CHAPTER 2.

HEALTH CARE AND FACILITIES

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CHAPTER 2. HEALTH CARE AND FACILITIES

Section A - Health Care for Active Duty Personnel.

1. Care at Uniformed Services Medical Treatment Facilities.

a. Authority for Health Care. Title 10 USC, 1074(a) provides that under joint regulations to be prescribed by the Secretary of Defense and the Secretary of Transportation, a member of a uniformed service who is on active duty is entitled to health care in any facility of any uniformed service. Members of the reserve components who are on active duty (including active duty for training) are entitled to the same health care in any facility of the uniformed services as that provided for active duty members of the regular services.

b. Use of Own Service Medical Treatment Facilities. Under ordinary circumstances, members shall receive health care at the Uniformed Services Medical Treatment Facility (USMTF) which serves the organization to which the member is assigned. However, Commanding Officers may request assignment to another USMTF through the cognizant MLC. Members away from their duty station or on duty where there is no USMTF of their own service may receive care at the nearest USMTF.

c. Use of Other Services Medical Treatment Facilities and/or Civilian Facilities. The closest USMTF having the appropriate capabilities shall be used for non-emergency health care. Health care in civilian medical facilities for non-emergent conditions is not authorized without prior approval of MLC (k). All health care received at other than a CG Clinic shall be recorded in the Coast Guard health record.

d. Definitions.

(1) Uniformed Services are the Army, Navy, Air Force, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, and the Commissioned Corps of the National Oceanic and Atmospheric Administration.

(2) Active Duty means full-time duty in a Uniformed Service of the United States. It includes: duty on the active list; full-time training duty; annual training duty; and attendance, while in the service, at a school designated as a service school by law or by the Secretary of the Uniformed Service concerned.

(3) Health Care means outpatient and inpatient professional care and treatment, nursing care, diagnostic tests and procedures, physical examinations, immunizations, prophylactic treatment, medicines, biologicals, other similar medical services, and ambulance service. Prostheses, hearing aids, spectacles, orthopedic footwear, and similar adjuncts to health care may be furnished only where such adjuncts are medically indicated.

e. Application for Care. Members of the Coast Guard on active duty may be provided health care at a USMTF when requested by appropriate Coast Guard authority, a

Public Health Service medical officer detailed to the Coast Guard, or by application of the member by presenting an Armed Forces Identification Card (DD-2-CG).

f. Subsistence Charges. All active duty members of the uniformed services are required to pay subsistence in a USMTF at a rate prescribed by the Department of Defense.

g. Loss of Entitlement. A member of the Coast Guard who is separated from active duty, for any reason other than retirement, is not eligible for health care at a USMTF by reason of that previous service unless otherwise noted on the Certificate of Release or Discharge from Active Duty form DD-214.

2. Emergency Care at Other Than CG or DOD Facilities.

a. Definition of Emergency Condition.

(1) An emergency medical condition exists when the patient's condition is such that, in a medical officer's opinion, failure to provide treatment or hospitalization would result in undue suffering or endanger life or limb.

(2) In an emergency, the patient's safety and welfare, as well as that of the personnel around the patient, must be protected. When a USMTF cannot render immediate care, other local medical facilities, Federal or civilian, may be used. The decision to admit the patient to any of these facilities shall be made by the command with regard for only the health and welfare of the patient and the other personnel of the command.

b. Eligibility for Emergency Treatment. The following members of the Coast Guard are eligible for emergency medical treatment:

(1) active duty personnel of the regular Coast Guard;

(2) reserve personnel on extended active duty or temporary active duty (ASWAC); and

(3) reserve personnel who become ill, injured, or contract a disease in line of duty while on active duty for training or inactive duty for training, including authorized travel to or from such duty. [see Reserve Policy Manual, COMDTINST M1001.28 (series)]

c. Responsibilities.

(1) Patient.

(a) The patient is responsible for notifying the civilian physician or dentist that he or she is in the:

1 Regular Coast Guard;

2 Coast Guard Reserve on active duty or active duty for training; or

3 Coast Guard Reserve in an inactive duty training drill or appropriate duty status.

(b) It is also the responsibility of the patient or someone acting in the patient's behalf to request that the physician or dentist notify the member's command or the closest Coast Guard organization that he or she is undergoing emergency treatment at a civilian medical facility.

(c) The patient shall provide to appropriate authority all information needed to verify the course of treatment received and authorize release of all records associated with the episode of care.

(2) Commanding Officer. When notified that a member of the Coast Guard is hospitalized, transferred to another facility, or discharged from inpatient status, the commanding officer shall notify MLC (p) and (k) via message in accordance with MLC directives.

(3) Commander, Maintenance and Logistics Command. When notified that a member of the Coast Guard is hospitalized, MLC (k) shall:

(a) Be responsible for authorizing additional inpatient care at a civilian medical facility prior to transferring the patient to a USMTF. It is imperative, in the interest of good management, that the patient be transferred as soon as medically feasible. However, nothing in the above should be construed as precluding the necessary care for the patient concerned. MLC (k) shall notify the member's unit of any authorization action.

(b) Assist in ascertaining all necessary background information about the case, when the patient can be moved, and the location of the nearest CGMTF or USMTF which can accept the case. Patients shall be transferred in accordance with the provisions of Medical Regulating to and Within the Continental United States, COMDTINST M6320.8 (series).

(4) Commanding Officers of Reserve Units.

(a) A Reservist needing emergency treatment while performing inactive duty training shall be taken to a USMTF. If the nature of the case is so emergent as to preclude such transportation, a civilian medical facility may be used. If outpatient follow-up treatment is required, (i.e., office visits, tests, etc.) such treatment must be preauthorized by MLC (k) after issuance of a Notice of Eligibility by Commander, Integrated Support Command (FOT).

(b) The commanding officer of the reserve unit shall comply with Chapter 11 of the Reserve Policy Manual, COMDTINST M1001.28 (series) in notifying the commander, MLC and ISC (FOT) when a Reservist

engaged in inactive duty training is admitted to a civilian hospital or USMTF, and subsequent follow-up.

(5) Government Responsibility. Non-adherence to these notification directives cannot limit the Government's liability to pay bills for emergency medical and dental treatment provided to authorized Coast Guard beneficiaries. However, if prior approval is not obtained for NON-EMERGENT treatment in nonfederal facilities, the member receiving the care will be liable for payment.

d. Elective Surgery or Medical Treatment. Elective surgery or medical treatment is only authorized in USMTFs.

e. Emergency Care Outside the Continental United States. Coast Guard active duty personnel outside the continental limits of the United States are entitled to health care at USMTFs, where available. If such facilities are not available, emergency health care may be obtained at Coast Guard expense, without prior authorization.

f. Absentees or Deserters. Charges incurred by Coast Guard personnel for civilian health care when absent without authority or in desertion are the sole responsibility of the individual. However, charges for civilian health care after actual or constructive return of the individual to Coast Guard or military control may be paid from Coast Guard funds. Refer questions on payment of health care in regards to constructive return to MLC (k).

3. Dental Care and Treatment.

a. Extent of Dental Services.

(1) Active duty Coast Guard personnel are entitled to emergency, routine, and accessory dental treatment at all USMTFs. Dental care from contract dentists is authorized only as prescribed in Chapter 11 of this Manual.

(2) Reserve Coast Guard personnel ordered to active duty with their consent for less than thirty days are eligible for emergency dental treatment only, and are also subject to the following modifications;

(a) Reserve personnel are responsible for all dental diseases and conditions in existence prior to the initiation of or call to active duty. They must be in a class 1 or 2 dental status. (see section 4-C-3.c.)

(b) Reserve personnel shall not be eligible for routine or accessory dental treatment which cannot be completed prior to termination of or release from active duty status.

(c) Reserve personnel are responsible for maintaining their dental fitness for duty while on inactive status or during periods of active duty less than 30 days.

(3) Coast Guard Reserve personnel ordered to active duty for 30 days or more, are eligible for emergency, routine, and accessory dental treatment at all USMTFs, and are also subject to the modifications listed above. Reservists with active duty orders for 30 days or more are encouraged to obtain a dental exam as part of their check-in process at their newly assigned unit.

b. Definitions of Types of Dental Treatment.

(1) Emergency Dental Treatment. Emergency dental treatment includes those procedures directed toward the immediate relief of pain, the removal of oral infection which endangers the health of the patient, and repair of prosthetic appliances where the lack of such repair would cause the patient physical suffering.

(2) Routine Dental Treatment. Routine dental treatment includes the following: examinations, radiographs, diagnosis and treatment planning, amalgam fillings, synthetic fillings, prophylaxis, extraction, treatment of root canals, treatment for allaying pain, treatment of oral pathological conditions, periodontal conditions, other infections and related conditions detrimental to the patient's health, and repairs and adjustment of dentures and prosthetic appliances.

(3) Accessory Dental Treatment. Accessory dental treatment includes prosthetic replacement of missing teeth in cases where insufficient occlusal surfaces prevent proper mastication and where missing anterior teeth prevent correct phonation.

(4) Implants.

(a) Implant placement by Coast Guard dental officers (DOs) shall be performed only by:

1 those DOs specifically privileged to do so by DOD facilities, or

2 those DOs who have received implant training as part of a formal specialty program.

(b) Implant maintenance is the responsibility of all DOs. Each DO shall be familiar with the techniques and armamentarium of implant maintenance, as well as diagnosis of successful and unsuccessful implants.

(c) Requests for implants from nonfederal providers for active duty members shall be approved or denied on a case-by-case basis by the cognizant MLC. Factors to be considered include:

1 oral hygiene;

2 treatment alternatives;

3 feasibility and expectations for long-term success;

4 length of service and anticipated rotation; and

5 qualifications of the provider(s).

c. Dental Care of Recruits. Only emergency dental treatment should be provided those recruits who are to be separated from the Service prior to completing recruit training. It is important that recruits in this category do not have teeth extracted in preparation for prosthetic treatment and then be separated from the Service prior to the time prosthetic appliances are provided.

d. Emergency Dental Treatment in Nonfederal and Non-contract Facilities.

(1) If a contract dentist is not available, emergency dental treatment required for the immediate relief of pain or infection may be obtained by active duty Coast Guard personnel from any available dentist. Once the emergency has been alleviated, all follow-up treatment must be from a USMTF or contract dentist unless preauthorized by MLC (k).

(2) Process all bills in accordance with Chapter 11 of this Manual.

e. Criteria To Be Followed When Requesting Orthodontic/Orthognathic Surgical Care.

(1) Orthodontic/orthognathic surgical treatment can affect release from active duty, rotation dates, and fitness for duty. Therefore, written authorization to commence all orthodontic/orthognathic surgical treatment (whether elective or not, and whether provided by Federal or nonfederal practitioners) must be requested from Commander (CGPC-epm) for enlisted and (CGPC-opm) for officers via the cognizant MLC (k) prior to its initiation. Command endorsement must include a copy of Administrative Remarks CG-3307 documentation described in article 2-A-3.e.(3)(b) below. Request nonfederal care from appropriate MLC (k) following established guidelines. If authorized by MLC (k), the request will be forwarded to Commander (CGPC-epm or opm).

(2) Preexisting conditions are the member's responsibility.

