

Everything you always
wanted to know about
Health Services 5624*

A Guide for Assignment Officers

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*BUT WERE AFRAID TO ASK

Policies and procedures change. What follows is current as of this writing (15 April 2015). If you have any questions about the content, or whether anything has changed, contact the Director of Clinical Services: MEDClinicalDirector@state.gov

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Cover design based on the iconic book by David Reuben *Everything You Always Wanted to Know About Sex* (*But Were Afraid to Ask)*, published in 1969, updated 1999; cover art for that book was done by Lawrence Ratzkin

Introduction

It isn't easy to explain the Department of State Medical Program and its intersection with services provided - and obligations encumbered - by ICASS cost-center 5624, Health Services.

In fact, for most Assignment Officers and Human Resources Officers – and employees and family members - the only things that matter are making sure that your employees and family members have access to medical services at Post and that they are treated fairly and equally... and, of course, knowing what needs to be paid for and how it will be paid.

Not all parent agencies are built alike. Some have unique internal accounting controls that determine how invoices, exams, funding and fiscal data will be handled for a given employee, contractor or family member. Some follow DOS policies for managing the same administrative details. Different agencies have different authorities and, with them, different permissions or restrictions on how fiscal data can be applied.

I hope that this booklet will provide a basic understanding of the Medical Program, Health Services, and typical financial procedures exercised by the DOS and the Foreign Affairs Agencies (USAID, Foreign Commercial Service, Foreign Agricultural Service and the Broadcasting Board of Governors). Where these differ from other parent agencies, I will discuss any potential limitations to services.

When you finish reading this document, you should have a better understanding of the following:

- ICASS supports – and MED provides – a number of services based in Washington

- ICASS monies do NOT fund medical travel (medical evacuation and associated per diem) – parent agencies do
- Medical emergencies are managed best when parent agencies provide fiscal data for hospitalization costs and medical travel
- If your agency does NOT fund medical travel and hospitalization, the employee must pay for these services, usually by credit card
- Each ICASS participating agency needs to have a conversation with employees *up front* to review employees' financial responsibilities for medical services
- ALL outpatient medical expenses are the responsibility of the employee/ family member. Employees must not depart post without settling those obligations.

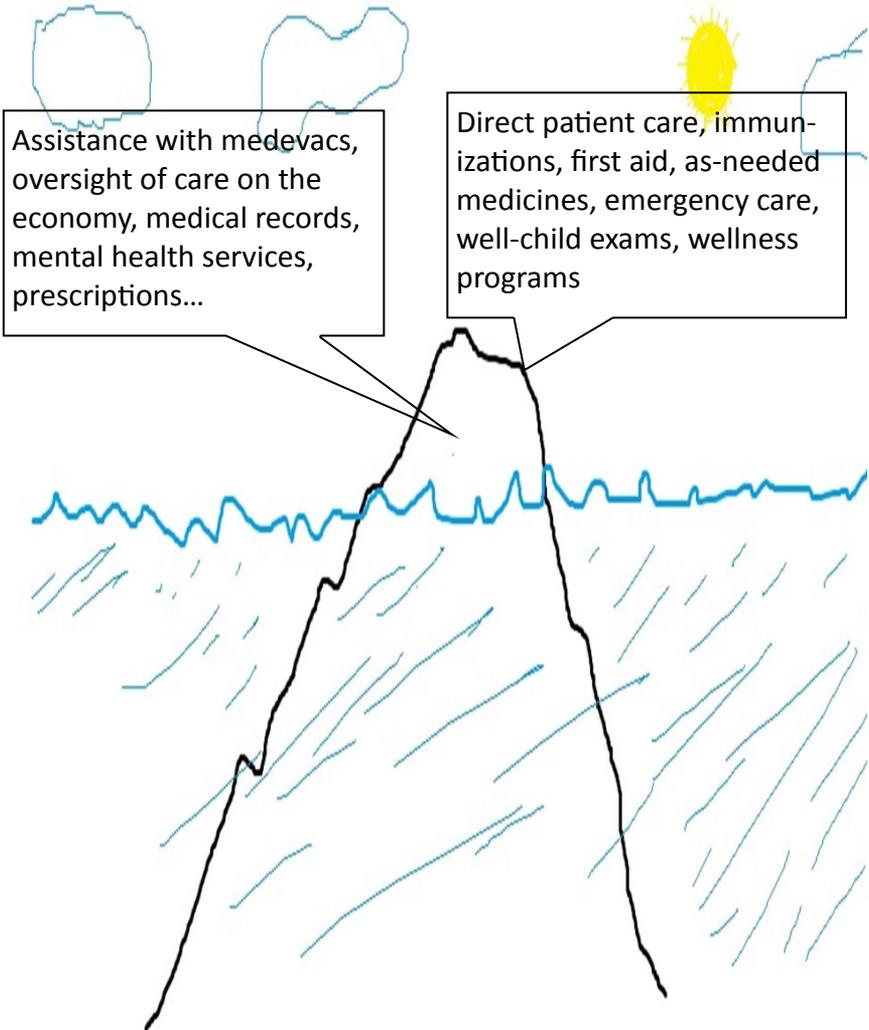
A brief introduction to the Office of Medical Services (MED)

