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**CHAPTER 4. APPROVAL OF MEDCASE REQUIREMENTS**

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**4-1. INTRODUCTION**

a. **GENERAL.** All MEDCASE program requirements must be approved for propriety. The level of approval is determined by the unit price of the requirement. The USAMEDCOM, the RMCs, MSCs, or the USAMMA retains the prerogative to review and override approvals on an exception basis.

(1) MEDCASE requirements will be evaluated based upon MEDCASE program eligibility, adequacy of justification and documentation, and the capabilities and mission requirements of the requesting activity. MEDCASE requirements that are determined to be ineligible for the MEDCASE program, insufficiently justified or documented, or which are determined to be beyond the capability and mission of the requesting activity shall be disapproved.

(2) The review of MEDCASE requirements shall include an evaluation of administrative accuracy to include the proper completion of the DA Form 5027-R/5028-R, the use of proper nomenclature, and the assignment of an appropriate IDC. Requirements that are not administratively correct shall not be approved.

(3) If your facility had a TARA visit within the last four years, no economic analysis or detailed justification is necessary. That is, a MEDCASE package is not required.

b. **APPROVAL VERSUS FUNDING.** The determination of MEDCASE program approval is made based upon propriety of need, and not related to the present or the anticipated availability of funding. Approved MEDCASE requirements constitute a database against which funding may be applied based upon AMEDD, command and activity priorities.

c. **RESUBMISSION OF DISAPPROVED REQUIREMENTS.** Requirements that have been disapproved by the USAMEDCOM, RMC, MSC or USAMMA may be resubmitted. They will be resubmitted using the same ACN within 120 days after the disapproval action code is entered into the MRE system (after 120 days, the ACN becomes inactive in MRE, and will not be reinstated). Requirements resubmitted after 120 days must be assigned a new ACN. Resubmissions must address the reasons for which the requirement was disapproved. Correspondence regarding the disapproval, and the actions or additional information provided by the activity, become parts of the requirement documentation and should be forwarded with the resubmission.

d. **MEDCASE DIAGNOSTIC IMAGING AND RADIOTHERAPY REQUIREMENTS.** All MEDCASE requirements, \$100,000 and greater, regardless of BLIC, are centrally managed by the USAMEDCOM. All DA Forms 5027-R/5028-R in this category will be forwarded for TARA review and approval.

e. **MEDCASE NONMEDICAL REQUIREMENTS.** MEDCASE nonmedical, MEDCASE-eligible commercial-type equipment (\$100,000 and greater) must be submitted for USAMEDCOM "type classification exemption" and approval for inclusion in the TDA.

#### **4-2. ACTIVITY COMMANDER REVIEW AND APPROVAL**

a. GENERAL. Activity Commanders review, approve or disapprove all MEDCASE requirements that originate within their activity. This authority will not be delegated. Activity Commanders are delegated final approval authority for medical MEDCASE requirements that have a unit price of less than \$150,000. *(NOTE: All MEDCASE Diagnostic Imaging and Radiotherapy requirements \$100,000 and greater will be forwarded for TARA/USAMEDCOM review and approval consideration.)*

b. EVALUATION AND APPROVAL. The Activity Commander will:

(1) Evaluate and conduct a functional review of each requirement. Close scrutiny of DA Forms 5027-R and DA Forms 5028-R shall be imposed prior to an assignment of an approval code. An assignment of an approval code constitutes approval for propriety of need; it does not constitute funding authority.

(2) Prior to an assignment of an approval action code, excess assets shall be considered as the first source of satisfying a requirement.

(3) Ensure locally approved (action code "1A"), DA Forms 5027-R/5028-R are maintained for audit purposes.

(4) Forward requirements that are not within the activities approval authority to your RMC/MSC or USAMMA (as applicable) for coordination and final approval/disapproval.

(5) Forward all nonmedical, MEDCASE-eligible commercial-type equipment requirements (\$100,000 and greater) for "type classification exemption" and approval for inclusion in the TDA.

(6) Forward all diagnostic imaging and radiotherapy requirements (\$100,000 and greater) for central management and final approval/disapproval by the TARA.

