USAMEDCOM

International Military Students & Medical Care

🔅 Desk Top Guide v 3.1



AMEDD Mission: Project & Sustain a healthy and protected force, Deploy a trained

and equipped medical service, Manage the care of the Soldier and the Military family.

April 15, 2011



This guide is provided to assist you in billing for foreign patients. Most of these patients will likely be military students who are invited to train in the US or their authorized dependents listed on Invitational Travel Order (ITO). In this guide, you will be shown how to identify what case is available to whom and how the care will be paid. A concern has arisen that many international patients are not inputted by the correct PATCAT. Information is included to help identify patients and categorize them properly.

Websites pertaining to this topic are listed for reference and assistance. You are encouraged to use these sites for updated information. Also, information will be placed on MEDCOM's Resource Management website:

(http://www.medcomrm.amedd.army.mil/) for you to access.

It is important for international patients to be billed correctly and in a timely manner. This information is presented to you to do an accurate job as possible. Not every problem can be resolved using this book. If you need more assistance, please call the MEDCOM office at (210) 295-2892.

Thank you for your work and all of your effort.



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Notes		
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Invitational Travel Orders (ITO)

The most essential part of the billing process for students or authorized dependents is the Invitational Travel Orders (ITO). The Medical Information Form (MIF) can also be used, and it is the preferable document due to its simpler layout. The MIF is specific to the patient's medical infor-



mation, while the ITO covers everything about a student's training in the US. This section will point out the items on the ITO that deal specifically with information that involved their medical privileges and responsibilities.

2. Country/Organization: Identifies home country of student. If the patient is from a certain country, it may impact eligibility and PATCAT.

5. Program Type: Identifies what training program the student is under. Each training program has a different accounting appropriation. It also impacts which PAT-CAT will be used. These will be discussed more in depth later in the book.

6. IMS Information: This is the student's name. The name on the invoice should be the same as this one or one of the student's authorized dependents (listed in item 12). MEDCOM has very rarely received an invoice attached with an incorrect ITO.

Acronyms

AR - Army Regulation

- DFAS-IN Defense Finance & Accounting Service-Indianapolis
- DFAS-RO Defense Finance & Accounting Service-Rome
- DSCA Defense Security Cooperation Agency
- FMS Foreign Military Sales
- IA Implementing Agency
- IAW In accordance with
- IMET International Military Education & Training
- IMS International Military Student
- JSCET Joint Security Cooperation Education and Training
- MEDCOM Medical Command
- PAD Patient Administration Division
- PfP Partnership for Peace
- RHCA Reciprocal Health Care Agreement
- SANG Saudi Arabia National Guard
- SAMM Security Assistance Management Manual
- SCO Security Cooperation Organization
- SoFA Status of Forces Agreement

Internet Resources

Acronym Finder-http://www.acronymfinder.com/

- AR 40-400 (PAD)—<u>http://www.army.mil/usapa/epubs/pdf/</u> r40_400.pdf
- Central Contractor Registration-www.ccr.gov
- DFAS 37-1—<u>http://asafm.army.mil/offices/BU/Dfas371.aspx?</u> OfficeCode=1200
- DFAS 37-100—<u>http://asafm.army.mil/offices/BU/Dfas37100.aspx?</u> OfficeCode=1200
- DSCA (SAMM)-http://www.dsca.osd.mil/
- Embassies—<u>http://embassyinformation.com/</u> or <u>http://em</u> <u>bassy.org/embassies/</u>
- Financial Management Regulation: Chapter 15—<u>http://comptroll</u> <u>er.defense.gov/fmr/15/index.html</u>
- GFEBS-http://www.gfebs.army.mil/
- International Care Agreements—<u>http://</u> <u>www.armymedicine.army.mil/hc/ip/intl_prgms.htm</u>
- JSCET-<u>http://www.army.mil/usapa/epubs/pdf/r12_15.pdf</u>
- MEDCOM Resource Management—<u>http://</u> www.medcomrm.amedd.army.mil/
- NATO-http://www.nato.int/cps/en/natolive/index.htm
- RHCA's-https://private.fhp.osd.mil/portal/rhas.jsp

8. Authorized Training: Dates of training will be listed here. Date of service on the bill should generally coincide with the training dates. If the student is responsible for paying any bills, it should be done before the final training is complete.

