



436th Medical Group

Dover Air Force Base



Patient Handbook

Information Current as of 11 July 2016

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QUICK REFERENCE NUMBERS

Appointment Line Phone Number: 302-730-4633
TRICARE: 1-877-TRICARE

Commercial Prefixes: (302) 677-XXXX
DSN Prefixes: 445-XXXX

Aerospace Medicine 677-6527
Bioenvironmental Engineering 677-2595
DEERS Information Line 1-800-538-9552
Dental Clinic 677-2846
 AD Family Member Dental Plan 1-855-638-8371
 Retiree Dental Plan 1-888-838-8737
Diagnostic Imaging (Radiology) 677-2608
Health Promotions 677-3733
Immunizations 677-2478
Laboratory 677-2763
Nurse Advice Line 1-800-874-2273
Patient Advocates:
 436th Medical Group 677-3330
 Family Health 667-6868
 Pediatrics 677-2054
 Dental 677-2226
 Aerospace Medicine 677-3170
Pharmacy 677-2019
Pharmacy Refill 677-2533
Mental Health 677-2674
 ADAPT 677-2674
 Family Advocacy 677-2711
Public Health 677-2670
Referral Management Center 677-3106
Beneficiary Counselor 677-2530
TRICARE Mail Order Pharmacy 1-877-363-1303

HOW TO ACCESS HEALTHCARE

Hours of Operation: The 436th Medical Group's operating hours are Monday through Friday, 0730-1630. The facility is closed on weekends, federal holidays, base down days, and the second Tuesday of the month for training.

Making an Appointment Online: You can schedule appointments 24 hours a day, 7 days a week through TRICARE Online at www.tricareonline.com. TRICARE Online puts the power of appointing in *your* hands and allows you to view all available appointments with your Primary Care Manager or Team.

Making an Appointment by Phone: Central Appointing staff is available to assist you at 302-730-4633, Monday through Friday, from 0700-1630. The Central Appointment Desk is closed on weekends, federal holidays, base down days, and the second Tuesday of the month.

Active Duty Members on flying status: If you were seen at any hospital or clinic outside of the 436th MDG and are on flying status, you **MUST** report to Flight Medicine sick-call the following duty day regardless of the circumstances. You are verbally DNIF/DNIC until seen by a flight surgeon. Sick call is for Active Duty 1042 holders only to treat acute issues (illnesses with-in 24-48 hours). You must sign into sick-call no later than 0730 or 1300. There is no morning/afternoon sick-call on the 2nd Tuesday of every month due to the Medical Group being closed for training.

EMERGENCIES

Ambulance Service: Local ambulance services are available for medical emergencies 24 hours a day. This service is provided by the city of Dover by dialing 911. All calls to 911 are electronically recorded.

Emergency Medical Care: An emergency is defined as a threat to life, limb or eye-sight. If the need should arise, go directly to the nearest Emergency Room to seek emergency care (Kent County's Emergency Room is located at 827 S. Bradford St. Dover, DE). If you are away from the Dover area, then visit the nearest hospital. If the emergency results in an admission, call your primary care manager within 24 hours of the admission, they will need to document the event and enter an authorization so the bill can be paid promptly.

Dental Emergencies: If you have a dental emergency (severe pain, swelling, infection, uncontrolled bleeding or significant trauma), call 302-677-2846 during duty hours. Family members can only be treated in the base dental clinic on a **space available basis**. Active duty family members are encouraged to enroll in the Dental Insurance Program. Enrollment applications are available at the Dental Clinic.. Retirees and their family members are encouraged to enroll in the Retiree Dental Plan with Delta Dental. For more information and for an enrollment application call Delta Dental at 1-888-838-8737, M-F 0600-1800 PST (excluding holidays).

Active Duty after duty hours, Dover area: For AD members after duty hours, if there is not an emergency but it requires attention, please call the Nurse Advice Line (NAL) at **1-800-8742273**. Active Duty members may contact the dental on-call provider for after-hours dental emergencies by calling 302-730-4633 and appropriately responding to the call tree options.

Active Duty family member's dental care: Please call your local dentist for emergency procedures.

Retired military members dental care: Call Delta Dental at 1-888-838-8737 M-F (excluding holidays) 0600-1800 PST.

When on Vacation/Leave: If you are on vacation/leave out of the area and require medical attention and the situation is not an emergency, you will need to get pre-authorization from your PCM or the Nurse Advice Line. Before seeking treatment, call **1-800-8742273**. However, if your illness is an emergency or if you were involved in an automobile accident, immediately go to the nearest hospital for treatment, and then call your Primary Care Manager within 24 hours after your treatment to report the event.

Urgent Care Policy

- The Urgent Care Pilot starts May 23, 2016
- Each *eligible* enrollee can get 2 unauthorized urgent care visits per fiscal year without a referral or authorization
 - Point-of-service deductible and cost shares don't apply for the 2 visits
- Applies to:
 - TRICARE Prime enrollees (except active duty service members)
 - TRICARE Prime Remote enrollees (including active duty service members)
 - TRICARE Young Adult-Prime enrollees
 - TRICARE Prime Overseas and TRICARE Prime Remote Overseas enrollees but only when traveling stateside (there's no limit to the number of unauthorized urgent care visits)
- Enrollees are limited to provider types listed below as long as they're **TRICARE-authorized**:
 - Family Practice, Internal Medicine, General Practice, Pediatrician, Urgent Care Center, Convenience Clinic, OB/GYN, Physicians Assistant, or Certified Nurse Midwife
- Referral and authorization requirements for specialty care and inpatient care don't change

