

14th Medical Group Patient Handbook



*14th Medical Group
Koritz Clinic/Building 1100
201 Independence Drive
Columbus AFB, MS 39710
4 April 2016*

Dear Patient,

Welcome to your 14th Medical Group (MDG) also known as the Koritz Clinic! We are delighted to serve you. This handbook is intended to help you obtain the high quality healthcare we provide.

The medical group's personnel continuously strive to exceed your healthcare expectations and provide you with the means to achieve a higher quality of life for you and your family. We recognize healthcare is fertile ground for "continuous improvement" and we welcome your suggestions. If there is some aspect of our service which does not seem adequate, please let us know! I guarantee we will address it and will get an update back to you.

For information not provided within this guide, please ask a staff member or contact our Medical Group Patient Advocate at 434-1395. All of our clinics and support services also have staff members designated as Patient Advocates to help you.

TRICARE is military medicine's program for high quality, cost-effective, and accessible care. As a member of TRICARE Prime, you are guaranteed access to our healthcare system and you will be assigned to a primary care management team to take care of your healthcare needs. Call our TRICARE Contractor, Humana, at 1-800-444-5445 for any assistance you may need regarding enrollment.

Again, I welcome you to the Koritz Clinic and thank you for choosing our staff to provide you with total quality healthcare.

Sincerely,

A handwritten signature in blue ink, appearing to read "Imelda M. Reedy".

IMELDA M. REEDY, Colonel, USAF, NC
Commander

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14th Medical Group Mission

People First, Safety Always, Respect for All

14th Medical Group Vision

Peak Performing, Innovative, Ready and Resilient Air Force and Military Community

HOW DO I GET CARE?

ELIGIBLE BENEFICIARIES: Although the following is not a complete list of individuals eligible to receive care in a Military Medical Treatment Facility, it comprises the majority of patients to whom we are authorized to administer medical treatment.

- Active Duty, retired military personnel, and their family members
- Family members of deceased service members
- Civilian employees for occupational health issues
- All other Status of Forces Agreement (SOFA) personnel

HOURS OF OPERATION: Monday – Friday from 0730-1700 unless otherwise specified.

The clinic is closed on the third Thursday each month for training and on federal holidays.

EMERGENCY CARE (potential loss of life, limb or eyesight): Call 911 or go to the nearest emergency room. The same applies to out of area EMERGENCY Care. There is no ER located on Columbus AFB. The closest ER to the base is at Baptist Memorial Hospital located at 2520 5th Street North, Columbus, MS, (662) 244-1000. Follow-up with your PCM the following duty day to ensure the appropriate actions were taken.

NURSE ADVICE LINE (NAL): You can now speak with a nurse about your symptoms and receive medical advice by calling the Nurse Advice Line at **(662) 434-CARE (2273)** or **1 (800) 982-4260, Option 2.**

The NAL provides 24 hour/7 day a week nurse triage, advice and appointing:

- MTF enrollees calling the NAL gain immediate access to advice from registered nurses.
- NAL nurses advise enrollees on the most clinically appropriate level of care ranging from emergency to self-care.
- NAL provides parent/care-giver the option of a follow-up call if self-care is advised for any pediatric patients.
- NAL issues network urgent care authorizations if an acute appointment is required and no access is available in the MTF.
- NAL informs the PCM of any enrollees calling the NAL.

ACUTE CARE DURING DUTY HOURS: For non-emergent, acute illness or injury requiring evaluation and treatment by a provider within 24 hours when the clinic is open, call **434-CARE** or **1 (800) 982-4260.**

ACUTE CARE AFTER-HOURS, WEEKENDS, AND HOLIDAYS: For non-emergent, acute illness or injury requiring evaluation and treatment by a provider within 24 hours when the clinic is closed, a referral is required prior to seeking medical care. Call **(662) 434-CARE (2273)** or **1 (800) 982-4260** and select the option for NAL for directions for obtaining care. If you choose to use an urgent care facility without provider referral or do not call 434-CARE before you go, you will be subject to Point of Service (POS) charges (out of pocket).

ROUTINE CARE: All routine Family Health Clinic and Flight and Operational Medicine appointments are made through the Central Appointment Line at (662) 434-CARE (2273) or 1 (800) 982-4260 between the hours of 0700-1600 or on-line at www.tricareonline.com.

OUT-OF-AREA CARE:

- Emergencies: No pre-authorization is required for emergencies. Seek care at the nearest civilian or military treatment facility that provides 24-hr service.
- Urgent Care: Contact your PCM prior to getting care for out-of-area urgent care to ensure you will get an authorization.
- Routine Care: Not covered when TRICARE Prime beneficiaries are out-of-the-area

Enrolled beneficiaries who seek non-emergency care without prior approval will automatically be billed under the TRICARE Point-of-Service option. This option requires payment of an annual deductible of \$300 for an individual enrollee or \$600 per family, plus 50 percent of TRICARE allowable charges for outpatient services and hospitalization.

MiCARE: (*DIRECT COMMUNICATION WITH HEALTHCARE TEAM*) Patients are *highly encouraged* to register with MiCare at <https://app.relayhealth.com/registration.aspx>. MiCare allows patients to securely communicate with their medical care team via a secure messaging system for non-urgent symptoms and other needs. Registration can also be accomplished during in-processing or during the patient's initial PCM visit.

TELEPHONE CONSULTS (T-CONS): You may speak with one of our clinical nurses regarding home care advice and medical questions via a telephone consult. To initiate a T-Con contact the appointment line at (662) 434-CARE (2273) and ask to speak with a nurse or initiate using MiCare. T-Cons should be answered within 72 hours. T-Cons are utilized for:

- Home care advice regarding illness that does not require an appointment.
- Questions regarding how or where to access the health care system (if you are unsure if you need an appointment).
- Care coordination, disease and case management.
- Inquiries about test results if you've not been notified within 10 business days of your appointment.
- Short term medication renewals until you can get an appointment with your PCM; however, this should be an exception, not routine practice.
- Initiating a retroactive referral for emergency room care already received for active duty members (non-active duty beneficiaries do not require a referral to seek emergency room care).

An appointment is required for:

- Initiating a new referral
- Renewal for an expired prescription
- Initiating an order for a new prescription or a change in prescription

TRICARE On-Line: TRICARE On-Line (TOL) (www.tricareonline.com) is the Department of Defense's (DoD) on-line patient-focused portal providing access to available health care services and information that support patient participation in their health and health care. Any DoD beneficiary, age 18 or above, treated at a military treatment facility and/or clinic including active duty and retired service personnel are eligible for a TOL account. Accounts used to access TOL are:

- DoD Common Access Card (CAC)
- Premium DoD Self-Service Logon (DS Logon)
- Defense Finance and Accounting Services (DFAS) myPay

What health care information and services does TOL provide?

