DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6320.85A CH-1
BUMED-M3
14 Jul 2015

BUMED INSTRUCTION 6320.85A CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery

Subj: MEDICAL COGNIZANCE OF NAVY AND MARINE CORPS PATIENTS IN NON-NAVAL HEALTH CARE FACILITIES

Encl: (1) Revised page 13

1. Purpose. To update the reports paragraph of the instruction.

2. Action. Remove page 13 of basic instruction and replace with enclosure (1) of this change transmittal.

3. Retain. For record purposes, keep this change transmittal in front of the basic instruction.

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IN REPLY REFER TO
BUMEDINST 6320.85A
BUMED-M3B1
22 May 2015

BUMED INSTRUCTION 6320.85A

From: Chief, Bureau of Medicine and Surgery
To: All Ships and Stations

Subj: MEDICAL COGNIZANCE OF NAVY AND MARINE CORPS PATIENTS IN NON-NAVAL HEALTH CARE FACILITIES

Ref: (a) BUMEDINST 5450.165B
(b) MILPERSMAN 1770-030
(c) MCO 3040.4
(d) OPNAV P09B2-105, Standard Navy Distribution List
(e) MCO 6320.2E
(f) TRICARE Operations Manual 6010.56-M, Chapter 17
(g) OPNAVINST F3100.6J
(h) USTRANSCOM/SG Policy Directive for Inter-theater Patient Movement to Continental United States
(i) MILPERSMAN 1306-1600
(j) BUMEDINST 1306.72H
(k) MILPERSMAN 1301-122
(l) SECNAVINST 1850.4E
(m) MANMED, Chapter 18
(n) JAGINST 5800.7F
(o) Memorandum of Agreement between the Department of Veterans Affairs and Department of Defense for Medical Treatment Provided to Active Duty Service Members with Spinal Cord Injury, Traumatic Brain Injury, Blindness and Polytraumatic Injuries, December 2006
(p) 32 CFR 199.17
(q) SECNAVINST 5210.16

Encl: (1) Acronyms
(2) Continental United States Medical Cognizance Assignment Guide
(3) Outside Contiguous United States Medical Cognizance Assignment Guide

1. Purpose. To establish policies, procedures, and responsibilities for the assignment and performance of medical cognizance and liaison functions for Navy and Marine Corps active duty Service members and activated Navy and Marine Corps reserve component members hospitalized in non-naval medical treatment facilities (MTF) by a Navy Medicine MTF with the necessary capabilities to perform such duties. Enclosure (1) contains a list of acronyms used in this instruction.

2. Cancellation. BUMEDINST 6320.85.

3. Background

a. Non-naval MTFs include civilian hospitals, rehabilitation centers, and dental clinics; Department of Veterans Affairs medical centers (DVAMC) and clinics; Army, Air Force, North Atlantic Treaty Organization and other Nations' MTFs and clinics. It is critical that Sailors and Marines admitted to these types of facilities be closely monitored and assigned medical cognizance by Navy Medicine MTF assets to ensure their needs are met and assistance is provided to their families and commands as needed. This instruction provides specific guidance and direction to accomplish these tasks.

b. In 2007, the Chief of Naval Operations established the Navy Medicine regions under the authority and military command of the Chief, Bureau of Medicine and Surgery (BUMED) to increase efficiencies and standardize processes. The Navy Medicine regions are designated as Echelon (3) commands. Echelon (3) commands are each responsible for MTFs contained within their specific regional boundaries. These Echelon 4 MTF commands report directly to their Navy Medicine region as outlined in reference (a).

c. For additional assistance, Patient Administrative Department (PAD) officers should first contact their respective Navy Medicine Regional Patient Administration office, and if required, the Patient Administration Department of Healthcare Operations, BUMED by calling the BUMED information line at commercial (703) 681-9205 or DSN 761-9205.

4. Medical Cognizance of Hospitalized Service Members

a. The Navy Medicine East (NME) or Navy Medicine West (NMW) region PAD will ultimately coordinate, track, and assign medical cognizance for Service members and Activated Reservists in their respective geographic areas for non-naval hospitalizations and medical evacuations. If the Service member is hospitalized within the MTF's known medical cognizance area of responsibility (AOR), the respective MTF automatically has responsibility. However, once medical cognizance is assigned to, and accepted by an MTF, the MTF is now required to manage and track the specific details related to the patient within their respective AOR. The MTF is still required to provide updates to its Navy Medicine region PAD Office, but those updates are now for general oversight purposes.

