

509th Medical Group Patient Handbook



Clinic Hours

Monday-Friday, 7:30 a.m. to 4:30 p.m.

Clinic Closures

Federal Holidays

Family Days – Closed after noon (unless otherwise posted)

Training Day - Third Thursday every month

Inclement Weather – follows Wing Directives

Main Contact Number: 660-687-2188

Website: <https://whiteman.tricare.mil>

Facebook: AFMS – Whiteman – 509th Medical Group

Handbook current as of 2025

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509TH MEDICAL GROUP MISSION STATEMENT

Assure Nuclear Operations and Global Strike Through Elite Patient- Centered Care

509TH MEDICAL GROUP VISION STATEMENT

Gold Standard for Health Care

509TH MEDICAL GROUP PRIORITIES

Readiness – Prepare medics for full-spectrum operations through training and exercise.

Processes – Standardize communication and follow processes.

Culture – People, Patient Safety, and Personnel Reliability Assurance Program (PRAP)

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.

REPORTING SAFETY CONCERNS

Use any of these options to report safety concerns:

- Contact the Patient Safety Manager directly at 660-687-4364
- Submit an Interactive Customer Evaluation (ICE) Comment - <https://ice.disa.mil/> (Whiteman AFB – Health)
- Ask a member of the MDG staff to speak with the patient advocate in the clinical area where the safety concern occurred.

PATIENT CENTERED MEDICAL HOME (PCMH)

PCMH is a team-based care model, led by a PCM, with supportive team members such as nurses, technicians, and administrative staff. The PCM led team is responsible for all a patient's health care needs and for coordinating or integrating specialty health care and other professional services for them.

The 509th MDG PCMH model structure focuses on our Primary Care clinics as we provide health care services to active duty service members (ADSMs), National Guard and Reserve members, retirees, and the eligible dependents of these group members. Utilizing this model, we strive to provide continuous, accessible, family-centered, comprehensive, compassionate, and culturally sensitive health care to achieve the best outcomes.

In addition to our primary care clinics for ADSMs and non-ADSMs, the 509th MDG has the following supportive or ancillary care areas available:

Laboratory	Radiology	Immunizations	Pharmacy
Women's Health	Records Management	Referral Management	Family Advocacy
Case Manager	Disease Manager	Patient Advocate	Behavioral 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			

APPOINTMENTS

The following options are available to schedule primary care clinic appointments:

- MHS GENESIS Patient Portal <https://my.mhsgenesis.health.mil/>
- See the MHS GENESIS Patient Portal section of this handbook for more information about registering for a patient account if needed.
- Use the "Schedule an Appointment" tab at the top of the portal page and follow the prompts to find available appointments with a PCM.
- During business hours, call the Appointment Line at 660-687-2188. For hearing impaired patients with a teletypewriter (TTY) communication system, call 660-687-5059.
- After business hours, call the Military Health System Nurse Advice Line at 1-800-874-2273.

Walk-in appointments are available for AD only: Monday-Friday, 0800-1100 and 1300-1500.

- Sore throat/Strep testing
- Pregnancy testing (must be 1 week late starting menses). Call 660-687-2188 to leave a message for the PCM team or check-in at the front desk)
- Urinary tract symptom testing (females only)
- Medication Injections (Depo-Provera, Depo-Testosterone, B-12, Synagis)
- Staple or suture removal (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 0730-0800 and 1300-1330 to Flight Medicine for Sick Call/Return to Fly.

To cancel an appointment: If unable to use an appointment, call 660-687-2188 or visit <https://my.mhsgenesis.health.mil/> to cancel so other beneficiaries may utilize the slot.

Appointments for specialty care:

Most clinic specialty care services can be scheduled via the main appointment line. For more information on our specialty services please view their section within the handbook.

The following specialties require a referral from the PCM team

- Behavioral Health Optimization Program (BHOP)
- Disease Management
- Case Management

HEALTH CARE BENEFITS AND INFORMATION

Defense Enrollment Eligibility Reporting System (DEERS)

A person must be registered in the DEERS data bank to use TRICARE benefits. It is important to keep personal information up to date, including a current mailing address and status changes (marriage, divorce, births, adoptions etc.).

