DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF, ARMY RESERVE
2400 ARMY PENTAGON
WASHINGTON DC 20310-2400

REPLY TO
ATTENTION OF

DAAR-MD

30 JUL 2014

MEMORANDUM FOR Army Reserve Subordinate Commands

SUBJECT: Deployment Health Assessment Program (DHAP) Requirements for Commanders

1. References:

a. Department of the Army, HQDA EXORD 015-14, Deployment Health Assessment Program, 12 December 2013.

b. Vice Chief of Staff of the Army (VCSA) Memorandum, Subject: Army Post-Deployment Health Reassessment (PDHRA), 18 June 2007.

c. Department of Defense Instruction (DoDI) 6490.03, Subject: Deployment Health, 11 August 2006.

d. ALARACT 233/2013, Subject: Time Period for the Completion of the Pre-Deployment Health Assessment (DD FORM 2795), 181629Z SEP 13.

e. Department of the Army G1 DHAP-HR Memorandum, Subject: Deployment Health Assessment Program (DHAP), 27 March 2013.

f. HQ, U.S. Army Installation Management Command (IMCOM), OPORD 11-271 Subject: Incorporation of PDHRA at In and Out Processing, 18 Mar 2011.

g. AR 40-400 Patient Administration, 27 Jan 2010.

h. DHAP website. http://dhap.reserve.army.mil

2. Purpose. Increase DHAP awareness and compliance amongst Commanders, G1, personnel readiness, and medical readiness leads. DHAP is a deployment cycle support system designed to increase Soldier deployability and readiness. Commands are required to ensure pre-DHA (DD Form 2795), post-DHA (DD Form 2796), and Post Deployment Health Reassessment (DD Form 2900) screening assessments are accomplished within specified compliance guidelines in accordance with DODI 6490.03.

3. Background. DHAP was initiated by the Secretary of Defense on 10 March 2005 (IAW DoDI 6490.03). Deployment Health Assessments are required for all CONUS/OCONUS deployment conditions (e.g. operational deployments, training events, humanitarian missions, etc.) greater than 30 days to locations that are not supported by a fixed US Medical Treatment Facility (MTF). Pre-DHAs (DD Form 2795s) are managed and executed by Level II Soldier Readiness Processing (SRP) Teams and respective mobilization station personnel within 120 days of deployment. Post-DHAs (DD Form 2796s) are managed by Soldier Readiness Program (SRP) teams and CONUS Replacement Centers (CRCs) at demobilization stations within 30 days of redeployment. PDHRA (DD Form 2900) is managed and executed at the unit level with the assistance of DHAP Coordinators at post deployment Yellow Ribbon

Reintegration Program (YRRP) events, monthly unit Battle Assemblies, or via the PDHRA call center within 90-180 days post deployment.

4. Program Metrics. AR averaged 56% in PDHRA 90-180 day DoD compliance for the past 6 months with an Army minimum compliance requirement of 85%, ranking lowest amongst Army components. As directed by the CAR and HQDA EXORD 015-14, Commanders will ensure PDHRA eligible Soldiers attend scheduled unit on-site screening events or Yellow Ribbon Reintegration Program (YRRP) post deployment events. All PDHRA screening events (call center and on-site) must be scheduled through the respective DHAP RSC Coordinators. Updated roster for the DHAP Coordinators can be found at http://dhap.reserve.army.mil.

5. Responsibilities. Effective immediately, IAW HQDA EXORD 015-14, Commanders will:

a. Require Soldiers to complete the Pre-DHA (DD Form 2795) no earlier than 120 days before date of deployment and have a medical provider validate the responses at SRP pre-deployment events, as well as have a medical provide re-validate the results via "edit and re-sign" within 60 days of deployment at mobilization station;

b. Require Soldiers to complete the Soldier questionnaire for the Post-DHA (DD Form 2796) no earlier than 30 days prior to leaving theater and have a medical provider validate the responses at DEMOB station post deployment events;

c. Require Soldiers to complete the Soldier questionnaire for the PDHRA (DD Form 2900) 90-180 days after leaving Demobilization station and have a medical provider validate the responses at an on-site or call-in event, or by calling the PDHRA Call Center at 1-888-PDHRA-99 (1-888-734-7299);

d. Require units to provide the appropriate Military Resiliency Training (MRT) in conjunction with completion of DD Forms 2795, 2795 and 2900 IAW AR 350-1; and

e. Ensure an LOD is initiated in the eLOD module for any condition diagnosed during the referral evaluation that meets the requirements identified in AR 600-8-4. Commanders will inform Soldiers to have section 1 of the DA Form 2173 completed by the medical provider. Commanders will ensure all medical documentation is uploaded in the Health Readiness Record (HRR).

