DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 08-017

MCHO-CL-P

15 MAY 2008

Expires 15 May 2010

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Provisions of Medical Health Screening and Medical Care to Federal and Department of Defense (DoD) Civilian Employees Injured or Wounded While Forward Deployed in Support of Hostilities in Iraq and Afghanistan

1. References:

a. DoD Directive 1404.10, Emergency–Essential (E-E) DoD US Citizen Civilian Employees, 10 April 1992.

b. MEDCOM Regulation 690-16, Federal Employees Compensation Act (FECA), 10 September 2004.

c. DoD Instruction 6490.03, Deployment Health, 11 August 2006.

d. 5 Code of Federal Regulations Part 339 Subpart C – Medical Examinations.

e. Office of the Secretary of Defense Policy 14934-07, 24 September 2007, subject: Policy Guidance for Provision of Medical Care to Department of Defense Employees Injured or Wounded While Forward Deployed in Support of Hostilities (enclosed).

f. Army Regulation 40-400, Patient Administration, 6 February 2008.

2. Purpose: To provide guidance on the provision and management of medical care to DoD civilian employees and civilian employees of other Federal agencies, who are injured or wounded while deployed in support of hostilities in Iraq and Afghanistan.

3. Proponent:

a. The proponent for this policy implementation guidance is the Office of the Assistant Chief of Staff for Health Policy and Services, Patient Administration Division.

4. Policy:

a. Federal civilian employees who require treatment for illness, disease, injuries, or wounds sustained while forward deployed in support of US military forces engaged in hostilities in Iraq and Afghanistan, are eligible for medical evacuation and healthcare

treatment and services in a military treatment facility (MTF). Such medical care will be at the same level and scope provided to military personnel and will be at no cost to the employee. In accordance with Office of Workers Compensation Program (OWCP) policy, employees have always been eligible for job-related medical care at an MTF; the intent of this policy does not change this entitlement, but does change the priority of care for this patient population at the MTF.

b. Federal civilian employees or their supervisors must establish that illness or injury is job related by filing a Department of Labor (DOL) Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, or CA-2, Notice of Occupational Disease and Claim for Compensation, as appropriate. Federal civilian employees have the option to elect treatment at an MTF, a private physician, or medical facility. Private sector care (PSC) is funded through OWCP and is not paid for by tri-service medical care (TRICARE) or MTF supplemental care funds. When an employee needs timely medical care, the MTF will not delay care in order to file a Federal Employees' Compensation Act (FECA) claim or receive OWCP approval. The following apply to the medical care authorized to this patient population.

(1) DoD civilian employees (FECA approved):

(a) Deployed civilian employees who were treated in Theater continue to be eligible for treatment in MTFs or private sector medical facilities under DOL, OWCP programs for those diseases or injuries sustained during deployment that are related to duties performed.

(b) This care is provided at no cost to the employee.

(2) DoD civilian employees (not FECA approved):

(a) Civilian employees who become ill, contract disease, or are injured while forward deployed, but whose condition is not related to official duties performed.

(b) Care is not compensable under the OWCP.

(c) The employee remains eligible for medical evacuation and treatment at MTFs.

(d) Since the medical care provided is for a non-work related condition, the MTF Uniform Business Office (UBO) will bill the patient's health insurance company for the treatment provided by the MTF. The patient is responsible for any charges not reimbursed by the health insurance company. If the employee qualifies for both Title 10

and TRICARE, the healthcare episode will be treated like any other TRICARE health plan benefit to which the DoD civilian is entitled.

(3) Civilian employees of other Federal agencies (FECA approved):

(a) Civilian employees of Federal agencies (other than DoD) who become ill, contract disease, or are injured or wounded while forward deployed and whose injuries, illnesses, diseases are considered to be work related are authorized continued treatment in MTFs.

(b) The MTF UBO will bill the patient's agency at the interagency rate for this treatment in accordance with AR 40-400, paragraph 3-22.

(4) Civilian employees of other Federal agencies (not FECA approved):

(a) Care is not compensable under OWCP for civilian employees of Federal agencies (other than DoD) who become ill, contract disease, or are injured or wounded while forward deployed and whose injuries, illnesses, diseases are not work related.

(b) The patient is authorized to receive treatment for emergent medical conditions in MTFs. The MTF UBO will bill the patient's health insurance company for the treatment. The patient is responsible for any charges not reimbursed by the health insurance company.

