# 509th MEDICAL GROUP PATIENT HANDBOOK









#### 509th MDG Clinic Hours

509th MDG Clinic Hours

Monday-Thurs ....... 7:30 a.m. to 4:30 p.m. Friday ...... 7:30 a.m. to 3:00 p.m.

Closed for training

2nd Wednesday of every month until 1300.

Website: http://www.whiteman.af.mil/units/509mdg/index.asp

Facebook: https://www.facebook.com/509MDG

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# Notes

# **Notes**

# Individual Medical Responsibilities For Personnel Reliability Program (PRP) Members

Each time you visit the MDG, you must check in with the PRP office. Your ID card will be exchanged for a "PRP" badge that must be worn at all times. This badge is to be worn on the upper torso in plain sight. The purpose of the badge is to identify you as a PRP member. It is designed to ensure MDG personnel are aware of your PRP status and that all requirements of PRP are met.

You are ultimately responsible for informing MDG personnel that you are on PRP. If you have any questions about your responsibilities while on PRP status, please call the MDG PRP monitor at 687-2169.

# ARE YOU ON PRP?



# ALWAYS NOTIFY THE MEDICAL STAFF IF YOU ARE ON PRP

#### TRICARE

#### How can I enroll in TRICARE Prime?

Active duty and family member enrollment is completed by the sponsor by enrolling online or calling United Healthcare after medical inprocessing. All other beneficiaries can enroll on a voluntary basis by navigating to <a href="http://www.uhcmilitarywest.com">http://www.uhcmilitarywest.com</a> and completing an enrollment application. "Space A" Care - Eligible beneficiaries who choose not to enroll in PRIME will be seen only for acute care on a space available basis.

#### Where do I enroll?

You can also enroll on line at http://www.uhcmilitarywest.com

#### Defense Enrollment Eligibility Reporting System (DEERS)

In order to enroll in TRICARE Prime, you must be registered in the Defense Enrollment Eligibility Reporting System (DEERS). DEERS is a computerized data bank that lists all active and retired service members, and their families. Report any changes to family member's status (marriage, divorce, birth or adoption of a child, etc.), or change to mailing address. Please ensure newborn children are registered with DEERS and TRICARE within 60 days of birth date. When seeking medical care, checks for a valid ID card and medical eligibility are required for all visits. If your status in DEERS shows "ineligible," you must go to the Military Personnel Flight customer service section to update/correct your information. You can verify your family's information is current by calling the DEERS Telephone Center toll free Monday through Friday from 9:00 a.m. to 6:30 p.m. EST at 1-800-538-9552 (in California, call 1-800-334-4162), or visit them on-line at:

http://tricare.mil/Welcome/Eligibility/DEERS.aspx?sc database=web and go directly to the DEERS address change page.

#### TRICARE Assistance

#### REFERRAL MANAGEMENT CENTER (RMC)

The RMC is a one stop shop for all referral issues. If your provider completes a referral, the RMC will help you select a provider for your specialty care. If you have not received your authorization letter for referral care you can contact UnitedHealth Care Military & Veterans at 1-877-988-9378

#### BENEFICIARY COUNSELING AND ASSISTANCE COORDINATOR

Beneficiary Counseling and Assistance Coordinators (BCACs) serve as problem-solvers for patients. They work with the Military Treatment facility, staff, contractors, and claims processors to resolve patient concerns and questions regarding TRICARE. The Whiteman AFB BCAC can be reached at 687-2188, option 3, option 1, or by stopping by the RMC.

#### **BILLING PROBLEMS**

Patients with billing problems should call 1-877-988-9378. Anyone referred to a collection agency due to a TRICARE bill should contact the DCAO at 687-2188, option 3, option 1.

#### CLAIMS INFORMATION

Filing a claim can sometimes be a confusing process. Here are some general guidelines to help you understand the process.

- Claims are filed when a patient sees a civilian provider.
- The exact process of filing a claim differs, depending upon the status of the provider (i.e., Prime, Extra, and Standard).
- In some cases, the provider will file the claim; in others, the patient is responsible.
- It is important to fill out the claim form correctly and to include any necessary paperwork.
- All TRICARE-eligible individuals must be enrolled in DEERS.

#### Useful TRICARE Websites

#### DoD Military Health System Website www.tricare.osd.mil

In addition to information about benefits, programs, policies and various resources, the site maintains the latest updates to your healthcare benefits.

#### **United Health Care Military & Veterans** 1-877-988-9378

UHC is the Managed Care Support Contractor (the contractor responsible for managing the TRICARE health care system) for the West region. The 509th Medical Group falls within the West region.

