine gynecologic services to eligible female TRICARE Prime enrollees who are empaneled to the 87th Medical Group. Women's health referrals are not required for annual well-woman exams. Patients requiring mammography and breast ultrasound are given a paper prescription to be used off-base at a TRICARE participating provider. Routine obstetrical care, which includes labor and delivery, are provided by TRICARE network providers (off base).

Mammograms are recommended to screen for breast cancer beginning at age 40 for females with average risk. We have partnered with Virtua and Larchmont Imaging to provide a central scheduling number for our patients to schedule mammograms. Once the patient calls to schedule, the staff at the Imaging Center will coordinate with the Medical Management Team for the mammography prescription so the patient does not have to worry about coordinating script pick up.

**Virtua Imaging Center: 609-444-0688, M-F 0730-1700**

**Larchmont Imaging Center: 609-261-4500, M-F 0730-1730**

Pregnancy testing is conducted on a walk-in basis from 0800-1100 & 1300-1500 at your primary care clinic. Once laboratory confirmation of pregnancy is obtained, a referral for obstetric care is entered. Prenatal vitamins will also be prescribed. You should receive an authorization letter from TRICARE within seven to ten days and may schedule your initial obstetric visit with a network provider.

### **Physical Therapy Clinic**

Physical Therapy services are provided to our active-duty members during normal duty hours Monday through Friday 0730-1630. Available services include a wide spectrum of orthopedic and sports physical therapy interventions. We require referrals and appointments for an initial physical therapy evaluation. A handwritten prescription from the PCM is acceptable for walk-in services, such as issuing crutches/ canes and braces (no evaluation). Patients with Physical Therapy prescriptions issued by off-base providers must route the prescription through their PCM to generate a referral for Physical Therapy, then contact the Referral Management Center (RMC) for referral activation. Referrals beyond our scope of care or our access capacity will be sent to an off-base therapist by the Referral Management Center. To make an appointment please call (866) DRS-APPT (377-2778).

### **Chiropractic Clinic**

The chiropractic clinic provides treatment for active duty patients only. All appointments require a referral generated by a clinic physician before service is given or exam is scheduled. Services include, but are not limited to, conditions relating to the head, neck, shoulder, chest, arms, upper back, mid back, low back, sacral area, soft tissues of the buttock region, legs including upper and lower and feet. Off-base prescriptions are not accepted and must be routed to the patient's PCM for a referral. For all other inquiries, please call the chiropractic clinic at (609) 754-9166.

### **Optometry Clinic**

Optometry services available include routine eye exams, contact lens prescription renewals, flight line driver's license color vision testing, initial flying class exams (coordinated with flight medicine), glasses/gas mask insert ordering, corneal refractive surgery pre-operative and post-operative evaluations, urgent eye care, and MEDPROS vision screenings. Dependents age 5-65 can schedule routine eye exams at the clinic on a space available basis. Retirees are eligible to order glasses at the clinic with a valid prescription. All routine eye exams are scheduled through the appointment line at (866) DRS- APPT (377-2778).

### **Health Promotion**

Health Promotion is the art and science of helping individuals, commands, and the military community improve their health-related behaviors and outcomes. We provide a range of evidence-based interventions via programs and services that facilitate healthy living as the default lifestyle choice and social norm. Health Promotion fosters a culture and environment that values health and wellness; empowers individuals and organizations to lead healthy lives and improves the health, mission readiness and productivity of the military community. For more information, please contact Health Promotion at usaf.jbmdl.87-mdg.mbx.87-omrs-sgpz-health-promotions@mail.mil.

### **Primary Care Behavioral Health (formerly Behavioral Health Optimization Program, or BHOP)**

Generally, everyone is welcome at PCBH including Active Duty, dependents, and retirees; the only exception is children under the age of 13. PCBH is a short-term consultative service designed to help patients find solutions for specific problems a wide variety of problems can be addressed through PCBH, including but not limited to the following:

*Problems sleeping, concerns with diet or weight, smoking cessation, changes in mood, headaches, intimacy concerns, anxiety, nervousness, sadness, and life management skills!*

For more information or to make an appointment, please call the appointment line at (866) DRS-APPT (377-2778).

## **Public Health**

The Public Health flight is responsible for preventing and controlling the spread of diseases and illnesses. The following public health services are available at the 87th Medical Group.

### **Deployment Medicine**

Pre-deployment processing is initiated by the Unit Deployment Manager (UDM). Once tasked, individuals must report to Public Health to begin medical clearance. Required items can be completed within 120 days of departure. Members returning from deployment must check-in with Public Health as soon as possible to complete post-deployment health requirements. To contact deployment medicine, please call (609) 754-9356.

### **Travel Medicine**

Globalization facilitates the spread of disease and increases exposure to different health environments. 87 MDG beneficiaries can receive pre-travel counseling, vaccinations and disease/illness prevention medication depending on their proposed travel locations. To contact travel medicine, please call (609) 754-9356.

