



TEXAS MILITARY DEPARTMENT

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NGTX-JM (1310)

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Roles and Responsibilities of the Medical Readiness Noncommissioned Officer (MRNCO) (DTM 23-002)

References. See Enclosure E.

1. Purpose. This directive establishes roles and responsibilities for the Medical Readiness Noncommissioned Officer (MRNCO) as a member of the Full-time Support Staff (FTUS).
2. Cancellation. This memorandum supersedes all previous published guidance for MRNCO roles and responsibilities.
3. Applicability. This directive applies only to members of the Texas Army National Guard.
4. Policy. The MRNCO is qualified in the Military Occupational Specialty (MOS) of 68W-Combat Medic Specialist or an 18D-Special Forces Medical Sergeant that supports all aspects of the Commander's Readiness Program to achieve and maintain the maximum level of Soldier medical and dental readiness within the unit. The MRNCO will not be used for routine additional manpower outside of their primary functions or assigned additional duties that would hinder or impede the focus of their primary duties. Operates under oversight of the Office of the Joint Surgeon (OJS). Core roles and responsibilities are but are not limited to:
 - a. *Case Management*. Primary case manager for the unit to facilitate expedient return to duty or prepare for medical separation boards for Soldiers found unfit for continued military service. Performs monthly Case Management reconciliation of all Soldiers not compliant with medical readiness standards, including Soldiers processing in the Integrated Disability Evaluation System (IDES), within their command to ensure each Soldier has an Individual Medical Action Plan (IMAP) that is clear, concise, and communicated to supported units. Reviews all permanent profiles and open Line of Duty (LOD) investigations.
 - b. *Counseling*. Assists units in preparation and completion of required counseling forms to confirm notification to Soldiers not compliant with medical readiness standards and informed of their responsibilities. Ensures information on all government, non-government, and nonprofit benefits are available to their wounded, ill, or injured Soldiers.

c. *Class VIII-Medical Material (Equipment and Consumables).*

(1) Develops and maintains formulary for Class VIII on behalf of unit(s) of responsibility.

(2) Assists units with all Class VIII needs. Receives Class VIII requests from supported units and screens requests using approved Medical Formulary through OJS.

(3) Maintains accountability of all assigned medical supplies and equipment to facilitate the medical mission in combat and Defense Support of Civilian Authorities (DSCA) operations.

(4) Ensures all assigned equipment is maintained, calibrated, and ready for mission support.

(5) Rotates Class VIII consumables at all subordinate units to prevent loss due to expiration.

(6) Maintains inventory records and other related documents for Class VIII in support of the Army Command Supply Discipline Program (CSDP).

d. *Line of Duty (LOD) Investigation.* Identifies the need for an LOD and assists units and Service Members in initiation, review, and processing. Ensures unit has pool of qualified officers to serve as an Investigating Officer (IO), if needed. Coordinates and ensures timely LODs are processed by commanders to facilitate expedient case disposition for all Soldiers.

e. *Medical Documentation.* Assists units in gathering medical documentation, releases of information and other administrative documentation to facilitate the case management process.

f. *Medical Operations.* Advises commanders and staff on all medical operation requirements, i.e., Range Support, AT Medical Coverage, Immunization Shot Missions.

(1) Coordinates with FTUS operations and Battalion Medical Officer (MEDO) for scheduling predictable and sustainable medical readiness operations.

(2) Works closely with higher echelon FTUS staff through the Brigade Surgeon Section to maximize utilization of organic state medical assets in accordance with DAG-Army guidance.

(3) Provides commanders and staff with monthly medical readiness reports, identifying all non-medically ready Soldiers.

(4) Attends all scheduled unit medical readiness events and Soldier Readiness Processing (SRP). Provides leadership with post event summary of medical readiness issues.

g. *Systems Requirements.* Acquires and maintains individual access and proficiency to the systems identified in Enclosure A. The MRNCO serves as the Subject Matter Expert (SME) on medical systems, including the Commander's Portal, to assist commanders in medical and mission decision-making. Assists assigned medical personnel with access to required systems required for operations.

h. *Training.* Completion of mandatory training is essential to medical readiness. MRNCOs are required to complete and maintain mandatory training listed below.

(1) *MRNCO Course* at National Guard Professional Education Center (PEC), Little Rock, Arkansas.

