



# Med-Alert

## The 5<sup>th</sup> BDE(HS) Newsletter

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### THE COLONEL'S CORNER

## UNDERSTANDING CONSTRUCTIVE SERVICE CREDIT FOR AMEDD OFFICERS

For many Personnel Management Officers (PMOs) and unit administrators, constructive service credit still remains a mystery. Where does it come from? What is it? How is it calculated? To what is it applied? These are just a few of the questions frequently asked of a PMO in the Medical Corps Branch of Health Services Directorate.

Health Services Directorate at AR-PERSCOM, St. Louis, MO, has just completed a review of over 2000 officers' records, to determine if AMEDD officers who were appointed between late 1995 and July 2000 received time in grade credit for constructive service credit awarded upon their initial appointment. Over 1300 records (IRR, IMA and TPU) were found to have Dates of Rank (DOR) that did not reflect the excess constructive service credit received upon initial appointment. Efforts are underway to correct all of the erroneous DORs and to ensure AMEDD officers awarded constructive service credit in the future have their DORs properly adjusted. It is essential that all personnel managers understand constructive service credit, what it applies to, what it doesn't apply to and how to calculate it correctly.

1. What is Constructive Service Credit? Constructive Service Credit for AMEDD officers is awarded according to AR 135-101. Credit is based upon qualifying degrees, internships completed, graduate professional education, other advanced degrees, professional experience in the area being appointed into, and for prior active commissioned service time. For specific calculations in each category, consult AR 135-101. The DA Form 5074 is used for Medical and Dental officers and DA Form 5074-1 is used for all other health service officers to record credit awarded in each category during the appointment process.

Using the following information, the AMEDD officer's appointment or entry grade is determined along with any excess credit. Excess credit is applied to the officer's time in grade.

Medical Corp Officers (as of 1 Oct 83) and Dental Corp Officers (as of 1 Jan 01):

Entry Grade Credit  
4 years or more, but less than 14 years  
14 years or more, but less than 21 years

Grade  
03/CPT 04/MAJ  
Excess credit beyond appointment rank will be used to adjust the officer DOR. For example:

Example #1:

A medical corps officer is appointed to the grade of CPT with 6 years constructive service credit. His/her oath of office date is 6 Jul 98. Four of the 6 years earned his/her the rank of CPT. That gives him/her 2 years excess credit (or time in grade). The 2 years are subtracted from his/her oath date, giving him/her an adjusted DOR of 6 Jul 96.

All other Health Service Officers and Dental Officers prior to 1Jan01:

Entry Grade Credit  
Less than 2 years  
2 years or more, but less than 7 years  
7 years or more, but less than 14 years  
14 years or more, but less than 21 years  
21 years or more, but less than 23 years  
23 or more years

Grade  
01/2LT  
02/ILT  
03/CPT  
04/MAJ  
05/LTC  
LTC or COL as determined by HQDA

Example #2:

A nurse corps officer is appointed to the grade of 1LT with 5 years constructive service credit. His/her oath of office date is 4 Mar 99. Two of the 5 years earned him/her the rank of 1 LT. That gives him/her 3 years excess credit (or time in grade). The 3 years are subtracted from his/her oath date, giving him/her an adjusted DOR of 4 Mar 96.



2. Does the constructive service credit apply to the officer's Commissioned Service Date or Pay Basic Entry Date?\_No! The constructive service credit is applied to time in grade ONLY. It does NOT alter the officer's Physical Evaluation Board or Commissioned Service Date.

3. If the officer's constructive service credit is not applied properly, will it adversely affect the officer? Yes. In many cases, when the DOR is adjusted to reflect the constructive service credit, the new DOR will place the officer before an earlier promotion board. If the DOR is not adjusted, the officer will not go before the board he or she is eligible for. Also, failure to correctly adjust the officer's DOR will place him or her in the wrong promotion year group, resulting in an incorrect population of officers for that year group.

