

CANADIAN FORCES HEALTH SERVICES HQ Det WASHINGTON HEALTH SERVICES SUPPORT TEAM

Healthcare Orientation Briefing

OUTCAN US — For CAF Members & Their Families

Reviewed & Updated — September 2026

Agenda

Part 0

Shared Foundations

Meet the team · governing policy · DEERS & MTF registration

Part 1

For CAF Members

Coverage categories · medical administration · claims

Part 2

For Families & Dependents

Coverage categories · prescriptions · maternity care

Part 3

For Everyone

Emergency care · mental health · key takeaways · contacts

Meet the Health Services Support Team



HEALTH SERVICES ADVISOR

Cdr Iain Beck, MD

Strategic health policy · CFHS/US MHS engagement ·
Regional Surgeon



CAF MEDICAL LIAISON OFFICER (CFMLO)

Maj Gerren Martin, MD

Base/Wing Surgeon · medical screening authority ·
member & family advisor



SO HEALTH ADMIN

Capt Teigen Rook

Benefits & policy SME · Blue Cross / Foreign Service
claims authority



HEALTH SERVICES COORDINATOR

MCpl Brent Hazlewood

First point of contact — PHAs, screenings,
immunizations, MTF/TRICARE access issues



MEDICAL RECORDS

Ms. Natalia Pela

Medical category updates, screening interviews, records
management



MEDICAL CLAIMS & ADMINISTRATION

CF H Svcs HQ Det Washington Medical Admin Team

Claims processing, advances, and dental/medical
administration

The Big Picture: What Governs Your Coverage

CAF Members

- QR&Os (Queen's/King's Regulations & Orders)
- FHCPS — Foreign Health Care Program (Blue Cross)
- NATO Status of Forces Agreement (SOFA)
- RHCA — Reciprocal Health Care Agreement states
- DODI 6015 (for DoD-sponsored positions)

Dependants

- PSHCP / PSDCP Directive (medical & dental)
- MFSI / Foreign Service Directives (FSDs)
- TRICARE Schedule of Benefits (if sponsor is DoD-sponsored)

What TRICARE Covers — And What It Doesn't

CAF members get TRICARE Direct Care (Prime-like): MTF as primary provider, referral required for anything off-base. Dependents get TRICARE Select: TRICARE is primary insurer for referred or emergency off-base care.

✓ GENERALLY COVERED

- MTF outpatient care — always fully covered, for members and dependants alike
- Off-base civilian care WITH a referral or pre-approval — network providers direct-bill TRICARE, family members will see cost-shares
- Emergency care anywhere — call 911 or go to the nearest ER, no pre-approval needed
- MTF pharmacy — fully covered, any prescription filled here regardless of who wrote it
- Civilian inpatient care — only when the MTF keeps clinical responsibility for the case (e.g., a referred delivery)

✗ NOT COVERED / EXTRA STEPS NEEDED

- Self-referred civilian care with no referral or pre-approval — you pay full cost (ER visits excepted)
- Off-base prescriptions for CAF members — MTF pharmacy only; no civilian pharmacy coverage (except Rome, NY)
- CRNA (nurse anesthetist) fees — not recognized by PSHCP; claim via Foreign Service Directives instead
- Elective care — laser eye surgery, routine contact lenses — excluded from the CAF Spectrum of Care
- Dependant dental at an MTF — technically entitled, but rarely actually offered; use civilian dental via PSDCP
- Civilian inpatient hospital admission not covered by TRICARE — covered by Blue Cross for CAF Members and MSH International for family

RHCA States: Where Inpatient MTF Care Is Free

In Reciprocal Health Care Agreement (RHCA) states, both inpatient and outpatient MTF care are free. Outside these states, outpatient MTF care and referrals to civilian providers is still covered, but inpatient care is billed and claimed back through CF H Svcs HQ Det Washington. Inpatient care at a civilian facility is never covered by TRICARE

California

Hawaii

Maryland

Texas

Virginia

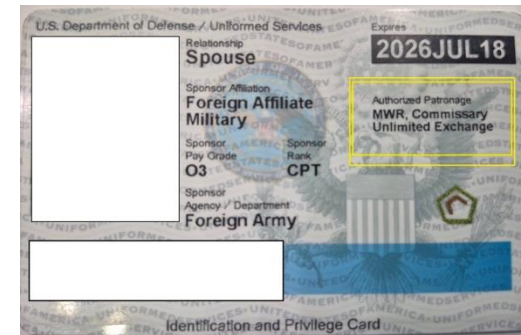
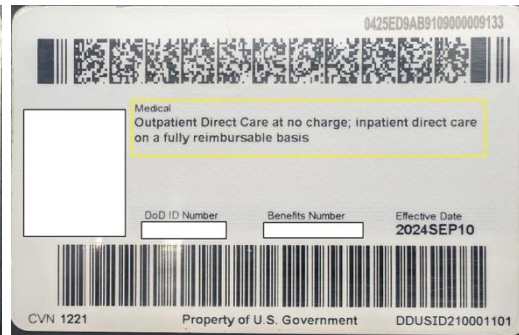
Washington State

Washington, D.C.