6. Outcome. Soldiers issued a PDHRA referral (authorization for further evaluation) are often referred to Reserve & Service Member Support Office (R&SMSO) Great Lakes (formerly known as MMSO) for health related concerns. If a Soldier is already receiving care within Veteran Affairs (VA), and wishes to continue care with the VA, no referral to R&SMSO will be initiated. IAW HQDA EXORD 015-14, Commanders will assist Soldiers with pursuing further medical evaluation via R&SMSO or the VA for post-deployment related health concerns if a referral is generated. Any referral documentation potentially leading to actual Soldier care must be provided to the unit. IAW AR 40-501 paragraph 9-3b, all Soldiers are responsible for providing the unit Commander all medical documentation, including civilian health records. Civilian health records documenting a change which may impact their readiness status will be placed in the Soldier's military health record.

7. No-Show Rates. AR "no-show" rates for scheduled PDHRA events continue to be an area of concern. To reduce these rates and avoid wasted government resources, IAW HQDA EXORD 015-14, Commanders will require all assigned non-compliant Soldiers assigned to attend their scheduled PDHRA

screening events. Effective immediately, unit "no-show" rates will be reported through the commander's chain of command and Command Surgeon. Any "no-show" rate greater than 30% will be reported to the Operations, Functional, Training, and Support (OFTS) Command, Chief of Staff.

8. PDHRA validation prior to unit reassignment. Effective immediately, all DA Form 4651, Request for Reserve Component Assignment or Attachment, requests will be used as a checkpoint for ensuring PDHRA completion IAW IMCOM OPORD 11-271. IAW HQDA EXORD 015-14, Commanders will review current Soldier PDHRA status in MEDPROS or contact an AR DHAP staff member for status update. If the Soldier transitioning out of the unit to another UIC has not completed the PDHRA, they can attend a PDHRA event or complete their PDHRA by calling 1-888-PDHRA-99. The releasing unit Commander must validate the Soldier completed the PDHRA in MEDPROS prior to signing the DA Form 4651 to transfer the Soldier to another unit or Individual Ready Reserve (IRR) and ensure the statement "confirmed PDHRA completion status" is included in the remarks section of the DA Form 4651.

9. Point of contact for this memorandum is LTC Steven Gandia at steven.gandia.mil@mail.mil or 703-806-6687.

CORNELIUS MAHER
COL, MC
Command Surgeon

(ENCLOSURE 1)

PDHRA Referral Process Utilizing the Military Healthcare System (MHS)

1. Soldiers complete the Post Deployment Health Reassessment by first filling out the DD FORM 2900 at a unit on-site screening event, Yellow Ribbon Reintegration Program (YRRP) post deployment Event 6, or via the PDHRA Call Center (1-888-PDHRA-99).

2. After completing the DD FORM 2900 face-to-face or telephonically, Soldiers will speak with a Healthcare Provider (HCP) and, if deemed necessary, a Behavioral Health Specialist (BHS) to complete the PDHRA process. If the HCP or BHS determines that the Soldier has an unmet need for follow-up care, the Soldier will receive a referral. Contracted providers from Logistics Health Inc. will provide the Soldier with a referral to TRICARE R&SMSO on a DA Form 2173, Statement of Medical Examination and Duty Status (LOD Form), for further evaluation associated with an unmet need identified on the PDHRA. Commanders must understand that even though the DA Form 2173 is being used, the Soldier is not receiving a final Line of Duty (LOD) determination, but instead a PDHRA specific referral for further evaluation. "Commanders will initiate a LOD inside eMMPS for any condition that meets the in the line of duty requirements as identified in AR 600-8-4 2-3." Additional information is available in MILPER Message 08-081, "Post-Deployment Health Reassessment Referral and Line of Duty Policy for Reserve Component Soldiers," 03/19/2008.

- Once a Soldier receives a referral, there are three primary methods for getting care: a Military Treatment Facility (MTF), Civilian TRICARE provider utilizing the R&SMSO, or VA/Vet Center.

- If the Soldier lives / works within the catchment area of an MTF, they are authorized to use that MTF IAW AR 40-400. Soldiers must present a signed DD 2900 when seeking an evaluation at an MTF, which only authorizes medical evaluation for the service-related condition identified on that DD Form 2900

- If the Soldier is outside the MTF catchment area, the DHAP referral coordinator completes an R&SMSO Form 2 (http://www.tricare.mil/tma/R&SMSO/pdf/R&SMSOFormPreAuthRequest.pdf) to receive a pre-authorization from R&SMSO. R&SMSO then authorizes the Soldier to see a network provider. R&SMSO does not make the appointment; the Soldier will contact a local TRICARE network provider to set up the appointment once a pre-authorization is provided by R&SMSO. R&SMSO will authorize appointments upfront for the Soldier to be properly evaluated and receive a diagnosis if necessary. Soldiers must present a signed DD 2173 when seeking an evaluation via R&SMSO, which only authorizes medical evaluation for the service-related condition identified on that DA Form 2173

