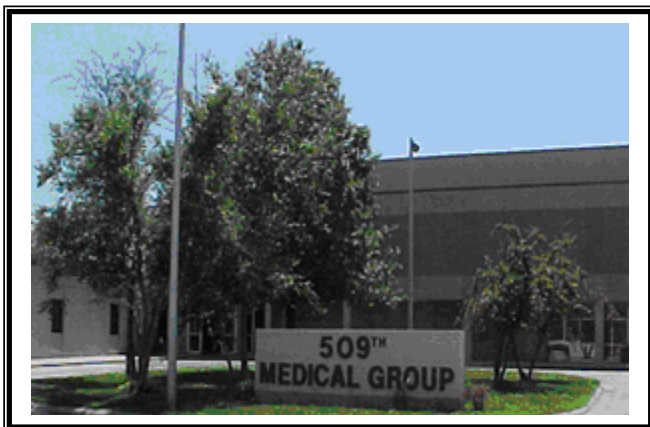


# 509th Medical Group

## Patient Handbook



### Clinic Hours

Monday – Friday (7:30 a.m. to 4:30 p.m.)

### Clinic Closures

3<sup>rd</sup> Thursday every month – closed for Training

Federal Holidays

Limited services on Family Days

Clinic follows Wing Directives inclement weather

**Website:** <http://www.airforcemedicine.af.mil/MTF/Whiteman/>

**Facebook:** 509MDG

**Main Contact Number:** 660-687-2188

Handbook current as of 17 Nov 2022

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## **509TH MEDICAL GROUP MISSION STATEMENT**

Enable Strategic Nuclear Operations, Lethal Global Strike and Agile Combat Support through Full-Spectrum Readiness and Superior Patient-Centered Care.

## **509TH MEDICAL GROUP VISION STATEMENT**

The Air Force's Premier Clinic – Powered by Ready Medics; Fueled by Innovation, Collaboration, and Resiliency.

### **READY RELIABLE CARE (RRC)**

The 509th Medical Group (MDG) is committed to providing safe, reliable patient care. The Ready Reliable Care framework is the Military Health System's (MHS) effort to become a high-reliability organization (HRO). With a goal to achieve zero patient harm while remaining committed to continuous learning and improvement, it abides by four domains of change: leadership's commitment to prioritize the effort at all levels of leadership; a culture committed to safety and preventing harm; continuously improving to advance innovative solutions and spread leading practices; and a patient-centered focus on safety and quality of care. This means improving patient outcomes through more reliable processes to provide safe, high-quality care for all patients and their families.

### **AIR FORCE MEDICAL HOME (AFMH)**

The 509th Medical Group embraces AFMH. Our goal of utilizing this model is to deliver the highest quality, evidence-based, patient-centered care to you through:

- Team oriented processes
- Enhanced access
- Improved provider continuity
- Superior communication
- Coordinated prevention and education

Each patient's Medical Home is based on factors, such as military status, patient age, and availability of providers. As a general guideline:

Active Duty Service Members (ADSMs) will be assigned based on their squadron assignment. The 3 ADSM Medical Homes are:

- Warrior and Operational Medical Clinic (WOMC)
- Nuclear and Operational Medicine Clinic (NOMC)

- Flight and Operational Medicine Clinic (FOMC)

Active Duty Family Members (ADFM)s, Retirees and their family members will be assigned based on age or preference. The 2 Medical Homes for these beneficiaries are:

- Non-Active Duty Family Health
- Pediatric Clinic

## KEY MEMBERS AND ROLES OF YOUR MEDICAL HOME TEAM

### Front Desk Staff

- Verifies your identity and insurance eligibility when you check in.

### Primary Care Manager (PCM) or Provider

- May be a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA) or a Nurse Practitioner (NP)
- Clinical team leader who is responsible for all aspects of your care including preventative services.
- Develops strategies for care, in conjunction with your personal goals.

### Medical Technician

- Assists in providing care by gathering information including obtaining vital signs, determining which medications you are currently taking, etc. before you see the provider. May also assist PCM with medical procedures.

### Team Nurse

- Coordinates your care with other members of the team.
- Answers questions and concerns about your health care.
- Assists by gathering information from you for the PCM to develop a clear clinical picture of your condition(s)
- Communicates educational messages or lab/radiological test results to you on behalf of the PCM.

**Additional team members and services** are covered in other areas of this handbook and include the following areas:

Laboratory	Radiology	Immunizations	Pharmacy
Women's Health	Records Management	Referral Management	Family Advocacy
Case Manager	Disease Manager	Patient Advocate	Behavior Health
Public Health	Health Promotion / Nutritional Medicine	Exception Family Member Program (EFMP)	Alcohol & Drug Counseling (ADAPT)

**Active Duty Only Clinics:** Mental Health, Physical Therapy, Optometry,  
Dental

## REPORTING SAFETY CONCERNS

The following options may be used to report any safety concerns that you may have associated with the 509 MDG facility, operations or staff:

- Contact the Patient Safety Manager directly at 1-660-687-4364
- **ICE Comment Link** - <http://ice.disa.mil/> This link can be used to submit positive or negative feedback about our facility.
- Call 660-687-2188 or visit the MDG and ask to speak to a Patient Advocate.

## APPOINTMENTS

To make clinic appointment, choose one of these options:

- MHS GENESIS Patient Portal  
<https://patientportal.mhsgenesis.health.mil/>
  - Be sure to register for an account to use the portal – more information can be found in the MHSG Patient Portal section of this handbook)
  - Once you are in the portal, locate the “Schedule an Appointment” tab at the top of the page and follow the prompts to find available appointments with your Primary Care Manager.
- Call the Appointment Line at 1-660-687-2188. For hearing impaired patients with access to a TDD phone, please call our TDD line at 1-660-687-5059.
- Call the Nurse Advice Line at 1-800-874-2273 after clinic hours.

