



# Joint Task Force National Capital Region Medical **INSTRUCTION**

NUMBER 6025.07  
AUG 8 2013

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J-3B

SUBJECT: Healthcare Eligibility of the Secretarial Designee Program

References: See Enclosure 1

1. PURPOSE. This Instruction:

a. Based on the authority of References (a) through (d), cancels Reference (e), and reissues this topic as an Instruction herein in accordance with References (f) through (p). This reissuance specifies the process for requesting or obtaining Secretarial Designee (SECDES) status and the responsibilities related to this status for care in the Joint Medical Treatment Facilities (MTFs) and Centers within the National Capital Region (NCR).

b. Implements the SECDES Program by the DoD and the Services to support national security strategies and grant healthcare beneficiary status to non-eligible individuals. These individuals subsequently receive care as specified in the Secretarial Designee approval letter at DoD MTFs on a space-available basis to the extent that comparable care is available to eligible beneficiaries. The SECDES status does not entitle patients to DoD-funded healthcare at civilian or other U.S. Government agency medical facilities.

2. APPLICABILITY. This Instruction applies to the Joint Task Force National Capital Region Medical (JTF CapMed) Headquarters, Walter Reed National Military Medical Center (WRNMMC), and Fort Belvoir Community Hospital (FBCH). Refer hereafter to WRNMMC and FBCH as Joint MTFs.

3. POLICY. It is DoD policy that the use of regulatory authority to establish DoD health care eligibility for individuals without a specific statutory entitlement or eligibility shall be used very sparingly, and only when it serves a compelling DoD mission interest. SECDES status is granted only by the Service Secretaries and the Secretary of Defense (SECDEF) (or their designees). Healthcare shall not be provided until this status is granted (exceptions being the risk of

AUG 08 2013

immediate loss of life, limb, or eyesight in accordance with the Emergency Medical Treatment & Labor Act). Because the Undersecretary of Defense for Personnel and Readiness (USD(P&R)) and the Service Secretaries are responsible for the SECDES Program implementation within their areas of responsibility, SECDES appointees will receive care in accordance with the authorization of applicable DoD and Service issuances.

#### 4. RESPONSIBILITIES

a. Commanders, JTF CapMed (CJTF), WRNMMC, and FBCH. The CJTF and Commanders of WRNMMC and FBCH will ensure compliance with this Instruction.

b. Director, Clinical and Business Operations (J-3B). The Director, J-3B, will review letters granting SECDES status for health care in Joint MTFs and Centers in the NCR. The J-3B is the office of primary responsibility (OPR) when coordinating with the Office of the Assistant SECDEF for Health Affairs (OASD(HA)) on matters involving foreign national SECDES cases impacting WRNMMC and FBCH and will directly coordinate with the Director, Current Operations (J-3A) and J-3B on SECDES issues involving other governmental agencies (OGA) for matters of civil-military or interagency interest.

c. Joint MTF Commanders. Joint MTF Commanders will:

(1) Ensure all SECDES requests receive proper processing in accordance with References (f) through (i).

(2) Ensure care is provided to SECDES patients who are authorized care in DoD MTFs.

(3) Liaise directly with the Offices of the Service Surgeons General on all matters related to Service SECDES status.

(4) Liaise with JTF CapMed J-3B for guidance and assistance on SECDES matters involving foreign nationals and OGA personnel.

(5) Track accountable and documented health care for auditable and accountable expenses.

5. PROCEDURES. See Enclosure 2

6. RELEASABILITY. **Unlimited.** This Instruction is approved for public release and is available on the JTF CapMed Website at [www.capmed.mil](http://www.capmed.mil).

7. EFFECTIVE DATE. This Instruction:

- a. Is effective upon publishing to the JTF CapMed Website; and
- b. Must be reissued, cancelled, or certified current within 5 years of its publication in accordance with JTF CapMed Instruction 5025.01 (Reference (j)). If not, it will expire effective 10 years from the publication date and be removed from the website.

