



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 5000.01

February 19, 2020

DAD-SPFI

SUBJECT: Implementation of the Military Health System (MHS) Request Submissions Portal and Process

References: See Enclosure 1.

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

a. Notify and instruct stakeholders across the MHS of the newly integrated MHS Request Submissions Portal and submissions process approved by Director, DHA, launched on October 1, 2018. The MHS Request Submissions Portal can be found at the following location: https://info.health.mil/SitePages/mhsCAR_submit.aspx.

b. Provide guidance and transparency to end-users (also known as Requesters) and MHS stakeholders, assign responsibilities across the MHS, and prescribe procedures when submitting to the single integrated MHS Request Submissions Portal.

c. Simplify the request submissions process with the establishment of a single, standardized intake process and portal for requests for requirements. The integrated single-entry MHS Request Submissions Portal provides visibility and traceability to the Director, DHA, stakeholders, and leadership on resources spent across the MHS.

d. Align to National Military Strategy as a Combat Support Agency (CSA), in accordance with References (e) and (g), to achieve the Quadruple Aim; ensure every resource is supporting the critical initiatives of the DHA, Combatant Commanders (CCMDs), Military Departments, and Military Medical Treatment Facilities (MTFs), and that every dollar is spent to provide value back to the organizations; help generate cross-organizational, unified requirements and identify capability needs and gaps; and improve efficiency and effectiveness to support the integration of readiness and health.

2. APPLICABILITY. This DHA-PI applies to Military Departments (MILDEPs), DHA, Markets, Direct Support Organizations, MTFs, Defense Health Regions (DHRs) Outside Continental United States (OCONUS), or their designated representatives.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (f), that the DHA receive requests throughout the MHS Organizations identified in applicability via the MHS Request Submissions Portal as outlined in the Procedures Section of this DHA-PI. Implementation of the single integrated MHS Request Submissions Portal, and its associated procedures and responsibilities assists the Director, DHA, to adequately respond to immediate needs; plan for emerging capability needs; synchronize medical support activities, capability/requirement development, deployment, and procurement; and increase visibility and transparency to minimize duplicative efforts across the enterprise.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

7. EFFECTIVE DATE. This DHA-PI:
 - a. Is effective upon signature.

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

8. FORM. The DHA Form 109, MHS Request Submission Form, can be found in the following location:

https://info.health.mil/cos/admin/DHA_Forms_Management/DHA_Forms1/DHA109_MilitaryHealthSystemRequestSubmissionForm_20190917.pdf.

A handwritten signature in black ink, appearing to read 'Ronald J. Place', with a horizontal line extending to the right from the end of the signature.

RONALD J. PLACE
LTG, MC, USA
Director

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) DoD Directive 5000.01, “The Defense Acquisition System,” May 12, 2003, as amended
- (e) DoD Directive 3000.06, “Combat Support Agencies (CSAs),” June 26, 2016, as amended
- (f) Chairman of the Joint Chiefs of Staff Instruction 5123.01H, “Charter of the Joint Requirements Oversight Council (JROC) and Implementation of the Joint Capabilities Integration and Development System (JCIDS),” August 31, 2018
- (g) United States Code, Title 10, Section 193
- (h) United States Code, Title 10, Section 1073c
- (i) The National Defense Authorization Act for Fiscal Year 2017, Section 702
- (j) DHA Plan 3: Implementation Plan for the Complete Transition of Military Medical Treatment Facilities to the Defense Health Agency Plan 3 v6¹, August 12, 2019
- (k) Office of the Chairman of the Joint Chiefs of Staff “5123.01H, “Charter of the Joint Requirements Oversight Council (JROC) And Implementation of The Joint Capabilities Integration and Development System (JCIDS),” August 31, 2018
- (l) DoD Instruction 5000.02, “Operation of the Defense Acquisition System,” January 7, 2015, as amended
- (m) DoD Instruction 5000.74, “Defense Acquisition of Services,” January 10, 2020
- (n) DoD Instruction 5000.75, “Business Systems Requirements and Acquisition,” February 2, 2017, as amended
- (o) Alignment of Operational and Installation-Specific Medical Functions and Responsibilities with Section 702 of the National Defense Authorization Act for Fiscal Year 2017, and Sections 711 and 712 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019," March 27, 2019
- (p) DHA-Administrative Instruction 109, “Decision-Making Architecture (DMA),” October 15, 2019

¹ DHA Plan 3: Implementation Plan for the Complete Transition of Military Medical Treatment Facilities to the Defense Health Agency Plan 3 v6 can be by calling Strategic Planning and Functional Integration mainline at: 703-681-1552

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness and the Assistant Secretary of Defense for Health Affairs, the Director, DHA, will propagate the procedures throughout the DHA and provide accountability across MHS Organizations in the Applicability.

2. THE OSD COMPONENT LEAD (e.g., CCMDs AND SERVICES). As a CSA, the DHA is committed to ensuring its actions do not limit those of the CCMDs and Armed Services and will ensure personnel are fully available to support operational plans in accordance with Section 193 in Reference (g). The OSD Component Lead CCMDs and Services will:
 - a. Validate Readiness Requirements through each Component's internal validation process to determine if they need to be submitted to DHA via the MHS Request Submissions Portal.

 - b. Utilize the established processes and procedures according to Reference (k).