- To view or update DEERS, choose one of the following options:
 - Visit <https://www.tricare.mil/DEERS>.
 - Visit Force Support Squadron (FSS) at 330 Ellsworth Lane, Whiteman AFB or call 660-687-6426. Hours: Monday-Friday, 0730-1500.

TRICARE

Visit www.tricare.mil for the most up to date information about TRICARE plans, costs, coverages, and important announcements.

Managed Care Support Contractors (MCSC) organizations are contracted by the Department of Defense (DOD) to perform contract administration for TRICARE.

What is the MCSC responsible for:

- Processing TRICARE enrollments
- Processing TRICARE plan changes
- Assigning a patient's PCM
- Processing all referrals to a civilian (network) provider
 - Authorizations and Denials
- Prior authorization of all surgeries and procedures which require additional approval prior to
- Customer Service
 - Referral authorization issues
 - Billing and claims issues
 - Concerns with TRICARE enrollments, plan changes and PCMs

509th MDG falls in the Western Region and has the following MCSC:

TRIWEST Health Care Alliance

PHONE: 888-874-9378

WEBSITE: <https://tricare.triwest.com/en/beneficiary/>

TRICARE enrollment

New enrollment and plan changes are available during annual TRICARE Open Season which occurs mid-November thru mid-December). Enrollment or plan changes are also available within 90 days of a Qualifying Life Event (QLE) such as enlistment, retirement, new births, moving to a new zip code, etc.

Visit www.tricare.mil to choose a preferred plan.

- For clarifying questions contact:
 - TRIWEST at 1-844-866-9378 or
 - A local benefits counselor 660-687-2188, option 3, option 1, option 2.

Three ways to enroll in TRICARE:

- **Online:** Visit <https://www.tricare.mil/west>
- **Phone:** 1-888-874-9378
- **Mail:** Send an enrollment form with an initial premium amount to one of the following:

For TRICARE Young Adult TriWest Healthcare Alliance PO Box 8890 Virginia Beach, VA 23450-9028 Fax 866-566-9915	For all other TRICARE plans TriWest Healthcare Alliance PO Box 8850 Virginia Beach, VA 23450 Fax 866-566-9915
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TRICARE Prime Distance and Drive Time Standards: Prime Service Area (PSA) affects where you can enroll:

TRICARE Prime Enrollment: to enroll in TRICARE Prime, you must live:

- 1) Inside a Prime Service Area (PSA) which is determined by the distance from the Military Treatment Facility (MTF) and a patient's home address. The PSA for the 509th MDG includes anyone who lives within a 30-minute drive time of the MTF.
- 2) Within 100 miles of a primary care manager (PCM).

Drive Time Standard:

- 1) 30 minutes from your residence to PCM for primary care
- 2) 60 minutes from your residence for specialty care

For more information: <https://tricare.mil/Plans/Enroll/Prime/AccessStandards>.

PCM Assignment

TRICARE Select is a self-managed care option giving patients the freedom to choose health care providers. (To learn more about this plan – visit <https://tricare.mil/Plans/ComparePlans>.

TRICARE PRIME members are assigned a PCM by the TRICARE managed care support contractor (MSCS).

- PRIME members living within the PSA will be assigned a 509th MDG PCM.
- ADSMs on PRIME Remote ADSMs will be assigned a civilian (network) PCM.
- Non-ADSMs living outside of the PSA may be assigned a civilian PCM or may choose to sign a drive-time waiver to enroll to a PCM at the 509th MDG.

To ask questions or change a PCM, contact TRIWEST 1-888-874-9378 or visit <https://tricare.triwest.com/en/beneficiary/>.

TRICARE: Military Separation or Retirement

Continuation of TRICARE depends on everyone's circumstances (voluntary separation, medical separations, retirement, etc.) KNOW BEFORE YOU GO! Learn more about your future benefits using these resources:

- Attend a TAP briefing at your location installation prior to your final service date.
- Visit <https://www.tricare.mil>.
- Contact a 509th MDG TRICARE Benefits Counselor at 660-687-2188, option 3, option 1, option 2.
- Contact the regional managed care support contractor (MCSC), TriWest Healthcare Alliance at 1-888-874-9378.