Non-RHCA states: outpatient MTF care is free; inpatient care is billed and claimable through Blue Cross for CAF Members and MSH International for family.

Registration, Step 1: DEERS

- Go to Personnel Office / DEERS Office / ID Card Facility — immediately upon receiving DD-1172 and sponsorship documents
- Bring: posting message, Canadian military ID, passport, sponsorship letter, DD-1172 document, and dependent documents (marriage and birth certificates)
- Allow 1–2 hours; a DoD ID card is issued on-site
- **Verify before you leave:**
 - *Health Care Delivery Program (HCDP) Code is 011 for CAF Sponsor, 012 for all family members, including CAF Members on SSEP*
 - *FIN is recorded — it is NOT printed on the card but is essential for booking appointments*
- If your status shows "ineligible" or won't register correctly, contact your sponsor/supervisor immediately



Registration, Step 2: MTF Patient Administration

- After DEERS is complete, visit MTF Patient Administration (Patient Registration / Enrollment) — within the first week
- Bring: Posting Message/ITO, DoD ID card, medical records from Canada, current medications & allergy list, sponsorship letter
- You'll be rostered to a clinic, not assigned an individual Primary Care Manager — this is normal for foreign members
- **Ask during registration:**
 - *How do I book appointments (MHS Genesis portal, phone line, walk-in)?*
 - *What are after-hours / emergency procedures here?*
 - *Who is my local BCAC?*
 - *How do I sign up for MHS Genesis*
- After: test book an appointment, save key numbers, and complete registration within two weeks

PART 1

For CAF Members

Coverage categories · medical administration · claims & problem resolution

Which Category Are You?

DoD-Sponsored

Foreign Military Personnel (FMP) or Foreign Military Student (FMS), posting ≥ 12 months

Has TRICARE + MTF access

Non-DoD Sponsored

Seconded to DOJ, NASA, UN, private defense industry, or other non-DoD agency

No TRICARE / no MTF

SSEP / LWOP

CAF member accompanying a DoD-sponsored spouse under Service Spouse Employment Program

TRICARE as dependant, CAF claims

DoD-Sponsored Members: Your Coverage

What You Get

- TRICARE Prime-type benefits — same as US Active Duty
- No enrollment fees, deductibles, or co-pays on covered care
- Catastrophic cap: \$1,000–\$1,288 family maximum/year
- NATO SOFA protection for MTF access
- Free outpatient MTF care everywhere; inpatient free only in RHCA states

How You Access Care

- MTF first, always — register immediately with your DoD ID
- Specialist care needs an MTF referral; wait ~72 hrs, then confirm with the referrals manager
- No self-referral to civilian providers — you pay full cost if you do
- Emergency: 911 → notify 1-800-TRICARE → contact CFMLO → follow up with MTF next business day

Non-DoD Sponsored Members: The Golden Rule

⚠ CRITICAL — NO EXCEPTIONS

Crown funds cannot reimburse any purchase without CFMLO pre-authorization (Financial Administration Act) — except true medical emergencies.

- No MTF or TRICARE access — you use the CAF Spectrum of Care through civilian providers
- Email CFMLO before seeking care with the need, provider type, urgency, and location — expect a response within 1 business day
- Seek care as "self-pay" (you don't need to prove military status); keep invoices and proof of payment
- Submit claims to CF H Svcs HQ Det Washington Medical Admin with your CFMLO authorization email attached
- Have employer insurance through your spouse? Use it first for anything beyond CAF Spectrum of Care

SSEP / LWOP Members: The Critical Distinction

⚠ REMEMBER THIS

You are NOT a PSHCP dependant. Never claim through MSH International or Canada Life — your claims stay in the CAF system.