#### **4-3. REGIONAL MEDICAL COMMAND (RMC)/MAJOR SUBORDINATE COMMAND (MSC) REVIEW AND APPROVAL**

a. GENERAL. RMCs/MSCs review and approve or disapprove DA Forms 5027-R that originate within their command. The authority will not be delegated. RMC functional consultants are delegated final approval authority for medical MEDCASE requirements with a unit cost of \$150,000 to \$350,000. *(NOTE: All MEDCASE Diagnostic Imaging and Radiotherapy requirements \$100,000 and greater will be forwarded for TARA review and approval.)* RMCs/MSCs will:

(1) Evaluate the administrative accuracy, such as correct nomenclature and IDC, as well as conduct a functional review of each requirement. Administrative corrections must be made before the requirement is passed to USAMMA.

(2) Maintain copies of approved/disapproved MEDCASE Forms for which they have final approval authority.

(3) Establish procedures for the timely feedback of disapproval actions to their subordinate activities. If the action code assigned is not self-explanatory, additional clarification should be provided to the activity (see Figure 4-1).

b. REDISTRIBUTION OF RMC ASSETS. All RMCs may direct the redistribution of excess assets within their RMC to meet validated MEDCASE requirements, as appropriate.

c. SUBMISSION OF RMC/MSC APPROVED REQUIREMENTS TO USAMMA. All RMCs/MSCs will pass MEDCASE requirement information (medical \$350,000 and greater, diagnostic imaging and radiotherapy and non-medical requirements \$100,000 and greater) to USAMMA.

(1) Command approved requirements that are within their approval authority are passed to USAMMA either by a summary list or by direct terminal input. DA Forms 5027-R/5028-R and supporting documentation are not routinely submitted, but must be available for review if required. Direct terminal input will be subject to the edits and procedures established by the USAMMA.

(2) Command-approved requirements which are not within their approval authority will be passed to the USAMMA for final review and approval, and posting of action code "4P".

(3) Command-disapproved requirements may be passed to the USAMMA by summary list or by direct terminal input. Disapproved requirements will be loaded into MRE.

d. NONMEDICAL REQUIREMENTS. Commands will process requirements for nonmedical items of equipment for type classification exemption and TDA approval in accordance with AR 71-13.

e. COMMAND-PROCESSING OBJECTIVES. All RMCs use an average of 21 working days as an objective for processing MEDCASE requirements from the date received to the date forwarded to the USAMMA.

#### **4-4. USAMEDCOM CONSULTANT REVIEW AND APPROVAL**

a. The USAMEDCOM Consultants review and approve or disapprove for propriety all RMC/MSC approved DA Forms 5027-R/5028-R which have a unit cost of \$350,000 or more, (diagnostic imaging and radiotherapy, and non-medical requirements \$100,000 and greater). Consultants have final approval or disapproval authority for all MEDCASE program requirements with a unit cost of less than \$1 million.

b. GENERAL. The USAMMA receives and reviews all requirements submitted for the consultant approval. The USAMMA is responsible for the requirements database.

(1) The USAMMA ensures that MEDCASE requirements are ready for functional review and final approval/disapproval with respect to program eligibility and adequacy. Requirements that are not MEDCASE-eligible will be disapproved. Requirements which are not correct, or do not have sufficient information/documentation for the functional consultant's review, will either be disapproved or have the deficiency resolved. When necessary, the USAMMA will provide administrative comments on the requirement transmittal to enhance the review by the consultant.

(2) The USAMMA posts the action codes (see Figure 4-1) assigned by the consultant to the MRE system. The USAMMA will notify activities and commands of disapproval action. Activities must query the MRE system for requirement approval/disapproval actions.

(3) The USAMMA will maintain a record copy of DA Forms 5027-R/5028-R approved or disapproved by the functional consultant representative.

c. 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 or radiation therapy equipment.

#### **4-5. MEDCASE ACTION CODES**

a. **ACTION CODES.** The MEDCASE action code reflects approval or disapproval action taken by the RMC/MSC, TARA, or the Office of the Surgeon General (OTSG) clinical consultant. Only requirements which are assigned a "1A" approval action code may be funded through the MEDCASE program (see Figure 4-1).

(1) MEDCASE participants must closely monitor the approval status of requirements that have been submitted for RMC/MSC or OTSG clinical consultant review.

