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From: DOD, CENTCOM, ORGANIZATIONS, USCENTCOM JOC(MC)  
Subject: CFC FRAGO 09-1038 CONTRACTOR CARE IN THE USCENTCOM AOR

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- REF/A/DOC/USCENTCOM/27FEB03//AMPN/(U) OPLAN 1003V//
  - REF/B/MSG/USCENTCOMFWD/131720ZMAR03//AMPN/(U) CFC OPORD 09//
  - REF/C/DOC/USCENTCOM/27FEB03//AMPN/(U) ANNEX Q TO USCENTCOM OPLAN 1003V-CHANGE 1, MEDICAL SERVICES//
  - REF/D/DOC/DOD/30OCT05//AMPN/(U)DEPARTMENT OF DEFENSE INSTRUCTION (DODI) 3020.41, CONTRACTOR PERSONNEL AUTHORIZED TO ACCOMPANY THE U.S. ARMED FORCES.//
  - REF/E/DOC/JCS/06NOV90//AMPN/(U)DOD INSTRUCTION 3020.37, CONTINUATION OF ESSENTIAL DOD CONTRACTOR SERVICES DURING CRISES.//
  - REF/F/DOC/JCS/NOV94//AMPN/(U)DOD 4515.13-R, AIR TRANSPORTATION ELIGIBILITY.//  
REF/G/DOC/JCS/30JAN74//AMPN/(U)DOD INSTRUCTION 1000.1, IDENTITY CARDS REQUIRED BY THE GENEVA CONVENTION.//
  - REF/H/DOC/JCS/9SEP98//AMPN/(U) DOD INSTRUCTION 6000.11, PATIENT MOVEMENT.//  
REF/I/DOC/JCS/6APR00//AMPN/(U)JOINT PUB 4-0,DOCTRINE FOR LOGISTIC SUPPORT OF JOINT OPERATIONS, CHAPTER V.//
  - REF/J/DOC/JCS/5DEC97//AMPN/(U) DOD INSTRUCTION 1000.13, IDENTIFICATION (ID) CARDS FOR MEMBERS OF THE UNIFORMED SERVICES, THEIR DEPENDENTS, AND OTHER ELIGIBLE INDIVIDUALS.//
  - REF/K/DOC/DOD/10JUN04//AMPN/(U) MOA BETWEEN DOD AND DOS DELINEATING PROVISIONS FOR SUPPORT OF DOS AND ITS CONTRACTORS BY DOD.//
  - REF/L/MSG/061710ZJAN05//AMPN/(U) MOD 7 TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL UNIT DEPLOYMENT POLICY.//
  - REF/M/MSG/JCS/131037ZMAY05//AMPN/(U)MODIFICATION 003 TO AFGHANISTAN PHASE IV EXORD// REF/N/MSG/USCENTCOM/072259ZAPR05//AMPN/(U)IMPLEMENTATION OF JPTA IN USCENTCOM AOR.// REF/O/DOC/DOD/6JUN05//AMPN/(U)THE DEFENSE FEDERAL ACQUISITION REGULATION SUPPLEMENT (DFARS), SUBPART 225.74, DEFENSE CONTRACTORS OUTSIDE THE UNITED STATES.//
  - REF/P/DOC/DOD/12APR 06//AMPN/(U) DFARS PROCEDURES, GUIDANCE, AND INFORMATION (PGI) 225.74, DEFENSE CONTRACTORS OUTSIDE THE UNITED STATES.//
  - REF/Q/DOC/OSD/2005//AMPN/(U) ASH-HA MEMO ESTABLISHING CONTINGENCY HEALTHCARE RATES FOR OUTPATIENT AND INPATIENT CARE IN DEPLOYED ENVIRONMENTS//ORDTYPE/FRAGORD/USCENTCOM/JOC/JUL//TIMEZONE/Z//NARR/U//

**THIS IS CFC FRAGO 09-1042 CONTRACTOR CARE IN THE USCENTCOM AOR.**

THIS FRAGO SUPPLEMENTS ANNEX Q OF REF A AND B AND PROVIDES IMPLEMENTATION MEDICAL GUIDANCE TO DODI 3020.41 (REF D) TO COMPONENTS, CJTFs AND SUPPORTING COMMANDS, A CONCEPT OF OPERATIONS, AND ASSIGNS TASKS. THIS FRAGO APPLIES ONLY TO MILITARY TREATMENT FACILITIES IN SUPPORT OF HEALTH SERVICE SUPPORT OPERATIONS IN THE USCENTCOM AREA OF RESPONSIBILITY (AOR).//GENTEXT/SITUATION/1.