### **Occupational Health**

The purpose of the Occupational and Environmental Health (OEH) Program is to protect health while enhancing combat and operational capabilities. It seeks to identify, assess and eliminate or control health hazards associated with day-to-day operations. Service members who are part of the OEH program are eligible for medical surveillance examinations and follow-up care. To contact Occupational Health, please call (609) 754-9723/9753.

### **Community Health**

The Community Health Program strives to protect the military, dependents and beneficiary populations from infectious and communicable diseases, food-borne illnesses, and environmental hazards that may adversely impact the health of the community and degrade operational performance. Focus areas and services include: communicable diseases, food protection, sanitation and medical entomology. To contact Community Health, please call (609) 754-9256.

## **Mental Health Clinic**

The Mental Health Clinic serves Active Duty service members only. The clinic is located on the 2nd floor of the MDG. The Mental Health clinic offers individual therapy, group therapy, psychiatry services and psychoeducational classes. Same day walk-in evaluations are available to Active Duty during the MTF's regular duty hours for urgent needs such as suicidal or homicidal thoughts or significant distress. After duty hours or during closures, patients who need emergency care should go to the nearest emergency room or call 911. Active-Duty patients treated off-base for mental health emergencies should follow up in the mental health clinic the next available duty day. Routine appointments may be booked by calling the Mental Health Clinic directly at (609) 754-9324.

## **Alcohol & Drug Abuse Prevention & Treatment Services (ADAPT)**

The primary objective of the ADAPT program is to provide active duty service members with readiness, health, and wellness through the prevention and treatment of substance abuse to minimize negative consequences to the individual, family, and the organization. We provide comprehensive education and treatment to individuals who experience problems attributed to substance abuse. Referrals may come from the commander, PCM or from the member experiencing problems with drugs or alcohol. ADAPT is co-located with the Mental Health Clinic and can be reached at (609) 754-9324.

## **Family Advocacy Program**

The Family Advocacy Program (FAP) is located on the second floor of the MDG (suite 2B31), and has a satellite office on Lakehurst, located inside the MFSC building (bldg. 488).

FAP's mission is to build healthier families and create more resilient and responsive communities. Our program centers upon prevention, outreach, treatment and victim advocacy.

Prevention services are voluntary and include the New Parent Support Program (NPSP) and Family Advocacy Strength-Based Therapy (FAST). NPSP is for families with at least one child under the age of 3 or expectant parents, and includes home visitation services with a Registered Nurse. NPSP

### **Family Advocacy Program (continued)**

also offers pregnancy-related classes. FAST provides brief, short-term therapy and/or supportive interventions.

Outreach offers classes in areas such as parenting, relationship enhancement, anger management and resiliency boosting.

Treatment services are available when there are concerns of domestic abuse/family and violence and include evaluation and treatment, safety planning and victim advocacy. Restricted and unrestricted reporting options are available. A Domestic Abuse Victim Advocate is available 24/7 at (609) 283-5015.

FAP is open during MDG duty hours. All services are free to military members and their beneficiaries. To get more information or sign up for classes, please call (609) 754-9680 or (732) 323-5330 for Lakehurst.

### **Laboratory Services**

Laboratory services are provided on a walk-in basis.

Appointments are not required. An order from your medical provider is required for all laboratory tests performed at the clinic.

**Pregnancy Testing:** You must have an order from your provider for pregnancy testing. Please call (866) DRS-APPT to have the test ordered.

**Cholesterol/Lipid Testing:** You must fast 12 hours prior to testing. You may drink water and take medication during this time. Do not consume any other food or beverages during the 12 hours.

**Glucose Tolerance Testing:** Please call the lab at (609) 754- 9091 prior to visiting the lab.

We currently accept prescriptions for laboratory testing from off- base providers. It is not necessary to have your provider order the tests. You must fill out a release form (available at the Laboratory) for the staff to release test results to the doctor that ordered the test some specialty tests are sent to reference laboratories. Please allow 10-14 business days for results to be available. To determine if your test will be sent to a reference laboratory, please ask the Laboratory staff during your visit. For any additional information, please contact the Laboratory at (609) 754-9091.

If you experience fainting or are nervous about your blood draw, please notify the staff immediately.

## **Immunizations**

The Immunizations Clinic provides and monitors immunizations for assigned active duty, retired, and dependent beneficiaries. We provide immunization instructions for routine, mobility, and leisure travel in accordance with the Advisory Committee of Immunization Practices.

Anthrax, Yellow Fever and Tetanus can be given 60 days prior to deployment. Tuberculosis testing (IPPD) is provided every day.

## **Pharmacy**

### **Hours of Operation**

Monday- Friday – 0730 to 1630

Closed on weekends, federal holidays, and Medical Group training days

### **Pharmacy Check-In and Refills**

To Activate an initial script, you can drop off the hard copy script at Pharmacy and come back to pick up the prescription after the recommended pickup time. You can call (609)754-9464 to activate electronic scripts.

- Option 1: Refill prescription
- Option 4: Speak to pharmacy representative

Refill prescriptions by calling the Automated Refill Line – Used by calling (609)754-9470.

