



DEPARTMENT OF THE NAVY
OFFICE OF CIVILIAN HUMAN RESOURCES
614 SICARD STREET SE SUITE 100
WASHINGTON NAVY YARD, D.C. 20374-5072

12 SEP 16

MEMORANDUM FOR DISTRIBUTION

SUBJECT: Department of the Navy Interim Policy Guidance on Authority to Prepay Costs of Emergency Health Care Abroad

Ref: (a) Under Secretary of Defense Memorandum "Delegation of Authority to Prepay Costs of Emergency Health Care and Support Services for Civilian Employees of the Department of Defense and their Authorized Dependents outside the United States, its Territories and Possessions," dtd 12 February 2016

Encl: (1) Interim Policy Guidance on the Prepayment of Emergency Medical Treatment and Support Services for Civilian Employees and Their Authorized Dependents while Abroad.

1. In accordance with reference (a), enclosure (1) provides interim implementing guidance for prepayment and recovering costs of prepaid emergency health care throughout the Department of the Navy (DON). The DON interim procedures further delegate this authority to the Heads of Echelon 2 Commands and the Commandant of the United States Marine Corps.
2. The health and welfare of our DON workforce and their authorized dependents while in the performance of official duties outside of the United States, its Territories and Possessions is of the utmost importance. While U.S. military medical treatment facilities and previously negotiated contracts with national (non-U.S.) or North Atlantic Treaty Organization run health facilities are the preferred provider for DON employees traveling outside of the U.S., situations may arise in which emergency care must be rendered at a local private medical clinic. Some local medical clinics require cash payment prior to the treatment or release of a patient. Enclosure (1) authorizes Echelon 2 Commanders or their designee to prepay costs associated with emergency medical care of their employees abroad.
3. All prepayments for the purpose of emergency health care are made to the employee through reimbursable loans. Employees must sign a debt acknowledgement and repayment agreement for the total costs prepaid by DON on their or their dependent's behalf.
4. Questions regarding this and other benefits policies can be directed to the DON Benefits Line at 1-888-320-2917 or navybenefits@navy.mil.

A handwritten signature in black ink, appearing to read "Lisa J. Jox", is positioned above the printed name.

LISA J. JOX
Director, Human Resources Policy &
Programs Department

SUBJECT: Department of the Navy Interim Policy Guidance on Authority to Prepay Costs of
Emergency Health Care Abroad

ATTACHMENTS

As stated

Distribution:

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Interim Policy Guidance on the Prepayment of Emergency Medical Treatment and Support Services for Civilian Employees and their Authorized Dependents while Abroad

Department of the Navy
Office of Civilian Human Resources

September 2016





Interim Policy Guidance on Authority to Prepay the Costs of Emergency Health Care

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References

- a. Under Secretary of Defense Memorandum, “Delegation of Authority to Prepay Costs of Emergency Health Care and Support Services for Civilian Employees of the Department of Defense and their Authorized Depends Outside the United States, its Territories and Possessions,” dated 12 February 2016
- b. SECNAV Instruction 12810.2 “Federal Employees’ Compensation Act” dated 11 December 2009
- c. Title 5, United States Code § 8101-8173

Purpose

Reference (a) delegates authority to the Department of the Navy (DON) to prepay the costs of emergency health care for civilian employees and their dependents assigned outside the United States, its territories and possessions (herein referred to as “abroad”) on either a permanent or temporary basis. This policy establishes the DON interim procedures for the implementation of reference (a) and further delegates this authority to the Heads of Echelon 2 Commands and the Commandant of the United States Marine Corps.

Applicability

This policy applies to all DON employees, including non-appropriated fund (NAF) employees and their authorized dependent family members, who are assigned to or performing temporary duty abroad. This policy covers all medical emergency incidents that occur anywhere overseas for employees or their authorized dependents while assigned to a station abroad.

Background

While working in certain locations abroad, there is limited access to U.S. military medical treatment facilities (MTFs) or previously negotiated national (non-U.S.) or North Atlantic Treaty Organization (NATO) run medical facilities. In these locations, it is necessary to use private medical clinics and facilities. Some private medical clinics require prepayment of health care expenses before treatment or release of a patient. Neither the insurance programs available through the Federal Employees Health Benefits (FEHB) Program nor the Federal Employee’s Compensation Act (FECA) provide for cash payment in advance of or immediately upon completion of emergency treatment. When prepayment is necessary to secure the treatment or release of an employee or authorized dependent, such can be provided for in accordance with this guide and reference (a).

