



# Defense Health Agency

## PROCEDURAL INSTRUCTION

NUMBER 6015.03  
October 23, 2021

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AD-CS

SUBJECT: Medical Readiness Services Provided to Members of the Reserve Components (RC) in Military Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs)

References: See Enclosure 1

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (o), establishes the Defense Health Agency's (DHA) procedures to:

a. Establish guidance, assign responsibilities, and provide direction to MTFs and DTFs to provide medical readiness services, defined in Reference (g), for RC Service members on duty other than active duty for a period of more than 30 days (i.e., drill status National Guard members and drilling Reservists).

b. Provide a reference document listing existing authorities supporting Total Force Health Readiness (see Attachment 1).

2. APPLICABILITY. This DHA-PI applies to DHA, DHA Markets, DHA Small Markets and Stand-Alone Medical Treatment Facility Organization (SSO), Defense Health Agency Regions (DHAR), Military Departments (MILDEPS), and MTFs within the Military Healthcare System (MHS).

3. POLICY IMPLEMENTATION. It is DHA's instruction that, pursuant to References (a) through (k), RC Service members on duty other than active duty for a period of more than 30 days (drill-status National Guard members and drilling Reservists) are to have access to medical readiness services in MTFs.

a. In MTFs, these RC Service members are authorized to receive:

(1) Medical readiness assessments to determine Service member Individual Medical Readiness (IMR) status. The six IMR elements, described in Reference (g), are the Periodic Health Assessment (PHA), Deployment-limiting medical and dental conditions, Dental assessment, Immunization status, Medical readiness laboratory studies, and Individual medical equipment assessment.

(2) Mental health, and dental treatment necessary to ensure that a Service member meets applicable standards of medical and dental readiness, per section 1074a of Reference (h).

(3) Initiation of recommendation for indicated referral(s) to receive additional evaluations necessary to complete a medical readiness assessments.

(4) Initiation of recommendation for referral(s) for medical treatment as per procedures in this publication. Initiation and receipt of a referral for medical, mental health, or dental treatment does not grant the recipient authorization to receive the referred treatment at the expense of the government, either at an MTF/DTF or at another location if the recipient is not otherwise entitled to receive the referred treatment at government expense.

b. DHA and the supported RC requesting services per this DHA-PI will establish a Support Agreement in accordance with Reference (f). The Support Agreement may entail reimbursement procedures for medical readiness services provided, if required, to RC Service members on duty other than active duty for a period of more than 30 days. The reimbursement rate, if reimbursement is requested, will be at the standard DHA fee schedule with no deviation from the rate that is charged to Active Duty Service members for comparable services.

c. RC Service members will not be individually billed for readiness services received at an MTF/DTF.

d. This DHA-PI does not apply to other types of authorized access to MTFs and DTFs for RC members (e.g., RC Service members who are on active duty orders for a period of more than 30 days, care secondary to Line-of-duty, care secondary to medical research).

4. RESPONSIBILITIES. See Enclosure 2

5. PROCEDURES. Military Components and DHA will utilize the processes in Enclosure 3 to support providing medical readiness services for members of the RC who are not on duty for a period of active duty of more than 30 days.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Assistant Director (AD), Combat Support. When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk

associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the insert the proponent information, AD-CS to determine if the waiver may be granted by the Director, DHA or their designee.

7 **RELEASABILITY. Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

8. **EFFECTIVE DATE.** This DHA-PI:

- a. Is effective upon signature.
- b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/  
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Director

Enclosures

- 1. References
- 2. Responsibilities
- 3. Procedures
- 4. Medical Readiness Related Services