(3) Treatment not required to maintain the member's fitness for duty is elective in nature and is not authorized for payment by the Coast Guard. If the member's condition does not impair job function, the treatment shall be considered elective.

(4) Elective care may be obtained, if available, from USMTFs. If obtained from nonfederal providers, payment is the member's responsibility. In addition, the member is financially responsible for any care arising from complications that require additional treatment, even if it is non-elective. Because complications could lead to subsequent action by the Physical Disability Evaluation System (PDES), and to protect the interests of both the service member and the Coast Guard, the member's command is responsible for Service Record Administrative Remarks CG-3307 documentation detailing:

(5) The personnel action to be taken by the command regarding the granting of absence.

(6) That the service member was instructed regarding the provisions contained herein and other applicable directives; and

(7) That the service member must obtain copies of all treatment records from the provider for inclusion into the Coast Guard dental record, including (for example) initial evaluation, treatment plan, progress notes, and follow-up care.

(8) If elective treatment is approved, PDES processing shall be suspended pending the outcome of the elective treatment. Aviation personnel and divers are required to have a waiver request approved by CGPC - opm or epm. In addition, members whose duties preclude regular visits to an orthodontist (e.g., icebreakers crews, isolated LORAN duty etc.) fall under this category.

(9) If the condition is service-related, the Coast Guard shall be responsible to acquire care sufficient to return the member to fit for full duty status (e.g., that which existed at the time of the member's entry to the service), but not necessarily to ideal conditions not impacting on performance of duties. If treatment is not available at a local MTF, use of a nonfederal provider may be authorized.

(10) If pain is the only symptom causing the member to be not fit for full duty, then it must be treated. Treatment may include, but is not limited to physical therapy, bite plates to improve occlusion, stress management, and medications. Since orthodontic treatment is of long duration, it is not an appropriate method to relieve acute pain.

(11) All treatment must be completed, inactivated, or terminated prior to transfer or release from active duty. Personnel who are being transferred or released from active duty, and who request inactivation of orthodontic appliances, shall sign an entry in the SF-603/603-A stating their intention to seek orthodontic therapy at their own expense.

4. Consent to and Refusal of Treatment.

a. Regulatory Restrictions. Coast Guard Regulations, COMDTINST M5000.3 (series), state in Section 8-2-1 that:

(1) "Persons in the Coast Guard shall not refuse to submit to necessary and proper medical or dental treatment to render themselves fit for duty, or refuse to submit to a necessary and proper operation not endangering life."

(2) "Persons in the Coast Guard shall permit such action to be taken to immunize them against disease as is prescribed by competent authority."

b. Policy Concerning Refusal of Treatment.

(1) Policy.

(a) It is the Commandant's policy that compulsion is not permissible at any time to require Coast Guard personnel to submit to various types of medical or dental treatment, diagnostic procedures, or examinations.

(b) Surgery will not be performed on persons over their protest if they are mentally competent.

(c) Individuals who refuse to submit to measures considered by competent medical or dental officers to be necessary to render them fit for duty, may be processed for separation from the Coast Guard in accordance with applicable regulations. Individuals may be subjected to disciplinary action for refusal of necessary treatment or surgery if the refusal is determined to be unreasonable. Refusal of medical care by vegetative or comatose individuals in accordance with a **Living Will** shall not be considered unreasonable.

(2) Non-Emergent Operations on Minors. A minor who enlists or otherwise enters active duty with parental or guardian consent is considered emancipated during the term of enlistment. There is, therefore, no legal requirement that the consent of any person, other than the minor, be obtained prior to instituting surgical procedures.

(3) Refusal of Emergency or Lifesaving Treatment or Emergency Diagnostic Procedures. The refusal of recommended emergency or lifesaving treatment or emergency diagnostic procedure required to prevent increased level of impairment or threat to life is ordinarily determined to be unreasonable. However, refusal of medical care by vegetative or comatose patients under the authorization of a **Living Will** is not considered unreasonable. A medical board shall be convened in accordance with the Physical Disability Evaluation System, COMDTINST M1850.2 (series) for unreasonable refusal of emergency or lifesaving treatment or emergency diagnostic procedures.

(4) Refusal of Non-Emergent Treatment. If a member of the Coast Guard refuses non-emergent medical, surgical, dental, or diagnostic procedures that are required to maintain a fit for full duty status, a determination of reasonable basis for this refusal is required. A medical board shall be convened in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series).

c. Advance Directives (**Living Wills**).

(1) Federal law enacted in 1993 requires hospitals to ask about advance directives at the time of admission and provide patients with information to create advance directives. Advance directives, commonly known as **living wills**, express a person's wishes regarding certain aspects of treatment and care, including but not restricted to CPR, mechanical life support measures, etc., which may arise in the course of hospitalization.

(2) Coast Guard health care facilities are not required to provide such information under the law. Clinics may elect to provide standardized information to patients on request. Information given out shall conform to the implementing laws of the state in which the clinic is located. Clinics providing such information shall notify patients of its availability either by posted notice or via patient handout materials.

(3) Clinic staff members usually do not have the required training and experience to advise patients on the legal issues concerning creation of advance directives. Patients shall be referred to the appropriate source of legal support, e.g., command or district legal officers.

(4) Clinic staff members, where allowed by state law, may serve as witnesses to advance directive signatures.

(5) Advance directive documents shall be held by the member and/or the member's next of kin. Advance directive documents shall not be filed in the member's health record since health records are not universally available 24 hours a day, seven days a week, for reference by a treating hospital.

5. Elective Surgery for Pre-Existing Defects.

a. General. In many medical/dental procedures undertaken to correct defects that existed prior to entrance (EPTE) into the Service, the likelihood of return to full duty is questionable. In addition, such cases have often resulted in long periods of convalescence with subsequent periods of limited duty, outpatient care, and observation which render the Government liable for benefits by reason of aggravation of these defects.

b. Criteria. The following conditions must be met before attempting surgical correction of an EPTE defect.

(1) It interferes with the member's ability to perform duty.

(2) The procedure being considered is an accepted one, carries a minimal risk to life, and is not likely to result in complications.

(3) There should be a 90 percent chance that the procedure will correct the defect and restore the member to full duty within a reasonable time (three months) without residual disability. If the defect does not meet the above conditions and the member is, in fact, unfit to perform the duties of grade or rate, action shall be taken to separate the member from the Service.

c. Discussion. Whether elective medical/dental care should be undertaken in any particular case is a command decision which should be decided using the above guidelines. In questionable cases, the member may be referred to a medical board for final decision prior to undertaking elective treatment for an EPTE defect.

6. Elective Health Care.

a. Medical/Dental treatment not required to maintain the member's fitness for duty is elective in nature and is not authorized for payment by the Coast Guard. If the member's condition does not interfere with their ability to perform duty, the treatment shall be considered elective.

(1) Elective care may be obtained, if available, from USMTF's. **Any expenses incurred in obtaining elective care or follow-up care at USMTFs is the responsibility of the member.**

(2) If obtained from nonfederal providers, payment is the member's responsibility. In addition, the member is financially responsible for any care arising from complications that require additional treatment, even if it is non-elective.

(3) Because complications could lead to subsequent action by the Physical Disability Evaluation System (PDES), and to protect the interests of both the service member and the Coast Guard, the member's health record must contain a SF-600 entry detailing:

(a) the personnel action to be taken by the command regarding the granting of absence;

(b) that the service member was counseled regarding the provisions contained herein and other applicable directives. Counseling will be provided at the local Coast Guard primary care facility, or if there is no near by Coast Guard primary care facility, then the cognizant MLC (k) via phone. SF-600 will be faxed to the cognizant MLC (k) for appropriate entries, then faxed or mailed back to the unit for incorporation into the member's health record.

(c) that the service member must obtain copies of all treatment records from the provider for inclusion into the Coast Guard health record, including initial evaluation, treatment plan, progress notes, and follow-up care.

(4) Members shall understand that once they have received an elective treatment or procedure, they may be adversely effected for present or future assignments or specialized duty. For example, Laser In-situ Keratomileusis (LASIK) is disqualifying for divers, aviation personnel, and landing signal officers (LSO).

7. Other Health Insurance (OHI)

a. General. In some situations a member may desire to utilize their spouses' health insurance (OHI) to obtain health care outside of the Military Health Care System. Whether elective health care or all other areas of health care, this decision has an impact on the command and possibly on a member's access to the Physical Disability Evaluation System (PDES).

b. Criteria. The following conditions must be met before utilizing a spouse's health insurance or OHI,

(1) **ALL** payment is the member's responsibility. In addition, the member is financially responsible for any care arising from complications that require additional treatment, even if it is non-elective.

(2) Because complications could lead to a loss of access to the Physical Disability Evaluation System (PDES), and to protect the interests of both the service member and the Coast Guard, the member's Coast Guard health record must contain a SF-600 entry detailing:

(a) the personnel action to be taken by the command regarding the granting of absence;

(b) that the service member was instructed regarding the provisions contained herein and other applicable directives. Counseling will be provided at the local Coast Guard primary care facility, or if there is no near by Coast Guard primary care facility, then the cognizant MLC (k) via phone. SF-600 will be faxed to the cognizant MLC (k) for appropriate entries, then faxed or mailed back to the unit for incorporation into the member's health record.

(c) that the service member must obtain copies of all treatment records from the provider for inclusion into the Coast Guard health record, including initial evaluation, treatment plan, progress notes, and follow-up care.

8. Procedures for Obtaining Non-Emergent Health Care from Nonfederal Sources. (Guidance reflecting current TRICARE procedures for obtaining Non-Emergent Health Care will be promulgated in future changes to this Manual).

a. Nonfederal sources for active duty care are intended to supplement and not substitute for care that is available through the federal system. USMTF's or DVA facilities, if located within a 40 mile radius of the member's unit (except a 30 mile radius for maternity care), shall be used first for non-emergent, non-elective health care before nonfederal sources are used. Each case must be evaluated for:

(1) appropriateness of care;

(2) urgency of treatment;

(3) time and cost factors associated with obtaining such care from a USMTF;

(4) the member's anticipated length of stay at the given station; and,

(5) operational need of the unit for the member.

b. Before active duty personnel are treated in a nonfederal medical facility for non-emergent conditions, prior approval must be obtained. Non-elective conditions are those which, without repair or treatment, would render the member unfit for duty.

c. MLC (k) may approve requests for nonfederal health care (both medical and dental) and may delegate, in writing, limited authority to qualified clinic administrators.

d. Requests for nonfederal health care beyond a clinic administrator's authority will be submitted by following the cognizant MLC(k) policy. Telephone authorization will not be provided without a hard copy of the request. As a minimum, the following information must be provided, as applicable:

(1) name, grade/rate, social security number;

(2) anticipated rotation date and expiration of enlistment;

(3) whether care will be completed before transfer or separation;

(4) diagnosis reported by International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) code number and a brief explanation;

(5) history of patient's condition;

(6) total amount of local/MLC approved nonfederal expenditures to date for this condition;

(7) the necessity of treatment to maintain fitness to perform duty;

(8) treatment plan: length, type of therapy/treatment, and estimated cost (Cost estimates must include total scope of care not just primary provider or hospital costs.);

(9) name of facility where treatment will be done;

(10) attending physician's or dentist's prognosis with and without treatment, including likelihood of medical board action;

(11) treatment plan and justification, radiographs and copy of dental records for all dental requests (Study models will be submitted for all cases requiring crown and bridge work and partial dentures;

(12) name of nearest USMTF capable of providing care:

(a) distance to facility (miles);

(b) earliest appointment available (not available is unacceptable);

(c) travel/per diem cost;

(d) estimated total lost time; and

(e) other factors for consideration, i.e., travel time, road conditions, operational impact, etc; and

(13) indicate date of original submission and reason for resubmission, if previous requests were submitted for this procedure.

e. If approval is granted, MLC (k) will provide the requester with an authorization number. This authorization number must be noted on all bills submitted. Bills will be submitted to MLC (k). If approval is denied, MLC(k) will outline the appropriate appeals process to follow in their denial transmittal.

f. When personnel are transferred prior to completing the approved care, the request is canceled. Personnel are required to submit another request after reporting for their new assignment.

g. Amounts authorized shall not be exceeded without further authorization from MLC (k) which requires additional justification.

h. Inpatient hospitalization in nonfederal facilities shall be monitored closely by the MLC (k) responsible for the geographical area in which the facility is located. Normally, an inpatient stay will not exceed seven days duration without consideration of movement to a USMTF. Cases suspected to extend past the seven-day limit shall not be placed in a civilian facility, but shall be initially referred to a USMTF.

i. If prior approval is not obtained for non-emergent treatment in nonfederal facilities, the member receiving the care will be liable for payment.

j. EMERGENCY health care does not require prior approval.