- Patients can call 7-10 days in advance for refills, except for controlled medications.
- Patients are highly encouraged to call the Pharmacy Team for special purchase medications that may need Prior Authorization and Medical Necessity forms at (609)754-9464.
- All patients requiring pharmacy services who just came out of an appointment within the clinic and have a script will proceed to the Pharmacy Window to activate their prescription(s) and receive guidance on when to pick up their prescription(s).
- All patients who were seen either off base or got a renewal from a doctor in the clinic should call ahead to start the filling process of their medications at (609)754-9464 and follow the prompts to speak to a Pharmacy Team Member.
- Patients can also go through the MHS GENESIS Patient portal to communicate with a Pharmacy Team Member in addressing questions but not to refill prescriptions.
- While waiting for prescriptions it is encouraged to complete the 2569 form collecting your other health insurance information. To avoid being asked to provide this information at every drop off you can request a DHA Med Card. Once the DHA Med Card is completed it will allow for medication pick up for a year without having to recomplete the 2569 form.

### **Prescription Pick-Up**

Prescriptions must be picked up within 7 duty days. If more time is needed, please contact the Pharmacy.

### **For Online Formulary inquiries**

(type **EXACTLY** as seen below):

<https://online.lexi.com/lco/splashes/files/pdf/McGuire-AFB.pdf>

<http://online.lexi.com/lco/splashes/files/pdf/McGuire-AFB- Index.pdf>

### **Self-Initiated Care Kit (SICK) Program**

Patients currently seeing a provider in the clinic are eligible to utilize the SICK Program. The program provides a maximum of three over-the-counter medications per calendar month to manage mild symptoms. Patients who are pregnant/breastfeeding, Arming/ Use of Force, PRP, flyers, or not empaneled to the clinic are ineligible to utilize this service.



## Pharmacy (continued)

### Naloxone Program

Beneficiaries using opiate pain medications, or taking care of someone using these medications, may request naloxone as an antidote for overdosing. Please see a pharmacy staff member for more information.

### Medication Disposal

Pharmacy cannot take back medications after they have been dispensed from the pharmacy. A secured, private medication drop box is available in the Security Forces building on McGuire AFB (Tuskegee Airman Ave).

## Radiology

For all examinations, an order must be generated by a provider within the clinic or you must bring (or have your provider fax) an order to the radiology department prior to scheduling an exam or receiving a service. Routine x-rays are performed on a walk-in basis. Reports are typically available to in-house and off-base physicians within one duty day. Patients needing reports can pick them up at the Medical Records section.

If pregnancy is suspected, contact your provider to have a pregnancy test done at the lab before your exam. The radiology department performs all x-ray exams except ankle stress-views or scoliosis stress-views. For all other inquiries, please call the radiology department at (609) 754-9524 or fax (609) 754-9403.

## Treatment of Minors

The Medical Group treats anyone under the age of 18 as a minor. Minors cannot consent for medical/dental care. Exceptions to this rule exist if:

- An emergency exists.
- The minor patient is in the military.
- The minor patient is married.
- The minor patient seeks care for a crime-related injury.
- The minor patient has his/her disabilities reviewed by a court and the court order is available for review.
- The minor patient is examined or treated for alcohol/ drug addiction, alcohol/drug dependency, or any other condition directly related to drug use. This applies to minors 13 years of age or older.
- The minor patient seeks mental health services, pregnancy and contraceptive services, testing and treatment of any contagious or communicable disease that are required to be reported.

If the patient is under the age of 18 and meets none of the above criteria, treatment may only be rendered when a parent or legal guardian is present and consents.

**Note:** All children of active duty who are over 10 years of age must have an identification card. Any children eligible for care who are not currently living with the sponsor must have an identification card. Dependents of Reserve or National Guard personnel on active duty for more than 30 days are entitled to medical care; however, a copy of the sponsor's orders is required at time of service.

## **TRICARE Benefit Help**

A Beneficiary Counseling and Assistance Coordinator (BCAC) serves as a beneficiary advocate and problem solver, providing dedicated services to all Military Health System (MHS) beneficiaries. The BCAC ensures TRICARE information and assistance with accessing healthcare services is available across the TRICARE system for eligible beneficiaries.

BCACs are the primary customer service resource for beneficiaries and can be reached at (609) 754-9005 or (609) 754-9602. You may also visit the clinic to speak with a BCAC directly.

## **Bills/Debt Collection Issues**

The Debt Collection Assistance Officer (DCAO) assists customers with debt collection problems regarding medical, dental, and pharmacy bills. If you receive a notice from a collection agency or a negative credit report because of a medical, dental, or pharmacy issue, you should contact our DCAO.

The DCAOs at the Medical Group can be reached at (609) 754-9005 or (609) 754-9602 or you may visit the clinic to speak with a DCAO directly. Simply sign in at the computer in the TRICARE waiting area. To ensure efficient handling of your problem, please be sure to bring any debt collection letters or a copy of your credit report.