TRICARE: Permanent Change of Station (PCS)

Do not disenroll before you move. Your current plan is active and the losing base PCM will still direct your care while you are in route to the new location.

For urgent care needs in route, contact the NAL to locate the closest in-network TRICARE facility.

If unusual circumstances apply (Ex.- four-month TDY in-route to PCS), contact TRICARE or a Military Beneficiary Counseling Assistance Coordinator (BCAC) <https://www.TRICARE.mil/bcacdcao/>. Upon arrival at your new location, update DEERS with a new address and notify the regional MCSC of your move. To locate the MCSC for your new region, visit <https://www.tricare.mil>. These steps are essential to be assigned a new PCM and schedule appointments at your new MTF or network.

Relocations are considered a Qualifying Life Event (QLE), which triggers a 90-day period to make enrollment changes for all eligible members of your family.

Need more assistance regarding TRICARE benefits or help with billing issues?

Call 660-687-2188, option 3, option 1, option 2 or visit TRICARE Operations and Patient Administration (TOPA) on the 2nd floor of the MDG to speak to a Benefits Counselor (BCAC) or Debt Collection Assistance Officer (DCAO).

DENTAL PLANS**Active-Duty Dental Program (ADDP)**

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

Prior authorization from the military dental is required before visiting a civilian dentist.

Voluntary Dental Insurance Plans for Non-AD

Dental insurance requires voluntary enrollment with out-of-pocket fees for all non-AD beneficiaries.

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.

HEALTH CARE CLAIMS

To receive payment, civilian providers must submit a claim to the TRICARE contractor. 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.
- To file a medical claim:
 - DD Form 2642 "Patients Request for Medical Payment" is available at www.tricare.mil.
 - Send the DD Form 2642 and the claim to:

Claims prior to 1 Jan 2025 TRICARE West Region Claims P.O. Box 202112 Florence, SC 29502-2112 1-844-866-9378 Fax 1-844-869-2504	Claims after 1 Jan 2025 West Region Claims Submission P.O. Box 202160 Florence, SC 29502-2160 1-888-874-9378 Fax 877-989-0070
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BILLING ISSUES

For billing issues, call TRIWEST at 1-888-874-9378.

REFERRALS AND PRE-AUTHORIZATIONS FOR NETWORK CARE AND PROCEDURES

Patient's have the responsibility to verify that referral and authorizations have been approved before accessing civilian care to avoid billing issues and out-of-pocket expenses.

A referral is a PCM or civilian provider's recommendation for a patient to obtain care from another provider for care that he/she doesn't provide.

A pre-authorization is the approval process by the MCSC to authorize future payment for certain surgeries, tests, procedures or medications. It is important for your specialty provider to obtain pre-authorizations.

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>
TRICARE Prime ADSMs	Care not provided by your PCM (urgent care, routine care, preventative care, specialty care, etc.)	<ul style="list-style-type: none"> • Emergent care Note: Referrals are required for all specialty care after you are discharged from ER
TRICARE Prime Non-ADSM Beneficiaries	Most Specialty care and some diagnostic services	<ul style="list-style-type: none"> • Urgent Care • Preventative services • Outpatient mental health care

Other TRICARE Plans (Select, Reserve Select, For Life and Young Adult)	Applied Behavioral Analysis	<ul style="list-style-type: none"> Specialty care but may need pre-authorizations for certain procedures/services.
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What happens when my PCM “refers” me off-base?

1. PCM sends a referral to TRIWEST who:
 - a. Reviews referrals for clinical necessity and covered benefits
 - b. Determines if care is authorized or denied
 - c. Assigns a network specialist for any authorized care

To locate your referrals to the network, go to <https://tricare.triwest.com> **and follow these steps:**

- Select Beneficiaries
- Select Account
 - At the prompt, either register for a new patient account or sign in
- After signing in, find the tab “TRICARE West Secure for Beneficiaries”
 - 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.
- If your referral was approved, you may see a choice of up to three civilian network providers and their contact information. Select your choice of provider or use the change provider tab and search for a different provider of choice as long as they are in the network.
- Contact the specialists’ office you have chosen to schedule an appointment.