- **Appointments** – Make, change and cancel military hospital or clinic PCM and select self-referral appointments. View future and past appointments. Set up email and text message reminders. Set earlier appointment notifications. Act on behalf of yourself and your family members.
- **Blue Button** – Securely view, download, print or share your lab results, radiology results, medication profile, allergy profile, encounters, problem lists, immunizations, and vital signs.
- **Prescription (Rx) Refill** – Refill your prescriptions for military hospital or clinic pick up. Check your prescription status. Access the TRICARE Mail Order Pharmacy. Act on behalf of yourself and your family members.
- **Profile** - Manage your appointment notification and appointment reminder settings. Change your military hospital or clinic location.
- **Resources** - Access TOL educational materials and links to other health care information and service websites like TRICARE.mil and Secure Messaging.

ACTIVE DUTY CARE:

- **Duty Limitation Codes:** Active Duty member should report to their PCM for evaluation of any illnesses and/or physical injuries/limitations. It is the individual's responsibility to ensure that the provider is aware of upcoming fitness testing or physical limitations related to their primary duty to ensure the appropriate assignment of a profile. All pregnant Active Duty members will report to Public Health for Fetal Protection profile within 24 hours of pregnancy confirmation. Members who require a profile for fitness or exercise limitations should not wait. Members should ensure adequate time to process paperwork for all non-acute injuries.
- **Automated Medical Quarters Notification System (AMQS):** Active Duty personnel should call the clinic for a same-day appointment if ill/injured or unable to complete work duties. The provider will input quarters authorizations into ASIMS. AMQS will automatically send an e-mail notification to the member's squadron commander and unit health monitor with minimum necessary disclosure. The provider may hand the member a printed copy or the member can print out a copy of their quarter's notification from their MyIMR page (<https://imr.afms.mil/imr/MyImr.aspx>). It is the member's responsibility to notify their immediate supervisor of the quarters and provide a copy if requested. This ensures timely and accurate reporting to member's chain of command. The provider will complete AF Form 37 for Foreign Military Personnel.

- **Convalescent Leave:** All Active Duty members must inform their chain of command (supervisor, chief or next in line) prior to any medical or surgical procedures that may require convalescent leave. The AD member also has the responsibility to notify their Primary Care Manager (PCM) of any scheduled procedure off-base by a Civilian provider. The PCM has the responsibility of counseling the member regarding factors related to surgical procedures and deployment availability, PCS, and upcoming separation/retirements as well as ensuring the member is adequately profiled.

The Chief of Medical Staff (SGH) for the 14 MDG recommends completion of the Convalescent Leave paperwork by the PCM prior to the procedure. This ensures that the paperwork is routed in a timely manner and that all parties involved are aware of the planned procedure (i.e. supervisor and PCM). If the procedure is scheduled with an off-base Civilian provider, then it is the member's responsibility to bring the medical recommendation for convalescence to the PCM. The PCM will review the paperwork and recommend Convalescent Leave to the unit commander. The Military provider is not obligated to recommend the same number of days as the Civilian provider.

The member's commander will be the final approving authority (i.e. the commander may approve, disapprove or amend the recommended convalescent leave). The PCM will also generate an AF 469 (i.e. profile) based on the condition being treated if this has not already been addressed.

IAW AFI 36-3003, Military Leave Program, convalescent leave section 4.3.4.1 Unit commanders normally approve convalescent leave based on the written recommendation of the MILITARY physician most familiar with the member's condition. This written recommendation is made to the unit commander on a hard-copy AF Form 988, *Leave Request and Authorization* that is signed by the MILITARY provider (otherwise known as PCM). The service member is responsible for obtaining the unit commander approval and uploading any documentation necessary into Leave Web for processing of the leave request. If the convalescent leave paperwork is completed prior to the medical or surgical procedure, it is the member's responsibility to take corrective action (i.e. retract the convalescent leave) as this is not the MTF's responsibility.

This process only applies to medical care that was referred by the member's PCM. There is no provision for Convalescent Leave for "Elective Medical or Surgical Healthcare," but a member must use Ordinary Leave. Please contact Beneficiary Services for coordination regarding approval of these cases.

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OTHER POLICIES

CANCELLATIONS: Please be considerate and cancel any appointments you are unable to keep by calling (662) 434-CARE or 1 (800) 982-4260. We ask that you try to do so at least 24 hours in advance. Canceling in advance opens appointments for those who need to be seen and increases availability for everyone. **No-shows and chronic last minute cancellations are reported via a no-show letter to the member's commander or first sergeant; both contribute to appointment shortages in the clinic.**

LATE PATIENT ARRIVAL POLICY: Late arrivals can cause long wait times, so patients who arrive late for their appointment may be required to reschedule. Out of consideration for other patients with scheduled appointments, we ask that all beneficiaries arrive early to allow adequate time for check-in with the front desk and to complete any required paperwork prior to their appointment time.

NO-SHOW POLICY: Patients who arrive after their scheduled appointment time and cannot be seen will be considered a no-show. No-show letters will be forwarded to unit commanders or first sergeants. In addition, short notice cancellations of 24 hours or less may be considered a “No Show” due to the likelihood of that appointment going unused.

UNATTENDED CHILDREN POLICY: Unattended minor children pose a safety risk to themselves, other patients, and our staff. Children will not be allowed in the exam and treatment rooms during a clinic visit, invasive examinations/procedures, laboratory and/or x-ray exams, unless it is for the child’s own appointment. Children under the age of 10 may not be left unattended in the waiting areas during their parent or guardian’s appointment. Children over the age of 12 may watch a younger sibling as long as they are able to maintain vigilant control. Clinic staff are not authorized to attend or watch unattended minor children. For the safety of all involved, your appointment or other services will be rescheduled if children are brought to these types of appointments. If you are unable to make arrangements and feel you must be seen, contact your unit’s First Sergeant for assistance.

PETS/ANIMALS: To ensure a clean environment that conforms to infection control standards, pets/animals are not allowed in any 14 MDG facility with the exception of certified service animals or military working dogs. The clinic does not have a pet therapy program; therefore, "pet therapy" animals are prohibited.

FIREARMS AND WEAPONS POLICY

The safety of our patients and staff is a paramount concern in the medical facility. No firearms are allowed inside the 14 MDG. Law enforcement personnel are not allowed to bring their firearms in the facility unless they are in performance of their law enforcement duties.

TOBACCO POLICY

It has been proven and extensively documented that use of all tobacco products is detrimental to your health. Smoking not only presents a health risk, but also is a major cause of fires. Therefore, the 14 MDG is a tobacco-free campus. Tobacco products include any tobacco or non-FDA approved nicotine-delivery products. There are no designated “Tobacco Areas” inside the facility or on the campus. The designated tobacco area outside the 14 MDG is located across the main parking lot 50 meters from the Airman and Family Readiness Center.



PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

All persons obtaining care in this medical/dental treatment facility are entitled to certain rights and are also subject to certain responsibilities. The observance of these rights and responsibilities by both patients and facility personnel is vital to ensure patient care and services are delivered in an appropriate, efficient and effective manner.