## **TRICARE Prime Remote**

TRICARE Prime Remote (TPR) is for Active Duty and Reserve Component (National Guard and Reserve) members. To be eligible for TPR enrollment, sponsors must reside and work more than 50 miles or one hour's drive time from an MTF, in a TPR-designated ZIP code. (NOTE: Geographic barriers and other circumstances may justify "remote" designations that are less than 50 miles from an MTF). Additionally, Reserve and National Guard members must be on active duty orders for 31 or more consecutive days. It's key that the RC Service member's residence address is current in DEERS. TPR enrollees are assigned civilian primary care managers (PCMs) in their local community. Receiving care locally decreases lost duty time spent traveling to the nearest MTF.

If you live in an area where TRICARE does not have a network provider, ask for a TRICARE-authorized provider. If your PCM or provider thinks you need to see a specialist, your PCM must obtain a preauthorization from the managed care support contractor (MCSC) before you obtain the specialty care. If you do not have a PCM, you must call the Defense Health Agency (DHA) - Great Lakes (formerly known as MMSO) (DHA-GL) to obtain authorization to see the specialist.

To be eligible for TPR for Active Duty Family Members (TPRADFM), each family member must reside with his or her sponsor and the AD sponsor must be eligible for TPR and live outside a TRICARE Prime Service Area. Reserve component family members remain eligible for this program even when the member is deployed as long as they resided with the Service member on the effective date of the reservist's orders and remain living at the residence. Verify eligible locations at <https://www.tricare.mil/tpr> or contact the DHA-GL office.

## **TRICARE for Life**

TRICARE for Life (TFL) is the Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Medicare Part B, regardless of age or place of residence. TFL provides comprehensive health care coverage. You have the freedom to seek care from any Medicare participating or non-participating provider, or military treatment facility on a space-available basis. Medicare participating providers file your claims with Medicare.

After paying its portion, Medicare automatically forwards the claim to TRICARE for processing, unless

## **TRICARE for Life (continued)**

you have other health insurance (OHI). TRICARE pays after Medicare and OHI for covered health care services.

TFL is available to TRICARE beneficiaries, regardless of age and place of residence if you have Medicare Part A and Medicare Part B. You are eligible for TFL on the first date that you have both Medicare Part A and Medicare Part B. All of our enrolled patients turning 65 will be required to transfer from their MDG provider to a civilian Medicare provider. You may choose any Medicare provider as your primary care physician. TFL patients may continue to use the ancillary services at the MDG including Laboratory, Radiology, Immunizations, and Pharmacy.

**TRICARE for Life Contractor:** (866) 773-0404

**TRICARE For Life Web Site:** [www.TRICARE4u.com](http://www.TRICARE4u.com)

### **TRICARE Medical Benefits for Deploying Reservists**

When on delayed effective date orders to serve in support of a contingency operation for more than 30 consecutive days, Reserve Component (RC) members are eligible for “early” TRICARE medical and dental benefits beginning on the later of either: (a) the date their orders were issued or (b) 90 days before they report to active duty. Reserve component family members are eligible for TPRADFM if the sponsor is called to active duty for more than 30 days, and the family members reside within a TPR ZIP code at the location where the reserve member resides upon activation or effective date of orders.

The National Defense Authorization Act changes from fiscal year 2003 no longer require the activated reservist to be eligible for, or enrolled, in TPR for their family member to be eligible for TPRADFM. Reserve component family members must enroll in TPRADFM in order to enjoy the benefit. Once enrolled in TPRADFM, family members of activated reservists continuing to reside at the TPR residence address may remain in TPRADFM for the period of active duty of the member, regardless of the subsequent assignment, enrollment location (whether or not enrolled), or residence of the member.

To be eligible for this early TRICARE benefit, RC members and family members must be registered in DEERS. The member’s Service personnel office is responsible for determining the member’s eligibility for the early TRICARE benefit. The Services will notify and advise eligible RC members of their TRICARE medical and dental benefits when their delayed-effective-date active duty orders are issued. Additionally, RC members and their families are eligible for health benefits while the sponsor is on active duty orders for more than 30 days and are eligible for transitional health care benefits up to 180 days after the RC sponsor comes off active duty orders.

Eligible RC family members may enroll in TPRADFM if the sponsor is activated for more than 30 consecutive days; and family members reside with the sponsor (within a TPR-designated ZIP code) at the time of activation. Eligible family members’ DEERS information must be up to date and reflect the same residential address in the system as their sponsor.

### **TRICARE Dental Benefits for Deploying Reservists**

Upon mobilization, RC members become eligible for the dental benefits that active duty service members receive. Family members of mobilized reservists become eligible for the same lower premiums for dental care coverage that active duty family members enjoy in the TDP.

## **Medical Records**

Health records are the property of the U.S. Government. Their maintenance and availability at the MDG is the key to appropriate medical care. As our valued patients, your medical documentation will only be released to the individual to whom they pertain, or to a parent/guardian of children under 18 years of age, unless approved written authorization has been filed in the record.

- Military members and dependents are no longer eligible to hand carry medical records.
- Medical records will be mailed to your next duty station.