*Note: For website technical difficulties, call TRIWEST at 1-888-874-9378

For new referrals – contact PCM teams at 660-687-2188. Please note an in-person or virtual appointment may be required by the PCM to discuss new health conditions before he/she will place a referral.

For continuation of care referrals or to cancel a referral: contact a 509th MDG Referral Counselor at 660-687-2188 (option 3, option 1, option 2.) or stop by the TOPA front desk located on the Second Floor of the MTF.

To change the assigned civilian provider or to request an authorization be sent to the civilian provider: Contact TRIWEST at 888-874-9378 or utilize self-service tools on <https://tricare.triwest.com>.

TRAVEL REIMBURSEMENT FOR MEDICAL

AD members are authorized travel reimbursement for medical appointments outside the local area through the Defense Travel System (DTS) according to Joint Travel Regulations.

Non-AD TRICARE Prime Family members can seek mileage reimbursement only if the 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, option 2.

MILITARY HEALTH SYSTEM NURSE ADVICE LINE



What is the Nurse Advice Line?

The NAL is a no cost online health care triage system available 24/7. You can speak to a Registered Nurse or representative who can:

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

Notes:

- For ADSM, the NAL will generate an Urgent Care referral to meet necessary requirements. The NAL can provide a "Sick Slip" if needed which can be sent to you via email, text or by logging into <https://mhsnurseadvice.com/home>.
- Only use the NAL 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 Nurse Advice Line?

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

DOCTOR ON DEMAND

Doctor on Demand offers 24/7 access to urgent care and mental health services through its telemedicine platform, which is available to all beneficiaries.

Who can use Doctor on Demand?

ADSMs must obtain a referral before using Doctor on Demand. If an AD member uses the service outside MDG business hours, they must contact the MDG the following business day to obtain a retroactive referral.

Beneficiaries can use this service as frequently as they like. Furthermore, retirees and dependents can access Doctor on Demand without referrals.

More information and how to sign up can be found at <https://doctorondemand.com/microsite/tricare-west/>.

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.

**IN 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 NAL 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 three closest Emergency Departments to Whiteman AFB are:

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

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

Golden Valley Memorial Hospital
1600 N. 2nd St., Clinton, MO 64735

Personnel Reliability Program (PRP) / Arming Use of Force (AUoF) / Flyers MUST notify their monitors and follow proper procedures after Emergency Care has been utilized.

MILITARY HEALTH SYSTEM GENESIS PATIENT PORTAL

What is the MHS GENESIS Patient Portal?

The MHS GENESIS Patient Portal is a secure service allowing registered users access to online health care information and services provided by 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).

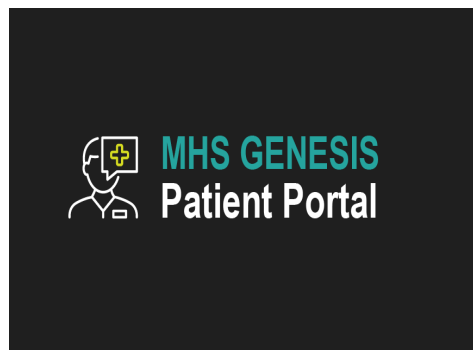
When using this system your PCM team should acknowledge messages within 24 hours and respond with a plan of care/action within 72 hours.

The Patient Portal allows you to:

- Request appointments
- Request medication renewals
- Receive results of medical tests
- Direct health care related questions to your PCM or nurse
- Access patient information handouts and educational material
- Receive general interest messages (i.e. unplanned clinic closures, information related to flu season, etc.)

How Do I Register for the MHS GENESIS Patient Portal?

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



For difficulty with account registration or utilizing the website, contact the DMDC Support Center at 1-800-477-8227.

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. For questions about your medical responsibilities, please call the Nuclear and Operational Medicine Clinic (NOMC) at **660-687-4299**.