- You ARE a TRICARE dependant of your DoD-sponsored spouse — for MTF access and coverage only
- You ARE still a CAF member for claims — use CF H Svcs Gp Det Washington, never MSH International
- Claims flow: receive care → TRICARE applied → pay any co-pay/cost-share → submit to CF H Svcs HQ Det Washington → reimbursed via CAF Blue Cross
- Your dependent children, however, use the standard dependant system (MSH International/Canada Life) — the distinction applies to you, not them
- Medical travel pre-authorization, PHAs, and sick-leave reporting all follow standard CAF member rules

Medical Administration: Annual Record Review

Annual Medical Readiness Verification

- Done as part of your APRV, can be done at any time in the year but recommended to do on your birth month so it is easy to remember
- Two pathways

If You Received Care

- Complete DND 4943 Health Questionnaire, DND 2452 (aircrew only), and Medical Attestation
- Collect all medical records since last submission including: visit notes, test results, ER/urgent care visits, preventive care
- Submit forms and medical records to Medical Records Clerk

If You Had No Care

- Complete DND 4943 Health Questionnaire, DND 2452 (aircrew only), and Medical Attestation
- Submit forms to Medical Records Clerk

CFMLO Review and Follow-up

- CFMLO will review forms and records and provide update and guidance on any recommended medical screening or follow-up required
- Update Medical Category and any MELs (if required)

Don't Wait — Contact CFMLO Right Away If:

- New long-term conditions: high blood pressure, diabetes, high cholesterol, anxiety/depression, or anything requiring ongoing medication
- An injury takes more than 2 weeks to heal, or surgery is discussed — even future surgery
- You have blood work, X-rays, CT/MRI, or a screening like a colonoscopy
- You can't perform any part of your job due to illness or injury, or a PT/work injury occurs
- This replaces the old fixed PHA cycle — reporting as issues arise keeps your medical category and MELs current without waiting for the annual submission

Claims & Problem Resolution

- **1. Local BCAC first**
 - *Provider education, billing mediation, referral & claims issues — same day to 24–48 hrs*
- **2. CF H Svcs HQ Det Washington Medical Team**
 - *If BCAC can't resolve it — regional TRICARE contacts, policy interpretation — 2–3 business days*
- **3. CFMLO**
 - *For complex or specialized issues — screening, extensions, occupational medicine*
- Before you call: have your DoD ID/SSN-FIN, dates of service, provider details, and any prior reference numbers ready

PART 2

For Families & Dependents

Coverage categories · prescriptions · maternity care

Which Category Are You?

Your access depends on your sponsor's posting — DoD-sponsored or not — not on where you live.

WITH TRICARE Access

Sponsor is in a DoD-sponsored position (FMP/FMS). You are a TRICARE Select Group B participant, with PSHCP/MSH as secondary coverage.

TRICARE primary · MSH secondary

WITHOUT TRICARE Access

Sponsor is posted to a non-DoD agency (DOJ, NASA, UN, etc). No TRICARE or MTF access — PSHCP Comprehensive via MSH International is your primary coverage.

PSHCP / MSH primary

Dependents WITH TRICARE: Coverage & Costs

You are a TRICARE Select Group B participant — applied, not enrolled. This comes with cost shares including deductible and co-pays. TRICARE is primary; PSHCP/MSH International is secondary.

Where You're Seen	Your Cost	Notes
On-base (MTF)	\$0	Always free — routine, urgent, maternity, pediatrics, labs, pharmacy
Off-base, primary care	\$19 – \$32	Claimable through MSH International
Off-base, specialty care	\$32 – \$51	Claimable through MSH International
Off-base, urgent care	\$25 – \$51	Claimable through MSH International
Off-base, emergency room	\$51 – \$103	Claimable through MSH International

Care in an RHCA state is fully covered within the MTF even inpatient; unlike CAF members, dependants may seek routine off-base care without a referral, but co-pay/cost shares will apply.

Dependents WITH TRICARE: Prescriptions & Referrals

Prescriptions

- MTF pharmacy: free, even for civilian-written prescriptions — always try this first
- Off-base pharmacy: co-pay \$16 (generic) to \$76 (non-formulary)
- Keep the receipt + TRICARE EOB and claim the co-pay through MSH International

Referrals

- MTF refers you off-base → wait 2–3 days for authorization
- Contact the referral manager to confirm and get booking guidance
- Referral denied? Contact your local BCAC to understand why
- TRICARE doesn't cover it but PSHCP does? Pay upfront, claim via MSH — no TRICARE authorization needed

Dependents WITHOUT TRICARE: Self-Pay Strategy

- PSHCP Comprehensive coverage through MSH International is your primary insurance — no direct billing, pay upfront and claim
- Still use the TRICARE Find-a-Network-Provider tool — these providers meet a higher standard and are used to serving military families
- Always tell providers you are "self-pay" — this typically means 20–40% lower rates
- Request an invoice with ICD-10 diagnosis codes and CPT procedure codes — this is what MSH needs to process your claim
- Establish a primary care physician for routine and chronic care — fully covered under PSHCP

Dependents WITHOUT TRICARE: Advances & Claims

MSH International Claims

- Register at the MSH portal (pshcp-msh.ca)
- Use "MSH Comprehensive Claims Incurred Outside Canada"
- ~30-day reimbursement timeline
- Call MSH before planned surgery, hospitalization, or any procedure over \$5,000

Medical Advances (Form 7000-1)

- For expenses over \$400 while you wait on reimbursement
- Cost estimate required
- Email to CF H Svcs HQ Det Washington Medical Admin
- Repay within 6 months (9 months for pregnancy-related advances)

Maternity Care: Planning & Costs

Applies to dependants WITH and WITHOUT TRICARE — civilian inpatient maternity care is generally not covered by TRICARE, so MSH International is primary either way.