**Walk-in appointments are available for Active Duty only** Monday – Friday (8:00 a.m. – 11:00 a.m. and 1:00 p.m. – 3:00 p.m.)

- Sore throat/Strep testing (ages 3 and older)
- Pregnancy testing (must be 1 week late starting menses, you can either call 1-660-687-2188 to leave telephone message with your PCM team or check-in at your PCM team front desk)
- Urinary tract symptom testing (females only)
- Medication Injections (Depo-Provera, Depo-Testosterone, B-12, Synagis)
- Removal of staples or sutures regardless of which facility initially provided the care
- After an initial appointment and evaluation by your PCM:
  - Wart treatments
  - Blood pressure checks

**Members on Fly Status only:** report between 7:30 a.m. – 8:00 a.m. and 1:00 p.m. – 1:30 p.m. to Flight Medicine for Sick Call/Return to Fly.

**To cancel an appointment:** Please call 1-660-687-2188 or visit <https://patientportal.mhsgenesis.health.mil/> to cancel appointments if you are unable to attend. This allows the appointment to be available to other beneficiaries to utilize.

### **Appointments for 509 MDG Specialty areas:**

Referrals are not necessary for most of these areas, but you will need to call and schedule an appointment using the information below:

- Active Duty Optometry: 1-660-687-2188 Option 1, Option 5
- Active Duty Physical Therapy: 1-660-687-2128
- Active Duty Mental Health: 1-660-687-2188 Option 2, Option 5
- Nutritional Med: 1-660-687-3438
- Women's Health: 1-660-687-2188 and speak to the central appointment line.

In addition, the following specialty is available at the 509 MDG but does require a referral from your PCM:

- Behavioral Health Optimization Program (BHOP): 1-660-687-2188

## **HEALTHCARE BENEFITS AND INFORMATION**

### **Defense Enrollment Eligibility Reporting System (DEERS)**

To use TRICARE benefits, you must first be registered in DEERS.

DEERS is a data bank listing all active or retired service members and their families. It is used to verify and track eligibility for benefits. TRICARE beneficiaries should always keep their information up to date, including a current mailing address. Report any changes to your status (marriage, divorce, births, adoptions etc.).

- To view or update DEERS, you may choose one of the following options:
  - Visit <http://www.tricare.mil/DEERS>.
  - The Whiteman ID card office is located at 330 Ellsworth Lane, Whiteman AFB or can be reached at 660-687-6426 / 6535 for more information.

### **What is TRICARE?**

TRICARE is the uniformed services health care program for ADSMs, ADFMs, National Guard and Reserve members and their family members, Retirees and Retiree family members, survivors, and certain former spouses worldwide.



There are a variety of plans to choose from depending on who you and your sponsor are.

Enrollment and plan changes are only available during the two-week TRICARE Open Season (annually late November-December) or within 90 days of a Qualifying Life Event (QLE).

**To learn more:** visit [www.tricare.mil](http://www.tricare.mil) for the most up to date information about plans, costs, coverages, open enrollment and qualifying life events.

### **How do I enroll in TRICARE?**

Visit [www.tricare.mil](http://www.tricare.mil) to choose the correct plan for your needs.

- For clarifying questions contact:
  - TRICARE West Regional Contractor, Health Net Federal Services (HNFS) at 1-844-866-9378 or
  - The local benefits counselors within the 509 MDG at 660-687-2188, Option 3, Option 1.

There are three ways to enroll in TRICARE:

- **Online:** Visit [www.tricare.mil](http://www.tricare.mil)
- **Phone:** 1-844-866-9378
- **Mail:** Send a completed enrollment form along with your initial premium amount to one of the following:

<b>For TRICARE Young Adult</b>	<b>For all other TRICARE plans</b>
Health Net Federal Services PO Box 9028 Virginia Beach, VA 23450-9028	Health Net Federal Services PO Box 8458 Virginia Beach, VA 23450-8458

### **What is the Prime Service Area (PSA)?**

Prime Service Area is a 30 minute or less drive time from the MTF.

### **What is a PCM and how is the PCM assigned to patients?**

The PCM is responsible for providing all of your routine and non-emergent care along with most urgent care. For TRICARE PRIME members, PCM assignment is done by the TRICARE managed care support contractor.

- All members living within the PSA will be assigned a PCM who provides care at the 509th MDG.
- PRIME Remote ADSMs will be assigned a civilian (off-base) PCM.
- Non-ADSMs living outside of the PSA may be assigned a civilian PCM or choose to sign a drive-time waiver to see a PCM at the 509th MDG.

For questions or to change your PCM, contact Health Net Federal Services (HNFS) at 1-844-866-9378. If you have registered for a patient account with HNFS, you may also access the information at [www.tricare-west.com](http://www.tricare-west.com).

### **I am separating or retiring from the military. What do I need to know about my TRICARE benefits?**

Continuation of TRICARE benefits will depend on the circumstances leading to “getting out” of the military. Did you separate before retiring due to personal choice, medical reasons, or other? Did you complete 20 years of military service and retire? There are too many scenarios to list, but it is crucial for you to KNOW BEFORE YOU GO! Use the following resources to learn more about your personal circumstances:

- Attend a TAP briefing at your location installation prior to your final service date.
- Visit <https://www.tricare.mil>.
- Contact your local TRICARE Benefits Counselor at 660-687-2188, Option 3, Option 1.
- Contact the regional managed care support contractor (MCSC), HealthNet Federal Services (HNFS) at 1-844-866-9378.

### **What happens with my care and TRICARE coverage when I have a Permanent Change of Station (PCS)?**

For urgent care needs en route to your new location: Contact the Nurse Advice Line to find the closest in-network TRICARE facility to your location, if possible, and access care as needed.

PCM reassignment and TRICARE: Do not disenroll from any plan before you move. You are covered by your current healthcare plan on your way to the new location.