### **Requesting Medical Records for an Off-base Appointment**

You may also visit the Medical Records section prior to your off base appointment to receive a copy of your medical information pertaining to that appointment. Otherwise, the off-base provider's office is required to fax a request to the Release of Information (ROI) office.

### **Obtaining Medical Records for PCS, Retirement or Separation**

Please report to the outpatient records customer service window no earlier than five duty days prior to your final out-processing appointment date. Separating or retiring members will need to bring 3 copies of orders. Air Force member's medical records will be requested by AFPC 30 days after your retirement or separation date. If the member intends to file a VA claim, then AFPC will forward your medical records to the VA Regional Office. We also recommend having a copy made by our medical records team for your own personal records.

### **Requesting Copies of Medical Records for Personal Use**

For personal copies of medical records, please complete a medical record copy request form (DD Form 2870) located at the medical records window. The first copy of your complete medical records is complimentary, and beneficiaries are expected to produce their own copies thereafter. When copies are complete, patients will be notified by phone or e-mail. Beneficiary records will be mailed to the address of their choice unless indicated otherwise. If your wait time exceeds 30 calendar days, please follow up with the Release of Information Office at (609) 754-9048.

#### Medical Records

(609)754-9056 or (609)754-9048

#### Mailing Address

3458 Neely Road, JB MDL, NJ 08641-5312  
Attn: Release of Medical Information

## **Advance Directives**

The Living Will (Directive to Physician) and Durable Power of Attorney expand your rights to make future healthcare decisions in the event you become unable to do so. The Living Will allows you to specify types of healthcare services you do not want, for instance, life support. The Durable Power of Attorney allows you to assign responsibility for making healthcare decisions to another person. If you are interested in completing an advance directive, please discuss it with your PCM, then contact the Legal office at (609) 754-8020 or your personal attorney. Please ensure the outpatient records office receives a copy of the completed document to file in your medical record.

## **Health Insurance Portability and Accountability Act**

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law designed to increase the protection of personal health information and entitles you to additional rights regarding the oversight of your health information. When you enroll to the 87th Medical Group, a Notice of Privacy Practices is made available which describes in detail how the Medical Group may use your health information and what rights you have regarding your information. If you would like a copy of our privacy practices, please stop by one of the front desks or visit the Privacy Officer located in the TRICARE Operations and Patient Administration / Medical Records section of the clinic. HIPAA does not apply to Line of the Air Force organizations. Once a permissible disclosure of PHI is made, the medical information is no longer protected by HIPAA, but does remain subject to the Privacy Act.

## **Health Insurance Portability and Accountability Act**

The HIPAA Privacy Rule recognizes the United States military is a unique organization and has a need for the health information of military members in order to effectively lead and manage the military mission under the Specialized Government Functions provision of the rule. This provision, which only applies to active duty service members under the commander's authority, allows the MTF personnel, as well as civilian medical facilities, to share health information with commanders on G-series orders or their authorized designee, under limited circumstances and in the minimum amount necessary to accomplish the purpose of the disclosure. Authorized designees are the Deputy/Vice Commander and First Sergeant; other designees must be in writing. Examples of the types of information you may receive include information to:

- Determine a member's fitness
- Determine a member's fitness to perform any particular mission, assignment, order, or duty, including compliance with any requirements that are a precondition to perform such mission, assignment, order, or duty
- Carry out activities under the authority DoD Directive 6490.2
- Report on casualties in any military operation or activity in accordance with applicable military regulations or procedures
- Carry out any other activity necessary to the proper execution of the mission of the Armed Forces

Some examples of PHI you receive for individuals under your command are:

- AF Form 469 Duty Limiting Condition Report
- AF Form 422 Notification of Air Force Members Qualification Status
- Preventative Health Assessment and Individual Medical Readiness report (PIMR)
- Notification of Admission to Quarters
- Notification of Flying Status
- Notification of Dental Classification
- Coordination of appointments and notification of missed appointment
- Risk assessment for Personal Information Files

### **Mental Health Records**

In addition to the above, there are also certain instances where other DoD (DoDI 6490.08) and Air Force (AFI44-109, Mental Health, Confidentiality, and Military Law) guidelines require the MTF to notify appropriate command authorities regarding the military member's involvement with mental health services, such as:

- The member poses a danger to self, others, or to security
- Admission to, or discharge from a mental health unit or ward; referrals for admission

## **Health Insurance Portability and Accountability Act (continued)**

- The member's mental status has deteriorated to the point it may significantly affect work or family functioning
- There is suspected existence of family maltreatment, child abuse, or substance abuse

Guidelines in the instructions strike a balance between patient confidentiality rights and the commander's right to know for operational and risk management decisions.

### **Exceptional Family Member Program (EFMP)**

EFMP is a mandatory enrollment program for all active duty personnel who have family members with special needs. The goal of EFMP is to assist military families in managing the dual demands of a military career and the special needs of a family member. For more information about the EFMP program, please contact (609) 754-9752 or (609) 754-9290.

Exceptional Family Members are enrolled in DEERS and possess a diagnosed physical, intellectual, or emotional need that requires specialized medical or educational services. Enrollment in the EFMP program is designed to assist the sponsor with assignment to a duty station where appropriate services necessary to support family members are available.