Who We Are

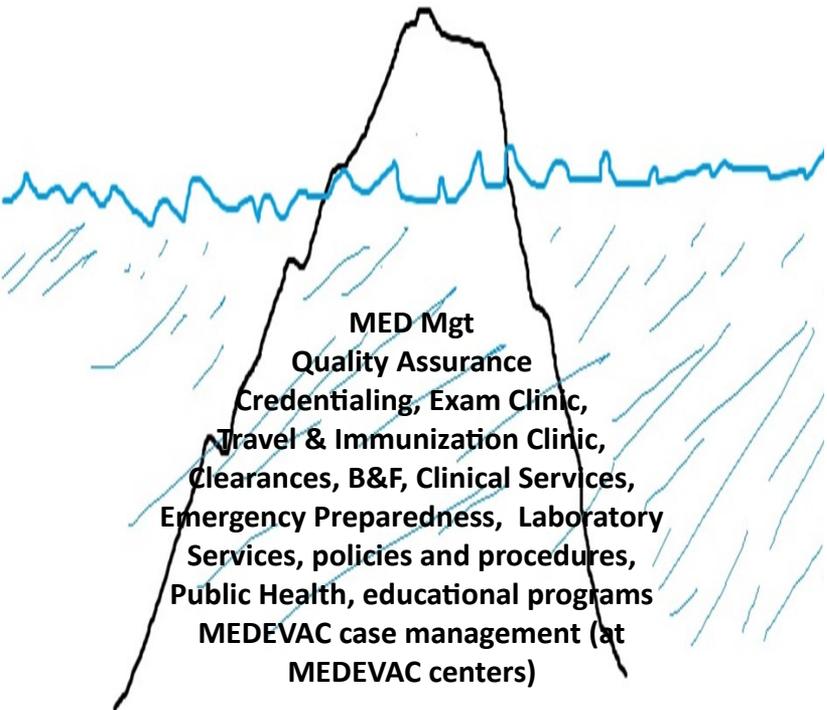
- Provide services at over 220 diplomatic missions
- Services are provided in a Health Unit, or on the local economy , or during regional travel by Post Medical Providers
- Medical Specialists include Direct Hire **Physicians**, **Psychiatrists**, **Nurse Practitioners**, **Physician Assistants**, **Laboratory Scientists** and locally hired (including family member) nurses, administrative assistants, physicians)
- Many permutations of above staffing and locations
- Principal **Medical Evacuation (Medevac) centers** in Singapore, London, Pretoria, Florida and Washington, DC; Vienna and Bangkok may be used under some circumstances.
- MED domestic infrastructure



**What we look like to our overseas customers:
Health Unit services at Post**



But the Washington, DC, infrastructure is a hidden part of the iceberg!



My employee and family members have not been posted to a diplomatic mission before. What can I tell them about a Health Unit?