(2) *Army National Guard (ARNG) Medical Operational Data System (MODS) Basic Course*, at PEC, Little Rock, Arkansas.

(3) *Foundational Instructor Facilitator Course (FIFC)* offered by TXARNG Regional Training Institute (RTI) at Fort Cavazos, Texas.

(4) *Cardiopulmonary Resuscitation (CPR) Instructor Course* offered by the Military Training Network (MTN). Requires recertification.

(5) *Applied Suicide Intervention Skills Training (ASIST)* available through State Family Support Services to ensure units have adequately trained representative to promote suicide prevention, awareness, interventions and disseminate relevant resources.

(6) *Health Insurance Portability and Accountability Act (HIPAA) certification.* Requires recertification.

(7) *Tactical Combat Casualty Care (TC3 or TCCC) Program.* MRNCO will be qualified to provide instruction to units. Resources can be found at deployedmedicine.com. The below listed programs are intended to be combat medic force multipliers.

(a) *All Service Members (ASM) training.*

(b) *Combat Lifesaver Course (CLS).* After a Soldier completes the CLS curriculum, they must conduct annual refresher training. If a Soldier fails to meet a yearly refresher, they must complete the entire CLS course again.

i. *68W-Combat Medic sustainment program.* Primary manager to ensure 68Ws maintain certification and qualification to reduce loss 68Ws.

j. *Additional responsibilities for brigade-level MRNCOs.*

(1) Maintain and conserve the brigade's combat power.

(2) Coordinates with FTUS operations, Brigade Surgeon, and Brigade MEDO for medical readiness of the Brigade Headquarters to facilitate employment and deployment of the Brigade Headquarters in support of Department of Defense (DoD), Department of the Army (DA), or Defense Support of Civilian Authorities (DSCA) operations.

(3) Mentors subordinate echelon MRNCOs to facilitate lines of effort and communication.

(4) Coordinates with Major Command (MACOM) or Divisional organizations for external medical requirements including medical logistics and equipment calibration to minimize administrative loss of equipment or personnel capabilities.

(5) Monitors subordinate battalions when a MRNCO is unavailable to facilitate continuity of operations.

5. Definitions. None.

6. Responsibilities. *Medical Readiness NCOs will:*

a. Maintain accountability and readiness of assigned Providers. Coordinate with OJS to report incoming or outgoing providers for proper identification, education, and training; as well as tracking their credentials and privileges accordingly.

b. Submit Interfacility Credentials Transfer Brief (ICTB) through OJS for:

(1) Annual Training events occurring on Federal installations including the National Training Center (NTC) or the Joint Readiness Training Center (JRTC).

(2) All mobilizations and overseas training.

c. Implement and maintain an effective Preventative Medicine Program to include identifying and training Preventive Medicine Teams.

d. Maintain annual certification logs on all required medical equipment.

e. Update formularies annually through OJS and on record at the Minnesota Medical Material Warehouse (M3W) ensuring signature cards are on file.

f. Ensure units have a pool of qualified officers to serve as an Investigating Officer (IO).

g. Coordinate with the State Family Programs to assist in educating Soldiers on benefits or entitlements outside of the DoD medical realm that they may be available.

h. Maintain a close working relationship with OJS, Medical Readiness Detachment, Patient Administration Department (PAD), MMA, Health Services Support (HSS) and Case Management (CM).

i. Obtain Military Health System (MHS)-Genesis access through OJS to obtain medical records for Soldiers seen at Defense Health Agency (DHA) facilities.

j. Update the Electronic Case Management (eCase) module and Medical Tracker after every Soldier encounter.

7. Summary of Changes. This is the initial publication of this issuance.

8. Releasability. The release of this issuance is unlimited and available on the agency's website.

9. Effective Date. This issuance is effective immediately and will expire in one year or incorporated in another instruction or manual, whichever is later.



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Adjutant General

Enclosures:

- A – Required Medical Systems
- B – Mobilization Medical Readiness Standards
- C – Medical Board Processing
- D – Medical Holding Units
- E – References

DISTRIBUTION:

A

ENCLOSURE A**REQUIRED WEB-BASED SYSTEMS**

1. *Medical Operational Data System (MODS)* is designed to provide the Army Medical Department (AMEDD) leadership with an integrated system to manage AMEDD Human Resources (HR), logistics, education, manpower, and Army medical readiness programs. mods.army.mil/MODSHome

a. *Medical Readiness Portal*. The Medical Readiness Portal provides healthcare providers, readiness personnel, and Army leadership with integrated tools to track, manage and take certain actions to maintain Soldier's individual medical readiness.