#### TRICARE Online www.tricareonline.com

TRICARE Online links you and your family to healthcare services, resources and information through a secure Internet environment. You have the ability to schedule medical appointments through this site.

Whiteman AFB Homepage <a href="http://www.whiteman.af.mil/">http://www.whiteman.af.mil/</a>

The Whiteman AFB Homepage maintains a myriad of information about base services, including the 509th Medical Group.

#### **Useful Dental Websites**

It is highly recommended that family members of active duty personnel participate in the **TRICARE Dental Plan (TDP)** which is currently managed by Met Life. For more information about TDP and how to enroll family members, contact the TRICARE office at 687- 2188, the Military Personnel Flight Customer Service Section (687-6426), or the Dental Treatment Facility for brochures/enrollment forms. Enrollment in TDP can also be done directly at <a href="www.tricare.mil/bwe">www.tricare.mil/bwe</a> or 1-855-638-8371.

A dental plan for military retirees is available with the Tricare Retiree Dental Program (TRDP) which is managed by Delta Dental. For more information on enrollment in TRDP, contact the Dental Treatment Facility or Delta Dental at www.trdp.org or (888) 838-8737.

# Family Health Initiative (FHI)

FHI is an active approach to establish a medical home for everyone which means improved continuity of care! Your healthcare needs are coordinated by your medical provider who is leading a team of medical professionals to meet your healthcare needs.

#### What are the benefits of FHI? (PCM)

- Continuity of Care: Seeing the same family health team for each visit improves the continuity of care. You will be receiving care from a provider familiar with your past medical history.
- Preventive Care: Your PCM will perform regularly scheduled checkups, screenings and examinations to ensure early detection of illnesses. The primary intent of these regular visits is to keep you and your family members healthy through preventive care and services.
- Communication: "One-on-one" communication with your PCM will keep you involved in the various options and decisions related to your health care needs.
- After-Hours Access: Call the Nurse Advice Line at 1-800-TRICARE (874-2274); Option 1.

### PCM Assignments

For active duty and active duty family members, PCM assignments are done based on your unit of assignment. Retiree and Retiree Dependents are assigned based on healthcare provider availability.

## **PCM Changes**

Beneficiaries may submit a "TRICARE Prime Change Request & Disenrollment" form to request a change in PCM. This can be accomplished by calling the United Healthcare line @ 1-877-988-9378. Healthcare provider changes are not automatic. All PCM change requests are reviewed for medical necessity and or PCM availability. Patients receive a letter from United Healthcare if the PCM change occurs.

# **Appointments**

Priority for appointments is given to TRICARE Prime enrollees. In general, you should expect to be seen within 24 hours for an acute illness; within (1) one week for a routine visit; within (4) four weeks for preventive health visits.

#### What is my priority for care?

Federal Law ranks priority for care at the 509 MDG as follows:

- 1. Active duty personnel.
- 2. Active duty family members enrolled in TRICARE Prime.
- 3. Retirees, survivors and their family members enrolled in Prime.
- 4. Active duty family members not enrolled in Prime.
- Retirees, survivors and their family members not enrolled in Prime.
- 6. Non-enrolled persons eligible for military healthcare will be seen at military hospitals and clinics on a space-available basis.

### Making an Appointment, (660) 687-2188

All acute, routine and specialty appointments for TRICARE Prime enrollees can be made through the appointment line or TRICARE ONLINE or MiCare. For hearing impaired patients with access to a TDD phone, please call our TDD line at 687-5059.

Dependents over the age of 18 are required to make their own appointments unless there is a Power of Attorney on file in the clinic.

Because a call sequencer is used, calls are answered in the order in which they are received. Have a calendar, paper and pencil available before calling the appointment desk, along with the following information:

SPONSOR'S social security number or DoD ID number SPONSOR'S status (active duty, retired, etc.)
Patient's name and date of birth
Primary Care Manager's name
The nature of the medical problem

## Referrals/Specialty Care

Patients may be referred to other medical facilities for evaluation and treatment if the required medical specialty is not available at Whiteman AFB. Your healthcare provider makes specialty referrals. (See Referral Management Center information RMC page 7)

## **Emergency Care**

# WHITEMAN AFB DOES NOT HAVE AN EMERGENCY ROOM – HAS AMBULANCE DISPATCH ONLY: WAFB Ambulance Dispatch (Whiteman AFB, 24 hours): Call 911

As a rule of thumb, a true emergency is a threat to life, limb and eyesight or threatening condition requiring immediate medical treatment. If you think you fit this category, DON'T TAKE ANY CHANCES, go to the nearest facility equipped to handle your situation, such as a hospital emergency room, or call 911. Emergency care does not require a preauthorization, although you must call your PCM within 24 hours of receiving care @ 1-660-687-2188 or as soon as your medical condition permits.

