



IMSO Desk Top Reference
17 November 2010



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY TRAINING AND DOCTRINE COMMAND
102 MCNAIR DRIVE
FORT MONROE, VIRGINIA 23651-1047

REPLY TO
ATTENTION OF

ATTG-TRI-SR

17 November 2010

MEMORANDUM FOR: International Military Student Offices (IMSOs)

SUBJECT: IMSO Desk Top Reference

1. This desk top reference was developed to assist the U.S. Army Security Assistance community with processing International Military Student (IMS) health care coverage issues and documenting said events on the IMSO Web and in the Defense Security Assistance Management System (DSAMS). It should be the main source of information when attempting to resolve these issues. Although there may not be a one size fits all answer to many issues, I am confident that this reference will provide a sturdy starting point.
2. In an effort to establish a standard, community-wide procedure for using progress messages (PMs), IMSOs and Country Program Managers (CPMs) are expected to follow the PM guidelines at Tab 1 in this reference. The PMs are separated into four different categories, each with distinct requirements.
3. Open and direct communication between the Security Cooperation Offices, IMS, IMSOs, and CPMs is the key to the success in processing medical issues and PMs.
4. The point of contact for policy issues is Ms. Vonda Winkler, Chief, Policy, Plans, Programs, and Projects Office at DSN 680-3348, (757)788-3348, or vonda.winkler@us.army.mil. For DSAMS/PM issues, contact Ms. Ruth Ann Kearney, Branch Chief, Regional Operations Division at DSN 680-3633, (757)788-3633, or ruthann.kearney@us.army.mil.

JOHN R. BAER
Director, Security Assistance Training
Field Activity

*This is a SATPA-IMSO "critical" task
we will work & improve together!*

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DEFENSE SECURITY COOPERATION AGENCY

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[OCT 16 2009]

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Medical Screening of International Military Students (IMS), Civilians, and Authorized Dependents; Defense Security Cooperation Agency (DSCA) Policy Memorandum 09 - 42

REFERENCES: (a) 8 U.S.C. 1182; Inadmissible Aliens
(b) Defense Security Cooperation Agency, Security Assistance Management Manual (DoD 5105.38-M), Chapter 10
(c) US Army Training and Doctrine Command, Joint Security Assistance Training (JSAT) Regulation, Chapter 10, to be superseded by the Joint Security Cooperation and Education Training (JSCET) Regulation, Chapter 8

1. Purpose: The purpose of this memorandum is to provide policy clarification to comply with the law and regulations cited in References A through C. This policy message applies to international military students (IMS) and international civilian students participating in education and training and similar DoD activities under DoD security assistance programs and security cooperation training and education programs managed or administered by DSCA. This policy memorandum also pertains to authorized dependents that accompany or join the IMS or civilians during their education and training in the U.S. This policy replaces DSCA policy 07-27. It is effective 60 days from the date of this memorandum.

a. This policy should be used concurrently with the DSCA Policy Memo on International Military Student, Civilians and Authorized Dependents Health Care Coverage.

2. Acronyms: The following acronyms apply:

COCOMs – Unified Combatant Commands
DD forms – Department of Defense forms
DATT – Defense Attaché
DHHS – Department of Health and Human Services
DISAM – Defense Institute of Security Assistance Management
DoD – Department of Defense
EOD – Explosive Ordnance Disposal

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FMS – Foreign Military Sales
HIV – Human Immunodeficiency Virus
IMET – International Military Education and Training Program
IMS – International Military Student (both military and civilian participants)
IMSO – International Military Student Officer
ITO – Invitational Travel Order
MTT – Mobile Training Team
MILDEPs – Military Departments
RC – Regional Centers (e.g., African Center for Strategic Studies, Asia-Pacific Center for Security Studies, Center for Hemispheric Defense Studies, George C. Marshall Center for Security Studies, Near East South Asia Center for Strategic Studies)
SAMM – Security Assistance Management Manual
SCO – Security Cooperation Officer
TB – Tuberculosis
TMS – Training Management System
USCIS – U.S. Citizenship and Immigration Services
WCN – Worksheet Control Number

3. Medical screening:

a. Pre-departure medical examinations (conducted within three months preceding the departure of the IMS and authorized accompanying or joining dependents) are required prior to issuance of the ITO. (Regional Center participants refer to section 9). Required medical examinations will be recorded in English on DD form 2808 (Report of Medical Examination), and DD form 2807-1 (Report of Medical History). Instructions for completing the forms for IMS and for authorized dependents and sample forms are on the DISAM international training management web page (<http://www.disam.dsca.mil/itm>) under the Health Affairs functional area.

b. Requirements for IMS medical screening:

(1) Completed DD forms 2808 and 2807-1 to include the following:

(a) Chest X-ray to determine absence of TB or other lung disease.
NOTE 1: If an individual has or will need to travel to the U.S. for training more than once in a 12 month period and the chest X-ray prior to the initial training period is documented to have been negative for active disease, a repeat chest X-ray is not required unless the individual has symptoms of, or a clinical examination finds or suspects, a pulmonary (lung) problem.

NOTE 2: Chest X-ray results will be included on DD form 2808, block 73.

(b) Serological test for HIV.

NOTE: HIV test results will be included on DD form 2808, block 49.

(c) Verification that IMS is free of all “communicable disease of public health significance,” (as listed in the DHHS Regulation), which currently include:

Chancroid

Cholera or suspected cholera

Gonorrhea

Granuloma Inguinale

Hansen’s Disease (leprosy), infectious

HIV

Lymphogranuloma Venereum

Plague

Severe Acute Respiratory Syndrome (SARS)

Suspected viral hemorrhagic fevers (Lassa, Marburg, Ebola, Congo-Crimean, other not yet isolated or named)

Suspected smallpox

Syphilis, infectious state

TB, infectious state

Yellow Fever

NOTE 1: A “communicable disease of public health significance” is defined by DHHS Regulations and updated periodically; the SCO should contact the U.S. Consular Section/US Embassy for the most current list.

NOTE 2: A statement verifying IMS is free of communicable disease of public health significance” will be included on DD form 2808, block 73.

(d) Pregnancy test for female IMS.

NOTE: Test results will be included on DD form 2808, block 73. If an IMS is pregnant, the SCO will be required to submit a request for a health policy medical waiver. (See section 5 for waiver procedures.)

(e) The medical certification signed by a licensed, practicing medical authority (physician or dentist) from the list of qualified practitioners

maintained by the U.S. Embassy, documented on block 82 of DD form 2808, certifies that the named individual:

(1) Is medically fit to perform the education and training that they have been nominated to attend (e.g., has no medical conditions that would prohibit education or training and meets health prerequisites specified by training provider. Specific health prerequisites are available from the schoolhouse and/or are part of the course description posted in the TMS).

(2) Has the following immunization:

Measles, Mumps and Rubella

Polio

Tetanus and Diphtheria toxoids, and acellular Pertussis (if indicated Td/Tdap)

Varicella (chickenpox)

Yellow fever (if traveling from or thru an infected area)

Hepatitis A and Hepatitis B

(f) A complete dental examination including dental certification [signed by a licensed, practicing medical authority (physician or dentist) from the list of qualified practitioners maintained by the U.S. Embassy] and documented in block 83 of DD form 2808, that no care is required for cavities, infection or any oral disease.

(2) When a course has special medical screening requirements (e.g., flight, diving, EOD, Special Forces, Ranger, etc.), the IMS should have the physical examination completed in home country before entry into the U.S. In cases where the country does not have the capability to perform the required physical examination, or if the U.S. facility does not accept the medical records from the IMS home country, or the physical examination is required to be performed by a U.S. military physician, the SCO will annotate in the remarks section of the ITO, requesting the first training installation conduct the physical examination at sending country expense and also include where health screening bills are to be sent for payment. All IMS attending courses requiring special medical prerequisites will have to meet specific U.S. military medical standards before full enrollment in those courses of study. The only exceptions are if previous NATO or other memoranda of agreements have waived this requirement.