b. In foreign countries, Service members and family members who are TRICARE Prime enrolled to an outside contiguous United States (OCONUS) MTF are not case managed by the TRICARE overseas program (TOP) contractor. The enrolling OCONUS MTF has responsibility for case management and referral management regardless of the location of the hospital admission, either OCONUS or within the continental United States (CONUS). For behavioral health admissions, TRICARE rules require a referral to be submitted to the TOP contractor every 7 days for the duration of the admission. For alcohol and substance abuse treatment admissions to non-government facilities, TRICARE rules require that admissions cannot exceed 30 days. For most other admissions, a single authorization for the entire length of stay may be authorized. Additional information for the respective OCONUS TRICARE area office (TAO) and TOP may be found at http://www.tricare.mil/tma/BES.aspx.

c. When the Navy Medicine region PAD office receives notification of a hospitalization, the Navy Medicine region PAD officer will assign medical cognizance to the appropriate naval MTF with the necessary capabilities or medical center within its AOR. If the Service member is hospitalized within the MTF's known medical cognizance AOR, the respective MTF automatically has responsibility. While initial transfer of medical cognizance assignment can be made via telephone, it should always be followed up via an official method as per reference (b) and (c). Enclosures (2) and (3) are guidelines to assist Navy Medicine regions based on geographical location of the hospitalized Service member for use when assigning medical cognizance assignments at various CONUS and OCONUS sites.

d. The MTF of enrollment has primary case management responsibility including authorization of care and patient movement. For Service members who are not enrolled to a MTF, but who are enrolled in TRICARE Prime Remote, the Reserve and Service member support office (RSMSO) should be notified instead. The RSMSO shall contact the nearest MTF and assist the Navy Medicine region in coordinating medical cognizance of the Service member. The contacted MTF should communicate any Service member admission to their respective Navy Medicine region as they occur.

e. Responsibilities of the MTF with primary medical cognizance entail administrative control of the patient and include reporting, monitoring, disposition of Service members from non-naval MTFs, and assigning secondary medical cognizance if necessary. Monitoring is most critical and involves frequent status checks to ensure the needs of members and their families are being met.

f. Secondary medical cognizance may be necessary in some situations. If a MTF is assigned medical cognizance over a Service member in a hospital that is beyond the MTF's usual AOR, the MTF shall enlist the assistance of a nearby Navy and Marine Corps Reserve Center, recruiting or operational command; Navy Wounded Warrior Safe Harbor; or Wounded Warrior Regiment (WWR) to act as a non-medical liaison (secondary medical cognizance) to visit the patient and relay pertinent information and updates to the MTF. Consult reference (d) for a complete list of Navy activities and the Marine Corps Unit directory: http://www.marines.mil/Units.aspx for Marine Corps activities. Any MTF that is assigned medical cognizance responsibilities and has difficulty in obtaining the support and assistance required from a Navy or Marine Corps unit close to the Service member, should consider enlisting the help of the medical cognizance Navy Medicine region's PAD officer, Navy Wounded Warrior Safe Harbor representative, Wounded Warrior Regiment representative, or the PAD at BUMED.

g. Reference (e) delineates specific responsibilities for visiting and administratively attending to hospitalized Marines.

5. Hospital Admission Notification Responsibilities

a. Service members and activated Reservists have the primary responsibility, if medically able, to notify their parent command or the nearest military authority to provide parent command notification in the event of an admission to a non-naval MTF.

b. Any military command which first learns of an unplanned non-naval hospitalization of a Service member shall contact the patient's parent command and nearest Navy MTF. If the Service member is hospitalized within the MTF's medical cognizance AOR, the respective MTF automatically has responsibility. While management and tracking of specific patient information details remains the responsibility of the contacted Navy MTF within their respective AOR, it is still required to relay all pertinent patient information to their appropriate Navy Medicine region PAD office for general oversight purposes.

c. Per reference (f), if a Service member is hospitalized in a CONUS non-naval facility, the TRICARE regional contractor (TRC) is responsible for notifying the referring MTF or the MTF that the Service member is TRICARE enrolled. Non-naval hospitals will generally notify the TRC or the closest MTF when a Service member is admitted to their facility. If a Service member is hospitalized in an OCONUS non-naval facility, the MTF that first becomes aware of an admission to a host nation facility has the responsibility to notify the Navy Medicine region TAO and the TOP to ensure all pertinent patient information and requirements are relayed to the appropriate entities. Additionally, this MTF must also notify the appropriate Navy Medicine region PAD for general oversight purposes.