Once you arrive at your new location, to schedule appointments at a military treatment facility or to be assigned a new PCM – you must ensure that your location information has been updated in DEERS and notify the regional MSCC of your PCS move and your new address. To locate the MCSC for your new region, visit <https://www.tricare.mil>.

When you relocate, this is considered a Qualifying Life Event (QLE) by TRICARE and it opens up a 90-day period for you to make eligible enrollment changes. A QLE for one family member means all family members may make enrollment changes. Should unusual circumstances apply (i.e. four-month TDY en-route to PCS), contact TRICARE or your Military Beneficiary Counseling Assistance Coordinator (BCAC) <http://www.TRICARE.mil/bcacdcaof/>.

Be pro-active. Research specialists in your new area prior to arrival and schedule future appointments as needed to prevent breaks in care. However, be aware that new referrals will be necessary to see a new

specialist. You may need to see or speak to your new PCM for these referrals to be placed prior to an appointment.

### **Where can I find local help understanding my benefits or get assistance with billing issues?**

BCACs/Debt Collection Assistance Officers (DCAOs) are located in the 509th MDG. The BCAC/DCAOs are here to serve as problem-solvers for patients enrolled in TRICARE and can work with you to resolve concerns and questions. Call 1-660-687-2188, Option 3, Option 1 or visit a local BCAC on the 2nd floor of the Medical Group in the Referral Management Center.

## **DENTAL PLANS**

### **Active Duty Dental Program (ADDP)**

AD members are automatically enrolled and will receive care from the military dental treatment facility at no cost.

Prior authorization is required before seeing a civilian dentist.

### **Voluntary Dental insurance Plans for Non-Active Duty**

For all other beneficiaries (AD family members, Guard/Reservists and dependents, Retirees and their dependents) – dental insurance is a voluntary enrollment process. There will be out of pocket fees incurred to enroll and for certain treatments provided.

The type of dental coverage for non-Active Duty members is based on who you and your sponsor are.

To learn more visit <https://www.tricare.mil/Plans/DentalPlans>. This site contains the most up to date information about plans, costs, plan coverages and how to enroll.

## **HEALTHCARE CLAIMS**

Claims are filed for the provider to receive payment for their services after providing your medical care. Here are some general guidelines:

- In MOST cases, the provider will file the claim on your behalf.
- In some circumstances you may need to pay the provider at the time of service and file your own claims – be careful to complete the form correctly and include any necessary paperwork.

To file a medical claim:

- DD Form 2642 “Patients Request for Medical Payment” is available at [www.tricare.mil](http://www.tricare.mil).
- Send the DD Form 2642 and the claim to:  
TRICARE West Region, Claims Department  
P.O. Box 202112  
Florence, SC. 29502-2112

## BILLING ISSUES

Patients with billing problems should call Health Net Federal Services (HNFS) at 1-844-866-9378 initially to find resolution. If HNFS is unable to resolve the issue to your satisfaction, then contact the local BCAC/DCAO for assistance at 1-660-67-21288, Option 3, Option 1.

## REFERRALS AND PRE-AUTHORIZATIONS FOR NETWORK CARE AND PROCEDURES

A referral is a PCM or provider’s direction for a patient to see another provider for care that he/she doesn’t provide. A pre-authorization is the approval by your regional contractor to receive certain care from a referral. It is important for your specialty provider to obtain pre-authorizations before performing select tests or procedures for you. Obtaining appropriate referrals and pre-authorizations for network care will help avoid unnecessary out-of-pocket expenses.

To learn more about referrals and pre-authorizations:  
<https://www.tricare.mil/FindDoctor/Appointments/Referrals>

### Quick overview of when referrals are necessary:

TRICARE Prime Beneficiaries	Requires a Referral	Referral not Required <i>Always check for current exemptions</i>
<b>TRICARE Prime ADSMs</b>	All care your PCM doesn't provide to include urgent care, routine care, preventative care, specialty care	<ul style="list-style-type: none"> <li>• Emergent care</li> </ul> Will need to obtain pre-authorizations for all specialty care.
<b>TRICARE Prime All non-ADSM Beneficiaries</b>	Most Specialty care and some diagnostic services	<ul style="list-style-type: none"> <li>• Urgent Care</li> <li>• Preventative services</li> <li>• Outpatient mental health care</li> </ul> Will need to obtain pre-authorizations for all specialty care.

<b>Other TRICARE Plans (Select, Reserve Select, For Life and Young Adult)</b>	Applied Behavioral Analysis	No specialty care but you may need pre-authorizations for some services.
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**What happens when my PCM “refers” me off-base?**

1. Your PCM enters a referral which is then sent to HFNS to review for clinical necessity, covered benefits and to determine if care is authorized or denied.
2. HNFS will assign a network provider for authorized medical care.

Note: It is important to note that although your PCM places the referral, the TRICARE Managed Care Support Contractor (i.e. HNFS) holds the final approval/denial authority for all referrals and pre-authorizations even

**To locate your referrals to the network, utilize the HNFS website [www.tricare-west.com](http://www.tricare-west.com) and follow these steps:**

- Select Beneficiaries
- Select Account
  - At the prompt, register for a new patient account or sign in
- After signing in, you should see “TRICARE West Secure for Beneficiaries” at the top of the screen.
  - Select the tab to the left titled “Check Authorizations”
- Enter the name of the person on this patient account and choose a date range that will include the referral you are looking for.
- Choose the appropriate referral to open a secondary screen.
- You should see how HNFS has processed your referral (approved or denied) and you should also see a provider name with contact information who HNFS as assigned to provide your care.

\*Note: For website technical difficulties, call HNFS at 1-844-866-9378.

**If you decide not to utilize a referral:** Call the RMC at 1-660-687-2188 Option 3, Option 1.

**For referral questions or assistance:** Contact HNFS at 1-844-866-9378 or an RMC representative at 1-660-687-2188 (Option 3, Option 1).