(U) SITUATION. THE USCENTCOM AOR IS GEOGRAPHICALLY AND ECONOMICALLY DIVERSE WITH CIVILIAN AND SECURITY INFRASTRUCTURE RUNNING THE GAMUT OF MEETING INTERNATIONAL STANDARDS OF HEALTH CARE TO FAILED STATES WITH LITTLE TO NO HEALTH CARE INFRASTRUCTURE. THIS FACTOR ALONG WITH THE OPERATING ENVIRONMENT AND THE SOPHISTICATION OF THE CIVILIAN HEALTH CARE INDUSTRY WITHIN THE VARIOUS COUNTRIES SIGNIFICANTLY INFLUENCES/DICTATES THE LEVEL OF HEALTH CARE SERVICES PROVIDED BY THE U.S. GOVERNMENT FOR ESSENTIAL AND CONTINGENCY CONTRACTOR PERSONNEL WORKING FOR AND WITH THE U.S. FORCES. HEREAFTER, THE TERM CONTRACTOR(S) APPLIES TO BOTH ESSENTIAL DOD CONTRACTORS AS ADDRESSED IN REF E AND CONTINGENCY CONTRACTOR PERSONNEL AUTHORIZED TO ACCOMPANY THE U.S. ARMED FORCES AS ADDRESSED IN REF D.

ADDITIONALLY, MANY DEFENSE CONTRACTORS WITH A CONTINGENCY MISSION PROVIDE ORGANIC HEALTH SERVICE SUPPORT (HSS) WITHIN THE TERMS OF THEIR CONTRACT AND ARE PROPERLY POSTURED TO PROVIDE PRIMARY CARE FOR THEIR EMPLOYEES. AS HOST NATIONS CONTINUE TO MATURE IN THEIR ORGANIC HEALTH SECTOR CAPABILITY AND THE SECURITY ENVIRONMENTS IMPROVE, THE MILITARY HEALTH CARE FOOTPRINT AND CAPACITY WILL CHANGE. IT WILL BE DESIGNED TO ACCOMMODATE THE ASSIGNED POPULATION AT RISK WHILE TAKING THE OPERATIONAL ENVIRONMENTS INTO CONSIDERATION. CONTRACTORS ARE RESPONSIBLE FOR THE HEALTH CARE OF THEIR PERSONNEL AND FOR COORDINATING APPROPRIATE MEDICAL SERVICES IN THE CIVILIAN SECTOR AS INFRASTRUCTURE AND THE OPERATING ENVIRONMENT ALLOW.//GENTEXT/MISSION/

2. (U) MISSION. NO CHANGE.//GENTEXT/EXECUTION/

3.(U) EXECUTION.

3.A. (U) CONCEPT OF OPERATIONS.

3.A.1. (U) CONTRACTOR PRIMARY HEALTH CARE IS NOT AUTHORIZED IN MILITARY TREATMENT FACILITIES IN THE USCENTCOM AOR UNLESS, IAW REFS D AND O, IT IS SPECIFICALLY STATED UNDER THE TERMS OF THE CONTRACT AND ON THE CONTRACTORS INDIVIDUAL LETTER OF AUTHORIZATION (LOA). THE LOA MUST BE ISSUED BY A CONTRACTING OFFICER UNLESS THE CONTRACTING OFFICER HAS AUTHORIZED, IN WRITING, A CONTRACTING OFFICER REPRESENTATIVE TO APPROVE THE LOA FOR THE CONTRACTS THEY OVERSEE. THE AUTHORITIES THE LOAS GRANT MUST BE CONSISTENT WITH THE LANGUAGE IN THE CONTRACT.