NOMC does **NOT** have sick call

Walk in Fit for Duty hours are Monday-Friday, **0800-0900 & 1300-1400**. Closed for training the third Thursday of each month .

Walk-in appointments are administrative only 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 DD Form 2992 holders on flying/special operational status and National Guard members on active orders.

Sick call is only offered to active duty members on flying/special operational status who have acute health concerns and/or scheduled for missions that same day or DD Form 2992 holders that need to return to fly after DNIF/DNIC/DNIA. Hours are Monday-Friday, 0730-0800 and 1300-1330.

Appointments are made by calling the Flight and Operational Medicine Clinic at 687-4299/2157, Monday-Friday, 0730-1630.

Women's Health Services

Gynecological services are offered at the clinic, including care of women throughout the life span. Some of the services provided include pap smears, pregnancy testing, breast exams, STI evaluation and treatment, vaginal discharge, family planning, menopause management, contraceptives, endometrial biopsy, and colposcopy.

Obstetrical (OB) services are not available at the 509th MDG. For OB care, patients will be referred to a network provider following pregnancy testing and confirmation.

Appointments can be made by calling the appointment line at 660-687-2188.

Immunizations Clinic

Immunizations clinic is available to all TRICARE beneficiary categories.

Note: Tuberculosis (TB) Skin Testing: is not available on Thursdays since the clinic must evaluate the skin test site 48-72 hours later.

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

Optometry Clinic (Prioritized to ADSMs)

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

TRICARE Prime covers routine eye exams by civilian providers:

- For ADSM to maintain fitness for duty if referred by the PCM
- Once a year for AD 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-AD members do not need referrals for routine eye exams. However, referrals are necessary for any specialty care required.

For military personnel seen in the clinic:

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.

If you wear contact lenses, bring (or wear) them to the appointment. Additionally, bring the boxes or other contact lens prescription information to the appointment.

Military spectacles are provided to AD and retired personnel with a current prescription less than one year old.

Physical Therapy (PT) Clinic (ADSM Only)

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

PT accepts referrals from military and authorized civilian health care providers. Handwritten scripts from off-base providers may be brought directly to the PT clinic for scheduling.

Please note, AD members do not need a referral to be seen at the on-base PT clinic. However, AD members do require a referral for off-base PT services.

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.

Appointments may be booked by calling Central Appointing at 660-687-2188, option 1, option 1, or by calling the PT clinic directly at 660-687-2128.

Mental Health (ADSM Only)

The Mental Health Clinic provides services to ADSMs to 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.

Non ADSM's (dependents, retirees, etc.) will need to seek care in the network. Most mental health care will not require a referral.

To verify requirements– visit <https://tricare.mil/CoveredServices/Mental>.

Appointments can be made by calling the Central Appointment Desk at 660-687-2188, option 1, option 3, option 1 or by calling the clinic directly at 660-687-4341.

Family Advocacy Program (FAP)

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 to increase marital satisfaction, improve parenting skills, and enhance family unity and communication. Participation is 100% voluntary.
2. New Parent Support Program (NPSP): Educational, home-based program provided by a Registered Nurse 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 with the goal to avoid future maltreatment incidents,

Alcohol and Drug Abuse Prevention and Treatment Program (ADAPT)

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 AD personnel. Treatment goals are to return the member to full duty status. Referrals are command-directed, medical or self-referrals.

Dental (Prioritized to ADSMs)

The MTF dental department provides comprehensive care for all ADSMs personnel and Reserve Component personnel on AD orders.

To schedule routine dental appointments or for dental questions, call 660-687-2188 option 1, option 2 or 660-687-2201.

Emergency Dental Care: Treatment of acute infections, traumatic injury, or relief of pain is available at all times for AD members.

- During normal duty hours, call the Dental Clinic for an emergency appointment at 660-687-6825.
- For after-hours emergencies, call 660-687-2188 and choose option 3 for a Dental Provider.

