

Medical Management Processing System (MMPS) and Medical Management Activity (MMA) Process: Monitoring, managing, and facilitating medical recovery for medically non-available Soldiers

Description

The Medical Management Processing System (MMPS) is a network of care providers that was established to support medically non-available Soldiers in achieving medical recovery and to increase unit readiness by offering the option of creating position vacancies in deployable units. The MMPS is the system of support which includes professionals such as: Medical Readiness NCOs, Care Coordinators, and Case Managers. Soldiers in the MMPS can remain assigned to their units (for administrative oversight only) or be transferred to the State Joint Forces Headquarters (JFHQ), using the Temporary TDA process (to create a unit vacancy for backfill).

The MMA is the unit of assignment for Soldiers transferred into the program. Soldiers with a Medical Readiness Class of 3B (MR3B) (see definition below) for nine months or greater are prime candidates for the MMA; however, actual assignment authority resides with the State G1 (in close coordination with the State Surgeon, Losing 0-6 level commander, and gaining MMA representative). The MMA has two elements: cadre (provides administrative supervision, assistance, and support) and main body (the Soldiers with ongoing medical treatment or evaluation being monitored or administered within the program). Soldiers selected for the MMA are assigned to vacant positions within the MMA host command (e.g., JFHQ, Medical Detachment, or Troop Command) or to a dedicated TDA paragraph number via the Temporary TDA process (to create unit vacancies for backfill).

Medical Readiness Class 3B (MR3B), AR 40-501, para 11-5, d

1. Medical requirements will take more than 30 days to correct.
2. Deficiencies may include temporary profiles exceeding 30 days, and P3 or P4 profiles that require completion of a MMRB. (If the Soldier does not meet medical retention standards, Soldier requires a MEB), AR 40-501 Para 11-5, d
3. Soldiers who are pregnant.
4. Soldiers who are hospitalized (absent sick status).
5. Soldiers found "unfit" but continued in a COAD status.
6. Soldiers are categorized as "Red" in MEDPROS.

Stakeholder Definitions

1. Case Managers (CMs) report to the Deputy State Surgeon (DSS) and are tasked with evaluating and assigning cases to Care Coordinators (CCs). CMs continue to provide consultation and work in an advisory capacity with the CC to assist the Soldier in assessing their current and future needs, reviewing and re-establishing their comprehensive plan of care, obtaining the required treatment and evaluations to progress toward a final outcome.
2. Care Coordinators (CCs) report to the Deputy State Surgeon (DSS) and are the civilian equivalent of a BN MRNCO with basic health care training. Under the CC, the injured Soldier will continue their healthcare process in collaboration with the CM as directed. CCs assist Soldiers with tracking medical and dental appointments, assuring attendance, maintaining communication as required with the Soldiers, and continue to update/collect current medical records.
3. Battalion Medical Readiness Non-Commissioned Officer (BN MRNCO) report to their Battalion Commander and assist the Soldier with a number of tasks to include, but not limited to obtaining an LOD, a temporary profile, assisting in establishing an initial provider appointment and collecting any pertinent medical records to forward to the Office of the State Surgeon. Should the Soldier require more in-depth or continual health care that extends beyond 90 days from identification of the issues, the BN MRNCO will collaborate with their State CM and CC.
4. Health Systems Specialists (HSSs) reports to the State G1 and provide technical expertise and guidance for personnel health related programs. The HSS works with the BN MRNCO to assist the Soldier with obtaining a DA Form 2173 (LOD).
5. Military Health Care Providers are Medical Doctors (MDs) Physician Assistants (PAs), or Nurse Practitioners (NPs) who report to the State Surgeon, issue profiles and serve as the military medical point of contact (POC) for the CM and the CC.

Regulations and Supporting Resources

[AR 135-178, Enlisted Administrative Separations](#)

[AR 40-501, Standards of Medical Fitness](#)

[ARNG-ARH Policy Memorandum 10-029, Operationalizing the RC Personnel Policy Initiative #1: Clarification of Enlisted Promotion System \(EPS\) Procedures for Units in Receipt of Official Notification of Sourcing for a Federal Mission](#)

[ARNG-HRH Policy Memorandum 10-051, The Army National Guard Medical Management Processing System \(MMPS\) and Medical Management Activity \(MMA\)](#)

[ARNG-HRH Policy Memorandum 10-074, Operationalizing the RC Personnel Policy Initiative #3, Consolidated Temporary TDA Policy](#)

Documents and Forms

[DA Form 2173, Statement of Medical Examination and Duty Status](#)

Systems

[e-Profile Website – Login](#)

Points of Contact

Division: Personnel Division (ARNG-HRP)

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