NOTE: IMS found to have medical conditions not meeting established or specific training requirements which cannot be

resolved prior to commencement of training will be disenrolled and returned to their country.

(3) When training is to take place in the home country of the IMS, or in a third country (e.g. a regional MTT), the U.S. will not require medical screening. The SCO should make sure the country representative understands that the IMS must meet the specific medical/physical fitness prerequisites for the education/training to be provided.

(4) When the individual is in the U.S. for other than education/training purposes and the purpose of presence changes such that the primary reason the person is now in the U.S. is to attend Security Assistance /Cooperation education/training, the health screening requirements described in this policy memorandum, including use of DD forms, apply.

c. For each authorized dependent:

(1) Complete medical examination consistent with section 3.b. of this policy to include chest X-ray for TB and serological test for HIV is required. If the authorized dependent is under age of 15 a TB and HIV test are not required unless the authorized dependent has symptoms that are consistent with TB or are in contact with a person with infection, or there is reason to believe the dependent has been exposed to either TB or HIV.

(2) Medical certification signed by a licensed, practicing medical authority (physician or dentist) from the list of qualified practitioners maintained by the U.S. Embassy, documented on DD form 2808, block 82, certifies that the named individual is free of communicable diseases and has complied with recommended immunizations [listed in section 3.b.(1)(e)(2) above]. If authorized dependents are going to accompany or join the IMS, the SCO is required to check with the IMSO at the final destination to determine what additional immunizations are required for schools and day care entry in their area.

(3) A pregnancy test for each authorized female dependent between the ages of 18 and 44 years old is required. If an authorized dependent is pregnant, the SCO will be required to submit a request for a health policy waiver (See section 5 for waiver procedures).

d. Fast Track:

(1) The purpose of medical fast tracking is to relieve students from approved countries of redundant medical tests and to eliminate the need for

fast track countries to complete U.S as well as their national medical examination and medical history forms.

(a) Annex A to this memo provides the list of approved fast track countries. Annex A will be reviewed annually by DSCA, COCOMS, and MILDEPs to determine if a country should be removed or others added.

(b) If an IMS from a country specified in Annex A arrives for training with medical/dental conditions that should have been identified during their screening programs, DSCA will re-evaluate the country's eligibility status for fast track medical screening.

(2) The IMS of fast track countries can submit their country's medical examination and medical history forms (in English) to the SCO in lieu of DD Forms 2808 and 2807-1; however, the SCO may still insist on using DD form 2808 and 2807-1 if desired.

(3) Students of fast track countries must provide certification in writing to the SCO that their medical examination includes all of the required items included on DD form 2808 plus a chest X-ray. Certification will state that the IMS has been medically screened and is medically fit to participate in the education/training he/she is scheduled to attend.

(4) For female IMS and authorized dependents, pregnancy test results are required.

(5) When a course has special medical screening requirements (e.g., flight, diving, Special Forces, Ranger, etc.), the requirements of the receiving schoolhouse will apply.

(6) Medical Fast Tracking is applicable to the following:

(a) The IMS (not applicable to authorized dependents) of eligible countries designated in Annex A of this policy; without a medical condition(s) requiring maintenance medication(s) and routine follow ups during training (e.g., low or high blood pressure, diabetes, cardiac condition, allergies, etc.); that are funded via an FMS case with a corresponding medical line (or some other form of coverage provided by their government) that covers all potential medical cost.

(b) Participants in RC programs (see section 8 below).

(7) Medical Fast Tracking DOES NOT:

(a) Relieve the country/student of the responsibility of providing health care coverage (insurance) for the IMS and/or accompanying dependents (refer to DSCA policy memo on health care requirements).

(b) Relieve the country of complying with all medical screening requirements stipulated in paragraphs 3.b.(1)(a) through 3.b.(1)(e) of this policy.

(8) Although the SCO does not need to review medical tests for individuals from fast track countries, the IMS is required to receive and forward/hand carry copies of medical exam, medical history and any relevant medical test results for delivery to their medical treatment facility upon arrival in the U.S. Medical test results must be in English or translated into English.

NOTE: This requirement is not applicable for RC participants attending a short term activity (e.g., less than seven days).

4. Invitational Travel Order:

a. Complete health screening and proof of health care coverage is required and must be provided to the SCO prior to dependents being authorized on the ITO. (Refer to Chapter 10 of SAMM for list of schools that encourage dependents to accompany an IMS).

b. The SCO will annotate the required health screening and health care financial responsibility entries for the IMS and dependents appropriately and accurately on the ITO. Authorized dependents will not be added to the ITO until all medical screening and health care coverage requirements have been verified by the SCO.

5. Health Policy Waivers for IMS and Authorized Dependents:

a. Health policy waivers based on the specific training requirements or the person's health condition may be requested.

b. For individuals testing positive for communicable diseases not included in the DHHS regulations (e.g. Hepatitis A, Hepatitis B, and Hepatitis C, etc.), health policy waivers will be considered on a case-by-case basis. Requests for health policy waivers are to be tracked and referenced by the MILDEPs to ensure consistent application of criteria for each individual case.

NOTE: Health policy waivers for a communicable diseases listed in the most current DHHS Regulation will also require USCIS Form I-601.

c. Requests for health policy waivers will be submitted by the SCO through the COCOM to the appropriate MILDEP policy contact. The health policy waiver requests should include the IMS WCN and program type, (i.e. IMET, FMS case, etc.) and schedule of training including dates and locations. Health policy waiver requests for authorized dependents should include corresponding IMS identifying information along with information on the dependent/IMS relationship. All health policy waiver requests will include attached copies of the pertinent laboratory results. The MILDEP policy contact will coordinate health policy waiver requests with the appropriate medical personnel, training field activity and school personnel.

d. Health policy waivers will not be approved for a pregnant IMS or authorized dependent under any program unless the IMS has documented medical coverage for pre/post natal care, delivery, and care for the newborn. Health policy waiver request will also include the address where bills will be sent for payment.

e. All health policy waivers granted must be noted on the ITO. A health policy waiver may only be granted based on criteria established by the MILDEP.

6. Right to Privacy:

a. The individual's right to privacy of health information will be maintained, ensuring only those with a need to know have access to this information:

(1) When reporting health information, required by policy or regulation, use only the individual's country, WCN, and type of program sponsor (e.g. IMET, FMS case, etc.).

(2) When requesting health policy waivers the SCO will obtain a release of health information from the IMS prior to submitting the health policy waiver request (reference DD form 2870).

(3) SCOs and IMSOs should not maintain IMS or dependent's health information as part of IMS education/training historical records. While medical service providers should maintain their own treatment records, the IMS will maintain a copy of their own health information during their stay in the U.S. for reference in medical treatment and emergencies.

7. Responsibilities:

a. Country Responsibilities:

(1) Have required IMS health screening performed by a licensed, practicing medical authority (physician or dentist) from the list of qualified practitioners maintained by the U.S. Embassy, to ensure that IMS meets the specific medical and dental prerequisites for scheduled education/training and are in compliance with the requirements described in this memorandum.

(1) Have authorized dependents screened by a licensed, practicing medical authority (physician or dentist) from the list of qualified practitioners maintained by the U.S. Embassy, to ensure dependents meet health screening requirements identified in this policy.

(a) When health screening for authorized dependents, provide to the SCO copies of the DD forms 2808 and 2807-1 along with any additional documentation required.

