



# Defense Health Agency

## ADMINISTRATIVE INSTRUCTION

NUMBER 5136.01

November 24, 2021

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Director of Staff

SUBJECT: Defense Health Agency Terms of Reference

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (bc), establishes the official organizational alignment and functional distribution of responsibilities for accomplishing the missions assigned to the Defense Health Agency (DHA) in Reference (b).

2. APPLICABILITY. This DHA-AI applies to the DHA; its components (i.e., activities under the authority, direction, and control of DHA including Directorates, Staff sections, and direct reporting organizations (DRO)); all assigned or attached uniform service personnel, federal civilians, members of the Commissioned Corps of the Public Health Service, and contractors (when required by the terms of the applicable contract) assigned to DHA and DHA components.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (bc), that this DHA-AI will implement the DHA organizational alignment and functional distribution of responsibilities.

4. RESPONSIBILITIES. See Enclosures 3 through 8 for specific organizational responsibilities within the DHA, as well as the Markets, Small Market and Stand-alone Medical Treatment Facility Organization (SSO), and Defense Health Agency Regions (DHAR).

5. RELEASABILITY. **Cleared for public release**. This DHA-AI 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>

6. EFFECTIVE DATE. This DHA-AI:

- 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).
- c. Reflects the current state of DHA as of the date of signature and is subject to updates in alignment with the annual Strategic Refresh or as directed by the Director, DHA.
- d. This DHA-AI must be reviewed annually.

/S/  
RONALD J. PLACE  
LTG, MC, USA  
Director

Enclosures

1. References
2. Overview
3. DHA Leadership
4. Director's Support and Special Staff
5. Health Care Administration Directorate
6. Support Directorate
7. Coordinating (J-Code) Staff Sections
8. Markets and Other Direct Reporting Organizations

Glossary

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REFERENCES

- (a) Department of Defense (DOD) Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA)), September 30, 2013, incorporating Change 1, August 10, 2017
- (b) DoD Directive (DODD) 5136.13, "Defense Health Agency (DHA)," September 30, 2013
- (c) DHA-Procedural Instruction (DHA-PI) 5025.01, "Publication System," August 24, 2018
- (d) Assistant Director for Health Care Administration (AD-HCA) Requirements Report (Final), May 14, 2019
- (e) Chairman of the Joint Chiefs of Staff Instruction 1001.1B, "Joint Manpower and Personnel Program," October 7, 2014
- (f) Deputy Secretary of Defense Memorandum, "Implementation of Military Health System Governance Reform," May 11, 2013
- (g) Defense Federal Acquisition Regulation Supplement, current edition
- (h) Defense Health Agency Administrative Instruction Number (DHA-AI) 096, "Crises Action Team (CAT)," January 19, 2018
- (i) DHA-Administrative Instruction Number 109, "Decision-Making Architecture (DMA)," October 15, 2019
- (j) DHA-Administrative Instruction Number 3000.01, "Analytics and Evaluation (A&E)," August 3, 2020
- (k) DHA-Administrative Instruction Number 8900.01, "Guidance for Conducting Surveys and Other Information Collections (SOICs)," July 4, 2020
- (l) DHA Enterprise Solutions Board Charter, February 26, 2019
- (m) DHA Market Certification Briefing, March 14, 2019
- (n) DHA Memorandum, "Analytics and Evaluation Reform Effort", March 8, 2019
- (o) DHA Memorandum, "Delegation of Authority and Assignment of Responsibility for Administration and Management of Selected Military Medical Treatment Facilities for Fiscal Year 2019," October 1, 2019
- (p) DHA-Procedural Instruction Number 1100.01, "Guidance for Manpower," May 16, 2019
- (q) DHA-Procedural Instruction Number 5000.01, "Implementation of the Military Health System (MHS) Request Submissions Portal/Process," February 19, 2020
- (r) DHA-Procedural Instruction Number 6430.02, "Defense Medical Logistics Enterprise Activity," September 27, 2018
- (s) DHA-Procedures Manual 6025.13, "Clinical Quality Management in the Military Health System," August 29, 2019
- (t) DHA Review and Analysis Brief, June 21, 2019
- (u) DoD 5400-R. Department of Defense Privacy Program, May 14, 2007
- (v) DoD 7000.14-R, "Department of Defense Financial Management Regulation (DoD FMR), date varies by volume
- (w) DoD Dictionary of Military and Associated Terms, January 2021
- (x) DoD Directive 3000.06, "Combat Support Agencies (CSAs)," July 8, 2016
- (y) DoD Directive 5000.01, "The Defense Acquisition System," September 9, 2020
- (z) Department of Defense Instruction (DoDI) 4000.19, "Support Agreements," December 2020

- (aa) DoD Instruction (DoDI) 5000.02T, "Operation of the Defense Acquisition System"  
December 31, 2020
- (ab) DoD Instructive 5400.11, DoD Privacy and Civil Liberties Programs, Change 1, December 8, 2020
- (ac) DoD Instruction 8910.01, "Information Collection and Reporting," May 19, 2014, as amended
- (ad) DoD Manual 5400.07, Freedom of Information Act (FOIA) Program, January 25, 2017
- (ae) Executive Steering Committee Charter, September 18, 2021
- (af) Federal Acquisition Regulation, current edition
- (ag) Federal Electronic Health Record Modernization (FEHRM) Charter, December 4, 2019
- (ah) Health Service Delivery CONOPS, March 26, 2018
- (ai) Implementation Plan 3, "Implementation Plan for the Complete Transition of Military Medical Treatment Facilities to the Defense Health Agency," Version 6.0, August 12, 2019
- (aj) Industry Day Briefing, "Update on the DHA Transition, Dr. Butler, AD-M," November 21, 2019
- (ak) Interim National Security Strategy Guidance, March 2021
- (al) Joint Capability Area (JCA) Taxonomy, June 2018
- (am) Joint Concept for Health Services, August 31, 2015
- (an) Joint Publication 3-33, "Joint Task Force Headquarters," January 31, 2018
- (ao) Joint Publication 4-0, "Joint Logistics," February 4, 2019, Incorporating Change 1, May 8, 2019
- (ap) Joint Publication 4-02, "Joint Health Services," 11 December 2017, Incorporating Change 1, September 28, 2018
- (aq) Joint Publication 5-0, "Joint Planning," June 16, 2017
- (ar) Manual for the Operation of the Joint Capabilities Integration and Development System, August 31, 2018
- (as) Memorandums of Agreement Between the DHA and the Military Department Medical Departments for Military Departments Direct Support to DHA for MTF Administration and Management (signed), various dates September 2019
- (at) Memorandum of Agreement Between the DHA and The Program Executive Office, Defense Healthcare Management Systems (PEO DHMS) for General Operating Support, October 30, 2014
- (au) MHS Enterprise Architecture,  
[https://info.health.mil/hit/portfolio/entarch/SitePages/EA\\_Publication.aspx](https://info.health.mil/hit/portfolio/entarch/SitePages/EA_Publication.aspx)
- (av) MHS Strategic Plan, October 2014
- (aw) National Defense Authorization Act for Fiscal Year (FY) 2017, November 30, 2016
- (ax) National Defense Authorization Act for FY 2019, August 13, 2018
- (ay) National Defense Authorization Act for FY 2020, September 17, 2019
- (az) National Defense Authorization Act for FY 2021, July 23, 2020
- (ba) Public Law 114-328, "National Defense Authorization Act for Fiscal Year 2017," December 23, 2016
- (bb) Public Law 115-91, "National Defense Authorization Act for Fiscal Year 2018," December 12, 2017
- (bc) United States Code, Title 10

ENCLOSURE 2

OVERVIEW

1. INTRODUCTION. The DHA was established October 1, 2013, in accordance with References (b) and (f). It is a joint, integrated Combat Support Agency (CSA) that enables the Military Departments (MILDEP) to provide medically ready forces and ready medical forces to Combatant Commands (CCMD) in both peacetime and wartime. The DHA accomplishes this supporting role by informing policy and generating guidance for the execution of military healthcare, providing direct management of Military Medical Treatment Facilities (MTF) and Dental Treatment Facilities (DTF) and the management of the suite of TRICARE health plans. In doing so, the DHA is dedicated to providing an integrated, affordable, highly reliable healthcare system for DoD beneficiaries, with a focus on driving greater standardization of clinical and business processes across the Military Health System (MHS).

2. MISSION. The DHA supports the National Defense Strategy and MILDEPs by leading the MHS as an integrated, highly reliable system of medical training, readiness, and health.

a. In accordance with Reference (b) and amended consistent with References (aw) through (bb) the DHA has six assigned missions:

(1) Manages the TRICARE health plan, integrating health care delivery under the direct care and private sector care components of the MHS.

(2) Manages and executes the Defense Health Program (DHP) appropriation and DoD MHS funding from the Medicare Eligible Retiree Health Care Fund, as directed by the Assistant Secretary of Defense for Health Affairs (ASD(HA)).

(3) Manages MTF, in accordance with sections 1073c and 1073d of Reference (bc) and other applicable requirements of law, functioning as the single agency responsible for the administration of MTFs.

(4) Ensures coordinated management of healthcare Markets to create and sustain a cost-effective, coordinated, and high-quality healthcare system.

(5) Exercises management responsibility for enterprise activities, functions, and activities of the MHS and its common business and clinical processes, as directed by the ASD(HA).

(6) Supports the effective execution of the DoD medical mission.

b. As a CSA, in accordance with References (x), DHA provides enterprise-level support for operating forces engaged in planning for or conducting, military operations, including support during conflict or in the conduct of other military activities related to countering threats to the

national security of the United States (U.S.). This mission is focused on providing support to echelons at the CCMD level and below and may not encompass the full scope of the CSA's mission. The DHA fully participates in the development and review of operational plans through participation in the planning processes led by CCMDs, the Joint Chiefs of Staff, and Office of the Secretary of Defense (OSD). The DHA will also prepare and maintain internal operational plans to ensure the preparation for, and execution of, the agency's combat support mission and, when tasked by a supported commander, prepare such supporting plans, as necessary, to include but not limited to, healthcare activities necessary to be carried out prior to and in support of public health emergencies. Additional assigned CSA missions include:

(1) Providing health service support to Combatant Commanders (CCDR), and being prepared to deploy agency capabilities, including personnel and equipment, into a CCDR's area of responsibility in response to validated requests for support and deployment authorization by the SecDef. Providing support and resources when a designated medical command order is executed as part of an operational plan.

(2) Planning, programming, and budgeting sufficient resources to ensure the DHA possesses the capability and is ready to execute its combat support mission. Providing the DHA program recommendations and budget proposals for review, through the responsible OSD Component head, to the Chairman of the Joint Chiefs of Staff (CJCS).

(3) Participating fully in the Defense Readiness Reporting System, the Chairman's Readiness System, and other operational and risk assessments.

(4) Establishing and conducting military and joint training programs to assure the capability to execute respective combat support missions. This includes participating fully in the Joint Training System and taking part in joint training events and joint exercises sponsored by the CJCS and the CCDRs.

(5) Informing the CJCS of the agency's inability to execute all or part of a specified combat support mission and any significant change in the CSA's readiness posture, in part through participation in the Defense Readiness Reporting System and the Chairman's Readiness System.

(6) Informing the supervising OSD Component head, the CJCS, and the appropriate CCDRs immediately in writing of any capability shortfall, its impact on the agency's ability to provide required combat support for operating forces, and recommendations to resolve or mitigate the shortfall.

### 3. ORGANIZATION

a. The DHA is comprised of the DHA Leadership (Enclosure 3), the Healthcare Administration (HCA) Directorate and its DROs (Enclosure 5); the Support Directorate and its DROs (Enclosure 6); and the staff, including the Director's Support and Special Staff (Enclosure 4) and the primary staff (i.e., J-Code Staff Sections) (Enclosure 7). The DHA also has several

DROs that report to the Director, DHA, that are administratively managed by HCA (Enclosure 8) (i.e., the Markets, SSO, and the DHARs), and by the Support Directorate (i.e., the Medical Education and Training Campus (METC), DHA Public Health (PH), DHA Research and Development (R&D)). The Directorates, their Sub-Directorates, and the DROs comprise the top two tiers DHA activities. The DHA also provides administrative support to the PEO Defense Healthcare Management Systems (DHMS) (Enclosure 7) through the Support Directorate. Enclosures provide additional details on the third tier of DHA activities within the organizations listed above.

b. The two Directorates are led by Assistant Directors (AD) and are subdivided into functionally based Sub-Directorates. Each Sub-Directorate is led by a Deputy Assistant Director (DAD) or similarly ranked position.

c. Primary staff report to the Director of Staff (DoS) and are subdivided into functionally based staff sections. Each staff section is led by a J-Director.

d. The Director's Front Office Staff is led by the Chief of Staff (CoS).

e. Special Staff also report to the Director but receive administrative support, guidance, and direction from the CoS.

f. Directorates and below shall follow guidance published in References (e) and (p) and consult the DHA J-1 Manpower and Organization Division when determining the optimal organizational structure and span of control to accomplish their stated functions.

g. DROs may be designated as centers, or activities and may be subdivided in accordance with mission needs.

h. Each DHA element and DRO will organize in accordance with the following general guidance:

(1) Organize to facilitate effective and efficient mission accomplishment.

(2) Assign specific areas of responsibility to each organizational element oriented to accomplishing missions.

(3) Group similar functions.

(4) Eliminate functions and structures that become non-essential, are fragmented, or are duplicative and that do not support the assigned mission.

(5) Staff sections will coordinate with the J-1, Manpower and Organization Division to request changes to official authorization documents in cases where the section's organizational structure does not match permanent operational requirements.

4. CONCEPT OF OPERATIONS. The DHA Operational Viewpoint-1 (Figure 1) establishes context for the DHA concept of operations within the projected strategic and operational environments to sustain a medically ready force and a ready medical force prepared to support the Joint Force. The background reflects the worldwide reach of DHA-provided capabilities, both in support to operating forces and in providing health care. The base that the DHA rests upon is provided by the supporting functions managed by the DoS through the primary staff and provided by the HCA and Support Directorates, and the DHA DROs. HCA supports the sustainment of a medically ready force and a ready medical force and provides optimal, integrated health care to DoD beneficiaries worldwide. The Support Directorate focuses on supplying the enterprise's materiel and service needs through its own DROs. Together these two execution arms, synchronized through the J-3 (Defense Health Agency Operations Center (DOC)), provide and manage the capabilities of DHA elements and the Markets, SSO, and DHARs under the authority, direction, and control of the DHA.