 - c. Utilize the policies and guidance as determined by the Alignment of Operational and Installation-Specific Medical Functions and Responsibilities with Section 702 of the National Defense Authorization Act for Fiscal Year 2017, and Sections 711 and 712 in Reference (o), when readiness requests are submitted via the MHS Request Submissions Portal for funding from DHA.

3. STAND ALONE MTF AND SMALL MARKET (SSO), OCONUS DHR, OR MARKET DIRECTORS OR APPROVED DESIGNEE (transitioned to DHA). The Stand Alone MTF and SSO, OCONUS DHR, or Markets Directors or Approved Designee, must:
 - a. Establish a formal SSO, OCONUS DHR, or Market approval process for requests submitted through the MHS Request Submission Portal and Process to ensure appropriate approvals are in place.

 - b. Assign MHS Request Submissions Portal liaison to support request/requirements submitted to DHA.

 - c. Review requests requiring DHA headquarters (HQ) resourcing prior to submission through the MHS Request Submissions Portal and process.

- d. Review recommendations from the SSO, OCONUS DHR, or Market Resource Manager's (RMs) and Functional Subject Matter Experts (SMEs) review and analysis to make a funding decision.
- e. Approve or reject requests for endorsement seeking DHA HQ resourcing via DHA Form 109.
- f. Notify the Requester of approval or disapproval of request.

4. DIRECT SUPPORT INTERMEDIATE MANAGEMENT ORGANIZATION (DSiMO) DIRECTOR OR APPROVED DESIGNEE. The DSiMO Director or Approved Designee, must:

- a. Establish a formal DSiMO approval process for requests submitted through the MHS Request Submission Portal and Process to ensure appropriate approvals are in place.
- b. Assign MHS Request Submissions Portal liaison to support request/requirements submitted to DHA.
- c. Review requests requiring DHA HQ resourcing prior to submission through the MHS Request Submissions Portal and process.
- d. Review recommendations from the DSiMO RMs and functional SMEs review and analysis to make a funding decision.
- e. Approve or reject requests for endorsement seeking DHA HQ resourcing via DHA Form 109.
- f. Notify the Requester of approval or disapproval of request.

5. MTF, CLINIC, OR OTHER LINE OF BUSINESS (OLB) DIRECTORS OR APPROVED DESIGNEE. The MTF, Clinic, or OLB Directors, MTF, or Approved designee must:

- a. Establish a formal MTF, clinic, or OLB approval process for requests submitted through the MHS Request Submission Portal and Process to ensure appropriate approvals are in place.
- b. Assign MHS Request Submissions Portal liaison to support request/requirements submitted to DHA.
- c. Review requests requiring DHA HQ resourcing prior to submission through the MHS Request Submissions Portal and process.
- d. Review recommendations from the MTF, clinic, or OLB RMs' and functional SMEs' review and analysis to make a funding decision.

e. Approve or reject requests for endorsement seeking DHA HQ resourcing via the DHA Form 109.

f. Notify the Requester of approval or disapproval of request.

6. MTF, CLINIC, OR OLB RMs. The MTF, Clinic, or OLB RMs must:

a. Provide resourcing recommendations to their designated MTF, clinic, or OLB Directors or approved designee required for request validation and endorsement.

b. Review all request for requirements and supporting data for Quality Control from MTF, clinic, or OLB that require DHA HQ resourcing to ensure the following are provided by the Requester:

(1) Potential offsets are identified

(2) Alternative Business Process Reengineering (BPR) Approaches

(3) Business Case Analysis (BCA) conducted for requests greater than 3 million dollars

(4) Existing solutions/rationalizations

c. Coordinate with Direct Care Financial Management Division prior to submission of a request to the MHS Request Submissions Portal. Deputy Assistant Director, Financial Operations (DAD-FO) will provide guidance on submission to the requester.

7. OCONUS DHR, SSO, OR MARKET RM (transitioned to DHA). The OCONUS DHR, SSO, or Market RM must:

a. Provide resource recommendations to their designated OCONUS DHR, SSO, or Market Director or approved designee required for request validation and endorsement.

b. Review all request for requirements and supporting data for Quality Control from the OCONUS DHR, SSO, or Market that require DHA HQ resourcing to ensure the following are provided from the Requester:

(1) Potential offsets are identified

(2) Alternative BPR Approaches

(3) BCA conducted for requests greater than 3 million dollars

(4) Existing solutions/rationalizations

c. Coordinate with Direct Care Financial Management Division prior to submission of a request to the MHS Request Submissions Portal. DAD-FO will provide guidance on submission to the requester.

8. DSiMO RM. The DSiMO RM must:

a. Provide resource recommendations to their designated DSiMO Director or approved designee required for request validation and endorsement.

b. Review all request for requirements and supporting data for Quality Control from the DSiMO that require DHA HQ resourcing to ensure the following are provided from the Requester:

- (1) Potential offsets are identified
- (2) Alternative BPR Approaches
- (3) BCA conducted for requests greater than 3 million dollars
- (4) Existing solutions/rationalizations

c. Coordinate with Direct Care Financial Management Division to review request prior to submission of a request to the MHS Requirements Portal. DAD-FO will provide guidance on submission to the requester.