- Enrollees should still call their PCM within 24 hours or the next business day after receiving urgent care
- TRICARE's Nurse Advice Line (**1-800-874-2273**) is a great resource for enrollees who aren't sure if they need urgent care or have urgent care questions
 - If the Nurse Advice Line facilitates a referral for urgent care, **it doesn't count against the 2 unauthorized urgent care visits**
- The Urgent Care Pilot Program doesn't apply to US Family Health Plan

PATIENT CENTERED MEDICAL HOME

Patient Centered Medical Home: The 436th Medical Group at Dover Air Force Base is proud to utilize the Patient Centered Medical Home model of patient care. This primary care medical home is accountable for meeting the large majority of each patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care. Patients have a team of care providers including physicians, physician assistants, nurses, pharmacists, social workers, educators, and care coordinators. The medical home provides relationship-based health care with an orientation toward the whole person, respecting each patient's unique needs, culture, values and preferences. The medical home coordinates care across all elements of the broader health care system, including specialty care, hospitals, home-health care and community services. The medical home delivers accessible services with shorter waiting times for urgent needs, enhanced in-person hours and around the clock telephone access to care. The 436th Medical Group has a commitment to quality and quality improvement through ongoing activities such as using evidence based medicine and engaging in performance measurement and improvement.

PURPOSE:

· **Deliver the highest quality, evidenced-based, patient centered care to enrolled patients**

- **Provide operational health and readiness for all military members and promote optimal clinical currency for the members of the team**
- **Create an innovative, rewarding, and productive practice environment that attracts and retains highly qualified, top performing medical professionals**

GOALS:

- **Establish the Medical Treatment Facility (MTF) as the Medical Home for enrolled beneficiaries**
- **Provide optimal patient-centered care for enrolled patients using evidence-based clinical practice grounded in established population health principles**
- **Establish standard processes, clinic alignment, roles for health care team members, and continuous improvement to execute the principles of Patient Centered Medical Home (PCMH)**

PRINCIPLES:

- **Patients will have a personal provider** – Patients are initially assigned a Primary Care Manager (PCM) based on space availability, and patients are booked with their assigned PCM or team whenever possible to maintain continuity of care. Patients have the right to request a PCM change by calling 1-877-TRICARE or utilizing Beneficiary Web Enrollment on www.hnfs.com. The 436th Medical Group has the right to move patients to a different PCM to balance enrollment or to provide optimal care.

· **The provider will direct the medical practice** – Primary care teams are led by a physician and includes a mix of physician assistants, nurse practitioners, nurses, and medical technicians. The teams utilize and maximize the skills and capabilities of all team members.

· **The team will care for patients in a whole person orientation** – The team provides or facilitates services including acute care, management of chronic care, age/gender based preventative services, behavioral health, substance abuse, oral health care, optical health care, rehabilitative services, and urgent/emergent care.

· **Patient care will be coordinated/integrated** – Patients should ALWAYS be involved in their treatment plan and have the right to request a second opinion from another PCM or a specialist. Patient care is coordinated/integrated with extended team partners, including Disease Managers, Case Managers, Utilization Manager, Special Needs Coordinator, Internal Behavior Consultant, and Behavioral Health Care Facilitator. Additionally, teams coordinate care through referrals to PCMH Neighborhood partners, including specialists, subspecialists, and other health care entities involved in a patient's care.

· **Quality of care and patient safety are paramount** – Provider training, experience, licensure, and applicable certification is assessed through a credentialing process and serves as the basis for privileges and appointment to the medical staff. Clinical staff utilize evidence-based clinical practice guidelines and clinical support staff protocols. We solicit patient and staff inputs (positive

and negative) and promote transparency and accountability as a high reliable organization. Additionally we constantly inspect compliance with existing policies and community standards of clinical practice and seek out independent non-profit comprehensive healthcare accreditation.

- **The team will provide enhanced access** – Patients have access to clinical advice 24 hours a day 7 days a week from our staff or representatives from the Nurse Advice Line at 1-800-TRICARE. Online services, including TRICARE Online, enable patients to book appointments, refill prescriptions, access electronic medical records, and send non-emergent secure messages to their team at any time.

- **Payment will be reformed** – Our payment system is a matter of congressional policy. We do our part by ensuring the care we provide or facilitate is at the best value for the patient and that audits are conducted on all billable encounters.

- **We consistently measure and seek to improve performance through innovation and continuous quality improvement initiatives!**

We strive to deliver Trusted Care, Anywhere as your Air Force Patient Centered Medical Home!

TRICARE

WHO IS ELIGIBLE FOR CARE?

Individuals with valid identification cards and who are listed in the Defense Enrollment Eligibility Reporting System (DEERS) are eligible for care. Availability of care is based on the following categories. The order of access is:

Active-duty service members.

Active-duty family members enrolled in TRICARE Prime.

Retirees, their family members, dependents of deceased military personnel, and certain divorced spouses enrolled in TRICARE Prime.

TRICARE

TRICARE PRIME: The TRICARE Prime option is a managed care health program patterned after civilian health maintenance organizations. Unique to TRICARE Prime is the Primary Care Manager (PCM), your first contact for all medical needs, including specialty care. Your PCM guides your care and provides authorization to specialists, if needed. You and your PCM will form a partnership, working together for your health and well-being. A PCM may be an individual or a group of practitioners. Active duty family members do not pay enrollment fees. Outpatient care at a military medical facility is at no cost to the patient. Military retirees and their family members who are TRICARE eligible in

DEERS may have the option to enroll in the TRICARE Prime program. TRICARE Prime eligible retirees and their family members who choose to enroll in the TRICARE Prime program must pay a yearly enrollment fee. Enrollment is accomplished via the TRICARE Website, www.hnfs.com or by phone at 1-877-TRICARE. TRICARE Prime members can pay their enrollment fees on a quarterly basis. Other payment options are monthly allotments, credit cards, or monthly electronic funds transfer. *Checks are not accepted.*

Access Standards for TRICARE PRIME: The following are the access standards for obtaining medical appointments:

--Urgent medical problem (sore throat, etc.)
appointments are provided within 24 hours

--Routine medical problems (re-occurring backache, etc.)
appointments are provided within 7 days

--Wellness appointments (Pap smear, physicals, etc.)
provided are within 28 days

--Specialty care (dermatology, orthopedics, etc.) referral
appointments are provided within 28 days

TRICARE Extra: When using TRICARE Extra (utilizing doctors from a TRICARE provider directory), patients are responsible for the same rules and annual deductibles as TRICARE Standard. The difference is the co-payment, which is 15-20 percent (for active-duty families) or 20-25 percent (for retirees) of negotiated provider's fees.