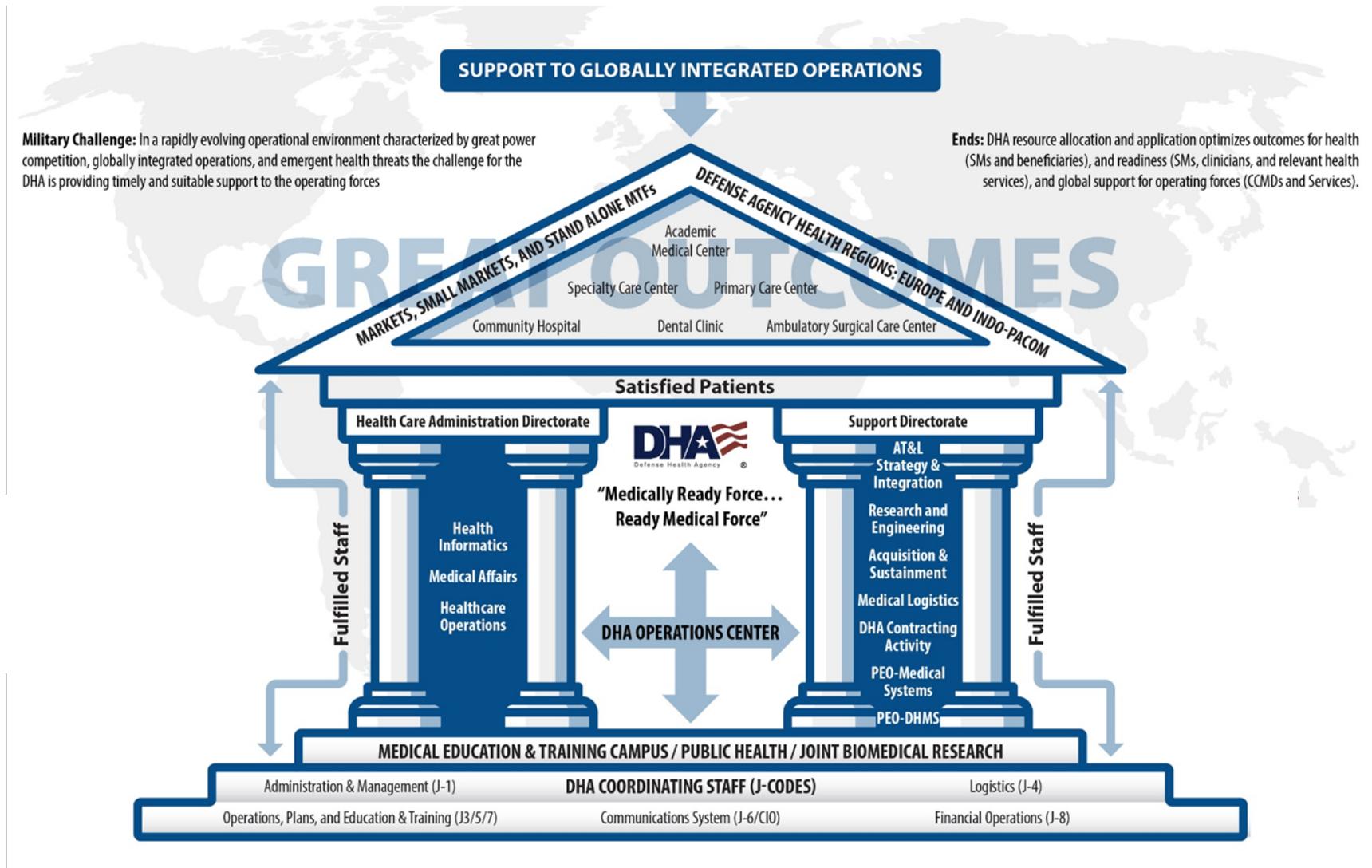


Figure 1. Defense Health Agency Operational Viewpoint-1

ENCLOSURE 3

DHA LEADERSHIP

1. MISSION. Exercise authority, direction, and control over staff, directorates, and DROs to include direct reporting Markets, the SSO, and DHARs to accomplish assigned missions of the MHS and its common business and clinical processes, as directed by the ASD(HA).
  
2. RESPONSIBILITIES. Ensure DHA resource allocation and application optimizes outcomes for the health and well-being of beneficiaries, the medical readiness of the Joint Force, the readiness of medical forces, and the global support provided to the operating forces.
  
3. ORGANIZATION. Senior DHA leadership includes the Director, DHA; the Deputy Director, DHA; the DHA Senior Enlisted Leader; the DoS; the Assistant Director for Healthcare Administration (AD-HCA) (Enclosure 5); and the Assistant Director, Support (AD-S) (Enclosure 6).

4. FUNCTIONS AND DUTIES

a. Director, DHA

(1) In accordance with Reference (b) and MHS governance structures, the Director, DHA shall report directly to the ASD(HA) and has the following responsibilities:

(a) Carry out the agency mission and assigned responsibilities and functions in accordance with direction from the ASD(HA), adopted with the advice and assistance of governance councils established by the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), and the ASD(HA), including senior representatives of the MILDEPs.

(b) Organize, direct, and manage the DHA and all assigned resources.

(c) Manage the execution of policy developed by the ASD(HA), pursuant to Reference (a), in the administration of all DoD medical and dental programs, and issue program direction for the execution of policy within the MHS. When issued to the MILDEPs, program direction is transmitted through the Secretaries of those Departments.

(d) Develop technical guidance, regulations, and instructions, as required, to manage the TRICARE health plan and to support the ASD(HA) in administration of all medical and dental programs authorized by Reference (bc).

(e) Exercise oversight and provide program direction for TRICARE health and medical resources, supervising and administering TRICARE programs, funding, and other resources within the DoD, as directed by the ASD(HA) and within the established MHS governance processes.

1. Prepare and submit program and budget requirements to resource health and medical activities and programs, pursuant to guidance of the ASD(HA), for the DoD Planning, Programming, Budgeting, and Execution (PPBE) process in accordance with Reference (y).

2. Support, as requested, the ASD(HA)'s presentation and justification of the DoD Unified Medical Program and budget throughout the PPBE process, including representations before Congress.

3. Execute funds as programmed and budgeted for health care, in accordance with instructions issued by the ASD(HA), fiscal guidance issued by the Under Secretary of Defense (Comptroller)/Chief Financial Officer, DoD, and applicable law.

(f) Exercise oversight and provide program direction for information management (IM) and information technology (IT) systems, programs, and services through instructions issued by the DHA J-6/Chief Information Officer (CIO) and in accordance with DoD Directives and guidance issued by the DoD CIO, and in coordination with the Under Secretary of Defense for Acquisition and Sustainment (USD(A&S)), in accordance with the policies and procedures governing the DoD Acquisition System, where applicable.

(g) Support the conduct of studies and research activities to assist the ASD(HA) and others, as necessary, and to support the management and implementation of health policies for the MHS developed by the ASD(HA).

(h) Contract for managed-care support, dental support, other health programs, claims processing services, studies and research support, supplies, equipment, and other services necessary to administer TRICARE and other functions assigned to the DHA in support of the MHS.

(i) Manage the TRICARE health plan by providing beneficiary information, centralized administration, and program and contract management for health care services.

(j) Exercise authority, direction, and control over each TRICARE region.

(k) Exercise management responsibility for enterprise functions and activities in the MHS, including but not limited to, the TRICARE health plan, pharmacy programs, medical education and training (E&T), medical R&D, IT, facility planning, PH, medical logistics (MEDLOG), acquisition, budget and resource management, other common business and clinical processes, and other shared or common functions or processes, as determined by the ASD(HA). The Director will develop appropriate management models to assume responsibility most effectively and efficiently for particular functions and processes.

(l) Identify, to the ASD(HA), other opportunities for medical and health enterprise activities and make recommendations on appropriate governance and oversight arrangements.

(m) Exercise authority, direction, and control over each MTF via the AD-HCA, in accordance with Section 1073c of Reference (bc) and other applicable law(s).

(n) Assist Market Directors who have authority to:

1. Manage and allocate the budget for their respective Markets.
2. Direct the adoption of common clinical and business functions for their respective Markets.
3. Optimize readiness to deploy medically ready forces and ready medical forces.
4. Direct the movement of workload and workforce between or among the MTFs in the respective Market area.
5. Take other actions as authorized by ASD(HA).

(o) Pursuant to the responsibilities listed in Section 1073c of Reference (bc), ensure that the DHA meets the operational needs of the commanders of the CCMDs by:

1. Recommending medical R&D initiatives to support or enhance CCDR's military operations.
2. Managing data standards and standard health IT to support CCMDs and MHS capabilities. Establish and maintain appropriate health IT support to CCMDs, in coordination with the USD(A&S), and in accordance with the policies and procedures governing the DoD Acquisition System, where applicable.
3. Advising and assisting on DoD health readiness including, but not limited to, MEDLOG, pharmacy support, clinical laboratory support, and PH matters to OSD, the CJCS, CCMDs, the MILDEPS, other DoD Components, and other designated organizations, as appropriate, for planning and execution of military operations.
4. Participating fully in the Joint Combat Capabilities Assessment to determine the readiness of joint medical capabilities against strategic documents and CCDR operational plans.
5. Supporting CCDRs and providing medical support and resources when a designated medical command order is executed as part of an operational plan.
6. Advising the DoD on guidance to members of the Armed Forces on force health protection prior to and during a pandemic or severe influenza season in accordance with Reference (bb), section 732, Pandemic Preparedness.

7. Coordinating with the MILDEPS to ensure that staffing at the MTFs supports readiness requirements for members of the Armed Forces and health care personnel.

(p) Implement policy and execute programs to support recovering Service members, their families, and caregivers.

(q) Support the responsibilities and functions of the ASD(HA) and perform other duties that the Secretary of Defense, the Under Secretary of Defense for Personnel and Readiness, or the ASD(HA) may prescribe.

(r) Appoints the Chief Medical Officer, and may appoint the Chief Nursing Officer.

(2) The SecDef has delegated the following authorities to the Director, DHA:

(a) The authorities of the SecDef, regarding evaluation and treatment of veterans and civilians at MTFs.

(b) The authorities of the SecDef, regarding common qualifications and core competencies of MTF directors.

(c) In coordination with the Inspector General (IG) of the Department of Defense, the authority provided to the SecDef to impose civil monetary penalties and assessments against providers and suppliers who commit fraud and abuse in the TRICARE program.

(d) The authority to obtain reports and information, as necessary, in carrying out assigned responsibilities and functions.

(e) The authority to communicate directly with the other DoD component heads, as necessary, in carrying out assigned responsibilities and functions, including requests for advice or assistance.

(f) The authority to communicate with other U.S. Government officials, members of the public, and representatives of foreign governments, as appropriate, in carrying out assigned responsibilities and functions.

(g) The authority to serve as the Component Acquisition Executive, senior procurement executive (SPE), head of agency, and Head of Contracting Activity.

(3) The Director, DHA is a participating member of the Senior Military Medical Advisory Council, the advisory council to the ASD(HA) that provides decision support to assist management of the MHS.

(4) The Director, DHA may issue Delegations of Authority and/or Assignment of Responsibility (except as limited by law, regulation, or other restrictions). While the Director may re-delegate authority to other officials, the Director will ultimately remain responsible for all delegations of authority or assigned responsibilities. Any re-delegation of

authorities/responsibilities shall not be effective unless explicitly established in writing in accordance with the DHA Decision-Making Architecture. Any principal member re-delegating authority in accordance with this DHA-AI may further restrict or condition the authority being re-delegated.

b. Deputy Director, DHA. The Deputy Director is the principal assistant to the Director, DHA in maintaining efficient and effective authority, direction, and control. The Deputy Director is subject to the direction and control of the Director and exercises the full authority of the Director (except as limited by law, regulation, or other restrictions) in all affairs of the DHA and relationships and transactions with other governmental and non-governmental organizations and individuals; the Deputy Director has the following responsibilities:

- (1) Implement Agency priorities as established by the Director, DHA.
- (2) Serve as legislative liaison for DHA.
- (3) Provide oversight of Organizational Inspection Program for DHA.
- (4) Serves as liaison to all Inter Agency (e.g., VA, United States Department of Health and Human Services), OSD, and sister service councils, boards, and meetings.
- (5) With DoS, responsible for developing PPBE and program objective memorandum and management of all DHA headquarters (HQ) Unfunded Requirements.
- (6) Serves as Senior Civilian and SES within DHA.
- (7) Responsible for oversight of San Antonio and other offsite HQ functions.
- (8) Act for the Director as directed, and represent the Director on external councils, boards, committees, and special action groups (e.g., MHS governance councils). May represent the Director, DHA as the decision authority, as delegated.

c. DoS. The DoS is directly responsible to the Director, DHA for synchronizing and managing taskings (with DHA wide tasking authority) and coordinating actions assigned to or generated within DHA to ensure their timely completion and submission to the Director, Deputy Director, and ASD(HA) for action or approval. Tasks and duties of the DoS:

- (1) Responsible for Knowledge Management oversight for all programs within DHA HQ.
- (2) Establishes battle rhythm for all meetings, boards, and councils within DHA HQ.
- (3) Responsible for development, implementation, and final approval of DHA HQ Joint Tables of Distribution (JTD).

(4) Establish priorities for IT at and between DHA components and all subordinate organizations.

(5) Provide guidance for integrating and synchronizing staff, policies, plans, positions, procedures, and cross-functional issues for DHA and for ensuring that DHA effectively coordinates across DHA and with the OSD, CCMDs, the Joint Staff (JS), and the Services.

(6) Supervise the dissemination, coordination, and monitoring of tasks from the OSD, the Joint Staff and the Director.

(7) Manage and synchronize all J-Code primary staff sections, Assistant Directors, subdirectorates within the DHA; providing leadership on program development and directing or redirecting efforts, programs, and policies; and coordinating and supervising daily operations to support the Director, DHA.

(8) Administer liaison and communications duties with the JS, CCMDs, and the Services.

(9) Oversee development of the DHA HQ program objective memorandum and, in coordination with the AD-HCA and AD-S.

(10) Approve all DHA HQ external Memorandums of Agreement (MOA) or Memorandums of Understanding.

(11) In coordination with the Deputy Director, directs implementation of OSD and Director-approved efficiencies within DHA and advises the Director on recommended changes in the structure and composition of DHA and subordinate offices and activities.

(12) Act for the Director or Deputy Director as directed and represent the Director and/or Deputy Director on external councils, boards, committees, and special action groups. The DoS may represent the Director, DHA as the decision authority, as delegated.

d. Senior Enlisted Leader. Serves as the senior non-commissioned officer advisor to the Director, DHA and staff on matters pertaining to enlisted personnel and daily operations of the agency. The Senior Enlisted Leader has the following responsibilities:

(1) Carry out policies and enforce standards for the performance, training, and conduct of all enlisted personnel.

(2) Advise and assist the Director, DHA in maintaining discipline and agency standards.

(3) Promote communication between officers, enlisted, and civilian staff and act as the enlisted voice during meetings with internal and external leadership.

(4) Represent the Director, DHA and extend command influence while assessing the health, welfare, and morale of the agency.

(5) Advise and evaluate the quality of non-commissioned officer leadership, professional military education, management, and supervisory aspects of enlisted training and education.

ENCLOSURE 4

DIRECTOR'S SUPPORT AND SPECIAL STAFF

1. MISSION. Provide direct support to the Director, DHA in managing the DHA and all assigned resources and capabilities.
  
2. RESPONSIBILITY. Provide administrative and technical advice and handle matters over which the Director is exercising close, personal control.
  
3. ORGANIZATION. The Director's support and special staff consist of three elements:
  - a. Front Office Staff. Front office staff support DHA leadership under the direction of the CoS. These elements include the Director's Action Group (DAG), the Special Correspondence Office and the Director's Support Staff.
  
  - b. Special Staff. Special staff are elements managed by the CoS: Defense Health Board (DHB) Support Division, Program Integration Office (PIO), Program Integrity Division (PID), and the Force Resiliency Office. Additional elements that directly advise the Director and receive administrative support from the CoS: the Office of the Inspector General (OIG), Office of the General Counsel (OGC), the Equal Employment Opportunity (EEO) Division, the Religious Support Activities Office, the Small Business Program Office (SBPO), and the Communications Division.
  
4. FUNCTIONS AND DUTIES
  - a. General
    - (1) Assigned Responsibilities. The Support and Special Staff advise and assist DHA leadership in execution of assigned responsibilities.
  
    - (2) Other Functions and Duties. In support of the Director, DHA's agency management responsibilities, Support and Special Staff actions support the following Joint Capability Area (JCA) (Table 1).