9. ASSISTANT DIRECTORS (ADs) (FUNCTIONAL CHAMPION) AND DEPUTY ASSISTANT DIRECTOR (DAD) (FUNCTIONAL PROPONENT/SPONSOR). The ADs (Functional Champion) and DAD (Functional Proponent/Sponsor) must:

a. Review submitted requests and supporting data, as necessary, to validate if the request is a true functional requirement for endorsement.

b. ADs/DADs review requests for endorsement in the form of Authority to Proceed (ATP) Decision Briefs.

c. Validate that requests for requirements are aligned DHA Strategic Goals and Capabilities, such as Joint Capability Areas (JCAs), MHS Critical Initiatives, DHA Strategy Map, DHA Priority of Initiatives (POI), and MHS Genesis requests outside of baseline.

d. Assign a Primary DAD Office of Primary Responsibility/Action Officer (OPR/AO) or functional lead to the request, and a Secondary DAD Office of Secondary Responsibility/Action Officer if the request is aligned to multiple capabilities and functions.

e. Assigned OPR/AOs or functional leads and the Office of Secondary Responsibility/Action Officers will have support from the appropriate J-5 Shared Service Team members and Functional SMEs to assist maturing validated requirements.

f. Appoint Triage Team DAD Representatives that possess requisite technical, functional, and business acumen and experience to the Triage Team to adjudicate and manage requests submitted to the MHS Request Submissions Portal.

g. Coordinate requirements through Financial Operations Division.

10. DAD, STRATEGY, PLANNING AND FUNCTIONAL INTEGRATION (SPFI). The DAD-SPFI and their appointed personnel must:

a. Operate, manage, and continuously improve the automated systems, performance, associated processes, and business rules used to process and triage incoming requests via the MHS Request Submissions Portal and Process as outlined in this DHA-PI.

(1) Stand up regular Working Groups with DAD representatives to update business rules and processes to improve future versions of the MHS Request Submissions Portal.

(2) Business rules regarding further criteria and guidance on the MHS Request Submission Process are available in the following link:

<https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/KEDocs/MHS%20Request%20Submissions%20Portal%20Business%20Rules.xlsx>.

b. Provide training vehicles for Portal end-users throughout the MHS and CCMDs in order to become familiar with the Portal and submission form requirements and processes. Additional Portal end-user training materials and information can be found in the following location: <https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/SitePages/Training.aspx>.

c. Assign SPFI Shared Service Team members, as appropriate, to support the request through requirements validation to resource execution.

11. DIRECT CARE FINANCIAL MANAGEMENT DIVISION. The Direct Care Financial Management Division must coordinate with MTF, clinic, OLB, OCONUS DHR, SSO, DSiMO, and Market RMs to review requests prior to submission of a request to the MHS Request Submissions Portal.

12. DHA TRIAGE TEAM REQUEST MANAGER. The DHA Triage Team Request Manager must:

- a. Perform high-level first review of information for requests submitted to the MHS Request Submissions Portal.
- b. Initially assign submitted requests to a DAD/functional and capability.
- c. Request additional information from the Requester if their request is missing necessary information and data.
- d. Process, manage, and track ongoing requests throughout the triage process.

(1) Notify the Requester on the status of their request as the request progresses from requirements validation to resource execution.

(2) The Request Manager will act as the MHS Request Submissions Portal Point of Contact (POC) regarding submitted requests. The Triage Team Request Manager can be contacted at the following location: dha.ncr.j-5.mbx.mhs-request-submissions-portal@mail.mil.

13. TRIAGE TEAM DAD/AD, COMBAT SUPPORT (CS) REPRESENTATIVE. The DHA Triage Team DAD/AD-CS Representative must:

- a. Participate in the initial review and assessment of all requests to ensure they are completed and assigned to the appropriate DAD/AD-CS.
- b. Process, evaluate, adjudicate, and manage incoming requests submitted through the MHS Request Submissions Portal.
- c. Request additional information from the Requester if their request is missing information and data.
- d. Coordinate with Requester, Functional SMEs, and Capability Portfolio Managers (CPMs) and any additional personnel assigned to each request to support the completion of ATP Decision Briefs.
- e. Guide, support, and collaborate with the Requester, CPM, and the identified SME to perform an Enterprise Analysis during Triage and complete the ATP Decision Brief for the DAD.
- f. Determines additional DAD OSR(s) for the request to support an Enterprise Analysis.
- g. The DAD Triage Team Representative utilizes the Triage Checklist to ensure the required activities are completed during Enterprise Analysis in Triage. The Triage Checklist can be found in the following location:
<https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/Templates/Triage%20Checklist.xlsx>.

14. FUNCTIONAL SUBJECT MATTER EXPERT (SME). The SME must:

a. Support the Triage Team by providing functional expertise during the Enterprise Analysis of the request to ensure functional alignment to the priorities of the DAD and enterprise as determined by the DHA POI.

b. The SME reviews the request to determine:

(1) If there is a functional need/gap

(2) If the functional need/gap has been addressed/closed

(3) If the request is a functional priority to the enterprise

c. Provides expertise by reviewing and offering input/feedback on request for requirements to ensure alignment to strategic priorities of the enterprise.

d. Reviews and provides input/feedback on ATP Decision briefings as necessary.

e. Conduct activities identified in the Triage Checklist during Enterprise Analysis. The Triage Checklist can be found in the following location:

<https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/SitePages/Templates.aspx>.