9. Obtaining Vasectomies and Tubal Ligations from Nonfederal Providers.

a. Preauthorization is required. Submit all request for vasectomies and tubal ligations by nonfederal providers to cognizant MLC(kma) following the guidelines for requesting above. Request must show the provider of care decided on the procedure based upon applicable local and state guidelines.

b. Request must contain evidence that the patient has been counseled by a physician and has given informed consent to the procedure.

c. The request must contain evidence that the patient has completed a SF-600 entry acknowledging that the Coast Guard will not pay for reversal of this procedure in a non-federal facility.

d. The request must contain current information concerning the availability of the requested procedure from federal sources.

e. Request for tubal ligation to be performed at the time of delivery should be submitted with the request for nonfederal maternity care.

f. Sick leave may be granted for this procedure.

10. Care at Department of Veterans Affairs (DVA) Medical Facilities.

a. From time-to-time, acute medical, surgical, or psychiatric facilities are required for Coast Guard personnel where transportation to the nearest USMTF will place the individual's health or welfare in jeopardy. To preclude this and other similar situations and to provide the best possible medical care for all active duty members, a

support agreement between the Coast Guard and the Department of Veterans Affairs was completed in 1979 and remains in effect. FIGURE 2-1 is a copy of the medical service agreement.

b. DVA care must be requested by the member's commanding officer. The agreement is limited to active duty Coast Guard personnel and does not include dependents.

c. MLC commanders and commanding officers should establish local contact with DVA facilities to determine mission and facility capabilities and patient admission procedures.

d. Forward all bills received from DVA facilities to the service member's unit for certification prior to forwarding to MLC (k) for payment.

e. When a USMTF and a DVA facility are collocated, the USMTF shall be used unless it cannot provide the required services.

IGA V101(134A)S-79039

MEDICAL SERVICE AGREEMENT
BETWEEN THE
U. S. COAST GUARD
DEPARTMENT OF TRANSPORTATION
AND THE
VETERANS ADMINISTRATION

This agreement provides for medical services to be furnished the U.S. Coast Guard, Department of Transportation (hereinafter referred to as "CG") by the Veterans Administration (hereinafter referred to as "VA") and establishes the terms and conditions under which the services are to be furnished to active duty personnel.

I. BACKGROUND.

In February 1973, arrangements were established whereby CG active duty personnel utilized the VA hospital facilities for medical services. This agreement provides for the continuation of these services.

II. MEDICAL SERVICES TO BE FURNISHED BY THE VA.

A. Hospital care, medical services and emergency dental treatment may be provided to the extent that such care, services, or treatment are available at the VA medical facility from which requested.

B. To preclude the possibility of denying or delaying the care and treatment of an eligible veteran, VA medical services will be furnished only to the extent that there will be no reduction in the service to the veteran.

III. REFERRAL PROCEDURES.

VA medical services will be provided CG active duty personnel upon receipt of an authorization document from the responsible official at the CG facility. The authorization document will include the billing address for services to be rendered. Telephone authorizations will be accepted in emergencies pending receipt of a written authorization.

IV. REIMBURSEMENT.

A. The CG will reimburse the VA for the services performed at the current appropriate rates periodically approved by the Office of Management and Budget (OMB), except that if a CG beneficiary requires transfer to a non-VA facility, reimbursement shall be at the actual rates charged.

B. The VA medical center providing the medical services will prepare Standard Form 1081, Voucher and Schedule of Withdrawals and Credits, covering the services. The executed form will be submitted to the CG at the address shown on the authorization request.

V. TRANSPORTATION.

The CG will provide all necessary transportation and medical attendants, when applicable, for personnel scheduled for VA medical treatment. Travel costs to and from the VA medical facility will not be paid by the VA.

VI. LIABILITY.

Protection of the individuals furnishing services covered by this agreement will be that which is provided under 28 USC 1346(b), and by 38 USC 4116.

VII. GENERAL PROVISIONS.

A. Amendments or Cancellations:

This agreement or any of its specific provisions may be revised or amended only by the signature approval of the parties signatory to the agreement or by their respective official successors. Cancellation may be made upon 30 days written notice of either party, or their successors, to the other.

B. Effective Date:

This agreement, amendments to or cancellation thereof, shall become effective upon the date when the Chief, Office of Health Services, CG, and the Director, Supply Service, Department of Medicine and Surgery, VA, both have signed acceptance thereof.

C. Authority:

Authority for this agreement is the Economy Act of June 30, 1932, as amended (31 USC 686).

D. Previous Agreements:

This agreement supersedes previous medical service support arrangements.

ACCEPTED:

VETERANS ADMINISTRATION

By: Clyde C. Cook
CLYDE C. COOK
Director, Supply Service

Date: Sept 24, 1979

ACCEPTED:

DEPARTMENT OF TRANSPORTATION
U.S. COAST GUARD

By: Harry Allen
HARRY ALLEN
Rear Admiral, U. S. Public Health Service
Chief, Office of Health Services
U. S. Coast Guard

Date: _____

Section B - Health Care for Reserve Personnel.

1. Care at Uniformed Services Medical Treatment Facilities.

a. Authority for Reserve Personnel. Section 2-A of this Manual contains the authority for medical care. Information concerning Reserve incapacitation benefits and reporting procedures is contained in the Reserve Policy Manual, COMDTINST M1001.28(series).

b. Application for Care. A member of the Coast Guard Reserve may be admitted to USMTFs upon written authorization from an appropriate Coast Guard authority (e.g., Commanding Officer's letter, Notice of Eligibility, or appropriately endorsed orders).

c. Definitions. The following definitions apply throughout this section:

(1) Active duty means full-time duty in a Uniformed Service of the United States. It includes duty on the active list, full-time training duty, annual training duty and attendance, while in the service, at a school designated as a service school by law or by the Secretary of the Uniformed Service concerned.

(2) Active Duty for Training is defined as full-time duty in a uniformed service of the United States for training purposes.

(3) Inactive Duty Training.

(a) Duty prescribed for reservists by the Secretary concerned under 37 USC 206 or any other provision of law.

(b) Special additional duties authorized for reservists by an authority designated by the Secretary concerned and performed by them on voluntary basis in connection with the prescribed training or maintenance activities of the units to which they are assigned.

(4) Disability. A temporary or permanent physical impairment resulting in an inability to perform full military duties or normal civilian pursuits.

(5) Employed. Reservists are employed on duty during the actual performance of duty, while engaged in authorized travel to or from active duty for training, and while on authorized leave or liberty.

(6) Line of Duty. An injury, illness, or disease shall be deemed to have been incurred in line of duty, if a reservist at the time of debilitating incident is performing active duty or active duty for training, or is on authorized leave or liberty, provided the disability is not the result of misconduct.

d. Injury Incurred in Line of Duty. A member of the Coast Guard Reserve who is ordered to active duty or to active duty for training, or to perform inactive duty training, for any period of time, and is disabled in line of duty from injury while so

employed is entitled to the same hospital benefits as provided by law or required in the case of a member of the regular Coast Guard. For the purpose of these benefits, a member who is not in a pay status is treated as though receiving the pay and allowances to which entitled if serving on active duty.

e. Disease Incurred in Line of Duty While on Active Duty. A member of the Coast Guard Reserve who is ordered to active duty for training for a period of more than 30 days, and is disabled while so employed, is entitled to the hospital benefits as are provided by law or regulation in the case of a member of the regular Coast Guard. An exception is that a member of the Coast Guard Reserve ordered to perform involuntary active duty for training under the provision of 10 USC 270 is only eligible for the limited medical benefits described below, following termination of the training duty period.

f. Illness or Disease Contracted in Line of Duty in Peacetime. A member of the Coast Guard Reserve who, in time of peace, becomes ill or contracts a disease in line of duty while on active duty for training or performing inactive duty training is entitled to receive medical, hospital, and other treatment appropriate for that illness or disease. The treatment shall be continued until the disability resulting from the illness or disease cannot be materially improved by further treatment. Such a member is also entitled to necessary transportation and subsistence incident to treatment and return home upon discharge from treatment. The treatment may not extend beyond ten weeks after the member is released from active duty, except:

(1) upon an approved recommendation of a medical board or

(2) upon authorization of the MLC (k), based on a physician's certification that the problem is a continuation of that for which the member was initially treated, and that benefit will result from further treatment. Refer to Section 11-B-3 of the Reserve Administration Policy Manual, COMDTINST M1001.28(series), for specific instructions regarding the extension of medical treatment beyond 10 weeks for those who are receiving treatment under a Notice of Eligibility (NOE).

g. Injury or Disease En Route to or from Active Duty. A member of the Coast Guard Reserve is authorized medical care for an injury or disease incurred while en route to or from active duty, active duty for training, or inactive duty for training.

h. Injury or Disease Not in Line of Duty. A member of the Coast Guard Reserve is not entitled to medical care for an injury or disease not incurred in the line of duty.

i. Pregnancy. Pregnancy in the Coast Guard, COMDTINST 1900.9, contains guidance regarding pregnancy and reserve members. Use of reserve servicewomen who are pregnant for ASWAC assignment is not encouraged. Reserve servicewomen may accept Special Active Duty for Training (SADT) with the understanding that duty must be completed by the 24th week of gestation.

2. Emergency Care at Other Than CG or DOD Facilities. Section 2-A-2 contains the requirements for treating reserves in emergency situations.

3. Non-Emergent Care at Other Than CG or DOD Facilities. Any non-emergent, nonfederal care must be authorized in advance by MLC (k) through contract, blanket purchase agreement or pre-authorization.

Section C - Health Care for Retired Personnel.