TRICARE Standard: When using TRICARE Standard, eligible beneficiaries may choose any participating provider for health care, and the government will pay a percentage of the cost. It is important to verify with the physician that he/she participates in the TRICARE program before each appointment. TRICARE Standard offers the greatest flexibility, is the most convenient when away from home, but is potentially the most expensive of the three options. No enrollment is required; however, you must be eligible for medical care in DEERS.

Active duty family members using TRICARE Standard are responsible for an annual deductible when they use a civilian provider. Please visit www.hnfs.com for specific deductible information.

Active duty family members pay 15-20 percent of the approved or allowable TRICARE Standard cost for outpatient health care. The percentage varies depending on whether the provider you see is a network or non-network provider. Contact the TRICARE Benefit Service Representative (1-877-TRICARE) for more information.

Retiree patients under TRICARE Standard program are required to pay 20-25 percent of the medical charges. The percentage varies depending on whether the provider you see is a network or non-network provider. Contact the TRICARE Benefit Service Representative (1-877-TRICARE) for more information.

TRICARE for LIFE: This program provides both medical and pharmacy coverage for military beneficiaries. Patients must be enrolled in Medicare Parts A & B to be eligible for this program. Patients can visit any civilian doctor for care, the doctor then submits the bill to Medicare for payment. Medicare pays around 80 percent of the bill, and then automatically submits the remainder of the bill to TRICARE for payment. Patients are also provided pharmacy benefits; see page 18 for further details.

Relocating: TRICARE enrollment allows you to continue your Prime coverage during a PCS or extended TDY, this provides a seamless transition in your health care coverage. For more information visit the TRICARE website at www.hnfs.com or call 1-877-TRICARE.

Medical Charges (claims): After you receive care from a civilian doctor, you will be responsible for a co-payment or cost share, (no co-payment for active duty military or their dependents enrolled in TRICARE Prime).

If you were seen by a TRICARE network provider, generally the civilian provider will file the claim paperwork for you. If they don't, you must submit the claim paperwork yourself. TRICARE Standard claim forms are available online at the TRICARE website, www.hnfs.org To contact the TRICARE claims processor, call 1-877-TRICARE.

The provider's office will also send you a bill. It is ***your obligation*** to make co-payments directly to the provider.

436th MEDICAL GROUP POLICIES

Delaware State Law:

Age of Consent/Step Parents: Delaware state law allows for minors 12 years of age and up to consent to treatment for reproductive services or contagious disease (13 Del. C. 1953, § 71).

Healthcare Power of Attorney: There are also cases where stepparents may attempt to become involved in the care of a minor child. Under the HIPAA Privacy Rule a stepparent has no right to serve as the personal representative of a minor, unless an appropriate healthcare power of attorney has been provided to the stepparent. (13 Del. C. 1953, § 707). Please call the legal office at 302-677-3300 for more information on obtaining a power of attorney or any legal health questions.

Questions about the HIPAA Privacy Rule may be directed to the 436 MDG Privacy Officer at 302-677-2211.

Advance Directives: This is a written instruction such as a living will or durable power of attorney for health care, recognized under state and federal law relating to the provisions of health care or treatment. Advance directives are prepared with the assistance of a lawyer, at the Dover AFB Judge Advocate's office. A copy of an advance directive should be placed in the outpatient record for reference and hand carried with you when

hospitalized. For more information on Advance Directives, call the base legal office at 302-677-3300.

A living will is a document that is signed, dated, and witnessed which permits individuals to state what health care they would or would not want to have should they become terminally ill and unable to express treatment preferences.

A durable power of attorney for health care is a document that is dated, signed and witnessed, which allows an individual to name another person to make health care decisions, if the individual completing the document becomes incapacitated. To start drafting your advance directive, living will, or power of attorney, contact the base legal office at 302-677-3300.

Active Duty Elective Medical Treatment: AFI 44-102, *Medical Care Management* prohibits active duty personnel from receiving elective surgery (not limited to cosmetic surgery) without the prior written approval of the member's squadron commander and the 436th Medical Group Commander. If approved, AFI 36-3003, *Military Leave Program* directs that member must be on ordinary leave status for the travel, hospitalization, and convalescence when they elect civilian medical care at their own expense. Further, non-emergent elective surgeries within 6 months of separation or retirement must have additional approval by HQ AFPC/DPAMM. If you desire elective surgery, make an appointment with your PCM. Your PCM will discuss your medical options and give you information on submitting the request for approval through the BCAC.

Cancellations/No-Shows: If you are unable to show up for a *Medical* appointment, please cancel at least 2 hours prior to the appointment time. Cancelling within this timeframe allows our appointing staff to re-book another patient into the appointment or for the appointment to be booked by another patient through TRICARE Online. *Medical* appointment cancellations may be requested by calling the appointment line at 302-730-4633 during the business day or by logging in to www.tricareonline.com. Telephone requests to cancel an appointment before 0900 must be made by close of business the duty day before the appointment.

If you are unable to show up for a *Dental* appointment, please cancel at least 24 hours in advance. *Dental* appointment cancellations may be requested by calling 302-677-2864 during the business day.