For emergencies involving risk of loss of life, limb, or eyesight, ambulance response is available for Whiteman AFB and base housing. All ambulance requests go through the 911 dispatch. The ambulance may need to transport patients to the nearest civilian emergency room for treatment.

#### Illnesses

For a sudden, severe and unexpected medical condition (e.g., loss of consciousness, shortness of breath, chest pain, uncontrolled bleeding and drug overdose) or for a condition that threatens life, limb, or eyesight, dial 911 or go to the nearest hospital/emergency room. During or duty hours call your PCM / MTF at 660-687-2188 or when out of the area call United Healthcare at 1-877-988-9378. If you receive emergency care outside of the clinic, contact your PCM within 24 hours to minimize personal out-of-pocket expense. All follow-up care must be approved by the PCM.

## **Active Duty Procedures for Acute Care**

The 509 MDG encourages supervisors to determine what action is best for their subordinates. When an active duty member determines that they may be too ill to work, they must first call their supervisor.

Supervisors of active duty members are reminded that they can grant quarters up to 24-hours to their personnel without a medical appointment in accordance with AFI 41-210,4.14.6. If the member is released to home for 24 hours and has not improved, they should call to request a same day appointment.

#### **Out-of-Area Care**

# What should I do if I'm a Prime enrollee and get sick while traveling outside my region?

You should contact United Health Care Military & Veterans 1-877-988-9378 or the 509th Medical Group's after hours PCM line at 1-800-334-2958. For non-emergency care you must first obtain authorization. If you see a physician without authorization for a non-emergent problem, you will still be covered for some of the costs incurred under the Point-of-Service option. That option pays 50 percent of the cost after a separate, somewhat higher deductible is met (\$300 for single enrollment and \$600 for family enrollment).

**Routine** – Under most circumstances, non-emergent or non-urgent care is not authorized while you are away from home. You must call your PCM to obtain authorization prior to obtaining non-emergency care.

**Urgent** - Care for a medical condition that, while not life or limb threatening, is serious enough that you cannot delay treatment, for example, eye or ear infections and suspected bladder infections. Call your PCM for authorization prior to seeing a provider.

**Emergency** - Go to the nearest facility that is equipped to handle the situation or call 911. TRICARE covers emergency medical services no matter where you are and which plan you use.

#### After Hours Care

For urgent care needed after duty hours, down days, weekends or on Holidays call the aftercare number at 1-800-TRICARE (874-2274); Option 1.

# Flight Medicine Services

Flight Medicine Services are available for all active duty members on flying/special operational status and their family members. This care includes routine adult care and routine gynecological care to include pap smears. Active duty acute care is available by appointment only during normal duty hours. Routine appointments are made by calling the Central Appointment Desk at 687-2188, option 1, option 1, then option 3, Monday through Friday from 7:30 a.m. – 4:30 p.m.

Only federally mandated physical exams other than AD AF PHAs (Preventive Health Assessment) are accomplished by this section. AD AF PHAs are scheduled through the unit health monitors.

# **Gynecological Services and Obstetrical Care**

Gynecological services are offered at the 509 MDG including care of women throughout the life span. Some of the services that are provided include pap smears, breast exams, and evaluation for infertility, family planning, menopause management, intrauterine devices, implantable contraceptives, endometrial biopsy, and colposcopy. For patient sensitivity reasons, please try to arrange for child care prior to your appointment. Routine appointments can be made by calling Central Appointments line at 687-2188, option 1, option 1, option 4.

**Pregnancy Tests**: No appointment is necessary unless you are an Active Duty member on Flying Status or are on PRP Status. Walk in daily to the laboratory. If your PCM's nurse receives a positive result from the laboratory, you will be contacted via phone. You need to be 1 week late with your menses or have a positive home pregnancy test before getting a clinic pregnancy test.

**Obstetrics**: Obstetrical services are provided through the TRICARE Network. Personnel will be directed to the Referral Management Center for processing paperwork and locating a civilian healthcare provider.

## **Pharmacy**

# THE PHARMACY DOES NOT ACCEPT CALLED IN OR FAXED PRESCRIPTIONS.

#### **Available Medications**

The medications stocked in the pharmacy are determined by the Pharmacy and Therapeutics Committee of the 509th Medical Group. The medications included are based on each provider's scope of practice. The pharmacy carries medications listed on the "BASIC CORE FORMULARY" (determined by the DoD Pharmacoeconomic Center), as well as medications deemed necessary to meet the needs of the local community. A listing of medications stocked by the 509th pharmacy is updated quarterly and is available from the pharmacy or online at <a href="https://www.whiteman.af.mil/units/509mdg/index.asp">https://www.whiteman.af.mil/units/509mdg/index.asp</a>

#### **Medication Pick-up Guidance**

Only the patient to whom the medication is prescribed is authorized to pick up prescriptions, unless the patient is under 18 or the patient authorizes a "patient representative" to pick up his or her medication. An individual acting as the patient's representative (family member, other relative, personal friend or any other person) can pick up a prescription for the patient under the following circumstances: 1) the patient representative is at least 18 years of age and 2) the patient has identified in writing the patient representative as the individual authorized to pick up prescriptions. Special cards for this purpose are available in the Pharmacy.