12. Conditions:

a. Dependents: Lists authorized dependents to accompany the IMS.

b. Medical Services: This section states where the bill should go for the IMS and for the dependents. The IMS's medical care will usually be charged to the training program (5. Program Type).

15. Special Conditions/Remarks: This section occasionally includes some medical information if it is not found in one of the other sections. For example, an insurance company's name and address might be found here if it was not included in 12.b. for the dependents medical bills.

In addition to these sections, an amendment may be included that extends the IMS's training or includes a newborn dependent. The ITO is written up before the IMS comes to the US, so the amendment will document any changes that have occurred since the IMS has arrived here. Austria

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Macedonia Azerbaijan



Finland



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Moldova



Partnership for Peace SOFA **Members**

The countries shown to the left of this paragraph indicate the current Partnership for Peace SOFA members whose military members and dependents are eligible for Health Care in DoD facilities. More information on authorizations can be found in AR 40-400 and DoD 1000.13. Outpatient care is at no charge for these individuals.

NATO SOFA Members

Below and on the opposite page indicates the NATO countries whose military and authorized dependents are eligible for medical care in DoD facilities. They may receive outpatient care at no charge. The SOFA applies to all military members. It is not restricted to students.



MEDCOM will take the paperwork provided and prepare a debt package that will be sent to DFAS-Indianapolis. DFAS-IN has an office that will pursue collection from the respective Embassy. So it is very important that enough information is given in order for the Embassy to identify the patient as a military member or dependent.

Be sure to review the policy before submitting a debt package. Also, it is very important to coordinate with your resource management department.



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Debt Management for Foreign Patients

If the International Military Student or some other visiting foreign Military member is responsible for any medical expenses, and they do not have insurance that covers the care; then the Military member should be billed for the care.

If the patient fails to pay after the 90-day mark, the debt is then considered transferable to MEDCOM according to the "Debt Management for Foreign National Medical Care" memo which can be found at <u>http://www.medcomrm.amedd.army.mil/policy/</u> <u>DebT Mgmt FMS Policy.pdf.</u>

This policy is not for patients covered by FMS, IMET, NATO, a RHCA, insurance, or Embassies. This is for patients such as IMET dependents, since the IMET program only pays for the student's care. It is also for Liaison Officers, Embassy employees, etc. This policy was established for those patients that are responsible to pay for their own medical care.

First, proceed with due process in collection efforts. Ninety days after the initial invoice, outstanding debt is transferable to MEDCOM. Debt packages for foreign military care should include a DA 200, the invoice(s), delinquent letters, copy of identification, ITO, certification statements, and the DA 1854-R. If the patient does not have an ITO, please include as much information as possible about the patient.

Germany Greece France Hungary Iceland Italy Latvia Luxembourg Lithuania Poland **Netherlands** Norway 10 Portugal Romania Slovakia 齐 Slovenia Spain Turkey United Kingdom

Reciprocal Health Care Agreements

Country	Termination
Argentina	January 31, 2013
Bolivia	September 13, 2007
Canada	May 03, 2007
Chile	October 03, 2010
Colombia	April 08, 2005
Dominican Republic	June 30, 2012
Ecuador	September 30, 2012
El Salvador	March 31, 2014
<u>Georgia</u>	February 28, 2013
Germany	May 27, 2014
<u>Guatemala</u>	March 31, 2013
Honduras	February 10, 2012
<u>Mexico</u>	March 31, 2014
<u>Peru</u>	August 31, 2012
Romania	April 25, 2007
<u>Tunisia</u>	July 31, 2012
<u>Ukraine</u>	December 29, 2012
United Kingdom	October 31, 2014
<u>Uruguay</u>	September 18, 2012
Venezuela	September 22, 2003

Addresses

These are the addresses USAMEDCOM uses for billing.