**TRAVEL REIMBURSEMENT FOR MEDICAL**

AD members are authorized travel reimbursement for medical appointments outside the local travel area through DTS according to regulatory guidance via the **Joint Travel Regulations**.

TRICARE Prime Family members can seek mileage reimbursement only if following criteria has been met:

- The medical appointment is more than 100 miles (one way) from the MTF's address to the network providers' address or
- The care is not available by a network or non-network provider within the 100-mile radius

For more information refer to:

<https://www.tricare.mil/Plans/HealthPlans/Prime/TravelReimb>

For questions regarding medical travel reimbursement, please contact the TOPA office at 660-687-2188, Option 3, Option 1.

## NURSE ADVICE LINE (NAL)



### What is the NAL?

The NAL is an online healthcare triage system available 24/7, at no cost to you. You can speak to a Registered Nurse or representative who can:

- Provide healthcare advice and answer your urgent care questions
- Help you find local healthcare facilities
- Schedule same day/next day appointments at military hospitals and clinics
- Provide a nurse with specialized pediatric training to speak with

### Notes:

- For Active Duty Service Members, the NAL will generate an Urgent Care referral to meet necessary requirements. The NAL can also provide a "Sick Slip" if needed which can be sent to you via email or text or by logging into <https://mhsnurseadvice.com/home>.
- The NAL should only be used when the clinic is closed or you have traveled outside the local treatment area and could not be seen at your assigned clinic for acute issues.

### How Do I Contact the NAL?

Call 1-800-TRICARE (874-2273), Option 1.

## EMERGENCY MEDICAL

### What is an Emergency?

TRICARE defines a medical emergency as a serious medical condition

(illness or injury) that the average person would consider to be an immediate threat to life, limb, eyesight, or safety.

**FOR EMERGENCIES:  
DIAL 911 OR  
GO TO THE NEAREST  
EMERGENCY DEPARTMENT.**

For all non-emergent conditions, please schedule an appointment with your PCM or contact the Nurse Advice Line for recommendations.

Notes:

- You do not need a referral or permission to access emergency medical care.
- It is recommended that you notify your PCM within 24 hours or the next business day after utilizing ER to coordinate care and ensure referrals are placed for any follow up specialty care.

The 3 closest Emergency Departments to Whiteman AFB are:

Western Missouri Medical Center  
403 Burkarth Rd, Warrensburg, MO 64093

Bothwell Regional Health Center  
601 E 14th St, Sedalia, MO 65301

Golden Valley Memorial Hospital  
1600 N. 2<sup>nd</sup> Street, Clinton, MO 64735

**PRP/AUoF/FLYERS patients MUST notify their monitors  
and follow proper procedures after Emergency Care  
has been utilized**

## **MILITARY HEALTH SYSTEM GENESIS (MHS) PATIENT PORTAL**

### **What is the MHS Patient Portal?**

The Patient Portal is a secure service that gives registered users access to online health care information and services at military hospitals and clinics

MHS GENESIS Patient Portal is recommended for **non-acute/non-urgent** communication with your PCM team. The Patient Portal messaging system is compliant with the Health Insurance Portability and Accountability Act (HIPAA) and provides more security for your protected health information.

When using this system, someone from your PCM team should acknowledge your message within 24 hours and respond with a plan of care/action within 72 hours.

The Patient Portal allows you to:

- Request appointments
- Request medication renewals,
- Receive results of medical tests
- Direct healthcare related questions to your Primary Care Manager (PCM) or Medical Home Nurse
- Access patient information handouts and educational material
- Receive general interest messages, such as unplanned clinic closures, information related to flu season, etc.

### How Do I Register for the MHSG Patient Portal?

To self-register, visit <https://patientportal.mhsgenesis.health.mil>.



### INDIVIDUAL MEDICAL RESPONSIBILITIES FOR PRP and AUoF MEMBERS

Each time you visit the clinic you are responsible for informing clinic staff that you are on PRP or AUoF. If you have any questions about your medical responsibilities while on PRP/AUoF status, please call the Nuclear and Operational Medicine Clinic (NOMC) at 1-660-687-4299.

NOMC does **NOT** have sick call

Fit for Duty hours are from **7:30 a.m. – 8:30 a.m. & 1:00 – 2:00 p.m.** on Monday - Friday except on the 3<sup>rd</sup> Thursday of the month when we are closed for training.

These walk-in appointments are administrative only & used to provide recommendations to commanders about the suitability of a member for performing PRP/AUoF duties.



## **ARE YOU ON PRP/AUoF?**



## **ALWAYS NOTIFY CLINIC STAFF**

### **OVERVIEW OF 509TH CLINICAL SERVICES**

#### **Flight Medicine Services**

Flight Medicine services are available for Active Duty 2992 holders on flying/special operational status. Appointments are made by calling the Flight and Operational Medicine Clinic at 687-4299-2157, Monday through Friday from 0730-1630.

Sick call is only offered to Active Duty members on flying/special operational status. Sick Call is for members who have acute health concerns and/or scheduled for missions that same day. 2992 holders 82that need to return to fly after DNIF/DNIC/DNIA. Hours are 0730-0800 and 1300-1330 Monday- Friday except on the 3<sup>th</sup> Thursday of the month when we are closed for training.

#### **Women's Health Services**

Gynecological services are offered at the Clinic including care of women throughout the life span. Some of the services that are provided include

pap smears, breast exams, and initial evaluation for infertility, family planning, menopause management, intrauterine devices, implantable contraceptives, endometrial biopsy, and colposcopy. For patient sensitivity reasons, please try to arrange for child care prior to your appointment. Routine appointments can be made by calling the Appointment line at 1-660-687-2188.

Obstetrical services are not available at the 509TH MDG. A referral will be placed to send you to a network provider for this service.

### **Immunizations Clinic**

Hours of Operation: Monday-Friday 0730-1630, closed daily 1200-1300.