Arrival Policy: Please arrive early for your appointment to allow time for check-in, processing and intake. If patients arrive within 10 minutes after their scheduled appointment time they will be asked to wait until the provider has availability in their schedule. If patients arrive 10 minutes or later than their scheduled appointment time, they will be rescheduled.

Notification letters are sent to the Commander and First Sergeant of Active Duty Service Members who no-show appointments.

Medical /Dental Health Records: In accordance with AFI 41-210, *TRICARE Operations and Patient Administration Functions*, original health records are the

property of the United States Government. The Military Treatment Facility (MTF) Commander is the custodian of health records and ensures all records are prepared, maintained, used, protected, and controlled as required. See below for information about how to obtain a copy of your outpatient record.

Release of Information: Original records are retained at the MTF, but copies will be provided upon written request. Upon separation, retirement, or if you require copies of your medical records for any reason, you will be asked to complete a Release Statement for Copying Medical Records request. If copies cannot be provided within 30 days after the request, we will state the reason for the delay and the earliest date when the records will be available. Information is released upon receipt of the written request and signed authorization from the patient, which requires the sponsor's social security number. Patients over the age of 18, including dependents, must request their own copy. You may contact Medical Records at 302-677-6255 and the Medical Records Clerk can assist you with any requests or questions. REQUESTS FOR COPIES BY PHONE WILL NOT BE HONORED.

HIPAA: The Health Insurance Portability and Accountability Act of 1996 strengthened the privacy rights of all patients throughout the United States, in both military and civilian healthcare settings.

The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities (Medical Group) and their business

associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes. The Military Treatment Facility has the Notice of Privacy Practices posted near clinical areas and brochures are available throughout the facility.

Travel Reimbursement for Medical Appointment:

The following guidelines are followed by the TOPA staff to reimburse TRICARE Prime patients for cost of traveling to medical appointments. Active duty patients are authorized travel reimbursement if they are referred for medical appointments out of the local area. Non-active duty TRICARE Prime patients are only authorized travel reimbursement of actual expenses for medical referral appointments that are more than 100 miles from their PCM. These patients are required to provide receipts for expenses, such as gas, tolls and meals. You may contact the Travel Reimbursement officer at 302-677-2510 for any additional information or questions.

Guidelines for medical travel are based on AFI 41-210 *TRICARE Operations and Patient Administration Functions*, AFI 36-3003 *Military Leave Program*, and the Joint Federal Travel Regulations. Active duty members with medical appointments are authorized travel reimbursement if they use their POV. Active duty members who accompany their family members to medical appointments can be reimbursed for travel under the non-medical attendant rules if a non-medical

attendant is required. Proof of the appointment and a non-medical attendant letter from the referring doctor is required. When accompanying an adult family member, the letter must explain the medical reason that the family member was unable to operate a vehicle for his or her appointment. Travel reimbursement is not allowed unless there is a medical reason. In cases where medical paid TDY is not appropriate, active duty personnel who accompany their family members to medical appointments out of the local area may also request leave or permissive TDY through their respective squadron IAW AFI 36-3003.

PLEASE NOTE: A non-active duty person who accompanies a military member to a medical appointment cannot be reimbursed for per diem or travel. Extenuating circumstances and emergency situations are evaluated on a case-by-case basis by the 436th Medical Group Commander. The TOPA office strives to meet our customers' needs for medical appointments and travel arrangements.

436th MEDICAL GROUP SERVICES

Aerospace Medicine Clinic: Aerospace Medicine (also commonly referred to as Flight Medicine) maintains peak peacetime medical readiness and promotes the highest degree of combat effectiveness for Aircrew (i.e. flyers, student flyers, and controllers). Family members are also seen in the Aerospace Medicine Clinic. Active duty personnel can report for sick call no later than M-F 0730 and 1300. There is no morning or afternoon sick-call on the second Tuesday of every month due to the Medical Group being closed for training. All other visits are by appointment. To schedule an appointment, call appointment line at (302) 730-4633 or (302) 677-2858. In the event aircrew need to contact a Flight Surgeon after hours they should call the Command Post at 302-677-4210.

Bioenvironmental Engineering: Bioenvironmental Engineering (BEE) performs and manages an array of activities throughout the Wing in the fields of industrial hygiene, occupational health, radiological health and emergency response to ensure healthy working conditions are maintained and the environment is not adversely affected by military operations at Dover AFB.

Respiratory Protection and Gas Mask Fit Testing: As the Wing Respiratory Protection Program managers, BEE conducts fit testing and training on industrial use respirators as well as for gas masks. Fit testing for both masks are done by appointment either through your Respiratory Protection Program Supervisor for industrial

respirators or UDMs for gas masks. For more information on these pro-grams or other BEE services call 302-677-2595.

Dental Clinic: Active duty personnel may initiate routine care by calling the Dental Clinic during normal duty hours (0730-1630 M-F) for an appointment. Active duty members are required to be seen annually. For more information, call 302-677-2846. Active Duty dependents, retirees, and retiree dependents can receive emergency dental care to relieve acute pain, acute infections, trauma to or fractures of the oral structures, or uncontrolled bleeding. Emergencies will be seen any time during normal duty hours without an appointment. In the event of an after-hours dental emergency, active duty should contact the base on-call dentist by calling the Nurse Advice Line at **1-800-741-0415**. After hours, all active duty family members and retirees should contact their local TRICARE network dentist.

TRICARE Dental Program (TDP): This program is a dental insurance plan offered by DoD. Congress established the TDP for family members of active duty from the seven Uniformed Services. Participation is voluntary and active duty personnel must pay a portion of the premium for their family members. For information about the plan, contact MetLife at 1-855-638-8371, the Dental Clinic or the Military Personnel Flight.

