

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
Fort Huachuca, Arizona 85613

MEDDAC MEMORANDUM  
No. 700-2

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Medical Logistics  
THE MEDICAL CARE SUPPORT EQUIPMENT PROGRAM  
(MEDCASE, CEEP AND SUPPLY EQUIPMENT)

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\*This memorandum supersedes MEDDAC Memo 700-2, dated 31 Jan 2001

1. HISTORY. This issue publishes a revision of this publication.
2. PURPOSE. This memorandum prescribes USAMEDDAC policies and procedures for implementing and managing the Medical Care Support Equipment (MEDCASE), Capital Equipment Expense Program (CEEP) and Supply Equipment Program. It provides guidance and establishes responsibilities to assure an effective equipment support of patient and related functions.
3. APPLICABILITY. This memorandum is applicable to all activities assigned or attached to USAMEDDAC for Logistical support that request equipment through the MEDDAC.
4. REFERENCES.
  - 4.1 AR 40-61, Medical Logistics Policies and Procedures.
  - 4.2 AR 40-65, Review Procedures for High Cost Medical Equipment.
  - 4.3 TB Med 521, Occupational and Environmental Health: Management and Control of Diagnostic, Therapeutic and Medical Research X-Ray Systems and Facilities.
  - 4.4 SB 8-75-MEDCASE, Army Medical Department Supply Information.
  - 4.5 SB 700-20, Army Adopted/Other Items Selected for Authorization/List of Reportable Items.
  - 4.6 MEDCOM Reg 700-2, Operation and Maintenance ARMY (OMA) Equipment Site Preparation Program.
  - 4.7 MEDCOM Reg 750-1, Maintenance of Medical Equipment.
  - 4.8 AR 25-1, Army Knowledge Management and Information Technology Management.
  - 4.9 NFPA 101, Fire Safety Code Requirements, 2000 Edition para 21.7.5.1-5.
  - 4.10 CTA 50-909, Field and Garrison Furnishing and Equipment.

**4.11 MEDCOM Reg 15-5, Program Budget Advisory Committee**

**5. POLICY.** All non-expendable equipment with a unit cost of \$2,500.00 or more will be procured per guidance outlined in this memorandum unless otherwise noted by the criteria set forth in para 7.2.

**6. RESPONSIBILITIES.**

**6.1 Using Departments and Separate Service/Activities:**

**6.1.1** Provide departmental level management of MEDCASE requirements for supported activities.

**6.1.2** Develop and maintain an active Five Year Equipment Replacement Program. This program will emphasize planned equipment asset acquisition management.

**6.1.3** Identify equipment requirements, which meet the eligibility criteria set forth in Paragraph 7 of this memorandum. The prescribed documents outlining these requirements should be submitted to the MEDCASE Manager in a timely manner.

**6.1.4** Provide the required technical data and justification necessary to affect a timely review and procurement of the item requested.

**6.1.5** Assign and maintain a current internal activity priority of item requirements.

**6.1.6** Coordinate with Chief, Equipment Management Branch and Facility Manager on any equipment that may require installation clearance prior to submission of request for equipment.

**6.1.7** Ensure that MEDCASE/CEEP requirements are administratively correct and prepared in accordance with this memorandum.

**6.1.8** Ensure that price quotations for requested equipment are as accurate as possible to include shipping costs.

**6.1.9** Items of equipment possessing a standard National Stock Number and found in appropriate supply catalogs will initially be considered for equipment replacement/modernization requirements. All requirements for non-standard items should include in the justification why comparable standard items, where available, will not suffice. In these instances state the National Stock Number (NSN) of the standard item(s) considered and specific reasons for their unacceptability for proposed use.

**6.1.10** The initiating office and MEDCASE Manager will ensure administrative completeness of documentation submitted. The Chief, Clinical Engineering Branch will inform the initiating office as to installation requirements (e.g. water lines, electrical lines, wall mounts, floor supports, door widths, drains, etc).

**6.1.11** The initiating office is directly responsible for initial planning, program development and final submission of all administrative-type equipment requirements for their activity, through the Information Management Office (e.g. typewriters, Dictaphones, imprinters, copiers, visual aids, etc).

**6.2** Chief, Equipment Management Branch will oversee the operation of the equipment replacement program to ensure proper operation of the three programs outlined in this memorandum and other regulations.

**6.3** MEDCASE Manager will oversee the MEDCASE program for USAMEDDAC/DENTAC.

**6.3.1** Provides guidance on the implementation of the MEDCASE/CEEP Program at USAMEDDAC.

**6.3.2** Manages MEDCASE funds issued by the US Army Medical Materiel Agency (USAMMA) in accordance with guidance provided by the appropriate disbursement of Other Procurement Army (OPA) funds.

**6.3.3** Coordinates with Funds Control Officer to support the Capital Equipment Program (CEEP) from Operations and Maintenance Army (OMA) funds.

**6.3.4** Receives MEDCASE requirements from activities, processes them for appropriate command review and approval. Forwards approved capital investment item requirements to the Great Plains RMC, Fort Sam Houston, TX.

**6.3.5** Maintains the MEDCASE Program for USAMEDDAC/DENTAC and advises the commander and activities of significant events in the MEDCASE Program.

**6.3.6** Provides counseling and training in MEDCASE management to all activities supported by the MEDCASE program.

**6.4** Commander, USAMEDDAC has authority to give 1A approval to MEDCASE requests less than \$50,000 total cost. The MEDCASE Manager will forward information to MEDCOM so request for funding can be initiated.

## **7. OVERVIEW of the MEDCASE PROGRAM.**

**7.1** The USAMEDDAC MEDCASE Program is an Army Medical Department Program designed to plan, program and budget for medical and non-medical capital equipment assets. The program is divided into three sections at USAMEDDAC/DENTAC.

**7.1.1** The MEDCASE Program: This program pertains to equipment assets with a unit cost of \$250,000 or greater, the Department of the Army centrally funds these items with OPA funds. (DA Form 5027-R and DA Form 5028-R submitted to the MEDCASE Manager are required for these items).

**7.1.2** Super CEEP between \$100,000 and \$249,999.99 same funding as CEEP.

**7.1.3** The Capital Equipment Expense Program (CEEP): This program pertains to equipment with a unit cost between \$2,500.00 and \$99,999.99. These items are locally funded with OMA funds. (RWBACH Form 485 submitted to the MEDCASE Manager is required for these items).

**7.1.4** Supply Equipment (EOR 2600) Program: This program pertains to equipment with a unit cost between \$300.00 and \$2,499.00 (RWBACH Form 485 submitted to the MEDCASE Manager is required for these items).

**7.2** MEDCASE Five-Year Equipment Program.

**7.2.1** Each activity will maintain a Five Year Equipment Replacement Program which is a current estimate of equipment needs for the five fiscal years subsequent to the program year (see Appendix A) and will be closely coordinated with the Equipment Management Branch and MEDCASE Manager.