TB Skin Testing: Every day except for Thursday (must be able to return to have the test site read 48-72 hours later).

### **Optometry Clinic (Prioritized to ADSMs)**

Non-Active Duty TRICARE Prime beneficiaries are only seen at the clinic on a space-available basis.

Be prepared for eye dilation as part of annual exams. Sensitivity to bright lights or blurred vision may persist for several hours afterwards. Glasses are preferred over using contacts and having an available back-up driver is recommended after the exam is completed.

Military spectacles are provided to Active Duty and Retired personnel with a current prescription less than one year old.

TRICARE Prime covers routine eye exams by civilian providers:

- For Active Duty Service Members to maintain fitness for duty if referred by the PCM
- Once a year for Active Duty Family Members
- Every two years for all other TRICARE Prime beneficiaries (e.g. Retired service members, their families, etc.)
- Once a year for diabetic patients

Non-Active Duty Members do not need referrals for routine eye exams. However, referrals are necessary for any specialty care required.

### **Physical Therapy Clinic (Prioritized to ADSMs)**

The goal of Physical Therapy is to provide evidence-based care to reduce pain and restore function following musculoskeletal injury or orthopedic surgeries.

Physical Therapy accepts referrals from military and authorized civilian healthcare providers through the Referral Management Center. Also, handwritten scripts from off-base providers may be brought directly to the Physical Therapy clinic for scheduling.

Appointments may also be booked by calling Central Appointment at 1-660-687-2188, option 4, and then option 2.

At your initial visit, the therapist will perform a comprehensive evaluation to determine your specific physical dysfunction or impairment. A unique treatment program will be designed utilizing combinations of home exercise plans and in-clinic visits with the therapist and technicians as appropriate.

### **Mental Health (Prioritized to ADSMs)**

Appointments can be made by calling the Central Appointment Desk at 1-660-687-2188, option 2, option 5.

**The Mental Health Clinic** provides services to help treat depression, stress, anxiety, sleep difficulties, communication skills, and marital conflict, etc. Various treatment modalities may be used to include individual, couples or group sessions. Educational briefings are available to address stress management, responsible drinking, sleep enhancement, healthy relationships, positive coping skills and a variety of other issues. Psychological testing is also available.

**Family Advocacy Program (FAP):** provides services to develop and foster greater family satisfaction and cohesion. FAP is divided into three components:

1. Outreach: Classes, psychoeducational groups, and in-services available to increase marital satisfaction, improve parenting skills, and to enhance family unity and communication. Participation is 100% voluntary.
2. New Parent Support Program (NPSP): an educational, home-based program provided by a Registered Nurse. It is available for parents who are expecting a child and/or have children up to three years of age. Useful information regarding breastfeeding, child development, parenting information and appropriate forms of discipline is provided to help new parents or parents with changing family dynamics.
3. Maltreatment Program: designed for families who have recently experienced or have ongoing family maltreatment issues. Support is provided through individual, marital, family and group therapy. The goal is to avoid any future incidents of maltreatment.

## **Alcohol and Drug Abuse Prevention and Treatment Program**

**(ADAPT):** The Air Force Medical Services recognize alcoholism and drug addiction as progressive, often chronic, disorders that are preventable and treatable. Treatment, management, and rehabilitation services are provided for Active Duty personnel. Treatment goals are to return the member to full duty status. Referrals are either command-directed, medical-referrals or can even be via self-referrals.

## **Dental (Prioritized To ADSMs)**

**Routine ADSM Dental Care:** comprehensive care is provided for all AD personnel and Reserve Component personnel on Active Duty orders.

To schedule routine dental appointments or for dental questions, contact the 509th Dental Clinic at 1-660-687-6825.

**ADSM Emergency Dental Care:** for acute infections, traumatic injury, or relief of pain is available at all times for Active Duty members. During normal duty hours, patients should call the Dental Clinic for an emergency appointment at 1-660-687-6825.

For after-hours emergencies, call 1-660-687-2188 and choose Dental Provider option.

**Dental for Non-Active Duty Members:** See page 7 of this handbook for more information on obtaining dental coverage and care. The 509th Dental Treatment Facility is only available to non-active duty members in limited situations as described below.

Routine, preventative and emergent dental care needs to be sought from your civilian dentist. Purchasing dental coverage through the appropriate dental insurance carriers is highly recommended to off-set out-of-pocket expenses.

- For family members of ADSMs who have not enrolled in the TRICARE Dental Program (TDP) only: these members may be seen for emergency treatment (severe pain, uncontrolled bleeding, acute infections or life-threatening situations) as a last resort.
- For family members of ADSMs who are PCS'ing overseas: a dental clearance is required prior to departure.
  - Family members in the TRICARE Dental Program (TDP) should have their civilian dentist complete the AF Form 1466D for dental clearance. Family members with significant dental defects are advised to have all required dental treatment completed prior to PCS because some dental services may be limited at specific OCONUS locations. For these reasons, Active Duty sponsors are encouraged to establish family members with a local TDP

civilian dentist as soon as possible to prevent delays in future assignment processes.

- For dependents that are not enrolled in TDP, a dental examination and AF Form 1466D completion may be accomplished by the military Dental Treatment Facility.

## **Nutritional Medicine and Health Promotion**

Health Promotion is the art and science of making healthy behaviors:

- The obvious choice through education
- The available choice through policy
- The popular choice by social and community engagement

Mission: To coordinate, evaluate, and promote installation-specific, evidence-based interventions that support healthy behavior change to optimize health and resilience in Air Force communities.