  
R. C. BONO  
RDML, MC, USN  
Acting Commander

Enclosures

1. References
2. Procedures: SECDES Approval Process

Glossary

**AUG 08 2013**ENCLOSURE 1REFERENCES

- (a) Deputy Secretary of Defense Memorandum, "Authorities for Joint Task Force National Capital Region Medical (JTF CapMed)," February 7, 2012
- (b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region Medical," January 15, 2009
- (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
- (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
- (e) JTF CapMed Directive 1000.02, "Secretarial Designees," August 2, 2011 (hereby cancelled)
- (f) 10 USC, Chapter 55, Sections 1074(c) and 2559, provision of medical care to foreign military and diplomatic personnel; reimbursement required and waiver for provision of reciprocal services
- (g) Under Secretary of Defense for Personnel and Readiness Memorandum, "Request for Clarification Letter to the Military Departments and Joint Task Force Medical Command Regarding Secretarial Designee Program," February 14, 2011
- (h) 32 CFR 108, Health Care Eligibility Under The Secretarial Designee Program and Related Special Authorities
- (i) DoD Instruction 6025.23 "Health Care Eligibility Under the Secretarial Designee Program and Related Special Authorities," September 16, 2011
- (j) JTF CapMed Instruction 5025.01, "Formats and Procedures for the Development and Publication of Issuances," March 5, 2012
- (k) 10 USC 2559 - Sec. 2559. Provision of medical care to foreign military and diplomatic personnel: reimbursement required; waiver for provision of reciprocal services
- (l) 32 CFR 199 - Civilian Health and Medical Program of the Uniformed Services
- (m) DoD Instruction 4500.43, "Operational Support Airlift," May 18, 2011
- (o) DoD Instruction 4500.57, "Transportation and Traffic Management," March 18, 2008
- (p) DoD Instruction 6000.11, "Patient Movement," May 4, 2012

ENCLOSURE 2

PROCEDURES: SECDES APPROVAL PROCESS

1. SECDES REQUEST SOURCES. SECDES requests can come from a variety of sources including, but not limited to, combatant commands, another U.S. Government department or agency, a foreign government, members of Congress on behalf of constituents, individual citizens, or private commercial enterprises officially affiliated with the DoD (e.g.: defense contractors or news organizations with employees embedded with U.S. forces in combat zones).

a. Combatant Commands. Combatant Command requests are staffed through the Joint Staff to USD(P&R).

b. U.S. Government Department or Agency. U.S. Government department or agency requests are sent from the originating department's Executive Secretary to the DoD Executive Secretary.

c. Foreign Government. Foreign requests for SECDES status are typically initiated by the foreign government presenting a formal request to the U.S. Embassy in their own capital city. If the ambassador supports the request, it is forwarded to the Department of State (DoS) for consideration. If the DoS supports the request, the Department Executive Secretary transmits a memo to DoD Executive Secretary formally endorsing the request. If the DoD supports the request, it is sent from DoD Executive Secretary to the USD(P&R) who forwards it to OASD(HA) for action. If there is a requirement for successive periods of SECDES eligibility for foreign national patients, the patient's country must initiate the request. The request is routed through the DoS to the Service Secretaries or the SECDEF (or their designees). The DoD MTF will assist with providing background support health care information.

2. VARIABLES

a. In some cases, an accepting physician or MTF may have been identified by a DoD entity (Combatant Command Surgeon, Area of Responsibility (AOR) Surgeon, AOR MTF, etc.) prior to the official request coming to DoD Executive Secretary. In such cases, the OASD(HA) representative contacts the respective Services' Manpower & Reserve Affairs (M&RA) Office to confirm the decision and expectation of the Service.

b. If no specific MTF is suggested, OASD(HA) contacts all three M&RA offices to create awareness of the case and allow Service input in the selection of an MTF for care.

c. Upon receipt of the request, OASD(HA) prepares and coordinates the staff package for signature of one of the three approval authorities: SECDEF, Deputy SECDEF (DEPSECDEF), or USD(P&R). The staffing process typically takes 6 to 8 weeks with coordination at the Under Secretary of Defense (USD) level from ASD (Policy), OASD(Comptroller), Joint Staff, and OSD (Office of General Counsel).

d. If the request involves amputee patient care, OASD(HA) requests a recommendation for a receiving facility from the Director of the DoD-VA Extremity Trauma & Amputation Center of Excellence (EACE). The EACE coordinates with the three amputee care centers (Bethesda, MD; San Antonio, TX; and San Diego, CA) to assure that no individual center is tasked beyond its capacity. The ultimate decision of which Service Secretary is initially tasked to provide the care for the amputee patients resides with ASD(HA). If an MTF falls within the NCR, the request is communicated to the JTF CapMed J-3B for appropriate actions with the receiving Joint MTF.