Table 1. Support and Special Staff Joint Capability Areas

<b>Support and Special Staff Element</b>	<b>Relevant JCA</b>	<b>JCA Title</b>
Special Correspondence Office	8	Corporate Management and Support
Director's Support Staff	8	Corporate Management and Support
Director's Action Group	8	Corporate Management and Support
Defense Health Board Support Division	8	Corporate Management and Support
Force Resiliency Office	8.1	Advisory and Compliance
PIO	3.2.2.1	Inform
PID	8.1	Advisory and Compliance
OIG	8.1.3	Audit, Inspection, and Investigation
OGC	8.1.1	Legal Advice
EEO Division	8.1.1	Legal Advice
Religious Support Activities Office	1.1.5	Human Capital Management
SBPO	8.1	Advisory and Compliance
Communications Division	3.2.2.1	Inform

b. CoS. The CoS directs the daily activities of the Support and Special Staff (excluding OGC and OIG) and provides administrative support to the Director. The CoS is supported by an Assistant CoS and may delegate authority to this person as needed to accomplish the functions of the office, as listed below:

(1) Serves as the agency's principal advisor to the DHA Director and Deputy Director on administrative matters.

(2) Coordinates externally with Office of the ASD(HA) and other high-level Department of Defense (DoD) staff elements and organizations.

(3) Serves as the DHA representative, and facilitator, in the continued evolution of MHS Governance per the Deputy SecDef directive.

(4) In support of the Deputy Director, CoS serves as the DHA liaison with the following groups: major federal agencies, state agencies, private agencies, professional associations and societies, prominent professional health care experts, senior representatives from the uniformed military Services, DHA directorates, providers, and others as applicable. Responsibility as liaison is to discuss significant issues, resolve problems, monitor trends, arrange agreements, and provide actionable recommendations.

(5) Performs executive management of all staff functions in support of Senior DHA Leadership.

(6) Supervises/directs Special Staff Directorates comprised of Communications, EEO, Small Business, Program Integrity, Program Integration, DHB, Force Resiliency, and Religious Support Activities.

(7) Oversees DHA Director Front Office operations to include DAG, Executive Secretariat, and Director's Support Staff.

(8) Integrates and synchronizes the staff in support of the Director's decision cycle.

(9) Sets priorities to ensure the staff is supporting the most important tasks.

c. Support Staff

(1) Executive Officer. The XO oversees the Director's Support Staff daily activities (minus the DAG). Additional responsibilities include, but are not limited to the following:

(a) Plan and supervise conferences chaired by the Director, DHA; Deputy Director, DHA; DoS or other key leaders as required.

(b) Prepare itineraries for distinguished visitors to the DHA and monitor their execution.

(c) Monitor preparation and execution of all official events and ceremonies involving the Director, DHA; Deputy Director, DHA; and other key leaders as required.

(2) Special Correspondence Office. The Special Correspondence Office monitors, conducts technical editing, and disseminates key leader correspondence in close coordination with the DOC. The Special Correspondence Office contributes to JCA 8, Corporate Management and Support.

(3) Front Office Staff. The Director's Front Office Staff maintains schedules, provides administrative and logistical support for the Director, Deputy Director, and Senior Enlisted Advisor. Additionally, these functions contribute to JCA 8, Corporate Management and Support.

(4) DAG. The DAG provides specialized executive support (advisory and assistance functions) to the Director, DHA, including developing and coordinating priorities, communication, analysis, and coordinating reports and briefings. The DAG contributes to JCA 8, Corporate Management and Support. Table 2 identifies areas of responsibility (e.g., functions, systems, and processes) that enable this capability.

Table 2. Director's Action Group Responsibilities

<b>JCA: Corporate Management and Support</b>
<b>DAG Areas of Responsibility</b>
<ul style="list-style-type: none"><li>• Director's Priorities Dissemination</li><li>• Legislative Affairs Interface</li><li>• Executive Communication Products</li><li>• Director's Strategic Engagements</li><li>• Director's Activity Documentation</li><li>• Decision Analysis Support</li></ul>

d. Special Staff

(1) DHB Support Division

(a) The DHB is a chartered Federal Advisory Committee to the SecDef and provides independent advice/recommendations on matters pertaining to DoD health care policy and program management; health-related R&D; and other health care related matters. The DHB provides independent advice and recommendations to maximize the safety and quality of, as well as access to, health care for DoD) health care beneficiaries.

(b) The DHB Support Division reports to the CoS and supports the DHB, providing research, analytics, logistics, and Federal Advisory Committee Act compliance. The division supports the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) and the DHA for policy matters and for execution of policy. The DHB Support Division contributes to JCA 8, Corporate Management and Support. Table 3 identifies areas of responsibility for this capability.

Table 3. Defense Health Board Support Division Responsibilities

<b>JCA: Corporate Management and Support</b>
<b>DHB Support Division Areas of Responsibility</b>
<ul style="list-style-type: none"><li>• Research and Analysis Assistance</li><li>• Written Communications and Report Summaries</li><li>• Liaison with DoD and other U.S. Agency Senior Leaders</li><li>• Compliance with Federal Advisory Committee Act of 1972</li></ul>

(2) Force Resiliency Office. The Force Resiliency Office reports to the CoS. The role of the Force Resiliency Office is to strengthen and promote the resiliency and readiness of the DHA's employees through the development of integrated policies, oversight, and synchronization of activities in the areas of military EEO, diversity management, sexual assault prevention and response, anti-harassment, anti-extremism, and collaborative efforts with the external and internal stakeholders. The office contributes to JCA 8.1, Advisory and Compliance.

(3) PIO

(a) The PIO reports to the CoS and advocates OASD(HA) and Director priorities to Congress and within DoD, communicating and coordinating with members of Congress and their staffs about health-related legislative issues.

(b) The PIO also provides guidance to OASD(HA) and DHA principals and staff on all products for Congress; oversees all congressional inquiries, legislative initiatives, and requirements; and conducts research and analysis on MHS-related legislation. The PIO contributes to JCA 3.2.2.1, Inform.

(4) PID

(a) The PID reports to the CoS and manages anti-fraud and anti-abuse activities for the DHA to protect benefit dollars and safeguard beneficiaries.

(b) The PID also develops and executes anti-fraud and anti-abuse policies and procedures, provides oversight of contractor program integrity activities, coordinates investigative activities, develops cases for criminal prosecutions and civil litigations, and initiates administrative measures as required. The PID contributes to JCA 8.1, Advisory and Compliance. Table 4 identifies areas of responsibility for this capability.

Table 4. Program Integrity Division Responsibilities

<b>JCA: Advisory and Compliance</b>
<b>PID Areas of Responsibility</b>
<ul style="list-style-type: none"><li>• Anti-fraud and Anti-abuse Policies and Procedures</li><li>• Contract Integrity Oversight</li><li>• Operations and Compliance</li><li>• Investigative Oversight</li></ul>

e. Special Staff that report to the DHA Director

(1) OIG

(a) The IG provides advice to Director on all IG matters and reports on the state of DHA economy, efficiency, discipline, morale, training, and readiness. The IG also provides independent, professional advice to other DHA senior leaders including the PEO DHMS and the Director, Federal Electronic Health Record Modernization (FEHRM).

(b) The IG advises the Director, DHA and, as delegated, may receive execution guidance from the Deputy Director, DHA. The OIG initiates, conducts, supervises, monitors assistance/hotline, investigations, inspections, and teaching and training functions, contributing to JCA 8.1.3, Audit, Inspection, and Investigation. Table 5 identifies areas of responsibility for this capability.

Table 5. Office of the Inspector General Responsibilities

<b>JCA: Audit, Inspection, and Investigation</b>
<b>OIG Areas of Responsibility</b>
<ul style="list-style-type: none"><li>• DHA Assistance/Hotline</li><li>• IG Inspections</li><li>• Senior Official Investigations</li><li>• Military Whistleblower Reprisal Investigations</li><li>• Teaching and Training</li></ul>

(2) OGC

(a) The General Counsel is the primary legal advisor to the Director, DHA.

(b) The General Counsel reports to the DoD Senior Deputy General Counsel (Personnel & Health Policy), but is administratively aligned under the Director, DHA. It provides legal services to be performed within and involving the DHA and its mission to execute authority, direction and control over MTFs and DTFs; manage the TRICARE health plan; administer and manage DHP appropriations; support the uniformed services in the management and administration of the TRICARE program; and provide administrative support to PEO DHMS and FEHRM.

(c) The OGC also manages the TRICARE Appeals and Hearings System and all aspects of the TRICARE Debt Collection Program.

(d) The OGC contributes to JCA 8.1.1, Legal Advice through the provision of legal support services. Table 6 identifies areas of responsibility for this capability.

Table 6. Office of the General Counsel Responsibilities

<b>JCA: Legal Advice</b>
<b>OGC Areas of Responsibility</b>
<ul style="list-style-type: none"> <li>• Health Care (including TRICARE Appeals and Hearings and Claims Collections)</li> <li>• Administrative and Civil Law</li> <li>• Contract Law</li> <li>• Labor and Employment Law</li> <li>• Government Ethics</li> <li>• Medical Research and Development Legal Issues</li> <li>• General Litigation</li> <li>• Contractor Suspension and Debarment and Procurement Fraud Remedies Program</li> <li>• General Legal Support and Advice</li> </ul>

(3) EEO Division

(a) The EEO Division reports to the Director, DHA. It advises the Director and staff (including PEO DHMS and FEHRM), manages, and implements the agency’s Equal Opportunity and Complaints programs for the DHA’s civilian personnel.

(b) The EEO Division contributes to JCA 8.1.1, Legal Advice. Table 7 identifies areas of responsibility for this capability.

Table 7. Equal Employment Opportunity Division Responsibilities

<b>JCA: Legal Advice</b>
<b>EEO Areas of Responsibility</b>
<ul style="list-style-type: none"> <li>• Civilian EEO Policy, Plans, and Evaluations</li> <li>• Program Management (Affirmative Employment and Special Emphasis Programs)</li> <li>• EEO Complaints</li> </ul>

(4) Religious Support Activities Office

(a) The Religious Support Activities Office advises the Director, DHA and staff (including PEO DHMS and FEHRM) on the religious, spiritual, moral, and ethical needs of the DHA and its patients and beneficiaries and is responsible for coordinating all religious activities at the market and MTF level as the HQ lead.

(b) The Religious Support Activities Office reports to the Director, DHA and receives execution guidance from the DoS. It provides or plans for the religious needs of all assigned personnel and contributes to JCA 1.1.5, Human Capital Management. Table 8 identifies areas of responsibility for this capability.

Table 8. Religious Support Activities Office Areas of Responsibility

<b>JCA: Human Capital Management</b>
<b>Religious Support Activities Office Areas of Responsibility</b>
<ul style="list-style-type: none"> <li>• Religious Support and Pastoral Care Management</li> <li>• Provision of Pastoral Care and Counseling</li> <li>• Management and Administration of Religious Support Resources</li> <li>• Conduct Religious Support Training and Tasks</li> <li>• Religious Support Planning</li> </ul>

(5) SBPO. The SBPO facilitates the introduction of cost-effective, responsive, innovative health care solutions from the small business industrial base, creating an environment in which the DHA recognizes the value of and engages small businesses as critical suppliers of required health care capabilities, ensuring that small businesses have a fair opportunity to compete and be selected for DHA contracts, at both prime and subcontract levels. The SBPO contributes to JCA 8.1, Advisory and Compliance. Table 9 identifies areas of responsibility for this capability.

Table 9. Small Business Program Office Responsibilities

<b>JCA: Advisory and Compliance</b>
<b>SBPO Areas of Responsibility</b>
<ul style="list-style-type: none"> <li>• Acquisition Lifecycle Support and Programs</li> <li>• Small Business Outreach Program</li> <li>• Small Business Advice and Assistance</li> <li>• Small Business E&amp;T</li> <li>• Small Business Policy, Guidance, and Compliance</li> <li>• Small Business Reporting, Data Analytics, and Performance Management</li> <li>• Small Business Advocacy and Liaison</li> </ul>

(6) Communications Division

(a) The Communications Division reports to the Director, DHA, and receives execution guidance from the DoS. The Division provides strategic counsel to the ASD (HA), Director DHA, President Uniformed Services University for the Health Sciences, and DHA

principals while also being the senior communications and public affairs enterprise leader for the entire MHS, providing data driven communications, marketing and customer service programs benefiting the enterprise.

(b) The Communications Division coordinates across OASD(HA), the DHA, Services, and other federal agencies for synchronized messaging. It is the key communications integrator for the military medical service public affairs teams, the Uniformed Services University of the Health Sciences, and the Joint Staff Surgeon.

(c) The Communications Division contributes to JCA 3.2.2.1, Inform, through synchronization of messaging. Table 10 identifies areas of responsibility for this capability.

Table 10. Communications Division Responsibilities

<b>JCA: Inform</b>			
<b>Communications Division Areas of Responsibility</b>			
<b>Communications Operations</b>	<b>Communications Support</b>	<b>Communications Planning</b>	<b>Communications Management</b>
<ul style="list-style-type: none"> <li>• Strategy Cell</li> <li>• Senior Leader Support</li> <li>• Crisis Communications</li> <li>• Market and MTF Coordination and Management</li> <li>• Combat Support Management</li> <li>• HCA Support Management</li> <li>• TRICARE Health Plan</li> <li>• Information Operations</li> <li>• SSO Operations</li> <li>• DHAR Operations</li> </ul>	<ul style="list-style-type: none"> <li>• Branding</li> <li>• Web Operations and Support</li> <li>• Contract Operations</li> <li>• Trademarking</li> <li>• Division Administration and Management</li> <li>• Customer Service Support</li> <li>• Beneficiary Education</li> <li>• MOA</li> <li>• Mission Command Support Center (MCSC) Coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Media Relations/Public Affairs</li> <li>• Social Media</li> <li>• Digital Productions</li> <li>• Marketing</li> <li>• Strategic Outreach and Community Relations</li> <li>• Strategic Planning</li> <li>• Internal Communications</li> <li>• MHS News Center Operations</li> </ul>	<ul style="list-style-type: none"> <li>• R&amp;D</li> <li>• National Museum of Health and Medicine (NMHM)</li> <li>• E&amp;T</li> <li>• J-5</li> <li>• J-1</li> <li>• Centers of Excellence</li> <li>• Product Review and Distribution</li> </ul>

ENCLOSURE 5

HCA DIRECTORATE

1. MISSION. Support the sustainment of a medically ready force and a ready medical force and provide optimal, integrated health care to DoD beneficiaries.
  
2. RESPONSIBILITY. Ensure that the integrated system of direct and private sector care assists the CCMDs and MILDEPs in optimizing health and medical readiness for successful mission performance across global military activities and operations.
  
3. ORGANIZATION. The HCA Directorate is composed of two Sub-Directorates, Healthcare Operations (HCO) and Medical Affairs (MA). The Defense Health Agency Innovation Group (DIG), Health Informatics (HI), the Clinical Functional Champion (FC), and the Armed Forces Medical Examiner System (AFMES) are also functions within the HCA Directorate. The taskings for the direct reporting Markets, SSO, and DHARs (Enclosure 8) are synchronized and managed by the AD-HCA in coordination with the J3.

4. FUNCTIONS AND DUTIES

a. HCA Directorate Functions and Duties

(1) The AD-HCA reports to the Director, DHA and provides advice on matters related to the A&M of Markets, the SSO, and DHARs (Enclosure 8); the TRICARE Program; the Quadruple Aim Performance Process (QPP), and the PPBE process for Markets, the SSO, and DHARs.

(2) The AD-HCA manages and synchronizes all subordinate activities within the directorate, providing leadership on program development; directing or redirecting efforts, programs, and policies; and coordinating and supervising daily operations.

(3) The AD-HCA, on behalf of the Director, DHA, exercises day to day authority, direction, and control of each MTF.

(4) Establish policies, procedures, and direction for the provision of direct care at the MTFs.