6. Casualty Reports

a. The initial personnel casualty report (PCR) shall be compiled and disseminated by the first notified military command within 4 hours of being notified of any Navy or Marine Corps Service member who sustains serious illness, injury, wounds, or dies. The PCR is also required for any Service member who is diagnosed as terminally ill, very seriously ill, very seriously injured (VSI), seriously ill, or seriously injured. Navy PCRs are prepared per reference (b); the Marines are prepared per reference (c) and should include BUMED, the appropriate Navy Medicine region PAD, Navy Casualty Affairs, Navy Wounded Warrior Safe Harbor, or Marine WWR, and the Service member's parent command. If a Service member is hospitalized while executing permanent change of station orders both the gaining and the losing commands, in addition to Navy Personnel Command, shall be sent a PCR.

b. If the casualty occurs to a Service member while away from his or her command, the local naval activity first notified shall verify the situation and submit an initial PCR to the Service member's parent command, and should include as much information as available within the prescribed reporting time period. The parent command will make updates to the PCR with additional information as it becomes available. If the Service member's parent command is not known, the naval activity learning of the hospitalization will inform Navy Casualty (PERS-13, formerly OPNAV N135C) at (800) 368-3202, (901) 874-2501, DSN 882-2501, afterhours (901) 573-0094 or Headquarters Marine Corps Casualty Assistance at (800) 847-1597, (703) 784-9512, or DSN 278-9512. If the Service member is first hospitalized in a Navy MTF

and is subsequently transferred to a non-naval treatment facility, the transferring MTF will submit the PCR and retain medical cognizance. For OCONUS casualties, notifications to TAO and TOP contractor must also occur to ensure care authorizations are correctly processed and any additional requirements are coordinated.

c. Bedside Travel. VSI and seriously injured status may warrant bedside travel. Any command reporting a casualty or a hospitalization should indicate on the PCR whether the presence of the Next of Kin (NOK) is medically warranted as determined by a military medical officer. For the casualty status of cases where the illness or injury will most likely result in death within 72 hours, as determined by a military medical officer, or the presence of family members is medically warranted for the health and welfare of the Service member, the NOK, and up to two additional attendants, may be entitled to bedside travel through a fund administered by Navy Casualty or the Commandant of the Marine Corps (CMC). Bedside travel statements must be validated every 10 days or whenever a Service member's status changes via PCR updates. These updates shall be released by the MTF with medical cognizance or released by the Service member's parent command with a name of the managing MTF medical officer. Contact Navy Casualty at (800) 368-3202, or DSN 882-5672, if additional assistance or information is needed.

d. A PCR must not contain any personally identifiable information, requires the use of generic identifiers, and will not contain personal identifying items such as name or social security number. Complete identifying information may be communicated via radio or telecommunicated as needed. Exceptions which may contain the full identifying information are secure messaging, encrypted e-mail, or reporting the PCR to the designated Navy Casualty Inbox at: MILL_Navy_Casualty@navy.mil as described in reference (b). NOTE: Use an underscore between "MILL" and "NavyCasualty" in the e-mail address. Be sure to include your chain of command as an addressee on the e-mail. Include the full name, rank, title, and telephone number of the approving official. To ensure the PCR has been received, follow-up by calling Navy Casualty at (800) 368-3202 or DSN 882-5672.

7. Cognizance during Patient Ground and Air Movement

a. Patients moved through the aeromedical evacuation (AE) System remain under the cognizance of the sending facility until arrival at the final MTF location.

b. Transferring Facility. When placing patients in the AE System, ensure patients and accompanying family members are aware of current information and the transferring physician's reason for use of the AE System. Refer to reference (h) for Inter-theater Patient Movement to CONUS and guidance on clinical and administrative documentation.

(1) Schedule Patient Movement. Submit patient movement requests to the global patient movement requirement center (GPMRC) or aero evacuation coordination center/theater patient movement requirements center. Prepare funded travel orders for all United States (U.S.) Armed Forces and non-U.S. Armed Forces patients and attendants.

(2) In the event the aircraft diverts in transit for either medical or mechanical reasons, and the patient is admitted to a facility for treatment, the Navy Medicine region PAD for the geographical area in which the patient is located, will be notified and make assignment of secondary medical cognizance until the patient is able to transit to the destination MTF for continuing care. If delay is anticipated to last more than 2 days, official message will be generated by the secondary medical cognizance MTF and copied to the sending MTF, the receiving MTF, the Parent Command, and the Navy Medicine region the patient is geographically located to document the anticipated delay in final transit. The secondary medical cognizance MTF will provide required daily/weekly status updates to the Navy Medicine region, parent command, sending and receiving facilities per reporting requirements. The sending facility will continue to track and liaise with the secondary medical cognizance facility until the patient's final transfer to the destination MTF.

