

## Talking Points that address Claimancy 18 and NMCI

Implementation of NMCI is underway throughout the Navy and from time-to-time questions arise regarding the position of Claimancy 18 in this process. The uncertainty becomes acute at, for instance, a base that transitions to NMCI while the base hospital remains on the legacy network. Talking points are provided below for those who find themselves in similar situations.

- NMCI has the goal of providing access, interoperability, and security to all DON personnel by providing voice, video, and data services. Claimancy 18 applauds that goal.
- Claimancy 18 has not committed to the purchase of NMCI seats and there is no intention to make such a commitment until leadership is convinced that the move is best for the beneficiaries of Navy Medicine.
- The vast majority of Claimancy 18 funding derives from the Defense Health Program (DHP).
- The DHP is a DoD program, totally separate from Navy funds. This program is managed by TRICARE on behalf of the Military Health System (MHS).
- A much smaller amount of funds is provided from Navy sources, so it is proper to say that Claimancy 18 depends mostly on non-Navy funds, which carry restrictions on the way they may be expended.
- Claimancy 18 policy requires BUMED approval prior to the expenditure of Navy funds on NMCI.

With that in mind, the following guidance is provided.

- Claimancy 18 commands may participate with Regional Line Commanders in limited NMCI engagements, but cannot expend DHP resources to fund these efforts. To do so would violate law.
- Claimancy 18 commands should not independently purchase with Navy funds either software or hardware or services from NMCI. To do so would violate policy.

Every now and then the commander of a Claimancy 18 unit reports that a base commander intends to sever Navy Medicine's access to the base network. This usually is founded on the premise that the base is transitioning to NMCI and the base, alone, is paying for the network. The improper logic that often results from the premise is that since Navy Medicine is not yet at the transition point and thus cannot pay its share of NMCI network costs, it must be denied access. To counter this improper logic the following statement, quoted from Navy Staff Office Publication 1000 (NAVSO P-1000) Financial Management Policy Manual, 075003 CROSS OR COMMON SERVICE:

### 5. CHANGING BASIS OF SUPPORT

#### a. Timing.

*When an activity has provided support on a common-service basis as part of its assigned missions and tasks and receiving organizations have become dependent for the support based on historical performance, it is not appropriate that the support be changed from common service to cross service without the opportunity for the receiving activity to include the costs in its budget. Such changes should be proposed at the time of the original budget formulation; i.e., 12 to 15 months prior to the beginning of the budget year when the change is to become effective. In extraordinary situations, changes can be made during the apportionment process through an adjustment of funds between cognizant claimants; however, it is more orderly to propose such changes in the normal budget formulation cycle.*

In other words, a host base commander cannot deny network access to a tenant dental clinic until the clinic has time to budget for funds to either pay its share of the network or purchase an

alternative. In matters of this import a simple verbal statement from the host to the tenant will not suffice. The countdown on the time clock for such a change does not commence until BUMED receives official notification from the host command that such a change is anticipated.

In closing, the following summary is provided.

- Claimancy 18 is committed only to providing the best possible service to its patients.
- Claimancy 18 supports the broad goals of NMCI.
- When NMCI provides the best alternative for IM/IT service to our patients, Claimancy 18 will migrate to NMCI.
- Claimancy 18 commands should receive BUMED approval before committing to participate in NMCI.
- If problems arise between a medical tenant and a non-medical host as the result of migration to NMCI the CO of the medical tenant should contact BUMED for guidance.

The point of contact in this matter is CDR Laura S. Tillery, 301-319-1330.