USAMEDCOM Drop Box: <u>MEDCOM.IMS@amedd.army.mil</u>

Randolph AFB:

AFSAT/DOF ATTN: FMS Claims 315 J Street West Randolph AFB, TX 78150-4354

Pensacola:

NETSAFA N-131 ATTN: FMS Claims 250 Dallas Street, Suite B Pensacola, FL 32508-5269



Vinnell Arabia:

Vinnell Arabia ATTN: SANG-CLO NGTS Herndon, Room 5013 2411 Dulles Corner Park Herndon, VA 20171

If the responsible party is an insurance company or the Embassy, the address should be included in the ITO.

How to Bill (continued)

MTF bills

When submitting invoices for care received at the MTF, be sure to include the ITO or the MIF. Please also include a DA 200 with a good address. You may want to list the countries or dollar amount so it can be double-checked against the billing package.

Non-DoD bills

Be sure to include the ITO or MIF when submitting bills from non-DoD health care facilities. The bill should be accompanied with a referral, especially for dental care since it is usually for emergency cases only. All institutions doing business with the government are required to have an active CAGE code. One may be obtained by registering at www.ccr.gov. The Vendor Pay office at DFAS-Rome will not issue payment to hospitals that do not have a CAGE. Payments will be issued by EFT.

IMS out-of-pocket expenses

Sometimes the IMS will pay for medical expenses himself, such as for pharmacy products. The IMS should turn in receipts, and a SF 1034 will be prepared. The SF 1034 needs to have the IMS's name, proper address, and Foreign Identification Number on it. Also needed is the ITO or MIF. MEDCOM will add the line of accounting to be charged and certify the funds by signing the SF 1034 in the appropriate area. The paperwork will be sent to DFAS-Rome, and a check will be mailed to the address on the SF 1034.

Status
Current
Expired
Expired
Current
Expired
Current
Expired
Current
Current
Current
Current
Expired - no renewal in progress*

RHCA's allow foreign military members, and sometimes their dependents, to receive medical care without any charge when seen in a DoD MTF located in the US. Each agreement is unique for each country, so the agreement in guestion will need to be reviewed to know what authorizations apply. Section V covers the foreign patients' care that will be provided by the US. The agreement must be current in order to apply. Agreements are available at the following address: https:// private.fhp.osd.mil/portal/ rhas.isp. Just click on the country's name to pull up the agreement. These agreements are not restricted to students, but any military member invited to the US.

Training Programs

Several programs are created by the Security Assistance Training Field Activity (SATFA). We will discuss these to develop an understanding of how to identify them and the different billing procedures for them.

Foreign Military Sales: FMS is set up by cases for each country. A country may have several training cases. An FMS case is a trust fund that a foreign nation sets up with the US government. An administrative charge is applied to each case, and those funds pay for US employees to act as stewards to monitor and execute the case.

An FMS case can be identified on line item 5 of the ITO. If it does not specifically state FMS as the program, one can tell it is FMS by how the case is set up. An example is CO-B-OEF. "CO" is a country code. This case is for Colombia. "B" is the Implementing Agency. The IA is the service responsible for the case. "B" is for Army, "D" is for Air Force, and "P" is for Navy. If this is too confusing, check the invitation line of the ITO. Whichever service invited the student is the IA. "OEF" is the case. For FMS, it will always be three alpha characters. No matter what kind of medical expense we are dealing with; we need to determine if the patient is a student or dependent, what training program the student is under, who is the implementing agency, and are there any special instructions.

Im	plementing Agency	Billee
Arn	ny	USAMEDCOM Drop Box
Air	Force	Randolph AFB, TX
Nav	vy	Pensacola, FL
n/a		Address on ITO
Arn	ny	Vinnell Arabia
Arn	ny	USAMEDCOM Drop Box
Air	Force	Randolph AFB, TX
Nav	vy	Pensacola, FL
n/a		IMS or Special instructions
Arn	ny	USAMEDCOM Drop Box
Air	Force	Randolph AFB, TX
Nav	vy	Pensacola, FL
n/a		IMS or Special instructions
Arn	ny	USAMEDCOM Drop Box
Air	Force	Randolph AFB, TX
Nav	vy	Pensacola, FL
n/a		IMS or Special instructions

How to Bill

So far we have discussed how to review an IMS's ITO, agreements that allow for care at no charge, the various training programs, PATCAT's for students and dependents, and certain unauthorized care. So when a bill is generated, what do we do with it? And what about bills from non-DoD health care facilities or if an IMS wants to be reimbursed for out-of-pocket expenses?