1. Care at Uniformed Services Medical Treatment Facilities. As set forth in 10 USC, 1074(b), retired members of the uniformed services, as specified in that Act, are entitled to required medical and dental care and adjuncts thereto to the same extent as provided for active duty members in medical facilities of the uniformed services. However, access to care is subject to mission requirements, the availability of space and facilities, and the capabilities of the medical staff as determined by the cognizant medical authority in charge. Patients enrolled in TRICARE Prime Options are not eligible for non-emergent care in Coast Guard clinics. These patients shall be referred to their TRICARE primary care manager (PCM). The PCM is responsible for appropriate care and referral of such patients.

2. Care Under the TRICARE Extra and Standard Options (formerly CHAMPUS). Subject to the cost sharing provisions set forth in 10 USC, 1086, retired members who are not qualified for benefits under Title I of the Social Security Amendments of 1965 (Medicare) are entitled to receive inpatient and outpatient care from civilian sources.

3. Care at Veterans Administration Medical Facilities.

   a. Eligibility for DVA Hospitalization. Coast Guard military personnel are eligible for hospitalization in DVA facilities after separation from active duty or while in retirement under one of the following circumstances:

      (1) For injuries or diseases incurred or aggravated while on active duty during any war, the Korean conflict period 27 June 1950 through 31 January 1955) or the Vietnam conflict period (5 August 1964 through 7 March 1975).

      (2) For service-connected or nonservice-connected disabilities, if receiving disability compensation from the DVA, or if entitled to receive disability compensation from the DVA, but has elected to receive retirement pay from the Coast Guard instead of the compensation from the DVA.

   b. Medical Care Benefits. Eligible veterans may receive hospitalization, outpatient medical care, outpatient dental care, prosthetic appliances, etc., from the VA.

Section D - Health Care for Dependents.

1. Care at Uniformed Services Medical Treatment Facilities.

   a. Authority for Health Care. Title 10 USC, 1076 provides basic authority for medical and dental care for:

      (1) dependents of active duty members and dependents of members who died serving on active duty; and

      (2) dependents of retired members and the dependents of members who died while in a retired status.

   b. Availability of Care.

      (1) Medical and dental care for dependents in uniformed services medical treatment facilities is subject to the availability of space and facilities and the capabilities of the medical and dental staff. With the approval of the commanding officer, the senior medical officer and senior dental officer are responsible for determining the availability of space and capability of the medical and dental staffs. These determinations are conclusive. Patients found enrolled in TRICARE Prime Options are not eligible for non-emergent care in Coast Guard clinics. These patients shall be referred to their TRICARE primary care manager (PCM). The PCM is responsible for appropriate care and referral of such patients.

      (2) Dependents entitled to medical and dental care under this section shall not be denied equal opportunity for that care because the facility concerned is that of a uniformed service other than that of the sponsor.

      (3) Types of Care Authorized. Subject to the provisions set forth in 10 USC, 1079 and 1086, dependents who are not qualified for benefits under Title 1 of the Social Security amendments of 1965 (Medicare) are entitled to receive inpatient and outpatient care from civilian sources. Refer to your cognizant MLC (k) for details and instructions.

2. Care Under Coast Guard Civilian Contracts. Under certain circumstances, dependents are entitled to medical and dental care provided through Coast Guard civilian contracts. See Chapter 11 for guidance.

3. Rights of Minors to Health Care Services. Where not in conflict with applicable Federal law or regulation, unit commanding officers shall follow State law defining the rights of minors to health care services and counseling in contraception, sexually transmitted disease prevention and treatment, and pregnancy. Any protection with regard to confidentiality of care or records afforded by applicable law or regulation will be extended to minors seeking care or counseling for the above mentioned services or conditions in Coast Guard facilities.

Section E - Care for Preadoptive Children and Wards of the Court.

1. General.

   a. A child placed in a sponsors home as part of a pre-adoption procedure, or by court-ordered guardianship, is not eligible for care under the Uniformed Services Health Benefits Program unless specific authority has been granted. Such authority may come from the final adoption decree, a court-ordered legal custody determination (for a period of at least 12 consecutive months), or through a Secretary's Designation authorization for limited health care in a USMTF.

   b. Eligibility for TRICARE benefits, the Uniformed Services Family Health Benefits Plan (USFHBP), or the Uniformed Services Active Duty Dependents Dental Plan is established upon the issuance of a uniformed services dependent ID card and DEERS enrollment. Authorization for these health care programs, or for direct care (USMTF use), will be reflected on the ID card and through DEERS.

   c. Prospective dependents must meet the following eligibility rules: be unmarried; have not attained the age of 21 (or 23 if a full-time student); be dependent on the sponsor for over one-half of their support; or be incapable of self-support due to mental or physical incapacity and were otherwise eligible when incapacity occurred.

   d. If legal custody or placement is for 12 months or more, a uniformed services dependent ID care, DEERS enrollment, and health care eligibility may be authorized. Personnel are encouraged to contact their servicing personnel office for assistance.

2. Secretary's Designation. The following procedures apply in situations where a pre-adoptive or court ordered guardianship or placement is for less than 12 consecutive months.

   a. Children under a prospective parent or guardians care may use a USMTF by acquiring authority from the Secretary of the uniformed service to which the USMTF belongs. This authority is normally called a Secretary's Designation. For example, requests for care in a U. S. Navy facility must be authorized by the Secretary of the Navy or their designee. The same holds true for U. S. Army and U. S. Air Force facilities. When seeking care from a Department of Defense MTF, contact that facilities Patient Affairs or Health Benefits Advisor staff for assistance.

   b. In cases involving Coast Guard facilities, authority has been delegated to the Commandant by the Secretary of Transportation to authorize treatment of pre-adoptive children and wards of the court. Letter requests must be forwarded to Commandant (G-WKH) and include the following information:

      (1) member's name, grade/rate, SSN, and duty assignment or retired status if applicable;

      (2) address of residence;

(3) name and age of the proposed adoptive child or court-ordered ward; and

(4) a copy of the court order, legal decree, or other applicable instrument issued by a court or adoption agency which indicates the child has been placed in the house for adoption or with the intent to adopt, or the court order granting guardianship of the ward to the service member and any amounts of income to which the ward is entitled.

c. Upon approval, the respective uniformed service will issue a letter of authority for care in one or more of their USMTFs located in the United States. This letter is the only authority for care (since designees are not DEERS-eligible) and must be presented (or on file) when seeking authorized care. These letters have expiration dates and may require the sponsor to request to reissue.

d. When there is a need for medical care outside the United States, the sponsor should contact the nearest USMTF requesting humanitarian consideration. The Service Secretaries have limited authority for designation of beneficiaries outside the United States.

Section F - Health Care for Other Persons.

1. Members of the Auxiliary.

   a. Authority for Care of Auxiliary Members. Basic authority for health care for members of the Auxiliary injured while performing Coast Guard duty is contained in 14 USC 832. Section 5.59 of Chapter 1, Title 33, CFR, states: "When any member of the Auxiliary is physically injured or dies as a result of physical injury incurred while performing patrol duty or any other specific duty to which he has been assigned, such member or his beneficiary shall be entitled to the same benefits as are now or as may hereafter be provided for temporary members of the Coast Guard Reserve who suffer physical injury incurred in the line of duty. Members of the Auxiliary who contract sickness or disease while performing patrol duty or any other specific duty to which they have been assigned shall be entitled to the same hospital treatment as is afforded members of the regular Coast Guard." Claims for Auxillary healthcare shall be submitted to:

      U. S. Department of Labor
      OWCP Special Claims Branch (District 25)
      800 North Capitol Street, NW, Room 800
      Washington, DC 20211

   b. Compensation Under Federal Employee's Compensation Act (FECA) Program. See the Detail of Civilian Employees, COMDTINST M12300.7 (series).

2. Temporary Members of the Reserve.

   a. Composition of the Reserve. The Coast Guard Reserve is a component part of the United States Coast Guard and consists of two classes of reservists: Regular and Temporary. Temporary members of the Reserve may be enrolled for duty under such conditions as the Commandant prescribes, including but not limited to part-time and intermittent active duty with or without pay, and without regard to age. Members of the Auxiliary, officers and members of the crew of any motorboat or yacht placed at the disposal of the Coast Guard, and persons (including government employees without pay other than compensation of their civilian positions) who by reason of their special training and experience are deemed by the Commandant qualified for such duty. The Commandant is authorized to define the powers and duties of temporary reserves, and to confer upon them, appropriate to their qualifications and experience, the same grades and ratings as are provided for regular members of the Reserve.

   b. Authority for Care of Temporary Reservists. **"14 U.S.C. 707(2002)",** contains authority for health care and/or compensation of temporary reserves under conditions set forth therein.

c. Care at Coast Guard Expense. 14 U.S.C. 707(d) states: "A temporary member of the Reserve, who incurs a physical disability or contracts sickness or disease while performing a duty to which the member has been assigned by competent authority, is entitled to the same hospital treatment afforded a member of the Regular Coast Guard."

d. Compensation Under Federal Employee Compensation Act (FECA) Program. See Detail of Civilian Employees, COMDTINST M12300.7(series)

3. Members of Foreign Military Services.

a. General. Members and dependents of foreign services assigned or attached to a Coast Guard unit for duty or training (such as Canadian Exchange Officers) or who are on active duty with a foreign military unit within the United States (such as the crew of a vessel being taken over at the Coast Guard Yard under the Military Assistance Program) are eligible for inpatient health care at DoD MTF's provided by US Code: Title 10, Section 2559. As there are several categories of foreign service members for whom medical care benefits vary, both for themselves and their dependents, if any doubt exists as to eligibility for health care and the authorized sources from which it can be obtained, contact Commandant (G-WKH) for advice.

b. Care at Uniformed Services Medical Treatment Facilities. Members of foreign military services and their dependents who are eligible, therefore, shall be provided inpatient health care at DoD MTFs upon request of the member's commanding officer or consular official, or by application of the member or dependent upon presentation of proper identification.

4. Federal Employees.

a. Benefits Under Federal Employees Compensation Act (FECA) Program. All Federal Employees assigned to Coast Guard vessels, e.g., National Marine Fishery Service (NMFS), Drug Enforcement Agents, etc., are civilian employees of the United States Government, and as such, are entitled to health care and compensation under FECA. See Detail of Civilian Employees, COMDTINST M12300.7 (series).

b. Care Aboard Ship and Outside CONUS. Federal Employees may be given medical care while serving with the Coast Guard in a locality where civilian health care is not obtainable, such as on board a Coast Guard vessel or outside the United States. Outpatient and inpatient care may be provided at Navy medical facilities outside CONUS, if reasonably accessible and appropriate nonfederal medical facilities are not available.

5. Seamen. Sick and disabled seamen may receive emergency health care aboard Coast Guard vessels.

6. Nonfederally Employed Civilians Aboard Coast Guard Vessels.

a. Authority for Care. There is no statute which either prohibits or authorizes the Coast Guard to provide health care to civilians while aboard Coast Guard vessels. There is no objection to furnishing emergency health care, but routine care should not be furnished. When these civilians are aboard Coast Guard vessels for relatively lengthy periods, the commanding officer must determine what treatment is to be given.

b. Responsibility. Commanding officers of vessels deployed for extended periods shall ensure that nonfederally employed civilians who are carried aboard Coast Guard vessels under their cognizance are physically capable of withstanding the trip contemplated and that they are free from medical conditions which could cause an interruption of the vessel's mission. Nonfederally employed civilians must furnish such evidence from a physician at no expense to the Coast Guard or Federal Government.