3.A.1.A.(U) THE CONTRACTOR LOA WILL SERVE AS THE BASIS FOR VERIFICATION AND ACCESS TO PRIMARY HEALTH CARE IN THE USCENTCOM AOR. RESUSCITATIVE CARE, AS DEFINED BELOW, IS THE DEFAULT LEVEL OF ACCESS IF THE LOA IS MISSING OR AUTHORIZATION FOR PRIMARY CARE IS NOT CLEARLY DELINEATED ON THE LOA.

PARAMETERS FOR LEVELS OF CARE ARE PROVIDED BELOW:

3.A.1.A.1.(U) RESUSCITATIVE CARE. RESUSCITATIVE CARE IS THE AGGRESSIVE MANAGEMENT OF LIFE, LIMB, AND EYESIGHT THREATENING INJURIES. INTERVENTIONS INCLUDE EMERGENCY MEDICAL TREATMENT, ADVANCED TRAUMA MANAGEMENT, AND LIFESAVING SURGERY TO ENABLE THE PATIENT

TO TOLERATE EVACUATION TO THE NEXT LEVEL OF CARE. CONTRACTOR PERSONNEL MAY BE AFFORDED RESUSCITATIVE CARE WHILE SUPPORTING CONTINGENCY OPERATIONS. RESUSCITATIVE CARE INCLUDES MEDICAL CARE WHEN LIFE, LIMB, OR EYESIGHT IS JEOPARDIZED AND EMERGENCY MEDICAL AND DENTAL CARE. EXAMPLES OF AN EMERGENCY INCLUDE: REFILLS OF PRESCRIPTION FOR LIFE-DEPENDENT DRUGS; BROKEN BONES; LACERATIONS; AND DENTAL CARE FOR BROKEN TEETH, BRIDGEWORK, OR LOST CROWNS OR FILLINGS, DEPENDING ON THE SEVERITY AND AVAILABILITY OF SERVICES ON THE LOCALLY.

3.A.1.A.2. (U) PRIMARY CARE. PRIMARY CARE IS DEFINED AS A BROAD CATEGORIZATION ON DISCIPLINES OF MEDICINE (WHOLE OR IN PART) TYPICALLY PERTAINING TO FAMILY MEDICINE, OCCUPATIONAL/PREVENTIVE MEDICINE, EMERGENCY MEDICINE, PEDIATRICS, INTERNAL MEDICINE, AND SELECTIVE OB/GYN. THIS CATEGORIZATION TYPICALLY DOES NOT INCLUDE MEDICAL, SURGICAL OR DIAGNOSTIC SUBSPECIALTY CARE (I.E. MEDICAL: CARDIOLOGY, RHEUMATOLOGY, GASTROENTEROLOGY, ENDOCRINOLOGY, DERMATOLOGY, ONCOLOGY, ETC. SURGICAL: GENERAL SURGERY, ORTHOPEDICS, CARDIOTHORACIC, NEUROSURGERY, ETC. DIAGNOSTIC: INTERVENTIONAL RADIOLOGY, PATHOLOGY, ETC.) ROUTINE PRIMARY MEDICAL OR DENTAL CARE IS NOT AUTHORIZED AND WILL NOT BE PROVIDED BY MTFs TO CONTRACTOR PERSONNEL UNLESS SPECIFICALLY AUTHORIZED UNDER THE TERMS OF THE CONTRACT AND THE CORRESPONDING LETTER OF AUTHORIZATION. PRIMARY CARE INCLUDES ROUTINE, NON-EMERGENT INPATIENT AND OUTPATIENT SERVICES; NON-EMERGENCY EVACUATION; PHARMACEUTICAL SUPPORT; DENTAL SERVICES AND OTHER MEDICAL SUPPORT AS DETERMINED BY THE APPROPRIATE COMPONENT/CJTF SURGEONS BASED ON EXISTING CAPABILITIES OF THE FORWARD-DEPLOYED MTFs.