15. DHA CPM. The DHA CPM must:

a. Provides technical guidance to the Requester, DAD Triage Team Representative, Functional SME, DAD OPR/AO, etc. through the request to requirement and resourcing process.

b. Facilitates, coordinates, and supports the development of functional requirements with additional SMEs of their clinical management teams and functional working groups, as necessary, supporting functional proponents through the DHA Decision Making Architecture (DMA).

c. Perform quality check of ATP Decision Briefs for accuracy and sufficiency to ensure the ATP criteria are completed by the appropriate personnel including the Requester, DAD Triage Team Representative, Functional SME, DAD OPR/AO, etc.

16. REQUESTER. A Requester must:

a. Submit validated requests for requirements for DHA HQ Resourcing into the MHS Request Submissions Portal with the necessary supporting documentation.

b. Requesters not internal to DHA HQ will complete the DHA Form 109, supporting documentation, and obtaining the appropriate endorsements prior to submitting to the MHS Request Submissions Portal.

c. Conduct the following activities and provide supporting data for requests that include:

- (1) Potential offsets are identified
- (2) Alternative BPR Approaches
- (3) BCA conducted for requests greater than 3 million dollars
- (4) Existing solutions/rationalizations

d. Develop and brief their ATP Decision Briefing Package in the DHA approved A3 standardized format to the appropriate decision maker throughout the Requirements Management Phases as outlined by the DHA DMA in Reference (p). The following activities include, but are not limited to:

- (1) Conduct Doctrine, Organization, Training, Materiel, Leadership and Education, Personnel, Facilities and Policy analysis
- (2) Complete Capability Requirements Document
- (3) Develop BCA for requests greater than 3 million dollars
- (4) Define the Rough Order of Magnitude resource requirements (e.g., funding, personnel, facilities, equipment)

e. Collaborate with the appropriate DHA personnel including but not limited to DAD OPR/AOs, Functional SMEs, DAD Triage Team Representatives, CPMs etc. to develop their ATP Decision Briefing Packages.

(1) ATP Decision Briefing Templates are in the DHA approved A3 standardized format. ATP Decision Brief templates and criteria are available at the following link:
<https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/SitePages/Templates.aspx>.

(2) A3 guidance materials are available at the following link:
https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/IPMOPORD/Forms/AllItems.aspx?RootFolder=/sites/stratp/imd/RqmtsMgmtPortal/IPMOPORD/IPM_References&FolderCTID=0x0120001DFACA6B4E86C24B95F0AA32AA6EA210&View=%7b0D958879-0803-4646-BAC4-E647AB43E100%7d.

(3) A3 training is provided at the following link:
<https://info.health.mil/sites/stratp/PerformanceImprovement/SitePages/omsHome.aspx>.

ENCLOSURE 3

PROCEDURES

1. MHS REQUESTER GAP IDENTIFICATION

a. The Requester identifies a new problem, gap, or need as a request. A valid request submitted to the MHS Request Submissions Portal may include, but not limited to, one of the following:

- (1) A new requirement
- (2) Requests outside an MHS Organization's current Spend Plan, as defined by their Statement of Operations
- (3) Unfunded Requirement (UFR)
- (4) New or option years renewals for Contracts
- (5) Quadruple Aim Performance Plan-MHS Initiatives
- (6) Joint Incentive Funding
- (7) Research, Development, Test and Evaluation
- (8) System Change Requests (following the identification of a new requirement)
- (9) Manual or Procedural Changes to Health Plan (Independent Government Cost Estimate for a manual and/or Contract Data Requirements List change)

b. Requesters from MTFs, clinics, OLBs, OCONUS DHRs, SSOs, DSiMOs, Markets, Services, and CCMDs are required to complete DHA Form 109, MHS Request Submissions Form prior to request submissions via the MHS Request Submissions Portal.

c. Requesters internal to DHA HQ are not required to complete the DHA Form 109 prior to request submission via the MHS Request Submissions Portal.

d. MTF Requesters requesting procurement of service contracts will refer to the DHA Acquisitions' guidance for the Market-Based Buying process in Reference (p).

e. The Requester performs an analysis and gathers supporting data for the request that include:

- (1) Potential offsets are identified
- (2) Alternative BPR Approaches
- (3) BCA conducted for requests greater than 3 million dollars
- (4) Existing solutions/rationalizations

f. The Requester collects their analysis findings and completes boxes 1-3 of the A3 in the DHA approved, standardized format.

- (1) Box 1-Objective Alignment/Problem Statement
- (2) Box 2-Break Down the Problem/Identify Performance Gaps
- (3) Box 3-Set Improvement Target

g. Once the analysis and A3 is completed, the requester proceeds with the following:

(1) The External Requester sends their request and completed A3 to their MTF, clinic, or OLB RM for review.

(2) DHA HQ Requesters proceed directly to the MHS Request Submissions Portal to submit their request with their completed A3 attached.