Lines of effort and services:

- Medical Nutrition Therapy (MNT) provided for patients with Diabetes, Hypertension, High Cholesterol, Food Allergies, Weight Management needs for Adults, Adolescents, and Children, Bariatric pre/post-surgery.
- Group education and enrichment programs such as commissary tours, meal preparation and planning, food label education.
- Coordinate internal and external educational resources for individuals on tobacco-free living, optimal nutrition, physical activity, sleep and fatigue management, and healthy weight.
- Assessment of population health needs for the installation.
- Identify high-risk units with suboptimal population health metrics.
- Provide unit commanders, first sergeants, and superintendents with actionable data on Airmen health.
- Collaborate with unit commanders to implement evidence-based unit health interventions that promote Airmen health, fitness, and mission performance
- Evaluate and implement health communication interventions that promote healthy behaviors.
- Integrate and implement community outreach and prevention programs through actively participating in the installation Integrated Delivery System (IDS), Community Action Information Board (CAIB), and Population Health Working Group.
- Build 509 MDG capacities to effectively deliver clinical interventions that address health behaviors.

Additionally, body composition assessments are available through the Bod Pod service in the 509th Medical Group. Contact 1-660-687-1199 for details and appointment.

“Like” us on Facebook for weekly tips and updates on healthy living, we’re located at: [www.facebook.com/WhitemanNMHP](http://www.facebook.com/WhitemanNMHP)

Health Promotion Coordinator: 1-660-687-1199  
Community Dietitian: 1-660-687-DIET (3438)

## **Pharmacy**

### **Off-Base Prescriptions:**

The preferred method for receiving off-base prescriptions is via an electronic format. The Pharmacy does not accept “call-in” prescriptions. Although, not the preferred method, a faxed prescription may also be accepted. (Exception: Schedule II Narcotics prescriptions must be electronically received).

The fax number is 1-660-687-1878; the electronic address needed by your doctor is: DOD Whiteman.

### **Available Medications:**

Medications stocked in the pharmacy are determined by the Pharmacy and Therapeutics Committee of the 509th Medical Group. The medications included are based on each provider’s scope of practice. The pharmacy carries medications listed on the “BASIC CORE FORMULARY” (determined by the DoD Pharmacoeconomic Center), as well as medications deemed necessary to meet the needs of the local community. A listing of medications stocked by the 509th pharmacy is updated quarterly and is available from the pharmacy or online at <http://www.airforcemedicine.af.mil/MTF/Whiteman/Fill-and-Manage-Prescriptions/>

### **Medication Pick-up Guidance:**

Prescriptions may be picked up by persons 16 years of age or older upon presentation of a valid military ID card. Minors under the age of 16 years old may pick up their medications if they are emancipated, picking up contraceptives, medications for venereal disease, medications to treat drug/substance abuse or in an emergency case. PRP/AUoF members must pick up their own medications unless approved by NOMC.

### **Phone-in Refill Service:**

All prescription refills should be requested via the 24-hour phone-in refill service. Refills are ready the next duty day when called in before 1600 hours. Refilled medications must be picked up within 10 days. After 10 days, the refilled medication will be returned to pharmacy inventory.

Phone-in refill service is 1-660-687-2188, option 2, Option 1 or 1-800-334-2958.

### **Online Medication Refill Service:**

Refills may be requested via <https://patientportal.mhsgenesis.health.mil/>

TRICARE requires that all **BRAND-name only maintenance medications** must be picked up at a military pharmacy OR through Express scripts mail order pharmacy. To enroll for mail order deliveries, visit [www.express-scripts.com](http://www.express-scripts.com).

Pharmacy staff is available during duty hours to answer questions. Please call 1-660-687-2188, option 2, Option 1.

### **Exceptional Family Member Program**

EFMP is a Department of Defense program offered by all branches of the military. It is a mandatory enrollment program for all Active Duty Airmen who have a special needs family member. The program is comprised of three components:

- EFMP-Assignments (EFMP-A) considers the medical and educational needs of the family when required services are not available at the Airman's current or projected assignment location.
- EFMP-Family Support (EFMP-FS) works toward providing comprehensive and coordinated support to families. Support is provided by the Airman and Family Readiness Center (A&FRC) to all DoD ID cardholders assigned to the installation or located in the community. Some of the services offered include:
  - Information on local, state and federal resources for families
  - Workshops, seminars and support group information
  - Respite child care programs
- EFMP-Medical (EFMP-M) supports the EFMP through screening, enrollment and assignment coordination through the Family Member Travel Screening.

EFMP-M is located at the 509 MDG on the 2<sup>nd</sup> floor. For questions or assistance, please come by or call 1-660-687-6032.

### **Case Management (CM)**

CM is the process by which either a nurse or social worker, assists the beneficiary in meeting his or her specific needs. CM allows the beneficiary to have someone on his or her side when it comes to making decisions affecting the individual's health and well-being.

The program does require a beneficiary to meet certain criteria to participate. Those individuals most likely to receive CM are beneficiaries who have a high-risk, catastrophic or extraordinary condition like, cancer, organ transplants, traumatic brain injury or multiple complex medical

diagnoses. Beneficiaries may self-refer or may be referred by PCMs or other personnel acting on their behalf. The case manager will evaluate to determine eligibility for management or care coordination.

Case management is located at the 509 MDG on the 2<sup>nd</sup> floor in the same area as Referral Management. For questions or assistance, please come by or call 1-660-687-4169.

### **Laboratory**

The 509th clinical laboratory provides basic diagnostic and therapeutic laboratory procedures for authorized beneficiaries and is accredited by the College of American Pathologists.

Some analysis procedures cannot be performed at this MDG. In those instances, your lab sample may be sent to an accredited reference laboratory for testing. **It may take up to two weeks to receive results for tests that have been sent to a reference laboratory.**

The 509 MDG Laboratory accepts lab orders from MDG providers and authorized off-base providers.

- Tests ordered by on-base providers are sent to the lab electronically. (Report to the laboratory as directed by the clinic to have samples collected.)
- Tests ordered by off-base providers must be **written and signed** by the provider and should include the clinic's address, telephone and fax number, the provider's NPI number and a list of all tests being ordered. This information should be available to avoid unnecessary delays at patient check-in and when the results are sent to the provider. Tests results will be transmitted via fax to the ordering provider.

