

16 FAM 520 RESPONSIBILITY FOR PAYMENT OF MEDICAL EXPENSES

*(CT:MED-3; 06-30-2005)
(Office of Origin: M/MED)*

16 FAM 521 RESPONSIBILITY

*(CT:MED-3; 06-30-2005)
(Uniform/State/USAID/BBG/Commerce/Foreign Service Corps–USDA)
(Applies to Civil Service and Foreign Service Employees)*

- a. Each employee and eligible family member participating in the Medical and Health Program is strongly encouraged to obtain health insurance coverage (see 16 FAM 116), whether under the Federal Employees Health Benefits Program (FEHBP) or by contract with a private insurer.
- b. When an employee or eligible family member is covered by insurance, that insurance is the primary payer for medical services provided to that employee or eligible family member(s) both in the United States and abroad. The primary insurer's liability is determined by the terms, conditions, limitations, and exclusions of the insurance policy. When an employee or eligible family member is not covered by insurance, the employee becomes the primary payer for the total amount of medical costs incurred and the U.S. Government has no payment obligation (see paragraph e of this section).
- c. U.S. Government agencies that participate in the Department of State Medical and Health Program serve as secondary payers for medical expenses of employees and eligible family members who are covered by insurance, up to the allowable charges and within the scope of privacy policy, where the following conditions are met:
 - (1) The illness, injury, or medical condition giving rise to the expense is incurred, caused, or materially aggravated while the eligible individual is stationed or assigned abroad (see 16 FAM 116);
 - (2) The illness, injury, or medical condition giving rise to the expense required or requires hospitalization and the expense is directly related to the treatment of such illness, injury, or medical condition, including obstetrical care; and

- (3) The Office of Medical Services (M/MED) or a Foreign Service medical provider (FSMP) determines that the treatment is appropriate for, and directly related to, the illness, injury, or medical condition.
- d. M/MED or an FSMP at post may authorize medical travel for an eligible medical program participant in accordance with the medical travel regulations (see 3 FAM 3710 et seq.).
 - e. When an employee or eligible family member is not covered by primary health insurance, the employee becomes the primary payer for the total amount of medical costs incurred. In the event of a medical emergency, the Medical and Health Program may authorize issuance of Form DS-3067, Authorization for Medical Services for Employees and/or Dependents, to secure admission to a hospital located abroad for an uninsured employee or eligible family member. In that case, the employee will be required to reimburse the U.S. Government in full for funds advanced by the U.S. Government pursuant to the issuance of the authorization. Reimbursement may be made directly or through payroll deductions from the employee's salary.
 - f. Notwithstanding other limitations on outpatient expenses (see 16 FAM 531), M/MED may also authorize payment for the total co-payment amount of outpatient evaluation and treatment whenever the evaluation and treatment is covered by insurance and the co-payment exceeds \$500 for a given illness, injury, or medical condition that was caused or materially aggravated by, or directly related to, duty or assignment abroad:
 - (1) In order to request payment, the employee must file a petition for coverage with the health unit or regional medical officer (RMO). The petition must include documentation from the local provider substantiating the costs and indicating that the treatment and evaluation are directly related to the same illness, injury, or medical condition;
 - (2) No payment will be made under this paragraph unless the Medical Director, Office of Medical Services, or designee has determined that there is a direct relationship between the illness, injury, medical condition, and service or assignment abroad. Accordingly, payment will not be authorized absent approval from the Medical Director or designee; and

- (3) In the event an employee is denied payment under this section, he or she may request an administrative review. Once the request is made, the Medical Director shall convene a review panel comprised of three physicians whose decision will be final with no further appeals. Authorization for payment under this section is limited to the allowable charges and scope of the underlying insurance policy. Payments under this section will not be authorized for uninsured individuals.

16 FAM 522 AUTHORIZATION FOR MEDICAL SERVICES FOR EMPLOYEES AND ELIGIBLE FAMILY MEMBERS

(CT:MED-3; 06-30-2005)

(Uniform/State/USAID/BBG/Commerce/Foreign Service Corps–USDA)

(Applies to Civil Service and Foreign Service Employees)

- a. The Office of Medical Services (M/MED), principal officer, management officer at post, or designee each has the authority to issue Form DS-3067, Authorization for Medical Services for Employees and/or Dependents, for U.S. Government payment of medical expenses in accordance with these regulations.
- b. The principal officer or management officer at post will consult with the Foreign Service medical provider (FSMP) or post medical advisor (PMA) before issuing a Form DS-3067. In an emergency, when time does not permit consultation, the authorizing officer may issue a Form DS-3067, providing the principal or management officer at post notifies the FSMP or PMA as soon as possible following such an issuance.

16 FAM 523 ACCOUNTABILITY FOR PAYMENT OF MEDICAL EXPENSES

(CT:MED-3; 06-30-2005)

(Uniform/State/USAID/BBG/Commerce/Foreign Service Corps–USDA)

(Applies to Civil Service and Foreign Service Employees)

- a. When the U.S. Government pays medical expenses (e.g., pursuant to Form DS-3067, Authorization for Medical Services for Employees and/or Dependents), repayment must be made to the U.S. Government either by insurance payment or directly by the employee, except for the amount of such expenses the U.S. Government is obligated to pay under these regulations. When the U.S. Government pays the medical expenses, including medical travel costs, of an individual who is covered by

insurance, that individual promptly must claim his or her benefits under the insurance policy. As soon as the individual receives the insurance payment, the individual must reimburse the U.S. Government for the full amount of the insurance due under his or her policy. If an individual is not covered by insurance, he or she must reimburse the U.S. Government for the entire amount of all medical expenses.

- b. In the event an employee or eligible family member fails to recover insurance payments or transfer the amount of such payments to the appropriate U.S. Government agency within 90 days, the U.S. Government may take appropriate action to collect the payments due, unless such failure is for reasons beyond the control of the employee or the eligible family member (see also 4 FAM 445).
- c. The management officer at post is responsible for submitting the following documents to the Office of Medical Services (M/MED) within 60 days from the time of the patient's discharge from the treating facility:
 - (1) A final accounting of medical expenses paid;
 - (2) A copy of Form DS-996, Medical Care at Government Expense, signed by the patient and the insured;
 - (3) A copy of the insurance claim form; and
 - (4) A copy of Form DS-3067, Authorization for Medical Services for Employees and/or Dependents, with a signed release authorizing M/MED to review the status of claim payments and release necessary information related to the claim.
- d. Employees departing post are required to settle all hospitalization and/or medical accounts prior to departure. An employee who is insured must provide proof to post administration that those insurance claims have been submitted to the insurance carrier and that a signed repayment agreement is on record.

16 FAM 524 THROUGH 529 UNASSIGNED