



**DEPARTMENT OF THE AIR FORCE**  
**HEADQUARTERS READINESS AND INTEGRATION ORGANIZATION**

19 December 2023

**MEMORANDUM FOR MTF & FSS COMMANDERS**

**FROM:** HQ RIO/CC  
18420 E. Silver Creek Avenue  
Buckley SFB CO 80011

**SUBJECT:** Individual Reservist (IR) Access to MTFs/FACs for Recurring Readiness Requirements

1. Individual Medical Readiness (IMR) is a Total Force concern and essential to the successful execution of the Air Force mission. In conjunction with our sister services, we must maintain the ability to fulfill our obligation to our Combatant Commanders who present forces to the Secretary of Defense for all operations at home and abroad. Recently, the Chief of the Air Force Reserve noted that Readiness is a top strategic priority in his Task Order 2023-01 to all members in the Air Force Reserve. While readiness is ultimately an individual Airman's responsibility, we find that our members often struggle with meeting these requirements due to limitations in understanding our unique reserve categories and duty statuses. Bottom-line, we need your help.

2. This memo is intended to provide MTF & FSS Commanders an overview of Department and Service policies regarding providing readiness requirement services to Air Reserve Component (ARC) members. For the purposes of ensuring IMR-related items are current (i.e. dental, immunizations, labs, PHAs, flight physicals, etc.) ARC members can be seen at their local MTF. For recurring physical fitness assessments, members can accomplish these events at any installation hosting the ability to conduct such assessments.

3. DHA-PI 6015.03, Enclosure 3 outlines what services an ARC member is eligible to receive while in a status other than active duty for a period more than 30 days. This includes assessments to determine Individual Medical Readiness, mental health, dental treatment, and immunizations necessary to ensure the member meets applicable standards; as well as initiation of referrals for additional evaluation as applicable for determining a member's medical readiness.

4. The guidance in DoDI 6000.19 Section 3.1 (2) states "Prioritized services are: Health readiness assessment and authorized medical readiness services for members of the Reserve Components." Additionally, per DHA-PI 6010.01 Enclosure 3 states MTFs must support non-activated Reserve Component Service Members based on DoD individual medical/dental readiness policy.

5. Physical Fitness Assessments (PFAs) and Body Composition Assessments (BCAs) are also a key component of Total Force Readiness and are also an individual Airman's responsibility. ARC members must ensure they are in a qualified military duty status and meet other expectations/requirements outlined in DAFMAN36-2905 and DODI 1308.3, respectively, to take their assessments. Members will coordinate with RegAF UFPMs/BCMs to schedule their assessments and can perform these events at any Fitness Assessment Center (FAC).

6. Members do not have to be in an approved military duty status at the time of making any appointment but must be in status at the time of the appointment IAW AFMAN 41-210, 2.2.4. This can include IDT,

AT, MPA/RPA, or Points-Only status as described in AFMAN36-2136, Tables 2-1, 2-2, and 2-3. This can be verified by the AD MTF or FSS using the AF Form 40A, *Record of Individual Inactive Duty Training*, or a copy of the member's orders.

7. Please do not turn away any IR member when presenting for any readiness-related items. These members are expected to maintain their individual readiness IAW all applicable policies and directives and understand their role in accomplishing these requirements. If you have any questions, please contact HQ RIO Medical Section at 720-847-3077, or me at 720-847-3696.

NATHAN T. DAY, Colonel, USAF  
Commander

4 Attachments:

1. Excerpt from Defense Health Agency: Procedural Instruction, Number 6010.01
2. Excerpt from DoDI 6000.19, Section 3: Procedures
3. Excerpt from AFMAN 41-210, 2.2.4.
4. Excerpt from DHA 6015.03 Medical Readiness Services Provided to Members of the RC in MTFs and DTFs

## ATTACHMENT 1

*DHA-PI 6010.01  
January 14, 2020*

### ENCLOSURE 3

#### PROCEDURES

1. HEALTHCARE ENTITLEMENTS AND PROVISION OF SERVICES. The DoD administers the TRICARE Managed Care Health Plan according to Reference (g). Additionally, the MILDEPs are directed to administer healthcare benefits in accordance with Reference (f). The Secretary of Defense administers healthcare benefits for members, retirees, and family members of the uniformed services pursuant to Reference (g).

a. MTFs must provide care without regard to the sponsor's or beneficiary's Service affiliation, rank or grade, in accordance with Reference (h), and in accordance with the patient rights and responsibilities outlined in Reference (i).

b. MTFs must support non-activated Reserve Component Service Members (RCSMs) based on DoD individual medical/dental readiness policy and Geographic Combatant Command theater-specific deployment requirements/force health protection guidance in accordance with References (j) through (p).

c. Enrollment in TRICARE Prime at an MTF or TRICARE Prime Remote location with a civilian Primary Care Manager (PCM) is mandatory for all Active Duty Service Members