#### Phone-in Refill Service

All prescription refills should be requested via the 24 hour phone-in refill service. Refills are ready the next duty day when called in before 1600 hours. Phone-in refill service is (660) 687-2188, option 2 or (800) 334-2958. Refilled medications must be picked up within 10 days. After 10 days, the refilled medication will be returned to pharmacy inventory.

Pharmacy staff members are available during duty hours to answer questions. Please use the phone tree listed on pages 3 and 4.

## Laboratory

The clinical laboratory provides basic diagnostic and therapeutic laboratory procedures for authorized beneficiaries. The laboratory is accredited by the College of American Pathologists. Procedures not performed at this site are sent to an accredited reference laboratory for testing. It may take up to two weeks to receive results for tests that have been sent to a reference laboratory.

Laboratory tests that are ordered by on-base providers are sent to the lab electronically. Report to the laboratory as directed by the clinic to have samples collected.

The laboratory also processes written lab orders from authorized off-base providers. Written orders must be signed by the provider and should include the clinic's address, telephone and fax number, the provider's DEA number and a list of all tests being ordered. This information should be available to avoid unnecessary delays at patient check-in and when the results are sent to the provider. Tests results will be transmitted via fax to the ordering provider.

Patients who have been referred to an off-base provider may use that provider's local laboratory to have the required testing performed. The laboratory fees are covered by TRICARE as part of the referral. Using the off-base lab is often more convenient for the patient. The provider will also get the lab results sooner, thereby leading to more expeditious treatment. This is especially true for specialized care.

Questions regarding ordered tests and/or the results should be directed to the requesting provider. The laboratory staff is not authorized to release results directly to the patient. If needed, patients may obtain printed copies of test results from the Release of Information office.

Lab results that are ordered by clinic staff will be resulted to patient via Audionotes for all normal labs or patient will be contacted by a member of their family health team for any abnormal lab results. Lab results may take up to two weeks to result.

# Radiology

The radiology section at the Whiteman AFB clinic provides routine diagnostic imaging services. When a primary care provider requests a radiology request in the computer database, the patient checks in at the radiology front desk with their military ID. Patients may bring prescriptions for radiology procedures from local civilian providers and the 509 MDG radiology section will perform the requested procedures.

#### Film Loan Policies

Requests for the temporary sign-out of radiographs can only be made through the radiology reception desk. Radiograph copies will be furnished to patients that need them for off-base appointments.

If you are PCSing or retiring, you may permanently sign-out original radiographs for the sponsor and family members by furnishing a copy of your orders. This is especially important with mammography radiographs. Your new provider will need the actual films to compare with any new examinations you may require.

Radiology results that are ordered by the family health clinic staff will be resulted via Audionotes for any abnormal results and for any abnormal results a member of the family health team will contact the patient. Radiology results may take up to 3 business days for the radiologist to read them.

# **Optometry Clinic**

Optometry services are limited to active duty patients. Active duty family member TRICARE Prime beneficiaries are authorized one routine exam with a civilian network provider per year. Retirees, their families, and TRICARE Plus patients are authorized one exam every other year with a civilian network provider. Primary Care Managers (PCM) may authorize additional exams if warranted due to a medical condition (e.g., diabetes, glaucoma). Beneficiaries with urgent eye problems (injuries, infection, and sudden vision loss) should contact the appointment desk for a same day appointment. If the problem cannot be treated by your PCM, you will be referred to the optometry clinic.

All patients should be prepared for eye dilation as part of their annual exam. Essentially, this means your vision may be blurred and you may be sensitive to bright lights for several hours after the exam. Contact lenses may be worn after the exam; however, glasses are preferred in most cases. A driver may not be necessary for everyone, but is recommended and helpful.

Military spectacles are provided to active duty and retired personnel with a current prescription less than one year old.

#### Immunizations Clinic

Monday-Thursday 7:30 a.m. – 12:00 p.m. & 1:00 p.m. – 16:00 p.m. Friday: 7:30 a.m. – 12:00 p.m. & 1:00 p.m. – 15:00 p.m.