TRICARE Retiree Dental Plan: This program is a dental insurance plan offered by DoD for military retirees, their family members and un-remarried spouses of deceased military retirees. Delta Dental Plan of

California administers and underwrites the plan. Premiums are paid by enrollees and are collected from payroll deductions for those who receive retired pay. Other enrollees are billed directly by Delta. For more information call Delta at 1-888-838-8737.

TRICARE- Selected Reserve Dental Program: This dental insurance covers members of the Selected Reserve and their family. For premium and enrollment information, please visit www.hnfs.com.

Family Health Clinic: The Family Health Clinic provides primary care services to patients age 18 and over.

Immunization/Allergy Clinic: The Immunization Clinic is available on a walk-in basis.

NOTE: Please note that children do require a well-baby check before receiving their first set of immunizations.

Shot records and medical records are required.

Immunizations will not be given when a child is exhibiting cold symptoms or running a fever.

Laboratory Services: The clinical laboratory performs basic laboratory testing and some specialized testing. The College of American Pathologists accredits the laboratory. The service is supported by several other regional military and civilian laboratory services.

Mental Health Flight: The Mental Health Flight's staff includes professionals trained in clinical psychology, social work, psychiatry, and certified substance abuse counseling. Services include assessment and outpatient

treatment for a variety of mental health and substance abuse issues. Treatment options include individual, marital and group therapy. Mental Health and substance abuse services, to include crisis intervention and emergency services are not available for non-Active Duty members or minors; however, Healthnet Federal Services (HNFS) may be reached at 1-877-TRICARE or online at www.hnfs.com for a listing of TRICARE network providers.

The Mental Health Flight also includes the Family Advocacy Program (FAP). FAP offers assessments and outpatient treatment to include individual, couples and family therapy for alleged offender(s) and/or victim(s) of child and/or intimate partner maltreatment. FAP also offers the New Parent Support Program (NPSP) which is a voluntary prevention program for expectant women and those with children under the age of 36 months. NPSP offers a range of services tailored to the family's needs, including home visits. FAP services are limited to active duty personnel only and their families.

To contact Mental Health, Alcohol Drug Abuse Prevention and Treatment (ADAPT) call 302-677-2674 and for Family Advocacy (FAP) call 302-677-2711. For ADAPT and FAP appointments, please arrive 30 minutes early for the initial appointment in order to allow enough time to complete the necessary intake paperwork.

Optometry Clinic: The Optometry Clinic provides routine eye care and minor acute care to active duty, retirees, and dependents ages 8 years old and above.

They perform routine eye exams to include examination, diagnosis, and treatment of ocular and visual disorders.

Contact Lens exams are only done on a case by case basis at the discretion of the Optometrist. New fits are *not* usually done except for specified DoD Aircrew Programs. Contact Lens exams are not part of a comprehensive eye exam.

TRICARE Prime enrollees will receive an eye appointment within 28 days of requesting an appointment, as this falls in the category of wellness. If our Optometry Clinic cannot see you within 28 days, non-active duty appointments can be made with a TRICARE network optometrist. You do not need a referral from your PCM to schedule a routine optometry appointment. Glasses and contact lenses are not provided for dependents and must be purchased in the civilian community. TRICARE authorizes one routine eye examination per year for TRICARE Prime active duty dependents; one every two years for TRICARE Prime retirees, their families, and others.

Patient Advocate Program: There will be occasions when some medical visits do not go as you had hoped. If you find yourself in this situation, it is best to resolve the problem prior to leaving the Clinic. Each clinic has a trained Patient Advocate assigned who would like an opportunity to assist you. If your attempts to resolve the problem fail, ask to speak to the NCOIC, OIC or Flight Chief of the department. If your problem continues to go unresolved, call the 436th Medical Patient Advocate at 302-677-3330. Our goal is to provide the best quality

medical care to you and ensure that your experiences at the 463th Medical Group are as pleasant as possible.

Pediatric Clinic: The pediatric clinical team consists of: 2 pediatricians, 1-2 pediatric nurses, 2-3 medical technicians, and a pediatric NCOIC. The patient population is comprised of 2.5 thousand patients that range from newborns to age 18. Once a patients turn 18, medical care is transferred to the Family Health Clinic, unless a patient with complicated medical diagnoses would be better cared for by a pediatric specialist. The pediatric clinic offers several walk in services: strep throat testing (ages three and older), suture/staple removal, wart treatment, weight checks, and initial newborn visits.

The pediatric clinic also provides well baby care, and school and sports physicals. Well child visits are performed at 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, then annually after 2 years old.

Immunizations are an important part of preventative medicine, especially in the pediatric age group. Many life-threatening and disabling childhood diseases still pose a threat to the unimmunized child. Further discussion about immunizations can be addressed at well visits with your pediatrician, and a schedule of pediatric immunizations is available from the Immunizations Clinic. This clinic fully supports regularly scheduled immunization of all children who are not immunocompromised.

Front Desk contact and hours: 07:00-16:30.
Clinic hours: 07:30-16:30. Walk-in hours: 08:00-11:00,
13:00-15:00.

Your child must be enrolled in DEERS to receive health care at a military facility. You can complete DEERS enrollment by taking a copy of your child's birth certificate, newborn hospital discharge paperwork, and/or the final adoption paperwork to the customer service desk at the Military Personnel Flight (MPF). After the DEERS enrollment has been completed at the MPF, your next step is to enroll your child in TRICARE. This can be done by visiting the TRICARE website at www.hnfs.com or calling 1-877-TRICARE.

Arrival Policy: Please arrive early for your appointment to allow time for check-in, processing and intake. If patients arrive within 10 minutes after their scheduled appointment time they will be asked to wait until the provider has availability in their schedule. If patients arrive 10 minutes or later than their scheduled appointment time, they will be rescheduled.