(1) MRNCOs use this portal to initiate and review profiles. As the Commander's representative, they require provider proxy access to monitor unit profiles and adequately address individual Soldier medical readiness deficiencies.

(2) The MRNCO advises the Commander on Soldier profiles; provides all Soldiers with active temporary or medically disqualifying permanent profiles that are actively case managed; initiates board processes as applicable; facilitates periodic profile reviews and extensions by a military medical officer; and facilitates assessment of civilian medical documentation by a military medical officer for profiling, to include recommendations for convalescent leave.

b. *Medical Protection System (MEDPROS)*. MEDPROS Web Reporting provides a variety of tools that allow Army personnel and leadership to view detailed individual medical readiness data for use by Soldier Readiness Processing (SRP) locations, Medical Treatment Facilities (MTF), National Guard State and Army Reserve RRC Surgeon Offices, and by Unit Commanders.

c. *Medical Health Assessments (MHS)*. The Medical Health Assessments (MHA) provides Soldiers and Providers a means of viewing and completing various health assessments required by Army and DoD policy in a secure, web-based application. MHA allows Commanders to assess their units' medical and dental readiness status. The MRNCOs will guide the Commander to plan and implement annual medical readiness events at the unit level. The MHA consists of four separate assessments required at specific times per DoD guidance:

(1) The Periodic Health Assessment (PHA) is an annual requirement.

(2) There are also three separate deployment health assessments to be completed at specific times once a unit enters the deployment cycle.

(a) The Pre-Deployment Health Assessment is completed prior to deployment.

(b) The Post-Deployment Health Assessment is completed within 30 days prior to demobilization.

(c) The Post-Deployment Health Reassessment is completed 90-180 days post demobilization.

d. *MEDPROS Web Data Entry (MWDE)*. The MEDPROS Web Data Entry (MWDE) tool allows users the ability to maintain and update the individual medical readiness data of Soldiers. MRNCOs will enter all data entry for medical readiness into MWDE. MWDE is the input portal for Immunizations, woman's health, vision, and numerous other exams and medical checks. MRNCOs will complete MWDE training before gaining system access. Training is available at all major military installations. Coordinate through the Texas Army National Guard (TXARNG) Office of the Joint Surgeon (OJS).

e. *MODS Control Panel (MCP)*. The Medical Health Assessments (MHA) provides Soldiers and Providers a means of viewing and completing various health assessments required by Army and DoD policy in a secure, web-based application.

f. *68W Health Care Specialist*. This application links you the 68W Tracking System which manages the sustainment of the 68W MOS.

g. *68W Emergency Medical Program Management (EMS) Portal*. This application links you to the Emergency Medical Program Management System (EMS) which provides support for Active Duty, Reserve and National Guard 68W sustainment classes.

2. *Medical Electronic Data for Care History and Readiness Tracking (MEDCHART)*. MEDCHART is a secure service to transfer medical records from any provider (clinic, hospital, pharmacy, and more) to Soldiers and designated representatives (legal team, care team, authorized family members). MEDCHART is a Title 32 managed application that provides MRNCOs the ability to initiate, process, and track various programs and document Soldiers who need extended medical treatment or processing.

a. *Dental Classification (DenClass)*. System used by dental techs and dentists to electronically document the dental readiness for all ARNG and USAR Soldiers. The DenClass module integrates Reserve Component Dental Readiness with the MODS. Users can create and track all elements of a dental examination, including the Soldier's health history, SF 603A, the dental treatment plan, and a digital repository for dental radiographs. MRNCOs will upload 2813s and review dental records and treatment to increase dental readiness for the Commander.

b. *Electronic Case Management (eCase)*. Used to open, track, and determine the disposition of medical cases for ARNG and USAR Soldiers. The module provides an automated case-management workflow and task-management system that provides an integrated view of all related data obtained from other medical management systems. MRNCOs will maintain access and use this module to inform the Commander on the progress of Soldiers and the actions of external organizations such as OJS and Case Management regarding the Soldiers.

c. *Electronic Medical Management Processing System (eMMPS)*. A module through which medical treatment packets are uploaded and tracked. It includes the modules for Line of Duty (LOD), Incapacitation Pay Claims (INCAP), Military Medical Support Office (MMSO; now DHA-Great Lakes), and Active-Duty Orders Process (ADOP). MRNCOs will become SMEs with this module as it is vital to the job.