For convenience and timeliness of results, patients who have been referred to an off-base provider may use that provider's local laboratory to have the required testing performed. The laboratory fees are covered by TRICARE as part of the referral.

Questions regarding ordered tests and/or the results should be directed to the requesting provider. The laboratory staff is not authorized to release results directly to the patient. If needed, patients may obtain printed copies of test results from the Release of Information office.



## **Radiology**

The Radiology Department at the Whiteman AFB clinic provides routine X-rays. The 509 MDG Radiology department will accept orders from off-base or civilian providers for x-rays

**Mammography:** The Radiology department submits consults for annual screening mammograms. Please note: a referral or pre-authorization for a routine preventative screening mammogram is not required by TRICARE. However, many civilian providers/facilities will not perform the exam unless a referral is in place. If it has been more than 12 months since your last mammogram please contact us at 1-660-687-2180.

**Film Loan Policies:** Requests for the temporary sign-out of x-rays can only be made through the Radiology reception desk. X-ray copies will be furnished to patients that need them for off-base referrals/appointments.

If you are PCSing, retiring, or separating we recommend permanently signing-out original radiographs or CD copies for the sponsor and family members by furnishing a copy of your orders. This is especially important with mammography radiographs. Your new provider will need the actual films to compare with future exams.

**Exam Results:** Exams performed within the facility will be transferred to the Radiologist for interpretation and **results may take up to 3 business days**. Once completed the ordering PCM will notify you of the results/diagnosis. **The radiology staff is not authorized to release results directly to the patient.**

## **MEDICAL RECORDS**

Although the medical record contains private health information about the patient, the original record is the property of the United States government and must be maintained in the MTF. Medical information is carefully safeguarded in accordance with applicable laws. By order of the Assistant Secretary of Defense in charge of Health Affairs, all DoD medical facilities maintain a "closed" records system. Original medical records will not be released outside the DoD, or without your consent except in rare events.

### **Release of Information**

To obtain copies of medical records, you must complete a Request for Release of Medical Information. Information is released upon receipt of the written request and signed authorization from the patient, which will include the sponsor's social security number or DoD ID number. Clinic staff will help you complete your request, and the Release of Information

Office will notify you when your copy is available. Phone requests will not be honored.

If you are separating or retiring, please request your records at least 30 days in advance, if possible.

## **THIRD PARTY COLLECTIONS PROGRAM**

### **What is Third Party Collections?**

- We bill commercial health insurance companies for care received in the Military Treatment Facility.
- You will not be charged any deductible or co-payment for services at any military hospital.

### **What do I need to do?**

- Please bring your insurance identification card with you each time you visit the clinic.
- The front desk staff will ask for information regarding other health insurance and they will complete an electronic form 2569. You will be asked to sign the electronic form 2569 once a year indicating whether you do or do not have such insurance.

### **How Third-Party Collection helps the Clinic.**

- Allows funds to purchase needed equipment, supplies, furniture, renovations.
- Increases availability of healthcare services.
- Helps meet your policy deductible without raising your premiums or costing you anything.

## **POLICY ON USE OF CHAPERONES**

A chaperone will always be offered by clinic personnel performing procedures that involve exposure, examination, or treatment of private body areas (i.e. genitalia, rectum, buttocks, or female breasts) on patients of the opposite gender. All patients have the right to a chaperone at any time.

All providers have the right to have a chaperone present. The provider has the right to refuse to examine a patient for a routine, non-emergent matter if the patient refuses a chaperone.

In an emergent situation, examination of the patient will not be delayed because of difficulty in securing a chaperone. In such cases, the provider may proceed without a chaperone or use a chaperone that is not the same sex as the patient.

## **PATIENT ADVOCATE AND CUSTOMER SATISFACTION “FEEDBACK”**

Please help the Medical Group Commander provide the best possible care to all beneficiaries. If you have a concern, question, comment, or compliment, please ask to speak with the patient advocate for the section in question or simply fill out an Interactive Customer Evaluation (ICE).

This virtual comment card only takes a few minutes to complete and is available via the 509 MDG homepage at:

<http://www.airforcemedicine.af.mil/MTF/Whiteman/> or ICE website at:  
<http://ice.disa.mil/>

## **INTERPRETATION SERVICES**

The Clinic has access to Language Interpreter Services for non-English speaking patients. Please ask a member of your PCM (or healthcare) team for more information.

## PATIENT RIGHTS

**Medical and Dental Care:** Patients have the right to quality care and treatment consistent with available resources and generally accepted standards. The patient also has the right to refuse treatment to the extent permitted by law and government regulations, and to be informed of the consequences of their refusal.

**Respectful Treatment:** Patients have the right to considerate and respectful care, with recognition of his or her personal values and/or beliefs.

**Privacy and Confidentiality:** Patients have the right, IAW Health Insurance Portability Accountability Act (HIPAA) and Air Force regulations, to security, privacy and confidentiality concerning health care.

**Identity:** Patients have the right to know, at all times, the identity, professional status and professional credentials of health care personnel, as well as the name of the health care practitioner primarily responsible for their care.

**Explanation of Care:** Patients have the right to have their diagnoses, treatments, procedures and prognoses of illnesses explained in terms they can be expected to understand. When it is not medically feasible to give such information to the patient, it will be provided to appropriate family members or surrogates.

**Informed Consent:** Patients have the right to be given, in non-clinical terms, information needed to make knowledgeable decisions on treatment options. Such information should include explanation of the procedure, anticipated complications, risks, benefits and alternative treatments available.

**Research Projects:** Patients have the right to be advised if the medical facility proposes to engage in research associated with their care or treatment. The patient has the right to refuse to participate in any research projects. Currently, the Clinic does not participate in any research projects and does not have a local approving authority to do so.

**Safe Environment:** Patients have the right to care and treatment in a safe environment which meets appropriate safety codes and is prudently and reasonably managed.