(3) Patients moved via local contracted services to other local non-naval facilities remain the responsibility of the originating MTF throughout the course of care until their return to the MTF, disposition through the integrated disability evaluation system (IDES), or discharge and return to duty.

c. Receiving Facility. Navy MTFs receiving AE patients and assisting accompanying family members will ensure they are met by responsible, well trained staff personnel, regardless of the time of their arrival. Staff personnel assigned such duties will:

(1) Assist with lodging accommodations and provide transportation for patients from the airport/airfields to lodging, and from lodging back to the airport.

(2) Assist with clinic and appointment information, and special rules relative to being provided treatment at that clinic.

(3) Provide names and telephone numbers of staff personnel available to help during and after normal working hours.

d. Change in patient status. When a patient's status changes from outpatient to inpatient after entering the AE system, parent command funding is rescinded in favor of Navy Medicine funding.

8. Responsibilities During Hospitalization

a. General Guidance. The ultimate goal in most cases for active duty Service members hospitalized in a non-naval hospital is the movement of those Service members to military MTFs or DVAMC. Navy and Marine Corps patients may be hospitalized in DVAMCs due to sharing agreements or memoranda of understanding. In these cases, it may not be necessary or desirable to move the patient to a Navy MTF. However, it is the responsibility of the MTF with medical

cognizance to ensure the Service member's course of treatment is tracked, and the personal needs of the Service member and their family members, which cannot be met by the staff of the treating facility, are addressed.

b. Reporting. The MTF with medical cognizance of the hospitalized Service member will provide complete updates to the responsible Service member's parent command and to their appropriate Navy Medicine region PAD office for general oversight purposes. Upon initial report of admission to the Service member's parent command, the MTF with medical cognizance should request the parent command forward temporary duty (TEMDU) for enlisted operational Service members only, temporary additional duty, or orders for continuation of treatment per reference (i). If TEMDU orders are requested for enlisted operational Service members; service, pay, and medical and dental records should also be requested.

c. Monitoring

(1) MTFs with Medical cognizance, in conjunction with medical liaison personnel and case management personnel, shall assist each Service member with sensitivity and dedication since they are usually the only link between the Service members, their families, and their commands. An inpatient admission can be a traumatic experience and liaison personnel need to do everything possible to assist in returning the Service member to full active duty status, at the earliest possible time, and to assist Service members and families with any needs or concerns they may have.

(2) Daily checks by either the MTF or Reserve operational support office unit shall be made as long as the patient is unstable.

(3) Cognizant MTF and medical liaison personnel coordinate with Navy Wounded Warrior Safe Harbor and WWR representatives to ensure assistance is provided to Service members or families with any administrative or support needs they may have: securing personal belongings from the previous command, remedying pay problems, etc.

(4) If the Service members or families raise questions or concerns regarding the clinical course of treatment or the quality of medical care, enlist the assistance of a military medical officer or an assigned case manager at the MTF with, medical cognizance to speak with the attending physician and attempt to resolve concerns. When the patient is hospitalized in a non-naval OCONUS hospital, questions or concerns raised by Service members or families regarding clinical course of treatment or quality of medical care should also include notification to the TAO and TOP contractor, in addition to the MTF with medical cognizance responsibilities. This can help ensure sensitivity to cultural norms are recognized when addressing treatment or quality questions and concerns, so these questions or concerns are not perceived as adversarial.

(5) It may become necessary for a Service member of the military medical staff to actually visit the hospital to investigate significant medical care concerns. While this should be a last resort, attentive care must be taken to assure concerns of Service members and families of

patients are addressed by having Navy Medicine continually involved in their course of treatment, and it's Navy Medicine's determination to see they receive only the highest quality medical care.

d. Visitation and medical/non-medical liaison responsibilities. The assigned MTF cognizant liaison is responsible for visiting the patient in the hospital at least weekly and reporting information obtained to the PAD officer at the MTF with primary Medical cognizance. When feasible, the medical liaison should be an E-7 or above. Medical liaison responsibilities include:

(1) Visiting the patient within 24 hours of admission or within 24 hours of being assigned as medical liaison, and at least weekly thereafter.

(2) Providing assistance in conjunction with Navy Wounded Warrior Safe Harbor and/or WWR to patients with administrative or personal matters, as needed, including pay discrepancies.

(3) Providing assistance to family members present in addressing any concerns or questions they have about the treatment and potential disposition. It is recognized that individuals assigned as medical liaison may not have a medical background. If the patient or family members express concern with medical care provided by the hospital, encourage the patient or family members to discuss these concerns with the attending medical staff, if they have not already done so. Report their concerns to the naval MTF with primary Medical cognizance.

(4) Coordinating with outside agencies assigned to assist with care such as International SOS, WWR, and Navy Wounded Warrior Safe Harbor to avoid duplication of efforts and to streamline assistance provided to the Service member and his or her family.

