



Defense Health Agency Region Indo-Pacific

ADMINISTRATIVE INSTRUCTION

NUMBER 6025.01

Director, DHAR-IP

SUBJECT: Space Available Medical Care in Military Medical Treatment Facilities within the Defense Health Agency Region Indo-Pacific (DHAR-IP)

References: See Enclosure 1.

1. PURPOSE. This DHAR-IP Administrative Instruction (DHAR-IP AI) is based on authority of References (a) through (c) and provides guidance on space available care in military medical treatment facilities (MTFs) located in the DHAR-IP as part of the Military Health System (MHS) in accordance with the guidance of References (d) through (g). **In the MTFs within the DHAR-IP, Department of Defense (DoD) civilian employees, U.S. contractors, and their family members may receive medical care in a MTF on a space available basis. For purposes of this issuance, 'space available care' is defined as episodic (non-recurring) healthcare for acute (sudden-onset) conditions.** Treatment on a space available basis does not allow for continuous management of chronic health problems. Examples of episodic health issues include: minor illnesses, musculoskeletal injuries and acute gastrointestinal complaints. Chronic health problems such as diabetes, hypertension and other major ailments must be managed carefully by a primary care manager for continuity of care and patient safety. This instruction also outlines the requirements for MTFs to bill and collect for healthcare provided to all non-TRICARE-eligible patients who seek care in the MTFs.

2. APPLICABILITY. This DHAR-AI applies to components' activities under the authority, direction, and control of the DHAR-IP **Director**.

3. POLICY IMPLEMENTATION. It is DHAR-IP instruction, pursuant to References (c) through (g), that due to size and capabilities of MTFs in the DHAR-IP, access for priority four, five and six patients are on a space available basis.

4. RESPONSIBILITIES.

a. DHAR-IP MTFs. DHAR-IP MTFs will:

(1) Offer space available care for Family Medicine, **Internal Medicine**, Pediatrics and Gynecology **only when excess capacity exists after meeting all Defense Health Agency (DHA)**

access to care standards for priority one through three patients IAW References (c) through (g). Non-empaneled patients are HIGHLY encouraged to seek care within their healthcare insurance provider's network due to limited capacity in the MTFs.

(2) Offer space available appointments only for episodic care. Appointments may be used for prescription refills for medications not readily available in the host nation (e.g. attention deficit hyperactivity disorder medications) or for well-baby visits.

(3) Offer space available appointments on a "same-day" basis.

(4) Offer access to any "walk-in" services not requiring an appointment, e.g. immunizations, contraceptives.

(5) May offer "group" services for a specific purpose on a specific date, within the capability of the MTF and without degradation of service to beneficiaries, e.g. conducting school or sports physicals.

(6) May offer surgical procedures on a space available basis when necessary to maintain providers' clinical skills.

(7) Perform its legal obligation to recover the cost of any healthcare service furnished to individuals who are not TRICARE-eligible beneficiaries and/or have Other Health Insurance, as well as billing under Third Party Liability and Medical Care Recovery Act requirements.

b. UNIFORM BUSINESS OFFICE (UBO). The UBO will:

(1) Bill for and attempt to collect for healthcare provided to non-TRICARE-eligible beneficiaries IAW enclosure 2. The DoD will seek reimbursement, in accordance with references (h) – (j) and will submit all uncollected healthcare costs to the United States Treasury for collections.

5. PROCEDURES

a. To avoid undue delays to empaneled beneficiaries attempting to make appointments, MTF Directors at DHAR-IP MTFs may establish a separate appointment line or create a phone tree from an existing appointment line for space available patients to call for appointments.

b. Leadership at DHAR-IP MTFs shall designate an opening time for the booking of space available appointments, but no later than (NLT) 1000 local time. Space available patients will be booked to any same day open appointment.

c. When all appointments are booked or otherwise unavailable, the space available appointment line shall be closed and switched to a recording indicating all space available appointments have been booked for the day and if this is a true emergency to proceed to the nearest emergency room.

d. Medical Support Assistants (MSAs) or Call Center Agents shall not create T-Cons or in between visit requests for providers or nurses to call space available patients and provide medical advice.

e. To ensure uniformity, **leadership at DHAR-IP MTFs** will make known to its community the availability of space available appointments each day at least 30 minutes prior to the opening time of the space available appointment line. Notification may occur by electronic means (e.g. social media post, website update).