**7.2.2** The Defense Medical Logistics Standard Support (DMLSS) Equipment Replacement Report will be provided to each activity during April/May of each year for use in updating and maintaining this five-year plan. An annual updated submission of this program will be made NLT 30 June of each year to the MEDCASE Manager, ATTN: MCXJ-LO-MED, Logistics Division.

**7.3** Submission of Program Year Requirements.

**7.3.1** Upon notice by the MEDCASE Manager, the activity will extract equipment needs from the Five Year Program. For example, FY 05 requirements will be requested in June 04. Activities will submit a request to add these requirements to the Appropriate Fiscal Year MEDCASE Program by submitting DA Form 5027-R, MEDCASE Program Requirement, (see Appendix B) and DA Form 5028-R (see Appendix C) for all Capital Investment Equipment (unit price \$250,000 or greater) in two (2) copies.

**7.3.2** It is imperative that you submit accurate price data at this time. It is recommended that the price data submitted reflect the anticipated purchase price in the future. In addition to the price data, the age of the replaced equipment, the life expectancy, the stock number, model number, manufacturer serial number and maintenance management control number (MMCN) or Equipment Nomenclature (ECN) must be provided on the DA Form 5027-R MEDCASE Program Requirement (see Appendix B).

**7.3.3** Appendix C discusses the preparation of the DA Form 5028-R, which is the MEDCASE Support and Transmittal Form (Clearance Form). This form will be forwarded along with the DA Form 5027-R to the Great Plains RMC, Fort Sam Houston, TX for approval of the requirement. OMA costs associated with the procurement of the equipment to include OMA installation costs, training of personnel, etc should be included on this form. These costs include any cost that may be charged by vendor to install the item. This does not include the cost estimate from the Facility Engineers. Engineer cost estimates determined to be site preparation charges must be submitted per Appendix C of this memorandum.

**7.3.4** Appendix B discusses the preparation of the DA Form 5027-R MEDCASE Program Requirement (MPR). MEDCASE items not purchased in three (3) years will be automatically dropped from the program. Items not purchased in 3 years, which are identified as a MEDCASE Requirement will require reprogramming. All MEDCASE paperwork (e.g. DA Form 5027-R, DA Form 5028-R etc) must be submitted. The activity desiring the item must complete all required paperwork.

**7.3.5** MEDCASE items not purchased in the program year will not require transfer to next year in order to be included in the Commanders Priority List. Priority Lists after FY 98 will always include 3 years of requirements - the current FY plus the two preceding FYs.

**7.3.6** Rental/lease items require assignment of MEDCASE ACNs prior to submitting the request for rental/lease to Health Services Command. Items disapproved for rental/lease must be programmed on the MEDCASE Program in order to be considered for purchase. A copy of the DA Form 5027-R or DA Form 5028-R for the rental/lease item will be submitted with the MEDCASE Program Requirement and the MEDCASE Support and Transmittal Form to the Purchasing Office, Department of Logistics.

#### **7.4 Purchase of Approved Equipment.**

**7.4.1** The Great Plains RMC will approve/disapprove MEDCASE Program requirements, forward approved requirements to USAMMA for further processing or send disapproved requirements back to USAMEDDAC for further action.

**7.4.2** Items possessing an approval code from USAMMA listing indicate OTSG consultant review and approval. A listing of these codes is attached as Appendix P.

**7.4.3** Items, which do not have an approval code cannot be purchased until consultant review and approval has been granted.

**7.4.4** Purchase Request and Commitment (PR&C) for items to be purchased from the Commanders Priority List (CPL) will be processed upon receipt of Letter of Authority (LOA) authorizing purchase from USAMMA.

**7.4.5** OMA funds will be utilized to fund site preparation or physical alteration to a fixed facility (e.g. reinforcement of floor or ceiling utilities, modification installation of lead shielding, etc). When funds are not locally available, a request for site preparation funds may be submitted through the Chief, Facility Management Branch and Comptroller to the MEDCOM Facilities Branch, using a memorandum or the second page of the MEDDAC Form 485; ATTN: MCXJ-LO-FAC. The request for funds will address the following areas:

**7.4.5.1** MEDCASE Asset Control Number (ACN).

**7.4.5.2** National Stock Number (NSN) if appropriate.

**7.4.5.3** Nomenclature.

**7.4.5.4** Whether or not ambulatory patient care related.

**7.4.5.5** Expected delivery date.

**7.4.5.6** A brief narrative of the work to be accomplished.

**7.4.5.7** Estimated cost.

**7.4.5.8** Date funds are required.

**7.4.5.9** A copy of the approved Work Order or other approval documents reflecting the DFAE (Director of Facilities Engineering) cost estimate will be enclosed. Environmental Health Agency approval, where applicable, will also be enclosed.

**7.5** Final Paperwork Requirements.

**7.5.1** Once an item of MEDCASE equipment has been received, the MEDCASE Manager will ensure that a receiving report is submitted. The MEDCASE Manager will code necessary entries to ensure items are closed out on USAMMA's listing.

**7.5.2** The Medical Warehouse will initiate a Work Order and give to the Equipment Management Branch for performance of technical inspection prior to issue of equipment. The Property Management Section will prepare a property label to be affixed to the equipment. Items will not be issued to the Hand Receipt Holder until this technical inspection is completed and MMCN or ECN label is affixed.

**7.5.3** The Equipment Management Branch will prepare an MMCN or ECN record for input into DMLSS by the Property Book Officer and will then notify the Hand Receipt Holder that the item is ready for issue.

**7.5.4** The Chief, Equipment Management Branch will work with METS and vendors to ensure that the gaining activity receives appropriate training on newly assigned equipment as necessary.

**7.5.5** The Hand Receipt Holder will prepare necessary paperwork for replacement equipment and to turn in equipment being replaced at the time of receipt for new equipment. The item to be replaced will normally not be retained on hand by the using activity as an extra or "back-up" item of equipment. The Commander or his representative can grant exceptions to the policy.

## **7.6** Summary of Requirements Submissions.

**7.6.1** Appendix H is a summary of requirements submissions for MEDCASE equipment over \$250,000.

**7.6.2** Purchase Orders are the responsibility of the MEDCASE Manager.

**7.6.3** All other documentation as required must be submitted prior to MEDCASE equipment approval and funding by the requesting activity.

## **8.** ELIGIBILITY CRITERIA AND REQUIRED CLEARANCES.

**8.1** DEFINITION. MEDCASE is equipment required in support of AMEDD TDA/MTDA fixed health care activities, which is authorized for acquisition through AMEDD funding programs (Other Procurement Army).