(1) *Line of Duty (LOD) Module*. Soldiers who are injured while on Title 10, Title 32, AT, or Drill status will be processed through the LOD module in MEDCHART. All documents and aides needed for LOD investigations are in this module to help MRNCOs initiate Soldiers through the LOD investigation process. This module is vital for access to all other programs available to Soldiers injured in the line of duty.

(2) *Incapacitation Pay Claims (INCAP)* is a beneficial program used to reimburse Soldiers who become injured or ill in the line of duty for wages lost from civilian employment. The MRNCOs will be SMEs for INCAP, tracking packets in the INCAP system and providing quality control on packets forwarded to the TXARNG Health Services Support (HSS). INCAP will pay for previous months of lost wages. Due to the nature of the payment timeline, the MRNCO is vital in ensuring rapid processing of INCAP to prevent undue hardship on Soldiers who qualify for the benefit.

(3) *Defense Health Agency Great Lakes (DHA-GL)* program facilitates government payment for healthcare received due to service-connected injury/illness. DHA-GL is a pre--authorization based system, and the request for pre-authorization is input into the DHA-GL system by the unit. The MRNCO will serve as an SME for DHA-GL and track pre- authorization requests through the DHA-GL module. Once the pre-authorization is approved, a letter is sent to the Soldier authorizing appointments for the Soldier.

(4) *Active-Duty Orders Process (ADOP)* allows the MRNCO to initiate and process Soldiers who need care and treatment to return them to a deployable status or enter the IDES process. There is also more information about INCAP and MAR2 processes.

d. *Health Readiness Record (HRR)*. Provides the ARNG and USAR a web-based repository for Soldier medical, dental, and medical personnel action documentation. Soldier records include non-sensitive, sensitive, and behavioral health documents.

e. *Medical Readiness Reporting (MRR)*. Serves as an executive information management system for MEDCHART. MRR uses near real-time data to produce customizable reports, dashboards, and maps that measure key performance metrics related to medical and dental readiness.

3. *GENESIS*. The Military Health System's (MHS) electronic health record. Provides a single health record for Service Members, veterans, and their Families. The Patient Portal provides access to a patient's Electronic Health Record (EHR) and contains their most current medical

and dental information through a secure website. It connects the patient to their clinic or hospital's health care team and is available anytime, anywhere with internet access. It provides a complete view of a patient's, and their Family, health records.

ENCLOSURE B

MOBILIZATION MEDICAL READINESS STANDARDS

1. Medical Readiness efforts will follow Army and Combatant Command (COCUM) Surgeon deployment requirements.

a. Units without a Notification of Sourcing (NOS) must have every Soldier complete a Periodic Health Assessment (PHA) and dental exam at a minimum annually.

b. Conduct readiness events with organic assets.

c. Units without organic assets will use the Texas Medical Readiness Detachment for readiness requirements before requesting contracted events.

d. Reserve Health Readiness Program (RHRP) funds are provided through the Defense Health Agency (DHA) national contract and are funding dependent.

(1) Office of the Joint Surgeon (OJS) coordinates and validates RHRP events.

(2) Misuse of this program will result in suspension for the unit and possibly the state. Event execution will be greater than 95% utilization to ensure program compliance and minimize avoidable costs.

e. Soldier Readiness Processing (SRP) events are provided through a local contract paid for by OJS.

f. All dental-only service contracts and vouchers will be requested and scheduled through OJS.

g. MRNCOs should work with their command teams and FTUS personnel to nest readiness activities in their training colander throughout the year.

h. Every unit's goal is to have all annual requirements completed before the start of yearly training.