They are simply small medical practices that take many different shapes overseas. The sizes vary from large to very small, and the space may be purpose-built (more common in newer embassies and consulates) or carved out of existing space in an older building. Some are pretty “low tech” and some look like well-equipped modern emergency rooms.



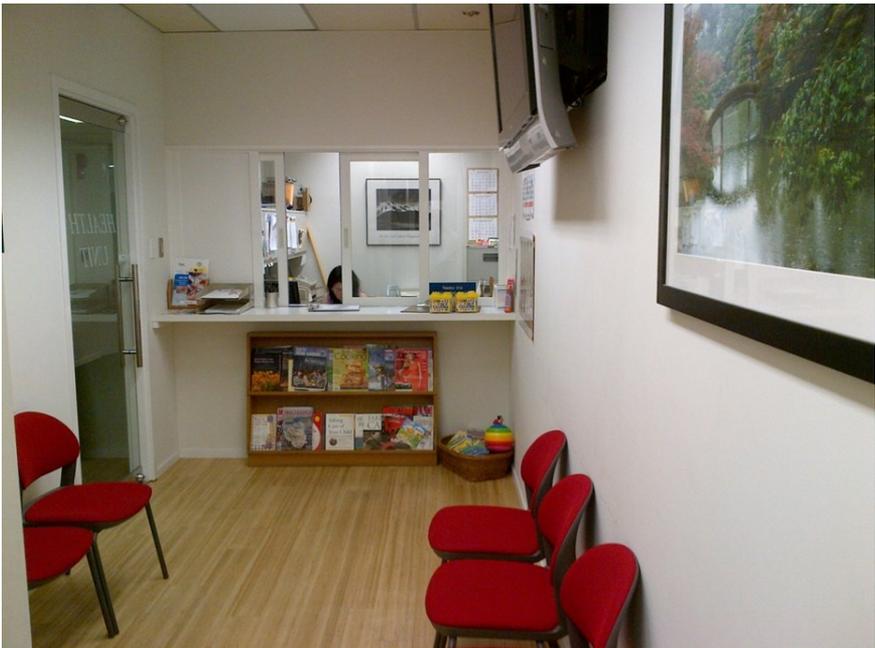


Health Unit in N'Djamena , Chad

(left and above)



Waiting Rooms (San Jose, above; Tokyo, below)





Emergency Room, Baghdad HU, above
Pediatric Exam Room, Tegucigalpa, below





HU pharmacy, Tunis, above
HU laboratory, Addis Ababa, below





Treatment room, Guangzhou, above
Treatment room, Yerevan, below



What is the Medical Program?

It is the tip and the body of the iceberg!

[16 FAM](#) encompasses all of the **Department of State Medical Program**. The Medical Program is comprised of a number of services including, but not limited to, Health Services at Post; rules and regulations; policies and procedures; obligations incumbent on MED, its providers and its subscribers; medical travel; and the process of medical clearances: matching medical resources at Post with the needs of individual employees and family members.

Specific services and obligations may be further defined in 16 FAM. Many of the sections apply only to the Department of State and the Foreign Affairs Agencies while others also include those ‘subscribed to the Medical Program’, a misnomer that is probably better defined as those *subscribed to cost center 5624*.

The ICASS cost center 5624, Health Services, includes all of the **costs** of the Health Unit (HU) at Post: salaries, benefits, allowances and housing costs for U.S. Direct Hire staff, salaries and benefits for Locally Engaged staff, equipment and supplies, the costs of ordering, shipping and inventory, to name a few. Health Services is one of the four mandatory cost centers. The **services** that a HU provides are not limited only to direct patient care, but include vetting local and regional medical facilities and providers, prescription management, cold-chain management (refrigerated shipment of vaccines and medications), medical evacuation case management at both sending and receiving posts, having emergency equipment and response available during and after hours,

researching and conveying public health concerns (infectious diseases, food and water safety), vaccinations, providing information for newsletters, and sundry others.