- The Soldier may also opt to receive an evaluation for their referral, or continue care at, a VA/Vet Center. Soldiers must present a signed DD 2900 when seeking an evaluation at a VA/Vet Center, which only authorizes medical evaluation for the service-related condition identified on that DD Form 2900

3. RMAs for Soldier Evaluation Appointments. Soldiers are authorized up to 7 referral evaluation appointments. Soldiers are authorized to be reimbursed for referral evaluation appointments via medical and dental readiness periods (MRDPs). Unit or Pay Administrators pay MDRPs through the Automated Drill Attendance Reporting System (ADARS) using Readiness Management Assembly (RMA) code 91. MDRPs count against the 24 day limit imposed on overall RMAs (code 91).

4. For any questions or concerns, please contact the AR PDHRA Program Management Team at usarmy.usarc.ocar.list.dhap@mail.mil.

5. Please visit the Army Reserve Deployment Health Assessment Program (DHAP) website http://dhap.reserve.army.mil for additional information.

(ENCLOSURE 2 – Pre-DHA – DD Form 2795)

Pre-DHA Process Map

(ENCLOSURE 3 – Post-DHA – DD Form 2796)

Post-DHA Process Map

(ENCLOSURE 4 – PDHRA – DD Form 2900)

PDHRA Process Map

Defense Health Agency - Great Lakes DHA-GL Worksheet-02 Rev. 10/01/2013	**PRE-AUTHORIZATION REQUEST FOR MEDICAL CARE Reserve Component**

Instructions: Member or unit representative completes Sections I and II. Unit representative completes and validates Section III, then faxes or mails this form and supporting documentation to RSMSO (FAX #/address below). All blocks must be completed.

PRIVACY ACT STATEMENT

Privacy Act Statement

This statement serves to inform you of the purpose for collecting personal information required by the Reserve and Service Member Support Office (RSMSO) and how it will be used.

AUTHORITY: 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended.

PURPOSE: To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program.

ROUTINE USES: Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations.

DISCLOSURE: Voluntary; however, failure to provide information may result in the denial of coverage.

Defense Health Agency - Great Lakes
DHA-GL Worksheet-02
Rev. 10/01/2013

PRE-AUTHORIZATION REQUEST FOR MEDICAL CARE Reserve Component

Instructions: Member or unit representative completes Sections I and II. Unit representative completes and validates Section III, then faxes or mails this form and supporting documentation to RSMSO (FAX #/address below). All blocks must be completed.

Section I Patient Data

1. Branch of Service (✓ one) ☐ USAR ☐ USNR ☐ USMCR ☐ USAFR ☐ ARNG ☐ ANG ☐ USCGR

2. Name (last, first, MI):
3. Rank or Grade:
4. SSN
5. Patient Home Address (street, apt #, city, state, & zip):
6. DOB (YYMMDD):
7. Phone # (included area code):
8. TRICARE Region (✓ one): ☐ North ☐ South ☐ West

Section II Pre Authorization Request

9. Date of Injury/Illness (YYMMDD):
10. Duty Dates (YYMMDD): From: To:
11. Diagnosis or description of injury/illness and/or Pharmacy Claim (include ICD9 if available):
12. Eligibility documents were submitted to RSMSO on: _____ If not, indicate what documents are attached by checking one or both of the following blocks: ☐ LOD or ☐ Orders/Attendance Roster.
13. List follow-up care requested:
14. Provider Name:
15. Is a Medical Board in Process? ☐ Yes ☐ No If yes, provide date started and MTF name
16. Does Service member have a profile? ☐ Yes ☐ No If yes, provide profile details

Section III Unit Certification of Eligibility

17. Name of the nearest Military Treatment Facility: _____ which is located _____ miles from the member's ☐ place of duty or ☐ residence (✓ one).

18a. Unit Name & Address (Unit name, staff symbol, code, etc.):
18b. Current Unit UIC/OPFAC
19a. Unit POC (Med Rep/Unit Administrator) Name, Rank and Title:
19b. POC Phone # (include area code):

20. **Certification**: I certify that this individual is eligible for this care at government expense (CO or Medical Rep signature):

Signature _____ Printed Name _____ Date _____

STOP Make sure you have attached the appropriate document(s)

Distribution
FAX and Mail Information:

The following documents must be attached:
Documents should match/cover date in block 9 above.

- **Service Approved LOD**
- **Clinical Documentation**
- **Profile Information (if applicable)**

FAX this form/attachments to: **847-688-7394**
Attn: Reserve Eligibility

or

MAIL this form/attachments to: RSMSO Attn: Reserve Eligibility
P.O. BOX 888999
Great Lakes, IL 60088-6999

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