Pharmacy: The Pharmacy requires patients to check-in at the pharmacy window any time a patient sees a provider or contacts a provider for more medication. Check-in with the patient's name and ID.

The Pharmacy has 100% call-in for refills. The phone number for the automated refill system is 302-677-2533. The Pharmacy will fill prescriptions written by providers at our clinic as well as civilian providers. Prescriptions will be filled, when possible, up to a 90-

day supply with refills if authorized by the provider. Prescriptions expire 12 months from original issue date, unless state/federal laws dictate otherwise. The pharmacy will transfer prescriptions from other military pharmacies if refills remain. For transfers, patients should visit the pharmacy at least a week before they are out of medication and provide details of the pharmacy to contact and type of medication. To pick up medications for beneficiaries over the age of 18 or family member's medication, an ID card (or a copy, front and back) and the "yellow card" (if necessary) are mandatory.

Beneficiaries are highly encouraged to utilize the base pharmacy.

Off base network pharmacies can fill medications for any TRICARE beneficiaries for a co-payment. As of 1 Oct 15 all maintenance medications need to be filled at either the MTF or mail order pharmacy. For more information and a list of maintenance medications visit the TRICARE website at www.tricare.mil or Express Scripts at www.express-scripts.com/TRICARE.

TRICARE Mail Order Pharmacy (TMOP): This service is available to provide eligible military beneficiaries a timesaving and inexpensive mail order service for maintenance prescriptions. This program is mostly designed for patients that are taking long-term medications. Patients can get up to 90 days of medication at a time. This program is free for active duty military personnel. However, active duty family members, retirees and their family members are required to make a copayment for each prescription. Express

Scripts manages the program; call Express Scripts at 1-866-363-8667 or visit their website www.express-scripts.com.

Public Health: Public Health provides education for any communicable disease (i.e., chickenpox, head lice, sexually transmitted diseases, and hepatitis). Guidance on food safety (temporary food facilities) and general sanitation is available. Public Health also provides briefings on preventive measures for international travel destinations. For more information call 302-677-2670.

Force Health Management is the Medical Group's point of contact for the administrative aspects of individual medical readiness/deployment processing, and oversight of the Occupational Health Program. For more information call 302-677-2670.

Diagnostic Imaging (Radiology) Services: This department offers routine x-rays on a walk-in basis, through doctor referrals. All other diagnostic imaging services are provided through off-bas referrals. For any radiology test results, contact your provider. For all other information call 302-677-2608.

Referrals (Referral Management Center (RMC): The 463th Medical Group coordinates patient referrals for specialty care such as cardiology, dermatology, orthopedics, physical therapy, etc. Specialty care requires a referral from your PCM and coordination with the Managed Care Support Contractor (MCSC). If your PCM has written a referral, please visit the RMC for information or assistance with your referral.

Process:

The PCM generates the referral for civilian or military provider consultation.

Once the referral has been approved by the MCSC, you will receive a mailed authorization letter in 7-10 business days via US Mail. The letter will include the approved provider's phone number, address, number of authorized visits and the procedures to follow. If you do not receive an authorization letter within 10 business days, call 1-800-TRICARE. You can also go online at www.mytricare.com and register to access referrals, authorizations, enrollment and claim information. You may obtain your authorization number within 72 hours utilizing the service at this site.

If possible, visit the RMC before leaving clinic on the day your referral is entered. The staff will assist you with this process.

NOTE: Healthnet Federal Services (HNFS) utilizes the mailing address listed in DEERS. If that address is not accurate, you will not receive your notification letter and your referral may be delayed. You can verify your DEERS information by visiting the MPF or calling 1-800-538-9552.

DoD Patient’s Bill of Rights and Responsibilities (DoDI 6000.14)

All persons obtaining care at the 436th Medical Group (MDG) have certain rights and are also subject to certain responsibilities.

Patient Rights

- a. Medical Care. Patients have the right to quality care and treatment that is consistent with available resources and generally accepted standards, including access to specialty care and to pain assessment and management.
- b. Respectful Treatment. Patients have the right to considerate and respectful care, with recognition of personal dignity, psychosocial, spiritual, and cultural values and belief systems.
- c. Privacy and Security. Patients have rights, defined by Federal law, DOD 5400.11-R (Reference (g)), Public Law 104-191(Reference (h)), and section 552a of title 5 U.S.C. (also known as “The Privacy Act of 1974, as amended”) (Reference (i)), to reasonable safeguards for the confidentiality, integrity, and availability of their protected health information, and similar rights for other PII, in electronic, written, and spoken form. These rights include the right to be informed when breaches of privacy occur, to the extent required by Federal law.
- d. Provider Information. Patients have the right to receive information about the individual(s) responsible for, as well as those providing, his or her care, treatment, and services. The hospital may inform the patient of the

names, and as requested, the professional credentials of the individual(s) with primary responsibility for, as well as those providing, his or her care, treatment, and services.

e. Explanation of Care. Patients have the right to an explanation concerning their diagnosis, treatment, procedures, and prognosis of illness in terms that are easily understood. The specific needs of vulnerable populations in the development of the patient's treatment plan shall be considered when applicable. Such vulnerable populations shall include anyone whose capacity for autonomous decision making may be affected. When it is not medically advisable to give such information to the patient due to vulnerabilities or other circumstances, the information should be provided to a designated representative.

f. Informed Consent. Patients have the right to any and all necessary information in non-clinical terms to make knowledgeable decisions on consent or refusal for treatments, or participation in clinical trials or other research investigations as applicable. Such information is to include any and all complications, risks, benefits, ethical issues, and alternative treatments as may be available.