The Department of State Medical Program and Cost Center 5624 can be thought of as circles in a Venn diagram, with considerable – though not complete – overlap of circles: almost all of the services provided through 5624 are covered in 16 FAM, but many of the rules, regulations and prerequisites in 16 FAM affect only a small number of agencies.

Where do these services and obligations overlap?

Health Unit access overseas – cost center 5624 – has certain prerequisites. *All* employees, family members, and sponsored contractors must meet the following:

- Eligibility (16 FAM 122)
- Medical clearance valid for that post
- Agency funded medical evacuation *or* private medical evacuation insurance
- Subscription to 5624-Health Services (a mandatory cost center)

Why these particular prerequisites?

Liability coverage for services rendered by the Health Unit requires us to work “within our scope of practice”. That is, you must be eligible to receive our services.

The Medical Clearance requirement helps to avoid the complicated situation that arises when an individual arrives at Post with a medical or psychosocial condition that exceeds the capacity of the provider(s) at Post (or on the local economy) to adequately treat that condition. In other

instances, a medication may need to be shipped “cold chain” with limited or nil capacity to do so at that post, or may be of a category prohibited from shipment. The medical clearance process attempts to match these medical and psychosocial needs to the resources at post and, when possible, identify potential workarounds or alternative assignments.

Active duty military and family members are cleared by their parent agency for overseas assignment. All other employees and family members must receive a medical clearance either from their parent agency (if it offers that service) or from MED/Clearances.

The cost of providing Health Services is funded through ICASS. A significant proportion of ICASS spending, about \$161.4M, representing 5.3% of overseas costs, funds HU operations. ICASS also supports a number of MED Washington programs including the Examination Clinic, Travel Health and Immunization Clinics, and Clearances, etc. The costs for these programs is billed to agencies "below the line" in Washington and total about \$22M.

Clearance exams done in the Exam Clinic or at an overseas HU, in-house laboratory testing, and all clearance adjudications are “covered” by MED Washington or the HU. Additional testing (when required), exams and consultations done outside the Exam Clinic or HU are the financial responsibility of the individual. MED recommends that each parent agency develop guidance and inform employees about its reimbursement and funding policies.

Eligibility, Clearances and ICASS subscription make sense. I am still befuddled about Medical Emergencies: medical evacuation, hospitalization and outpatient services. Can you explain those?

There are few things more stressful – for employees, family members, and medical providers – than an emergency at post that will require hospitalization or medical evacuation. Sometimes it is a startling finding (e.g., a breast lump), and sometimes it is serious medical condition (e.g., a broken leg, or appendicitis). These events trigger a rapid review of local capabilities and decisions about whether the individual should be evacuated, if hospitalization locally or at a medevac center is necessary, or if outpatient treatment at a medevac center is appropriate. These steps, sometimes sequential and sometimes parallel, are summarized below:

COMPONENTS OF A MEDICAL EMERGENCY

- 1. Medical “event” – a life-threatening emergency or a potentially serious medical problem**
- 2. Determination of resources needed to manage this problem**
 - A. Local resources at Post (outpatient or inpatient)**
 - B. Local resources at Post with onward “evacuation” to a Medevac Center**
 - C. Primary evacuation to a Medevac Center (inpatient or outpatient)**
- 3. Determination of funding for hospitalization (if necessary) and, separately, for medical travel (if necessary)**
- 4. Post-evacuation case management (return to Post, further treatment)**

In short, then, there are only a few important administrative decisions points when managing emergencies:

- Will hospitalization be necessary?
- If so, can it be done locally or will it require travel to a med-evac center (medical evacuation)?
- Can travel be done by commercial air or will it require an air ambulance?
- Will medical travel require only outpatient services?

Tell me about medical travel / medical evacuation. What do I need to know about funding?

MED uses the expression “medical evacuation” or “medevac” to refer to all medical travel. The purpose of medical travel is to get the employee or family member to a location that can safely and expertly meet his or her medical needs. Medical travel is usually done using commercial flights (with or without a medical escort) or, rarely, by air ambulance. Medical travel might be to a medevac center or to a center of excellence in the United States. In addition to transportation for the patient (and escort if required), medical travel includes the per diem component associated with travel.