**8.2** Equipment Eligibility: The following equipment requirements are eligible for submission under the MEDCASE program:

**8.2.1** Non-expendable capital investment equipment requirements (Medical/Dental and non-medical) with a unit system cost of \$250,000 or greater. (This does not include certain categories of equipment, which are defined in paragraph 7.2.2).

**8.2.2** Non-expendable capital equipment (Medical/Dental and non-medical with a unit cost of \$2,500 - \$249,999.99 qualifies for the CEEP/SuperCEEP program at USAMEDDAC.

**8.2.3** Non-expendable supply equipment program equipment (2600) Medical/Dental and non-medical with a unit cost of \$300 - \$2,499.00 qualifies for the Supply Equipment Program 2600 at MEDDAC/DENTAC.

**8.2.4** Component parts and accessories: Component parts are parts that actually serve to help constitute the complete end item. Components serve as ingredients of the original end item that is mechanically/electrically complete within itself, but which must be attached in some manner to a major assembly in order to perform a specific function. Removal of component part will render the major assembly inoperative. An accessory is an item of equipment, which is mechanically/electrically complete and functional within itself and when attached to a major assembly, enhances the overall performance of the assembly. However, removal of an accessory from a major assembly will in no manner effect the basic functional ability of the assembly. Requirements for components of end items costing greater than \$250,000 unit price must be programmed for purchase on the MEDCASE program. These items will be funded with OPA funds. Requirements for components of end items costing less than \$250,000 unit price will be purchased from the activity's OMA funds through the Stock Fund. The MEDCASE Manager, for assignment of a component national stock number and a non-expendable document number, if required, must process purchase requests. Purchase requests will then be forwarded to the Materiel Branch to be stock funded. Requirements for components of end items costing greater than \$250,000 (for the system) will be procured as capital investment equipment from the MEDCASE program utilizing OPA funds. Customers should include all components in this category on the DA Form 5027-R when submitting to the MEDCASE Manager. After receipt of the DA Form 5028-R and the Letter of Authority from USAMMA the MEDCASE Manager will assign a non-standard national stock number and non-expendable document number. The MEDCASE Manager will then prepare a DA Form 3953 (Purchase Request and Commitment) to be forwarded to Contracting Division for processing.

**8.3** Equipment Non-Eligibility: The following equipment classifications are excluded from MEDCASE funding and submission requirements:

**8.3.1 SuperCEEP:** All non-expendable, capital expense medical and non-medical support equipment having a unit cost from \$100,000 - \$249,999.99.

**8.3.2 CEEP:** All non-expendable, capital expense medical and non-medical support equipment having a unit cost from \$2,500 - 99,999.99.

**8.3.3 Supply Equipment Program 2600:** All non-expendable, capital expense medical and non-medical support equipment having a unit cost of \$300.00 - \$2,499.99.

**8.3.4** Repair parts (regardless of cost).

**8.3.5** Rented equipment (regardless of contract or item costs). All leased equipment greater than \$50,000 unit cost will receive a MEDCASE Asset Control Number (ACN) prior to being leased.

**8.3.6** Items issued from other Army of DOD agencies on a non-reimbursable (free issue) basis.

**8.4** Required Clearances (MEDCASE and CEEP Items). Items over \$250,000 require the DA Form 5027-R and 5028-R while items \$2,500 - \$249,999.99 require a DA Form 3953 and items \$300.00 - \$2,499.99 require the RWBACH Form 485. These items are covered in paragraph 8 and 9 of this memorandum.

**8.4.1 Maintenance Clearance:** The Property Management Branch, Logistics Division will be a point of contact for all MEDCASE items. Maintenance clearance will be used to evaluate the urgency or need for items required, to verify the AMEDD Standardized nomenclature (see Appendix G) and to ensure that proper maintenance support can be provided. Additionally, the maintenance division may indicate additional related requirements to be noted in the preparation of purchase documents. Incomplete document submissions will be returned to the requestor for further coordination.

**8.4.2 Engineer Clearance:** Requesting activities will obtain a clearance from the Chief, Property Management Branch who will submit necessary work order to the Facility Engineers for equipment requested under the provision of this memorandum when the requested equipment meets any one of the following criteria:

- 8.4.2.1 Requires electrical support.
- 8.4.2.2 Requires water or drainage system.
- 8.4.2.3 Requires exhaust (or generates excessive heat, dust or noxious fumes).
- 8.4.2.4 Requires steam.
- 8.4.2.5 Requires compressed gas (oxygen, air, vacuum, propane, etc).
- 8.4.2.6 Is unusually heavy or bulky, or if it exceeds the dimensions of the entrances to the building or room in which it is to be located.
- 8.4.2.7 Requires installation by either the Facility Engineer or the vendor.
- 8.4.2.8 Will be installed in a new facility.
- 8.4.2.9 Activities making changes to the room site, dimensions of equipment, utility requirements for the planned equipment, etc, from the original submission must request additional or new clearance from the Chief, Property Management Branch.  
Procedure: Requesting activities will coordinate with the MEDCASE Manager by submitting DA Form 5027-R, DA Form 5028-R (with the Engineer Portion of the DA Form 5028-R left blank) or RWBACH Form 485 with supporting documentation attached. When necessary, clearance will be forwarded to the Information Management Officer, the Facilities Management Officer and the Resource Management Officer for signature/approval.
- 8.4.3 Records Management Clearance. Prior to a MEDCASE number being assigned, administrative approval must be obtained from the Information Management Officer, USAMEDDAC for the following equipment:
  - 8.4.3.1 Printer
  - 8.4.3.2 Facsimile
  - 8.4.3.3 Office Copier

**8.4.3.4 Filing Equipment**

**8.4.3.5 Word Processing Equipment**

**8.4.3.6 Micrographic Equipment**

**8.4.4 Automated Data Processing Clearance (ADPC).** Automated Data Processing Equipment (ADPE) and information management equipment incorporating an interpreter or compiler is subject to the provisions of AR 25-1 and must be approved by the Information Management Officer (IMO). Any additional site preparation that requires Facility Engineer support must be coordinated through the IMO and Services Branch.

**8.4.5 Furnishings Acquisition Clearance.** Requisitions for bedding, window draperies, furnishings, decorations, wastebaskets etc. will be reviewed by the MEDDAC Safety Manager to ensure they meet the Fire Safety Code requirements of NFPA 101, 2000 Edition para 21.7.5.1-5.

**8.5 Clearance Processing Procedures.**

**8.5.1** All requirements for non-expendable items of equipment will be forwarded to the MEDCASE Manager. The requestor is required to obtain all necessary clearances and signatures prior to submitting the requests to the MEDCASE Manager.

**8.5.2** After receipt of the requirement the MEDCASE Manager will review the item, indicate approval/disapproval and present the requirement to the Commander USAMEDDAC for approval/ disapproval of the item. Presentation of the item will also be made to the PBAC Committee for necessary action.