(5) Asking patients if they desire family members to be apprised of their status and progress, and if they will permit discussion of their case with family members. Report this information to the primary medical cognizant MTF.

e. Reference (f) delineates specific responsibilities for visiting and administratively attending to hospitalized Marines.

9. Assessing Need for Medical Board

a. Medical Board Evaluations. A Service member may be removed from full military duty for up to 90 days of light duty, issued in 30 day increments for the purpose of evaluation or treatment of a medical condition. Continuous periods of light duty exceeding 90 total days are prohibited. If the Service member is unable to return to full military duty at the end of the 90 days of light duty, the Service member will be referred to a medical evaluation board (MEB). The MEB can decide to place the Service member on temporary limited duty (TLD) or refer the case to the physical evaluation board (PEB) for disability determination. Per reference (j), enlisted Service members may be moved TEMDU to a MTF medical transition company (MTC)

as clinically indicated. Additionally, enlisted Service members pending a medical board may be assigned to a local line unit and medically managed by the appropriate MTF even if the Service member is primarily receiving care at a non-naval medical facility. Officers in an operational status cannot be assigned to MTC. Officers assigned to an operational command who need to be placed in a temporary status should be transferred per reference (j) to their Type II command, the immediate superior in command; or, in extreme circumstances, the MTF's human resources personnel department. The MTF with the MTC will have medical cognizance responsibilities. There exists no authority to omit or postpone disability evaluation of physical impairment, which renders questionable the ability of Service members to perform reasonably the duties of office, grade, rank, or rating. Commanding officers of MTFs and individual medical and dental officers are to identify promptly for referral to the IDES those Service members presenting for medical care whose fitness for active duty is questionable. References (l) and (m) provide more detailed guidance on the MEB process.

b. TLD. When directed by a MEB, the Service member will be placed on TLD with the expectation the Service member is likely to be restored to full military duty within 12 months or less. TLD periods are in increments of 6 months and not to exceed 12 months. All officer MEBs recommending TLD, and enlisted MEBs recommending subsequent periods of TLD exceeding 12 months, must be submitted to the Service member's Service headquarters for departmental review.

(1) U.S. Navy

(a) Active Duty. Service members may not exceed 12 months cumulative TLD time during their career. Extensions may be authorized on a case-by-case basis by Navy Personnel Command (PERS-82) based on a medical evaluation that the additional months of TLD will be sufficient to restore the Service member to full duty status.

(b) Reserve Component (RC). Per reference (j), Navy RC receiving medical treatment for an injury, illness, or disease or those being processed through the IDES are not eligible to be on TLD, but are placed on medical hold. A copy of the board must be forwarded to Service Headquarters (PERS-9).

(2) U.S. Marine Corps

(a) Active Duty

1. TLD may be approved for enlisted Marines at the local MTF for up to an initial 6 months without the approval of the CMC, Manpower Management Separation Retirement (MMSR-4). A copy of the board must be forwarded to CMC MMSR-4 for historical record.

2. A re-evaluation appointment of the Service member must be made 2 months prior to the completion of any period of limited duty (LIMDU), and the MTF will inform CMC MMSR-4 of the Service member's new medical status prior to the completion of the LIMDU period.

3. After 12 months of LIMDU, CMC MMSR-4 may determine additional LIMDU for severe and unusual cases are warranted. If this request is disapproved by Service Headquarters, CMC MMSR-4 reserves the prerogative to direct referral of the case to the PEB.

(b) Marine Corps Reserve Component (RC). Marine Corps RC being processed through the IDES are not eligible to be on TLD, but are placed on medical hold.

c. Commands must complete a line of duty determination or line of duty investigation when injuries are incurred by naval personnel while in active service to determine if the injury was incurred "in the line of duty" as per references (l) through (n). According to the laws and regulations governing the Navy IDES, Service members who are entitled to basic pay and incur a medical condition which make them unfit to perform their military duties, are eligible to receive disability retirement or separation benefits. However, Service members are not entitled to benefits if the physical disability resulted from the Service member's own intentional misconduct, willful neglect, or was incurred while the Service member was in an unauthorized absence status.

d. Once the cognizant MTF is comfortable in proceeding with medical board action, the board shall be completed as expeditiously as possible. For Service members unable to be transferred from non-naval hospitals, request copies of the inpatient record so a physician at the cognizant MTF can complete the medical board based on the information on record. DVAMCs are authorized to complete medical board reports for the Services, but if it does not appear this will occur in a timely manner, obtain the inpatient record for completion of medical board report at the cognizant MTF.