If your agency funds medical travel (provides “up front” fiscal data), the employee or Post Medical Provider can work with the Post travel office to arrange commercial airfare. The employee may have to sign a personal repayment agreement for the travel office to secure tickets in advance of receiving fiscal data, however, there will be no charge immediately to the employee. The Medevac Center will make arrangements for lodging, which must be paid by the employee at the time of checkout. The employee’s

will be vouchered on return to Post against the fiscal data provided by the parent agency.

If your agency funds medical evacuation by air ambulance, the Post Medical Provider can work with air ambulance services to arrange medical evacuation to a Medevac Center, as well as any inpatient and outpatient care that may be needed. Air ambulances will NOT dispatch a plane without a Guarantee of Payment (GOP). *The Post Medical Provider will not issue a GOP without fiscal data from the parent agency.*

If your agency does *not* fund medical travel, the Post Medical Provider will work with the “medevac insurance carrier” that your employee has secured. The panoply of policies available makes management of this group of individuals the most challenging. Individual policies usually define the type of illness or emergency for which medical evacuation would be appropriate, as well as specifying the evacuation point. This is typically described as “...the nearest location capable of managing the medical condition.” Oftentimes, mental health conditions are excluded from coverage (including problems related to alcohol / substance abuse). While most commercial policies include case management at the site of evacuation, there is often no case management of out-of-hospital recovery, and disposition as to whether the patient should or can return to post or curtail his or her assignment.

IF YOUR AGENCY DOES NOT FUND MEDICAL TRAVEL, BE AWARE THAT THE PRIVATE INSURANCE COMPANY WILL DETERMINE IF MEDICAL TRAVEL IS NECESSARY. IF IT IS NOT APPROVED, THE EMPLOYEE / FAMILY MEMBER WILL BE HOSPITALIZED LOCALLY—OR THE PARENT AGENCY MAY FIND ITSELF OBLIGATED TO PROVIDE A FISCAL SOLUTION TO AN URGENT PROBLEM, PERHAPS WASTING CRITICAL TIME.

Tell me about hospitalization and inpatient expenses.

What do I need to know about funding?

MED's funding practice derives from two basic considerations: the hospitals that we use at Post and at our Medevac Centers must be paid promptly, and our employees should not have to pay the often considerable costs of hospitalization "up front". We rely on the goodwill of our hospitals. It is rare – though not unheard of – for a hospital or medical provider overseas to directly bill U.S. insurance companies. Your employees should never assume this.

If your agency provides fiscal data for hospitalization, the Post Medical Provider can arrange for hospitalization at Post or at a Medevac Center by providing a Guarantee of Payment for the hospital admission. The amount initially requested from the parent agency may represent only an estimate of costs.

At the time of (or shortly after) hospital discharge, the employee will receive an invoice. The invoice and the agency-supplied fiscal data can be passed (usually through the Post Medical Provider) to the Financial Management Officer, who will pay the invoice.

Your employee must file a claim with his or her health insurance company and submit the invoice for reimbursement. The insurer will return a check, along with an Explanation of Benefits which explains what was covered, what was the co-payment and what are deductibles. Depending on parent agency policy – or as practiced by the Department of State – the check from the insurer, a check from the employee for the deductible and the EOB are provided to the FMO to be credited to the parent agency's fund cite. If a residual amount exists,

the parent agency acts as the secondary payer, and the employee's obligation is (generally) considered discharged.

If your agency does NOT provide fiscal data for hospitalization, the Post Medical Provider (PMP) will *not* prepare a letter of Guarantee of Payment; after all, it is their signature on the bottom of the letter and there is no fiscal data against which to guarantee payment. Patients, in this instance, will need to use a personal credit card to guarantee payment. The PMP will advise the employee that the hospital may require him or her to provide a credit card for payment of hospital expenses.

Tell me about outpatient expenses. What do I need to know about funding?