**8.6 Emergency/Urgent MEDCASE Requirements:** Unprogrammed emergency/urgent MEDCASE items are not routinely authorized. Activities should ensure that all equipment requirements are identified and programmed under the MEDCASE Program. When there is a legitimate emergency/urgent requirement, activities should process the request in the same manner outlined in this memorandum. Activities may be required to cancel an existing funded item in order to purchase an emergency/urgent requirement.

**9. PROCEDURES FOR THE CAPITAL EQUIPMENT PROGRAM 3100 AND SUPPLY EQUIPMENT PROGRAM 2600.**

**9.1 Requirements Identification:** The identification of requirements and their subsequent justification, approval, funding and procurement will be an ongoing process requiring continual analysis.

**9.1.1** Routine requirements for the MEDDAC/DENTAC Capital Equipment Program will be submitted on RWBACH Form 485 as per Appendix J.

**9.1.2** The Property Book Officer will provide copies of the DMLSS Equipment Replacement Report for the next 5 years to each hand receipt holder during October - December of each year. This report will be utilized in the preparation and submission of 5 year program for the MEDDAC. Any requests from this report will be submitted to the MEDCASE Manager on RWBACH Form 485 not later than 1 June of each year. Appendix J provides a sample of this form.

**9.1.3** All requirements for typewriters, calculators, imprinters, and dictating machines, from \$300.00 - \$2,499.99 will be submitted to the MEDCASE Manager on RWBACH Form 485 or DA 3953 for processing.

**9.1.4** All requirements will be justified by the requesting activity and necessary clearances obtained prior to submitting to the MEDCASE Manager.

**9.1.5** Routine equipment items will be purchased as funds become available each fiscal year. The PBAC Committee will make decisions concerning priority. The DENTAC PBAC will establish priorities for dental items.

**9.1.6** Facilities Engineer Clearances will be funded as per this memorandum.

**9.2 Definitions.** Application over \$250,000 and CEEP/ SuperCEEP \$2,499.99 - \$249,999.99 and Supply Expense Equipment fund \$300.00 - \$2,499.99.

**9.2.1** Emergency requirement - one in which the item is required to save a life or prevent suffering, distress or loss of limb.

**9.2.2** Urgent requirement - one in which the item is required to be acquired early, is critical and without which the accomplishment of the MEDDAC mission would be severely impaired.

**9.2.3** Routine requirement - one in which a replacement/modernization/new requirement exists and the item can be ordered when funds become available.

**9.3** Funding.

**9.3.1** The CEEP Program is for equipment with a unit cost between \$2,499.99 - \$99,999.99.

**9.3.1.1** These items are purchased with available OMA funds based upon budget guidance received from Great Plains RMC. The MEDCASE Manager monitors OMA appropriation spending for MEDDAC/DENTAC.

**9.3.1.2** Procedures for submitting emergency/urgent requirements: Emergency and urgent requirements will be submitted on RWBACH Form 485 along with appropriate justification and approval to the MEDCASE Manager who will review and approve/disapprove requirements IAW SB 8-75 MEDCASE. Disapproved requests will be returned to the requesting activity with appropriate reason for disapproval. Approved requests will be processed and hand-carried through appropriate channels for procurement.

**9.3.2** The Supply Equipment Expense Account - 2600 is for equipment with a unit cost of \$300.00 - \$2,499.99.

**9.3.2.1** These items are purchased with 2600 funds.

**9.3.2.2** The MEDCASE Manager monitors 2600 fund appropriation spending for MEDDAC/DENTAC.

**9.3.2.3** Procedures for submitting emergency/urgent requirements are the same as indicated for CEEP equipment.

**10.** PROCESSING OF RADIOLOGY REQUIREMENTS. Radiology requirements are defined as all requirements over \$249,000 required for providing radiology support within the MEDDAC/DENTAC. This paragraph will identify the specific procedures involved in the processing of radiology requirements. This paragraph is applicable to all activities assigned or attached to the MEDDAC/ DENTAC, which programs MEDCASE requirements through the MEDCASE Manager.

**10.1** Procedures:

**10.1.1** Radiology requirements are initially established with submission of a MEDCASE Requirements (MPR) DA Form 5027-R, a MEDCASE Support and Transmittal Form (MSTF) DA Form 5028-R along with a Customer Order List (COL) and Pre-acquisition Site Survey (PASS) and Facilities Survey Report (FSR).

**10.1.2** Items with a unit cost of \$250,000 or more will require additional clearances as outlined in Appendix H. The Chief, Equipment Management Branch will complete these additional requirements along with the requesting activity.

**10.1.3** The Customer Order List (COL) is a checklist developed by the Biomedical Systems Acquisition Branch, Defense Personnel Support Center (DPSC-RX), to enable a customer to describe a generic identification of the radiology system required. The COL is not required for small portable X-ray systems or Dental X-ray units. The format for preparing the COL is found in SB 8-75 MEDCASE and will be prepared by the Chief Equipment Management Branch along with the requesting activity.

**10.1.4** The Radiology Review Board will review Radiology requirements for items over \$250,000. The Health Services Command Radiology Consultant approves items less than \$250,000, however the Radiology Review Board has the ability to override MEDCOM approvals. Approvals/disapprovals of radiology items are forwarded to the Radiology Department and must be forwarded to the MEDCASE Manager.

**10.1.5** After receipt of the COL at USAMMA it is forwarded to Biomedical Systems Acquisition Branch, Defense Personnel Support Center (DPSC-RX); there a Technical Data Package (TDP) is prepared and sent to the requesting activity for review. The TDP lists the requested items and price quotes from various manufacturers willing to provide the item. The requesting activity must decide if they will accept the low bid or if they want to attempt a sole source justification. They must determine if there are specific discrepancies (e.g. wrong items, wrong models, etc) in the proposed system. If the activity knows that a sole source justification is to be attempted they should submit it along with the original request so DPSC can review it and comment appropriately. Once the TDP has been reviewed and a decision made, it will be forwarded through the MEDCASE Manager to USAMMA. It should be noted that TDPs have a suspense date which will be set by USAMMA.

**10.1.6** Once funds have been released for Radiology items then proper procurement action can be initiated. Radiology items will normally be processed on DD Form 1348-6 with the TDP attached. The DD Form 1348-6 will be sent to USAMMA for procurement action.

**10.1.7** A request for site preparation funds, if required, should be forwarded to the MEDCASE Manager at the same time that the procurement action is initiated. This request will be forwarded to MEDCOM for funding.

**10.1.8** Appendix K, Asset Visibility File Reports, SB 8-75 MEDCASE is required to be completed for all Radiology requirements over \$250,000.