(3) Provide medical/dental certification, signed by a licensed, practicing medical authority (physician or dentist) from the list of qualified practitioners maintained by the U.S. Embassy, (documented on DD form 2808 and DD form 2807-1) to the SCO. These documents must be received through official channels; at no time should the medical documentation be presented to the SCO by the IMS.

(4) When warranted, adhere to fast track procedures developed by SCO.

b. SCO Responsibilities:

(1) Review updated medical insurance policy coverage options to ensure compliance with DSCA policy on healthcare coverage requirements and coordinate available options with host nation and IMS.

(2) Before issuing the ITO, obtain and thoroughly examine completeness and authenticity of medical/dental certification, copies of the DD forms 2808 and 2807-1 and copies of required test results. If there are any health conditions noted by the examining physician or dentist that may require attention during training (e.g., low or high blood pressure, diabetes, cardiac condition, allergies, etc.) alert the school by annotating in item 15 of the ITO that the IMS has a medical condition(s) requiring maintenance medication(s) and routine follow ups.

NOTE 1: Not applicable to fast track countries.

NOTE 2: To protect the IMS' privacy, do not specify conditions on the ITO, only annotate that the IMS has a maintenance medical condition(s).

(3) If warranted, develop fast track procedure with host country, to include identifying what documentation will be required to certify medical screening (e.g. certification from host government/ letter from physician, and/or copies of host countries test results, etc.)

(4) Assemble all required health documentation and English version of the health care insurance policy, if applicable, for IMS and authorized dependents and place in a sealed packet. Provide second sealed copy of medical insurance policy in English to the IMS to provide to the IMSO. Advise IMS to travel with sealed packet containing health screening documents for self and authorized dependents for delivery to U.S. health care provider. Inform IMS that proof of medical insurance policy coverage, if applicable, is to be presented to the IMSO upon their arrival at first education/training site.

c. IMS Responsibilities:

(1) Notify IMSO immediately of any and all known medical conditions that arise while residing in the U.S., to include pregnancy. This applies to IMS and all dependents.

(2) Ensure familiarity with all medical policies, procedures and requirements as identified in this policy document.

(3) If applicable, deliver English copy of medical insurance to IMSO.

(4) Deliver sealed envelope of medical history and test documentation to medical treatment facility.

NOTE: IMS will keep all medical documentation if medical treatment facility will not retain this data in IMS medical file.

d. IMSO Responsibilities:

(1) Review ITO for compliance with medical screening requirements to include chest X-ray and HIV test results.

(2) Brief IMS and dependents of medical facilities/options available in the area.

(3) Verify with IMS that envelope containing medical test for screening has been delivered to medical treatment facility.

8. Regional Centers:

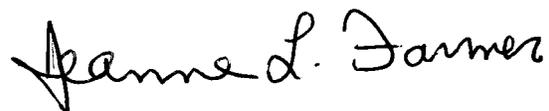
a. Participants traveling to an RC program or event in the U.S. with an ITO issued by SCO will adhere to the fast track procedures described in section 3.b.(1)(a) through 3.b.(1)(e) of this policy.

b. Participants traveling to an RC program or event in the U.S. with an ITO or a letter of invitation issued by the RC must meet Department of State medical screening entry requirements as determined by U.S. Consular Office in embassy.

c. Participants traveling to an RC program or event in a third country will be responsible for meeting health requirements of the host country (e.g., German requirements for participants to enter Germany going to Marshal Center).

d. Participants traveling to an RC program or event do not require a pregnancy test.

9. The DSCA point of contact for this policy memorandum is J.P. Hoefling or Kay Judkins, DSCA PGM/BPC; telephone 703 601 3655/3719; e-mail: john.hoefling@dsc.mil or kay.judkins@dsc.mil.



Jeanne L. Farmer
Principal Director
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Attachment:
As stated

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Annex A (DSCA Policy Memo 09 – 42):

The internal medical screening procedures, as required by the armed forces of the following countries, have been determined by the COCOMs, MILDEPs and DSCA to be adequate for the medical screening of an IMS to attend DoD sponsored education/training courses provided under an FMS training case:

AFRICOM: None

EUCOM: Austria, Belgium, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, and the United Kingdom

CENTCOM: Lebanon

NORTHCOM: Canada

PACOM: Australia, Japan, and New Zealand

SOUTHCOM: Argentina, Barbados, Chile



DEFENSE SECURITY COOPERATION AGENCY

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MEMORANDUM FOR THE COMMANDER, U.S. AFRICA COMMAND,
DIRECTOR OF STRATEGY PLANS AND
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FOR DEFENSE EXPORTS AND COOPERATION
DEPUTY ASSISTANT SECRETARY OF THE NAVY
FOR INTERNATIONAL PROGRAMS

SUBJECT: International Military Students, Civilians and Authorized Dependents
Healthcare Coverage, DSCA Policy Memorandum 10 - 39

References: Security Assistance Management Manual (SAMM), DoD 5105.38-M,
Chapter 10

1. Purpose: The purpose of this memorandum is to provide additional information on expanded healthcare coverage requirements issued by DSCA on March 26, 2010. This policy applies to International Military Students (IMS) and international civilian students (hereafter referred to as IMS) participating in education and training under security assistance and security cooperation programs managed or administered by the Defense Security Cooperation Agency (DSCA). This memorandum also pertains to



all authorized dependents who accompany or join the IMS during their education and training.

- a. All IMS enrolled in training/education programs prior to March 26, 2010, may continue to adhere to the requirements stipulated in DSCA Policy Memorandum 07-27. If contractor support is provided for International Military Student Officer (IMSO) responsibilities (reference Section 7.f.(1) of this policy), implementation is subject to Military Service (MILSRV) contracting process constraints.
- b. This policy should be used concurrently with DSCA Policy Memorandum 09-42, Medical Screening of International Military Students, Civilians and Authorized Dependents.

2. Acronyms/Definitions: The following acronyms/definitions apply:

Authorized Dependent – Authorization for dependents provided in section 12 of ITO; authorized dependents listed in section 15 of ITO.

COCOMs – Combatant Commands

CTFP – Combating Terrorism Fellowship Program

DLIELC – Defense Language Institute English Language Center

DoD – Department of Defense

FMF – Foreign Military Financing

FMS – Foreign Military Sales

IMET – International Military Education and Training

IMS – International Military Student (term includes both military and civilian participants)

IMSO – International Military Student Officer

ITO – Invitational Travel Order

MILSRV – Military Service

MTF – Military Treatment Facility

NATO/PfP – North Atlantic Treaty Organization/Partnership for Peace

RC – Regional Centers (e.g., Africa Center for Strategic Studies, Asia-Pacific Center for Security Studies, Center for Hemispheric Defense Studies, George C. Marshall European Center for Security Studies, Near East South Asia Center for Strategic Studies)

RHCA – Reciprocal Healthcare Agreement

SOFA – Status of Forces Agreement

SCO – Security Cooperation Officer

TRICARE – DoD provided Healthcare Insurance Coverage

3. General: All IMS and authorized dependents are required to have healthcare coverage while in the United States.

- a. There are five primary methods by which healthcare coverage may be provided for IMS and/or authorized dependents:

(1) Foreign government indemnification and direct payment to service providers for healthcare cost incurred by IMS and/or authorized dependents. Bills for healthcare services are sent directly to an IMS' government entity with a U.S. address for payment.

NOTE: Arrangements that require the IMS to pay for medical services and then seek reimbursement from their government are not acceptable. Such arrangements are cost prohibitive for even routine medical services due to the high cost of healthcare in the United States.

(2) **Medical line in training case:** Some FMS and FMF training cases may provide for medical coverage. However, this medical line may not cover all medical cost (e.g. exempts pregnancy); therefore, IMS and/or authorized dependents may require their government's indemnification of cost for medical services not covered by the training case or they may require a supplemental commercial insurance policy to fully meet the requirements of Section 4.e. and 5 of this policy. The cost of supplemental insurance is not treated as a cost of the training or course itself.