PATIENT RIGHTS

The patient's rights are supported by all facility personnel and are an integral part of the healing process. Child and adolescent patients under the age of 18 will be represented by their parents and/or guardians (except when allowed by law) to ensure these patients have the same rights as adult patients. These patient rights are:

- 1. Medical Care** – The right to timely, quality care and treatment that is consistent with available resources and generally accepted standards, including access to internal and external specialty care, to pain assessment and management, and transfer to emergency care without preauthorization where and when acute symptoms are so severe that a “sensible layperson” would want emergency care to prevent serious harm or death. This includes the opportunity for second opinions from a provider of your choosing; to expect reasonable access to and continuity of care; to know when care is not available at this facility in a reasonable amount of time; and to be informed of appropriate follow-up and treatment.
- 2. Respect and Nondiscrimination** – The right to considerate and respectful care at all times and under all circumstances, which is free from discrimination and with recognition of personal dignity, psychosocial, spiritual, cultural and personal values, belief, and preferences.
- 3. Privacy** – The right to personal privacy.
- 4. Choice of Health Care Plans** – The right to accurate information about TRICARE, to include covered health benefits and health plan options and the choice of healthcare providers, either within TRICARE Prime network or the Military Treatment Facility as appropriate for the health plan selected and scope of care needed.
- 5. Provider Information** – The right to receive information about the individual(s) responsible for, as well as those providing care, treatment, and services. The information may include the names, and as requested, the professional credentials of the individual(s) with primary responsibility for, as well as those providing care, treatment, and services.
- 6. Explanation of Care** – The right to receive accurate information concerning their diagnosis, treatment options, procedures, and prognosis of illness in a manner that are easily understood. Information must be tailored according to age, language and ability to understand. 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 or surrogate. Information may be provided through interpreters or translation services if necessary.
- 7. Confidentiality and Availability of Health Information** – The right to reasonable safeguards for the confidentiality, integrity, and availability of their protected health information, and similar rights for other personally identifiable information, in electronic, written, and spoken form. This includes the right to be informed when breaches of privacy occur, to the extent required by Federal law; to request amendments to your records within specific legal limits; to review and obtain a copy of your own medical records; and to withhold consent to produce, use, or release recordings, films or other images for purposes other than care.
- 8. Appeals and Complaints** – The right to make recommendations, ask questions, or file complaints through a Patient Advocate. If concerns are not adequately resolved, patients have the right to contact The Joint Commission at <http://www.jointcommission.org>. This includes the right to a fair and

efficient process to appeal medical necessity decisions by the Medical Treatment Facility or by TRICARE that includes both internal and independent external review, and the right to contact a TRICARE Debt Collection Assistance Officer if unable to pay fees.

9. Informed Consent – 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 and unanticipated outcomes, risks, benefits, ethical issues, alternative treatments if available, and the option of no treatment.

10. Participation in Care – The right to participate in making decisions about care, treatment or services and the right to refuse care as allowed by law. This includes the right to ask questions, to receive timely answers, and to choose an appropriate surrogate to make decisions on your behalf if you cannot do so.

11. Safe Environment – The right to care and treatment in a safe environment free from neglect; exploitation; and verbal, mental, physical and sexual abuse.

12. Clinic Rules and Regulations – The right to be informed of the facility's rules and regulations that relate to patient or visitor conduct and to be informed about the functions and services of the clinic's patient centered medical home functions and services. This includes the right to be informed about smoking rules and the expectation of compliance with those rules from other individuals.

13. Advance Directives – 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 and to discuss end of life care, treatment and services with an appropriate provider.

14. Research Projects – The right to know if the clinic proposes to engage in or perform research associated with their care or treatment and to refuse to participate in any research projects.

PATIENT RESPONSIBILITIES

Providing quality care is a complex task that requires close cooperation between patients and healthcare personnel. Patients can take responsibility for their care by helping the medical team give the best possible care. The patient's responsibilities are:

1. Respect, Consideration and Nondiscrimination – The responsibility to respect the rights of other patients, the health care personnel and the property, and for assisting in the control of noise, no smoking, and the number of visitors.

2. Choice of Providers and Plans – The responsibility to become educated about TRICARE coverage, options, and rules to include required fees.

3. Participation in Your Care and Care Decisions – The responsibility to tell your healthcare professional everything about your illness and condition, past health care, and all medications or supplements being taken; to inform the doctor or nurse about any changes in how you feel; to participate in decisions related to your healthcare and ask questions if you do not understand any part of the proposed diagnosis and treatment; to follow your provider's plan of care; to maximize healthy habits such as exercise, not smoking, eating a healthy diet, and not knowingly spreading disease; and

to keep appointments on time and notifying the facility when appointments cannot be kept. Patients are also responsible for their actions and consequences if they refuse treatment or do not follow the practitioner's instructions.

4. Appeals and Complaints – The responsibility to report wrongdoing and fraud to appropriate authorities. The responsibility for helping the facility commander provide the best care to all beneficiaries by making recommendations, asking questions, or expressing concerns to any patient advocate representative.

5. Healthcare Proxy – The responsibility to designate a person to whom your healthcare information may be passed to if your condition is such that you would be unable to participate in the decision making process. The responsibility to designate a person to handle your activities of daily living (driving, shopping, etc.) should your condition warrant, to include providing a responsible adult to transport you to and from the facility and remain with you for 24 hours or more if required by your provider.

6. Advance Directives – The responsibility to inform your provider of any living will, medical power of attorney or advance directive that may affect decision making in your healthcare delivery.

7. Clinic Rules and Regulations – The responsibility to follow the clinic's rules and regulations relating to patient or visitor care. This includes not using tobacco or nicotine-delivery products while on the medical campus.

For more information or a copy of your patient rights and responsibilities, please call the Patient Advocate's office at (662) 434-1395 or visit the Command Section.

If you believe your rights are being compromised, please alert your care providers or a patient advocate. Section patient advocates and facility-level patient advocates are identified by signs posted in each section. You may also request a review from the 14 MDG Ethics Working Group by calling the Clinical Risk Manager at (662) 434-2292.



CONVEYING MEDICAL CONCERNS EFFECTIVELY

Even in the best health care systems, things can and do go wrong. Some difficulties simply result from trying to navigate a complex and complicated medical system. What should you do when your expectations are not met or you receive inadequate service? Begin by telling someone! Seek out the Patient Advocate in the section where your concern arose. The Patient Advocate works directly for you! They have access to the Medical Group Patient Advocate, the Commander and direct key members of the Executive Staff if necessary and work to thoroughly investigate and resolve your concerns in a timely manner. Each section Patient Advocate's picture and phone number is prominently displayed in each section's waiting area or clinic. Most concerns can be resolved at this level. If not, please contact the Medical Group Patient Advocate at **(662) 434-1395**. By following the established chain, your concerns are solved more expediently. When voicing your concerns, try the following tips:

- **Speak up!** This is most important. We cannot help you if we do not know what the problem is. Our goals are to resolve your concerns and prevent others from having unsatisfactory clinic experiences. Help us help you by letting us know when we do not meet your expectations.

