DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, DC

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MEMORANDUM FOR SEE DISTRIBUTION

FROM: HQ USAF/SG
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

SUBJECT: TRICARE Prime Remote (TPR) Program and Special Duty Personnel

TRICARE Prime Remote was activated on 1 October 1999. This program extends the Prime benefit to Active Duty Service Members assigned to Geographically Separated Units (GSU) living and working over 50 miles from a Medical Treatment Facility (MTF). The goal is to allow GSU personnel to receive care in their local area, thereby limiting lost duty time while providing consistent and quality primary health care. However, the requirement to enroll GSU personnel to TPR conflicted with medical oversight of special duty personnel. As a result, the attached policy has been developed to better meet our GSU population's health care needs while ensuring mission safety is maintained.

This new policy allows special duty personnel assigned to a GSU to obtain routine acute care in their local community while assigned to a flight surgeon Primary Care Manager. In most cases, the GSU special duty member will obtain care in their local area. Flight surgeons will monitor all care provided to ensure AFI 11-401, Flight Management, requirements are met. In some cases, if there are concerns about fitness for continued military or special duty which cannot be handled remotely, special duty personnel will travel to an MTF for further evaluation or treatment. Additionally, the GSU special duty member will travel to the MTF for their annual Preventive Health Assessment.

My point of contact for the Special Duty Program is Lt Col Susan Northrup, AFMOA/SGOA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050 at DSN 297-4200. For more information concerning the TPR program, contact Maj Diane Reese, Health Benefits and Policy Division, HQ USAF/SGMA, 110 Luke Avenue, Room 400, Bolling AFB, DC 20332-7050 at DSN 297-4699.

PAUL K. CARLTON, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachment:
TPR Guidance

cc:
TRICARE Management Agency
Military Medical Support Office
HQ AFIA/SGP
311 HSW/CC

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TRICARE Prime Remote (TPR) Policy

Per AF Policy Directive 48-1, Aerospace Medical Program, the ability of the Air Force to conduct effective and sustained combat operations depends largely on the physical and mental health of its personnel. This is of particular importance for personnel in Special Duty positions. Therefore, the following policy will help facilitate the interaction of convenient health care with the overarching importance of close evaluation of our Special Duty personnel.

All personnel who require an AF Form 1042, Recommendation for Aeromedical Disposition, to perform their duties will be assigned to a Flight Surgeon Primary Care Manager (PCM). This should be at the closest medical treatment facility (MTF). Please refer to AFI 41-101, Obtaining Alternative Medical and Dental Care, Attachment 2, for the designated MTF area of responsibility for TPRs. Any Active Duty Service Member (ADSM) who is currently performing in a Special Duty position (flyers, controllers, etc.) will need to enroll to a Flight Surgeon PCM to retain their flying/controlling status. The annual Preventive Health Assessment must be performed at the closest MTF.

For the management of acute illnesses, Flight Surgeons must be contacted at the same time civilian care is scheduled. The Flight Surgeon will place the member in Duties Not to Include Flying (DNIF) status and reiterate documentation requirements prior to Return to Flying Status (RTFS). If the PCM cannot be reached within two hours, the ADSM may obtain the necessary care and provide pertinent information to the PCM for a retrospective review. The ADSM must place themselves in a DNIF status and inform their squadron. Per AFI 11-401, *Flight Management, paragraph 1.10.1, a person may not perform duties in Air Force aircraft* unless specifically authorized and physically and physiologically qualified. Failure to remove themselves from special duty status may be subject to administrative and/or military justice action. If there is a question of fitness for duty or possible admission, the member may be required to obtain subsequent care in the military system. The MTF TRICARE Flight Commander should be consulted in these cases.

Following emergency treatment, the members must contact their PCM as soon as possible after obtaining care. If the ADSM was admitted to an inpatient facility, the case should be evaluated for transfer to the MTF.

If the ADSM is not currently performing special duties they may enroll in TPR. For example, a pilot who is assigned as an ROTC instructor and is not currently flying may enroll in TPR. To maintain flight pay, copies of all medical care entries must be forwarded to the supporting flight medicine office. In addition, annual Preventive Health Assessments appropriate for the individual's AFSC must still be accomplished prior to the end of the ADSM's birth month at the closest MTF. ADSMs failing to meet physical exam requirements will be placed in a DNIF Status and forfeit flight pay.

The Flight Surgeon will follow local procedures for civilian health care by a TRICARE Prime enrollee. The member will be notified that they cannot perform flying/controlling/jumping/alert (DNIF/DNIC/DNIJ/DNIA) duties until they report back what care was provided. A point of contact in the Aerospace Medicine Clinic should be identified to ensure this process is well managed and accessible 24 hours a day. Once the Flight Surgeon evaluates the care provided, the member may be returned to flying/controlling status remotely. Copies of all AF Forms 1042 will be faxed to the member's unit the same day they are executed.

The key to success will be the *active participation of the Flight Surgeon.* Requiring special duty personnel to enroll to a military PCM must not be perceived as an administrative nuisance, and whenever appropriate, local civilian care must be permitted. Special duty personnel must understand that they remain in the military system to ensure medical oversight for aviation safety and fitness for duty determinations. Periodic visits to the Geographical Separated Unit (GSU), clear and consistent guidance, and prompt fitness for duty determinations will be essential. All personnel in the Flight Surgeon's office must understand this program and must actively serve these remote units.

Exceptions to this policy will be entertained on a case-by-case basis. Packages must have MAJCOM concurrence. My point of contact for the Special Duty Program is Lt Col Susan Northrup, AFMOA/SGOA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050 at DSN 297-4200. For more information concerning the TPR program, contact Maj Diane Reese, Health Benefits and Policy Division, HQ USAF/SGMA, 110 Luke Avenue, Room 400, Bolling AFB, DC 20332-7050 at DSN 297-4699. Please contact them with any questions or concerns you may have with this guidance.