## PATIENT RIGHTS CONT'D

**Medical Facility Rules and Regulation:** Patients have the right to be informed of the Clinic's rules and regulations that relate to patient and visitor conduct. The patient has the right to expect that explicit rules will be enforced for all.

**Patient Concerns:** Patients are entitled to information about the Clinic's mechanism for the initiation, review and resolution of patient complaints.

**Timeliness of Care:** Patients have the right to the most timely access and treatment that Clinic resources and medical circumstances allow.

**Advanced Directives and Living Wills:** In accordance with Missouri's Self-Determination Act of 1991, patients have the right to be provided information regarding their right to make advance directives concerning their medical care. Two avenues of advance directives are Living Wills and Durable Powers of Attorney. Patients can obtain these through the base legal office.

**Patient Representation:** The right of the patient's guardian, next of kin or a legally authorized responsible person to exercise, to the extent permitted by law, the rights delineated on behalf of the patient.

**Protective Services:** Patients have the right to access protective services such as Family Advocacy.

**Ethics:** The patient has the right to participate in ethical questions that arise in the course of his or her care.

**Pain Management:** Patients have the right to appropriate assessment and management of his or her pain.

**Filming, Recording, Pictures:** Any recording, pictures, or video of a patient acquired for medical reasons, such as, but not limited to, medical record keeping, consultation, or telemedicine, shall not be used without the patient's written permission.

## PATIENT RESPONSIBILITIES

**Provide Information:** Patients must provide, to the best of their knowledge, accurate and complete information about symptoms, past illnesses, hospitalizations, medications and other matters relating to their health. A patient must let his or her primary health care provider know whether he or she understands the treatment and what is expected of him or her.

**Respect and Consideration:** Patients must consider the rights of other patients and health care personnel. This includes ensuring that they and their visitors comply with noise, smoking and visitor congestion policies. Patients must respect the property of other persons and the clinic.

**Follow Treatment Plans:** Patients are strongly encouraged to follow treatment plans developed in conjunction with their PCM team. This includes keeping scheduled appointments and notifying clinics when they cannot keep appointments.

**Medical and Dental Records:** Patients must ensure they promptly return any medical documentation that they receive from referral providers to the Clinic for review by his or her PCM, proper filing and maintenance. The HIPAA guidelines govern patient rights to their medical record and medical information.

**Healthcare Management:** Patients will work with the healthcare team to develop appropriate self-management goals and be active participants in their plan of care.

## ADDITIONAL RESOURCES

### **Suicidal Thoughts**

(660) 687-3652 Spirit Chapel  
(660) 687-4341 Mental Health  
(800) 273-8255 Ntn'l Hotline/ Dial 988

### **Alcohol/Drugs**

(660) 687-3652 Spirit Chapel  
(660) 687-4341 ADAPT  
(660) 687-4341 Mental Health

### **Legal**

(660) 687-6809 Legal Services  
(660) 687-5738 Special Victim Council  
(660) 687-5556 Area Defense Council

### **Sexual Assault**

(660) 687-7272 SAPR (24/7)  
(660) 687-3652 Spirit Chapel

### **Harassment/Discrimination**

(660) 687-5736 Equal Opportunity  
(660) 687-3652 Spirit Chapel

### **Domestic Violence**

(660) 687-3652 Spirit Chapel  
(660) 687-4341 Family Advocacy  
(660) 324-4752 Victim Advocate (24/7)

### **Relationships, Marriage, Children**

(660) 687-7132 A&FRC/MFLC  
(660)687-4341 Family Advocacy  
(660) 687-3652 Spirit Chapel  
(660) 324-4752 Victim Advocate (24/7)  
(660) 687-6032/7774 EFMP  
(660) 687-7664/7132 School Liaison

### **Physical Health & Wellness**

(660) 687-1199 Health Promotion  
(660) 687-3438 Dietician

### **Spiritual/Religious Connection**

(660) 687-3652 Spirit Chapel  
(660) 687-3778 Chapel after Hours

### **USEFUL WEBSITES**

Whiteman Medical Group Homepage

<http://www.airforcemedicine.af.mil/MTF/Whiteman/>

The Whiteman MDG Homepage maintains a myriad of information about clinic services.

509th Medical Group Facebook page

<https://www.facebook.com/509MDG>

Health Promotion

[www.facebook.com/WhitemanNMHP](http://www.facebook.com/WhitemanNMHP)

TRICARE Homepage

[www.tricare.mil](http://www.tricare.mil)

Health Net Federal Services Homepage

[www.tricare-west.com](http://www.tricare-west.com)

United Concordia Dental

[www.uccitdp.com](http://www.uccitdp.com)

FEDVIP Retiree Dental Plans

[tricare.benefeds.com](http://tricare.benefeds.com)

milConnect

<https://milconnect.dmdc.osd.mil>

For Mail Order medication deliveries

<https://express-scripts.com>

MHS GENESIS Portal

<https://patientportal.mhsgenesis.health.mil/>



## GLOSSARY

ADSM	Active Duty Service Member
ADFM	Active Duty Family Member
AUoF	Arming and Use of Force
BCAC	Military Beneficiary Counseling Assistance Coordinator
DCAO	Debt Collection Assistance Officer
DEERS	Defense Enrollment Eligibility Reporting System
HIPAA	Health Insurance Portability and Accountability Act
HNFS	HealthNet Federal Services
MHSG	MHS GENESIS
PCM	Primary Care Manager
PSA	Prime Service Area
PRP	Personnel Reliability Program

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## MY PCM INFORMATION

Log into <https://milconnect.dmdc.osd.mil> at any time to learn who your PCM is or about changes that may have taken place.

Patient Name	PCM Team	PCM Name

If you wish to know more about your PCMs educational background or credentials – please speak to a representative at the 509th MDG primary care front desk or call a member of our TOPA flight at 660-687-2188 option 3, option 1.