Outpatient physician and provider bills are the obligation of the employee and family member and **MUST** be paid at the time of service by credit card or cash. Employees should submit a claim to their health insurance carrier to reimburse medical expenses, subject to plan co-payments and deductibles. ***Employees and family members must not depart Post with outstanding outpatient medical bills.***

But my parent agency simply cannot provide fiscal data for medical evacuation and hospitalization!

That is the reason that the 16 FAM language presents the option of requiring private medical evacuation insurance. Unfortunately, it does not address the problem with putting a potentially large hospital bill on a credit card.

Your employees and family members **must** understand that there are a number of situations in which they will find

themselves on the “fiscal hook” and in potential situations that result in medical evacuation without good case management or in cases where the insurer disagrees with the need for medical evacuation.

While stressful for our Post Medical Providers who want to do the right thing for their patients, it is exceedingly stressful for employees who will bear a huge financial burden.

There is no hidden pool of money tucked into the ICASS budget at Post to pay these expenses. Every invoice from our local providers, hospitals and air ambulance companies – delayed or unpaid – jeopardizes the well-being of the *entire* mission.

Uh-oh!

This is the genesis of the Acknowledgment of Medical Services letter that HU staff have asked employees and family members to review and sign on arrival. A copy is appended to this document.

Tell me about prescriptions. I see a picture of a well-stocked Health Unit pharmacy in the preceding pages. Doesn't the HU supply me with my medications?

Most Health Unit pharmacies contain small amounts of medications needed for common emergencies, such as antibiotics for a strep throat or urinary infection, cough and cold medications, treatments for gastrointestinal illnesses, as well as critical care medications for life-threatening emergencies. The Health Unit will generally use your health insurance mail-order plan for any long-term medications that you use or will have prescribed, such as those used to treat high blood pressure, diabetes, and high cholesterol.

The Post Medical Provider will use the mail-order component of your health insurance plan to place electronic prescription renewals, which may be shipped directly to you at post. If your plan does not have a mail order component, some “brick and mortar” pharmacies will mail overseas; online pharmacies such as Drugstore.com may also provide this service.

Employees and family members are expected to bring an adequate supply of “usual” over the counter medications with them to post. In countries with robust and well-regulated pharmacy services, the HU may refer you out “on the economy” for some over-the-counter medications.

Do not assume that your medication requirements can be met at Post; that determination is usually part of the medical clearance process. Certain specialty medications may require cold shipment ; overseas shipping may not be included in your mail-order pharmacy services. Some medications may not be legally imported into another country.

Are there any changes coming down the pike?

MED will try to qualify the type of insurance that people must carry abroad (e.g. “insurance suitable for use in the U.S. and at our medevac locations”), as well as require mental health coverage for the “privately purchased medical evacuation insurance” option.

More importantly, we would like to see all of our customers treated the same. To the extent that parent agencies can generate fiscal data for hospitalizations and medical travel (commercial or air ambulance), it is important to try to do so.

We are seeing a growing number of agencies develop solutions to that quandary – it makes for better and more efficient care for employees and family members, and utilizes the full range of ICASS Health Services.

Can you summarize all of this?

Of course!

The following table lists requirements for HU access, Washington, D.C. based, and post based services, and what obligations are incumbent upon the agency and the employee / family member

¹ directly or indirectly partially funded with ICASS dollars

² DoD does not support MEDEVAC centers in London or Singapore

Health Services 5624	notes:
Health Unit access ¹	All employees/family members/sponsorees IF 1) eligible under 16 FAM 122; 2) valid medical clearance for Post; 3) agency funded medical evacuation or private medical evacuation insurance; 4) subscribed at appropriate workload count
Clearance Exam in Washington, DC ¹	All subscribers are eligible to use the Exam Clinic – but it is not required to be done there (ages >6)
Clearance Adjudication ¹	All subscribers – except active duty military and active duty military family members and organizations that perform own medical clearances
Medical Travel / MEDEVAC	ALWAYS agency-funded; if agency doesn't provide fiscal data and private insurance doesn't cover, at patient's expense
MEDEVAC case management ^{1,2}	ALL subscribers are entitled to this service (except DoD sponsorees on medevac to London and Singapore), but only in the context of agency-provided fiscal data for medical evacuation/ medical travel and hospitalization
Guarantee of Payment for Hospitalization	Letter produced only for agencies that guarantee fiscal data for hospitalization; if parent agency doesn't fund, patient must pay with cash or credit card
Outpatient Medical Expenses	ALWAYS paid at time of service by the employee/family member; no agency funding; employees may not use USG travel cards for medical care
Travel/Immunization Clinic ¹	ALL subscribers– except active duty military and active duty military family members
Medications	All subscribers, to include short-term or emergency medications when stocked in the Health Unit. Long-term medications and commonly used “over the counter” medications are the employee's/family member's financial responsibility