The program screens all families with an overseas assignment to ensure all necessary services are available at the gaining base. Continuity of care is provided through referrals to local base and community agencies.

### **TRICARE Prime Travel Benefit**

The TRICARE Prime travel entitlement is only available within CONUS, to non-active duty TRICARE Prime enrollees and TRICARE Prime Remote family members when they are referred for medically necessary, non-emergent specialty care more than 100 miles one-way from the PCM location. Beneficiaries must have a valid referral and travel orders from the Military Treatment Facility (MTF) where they are enrolled, or from a TRICARE Regional Office (TRO), if their PCM is a TRICARE network provider.

The travel benefit includes reimbursement of reasonable travel expenses incurred by the beneficiary, not to exceed government per diem rates, when traveling on referral to non-emergency specialty care. Examples of reimbursable expenses include meals, mileage, tolls, parking, and tickets for public transportation (i.e. airplane, train, bus, etc.).

Active duty members and family members enrolled in TRICARE Prime overseas are normally reimbursed for travel expenses under other travel authorities, not the TRICARE Prime travel benefit. Active duty members and overseas families are not subject to the 100-mile rule, but are subject to reimbursement rules in the Joint Travel Regulation as they are for any travel.

#### **Traveling with a Non-medical Attendant:**

The FY02 National Defense Authorization Act authorizes one parent, guardian or adult family member to travel with a non-active duty Prime enrolled patient as a non-medical attendant (NMA). The NMA is authorized reimbursement of actual travel expenses. If the NMA is an active duty member, he/she is entitled to TDY allowances (per diem and mileage) instead of actual expenses. If the NMA is a U.S. Government civilian employee, they may also be entitled to TDY allowances. By statute, the NMA must

## **TRICARE Prime Travel Benefit (continued)**

be a parent, legal guardian or other adult family member. If the NMA is not the parent, the NMA must be at least 21 years of age. The NMA is not required to be enrolled in TRICARE Prime or to be TRICARE-eligible; however, the patient must be enrolled in TRICARE Prime. The use of a NMA must be medically warranted and approved by the MTF to receive reimbursement. Additional patient travel information can be found at: <https://www.tricare.mil/Plans/HealthPlans/Prime/TravelReimb.aspx>

### **Line of Duty**

According to AFI 36–2910, Line of Duty (Misconduct) Determination, section 1.6, an illness, injury, disease or death sustained by a member in an active duty status or in IDT status is presumed to have occurred in the line of duty. The LOD presumption can be rebutted in accordance with AFI 36-2910 section 1.7 if:

- Medical officer determines the illness, injury, or disease existed prior to service
- The illness, injury, disease, or death occurred while the member was AWOL
- Caused by the member’s own misconduct

While on orders for more than 30 consecutive days, Air Reserve Component (Guard and Reserve) members are covered for injury, illness or disease incurred or aggravated in the Line of Duty (LOD). This includes injuries sustained when traveling directly to or from the place of duty. In order to receive health care for these injuries or illness after the active duty period is complete or when serving on Inactive Duty (IADT), the RC member’s unit must issue an LOD determination. This LOD documentation is used to establish, manage, and authorize health care for the specific injury, illness or disease. LOD coverage is separate from any other TRICARE coverage to include transitional health benefits and coverage provided under TRICARE Reserve Select. When obtaining care for an LOD injury or illness, RC members with an LOD have the same access/priority as AD members. The RC member’s medical unit initiates the LOD by filling out an AF Form 348. If the RC member lives within the catchment area of a MTF, the AF Form 348 should be sent to the MTF and to the Defense Health Agency – Great Lakes (DHA-GL), formerly known as the Military Medical Support Office (MMSO). If the RC member lives outside the catchment area of a MTF, the AF Form 348 is sent to the DHA-GL. Additional guidance on LOD can be located in AFI 36-2910 (Line of Duty Determination) and AFI 41-210, (TRICARE Operations and Patient Administration Functions).

### **Medical Evaluation Boards**

To maintain a fit and vital force, disability law allows the Secretary of the Air Force (SAF) to remove from active duty those who can no longer perform the duties of their office, grade, rank or rating and ensure fair compensation to members whose military careers are cut short due to a service-incurred or service-aggravated physical disability.

A Medical Evaluation Board (MEB) is an administrative process at the MTF that is used to determine if a service member is able to reasonably fulfill his/her military duties; however, the MEB is only one portion of the Disability Evaluation System (DES). The DES is comprised of the MEB, Informal Physical Evaluation Board (IPEB), and Formal Physical Evaluation Board (FPEB). The service member will process through the IPEB if found unfit for duty by the MEB, and will process through the FPEB if the member appeals the results of the IPEB. In 2007, the DoD and the Department of Veterans Affairs (DVA) joined forces to create the Integrated Disability Evaluation System (IDES). Under IDES, the DVA

## Medical Evaluation Boards (continued)

assigns ratings for those conditions deemed unfitting by the PEB. The DoD cancelled DoDI 1332.38 & .39 and combined them and the IDES Operations Manual into DoDI 1332.18, Basic, Volumes 1, 2 & 3.