Policy

Civilian employees are granted, on a space available basis, access to MTF and previously negotiated contracts with national (non-U.S.) or North Atlantic Treaty Organization run health facilities. In the event that there is no space or such facilities are unavailable, health care providers within the host country can be utilized for emergency medical care. This guidance does not affect current policy regarding routine health care.

Some local medical clinics require cash payment prior to the emergency medical treatment or release of a patient. Employees in need of emergency medical treatment while abroad on official



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duty should not be denied services as a result of an inability to pay in advance of treatment. All prepayments are reimbursable loans made to the employee for the purpose of emergency health care. Employees must sign a debt acknowledgement and repayment agreement for the total costs prepaid by DON on their or their dependent's behalf. Echelon 2 Commanders or designee and the Commandant of the United States Marine Corps or designee are authorized to prepay costs associated with emergency health care and to recover those payments from the employee.

Emergency health care loans will not be withheld in medical emergencies due to the lack of a signed repayment agreement.

Procedures

1. Eligibility

- a. The interim procedures prescribed herein are applicable to all DON employees, including non-appropriated fund (NAF) employees and their authorized dependent family members, who are assigned to or performing temporary duty on behalf of the Department of Defense abroad.
- b. Payment for the cost of treatment of an emergency illness, injury, or medical condition, including obstetrics, of an eligible employee or dependent shall be based on the following conditions:
 - 1) The individual must be a U.S. citizen and a DON employee or authorized dependent;
 - 2) The emergency requires treatment in a hospital or medical facility as an inpatient, outpatient or emergency care patient;
 - 3) There must be no available space at a nearby MTF or previously negotiated contracted national (non-U.S.) or North Atlantic Treaty Organization run health facility;
 - 4) The emergency illness, injury, or medical condition was incurred, caused, or materially aggravated while the employee or authorized dependent was traveling abroad on official duty; and
 - 5) The employee must sign a debt acknowledgement and repayment agreement in accordance with this guidance for all prepayments for emergency health care.



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2. Responsibilities

- a. Commanders of Echelon 2 Commands and the Commandant of the United States Marine Corps have the authority to prepay the costs of emergency medical care for civilian employees and their authorized dependents assigned abroad. Commanders may further delegate this authority in writing to a level no lower than the first Flag Officer or member of the Senior Executive Service in the employee's chain of command or supervision, herein referred to as "designee."
- b. The Commander or designee shall:
 - 1) Issue letters of authorization for an emergency health care loan to secure admission to a hospital located abroad and/or pay for any medical expenses charged to the employee or authorized dependent, including medical evacuation, in accordance with this guidance;
 - 2) Certify medical expense vouchers chargeable to funds of the installation or activity for which the employee was on official business at the time the medical care was provided. Furnish a copy of the authorization letter, along with any OWCP Forms, if appropriate to the Command FECA program office in accordance with reference (b).
 - 3) Assign an appropriate office within the Command structure to oversee the receiving, processing and paying bills/invoices for an employee or an employee's eligible dependent's emergency health care services, using the proceeds of an approved medical emergency prepayment. This office shall also monitor and collect employee debts arising from or relating to this program and refer all delinquent debts to the Defense Finance and Accounting Service (DFAS);
 - 4) Assign an appropriate office within the Command structure to oversee the use of this program. The office should maintain records for inspection by the Office of Civilian Human Resources (OCHR) upon request. Records must include employee name, nature of the illness, name and contact information of the medical treatment facility, the estimated cost of the medical care as well as any required forms.
 - 5) Ensure the proper use and oversight of this authority to support mission requirements and monitor and assess program to ensure compliance with the provisions of this policy.
- c. Supervisors shall:
 - 1) Ensure employee awareness of the challenges employees may face when seeking to obtain emergency medical treatment in overseas locations, especially in remote locations;



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- 2) Review the Overseas Healthcare Checklist, provided in [Appendix 1](#) of this guide, with the employee prior to assignment abroad and obtain their signature acknowledging receipt. Supervisors will provide a copy to the Human Resources Office.
- 3) Strongly encourage the employee to maintain adequate health coverage for temporary duty, verify coverage as required by Combatant Command or United States Department of State policy and/or have other sources of funds to cover emergency medical treatment;
- 4) Review [Appendix 2](#) of this guide with the employee and obtain in advance an acknowledgement of debt and repayment agreement for the total costs prepaid by the DON on their or their dependent's behalf; and
- 5) Submit forms to document an illness or injury suffered in the performance of duties, in a timely manner, in accordance with Command FECA or Injury Compensation (IC) Program Office.