Miscellaneous Questions

What does a medical authorization form (DS-3069, DS-616, DS-3067) actually mean? My employee sent me one and I'm not sure what to do with it.

The authorization form is simply an attestation by a Post Medical Provider that a medical service is recommended or required. **It is independent of a fiscal stream.** How an individual agency chooses to manage the payment for services or reimbursement to or by an employee is determined by the agency's unique internal accounting controls that determine how invoices, exams, funding, and fiscal data will be handled. These transactions are between the parent agency and the employee. MED urges you to discuss with your employee how *your* agency funds additional tests for clearance, outside consultations, hospitalization, medical travel and per diem.

I'm getting the impression that private medical evacuation insurance is the "B" option.

Yes. From the perspective of the medical provider, it provides the least flexibility and exposes the employee or family member to a greater financial risk. There are excellent medical evacuation insurance providers, but we feel strongly that the best case management is provided by our MEDEVAC points.

I don't see anything written specifically about Health Insurance. Can you mention something about this?

This is a complicated topic and might need its own booklet! There are a few points worth making, however. As mentioned earlier, all outpatient expenses, including "day surgery", are paid by the

patient. These may represent extraordinary costs, and, without an appropriate health insurance plan, these costs will amount to large charges on an employee's credit card without potential for reimbursement. Also note: a basic "HMO" type plan may not reimburse ANY overseas charges. Some plans recognize overseas providers as "in network" while others do not. In general, insurance will pay a higher percentage of the "in network" provider's invoice than that of an out-of-network provider. Since the employee is responsible for paying the entire invoice, the more covered by insurance, the less that will need to be paid by the employee.

For agencies that provide "up front" fiscal data for hospitalization—and in particular, the Foreign Affairs Agencies including State—the USG will act only as a secondary payer if there is a primary payer. For example, State provides fiscal data to pay a hospital bill for a State employee. The employee is required to submit invoices to his or her health insurance company. The employee submits to the USG the check issued by the insurance company as well as a check for the insurance deductible. The USG settles on that amount, acting as "secondary payer" for any balance that remains. If there is no primary payer (e.g. no health insurance), the employee owes the USG the entire amount of monies obligated on the employee's behalf.

A word about TRICARE for retired military: TRICARE Prime and TRICARE Standard are health coverage plans that cover retired military and their families in the U.S. TRICARE Standard is the only TRICARE health coverage plan available to military retirees and their family members living/working overseas. The employee will need to pay all his or her health care costs at the time of service and submit a claim to TRICARE for reimbursement.

If the parent agency does not provide fiscal data for hospitalization, those expenses must also be paid at the time of service by the employee and submitted to insurance later by the employee.

In summary, then:

- Adequate health insurance is **strongly** advised
- For Foreign Affairs Agencies and other parent agencies that provide fiscal data “up front” for hospitalization and follow Department of State procedures, Health Insurance is **required** for the U.S. Government to act as secondary payer.
- Look for health insurance plans that will maximize reimbursement for services obtained overseas; generally, plans that treat overseas providers as “in network” will reimburse a greater percentage of the claim
- The employee or family member, regardless, is responsible for paying all outpatient bills
- U.S.-based HMO type plans will almost never offer any reimbursement for services provided overseas
- Medicare and Medicaid will not provide reimbursement for services provided overseas
- Health insurance plans that include coverage in the U.S. maximize treatment options and quality
- Whether the parent agency funds hospitalization or not, the employee / family member is responsible for payment of the deductible. High deductible plans result in high out of pocket expenses

Title: Acknowledgment Regarding Terms of Medical Service

Purpose: To insure that eligible patients who receive Health Unit services are aware of their and/or their sponsoring agency's financial responsibilities for care received outside of the HU setting; and to insure that HU staff capture the appropriate contact information for responsible parties should local hospitalization or medevac be required.