Appendix

Total Force Health Readiness Authorities

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) DHA-Procedural Instruction 6010.01, “Healthcare Benefit Eligibility Verification and Patient Registration Procedures,” January 14, 2020, as amended
- (e) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (f) DoD Instruction 4000.19, “Support Agreements,” December 16, 2020
- (g) DoD Instruction 6025.19, “Individual Medical Readiness (IMR),” June 9, 2014
- (h) United States Code, Title 10
- (i) Deputy Secretary of Defense Memorandum, “Implementing Congressional Direction for Reform of the Military Health System,” September 28, 2018
- (j) Public Law 116-92, Sections 711 and 712, “National Defense Authorization Act 2020”, December 20, 2019<sup>1</sup>
- (k) Joint Publication 1-02, “Department of Defense Dictionary of Military and Associated Terms,” January 2020<sup>2</sup>
- (l) DHA-Procedures Manual 6010.13-V1, “Medical Expense and Performance Reporting System (MEPRS) for Fixed Military Medical and Dental Treatment Facilities (DTFs): Business Rules,” September 27, 2018
- (m) DHA-Procedures Manual 6010.13-V2, “Medical Expense and Performance Reporting System (MEPRS) for Fixed Military Medical and Dental Treatment Facilities (DTFs): Uniform Chart of Accounts,” September 27, 2018
- (n) DoD Manual 1000.13.13-V2, “DoD Identification (ID) Cards: Benefits for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals,” January 23, 2014
- (o) DHA-Procedures Manual 6015.01, “Military Medical Treatment Facility (MTF) Uniform Business Office (UBO) Operations,” October 24, 2017

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<sup>1</sup> This reference can be found at: <https://www.govinfo.gov/content/pkg/PLAW-116publ92/pdf/PLAW-116publ92.pdf>

<sup>2</sup> This reference can be found at: <https://www.jcs.mil/Portals/36/Documents/Doctrine/pubs/dictionary.pdf?ver=2020-01-24-100230-123>.

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, through the Assistant Secretary of Defense for Health Affairs, the Director, DHA, will:
  - a. Serve as the execution manager responsible to implement this DHA-PI.
  - b. Establish, when appropriate, Support Agreements between the MTFs/DTFs and the RC for provision of medical readiness assessments, medical readiness related treatment, and medical readiness related referrals to RC Service members not on duty for a period of active duty of more than 30 days.
  
2. ASSISTANT DIRECTOR (AD), HEALTH CARE ADMINISTRATION (HCA). Under the authority, direction, and control of the Director, DHA, the AD-HCA, will:
  - a. Require MTFs/DTFs implement procedures to perform medical readiness assessments, medical readiness related treatment (if authorized), and medical readiness related referrals to RC Service members as described in this DHA-PI.
  - b. Establish processes for MTFs/DTFs to provide notifications of referrals made by or through their MTFs/DTFs, and information regarding the results of referrals made by or through their MTFs/DTFs, for RC Service members. Establish processes to ensure MTFs/DTFs provide all referral notifications and referral results to appropriate RC medical authorities with responsibility for the referred RC Service member.
  - c. Communicate the ability of MTFs/DTFs to perform medical readiness services and referrals, described in this DHA-PI, to RC Service members.
  - d. Prepare and submit program and budget requirements for medical readiness services provided to RC Service members, not on duty for a period of active duty of greater than 30 days, in pursuant to guidance of the ASD(HA) for the DoD Planning, Programming, Budgeting, and Execution process.
  - e. Provide programmatic oversight of the DHA Operations & Management appropriations in accordance with instructions issued by the ASD(HA), fiscal guidance issued by the Under Secretary of Defense (Comptroller)/Chief Financial Officer, and applicable law.
  
3. AD-CS, DHA. Under the authority, direction, and control of the Director, DHA, the AD-CS, DHA will serve as the execution agent for the Director, DHA regarding:

- a. Programs to support IMR.
  - b. Deployment Health Readiness activities including the Deployment Health Assessment Program Administration and management of the Reserve Health Readiness Program.
4. SECRETARIES, MILDEPS. Secretaries of the MILDEPS will ensure MTFs under their authority, direction, and control will comply with this DHA-PI.
5. DIRECTOR, DHA MARKETS, SSO, AND DHARs. The Directors, Markets, SSO, and DHARs will:
- a. Verify MTFs/DTFs under their authority, direction, and control implement delivery of medical readiness services in accordance with this DHA-PI.
  - b. Monitor MTFs/DTFs performance in accordance with Quadruple Aim Performance process regarding the delivery frequency of medical readiness assessments, medical readiness related treatment, and medical readiness related referrals to RC Service members.
  - c. Disseminate guidance and sponsor education regarding this DHA-PI to all MTF/DTF Directors.
6. DIRECTORS, MTF. The Directors, MTF/DTFs, will:
- a. Comply with the procedures in this DHA-PI.
  - b. Provide guidance and education to MTF/DTFs personnel regarding implementation of this DHA-PI.
  - c. Provide notification of referrals made by or through their MTF/DTF for RC Service members, and information regarding the results of referrals made by or through their MTF/DTF for RC Service members, to the appropriate RC medical authority responsible for the referred RC Service member. Notifications should be made by secure electronic message or by Certified mail.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. Medical readiness is a vital component of deployability for all Service members. The DHA and each Military Component will utilize the processes in this DHA-PI to support the requirements defined in Reference (f), to meet Service specific medical readiness requirements.