(3) **Grant programs.** Some U.S. Government grant programs (e.g., IMET, CTFP, FMF cases with approved medical lines, etc.) pay for the healthcare cost of the IMS. These programs do not cover healthcare cost for authorized dependents.

(4) **RHCA and NATO/PfP nations.** IMS and authorized dependents from nations with either a RHCA or NATO/PfP SOFA require supplemental commercial healthcare insurance or indemnification by their government for medical services not covered under the RHCA or NATO/PfP SOFA.

(5) **Commercial healthcare insurance policies procured by the IMS.** The insurance provider must directly reimburse medical healthcare providers in U.S. dollars and have a claims office in the United States.

- b. The IMS is held responsible for payment of all incurred healthcare bills, including co-payments, deductibles, and services not covered by insurance.
- c. In most cases, civilian healthcare providers/treatment facilities will require the patient to show how costs for healthcare will be paid. Properly prepared ITOs fulfill this requirement. When the ITO indicates commercial healthcare insurance

is required, the IMS will need to provide the servicing medical treatment facility with their insurance card.

- d. IMS and their non-U.S. citizen dependents, while under sponsorship of DoD security assistance or security cooperation education and training programs, are not authorized to participate in U.S. Federal, State or other U.S. taxpayer subsidized medical/dental programs.

Note: in cases of a medical emergency, no IMS or their dependents will be denied medical treatment.

4. Healthcare Coverage:

- a. Non-NATO/PfP SOFA IMS healthcare coverage provided by the appropriate program as designated on the ITO (e.g., IMET, CTFP, country direct, FMS case, FMF case, or a personally procured medical insurance policy that meets the DSCA requirements).
- b. The IMET and CTFP programs provide healthcare coverage for the IMS only; authorized dependents will require healthcare insurance if payment is not guaranteed by the foreign government.
- c. For an IMS from a country under a NATO/PfP SOFA , the following healthcare provisions pertain:

(1) Healthcare at a DoD MTF is as follows:

(a) IMS outpatient care (medical and emergency dental) in DoD MTF is at no charge. Authorized dependent outpatient care (medical and emergency dental) in DoD MTF is at no charge if available.

(b) Inpatient care for both IMS and dependents (if available) is on a reimbursable basis. Healthcare insurance is required for IMS and/or authorized dependents if not covered by the program/ case or if payment is not authorized by the foreign government.

(2) Healthcare at a civilian treatment facility is as follows:

(a) If referred by a DoD MTF, IMS outpatient care (medical and emergency dental) at a civilian treatment facility is at no charge, and the referring DoD MTF is responsible for payment. If referred by a DoD MTF, outpatient care for authorized dependents is covered by TRICARE standard/extra.

NOTE: A co-pay is required, as well as a deductible if not yet met.

(b) Inpatient care for both IMS and dependents is on a reimbursable basis. IMS and/or dependents are required to have supplemental medical insurance coverage.

d. For IMS covered under a Reciprocal Healthcare Agreement (RHCA):

(1) RHCA's differ by country in coverage and may not provide full healthcare coverage. RHCA's usually provide care in a U.S. DoD MTF at no cost, and with few exceptions do not cover civilian provided healthcare. Many military installations do not have full service MTF, or the nearest MTF is located a considerable distance from the schoolhouse/training activity. In addition, IMS and authorized dependents may require care while traveling away from their assigned military installation. Section 4.e. of this policy specifies the total amount of insurance required. All IMS and their authorized dependents relying on an RHCA as their primary source of insurance coverage must secure the supplemental healthcare insurance needed to meet the full requirements specified. This healthcare coverage must remain in effect for the full duration of the IMS and authorized dependent's stay in the United States under DoD sponsorship.

NOTE: Information on RHCA, is available on the DISAM International Training Management web page at <http://www.disam.dscamilitary.com/itm/> under Functional Areas, Health Affairs.

e. Minimum Required Healthcare Insurance Policy Coverage:

(1) Healthcare insurance policy coverage should include coverage for all non-elective medical conditions, and must remain in effect for the duration of the IMS and authorized dependents' DoD sponsored stay in the United States. The initial insurance policy should be in effect for one year or the duration of the IMS stay in the United States under DoD security cooperation sponsorship, whichever is less, and must be renewable.

(2) Medical benefits of at least \$400,000 per year (payable in U.S. dollars; no conversion from foreign currency).

(3) Deductible not to exceed \$1000 annually per family.

(4) Repatriation of remains in the amount of \$50,000 (per individual), should a death occur in the United States.

NOTE: This provides for the preparation and transportation of remains to home country.

(5) Medical evacuation in the amount of at least \$250,000 (per individual) for immediate transportation to the nearest adequate medical facility, and subsequently, in the event it is determined to be medically necessary, for IMS and/or authorized dependent to return to home country.

(6) Healthcare insurance policy coverage must meet the following requirements:

(a) No exclusion for payment of benefits directly to a DoD MTF if applicable.

(b) Provide nationwide coverage/service; non-U.S. based policies must provide benefits in the United States.

(c) Provide single source administration/management for the policy.

(d) Have a point of contact in the United States. In all cases, the insurance company is to pay promptly in U.S. currency directly to healthcare provider.

(e) Have a copy of the policy written in English; a copy of this policy will be provided to the SCO, the servicing MTF and the IMSO at all schoolhouses within the IMS' training tracks (e.g. to include DLIELC).

(f) If U.S. education and training is taking place in a third country, benefits must meet the requirements of the host country.

(7) The minimum dollar standards and coverage requirements will be reviewed annually by DSCA to ensure that minimum requirements reflect current cost and coverage of the U.S. healthcare.

5. Pregnancy Coverage.

- a. All female IMS and authorized female dependents between the ages of 18 to 44 require either country indemnification or healthcare insurance of at least \$250,000 for prenatal, childbirth, and postnatal care in addition to the insurance requirements specified in Section 4.e.

NOTE: MILSRVs may be granted a waiver to this requirement by DSCA for selected schools or selected courses.

NOTE: An IMS may voluntarily choose to provide a statement by their physician that they and/or their dependents are physically incapable of producing children; in this situation pregnancy insurance is not required

- b. Pregnant dependents will not be authorized to accompany or join an IMS unless the costs of prenatal, childbirth and postnatal care are indemnified by their country, covered by an FMS (national funds) case, or by an already existing pregnancy insurance policy for at least \$250,000.

NOTE: Pregnancy insurance is in addition to insurance requirements specified in Section 4.e. of this policy.

- c. An IMS or authorized dependent without pregnancy coverage who is found to be pregnant after arrival in the United States will be returned to their home country immediately unless the IMS' government guarantees within ten working days after notification to pay all costs associated for prenatal, childbirth, and postnatal care.
- d. Pregnancy and childbirth coverage is not usually included in insurance policies purchased less than 12 months in advance, and is generally very expensive.
- e. Pregnancy is considered a pre-existing condition and pregnancy insurance coverage is not available for purchase after an IMS or dependent is determined to be pregnant.

6. Invitational Travel Order (ITO):

- a. Required health screening and healthcare financial responsibility entries for IMS and authorized dependents must be annotated appropriately and accurately on the ITO according to the status of the IMS. Authorized dependents will not be added to the ITO until all medical screening and healthcare coverage requirements have been verified by the SCO.
- b. For IMS and authorized dependents, the SCO will check the appropriate block of the ITO to indicate how healthcare charges will be paid and ensure the ITO includes a U.S. billing address and telephone number. When commercial insurance is the means of healthcare coverage, the SCO will include the insurance company name, policy number, inclusive dates of the policy, and the U.S. point of contact in block 12 of the ITO. If the foreign government or an FMS case is designated as the source of funding for IMS and authorized dependent healthcare coverage, a statement will be included in the Remarks Section of the ITO that indicates whether or not all costs associated with pregnancy coverage is included in this coverage.

