

APPENDIX 2 (MEDICAL MANAGEMENT PROCESSING SYSTEM (MMPS)) TO ANNEX D (AVAILABILITY) TO OHARNG PERSONNEL READINESS CAMPAIGN PLAN TY16 D-2-1

Medical Management Processing System (MMPS)

Definitions and Responsibilities:

The intent of the MMPS is to align resources and priorities towards assisting medically non-available Soldiers (MRC 3A and 3B) with achieving a timely resolution of their medical condition(s).

Commanders will utilize the MMPS to ensure that medically non-available Soldiers receive support, monitoring, and management to facilitate medical recovery.

The process consists of the following key aspects:

1. Soldiers are identified with medical issues during health assessments, self referrals or as a result of command referrals. In all cases, the process begins when a medical provider reviews the condition and then makes the Soldier medically non-available by generally issuing a temporary profile.
2. The medical information is transmitted from the medical provider to the appropriate BDE medical case manager. The BDE medical case manager completes a individual medical action plan (IMAP), detailing the medical issue and the next required Soldier action. The IMAP is detailed in the medical case management database as well as loaded into the eCase program of the Medical Electronic Data (for) Care History And Readiness Tracking (or MED-CHART) system.
3. The IMAP is pushed down electronically to the medical readiness team where it is communicated with the unit commander of the medically non-deployable (MND) Soldier. The critical component to the process is the accomplishment of the individual counseling between the unit commander and the MND Soldier. Sample counseling forms are enclosed as Exhibits in Tab A (MMPS Flowchart) to Appendix 2 to Annex D. The counseling will focus on a review of the IMAP and the establishment of timelines for completion and follow-up.
4. Upon completion of the IMAP, the medical information is pushed back up through the chain of command by the medical readiness team. The BDE case manager compiles the case packet for medical review. The medical provider reviews the case and can render the following decisions:
 - a. Return the case to the BDE case manager for refinement of the IMAP, re-entering the process. The medical provider will extend the temporary profile as appropriate.
 - b. Make a medical retention decision, issue a permanent profile (P3/P4) and refer the Soldier for medical board action within the Disability Evaluation System (DES).
 - c. Medically clear the Soldier by returning the Soldier to duty. This may or may not include the issuance of a permanent profile (P2).

Integration of the Medical Readiness Team and the Chain of Command is critical to the effective and efficient management of Soldier medical issues. As such, each unit will identify and appoint

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an NCO to perform the duties of unit medical readiness NCO (MRNCO). This unit MRNCO will be responsible for tracking and reporting IMR status, coordinating make-up IMR services, tracking and ensuring medically non-ready Soldiers receive Commander counseling and follow-up, assisting Soldiers with medical resource requirements, coordinating the dental treatment program at the unit level, assisting with the accomplishment of administrative actions in support of medical programs and/or medical boards.

Soldiers have individual responsibility to maintain their medical fitness to include reporting changes in their health status and seeking medical advice and treatment for medical conditions impacting their readiness. Soldiers have several healthcare options to assist with their responsibilities.

- For non-duty related issues, the Soldier may:
 - Enroll in and utilize TRICARE Reserve Select
 - Utilize an employer sponsored healthcare plan
 - Utilize a personal healthcare plan
 - Seek assistance through a federally funded health center
<http://findahealthcenter.hrsa.gov>
 - Seek assistance through the state or local government funded health center
<http://www.odh.ohio.gov>

- For duty related issues, the Soldier may:
 - Utilize TRICARE pre-authorizations for care coordinated through the G1 Health Services Office
 - Seek treatment at a military treatment facility
 - Seek treatment through the Veteran's Administration Medical facilities

Non-compliance with the MMPS will be handled through administrative and disciplinary procedures available to unit commanders. The chain of command is ultimately responsible for ensuring Soldiers maintain their fitness for duty.

Compliance includes attending medical and dental appointments, complying with the IMAP, and following unit instructions are key aspects of the medical care management and rehabilitation. Soldier noncompliance is not in the best interest of the Soldier or the OHARNG and therefore is subject to the application of appropriate corrective measures. Methods of addressing Soldier non-compliance include but are not limited to: counseling, reprimand, bars to reenlistment, and punishment under Ohio Code of Military Justice, the Uniform Code of Military Justice, or administrative separation.

Tabs:

- A – Medical Management Processing System Flowchart
- Exhibit 1 – DA 4856 Medically Non-Deployable Counseling
- Exhibit 2 – SF 513 Consult Form
- B – Medical Readiness Team Assignments
- C – Profiling

**APPENDIX 2 (MEDICAL MANAGEMENT PROCESSING SYSTEM (MMPS)) TO ANNEX
D (AVAILABILITY) TO OHARNG PERSONNEL READINESS CAMPAIGN PLAN TY16**

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Exhibit 1 – Profile Request Form Checklist

Exhibit 2 – Memo for Healthcare Professional

Exhibit 3 – Sample Physician’s Letter

D – Dental Readiness

Exhibit 1 – Army SELRES Dental Readiness System (ASDRS) Implementation Guidance

Exhibit 2 – Dental Treatment Flowchart

Exhibit 3 – DA 4856 Dental Counseling