**10.1.9** Pre-acquisition Site Survey: In accordance with MEDCOM Memorandum 750-1 and TB Med 521, any design or modification to an X-ray facility must be approved through the Commander, US Army Center for Health Promotion and Preventive Medicine, ATTN: MXHB-TS-OLO, 5158 Blackhawk Road, Aberdeen Proving Ground, MD 21010-5403. The request for this approval must include the following:

**10.1.9.1** Blueprints to scale showing location of doors, windows, and information concerning occupancy in the areas adjacent to the X-ray room including occupancy above and below the X-ray room as well as type of occupied area (controlled or non-controlled).

**10.1.9.2** The type and thickness of proposed or existing construction of floors, ceilings and walls.

**10.1.9.3** The thickness of the lead to be installed on the walls and doors.

**10.1.9.4** Which walls are to be leaded.

**10.1.9.5** The locations and orientation of the X-ray table, X-ray tube head and image receptor to include wall cassette, if used, as well as distances from X-ray tube to occupied area.

**10.1.9.6** The location and construction of control booth to include dimensions and location of the observation window.

**10.1.9.7** The orientation of the X-ray control panel in relation to the observation window.

**10.1.9.8** The maximum tube potential (kv), tube current (mA), weekly workout (mA-min/week), and calculation made to determine workload and required shielding.

**10.1.9.9** For radiation therapy facilities a description of the following will be included: Warning light system for beam "ON" indication, various fail-safe interlock safety features, means for oral communication with the patient, emergency "panic" button locations

**10.1.9.10** Acceptance Inspections must be performed IAW SB 8-75 MEDCASE.

**10.1.9.11** Receiving Reports must be prepared by the receiving activity and submitted IAW SB 8-75 MEDCASE.

**10.2** Point of Contact. The point of contact for Radiology requirements is the Chief Equipment Management Branch at MEDDAC/DENTAC. All requirements for radiology items should be discussed with this individual.

**10.3** Radiation Survey. It must be noted that after installation of Radiology unit, the unit cannot be put into service until a Radiation Survey has been conducted. The Chief Equipment Management Branch will request the Radiation Survey and advise the requestor when the unit is serviceable and can be put into use.

## **11. SPECIAL DOCUMENTATION REQUIREMENTS.**

**11.1** This paragraph is for the purpose of providing information concerning those MEDCASE items, which require approvals in addition to the normal MEDDAC/DENTAC clearance approvals.

**11.2** Items requiring special approval are normally items that cost over \$200,000. Items costing over \$200,000 require the preparation of additional approvals, which will be coordinated and submitted by the MEDCASE Manager IAW SB 8-75 MEDCASE.

## **11.3 PROCEDURES:**

**11.3.1** All requirements with a total unit cost of \$200,000 or greater (to include design, transportation, calibration, installation, etc.) must obtain Tri-Service approvals, Health System Agency approval and the local VA Hospital approval. Items having the potential to increase in cost, which would then fit into this category should have these approvals also. Requests will be submitted IAW SB 8-75 MEDCASE and Appendix M, this memo.

**11.3.2** Requests for items costing \$200,000 or more must be submitted with a completed Appendix K.

**11.3.3** Requests for coordination of equipment over \$200,000, which has not received response within 30 days may be forwarded to MEDCOM for planning purposes pending receipt of the coordination evidence.

**11.4** Automatic Data Processing Equipment (ADPE): which does not directly support the Post Data Processing Installation, and which is within HQ, MEDCOM approval and funding authority is eligible for MEDCASE. The local Information Management Officer (IMO) will review candidate requirements to determine eligibility.

The proponent of this publication is the Chief, Logistics Division. Users are invited to send comments and suggested improvements on DA Form 2028 directly to USA MEDDAC, Logistics Division, ATTN: MCXJ-LO, Fort Huachuca, AZ 85613-7040.

FOR THE COMMANDER:

OFFICIAL:

NOEL J. CARDENAS  
MAJ, MS  
Deputy Commander for  
Administration

ROBERT D.LAKE  
Information Management Officer

DISTRIBUTION: A

APPENDIX A  
THE FIVE-YEAR EQUIPMENT PROGRAM

1. PURPOSE. To provide guidance on the maintenance of an activity's Five Year Equipment Program.

2. RESPONSIBILITIES.

a. Each Department/Separate Service/Activity will maintain a current Five Year Equipment Program, which will serve as the basis for its input to the MEDCASE Program. The DMLSS Equipment Replacement Report will be provided to each Hand Receipt Holder as a minimum in Oct - Dec each year for use in preparing their five-year program.

b. Hand Receipt Holders will review the Equipment Replacement Report and identify existing requirements and program replacement requirements for their activity and submit their requirements to the MEDCASE Manager on DA Form 5027-R or RWBAHC Form 485 or DA 3953, depending on the unit cost of each item. Each activity is required to reply to the Equipment Replacement report no later than 31 April of each year. Negative reports are required also.

c. The Chief Equipment Management Branch will assist activities in identifying equipment for replacement and in providing technical assistance in planning additional equipment requirements in regard to life expectancy, cost of repairs and compatibility of equipment with existing equipment on hand.

3. GENERAL INFORMATION. The Five Year Equipment Program is a rotating projection of equipment required to replace existing equipment; to update equipment currently in use; or to identify new equipment requirements. It is used as a tool by the activity for identifying funding needs to support its known or projected equipment requirements for eventual submission into the CEEP/MEDCASE Program. The program is only valuable if realistic appraisals of requirements are identified on the Program.

a. The Five-Year Equipment program is developed by Fiscal Year and Budget Line Item Code (BLIC). See Appendix F for definitions of the Budget Line Item Codes.

b. The Five-Year Program serves as the initial equipment requirements planning document. As input for a specific funding program is requested (e.g. MEDCASE), the MEDCASE Manager codes equipment requirements into DMLSS for the appropriate fiscal year in order to establish requirements as early as possible for funding purposes.

4. INSTRUCTIONS FOR PREPARING RESPONSES TO EQUIPMENT REPLACEMENT REPORT.

a. Upon receipt of the Equipment Replacement Report and cover memorandum, activities will review the report to determine equipment requirements.

b. Activities that have no equipment replacement requirements will prepare responses to the report indicating no replacement requirements are required and return the correspondence to the MEDCASE Manager, Logistics Division, ATTN: MCXJ-LO-MED.

c. Activities that have requirements will comply with this memorandum and prepare necessary DA Form 5027-R/5028-R, DA 3953 or RWBACH Form 485 and include these requests when answering the Equipment Replacement Report. Report will be returned to MEDCASE Manager, Logistics Div.

d. All activities will ensure that report is returned no later than 31 May of each year.

5. The MEDCASE Manager will review all requirements for appropriate justification and compliance with this memorandum and SB 8-75 MEDCASE. Requests requiring additional documentation/ justification will be returned to the requestor for further action. Disapproved requests will be returned with a reason for action indicated for further evaluation by the requestor. Approved requests will be processed IAW SB 8-75 MEDCASE and entered into the DMLSS system.