Smallpox: Every Wednesday 7:30 a.m. – 12:00 p.m. Yellow Fever: Every Wednesday 1:00 p.m. – 2:00 p.m.

TB Skin Testing: Every day except for Thurs (must be able to return to

have it read 48-72 hrs later).

Children under the age of two months must have a well baby check prior to receiving any immunization. Well Baby clinic is located in the Pediatrics Clinic.

All parents <u>must</u> bring their child's social security card prior to receiving any immunizations. All patients over the age of 10 must bring a valid DOD I.D. card to receive any immunization and/or TB skin test.

# **Physical Therapy Clinic**

The goal of the Physical Therapy Element is to provide evidence-based care in order to expediently reduce pain and restore function following musculoskeletal injury or orthopedic surgery for Whiteman's active duty population. A combination of modalities may be used in speeding recovery, such as therapeutic exercise, joint manipulation & mobilization, electrical stimulation, ultrasound, taping & bracing, microwave diathermy, iontophoresis, spinal traction, and neuromuscular reeducation.

Physical Therapy accepts referrals from military and authorized civilian healthcare providers through the Referral Management Center. Appointments are booked through the Central Appointment Line, 687-2188, option 1, and then option 2. Handwritten scripts from off-base providers can be brought directly to the Physical Therapy clinic for scheduling. At your initial visit, the physical therapist will perform a comprehensive evaluation to determine your specific physical dysfunction or impairment. A unique treatment program will be designed for you with your goals in mind, consisting of either home exercises, inclinic visits with the therapist and technicians, or both.

#### Dental

# Comprehensive dental care is provided for all AD personnel and RC personnel on active duty orders.

It is highly recommended that family members of active duty personnel participate in the TRICARE Dental Plan (TDP) which is currently managed by Met Life. For more information about TDP and how to enroll family members, contact the TRICARE office at 687- 2188, the Military Personnel Flight Customer Service Section (687-6426), or the Dental Treatment Facility for brochures/enrollment forms. Enrollment in TDP can also be done directly at <a href="www.tricare.mil/bwe">www.tricare.mil/bwe</a> or 1-855-638-8371.

Family members of active duty personnel being reassigned to overseas locations must acquire dental clearance prior to departure. Family members in TDP will have their civilian dentist complete the AF Form 1466D for dental clearance. Family members with significant dental defects will be advised to have all required dental treatment completed prior to PCS because some dental services may be limited at specific OCONUS locations. For these reasons, active duty sponsors are encouraged to establish family members with a local TDP civilian dentist as soon as possible to prevent delays in future assignment processes. For dependents that are not enrolled in TDP, a dental examination and AF Form 1466D completion will be accomplished by the Dental Treatment Facility.

A dental plan for military retirees is available with the Tricare Retiree Dental Program (TRDP) which is managed by Delta Dental. For more information on enrollment in TRDP, contact the Dental Treatment Facility or Delta Dental at www.trdp.org or (888) 838-8737.

Non-emergent dental care for non-active duty beneficiaries in the Military Dental Facility is extremely limited and acquired on a space available basis only. (Space available means the patient is physically present and ready for treatment in the dental clinic at the time the appointment becomes available and also that the appointment type meets the patient's dental treatment needs.)

### **Emergency Dental Care**

Emergency treatment for acute infection, traumatic injury, or relief of pain is available at all times for active duty members. Non-Active Duty beneficiaries that are not TDP members may also be seen for emergency treatment (severe pain, uncontrolled bleeding, acute infections or life-threatening situations). During normal duty hours, patients should call the dental clinic for an emergency appointment at (660) 687-6825. When the clinic is closed, patients should call the

Medical Treatment Facility (660) 687-2201 and request a telephone consult with the on-call dentist. Family members of active duty personnel enrolled in TDP are encouraged to consult with their civilian dentist for emergency care during enrollment.

# **Mental Health Flight**

The Mental Health Clinic provides a variety of mental health services including: treatment of adults, psychological testing, and the use of various forms of treatment modalities with individuals, couples, and group therapy. Common issues seen are depression, stress, anxiety, sleep difficulties, communication skills, and marital conflict. Appointments can be made by calling the central appointment desk @ 687-2188, option 1, and then option 4.

**Family Advocacy Program** (FAP): FAP provides a myriad of services to help develop and foster greater family satisfaction and cohesion. The program is divided into three components:

- 1. Outreach: Provides classes, psycho-educational groups, in-services to increase marital satisfaction and improve parenting techniques. This program is 100% voluntary and is designed to enhance family unity and communication.
- 2. New Parents Support Program (NPSP): The New Parent Support Program is available for parents who are expecting and/or have children up to the age of three. This is an educational, home based program provided by a registered nurse. It provides parents useful information regarding breastfeeding, child development, parenting information and appropriate forms of discipline.
- 3. Maltreatment Program: This program is for families that have recently experienced or have ongoing family maltreatment issues. Families are provided support through individual, marital, family and group therapy. The goal, of course, is to avoid any future incidents of maltreatment.