2. MRNCOs ensure that mobilizing units are screened and processed following current policy and guidelines to ensure maximum success at mobilization platforms to maintain unit cohesion and combat power. The MRNCO must possess a working knowledge of:

a. The medical deployment waiver processes.

b. Patient flow from Point of Injury (POI).

c. Understand systems, programs, documentation and/or regulations such as:

- d. Joint Legacy Viewer (JLV) and Military Health System (MHS) Genesis
- e. Retirement Points Accounting Management (RPAM)
- f. Medical Operational Data System (MODS)
- g. MEDCHART
- h. iPERMS
- i. AR 40-501
- j. AR 40-502
- k. DA PAM 40-501
- l. DA-PAM 40-502
- m. AR 40-68
- n. MOD 17
- o. Privacy Act of 1974
- p. OTSG/MEDCOM Policy 10-042
- q. AR 600-8-4 (LOD)
- r. AR 135-381 (INCAP)
- s. AR 600-60 Physical Performance Evaluation System (PPES)
- t. AR 635-40 (Physical Evaluation for Retention, Retirement or Separation).
- u. Army Mobilization and Deployment Reference (AMDR)

ENCLOSURE C

MEDICAL BOARDS

1. All Soldiers with a permanent profile with a 3 or 4 in the PULHES, who have not processed through a board require immediate action.
2. Regardless of whether the profile is thought to be valid or invalid, the Soldier will proceed through the board process where invalid profiles will be found and corrected.
3. The MRNCO will serve as the SME and advise the Commander during these processes, including MOS Administrative Retention Review (MAR2), Medical Evaluation Board (MEB), Non-Duty related Physical Evaluation Board (ND-PEB) and the Integrated Disability Evaluation System (IDES). The MRNCO tracks and assists individual Soldiers through the medical board process and assist the Nurse Case Managers (CM) and their Administrative Assistants (AA) with updating medical records with current information.
4. MEB Prep is used to upload MEB packets into the IDES system (MEBTO). The MRNCO must be highly familiar with this process IOT initiate the Soldier into the Integrated Disability Evaluation System (IDES) process.

ENCLOSURE D

MEDICAL HOLDING UNITS

1. *Soldier Recovery Unit (SRU)* is a Title 10 program that allows for Soldiers to heal from conditions that are LOD related. The RCMC-M, RCMC-T, and Active-Duty Medical Extension (ADME) programs are for Soldiers injured on Title 10 orders.

a. The MRNCO will maintain visibility and advise the Commanders of Soldiers in Transition (STs) through coordination with OJS, J-1 HSS-SRU Liaison(s) and Medical Management Activity (MMA).

b. For entry into the SRU, the MRNCO will review, track, and validate Active-Duty Medical Extension (ADME), Medical Retention Processing (MRP)/Medical Retention Processing 2 (MRP2) before packets are forwarded to the J-1 HSS that tracks them through the approval/disapproval process.

2. *Medical Management Activity (MMA)* formerly known as the Texas M-Day Medical Hold, is established to facilitate a rapid process and effective tracking system for an M-Day Soldier who becomes severely injured or maneuver through the medical board process.

a. The MMA is intended for Soldiers who are currently in the Medical Board process who are deemed as being unlikely to return to the fighting force. (AGR Soldiers are not authorized to be placed in the MMA).

b. MRNCOs will act as a link between the units and Texas Medical Readiness Detachment (MRD) regarding these Soldiers who are entering the board process.

c. The MRNCO will become an SME regarding the MMA acceptance process to facilitate the transfer.

ENCLOSURE E

REFERENCES

- a. Informational paper, Office of the Chief Surgeon, National Guard Bureau (NGB), “Battalion and Brigade Medical Readiness NCO (MRNCO)”, 9 January 2009
- b. Informational Paper, Office of the Chief Surgeon, National Guard Bureau (NGB), “Intent of the Battalion and Brigade Medical Readiness NCO (MRNCO) Course”, 15 December 2010
- c. AR 40-501, “Standards of Medical Fitness”, 27 June 2019
- d. AR 40-68, “Clinical Quality Management”, 26 February 2004
- e. AR 600-8-4, “Line of Duty Policy, Procedures, and Investigations”, 12 November 2020
- f. AR 135-381, “Incapacitation of Reserve Component Soldiers”, 3 January 2021
- g. AR 40-66, “Medical Record Administration and Healthcare Documentation”, 17 June 2008
- i. TC 8-800 (Medical Education and Demonstration or Individual Competence) (MEDIC)
- j. ALARACT 100/2016 (Medic Sustainment)
- k. National Registry of Emergency Medical Technicians (NREMT) requirements
- l. VA Handbook
- m. Texas Medical Team Standard Operating Guidance
- n. TXARNGI 1308.01, “Medical Readiness Policy”, 7 March 2023