Dental for Non-AD Members: See page 6 of this handbook for more information on obtaining dental coverage and care. The 509th Dental Treatment Facility is only available to non-AD 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 PCSing overseas: a dental clearance is required prior to departure.
 - Family members in the 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, AD 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 not enrolled in a 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 Community Action Team (CAT), Community Action Board (CAB), and Population Health Working Group.
- Build 509th MDG capacities to effectively deliver clinical interventions that address health behaviors.

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

“Like” us on Facebook for weekly tips and updates on healthy living, we’re located at:
<https://www.facebook.com/WhitemanHPNM>

Health Promotion Coordinator: 660-687-1199
 Community Dietitian: 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 received electronically).

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

Available Medications:

The pharmacy carries most medications covered by TRICARE. If a covered medication is unavailable for some reason, pharmacy staff will attempt to order the medication from the supplier. To see if medications are covered, select the “Covered Medications” option under the Benefits tab at <https://militaryrx.express-scripts.com>.

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. The recorded message will announce when refills can be picked up. Refilled medications must be picked up within 10 days. After 10 days, the refilled medication will be returned to pharmacy inventory.

The number for the refill line is 660-900-2742.

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.

Exceptional Family Member Program (EFMP)

EFMP is a Department of Defense program offered by all military branches. It is a mandatory enrollment program for all AD Airmen who with special needs family members. 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 childcare programs
- EFMP-Medical (EFMP-M) supports the EFMP through screening, enrollment and assignment coordination through the Travel Screening Questionnaire.

EFMP-M is located within the 509th MDG Pediatric Clinic. Ask for EFMP at the check-in desk. For questions or assistance, please come by or call 660-687-6032 or 660-687-7825.

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 requires 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 be referred by PCMs or other personnel acting on their behalf

The case manager will evaluate to determine eligibility for management or care coordination.

CM is located at the 509th MDG on the First Floor in the Special Staff area. For questions or assistance, please come by or call 660-687-3509.

Laboratory (Lab)

The 509th clinical lab provides basic diagnostic and therapeutic lab 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 lab for testing. **It may take up to two weeks to receive results for tests that have been sent to a reference lab.**

The 509th MDG Lab 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 lab 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 lab to have the required testing performed. Lab 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 lab 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 509th MDG provides routine x-rays. They will accept orders from off base or civilian providers for x-rays

Exam Results: Exams performed within the facility will be transferred to the Radiologist for interpretation and **results may take up to three 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.**

Mammography

A referral or pre-authorization for a routine preventative screening mammogram is not required by TRICARE. However, many local civilian providers/facilities won't perform the exam without a referral. If it has been more than 12 months since your last mammogram, please contact us at 660-687-2180 or 660-687-5781.

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.

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, complete a Request for Release of Medical Information. Information is released upon receipt of the written request and a signed authorization from the patient, to include the sponsor's social security number or DoD ID number. Clinic staff may help complete your request, and the Release of Information Office will notify you when your copy is available. Medical record copies can be in the form of paper, CD, or DoD Safe. 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?

- Commercial health insurance companies may be billed for care received in the MTF if you have insurance other than TRICARE.
- You will not be charged any deductible or co-payment for services at any military hospital/clinic.

What do I need to do?

- Bring your insurance card with you every time you visit the clinic.
- Provide front desk staff with information on other health insurances and complete an electronic form 2569. You will be asked to sign the form 2569 annually indicating whether you have such insurance.

How Third-Party Collection helps the Clinic.

- Provides funds for equipment/supplies and making facility updates.
- Increases availability of health care 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 involving exposure, examination, or treatment of private body areas (i.e. genitalia, rectum, buttocks, or female breasts) on patients of the opposite sex. All providers and patients have the right to a chaperone at any time. A provider has the right to refuse to examine a patient for a 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 EXPERIENCE AND FEEDBACK

Your feedback is essential to helping us improve and maintain the highest quality of care. Every visit to the MDG should be followed by an ICE comment. ICE QR codes are conveniently located in every section of the clinic for your ease of access.

If you have a concern, question, suggestion, or compliment, we encourage you to share it. While ICE comments are the preferred first step, you may also speak with a Patient Advocate.