ROUTINE REFILL OF PRESCRIPTIONS SHOULD BE ARRANGED THROUGH OTHER MEANS, SUCH AS A MAIL ORDER PHARMACY OR CONTRACTOR HEALTH CLINICS.

3.A.1.A.3.(U) ROUTINE CARE. ROUTINE CARE IS DEFINED AS A CATEGORY OF CARE BASED ON ACUITY/AVAILABLE RESOURCES AND TIME SENSITIVITY TO TREATMENT OF A PARTICULAR ILLNESS OR INJURY (TRIAGE). IT IS NOT DEFINED AS A PARTICULAR DISCIPLINE OF MEDICINE. TYPICALLY MEDICAL CARE IS GENERALLY CATEGORIZED AS ROUTINE, URGENT, OR EMERGENT IN THE DAY-TO-DAY MEDICAL PRACTICE.

ROUTINE CARE IS TYPICALLY THE LOWEST CATEGORY AND THE LEAST INFLUENCED BY AVAILABLE RESOURCES OR TIME SENSITIVITY. WHEN PRIMARY CARE AUTHORIZATION IS INCLUDED IN THE TERMS OF THE CONTRACT AND IS SPECIFIED ON THE INDIVIDUAL LOA, THEN IT INCLUDES ROUTINE CARE. NORMALLY, ROUTINE MEDICAL AND DENTAL CARE ARE NOT AUTHORIZED.

3.A.1.A.4. THE RESPECTIVE CONTRACTOR EMPLOYER IS RESPONSIBLE FOR ENSURING INDIVIDUAL EMPLOYEES ARE COGNIZANT OF THEIR ENTITLEMENTS TO DOD MEDICAL CARE WHILE DEPLOYED.

3.A.1.A.5.(U) DUAL STATUS PERSONNEL, DEFINED FOR THE PURPOSE OF THIS FRAGO AS RETIRED MILITARY NOW SERVING AS A GOVERNMENT CONTRACTOR, WILL RECEIVE NO LESS THAN SPACE AVAILABLE ACCESS TO ALL CATEGORIES OF MEDICAL CARE (RESUSCITATIVE, PRIMARY, ROUTINE) DUE TO THEIR RETIRED MILITARY STATUS AS PER REF C ABOVE. SPACE AVAILABLE IS DETERMINED BY THE COMPONENT/CJTF COMMANDERS OR THEIR DESIGNATED REPRESENTATIVES.

3.A.1.B.(U) MILITARY TREATMENT FACILITIES WILL REFUSE ACCESS TO CONTRACTORS WHO PRESENT THEMSELVES FOR ROUTINE NON-EMERGENT HEALTH CARE WITHOUT A VALID LOA AND APPROPRIATE IDENTIFICATION. IAW REFERENCES D AND O, THE LOA IS NECESSARY TO ENABLE A CONTRACTOR EMPLOYEE TO PROCESS THROUGH A DEPLOYMENT CENTER, TO TRAVEL TO, FROM, OR WITHIN THE THEATER OF OPERATIONS, AND TO IDENTIFY ANY ADDITIONAL AUTHORIZATIONS AND PRIVILEGES. THE LOA WILL STATE THE INTENDED LENGTH OF ASSIGNMENT IN THE THEATER OF OPERATIONS AND WILL IDENTIFY PLANNED USE OF GOVERNMENT FACILITIES AND PRIVILEGES IN THE THEATER OF OPERATIONS, AS AUTHORIZED BY THE CONTRACT. THE LOA MUST INCLUDE THE NAME OF THE APPROVING

GOVERNMENT OFFICIAL. FOR A SAMPLE LOA, SEE REF P, PARAGRAPH 225.7402-3(C). REF P IS AVAILABLE AT [HTTP://FARSITE.HILL.AF.MIL/VDFDARA.HTM](http://farsite.hill.af.mil/vdfdara.htm). AS APPROPRIATE, THE LOA LANGUAGE WILL INCLUDE THE CONTRACTORS INSURANCE BILLING INFORMATION FOR HEALTHCARE AND AEROMEDICAL EVACUATION. ADDITIONALLY, THE LOA LANGUAGE WILL SPECIFY EITHER RESUSCITATIVE (EMERGENCY MEDICAL CARE) OR ROUTINE PRIMARY CARE.