- **Voice your concerns as soon as possible.** It is difficult to investigate exactly what occurred after a lengthy period of time. When possible, wait until you are calm. Your concern is better explained and criticism is usually much more constructive after you have taken a few breaths.
- **Be specific!** “I never receive good service” is vague. “I waited an hour and a half for my appointment before anyone acknowledged me, and then I was told I wasn’t in the system” provides more useful information.
- **Fill out a comment card.** Comment cards are readily available throughout the clinic for you to fill out regarding the service you received. The clinic has a process in place to review completed comment forms and respond to those requesting feedback. Additionally, squadron and group leadership review them to detect trends and make proper adjustments to procedures. Include contact information so we can reach you about specific complaints and our response to it.
- **Trust the complaint system.** Each Patient Advocate was selected because of their extensive knowledge and experience in their section. Hold them accountable. If you feel it is necessary, follow-up with a phone call or e-mail. If you have tried to resolve your concerns at the section level and are not satisfied, ask to be referred to the Medical Group Patient Advocate. They will ensure your concerns are conveyed to the proper authority.



Home

BECOME PART OF YOUR HEALTH CARE TEAM

The 14th Medical Group is proud to be your Patient Centered Medical Home (PCMH). This care model ensures better outcomes, fewer hospital admissions for chronic diseases, fewer clinic visits, increased patient involvement, and better adherence to care plans. A core principle is a consistent relationship with your health care provider and the entire health care team and support services. Health care is delivered around the whole person concept, coordinated and integrated care between settings and specialties, evidence-based and safely administered. Your help in keeping us informed about you, your conditions and health needs is crucial; here are some tools to help you get involved.

- **TEAMUP For Your Care!** We can only provide for your comprehensive needs if you take an active role. We do this by **T**eaming Together, **E**ducating Yourself, **A**sking Questions, **M**anaging Your Medications, **U**nderstanding Changes in the Game Plan, and **P**roviding your Perspective.
- **AskMe3:** By asking these 3 questions can help you be an active member of your health care team. 1. What is my main problem? 2. What do I need to do? 3. Why is it important for me to do this? Additionally, for appointments make lists of topics to discuss, bring all your medicines (to include over the counter medications and supplements), bring a family member or friend with you, and ask for information and tasks in writing.

14TH MEDICAL GROUP TELEPHONE NUMBERS

Aerospace and Operational Physiology

434-2781

APPOINTMENTS

434-CARE (2273)

Beneficiary Services

434-2137/2212

Dental

434-2250/2846

Exceptional Family Member Program

434-2172

Family Advocacy

434-2239



Health Promotions Program

434-1688

Immunizations

434-2187

Laboratory

434-2124

Medical Records

434-3307

Mental Health

434-2239

Optometry

434-2331

Patient Advocate

434-1395

Quality Services

434-2292

Patient Safety

434-3337

Pharmacy

434-2168

Pharmacy Refill Line

434-2799 or 1-800-982-4259

Physical Therapy

434-2120

Public Health

434-2241

Radiology

434-2211

Referral Management Center

434-7905/2146

TRICARE/Humana

1-800-444-5445

TRICARE Contract Liaison

434-2212



MEDICAL SERVICES INFORMATION

ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT PROGRAM (ADAPT)

Telephone: (662) 434-2239

The Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program consists of three proactive areas of services: Substance Abuse Prevention and Education; Treatment (clinical and non-clinical services); and Drug Demand Reduction. The emphasis is on prevention and early intervention for substance abuse problems. A comprehensive treatment approach is utilized in addressing the patient's needs and the level of care indicated. Services include evaluation, treatment planning, and counseling (individual, family, and group). In addition, we provide an extensive outreach program to the community that focuses on education and awareness.

DENTAL SERVICES

Sick Call Hours: Monday-Friday by appointment for active duty only

Telephone: (662) 434-2250/2846

Location: 2nd floor in the Koritz Clinic

- For dental problems, call for a Sick Call appointment at (662) 434-2250 or (662) 434-2846
- Access after-hours urgent/emergent care by calling (662) 434-CARE
- Please sign your family members up for the Met-Life Dental Program (AD family dental plan) or Delta Dental (retiree dental plan) at the on-line address <http://www.tricare.mil/dental/or> <http://www.trdp.org/>, respectively.
- A list of dentists enrolled in dental plans are available at the Dental Clinic or on-line
- **Cancellations:** Please be considerate and cancel any appointments you are unable to keep by calling (662) 434-2250. We ask that you try to do so at least 24 hours in advance. Cancelling in advance opens appointments for those who need to be seen and increases availability for everyone. **No-shows and chronic last minute cancellations are reported via a no-show email to the member's unit commander and first sergeant.**
- Patients are not allowed to hand carry their records to their next assignment except for Flyers and PRP members with official TDY/PCS orders. Flyers and PRP members may pick up dental records 5 duty days prior to their final out-processing day.

EXCEPTIONAL FAMILY MEMBER PROGRAM – MEDICAL (EFMP-M)

Telephone: (662) 434- 2172

Location: in the Family Health Clinic

Sponsors who have family members that need medical subspecialty care (i.e. pediatric cardiology, ophthalmology, etc.), medically related services, or who receive special education services are mandated to be enrolled in the Special Needs Program. The Special Needs Coordinator serves as an advocate for medical care concerns. Medical clearances for family members accompanying sponsor overseas are accomplished in this office.

FAMILY ADVOCACY PROGRAM (FAP)

Telephone: (662) 434-2239

Location: in the Mental Health Clinic

Educational Programs – Classes are held to provide educational information on parenting, stress management, marital issues and for the identification and prevention of child and domestic abuse. Participation is voluntary. Groups are encouraged to contact the FAP office if they wish to have a presentation on these or related topics.

Family Maltreatment – The special focus of the Family Maltreatment Program is the protection and treatment of abuse victims and their families. Suspected abuse should be reported to the Family Advocacy Clinic. Family Advocacy Treatment Managers provide assessment, treatment, and referral services to families experiencing domestic violence or child abuse and neglect. Treatment services include individual, couples, and family therapy. The goal of all services is to strengthen military families by improving family functioning.

Outreach Program – The special focus of the Outreach Program is prevention and awareness. The Outreach Manager provides briefings and training, as well as, community awareness information on child and spouse abuse prevention, recognition and reporting to base organizations, service providers, and the general community. Information regarding prevention, community awareness, mandatory reporting rules, and information about prevention and treatment services are available to military members and their families through the Family Advocacy Program.