(5) Establish priorities for budgeting matters with respect to the provision of direct care at the MTFs.

(6) Establish policies, procedures, and direction for clinic management and operations at the MTFs.

(7) Establish priorities for IT at and between DHA components and MTFs and between MTFs and other covered entities.

(8) Establish priorities for health care A&M.

**b. HCA Functions**

(1) HCA develops and disseminates guidance, in coordination with J3 synchronizes and manages taskings for health care, medical provider readiness support, and critical HCA functions at the Markets, SSO, and DHARs.

(2) HCA coordinates Market, SSO, and DHAR manpower and logistics requirements and provides inputs into PEO MS decision processes.

(3) HCA assesses Market, SSO, and DHAR operations and conducts performance improvement efforts.

(4) HCA supports subject matter expert (SME) requirements for MHS Requirements Request Submissions and other staff actions related to JCAs in Table 11.

(5) HCA manages, coordinates, executes, and assesses the integrated system of direct and purchased care through activities that fall under the following JCAs (Table 11).

(6) Establishes policies, procedures, and direction for the provision of direct care at the MTFs.

(7) Establish priorities for budgeting matters with respect to the provision of direct care at the MTFs.

(8) Establish policies, procedures, and direction for clinic management and operations at the MTFs.

(9) Oversight of the QPP/Readiness Performance Process (RPP)

Table 11. Healthcare Administration Directorate Joint Capability Areas

Sub-Directorate/Cell	Relevant JCA	JCA Title
MA	4.8.2	Health Services Delivery
HCO	4.8	Health Services
HI	6.5	Enterprise Services
DIG	1.3	Building Partnerships
Clinical FC	8.2.2	Capability Development
Armed Forces Medical Examiner System	4.8.1	Operational Medicine
Health Care Information Technology Cell	6	Communications and Computers
Financial Operations (FO) Cell	8.5	Financial Management

## 5. SUBORDINATE ORGANIZATIONS

a. MA Sub-Directorate. The MA Sub-Directorate provides strategic clinical direction and policy to Markets, the SSO, and the DHARs that optimize clinical quality and safety outcomes, patient clinical engagement, staff fulfillment, and medical readiness of uniformed and clinical personnel. MA also oversees graduate medical education (GME), physician recruiting, and the DoD Medical Examination Review Board. In addition, MA manages safety and quality of care provided across the MHS, and efforts to instill a highly reliable culture that prevents patient harm.

(1) DAD-MA shall report directly to the AD-HCA and be responsible for policy, procedures, and direction of clinical quality and process improvement, patient safety, infection control, GME, clinical integration, utilization review, risk management, clinical patient engagement, and civilian physician recruiting. Internal Sub-Directorate management responsibilities include executing Sub-Directorate activities to attain assigned objectives; developing recommendations for new efforts and programs; coordinating and supervising Sub-Directorate office operations; certifying Sub-Directorate budgets; assessing the effectiveness and efficiency of programs; and supervising activities associated with internal budget planning and execution.

(2) MA contributes to JCA 4.8.2, Health Services Delivery, by ensuring the direct care system can deliver the health benefit including clinical preventive medicine, clinical diagnostics, treatment, rehabilitation, and regeneration. Table 12 identifies the four primary functional areas of responsibility for this capability.

(a) Clinical Quality Management (CQM). MA integrates quality improvement and performance management to attain a high-performing, learning organization, using principles of high reliability for increased mission readiness, and high-value patient-centered clinical outcomes, and health.

(b) Clinical Patient Engagement. MA directs the policy, procedures, and systems for clinical operations, clinical integration, and total CQM within MTFs to optimize health and achieve high-value, patient-centered clinical outcomes in support of an integrated system of readiness and health.

(c) Connected Health. MA develops guidance in coordination with other stakeholders, develops and implements standards and competencies, ensures quality and safety, promotes tele-mentoring, develops functional requirements, and liaises across the enterprise and with other agencies.

(d) GME Academic Oversight. MA establishes policies and procedures and provides direction and support for all MHS GME programs.

Table 12. Medical Affairs Sub-Directorate Responsibilities

<b>JCA: Health Services Delivery</b>			
<b>MA Areas of Responsibility</b>			
<b>CQM</b>	<b>Clinical Patient Engagement</b>	<b>Connected Health</b>	<b>GME Oversight</b>
<ul style="list-style-type: none"> <li>• General CQM</li> <li>• Accreditation and Compliance</li> <li>• Clinical Measurement</li> <li>• Credentialing and Privileging</li> <li>• Clinical Quality Improvement</li> <li>• Health Care Risk Management</li> <li>• Patient Safety</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Operations</li> <li>• Clinical Communities Clinical Services Support</li> <li>• Medical Management/ Patient Population Health</li> <li>• Warrior Care/Readiness Support</li> <li>• DoD Medical Examination Review Board</li> <li>• Clinical Procedural Instruction Prioritization and Compliance</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge Translation from Civilian Practice</li> <li>• E&amp;T</li> <li>• Clinical Coordination with Stakeholders</li> <li>• Digital patient engagement</li> <li>• Mobile Application Validation</li> <li>• Communications and Marketing for Virtual Health</li> </ul>	<ul style="list-style-type: none"> <li>• GME Support</li> <li>• Market Support</li> </ul>

b. HCO Sub-Directorate. The HCO Sub-Directorate provides direction and guidance to the Markets, the SSO, and the DHARs to optimize critical health care ancillary services and supporting administration functions; to integrate MTFs and DTFs with the purchased care system to sustain a medically ready force and a ready medical force; and to ensure beneficiaries' health care needs are met. The DAD-HCO shall report directly to the AD-HCA and be responsible for the policy, procedures, and direction of HCA in the MTFs. Internal Sub-Directorate management responsibilities include executing Sub-Directorate activities to attain assigned objectives; developing recommendations for new efforts and programs; coordinating and supervising Sub-Directorate office operations; certifying Sub-Directorate budgets; assessing the effectiveness and efficiency of programs; and supervising activities associated with programming, budgeting, authorization, utilization, resources, and requirements.

(1) DAD-HCO has the following responsibilities:

- (a) Provide policy, procedures, and direction of HCA in the MTFs and DTFs.
- (b) Provide oversight for the TRICARE Program, which supports the integration of purchased care with the direct care system, driving health care delivery optimization.
- (c) Provide oversight of the enterprise pharmacy benefit; optimize primary/specialty health care; oversee referral management; provide access to care; manage patient experience; manage nurse advice line; manage health care systems plans and operations; oversee and track health care operations; manage integration of private and direct care; oversee patient administration functions; and manage laboratory services.

(d) Provide oversight and management for the planning and execution of the QPP at the MTF and Market levels. This involves liaison with the DAD Financial Operations (J8) to plan, develop, execute, and monitor the Statement of Operations for MTFs and Markets.

(e) Conducts daily coordination between DHA HQ and the markets.

(f) Provides oversight and management of the Joint Trauma System (JTS).

(g) Provides oversight and management of the Armed Services Blood Program.

(2) HCO contributes to JCA 4.8, Health Services, by arranging and providing oversight of the promotion, improvement, conservation, or restoration of human mental and physical well-being. Table 13 identifies the four primary functional areas of responsibility for this capability.

(a) TRICARE Health Plans. HCO provides comprehensive program development, oversight, and management of the TRICARE Program, supporting the MILDEPs and Total Force by providing program and contract management, beneficiary information, and centralized administration for health care services.

(b) Healthcare Optimization. HCO provides direction, guidance, and oversight to standardized processes and performance metrics and eliminate variance, maximize performance, foster readiness, and improve patient experience across the MHS. This guidance addresses referral management, appointing for primary and specialty care, access to care, patient experience, virtual health execution, recapturing care, and staffing. It also monitors MTF and Market, performance, resource utilization, and compliance with guidance to intervene and offer training opportunities when necessary.

(c) Market Integration. The Market Integration Division provides capabilities to complement Healthcare Optimization and TRICARE Health Plans and bridges the gap between the Direct Care System (MTFs/DTFs) and the purchased care system. In doing so, it offers capabilities to plan, execute, and monitor the QPP, inform the AD-HCA Market Review & Analysis hosted in the Market Leadership Group, and execute and monitor healthcare system rightsizing now and into the future.

(d) Patient Administration. The Patient Administration Division provides critical supporting healthcare administration capabilities to ensure the appropriate capture of medical/clinical documentation in hardcopy and electronic form, as well as efficient and effective administrative management of patients in the MTF/DTF setting or while being transported for care.

(e) Pharmacy Operations. HCO manages direct and purchased care pharmacy operations to facilitate optimal provision of pharmaceuticals and pharmacy services across the MHS.

(f) Laboratory Clinical and Operational Support. HCO manages regulatory compliance, resource optimization, standardization, and clinical laboratory consultation across the MHS.

Table 13. Healthcare Operations Sub-Directorate Responsibilities

<b>JCA: Health Services</b>		
<b>HCO Areas of Responsibility</b>		
<b>TRICARE Health Plans</b>	<b>Healthcare Optimization</b>	<b>Market Integration</b>
<ul style="list-style-type: none"> <li>• Policy and Programs for TRICARE Health Plan, Dental Plan, and Overseas Program</li> <li>• Policy and Programs for TRICARE Pharmacy Program</li> <li>• TRICARE Policy Manual(s) and TRICARE Operations Manual</li> <li>• Systems Integration and Business Operations</li> <li>• Contract Oversight and Acquisition Cycle Management</li> <li>• Prime Travel Benefit</li> <li>• Claims Processing Support for Associated TRICARE Plans</li> <li>• Benefit and Debt Collection Counseling</li> <li>• Purchased Care Support for Service Members in Non-MTF areas</li> <li>• TRICARE Health Plan Front Office</li> <li>• TRICARE Program Management Office</li> <li>• Customer Support and Conflict Resolution Services</li> </ul>	<ul style="list-style-type: none"> <li>• MTF/DTF Scope and Sizing</li> <li>• MTF/DTF Standardization and Product Line Optimization</li> <li>• Integrated Referral Management and Appointing (Access to Care)</li> <li>• Patient and Customer Experience (Patient Advocacy)</li> <li>• Provider Readiness Support</li> <li>• Virtual Health Metrics, Analysis, Planning, and Execution</li> <li>• Virtual Medical Center (VMC) Oversight</li> <li>• Dental Operations Support</li> <li>• JTS</li> </ul>	<ul style="list-style-type: none"> <li>• QPP Requirements Planning and Execution</li> <li>• Market Review &amp; Analysis and Decision Support</li> <li>• Market/MTF/DTF Profiles and Healthcare System Transparency</li> <li>• Network Integration Business Operations Specialists</li> <li>• Rightsizing Healthcare System and Future Modeling</li> </ul>
<b>Patient Administration</b>	<b>Pharmacy Operations</b>	<b>Laboratory Clinical and Operational Support</b>
<ul style="list-style-type: none"> <li>• Health Records and Service Treatment Records Management</li> <li>• Electronic Health Record (EHR) Support/Liaison</li> <li>• Patient Administration and Identity Management</li> <li>• Patient Movement and Transport Liaison</li> <li>• Medical Documentation, Coding, and Compliance</li> <li>• Revenue Cycle Operations Support</li> <li>• Health IM and Privacy</li> <li>• Secretarial Designee Program</li> </ul>	<ul style="list-style-type: none"> <li>• Policy, guidance, and support of Pharmacy Operations</li> <li>• Oversight of Enterprise/Market Pharmacy Operations</li> <li>• Portfolio Management of Pharmacy IT Systems</li> <li>• DoD Formulary Management</li> <li>• TRICARE Pharmacy Purchased Care Management and Conflict Resolution</li> <li>• Readiness Supporting Interface</li> </ul>	<ul style="list-style-type: none"> <li>• Armed Services Blood Program</li> <li>• Policy, guidance, and support of Clinical Laboratory Operations</li> <li>• Clinical Laboratory Management, Standardization, and Improvement Oversight</li> <li>• Clinical Laboratory Test Consultation</li> <li>• Clinical Laboratory Certification and Accreditation</li> </ul>

c. HI. HI leads all functional engagement and policy activities for enterprise-wide informatics initiatives.

(1) The Chief Health Informatics Officer (CHIO) shall report directly to the AD-HCA.

(2) HI coordinates with the PEO DHMS and FEHRM on the development and execution of change management, end-user engagement, and training activities for all associated programs.

(3) HI identifies solutions to meet HCO health informatics requirements, PEO DHMS subsequently acquires those solutions.

(4) HI contributes to JCA 6.5, Enterprise Services, by providing awareness of and training for use of health IT information and services to all authorized users. Table 14 identifies the HI’s areas of responsibility for this capability.

Table 14. Health Informatics Responsibilities

<b>JCA: Enterprise Services</b>
<b>HI Areas of Responsibility</b>
<ul style="list-style-type: none"> <li>• Standards and Workflow Engineering: Standardize MHS Clinical and business community processes and support with health information technology</li> <li>• Technology Management Integration: Collaborate with MHS and Federal partners to maintain and optimize content and configuration of the Federal Joint EHR</li> <li>• End User Engagement: Train clinical and administrative staff to ensure standardized workflows and appropriate technology use</li> <li>• Enterprise Coordination: Resolve Joint Federal EHR issues across the people, process, and technology healthcare construct and coordinate Health Information Exchange Activities with the Veterans Health Administration, U.S. Coast Guard and Purchased Care Partners</li> <li>• Projects, Resources and Requirements: Develops CHIO manpower requirements, business infrastructure, contract creation and acquisitions, fiscal operations, and external requirements</li> </ul>

d. DIG. The DIG leads external-facing innovation, leveraging other governmental and non-governmental organizations with innovation missions to improve the MHS. The DIG contributes to JCA 1.3, Building Partnerships. Table 15 identifies areas of responsibility for this capability.

Table 15. Defense Health Agency Innovation Group Responsibilities (Alignment to Healthcare Administration pre-decisional)

<b>JCA: Building Partnerships</b>
<b>DIG Areas of Responsibility</b>
<ul style="list-style-type: none"> <li>• Novel Concepts, Practices, and Opportunities</li> <li>• Leading External Practices</li> <li>• Alliances with Leading National Organizations</li> </ul>

e. FC. The Clinical FC provides a single voice of the customer (e.g., Services, CCMDs, Markets, etc.) at the executive level and represents functional interests of the MHS across clinical and operational medicine systems. The Clinical FC contributes to JCA 8.2.2, Capability Development.

f. AFMES. The AFMES provides comprehensive and innovative medicolegal services including forensic pathology investigations worldwide. This system scientifically and authoritatively determines the cause and manner of death of U.S. Service members and other persons of interest to the U.S. Government, when the death is deemed suspicious or unnatural, and scientifically identify the remains of U.S. service casualties.

(1) The AFMES Director reports directly to the Director, DHA, with daily oversight from AD-HCA.

(2) The AFMES Director's internal center management responsibilities include executing organizational activities to attain assigned objectives; developing recommendations for new efforts, programs, and policies; coordinating and supervising office operations; certifying organizational budgets; assessing the effectiveness and efficiency of programs; and supervising activities associated with internal budget planning and execution.

(3) The AFMES contributes to JCA 4.8.1, Operational Medicine, through analysis and documentation that facilitates causality management, criminal investigations, and remains identification.

g. Markets, SSO, and DHA Regions. See Enclosure 8.

ENCLOSURE 6

SUPPORT DIRECTORATE

1. MISSION. Provide full-spectrum support to the MHS to sustain timely delivery of all services and items necessary to equip, operate, maintain, and optimize health service support for successful mission performance across global military activities and operations.

