

Distribution List

US OUTCAN  
PATIENT FAMILY ADVISORY COMMITTEE  
3 MARCH 2021 – RECORD OF DISCUSSION

Date: Thursday, 3 Mar 22  
Time: 1100 – 1235 hrs (EST)  
Virtual Meeting over MS Teams

PARTICIPANTS

Co-Chairperson: LCdr Jeff MacDonald, CAFMLO  
Co-Chairperson: Ms. Stephanie Turenne  
Secretary: Master Sailor Lauchlin MacDonald, HCC  
MFSUS Rep: Ms Ashley Young  
Committee: Beth Ceniccola  
Carolyn Shroter  
Kristy Chown  
Sonia Villeneuve  
Jill MacNeil  
David Gingras  
Charles Mangliar  
LCol Carlo Rossi  
Regrets: Kim Heatherington  
Dean Saroop  
Nathan Lewis  
Louisa Fyfe

Opening remarks.

JM: The medical team has restarted site visits and we plan to increase their frequency in the new fiscal year to their previous levels. We highly encourage dependants to come to our briefs and it is a great time to meet with local PFAC members.

We understand that there are still enrolment issues with DEERS and we know that this may always be an issue. There is, unfortunately nothing medical can do about this as DEERS is an administrative branch that controls all military and dependant benefits. The issues with DEERS can occur even if everything is done right. I myself just went through the process, I had confirmed that all of my information was correct and gave them all the

information they require to properly identify me as a NATO member. We started getting care on base and had no issues and then all of a sudden one day bills started coming in and it was identified that DEERS had entered our benefits incorrectly. We will need to work with chain of command to find solutions that may assist with DEERS issues and CAC turnaround times.

We had a meeting in January with Col Mommano who is the DoD member in charge TRICARE coverage and benefits across the US. He confirmed that our process for seeking off base care in which we claim through Allianz first and then TRICARE is the correct way of going about billing. He also informed us that the 2018 Reciprocal Health Care Agreement is up for renewal next summer and was not able to make any comment as to what changes could be expected.

There is an MFS document floating around in Alaska that the hospital administrative office has received that incorrectly states that Canadian dependants are not covered by TRICARE. When we go to JBER we will be meeting with the team there IOT make sure that US and Canadian agreements are being properly applied.

In regards to PSHCP while posted in the United States you have comprehensive coverage vice supplemental. Make sure that you have been switched to comprehensive coverage, you can verify that you are on comprehensive by checking your EMAA pay statement. \$4.01 indicates comprehensive coverage and \$4.00 indicates supplemental (Executive coverage excluded for Col and above).

Meeting minute amendments to be made – DS logon comment was not provided by Carolyn S (ST). Motion Passed (LM)

### General Questions.

In response to Opening Remarks: (LM) You must apply for comprehensive coverage when you arrive at your new base. Many bases want to do it when you clear out but this commonly leads to the coverage inadvertently being switched back to supplemental when you arrive at post.

To PFAC Chairs (ST) Does every base have a SME for assisting members through some of these common issues?

Answer (JM): We just got back from Rome, NY and they have someone at the clinic and a unit liaison who fill this role. I am not sure if this is done at all bases or if it is possible at all bases but it could be explored.

Discussion (ST) Is this something the Medical Team can push for the COs to make a secondary duty?

Answer (JM): We will try

Discussion (DG) When my comprehensive coverage dropped it was my clerk who had the expertise to be able to correct the issue.

Discussion (ST) Could we get a checklist to supply to members for when they clear in?

Answer (JM): Lauchlin will put together a formalized list before the next meeting.

Discussion (ST) Can you include the SMEs in creating the list in order to make sure the same message is being sent out to all US OUTCAN pers?

Discussion (JM) There is information out there from 3 different OUTCAN pages that aren't all updated at the same time and the OMBUDSMAN page also has issues with it.

To PFAC Chairs (KC) Can you clarify when we should use Allianz and TRICARE and whether or not we need a referral?

Answer (JM): We recommend getting your care on base as you do not have to deal with any of the "hassle" there. When you are getting care off base you must use Allianz as your primary insurer (even if you are referred off base) and then you claim through TRICARE as your final insurer. Dependents DO NOT need referrals to receive care off base.

To Medical (ST) Initial communication is key for when members and dependants arrive on base. They need to the central points of contact and the website information. How can we improve this?

Answer (LM): When creating the checklist we must ensure that the SME is in the orderly room. They are already the contact for PSHCP and positive enrolment. Every member has to clear in through the OR too in order to get their benefits so it is the best way to capture everyone.