Prevention Programs – Family Advocacy Strength-Based Therapy (FAST): The FAST program provides counseling to couples or families who want to build on their strengths to improve their relationships. Common issues addressed are parenting, stress and anger management, and communication. FAST services are completely voluntary. No one outside the Family Advocacy Program is notified of your participation. No documentation is placed in the medical record, except in the case of those who are on sensitive duty status.

FAMILY HEALTH CLINIC

Telephone: (662) 434-CARE (2273) or 1 (800) 982-4260

The Family Health Clinic is designed to manage all of your basic health care needs using evidence-based care. Focus is on medical readiness and prevention of illness in our active duty population and their families.

FLIGHT AND OPERATIONAL MEDICINE CLINIC (FOMC)

Telephone: (662) 434-CARE (2273) or 1-800-982-4260

Location: in the main clinic in building 1100

Hours: Regular clinic hours are 0730-1700

“RAC” hours are 0700 and 1300 at Phillips Auditorium (between the 37th and 41st Flying Training Squadrons. On training days, only 1 “RAC” will be held at 0700.

The FOMC consists of flight surgeons, nurses and technicians working together to serve flying, special operations, and selected non-flying personnel and their families.

The “RAC” provides expedited, walk-in service for members on fly/controlling status the following needs: **Return to Fly, Airsickness, Commander’s Action Program (CAP) and Post Deployment evaluations.** Members present to the “RAC” at Phillips Auditorium at 0700 or 1300 for a brief administrative appointment to facilitate the member’s quick return to the flight line.

All other health care needs, to include Acute and Routine care, are provided in the FOMC in building 1100. For access call the appointment line to schedule an appointment with a flight surgeon.

IMMUNIZATION CLINIC

Hours: 0730-1630

Closed every 1st and 3rd Friday of each month after 1500 to accommodate small pox vaccinations.

Telephone: (662) 434-2187

Routine immunizations are available to all beneficiaries. Shot records are required if not maintained within the AF record keeping system.

- **Mandatory Active Duty Immunizations:**
 - **Yellow Fever**
 - Service is only available for active duty with PCS or deployment orders mandating yellow fever vaccine.
 - Those planning elective travel to yellow fever endemic areas *require* prior consultation with Travel Medicine located in the Public Health Clinic.
 - **Tuberculosis Screening**
 - Not placed on Thursdays and/or Fridays before a long weekend.
 - **Small Pox**
 - Deployers and Small Pox Medical Team Members only
 - 1st and 3rd Friday of each month – by appointment only

LABORATORY SERVICES

Telephone: (662) 434-2124

Routine laboratory services are available to all beneficiaries, including TRICARE for Life beneficiaries. Orders from military and civilian physicians are accepted. Please call lab prior to visiting if you have questions. Results are provided to patients from the ordering medical provider only.

MENTAL HEALTH

Telephone: (662) 434-2239. Patients may call the clinic directly to schedule an appointment without a referral.

- Services are available for Active Duty and Active Duty dependents.
- Services for retirees and retired family member are on a space available basis.
- Individual and couples counseling is available.
- Emergency appointments are available.
- Limited psychiatry services are available via video teleconference (VTC).

The Mental Health staff includes psychologists, social workers, mental health technicians and support staff. Services include evaluations for emotional and behavioral concerns, as well as, treatment and follow-up services through counseling (individual, group, marital, and family). Referrals are not needed. If you wish to see a network provider, contact Value Options (1-800-700-8646) for a list of providers in the local area. Dependents are allowed 8 mental health appointments before they need to obtain a referral.

OPTOMETRY CLINIC

Telephone: (662) 434-2331

- Complete eye exams are available for Active Duty and TRICARE Prime enrollees.
- Contact lens service is available for aircrew, patients with medical indications, and other beneficiaries on a limited basis.
- PRK referral is available for Active Duty Air Force Only.
- For Routine appointments call after 0730 or use www.tricareonline.com.
- ***Flyers*** – Do you wear contacts? Go to Optometry ASAP upon arrival to Columbus!

OUTPATIENT RECORDS

Telephone: (662) 434-3129

- Medical Records are property of the US government and must be stored at a Department of Defense (DoD) military treatment facility (MTF) to ensure protection and availability of the medical record for treatment.
- The Air Force has a “no hand-carry” policy except Flyers and PRP members with official TDY/PCS orders. Flyers and PRP members may pick up medical records 1 duty day prior to their final out-processing day with official orders. When retiring, PCSing, or separating, medical records for all other Active Duty members and their dependents will be mailed to the applicable servicing MTF, Veterans Administration (VA), or Air Force Personnel Center (AFPC).
- A Medical Power of Attorney and/or a signed release of information consent are required to release Personal Health Information to someone other than the adult owner of the medical information (i.e. dependents over the age of 18 and/or service member’s spouse).
- Patients may request and receive one copy of their medical record, at no cost, within 30 days after a written request is submitted. Any additional copies will be provided to the patient or the requesting entity at the patient’s expense within 30 days after a written request is received. Spouses and children 18 years or older must submit their own requests for copies.
- Each DoD MTF has a designated Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer in place to ensure health care information remains private but available to patients, their providers, and any other person designated in writing by the patient. For additional information regarding records and the enhanced safeguards DoD has in place to protect private health care information, contact the 14 MDG HIPAA Privacy Officer at (662) 434-2380/2283.

PHARMACY SERVICES

Telephone: (662) 434-2168/2170

Refills: (662) 434-2799 or 1(800) 982-4259

- Services are available to all beneficiaries to include TRICARE for Life beneficiaries, and prescriptions are accepted from military and civilian providers.
- Patients may bring any prescription including non-formulary medications to the Pharmacy to be filled. Staff will engage with the prescriber to either gain prior authorization or change the prescription to a therapeutic equivalent formulary medication.
- Check-in upon arrival is required to activate prescriptions for filling.
- To pick up prescriptions for another patient, a copy (front and back) or actual military identification (ID) card of that individual is required in addition to a signed authorization card.
- All patients 16 and older are required to present their ID card.