2. RESPONSIBILITY. Support the DoD medical mission through the application of research and acquisition policy guidance, processes, and lifecycle oversight and management that ensures medical materiel and services assist the MHS in optimizing health of the beneficiary population and medical readiness for the operating forces.

3. ORGANIZATION. The Support Directorate is composed of three Sub-Directorates: Acquisition, Technology, and Logistics (AT&L) Strategy and Integration; Research and Engineering (R&E); and Acquisition and Sustainment (A&S). The Support Directorate also has three organic DROs: DHA CA, MEDLOG Activity, and the PEO for Medical Systems (MS). The Support Directorate synchronizes and manages taskings for the METC, DHA PH, and DHA R&D (Enclosure 8) and provides administrative support to the PEO DHMS.

4. FUNCTIONS AND DUTIES

a. Support Directorate Functions and Duties

(1) The AD-Support reports directly to the Director, DHA, and provides advice on matters related to the research, development, acquisition, and provision of services and medical materiel to the MHS and its supported elements (i.e., CCMDs, Services, and other designated mission partners).

(2) The Director, DHA has delegated responsibilities and authorities of the Component Acquisition Executive to the AD-Support. The AD-Support is responsible for all acquisition functions and is the approval authority on acquisition matters for the DHA and provides senior leadership in support of the DoD medical mission through the application of acquisition policy guidance, processes, independent cost estimation, and lifecycle oversight and management. The AD-Support also has been delegated to serve as the Head of Contracting Activity and Senior Procurement Executive along with corresponding authorities by the Director.

(3) The AD-Support has been designated to serve as the Senior Services Manager for the DHA.

(4) The AD-Support manages and synchronizes all Support Sub-Directorates, providing leadership on program development; directing or redirecting efforts, programs, and policies; and coordinating and supervising daily operations.

(5) The AD-Support manages the Program Management Office (PMO), Enterprise Services (ES). This PMO is responsible for the cost, schedule, performance, and affordability for the MHS portfolio of medical services, delivering tailored solutions to purchased care, readiness, enterprise services, and market-based buying to DHA customers. The PMO ES receives acquisition authority through the AD-Support and serves as the Decision Authority for delegated programs. PMO ES is responsible for delivering professional services, enterprise solutions, market-based buying, and purchased care solutions.

(6) The AD-Support supports the directorate's assigned DROs; providing leadership on program development; overseeing efforts, programs, and execution of mission; and guiding and coordinating daily operations.

(7) The AD-Support synchronizes and manages taskings for the METC, DHA PH, and DHA R&D (Enclosure 6).

b. Support Directorate Functions

(1) The Support Directorate recommends agency policy, assigns responsibilities, and provides direction for all DHA acquisition matters; DHA conduct of MEDLOG, maintenance, materiel readiness, and sustainment support; and DHA IT Operations; and agreements (e.g., support, international, acquisition, and cross servicing).

(2) The Support Directorate conducts analyses and studies, develops policies, provides technical leadership and oversight, makes recommendations, and issues guidance for the DHA A&S and R&E plans and programs.

(3) The Support Directorate manages the DHA organizational compliance program and integrates agency-wide compliance reporting, with the exception of financial compliance which is managed by the J-8.

(4) The Support Directorate recommends the strategies and supporting plans that adopt technology and prototypes to respond to the needs of the MHS.

(5) The Support Directorate provides administrative support for the PEO DHMS, an acquisition organization with a direct reporting relationship to the USD(A&S).

(6) The Support Directorate supports SME requirements for MHS request submissions related to JCAs identified in Table 16.

(7) The Support Directorate manages, coordinates, and assesses delivery of support to the operating forces through activities that fall under the following JCAs (Table 16).

Table 16. Support Directorate Joint Capability Areas

Sub-Directorate/DRO	Relevant JCA	JCA Title
Acquisition, Technology, and Logistics Strategy and Integration Office	8.2.1	Strategy Development
R&E	8.2	Strategic Management
	8.4.1	Research
Acquisition and Sustainment	4	Logistics
	8.2	Strategic Management
	8.4.4	Acquisition Management
DHA Contracting Activity	4.5	Operational Contract Support
	8.4.4	Acquisition Management
MEDLOG Activity	4	Logistics
PEO, MS	6	Communications and Computers
	8.4.4	Acquisition Management
	8.4.4	Acquisition Management

## 5. SUBORDINATE ORGANIZATIONS

a. AT&L Strategy and Integration Sub-Directorate. AT&L Strategy and Integration Office recommends DHA research, development, and acquisition direction, strategic goals, priorities, objectives, guidance, and total force capability requirements.

b. R&E Sub-Directorate. The R&E Sub-Directorate provides oversight and policy guidance for all matters regarding the DHA R&E Enterprise; for medical technology research, transition, prototyping, and experimentation; and for unifying medical R&E efforts across the MHS interagency, cross-Service, and international collaboration.

(1) The DAD-R&E shall report directly to the AD-Support.

(2) On behalf of the ASD(HA), the DAD-R&E manages and executes the DHP Science and Technology (S&T) Program.

(3) The DAD-R&E is the chief technology officer of the DHA. The mission is as follows: advance medical technology and innovation; manage the R&E enterprise portfolio to align with medical priorities, Joint requirements, and ASD(HA) policy, direction, and guidance. The goal is to ensure the development and delivery of medical materiel and knowledge solutions. As such, the DAD-R&E leads the discovery, research, and transition of new capabilities to improve medical care for warfighters, their families, and beneficiaries. R&E also shepherds innovative materiel and knowledge products from concept to transition, supporting providers and warfighters.

(4) The DAD-R&E's internal Sub-Directorate management responsibilities include executing R&E efforts and programs to attain assigned objectives; developing recommendations for new efforts, programs, and policies; coordinating and supervising R&E and DHA R&D

operations; certifying R&E and DHA R&D budgets; assessing the effectiveness and efficiency of programs; and supervising activities associated with programming, budgeting, authorization, utilization, resources, and requirements, including those within DHA R&D.

(5) The DAD R&E provides management and oversight of the DHP S&T portfolio, DHA R&D, health services research laboratories, DoD health-related centers of excellence, and the National Museum of Health and Medicine (NMHM).

(6) R&E contributes to JCAs 8.2, Strategic Management, and 8.4.1, Research, by establishing direction and priority of research (i.e., basic, applied, and advanced technology activities of the DHA).

c. A&S Sub-Directorate. The A&S Sub-Directorate provides policy guidance and oversight for all matters relating to acquisition and sustainment of products and services in the DHA and in supported activities (i.e., MTFs, DTFs, Services, and CCMDs), including production; logistics and distribution; facilities maintenance (non-DHA HQ), management, and resilience; military construction; procurement of goods and services; materiel readiness; maintenance related matters; support agreements, international agreements, acquisition and cross servicing agreements, etc.; and technology transfer to include intellectual property. A&S also includes four Direct Report Program Management Offices responsible for operational medicine products, purchased care, reserve health readiness, and enterprise services.

(1) The DAD-A&S shall report directly to the AD-Support.

(2) The DAD-A&S serves as the DHA chief acquisition and sustainment officer with the mission of delivering and sustaining timely, cost-effective, and uncompromised capabilities for the armed forces and the DoD.

(3) The DAD-A&S's internal Sub-Directorate management responsibilities include executing Sub-Directorate efforts to attain assigned objectives; developing recommendations for new efforts, programs, and policies; coordinating and supervising A&S office operations; certifying A&S budgets; assessing the effectiveness and efficiency of programs; and supervising activities associated with internal budget planning and execution.

(4) The DAD A&S recommends policy for medical product development, acquisition, procurement, systems engineering, test and evaluation, and logistics.

(5) The DAD A&S develops and oversees acquisition workforce policy and management.

(6) The DAD A&S conducts category management for the DHA.

(7) The DAD A&S oversees and manages agreements (e.g., support agreements, international, acquisition, and cross servicing) and partnerships program for the DHA.

(8) The DAD A&S synchronizes and manages taskings of direct reporting program managers responsible for operational medicine programs, purchased care, and enterprise-wide acquisition of services.

(9) The DAD A&S manages the Technology Transfer program, to include Intellectual Property, for the DHA.

(10) A&S contributes to JCAs 4, Logistics; 8.2, Strategic Management; and 8.4.4, Acquisition Management. It establishes direction, and priority of acquisition and sustainment activities for the DHA, directing acquisition policy in support of the development, test/evaluation, and delivery of operational medicine solutions, purchased care services, and enterprise medical services that support readiness and care. Table 17 identifies areas of responsibility for this capability.

Table 17. Acquisition and Sustainment Sub-Directorate Responsibilities

<b>JCAs: Logistics, Strategic Management, and Acquisition Management</b>		
<b>A&amp;S Areas of Responsibility</b>		
<b>Logistics</b>	<b>Strategic Management</b>	<b>Acquisition Management</b>
<ul style="list-style-type: none"> <li>• Lifecycle Management Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Acquisition and Related Policy</li> <li>• Acquisition Workforce Policy and Management</li> <li>• Agreements and Partnerships</li> <li>• Technology Transfer and Intellectual Property</li> <li>• Category Management</li> </ul>	<ul style="list-style-type: none"> <li>• Development of New Solutions</li> <li>• Test and Evaluation</li> <li>• Program Management</li> <li>• Modernization and Upgrade</li> </ul>

d. Defense Health Agency Contracting Activity (DHA CA). The DHA CA provides procurement planning, development, coordination, assessment, and evaluation. They are responsible for contracting services within and across MILDEPs and contracting offices.

(1) The DHA CA Director shall report directly to the AD-Support.

(2) The DHA CA Director’s internal agency management responsibilities include executing agency efforts and programs to attain assigned objectives; developing recommendations for new efforts, programs, and policies; coordinating and supervising agency office operations; certifying agency budgets; assessing the effectiveness and efficiency of programs; and supervising activities associated with internal budget planning and execution.

(3) DHA CA contributes to JCAs 4.5, Operational Contract Support (i.e., contract integration, support, and management for supplies and services) and 8.4.4, Acquisition Management (i.e., contracting). Table 18 identifies areas of responsibility for these capabilities.

(a) Acquisition Management. DHA CA aligns and integrates the contracting business processes to support a unified, single system of health and readiness that is managed and

administered by the DHA. It also optimizes the timely delivery and cost of MHS-wide procurement solutions, filling capability gaps in military health care, and unifies contracting gaps to optimally satisfy MHS enterprise requirements.

(b) Operational Contract Support. DHA CA provides integration, contracting support, and management functions for DHA contracts, including processes for consistent establishment of agreements, market and MTF process implementation, and compliance assessments.

Table 18. Defense Health Agency Contracting Activity Responsibilities

<b>JCAs: Acquisition Management and Operational Contract Support</b>	
<b>DHA CA Areas of Responsibility</b>	
<b>Operational Contract Support</b>	<b>Acquisition Management</b>
<ul style="list-style-type: none"> <li>• Business Operations</li> <li>• Contracting Operations: PEO DHMS, Managed Care, Professional Services, and Enterprise Medical Services</li> <li>• Market Contracting Operations: National Capital Region, Tidewater, Colorado Springs, San Antonio, and San Diego Contracting Divisions</li> <li>• Contract Management</li> <li>• Government Purchase Card</li> <li>• Contract Lifecycle Management</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Contracting Officer Actions</li> <li>• Risk Management</li> <li>• Transitioned Service Procurement and Contracting</li> <li>• Procurement Systems</li> </ul>

e. MEDLOG Activity. MEDLOG recommends clinical, logistics, and program policy and supports medical materiel development and acquisition processes across the five Services, MTFs, DTFs, and DHA DROs. It also promotes standardization of medical supplies and equipment, joint interoperability of operational medical capabilities, and efficiency in the acquisition and lifecycle management of medical materiel.

(1) The MEDLOG Director shall report directly to the AD-Support.

(2) The MEDLOG Director’s internal management responsibilities include executing Sub-Directorate efforts to attain assigned objectives; developing recommendations for new efforts, programs, and policies; coordinating and supervising MEDLOG office operations; certifying MEDLOG budgets; assessing the effectiveness and efficiency of programs; and supervising activities associated with internal budget planning and execution.

(3) MEDLOG provides corporate management over joint MEDLOG initiatives and provides oversight for standards, metrics, and compliance.

(4) MEDLOG contributes to JCA 4, Logistics, by delivering MEDLOG material and services across the MHS. This function is executed through MEDLOG policies, procedures, business rules, and practices to provide standardized medical supplies and equipment, joint interoperability of operational medical capabilities, and lifecycle management of medical material. Table 19 identifies the areas of responsibility for this capability.

Table 19. Medical Logistics Responsibilities

JCA: Logistics
MEDLOG Areas of Responsibility
<ul style="list-style-type: none"><li>• Business Operations</li><li>• Health Care Technology Management (Product Support Management)</li><li>• Supply Chain Management</li><li>• Medical Materiel Standardization</li><li>• Pharmaceutical Lifecycle Management</li><li>• Environmental Services</li><li>• Logistics Plans and Readiness</li><li>• Biomedical Engineering</li><li>• Cyber Logistics</li><li>• Medical Equipment Management</li></ul>

f. PEO, Medical Systems. PEO MS is responsible for the cost, schedule, performance, interoperability, sustainability, and affordability for the MHS portfolio of medical systems (excluding PEO DHMS, Purchased Care, Enterprise Services, and Operational Medicine Systems) and delivers an integrated IT suite of health services capabilities, training and simulation equipment, and integrated clinical systems (including medical devices and equipment) to DHA customers.

(1) The PEO MS shall report directly to the AD-Support.

(2) The PEO MS receives acquisition authority through the AD-Support and serves as the Milestone Decision Authority for delegated programs. PEO MS is responsible for medical and medical support (ancillary) systems, as well as MEDLOG management and related financial systems. Additionally, responsible for major platform IT systems, as well as IT communications infrastructure, web and mobile IT solutions, MHS enterprise IT (shared) services and support. Finally, PEO MS is responsible for medical simulation and training solutions, and integrated clinical systems (including equipment and devices). As such, the PEO MS manages and oversees the PMOs responsible for capability development, life cycle management, solution delivery, and sustainment through decommission.

(3) The PEO MS internal organizational management responsibilities include executing assigned acquisition programs to attain objectives; developing recommendations for new efforts, programs, and policies; coordinating and supervising the PEO's office operations; certifying acquisition program budgets; assessing the effectiveness and efficiency of programs; serving as the Milestone Decision Authority when delegated; and supervising activities associated with programming, budgeting, authorization, utilization, resources, and requirements.

(4) The PEO MS oversees DHA program managers in the various portfolios (i.e., Solutions Delivery, Medical Simulation and Training, and Integrated Clinical Systems) as they plan acquisition programs, prepare programs for key decisions, and execute approved acquisition and product support strategies.

(5) PEO MS contributes to JCAs 6, Communications and Computers, and 8.4.4, Acquisition Management. Table 20 identifies areas of responsibility for these capabilities.

(a) Communications and Computers. PEO MS manages the acquisition and life cycle management of communications systems that enable the DHA leaders to exercise authority and direction over assigned and attached capabilities and resources in the accomplishment of the DHA mission.

(b) Acquisition Management. PEO MS manages the acquisition and life cycle management of medical systems that help care providers diagnose and treat patients.

Table 20. Program Executive Office–Medical Systems Responsibilities

JCAs: Health Service Delivery, Acquisition Management, and Communications and Computers	
PEO MS Areas of Responsibility	
Communications and Computers	Acquisition Management
<ul style="list-style-type: none"> <li>• Application Support</li> <li>• Application Development</li> <li>• Network Communication Infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• System Architectural design</li> <li>• MS Product Requirements</li> <li>• MS Fielding Management</li> <li>• Solutions Delivery Portfolio                             <ul style="list-style-type: none"> <li>– Clinical Solutions</li> <li>– Data and Analytics Solutions</li> <li>– System and Architecture Integration</li> <li>– Business Solutions</li> <li>– Web and Mobile Solutions</li> </ul> </li> <li>• Medical Simulation and Training Solutions</li> <li>Integrated Clinical Systems, including Virtual Health</li> </ul>

g. PEO, DHMS

(1) PEO DHMS is an acquisition organization with a direct reporting relationship to the Office of the USD(A&S) and is administratively attached to the DHA.