- c. Dependents are encouraged to accompany or join the IMS attending the following institutions or courses:

National Defense University, Army War College, Inter-American Defense College, Intermediate Level Education (ILE) and School of Advanced Military Studies at the Army Command and General Staff College, ILE at the Western Hemisphere Institute for Security Cooperation, Army Sergeants Major Course, Navy Command College, Navy Staff College, United States Marine Corps (USMC) Command and Staff College, USMC Expeditionary Warfare School, USMC School of Advanced Warfighting, Marine Corps War College, Air War College, Air Command and Staff College, Naval Postgraduate School, and graduate programs at Air Force Institute of Technology.

NOTE: Dependents are not encouraged to accompany or join the IMS at other courses.

- d. A pregnant IMS and/or a pregnant authorized dependent will require a health policy waiver before being placed on an ITO.

NOTE: Procedures for a health policy waiver are provided in DSCA Policy Memorandum 09-42.

7. Responsibilities:

- a. **Country Responsibilities:** When applicable, provide to the SCO copies of signed, legal country-to-country agreements or other statements that stipulate payments and reimbursements of healthcare costs for IMS and/or dependents (e.g., RHCA, SOFAs, etc.).

- b. **SCO Responsibilities:**

(1) Determine healthcare coverage method(s) applicable to IMS and/or authorized dependents. When commercial healthcare coverage is required, obtain approval from the appropriate IMSO that coverage meets the requirements of this policy.

NOTE: If the authorizing MILSRV has established the requirement for review of health insurance policies for compliance prior to issuing the ITO, the SCO will scan and send a copy (in English) of the proposed commercial healthcare policy to the appropriate IMSO. The IMSO will follow the MILSRV instructions for review and approval procedures.

(2) Properly annotate healthcare coverage and include a U.S. billing address and telephone number in block 12 of the ITO.

(3) When IMS is covered by RHCA or NATO/PfP SOFA, ensure ITO block 12 specifies either a supplemental commercial healthcare insurance policy or indemnification by their government for healthcare services not covered under RHCA or NATO/PfP SOFA.

(4) If applicable, send a copy of the healthcare insurance policy (in English) to the IMSO for review and approval prior to issuance of the ITO to the IMS.

(5) If applicable, ensure IMS has a copy of healthcare insurance policy (in English) for delivery to IMSO upon arrival at first education and training site.

(6) If applicable, include in block 15 of the ITO a notation of any existing special medical conditions/preconditions for both IMS and/or dependents.

NOTE: Per DSCA Policy Memorandum 09-42, do not provide any details that may compromise the rights to privacy of the IMS or authorized dependents.

(7) If applicable, when training will occur in a third country, ensure IMS has met healthcare requirements of host country.

(8) Brief IMS on the following:

(a) Eligibility for healthcare in a DoD MTF.

(b) When applicable, advise that failure to maintain required healthcare insurance policy coverage, to include pregnancy coverage, for the duration of stay, could result in removal from education and training and return home.

(c) Inform IMS that while under sponsorship of DoD security assistance or security cooperation education and training programs, non-emergency participation on behalf of IMS or non-U.S. citizen dependents, in a U.S. Federal, State or other U.S. taxpayer-subsidized medical/dental programs is not authorized.

(d) Inform the IMS of financial and ethical responsibilities with regard to all aspects of this healthcare policy and have IMS acknowledge, in writing, their understanding that failure to comply could result in disenrollment.

c. IMS Responsibilities:

- (1) Acknowledge, in writing, an understanding of policy concerning healthcare insurance coverage, including consequences of the lack of pregnancy coverage and prohibition against using non-emergency U.S. taxpayer provided medical/dental assistance while under DoD sponsorship.
- (2) If applicable, present healthcare insurance policy (in English) to the IMSO and to medical treatment facilities.
- (3) Notify IMSO immediately of any and all known medical conditions that arise while residing in the United States (to include cases of pregnancy). This applies to IMS and all dependents.

d. IMSO Responsibilities:

- (1) Review ITO for accuracy. When commercial healthcare insurance policy is marked or stated in the remarks, a copy of the insurance policy, along with any updates to the policy, will be placed in the IMS file.
- (2) If commercial healthcare insurance is required for IMS and/or authorized dependents, as directed by the MILSRV, review the healthcare insurance policy for compliance with requirements specified in Section 4.e. of this policy memo. Provide SCO with instructions on where to send the English version for review. Report any deficiencies in healthcare policy immediately to the MILSRV country program manager and SCO.
NOTE: Review for insurance policy compliance should be completed prior to issuance of the ITO.
- (3) Advise IMS of the requirement to take ITO and healthcare insurance policy documentation to local MTF and any physicians they see during their stay in the United States.
- (4) Brief IMS on all procedures and requirements as outlined in this policy memorandum, including requirements in cases of pregnancy. Obtain a signed memorandum of acknowledgement and understanding from IMS.
- (5) In cases when an unauthorized dependent arrives at the training activity location, contact MILSRV training policy manager immediately.
- (6) Periodically forward information concerning healthcare policies that meet the requirements of this policy memorandum to DISAM for posting on the DISAM web site <http://www.disam.dsca.mil>.

e. COCOM Responsibilities:

- (1) Ensure that SCO understands and adheres to the policies contained in this message.
- (2) Include adherence to this policy as an area of interest in Inspector General inspections and performance evaluations of SCO.

f. MILSRV Responsibilities:

- (1) When commercial healthcare coverage is required, establish policy and procedures for the review of healthcare policies for compliance with this policy memorandum. If this task is assigned to the IMSO, ensure the IMSO has received the necessary training and/or support to meet the requirement to review IMS commercially procured healthcare policies.

NOTE: If MILSRV contracts for needed support to IMSO to review proposed healthcare coverage policies the cost of the medical reviewer is additive to tuition rates and shall be computed similarly to the instructions found in the DoD Financial Management Regulation, Volume 15, Chapter 7, paragraph 071102.B. The cost developed will be the same per student regardless of the training rate, (i.e. in other words, this cost is also considered to be an incremental cost).

- (2) In coordination with COCOM, enforce the following directives when notified by IMSO of IMS non-compliance with this policy memorandum:

- (a) When notified by the IMSO of lapse or lack of required commercial healthcare insurance for the IMS, coordinate with IMS' government to determine payment mechanism for outstanding medical bills. If IMS' government does not agree to pay for required healthcare insurance or outstanding medical bills take action to withdraw IMS from education and training and return IMS to home country.

- (b) When notified by IMSO of an irresolvable lapse of required commercial healthcare insurance for authorized dependents, the MILSRV will take the following action:

- (1) Direct SCO to remove all non-compliant authorized dependents from ITO.

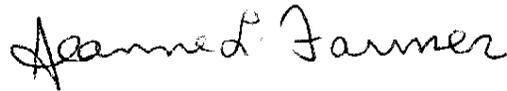
(2) Direct the IMSO to collect DoD issued ID cards and request IMS to return authorized dependents to home country.

(3) If IMS fails to send authorized dependents home, direct IMSO to withdraw IMS from training and return IMS to home country.

8. Regional Centers (RC):

- a. Participants traveling to a RC program or event (e.g., course, seminar, conference, workshop, etc.) are responsible for meeting any and all healthcare coverage requirements imposed by the country where the RC event is being held. The host RC will advise of any corresponding requirements.
- b. If the RC program or event requires travel to the United States, the RC will determine healthcare coverage requirements on a case by case basis.