Special Needs Identification and Assignment Coordination Program (SNIAC): Identifies family members with exceptional medical or educational conditions and assures the provision of required medical and/or special education services are available at gaining base during PCS. Enrollment is mandatory for family members with educational, emotional, or physical needs. Call 687-2188, option 1, and then option 4, to enroll.

Alcohol and Drug Abuse Prevention and Treatment Program
The Air Force Medical Service recognizes alcoholism and drug addiction
as progressive often chronic disorders that are preventable and
treatable. Treatment, management, and rehabilitation services are
provided Air Force-wide for active duty personnel. Referrals are either
through command directed or self-referral with the goal to return the
member to full duty status.

# **Health and Wellness Center (HAWC)**

Phone: 687-1199, option 4, and then option 5

Located in the 509 Clinic

Hours: 7:30am-4:30pm Monday-Friday

#### The mission of Health Promotion includes:

Comprehensively guide and support installation leadership in fostering a culture and environment that values health, fitness, and wellness. Reducing and removing existing barriers to individuals and organizations adopting sustainable strategies toward leading healthy lifestyles. Enhance the health of Airmen and beneficiaries.

Improve the mission readiness, productivity, and resilience of Airmen.

#### Services Include:

- Assessment of population health needs and interests for the installation.
- Identifying high-risk units with suboptimal population health metrics.
- Providing unit commanders, first sergeants, and superintendents with actionable data on Airmen health.
- Collaborating with unit commanders to implement evidence-based unit health interventions that promote Airmen health, fitness, and mission performance.
- Implementing and evaluating health communication interventions that promote healthy behaviors.
- Integrating and implementing community outreach and prevention programs through actively participating in the installation Integrated Delivery System (IDS).
- Building 509th Medical Group capacities to effectively deliver clinical interventions that address health behaviors.

#### Healthwise Handbook - A Self-Care Guide

This is a great resource for treatment, prevention, health, and wellness information available at the HAWC. It gives you treatment plans to use at home and helps you decide when to contact your primary care manager.

#### **Medical Records**

Patient medical records are pulled by exception as the medical records are now electronic.

Although the medical record contains private health information about the patient, the original record is the property of the United States Government and must be maintained in the military healthcare facility. Medical information is carefully safeguarded in accordance with applicable laws. By order of the Assistant Secretary of Defense in charge of Health Affairs, all DoD medical facilities maintain a "closed" records system. The original medical records will not be released outside the DoD, or without your consent except in rare events.

#### Release of Information

Upon separation, retirement, or if you require copies of your medical records for any reason, you will must complete a Request for Release of Medical Information. Please request your records at least 30 days in advance, if possible. Information is released upon receipt of the written request and signed authorization from the patient, which will include the sponsor's social security number or DoDi number. Clinic staff will help you complete your request and the Release of Information Office will notify you when your record copy is available. Phone requests will not be honored.

# **Third Party Collections Program**

#### What is Third Party Collections?

- We charge commercial health insurance companies for care received in the base clinic.
- You will not be charged any deductible or co-payment for services at any military hospital, this charge only applies to insurance companies.

#### What do I need to do?

- Please bring your insurance identification card with you each time you visit the clinic.
- All patients will be asked to complete and sign a electronic DD Form 2569 once a year indicating whether they do or do not have such insurance.
- You will be asked to update the information once a year or whenever your coverage changes.

#### With your cooperation Third Party Collection will:

- Result in the purchase of needed equipment and supplies.
- Help us increase the availability of healthcare services.
- Help meet your policy deductible without raising your premiums or costing you anything.
- The money is used to enhance the quality of care at the 509th Medical Group

# **Permanent Change of Station (PCS)**

When moving to a different region, you will have up to 30 days at the new site to enroll. Your old region will cover you for care until you enroll at the new region (See *Out of Area Care*).

Common questions we receive:

# If my family moves to a different region, are we (active duty) automatically assigned a new Primary Care Manager?

No. You must enroll at your new region for PCM assignment. For family members, enrollment in TRICARE Prime is on a voluntary basis. If you move to a different region, you will have up to 30 days at the new site to enroll. Your old region will cover you for care until you enroll at the new region. Enrolled members will start a new 12-month enrollment period.

#### What do I do prior/before my PCS?

Prior to your PCS please stop by the 509 MDG Patient Administration offices if you have questions or concerns. The 509 MDG Patient Administration offices offer administrative support for all relocations.