d. Employees shall:

- 1) Review and sign the Overseas Healthcare Checklist acknowledgement, provided in [Appendix 1](#) prior to assignment abroad;
- 2) Understand the importance and/or requirement of having adequate medical coverage and other sources of income to cover emergency health care while overseas.
- 3) Sign, in advance of care, when possible, [Appendix 2](#), an acknowledgement of debt and repayment agreement for the total costs prepaid by the DON on their or their dependent's behalf;
- 4) Settle all hospitalization and/or medical accounts prior to departing the activity/installation.
- 5) The employee must promptly file a claim for his or her benefits under the insurance policy. Repay the total costs of any prepayment made on their behalf by the DON through payroll deductions, lump sum payment or by reimbursement from third-party health insurer; and
- 6) File all necessary forms to document an illness or injury suffered while in a work status abroad, in a timely manner, in accordance with Command FECA or IC Program Office.

Note: Employees should maintain enrollment in the Federal Employees Health Benefits Program and/or any similar type of comprehensive major medical health insurance, including TRICARE that provides overseas coverage.



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- e. Human Resources Offices shall:
 - 1) Disseminate the interim guidance to Commands and respond to inquiries about the specifics of the program and/or the interim guidance;
 - 2) Educate Commands to ensure awareness of the challenges employees may face when seeking to obtain emergency medical treatment in overseas locations, especially in remote locations;
 - 3) Request OCHR Operations Center to upload the signed Overseas Healthcare Checklist acknowledgement, provided in [Appendix 1](#), to the employee's electronic Official Personnel File;
 - 4) Timely process all forms to document an illness or injury suffered in the performance of duties, in accordance with reference (b). Work with Command to ensure payment from OWCP is properly documented on charge back report; and
 - 5) Notify local Unions of this program and satisfy any bargaining obligations, prior to implementation.

3. Authorization of Payment

- a. If the local medical facility will not accept the employee's personal insurance and the employee does not have the ability to cover prepayment of expenses for treatment, the Commander or designee may authorize prepayment of expenses on behalf of the employee.
- b. The Command's authority to pay for care is limited to expenses incurred that are directly related to emergency illness or medical condition requiring hospitalization or similar treatment. The type of treatment rendered must be considered suitable by the Commander or designee based on the advice of local medical authority.
- c. The employee or his/her representative, if incapacitated, should notify the Commander or designee, local supervisor, and the employee's home office supervisor immediately if the employee or authorized dependent needs treatment at a local medical facility. Employees or their representative shall further follow all required Command established procedures regarding documentation of injury and harm suffered in the performance of duties in references (b) and (c) when appropriate.

4. Funding of Emergency Health Care Loans

- a. Payment shall be made by the appropriate financial management office and is made from the Operations and Maintenance budget.



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- b. Commands are authorized to retain repayments from employees and insurance companies as “no year” funds provided that the Command paid the initial cost from the Operations and Maintenance budget.

5. Payment of Expenses

- a. When it is determined that the emergency medical injury is related to the performance of the duties, the Commander or designee may issue the document along with a copy of OWCP Form CA-16, if appropriate, to authorize payment for inpatient care (hospital) and related outpatient treatment.
- b. The Commander or designee is responsible for receiving the information required to pay the benefit. Upon verifying the accuracy of the information, the eligibility of the employee or authorized dependent and a signed debt acknowledgement, the authorization is submitted to the appropriate financial management office within the Command for payment.
- c. In funding for emergency medical services, wire transfers, cash payment, or credit card may be required. Additionally, the local Embassy may also assist with providing payment.

6. Recovery of Prepayment

- a. When the Command pays authorized medical expenses, repayment by the employee must be made to the Command.
- b. If the employee:
 1. Has insurance: the employee must promptly file a claim for his or her benefits under the insurance policy. Within 30 days of the claim or upon receipt of the insurance payment, whichever is sooner, the employee must reimburse the Command for the full amount owed to the Command, including any costs or fees not covered by the insurance policy.
 2. Does not have insurance: the employee becomes the primary payer and is responsible for reimbursement for the total amount of medical costs incurred.
 3. Is filing/Has filed for Worker’s Compensation: Claims by an employee for an injury or disease caused by employment or sustained in the performance of duty or temporary duty abroad will be processed through his or her employing agency's IC Office. The employing agency's IC Office will authenticate and submit the claim to OWCP to be processed under FECA. Extensions delaying automatic collections past ninety days may be warranted and are allowed if claims and appeals have not been settled by the Department of Labor.