Each clinic section has a designated Patient Advocate who is your first point of contact. If the issue is not resolved at that level, it may be elevated to the Group Patient Advocate. A list of Patient Advocates can be found in clinic waiting areas or by asking any member of the MDG staff.

We are committed to continuous improvement and ensuring an exceptional experience for every beneficiary. Your voice matters—please help the MDG Commander deliver the best possible care by sharing your feedback.

INTERPRETATION SERVICES

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

MTF GUIDELINES

Respect and Nondiscrimination. The 509th MDG provides considerate, respectful care from all members of the MHS at all times and under all circumstances in an environment of mutual respect and free from discrimination. Subject to eligibility and other requirements of law and DoD regulations, including Chapter 55 of Reference (e), and Reference (f), the MHS does not discriminate in the delivery of health care services or in information and enrollment practices based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, genetic information, sexual orientation, or source of payment.

PATIENT RIGHTS

Medical and Dental Care: You have the right to quality care and treatment. Your care and your treatment will be consistent with available resources and generally accepted standards. These standards include:

- Timely access to specialty care
- Pain assessment and management

Respectful Treatment: You have the right to considerate and respectful care. This includes recognition of your:

- Personal dignity
- Psychosocial, spiritual, and cultural values
- Belief systems

Privacy and Security: You have rights to reasonable safeguards for your protected health information, including its:

- Confidentiality
- Integrity

- Availability

Both federal law and regulation govern your rights. You also have similar rights for other personally identifiable information. This applies to electronic, written, and spoken form. These rights include your right to be informed - to the extent required by federal law and regulation - when privacy breaches happen.

Confidentiality Limits: Sometimes your provider must report sensitive disclosures that you make. These sensitive disclosures include:

- Sexual assault or harassment
- Domestic violence
- Substance misuse or abuse
- Intent to harm yourself or others

To make a report, your provider doesn't need your permission or consent. But they should tell you about these limits on confidentiality before you make a sensitive disclosure to them during your visit.

Provider Information: You have the right to know your health care team. You can ask for their names and professional credentials.

Explanation of Care: You have the right to a clear, easily understood explanation of your:

- Diagnosis
- Treatment options
- Procedures
- Prognosis

Your provider will consider the exact needs of a vulnerable person when developing a treatment plan. A vulnerable person is a person who:

- Has compromised decision-making.
- Is otherwise unable to make medical treatment decisions.

If your provider can't give information to you, your provider will share it with a designated representative.

Informed Consent: You have the right to necessary information—in non-clinical terms—to make informed decisions on:

- Consent or refusal for treatments
- Participation in clinical trials or other research investigations

This information must include:

- Any and all potential complications
- Risks
- Benefits
- Ethical issues
- Potential alternative treatments, as may be available

You can find information on TRICARE network covered services on tricare.mil.

Research Projects: You have the right to know if your military hospital or clinic wants to perform research that relates to your care or treatment. You can refuse to participate in a research project. And you can withdraw your consent for participation at any time.

You can also find information on cancer clinical trials on tricare.mil.

Filing Grievances: You have the right to:

- Make recommendations.

- Ask questions.
- File grievances.

To do this, you can reach out to the patient relations representative or the Patient Relations Office. If your concerns aren't resolved, you have the right to call The Joint Commission at 1-800-994-6610. You can also file a complaint online.

Safe Environment: You have the right to care and treatment in a safe environment.

Clinic Rules and Regulation: You have the right to be informed of rules and regulations that relate to patient or visitor conduct.

Transfer and Continuity of Care: When medically permissible, you may be transferred to another:

- Military hospital
- Military clinic
- Private sector facility/provider

When medically permissible, you may be transferred to another military hospital or clinic only after you've received complete information, an explanation about the need for the transfer, and any alternatives.

Charges for Care: You have the right to understand the charges for your care and your obligation for payment.

Advanced Directives and Living Wills: You have the right to make your health care wishes known. This includes when you may be:

- Unable to communicate
- Unable to make decisions for yourself

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.

Chaperones and Standbys: You have the right to a chaperone or standby during physical exams and treatments. You can request a different chaperone or standby. For example, you can request someone of a different sex. When possible, military hospital or clinic staff will try to honor your request or help you reschedule your visit. You should keep in mind that there may be some emergency situations when urgency requires an exception to having a chaperone or standby present.