(2) MEDCASE action codes reflect approval/disapproval status only, and do not relate to the funding status of a requirement or to the availability of funds for a requirement.

b. **EXPLANATION.** The MEDCASE action code is a two-character data element that is compatible with the AMEDDPAS. With the exception of the action codes 5A, 5M, 4M, which are deferral codes to indicate special administrative processing, MEDCASE action codes reflect either approval or disapproval. The numeric character indicates the level of the action (RMC/MSC or the OTSG clinical consultant). The alpha character indicates either the reason for disapproval or qualifies an approval.

FIGURE 4-1. MEDCASE ACTION CODES

<u>ACTION CODE</u>		<u>DEFINITION</u>
RMC/ MSC	Clinical Consultant	
	5A	Receipt confirmation, by USAMMA, Of AMEDDPAS interface from submitting activity. Applies to activities operating under AMEDDPAS. Activities should be sending their MEDCASE Forms to their RMC/MSC or USAMMA, whichever is applicable.
	5M	The MRE system was pre-loaded with a requirement resulting from a TARA visit. 1A action code will be assigned after approval from the activity and RMC commanders is received. This code is only assigned by USAMMA
1A	1A	Approved by local Activity Commander, RMC/MSC or the OTSG clinical consultant. Approved by Activity Commanders for requirements less than \$150,000. Approved by RMC/MSC for requirements \$150,000 to \$349,999. <b>(All diagnostic imaging requirements \$100,000 and greater require TARA review and approval.)</b>
4M		Requirement is receiving special administrative reviews prior to assignment of a final 4P command approval. No further action required by originator. <b>Note: this action code is only posted by the USAMMA.</b>
4P		Approved by RMC/MSC but requires the clinical consultant decision. Applies to requirements \$350,000 and greater, and all diagnostic imaging requirements \$100,000 and greater. <b>Note: this action code is only posted by the USAMMA.</b>
2B		Disapproved. Item is beyond your mission requirements.
2C	3C	Disapproved. Justification for requested equipment is inadequate. Submit additional justification.
2D	3D	Disapproved. Documentation required was not submitted with DA Forms 5027-R/5028-R. Resubmit with complete documentation.
2E	3E	Disapproved. Professional personnel are not currently authorized/assigned to your activity with qualifications to operate this equipment.
2F	3F	Disapproved. Communication (meeting/conversation/note/letter) has or will indicate reason for disapproval.
2G	3G	Disapproved. Incorrect IDC was assigned.
2H	3H	Disapproved. Equipment requested is not eligible for the MEDCASE program.
2R	3R	Disapproved. Rejected for administrative reasons. Communication (meeting/conversation/note/letter) has or will indicate reason.

NOTE: Disapproved/rejected requirements may be re-justified within 120 days after disapproval. After 120 days, the ACN automatically becomes inactive and will not be reinstated. Resubmissions after 120 days must use a new ACN.

#### 4-6. EXPIRATION OF UNFUNDED MEDCASE REQUIREMENTS

a. **APPROVED REQUIREMENTS.** Approved unfunded MEDCASE (BLIC CF, DA, PC and UR) requirements remain active for three FYs. MEDCASE MILCON (BLIC MB) requirements remain active for five years.

Example: **MEDCASE** requirement with a fiscal year of "00" in the ACN will remain active until 30 September 2002.

Example: **MILCON** requirements with a fiscal year of "00" in the ACN will remain active until 30 September 2004.

At the end of three or five FYs, whichever is applicable, remaining unfunded requirements will automatically be purged from the AMEDD central database at the USAMMA. These requirements will no longer be able to be executed. In the case where a requirement expires for which there is still a valid need, action should be initiated by the activity to resubmit the documentation with a new ACN.

b. **DISAPPROVED REQUIREMENTS.** Disapproved or rejected (2 or 3 series action code) MEDCASE requirements will be purged from the AMEDD central database at the USAMMA 120 days from date of disapproval action, unless action is taken by the activity to re-justify the requirement or comply with consultant instructions.

c. **CERTIFICATION OF ACTIVE REQUIREMENTS.** Approved MEDCASE requirements remain active for obligation purposes until they are executed or expire. MEDCASE participants must periodically review their approved unfunded requirements, validate current prices, and delete those requirements that are no longer needed.