Discussion (CM) I am the LO in Alabama and the clinic is looking for an MOU for dental and medical treatment for those on exchanges or liaisons. Do we have one that you are able to provide?

Answer (JM): There is no MOU for the care but there is a DoDi that covers Canadian Forces members across the US. I can send you this information. You will need to register for your care at the MTF and get your care there as well. You must also send me all medical documentation as we do not get a record of treatment from the US providers.

Response (CM) Sounds good, I will contact the two pilots in this location with this information.

To PFAC (JM) Please go to the website, review the handouts and send me any questions.

Discussion (ST) Last meeting we discussed that the brochures and minutes are now on the CAFCONNECTION site. This will be the one site resource going forward.

Discussion (AY) There are some changes that need to be made to the single page brochures, also there is no medical page in the welcome book.

Discussion (ST) I will send out the link for the CAFCONNECTION page. Please make sure that you add it to your local facebook pages and communication resources. On the CAFCONNECTION page there is a PFAC tab where you can find the meeting minutes. I acknowledge that the changes to the dependant memoire.

Response (JM) Ashley now has the updated memoires to update the site. We can't really come up with a memoire for the one off sites ie students, liaison officers, and special projects. For these situations the local community will need to build a database for healthcare in the US to include in their handovers. This information should be reviewed by the medical team.

Discussion (ST) I have put the link in the chat (<https://www.cafconnection.ca/United-States/Programs-Services/Health-Wellness-en/Healthcare.aspx>) . Make sure that this is the link that is shared in your communities, facebook/twitter pages, and handovers. There are further links within the booklet and memoires that take you to the references you may require. We want to make sure there is 1 and only 1 place to go to for all your healthcare information requirements.

Response (JM) I agree that the CAFCONNECTION is our one site.

Discussion (ST) Beth can you handle the survey and include a portion if anyone has any questions about the site.

Question (BC) Are we ready to push this information about the updated site?

Response (ST) Yes.

Discussion (AY) Make sure that it is pushed to all facebook pages and that an information campaign is used through unit communication means (e-mail blasts, O-Groups, weekly newsletters).

Question (Jill) For pharmacy issues, are you aware of Express scripts? I used it in Florida. For medications that are not available at the MTF they may still be available through Express Scripts.

Response (JM) Lauchlin I will let you field this one.

Response (LM) I have not used Express scripts but I know Capt Goodfallow has. I can confirm with him on the process and get back to you. However, sometimes medications are not available at the MTF because they are non-formulary. If an issue with non-formulary drugs comes up let me know because it can be an expensive headache if not handled appropriately.

Question (ST) Is there going to be 10 different ways to get prescriptions?

Answer (JM) There is a section in the guide that explains how to use express scripts. I however cannot speak to the pros and cons of using it.

Discussion (ST) Please note that he is speaking of the guide book and not the 1 page brochure. Again check out this resource and make sure information is disseminated on how to access this page.

Discussion (JM) The brochures are for the relatively unfamiliar who need information in a pinch. The website has more in depth information with videos, the guide book, and step by step procedures on how to use your insurance.

To Committee (ST) Does that clarify the differences between the resources?

Response (Jill) As we are pushing this information we should make sure that everyone knows that the brochure is not a be all end all.

To PFAC reps (ST) Please continue to ask your audience questions and bring and questions or concerns forth to the committee. Use whatever resources you have to promote this page.

To PFAC (BC) Is the link to the CAFCONNECTION site on the brochure?

Answer (JM) Yes

Response (ST) Yes the link is on the brochure. I will now send it to you Beth to discuss the survey.

Discussion (BC) Please let me know your thoughts on the survey. I am creating one on survey monkey. It will be a short survey my current questions are:  
How confident are you in filing a medical claim?  
Do you know how to handle a rejected claim?  
Are you aware of the resources available to you in order to assist with accessing care?

To Chairs (BC) Can this be distributed through MFS or what is the easiest way to distribute?

To PFAC (ST) Should we send out this survey now or should we do after the next meeting in 3 months?

Discussion (JM) In order to measure the results from any survey, one needs to be able to do a pre and post survey. When to release the survey will be an MFS decision. You do need to be able to use the pre survey to see where we need to improve and the post survey to determine the results of any efforts. I am concerned that in posting season there would be too much turnover to do this effectively. I do support the implementation of a survey but it cannot be provided by the military.

Response (BC) I should delay its release until after posting season then.

