

FAARA 2018 Section 574 – FAA Employees in Guam



Sec. 574 (a)(1) and (a)(2)

Use existing authorities to negotiate an agreement to:

(1) authorize Federal Aviation Administration employees assigned to Guam, their spouses, and their dependent children access to Department of Defense health care facilities located in Guam on a space available basis; and

(2) to provide for payments by the Federal Aviation Administration to DOD for the administrative and any other costs associated with—

(A) enrolling FAA employees assigned to Guam, their spouses, and their dependent children in any DOD health care facility necessary to allow access pursuant to paragraph (1); and

(B) third-party billing for any medical costs incurred as a result of FAA employees, their spouses, or their dependent children accessing and receiving medical treatment or services at a DOD health care facility in Guam.

Sec. 574 (a)(1) and (a)(2) were completed via Interagency Agreement for DOD services on Guam between FAA and DOD.

That agreement allows for reimbursable health services on a space available basis consistent with Sec. 574 and remains in place through the period of the agreement which is September 30, 2031.

Sec. 574 (c). Report on Access to Facilities of the DOD in Guam.

The bulk of the items required in this report come from DOD in the subsequent pages of this deck. The FAA acknowledges the importance of our Air Traffic Services support to DoD and its mission on Guam and we believe DoD and FAA have a solid partnership in all operational endeavors.

FAA employees (and family members) experience medical conditions that can be most quickly addressed with immediate local medical care via DOD. And in some instances the alternative necessitates flying off the island to receive care for serious conditions.

The remaining items in Sec. 574, specifically, (c)(2)(A),(B),(C),(D),(F),(G) & (I) were provided by DOD as noted below.

3(C)(2)(A) - Evaluate the ability of Department of Defense support facilities in Guam to adequately serve current military personnel and dependent populations.

DoD RESPONSE: There are two MTFs on the island:

- Naval Hospital (NH) Guam, which is a small community hospital; and
- 36th Medical Group (36 MDG) at Anderson Air Force Base.

DoD RESPONSE continued

Overall, a weighted average of approximately 5% (space-a appointments divided by all appointments on the island) of appointments are available on a space-available basis, most of which are scheduled at NH Guam (6%) vs. 1% at 36 MDG. Primary Care: 8% of primary care patients were space-available at NH Guam; 0% at 36 MDG. Specialty Care: 3% of appointments were scheduled on a space-available basis (Ophthalmology, Orthopedics, Urology, General Surgery, Audiology, Dermatology and Urology). 36 MDG only has allergy and 1% were available on a space-available basis.

3(C)(2)(B) Determine how any substantial increases to military personnel and dependent populations in Guam would impact the ability of existing Department of Defense support facilities to provide services for military personnel and dependents stationed in Guam.

DoD RESPONSE: If there is substantial increases to military personnel and dependent populations in Guam, space available appointments may be reduced.

3(C)(2)(C) - Provide recommendations on any improvements to existing Department of Defense facilities which may be needed to ensure those facilities in Guam can support an increased population of military personnel and dependent population in Guam.

DoD RESPONSE: The Department of Defense can only provide care if the MTF has the CAPABILITY to provide the care, based on the patient's condition. As with ADFMs being assigned overseas and to remote areas, we recommend FAA family members be pre-screened, prior to assignment, to ensure the MTF has all the needed capabilities. This proposed process is consistent with the pre-screening required for AD Family Members before the assignment is approved.

3(C)(2)(D) - Consider the impact of expanded access to Department of Defense support facilities in Guam to Federal Aviation Administration employees and their families on the ability of those facilities to provide services to military personnel and their families.

DoD RESPONSE: HA Policy 11-005 states patients may receive care on a space-available basis, only, meaning if there is CAPACITY after the needs of the TRICARE-eligible beneficiary population have been met. There is no authorization for expanded access.

3(C)(2)(F) - Review the existing authorities authorizing eligibility and access for non-military personnel and their dependents to Department of Defense support facilities, including health care facilities, commissaries, and exchanges, outside the continental United States.

DoD RESPONSE: HA Policy 11-005 states patients may receive care on a space-available basis, only, meaning if there is CAPACITY after the needs of the TRICARE-eligible beneficiary population have been met. There is no authorization for expanded access.

3(C)(2)(G) - Determine the applicability of those existing authorities to Department of Defense support facilities in the U.S. territory of Guam.

DoD RESPONSE: Requirements are as follows:

1. We can only provide care if the MTF has the CAPABILITY to provide the care, based on the patient's condition. As with ADFMs being assigned overseas and to remote areas, we recommend FAA family members be pre-screened, prior to assignment, to ensure the MTF has all the needed capabilities. This proposed process is consistent with the pre-screening required for AD Family Members before the assignment is approved.

DOD Response continued

2. The patients may receive care on a space-available basis, only, meaning if there is CAPACITY after the needs of the TRICARE-eligible beneficiary population have been met.
3. The MTF will evaluate whether care is available on a space-available basis for each appointment and episode of care.
4. The patient will not have an identified Primary Care Manager (PCM) if seen on a space-available basis in primary care. The patient will see whichever PCM is available on the appointment date.

DOD response continued

5. If the patient requires follow-on care, which is either not available in the MTF or if there is no space-a capacity, the MTF is unable to help coordinate the care in the network. The patient will coordinate his/her own care in the private sector, which will be reimbursed by the patient's Federal Employee Health Benefits Plan (FEHBP) insurance plan.

6. We are required to bill for all care received in the MTF on a space-available basis. The patient is responsible for co-pays and deductibles, based on their FEHBP insurance plan.

3(C)(2)(I) - Determine any changes in laws or regulations that may be necessary to authorize Federal Aviation Administration employees and their families access to Department of Defense health care facilities, commissaries, and exchanges in Guam.

DoD RESPONSE: We do not need waiver authority or policy changes; providing care to government employees and their families overseas on a space-available basis, only, is permissible under the Economy Act. These patients are seen on a space-available basis, only, in category six of six as outlined in HA Policy 11-005, Access to Care.

DOD response continued

If the patient requires follow-on care, which is either not available in the MTF or if there is no space-a capacity, the MTF is unable to help coordinate the care in the network. The patient is on his/her own in coordinating care, to be reimbursed by the FEHBP.