Scope: Applies to all overseas Health Units

Background: Employees and eligible family members who have HU access are not always aware of the scope of Medical Program health benefits that apply to them, specifically limitations on coverage for services that occur outside the HU and possible non-coverage for hospitalization and medevac if not employed by one of the Foreign Affairs agencies. Employees often assume that HU access automatically entitles them to full coverage, with the result being that out-patient bills are sometimes left unpaid by the employee after they depart post. Additionally, employees may not be aware that their sponsoring agency does not directly fund medevacs but rather requires the employee to purchase medevac insurance. In those situations, HUs may not have the necessary procedural and insurer information needed to arrange medevacs in an emergency.

Instructions for use of the form:

Employees and others who have valid access to the HU should complete the form on behalf of themselves and eligible family members as part of the HU orientation process (or at any other appropriate time.) Place the original in the employee's chart, with copies in the charts of eligible EFM's; give a copy to the employee for his or her records as well. Although the form is primarily intended for completion by employees who work for non-Foreign Affairs agencies (i.e. contractors, DoD civilians, employees of other USG agencies at post), using it for all individuals having HU access will ensure that even patients whose sponsoring agency does cover medevac travel and hospitalizations understand their fiscal responsibilities for non-covered benefits (such as out-patient expenses).

Acknowledgment Regarding Terms of Medical Service

I, _____, acknowledge that I (and my eligible family members, if applicable) have been granted Health Unit access based upon the following criteria (as defined in 16 FAM 122):

(1) Employment status: (check one)

I am a full- or part-time direct-hire U.S. citizen U.S. Government employee who is assigned, by official travel/transfer orders, to a position under chief-of-mission authority; or

I am a contractor, DOD civilian employee, fellow, scholar, or other category of employee whose sponsoring agency subscribes to ICASS on my behalf

Please specify:

Sponsoring agency: _____

POC: _____

(2) Medical Clearance status: (check one)

I, and my EFMs, hold valid medical clearances for this post issued by:

The State Department's Office of Medical Services

The medical office of my sponsoring agency

(3) Medical Evacuation coverage: Direct-hire employees of the Foreign Affairs Agencies (DOS, AID, BBG, FCS, FAS) and active duty DOD personnel will have medical evacuations funded directly by their sponsoring organization. However, coverage for other categories of employees may vary.

I have coverage for medical evacuation through: (check one)

My sponsoring agency

If non-Foreign Affairs agency, please specify and POC:

Private Medevac insurance (specify:

Name of company: _____

POC phone no. _____

If my sponsoring organization does not directly cover the costs of medical evacuation, I acknowledge that I must work with my sponsoring agency and/or with my private medical evacuation insurer to arrange and fiscally support any required medical evacuation. *(please initial if applicable)*

Regarding payment of medical expenses incurred by me (or by my eligible family members), I acknowledge the following: *(please initial each)*

----- _____ That I am responsible for paying for all outpatient medical services provided outside of the health unit (true for ALL personnel, except for active duty DOD personnel who receive care authorized by Tricare from a Tricare authorized provider);

_____ That I am also responsible for paying for all expenses related to hospitalizations if my sponsoring agency does not agree to act as secondary payer (Note: DOD does not provide fiscal support for any medical services outside of the Embassy Health Unit for DOD civilians and contractors.

_____ That local hospitals typically do *not* accept direct payment from US health insurers and may require either a payment guarantee letter for admission or a hold on my credit card to cover expenses;

_____ That the US Embassy has no authority to issue a letter of payment guarantee to a local hospital on my behalf unless my sponsoring agency provides fiscal data in advance.

Signature of Employee

date