g. Filing Grievances. Patients have the right to make recommendations, ask questions, or file complaints to the MTF/DTF Patient Relations Representative or to the Patient Relations Office. If concerns are not adequately resolved, patients have the right to contact The Joint Commission at 1-800-994-6610.

h. Research Projects. Patients have the right to know if the MTF/DTF proposes to engage in or perform research associated with their care or treatment. The patient has the right to refuse to participate in any research projects.

i. Safe Environment. Patients have the right to care and treatment in a safe environment.

j. MTF/DTF Rules and Regulations. Patients have the right to be informed of the facility's rules and regulations that relate to patient or visitor conduct.

k. Transfer and Continuity of Care. When medically permissible, a patient may be transferred to another MTF/DTF only after he or she has received complete information and an explanation concerning the needs for and alternatives to such a transfer.

l. Charges for Care. Patients have the right to understand the charges for their care and their obligation for payment.

m. Advance Directive. Patients have the right to make sure their wishes regarding their healthcare are known even if they are no longer able to communicate or make decisions for themselves.

Patient Responsibilities

a. Providing Information. Patients are responsible for providing accurate and complete information about complaints, past illnesses, hospitalizations, medications, and other matters relating to their health to the best of their knowledge. Patients are responsible for letting their

healthcare provider know whether they understand the diagnosis, treatment plan, and expectations.

b. Respect and Consideration. Patients are responsible for being considerate of the rights of other patients and MTF/DTF healthcare personnel. Patients are responsible for being respectful of the property of other persons and of the MTF/DTF.

c. Adherence with Medical Care. Patients are responsible for adhering to the medical and nursing treatment plan, including follow-up care, recommended by healthcare providers. This includes keeping appointments on time and notifying MTF/DTF when appointments cannot be kept.

d. Medical Records. Patients are responsible for returning medical records promptly to the MTF/DTF for appropriate filing and maintenance if records are transported by the patients for the purpose of medical appointments, consultations, or changes of duty location. All medical records documenting care provided by any MTF/DTF are the property of the U.S. Government.

e. MTF/DTF Rules and Regulations. Patients are responsible for following MTF/DTF rules and regulations affecting patient care and conduct.

f. Refusal of Treatment. Patients are responsible for their actions if they refuse treatment or do not follow the practitioner's instructions.

g. Healthcare Charges. Patients are responsible for meeting financial obligations incurred for their healthcare as promptly as possible

Frequently Asked Questions (FAQ's) – Active Duty

Can I get a permanent profile for no [run, push-up, sit-up] so I don't need an annual profile renewed?

ANSWER: No, permanent profiles require annual renewal per AFI 36-2905:

3.10.4.4. Airmen on a permanent medical profile, documented appropriately as a "permanent component exemption" on an AF Form 469 (only), that achieve a score of 90 or above (Excellent) on the remaining components (using calculations above) will be tested annually. NOTE: Every 365 days permanent medical profiles are reviewed by medical to determine if they are still valid.

What if I have been on a profile for a long time and was not allowed to run/walk, use my arm, etc and now that I am coming off of it will be de-conditioned and worried I will be unable to pass the fitness test?

ANSWER: Per AFI 36-2905 Airmen on consecutive profiles will be given 42 days following the expiration of the most recent AF Form 469.

What if I am doing better and want to come off my profile early or before it expires?

ANSWER: You will need an appointment with your PCM or the specialist who made the profile recommendations to ensure it is safe to take you off the profile early.

I have a medical illness or injury that I am worried will prevent me from completing the Fitness Test. What do I do?

ANSWER: From AFI 36-2905:

2.31.3.2. If the Airman has a medical condition or identifies a medical condition on the FSQ that would limit him/her from completing all components of the FA and he/she does not have a current AF Form 469 documenting FA exemptions, the Airman must notify his/her UFPM and schedule an appointment with his/her MTF (ANG MLO). A new FA appointment must be scheduled within 5 duty days (90 days for ANG) of the original FA date. NOTE: If no FA appointments are available within this timeframe, Airman must be scheduled for first available FA appointment and notify their UFPM. Failure to comply with this direction will be addressed by Airman's leadership.

What are my responsibilities if I am placed on a profile after a medical appointment?

ANSWER: From AFI 36-2905:

2.31.3.3. Member notifies UFPM upon receiving an AF Form 469 from healthcare provider with Fitness Restrictions and/or Fitness Assessment Exemptions IAW AFI 10-203. Provides a copy of AF Form 469 to FAC staff/augmentee/PTL prior to taking FA.

General Information About Form 469s

Medical profiles including fitness, duty, and mobility restrictions are annotated on AF Form 469. AF Form 469s are managed through the ASIMS/IMR website.

Website (CAC-enabled only):

<https://asims.afms.mil/webapp/MainMenu.aspx>

Your provider will initiate a Form 469 in ASIMS whenever you are diagnosed with a Duty Limiting Condition (DLC). The profiles can range from 1 day to 365 days and can include any kind of fitness, duty, or mobility restriction deemed necessary for your condition. These profiles are each reviewed & signed by the Medical Standards/Medical Evaluations (MSME) office as well as the senior profiling officer which means it can take a few days to update in ASIMS. The profile is e-mailed to your supervisor, commander, and UDM once completed.

Frequently Asked Questions (FAQ's) - TRICARE

What TRICARE maternity options do I have?

Active Duty Service Members (ADSMs) or Spouses of ADSMs:

ADSMs who voluntarily separate from active duty while pregnant and spouses of ADSMs are not eligible for TRICARE upon separation may apply for transitional medical coverage under the Continued Health Care Benefit Program (CHCBP) within 60 days following loss of entitlement in the Military Health Care System. CHCBP is a premium-based health care program.