(2) PEO DHMS was chartered to transform the delivery of health care and advance data sharing through a configurable and scalable modernized electronic health record EHR for Service members, veterans, and their families to ensure and enable sustainability, flexibility, and interoperability for improved continuity of care.

(3) PEO DHMS is responsible for the DoD EHR modernization program including operational, data exchange and interoperability initiatives, and provides oversight of PEO DHMS program management offices. PEO DHMS is not responsible for platforms, standard services, or security, all of which are J-6/CIO responsibilities. (PEO DHMS is responsible for coordinating data exchange and coordinating healthcare data management responsibilities with CHIO).

(4) PEO DHMS contributes to MHS Capability 6.5, Enterprise Services. Table 21 identifies areas of responsibility for this capability.

Table 21. Program Executive Office Defense Healthcare Management Systems Responsibilities

<b>JCA: Enterprise Services</b>
<b>PEO DHMS Areas of Responsibility</b>
<ul style="list-style-type: none"><li>• Capability Implementation Management</li><li>• Capability Software Design and Application</li><li>• Capability Product Requirements</li><li>• System Architectural Design</li><li>• Acquisition and Maintenance of Secondary Data Sources</li></ul>

ENCLOSURE 7

PRIMARY STAFF

1. MISSION. The DoS, with the primary staff assist in exercising authority, direction, and control through broad functional expertise, staff oversight, and accountability in allocating and applying DHA resources to optimize health, readiness, and efficiencies throughout the MHS.
  
2. RESPONSIBILITY. The DoS and primary staff are the Director's principal assistants who advise, plan, and direct actions to ensure DHA policies, procedures, future capabilities, and direction align with the Director's priorities and assist the CCMDs and MILDEPs in optimizing health and medical readiness for successful mission performance across global military activities and operations.
  
3. ORGANIZATION. The DoS has seven Primary Staff Sections: J-1; J-3/5/7; J-4; J-6; and J-8.
  
4. FUNCTIONS AND DUTIES
  - a. DoS. The DoS is directly responsible to the Director, DHA for synchronizing and managing taskings (with DHA wide tasking authority) and coordinating actions assigned to or generated within DHA to ensure their timely completion and submission to the Director, Deputy Director, and ASD(HA) for action or approval. The DoS manages the Reserve Affairs Office which monitors, advises, assists, collaborates, and provides bi-directional communication between the DHA and the seven Reserve Components (RC) to uphold RC equities in actions regarding medically ready forces, ready medical forces, identifying MHS medical capability gaps, and supporting RC centers of gravity in the DHA. The DoS manages, coordinates, and assesses effective implementation of DHA programs and services through J-Code activities that fall under the following JCAs (Table 22).

Table 22. J-Code Staff Section Joint Capability Areas

J-Code	Relevant JCA	JCA Title
J-1	1.1.5	Human Capital Management
	6.3.3	Data Protection
	7	Protection
J-3/5/7	5	Command and Control
	8.2	Strategic Management
	1.2.1	Training
	1.2.3	Educating
J-4	4	Logistics
J-6	8.3	Information Management
	6	Communications and Computers
J-8	8.5.1	Programming and Budgeting
	8.5.2	Accounting and Finance
	4.6.1.7	Master Facility Design
	4.7.1	Real Property Life Cycle Management

b. J-1. J-1 supports the DHA work structure to include civilian and military personnel, manpower requirements/resources, and workforce development to sustain readiness. J-1 also responsible for enterprise assurance security, safety, and occupational health; enterprise administration and personnel systems integrations for records management, publications and forms management; and the Defense Medical Human Resources System (internet) program. It also exercises authority, direction, and control of manpower management supporting execution of the DHP for the ASD(HA).

(1) The J-1 Director serves as the appointed Senior Component Official for Privacy to carry out Office of Management and Budget and DoD requirements as outlined by the DoD Senior Agency Official for Privacy delegated Agency-level responsibilities and duty to DoD.

(2) J-1 Director's internal staff section management responsibilities include support to the DHA HQ support and to the Defense Health HQ Designated Official for facility security; health protection conditions, and facility amenities that include a RAPIDS Office, facility parking and spec management, shuttle bus services, and a facility gymnasium, cafeteria, delicatessen, and graphics office. The J-1 Director oversees staff section efforts and activities to attain assigned objectives include developing recommendations for new human resource efforts, programs, and policies; coordinating and supervising office operations; certifying internal budgets; assessing the effectiveness and efficiency of programs; and supervising activities associated with internal budget planning and execution.

(3) J-1 manages the DHA administration functions for forms management, publication support, records management, Freedom of Information Act (FOIA), and the Defense Medical Human Resources System-Internet.

(4) J-1 manages the support infrastructure of the DHA including personnel security, and administration.

(5) J-1 safeguards MHS beneficiary and DHA workforce information through administration of compliance programs under the Health Insurance Portability and Accountability Act (HIPAA), the Privacy Act, FOIA, and civil liberties statutes and regulations.

(6) J-1 contributes to JCAs 1.1.5, Human Capital Management (i.e., life cycle management of total force HR); 6.3.3, Data Protection (i.e., protection of personally identifiable information); and 7, Protection (i.e., provision of enterprise security). Table 23 identifies areas of responsibility for these capabilities.

(a) Military Personnel. J-1 delivers military HR services in support of military personnel assigned to the DHA's Joint and Service billet positions.

(b) Civilian Personnel. J-1 provides civilian HR functions within the DHA HQ, regions, and MTFs with a focus on the areas of civilian recruiting, workforce planning, workforce development, and compensation for medical series.

(c) DHA and Regional Staffing. J-1 implements the regional model to optimize DHA and regional staffing requirements.

(d) Enterprise Security, Threat Management, and Safety. J-1 executes mission assurance, physical security, and safety functions across the DHA.

(e) Privacy. J-1 serves as the HIPAA Proponent Office for all of DoD and executes the Agency's Privacy Program Plan to protect personally identifiable and protected health information across the DHA and in support of the Markets, the SSO, and DHARs.

(f) Enterprise Administration and Systems Integration. J1 executes management oversight and responsibilities for enterprise records management, publications, FOIA and the defense human resources management systems.

Table 23. J-1 Responsibilities

JCAs: Human Capital Management, Data Protection, and Protection					
Areas of Responsibility					
Military Personnel	Civilian Personnel	DHA and Regional Staffing	Enterprise Security, Threat Management, and Safety	Privacy	Enterprise Administration and Systems Integration
<ul style="list-style-type: none"> <li>• Evaluations</li> <li>• Promotions</li> <li>• Professional Development</li> <li>• Individual Readiness</li> <li>• Awards and Recognition</li> <li>• Assignments</li> <li>• Reserve Affairs</li> </ul>	<ul style="list-style-type: none"> <li>• Civilian Awards and Recognition</li> <li>• Civilian Personnel Oversight</li> <li>• Civilian Staffing</li> <li>• Civilian Recruitment</li> <li>• Civilian Personnel Actions</li> <li>• Civilian Work Life/Wellness</li> <li>• Commissioned Corps Personnel and Policy Support</li> <li>• Executive Civilian and Senior-Level Military HR Support Services</li> <li>• Labor Management and Employee Relations</li> <li>• Performance Management</li> <li>• Personnel Accountability and Assessment System Management</li> <li>• Policy and Compensation</li> <li>• Workforce Planning</li> <li>• Workforce Professional Development</li> </ul>	<ul style="list-style-type: none"> <li>• Build DHA, Market, and MTF Requirements and JTD</li> <li>• Build Subordinate Market MTF JTDs</li> <li>• Train Market Representatives</li> <li>• Implement Change Management</li> <li>• HR Information Systems</li> </ul>	<ul style="list-style-type: none"> <li>• Personnel Security</li> <li>• Safety and Occupational Health</li> <li>• Guard Force</li> <li>• Physical Security</li> <li>• Antiterrorism</li> <li>• Counter-Insider Threat</li> </ul>	<ul style="list-style-type: none"> <li>• HIPAA Policy Development and Guidance</li> <li>• Regulatory Compliance Programs and Initiatives</li> <li>• Privacy Risk Management Framework</li> <li>• Training and Education</li> <li>• Breach Prevention and Response</li> </ul>	<ul style="list-style-type: none"> <li>• Records Management</li> <li>• Forms Management</li> <li>• Publications Support</li> <li>• FOIA and Defense Medical Human Resource System-Internet</li> </ul>

c. J-3/5/7. The J-3/5/7 develops, integrates, and directs operations across the DHA and potentially in coordination with whole of government; manages joint warfighter requirements, concepts, policy, plans, and assessments; and manages joint training continuously across the DHA to optimize combat support functions for the joint operating forces, delivery of beneficiary health care, and preparedness to support CCDRs during conflict or when executing other missions.

(1) The J-3/5/7 Director internal staff section management responsibilities include overseeing subordinate staff section activities to attain assigned objectives; developing recommendations for new capabilities and policies; coordinating and supervising staff section office operations; certifying subordinate element budgets; assessing the effectiveness and efficiency of activities; and supervising activities associated with internal budget planning and execution.

(2) The J-3/5/7 approves and coordinates all external taskings to the DHA enterprise.

(3) J-3/5/7 has three staff sections: J-3; J-5; and J-7.

(4) J-3/5/7 contributes to JCAs 5, Command and Control; 8.2, Strategic Management; 1.2.1, Training; and 1.2.3, Educating. (Table 24).

Table 24. J-3/5/7 Joint Capability Areas

J-3/5/7 Sub-Directorate	Relevant JCA	JCA Title
J-3	5	Command and Control
J-5	8.2	Strategic Management
J-7	1.2.1	Training
	1.2.3	Educating

(5) J-3. J-3 ensures that the supported CCMD is provided with appropriate DHA capabilities and resources; manages all matters related to planning, organizing, directing, and controlling current and future DHA operations; and manages DHA force capability development and modernization.

(a) The J-3 Director’s internal staff section management responsibilities include executing staff section tasks/functions to attain assigned objectives; developing recommendations for new capabilities to address gaps and policies; coordinating and supervising office operations; certifying staff section budgets; assessing the effectiveness and efficiency of activities, and supervising activities associated with internal budget planning and execution.

(b) J-3 is the primary staff office for integrating and synchronizing current and future (less than one year) operations, including processing of requests for information/assistance from internal customers including the Markets, the SSO, and DHARs; and external customers including the OSD, JS, CCMDs, and Services. The J-3 also processes taskings from oversight organizations through the DoS for approval prior to tasking internal DHA organizations.

(c) J-3 identifies, receives, manages, refines, and coordinates CCMD operational medical readiness requirements for DHA support relating to the prevention, treatment, and evacuation of casualties in CCMD areas of operations and provides tools, policy support, analysis, and coordination between CCMDs, the Services, and the service areas of the DHA.

(d) J-3 manages DHA liaison with CCMDs, Services, and interagency mission partners and maintains the Interagency Coordination Office which directs and coordinates interagency activities (e.g., plans, agreements, and services sharing) among the Office of the ASD(HA)/DHA, the Army, Navy, Air Force, and Veterans Administration. J-3 also manages the Service Liaison Office.

(e) J-3 provides input into the Joint Combat Capabilities Assessment and reports DHA readiness.

(f) J-3 manages and facilitates DHA’s full participation in the Joint Capabilities Integration and Development System process.

(g) J-3 manages and oversees development and maintenance of the Agency Mission Essential Task List.

(h) J-3 contributes to JCA 5, Command and Control, enabling the Director, DHA to exercise authority and direction over assigned and attached capabilities and resources in the accomplishment of the DHA mission. Table 25 identifies the J-3’s areas of responsibility for this capability.

Table 25. J-3 Responsibilities

<b>JCA: Command and Control</b>	
<b>J-3 Areas of Responsibility</b>	
<ul style="list-style-type: none"> <li>• Orders Authentication/Publication</li> <li>• Common Operational Picture</li> <li>• Director's Critical Information Requirements</li> <li>• Current Operations Oversight</li> <li>• Future Operations Planning</li> <li>• CCMD Operational Requirements</li> <li>• DHA Continuity of Operations Plans</li> <li>• Readiness Reporting</li> <li>• Joint Lessons Learned</li> <li>• Knowledge Management</li> </ul>	<ul style="list-style-type: none"> <li>• DOC</li> <li>• Emergency Management</li> <li>• Global Force Management and Non-Global Force Management requests</li> <li>• Task Management Tool Maintenance and Operations</li> <li>• Interagency Coordination</li> <li>• Force Development</li> <li>• Knowledge Management</li> <li>• Services Liaison Office</li> </ul>

(6) J-5. J-5 manages strategy, contingency planning, analytics, measurement and reporting, and support for continuous improvement efforts. It also conducts integrated planning, requirements gathering, and agile, data-driven decision making. It also provides SME support to resource requesters via a cadre of trained Capability Portfolio Managers, who can support requirements development and documentation.

(a) The J-5 Director's internal staff section management responsibilities include executing staff section efforts and activities to attain assigned objectives; developing recommendations for new efforts, programs, and policies; coordinating and supervising office operations; certifying staff section budgets; assessing the effectiveness and efficiency of programs; and supervising activities associated with internal budget planning and execution.

(b) J-5 conducts long-range planning outside the time horizon of current and future operations that guides the direction, organization, and priorities of the DHA HQ.

(c) J-5 manages DHA requirements and the requirements management process including the MHS Requirements Request Submissions Portal and process. The J-5 is the initial decision authority for MHS requirements prioritization for subsequent resourcing decisions. J-5 also manages the MHS enterprise architecture and maintains the alignment of DHA organizational responsibilities with architecture capability structure in accordance with Reference (aw).

(d) J-5 manages the enterprise performance planning process (i.e., QPP) that enables the DHA to identify demand, supply, and gaps in capability and performance, and create plans to close those gaps to achieve the DHA Director's priorities. This process integrates capabilities in strategic planning, performance planning, FO, performance improvement, and decision-making to prioritize budgets and to develop initiatives and projects to close performance gaps.

(e) J-5 provides centralized analytics services (Data Management, Analytics, Measures and Reporting) to the DHA, Markets, SSOs, and DHARs, MTFs, etc. The J-5 deploys standardized processes that help real-time tracking for continuous improvement and expedient processing of high visibility Congressional reports and support the development of enterprise measures required for problem solving. The J-5 also supplies the agency with independent assessments for decision making through its focus on data management, analytics, measures, and reporting.

(f) J-5 contributes to JCA 5, Strategic Management by assisting in the establishment of direction and priority of activities of the DHA and MHS. Table 26 identifies the J-5's areas of responsibility for these capabilities.

Table 26. J-5 Responsibilities

<b>JCA: Strategic Management</b>
<b>J-5 Areas of Responsibility</b>
<ul style="list-style-type: none"><li>• Long-Range DHA HQ Planning</li><li>• Strategy and Operations Plans Development and Deployment</li><li>• Performance Planning and Reporting</li><li>• DHA and MHS Requirements and Requirements Prioritization</li><li>• Performance Improvement</li><li>• Market Support</li><li>• Enterprise Data Management</li><li>• Enterprise Architecture</li><li>• Capability Management</li><li>• Analytics and Evaluations</li><li>• Measures and Reporting</li></ul>

(7) J-7. J-7 provides oversight and support to E&T requirements that have been validated in accordance with guiding DoD/DHA policy and directives, including but not limited to joint exercises.