2. MTF, CLINIC, OR OLB RM REVIEW

a. The MTF, clinic, or OLB RM reviews the request and supporting data for Quality Control to determine if the request is not listed in the MTF's current Spend Plan, and if it the request is an emergent requirement or shortfall that will require a UFR for future year Program Objective Memorandum (POM) Items.

b. The MTF, clinic, or OLB RM reviews the request to ensure the following are provided from the Requester:

- (1) Potential offsets are identified
- (2) Alternative BPR Approaches
- (3) BCA conducted for requests greater than 3 million dollars
- (4) Existing solutions/rationalizations

c. The MTF, clinic, or OLB RM coordinates with Direct Care Financial Management Division to review request prior to submission of a request to the MHS Requirements Portal. DAD FO will provide guidance on submission to the requester.

d. Once reviewed, the MTF, clinic, or OLB RM provides their recommendations to the MTF, clinic, or OLB Director or approved designee for request validation and endorsement.

3. MTF, CLINICS, OR OLB DIRECTOR OR APPROVED DESIGNEE ENDORSEMENT

a. The MTF, clinics, or OLB Director or approved designee receives the MTF, clinics, or OLB RM's request recommendations and further reviews the request.

b. Based on the RM recommendations and MTF, clinic, or OLB review, the request is approved or denied for endorsement for DHA HQ resourcing.

(1) If the request is within the MTF's, clinic's, or OLB's Spend Plan, then the request will be funded locally.

(2) If the request is outside the MTF's, clinic's, or OLB's Spend Plan, requires DHA HQ resources, and is determined as a valid request, then the request is approved for endorsement to be submitted for DHA funding via the MHS Request Submissions Portal.

c. The MTF, clinic, or OLB Director signs the required DHA Form 109 for requests submitted via the MHS Request Submissions Portal.

d. The MTF, clinic, or OLB Director or approved designee notifies the requesting MTF of their decision.

e. The endorsed request approved for DHA funding is sent to the assigned OCONUS DHR, SSO, DSiMO, or Market for further review and endorsement.

f. The DHA Form 109 signed by the MTF, clinic, or OLB Director is sent to the following:

(1) MTFs, clinics, or OLBs transitioned to DHA will send the endorsed request to their aligned OCONUS DHR, SSO, or Market.

(2) MTFs, clinics, or OLBs not yet transitioned to DHA (e.g., Services, MILDEPS, and CCMDs) that are currently in Direct Support agreements with DHA.

4. OCONUS DHR, SSO, DSiMO OR MARKET RM REVIEW. OCONUS DHRs, SSOs, or Markets receive endorsed requests from DHA transitioned MTFs, clinics, or OLBs for review. DSiMOs receive endorsed requests from MTFs, clinics, and OLBs not yet transitioned to DHA

(e.g., Services and CCMDs) that are currently in Direct Support Agreements with DHA as outlined by Implementation Plan 3 in reference (j). An overview of the Market/DSiMO review, endorsement, and submission process is available at the following link:

https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/IPMOPORD/Forms/AllItems.aspx?RootFolder=/sites/stratp/imd/RqmtsMgmtPortal/IPMOPORD/IPM_References&FolderCTID=0x0120001DFACA6B4E86C24B95F0AA32AA6EA210&View=%7b0D958879-0803-4646-BAC4-E647AB43E100%7d.

a. The OCONUS DHR, SSO, DSiMO or Market RM reviews the request and supporting data for Quality Control to determine if the request is not listed in the MTF's current Spend Plan, and if the request is an emergent requirement or shortfall that will require a UFR for future year POM Items.

b. The OCONUS DHR, SSO, DSiMO or Market RM reviews the request to ensure the following are provided from the Requester:

- (1) Potential offsets are identified)
- (2) Alternative BPR Approaches
- (3) BCA conducted for requests greater than 3 million dollars
- (4) Existing solutions/rationalizations

c. The OCONUS DHR, SSO, DSiMO or Market RM coordinates with Direct Care Financial Management Division to review request prior to submission of a request to the MHS Requirements Portal. DAD FO will provide guidance on submission to the requester.

d. Once reviewed, the OCONUS DHR, SSO, DSiMO or Market RM provides their recommendations to the OCONUS DHR, SSO, DSiMO, or Market Director or approved designee for request validation and endorsement.

5. OCONUS DHR DIRECTOR, SSO DIRECTOR, DSIMO DIRECTOR, MARKET DIRECTOR OR APPROVED DESIGNEE ENDORSEMENT

a. The OCONUS DHR, SSO, DSiMO, or Market Director or approved designee receives the OCONUS DHR, SSO, DSiMO, or Market RM's recommendations and further reviews the request.

b. Based on the RM recommendations and OCONUS DHR, SSO, DSiMO, or Market Director or approved designee review, the request is approved or denied for endorsement for DHA HQ resourcing.

(1) If the request is within the OCONUS DHR's, SSO's, DSiMO's, or Market's Spend Plan, then the request will be funded locally.

(2) If the request is outside the OCONUS DHR's, SSO's, DSiMO's, or Market's Spend Plan, requires DHA HQ resources, and is determined as a valid request, then the request is approved for endorsement to be submitted for DHA funding via the MHS Request Submissions Portal.

c. The OCONUS DHR, SSO, DSiMO, or Market Director or approved designee signs the required DHA Form 109 for requests submitted via the MHS Request Submissions Portal.

d. The OCONUS DHR, SSO, DSiMO, or Market Director or approved designee notifies the requesting MTF of their decision.

e. If the Request is approved for endorsement, then the Requester is notified to submit their request via the MHS Request Submissions Portal.