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4. Is paid through NAF and is filing for a Worker's Compensation Claim: the employee's claims will be submitted through the employee's servicing NAF Human Resources Office.
- c. In the event an employee or eligible family member fails to recover insurance payments or transfer the amount of such payments to the Command within 90 days, the Command may take appropriate action to collect the payment due through DFAS or approve an extension based on a request from the employee
- d. Employees departing the Command are required to settle all hospitalization and/or medical accounts prior to departure. An employee who is insured must provide proof to the designee that those insurance claims have been submitted to the insurance company and that a signed repayment agreement is on record holding the employee fully responsible in the event the claim is denied.

7. Reporting Requirement

- a. The designated Command Office as described in Section 2.b.(4) of this policy, in conjunction with the FECA or IC Program Office, shall monitor the use and effectiveness of the program and shall provide upon request a statistical report to OCHR, Director, Human Resources Policy and Programs, Code 01. The report shall contain the following:
 - 1) Program use information;
 - 2) Total amount of funds committed to the health care program;
 - 3) Total amount of funds reimbursed from health insurance providers and/or employees;
 - 4) Total amount of pending claims;
 - 5) Status of any delinquent claims; and
 - 6) Any additional information considered helpful in assessing the utility of this program.
- b. OCHR will use the statistical data to evaluate program utilization, assess program costs and feasibility, note deficiencies and best practices and report program usage to DoD as required.



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Appendix 1 - Overseas Health Care Program Checklist

Instructions: Please review and initial each of the items below to indicate that you are aware, understand and will consider completing the actions in the stated item. Sign and date the bottom of the second page to indicate that you have received this document. A copy shall be retained in your OPF until your return to the United States, its territories and possessions.

Medical Coverage

___ Contact your Federal Employees Health Benefits plan or medical insurance carrier to determine services that may be available in the event you or your family members require emergency medical care while serving temporary duty (TDY) or assigned to overseas locations.

- If you are enrolled in a Health Management Organization (HMO) plan, your transfer or assignment may be a Qualifying Life Event (QLE); contact the Department of the Navy (DON) Benefits Line at 888-320-2917 or your NAF Human Resources Office for assistance.

___ Long-term TDY may be considered a QLE. Contact the Benefits Line at 888-320-2917 or your NAF Human Resource Office for assistance.

___ Short periods of TDY are not considered a QLE. Contact the Benefits Line at 888-320-2917 or your NAF Human Resource Office for assistance.

___ Contact your overseas POC for information regarding medical services available

- How do you obtain emergency medical services at remote locations?
- How do you obtain emergency medical services at local installations?
- Obtain information on upfront payment costs unique to the overseas location if providers do not participate in direct billing arrangements.
- In the event of an emergency, are air hospital/medical evacuation services provided and is additional insurance recommended?
- ___ Schedule and keep appointments with personal physicians, specialists, and dentists to obtain pertinent medical information regarding permanent assignments to overseas location.
- Ensure vaccinations are current and documented.

Prescriptions

___ Fill prescriptions prior to TDY or permanent assignment; check with medical provider for appropriate amount

- Please note that country of assignment may not allow you to bring in any prescription drugs.
- Contact your POC to learn whether you can bring prescriptions into country. Prescriptions may have to be mailed to the duty location.



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- Obtain duplicate prescriptions for glasses and contact lenses. Bring extra pairs of glasses and/or contact lenses, and other assistive devices (e.g., hearing aids) in the event that these items are not easily available at location or by mail.

Special Needs

- Consult with others to understand services available for specific special needs.
- Consider contacting disability organizations overseas at your destination.
- ____ Obtain medical alert information and a letter from your health care provider describing medical conditions, medications, potential complications, and other pertinent medical information.

Debt Repayments for Medical Services

____ In the event that the DON has to provide payments for medical services rendered for you and/or your family members, you will be held responsible for repayment.

____ Debt incurred to the DON because of medical services rendered will be repaid according to the terms outlined by DON or designated party (i.e., Department of Defense (DoD) medical facility or local non-DoD medical facility).