3.A.1.B.1.(U) TO THE MAXIMUM EXTENT POSSIBLE MILITARY TREATMENT FACILITIES WILL MAINTAIN LISTINGS OF APPROPRIATE HEALTH CARE FACILITIES SO THAT CONTRACTORS ARE ABLE TO SEEK SERVICES TO MEET THEIR PRIMARY HEALTH CARE NEEDS.

3.A.1.B.2. (U) CONTRACTORS AND THEIR EMPLOYEES ARE RESPONSIBLE TO REIMBURSE THE UNITED STATES GOVERNMENT FOR ALL COSTS ASSOCIATED WITH TREATMENT AND TRANSPORTATION TO THE NEAREST APPROPRIATE US MILITARY MEDICAL FACILITY OR NEAREST CIVILIAN HEALTH CARE FACILITIES WITHIN THE HOST NATION OR A THIRD COUNTRY IF REQUIRED. WHEN DOD RESOURCES ARE UTILIZED THE CONTRACTOR WILL REIMBURSE THE UNITED STATES GOVERNMENT. THIS REIMBURSEMENT IS THE RESPONSIBILITY OF THE CONTRACTOR, THE EMPLOYEE OR THE APPROPRIATE HEALTH INSURANCE PROVIDER. CONTRACTORS NEED TO HAVE PROVISIONS FOR ADVANCED PAYMENT FOR HEALTH CARE IN HOST NATION/CIVILIAN OR THIRD COUNTRY CIVILIAN FACILITIES AS IT MAY BE REQUIRED UP FRONT.

3.A.1.B.3. (U) ALL CONTRACTS THAT INTEND TO OBLIGATE DOD TO PROVIDE ANY LEVEL OF TREATMENT BEYOND RESUSCITATIVE CARE REQUIRE COORDINATION IAW REF P (PAR (A)(1)) WITH THE USCENTCOM STAFF JUDGE ADVOCATE. MEDICAL TREATMENT FOR COMBAT, COMBAT RELATED OR OTHER INEXTREMIS SITUATIONS WILL BE PROVIDED IAW REF C ANNEX Q TO USCENTCOM OPLAN 1003V-CHANGE 1.

3.A.2(U) AS PER REFS K AND M ABOVE, OTHER US GOVERNMENT FUNDED CONTRACTORS IN THE AOR WILL RECEIVE SPACE AVAILABLE SUPPORT UNTIL EITHER DOD RESOURCES TRANSITION OUT OF THE THEATER, THERE EXISTS SATISFACTORY AVAILABILITY AND STANDARD OF CARE, OR THE SECURITY SITUATION PERMITS THE USE OF HOST NATION MEDICAL FACILITIES, WHICHEVER COMES FIRST.

3.A.3.(U) CONTRACTOR PERSONNEL AND THEIR SUB-CONTRACT PERSONNEL WILL MEET THE MINIMUM SCREENING REQUIREMENTS IAW REF D, REF E, AND REF L ABOVE. MEDICAL WAIVERS REQUIRE THE WRITTEN APPROVAL OF THE USCENTCOM SURGEON OR THE APPROPRIATE COMPONENT SURGEON. CONTRACTORS AND SUB-CONTRACTORS WHO DO NOT POSSESS AN APPROVED WRITTEN MEDICAL WAIVER AND ARE SUBSEQUENTLY IDENTIFIED AS HAVING A DISQUALIFYING MEDICAL CONDITION BY AN IN-THEATER COMPETENT MEDICAL AUTHORITY, WILL, BE IMMEDIATELY REPORTED TO THEIR CONTRACTING OFFICER WITH A RECOMMENDATION THE CONTRACTORS BE IMMEDIATELY REDEPLOYED AND REPLACED AT CONTRACTOR EXPENSE AND A CREDIT BE NEGOTIATED TO THE CONTRACT FOR ANY DEGRADED CONTRACT PERFORMANCE.

