

CHAPTER 1. MEDICAL CARE SUPPORT EQUIPMENT (MEDCASE) GENERAL INFORMATION

1-1. INTRODUCTION The MEDCASE Program is a centrally managed, Department of the Army (DA)-level program which utilizes Defense Health Program (DHP) Procurement funds for the acquisition of capital investment equipment for fixed Army Medical Department (AMEDD) Activities worldwide. The program also manages the approval and acquisition of investment equipment requirements that are funded by medical Military Construction (MILCON) Army funds for major medical construction projects.

1-2. PURPOSE AND APPLICABILITY The purpose of this publication is to establish procedures and to implement or clarify policies for the execution of the MEDCASE program. It is applicable to all MEDCASE program participants worldwide. In cases where the instructions in this publication and a published Army Regulation are in conflict, the Army Regulation has precedence.

1-3. RESPONSIBILITIES

a. The U. S. Army Medical Command (USAMEDCOM). The USAMEDCOM is the MEDCASE program manager and the proponent of MEDCASE program policy. The USAMEDCOM:

- (1) Publishes MEDCASE program policy.
- (2) Develops and defends the MEDCASE program budget.
- (3) Determines program funding ceilings for Regional Medical Commands (RMC) and Major Subordinate Commands (MSC).

b. Functional Consultants. Functional consultants review and provide propriety approval or disapproval for all MEDCASE program requirements with a unit price \$350,000 and above (\$100,000 and above for diagnostic imaging and nonmedical equipment).

c. The Diagnostic Imaging and Radiotherapy Subcommittee (DIRS). The DIRS is a subcommittee of the Strategic Technology/Clinical Policies Council (STCPC). This subcommittee provides recommendations to the STCPC on MEDCASE program requirements for diagnostic imaging and radiation therapy equipment.

d. The U.S. Army Medical Materiel Agency (USAMMA). The USAMMA administers and executes the MEDCASE program for the USAMEDCOM, and:

- (1) Determines the adequacy of MEDCASE Program Requirements (MPRs) and rejects those which are inadequate or which are not eligible for funding through the MEDCASE program.
- (2) Is the proponent for the MEDCASE Requirements and Execution (MRE) System. Provides technical assistance for online access to the MRE system for management purposes.

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(3) Controls and accounts for MEDCASE funds, managed in the MRE system, for participating organizations as directed by the USAMEDCOM. Maintains funds files within the MRE System through the posting of funds distributions, commitments and obligations.

(4) As the Service Item Control Center (SICC) for medical materiel, determines the appropriate acquisition source for all MEDCASE requirements.

(5) Receives and processes requisitions for MEDCASE executions from program participants, and forwards them to the appropriate source of supply for procurement.

(6) Serves as the liaison between program participants and wholesale sources of supply.

(7) Publishes SB 8-75-MEDCASE.

(8) Coordinates with activities of the Defense Logistics Agency (DLA), Army commands, command surgeons and Army Health Care activities in matters relating to MEDCASE program management.

(9) Administers the Technology Assessment/Requirements Analysis (TARA) program.

(10) Serves as the functional consultant, appointed by USAMEDCOM, for reviewing and providing propriety approval or disapproval for MPRs for diagnostic imaging and radiation therapy equipment.

e. The RMCs and MSCs manage the development and execution of MEDCASE requirements within their command in accordance with USAMEDCOM policy, and:

(1) Review and approve or disapprove MPRs, within their approval authority, before they are forwarded to USAMMA.

(2) Determines MEDCASE funding ceilings for the participating activities within their command.

(3) Develop and publish command guidance for MEDCASE program implementation within their command.

(4) Direct the distribution of excess equipment within their command to meet equipment requirements, as appropriate.

(5) Monitor and ensure program execution in accordance with USAMEDCOM guidance and command goals.

f. MEDCASE Program Participants:

(1) Develop equipment requirements consistent with mission needs. Also, develop equipment requirements for construction/renovation projects in accordance with project milestones and published guidance.

(2) The activity commander shall review and approve or disapprove requirements in accordance with established MEDCASE policy and procedures.

(3) Process approved equipment requirements in accordance with local command priorities and command funding guidance.

(4) Ensure information provided on MPRs is complete and accurate.

(5) Maintain a record of program management decisions regarding prioritization and execution of MPRs prior to the beginning of each Fiscal Year.

(6) Ensure equipment items received through the MEDCASE Program are accounted for, installed, maintained and used.

(7) Report and dispose of excess equipment in accordance with AR 40-61 (*Medical Logistics Policies and Procedures*).

(8) Maintain locally approved MPRs/USAMMA Form 5028-R (MEDCASE Support and Transmittal Form) - sometimes referred to as MSTFs for audit purposes.

(9) Utilize exchange/trade-in of replacement equipment to the maximum extent possible.

g. The U.S. Army Health Facilities Planning Agency (USAHFPA):

(1) Provides, through the Health Facilities Project Officer assigned to construction projects, assistance to the local Chief of Logistics in the development of equipment requirements to support the project.

(2) Provides propriety review of all Budget Line Item Code (BLIC) "MB" MEDCASE requirements.

1-4. DEVIATIONS

Requests for deviation from the procedures stated in this publication should be directed with complete justification through command channels to the

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