6. OSD COMPONENT LEAD READINESS REQUIREMENT SUBMISSION. The OSD Component Leads may submit validated New Readiness Requirements and UFRs in regard to force support, health readiness, and force health protection to the MHS Request Submissions Portal.

a. The readiness requirement will be validated through each Component's internally established triage and validation process.

b. The validated readiness requirement is submitted to the MHS Request Submissions Portal and the Component Lead will be assigned as the OPR/AO or functional lead.

c. The OSD Component Lead provides a POC or Portal liaison to manage the readiness requirement submitted to the MHS Request Submissions Portal.

d. The Component Lead owns the validated Requirement as DHA facilitates it to the Resource Management Oversight Council for funds execution.

e. Readiness Requirements will follow the processes and procedures as outlined in the Alignment of Operational and Installation-Specific Medical Functions and Responsibilities with Section 702 of the National Defense Authorization Act for Fiscal Year 2017, and Sections 711 and 712 of Reference (o).

7. REQUEST SUBMISSION INTO THE MHS REQUEST SUBMISSIONS PORTAL. DHA's single integrated request portal that supports the MHS to submit a functional needs description that identifies a perceived problem/gap so it can be reviewed against the organization prioritized to ensure the next dollar spent goes to the highest prioritized requirement.

a. Requests are submitted to DHA HQ via the MHS Request Submissions Portal in the following location: https://info.health.mil/SitePages/mhsCAR_submit.aspx.

(1) Requesters external from DHA HQ must attach the completed DHA Form 109 with the required endorsements and signatures.

(2) Requesters internally from DHA HQ, in conjunction with relevant stakeholders, are not required to complete the DHA Form 109. Should use MHS Request Submissions Portal to submit requests.

b. The Requester categorizes their request by type. For a list of request types, refer to Enclosure 5.

c. Depending on the request type, the request will follow the existing DHA processes or DoD procedures. Examples include References (l) through (n).

d. The Requester completes Sections 1-3 of the MHS Request Submissions Portal and submits their request.

(1) Section 1–Organization Fulfilling the Request

(2) Section 2–Demographics

(3) Section 3–About the Request

e. The Requester uploads and attaches any additional standard artifacts (i.e., A3s, supporting documents, business process workflows, decisional memorandums, etc.) are uploaded to support the request.

f. Once submitted, the request is assigned its own personally identifiable GOV ID and received by the Request Manager to be reviewed for completeness and initially aligned to a DAD/functional and capability.

(1) MHS Request Submissions Portal Training tutorials and videos can be found at the following link: <https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/SitePages/Ph0-TriageOverviewTraining.aspx>.

(2) Information including trainings, communications, reference guides, etc., regarding the MHS Request Submissions Portal can be found on the MHS Requirements Management Knowledge Exchange in the following location: <https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/SitePages/Home.aspx>.

8. TRIAGE REQUEST MANAGER REVIEW

a. All incoming requests submitted to the MHS Request Submissions Portal are first processed and reviewed for completeness by the Request Manager.

(1) If the request is missing information, the Request Manager notifies the Requester to provide the additional missing information.

(2) If the request does not meet the criteria to be submitted to the MHS Request Submissions Portal (i.e., a new requirement, outside of spend plan/baseline, UFR, MHS Initiative etc.) as defined by the business rules, then the Request Manager notifies the Requester of their request being closed, or to submit their request through the appropriate DAD portal as outlined in the business rules. The business rules can be found in the following link:
<https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/KEDocs/MHS%20Request%20Submissions%20Portal%20Business%20Rules.xlsx>.

b. The request is sent to Enterprise Architecture for review and to perform preliminary alignment of the request to the DAD, Primary and Secondary JCA, and Capability Group.

c. Once the request is aligned and processed, the Request Manager coordinates with the Triage Team DAD Representatives to initially assign the request for management throughout Triage.

9. TRIAGE TEAM DAD REPRESENTATIVE(S) AND SME(S) ENTERPRISE ANALYSIS

a. The DAD Triage Team DAD Representative(s) reviews and adjudicates initial DAD/functional and capability alignment to agree or disagree.

b. If the DAD/Functional alignment changes, the request will be assigned to the appropriate DAD Triage Team DAD Representative.

c. The Triage Team DAD Representative(s) determines additional DAD OSR(s) for the request to support enterprise analysis.

d. Once aligned, the Triage Team Representative collaborates with the appropriate Functional SME and CPM to analyze and review the request and provide additional data and documentation to support the development of the ATP Decision Brief in the standardized DHA A3 format.

(1) The Functional SME provides functional expertise when reviewing the request to ensure alignment to strategic priorities of the DAD and enterprise as defined by the Enterprise 1-N list.

(2) The CPM provides technical guidance, expertise, and coordination with additional SMEs of their clinical management teams and functional working groups to develop the request through requirements validation.

e. The Triage Team DAD Representative, Functional SME, CPM, and Requester utilize the Triage Checklist to complete key activities during the enterprise analysis to complete boxes 1-3 of the A3 and the DAD ATP Decision Brief. The Triage checklist can be found in the following location:

<https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/Templates/Triage%20Checklist.xlsx>.

f. The Requester coordinates with the Triage Team DAD Representative to schedule a meeting with the aligned DAD to brief the finalized ATP Decision Brief.

