

The Surgeon Generals of the Army, Navy and Air Force are committed to ensuring that there are clear guidelines, which facilitate case management for service members experiencing smallpox vaccine associated myopericarditis. The Office of the Secretary of Defense developed a memorandum dated June 9, 2003 which describes a uniform approach for evaluation of myopericarditis, and establishes a program for consultation and long-term follow-up.

Per Under Secretary of Defense memo dated December 13, 2002:

“A Reserve Component member who incurs or aggravates an injury, illness, or disease while performing inactive duty or active duty for less than 31 days is entitled to medical care appropriate for the treatment of the injury, illness, or disease. An adverse reaction from a DoD-directed immunization is a line of duty condition. Therefore, when a member of the RC presents for treatment at a military treatment facility (MTF), expressing a belief that the condition for which treatment is sought is related to receiving an immunization during a period of duty, the member must be examined and provided necessary medical care. For civilian health services outside an MTF related to evaluation and treatment for a vaccination-related condition, the member should contact their unit commander and/or call the Military Medical Support Office toll free (1-888-MHS-MMSO).”

In the memorandums referenced above, the Military Medical Support Office (MMSO) has been identified as the point of contact for providing appropriate civilian medical follow-up and payment arrangements for Reserve Component personnel.

The following questions and answers are intended to provide further guidance for reserve personnel and their units on the process for obtaining medical care and paying claims. These guidelines can be used when medical treatment/evaluation for smallpox complications result in the service member's retention on Active Duty to resolve the medical condition or to complete a disability evaluation. The guidelines are applicable to medical care for in line of duty injuries.

Q. What if the reservist is enrolled in TRICARE Prime Remote (TPR), is enrolled as eligible in DEERS and has a Primary Care Manager (PCM) who is following their care?

A. Care should be received from the PCM (or other provider as directed). Route the claims for medical care to the region of enrollment for processing and payment.

Q. What if the reservist is not enrolled to TPR, is enrolled as eligible in DEERS and resides within the catchment area of a Military Treatment Facility (MTF)

A. The care should be received from the MTF. Referrals for care outside of the MTF are coordinated by the MTF. Payment of claims for referrals is handled by the MTF.

Q. What if the reservist is not enrolled to TPR, is not enrolled in DEERS as eligible, does not have a PCM, and is outside the catchment area of an MTF, and resides in the area of their unit?

A. Unit should contact the Health Care Finder (HCF) in the appropriate region for assistance with locating a provider, or direct the reservist to the contact appropriate HCF.

The claim for medical care must be returned to the unit. The unit will route the claim for payment of medical care to the contractor in the appropriate region. The unit must route Eligibility documents (i.e., Line of Duty [LOD], Notice of Eligibility [NOE], orders extending the patient on active duty, etc.) to the MMSO as soon as possible so that the claims can be paid when the contractor routes them to MMSO for payment.

Q. What if the reservist is not enrolled in TPR, is not enrolled in DEERS, is retained on Active Duty but returns to their home of record and requires follow up care after return home?

A. The reservist must be:

-counseled before returning home that their unit must be notified of the need for care related to complications of the smallpox vaccine.

-informed that claims for medical care related to the smallpox vaccine must be sent to their unit.

The unit will:

Forward the medical claim to the contractor

Send eligibility documents to the MMSO as soon as possible so that the claims can be approved for payment by MMSO and processed for payment by the contractor.

The bottom line is, if the patient is not enrolled in DEERS, not enrolled in TPR, not within the area of an MTF and receives care from a civilian source for complications of the smallpox vaccine, it is imperative that MMSO receive eligibility documents (described above) so that the claims can be approved for payment. Sending the claims to the contractor without MMSO having the eligibility documents can result in delays of claims payment.

Additionally information about the smallpox vaccine can be viewed at the following website:

<http://www.smallpox.army.mil/>

As with all medical care, if there is an emergency that is related to an in line of duty illness or injury, the reservist should first seek treatment, and then notify their unit as soon as possible afterwards to ensure the above steps are accomplished.