(c) If the patient or MTF wishes to continue treatment past the point of stabilization, the patient will submit a request for additional eligibility for care through the MEDCOM Patient Administration Division to the Under Secretary of Defense (Personnel and Readiness). The Under Secretary of Defense will determine whether this care will be provided without charge or on a reimbursable basis.

c. Injury Compensation Program Administrators (ICPA) are located in Civilian Personnel Advisory Centers (CPACs) and should be consulted on specific cases for essential documentation and procedural guidance.

d. The same systems used to track active duty patients through the Military Health System will be used to track Federal and DoD civilians injured in support of US military forces engaged in hostilities.

e. The extent of MTF support to this unique population depends on how the patient presents to the MTF and the medical needs of the Federal and DOD civilian employee injured or wounded while forward deployed. The MTF may encounter this population in one of three ways:

(1) Inpatient: Through the air evacuation system from the originating area of operations or outside continental United States (OCONUS), MTF level of effort and care will be the same as military personnel until medical management disengagement and/or discharge. If medically stable, this discharge or disengagement could be initiated by the civilian employee to a private sector facility of his/her choice; coordination with the ICPA handling the employee's FECA claim is essential for FECA to assume financial control and responsibility for continued care.

(2) Ambulatory: Immediately after arrival from the origination area of operations or OCONUS MTF, coordination with the ICPA handling the employee's FECA claim is essential. Level of effort will depend on coordination with entry point criteria established by FECA.

(3) Ambulatory follow-up: As follow-up to situations represented in (1) and (2) above, or after the completion of the Post-Deployment Health Assessment or Post-Deployment Health Re-Assessment, level of effort will depend on coordination with entry point criteria established by FECA.

5. Responsibilities:

a. The Commanders, Regional Medical Commands, will ensure compliance with this policy.

b. The MTF Commanders will:

(1) Ensure medical support staff and healthcare providers are knowledgeable of this policy and that it is provided to the MTF access point(s) for Federal and DoD civilians seeking care from the MTF. Commanders will coordinate with local Installation FECA officials to ensure policy guidelines are understood and policy is appropriately disseminated.

(2) Ensure coordination with, and assistance from, the ICPA for civilian employees eligible under this policy and electing to seek care from the MTF.

(3) Ensure compliance with FECA guidelines for DoD civilian employees who elect to receive MTF care. Special appointment management procedures are necessary in order to identify this population as having the same priority of care as military personnel. Employees eligible under this policy will be entered into the Composite Health Care System under patient category code K62 and ICD-9 Code V70.5_6 identifying a deployment health-related condition. These appointment

procedures require close coordination among local occupational health officials who are knowledgeable of the FECA rules and regulations and who function in a case-management capacity for this patient population.

(4) Provide necessary medical assistance to support completion of the Deployment Health Assessments for Department of Army Civilians when requested by the Command element.

(5) Ensure that the systems to track active duty patients through the Military Health System to include the Joint Patient Tracking Application (JPTA) and Transportation Command Regulating and Command and Control Evacuation System (TRAC2ES) are utilized to track these Federal and DoD civilian employees.

(6) Ensure that case management is utilized for eligible civilian employees when MTF-controlled medical management is expected over an extended period of time (that is, complex, high-acuity medical conditions). This management may involve back and forth movement of the patient between the MTF and FECA-coordinated PSC when the MTF does not have in-house capabilities. The PSC referrals for this population will not follow normal MTF referral management process utilized for other Title 10, United States Code (USC), eligible beneficiaries. Rather, to ensure FECA compliance, PSC referrals must be coordinated with the ICPA in the CPAC at the employee's home station.

(7) Ensure that under non-case-managed care situations, MTF staff referring civilian employees to PSC work with the appropriate MTF/installation office to assist the employee in obtaining treatment and/or compensation under FECA. The installation point of contact for this assistance is the ICPA in the CPAC at the employee's home station. As stated in paragraph 5b(6) above, referrals to PSC will not follow the normal MTF referral management process applied to other Title 10, USC, eligible beneficiaries.

(8) Provide copies of medical records, on request, to support the medical management transfer from the MTF to a civilian provider. Transfer of medical management control is directed by the civilian employee when medically stable and eligible for direct care under this policy.

6. Procedures:

a. MTFs will enter civilian patients into the JPTA for tracking purposes.

b. MTFs will provide assistance to employees to complete and properly submit US DOL Form CA-1 or CA-2. The employee and his/her supervisor are responsible for initiating and completing Form CA-1 or CA-2. MTFs will ensure the nearest CPAC receives a medical report, so that the ICPA can assist in care coordination. MTFs must have a completed Form CA-1 or CA-2 prior to evacuation for further hospitalization and treatment to CONUS. MTFs will establish procedures to report non-Army injured civilian employees to the appropriate Service Component or Federal agency prior to evacuation and coordination of appropriate medical care; MTFs will make every effort to evacuate the patient to the MTF closest to his/her home. MTFs will generate a patient movement request in TRAC2ES on all Federal and DoD civilians returned to CONUS to include both inpatient and outpatient transfers.

c. Upon arrival at a CONUS MTF, the CONUS MTF will update JPTA to reflect the current status of the patient.

FOR THE COMMANDER:

William H Thresher
WILLIAM H.THRESHER
Chief of Staff

Encl
as