Discussion (JM) There needs to be a way to identify if there are issues regionally. If there is 1 region that is having 1 particular issue we need to be able to act upon that. Without that identification the results may be statistically irrelevant.

Discussion (ST) The survey cannot have individual identifiers and it must go through Ashley as an informal survey. I do not think we have a baseline data at this point.

Discussion (KC) Perhaps we should have a welcome survey in the welcome book and a departure survey in the departure book.

Discussion (JM) It is very common to do surveys at the beginning of a project in order to measure quality improvement. We were not able to do that in this case. We can measure our quality improvement off of the OMBUDSMAN report. We have provided the booklet and aid memoire in response to national direction. If complaints decrease than success can be shown. A non CAF survey is quite alright but it cannot be initiated by the CAFMLO.

To PFAC (ST) Does anyone have any more questions about the survey?

Response (KC) Should we maybe do a survey once a year then?

Response (BC) Maybe but we will table it for now.

To PFAC (ST) We will have to put the survey on hold and discuss further at the next meeting. Our next topic is the creation of a database.

To PFAC (JM) I think this is a great idea, it gives us a chance to formalize the corporate knowledge specific to an area. We cannot mandate a database and we won't be able to expect the database to be updated in the one-off places. Bigger communities can informally create a database. It can be uploaded onto the website and identified by region. It needs to be community driven and can be a committee task if anyone is interested in taking this on.

To PFAC (CS) There is a whole sheet in Oklahoma used as a database on facebook.

Discussion (JM) The database should be on the site but the issue with that is that it doesn't get updated as much as facebook.

Discussion (ST) The database should be completed by the locals of that community.

To PFAC (AY) Does anyone have any recommendations on where to put these community databases?

Answer (LM) We could link the community facebook pages into the CAFCONNECTION site.

Discussion (AY) When we build the new web page we will have the ability to do live updates.

Discussion (JM) My goal is to also get an app out there. I am working on one that is similar to the 1 Div Flight Surgeon App. It can't be that hard.

To PFAC (DG) I think the database should be centralized to the 1 site. SUNLIFE may have information on providers who will direct bill that can be added to the database.

Response (JM) That would be good. We have tried to do the same with Allianz but have been unsuccessful.

To PFAC (ST) In order to ensure corporate knowledge grows and it passed along word of mouth will help during the handovers. Using the database however will be the best way to cement that knowledge so it is there for future families. Who and how will the database be kept up to date?

Response (KC) It should be updated yearly and at the end of your post. The database should include information on community providers to say where you had good experience.

Discussion (ST) I will talk to Ashley about getting live documents on the new page.

Discussion (ST) Our final topic today is what do we do for families that are posted to a place where they are by themselves and how can we support them better?

Response (Jill) The one off families often have more difficulties finding local care. There is no aide memoire for these families. It also seems to be that there are 2 different sets of policies for some people in the same locale.

Response (JM) The responses to our briefs between NATO and NORAD have differed greatly. The general response from NORAD is that these briefs are helpful; Briefs to CDLS(W) units have not been considered as successful, and they are not well-attended. We need to be able to push the billing information to the CDLS folks better so that it is done right.

Discussion (CR) We need to find a way that this information is given to the families by the MFRC rep at their losing unit before being posted down here.

Response (ST) Having Kim and Ashley on the PFAC is key to be able to liaise with this component. We also need to spread the word at MFAC committees.

To PFAC (ST) We are near the end of the meeting does anyone have any other questions?

To PFAC (BC) Is there a way to e-mail claims to the PSHCP from the US.

Response (LM) Yes, but you will need to send the paperwork via mail following the online submission.

Correction (Jill) I just did this and there is no longer a requirement to send a follow up paper claim.

Correction (SV) Correct you do not need to send duplicate paperwork in. The agents are only in office 1-2 days a week not. Keep your receipts for 1 year.

#### Closing Remarks

(ST): There is no action on the survey required at this time. We will communicate the information about the cafconnection site to our local community. Ashley will send out an MFS information blitz. Ashley and Kim can liaise with the MFRC teams in Canada to get members posted down here to read the information before they arrive at post. Find out if anyone in your community has any questions for the PFAC. I will inquire about getting the database going. The brochure and guide are now on the site, make sure you all pass on the word. Any recommendations for next meeting.

(JM) I recommend 2 June for the next meeting.

(ST) Approved. We request Ashley's attendance for PFAC meetings going forward.

(ST) Meeting closed 1233hrs.