PERS-95
Medical Retention
Review Program
Overview
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• Purpose of a MRR
  - A MRR is used when a NOSC MDR discovers a member has a potentially disqualifying medical condition.

• The MDR recommends to the NOSC CO if the member should be allowed to continue to drill while in a MRR status, final determination is made by the NOSC Commanding Officer.
Medical Retention Review (MRR)

• BUMED evaluates reservists for medical retention

• BUMED review is based on medical conditions that:
  • Prevent the member from safely and effectively fulfilling responsibilities of their rank or rating
  • Interfere with mobilization
Remember to Use
Temporary NPQ (TNPQ)

- BUPERSINST1001.39F

- Navy Reservists not in a duty status who are injured or develop a potential physically disqualifying condition are categorized as Temporarily Not Physically Qualified (TNPQ) or Physically Disqualified.

- Example-member has a broken arm that will heal in less than 6 months does not require a MRR
When to Do MRR?
Annual PHA

• NOSC MDRs review annual PHAs
  - Look for new and changed conditions
  - Do any
    » Affect ability to perform duties safely or effectively?
    » Interfere with mobilization?
• If yes, submit MRR per MANMED Ch 15
NOSC MDRs:
When to Do MRR

• Released from MEDHOLD
• Found FIT by Physical Evaluation Board
• Does the condition
  » Affect ability to perform safely/effectively?
  » Interfere with mobilization?
• If yes, submit MRR per MANMED Ch 15
• Open MRR in MRRS!!!!!!
Caution!

- If SNM medically descreened at NMPS:
  - Check reason for descreen first!
  - TNPQ as appropriate
  - May not need MRR if:
    » PRC classification already done and up to date
    » Condition is temporary
    » Condition will not impact ability to perform or mobilize once resolved
What to Submit

Give the list as written in MANMED Ch 15
Make it into a checklist for NOSC MDRs to follow
Commonly missing items:

All available information about the condition (doctor visits, outpatient medical records, diagnostic test results)
Recent evaluation or checkup for chronic condition (Type 2 diabetic without labs or HgA1C)
Last 3 years PHAs AND DD Form 2766

Items we do not need: Immunization records
ANNUAL RESUBMISSION

• Communicate the need for additional information to SNM immediately

• Give the SNM all the details of requested items

• Submit within time frame outlined
Who makes PRC?

• PRC recommendations are made by BUMED (M91).

• Final PRC determination is made by PERS-95.
Submission Process

• NOSC submits MRR package to the RCC

• The RCC then uploads the package to BUMED via WEBWAVE
  - A designation MUST be made in the branch section (i.e. RCC Midwest, NAVY RES) in order for it to be reviewed by PERS-952

• Once the BUMED recommendation is made, PERS-952 will review and put out determination by message traffic
MRR Risk Classifications

“A”

• PQ for retention

• Minor physical defect or condition

• Examples – Hypertension / Hyperlipidemia controlled with meds over an extended period of time.

• If condition is well controlled, stable, and would not result in a medical descreening for mobilization per current operational screening guidance, probably does NOT need MRR)
MRR Risk Classifications, cont...

“B”

• PQ for retention

• Condition or defect that could potentially restrict mobilization

• Needs PERS 952 waiver approval to take OCONUS orders or orders greater than 30 days (OCONUS or INCONUS)

• Most MRR recommendations fall into this category
  » “history of . . .” a past resolved condition, not current
  » recently addressed, well-controlled and stable condition
Conditions Likely
Classified PRC “B”

- Chronic diseases w/potential for decompensation even if rare
  - Type 2 diabetes
  - History of coronary artery disease, currently asymptomatic
- Most conditions listed in TAB A to CENTCOM Mod 10
- Current or prior chronic conditions
- Current mental health care
- Prior significant injuries with or without orthopedic surgery
  - Internal knee derangement (ACL, etc.) with or w/o surgical repair
  - Shoulder instability (SLAP tear, rotator cuff tear, frozen shoulder, etc., with or w/o surgical repair)
**MRR Risk Classifications, cont...**

“C”

- Very seldom used
- NPQ for retention
- Has unique skill that supports Navy mission
- Used for IRR personnel that have deployment limitations
MRR Risk
Classifications, cont...

“4”

• Temporary classification (less than 1 year)

• NPQ for retention

• Assigned in order to get more info or for condition to stabilize

• May be assigned to those found Unsuitable for mob at NMPS
• NPQ for retention and mobilization
• Options if found Risk Class “5”

- Request review by PEB

- May request early retirement if they are a SELRES and have 15-20 qualifying years (VTU/IRR not eligible)

- May request Reserve retirement if has 20 or more qualifying years

- May accept administrative discharge

**CANNOT** transfer to the IRR
• ICD 9 codes 042 and 079.52
• Assigned PRC B
• NO message generated; letter instead
• CAN NOT go OCONUS PERIOD
• Can not go on orders greater then 30 days INCONUS without MOB orders
Waivers

• A waiver is required if found PRC B in order to:
  - Mobilize
  - OCONUS on AT, ADT, or ADSW
  - INCONUS greater than 30 days

• Waiver should be submitted via RCC to PERS-952 at least 30 days prior to execution of orders
REFERENCES

• MILPERSMAN 6110-020
• MILPERSMAN 1910-168
• Manual of the Medical Department Chapter 15
• BUPERSINST 1001.39F
• SECNAVINST 5300.30D
Contact Info

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