3. SECDES MEMORANDUM INFORMATION REQUIREMENTS. SECDES memorandum must articulate why it would serve the DoD compelling mission interest, which is to train our providers to perform wartime missions. Maintaining critical wartime skills can include rehabilitative care for patients with complex trauma. A copy of all letters or authorizations granting SECDES status shall be forwarded to the CJTF by the Joint MTF Commander or Center Director within 7 working days of receipt. The SECDES request must contain all of the following information:

- a. Date of injury
- b. A description of proposed care to be provided during hospitalization
- c. Date patient was discharged or released from emergency room
- d. Date patient was initially admitted
- e. Date the patient's initial SECDES status expired or will expire (if applicable)
- f. Whether any other SECDES applications have been granted and, if so, for what period
- g. A description of inpatient and outpatient care prior to this SECDES request

h. A description of efforts made to transition the patient's care outside the military medical system by the Agency to the DoD Executive Secretary following the process outlined above in 3.a. through 3.g.

#### 4. FUNDING MECHANISMS

a. Acquisition and Cross Servicing Agreements may be utilized to fund patient movement within the Aeromedical Evacuation system while patients are in an en route status and must "remain overnight" at an NCR Joint MTF. However, patients who decompensate and require inpatient care may necessitate a Vocal Order (VOCO) SECDES request. The Save Life, Limb or Eyesight doctrine applies in cases where time is of the essence and VOCO request is delayed.

b. Defense Health Program (DHP) must be reimbursed for the cost of inpatient care provided to foreign military and diplomatic personnel, per 10 USC, Sec 2559 (Reference (k)). In those

AUG 08 2013

cases where it is determined to be in the interests of the USG or DoD, such reimbursement of the DHP may be made from other DoD appropriations by the exercise of Emergency and Extraordinary Expense (EEE) authority. The use of EEE authority to cover the cost of inpatient care is solely at the discretion of the SECDEF through the OASD(HA) or the Service Secretary when they are the SECDES approval authority. All EEE requests are coordinated through JTF CapMed, J-3B and J-3A for CJTF's signature. Initiate all EEE requests by the Joint MTF with ample written documentation of the intended medical treatment provided for which the Service expects to cover the cost of care within 2 months of anticipated health care.

5. EEE AUTHORIZATION. To receive EEE authorization for surgery and inpatient treatment for SECDES designees, a consult is placed by the patient's provider to Specialty Care Service. Specialty Care Service evaluates the foreign national. If surgery is needed, the recommending surgeon will document and take the following steps:

a. Complete appropriate medical evaluation and plan of care to include, but not limited to ancillary services, surgical procedures to be performed, post-operative care, etc.

b. Review the recommendation and ensure the diagnosis is due to a battle-related injury and treatment(s) will improve the symptoms or help relieve pain to give the foreign national a better quality of life. If provider agrees with recommendation, data will be collected to include estimated cost of surgery and inpatient stay.

c. Estimate cost for anticipated inpatient and/or surgical care. Requests need to be sent to the coding/billing department specifying procedures, operating room hours, and estimated length of inpatient stay to obtain this information.

d. Once the cost estimate has been determined, the provider or case manager will coordinate the EEE memorandum through the appropriate MTF leadership with the MTF Commander's signature. Once the EEE memorandum has been coordinated and signed by the MTF Commander, the memorandum should be forwarded to Commander, JTF Capmed for coordination and reviewed by ASD(HA).

e. ASD(HA) reviews information and verifies necessity of procedure and forwards recommendations to the SECDEF.

f. The SECDEF reviews the request and, if in agreement, approves the use of EEE and the MTF is then notified through JTF CapMed J-3B.

g. See Figure below for sample request for EEE authorization.

**AUG 08 2013**

Figure. Sample Request for EEE Authorization

SUBJECT: Request for EEE Authorization for XXX XXXX

The following summarizes the diagnosis and estimated costs:

- 1LT XXX has pain due to symptomatic HO bilaterally, with a substantial proportion of his discomfort also coming posterolaterally over his biceps tendons - this is most evident clinically on the R side where he has grossly palpable painful grinding and instability of his biceps femoris/vastus lateral complex over the lateral femur and underlying HO. Patient was counseled that surgery consisting of bilateral HO excision and AKA revision, including revision of his myodeses/myoplastics could likely dramatically improve his symptoms, although his pain could not be guaranteed to resolve completely and there were risks associated with surgery which were discussed in detail with patient.