\$50–70K

Typical hospital delivery (USD)

\$3–6K

Prenatal care, full pregnancy (USD)

9 months

Advance repayment window for pregnancy

- Routine prenatal care is manageable without advance MSH coordination — but once delivery plans (hospital, method) are set, contact MSH International
- Strongly consider requesting a medical advance early in pregnancy
- Nurse anesthetists (common for epidurals in the US) are NOT recognized in Canada — claim their fees through Foreign Service Directives via supporting URS, not MSH

Maternity Care: Newborn Administration Checklist

- Baby is covered under PSHCP from birth — add to your plan; coverage is backdated. NICU care generates separate bills/claims
- Notify the Orderly Room: Certificate of Live Birth, updated Family Care Plan, and Emergency Care Plan with MFS(US)
- Update posting message with new dependent to update your DEERS Profile and MTF Patient Administration to add on to your TRICARE coverages

CF H Svcs HQ Det Washington cannot advise or assist in questions of citizenship or administration required for Visas upon birth.

PART 3

For Everyone

Emergency care · mental health · key takeaways · contacts

Emergency Care: Act First, Insurance Second

9-1-1

Call 911 or go directly to the nearest ER. Don't wait for authorization — get treatment first, handle insurance after.

1

Secure care (911 / nearest ER)

2

Notify 1-800-TRICARE if applicable

3

Contact CFMLO or local BCAC

4

Keep every bill & record

CAF Member w/ TRICARE

Covered anywhere; report to 1-800-TRICARE; no prior auth needed

CAF Member, no TRICARE

Pay out-of-pocket; claim to CF H Svcs HQ Det Washington; notify CFMLO immediately

Dependant w/ TRICARE

Covered; report to 1-800-TRICARE; co-pays claimable via MSH

Dependant, no TRICARE

Inform that you are self-pay; claim to MSH; advance if needed

Mental Health & CFMAP

CFMAP — Available to Everyone

- 1-800-268-7708 — confidential, 24/7
- Available to CAF members AND their families
- Short-term support for work and personal stress
- MFSUS Social Workers also available for dependants specifically

In a Crisis

- In immediate danger? Call 911 or go to the nearest ER
- 988 — US National Suicide Prevention Lifeline
- Text HOME to 741741 — Crisis Text Line
- MTF mental health services and civilian referrals are both available through standard access channels

THE FOUR KEY POINTS

If You Remember Nothing Else...

1

Members use TRICARE/CF H Svcs HQ Det Washington for Blue Cross. Dependents use TRICARE/MSH International. Never cross the two systems.

2

Never spend money expecting reimbursement without prior authorization — except in a true emergency.

3

If you don't keep us informed, we can't help you. Submit your annual medical records and report issues as they arise.

4

Our website is accessible from any network: cfmws.ca/united-states/healthcare

Contact Directory

Contact	Use For	Details
Medical Coordinator – MCpl Brent Hazlewood	First point of contact, general questions, troubleshooting	202-448-6282 / Brent.Hazlewood@forces.gc.ca
SO Health Administration – Capt Teigen Rook	Insurance coverage issues, FSDs, financial questions	202-448-6559 / Teigen.Rook@forces.gc.ca
CFMLO — Maj Gerren Martin	Medical emergency, guidance, medical administration	202-448-6210 / Gerren.Martin@forces.gc.ca
Local BCAC	First contact — billing, referrals, claims	Ask at your MTF
CF H Svcs HQ Det Washington Medical Admin	General Questions, claims, advances	CDLSW-MedicalAdmin-ELFCW-AdminMedical@forces.gc.ca
MSH International	Dependant / PSHCP claims	1-833-774-2700
CFMAP	24/7 mental health support	1-800-268-7708
OUTCAN Dental Officer	Dental care beyond routine cleaning	CMP.DENTAL.OUTCAN@forces.gc.ca

Questions?

We're here to help you navigate healthcare in the US — reach out anytime.

cfmws.ca/united-states/healthcare

CF H Svcs HQ Det Washington Health Services Support Team · CDLSW-MedicalAdmin-ELFCW-AdminMedical@forces.gc.ca