a. Defense Health Program funds are available in certain situations to fund medical assessments, fund examinations, and treat RC Service members. Reference (g) authorizes care in MTFs/DTFs for RC Service members who are on duty for a period of active duty for more than 30 days, who are injured while in an annual training or inactive-duty training, who are deploying within 75 days, or who are in receipt of orders to deploy. This document is not intended to address the aforementioned population.

b. RC Service members not on duty for a period of active duty for more than 30 days and who are otherwise required by their DoD Component to maintain their IMR status are authorized to access medical and dental readiness services and referrals in an MTF/DTF in accordance with this DHA-PI.

2. SERVICES FOR MEDICAL READINESS ASSESSMENTS. MTFs/DTFs are authorized to perform medical readiness services for RC Service members. These services include ordering required clinical preventive services, education, counseling, provision of necessary referrals, and documenting medical readiness status into the Service-specific IMR electronic tracking system and the electronic military medical record. Enclosure provides a listing (not all-inclusive) of services which may be indicated to support IMR.

3. REFERRALS

a. Providers in MTFs/DTFs will initiate appropriate referrals necessary to support the determination and adjudication of medical readiness issues for RC Service members.

(1) Referral for assessment only: If more information is needed to fully assess an RC Service member's medical readiness status, the MTF's/DTFs medical provider will initiate a recommendation for a referral for additional evaluations.

(2) Referral for treatment: If, upon evaluation, it is determined medical treatment is necessary to mitigate a medical readiness condition, the MTF/DTF provider may initiate the appropriate medical referral for the indicated treatment. Initiation and receipt of a referral does not convey authority to receive treatment provided at government expense unless it is determined the referred treatment is statutorily authorized. If the RC Service member is not eligible to

receive the referred treatment at the MTF/DTF, the RC Service member will be responsible to pursue treatment through other methods as prescribed by his/her Service and Component. Other methods may include self-pay, use of a Service member's personal health insurance, etc. (Example: A provider recommends a referral to physical therapy for an RC Service member with a duty-limiting shoulder condition (from a non-duty related cause). Unless otherwise authorized as a beneficiary (family member, being on a period of qualifying orders after the referral is made, etc.), the RC Service member would not be eligible to receive the recommended physical therapy at an MTF/DTF, nor would the DoD be authorized or obligated to pay for the RC Service member to receive physical therapy to treat the condition.)

b. A paper or electronic copy of a referral will be provided to the RC Service member at the time the referral is recommended.

c. Notification of referrals will be made to the appropriate RC medical authority with responsibility for the RC Service member.

d. Information regarding the results of all referrals made by or through an MTF/DTF will be reported back to the appropriate RC medical authority with responsibility for the referred RC Service member. Notifications should be made by secure electronic message or by Certified mail.

#### 4. STATUS, BUSINESS PROCESSES, AND BILLING

a. Status. To receive services at an MTF/DTF, RC Service members will coordinate with their appropriate command authority for placement in an appropriate duty status (paid or unpaid).

b. Business Processes. For proper registration procedures concerning RC Service members, follow guidance found in reference (d). MTFs/DTFs must verify the patient's eligibility, perform registration, and apply patient identity management requirements as appropriate before initiating appointing or order/entry. MTFs/DTFs will refer to the DHA PAD milSuite site under the "Patient Registration" section for registration and identity management information.

(1) When obtaining medical readiness services per this DHA-PI, the RC Service member or assigned medical authority will contact the MTF/DTF Patient Administration office to register in Armed Forces Health Longitudinal Technology Application (AHLTA)/Composite Health Care System (CHCS)/MHS-GENESIS<sup>®</sup> (if not previously registered) to obtain a "Statement of Eligibility Memorandum."