e. MTFs with medical cognizance initiate incapacitation boards when Service members show impairment of judgment, secondary to a psychiatric disorder, or other serious conditions such as closed head injury. To protect the interests of the government and the Service member, disposition may be placement on the temporary disability retired list provided all requirements under statute, legal opinions, and regulation are met. A mental incapacitation determination may result from temporary or permanent physical or mental conditions as a result of injury or disease. An incapacitation board done at a civilian hospital shall be forwarded to the nearest MTF with psychiatric capability for review and endorsement before sending it to the Office of the Judge Advocate General. The board shall be signed by three physicians, one of whom must be a psychiatrist.

f. For Service members admitted to a DVAMC under reference (o), the MTF with medical cognizance will notify the RSMSO of the status of the MEB. Reference (o) is available at: http://www.tricare.mil/dvpco/downloads/12-13-06.pdf. Once a final decision has been rendered by the Navy's PEB, the cognizant MTF will ensure that RSMSO is notified of the pending retirement or separation date.

10. Dispositions

a. Transfer to a MTF or a DVAMC. Since the ultimate goal for Service members hospitalized in non-naval hospitals is to attain their transfer to a MTF or DVAMC, be sure to involve Service members and their families early on in the planning process.

b. Non-naval Rehabilitation Facility. It is not uncommon that a patient's needs exceed the capability of care at a DVAMC, and he/she is recommended for transfer to a non-naval rehabilitation facility, either in the course of, or at the completion of treatment at the DVAMC. Requests from Service members or families to remain at the non-naval facility, or to be transferred to another non-naval facility (vice military or DVAMC) will not generally be honored, but should be discussed on a case-by-case basis by a multidisciplinary team (such as MTF physicians, case managers and Navy Medicine region and MTF PAD personnel).

c. Home Health Care. With increasingly shorter time to recuperate in hospitals, Service members may need to recover at home and need assistance with wound care, intravenous antibiotics, etc. Requests for approval of home care will be considered on a case-by-case basis. When approval is granted, care will be authorized in 30-day increments. All requests shall cover the following:

(1) Has the cognizant MTF reviewed the Service member's case information? Is the Service member terminally ill (as reported to Navy Personnel Command or CMC)?

(2) What is the status of the medical board?

(3) Is there a designated family member to care for the individual at home? Is he or she properly trained for care of the Service member?

(4) Has the exact treatment been identified?

(5) What type of treatment or nursing care support is being provided?

(6) Is care being provided by a licensed or accredited agency?

(7) What special equipment is needed (oxygen, pain control devices, hospital bed, etc.)?

d. When transferring a Service member to a DVAMC or MTF, ensure an accepting physician and case manager are obtained even if the patient is being transferred as an outpatient. If the Service member is being transferred through the GPMRC, the cognizant MTF shall contact

the GPMRC patient movement clinical coordinators, available 24/7 at DSN 779-4200 or commercial (618) 229-4200 to make arrangements before the actual transfer. All patients transferring from a non-naval to a Navy MTF shall be evaluated by a medical officer upon arrival. Do not place a Service member in a MTC, lodge, motel, or bachelor enlisted quarters/bachelor officer quarters without first being medically cleared and documented.

e. To aid in the transfer for Service members unable to return to full duty within 30 to 45 days, the personnel support detachment supporting the naval MTF assigns accounting control for Navy personnel while the Inspector and Instructor staff nearest the patient's location assigns accounting control for Marine Corps personnel. The naval MTF with primary cognizance coordinates this action.

f. Post Treatment Disposition. Service members who complete treatment before their medical boards are completed, or who can complete treatment on an outpatient basis, remain under the administrative control of the MTF with medical cognizance until final disposition, or until the patient is returned to duty, separated, or retired from the Service. While many MTFs are not staffed to provide clinical care to patients with special needs such as long-term rehabilitation or psychiatric care, administrative control must be maintained to ensure appropriate and expeditious processing which culminates either in return to duty or discharge.

11. Transferring Medical Cognizance

a. If a Service member in a non-naval MTF is transferred from one AOR to another, the responsible Navy Medicine region shall transfer medical cognizance responsibilities via an official method as per reference (b) and (c), after initial telephonic notification. Factors that may be considered alongside the needs of the Department of the Navy to help facilitate the assignment of medical cognizance include: Service member's TRICARE enrollment status, Service member's home of record or family support location(s), MTF medical capabilities, and whether the Service member is being permanently transferred to the overall geographic area.

b. The MTF transferring medical cognizance shall contact the MTF receiving medical cognizance and will communicate all pertinent information regarding Service member's status and treatment history. Every effort shall be made to ensure a smooth transfer.

c. The MTF receiving the patient will acknowledge receipt of medical cognizance upon the patient's arrival via an official method as per reference (b) and (c). If the initial cognizant MTF initiates a medical board (LIMDU or PEB), that initial cognizant MTF retains responsibility for the medical board until the board's completion, and in the case of a PEB, final action by the president, PEB. For Service members admitted to a DVAMC under reference (o), the RSMSO must be notified of any transfer of Medical cognizance.