3.A.4.(U) DATA COLLECTION

3.A.4.A. (U) JOINT PATIENT TRACKING APPLICATION (JPTA) WILL FACILITATE DOCUMENTATION OF CARE PROVIDED TO CONTRACTOR PERSONNEL AT ALL LEVELS.

3.A.4.B. (U) ALL CONTRACTOR PERSONNEL TREATED AT MILITARY TREATMENT FACILITIES IN THE USCENTCOM AOR WILL, AT A MINIMUM, BE REGISTERED IN JPTA USING THE STANDARDIZED REGISTRATION PROCESS AND ALL DATA FIELDS NECESSARY TO COMPLETE THE JPTA REGISTRATION. MANDATORY FIELDS ARE AS FOLLOWS:NAME,SSN (USA) OR IDENTIFICATION NUMBER (OTHERS), GENDER, AGE, EMPLOYER AND CONTRACT NUMBER, DATE, STATUS (IN OR OUT PATIENT), INJURY/ILLNESS NATURE, MECHANISM OF INJURY FOR NON-BATTLE INJURY (NBI) AND BATTLE INJURY (BI), INITIAL DIAGNOSIS, CONDITION CODE (NON-SERIOUS INJURY (NSI), SERIOUS INJURY (SI), VERY SERIOUS INJURY (VSI), DISPOSITION.

3.A.4.C.(U) OUTPATIENT ENCOUNTERS AT LEVEL I FACILITIES USING SERVICE SPECIFIC SYSTEMS LIKE THE BATTLEFIELD MEDICAL INFORMATION SYSTEM TACTICAL (BMIST) AND LEVEL II FACILITIES USING COMPOSITE HEALTH CARE SYSTEM II THEATER (CHCSII T) CAN CONTINUE TO USE THESE SYSTEMS TO DOCUMENT CONTRACTOR CARE BUT ALL MANDATORY FIELDS MUST BE COMPLETED. JPTA WILL RETRIEVE THIS DATA EVERY TWO HOURS USING AN EXISTING INTERFACE WITH THESE APPLICATIONS.

LEVEL I AND II FACILITIES CAN ALSO ENTER CONTRACTOR CARE DATA DIRECTLY INTO JPTA.

3.A.4.D. (U) INPATIENT ADMISSIONS AT LEVEL III FACILITIES REQUIRE REGISTRATION IN JPTA AS DIRECTED IN REF N ABOVE.

3.A.5.(U) EVACUATION.

3.A.5.A (U) CONTRACTOR PERSONNEL SHOULD BE PREPARED TO PERFORM SELF AID AND BUDDY CARE AND CASUALTY EVACUATION TO AN MTF OR MEDEVAC ASSET.

3.A.5.B.(U) MEDEVAC SUPPORT MAY BE PROVIDED IN NON-PERMISSIVE ENVIRONMENTS FOR ACTIONS IN DIRECT SUPPORT OF DOD OPERATIONS IN ACCORDANCE WITH LOCAL MEDEVAC PROCEDURES.

3.A.5.C.(U) CONTRACTORS AND THEIR EMPLOYERS ARE RESPONSIBLE FOR CARE BEYOND THAT DESCRIBED IN PARAGRAPH 3.A.1. ABOVE.

3.A.5.C.1.(U) PRIMARY PATIENT MOVEMENT OPTION FOR CONTRACTOR PERSONNEL IS CIVILIAN AIR AMBULANCE AS FAR FORWARD AS CAN BE PROCURED. COORDINATION AND PAYMENT IS THE RESPONSIBILITY OF THE CONTRACTING COMPANY IAW 3.A.1.B.2.

3.A.5.C.2.(U) SECONDARY PATIENT MOVEMENT OPTION FOR CONTRACTOR PERSONNEL IS DOD PATIENT MOVEMENT ASSETS. GENERALLY THESE MAY BE USED FOR MOVEMENT OF CONTRACTORS IN SUPPORT OF DOD OUT OF NON-PERMISSIVE ENVIRONMENTS ON A REIMBURSABLE BASIS. ONWARD MOVEMENT OF THESE PATIENTS FROM THE SUPPORTING DESTINATION AIRFIELD IS THE RESPONSIBILITY OF THE CONTRACTOR ORGANIZATION OR THEIR INSURANCE CARRIERS.