- Prescriptions with valid refills called in before midnight will be ready the next duty day after 1100.
- Transfer of refills from another military or civilian pharmacy:
 - Patients must provide a valid telephone number for civilian pharmacies.
 - Transferred prescriptions may take up to 72 hours to process.
- Renewal for an expired prescription, an order for a new prescription, or a change in prescription requires a PCM appointment. Please contact the appointment line at (662) 434-CARE (2273) to schedule an appointment.
- **Cough and Cold Clinic:** If you have symptoms of a common cold (cough, runny nose, nasal or chest congestion, fever less than 101°F), and are over the age of 12, 14 MDG pharmacists can utilize approved clinic guidelines and inclusion/exclusion criteria to evaluate and treat these symptoms in lieu of a PCM appointment. Simply present to the Pharmacy between the hours of 0730 and 1630.
- Military pharmacies remain the lowest cost option for beneficiaries, with no cost for drugs.
- Generic formulary medications through the Home Delivery service remain \$0. Home Delivery is a low cost, safe and convenient way for TRICARE beneficiaries to get their maintenance medications.
- Information on copays at non-network retail pharmacies is available at www.TRICARE.mil/pharmacycosts.
- **Specialty Drugs:** Specialty medications are usually high cost, self-administered, injectable or oral medications that treat serious, chronic conditions, e.g., cancer, multiple sclerosis, rheumatoid arthritis, hepatitis C. This includes oral and injectable drugs that may need special storage and handling and are not available from many retail pharmacies. Beneficiaries may call Express Scripts at (877)363-1303 to see a list of affected drugs or at www.express-scripts.com/TRICARE.
 - Effective in 2015 beneficiaries, who take certain specialty drugs, must to switch retail pharmacies, use Home Delivery, or military pharmacies.
 - When using a retail pharmacy, beneficiaries must make sure the pharmacy is a retail *network specialty pharmacy*. Several major national retail drug store chains, including Walmart, CVS, Target and Rite-Aid are part of the retail network of specialty pharmacies.
 - Beneficiaries who get their specialty drugs at a non-network specialty pharmacies will have to pay up front, file a claim, and be reimbursed at non-network rates.
 - Beneficiaries taking maintenance medications must have their prescriptions filled at the MTF pharmacy or the mail order home delivery service.
- **TRICARE Pharmacy Program:** TRICARE provides a world-class pharmacy benefit. All beneficiaries eligible for TRICARE are eligible for the TRICARE Pharmacy Program, including Medicare-eligible beneficiaries age 65 and over, and can fill prescription medications at military treatment facility (MTF) pharmacies, through the TRICARE Mail Order Pharmacy (TMOP), or at retail network and non-network pharmacies. All beneficiaries must have their address and other information updated in the Defense Enrollment Eligibility Reporting System (DEERS). To have a prescription filled; beneficiaries need a written, faxed, or electronically submitted prescription and a valid uniformed services identification card. Medicare-eligible beneficiaries who turned age 65 on April 1, 2001 or later, must be enrolled in Medicare Part A and B.

- **TRICARE Mail-Order Pharmacy (TMOP):** TMOP is available for prescriptions taken on a regular basis. Beneficiaries may receive up to a 90-day supply for most medications. Express Scripts, Inc. administers TMOP. Through this program, beneficiaries mail their health care provider's written prescription, along with the appropriate co-pay, to TMOP and the medications will be sent directly to the beneficiary. Prescriptions may be refilled by mail, phone or on-line. For more information about how to use TMOP, beneficiaries may visit the TRICARE Web site at www.tricare.osd.mil/pharmacy/tmop.cfm or contact TMOP member services at (866) DOD-TMOP (866) 363-8667) within the United States or toll-free (866) ASK-4PEC (866) 275-4732) outside the United States. They may also visit the Express Scripts website at www.express-scripts.com.
- **Military Electronic Prescriptions (ePrescribe):** Civilian doctors can send electronic prescriptions to stateside military pharmacies (including Guam and Puerto Rico). Beneficiaries will have no copays for medications filled at the 14 MDG Pharmacy, and prescriptions can be ready for pick-up upon arrival. This process allows pharmacy staff to contact the prescribing provider to clarify discrepancies prior to coming for pick-up. Non-formulary medications may not be available at the military pharmacy. When prescribed medications not on the 14 MDG formulary, talk with a pharmacy staff member to see if the item can be ordered or changed to another medication in stock.
- **Reading Prescription Labels:**

Labels pointing to the prescription form:

- Patient Name
- Patient's last four of Social Security Number
- Prescribing Provider
- Prescription Number
- Medication Name, Strength, and quantity
- Number Refills Remaining
- Instructions
- Date Prescription was written.
*Most prescriptions are valid for 1 year from this date.
- Date Prescription was filled at the Pharmacy
- Refill Phone Number

Special notes such as common side effects, and storage instructions
*Not all medications will have these notes

PHYSICAL THERAPY

Telephone: (662) 434-2120

- Services are provided for AD and TRICARE Prime beneficiaries.
- Standard patients may be seen on space available basis.
- Direct Access – Patients are able to see the Physical Therapist without a referral, if they meet the below criteria:
 - Contingent upon staffing with an advanced practice Physical Therapist
 - Muscular-skeletal injury
 - Should **not** have already been seen by a physician for this injury
 - No other medical issue needing to be addressed.

PUBLIC HEALTH

Telephone: (662) 434-2241

- **Community Health:**
 - Communicable Diseases Surveillance/Control: Public Health provides information and counseling on communicable diseases to individuals and groups upon request or referral from a health care provider. Evaluation of positive TB skin tests and sexually transmitted disease interviews are conducted on a walk-in basis upon referral from a provider. We are also available to provide group training on HIV or other communicable diseases upon request.
 - Travel Medicine/Deployment Briefings: Active duty members deploying on orders can report to Public Health on a walk-in basis to begin their medical out-processing checklist. Personnel and other beneficiaries planning foreign travel can receive immunization and preventive medicine information regarding their destination after scheduling a travel medicine appointment with Flight Medicine. Please report to Public Health one (1) hour before your scheduled appointment to receive the preventive health briefing and paperwork required for your provider visit.
- **Force Health Management:**
 - Occupational Health and Safety: The Occupational Health section provides assessment of health hazards and guidance on how to reduce these hazards in the work area. Earplugs are fitted on a walk-in basis or during the scheduled occupational health exam. Please bring PPE (earplugs) with you for your audiogram testing.
 - Fetal Protection: Pregnant active duty members and DoD employees are seen on a walk-in basis or upon health care provider referral to initiate evaluation for potential fetal hazards in the member's work environment(s). Pregnancy profiles must be accomplished within five (5) days of a positive pregnancy test.
- **PHA Cell:**
 - The PHA Cell provides annual physical health assessments to include medical screening and clinical preventative services counseling to active duty Air Force and Army personnel assigned to our MTF.

- The PHA Cell uses the Web Based Health Assessment (WebHA) system to ensure specific patient needs are met. Additionally, PHA technicians provide guidance on several different topics such as nutrition and fitness with the support of the providers.
- Flyers require a PHA/PCM visit annually.
- Non-flyers are required to complete the WebHA annually with a PCM visit every three years.
- PHAs are by appointment only and are scheduled through 434-3326. Please report to Public Health one (1) hour before your scheduled appointment to complete your paperwork and any paraprofessional exams required for your provider visit.

RADIOLOGY

Telephone: (662) 434-2211

Only routine x-rays are provided.

Requests are accepted from military providers or civilian providers on a written prescription/order.

Mammograms are not available at 14 MDG; however, they are available through any TRICARE-networked facility as a covered preventive service benefit for women beginning at age 40.