10. DAD REVIEW AND ENDORSEMENT

a. The Requester briefs the finalized ATP Decision Brief with the support of the Triage Team DAD Representative and SME.

b. The DAD reviews the ATP Decision Brief to validate the request as a valid requirement aligned to their strategic priorities and determines resourcing needs.

c. The DAD utilizes strategic guidance from Office of the Joint Staff, OSD, CSA, Readiness SMEs, Services, CCMDs, and MILDEPs as appropriate to obtain input when reviewing requests for DHA HQ funding.

e. If approved, the DAD endorses the request as a valid requirement and assign a DAD OPR/AO to own and mature the requirement through resource execution.

f. If rejected, the DAD notifies the requester as necessary.

g. The validated requirement follows the remaining phases of the Requirements Management Process for resource consideration and execution. See Enclosure 4, Requirements Management Process: Phases 0-3 Overview.

ENCLOSURE 4

REQUIREMENTS MANAGEMENT PROCESS: PHASES 0-3 OVERVIEW

Requests will follow a four phase Requirements Management Process (phases 0-3) from requirements validation to final resource execution. Authority to Proceed (ATP) checkpoints are established between each phase to establish a clear, streamlined governance and management structure for decisions requiring resourcing, funding and/or management approval as outlined by the DHA DMA in Reference (p). Each Requirements Management phase contains set exit criteria, which must be met within each ATP Decision Briefing Package in the standardized DHA A3 format, before proceeding to the next phase.

A Quick Reference Guide on Requirements Management and a detailed Requirements Management Process Steps are available at the following link:

https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/IPMOPORD/Forms/AllItems.aspx?RootFolder=/sites/stratp/imd/RqmtsMgmtPortal/IPMOPORD/IPM_References&FolderCTID=0x0120001DFACA6B4E86C24B95F0AA32AA6EA210&View=%7b0D958879-0803-4646-BAC4-E647AB43E100%7.

Please Note: Phases 4-5 are currently in development and will be added as an addendum at a later date.

1. REQUEST SUBMISSION EVALUATION/TRIAGE (PHASE 0). The Triage Team consisting of a representative from each AD/Deputy AD review all incoming requests. Requests are then aligned to functional capabilities for DAD validation and requirement endorsement.

a. The goal of the Phase 0 is for the Requester to:

(1) Identify and/or clarify the problem or need

(2) Determine how that problem/need aligns to enterprise strategic initiatives

(3) Determine if the request is a valid requirement that can be managed within the Requester's Spend Plan or requires additional resources/funding

b. A Phase 0 Triage Quick Reference Guide can be found in the following link:

https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/SiteAssets/Training/MHS%20Request%20Submission%20Portal_Quick%20Reference%20Guide.pdf.

2. CAPABILITY IDENTIFICATION (PHASE 1). During Phase 1, the organization scopes the business need and aligns it to the DHA strategy and priorities for resourcing. The Requester, the DAD OPR/AO, and appointed SME(s) as part of their clinical management teams and functional

working groups will develop and mature the projects Plan of Action and Milestone (POA&M), and capability requirements to support the identifying need. This information will be used to score the requirement and add it to the organization's prioritized list of requirements, which is known as the 1-N list.

3. BUSINESS SOLUTION ANALYSIS (PHASE 2). The scored and prioritized requirement package, based on the standardized Item Scoring tool and the 1-N list, is integrated through the Integrated Capability Portfolio Board (ICPB). A Rough Order of Magnitude and a BCA/Return on Investment for the high-level requirement is developed so that funding can be identified and planned for appropriately.

4. ACQUISITION STRATEGY PLANNING (PHASE 3). The scored requirement package is ranked for the RSC/RDB initial review of resources based on the highest prioritized need for the enterprise and a recommendation to DAD-FO for a resourcing determination. Activities include the planning of the solution's acquisition/procurement strategy plan with detailed Information Technology and Manpower requirements to include lifecycle cost estimates.

ENCLOSURE 5

REQUEST TYPES

Please Note: The following request types are not limited to the following and are updated as of August 20, 2019.

The request types will continue to evolve as the organization and MHS Request Submission Process matures over time.

For specific details to each request type, please reach out to the respective DAD or Leadership.

1. ADMINISTRATION AND MANAGEMENT. A request that supports the function for civilian and military personnel, manpower requirements/resources, and workforce development to sustain readiness of the force.

2. MEDICAL AFFAIRS. Requests that direct the policy, procedures, and systems for clinical operations, clinical integration and clinical quality management within military medical treatment facilities to optimize health and achieve high-value patient-centered clinical outcomes in support of an integrated system of readiness and health. The following components of Medical Affairs include Patient Safety, Patient and Family Partnership Council, Population Health and Medical Management, Primary Care Medical Home, and Tri-Service Specialty Care Advisory Board (TSSCAB).

3. ACQUISITIONS. Requests that apply to the conceptualization, initiation, design, development, test, contracting, production, deployment, integrated product support (IPS), modification, and disposal of systems, supplies, or services (including construction) to satisfy DoD needs. This includes functions such as—purchasing program management, systems engineering, test and evaluation, facilities engineering, life cycle logistics, information technology, cost estimating, and contracting resources.

4. INFORMATION OPERATIONS. Requests that provide Enterprise level, shared Information Technology (IT) services such as:
 - a. Supporting a staff members' end user device, the procurement of software, end user devices, and peripherals.

 - b. Provisioning, oversight and management of the wide area network/local area and data circuits that provide network transport services.