3.A.5.C.2.A.(U) MOVEMENT ON DOD ASSETS WILL COMPLY WITH CURRENT PATIENT MOVEMENT POLICY WITH THE MOVEMENT REQUIREMENT VALIDATED WITHIN TRANSCOM REGULATING AND COMMAND & CONTROL EVACUATION SYSTEM (TRAC2ES).

3.A.5.C.2.B.(U) CONTRACTORS ARE REQUIRED TO COORDINATE AND COMMUNICATE TO THE ORIGINATING MTF AND JPMRC THE FOLLOWING INFORMATION: THE ACCEPTING FACILITY AND CONTACT NUMBER, ACCEPTING PHYSICIAN AND CONTACT NUMBER, MOVEMENT COORDINATION DETAILS FROM PLANESIDE AT THE DESTINATION AIRFIELD TO ACCEPTING FACILITY, PROOF OF APPROPRIATE VISAS OR OTHER COUNTRY ENTRY PERMITS, COPY OF LOA, COPY OF IDENTIFICATION OF THE PATIENT, INSURANCE COMPANY POLICY NUMBER AND CONTACT INFORMATION.

3.A.6.(U) REIMBURSEMENT. CONTRACTORS AND THEIR EMPLOYERS, WHOSE PERSONNEL RECEIVE CARE IN MTFs ARE RESPONSIBLE FOR REIMBURSING THE GOVERNMENT FOR TREATMENT RENDERED. SUBSEQUENT TO THIS FRAGO USCENTCOM WILL WORK WITH THE JOINT STAFF AND OSD TO ESTABLISH A BILLING MECHANISM UTILIZING THE OSD ESTABLISHED OUTPATIENT AND INPATIENT RATES FOR CONTINGENCY OPERATIONS AS A BASIS FOR BILLING.3.B.(U) TASKS.

3.B.1. (U) USCENTCOM

3.B.1.A. (U) CCJ1, CCJ2, CCJ3, CCJ4, CCJ8, CCJA AND CCSG. PROVIDE INPUT THROUGH THE JOINT STAFF TO ENSURE COMPONENT REQUIREMENTS ARE INCLUDED IN THE OSD DEVELOPED JOINT DATABASE OF ALL CONTINGENCY CONTRACTOR PERSONNEL IAW PARAGRAPH 6.2.6. REF D.

3.B.1.B.(U) CCJ8, CCJA AND CCSG. WORK THROUGH THE JOINT STAFF TO ESTABLISH A BILLING MECHANISM FOR CONTRACTOR PERSONNEL THAT ACCESS DOD MEDICAL FACILITIES WITHIN THE CENTCOM AOR.

3.B.2. (U) COMPONENT AND CJTF COMMANDERS (ARCENT, CENTAF, MARCENT, CFLCC, NAVCENT, MNF-I, CFC-A, CJTF-HOA)

3.B.2.A.(U) PROVIDE INFORMATION TO POPULATE THE JOINT DATABASE ESTABLISHED PER PARA 3.B.1.A. ABOVE.

3.B.2.B.(U) INCORPORATE APPROPRIATE SPECIFIC LANGUAGE RELATING TO THE LEVEL OF HEALTH SERVICE SUPPORT AUTHORIZED IN ALL CONTRACTS. COORDINATE ANY PENDING CONTRACTS THAT GRANT HEALTH SERVICE SUPPORT BEYOND RESUSCITATIVE CARE THROUGH USCENTCOM PER PARA 3.A.1.B.3.

3.B.2.C.(U) ENSURE ALL CONTRACTORS AND SUB-CONTRACTORS MEET MINIMUM MEDICAL SCREENING REQUIREMENTS AS SPECIFIED IN E3 REF D, REF E, AND REF L, WHICHEVER IS MORE RESTRICTIVE.