Proposed treatment plan would therefore consist of:

- **Diagnosis**, e.g. left below-the-knee amputation; **Work-Up**, e.g. imaging studies and labs; **Procedure**, time in surgery and approximate inpatient stay, e.g. initial hospitalization would be 7-14 days for serial debridement and post-operative recovery; **Plan of care**, e.g. anticipated treatment and rehab will require 9 to 12 months and may require several 1-2 day admissions for debridement/adjustments, plastic surgery for a flap, etc.
- Post-operative hospital course of 5-6 days barring major early complications
- 6 week waiting period for residual limb healing between surgery and prosthetic socket re-fitting; continued core strengthening and RUE prosthesis rehab during this period.
- Minimum of 6, preferably 12 or more, weeks of subsequent rehabilitation in lower prostheses, with further adjustments/socket modifications and re-fitting as necessary during this period.

Estimated cost of inpatient care, including surgical care, is

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MTF COMMANDER'S SIGNATURE

**AUG 08 2013**

6. There may be times when, due to a patient's urgent condition, a SECDES request must be approved using the rarely exercised VOCO. In the case of foreign personnel and DoS employees, DoS Executive Secretary typically sends a follow-up memo to DoD to document the formal request. Depending on the circumstances the SECDEF, DEPSECDEF, or USD (P&R) may approve a VOCO request with the decision transmitted to the designate Service M&RA for action. After the VOCO is executed, it is still necessary to process a SECDES package. The only change in the staffing process is that the coordination sheet is to reflect the date, time, and VOCO approver authority.

a. With the exception of Service-specific required record keeping, all data regarding SECDES will be tracked via systems that are approved by JTF CapMed, and are DoD Information Assurance Certification and Accreditation Process-compliant consistently NCR-wide.

b. CFR 108 addresses other important aspects of the secretarial designee program such as Reciprocal Healthcare Agreements (RCHAs), Emergency Health Care, Foreign Military Personnel and their Dependents, and Continuity of Care Extensions of Eligibility and health care eligibility for non-medical attendants.

AUG 08 2013

GLOSSARYPART I. ABBREVIATIONS AND ACRONYMS

AOR	area of responsibility
BUMED	Bureau of Medicine and Surgery
CJTF	Commander, Joint Task Force National Capital Region Medical
DEPSECDEF	Deputy Secretary of Defense
DHP	Defense Health Program
DoS	Department of State
EACE	Extremity Trauma & Amputation Center of Excellence
EEE	emergency extraordinary expense
FBCH	Fort Belvoir Community Hospital
JTF CapMed	Joint Task Force National Capital Region Medical
MEDCOM	medical command
M&RA	Manpower & Reserve Affairs
MTF(s)	Medical Treatment Facility/Facilities
NCR	National Capital Region
OASD(HA)	Office of Assistant Secretary of Defense(Health Affairs)
OGA	other governmental agencies
OPR	office of primary responsibility
SECDEF	Secretary of Defense
SECDES	Secretarial Designee
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense for Personnel and Readiness
USG	United States Government
VOCO	Vocal Order
WRNMMC	Walter Reed National Military Medical Center

AUG 08 2013

## PART II. DEFINITIONS

SECDES. An individual who requests and is granted eligibility for healthcare in an MTF via the SECDES Program.

Secretarial Designee Program. The SECDES Program is created by statute and regulation, which proscribes eligibility requirements for health care services in an MTF as well as dental treatment facilities for individuals who do not meet eligibility requirements under Title 10 U.S.C. Chapter 55. The OSD and the Service Secretaries each administer their own respective independent and mutually exclusive SECDES Programs. SECDES status only provides access to DoD healthcare for those who would otherwise be ineligible for DoD care. In addition, 32 CFR 108 (Reference (i)) and DoD Instruction 6025.23 (Reference (h)) are clear that, "The use of regulatory authority to establish DoD health care eligibility for individuals without a specific statutory entitlement or eligibility shall be used very sparingly, and only when it serves a compelling DoD mission interest." Further, SECDES status entitles a patient only to care, subject to the capabilities and capacities of the Military Health System. Any DoD care provided to a SECDES patient cannot exceed that which is available to other eligible DoD beneficiaries. According to 32 CFR Part 108 Section 108.4 (1) (Reference (i)), "In the United States, the approval authority is USD (P&R). The authority to waive reimbursement for care provided in the United States, to the extent allowed by law, is the USD (P&R) or the Secretaries of the Military Departments when they are the approving authority."