Training Program	Patient
Foreign Military Sales	Student or dependent
FMS (special instructions)	Student or dependent
Saudi Arabia National Guard	Student or dependent
IMET	Student
	Dependent
CTFP	Student
	Dependent
Counter-Drug/Narcotics	Student
	Dependent

If Army is the IA, then these bills should generally be sent to MEDCOM. An FMS case has several lines on it, and a training case should have a medical line to cover medical expenses for the student *and* his/ her dependents. However, some countries chose not to establish a medical line on the case. That is why it is important to check sections 12 and 15 of the ITO for special directions. Some FMS students purchase insurance, so the insurance company should be billed. Sometimes the Embassy wants to receive the bills directly, and it will pay for the medical charges.

Saudi Arabia National Guard: SANG is an Army-sponsored training case that MEDCOM does not monitor. Saudi Arabia monitors it itself, and all of a SANG's student's medical bills should be sent to

> VINNELL ARABIA ATTN: SANG-CLO NGTS HERNDON, ROOM 5013 2411 DULLES CORNER PARK HERNDON, VA 20171

SANG cases can always be identified by its unique country code: "SI". By billing SANG directly, you should receive a check for the services rendered.

Training Programs (continued)

International Military Education & Training:

IMET is a US grant-funded program. The student will be invited, and the training and medical costs will be subsumed by the US government. The student may be authorized to bring dependents, but it is important to note that the IMET program will only pay for the student's medical care. The dependents should be covered by insurance or some other manner. If not, the student will have to pay for those expenses.



IMET is set up as a pseudo-case on line 5 of the ITO. It may appear as AG-B-09I. So the way to identify this case as IMET is that it will always end with a fiscal year and then an "I" to make up the three last characters.

Dental Care



Dental care is authorized on an emergency basis only for non-NATO members. NATO military members and dependents are treated to the same extent as US soldiers and dependents. According to the JSCET, emergency situations are those where "treatment is needed for relief of painful or acute conditions" and "if it can wait until the following normal work day is not emergency care". Otherwise, t he IMS or Embassy will be re-

sponsible for non-emergency charges.

Elective Care

Students and dependents are not authorized elective care. Elective care is defined by the JSCET as "care desired or requested by the individual or recommended by the physician or dentist which, in the opinion of professional authority, can be performed at another time or place without jeopardizing the health or well-being of the patient". Students do not come to the US to receive medical treatment; they are here for training purposes. Occasionally, a student may receive elective or unauthorized dental care at a non-DoD facility and expect the US to pay for the medical expenses. This can cause situations that create a distraction from the student's mission of training.

Pre-Existing Conditions

IMS's are expected to be in good health before coming to the United States. If a pre -existing condition exists or something comes up that questions the ability of the student to attend training, the student should be returned to the host country as soon as it is possible.



Before issuing an ITO, the SCO should receive verification that the potential student has had a physical exam within the previous three months and deemed physically fit for training. The exam should include a chest X-ray, a screening for evidence of Human Immunodeficiency Virus, and conclude that the student is free of communicable diseases. An HIV+ IMS must have an approved health waiver from the appropriate Military Department prior to issue of ITO. The statement will also indicate that the IMS is free of medical or dental defects or disease that might require treatment or hospitalization during training. If an IMS is certified as acceptably healthy for training even though medical or dental defects exist, section 15 of the ITO will state that those medical defects may have an impact on training if not properly controlled or monitored. Medical certification is also required for authorized accompanying dependents.

The DoD 5105.38-M SAMM chapter 10 and JSCET may be referenced for this information as well as other medical requirements.

Counter-Terrorism Fellowship Program: CTFP is very similar to IMET, but the training is very specified for combating terrorism. It is also US funded and only covers the student's medical care. The last three characters of the case will end in a fiscal year and "B", such as IN-B-10B.