3.B.2.D.(U) PROVIDE CARE TO ESSENTIAL CONTRACTORS AND CONTINGENCY CONTRACTORS AS SPECIFIED IN THEIR LOAS.

3.B.2.E.(U) ESTABLISH A PROCESS WITH THEIR MILITARY SERVICE THAT INFORMS COMPONENT PERSONNEL AND MEDICAL STAFFS OF NEW ESSENTIAL CONTRACTS.

3.B.2.F.(U) INPUT OUTPATIENT ENCOUNTERS AND INPATIENT ADMISSIONS FOR ALL CONTRACTOR PERSONNEL AND THEIR SUB-CONTRACTORS AS PER REF N AND PARAGRAPH 3.A.4. ABOVE.

3.B.2.G. (U) INFORM CONTRACTORS OF THEIR RESPONSIBILITY FOR ALL COSTS ASSOCIATED WITH TREATMENT AND TRANSPORTATION TO HOST NATION/SELECTED CIVILIAN HEALTH CARE FACILITIES. THIS REIMBURSEMENT IS THE RESPONSIBILITY OF THE CONTRACTOR, THE EMPLOYEE OR THEIR HEALTH INSURANCE PROVIDER.

PAYMENT FOR HEALTH CARE IN HOST NATION OR CIVILIAN FACILITIES MAY BE REQUIRED BEFORE TREATMENT IS RENDERED/SERVICES PROVIDED.

3.B.2.H.(U) ENSURE ALL CONTRACTORS ENTERING THE CENTCOM AOR HAVE APPROPRIATE LETTER OF AUTHORIZATION (LOA).

3.B.3.(U) ALL DOD AGENCIES, SUPPORTING FEDERAL AGENCIES AND SUPPORTING COMMANDS WRITING AND/OR EXECUTING CONTRACTS INSIDE THE USCENTCOM AOR (DYNAMIC NATURE OF CONTRACTING PRECLUDES LISTING SPECIFIC AGENCIES.)

3.B.3.A.(U) PROVIDE INFORMATION TO POPULATE THE JOINT DATABASE ESTABLISHED PER PARA 3.B.1.A. ABOVE.3.B.3.B.(U) INCORPORATE APPROPRIATE SPECIFIC LANGUAGE RELATING TO THE LEVEL OF HEALTH SERVICE SUPPORT AUTHORIZED IN ALL CONTRACTS. COORDINATE ANY PENDING CONTRACTS THAT GRANT HEALTH SERVICE SUPPORT BEYOND RESUSCITATIVE CARE THROUGH USCENTCOM PER PARA 3.A.1.B.3.

3.B.3.C.(U) ENSURE ALL CONTRACTORS AND SUB-CONTRACTORS MEET MINIMUM MEDICAL SCREENING REQUIREMENTS AS SPECIFIED IN E3 REF D, REF E, AND REF L, WHICHEVER IS MORE RESTRICTIVE.

3.B.3.D.(U) INFORM CONTRACTORS OF THEIR RESPONSIBILITY FOR ALL COSTS ASSOCIATED WITH TREATMENT AND TRANSPORTATION TO HOST NATION/CIVILIAN HEALTH CARE FACILITIES. THIS REIMBURSEMENT IS THE RESPONSIBILITY THE CONTRACTOR, THE EMPLOYEE OR THEIR HEALTH INSURANCE PROVIDER. PAYMENT FOR HEALTH CARE IN HOST NATION OR CIVILIAN FACILITIES MAY BE REQUIRED BEFORE TREATMENT IS RENDERED/SERVICES PROVIDED.

3.B.3.E.(U) ENSURE ALL CONTRACTORS ENTERING THE CENTCOM AOR HAVE APPROPRIATE LETTER OF AUTHORIZATION (LOA).3.C.(U) COORDINATING INSTRUCTIONS. DIRLAUTH ALCON. KEEP HEADQUARTERS, USCENTCOM INFORMED.

GENTEXT/ADMINAND LOGISTICS/

4. (U) ADMIN AND LOGISTICS. NO CHANGE.//

GENTEXT/COMMANDAND SIGNAL/