4. What can I do if I believe my DOR was not adjusted correctly and I was promoted on a later board than I was eligible for? If your DOR was not adjusted and you believe, based on constructive service credit, that you were eligible to be considered by an earlier board, you can submit a packet through your chain of command to an Army Board of Corrections. If they find you were eligible to be considered by an earlier board, they can make the appropriate adjustments to your records.

5. Are there other branches that receive constructive service credit other than AMEDD branches? Yes. Both JAG and Chaplain Corps also receive constructive service credit, but under different Army regulations. The JAG Corps and Chaplain Corps officers should consult their branch personnel managers concerning regulations pertaining to constructive service credit for their respective corps.

For further information concerning AMEDD constructive service credit, consult AR 135-101 or call your respective AMEDD Branch at AR-PERSCOM.

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**DEPUTY CHIEF OF STAFF INTELLIGENCE**

**TID BITS**

From the Brigade Supervisory Staff Administrator (SSA), Mr. Carofilis:

Ladies and Gentlemen:

- The Commanders, CSMs and Senior FTS recently briefed the Division Commanding General on each unit's Yearly Training Briefing. You should be very proud of the way that your leadership conducted this briefing; they were very knowledgeable, professional and conveyed the right information to the person who can make changes. MG Silverthorne was very impressed and complementary of our brigade, of course, many of you contributed to the information that was provided as input for the briefings. It truly takes a team effort to make things happen.
  - Congratulations to SFC Tilley, 3457th MTC for his selection as the Division Retention NCO of the year.
  - This month all units will conduct the Annual Physical Fitness Test, the Brigade Commander's directive is that everyone will take a test, those who are due one will take it for record while the rest of the soldiers will take a diagnostic test. Brigade staff will provide quality assurance during testing.
  - I recently finished updating the Brigade's 90-day calendar and was very impressed to see the large number of missions that the brigade will conduct. Each of our units will be tasked to the maximum in order to successfully accomplish every course. Everyone must contribute to this effort, get yourselves prepared to either teach or to support a mission. Do not forget your families if you are going to be away from home, brief your spouses on your whereabouts, provide them with phone numbers where they can contact you, leave them ready for the time that you will be away. As a matter of fact since Annual Training is a deployment / mobilization exercise why not treat it as such.
  - We are fast approaching the 91W transition period; Oct 1 officially starts the timeframe when Reserve Component soldiers can to attend courses to transform a soldier to 91W. The 5th Brigade is in the middle of this huge undertaking, we will offer the courses that will convert a soldier to 91W, these courses are NREMT/B, PHTLS and Trauma Aims.
- Here is the official memorandum from the Army Medical Department Center and School relating to this initiative (I've deleted some information that was not appropriate for our



unit). On 1 October 2001, MOS 91W will be implemented. On this date, all 91B and 91C soldiers will be reclassified to MOS 91W Y2 (Y2 designates a soldier in transition). Soldiers that are SFC promotable or above on or before 1 Oct 01 will be grandfathered and have the Y2 ASI removed by the personnel system. No additional training is needed. All other soldiers must meet the transition training requirements during the following timeframe:

- 1) Active duty soldiers have until 30 Sep 07 to become fully qualified in MOS 91W.
- 2) Reserve component soldiers have until 30 Sep 09 to become fully qualified in MOS 91W.

All 91W Y2 soldiers must meet one of the two pathways listed below to fully qualify for the MOS and to have the Y2 transition ASI removed. Visit the 91W Branch website at the Army Medical Department Center and School (AMEDDC&S) at <http://www.cs.amedd.army.mil/91w> for more information on the training pathways.

Pathway 1

Current National Registry Emergency Medical Technician-Intermediate (NREMT-I), or National Registry Emergency Medical Technician-Paramedic (NREMT-P) certification.