Counter-Drug: Country-Drug program is funded and treated like IMET and CTFP. It can be identified with its last three characters of the case being a fiscal year and the letter "D".

International Narcotics and Law Enforcement: Also, treated the same as IMET. The last three characters of the case are a fiscal year and the letter "S".

FMS is unique from the other programs in that the country is paying for the training and that it covers both the student's and any authorized dependents' medical care (but only if the country establishes a medical line on the student's case). All other programs are similar to IMET.

Patient Categories

In an effort to properly categorize international patients, please use the following pages as a reference in assigning PATCAT's.

1. In every case read the ITO: sections 2, 5, and 12. These sections state the student's funding code, the program medical services are charged to, and what family members are authorized to accompany the student.

First, refer to line 2 and determine if this country has an agreement that might allow medical care without a charge. Secondly, check line 5 and note what training program the student is covered by. Lastly, section 12 identifies authorized dependents and any special conditions.

2. Reciprocal Health Care Agreements provide medical and dental care in DoD facilities without cost to the patient, except where specifically excluded. Patients referred to non-DoD facilities are not covered by RHCA's. When patients are referred or transferred out of an MTF, financial responsibility should be addressed with the military hospital Patient Administrator.

RHCA Exceptions

In general, foreign military and dependents are treated to the same extent as US military and dependents, how

Inpatient Ra	ate Outpatient Rate	DD-7/DD-7A
IMET	NC	Yes
IMET	IMET	Yes
IMET	IMET	Yes
FRR	NC	No
FRR	NC	Yes
FRR	FOR	No
FRR	FOR	Yes
FRR	FOR	No
FRR	FOR	Yes
FRR	NC	No
FRR	FOR	No
FRR	NC	No
FRR	NC	Yes
FRR	NC	No
FRR	FOR	No
FLX	FOR	No
FLX	FOR	No
FLX	FOR	Yes
FLX	FOR	No
FRR	FOR	No
NC	NC	No

This chart gives descriptions of PATCAT's from pages 16-17, as well as the inpatient and outpatient rates used and if the charges will produce a DD7/7A.

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Patient Categories (continued)

PATCAT	Description
K71A	IMET NATO
K71B	IMET NATO Civilian
K71C	IMET Non-NATO Military/Civilian
K71E	FMS NATO-ITO Individual
K71F	FMS NATO-ITO Agency
K71G	FMS NATO Civilian-ITO Individual
K71H	FMS NATO Civilian-ITO Agency
K71I	FMS Non-NATO Mil/Civ-ITO Individual
K71J	FMS Non-NATO Mil/Civ-ITO Agency
K72	NATO Military
K72A	NATO OCONUS
K73A	NATO Family Member IMET/FMS-ITO Individual
K73B	NATO Family Member IMET/FMS-ITO Agency
K73C	NATO Family Member Other Military
K73D	NATO Family Member OCONUS
K742	Other Non-NATO Military
K75A	Non-NATO Family Member IMET/FMS-ITO Individual
K75B	Non-NATO Family Member IMET/FMS-ITO Agency
K75C	Non-NATO Family Member of Other Military
K76A	Foreign Civilian
R72	NATO Reciprocal Agreement
R73	NATO Reciprocal Agreement-Family Member
R74	Non-NATO Reciprocal Agreement
R75	Non-NATO Reciprocal Agreement– Family Member

ever, some exceptions exist.

Argentina: This agreement covers six military members and their dependents assigned to the Inter-American Defense Board and the Inter-American Defense College.

Ecuador: FMS and IMET students and their dependents are not covered by this agreement. This agreement covers six military members and their dependents assigned to the Inter-American Defense Board and the Inter-American Defense College.

Guatemala: This agreement covers six military members and their dependents assigned to the Inter-American Defense Board and the Inter-American Defense College.

Honduras: FMS students are not covered.

Peru: This agreement covers six military members and their dependents assigned to the Inter-American Defense Board and the Inter-American Defense College.

Uruguay: This agreement covers six military members and their dependents assigned to the Inter-American Defense Board and the Inter-American Defense College.