Beneficiaries can self-refer for a screening mammogram without a doctor's referral or order. Patients with a prior breast health issue must contact their Primary Care Provider or the clinic's Disease Manager for assistance with scheduling at 662-434-2396. To schedule your mammogram with a TRICARE-networked facility, contact the Referrals Management Office for a complete list of available sources.

TRICARE OPERATIONS/PATIENT ADMINISTRATION AND REFERRAL MANAGEMENT CENTER

Telephone: (662) 434-2137/2212

- **Referral Process:** All referrals begin with your PCM. Please allow up to 7 days to process non-emergent or urgent referrals, as designated by your PCM. Please be sure to stop at the Referral Management Center or contact them by phone once a referral has been entered to activate your referral. The Referral Management Center can also provide assistance with scheduling your appointment or extending an existing referral.
- **Retroactive Referrals:** When you need specialty care that your primary care manager (PCM) cannot provide, you must have a referral from your PCM and an authorization from Humana Military Healthcare Services, Inc. (Humana Military) in place before you see a specialist. If you do not get these necessary approvals before receiving care, the claim for this service will be processed under the *point-of-service (POS)* option, meaning that you will have higher out-of-pocket costs, with a deductible and a 50 percent cost-share. If you request a referral or authorization for specialty care **after the care was already received**, it may not be approved. In order for the retroactive authorization to be issued, your PCM must have intended to issue the referral before the specialty care was received. If your PCM did not intend to refer you before you received specialty care, the claim will be processed under the POS option.
- **Referral Exclusions:** There are a few exceptions that do not require referrals or authorizations before seeking care: emergency care (except AD), clinical preventive services from a network provider (except AD), the initial eight behavioral health outpatient visits per fiscal year

(October 1 – September 30) to a network provider for a medically diagnosed and covered condition, or if you have other health insurance. If you prefer to access nonemergency specialty care without first obtaining a PCM referral and authorization from Humana Military, contact Humana Military at 1-800-44-5445 or www.humana-military.com or Beneficiary Services for your options. **Note:** Active duty service members must be enrolled in TRICARE Prime.

- **Patient Travel:** AD members and TRICARE Prime beneficiaries assigned to a MTF PCM are entitled to travel reimbursement when the below criteria are met:
 - Active Duty Members – when referred outside the MTF for any specialty care (over 100 miles or outside of the Permanent Duty Station).
 - TRICARE Prime Beneficiaries – when referred outside the MTF for specialty care where you are required to travel 100 miles or more from your PCM location for scheduled appointments.



OTHER SERVICES AND INFORMATION

AMERICAN RED CROSS VOLUNTEERS

Telephone: (662) 434-2292

The American Red Cross has a long tradition of service to the United States military dating back to the Civil War. Its present day service includes the augmentation of hospital staff at US military installations across the globe. At Columbus AFB, Red Cross volunteers serve the 14 MDG in both professional and non-professional roles. Most Red Cross volunteers bring years of experience and training in a health care environment. They are active duty dependents, retired military, retired DOD Civilians, students, and grandparents. Volunteers attend regularly scheduled orientation and job and unit specific training throughout their service. To volunteer in the clinic, contact the Volunteer Coordinator at (662) 434-2292.

LEGAL SERVICES

Telephone: (662) 434-7030

Location: 14 FTW Headquarters

Eligibility: All active-duty, retired military and their dependents

- Go to <https://aflegalassistance.law.af.mil> to speed up the process.
- **Advanced Medical Directives (Your Legal Rights to Make Decisions about your Medical Treatment):**
 - Many people wish to maintain control over their medical care and the use of life-sustaining technology at the end of life, when they may no longer be able to make such decisions. State laws protect your right to control your medical treatment if you become terminally ill or are otherwise unable to make your own medical decisions. Advance directives are documents, which address these issues and include the Living Will or Declaration and the Durable Power of Attorney for Health Care (DPOAHC). Advance directives go into effect only when you are no longer able to communicate your desires to your physician. You may change or revoke an advance directive at any time.

- You *are not required* to have an advance directive to receive care at the 14 MDG or any other medical facility. Advance directives allow you to proactively make health care decisions, or designate another adult who knows your health care desires, to make health care decisions for you in the event you become unable to do so.
- Medical care decisions involve Informed Consent, meaning your provider has explained the risks, benefits, and alternate treatments (including no treatment), in understandable language and has provided you or your representative with the opportunity to ask questions before a decision is made.
- You should also talk to your family and close friends. Your decision is important to them, and they may be able to help you choose between those treatments you wish to receive and those you do not. Many people also speak to their clergymen, attorneys, and other doctors before completing an advance directive.
- **Declaration to Physicians/Living Will:**
 - Living Wills permit you to state your wishes ahead of time in case you develop a terminal, irreversible condition that prevents you from making decisions and communicating your wishes. If you do not want to designate another person to make health care decisions for you, or if you have specific treatment instructions you want to have followed, you may create a Living Will or a Declaration in accordance with the laws of your **home** state. You must be at least 18 years old to make a Living Will.
 - You must sign your living will, or if you are physically unable to sign, ask someone to sign for you. Two witnesses must also sign your living will. Law prohibits employees of the 14 MDG from signing as witnesses.
- **Durable Power of Attorney for Health Care (DPOAHC):**
 - As long as you are able to make your own treatment decisions, your doctor will consult with you. However, should you become unable to do so; you may name an “attorney-in-fact” (agent) to make health care decisions for you.
 - Although you may choose almost any adult as your health care agent, the person you appoint should be familiar with your wishes, values, religious convictions, and personal feelings regarding your personal health care. You may not assign your health care provider, nor may an employee of the 14 MDG act as your agent, unless related to you.
 - You may also include in your DPOAHC any specific wishes concerning your health care or any specific limitations on the powers of your agent. You should give your agent the original DPOAHC and bring a copy of the DPOAHC to the clinic or any other place you go for medical treatment. Provide a copy to your doctor.
 - If you wish to make a living will, advanced medical directive, or DPOAHC, the base legal office will assist you.



HELPFUL WEBSITES

These websites offer high quality patient information on Health and Wellness, Immunization schedules, Disease and Illness information, Special Needs, as well as Retirement, Relocation, Finances, Education, Tax preparation tools and many others topics of interest.