Section G - Medical Regulating.

1. Transfer of Patients at Coast Guard Expense.

   a. Details for the transfer of Coast Guard personnel to, from, or between hospitals and the responsibility for the expenses involved are contained in Chapter 4 of the Personnel Manual, COMDTINST M1000.6 (series).

   b. Information and requirements for the transfer of patients to, from, or between medical facilities is contained in COMDTINST M6320.8 (series), Medical Regulating to and Within the Continental United States.

2. Travel Via Ambulance of Patients to Obtain Care.

   a. Active Duty Personnel. The Coast Guard is responsible for providing ambulance service (Government or civilian), for active duty members when medically necessary. Bills related to ambulance service provided to active duty personnel, shall be processed as outlined in Chapter 11 of this Manual.

   b. Retired and Dependent Personnel. Retired personnel and dependents are not provided ambulance service for initial admission, except that a Government ambulance may be used in an emergency situation as determined by the cognizant medical authority. If an ambulance is ordered by a military hospital, TRICARE Standard can not pay for it; the military hospital must pay. TRICARE Standard cost –shares ambulances only when medically necessary; that is, the patient's condition does not allow use of regular, private transportation or taxis, "medicabs" or "ambicabs." Ambulance transportation must be needed for a medical condition that is covered by TRICARE Standard. Should either the provider or patient have additional questions regarding this issue check with the cognizant MLC(k), HBA or TRICARE Service Center.

3. Aeromedical Evacuation of Patients. When the condition of the patient requires aeromedical evacuation, the transfer shall be arranged in accordance with Medical Regulating To and Within The Continental U.S. (Joint Pub), COMDTINST M6320.8 (series). If there is no USMTF in the area, a message prepared in accordance with the above instruction shall be forwarded to MLC (k).

Section H - Defense Enrollment Eligibility Reporting System (DEERS) in Coast Guard Health Care Facilities.

1. Defense Eligibility Reporting System. This Section provides guidance for Coast Guard health care facilities on the use of the Defense Enrollment Eligibility Reporting System (DEERS) to verify patient eligibility to receive care.

   a. DEERS was established in 1979 by the Department of Defense to comply with a Congressional mandate. The two initial objectives of DEERS were to collect and provide demographic and sociographic data on the beneficiary population entitled to DOD health benefits, and to reduce the fraud and misuse of those benefits. The original scope of DEERS has since been broadened to include the maintenance and verification of eligibility status for all uniformed services beneficiaries. Worldwide implementation of DEERS and its registration were completed in 1985.

2. Responsibilities.

   a. Commandant (G-WKH) provides overall functional management of the Coast Guard DEERS program for health services facilities. In this role, Commandant (G-WKH) provides guidance to field activities, represents the Coast Guard to the DEERS Central Systems Program Office (DCSPO), and on the DEERS Central Systems Project Officers Committees.

   b. Commanders, Maintenance and Logistics Commands (k) shall appoint an MLC DEERS medical project officer and alternate, who shall ensure that facilities in their respective areas participate in and comply with DEERS program requirements.

   c. Commanding officers of units with health care facilities shall ensure that the Chief of the Health Services Division appoints the following individuals in writing:

      (1) DEERS Project Officer and alternate who are responsible for the overall management of the DEERS system in the clinic;

      (2) Site Security Manager (SSM) and alternate who are responsible for system security as outlined in paragraph 3; and

      (3) individuals authorized to deny care.

3. Security.

   a. The Site Security Manager (SSM) should be the health services division or unit computer systems administrator. The security manager is responsible for maintaining passwords, authorized user list, etc., and advising the DEERS contractor when changes occur.

   b. The SSM also requests site identification (site-ID) codes for the clinic. These codes are requested through the MLC DEERS Project Officer to Commandant (G-WKH).

As a rule, there is only one site ID required per clinic. The SSM also ensures information systems security awareness training/briefing is given to new DEERS users prior to allowing them access to DEERS and to all DEERS users annually.

c. If the clinic DEERS project officer is not the SSM, the security manager must closely coordinate activities with the DEERS project officer. Immediately after appointment, the SSM must telephone the DEERS Security Maintenance Office at (703) 820-4850 to notify that office of the appointment. When making this notification, include the following information:

(1) Site ID number;

(2) Rank or grade of SSM;

(3) Name (last, first, middle initial);

(4) Social Security Number (SSN);

(5) Duty location;

(6) Duty title; and

(7) Telephone number.

(8) After telephone notification, submit a letter of appointment and a Request for Data Base Additions, Deletions, or Changes (Figure 2-H-1) to:

(9) Security Maintenance Office
DEERS East Coast Center
1600 North Beauregard St.
Alexandria, VA 22311

d. User Password Maintenance.

(1) The DEERS security system requires a six-character user-ID and a six to eight character password. The user-ID is assigned by DEERS, and is permanent. An initial password is assigned by the DEERS government contractor. The password expires at 30 day intervals. At the end of each 30 day period, the user is required to change the initial password to one of his or her own choosing, so long as it meets the six- to eight-character requirement. Access to the data base is granted by using a unique user-ID, password, and the transaction identifier (TRAN-ID). The TRAN-ID for medical/dental is GIQD.

(2) To add a new user, submit a Request for Data Base Additions, Deletions, or Changes. Be sure to include the site-ID and SSN of any new personnel.

(3) To delete a current user, submit a Request for Data Base Additions, Deletions, or Changes requesting the deletion to the DEERS Security Maintenance Office.

(4) User IDs not used for 60 days are automatically deleted and access is not possible. To regain access, the SSM must reapply for a new user-ID by submitting a new Security Manager Update.

(5) Authorized users must be kept to the absolute minimum, consistent with job requirements.

4. Performing DEERS Checks.

a. Whom to check: All beneficiaries of the military health care system are subject to DEERS eligibility verification, with the following exceptions:

(1) Coast Guard cadets, officer candidates, and recruits while undergoing training;

(2) Active duty personnel receiving dental care at a military facility; and

(3) Secretarial Designees, including pre-adoptive children and wards of the Court, ARE NOT ELIGIBLE for care under the TRICARE programs. They are also not enrolled in DEERS. Verification of the eligibility of Secretarial Designees for care in a military facility is accomplished through the individual's actual letter of designation. Refer to Section 2-E for further information.

b. When to check: Coast Guard health services facilities should verify the eligibility of all beneficiaries prior to providing health care. The following minimum eligibility checks shall be made:

(1) 100% of all outpatient medical visits:

(2) 25% of all dental visits;

(3) 10% of pharmacy visits to fill "in-house" prescriptions;

(4) 100% of pharmacy visits with prescriptions written by civilian providers;

(5) 100% of all inpatient admissions; and

(6) 100% of dental visits when the patient may be eligible for the TRICARE Family Member Dental Program;

(7) 100% of retired members at the initial visit to a dental facility, and annually thereafter at the time of treatment.

(8) Upon initial presentation by dependents for evaluation or treatment. This check will be valid for 30 days, if the period of eligibility (dates of treatment) requested from DEERS is 30 days.

(9) When a non-active duty patient is referred to a civilian provider for supplemental care.

(10) When active duty personnel are referred to a civilian provider under the Active Duty Claims Program.

(11) When any patient (active duty, retired, dependent, or survivor) is referred to a Military Treatment Facility (MTF) or a Uniformed Services Treatment Facility (USTF).

(12) When in doubt verify enrollment and eligibility.

(13) Coordinated/Managed Care: Verification of eligibility will be conducted according to the policies and procedures of the sponsoring hospital/organization. Coast Guard facilities participating in coordinated/managed care programs are considered, by that participation, to be in compliance with the eligibility verification requirements of the DEERS program for medical patients. Dental patients will still be subject to the above checking requirements until a dental coordinated care program is established.

(14) Each clinic is required to perform a published number of checks each month. These requirements are based on the outpatient visits of each clinic from the previous year. Updated annual requirements will be published each January by Commandant Notice.

c. How to check. DEERS checks for patient registration and eligibility can be done in a number of ways. The following examples are the most common ways to verify eligibility:

(1) Telephone-Based System. Eligibility checks are done by contacting DEERS direct by telephone. Procedures for performing DEERS checks by telephone are found in Figure 2-H-2.

(2) Computer Link Using the Coast Guard Standard Terminal. Procedures for using the Standard Terminal are attached as Figure 2-H-3.

(3) DEERS-owned Computer and Software (On-Line) System. Procedures for using DEERS-owned equipment are contained in DOD DEERS Eligibility Inquiry/Nonavailability Statement Users Guide [Pub # UG 0100EL (series)].

(4) Use of PERSRU/Admin RAPIDS Terminals. Personnel in health care facilities are discouraged from performing DEERS checks using the RAPIDS terminal that may be available in their unit's Administration Office or PERSRU. Using this resource places an unnecessary burden on the PERSRU/Admin personnel, and using these terminals does not indicate that the required medical checks are being accomplished.

d. How to request site-ID, data base access, or equipment.

(1) Site ID.

(a) Site ID numbers are assigned to a facility by the DOD DEERS Office. These numbers are used to identify the origin of activity in the DEERS system, and to generate reports of system activity. Site IDs are a mandatory part of the initial request to access DEERS. The request form is attached as Figure 2-H-4. Site IDs are permanent; they need not be renewed.

(b) Health Care facilities requesting an initial Site ID, or changing the status of their existing ID shall complete Section I of Figure 2-H-4 and forward, via MLC (k), for further endorsement to:

(c) Commandant (G-WKH-3)
U. S. Coast Guard
2100 Second St., SW.
Washington, DC 20593-0001
ATTN: DEERS MEDICAL PROJECT OFFICER
Telephone: (202) 267-0835

(2) Data Base Access.

(a) Authorization for individual access to DEERS is done by written request from the clinic/unit Site Security Manager to the DEERS Security Maintenance Office using the "Request for Data Base Additions, Deletions, or Changes" form.

(b) Clinic personnel who should be considered for access to the DEERS Data Base include those working in medical/ dental records, appointments, pharmacy, patient affairs, and the health benefits advisor.

(c) Information available from the DEERS data base is subject to the provisions of the Privacy Act.

(3) Equipment Requests or Changes.

(a) Telephone Access. Requests for access to DEERS via telephone is the simplest and most user friendly means. This method is recommended for facilities making fewer than 20 checks per day. Requests for initial facility and personnel access is done by completing Figures 2-H-1 and 2-H-4 and forwarding them to DEERS security via the MLC and Commandant (G-WKH).

(b) Computer link using the Coast Guard Standard Terminal. Use of the Standard Terminal, with the proper software emulation package installed, allows facilities with a greater number of required checks to perform those checks without making repeated telephone calls. Equipment required includes a Standard Terminal workstation, Bell 212A compatible modem, appropriate emulation software (VT 100), and an outside commercial/FTS touch-tone telephone line. Facility requests for access using this equipment is done by completing Figure 2-H-4 with an attached statement that the facility has the appropriate hardware and software as listed above. The facility must also state that it will be responsible for any telephone charges incurred using this means of access. Figure 2-H-5 lists complete equipment requirements.

(c) DEERS-owned computer hardware and software system. This **top of the line** system features a direct, on-line, computerized link with the DEERS data base. The minimum justification for requesting this equipment is performing more than 100 DEERS checks per day. A limited number of

Coast Guard health care facilities have this equipment. For further information on this system, contact the Medical Project Officer at Commandant (G-WKH-1).