Pathway 2

Current National Registry Emergency Medical Technician - Technician - Basic certification; plus the following:

One of the two certifications:

Valid Basic Trauma Life Support (BTLS) for advanced providers, or b) Pre-hospital Trauma Life Support (PHTLS) for advanced providers certification; and one of the four courses / licenses.

Current state LPN/LVN license, or Graduate of the AC BNCOC medical track, or Graduate of the RC BNCOC medical track after 01 OCT 96, or Completion of the Trauma AIMS course (see paragraph 3d below).

Specific guidance on the process to complete the personnel records changes through local

military personnel offices (MILPOs) is being drafted and will be published as soon as it is available.

1) Trauma AIMS is a program for soldiers converting to 91W and teaches critical skills in trauma assessment, advanced airway, intravenous therapy, medications and pharmacology, and shock management.

2) Trauma AIMS is a stand-alone program designed by the AMEDDC&S to facilitate 91W transition. NREMT-B certification is a prerequisite. BTLS/PHTLS is not required before taking Trauma AIMS.

3) Trauma AIMS is a required part of transition for a group of soldiers, primarily 91Bs who have not yet been to BNCOC. It is optional for soldiers who have:

- a) completed BNCOC (see paragraph 2),
- b) possess an LPN/LVN license, or,
- c) who hold a current NREMT-Intermediate or Paramedic certification.

**ARMY RESERVISTS GET INCREASED BENEFITS UNDER NEW TRICARE DENTAL PLAN**

By Maj. Melody Maynard

WASHINGTON- The Office of the Secretary of Defense (OSD) (Health Affairs) announced recently that a new TRICARE Dental Plan (TDP) was awarded to United Concordia Companies, Inc. in April of this year. The program goes into effect February 1, 2001. The benefit limits are increased from the current TRICARE Selected Reserve Dental Program (TSRDP) and an orthodontic benefit has been added.

The new TRICARE Dental Program (TDP) is open to all Uniformed Service active duty and Active Guard / Reserve (AGR) family members, members of the Selected Reserve and their family members, and members of the Individual Ready Reserve (IRR) and their family members. The program combines the Active Duty Dependents Dental Plan also known as the TRICARE Family Member Dental Plan (TFMDP), and the TRICARE Selected Reserve Dental Program (TSRDP). The previous TSRDP plan offered benefits only to drilling reservists.

Enrollment.



Eligibility for the TDP is continuous in situations where the sponsor or member changes status between any of the eligible categories and there is no break in service or transfer to a non-eligible status. Enrollment requires at least a one-year (12 months) service commitment (active duty, reserve service or combination of the two) at the time of enrollment.

Under the TDP, all eligible family members of a sponsor must be enrolled if any one of them is enrolled. Exceptions to this enrollment requirement include: children ages one to three may be voluntarily enrolled and a sponsor may elect to enroll only those eligible family members residing in one location when the member has eligible family members residing in two or more geographically separate locations Single or Family Enrollment Enrollment shall be on a single or family basis.

#### Single.

A single enrollment is one (1) covered eligible beneficiary. This includes one (1) active duty family member, the Selected Reserve or Individual Ready Reserve member or one (1) Selected Reserve or Individual Ready Reserve family member.

#### Family.

Family enrollment is two (2) or more covered eligible family members. This includes two (2) or more active duty family members or two (2) or more Selected Reserve or Individual Ready Reserve family members. A member of the Selected Reserve or Individual Ready Reserve does not have to be enrolled in order for his or her eligible dependents to enroll in the TDP.

(Note: A Selected Reserve or Individual Ready Reserve sponsor may enroll independently of their family members. Alternatively, a Selected Reserve or Individual Ready Reserve sponsor may enroll their eligible family members and not themselves. Due to the government subsidy distribution in payment of the premium, if a Selected Reserve or Individual Ready Reserve and his/her family members enroll, there will be two policies under the same Social Security Number.)