(2) The MTF/DTF Patient Administration office will provide a copy of the "Statement of Eligibility Memorandum" to the RC Service member for his/her personal records.

(3) The MTF/DTF Patient Administration office will provide the original "Statement of Eligibility Memorandum" to the MTF/DTF Uniform Billing Office so they know not to bill the RC Service member for medical readiness services.



(4) The MTF/DTF Patient Administration office will utilize appropriate Patient Category Codes to designate the RC Service member's status.

Table. Reserve Component Service Member Patient Category Codes

Code	Subcat	Name	Short Description
A12	3	USA RES	30 DAYS OR LESS, NOT IN LOD USA RES <30, NOT LOD
A15	3	USA NG	30 DAYS OR LESS, NOT IN LOD USA NG <30, NOT LOD
A22	3	USA RES	INACT DUTY TRG - NOT IN LOD USA RES INACT NOT LOD
A23	3	USA NG	INACT DUTY TRG - NOT IN LOD USA NG INACT NOT LOD

(5) When an RC Service member is registered in AHLTA/CHCS under one of the above Patient Category Codes, the RC Service member will show as "Ineligible" to the scheduling clerk. Therefore, to schedule the RC Service member for an authorized IMR service, the scheduling clerk will select override code #10, which indicates, "bill to be determined". The #10 code is the same override code that must be indicated by the front desk clerk when the RC Service member is checked-in for an appointment. When the encounter is closed in AHLTA/CHCS, it flows to the billing system with the override code which also serves as an indication for the bill to be reviewed/held.

c. Medical Expenses Performance Reporting System (MEPRS) guidance. Provider patient care hours and non-patient care hours for services delivered to RC Service members at the MTF/DTF are reported utilizing the appropriate MEPRS Functional Cost Codes (FCC).

(1) Patient care hours provided at the MTF/DTF are reported under the benefiting work center utilizing the appropriate MEPRS FCCs (in accordance with Reference (l) and (m)). Consult with the DHA MEPRS Program Office for questions.

(2) Non-patient care time in support of deployment planning and administration at for a medical readiness processing event will be reported using MEPRS FCC designated by the DHA MEPRS Program Office.

d. Billing. Medical services and referrals will be billed in accordance with Support Agreements, Reference (o).

ENCLOSURE 4

MEDICAL READINESS SERVICES

1. MEDICAL READINESS SERVICES. Medical readiness services may be provided to RC Service members who are not on duty for a period of active duty greater than 30 days in an MTF/DTF. These services include, but are not limited to, required clinical preventive services, education, counseling, provision of necessary referrals, and documentation of assessment results into the Service-specified IMR electronic tracking system and electronic medical record. RC Service members on duty other than active duty for a period of more than 30 days may receive the medical services listed in paragraph 2 of this enclosure in an MTF/DTF. This list is not intended as a definitive, all-inclusive list of medical services.

- a. This PI does not create any new entitlements for the Reserve Component service member.
- b. The presence of a particular medical procedure, treatment, or service on this list does not compel an MTF/DTF to provide that procedure, treatment, or service to an RC Service member if the facility does not normally perform the requested procedure, treatment or service.
- c. Procedures, treatments, or other services not listed may still be covered if indicated, approved, and authorized in order for a provider to make a medical readiness recommendation. For example is a Cone-beam CT is required for an oral surgery consult to support dental diagnosis and treatment, and the facility has the capability to perform a CBCT.

2. MEDICAL READINESS SERVICES LIST

- a. Periodic Health Assessment
  - (1) Provider review of self-reported health history and status
  - (2) Measurement and documentation of vital signs (height, weight, blood pressure)
  - (3) Focused examination of current medical conditions by a healthcare provider
  - (4) Cardiovascular Screening Program Services including: electrocardiogram, cardiac stress testing, carotid artery sonography, etc.
  - (5) Collection and analysis of laboratory specimens
  - (6) Recommendations for improvement of identified health conditions
  - (7) Behavioral Health Screening

b. Physical Examination. Physical examinations include examinations for retention, accession, separation, airborne, flight duty, special operations, etc.