(a) The J-7 Director's internal staff section management responsibilities include overseeing staff section efforts and activities to attain assigned objectives; developing recommendations for new efforts, programs, and policies; coordinating and supervising staff section office operations; certifying staff section budgets; assessing the effectiveness and efficiency of programs; and supervising activities associated with internal budget planning and execution.

(b) J-7 validates MHS common E&T requirements.

(c) J-7 manages the Medical Modeling and Simulation (MM&S) program, identifying requirements and maintaining the portfolio. The management of MM&S supports the development, management, and integration of requirements, capabilities, and systems for HCO; promotes the use of MM&S across the Department; and improves medical readiness, survivability, and quality of care, patient safety, and efficiency.

(d) The Defense Medical Readiness Training Institute (DMRTI) enhances operational and sustainment capabilities through Joint, Interagency, Intergovernmental, and Multinational medical training. It offers professional medical programs in: Trauma Care, Burn Care, Disaster Preparedness, Humanitarian Assistance and chemical, biological, radiation, nuclear, and high yield explosives.

1. The DMRTI Division Chief reports directly to the J-7 Director.

2. The division chief's internal center management responsibilities include executing organizational activities to attain assigned objectives; developing recommendations for

new efforts, programs, and policies; coordinating and supervising office operations; certifying organizational budgets; assessing the effectiveness and efficiency of programs; and supervising activities associated with internal budget planning and execution.

3. DMRTI contributes to JCA 4.8.1, Operational Medicine, through training that facilitates causality management in joint operational areas.

(e) J-7 contributes to JCAs 1.2.1, Training, and 1.2.3, Educating, through optimization of training programs across regions to support the Quadruple Aim and make the MTFs the medical training platforms of choice. Table 27 identifies the J-7's areas of responsibility for these capabilities.

Table 27. J-7 Responsibilities

JCAs: Training and Educating
J-7 Areas of Responsibility
<ul style="list-style-type: none"><li>• E&amp;T Policy and Planning</li><li>• Supporting Training Requirements of the Operating Forces</li><li>• Joint Medical Executive Skills</li><li>• Continuing Education</li><li>• Life Support Training</li><li>• MTF Annual Training</li><li>• Education &amp; Training Integrated Delivery Board</li><li>• MHS GENESIS Online Library</li><li>• Learning Management System</li><li>• MM&amp;S Operational Requirements Management</li><li>• Virtual Medical Library</li><li>• Virtual Patient Education Platform</li><li>• DMRTI</li></ul>

d. J-4. J-4 recommends logistics and program policy for the DHA and conducts logistics planning and support for the DHA HQ to include facility and asset management.

(1) The J-4 Director's internal staff section management responsibilities include overseeing staff section activities to attain assigned objectives; developing recommendations for new efforts, programs, and policies; coordinating and supervising office operations; certifying staff section budgets; assessing the effectiveness and efficiency of programs; and supervising activities associated with internal budget planning and execution.

(2) J-4 contributes to JCA 4, Logistics, by delivering MEDLOG material and services for internal DHA use. Table 28 identifies the J-4's areas of responsibility for this capability.

Table 28. J-4 Responsibilities

<b>JCA: Logistics</b>
<b>J-4 Areas of Responsibility</b>
<ul style="list-style-type: none"><li>• DHA Logistics Policy</li><li>• DHA HQ Logistics Support</li><li>• DHA HQ Facilities Management</li></ul>

e. J-6. J-6 is responsible for enterprise-wide IT operations at and between all DHA components, facilities, and organizations, to include all required policy, management and execution activities in support of those operations.

(1) The J-6 Director is also the CIO and shall report directly to the DoS.

(2) In accordance with Reference (b) and MHS governance structures, the J-6 Director/CIO shall report to the DoS and has the following responsibilities.

(a) Performs all functions per DoD policy, directives, and instructions assigned to the role of Agency or DoD Component CIO and is accountable to the Director and DoD-CIO for compliance with these requirements as-applicable.

(b) Is the principal representative of the Agency to the DoD IT Reform Work Group and represents the interests of the Agency in the Defense Agency and Field Activity CIO Forum, as well as all other matters directed through the DoD CIO for action to Component CIOs.

(c) Maintains liaison with DoD, subordinate, supporting commands regarding communication and information systems requirements, issues, and support

(d) Maintains continuous liaison with Flag Officer and senior-level managers within the DHA enterprise on emerging and revised IM and IT requirements.

(e) As the J-6/ CIO, provides oversight to subordinate CIOs across the MHS to ensure compliance with agency policy and all applicable DoD policies, directives, instructions, and standards.

(f) Leads day-to-day alignment of information assurance, policy, and portfolio management of IT for DHA and subordinate commands and execution of Echelon II CIO Duties.

(g) Manages the security, integrity, and performance of the DHA's Mission Area Network known as the Medical Community of Interest (Med-COI), a global system supporting over 1000 facilities, 200K users, and almost 1 million network nodes. The Medical Community of Interest is the consolidated delivery platform for IT network, security, and infrastructure services supporting existing and future MHS operations. The ecosystem includes a network of federal and commercial partners, supports medical research and training, population health and force readiness.

(h) Utilizes short and long-range IT enterprise architectures strategy to meet the business and technical requirements to set the direction for DHA IT initiatives to include the oversight and responsibility for engineering, establishing and governing architecture and standards surrounding enterprise IT solutions, in support of the DHA and DHA mission partners.

(i) Implements metrics-based programs and IT business analytics, focused on creating efficiencies and effective practices across the organization.

(j) Executes fiduciary responsibilities for all IT expenditures across the DHA consistent with Agency priorities and appropriations for IT Systems and Services. Certifies and oversees budget execution and certification of Sub-Directorate budgets as well as Market and MTF IT spend plans.

(k) Coordinates and assesses the effectiveness and efficiency of programs and supervises IT activities associated with programming, budgeting, authorization, utilization, resources, and requirements for DHA and subordinate commands and related field activities.

(l) Establish and implement a cybersecurity oversight and governance strategy that ensures the DHA network and data is protected against unauthorized access, vulnerabilities, and threats.

(m) Responsible for establishing the agency cloud strategy and managing tactical cloud migrations in accordance with the DoD CIO's cloud strategy and IT reform objectives. Manages and reports on agency initiatives related to the consolidation of enterprise and regional data centers.

(n) Exercises management responsibility for the Market Technology Integration Office, as the principal liaison to the Markets, MTFs, and their CIO's and staff for the delivery and integration of IT and related support services. Works closely with Market Health Care IT Cell Liaison Office to ensure the scope of support services is appropriately aligned with the needs of the Market Directors and priorities of the AD-HCA.

(o) Exercises management and implementation responsibility for a range of communications and computing infrastructure services which directly support DHA global operations, the provision and delivery of healthcare, and support for force readiness. These services include but are not limited to, data center operations, program operations, domain and directory services, network modernization and management, materiel procurement and lifecycle management, license management, comprehensive Help Desk Service, network security and global network operations.

(p) Fulfills the role of Agency Authorizing Official for all Agency Systems, Enclaves, and IT Services (performed or acquired by the Agency), unless this role has been otherwise assigned or delegated. If otherwise assigned, this role must be performed by a GO-1/SES equivalent. If not also filling the role as Chief Information Security Officer (CISO), will designate the individual responsible for performing these duties.

(q) Responsible for cybersecurity and risk management across the DHA enterprise including but not limited to managing the Cybersecurity Operations Center, directing cyber governance and compliance on an enterprise scale, providing Assessment & Authorization/Risk Management Framework support, conducting Independent Verification and Validation for the certification of systems, and reporting on the compliance status of all systems and enclaves via the DoD-CIO cybersecurity scorecard.

(r) Manages the Agency Cyber Security Program and ensures compliance with all applicable DoD Instructions and Standards related to Cyber Security Implementation and Cyber Defense Operations. Ensures that Cyber Security work force standards are met for all sensitive roles within the Agency.

(s) Represents the Agency in the Department of Defense Information Network (DoDIN) principals meeting, a flag level forum chaired by the Director, Defense Information System Agency (DISA) and Joint Force HQ-DoDIN. Responds to and is accountable for actions directed through Force HQ-DoDIN, including but not limited to task orders issued to secure or remediate agency systems or infrastructure.

(t) On behalf of the Director, DHA manages the support agreement with the DISA for IT Services performed on behalf of the agency and in support of agency programs. Meets regularly with the Deputy Director, DISA and staff to ensure agency business support and technical requirements are met.

(u) Establishes and manages agreements (MOAs, Memorandums of Understanding, Partnership Agreements) with all other IT service providers, mission partners, and with organizations, including external agencies, for which the DHA receives or provides IT services or support.

(v) On behalf of the DHA, serves as primary point of contact for IT and security related audits and congressional reporting, to include reporting on financially auditable systems.

(w) Responsible for Clinger–Cohen Act compliance and reporting for all IT systems and support infrastructure on behalf of the DHA.

(3) J-6 contributes to JCA 8.3, IM by establishing and overseeing policies, standards, and assessment mechanisms for organization, security, access, and storage of data and information. The J-6 also develops and maintains the DHA IT architectures. Table 29 identifies the J-6/CIO areas of responsibility.

Table 29. J-6 Responsibilities

<b>JCA: IM and Communications and Computers</b>					
<b>J-6 Areas of Responsibility</b>					
<b>Infrastructure and Operations</b>	<b>Technical Strategy and Engineering</b>	<b>Portfolio and Resource Management</b>	<b>Market Technology Integration</b>	<b>Cybersecurity</b>	<b>Business Operations</b>
<ul style="list-style-type: none"> <li>• Data Center Operations</li> <li>• Global Network Operations</li> <li>• Network Security Operations Center Management</li> <li>• Program Operations</li> <li>• Domain and Directory Services</li> <li>• Lifecycle and Procurement Management</li> </ul>	<ul style="list-style-type: none"> <li>• Transformation Management / IT Business Analytics</li> <li>• Manage, Architect, Implement DoD-External Customer Base Solutions</li> <li>• Cloud Broker Service for the DHA</li> <li>• Engineering and Solution Architecture</li> <li>• Technical Strategy for Enterprise</li> <li>• Authorizing Official for Enterprise</li> </ul>	<ul style="list-style-type: none"> <li>• Budget Formulation and Execution</li> <li>• Contracts Management</li> <li>• Execution Tracking</li> <li>• Internal Management Processes</li> <li>• Budget Planning and Assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Market IT Transition Management</li> <li>• MTF CIO Communications Liaison</li> <li>• Market Requirements Management and Fielding</li> </ul>	<ul style="list-style-type: none"> <li>• Market IT Transition Management</li> <li>• MTF CIO Communications Liaison</li> <li>• Market Requirements Management and Fielding</li> </ul>	<ul style="list-style-type: none"> <li>• External Relations</li> <li>• Service Delivery Management</li> <li>• Administration and Human Capital Support</li> </ul>

f. J-8. J-8 conducts systematic accounting of the program of record, resource allocation, and execution to identify, prioritize and fund requirements within existing resources to enable the MHS to accomplish anticipated missions and drive improved performance. The J-8 is also responsible for the policy, procedures, and direction for MHS integrated health care budgeting matters and financial management with respect to the provision of direct care across the MHS.

(1) The J-8 Director's internal staff section management responsibilities include overseeing staff section activities to attain assigned objectives; developing recommendations for new efforts, programs, and policies; coordinating and supervising staff section office operations; certifying staff section budgets; assessing the effectiveness and efficiency of programs; and supervising activities internal budget planning and execution.

(2) J-8 contributes to four JCAs: 8.5.1, Programming and Budgeting; 8.5.2, Accounting and Finance; 4.6.1.7, Master Facility Design; and 4.7.1, Real Property Life Cycle Management. Table 30 identifies J-8 areas of responsibility.

(a) Programming and Budgeting. J-8 directs, supervises, advises, formulates policy, analyzes, evaluates, and recommends efficient and effective resource allocation and performance targets/metrics that support DHA missions, strategic goals, objectives, priorities, and approved strategies and policies. These include the ability to direct, formulate, justify, and present the costs, efficiency, effectiveness, and capabilities of DHA.

(b) Accounting and Finance. J-8 directs, supervises, advises, formulates policy, analyzes, evaluates, and recommends efficient and effective resource allocation and performance targets/metrics that support DoD missions, strategic goals, objectives, priorities, and approved strategies and policies including the ability to direct, formulate, justify, and present the costs, efficiency, effectiveness, and capabilities of DoD programs and Defense budgets timely and accurately.

(c) Master Facility Design. J-8 integrates land use, bills of material and forecasts, and construction requirements that facilitate project execution and development of DHA infrastructure and facilities.

(d) Real Property Life Cycle Management. J-8 acquires, operates, sustains, recapitalizes, realigns, and disposes of DHA real property assets to meet the requirements of the force.

Table 30. J-8 Responsibilities

<b>JCAs: Programming and Budgeting, Accounting and Finance, and Real Property Live Cycle Management</b>			
<b>J-8 Areas of Responsibility</b>			
<b>Programming and Budgeting</b>	<b>Accounting and Finance</b>	<b>Master Facility Design</b>	<b>Real Property Life Cycle Management</b>
<ul style="list-style-type: none"> <li>• DHP Planning and Programming</li> <li>• DHP Budgeting and Execution</li> <li>• FO and Reporting</li> <li>• Contract Resource Management</li> <li>• Audits</li> <li>• Manager’s Internal Control Program</li> </ul>	<ul style="list-style-type: none"> <li>• Cost Accounting Support</li> <li>• Billing and Collections</li> <li>• Financial Data Quality Management Control</li> </ul>	<ul style="list-style-type: none"> <li>• Design, Construction, and Activation/Projects Management</li> </ul>	<ul style="list-style-type: none"> <li>• Administration, Knowledge Management, and Resources</li> <li>• Budget and Program Objective Memorandum</li> <li>• Facility Operations/Real Property Lifecycle Management</li> <li>• Lease Management</li> <li>• Routine Facilities Requests</li> <li>• Emergent Facilities Requests</li> <li>• Capital Strategy Management</li> </ul>

ENCLOSURE 8

MARKETS AND OTHER DROs

1. MISSION. Provide direct support services and functions necessary for the MHS to optimize health service support.
  
2. ORGANIZATION. The Director, DHA has authority, direction, and control over the DROs listed in Table 31.
  
3. FUNCTIONS AND DUTIES. DROs support the DoD medical mission through the provision of health care management, research, education, and other services through activities that fall under the following JCAs (Table 31).

Table 31. Direct Reporting Organization Joint Capability Areas

<b>DRO</b>	<b>Relevant JCA</b>	<b>JCA Title</b>
Markets, SSO, and DHARs	4.8.1	Operational Medicine
	4.8.2	Health Services Delivery
Medical E&T Campus	1.2.1	Training
	1.2.3	Educating
	4.8.1	Operational Medicine
DHA PH	4.8.1	Operational Medicine
DHA R&D	8.4.1	Research

a. Direct Reporting Markets, SSO, and the DHARs. The Markets, SSO, and DHARs provide management oversight to ensure MTFs deliver the Quadruple Aim that optimizes health service support.

(1) The Director of Markets, SSO, and DHARs shall report to the Director, DHA, but taskings are synchronized and managed by the AD-HCA.

(2) The Markets, the SSO, and DHARs ensure that MTFs operate as an integrated delivery system, working together to coordinate care with patients, providers, functions, budgets, etc. The Markets, the SSO, and DHARs also drive process standardization, reduce variability, and generate efficiencies in medical readiness, health services delivery, and administrative operations.