(Print Name of Employee)

(Signature of Employee)

(Date)

(Signature of Supervisor)

(Date)



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Appendix 2 – Sample Debt Acknowledgement and Repayment Agreement

EMERGENCY MEDICAL SERVICE PREPAYMENT LOAN APPLICATION AND PROMISSORY NOTE			
1. Employee Name (Last, First, Middle):		2. Employee ID Number:	
		3. Current assignment:	
4. Date of Birth	5. Place of Birth		
6. Eligible Family Member(s) For Whom Loan Is Needed (Spouse, Domestic Partner, Child; NOT household staff)			
Name	Date (MM-DAY-YEAR) and Place of Birth	Relationship to Principal	Minor (Yes/No)
7. Home of Record Address - CANNOT BE A POST OFFICE BOX			
Street Address		City	Country
Zip/Postal Code		Telephone Number (Include Country Code, City Code, Phone Number)	
8. Identify The Person Whose Address Is Listed in Item 7 (check applicable box on left: fill in requested information on right)			
<input type="checkbox"/>	Applicant /Applicant's Spouse (Insert Name of Owner/Resident if not the Applicant)		
<input type="checkbox"/>	Parent (Insert Name of Owner/Resident)		
<input type="checkbox"/>	Sibling (Insert Name of Owner/Resident)		
<input type="checkbox"/>	Other (Insert Name of Owner/Resident & Relationship to the Applicant)		



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I HEREBY APPLY FOR A U.S. GOVERNMENT EMERGENCY MEDICAL SERVICE PREPAYMENT LOAN:

9. Promissory Note and Loan Repayment Agreement (Read & Initial Beside Each Statement)

	A. The amount of the Loan will equal the amount actually billed and paid for the OCONUS emergency treatment provided.
	B. I am a citizen of the United States and, subject to item "C.10." below, I hereby promise to repay to the United States Government within 90 days after signing, and at an interest rate established in accordance with U.S. Federal Law, all applicable expenses incurred from or related to the provision of OCONUS medical emergency treatment paid on my behalf by the U.S. Government incident to my medical emergency situation.
	C. I understand and agree that:
	1. The full proceeds of any loan made pursuant to this application or the amount stated in Block 12, (whichever is less) shall be retained by my Command for use solely to pay or guarantee prepayment, in a medical emergency, of such amounts as are necessary to secure medical services for me and/or my eligible family member(s) located abroad;
	2. Any loan made pursuant to this application shall not be funded unless and until the Medical Services Provider chosen by me, or in a medical emergency on my behalf, refuses to accept a properly issued OWCP Form CA-16 and/or such valid personal health insurance coverage as I or my dependent may legally offer, or any other form of payment that is within my or my eligible family member's legal authority to offer;
	3. The Command's authority to pay for care is limited to expenses incurred that are directly related to emergency illness or medical condition requiring hospitalization or similar treatment. The type of treatment rendered must be considered suitable by the Commander or the designee based on the advice of competent medical authority.
	4. My obligation to repay the funds provided will not be discharged until payment in full has cleared through my command;
	5. The loan will be subject to the interest, penalties, and charges for late payment as directed by law and regulation;
	6. I will promptly file any claim for which I am eligible under FECA and with my private healthcare provider; and I will use the proceeds of said claim(s) to repay this loan;
	7. I may not be eligible for a U.S. passport for travel abroad if the loan has not been repaid in full.
	8. If I fail to make full payment within 90 days after signing, the Command may declare this promissory note in default and turn the account over to the Defense Finance and Accounting Service, U.S. Department of Treasury, the Department of Justice or a private collection agency for collection.
	9. I will be liable to pay any costs for collection.
	10. In the event I am unable to pay this loan in full within 90 days, the Command may, at its discretion and upon my request, determine and forward to me a new promissory note containing an installment plan for repayment of the loan or establish a repayment plan through the Defense Financial and Accounting Service.
	11. I will make payment by check or money order payable to the Command, and will mail payment to (Command financial management office).
	12. I will keep the Command, informed of my address(es) until such time as the funds are repaid in full.



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10. Signature Block for Applicant:

The undersigned hereby accepts responsibility for repayment in full of the funds provided pursuant to the terms and conditions stated in this document, including but not limited to the principal advanced, interest in accordance with law and regulation, and all costs for collection.

Full Typed or Printed Name:

Signature:

Date (mm/dd/yyyy):

11 a. Witness: Printed or Typed Name

12. b. Witness: Signature and Date

12. RESERVED FOR DESIGNEE:

The above loan application is approved in an amount not to exceed _____. The loan may be incrementally funded as bills for OCONUS emergency medical expenses incurred by the applicant or the applicant's eligible family member(s) are received and paid by the Command. The actual amount loaned shall be determined by the actual amount billed and paid for the applicant's OCONUS emergency medical treatment expenses or those of the applicant's eligible family member(s). Repayment of the actual amount loaned shall be in accordance with the terms and conditions stated.

Signature

Date

Type or Block Print Name and Title

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