9. The DSCA points of contact for this memorandum are JP Hoefling and Kay Judkins, at (703) 601-3655/3719, e-mail: john.hoefling@dsc.mil and kay.judkins@dsc.mil.



Jeanne L. Farmer
Principal Director
Programs

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JFCOM
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ACQUISITION LOGISTICS AND TECHNOLOGY
103 ARMY PENTAGON
WASHINGTON DC 20310-0103

SAAL-ZN

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: U.S. Army Supplement to DSCA Policy Memorandum 10-39

Reference: International Military Students, Civilians and Authorized Dependents
Healthcare Coverage, DSCA Policy Memorandum 10-39, 23 June 2010

The referenced memorandum requires that, as of 23 June 2010, all International Military Students (IMS) and authorized dependants have medical coverage meeting the criteria in the memorandum prior to departure from country.

The U.S. Army has found upon review of Invitational Travel Orders (ITOs) and insurance policies (if applicable) that the requirements are not met in many cases. The supplementary policy following provides some additional time for countries or IMS to meet the requirements. This supplementary policy pertains to all Army-sponsored IMS and authorized dependants, and is effective as of the date of this memorandum.

1. The U.S. Army has established 22 September 2010 as the date by which IMS currently enrolled in CONUS training and their authorized dependants must meet the medical coverage requirements included in this document. Invitational Travel Order (ITO) item 12 must include the correct entitlement program or other means of medical coverage for both IMS and authorized dependants. IMS and dependants reporting prior to 1 January 2011 must have adequate medical coverage established no more than 15 days following student report date.
2. Beginning 1 January 2011 IMS and authorized dependants will be required to have medical coverage in full compliance with DSCA Memo 10-39 when the IMS reports to the first CONUS training location. An English language copy of the insurance policy (if applicable) must be e-mailed or faxed to the International Military Student Officer (IMSO) at the first CONUS training location for review and approval prior to the ITO being signed and issued. The suspense to take any additional actions required to meet the minimum coverage requirements above for the IMS and/or authorized dependant(s) is 10 working days.
3. DSCA Memo 10-39, dated 23 June 2010, clearly established the following minimum requirements for IMS and authorized dependant medical insurance when required to provide adequate medical coverage:
 - a. Policy in English including clear description of covered conditions/exclusions.
 - b. U.S. POC and U.S. billing address.
 - c. Insurance company must pay promptly in U.S. currency to the health care provider.
 - d. \$400,000 coverage for non-elective medical conditions.
 - e. Deductible not to exceed \$1000 annually per family.

- f. \$250,000 additional coverage for pregnancy/childbirth (dependants of Army senior PME students are exempt from this requirement; dependants of other Army-sponsored students must meet this requirement).
4. U.S. POC and U.S. billing address are required when some or all medical bills will be paid by the foreign country.
5. If coverage does not meet the above requirements, country can agree to pay IMS and/or dependant medical bills not covered by entitlement program or insurance. This requires an amended ITO with a U.S. billing address, generally at the country's embassy in the U.S. The other option is for the student to purchase supplemental insurance.
6. If the IMS is from a country with a current Reciprocal Health Care Agreement (RHCA), the amount of supplemental coverage required will be determined in conjunction with the IMSO on a case by case basis.
7. If suspense above is not met for a dependant, the dependant will be returned to home country. If IMS does not make arrangements for dependant departure, IMS will be disenrolled and returned to home country.
8. No dependant will be provided an ID card until adequate medical coverage has been confirmed by the IMSO.
9. IMSOs at the first CONUS training location will forward all IMS/authorized dependant medical coverage information and documentation to the IMSO at the follow on training location by the most expeditious means.

The DASA DE&C POC for this issue is Dr. Judy Damewood, 703-588-6574, judy.damewood@us.army.mil.



Keith B. Webster
Deputy Assistant Secretary of the Army
for Defense Exports and Cooperation

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***INTERNATIONAL MILITARY
STUDENT MEDICAL BILLING
PROCESS***

***Standard Operating
Procedure***

Version 2.0

18 Nov 10

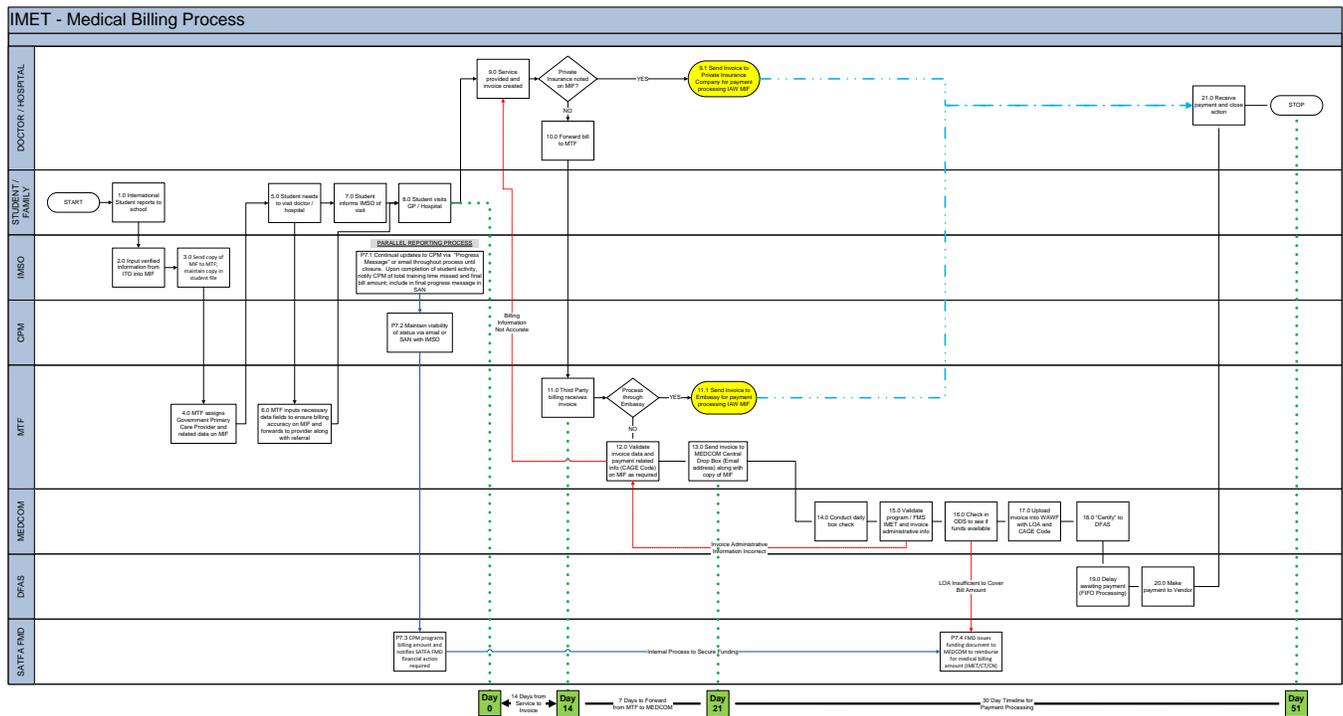
International Military Student Medical Billing Process SOP

Section I

This SOP describes the process for executing the Medical Billing Process as it pertains to International Military Students.

Section II

Flow of the process to include potential rework loops (red dashed lines), parallel reporting processes (blue dashed lines), and additional payment loops through private insurance providers or via the embassy (light blue dashed lines).