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.

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

Maximize Healthy Habits: You should exercise, avoid smoking, and maintain a healthy diet.

Provide Information: You're responsible—to the best of your knowledge—for providing accurate, complete, and up-to-date information about your health. This includes:

- Complaints
- Past illnesses
- Hospitalizations
- Medications
- Other health matters

You should let your provider know if you understand your diagnosis, treatment plan, and prognosis. If not, let your provider know you have questions.

Respect and Consideration: You're responsible for being considerate of the rights of staff and others. You should respect the property of others and of the military hospital or clinic.

Adherence with Medical and Dental Care: You're responsible for following your medical and nursing treatment plan. This includes follow-up care that your provider recommends for you. You should:

- Keep your appointments.
- Be on time.
- Tell your provider in advance if you can't keep your appointment.

You're responsible for your actions if you refuse treatment. You're also responsible for your actions if you choose not to follow your provider's instructions.

Medical and Dental Records: You're responsible for returning your medical records to the military hospital or clinic. Your records will be filed and maintained. Your medical records for care at a military hospital or clinic are the property of the U.S. government.

Clinic Rules and Regulations: You're responsible for following rules and regulations that affects patient care and conduct.

Refusal of Treatment: You're responsible for your actions if you refuse treatment. You're also responsible for your actions if you don't follow your provider's instructions.

Health Care Charges: You're responsible for promptly paying your health care charges.

- If you have other health insurance, you must tell the military hospital or clinic.
- Follow the rules of your other health insurance. This includes referral and authorization rules.

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

ADDITIONAL RESOURCES

Suicidal Thoughts

988 Lifeline:

Dial 988 or <https://988lifeline.org/>

660-687-3652 Spirit Chapel

660-687-4341 Mental Health

800-273-8255 National 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

660-687-5737 Equal Opportunity
660-687-3652 Spirit Chapel

Domestic Violence

660-687-3652 Spirit Chapel
660-687-4341 Family Advocacy

Relationships, Marriage, Children

660-687-7132 M&FRC/MFLC
660-687-4341 Family Advocacy
660-687-3652 Spirit Chapel
660-687-6032 EFMP

Physical Health & Wellness

660-687-1199 Health Promotion Coordinator
660-687-3438 Community Dietician

Spiritual/Religious Connection

660-687-3652 Spirit Chapel
660-687-3564 Chapel, after duty hours

USEFUL WEBSITES

Whiteman Medical Group Homepage: whiteman.tricare.mil

509th Medical Group Facebook page: facebook.com/Whiteman509MDG

Health Promotion: facebook.com/WhitemanHPNM

TRICARE Homepage: www.tricare.mil

TriWest Healthcare Alliance Homepage: www.tricare.triwest.com

United Concordia Dental: www.uccitdp.com

FEDVIP Retiree Dental Plans: benefeds.gov/learn/fedvip/fedvip-plans

milConnect: milconnect.dmdc.osd.mil

Mail Order medication deliveries: express-scripts.com

MHS GENESIS Patient Portal: <https://my.mhsgenesis.health.mil/>

509th MDG Welcome Center In-processing Digital Resources and Key Takeaways

MY PCM INFORMATION





Patient Name	PCM Team	PCM Name

PCMs are assigned based on MDG enrollment guidelines. To learn about your provider's background or credentials, scan the QR code below or ask to view the PCMH binder at any main clinic front desk. For questions about changing your provider, contact the TOPA flight at the number below.

CONTACT INFORMATION

TriWest Assistance	1-888-TRIWEST (874-9378)
509th MDG Main Line	660-687-2188
Welcome Center – TOPA Flight Representative	660-687-7261
TOPA Flight (Referrals, Benefits, Records)	660-687-2188 opt 3, opt 1

DIGITAL RESOURCES

TriWest Patient Portal	MHS GENESIS Patient Portal	milConnect	TRICARE Website
			
509th MDG Webpage	Patient Handbook/ Provider Credentials	ICE	Facebook