### Key reminders:

Approving Leave - In accordance with AFI 41-210, once a Service member is notified that a MEB has been directed, the SM will be required to be available for VA appointments, PEBLO counseling, and the MEB process. Local procedures may dictate leave restrictions and notification procedures. Once the MEB package has been sent to the IPEB, the member may not take leave or go TDY without permission from AFPC/DPSD.

Commander's Responsibilities: - IAW DoD 1332.18M, Commanders must:

- Provide the non-medical assessment of the Service member's ability to perform their current job and the duties expected of the member's current office, grade, rank, or rating within 5 calendar days of the PEBLO's request. This is also referred to as a Commanders letter. When required Commanders will be notified by the MTF PEBLO and provided a copy of the AFPC format guidance.
- If required, provide the PEBLO a complete Line of Duty (LOD) determination within 5 days of the request date or by the next Reserve drill.
- Require Service members to attend all IDES appointments and VA disability examination appointments, particularly during the MEB phase of the IDES process during which critical case management briefings, disability examinations, and the Military Department MEB are completed.
  - (1) Commanders may grant exceptions to this requirement for the welfare or morale of a Service member, as long as those exceptions do not prevent timely completion of IDES appointments.
  - (2) Commanders may discuss the contents of the non-medical assessment with the Service member before submission to the PEB.
- Inform the PEBLO of any scheduling conflicts with IDES appointments. Require that IDES-referred Service members be assigned military duties appropriate to their condition and have a recovery care plan established, as applicable.
- Inform the PEBLO if the Military Department initiates actions that may lead to administrative discharge or any unfavorable actions that arise during the member's IDES process.

## Elective Medical Care

Active duty members must coordinate elective medical care from civilian providers with their squadron commander and their MTF prior to receiving the elective care. Common elective procedures requiring coordination include refractive surgery for vision correction, in vitro fertilization, cosmetic dental procedures including orthodontics, and cosmetic surgeries including liposuction, tummy tucks, and breast augmentation.

The active-duty member considering the elective procedure must be counseled on the following:

- The elective procedure will be entirely at his/her personal expense.
- Medical conditions resulting from the elective treatment may result in an MEB with the potential for medical discharge without the benefits that are normally received for medical care received in the Line of Duty. For example, disability benefits may not be provided.
- The cost associated with correcting negative outcomes, and other subsequent medical care resulting from the procedure, is normally the patient's expense.
- The member must ensure that all medical treatment records and prescription records are delivered to the MTF within three days of discharge.
- The member must request ordinary leave for the recovery period. (Exceptions: ADSMs approved for living organ donations and any Airman who elect childbirth from civilian sources at her own expense)



## **Elective Medical Care (continued)**

- The member must understand that he/she may seek medical advice from his/her PCM in advance of the procedure to discuss possible alternatives, as well as potential adverse effects from the procedure that may result in duty limiting conditions.

Active duty members who coordinate elective care as required with their commander and MTF may receive some leniency, through a waiver process, in covering medical bills from complications that affect the health of the member, but there is no guarantee. Members who fail to coordinate the elective care are unlikely to receive the same leniency if complications arise. In vitro fertilization procedures for purposes of becoming a contracted surrogate mother may also require off duty employment coordination.

## **Third Party Collection (TPC) Program**

The TPC Program obligates DoD Medical Treatment Facilities (MTFs) to bill private health insurance carriers such as Aetna, Blue Cross/Blue Shield, etc., for the cost of medical care furnished to retirees and family members covered by their own health insurance policies. We gather insurance information using a DD Form 2569, Third Party Collection Program – Insurance Information. Patients need to complete this form every year or as instructed by the MDG staff. Insurance companies will not charge patients a deductible or co-payment for services received at military medical facilities.

## **Bioenvironmental Engineering**

The Bioenvironmental Engineering (BE) Flight provides operational health risk assessment expertise to *enhance commander decision making* and health service support capabilities. BE optimizes combat capabilities by preventing casualties and enhancing performance through full spectrum threat *health risk reduction*. The BE Flight ensures compliance with DoDI 6055.05, including maintenance of Defense Occupational and Environmental Health Readiness System (DOEHRS), contingency response health threat assessments, and regulatory compliance. BE Flight personnel are trained to promote safe and healthful community and workplace environments; protect all JB MDL personnel from workplace and environmental hazards; control, minimize injury, and damage during disaster/contingency operations; ensure compliance with regulatory standards and laws; and protect commanders, supervisors and the DoD from regulatory liabilities.

The BE Flight currently performs fit testing for M50 gas masks, industrial respirators and N95 masks at Building 3457 on JB MDL-M every Monday (0900 – 1445) Wednesday (0800 – 1445), and Friday (0800 – 1445) (except for holidays); and at Building 5 on JB MDL-L by appointment only (732) 624-6307. M50 fit tests are “good for” the member’s career, unless the member gains/loses more than 10% of the baseline weight, and has no facial change issues. Industrial respirator fit tests are an annual requirement.