Example:

Hello [INSERT MTF NAME] Community: In an effort to inform our Space-Available community on our daily appointment status, we are providing the number of appointments still remaining today for the following clinics:
Family/**Internal** Medicine [INSERT NUMBER]
Pediatrics [INSERT NUMBER]
Gynecology [INSERT NUMBER]
Please contact the Appointment Line starting at [INSERT APPOINTMENT LINE OPENING TIME] by calling [INSERT CONTACT NUMBER(S)]

6. **PROPONENT AND WAIVERS.** The proponent of this publication is **DHAR-IP Assistant Director for Healthcare Operations**. When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DHAR-IP **Assistant** Director for Healthcare Operations to determine if the waiver may be granted by the Director, DHAR-IP or their designee.

7. **RELEASABILITY.** **Cleared for public release.** This DHAR-IP AI is available to authorized users from the DHAR-IP SharePoint site at:
<https://info.health.mil/sites/eMSM/hi/DHARIP/SitePages/Home.aspx>

8. **EFFECTIVE DATE.** This DHAR-AI:

a. Becomes effective on 01 January 2023.

b. Will expire 10 years from the date of signature if it has not been reissued or canceled before this date in accordance with Reference (c).

9. **FORMS.** The following Department of Defense Form is available at https://www.esd.whs.mil/Directives/forms/dd2500_2999/: **DD Form 2569, Third Party Collection Program/Medical Services Account/Other Health Insurance**

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Enclosures

1. References

2. UBO Insurance Information and Billing Process in Legacy Systems

Glossary

ENCLOSURE 1

REFERENCES

- (a) Defense Health Agency-Administrative Instruction (DHA-AI) 5136.03, “Delegation of Authority and Assignment of Responsibility for Administration and Management of Direct Care,” November 3, 2022
- (b) Assistant Secretary of Defense for Health Affairs (ASD (HA)) Policy 11-005, “TRICARE Policy for Access to Care,” February 23, 2011
- (c) Defense Health Agency-Procedural Instruction (DHA-PI) 6025.11, “Processes and Standards for Primary Care Empanelment and Capacity in Medical Treatment Facilities (MTFs),” October 9, 2018
- (d) Memorandum from DHA Assistant Director for Healthcare Administration (AD-HCA), “Access to Care Eligibility and Priorities for Care in Overseas Military Medical Treatment Facilities and Appointment Capacity Standards,” October 6, 2022
- (e) Code of Federal Regulations, Title 32, Section 199.17
- (f) Department of Defense Instruction (DoDI) 6000.19, “Military Medical Treatment Facility Support of Medical Readiness Skills of Health Care Providers,” February 7, 2020
- (g) DoDI 6015.23, “Foreign Military Personnel Care and Uniform Business Offices in Military Treatment Facilities (MTFs),” February 23, 2015
- (h) United States Code, Title 10, Section 1079b
- (i) Department of Defense Manual 1000.13, Volume 2, “DoD Identification (ID) Cards: Benefits For Members Of The Uniformed Services, Their Dependents, And Other Eligible Individuals,” January 23, 2014, as amended
- (j) Code of Federal Regulations Title 32, Section 108.4

ENCLOSURE 2

UBO INSURANCE INFORMATION AND BILLING PROCESS IN LEGACY SYSTEMS

1. Space A Patient checks in with Medical Support Assistant (MSA) staff member.
 - a. Search electronic health records (EHR) systems for patient.
 - b. Complete the mini-registration (MRG) demographics and check if the information on DD 2569, "Third Party Collection Program/Medical Services Account/Other Health Insurance," is current with the patient.
 - c. Inquire with the patient if they have any "Other Health Insurance" (OHI) plans.
 - (1) If "Yes" - they DO HAVE OHI.
 - (a) Retrieve insurance cards/ID, make copies, and return cards to patient.
 - (b) Have the patient complete and sign the DD 2569 form
 - (c) Update EHR screen "ACTIVE OHI"
 - (d) Assure the completed DD 2569 and copies of insurance/ID is provided to the UBO department.
 - (2) If "No" - they DO NOT have OHI.
 - (a) Have the patient complete and sign the DD 2569 form
 - (b) Update CHCS MRG "NO OHI"
2. MSA retrieval of key documents for UBO billing requirements
 - a. Copy of Insurance cards (Front and back)
 - b. Copy of Identification card
 - c. Driver license, Veterans Affairs identification card
 - d. Name and date of birth of the insurance 'policy holder', i.e. the patient is the child or spouse of the policy holder or subscriber.
 - e. Current physical and mailing address

GLOSSARY

ABBREVIATIONS AND ACRONYMS

DHA	Defense Health Agency
DHA-AI	Defense Health Agency-Administrative Instruction
DHAR-IP	Defense Health Agency Indo-Pacific Region
EHR	Electronic Health Record
MRG	Mini-Registration
MSA	Medical Support Assistant
MTF	Military Medical Treatment Facility
NLT	No Later Than
T-cons	Telephone consultation
UBO	Uniform Business Office