5. Reports. No reports from field units documenting DEERS activity are required. Two commonly generated reports concerning DEERS activity are described below:

   a. Monthly Statistical Reports. Upon receipt from DEERS, Commandant (G-WKH) will forward the Monthly Statistical Reports to each MLC (k). These reports list DEERS activity for each clinic during the preceding month. Clinics may also use the on-line statistical report screen to monitor its activity.

   b. Field Representative Visit Report. These report the findings of each training visit by the DEERS Field Representative to a clinic. These reports reflect the compliance of the facility to DEERS requirements, and whether or not further training for facility personnel is needed. Copies are provided to each MLC (k) and Commandant (G-WKH).

6. Eligibility/Enrollment Questions, Fraud and Abuse.

   a. Eligibility/Enrollment Questions: Beneficiaries of the military health care system, including active duty and retired personnel, their dependents, and survivors must provide positive proof of eligibility before being provided health care. Eligibility is determined by (a) presenting a valid ID Card and (b) verifying enrollment and eligibility in DEERS.

      (1) If an individual presents an ID card that is no longer valid (expired), the individual should be refused care and the ID card confiscated.

      (2) If the individual has a valid ID card, but is not enrolled in DEERS, they should be refused routine care, and referred to their sponsor and/or service ID card activity to be enrolled in DEERS. Following enrollment into DEERS, the patient may prove temporary eligibility (pending their enrollment showing up in the DEERS computer) by presenting a **certified** copy of Application for Uniformed Services Identification Card DD Form 1172 from the ID card activity. Upon presenting of this DEERS enrollment verification, the individual should be considered as fully eligible, and treatment provided.

   b. Fraud and Abuse: If, in the process of verifying eligibility through DEERS, clinic personnel have reason to believe the person requesting care is doing so even though that person is no longer eligible (e.g. a divorced spouse with a valid ID card, but DEERS shows **NOT ELIGIBLE**), care should be refused, and the details of the situation should be reported to the appropriate personnel activity and investigation office. Clinic personnel reporting suspected fraud should document as much information about the individual as possible (name, former sponsor's name, SSN, service and status, as well as the individual's current address and telephone number if known). Do not attempt to confiscate the ID card, or in any way restrict the

individual. Recovery of invalid or no-longer-appropriate ID cards is the responsibility of the parent service's investigation/law enforcement personnel. Reports of possible fraud should be reported to the command of the clinic, and to the DEERS Support Office (DSO) in Monterey, CA at (408) 646-1010.

7. Denial of Nonemergency Health Care Benefits for Individuals Not Enrolled in Defense Enrollment Eligibility Reporting System (DEERS).

   a. Policy.

      (1) All CONUS USMTFs will deny nonemergency health care to dependent beneficiaries not enrolled in DEERS. The DOD considers USMTFs located in Alaska, Hawaii, and Puerto Rico as being in CONUS. Patients presenting for care are required to have a valid ID card in their possession and meet DEERS enrollment requirements.

      (2) This policy effects only the delivery of nonemergency health care. Under no circumstances are Coast Guard health service personnel to deny emergency medical care or attention because a patient is not enrolled in DEERS.

      (3) Health service personnel in CGMTF's are to conduct the minimum eligibility checks for their facility as set annually by Commandant (G-WKH-1). Whenever possible, prospective checking should be accomplished soon enough to allow for notifying the patient and correcting enrollment problems before a scheduled appointment.

      (4) Patients with valid ID cards, but not enrolled in DEERS, presenting for nonemergency medical care at CGMTFs will be denied care and instructed to seek proper enrollment through their cognizant personnel office.

      (5) Patients who present for nonemergency treatment without a valid ID card and are in the DEERS data base, will not be provided health care without first providing a statement, signed by a verifying personnel officer indicating that they are eligible and providing a reason why a valid ID card is not in their possession. A copy of this statement will be maintained in the clinical record until the individual's eligibility is determined.

      (6) If the beneficiary presenting with or without an ID card is suspected of fraud, refer the case to the district (ole) branch for appropriate investigation.

      (7) Denial of health care benefits represents a serious application of new and complex regulations. Under no circumstances will a person be denied care by the clerk performing the initial eligibility check. The decision to deny care will be made only by clinic administrative officers or by a responsible person so designated in writing by the command.

8. DEERS Eligibility Overrides. The below listed situations will override DEERS data which indicates that a patient is not enrolled or eligible. Unless otherwise stated, all situations assume that the beneficiary possesses a valid ID card:

a. Dependents Recently Becoming Eligible for Benefits. Patients who have become eligible for benefits within the previous 120 days may be treated upon presentation of a valid ID card. In the case of children under age 10, the parent's ID card may be used. Examples of patients expected to fall under this provision are: spouses recently married to sponsors, newly eligible step children, family members of sponsors recently entering active duty status for a period over 30 days, parents/parents-in-law, or divorced spouses (not remarried) recently determined to be eligible. After 120 days, these beneficiaries will no longer be considered recent.

b. DD-1172. Application for Uniformed Services Identification Card form. The patient presents an original or a copy of the DD-1172 used for DEERS enrollment and possesses a valid ID card over 120 days old, but is not enrolled in DEERS. This copy of the DD-1172 should be **Certified to be a True Copy** by the ID Card issuing authority which prepared it. It should also contain a telephone number where the certifying individual can be contacted for verification. The person conducting the DEERS check shall contact the issuing personnel office to verify enrollment.

c. Sponsors Entering Active Duty Status for a Period of Greater than 30 days. If the sponsor is a reservist or guardsman recently ordered to active duty for a period of greater than 30 days, a copy of the active duty orders may be accepted as proof of eligibility for up to 120 days after the beginning of the active duty period.

d. Newborns. Newborns will not be denied care for a period of one year after birth provided the sponsor is DEERS enrolled and the parent accompanying the infant presents with a valid ID card.

e. Ineligible due to ID Card Expiration. When the data base shows a patient to be ineligible due to ID card expiration, care may be rendered as long as the patient has a new ID card issued within the previous 120 days.

f. Sponsor's Duty Station is Outside the 50 United States with an FPO or APO address. Dependents whose sponsors are assigned outside the 50 United States or to a duty station with an APO or FPO address will not be denied care as long the sponsor is enrolled in DEERS.

g. Survivors. In a small percentage of cases, deceased sponsors may not be enrolled in DEERS. This situation will be evidenced when the MTF does an eligibility check on the surviving beneficiary and does not find the sponsor enrolled or the survivor appears as the sponsor. In either of these situations, if the survivor has a valid ID card, he/she should be treated and referred to the local personnel support activity to correct the DEERS data base. In some situations, surviving beneficiaries who are receiving SBP annuities will be listed in DEERS as sponsor and will be found under their own social security number. These are eligible beneficiaries and should be treated.

h. Foreign Military Personnel. Foreign military personnel assigned via the personnel exchange program are eligible through public law or other current directives, though not enrolled in DEERS they will be treated upon presentation of a valid ID card.

Figure 2-H-2

TO: Security Maintenance Office

DEERS East Coast Center SITE ID: __ __ __ __ __ __ (DEERS)Date: _____
1600 N. Beauregard St.(Fill in six digits)
Alexandria, VA 22311

SUBJECT: Request for Data Base Additions, Deletions, or Changes

FROM: Site Security Manager: _____ _____ _____ _____
Rank Name (Last, First MI) SSAN Title
Phone #: AV: _____ COM: (_____)_____

Request the indicated actions be taken for the following individuals:
Action
SSAN Name (Last, First, MI)Duty Location
(MTF Records, HBA, Etc.)

Action		SSN	name		duty location
Add	Delete	Change			

_____
_____

Unit OPFAC Code: _____(Signature) _____
Base/Installation/Facility
Site Security Manager

- All Site Security Manager's mailing address changes should be entered in this space.
- All items must be completed. Omission of any items may prevent or delay the processing of this form.

Figure 2-H-2 (con'd)

INSTRUCTIONS FOR DEERS TELEPHONE USERS

A. Telephone Users.

1. Provide your LOGON-ID and Password to the Eligibility Telephone Center operator at: (800) 336-0289 or (800) 368-4416. The hours of operation are 0400-1700 (Pacific Time), Mon-Fri.

2. Approximately every 30 days the Telephone Center operator will ask you to establish a new password. At that time, you will provide the operator a new Password of 5 to 8 characters. It is very important that you remember the new Password you have chosen.

3. If you forget your password, the operator in the Telephone Center will refer you to the Security Maintenance office at (703) 578-5306, or AUTOVON 289-1953. At this time, you will be provided a Temporary Password, which you will then provide to the Eligibility Telephone Center operator on your next inquiry call.

4. The Eligibility Telephone Center operator will enter this Temporary Password into the operator's terminal and then ask for your new password (as in [2] above).

B. Telephone-Based System.

1. Telephone type. The telephone line used for eligibility checks is a rotary In-WATS telephone system. A rotary system means that when one of the lines at the eligibility center is not being used, the incoming call will automatically be transferred to that line. If a busy signal on the rotary line is received, all lines at the eligibility center are being used. If this happens, hang up and try again later.

   a. Eligibility Check Procedure. When an eligibility center operator answers the telephone, the following procedures to perform a patient's eligibility check will be used:

   b. Note: When calling, greet the operator and identify the center from where you are calling.

      (1) You will supply the following information to the operator:

         (a) Site name and site security code, UCA code (from medical, dental, or pharmacy)

         (b) DEERS ID (an optional family member prefix and sponsor's Social Security Number)

         (c) Date of birth of beneficiary if known. If not known, then 999999

         (d) FROM date (YYMMDD) of medical treatment

(e) TO date (YYMMDD) of medical treatment

(2) The operator will then perform an eligibility inquiry.

(3) If the patient is found to be on file, the operator will indicate that the patient is enrolled in DEERS and is/is not eligible. When checking eligibility for more than one member of a family, each of the family members must be identified individually.

(4) If the patient is not found on file, the operator will indicate that the patient does not appear as enrolled in DEERS.

(5) The procedure is repeated until all patients have been checked, and then the call is ended.

SAMPLE ELIGIBILITY CHECK CALL

The following is an example of DEERS Eligibility Center Telephone Inquiry format:

Operator: Good Morning - DEERS Eligibility Center - May I help you?

Inquirer: Good morning, this is Support Center Alameda, Security Code AC, UCA Code BA, Site Code 10123, inquiring the eligibility of 123 45 6789. The date of birth is 560324. This is a single beneficiary request.

Operator: (enters SSN, DOB, SC, UC, and SITE CODE) What period of eligibility do you wish to check?

Inquirer: 801201 through 801215 (December 1 - 15, 1980)

Operator: The beneficiary is Jane Smith, and she is enrolled and eligible for the period requested. Any more inquiries?

Inquirer: Not at this time. Thank you, good-bye.

Operator: Thank you for calling the DEERS Eligibility Center.

Figure 2-H-3

PERFORMING DEERS CHECKS USING THE COAST GUARD STANDARD TERMINAL

Ref: (a) DEERS Users Guide (UG0100ELR5) of Oct 1987

1. At the Standard Terminal "Command Bar", Type **VT100**, (Go). If you don't have a "Command Bar", see your computer System Manager.