*DHA-PI 6010.01  
January 14, 2020*

### 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) DoD Instruction 6040.45, "DoD Health Record Life Cycle Management," November 16, 2015, as amended
- (e) DoD Directive 6010.04, "Healthcare for Uniformed Services Members and Beneficiaries," August 17, 2015, as amended
- (f) Code of Federal Regulations, Title 32, Part 199
- (g) United States Code, Title 10, Section 1073c
- (h) United States Code, Title 10, Section 1074
- (i) DoD Instruction 6000.14, "DoD Patient Bill of Rights and Responsibilities in the Military Health System (MHS)," September 26, 2011, as amended
- (j) DoD Instruction 6025.19, "Individual Medical Readiness (IMR)," June 9, 2014
- (k) DoD Instruction 6490.03, "Deployment Health," June 19, 2019
- (l) DoD Instruction 1241.01, "Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements," April 19, 2016
- (m) DoD Instruction 6200.06, "Periodic Health Assessment (PHA)," September 8, 2016
- (n) DoD Instruction 1332.18, "Disability Evaluation System (DES)," August 5, 2014, as amended
- (o) DoD Instruction 6040.46, "The Separation History and Physical Examination (SHPE) for the DoD Separation Health Assessment (SHA) Program," April 14, 2016
- (p) DoD Instruction 6490.04, "Mental Health Evaluations of Members of the Military Services," March 4, 2013
- (q) Health Affairs Policy 11-005, "TRICARE Policy for Access to Care," February 23, 2011

## ATTACHMENT 2

*DoDI 6000.19, February 7, 2020*

### SECTION 3: PROCEDURES

#### 3.1. PRIORITIZING MEDICAL SERVICES AT MTFS.

a. The direct care system will provide the medical services listed in Paragraphs 3.1.a (1)-3.1.a (5). Services not in one of these categories may be provided only when additional capacity exists, and when provision of such services will not interfere with delivery of prioritized services. Prioritized services are:

(1) Evaluation and treatment of active component service members to maintain and restore readiness.

(2) Health readiness assessment and authorized medical readiness services for members of the Reserve Components.

(3) Evaluation and treatment of eligible beneficiaries, including family members and retirees, by military health care providers to maintain the operational medical skills of those providers.

(4) Primary care services to non-military patients by civilian or contractor personnel if:

(a) The primary care services support is necessary to maintain DoD graduate medical education or other DoD medical education and training programs; or

(b) The purchased care component of TRICARE is unable to meet patient primary care needs.

## ATTACHMENT 3

**2.2. RC Members.** MTFs will administer health benefits to RC service members on AD tours, on AD orders, and under circumstances directed in Department of Defense Instruction (DoDI) 1241.01, *Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements* and AFI 36-2910. **(T-0).**

2.2.1. When not in an Extended Active Duty military status (orders for greater than 30 days), TRICARE Early Mobilization or Transitional Assistance Management Program status; RC member military healthcare is limited. Refer to DoDI 1241.01 for entitlements.

2.2.2. RC service members placed on orders for more than 30 days for non-contingency related operations are authorized TRICARE benefits equal to the AD component. Additionally, TRICARE benefits are extended to the RC service member's authorized family members during the same period.

2.2.2.1. Officer direct accessions: Members commissioned as reserve officers in the uniformed services may be entitled to full medical and dental benefits prior to commencing AD service on Extended AD orders when: Extended AD orders will be issued but have not been issued yet, or the orders have been issued but the member has not yet entered AD; and the member does not have healthcare insurance and is not covered by any other health plan. Reference 10 USC § 1074.

**AFMAN41-210 10 SEPTEMBER 2019**

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2.2.2.2. **(Added)** MTFs will ensure RC service members undergoing an LOD in accordance with **paragraph 4.12** receive thorough hand-off between facility providers and supporting reserve medical unit or civilian providers.

2.2.3. RC service members ordered to Federal AD for more than 30 days in support of contingency operations are also authorized full TRICARE benefits. Healthcare coverage is also extended to each of the RC service member's authorized family members. Additionally, if the RC service member is issued delayed-effective-date AD orders for more than 30 days in support of a contingency operation, the member and sponsored family members are eligible for early TRICARE medical and dental benefits beginning on the latter of either: (a) the date orders were issued or (b) 180 days before the member reports for duty or is activated to AD.

2.2.4. Air Reserve Component (ARC) members do not have to be in a duty status to make an appointment. However, the member must show they are on duty status (active, inactive or points only) at the time of any treatment/care (i.e. any annual military requirement exam, immunization, or deployment-related exam). **(T-1)**. MTFs verify ARC members are in a duty status (active, inactive, or points only) for annual military requirements such as Periodic Health Assessment, flight physicals and immunizations with the AF Form 40A, *Record of Individual Inactive Duty Training*, or a copy of the member's orders.

## ATTACHMENT 4



# Defense Health Agency PROCEDURAL INSTRUCTION

NUMBER 6015.03

October 23, 2021

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).

*DHA-PI 6015.03*

*October 23, 2021*

(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).