- (1) Review of self-reported health history and status
- (2) Measurement and documentation of vital signs (height, weight, blood pressure)
- (3) Collection and analysis of laboratory specimens
- (4) Testicular examination
- (5) Prostate examination
- (6) Breast examination
- (7) Pelvic examination
- (8) Identification and examination of potential health risks
- (9) Recommendations for improvement of identified health conditions and to minimize potential health risks (as indicated)

c. Deployment-Related Health

- (1) Pre-Deployment Health Assessment
- (2) Post-Deployment Health Assessment
- (3) Post-Deployment Health Re-Assessment
- (4) Referrals emanating from Pre- and/or Post- Deployment Health Assessment or Re-Assessment

d. Respiratory Protection

- (1) Respirator fit testing
- (2) Spirometry/pulmonary function testing

e. Vision Readiness

- (1) Annual vision screening
- (2) Comprehensive eye examination

- (3) Equipment ordering (eyewear/gas mask inserts)

f. Dental Readiness

- (1) Dental and oral health examination
- (2) Dental radiographs indicated to support the dental examination and enable forensic identification (bite-wings, panographs, periapicals).
- (3) The dental treatment that is necessary to ensure that the RC Service member meets the applicable dental standards for deployment.

g. Hearing Readiness

- (1) Hearing conservation program (hearing protection fitting and distribution)
- (2) Audiometric testing (baseline, periodic, deployment related (pre-, post-))
- (3) Comprehensive audio evaluation
- (4) Speech Recognition in Noise Environment testing

h. Immunization Readiness

- (1) Routine adult immunizations necessary to comply with Service required vaccines
- (2) Annual influenza vaccination
- (3) Medical Countermeasures such as anthrax and smallpox vaccines

i. Laboratory Assessment Services

- (1) Human immunodeficiency virus screening
- (2) Blood typing
- (3) Deoxyribonucleic acid specimen collection and processing
- (4) Glucose-6-phosphate dehydrogenase testing
- (5) Lipid/cholesterol screening panel
- (6) Pregnancy testing (if indicated)
- (7) Papanicolaou and human papilloma virus screening

- (8) Prostate-specific antigen testing
- (9) Chlamydia screening
- (10) Tuberculosis testing
- (11) Antibody titer analysis
- (12) Colorectal cancer screening (Stool occult blood screening)

j. Psychological Readiness

- (1) Mental Health screenings indicated as part of PHA and Deployment Related Health Assessments
- (2) Command Directed Behavioral Health Assessment
- (3) Substance use, gambling, unhealthy behavior, and related evaluations

k. Individual Medical Equipment Readiness

- (1) Hearing aids/ batteries
- (2) Sleep apnea devices
- (3) Personal protective equipment

l. Other Services

- (1) Radiographic imagery (mammography, chest x-ray for tuberculosis testing, etc.)
- (2) Sleep study to determine deployability related to sleep disorders and/or sleep-disordered breathing
- (3) Sonographic imaging
- (4) Other tests necessary to enable a medical readiness determination