## APPENDIX B

## PREPARATION OF THE MEDCASE PROGRAM REQUIREMENTS, DA FORM 5027-R

1. PURPOSE. The following data must accompany the initial submission (non-replacement requirements) of items or systems with a total cost of \$250,000 or more. This does not apply to Technology Assessment Requirements Analysis (TARA) generated requirements. This information will be incorporated into the TARA assessments and reports. If your request is for a non-medical item, answer as many questions as are applicable. The format submission will be worded in concise language, responding to each question in the format shown below. The submission will be understandable without the reader having to refer to this format. For medical items, do not use the term "not applicable." The submission will state why a question is not applicable. Workload data cited in the submission will pertain only to the equipment or system being requested. The cost analysis section must be complete. Data on cost per procedure and annual costs where services are provided by other facilities must relate to workload and cost for performing these same services in-house.

## 2. PROCEDURES.

LETTER BLOCK      DATA ELEMENT AND INSTRUCTIONS

- A            Date: leave blank, the date will be entered by the MEDCASE Manager.
- B            From: Enter Department and Hand Receipt where the equipment is going to be located.
- C1           ACN, BLIC: Leave Blank.
- C2           Point of Contact: Enter the person responsible for providing information.
- D            Standard Item/Generic: Use SB 8-75 MEDCASE for nomenclature.
- E            Description: Enter a clear, concise description of the item. Copies of manufactures literature should be attached to the request. Cost should be estimated at the projected purchase price.

F1 Self-explanatory.

F2 The following questions must be answered:

What is the item requested to be used for? Why is the item required?

How will the item be used with other equipment?

What are the advantages of the requested item over equipment currently in use or available on the market? Why are these advantages needed?

Have specific details been presented, as applicable, regarding cost benefit, personnel savings or productivity, the enhancement or curtailment of services, frequency or duration of breakdown, or other specific factors, which may be relevant?

What will be the impact upon mission accomplishment if the requested item is not acquired?

Will patient care be improved? How?

Is the anticipated workload given?

Has consideration been given to the use of available excess assets to satisfy this requirement?

What technological advantages are gained?

If applicable, how does the equipment support the assigned physician training program?

Number of qualified personnel required to operate the number of qualified personnel currently available.

G Item to be replaced: If item is to be retained as back-up a copy of the approval letter with the Commander's signature will be attached.

H Special Equipment Category: Check the appropriate box.

18 February 2005

- I        Equipment Requirements:    Self-explanatory.
  
- J        Signature of Dept/Div/Sec Chief, Requestor:    Self-explanatory.

NOTE:    IF ADDITIONAL SPACE IS REQUIRED, CONTINUE ON BLANK PAPER  
AND REFERENCE SECTION BEING CONTINUED.

APPENDIX C  
PREPARATION OF THE MEDCASE SUPPORT AND TRANSMITTAL FORM,  
DA FORM 5028-R

1. PURPOSE. To provide instructions for preparation of the DA Form 5028-R "MEDCASE Support and Transmittal Form". This form should be submitted with the DA Form 5027-R in two copies. It is required for all items over \$50,000 unit price and will be submitted to MEDCOM with the DA Form 5027-R.

2. PROCEDURES.

LETTER BLOCK      DATA ELEMENT AND INSTRUCTIONS

- A            ACN: Leave blank, MEDCASE Manager fills this out.
- B            Maintenance Clearance: To be completed by Chief Equipment Management Branch.
- C            Engineer Clearance: To be completed by Chief Services Branch and coordinated with Chief Equipment Management Branch.
- D1          Health Physics Officer: To be completed by the Health Physics Officer. Mandatory for all requirements which emit radiation, microwaves, lasers, radio waves or had radioactive material as a component.
- D2          Radiology Review: To be completed by Chief Radiology. Mandatory for all diagnostic imaging or therapeutic radiation equipment.
- E            Information Management Officer: To be completed by the IMO. On all requirements, which contain or are associated with Information Mission Area Equipment (IMAE) e.g. ADPE, telecommunication, records management, and visual information or printing/publication equipment.
- F            Resource Management Office: Signature is mandatory for all requirements, which will have maintenance performed by service contract, will allow termination of a service or which are justified based upon economic return or savings.

18 February 2005

- G1        Logistics Review: To be completed by the Chief  
          Logistics Division or his designated representative.
  
- G2        Commander: Approved/disapproved and signed by the  
          Commander USAMEDDAC.

18 February 2005

MEDDAC MEMO 700-2

APPENDIX D  
MEDDAC LETTERHEAD

MCXJ-LO (MARKS NUMBER)

DATE

MEMORANDUM FOR Commander, U.S. Medical Command,  
ATTN: MCLO-PR, Fort Sam Houston, TX 78234-6000

SUBJECT: Medical Care Support (MEDCASE) Equipment Program BLIC  
UR FY

The enclosed MEDCASE request is submitted for input into this  
activity FY \_\_ Program.

FOR THE COMMANDER:

Encl  
as

Signature Block

MEDCASE/CEEP Manager

18 February 2005

MEDDAC MEMO 700-2

APPENDIX E  
ACTIVITIES SERVED BY THE USAMEDDAC

<u>PROPERTY ACTIVITY</u>	<u>BOOK</u>	<u>TDA/UIC</u>
USA MEDDAC FORT HUACHUCA	37	HSWOXNAA00
USA DENTAC FORT HUACHUCA	37	HSWOXNAA00
USA VET ACTIVITY FORT HUACHUCA	37	HSWOXNAA00

APPENDIX F  
BUDGET LINE ITEM CODE (BLIC)

INSTRUCTIONS. MEDCASE Manager will annotate on DA Form 5027-R the BLIC, which most clearly illustrates the intended use of the equipment being requested.

a. BLIC "C" denotes equipment required for the clinical investigation program.

b. BLIC "D" denotes equipment used in the Drug Abuse Control Program.

c. BLIC "F" denotes equipment required in conjunction with a Military Construction Army (MCA) project and funded with Other Procurement Army (OPA) appropriations.

d. BLIC "M" denotes equipment required in conjunction with a Military Construction Army (MCA) project funded by the MCA appropriations.

e. BLIC "R" denotes equipment required for "replacement and modernization".

## APPENDIX G

MEDCASE PROGRAM FUNCTIONAL AREA AND ARMY MEDICAL DEPARTMENT  
(AMEDD) ITEM DESCRIPTION CODES (IDCs)

## 1. ITEM DESCRIPTION CODES.

a. The standard item descriptions provided in this appendix are to be used to identify all MEDCASE capital investment equipment requirements. The nomenclature construction for each requirement should include the IDC description and other data, which will describe the type, size, major electrical characteristics and major accessories/components.

b. IDCs provide a shorthand reference to standard item descriptions. They are used in the construction of MEDCASE Asset Control Numbers (ACNs) and are entered into the IDC field of the AMEDDPAS Property record. IDCs are grouped by the functional area based upon the type of the equipment item; for example, a pharmaceutical refrigerator (IDC 6170) is a pharmacy item whether it is used in a pharmacy or in the installation medical supply activity.

c. IDCs are selected based upon the standard item description and/or the functional area selected. In cases where an appropriate standard item description is not provided, the nomenclature should be constructed as described in para 2-a of this appendix. The standard item description must never be the brand name of a product.

d. For items, which cannot be identified by using this appendix the MEDCASE Manager will assign the IDC.