- Tricare On-Line: www.tricareonline.com
 - To allow you to view and manage you and your family's appointments at military hospitals and clinics, refill prescriptions, and view your personal health data through TRICARE On-line.
- MiCare: www.afms.af.mil/micare
 - Register as a patient to allow you to securely communicate with your medical care team. You can use MiCare to request appointments, request medication renewals, receive test and lab results, request a copy of your immunization records, access a large library of patient education materials, and communicate on-line with your healthcare team about non-urgent symptoms.
- Family Doctor: www.familydoctor.org
 - Click on “check your symptoms” to track your symptoms and come to a possible diagnosis and care recommendation.
- Patient Education Material Web Site: www.uptodate.com
 - Click on “patient info” to receive different levels of patient education materials of varying topics.
- Wellness Resources for the Military Community: www.afterdeployment.org
 - Offers numerous paced solutions to common post-deployment adjustment problems.
- Patient Resource for medical information: www.e-patients.net
 - Offers information and services devoted to promoting the concept of participatory medicine by and among patients, caregivers, and their medical teams.
- U.S. Department of Health and Human Services Health Finder: www.healthfinder.org
 - Offers reliable health information from the Federal government, offering quick guides to healthy living, personalized health advice, and tips and tools to help you and those you care about stay healthy.
- Social Networking Health Site www.patientslikeme.com
 - A data-driven social networking health site that enables its members to share condition, treatment, and symptom information in order to monitor their health over time and learn from real-world outcomes.
- Military One Source www.militaryonesource.com
- Military Home Front www.militaryhomefront.dod.mil

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TRICARE

- For a complete TRICARE reference, visit www.tricare.mil or call **1-800-444-5445**. TRICARE is the health benefit for all seven uniformed services, Air Force, Army, Navy, Marine Corps, Coast Guard, Public Health Service and National Oceanic and Atmospheric Administration.
- TRICARE offers a choice of four health care options:
 - TRICARE Prime
 - TRICARE Extra

- TRICARE Standard
- TRICARE For Life

For personal assistance, call **1-800-444-5445** for enrollment and benefit help. All health care, pharmacy, dental and claims contact information is located at www.tricare.mil/contactus. Beneficiaries can get 24/7 TRICARE benefit information at www.tricare.mil and make enrollment and primary care manager changes, and more on-line at www.tricare.mil/enrollment.

TRICARE Prime: It is mandatory for Active Duty to be enrolled in Prime, with open enrollment year round. For all TRICARE eligible beneficiaries other than active duty service members (AD family members, retirees and their family members), the 20th of the month is the cut-off date for all new enrollments for the following month. After the 20th of the month, enrollment is effective on the first day of the second month.

The TRICARE Prime option provides the most comprehensive health care benefits at the lowest cost of the two TRICARE options available. TRICARE Prime is a managed care option similar to a civilian Health Maintenance Organization (HMO).

The major feature of TRICARE Prime is guaranteed access to care in a timely manner at military treatment facilities or our civilian provider network. Priority for treatment in military hospitals and clinics will be given to participants enrolled in TRICARE Prime. Furthermore, care will be provided according to strict time standards.

Another key feature of TRICARE Prime is that all enrollees will be assigned a Primary Care Manager (PCM). A PCM is a health care professional or medical team who patients see *first* for their health care needs in order to effectively manage and coordinate all care received. PCMs will refer to either military or civilian medical specialists when patients require services beyond their clinic capabilities.

All eligible beneficiaries MUST be properly enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) and they must live in a service area where TRICARE Prime is offered.

For more specific information on TRICARE Prime, go to www.tricareonline.com.

Specialty Care: Prior to seeking specialty care, you must:

- Receive a referral from your PCM. Please note that referrals suggested by one subspecialty provider to another subspecialty provider must be authorized by your PCM.
- Proceed to the Referral Management Center in the MTF to activate your referral.
- **Do Not** go to the specialty appointment without an authorization number from Humana Military Health Services (HMHS).
- You will receive an authorization letter from Humana Military Health Services (HMHS) (TRICARE Contractor).
- The Referral Management Center (RMC) will help with appointment scheduling.

TRICARE Standard: With TRICARE Standard, eligible beneficiaries may choose any physician they want for health care, and the government will pay a percentage of the cost. This option permits the most flexibility but may be the most expensive, particularly if the physician's fees are higher than

the allowable amounts. The potential costs of TRICARE Standard and more specific information are available at www.tricareonline.com.

- Greatest flexibility in choosing health care providers
- Most convenient when traveling or away from home
- Potentially most expensive of all options
- Enrollment not required
- Space-available care in military hospitals/clinics possible, but at low priority

Value Options: For assistance with network Mental Health providers, please call Value Options at 1-(800)-700-8646.

Dependent Parent/Dependent Parent-In-Law: DEERS eligible dependent parents (DP) and parents-in-law (DPIL) are entitled to care in any military treatment facility and will be seen on a space available basis. Military sponsors with DPs/DPILs must understand that when the MTF cannot provide the necessary care, their DPs/DPILs may be referred to a civilian facility. **DPs/DPILs are NOT eligible for TRICARE benefits; therefore, payment of the bill will be the SPONSOR'S responsibility.**



SAFETY

Protection of our most valued resource, you, is a high priority. Safety, however, is a shared responsibility and requires a conscious effort by all of us.

- **Alarms:** When the fire alarm system is activated, patients and staff members must evacuate immediately through the nearest exit. Patients should remain with a staff member for accountability purposes until released. Alarms can be activated by smoking in rest rooms or other secluded areas and may place staff and patients at risk.
- **Infection Control:** Good hand washing is the simplest and most effective way to prevent the spread of infection. In addition, patients with respiratory illnesses should don a mask, and healthy patients should avoid those who are ill as an effective way to stay healthy. **Parents should try to avoid bringing well family members into the clinic where they may be exposed to infection. Children should not be brought to the clinic if they do not have an appointment.**

REPORTING PATIENT SAFETY, FACILITY SAFETY AND QUALITY OF CARE CONCERNS

If you have concerns about the safety of the care provided or safety concerns with the facility that may put our patients or employees at risk, please report the information to the one of the following sources.

Patient Safety Manager:	Mr. Lovorn Brown	434-3337
Facility Manager:	Mr. Phillip Walker	434-2280
Clinical Risk Manager:	Ms. Beth Sherman	434-2292

If you prefer, after 5 May 2016 you may contact The Joint Commission© to report any concerns or register complaints about a health care organization:

On-line: <http://www.jointcommission.org/about/contactus.aspx>,

E-mail: patientsafetyreport@jointcommission.org,

Fax: 630-792-5636,

Mail: Office of Quality and Patient Safety

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

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MISCELLANEOUS

For more information regarding civilian accreditation: <http://www.jointcommission.org/>

For more patient safety information: <http://psnet.ahrq.gov> or <http://www.npsf.org>

AFMS Public Site - Columbus AFB: <http://airforcemedicine.afms.mil/14mdg>



www.facebook.com/14MDG

NOTES: _____

REFERENCES

MDGI 44-101, *Plan for Provision of Care*

MDGI 44-123, *Ethical Code of Practice*

MDGI 44-124, *Staff Code of Conduct*

MDGI 51-501, *Advance Directives*

MDGI 46-214, *Telephone Nursing Practice*

MDGI 41-202, *Referring Patients to Other Sources of Medical Care*

MDGI 41-210, *Use, Maintenance, and Security of Medical Records*

MDGI 44-108, *Pharmacy Services*

TRICARE Handbook

Comprehensive Accreditation Manual for Ambulatory Care, The Joint Commission

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