There are two types of plans: 1) Premium sharing plan and 2) Full premium plan:

#### Premium sharing plan.

The enrollee pays forty (40%) of the monthly premium and the government pays sixty (60%) of the monthly premium. Family members of active duty, members of

the Selected Reserve, members enrolled in the Individual Ready Reserve Activation Authority (IRAA)\*, and families of reservists who are on active duty for more than 30 days are eligible for the premium sharing plan.

#### Full premium plan.

The monthly premiums are the responsibility of the service member; the government does not share in the premium payments.

Enrollment in this plan is available to members of the Individual Ready Reserve and dependents of Selected Reserve or Individual Ready Reserve members when the Guardsmen or Reservist is not on active duty for more than 30 days.

Premiums will vary based upon the type of plan you and your family are enrolled in (i.e. single or family plan). The government may pay 60% of the premium depending on the status of the sponsor. Additionally, there is a survivor's benefit (if eligible) and the government will pay 100% of premiums.

#### Premium sharing plan (single).

The enrollee's monthly premium for single coverage is \$7.63. The government's cost share will be \$11.45.

#### Premium sharing plan (family).

The sponsor's monthly premium for family coverage is \$19.08. The government's cost share will be \$28.61.

#### Full premium plan (single).

The enrollee's monthly premium for single coverage is \$19.08.

#### Full premium plan (family).

The sponsor's monthly premium for family coverage is \$47.69.

NOTE: The award is for one year with five one-year option periods. The contract year (option period) is from 1 February through 31 December. The premiums are expected to vary slightly from year-to-year.

#### Premium Payment Method.

Payroll deduction. Premium is deducted from member / sponsor's payroll account.



Direct billing.

The contractor will directly bill those enrollees who do not have an active payroll account or have insufficient funds in that account. Once the contractor direct bills, this will continue until disenrollment or until the end of the contract.

Reservists currently enrolled in TSRDP will automatically be transitioned to the new program when it goes into effect. Coverage for the family members is not automatic and requires separate enrollment.

Enrollment information is expected to be available in October.

### TRAUMA COURSE

The article below was published in the April issue of the Soldiers Magazine. It is on page 41 and has a very nice color picture that I can't import in to this message.

Our thanks to COL Coleman from the Arkansas 91C Site who authored the article.

SFC Berta Guerra demonstrates proper airway management during a skills portion of the TraumaAIMS course developed by the 5th Bde. (Health Science) in San Antonio.

Camp Robinson, Ark. 5th Bde. Offers Trauma Course in October, soldiers holding a 91B or 91C Military Occupational Specialty will be reclassified to the new Army Health Care Specialist, MOS 91W. The Army Reserve's 5th Brigade (Health Science) in San Antonio, Texas, has been tasked with developing courses to accomplish the reclassification within the reserve component. The TraumaAIMS course is one step in the reclassification process. The course provides 68 hours of advanced trauma-skills training that emphasize airway management, intravenous infusion, medication pharmacology and shock-intervention procedures. Students will receive both classroom and practical experience.

The initial TraumaAIMS course for Reservists was presented here in October 2000, but once the curriculum is finalized, the course will be expanded to additional sites within Region F, which includes New Mexico, Texas, Oklahoma, Arkansas, Louisiana, Kansas, Missouri, Iowa and Nebraska. For more information about the course, visit the brigade's website at <http://www.usar.army.mil/95thdiv/5Bde>.

- COL Ann Coleman, 5th Bde. 95th Div., USAR

### YOUR CHAIN OF COMMAND

#### 5<sup>th</sup> BDE(HS)

COL Angel Padilla CSM Vacant

#### 10<sup>th</sup> Battalion

MAJ James Hickey CSM Paul Castro

#### 3457th

LTC Floyd Priester CSM Vacant

#### PND

MAJ Mary Gomez CSM David Stading

#### HHD – 5<sup>th</sup> BDE

CPT Mario Avila SFC Dan Carlin