2. To dial-up the DEERS microcomputer access, enter **ATDT8,7033795860,** then press (Return). This command tells the modem to dial the DEERS access number, and should result in a message reading "connect 1200" on your screen. This means your computer and the one at DEERS are talking to on another.

3. Upon "handshake" with the DEERS computer, enter **M** (for Menu), then **VT100** (return).

4. At Security Protection Screen, enter **DEERS** (Return). See also page 2-2 of reference (a).

5. At Transaction Code Screen, enter **LOGN** (Return). Also see page 2-3 of reference (a).

6. At Security Screen, enter **your** User ID in the "LOGON-ID" space, then press **TAB**. See page 2-4 of reference (a).

7. Enter your personal password in the designated area, then press **TAB**. See page 2-4, Step 5 of reference (a).

8. Enter GIQD in the "TRAN ID" space, then press Return. See pages 2-4 and 5, steps 6 & 7 of reference (a).

9. At the Main Menu, select the desired activity. For Eligibility checks, see pages 4-1 through 4-19 of reference (a), or as follows:

10. In Activity Code (AC) space, no entry is necessary if you wish to make an eligibility check. See page 4-11 of reference (a). Press "Tab" to continue.

11. Enter your 6 character **Site ID**, then press "Tab".

12. In "UC" block, enter **BA** for Ambulatory Medical Care checks, **CA** for Dental checks, **DA** for Pharmacy checks, or **FN** for TRICARE/HBA checks, then press "Tab". See page 4-12 of reference (a) for other codes.

13. Enter **Sponsor's SSN**, then press "Tab".

14. Enter PATIENT's Date of Birth (DOB) in the following format: **YYYYMMDD**, then press "Tab".

15. In "DDS" block, enter DEERS Dependent Suffix as follows:

    01-19 Eligible Dependent Children

    20 Sponsor

    30-39 Spouse of Sponsor

    40-44 Mother of Sponsor

    45-49 Father of Sponsor

    50-54 Mother-in-Law of Sponsor

55-59 Father-in-Law of Sponsor

60-69 Other Eligible Dependents

70-74 Unknown by DEERS

75 DDS is unknown by Inquirer

98 Service Secretary Designee

NOTE

If the DDS code for sponsor (20) is used, only sponsor data will be displayed on the Eligibility Inquiry and Family Display Screens.

In the Treatment Date block, if the treatment dates are not the current date, enter the correct dates in YYYYMMDD format, then press Tab.

16. After completing the SITE, UC, SPON SSN, PAT DOB, and DDS fields, press the ENTER/RETURN key. If there is a record on the data base with the same SSN and patient DOB or a multiple DOB match and a single DDS match, the DEERS Eligibility Screen will be redisplayed, showing the pertinent data on the patient in the lower portion of the screen.

17. Once patient eligibility has been verified, that patient's data can be cleared from the screen by pressing Return.

18. To exit from the DEERS Eligibility Inquiry System:

    a. Select the appropriate two-character code and enter it into the AC field. The codes are:

       MM - DEERS Inquiry System Main Menu Screen
       SO - Sign Off

       (1) If the MM code is used to return to the Main Menu, enter **10** in the activity field to **Sign Off**, then press **Return**.

    b. Press, Enter (Return) when prompted by the sign-off screen.

    c. When at the Original screen, enter +++ (return), then AT H (return). (Steps b and c "hang up" the modem link/telephone connection with the DEERS computer)

    d. Press, **Finish** to return to the Command Bar.

Figure 2-H-4

SITE-ID INITIAL REQUEST (DEERS)

SECTION I. (To be completed by the base/installation/facility Site Security Manager).

A new Site-ID is requested_____(base name).

SERVICE/ORGANIZATION (Check X One)
Air Force = F ___DOD = D ___ NOAA = O ___
Army = A ___Marine Corps = M ___TRICARE = C ___
Coast Guard = P__Navy = N ___ Public Health = W ___
Other = X ___

TYPE OF FACILITY (CHECK X One) FACILITY SECTION (Check X One)
Dental Clinic = D ___AAFES = S ___ FINCTR W/Title III = FT ___
Health Clinic = M ___AQCESS = G __ Med/Dent Rec = R ___
Hospital = H ___ Army Fin Off = F ___Tumor Registry = T ___
Personnel Office = P __Civ Pers Office = C ___ Other = Z ___
OPFAC code is _____

Sample:	**Full Mailing Address:**
Commander	Point of Contact (Title not person's name)
Integrated Support Command New Orleans	
Attn: Medical Records	
4640 Urquhart St.	
New Orleans, LA 70017-1010	

** This line of address must include a location identifier. For example, "USCG Clinic" is not acceptable; USCG Clinic New Orleans is acceptable.

Requested by (Rank/Name Signature)_____ DATE:_____
(Telephone) Comm (__)_____, FTS_____.
SECTIONS II/III. (To be completed by Service Project Officer)
Recommended by: (Rank/Name/Signature) _____ Date:____.
APPLICATIONS: (Check X One)
ACTUR ___ ARED ___ DOLI ___ OLGR ___ RAPIDS ___
AQUESS ___ DMRIS ___ GIQD ___ OLPU ___ Other ___
EQUIPMENT (Check X One) *Note: Justification must be attached if equipment is required.
CRT ___ RAPIDS ___ Telephone Center ___
Facility Equipment ___ Timeshare ___
III. 12-Month Workload: (A) Avg Admissions: ____, (B) Avg Outpat Visits: ___; (C) Dental: ___

Figure 2-H-4 (con'd)

SECTIONS IV/V. (To be completed by DCSPO representative

Director, Benefits Policy Division
DEERS and Central Systems Program Office
Six Skyline Place
5109 Leesburg Pike, Suite 502
Falls Church, VA 22041-3201

V.
Inpatient_____
Outpatient _____
Dental _____

The applications above are correct (or changed as indicated), and the equipment is confirmed. Eligibility checking requirements are in Section V. Issue Site-ID.

Director, Benefits Policy Division_____Date:_____

SECTION VI. (To be completed by Security Maintenance, DEERS East Coast Center)
Entered on DEERS Site-ID File by (initials)_____DATE _____.
Site-ID: __ __ __ __ __ __
Field Service Region _____ State or Country (OCONUS).

Figure 2-H-5

DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS)

DIAL-UP ACCESS POLICY

MICROCOMPUTER ACCESS

DEERS can be accessed by telephone by using an IBM PC or AT compatible microcomputer, or the Coast Guard Standard Terminal with the proper software emulation package installed. There are four criteria for microcomputer access to DEERS:

1. Site must have access to an outside commercial touch-tone telephone line.
2. The modem connected to the computer must be Bell 212A compatible.
3. Individuals must have DEERS assigned user-IDs and passwords,
4. An asynchronous communication software package must be installed in the computer. The most common software for the Standard Terminal is the VT-100 emulator.

An asynchronous dial-up environment is used to allow existing asynchronous terminals at military installations to interface with DMSSCNET through a modem. The required modem must be compatible with a Bell 212A capable for 300 or 1200 baud. This equipment will be communicating with a Renex Converter at the DEERS offices. The display terminal should be set up as follows:

1. Line width of 80 characters
2. 24 line screen height.

The asynchronous communications program should be configured as follows:

1. Baud rate of 300 or 1200.
2. Parity of EVEN or MARK
3. Stop bits of one (1)
4. Terminal emulation selections are listed on the Renex menu
5. Word length of seven (7)

The following telephone number is used to dial into the Renex converter box at DEERS. This number has 16 trunk lines, and should normally be available:

(703) 379-5860

Figure 2-H-5 (con'd)

ENSURING HANDSHAKE

The following criteria must be met during the interface test to ensure the handshake (communication between your computer/modem and the DEERS system) is successful:

1. Verify correct hardware and software configuration
2. Conduct a dial-up test using the above telephone number
3. Perform system access procedures to display the DEERS sign-on screen
4. If any problems or questions arise during the initial setup and testing of equipment, call the DMSSC Technical Support Group at (703) 578-5021, -22, or -23.

Section I - Health Care Facility Definitions.

1. Coast Guard Facilities.

   a. Clinic. A health care facility primarily intended to provide outpatient medical service for ambulatory patients. A clinic must perform certain non-therapeutic activities related to the health of the personnel which are necessary to support the operational mission of the unit, such as physical examinations, immunizations, medical administration, and preventive medical and sanitary measures. A clinic staff consists of at least one permanently assigned medical officer and health services technician. The staff may include dentists, nurses, pharmacists, physician assistants and other specialists as required. A clinic may be equipped with beds for observation of patients awaiting transfer to a hospital, and for overnight care of patients who do not require complete hospital services (e.g., isolation of patients with communicable diseases) if accredited for that purpose by an external accreditation agency (JCAHO/AAAHC).

   b. Satellite Facility. A health care facility which is administered by a Coast Guard clinic but is located off-site from the clinic.

   c. Dental Clinic. A facility at a Coast Guard unit for the dental care and treatment of active duty personnel. Dental clinics are staffed with one or more dental officers and health services technicians.

   d. Sick Bay. A small medical treatment facility (afloat or ashore) normally staffed only by health services technicians for the care and treatment of active duty personnel. Civilian health care providers contracted to provide in-house services at these facilities, like any facility, may provide care only within the scope of their contracts. The fact that these civilian health care providers are on board will not change the status of the medical facility.

   e. Super Sickbay. An intermediate size medical care facility (ashore) intended to provide outpatient medical care for active duty personnel. A super sickbay will perform activities related to the health of the personnel, which are necessary to support the operational missions of all units within AOR, such as physical examinations, immunizations, medical administration, and preventive medical and sanitary measures. A super sickbay staff will normally be staffed with one medical officer and three or more health service technicians.

2. Department of Defense Medical Facilities.

   a. Nomenclature and Definitions. There are three types of DOD fixed medical treatment facilities medical centers, hospitals, and clinics. The nomenclature and definitions applicable to the classification of these facilities, as set forth below, are used by the Army, Navy, Air Force, and Marine Corps.

(1) Medical Center. A medical center is a large hospital which has been designed, staffed and equipped to provide health care for authorized personnel, including a wide range of specialized and consultative support for all medical facilities within the geographic area of responsibility and post graduate education in the health professions.

(2) Hospital. A medical treatment facility capable of providing definitive inpatient care. It is staffed and equipped to provide diagnostic and therapeutic services in the field of general medicine and surgery, preventive medicine services, and has the supporting facilities to perform its assigned mission and functions. A hospital may, in addition, discharge the functions of a clinic.

(3) Clinic. A medical treatment facility primarily intended and appropriately staffed and equipped to provide emergency treatment and outpatient services. A clinic is also intended to perform certain non-therapeutic activities related to the health of the personnel served, such as physical examinations and preventive medicine services necessary to support a primary military mission. A clinic may be equipped with beds for observation of patients awaiting transfer to a hospital, and for care of cases which cannot be cared for on an outpatient status, but which do not require hospitalization.

b. Primary Mission. The primary mission of Department of Defense medical facilities is to provide adequate medical care for members of the uniformed services on active duty.