When in-processing at your new assignment, you must transfer your enrollment from this region to your new location. Should unusual circumstances apply (i.e. four month TDY en route to PCS), contact TRICARE or your Military Beneficiary Counseling Assistance Coordinator (BCAC). <a href="http://www.tricare.mil/bcacdcao/">http://www.tricare.mil/bcacdcao/</a>

# What should I do for care during my PCS?

You should call your PCM for the region you are currently enrolled in (See *Out of Area Care*) or contact the nearest MTF.

# **Policy on Use of Chaperones**

A chaperone will always be offered by clinic personnel performing procedures that involve exposure, examination, or treatment of private body areas (i.e. genitalia, rectum, buttocks, or female breasts) on patients of the opposite gender. All patients have the right to a chaperone at any time.

All providers have the right to have a chaperone present. The provider has the right to refuse to examine a patient for a routine, non-emergent matter if the patient refuses a chaperone. If a patient declines a chaperone, and the provider decides to proceed with the exam, then the provider and a staff member must document that "patient declines chaperone" in the medical record.

In an emergent situation, examination of the patient will not be delayed because of difficulty in securing a chaperone. In such cases, the provider may proceed without a chaperone or use a chaperone that is not the same sex as the patient.

Patient/provider interactions that involve any questionable conduct should be immediately brought forth to the Chief of the Medical Staff.

# Patient Advocate Customer Satisfaction "Feedback" On Services at Whiteman AFB.

#### Your opinion is important to us

There are preaddressed customer comments cards located in each section of the 509th MDG. We value your opinion so please fill one out.

Please help the medical facility commander provide the best possible care to all beneficiaries. If you have a concern, problem, question, or compliment please ask for the patient advocate for the section in question.

#### **Translation Services**

Several of our staff members are available for translation assistance while you are in the MTF. Please notify the patient check-in window located in the main lobby if you have need of assistance.

#### **Prime Enrollment Fees**

You may elect to pay by allotment, electronic funds transfer, credit card, cashier's check, or money order. You may not pay enrollment fees with cash. Payment can be submitted:

online at www.uhcmilitarywest.com

 By mail to: UnitedHealthcare Military & Veterans TRICARE West Region Enrollment Department P.O. Box 105492 Atlanta, GA 30348-5492

• Fax: 1-877-890-7297

#### **Military Treatment Facility Fees**

All three TRICARE options i.e. (Prime, Extra and Standard) allow beneficiaries to seek medical services at an MTF. Services rendered at the MTF (including pharmacy services) are free of charge to the beneficiary. While the MTF will try to accommodate all beneficiaries needing medical care, patients are generally seen according to whether or not appointment space is available. This is known as "space availability." Appointments at the MTF are scheduled in the following priority, according to space availability:

- 1. Acute
- 2. Active Duty
- 3. Prime
- Standard
- 5. Others, as available

# **Rights of Patients**

**MEDICAL CARE AND DENTAL CARE**: Patients have the right to reasonable access to quality care and treatment consistent with available resources and generally accepted standards. The patient has the right also to refuse treatment to the extent permitted by law and government regulations, and to be informed of the consequences of their refusal.

**RESPECTFUL TREATMENT**: Patients have the right to considerate and respectful care, with recognition of his or her personal values and/or beliefs

**PRIVACY AND CONFIDENTIALITY**: Patients have the right, IAW Health Insurance Portability Accountability Act (HIPAA) and Air Force regulations, to security, privacy and confidentiality concerning health care.

**IDENTITY**: Patients have the right to know, at all times, the identity, professional status and professional credentials of health care personnel, as well as the name of the health care practitioner primarily responsible for their care.

**EXPLANATION OF CARE**: Patients have the right to have their diagnoses, treatments, procedures and prognoses of illnesses explained in terms they can be expected to understand. When it is not medically feasible to give such information to the patient, it will be provided to appropriate family members or surrogates.

**INFORMED CONSENT**: Patients have the right to be given, in non-clinical terms, information needed to make knowledgeable decisions on treatment options. Such information should include explanation of the procedure, anticipated complications, risks, benefits and alternative treatments available.

**RESEARCH PROJECTS**: Patients have the right to be advised if the medical facility proposes to engage in research associated with their care or treatment. The patient has the right to refuse to participate in any research projects. Currently, the 509 MDG does not participate in any research projects and does not have a local approving authority to do so.

**SAFE ENVIRONMENT**: Patients have the right to care and treatment in a safe environment which meets appropriate safety codes and is prudently and reasonably managed.

**MEDICAL FACILITY RULES AND REGULATIONS**: Patients have the right to be informed of the medical facility's rules and regulations that relate to patient or visitor conduct. The patient has the right to expect that explicit rules will be enforced for all.