Information on CHCBP can be found at <http://tricare.osd.mil/chcbp/default.cfm>. ADSMs who voluntarily separate because of pregnancy may request space-available maternity care in an MTF that has obstetric capability; however, no civilian maternity care will be provided under the TRICARE Program.

ADSMs who are involuntarily separated from active duty while pregnant or the pregnant spouses of ADSMs who are involuntarily separated from active duty are eligible for health care benefits under the Transitional Assistance Management Program (TAMP). To qualify the involuntary separation must not be under adverse conditions. If the member desires to participate in TRICARE Prime during the TAMP period, she/he is required to re-enroll in the program for the 180 day TAMP period. Upon expiration of this benefit, these members may then enroll in the CHCBP.

What can TRICARE Online do for me?

TRICARE Online (TOL), www.tricareonline.com, is the Department of Defense (DoD) internet portal to interactive health care services and information. TRICARE Online was designed to meet DoD beneficiary needs for greater access and convenience in scheduling appointments, keeping a personal health journal and gathering information on medical and pharmaceutical care. TRICARE Online is universally accessible, portable and secure for registered users from any computer or laptop in the world.

Patients assigned to the 436 MDG may go to www.TRICAREOnline.com and schedule their routine appointments with their PCM, annual Women's Health/Pap smear appointments, and optometry appointments.

Why is it so important to enroll my newborn in DEERS?

By enrolling your newborn in DEERS, you establish TRICARE eligibility for the infant and avoid potential claims problems or other financial hardships for your family in the future. As a new parent, enrolling your baby in DEERS provides you the comfort of knowing your baby will remain TRICARE eligible and able to receive the essential well baby and pediatric health care he or she needs.

Aren't newborns already TRICARE eligible?

A newborn infant is covered as a TRICARE Prime beneficiary in DEERS for the first 60 days after birth--as long as one additional family member is enrolled in TRICARE Prime or TRICARE Prime Remote.

After the initial 60 days, any claim submitted for a newborn will process as TRICARE Standard until the infant is enrolled in DEERS and TRICARE Prime, or the infant's TRICARE Standard eligibility ends. Eligibility for TRICARE Standard benefits ends 365 days after birth for any newborn infant who is not enrolled in DEERS. To ensure no break in Prime coverage, the sponsor should enroll the newborn in Prime with an effective date prior to the baby's 60th day of life. The enrollment application can be processed at the TRICARE Service Center once DEERS has been updated. Call 1-877-TRICARE for additional benefits information.

What are the travel entitlements for TRICARE Prime and Non-Medical Attendants?

Under provisions of the 2001 National Defense Authorization Act (NDAA), TRI-CARE Prime beneficiaries referred by their primary care manager (PCM) for services at a location more than 100 miles **from their PCM** may be eligible to have their "reasonable travel expenses" reimbursed by TRICARE.

What are “Reasonable Travel Expenses”?

Reasonable travel expenses are the actual costs incurred by the beneficiary when traveling in a non-emergency status to their specialty provider. Costs include meals, gas/oil, tolls, parking, and tickets for public transportation (i.e. airplane, train, bus, etc). Beneficiaries must submit receipts for expenses.

Government rates will be used to estimate the reasonable cost. Beneficiaries are expected to use the least costly mode of transportation. The actual costs of lodging (including taxes and tips) and the actual cost of meals (including taxes and tips, but excluding alcoholic beverages) may be reimbursed up to the government rate for the area concerned.

Who is eligible for TRICARE Prime Travel Entitlement?

The TRICARE Prime travel entitlement is available to non-active duty TRICARE Prime enrollees and TRICARE Prime Remote family members when they are referred for specialty care more than 100 miles from the PCM location. Beneficiaries must have a valid referral and travel orders from a TRICARE representative at the military treatment facility (MTF) where they are enrolled or from the TRICARE Regional Offices (TROs) if their PCM is a TRICARE network provider.

This entitlement does not apply to expenses experienced by active duty uniformed services members,

active duty family members residing with their sponsors overseas, or travel costs of beneficiaries referred under Department of Defense (DoD) specialized treatment programs, which are reimbursed by other travel entitlements.

Where should my outpatient medical records be stored?

Your outpatient medical records must be maintained at your servicing MTF. When maintained at a Department of Defense (DoD) MTF, your records have significant medical and legal value for you, your primary care provider and the DoD. The medical record provides a chronological record of all health care received and can be used by your provider to communicate your specific health care needs with other providers. When stored at a DoD MTF, a medical record also can be used by DoD to make quality assurance evaluations and improvements as well as to justify payments to third-party providers.

Will patients be able to receive a copy of their outpatient medical record?

Yes. Patients may request and receive one copy of their outpatient medical record at no cost. Any additional copies will require a fee be paid by the patient. The 436 MDG TOPA POC, Medical Records/Release of Information (ROI) Clerk, can provide you a copy within a 30-day turnaround after a written request is processed.

Additional Online Healthcare Resources:

436th Medical Group, Dover AFB, Delaware

<http://www.dover.af.mil/units/436thmedicalgroup.asp>

American Medical Association

www.ama-assn.org

Beneficiaries (TRICARE Benefit Information)

www.tricare.mil/mybenefit/

Beneficiary Web Enrollment (requires login) **The site is linked directly to the DEERS database, so when you update your information via this portal, it not only updates DEERS, but also with your regional contractor.**

<https://www.dmdc.osd.mil/appj/bwe/index.jsp>

Healthnet Federal Services (TRICARE North Region Contractor)

www.hnfs.com

Mail Order Pharmacy

member.express-scripts.com

MTF Appointments Online (requires registration)

www.tricareonline.com

TRICARE MTF Locator - 436th Medical Group

www.tricare.mil/MTF/facility.aspx

436th Medical Group

300 Tuskegee Blvd

Dover AFB, DE 19901

Appointment Line: 302-730-4633