(3) Market, SSO, and DHAR Directors' internal organizational management responsibilities include disseminating implementation guidance and ensuring MTF compliance

with established DHA policies, procedures, and products as well as evaluating and approving operational and administrative decisions within authorities delegated by the Director, DHA.

(4) Market, SSO, and DHAR Directors participate in the Market Leadership Group and participate in recurring DHA meetings requiring Market representation (e.g., quarterly performance reviews and annual QPP approvals).

(5) The Markets, SSO, and DHARs contribute to JCA 4.8.1, Operational Medicine, and JCA 4.8.2, Health Services Delivery, by arranging the promotion, improvement, conservation, and restoration of human mental and physical well-being. Table 32 identifies the areas of responsibility for this capability.

Table 32. Market, Small Market and Stand-Alone Medical Treatment Facility Organization, and Defense Health Agency Region Responsibilities

<b>JCA: Health Services</b>
<b>Market, SSO, and DHAR Areas of Responsibility</b>
<ul style="list-style-type: none"> <li>• Platform Management for Medical Readiness               <ul style="list-style-type: none"> <li>– Medically Ready (Healthy and Fit) Force</li> <li>– Ready (Educated and Trained) Medical Force</li> </ul> </li> <li>• Beneficiary Care Management               <ul style="list-style-type: none"> <li>– Health Care Capability Change Requests</li> </ul> </li> <li>• MTF Operations Management               <ul style="list-style-type: none"> <li>– Manpower (Requirements, Authorizations, Cross-Leveling)</li> <li>– Budgets and Resources</li> <li>– QPP Development</li> <li>– Alliances/Partnerships</li> <li>– Medical Service Support</li> <li>– Patient Administration</li> </ul> </li> </ul>

b. Medical E&T Campus. The METC provides medical skills training for the medics, corpsmen, and technicians of the Services.

(1) The METC Commandant shall report directly to the Director, DHA, but taskings are synchronized and managed by the AD-Support.

(2) The METC employs state-of-the-art, evidenced-based strategies that enhance learning and advance educational practices across the globe and works in collaboration with the Services and coalition partners for interoperability of military medical training.

(3) The DHA HQ JTD along with the Services' Tables of Distribution and Allowances, Unit Manning Documents, and Activity Manning Documents provide Unit Identification Codes to be able to track and identify the military and civilian authorized positions for METC.

(4) METC contributes to JCAs 1.2.1, Training, and 1.2.3, Educating, enabling the Director, DHA to develop, enhance, and adapt enlisted personnel to acquire the skills,

knowledge, abilities, and reasoning necessary to optimize health service support. Table 33 identifies the areas of responsibility for these capabilities.

Table 33. Medical Education and Training Campus Responsibilities

JCAs: Training and Education
METC Areas of Responsibility
<ul style="list-style-type: none"><li>• Academic Program Administration<ul style="list-style-type: none"><li>– Quality Assurance, Faculty/Staff Development, and Accreditation</li></ul></li><li>• METC Programming, Budgeting, and Execution</li><li>• METC Strategic Plan</li><li>• METC Logistical Support</li><li>• JTS Support</li></ul>

(5) The METC contributes to JCA 4.8.1, Operational Medicine, by means of the JTS which provides analysis and documentation that facilitates causality management in joint operational areas.

c. DHA PH. DHA PH coordinates, consolidates, and provides core PH functions, guidance, and DoD expertise to assess and mitigate health threats in a standardized, evidence-based manner that facilitates cost savings and efficiencies, supports mission readiness, and strengthens MHS beneficiaries' ability to maintain lifelong health.

(1) The DHA PH Director shall report directly to the Director, DHA, but taskings are synchronized and managed by the AD-Support.

(2) The DHA PH Director's internal agency management responsibilities include executing DHA PH efforts to attain assigned objectives; developing recommendations for new efforts, programs, and policies; coordinating and supervising DHA PH office operations; certifying DHA PH budgets; assessing the effectiveness and efficiency of efforts; and supervising activities associated with internal budget planning and execution.

(3) DHA PH contributes to JCA 4.8.1, Operational Medicine through health surveillance and execution of health risk mitigation measures to sustain and protect the health of the Joint Force. Table 34 identifies the areas of responsibility for this capability.

**Table 34. DHA Public Health Responsibilities**

<b>JCA: Operational Medicine</b>	
<b>DHA PH Areas of Responsibility</b>	
<ul style="list-style-type: none"> <li>• Health Surveillance</li> <li>• DoD Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Prevention Program</li> <li>• Total Force Fitness</li> <li>• Vaccine Safety</li> <li>• Immunization Healthcare</li> <li>• Occupational Medicine</li> <li>• Radiation Safety and Health</li> <li>• Joint Pathology Center</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing Conservation Clinical Preventive Medicine</li> <li>• Health Promotion</li> <li>• Deployment Health</li> <li>• Occupational and Environmental Health/Entomology</li> <li>• PH Laboratories</li> <li>• PH E&amp;T</li> <li>• Veterinary Services</li> <li>• Veterinary Facilities</li> </ul>

d. DHA R&D. DHA R&D supports the discovery and research of new capabilities to improve medical care for warfighters, their families, and beneficiaries.

(1) The DHA R&D Director shall report directly to the Director, DHA but taskings are synchronized and managed by the AD-Support.

(2) The DHA R&D Director’s internal center management responsibilities include executing R&E programs and efforts consistent with Joint requirements and strategic direction from the R&E Sub-Directorate to attain assigned objectives; coordinating and supervising internal office operations; reporting S&T budgets; and being accountable for cost, schedule, and performance of intramural S&T efforts.

(3) DHA R&D provides support to the R&E (Enclosure 7) Sub-Directorate for the execution of the DHP S&T program, health services research laboratories, and the National Museum of Health and Medicine (NMHM).

(4) DHA R&D contributes to JCA 8.4.1, Research, through the conduct of fundamental research, science, technology, and experimentation for MHS capabilities and operations that improve the quality of care in the MHS. Table 35 identifies areas of responsibility for this capability.

**Table 35. DHA Research and Development Responsibilities**

<b>JCA: Research</b>
<b>DHA R&amp;D Areas of Responsibility</b>
<ul style="list-style-type: none"> <li>• Supports the Execution of the DHP S&amp;T program</li> <li>• Mission partner Research Collaboration</li> <li>• NMHM</li> <li>• Service Research Laboratories</li> </ul>

GLOSSARY

PART I: ABBREVIATIONS AND ACRONYMS

A&M	administration and management
A&S	Acquisition and Sustainment
AD-S	Assistant Director for Operations Support
AD-HCA	Assistant Director for Healthcare Administration
AFMES	Armed Forces Medical Examiner System
ASD(HA)	Assistant Secretary of Defense for Health Affairs
AT&L	Acquisition, Technology, and Logistics
CCDR	Combatant Commander
CCMD	Combatant Command
CHIO	Chief Health Informatics Officer
CIO	Chief Information Officer
CJCS	Chairman of the Joint Chiefs of Staff
CJCSI	Chairman of the Joint Chiefs of Staff Instruction
CONOPS	Concept of Operations
COS	Chief of Staff
CQM	Clinical Quality Management
CSA	Combat Support Agency
DAD	Deputy Assistant Director
DAG	Director's Action Group
DHA	Defense Health Agency
DHA CA	Defense Health Agency Contracting Activity
DHAR	Defense Health Agency Region
DHA-AI	Defense Health Agency-Administrative Instruction
DHB	Defense Health Board
DHMS	Defense Healthcare Management System
DHP	Defense Health Program
DIG	Defense Health Agency Innovation Group
DISA	Defense Information System Agency
DMRTI	Defense Medical Readiness Training Institute
DOC	Defense Health Agency Operations Center
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoDIN	Department of Defense Information Network
DoS	Director of Staff
DRO	direct reporting organization
DTF	Dental Treatment Facility
E&T	Education and Training
EEO	Equal Employment Opportunity

EHR	Electronic Health Record
ES	Enterprise Services
FC	Functional Champion
FEHRM	Federal Electronic Health Record Modernization
FO	Financial Operations
FOIA	Freedom of Information Act
GME	Graduate Medical Education
HCA	Healthcare Administration
HCO	Healthcare Operations
HI	Health Informatics
HIPAA	Health Insurance Portability and Accountability
HQ	Headquarters
HR	Human Resources
IG	Inspector General
IM	information management
IT	information technology
J-1	Administration and Management
J-3	Operations
J-4	Logistics and Facilities
J-5	Strategy, Plans, and Analytics
J-6	Communications System/Chief Information Officer
J-7	Education and Training
J-8	Financial Operations
JCA	Joint Capability Area
JP	Joint Publication
JS	Joint Staff
JTD	Joint Tables of Distribution
JTS	Joint Trauma System
MA	Medical Affairs
MCSC	Mission Command Support Center
MEDLOG	Medical Logistics
METC	Medical Education and Training Campus
MHS	Military Health System
MILDEP	Military Department
MM&S	Medical Modeling and Simulation
MOA	Memorandum of Agreement
MS	Medical Systems
MTF	Military Medical Treatment Facility
NCO	Non-Commissioned Officer

NMHM	National Museum of Health and Medicine
OASD(HA)	Office of the Assistant Secretary of Defense for Health Affairs
OGC	Office of the General Counsel
OIG	Office of the Inspector General
OSD	Office of the Secretary of Defense
PEO	Program Executive Office
PH	Public Health
PID	Program Integrity Division
PIO	Program Integration Office
PMO	Program Management Offices
PPBE	Planning, Programming, Budgeting, and Execution
QPP	Quadruple Aim Performance Process
R&D	Research and Development
R&E	Research and Engineering
RC	Reserve Component
S&T	Science and Technology
SBPO	Small Business Program Office
SecDef	Secretary of Defense
SEP	Special Emphasis Program
SME	subject matter expert
SSO	Small Market and Stand-Alone Medical Treatment Facility Organization
USD(A&S)	Under Secretary of Defense for Acquisition and Sustainment

## PART II: DEFINITIONS

administrative control. Direction or exercise of authority over subordinate or other organizations in respect to administration and support. (JP 1)

board. An organized group of individuals within a headquarters, appointed and tasked by the commander (or other authority), that meets with the purpose of gaining guidance or decision. (JP 3-33)

Critical Action Team. Multi-functional team assembled at the direction of the Director, DHA in response to contingency/crises action operations, It reports to and is directed by the J-3/5/7, in the early stages of an emerging situation to facilitate the rapid exchange of information and to maintain situational awareness. (DHA HQ CONOPS)

capability. The ability to complete a task or execute a course of action under specified conditions and level of performance. (CJCSI 5123.01H)

component. 1. One of the subordinate organizations that constitute a joint force. (JP 1)  
2. One of the activities under the authority, direction, and control of the DHA including Directorates, Staff sections, and DROs.

DHP Appropriation. Single appropriation consisting of operation and maintenance; research, development, test, and evaluation; and procurement funds designed to finance the non-military personnel requirements of the MHS. (DoDD 5136.01)

direct reporting organization. An activity that is outside the bounds of the standard DHA headquarters management hierarchy that provides broad general support to the DHA and its customers not available elsewhere, and that reports to either the Director, DHA or to an Assistant Director.

health. A state of complete physical, mental, social, and spiritual well-being and not merely the absence of disease or infirmity. (CJCSI 3405.01)

Health Service Support. All services performed, provided, or arranged to promote, improve, conserve, or restore the mental or physical well-being of personnel. (JP 4-02)

integrated system of readiness and health. High-performing military-civilian integrated health delivery systems that assure readiness, improved health, enhanced experience of care, and lower health care costs. (Derived from Reference (ay), Section 706 and DODD 5136.01)

interoperability. Systems, units, and forces shall be able to provide and accept data, information, materiel, and services to and from other systems, units, and forces and shall effectively interoperate with other U.S. forces and coalition partners. (DoDD 5000.01)

interorganizational partners. U.S. government departments and agencies; state, territorial, local, and tribal agencies; foreign military forces and government agencies; international organizations; non-governmental organizations; and the private sector. (Derived from JP 3-08)

JCAs. A collection of similar DoD capabilities logically and functionally grouped to support capability analysis, strategy development, investment decision-making, capability portfolio management, capability delegation, capability analysis (gap, excess, and major trades), and capabilities-based force development and operational planning. JCAs are intended to provide a common capabilities language for use across many related DOD activities and processes.

Market. A health Market is a group of MTFs working together in one geographic area, operating as a system to support the sharing of patients, staff, budget, and other functions across facilities to improve readiness and the delivery and coordination of health services to drive value for beneficiaries. For this CONOPS the term Markets is also inclusive of Small Stand Alone MTFs and DHARs. (derived from DHA Information Brief)

medically ready force. A healthy and fit force with the physiological and psychological resiliency to conduct missions across the range of military operations and environments.

Includes aspects of individual medical readiness and training as well as unit medical readiness (status of manning, training, equipped, and provisioning for collective medical tasks at the operational unit level).

MHS. Provides direction, resources, health care providers, and other means necessary to foster, protect, sustain, and restore health to Service members and other beneficiaries. (JP 4-02)

MHS Requirement. A request that has been reviewed and accepted by the DAD as a need or demand for personnel, equipment, facilities, other resources, or services, by specified quantities for specific periods of time or at a specified time. (DHA PI 5000.01)

MHS Requirements Request. All request for DOTMLPF-P analyses regarding development or management of an MHS organizational requirements including, but not limited to, the following (Presentation, MHS Requirements Management Overview Training):

All new requirements, i.e., those outside the requester's baseline/spend plan, which may require changes or new ideas to manpower, IT, etc. for Health Service Delivery or Readiness actions. Examples include IT systems with identified funding gaps (once reviewed by DAD-IO)

Contract actions (e.g., Renewals, Option Years, Modifications, Task Orders, etc.)

Unplanned changes to an existing, budgeted program (e.g., "Fact-of-life requests") that remain unfunded after coordination with resourcing office, i.e., comptroller

MHS Initiatives requesting funding, including both in-year and out-of-cycle, per the QPP guidance

Multi-year funding items (e.g., Joint Incentive Funds Capability Requirements proposals)

Unfunded Requirements after Comptroller has confirmed it is outside of baseline/spend plan

Requests for data

Manual or Procedural Changes to Health Plan (Independent Government Cost Estimate) for a manual and/or Contract Data Requirements List change

Manual or procedural changes to health plan (independent government cost estimate) for a manual and/or contract data requirements list change

operational environment. A composite of the conditions, circumstances, and influences that affect the employment of capabilities and bear on the decisions of the commander. (JP 3-0)

patient. A wounded, ill, or injured Service member, military working animal, or other person (including detainees or civilians in accordance with medical rules of engagement) requiring health care or treatment. (Operational Medicine CONOPS)

portfolio. A portfolio is a collection of specific capabilities, resources, publications, tools, and related investments that are required to accomplish a mission or administrative outcome. A portfolio includes outcome performance measures and a preliminary expected return on investment estimate. (DHA PI 5000.01)

Quadruple Aim. The quadruple aim is an approach developed by health care community to optimize health system performance through achievement of four objectives. For the DHA, the aim points are improved readiness, better health, better care, and lower cost.

readiness. The ability of military forces to fight and meet the demands of assigned missions. (JP 1-02).

ready medical force. Health Service Support capabilities that are organized, educated, trained, equipped, and resourced to provide suitable health surveillance, health risk assessment, preventive, treatment, and patient movement support to operating forces conducting Globally Integrated Operations.

satisfied patients. Patients feel fortunate for MHS care that helps them achieve their goals (LTG Place)

TRICARE Program. The DoD medical and dental programs, operating pursuant to any other provision of the law under which medical and dental services are provided to DoD health care beneficiaries. The term includes all activities described in the definition of the term “TRICARE Program.” (Reference (bc))