**PATIENT COMPLAINTS:** Through the patient advocate, patients are entitled to information about the medical facility's mechanism for the initiation, review and resolution of patient complaints.

**TIMELINESS OF CARE:** Patients have the right to the most timely access and treatment that medical facility resources and medical circumstances allow.

**ADVANCED DIRECTIVES/LIVING WILLS**: In accordance with Missouri's Self-Determination Act of 1991, patients have the right to be provided information regarding their right to make advance directives concerning their medical care. Two avenues of advance directives are Living Wills and Durable Powers of Attorney. Patients obtain these through the base legal office.

**PATIENT REPRESENTATION**: The right of the patient's guardian, next of kin or a legally authorized responsible person to exercise, to the extent permitted by law, the rights delineated on behalf of the patient.

**PROTECTIVE SERVICES**: Patients have the right to access protective services such as Family Advocacy.

**ETHICS**: The patient has the right to participate in ethical questions that arise in the course of his/her care.

**PAIN MANAGEMENT**: Patients have the right to appropriate assessment and management of his/her pain.

**FILMING, RECORDING, PICTURES**: Any recording, pictures, or video of a patient acquired for medical reasons, such as, but not limited to, medical record keeping, consultation, or telemedicine, shall not be used otherwise without the patient's written permission.

# **Patient Conduct and Responsibilities**

**PROVIDING INFORMATION:** Patients must provide, to the best of their knowledge provide accurate and complete information about symptoms, past illnesses, hospitalizations, medications and other matters relating to their health. A patient must let his or her primary health care practitioner know whether he or she understands the treatment and what is expected of him or her.

**RESPECT AND CONSIDERATION**: Patients must consider the rights of other patients and health care personnel. This includes ensuring that they and their visitors comply with noise, smoking and visitor congestion policy. Patients must respect the property of other persons and the medical facility.

**COMPLIANCE WITH HEALTH CARE**: Patients are strongly encouraged to comply with the medical, dental and nursing treatment plan, including follow-up care recommended by health care personnel. This includes keeping appointments on time or notifying clinics when they cannot keep appointments. Patients that are non-compliant may be subject to disengagement from the Clinic and given a civilian provider.

**MEDICAL AND DENTAL RECORDS**: Patients must ensure they promptly return any medical documentation that they receive from any provider outside the MTF to the medical facility for review by his/her primary care manager, proper filing and maintenance. The HIPAA guidelines govern patient rights to their medical record and medical information.

**MEDICAL FACILITY RULES AND REGULATIONS**: Patients must follow general medical facility rules and regulations affecting patient and visitor conduct.

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# Staff Rights and Responsibilities

Members of the Medical Group have the following rights and responsibilities:

The right to a safe work environment. When duties require working with potentially hazardous material, you have the right and obligation to obtain personal protective equipment and the training to properly employ its use and prevent potential injury.

The right to a supportive and culturally aware work environment where an individual is respected as an individual regardless of gender, race, ethnic background, moral or religious beliefs.

The right to a competency-based orientation tailored to your individual needs to provide the knowledge and skills necessary to meet the requirements of your job description and the goals of the organization.

The right to participate in the continuous process improvement of the organization by offering suggestions to your supervisors and to the executive leadership of the organization.

The right to receive information concerning the activities and events of importance and interest to the organization and the right to raise personal ethical concerns.

The right to be treated by patients and customers with the same dignity, respect and compassion with which patients are expected to treat them.

Staff members are responsible to report impaired providers, incompetent, unethical or illegal practices to their flight commander and the appropriate professional practice executive/authority. This is to safeguard the customer and the public when health care and safety are affected by such practice by any person.

Suspected and illegal practice will be processed IAW the Uniform Code of Military Justice (UCMJ) and other appropriate publications. Incompetent practice will be processed through peer review, privileging actions and other action appropriate for the specialty of the person found impaired or incompetent, and if appropriate, the UCMJ.

Staff members have the right to be excused from participating in any medical care that conflicts with their personal values, ethics or religious beliefs. The staff member must ensure that the patient's life is not endangered and that coverage of their function is accomplished by another health care provider who does not have a conflict and is trained to accomplish the task.

Staff members have the responsibility to identify, assess and report any type of suspected physical, mental, or sexual abuse, neglect or exploitation. Staff shall notify the Family Advocacy element of the 509 MDG of any such cases for cooperative evaluation and intervention. The patient's and any alleged perpetrator's rights and privacy will be appropriately protected in any case.

Staff have the responsibility to inform patients about the outcomes of their care when it is necessary, to include explanation of negative or unanticipated outcomes.

# Notes

# Notes