APPENDIX 1

TOTAL FORCE HEALTH READINESS AUTHORITIES

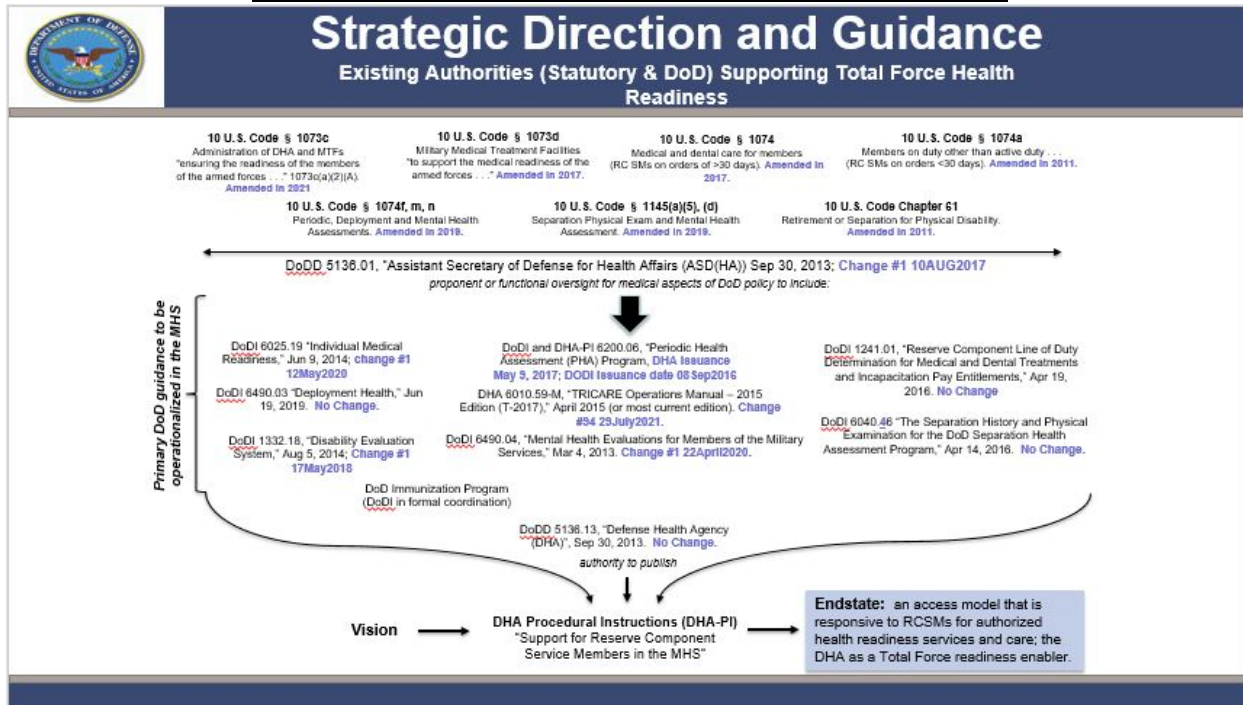


Figure 1: Existing Authorities Supporting Total Force Health Readiness

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AD	Assistant Director
AHLTA	Armed Forces Health Longitudinal Technology Application
CHCS	Composite Health Care System
CS	Combat Support
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DHAR	Defense Health Agency Regions
DTF	Dental Treatment Facility
FCC	Functional Cost Code
HCA	Health Care Administration
IMR	Individual Medical Readiness
MEPRS	Medical Expenses Performance Reporting System
MHS	Military Healthcare System
MILDEPS	Military Departments
MTF	Military Medical Treatment Facility
PHA	Periodic Health Assessment
RC	Reserve Component
SSO	Small Markets and Stand-Alone Medical Treatment Facility Organization

PART II. DEFINITIONS

The following terms are for purposes of this DHA-PI.

Defense Health Program. The account established by Section 1100 of Reference (f) for all sums appropriated to carry out the functions of the Secretary of Defense with respect to medical and healthcare programs of the DoD.

MHS Quadruple Aim. The ultimate goal for the MHS, the MHS Quadruple Aim, represents the MHS leadership's commitment to delivering value to all they serve and is aligned with the MHS strategic goals and value proposition to include:

**Readiness:** Ensuring that the total military force is medically ready to deploy and that the medical force is ready to deliver health care anytime, anywhere in support of the full range of military operations, including humanitarian missions.

**Population Health:** Improving the health of a population by encouraging healthy behaviors and reducing the likelihood of illness through focused prevention and the development of increased resilience.

**Experience of Care:** Providing a care experience that is patient and family centered, compassionate, convenient, equitable, safe, and always of the highest quality.

**Per Capita Cost:** Creating value by focusing on quality, eliminating waste, and reducing unwarranted variation; considering the total cost of care over time, not just the cost of an individual health care activity.

MTF. In accordance with Reference (h), MTF is defined as (A) any fixed facility of the Department of Defense that is outside of a deployed environment and used primarily for health care; and (B) any other location used for purposes of providing health care services as designated by the Secretary of Defense.

Medical. In general, the term indicates physical, dental, and mental/behavioral domains.

Provider. Licensed or certified healthcare personnel (specifically, a physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, special forces, medical sergeant, independent duty medical technician, or independent duty health services technician) who have received PHA Program-specific training. This definition does not imply authority to prescribe use of prescription drugs.

RC. In accordance with Reference (k), RC is defined as the Armed Forces of the United States RC consisting of the Army National Guard of the United States, Army Reserve, Marine Corps Reserve, Navy Reserve, Air National Guard of the United States, the Air Force Reserve, and Coast Guard Reserve.

Support Agreement. Defined in Reference (f).