For concerns, or to make a fit testing appointment, please call (609) 754-9057 or visit us at Building 3457 on JB MDL-M or Building 5, Rm 103 on JB MDL-L.

## **Patient Rights and Responsibilities**

### **As a Patient, You Have the Right To:**

- Quality care and treatment that is consistent with available resources and generally accepted standards, including timely access to specialty care and to pain assessment and management.
- Considerate and respectful care, with recognition of personal dignity, psychosocial, spiritual, and cultural values and belief systems.
- Reasonable safeguards for the confidentiality, integrity, and availability of your protected health information, and similar rights for other personally identifiable information, in electronic, written, and spoken form, including the right to be informed when breaches of privacy occur, to the extent required by Federal law.
- Be informed in advance of making a sensitive disclosure during a health care encounter that in certain circumstances the provider is mandated to make a notification to an individual, agency or service, without requiring the patient's permission or consent to make the provider notification. For example, types of sensitive disclosures may include but are not limited to sexual assault or harassment, domestic violence, substance misuse or abuse, or intent to harm self or others.
- Receive information about the individual(s) responsible for, as well as those providing, his or her care, treatment, and services. The MTF will inform the patient of the names, and as requested, the professional credentials of the individual(s) with primary responsibility for, as well as those providing, his or her care, treatment, and services.
- An explanation concerning your diagnosis, treatment options, procedures, and prognosis in terms that are easily understood by the patient or responsible caregiver. The specific needs of vulnerable populations in the development of the patient's treatment plan shall be considered when applicable. Such vulnerable populations shall include anyone whose capacity for autonomous decision-making may be affected. When it is not medically advisable to give such information to the patient due to vulnerabilities or other circumstances, the information should be provided to a designated representative.
- Any and all necessary information in non-clinical terms to make knowledgeable decisions on consent or refusal for treatments, or participation in clinical trials or other research investigations as applicable. Such information is to include any and all complications, risks, benefits, ethical issues, and alternative treatments as may be available. Patients will be informed that information on TRICARE covered services, including clinical trials, is available on the TRICARE.mil website at: [www.tricare.mil](http://www.tricare.mil).
- Make recommendations, ask questions, or file grievances to the MTF Patient Relations Representative or to the Patient Relations Office. If concerns are not adequately resolved, patients have the right to contact The Joint Commission (TJC) at 1-800-994-6610, or by submitting a concern or complaint online at [https:// www.jointcommission.org/report\\_a\\_complaint.aspx](https://www.jointcommission.org/report_a_complaint.aspx).
- Know if the MTF proposes to engage in or perform research associated with your care or treatment. The patient has the right to refuse to participate in any research projects and withdraw consent for participation at any time.
- Care and treatment in a safe environment.  
Be informed of the MTF rules and regulations that relate to patient or visitor conduct.
- When medically permissible, a patient may be transferred to another MTF or private sector facility/provider only after he or she has received complete information and an explanation concerning the needs for and alternatives to such a transfer.
- Understand the charges for your care and obligation for payment.

## **Patient Rights and Responsibilities (continued)**

- Make sure your wishes regarding your healthcare are known even if you are no longer able to communicate or make decisions for yourself.
- Be informed in advance of making a sensitive disclosure during a health care encounter that in certain circumstances the provider is mandated to make a notification to an individual, agency, or service, without requiring the patient's permission or consent to make the provider notification. For example, types of sensitive disclosures may include but are not limited to sexual assault or harassment, domestic violence, substance misuse or abuse, or intent to harm self or others.

### **As a Patient, You Have the Responsibility To:**

- Provide accurate, complete, and up-to-date information about complaints, past illnesses, hospitalizations, medications, and other matters relating to your health. Patients are responsible for advising their healthcare provider that they understand the diagnosis, treatment plan, and prognosis.
- Being considerate of the rights of other patients and MTF healthcare personnel. Patients are responsible for being respectful of the property of other persons and of the MTF.
- Adhere to the medical and nursing treatment plan, including follow-up care, recommended by healthcare providers. This includes keeping appointments on time and notifying MTF when appointments cannot be kept.
- Return medical records promptly to the MTF for appropriate filing and maintenance if records are transported by the patients for the purpose of medical appointments, consultations, or changes of duty location. All medical records documenting care provided by any MTF are the property of the U.S. Federal Government.
- Following MTF rules and regulations affecting patient care and conduct.
- Your actions if you refuse treatment, or do not follow the practitioner's instructions.
- Meeting financial obligations incurred for their healthcare as promptly as possible.

## The Joint Commission

If your concerns cannot be resolved by the 87 MDG, then patients, staff, and families may contact The Joint Commission in writing to report these patient safety and quality of care concerns using one of the following methods:

Website: [https://www.jointcommission.org/report\\_a\\_complaint.aspx](https://www.jointcommission.org/report_a_complaint.aspx)

Fax: (630) 792-5636

Mail:

The Office of Quality and Patient Safety The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181