12. Non-Naval Health Care Program Funding Responsibilities

a. Naval MTFs. Supplemental care for active duty Navy or Marine Corps includes all inpatient and outpatient care which augments the capability of the MTF treating the Service

member. Reference (p) outlines the payment process for supplemental care. A MTF may request health care from civilian sources if the care requested is necessary for the proper treatment and case management of the Service member (i.e., specialized diagnostic tests, consultations, etc). For the processing of claims when referrals were properly obtained per utilization management rules outlined in reference (p), the MTF will file a claim with the appropriate TRC for:

(1) All care Service members receive as part of a contractual agreement between the MTF and civilian providers.

(2) MTF requests for ambulance service transportation of Service members from their facility to another facility.

b. Funding for non-naval Healthcare. Medical and adjunctive dental care received by active duty Navy and Marine Corps Service members who are hospitalized or treated on an emergency basis, or with prior approval in civilian or DVAMC is paid by Supplemental Health Care Program (SHCP) funds when the MTF files a claim with the appropriate TRC. All non-emergent civilian and DVAMC outpatient medical care must be approved in advance. Dental care received by active duty Navy and Marine Corps Service members is paid by filing a claim with the active duty dental program. The TRC processes claims filed by the MTF as the result of a transfer to a DVAMC utilizing SHCP funds. For OCONUS civilian dental care treatment exceeding MTF capabilities within the responsibility of the MTF, consult with the Navy Medicine region PAD and TRICARE Offices.

13. Action. Commanding officers of MTFs assigned medical cognizance responsibilities shall ensure the provisions of this instruction are followed and the duties properly carried out. Although these duties are primarily administrative and patient supportive in nature, it may become necessary for the MTF to become involved in the clinical aspects of the Service member's care. For this reason, it is essential that medical cognizance responsibilities be carried out as a team consisting of both administrative and clinical staff. MTF commanding officers and officers in charge must educate their local line commands on what to do should they receive notification of an active duty Service member in a non-naval hospital.

14. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.

15. Reports. The reports required in this instruction, are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7k.

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ACRONYMS

AOR	Area of Responsibility
BUMED	Bureau of Medicine and Surgery
CONUS	Continental United States
DVAMC	Department of Veterans Affairs medical centers
EFMP	Exceptional Family Member Program
GPMRC	Global Patient Movement Requirement Center
IDES	Integrated Disability Evaluation System
JAL FHCC	James A. Lovell Federal Health Care Center
LIMDU	Limited Duty
MEB	Medical Evaluation Board
MTC	Medical Transition Company
MTF	Medical Treatment Facility
NCA	National Capitol Area
NH	Naval Hospital
NHC	Naval Health Clinic
NMC	Naval Medical Center
NME	Navy Medicine East
NMW	Navy Medicine West
NOK	Next of Kin
OCONUS	Outside Contiguous United States
PAD	Patient Administrative Department
PCR	Personnel Casualty Report
PEB	Physical Evaluation Board
RC	Reserve Component
RSMSO	Reserve and Service Member Support Office
SHCP	Supplemental Health Care Program
TAO	TRICARE Area Office
TEMDU	Temporary Duty
TLD	Temporary Limited Duty
TOP	TRICARE Overseas Program
TRC	TRICARE Regional Contractor
U.S.	United States
USNH	United States Naval Hospital
VSI	Very Seriously Injured
WRNMMC	Walter Reed National Military Medical Center
WWR	Wounded Warrior Regiment