3. Uniformed Services Treatment Facilities (USTFs).

a. Public Law 97-99 (1981) authorized several former USPHS hospitals (sometimes called Jackson Amendment facilities) to provide health care to active duty and retired members and their dependents. The law was modified in 1991 and the USTF program was mandated to implement a managed care delivery and reimbursement model in order to continue as part of the Military Health Services System (MHSS). This managed care plan went into effect on October 1, 1993 and is called the Uniformed Services Family Health Plan (USFHBP).

b. USFHBP is a health maintenance organization-type of plan exclusively for the dependents of active duty, retirees and their dependents. Where available, the USFHBP serves a defined population, through voluntary enrollment, and offers a comprehensive benefit package. The capacity at USFHBP sites varies and is limited. Beneficiaries enroll in the USFHBP during a yearly **open season**, and may disenroll after one year. Enrollment is confirmed by each USFHP site. Those not accepted during the open season may be enrolled as openings occur on a **first come-first served** basis. **USFHBP enrollees are not authorized to use the TRICARE Program or the direct care system (DOD and Coast Guard health care/dental facilities included) while enrolled in the USFHP**.

c. Dependents and retirees who do not enroll in the USFHBP or who are denied enrollment because the USFHBP is at capacity can only be treated at USTFs on a

space-available and fee-for-service basis. All USTFs are required to be TRICARE preferred providers.

d. Active duty personnel are not eligible to enroll in the USFHBP, however, they can still be treated at USTFs under the following conditions:

(1) for emergency care,

(2) when referred by a military treatment facility, or

(3) when authorized by the cognizant MLC for non-emergent care.

e. When active duty care is rendered, the USTFs are not authorized to bill or collect payment from active duty members, they must bill the Coast Guard instead.

Section J - Policies and Procedures Required at Coast Guard Health Care Facilities.

1. Administrative Policies and Procedures. All facilities shall develop and maintain the following written administrative policies and procedures which shall be reviewed annually and updated as needed.

   a. Standard Operating Procedure (SOP) defining objectives and policies for the facility.

   b. Organizational Chart if there is a Health Services Division or Branch. The Health Services Division/Branch or Medical Department should also be shown on the command's organizational chart.

   c. Clinic protocols, posted in the respective department, for pharmacy, medical laboratory, and medical and dental radiology.

   d. Notices posted in pharmacy and radiology advising female patients to notify department personnel if they are or might be pregnant or breast feeding (pharmacy only).

   e. Written guidelines advising patients how to obtain after-hours emergency medical and dental advice or care. These must be readily available and widely publicized within the command and the local eligible beneficiary community.

   f. Quality Assurance (QA) program guidelines including assignment of a QA coordinator and QA focus group members in writing. The QA focus group shall meet at least quarterly and maintain written minutes.

   g. Guidelines for a patient advisory committee (PAC) comprised of representatives of the health care facility and each major, identifiable, patient interest group. The PAC shall meet periodically and maintain written minutes.

   h. Persons authorized to deny care shall be so designated in writing by the command.

2. Operational Policies and Procedures. Facilities shall also develop and maintain the following written operational policies and procedures. These require annual review and signature by all health services personnel.

   a. Emergency Situation Bill including Health Services Division response to fire, earthquake, bomb threat, heavy weather, etc.

   b. Health Services Emergency Response Protocols for suicide attempt/threat, rape/sexual assault, family violence and medical emergencies in the dental clinic.

   c. Protocol for managing after-hours emergencies. Clinics at accession points and at Coast Guard units with on-base family housing shall maintain a 24-hour live watch schedule.

3. Patient Rights. Health care shall be delivered in a manner that protects the rights, privacy and dignity of the patient. Sensitivity to patient needs and concerns will always be a priority.

   a. Clinics shall post the Patient Bill of Rights and Responsibilities poster in clear view in all patient waiting and urgent care areas (see Figure 2-J-1). Copies are available from Commandant (G-WKH-1).

   b. Chaperones shall provide comfort and support to patients during exams or treatment. All patients shall be informed of the availability of chaperones.

      (1) Chaperones are defined as persons who attend patients during medical exams or treatment. Chaperones shall be of the same gender as the patient being examined. Any nursing staff member, HS or volunteer may serve as a chaperone as part of their duties. The Chief, Health Services Division shall ensure that chaperones have appropriate training or experience (such as Red Cross Orientation/Training) to enable them to carry out their duties properly. Although a patient's request for a family member or friend to be present during examination may be honored, that person is not a substitute for a chaperone.

      (2) Patients who request the presence of a chaperone shall have their request honored unless, in the opinion of the medical officer, the risk to the chaperone outweighs the benefit to the patient (e.g., during x-ray exposures).

      (3) Female patients undergoing breast examination or genital/rectal examination or treatment must have a chaperone present during the examination. Male patients may have a chaperone present at the patient's request.

      (4) If a provider thinks a chaperone is necessary, and the patient refuses to permit the services of a chaperone, the provider must consider whether to perform the examination or treatment or to refer the patient to another source of care.

      (5) Clinics shall have a written policy for reporting any episode of alleged misconduct during medical/dental examinations to the unit commanding officer. Unit commanding officers shall investigate such complaints in accordance with regulations.

   c. Chief, health services division shall enforce the patient chaperone policy and ensure chaperones are qualified to perform their duties.

   d. Chief, health services division shall ensure that allegations of misconduct are forwarded to the command in a timely manner.

   e. Clinics shall ensure that patient educational materials concerning gender-related health issues (PAP smears, cervical cancer, mammography and breast disease, testicular and prostate cancer, etc.) are readily available.

4. Health Care Provider Identification.

a. In accordance with the Patient Bill of Rights and Responsibilities, all patients have the right to know the identity and the professional qualifications of any person providing medical or dental care. The recent addition of Nurse Practitioners and commissioned Physician Assistants to our health care staffs has increased the chances of misidentification. Accordingly, health care providers shall introduce themselves and state their professional qualifications (level of provider) at each patient encounter.

b. The standard Coast Guard name tag does not reflect any information concerning the professional qualifications of the health care provider. Additionally, the standard Coast Guard name tag is often not visible to patients with poor eyesight, or it may be hidden by the provider's smock or lab coat. In lieu of the standard Coast Guard name tag, all health care providers, civilian and military, shall wear a specific health care provider identification tag on their outer smock or lab coat when engaged in direct patient care in Coast Guard Clinics and Dental Clinics. The health care provider identification tag shall be worn above the right breast pocket (or equivalent). The following criteria shall be used by local commands and clinics in manufacturing the health care provider identification tags:

(1) Size. The identification tag shall be 1" high by 3" wide.

(2) Materials. Standard plastic name tag blanks which may be purchased locally or from Government sources.

(3) Color. Standard Coast Guard blue or black with white lettering.

(4) Contents. The identification tag shall contain the following information:

(a) The rank, first initial, and last name shall be centered on the identification name tag and placed on the top line.

(b) One of the following professional titles, or any other commonly recognized professional name, centered below the name line. Abbreviations shall not be used.

1 Physician

2 Dentist

3 Physician Assistant

4 Nurse Practitioner

5 Pharmacist

6 Physical Therapist

7 Optometrist

8 Registered Nurse

9 Health Services Technician

FIGURE 2-J-1

THE COMMANDANT OF THE UNITED STATES COAST GUARD
WASHINGTON, DC 20593-0001

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Patient Rights

You have a right to:

Considerate, respectful care with suitable attendants consistent with the health care resources available and the accepted standard of care.

Impartial access to treatment regardless of race, sex, religion, or national origin.

Reasonable safety, comfort, and privacy within the clinic.

The identity and professional status of the health care providers and professionals primarily responsible for your care.

Full disclosure from the provider of care about your condition, treatment, prognosis, significant complications, risks, benefits, alternative treatments available, and any additional information required to give informed consent prior to procedures.

Personal and information privacy within the limits of the law. That is to:

a. refuse to talk with or see anyone not directly involved in your care;

b. be interviewed and examined in surroundings that assure reasonable privacy;

c. expect that any discussion or consultation involving your care will be conducted confidentially; and

d. have your health records read only by individuals who are directly involved in your treatment or the monitoring of its quality or have other legal authority to review your record.

The presence of a chaperone during examination and treatment, if you so desire.

Expect reasonable continuity of care.

Be advised if the facility proposes to engage in, or perform, research associated with your care or treatment. You have a right to refuse to participate in any research project.

Refuse treatment to the extent permitted by law and government regulations, and to be informed of the consequences of your refusal.

Be informed of facility rules and regulations which relate to your conduct.

Receive information concerning the medical or dental treatment facility mechanism to initiate, review, and resolve potential complaints.

Patient Responsibilities

You have the responsibility:

To provide complete information about your present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.

To report any unexpected changes in your condition.

To understand your treatment plan, and to ask questions about what is not clear to you.

To follow the treatment plan.

To keep appointments and to notify the clinic when you are unable to do so.

For your actions if you refuse treatment or do not follow the orders of health care providers.

To inform the facility if you believe your rights have been violated.

To be considerate of the health services personnel and to act in a mature and polite manner.

To be considerate of other patients. In particular, smoking, loud noise, unruly behavior, profanity, and improper attire are not permitted in the clinic.

To promptly return records to the clinic where they are maintained. All health records documenting care provided by any medical or dental treatment facility are the property of the U.S. Government.

Robert E. Kramek

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Admiral, U.S. Coast Guard

Section K - General Standards of Care. Patients at Coast Guard clinics and sickbays shall be treated in accordance with the following general standards of care:

1. Diagnosis and therapy shall be performed by a provider with appropriate credentials.

2. Diagnoses shall be based upon clinical findings and appropriate tests and procedures.

3. Treatment shall be consistent with the working diagnosis, and shall be based upon a current treatment plan.

4. Treatment shall be rendered in a timely manner. Providers should use their professional judgement in accounting for the specific needs of patients and military readiness obligations while attempting to meet the following goals for timeliness:

   a. Sick call – If provided, the patient should be triaged immediately and be seen based on urgency of the condition. The patient should be advised of the wait time to be seen and offered a later appointment if the condition does not warrant immediate attention.

   b. Acute Illness (medical) - The wait time should not exceed 1 day. The condition must be addressed, not necessarily resolved, within this time frame.

   c. Routine Visit (medical) - The wait time should not exceed 1 week.

   d. Specialty Care (medical) - To be determined by the primary care manager making the referral based on the nature of the care required and the acuteness of the injury, condition, or illness, but should not exceed a wait time of 4 weeks to obtain the necessary care.

   e. Well Visit - The wait time should not exceed 4 weeks.

   f. Urgent Care (dental) - The wait time should not exceed 1 day. The condition must be addressed, not necessarily resolved, within this time frame.

   g. Routine Visit (dental) - The wait time should not exceed 4 weeks.

   h. Scheduled Appointment (medical or dental) - The wait time should not exceed 30 minutes of appointed time. This may sometimes be delayed by the need to address prior scheduled patients, emergency care, or unforeseen military obligations.

   i. Pharmacy - Prescription available within 30 minutes.

5. Treatment shall be provided using currently accepted clinical techniques.

6. Patients shall participate in deciding among treatment alternatives available to them.

7. All diagnosis and treatment shall be appropriately documented, including subjective complaints, pertinent positive and negative history, objective findings, clinical assessment, plan for treatment, prescriptions, post-treatment instructions, and disposition of patient.

8. Unusual circumstances, including complications of treatment, shall be fully documented.