Section III

Record of Revisions

Revision Level	Date	Reason for Revision	Name
New	5/5/2010	Created Document - New	Team
1.0	5/19/2010	Adjustments based on team feedback	Team

International Military Student Medical Billing Process SOP

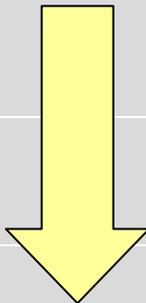
Section IV

The following table describes Task Number, Responsible Entity for completing the Task, Task Description, Timeline (where applicable) and Success Criteria / Deliverables –

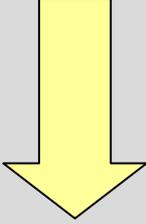
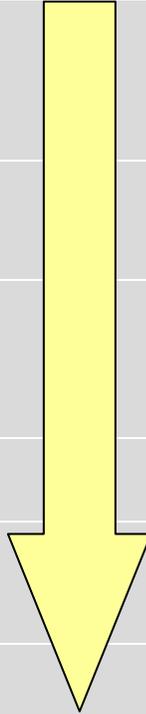
1. Task Number – sequential list of task numbers (not necessarily in serial order) for completing the process of Forecasting and Analysis of DAU Classroom Training
2. Responsible Team – organization / team chartered to exercise and complete the Task
3. Task Description – detailed description of the requirements contained within this Task
4. Timeline - estimated work days to complete the Task
5. Success / Deliverables – criteria / outputs required to successfully complete the task

Task #	Responsible	Task Description	Timeline (Work Days)	Success Criteria / Deliverables
1.0	STUDENT / FAMILY	International Student reports to school	NLT Date Indicated on ITO	Student Arrives
2.0	IMSO / HEALTHCARE ADVOCATE	Input verified information from ITO into MIF	Based on Local SOP (Estimate 3-5 Working Days)	MIF containing all required ITO/ Insurance information is complete; copy provided to student
3.0	IMSO	Send copy of MIF to MTF; maintain copy in student file (Email)	Within 3 Working Days of Complete of In processing	Transaction Record of submission to MTF
4.0	MTF	Assign Government Primary Care Provider and related data on MIF. MTF maintains a copy of the MIF on file and returns to IMSO as required.	Within 5 Working Days	MIF complete pending student action
		PROCESS DELAY		Health related event triggers subsequent actions
5.0	STUDENT	Student needs to visit doctor / hospital. Off-Post Referral required after consultation with Primary Care Provider.	Within 3 Working Days	Off-Post Referral Required
6.0	MTF	MTF coordinates for external care and inputs necessary data fields <u>to ensure billing accuracy</u> on MIF. Forward MIF to provider along with referral.		Referral and MIF forwarded to health care provider office

International Military Student Medical Billing Process SOP

7.0	STUDENT	Inform IMSO of impending visit for tracking purposes	1 Day	Notification received and logged into Student File
P7.1	IMSO	PARALLEL PROCESS: Continual updates to CPM via email throughout process until closure. Upon completion of student activity, notify CPM of total training time missed and final bill amount; include in final progress message in SAN.	Within 2 Days	Email CPM add progress message when directed by CPM
P7.2	CPM	PARALLEL PROCESS: Maintain visibility of status via email or SAN with IMSO		Visibility maintained through standard report / email monitoring
P7.3	CPM	PARALLEL PROCESS: CPM notifies SATFA FMD of billing amount in order secure funding		Billing Amount indicated
P7.4	SATFA FMD	PARALLEL PROCESS: Secure funding to add to LOA	Within 30 Days	Funding Secured
8.0	STUDENT / FAMILY	Student / family member visits GP / Hospital and receives care		Student / Family member arrives at appropriate Date / Time Care Received
		FOR DATA PURPOSES DATE TRACKING RELATED TO BILLING PROCESS BEGINS		
9.0	DOCTOR / HOSPITAL	Service provided and invoice created (Verify invoice recipient address information on MIF)		Invoice Generated and invoice recipient identified
9.1	DOCTOR / HOSPITAL	Send Invoice to Private Insurance Company for payment processing IAW MIF		Invoice sent to Private Insurance Company
10.0	DOCTOR / HOSPITAL	Forward bill to MTF		Invoice sent to MTF
11.0	MTF	Third Party billing receives invoice (Verify to ensure that MEDCOM is processor)	14 Days	Logged into Local Log
11.1	MTF	Send Invoice to Embassy for payment processing IAW MIF	7 Days	Invoice forwarded to Embassy IAW MIF instructions

International Military Student Medical Billing Process SOP

12.0	MTF	Validate invoice data and payment related info (CAGE Code) on MIF as required. If information is not correct contact service provider to make corrections / initiate CAGE code.		CAGE CODE and other pertinent billing data accurate
13.0	MTF	Send invoice to MEDCOM Central Drop Box (Email address) along with copy of MIF	7 Days	Invoice forwarded to MEDCOM
14.0	MEDCOM	Conduct daily box check		Incoming invoices cleared from inbox and logged in as required by local SOP
15.0	MEDCOM	Validate program / FMS or IMET and invoice administrative info.		Program Validated / Administrative Info verified
16.0	MEDCOM	Check in ODS to see if funds available. If funds are not available work with SATFA FMD to resolve funding issue.		Funding Available
17.0	MEDCOM	Upload invoice into WAWF with LOA and CAGE Code		Documents uploaded into WAWF
18.0	MEDCOM	"Certify" to DFAS		Transaction Certified by MEDCOM for DFAS Processing
19.0	DFAS	Delay awaiting payment (FIFO Processing)		
20.0	DFAS	Make payment to Vendor	30 Days	EFT payment complete
21.0	DOCTOR / HOSPITAL	Receive payment and close action		Transaction posted

MEDICAL INFORMATION FORM
Section I (all must complete this section)

IMS Name: _____ Country: _____ FIN/DEERS# _____

ITO Number: country code-Implementing Agency-Case ID-Line number-WCN (TWBOEE0011200) _____

Security Assistance Program Type: IMET Counter Drug Combating Terrorism

FMS w/ medical line on case FMS w/ commercial insurance FMS w/ Embassy paying bill

Reciprocal Health Care Agreement (RHCA) NATO/PfP SOFA

Section II (complete if FMS w/commercial insurance or if bill is mailed to Embassy)

Insurance Company Name: _____ Policy number: _____

Effective Date: _____ Expiration Date: _____

Billing mailing address: _____ Embassy Billing Address: _____

Section III (complete if RHCA or NATO/PFP) <https://private.fhp.osd.mil/portal/rhas/ADmatrix.jsp>

Country	Agreement					DoD MTF Inpatient Care	DoD MTF Outpatient Care	Non-DoD MTF Inpatient Care	Non-DoD Facility Outpatient Care
	RHCA	NATO SOFA	PFP SOFA	PFP NO SOFA	None				

Insurance Company Name: _____ Policy number: _____

Effective Date: _____ Expiration Date: _____

Billing mailing address: _____

Section IV (complete if dependents are receiving care: use additional MIF to list family members)

a. Spouse Name: _____	a. <input type="checkbox"/> Male <input type="checkbox"/> Female
b. Child Name: _____	b. <input type="checkbox"/> Male <input type="checkbox"/> Female
c. Child Name: _____	c. <input type="checkbox"/> Male <input type="checkbox"/> Female
d. Child Name: _____	d. <input type="checkbox"/> Male <input type="checkbox"/> Female

Insurance Company Name: _____ Policy number: _____

Effective Date: _____ Expiration Date: _____

Billing mailing address: _____

Section V (completed by Medical Treatment Facility)

Provider Name/address: _____ Date referred: _____

_____ Date/Time of Appt: _____

_____ **Provider Cage Code: _____

_____ TIN: _____

** If provider does not have a valid cage code and TIN refer them to <https://www.bpn.gov/ccr/default.aspx>
IMET and FMS w/medical line on case bills will be emailed to: MEDCOM.IMS@amedd.army.mil