CONTINENTAL UNITED STATES MEDICAL COGNIZANCE RESPONSIBILITY					
STATE	**MEDCOG MTF**	**MEDCOG MTF (2)**	**STATE**	**MEDCOG MTF**	**MEDCOG MTF (2)**
Alabama	Naval Hospital (NH) Pensacola		Montana	NH Bremerton	
Alaska	NH Bremerton	NH Oak Harbor	Missouri	James A. Lovell Federal Health Care Center (JAL FHCC) JAL FHCC	NH Pensacola
Arizona	NH Camp Pendleton	Naval Medical Center (NMC) San Diego	Nebraska	JAL FHCC	NH Camp Pendleton, NH Bremerton
Arkansas	NH Pensacola	Naval Health Clinic (NHC) Corpus Christi	Nevada	NH Camp Pendleton	NMC San Diego
California	Closest California MTF with capability		New Hampshire	NHC New England	WRNMMC
Colorado	NMC San Diego	NHC Corpus Christi	New Jersey	WRNMMC	NHC New England
Connecticut	NHC New England	Walter Reed National Military Medical Center (WRNMMC)	New Mexico	NMC San Diego	NHC Corpus Christi
Delaware	WRNMMC	NHC Annapolis	New York	NHC New England	WRNMMC
National Capital Area (NCA)	WRNMMC		North Carolina	NH Camp Lejeune	NHC Cherry Point
Florida	NH Jacksonville		North Dakota	JAL FHCC	NH Bremerton
Florida Panhandle	NH Pensacola		Ohio	JAL FHCC	WRNMMC
Georgia	NH Jacksonville	NH Beaufort	Oklahoma	NHC Corpus Christi	NH Pensacola
Hawaii	NHC Hawaii	NMC San Diego	Oregon	NH Bremerton	NH Oak Harbor
Idaho	NH Bremerton	NH Oak Harbor	Pennsylvania	WRNMMC	NHC New England
Illinois	James A. Lovell Federal Health Care Center (JAL FHCC)		Rhode Island	NHC New England	WRNMMC
Indiana	JAL FHCC		South Carolina	NH Beaufort	NHC Charleston
Iowa	JAL FHCC	NH Bremerton	South Dakota	JAL FHCC	NH Bremerton
Kansas	JAL FHCC	NHC Corpus Christi	Tennessee	NH Pensacola	
Kentucky	NH Pensacola	JAL FHCC	Texas	NHC Corpus Christi	
Louisiana	NH Pensacola		Utah	NH Camp Pendleton	NH Twentynine Palms
Maine	NHC New England	WRNMMC	Vermont	NHC New England	WRNMMC
Maryland	WRNMMC	NHC Annapolis	Virginia, outside NCA	NMC Portsmouth	NH Camp Lejeune
Massachusetts	NHC New England	WRNMMC	Washington	NH Bremerton	NH Oak Harbor
Michigan	JAL FHCC		West Virginia	WRNMMC	NMC Portsmouth
Minnesota	JAL FHCC	NH Bremerton	Wisconsin	JAL FHCC	
Mississippi	NH Pensacola		Wyoming	NH Lemoore	NH Oak Harbor

***For training sites, the MTF supporting the training site will have Medical cognizance**

OUTSIDE CONTIGUOUS UNITED STATES MEDICAL COGNIZANCE ASSIGNMENT GUIDE		
OCONUS Region	**MEDCOG MTF**	**MEDCOG MTF (2)**
Marianas, Guam	United States Naval Hospital (USNH) Guam	USNH Okinawa
Australia, Indonesia, and New Zealand	USNH Okinawa	USNH Yokosuka
Southwest Asia, Central Command, and Kuwait	Naval Base Coronado Bahrain	USNH Sigonella
Korea, China, and Mainland Japan	USNH Yokosuka	USNH Okinawa
Southeast Asia (India, Pakistan, Philippines, Singapore, and Taiwan)	USNH Okinawa	USNH Guam
Western Russia	Landstuhl Navy Exceptional Family Member Program (EFMP)/Fleet Liaison	USNH Naples
Eastern Russia	USNH Yokosuka	USNH Okinawa
Western Europe (Germany, Belgium, Netherlands, France, and Poland)	Landstuhl Navy EFMP/Fleet Liaison	USNH Rota, USNH Naples
Northern Europe (United Kingdom, Ireland, Norway, Sweden, Finland, and Denmark)	Landstuhl Navy EFMP/Fleet Liaison	USNH Rota, USNH Naples
Africa, Djibouti	Landstuhl Navy EFMP/Fleet Liaison	USNH Sigonella
Italy	USNH Naples	USNH Sigonella
Israel, Turkey, Greece, Romania, Hungary, and Ukraine	Landstuhl Navy EFMP/Fleet Liaison	USNH Naples
Spain and Portugal	USNH Rota	USNH Naples
Eastern Canada	WRNMMC	NHC New England
Central Canada	NMC Portsmouth	
Western Canada	NH Bremerton	NH Oak Harbor
Western Mexico/Baja Peninsula	NMC San Diego	
Central Mexico	NHC Corpus Christi	
Eastern Mexico	NH Jacksonville	
Central America	NH Jacksonville	NMC San Diego
Caribbean	NH Jacksonville	NH Pensacola
Bahamas, Puerto Rico	NH Jacksonville	NMC Portsmouth
South America	NH Jacksonville	NH Pensacola