## 2. IDENTIFICATION OF MEDICAL ITEMS.

a. Rules for composing the nomenclature that is requested under the provisions of this memorandum will be constructed in accordance with the following:

- (1) Most common generic description, e.g., illuminator
- (2) Next most common generic, e.g., vertical
- (3) Other descriptive data, e.g., w/revolving nosepiece

(4) The nomenclature of this item would appear as follows: ILLUMINATOR, VERTICAL W/REVOLVING NOSEPIECE.

b. Certain medical items appearing in the attached listing may also be included in an item listed as a system, i.e., several life sign monitors may make up an intensive care system; an analyzer, clinical, automatic may include several types of analyzers.

c. The abbreviation EMSS (Emergency Medical Services System) is used in several medical item descriptions. This is used to denote items, which require special adaptation to an EMSS or an Ambulatory Care Program, i.e., attention to radio frequency shielding operation under varied weather conditions and or coordination with a telemetry system.

## 2. IDENTIFICATION OF OTHER THAN MEDICAL ITEMS.

a. Administrative items should be assigned item descriptions provided in SB 700-20 or the Federal Supply Catalogs. Examples of administrative items are equipment for building maintenance, filing, furniture, grounds maintenance, housekeeping, material handling, office use, photography, projection, recording, refrigeration, religious use, reproducing, security storage, waste disposal and word processing.

b. Food service items should be assigned item descriptions as shown in the latest publication of CTA 50-909, Field and Garrison Furnishing and Equipment.

APPENDIX H  
SUMMARY OF REQUIREMENTS SUBMISSION

TYPE OF REQUIREMENT	MEDCASE	CUSTOMER	APPDX	TRI	HEALTH
	PROGRAM				
	REQUIREMENTS	LIST			
	DA 5027-R				
	DA 5028-R				
Between \$100,000 & \$199,000	X				
\$250,000 and over	X	X	X	X	X
DIAGNOSTIC RADIOLOGY SYSTEMS:					
Replacement Of existing System less Than \$200,000	X	X			
New capability less than \$100,000	X	X			
New capability between \$100K and \$250,000.	X	X			
Any requirement \$250,000 and over	X	X	X	X	X

NOTE: Includes radiology support equipment, e.g., film processors, silver recovery units, cassette changers, etc., but not diagnostic radiology systems.

APPENDIX I  
MEDCASE EQUIPMENT ENGINEER CLEARANCE

1. PURPOSE. To provide instruction for completion of the MEDCASE Equipment Engineer Clearance.

2. PROCEDURES.

a. Activities will coordinate with the Chief, Equipment Management Branch on all Medical Equipment requests requiring modification to area or installation requirements by Facility Engineer or vendor. All non-medical equipment will be coordinated through the Facility Manager. The following information will be furnished by memorandum:

- (1) Nomenclature of the item required.
- (2) Proposed location of equipment.
- (3) Indicate whether the new item will be an exact replacement, an upgrade of currently owned equipment or a completely new additional item.
- (4) Electrical characteristics of the item requested.
- (5) Indicate whether or not a dedicated electrical circuit is required.
- (6) Indicate the horsepower of the electric motor.
- (7) Indicate the method of connection.
- (8) Indicate other requirements, e.g., water, drain, gas, air flow, etc.
- (9) Include dimensions, weight, height, width, length and any room modifications that may be required to install the equipment.
- (10) Enter the name and telephone number of the requestor.

18 February 2005

b. Upon receipt of the required data Chief, Equipment Management Branch will initiate any necessary work orders and obtain estimates for cost of installation or modifications to be submitted with the DA Form 5028-R.

APPENDIX J  
PREPARATION OF THE REQUEST FOR CAPITAL EQUIPMENT  
AND SUPPLY EQUIPMENT (RWBACH FORM 485)

1. PURPOSE. To provide instruction on the preparation of DA Form 3953 for Capital Equipment (CEEP/ SuperCEEP) items with Unit Price of \$2,500.00 - \$249,999.99 and RWBAHC Form 485 for Supply Equipment items with unit price of \$300.00 - \$2,499.99.

2. PROCEDURES.

a. RWBACH Form 485 will be completed as indicated in the paragraph 2e in two copies. All entries must be as complete as possible to properly review and approve requirements. Form will be sent to Logistics Division, MEDCASE Manager.

b. Manufactures Literature should be attached to the request if available or specific data provided to recommend approval/disapproval action.

c. Items requiring modification or Engineer Clearance will also be processed as indicated in Appendix I.

d. Items that are going to be replaced will have a copy of the maintenance record attached to the Form 3.

e. INSTRUCTIONS FOR PREPARING RWBACH FORM 485.

DATE - enter the date prepared.

CREDIT CARD - check yes or no

CEEP item - check yes or no

SUPPLY - check appropriate box

SECTION I - EQUIPMENT REQUESTED

Fill in your HAND RECEIPT and APC CODE - Block 1a-1b

If item is medical expendable assign a document number to this block.

If stock # is known fill this block in, otherwise leave blank.

ITEM DESCRIPTION - Enter standard item description or generic nomenclature. Do not use name brands.

MODEL # - annotate the model number of the item.

MFG - Who makes the item? Not necessarily who we buy it from.

QTY - How many do you want?

UNIT PRICE - multiply quantity times unit price

SECTION II - ITEM BEING REPLACED

STOCK NO. - NSN of item

ITEM DESCRIPTION - name of item

AGE OF EQUIPMENT - how long has the equipment been in use?

LIFE EXPECTANCY - how long the equipment is expected to be usable.

SERIAL NUMBER - serial number of equipment

MMCN # or ECN # - self explanatory

REASON CODE - leave blank, Equipment Management personnel will complete this blank.

SECTION III - KNOWN SOURCES

KNOWN SOURCES - Fill in with vendor's name, address, phone number and point of contact.

SECTION IV - JUSTIFICATION

JUSTIFICATION - give reason for need. Use 8 ½ x 11 sheet of paper if additional space is needed.

SECTION V - SECTION APPROVAL

SECTION APPROVAL - Self-explanatory.