TAB 1

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PROGRESS MESSAGE CATEGORY ONE DESK TOP REFERENCE

Progress Message	Begin or 1st Date(B1) End or 2nd Date (E2)	Actions required by the IMSO/CPM
DECEASED (TK)	B1: Day IMS died E2: N/A	IMSO 1. Immediately call SATFA 2. ASAP email SIR to SATFA/EOC 3. Within 24 hours enter (TK) progress message CPM Follow established guidance
NO SHOW (NS)	B1: Date IMS was scheduled to start class E2: Date IMS was scheduled to complete/graduate from class	IMSO 1. Within 24 hours of (NS) call CPM 2. Within 48 hour email CPM and SCO stating actions taken 3. When directed by the CPM enter (NS) progress message CPM 1. ASAP notify previous training site (if applicable) 2. (FO) as appropriate
EMERGENCY LEAVE (TQ)	B1: Date leave begins E2: Date leave ends	IMSO 1. Immediately call CPM 2. ASAP email CPM and SCO with details of flight and effects on training status 3. Within 24 hours enter (TQ) progress message CPM Follow established guidance
AWOL (TG)	B1: Date AWOL in effect E2: Date IMS found and no longer considered AWOL	IMSO 1. Immediately call CPM 2. ASAP email SIR to SATFA 3. Within 24 hour enter (TG) progress message CPM Follow established guidance

PROGRESS MESSAGE CATEGORY TWO DESK TOP REFERENCE

Progress Message	Begin or 1st Date(B1) End or 2nd Date (E2)	Actions required by the IMSO/CPM
ELIMINATED- ACADEMIC DEFICIENCY(EA)	B1:Most recently specified,prior,graduation /completion date E2: Date IMS withdrew/was withdrawn from training	IMSO 1. Within 24 hours call or email CPM 2. Within 48 hours email CPM stating acitons taken 3. When directed by CPM enter progress message CPM Follow established guidance
ELIMINATED-DISCIPLINARY(ED)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
ELIMINATED-FLYING DEFICIENCY(EF)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
ELIMINATED-MEDICAL REASONS(EM)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
ELIMINATED-OTHER (EO)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
ELIMINATED- SELF ELIMINATED (EE)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
EXTENDED-ACADEMIC (WA)	B1:Most recently specified prior,graduation/ completion date E2: Revised,new,estimated graduation/completion date	SAME AS ABOVE
EXTENDED-FLYING(WF)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
EXTENDED-LANGUAGE (WL)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
EXTENDED-MEDICAL (WM)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
EXTENDED-WEATHER (WE)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
EXTENDED-ADMINISTRATIVE (WC)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE

PROGRESS MESSAGE CATEGORY TWO DESK TOP REFERENCE

Progress Message	Begin or 1st Date(B1) End or 2nd Date (E2)	Actions required by the IMSO/CPM
HOLD-ADMINISTRATIVE REASONS (HA)	B1: Date IMS put on hold E2: Date IMS taken off hold	IMSO 1. Within 24 hours call or email CPM 2. Within 48 hours email CPM stating acitons taken 3. When directed by CPM enter progress message CPM Follow established guidance
HOLD-AWAITING COUNTRY DISPOSITION(HC)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
HOLD-MEDICAL (HM)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
WITHDRAWAL-ADMINISTRATIVE (DA)	B1:Most recently specified, prior, scheduled completion /graduation date E2: Date of withdrawal	SAME AS ABOVE
WITHDRAWAL-COUNTRY REQUESTED(DC)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE

PROGRESS MESSAGE CATEGORY THREE DESK TOP REFERENCE

Progress Message	Begin or 1st Date(B1) End or 2nd Date (E2)	Actions required by the IMSO/CPM
ARRIVED/REPORTED NOT AS SCHEDULED (AX)	B1: Most recently specified, prior, planned arrival/report date E2: Date IMS actually arrived/reported	IMSO 1. Within 48 hours email CPM 2. When directed by CPM enter progress message CPM Follow established guidance
ENROLLED NOT AS SCHEDULED (EX)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
COMPLETED TRAINING NOT AS SCHEDULED (CY)	B1: Most recently specified, prior, scheduled completion/graduation date. E2: Revised, actual completion/graduation date.	SAME AS ABOVE
COMPLETED TRAINING W/DIPLOMA NOT AS SCHEDULED (CV)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
COMPLETED TRAINING W/CERTIFICATE NOT AS SCHEDULED (CX)	B1: SAME AS ABOVE E2: SAME AS ABOVE	SAME AS ABOVE
DEPARTED NOT AS SCHEDULED (DX)	B1: Date that IMS was originally scheduled to depart. E2: Date IMS actually departed training location.	SAME AS ABOVE
HOSPITALIZED (TH)	B1: Date IMS hospitalized E2: Date IMS released from hospital	SAME AS ABOVE
SICK LEAVE (SL)	B1: Date leave begins E2: Date leave ends	SAME AS ABOVE
SICK LEAVE FAMILY MEMBER (SF)	B1: Date leave begins E2: Date leave ends	SAME AS ABOVE

PROGRESS MESSAGE CATEGORY THREE DESK TOP REFERENCE

Progress Message	Begin or 1st Date(B1) End or 2nd Date (E2)	Actions required by the IMSO/CPM
<p align="center">QUARTERS (QT)</p>	<p>B1: Date quarters begins E2: Date quarters ends</p>	<p>IMSO 1. Within 48 hours email CPM 2. When directed by CPM enter progress message CPM Follow established guidance</p>
<p align="center">MISSING MEDICAL/ADMIN INFORMATION (MR)</p>	<p>B1: N/A E2: N/A</p>	<p align="center">SAME AS ABOVE</p>
<p align="center">ACADEMIC WARNING(AW)</p>	<p>B1: Date warning goes in effect E2: Date warning ends</p>	<p align="center">SAME AS ABOVE</p>
<p align="center">DISCIPLINARY WARNING (DW)</p>	<p>B1: SAME AS ABOVE E2: SAME AS ABOVE</p>	<p align="center">SAME AS ABOVE</p>
<p align="center">DISCIPLINARY PROBATION(DP)</p>	<p>B1: Date IMS goes on probation E2: Date IMS is scheduled to or completed probation</p>	<p align="center">SAME AS ABOVE</p>
<p align="center">PROBATION ACADEMIC (PA)</p>	<p>B1: Date warning goes in effect E2: Date warning ends</p>	<p align="center">SAME AS ABOVE</p>

PROGRESS MESSAGE CATEGORY FOUR DESK TOP REFERENCE

Progress Message	Begin or 1st Date (B1) End or 2nd Date (E2)	Actions required by the IMSO/CPM
ARRIVED/REPORTED AS SCHEDULED (AR)	B1: N/A E2: N/A	IMSO Within one week enter progress message CPM Follow established guidance
ENROLLED AS SCHEDULED (EN)	B1: N/A E2: N/A	SAME AS ABOVE
COMPLETED TRAINING W/CERTIFICATES AS SCHEDULED (CO)	B1: N/A E2: N/A	SAME AS ABOVE
COMPLETED TRAINING W/DIPLOMA AS SCHEDULED (CD)	B1: N/A E2: N/A	SAME AS ABOVE
COMPLETED TRAINING AS SCHEDULED (CP)	B1: N/A E2: N/A	SAME AS ABOVE
ORDINARY LEAVE (TL)	B1: Date leave begins E2: date leave ends	SAME AS ABOVE
HOLIDAY LEAVE (HL)	B1: Date leave begins E2: date leave ends	SAME AS ABOVE
TRAVEL INFORMATION (TV)	B1: N/A E2: N/A	IMSO Enter IMS travel information as soon as available (POV, flt arrival information, etc) CPM Follow established guidance
FREE TEXT (FT)	B1: N/A E2: N/A	IMSO Use of this progress message should only be used when all other progress message choices have been exhausted CPM Follow established guidance

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