



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY

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WASHINGTON DC 20372-5300

IN REPLY REFER TO

28 Jul 08

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND

SUBJECT: Medical Oversight of Reserve Component Medical Hold (MEDHOLD)
Personnel

Ref: (a) NAVADMIN 056/08
(b) MARADMIN 259/04
(c) NAVMED Policy 08-013
(d) HA Policy 07-022
(e) HA Policy 05-014
(f) SECNAVINST 1770.3D
(g) MANMED Chapter 18

The Navy and Marine Corps Medical Hold (MEDHOLD) Programs are personnel programs developed to allow Reserve Component (RC) members serving on active duty for more than 30 consecutive days to remain on active duty for medical care and treatment. Although medical oversight requirements are the same for Navy and Marine Corps members, there are differences in benefits issuing authority and non-medical management. Navy Medicine plays a vital role in the effectiveness of the MEDHOLD program, and must remain actively engaged in the medical management of personnel assigned to the MEDHOLD program.

Per references (a) and (b), MEDHOLD members are RC personnel ordered to or continued on active duty to complete medical treatment for conditions incurred or aggravated while on active duty for more than 30 consecutive days. Intended as a short-term medical treatment program, the ultimate goal of the MEDHOLD is to return the service member to a fit for duty status or have them process through the disability evaluation system (DES). References (a) through (c) provide guidance governing the medical management and disposition of Navy and Marine Corps MEDHOLD members and elective care guidelines for members pending separation or Physical Evaluation Board (PEB) referral.

Military Treatment Facilities (MTF) Commanders and Commanding Officers are responsible for the delivery of medical/dental care, disability evaluation processing and medical case management of personnel in a MEDHOLD status. The MTF is a critical component in supporting the MEDHOLD member's transition through the demobilization process. They must ensure medical treatment is appropriate for the conditions presented, that the service member is apprised of the parameters of their treatment, and administrative support procedures are in place to provide a seamless transition to the TRICARE/Veterans Administration benefit. This includes coordination efforts to ensure that MEDHOLD members receiving care at their MTF are appropriately enrolled to TRICARE Prime in accordance with procedures outlined in references (d) and (e).

NAVMED POLICY 08-019

SUBJECT: Medical Oversight of Reserve Component Medical Hold (MEDHOLD) Personnel

TRICARE Prime enrollment will ensure the Defense Eligibility Enrollment Reporting System (DEERS) reflects the RC member's entitlement to medical and dental care in the direct care system. Once enrolled, MEDHOLD members have the same priority for care as active duty service members, including the assignment of a primary care manager (PCM). Consideration should be made to work with the Managed Care Support Contractor to make TRICARE Prime Remote enrollment in circumstances that best benefit the service member.

The Benefit Issuing Authorities (BIA) of the Navy and Marine Corps MEDHOLD programs are responsible for establishing administrative procedures for determining placement of members in a MEDHOLD status, issuing of Line of Duty (LOD) determination documentation (formerly known as Notice of Eligibility (NOE)) as appropriate, and central tracking and monitoring of members on MEDHOLD and on an LOD.

The Commander, Navy Personnel Command (COMNAVPERSCOM) transferred command and control (C2) of Navy RC personnel in a MEDHOLD status from the Navy Mobilization Processing Sites (NMPS) to the Reserve Component Commands (RCC) in Norfolk, VA and San Diego, CA. Per references (a) and (f), COMNAVPERSCOM (PERS-95) functions as the BIA for Navy MEDHOLD members. Medical management of Navy MEDHOLD members require a coordinated effort by the MTF treating provider, medical case managers, PERS-95 benefits issuing authority, MTF Patient Administration Department officer and the RC Regional Medical Director (RMD). COMNAVPERSCOM activated two RC/RMDs assigned at each RCC to provide medical cognizance over Navy MEDHOLD members. The RC/RMDs will coordinate the care and course of treatment of Navy MEDHOLD members with treating providers at the MTF. The RC/RMD may not be the individual making consults or referrals, but may coordinate care among specialty providers and serve as the central (clinical) medical care manager. The RC/RMD will also serve as the advocate during the PEB process and provide coordination with clinical case managers to ensure medical appointments are scheduled and managed.

Per reference (b), the Marine Corps Wounded Warrior Regiment (WWR) – Reserve Medical Entitlements Division (RMED) and Medical Review Team (MRT) is the BIA for Marine Corps MEDHOLD members. WWR-RMED/MRT maintains oversight and facilitates care of the MEDHOLD and LOD populations, primarily utilizing 186 Marine Reserve Inspector-Instructor Sites (Parent Command), and Wounded Warrior Battalion East and West. The Marine Reserve Parent Command Medical Department Representatives (MDR) serves as the primary point of contact for the Marine member, the BIA, and the treating MTF and must provide medical information required to complete personnel processing of Marine Corps MEDHOLD members. The medical management of Marine Corps MEDHOLD members requires a coordinated effort by the MTF treating provider, medical case manager, WWR-RMED/MRT, MTF Patient Administration Department officer and the Marine Reserve Parent Command Medical Department Representatives (MDR).

SUBJECT: Medical Oversight of Reserve Component Medical Hold (MEDHOLD)
Personnel

Navy and Marine Corps MEDHOLD members require close clinical care coordination to ensure they receive appropriate treatment and a timely fit for duty or disability evaluation determination. Each MEDHOLD member requires a detailed care plan, placement in a Limited Duty (LIMDU) status and processed via the Medical Evaluation Board and/or DES as appropriate in accordance with reference (g). Continued treatment of some medical conditions may be managed using the Veterans Administration, TRICARE benefit (when applicable) or the Line of Duty (LOD) benefits program described in reference (a) and (b). MTF Commanders and Commanding Officers must ensure that administrative procedures are in place to provide appropriate benefits counseling of service members transitioning to other health care sources. Health Benefits Advisors (HBA), Veterans Health Administration (VHA) Liaison staff, Physical Evaluation Board Liaison Officers (PEBLO), social workers, case managers and Patient Administration Departments all serve as service member advocates, and must be employed to educate patients on their transitional benefit. Thorough, accurate and complete benefits counseling serves to ease the anxiety associated with separation/demobilization, and ensure members are fully capable of understanding the TRICARE and VA benefits package.

For additional information, please contact this Bureau's Patient Administration/
TRICARE Operations Department at (202) 762-3143/3144/3126.



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