APPENDIX K  
MEDICAL CARE SUPPORT EQUIPMENT (MEDCASE) PROGRAM  
REQUESTING FORMAT FOR ITEMS OVER \$250,000

1. The following data must be submitted with the initial requirements for items with a total fixed cost (paragraph 5 of format) in excess of \$250,000. All information must be provided. The report should be worded in a concise easy-to-read manner, which is complete and understandable without having to refer to the basic question. No question should be answered N/A. The report should state why that question is not applicable. The workload data should apply only to the equipment or system being requested. The cost analysis section must be complete. Cost per procedure and annual cost of work if performed in other Federal or Civilian Health Care Facilities must be complete and relate to workload and cost for in-house capability.

2. EQUIPMENT DESCRIPTION.

a. Complete description of item (include all major attachments or accessories, models and manufacturer). NOTE: All requests for radiographic equipment will be accompanied by a Customer Order List (COL), which will be prepared by the Requestor and the Equipment Management Chief.

b. Functional description - Describe what the unit does and its intended use.

3. BASIS FOR REQUIREMENT:

a. How is function/task accomplished at present?

b. What is current workload? List procedures by type and number.

c. What is projected workload? List procedures by type and number. Explain any differences between current and projected workload.

d. What savings of time, money or personnel will be generated? Explain in detail.

e. Will patient care be improved? How?

f. What technological advantages are gained?

g. If a replacement item, provide operational and maintenance history of item being replaced to include: age, total days inoperable, maintenance man-hours expended, total cost of repairs, etc.

h. How does equipment support assigned physician training program?

4. PERSONNEL:

a. Number of qualified personnel required to use equipment.

b. Number of qualified personnel currently available.

c. Operator training requirements:

(1) Number of personnel.

(2) How is training to be accomplished?

d. Maintenance training requirements:

(1) Number of personnel.

(2) How is training to be accomplished?

5. EQUIPMENT INSTALLATION AND SUPPORT:

a. How will the equipment be maintained?

b. Where will the equipment be installed?

c. How will the equipment be installed?

d. What building modifications (structural and utilities) are required?

6. COST ANALYSIS:

- a. Acquisition costs:
- |                        |         |
|------------------------|---------|
| Equipment:             | \$_____ |
| Transportation:        | \$_____ |
| Installation:          | \$_____ |
| Facility modification: | \$_____ |
| Training:              | \$_____ |
| Total fixed cost:      | \$_____ |
- b. Life expectancy of the item or system.
- c. Annual allocation of fixed cost (total fixed costs divided by life expectancy).
- d. Annual operating costs (must be based on workload).
- |                                     |         |
|-------------------------------------|---------|
| Consumable supplies:                | \$_____ |
| Maintenance:                        | \$_____ |
| Personnel:                          | \$_____ |
| Total annual operating costs:       | \$_____ |
| Total life cycle sustainment costs: | \$_____ |
- e. Total annual costs (annual allocation of fixed cost plus total annual operating costs).
- f. Cost per procedure (based on workload in para 3c).  
\$\_\_\_\_\_

#### 7. AVAILABILITY OF SIMILAR EQUIPMENT:

Other Federal Health Care Facilities (DOD, VA, PHS) or Civilian Health Care Facilities:

- a. Name, location and distance from your activity.

b. Cost per procedure (for multiple procedures use average costs). List separately for each facility.

c. Identify patient transportation, travel or per diem costs.

d. Annual cost if workload in para. 3c is purchased from available sources.

e. Explain why each facility can/cannot satisfy your requirements.

APPENDIX L  
MEDCASE PROGRAM BUDGET ADVISORY COMMITTEE (PBAC)  
OPERATING INSTRUCTIONS

PROCEDURES:

a. The PBAC will be established in accordance with MEDCOM Reg 15-5. The Deputy Commander for Administration (DCA) will be designated as Chairman.

b. The voting membership will be restricted to those officials who have a direct and significant interest/demand upon command resources. Any functional manager may be invited to participate in a non-voting status when his/her specific function is to be discussed, has input or a general progress/informational update to be presented which are of value to the wider scope of operating officials.

c. The MEDCASE Manager will present a priority list to each voting member not less than five (5) working days before each meeting.

d. The members will review the priority list prior to the meeting and be prepared to offer any changes.

e. The Comptroller will present details on the financial status of OMA funds, budget and other financial data as required.

f. The MEDCASE Manager will present his/her priority list, give status on OPA funds and answer any questions presented by the voting members.

g. The Chairman will present to the Commander the minutes for his approval/disapproval.

h. A copy of the approved minutes will be forwarded to each voting member and the MEDCASE Manager.

APPENDIX M  
(MEDDAC LETTERHEAD)

MCXJ-LO (ARIMS #)

(date)

MEMORANDUM FOR Commander, Great Plains Regional Medical Command,  
ATTN: Tri-Service Regional Review Committee,  
3851 Roger Brook Drive, Fort Sam Houston,  
TX 78234-6200

SUBJECT: Coordination for High Cost Medical Equipment  
Requirement

1. (name of your activity) is planning to acquire a (description of equipment) which has an estimated cost of \$\_\_\_\_\_. In accordance with instructions received from the Department of Defense (DoD), and pursuant to Army Regulation 40-65, justification for procurement of this equipment must include a statement of Tri-Service implications and concurrence or non-concurrence by the WBAMC Regional Review committee based on the total need within the region for the requested item.
2. Attached as enclosure is a complete description of the requested equipment and basis for this requirement.
3. The point of contact at (name of your activity) is (name of point of contact) of the (department name), telephone \_\_\_\_\_.

FOR THE COMMANDER:

1 Encl

Signature Block of  
Requestor  
Deputy Commander for  
Administration

(NOTE: This memorandum is used only for requirements over \$200,000).

APPENDIX N  
MEDCASE APPROVAL CODES

<u>CODE</u> <u>COMMAND</u>	<u>OTSG</u>	<u>DEFINITION</u>
	5A	Receipt confirmation, by USAMMA, of MPR information from submitting activity. Applies to activities operating under AMEDDPAS SCP 9. Activities should be sending the MPR and MSTF to their command or USAMMA, whichever is applicable.
1A	1A	Approved by OTSG/DHC for requirements submitted through command channels and requirements from FOAs. Approved by command for requirements \$25,000 to \$99,999. Approved by Activity Commanders for requirements less than \$25,000.
4M		Requirement is receiving special administrative review at command level prior to assignment of a final 4P command approval. No further action required by originator. USAMMA will post 4P upon receipt of MPR from the command.
4P		Approved by command but requires TSG consultant decision. Applies to requirements over \$99,999.
4L		Limited approval. This requirement must receive final approval from the DoD Health Council under the provisions of AR 40-65.
2B		Disapproved. Item is beyond mission requirements of your activity.
2C	3C	Disapproved. Justification for requested equipment is inadequate. Submit additional justification.
2D	3D	Disapproved. Documentation required was not submitted with MPR. 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 cannot be reinstated. Re-submissions after 120 days must use a new ACN.