 - c. Engineering design and hosting services for the migration of clinical and business systems/applications to DHA approved hosting environments.

d. Data management services to consolidate, migrate, host, or normalize clinical and business system/application data sets into standard enclaves facilitating data visualization or enterprise reporting capabilities.

e. Cyber security services to ensure the availability, delivery, and integrity of networks, clinical/business systems, and healthcare data, and the development, implementation, and management of IT support services implementing new modalities of shared IT services.

5. EDUCATION & TRAINING (E&T). Requests for medical E&T services and resources to include: consolidation and streamlining of administrative and oversight functions for medical E&T programs, initiatives, and schools; coordination of professional development and sustainment programs; centralized training review to ensure medical E&T is coordinated across the MHS; sustainment programs; and support for medical modeling & simulation.

6. FINANCIAL OPERATIONS. Requests for strategic resourcing decisions and prioritization of programmed funding, and POM changes.

7. RESEARCH AND DEVELOPMENT. Requests that provides transparent, accountable, and strategic oversight and management of the Defense Health Program (DHP) medical research portfolio, accelerating the development and delivery of innovative products and solutions to save and enhance the lives of Warfighters and their families. Only DHP Operation and Maintenance funded support activities will be tracked through the MHS Request Submissions Portal.

8. HEALTHCARE OPERATIONS. A request supporting the following functions of Healthcare Operations include TRICARE Health Plan, Compliance and Operations, Healthcare Optimization, Market Integration, Pharmacy, Laboratory, and Patient Administration.

9. TRICARE HEALTH PLAN. A request supporting the delivery of health care to TRICARE beneficiaries via the integrated Managed Care network of civilian providers and MTFs in the MHS and ensure consistency of care in accordance with statute via policy and regulations; benefit determination; benefit design; program and contract management for healthcare services; and centralized administration.

10. AD-CS. A request to coordinate efficient delivery of joint medical capabilities in coordination with the Joint Staff and the Services supporting the operational needs of the Joint Force. Requests should synchronize requirements across the DHA to ensure joint application and effectiveness of the capabilities we deliver to the CCMDs.

11. MEDICAL LOGISTICS (MEDLOG). A request that provides leadership and synchronizes a coalition of military departments, defense organizations and other governmental agencies that plan, create, provide and direct medical logistics capabilities supporting health care across the full spectrum of military operations. Request types include Medical Supplies, Service Contracts, Medical Equipment, MEDLOG System Change Requests & Engineering Change Proposals, and MEDLOG Services (e.g., Medical Maintenance, Housekeeping/Grounds Maintenance, Facilities Maintenance, Linen, Scrubs, Curtains, etc.). Further MEDLOG Submission guidance can be found in the following location:
<https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/RqstSubGuides/MEDLOG%20Request%20Submission%20Guidance.pdf>.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AD	Assistant Director
ATP	Authority to Proceed
BCA	Business Case Analysis
BPR	Business Process Reengineering
CCMD	Combatant Commander
CPM	Capability Portfolio Manager
CS	Combat Support
CSA	Combat Support Agency
DAD	Deputy Assistant Director
DAD-FO	DAD Financial Operations
DAD OPR/AO	DAD Office of Primary Responsibility/Action Officer
DAD OSR/AO	DAD Office of Secondary Responsibility/Action Officer
DHA	Defense Health Agency
DHP	Defense Health Programs
DHR	Defense Health Regions
DMA	Decision Making Architecture
DSiMO	Direct Support Intermediate Management Organization
E&T	Education and Training
HQ	Headquarters
JCA	Joint Capability Area
MEDLOG	Medical Logistics
MHS	Military Health System
MILDEP	Military Department
MTF	Military Medical Treatment Facilities
OCONUS	Outside Continental United States
OLB	Other Line of Business
POC	Point of Contact
POI	Priority of Initiatives
POM	Program Objective Memorandum
QPP	Quadruple Aim Performance Plan

RM	Resource Manager
SME	Subject Matter Expert
SSO	Small Market and Stand-Alone MTF Office
UFR	Unfunded Requirement

PART II. DEFINITIONS

These terms and their definitions are for the purposes of this DHA-PI.

1-N List. A list of prioritized investments that DHA Leadership uses to direct and provide enduring guidance throughout the program planning cycle to address resourcing issues on a recurring multi-year strategic Planning, Programming, Budget and Execution planning basis.

A3. A structured, Lean Six Sigma problem-solving approach widely used across the MHS to drive continuous improvement.

AD. AD or Functional Champion is a senior leader within DHA who provides guidance, resources, and entrepreneurial power to enhance program success.

ATP. This is the permission from an AD/DAD or Decision body that a Requirement may proceed to the next appropriate Phase for resourcing consideration. Each Phase has its own set of exit criteria, which must be met within the ATP / A3 Decision Briefing Package.

DAD. DAD or Functional Sponsor/Proponent is a senior leader that represents a DHA directorate with JCA responsibility seeking to improve mission performance.

DAD OPR/AO. DAD OPR/AO or Functional Representative POC that is the primary functional voice for the Requirement who develops the ATP Decision Package and will lead validated requirements through resourcing execution.

DAD OSR/AO. A secondary Functional Representative POC that supports validated requirements and ATP Decision Package development through resourcing execution.

Direct Support. A mission requiring a force to support another specific force and authorizing it to answer directly to the supported force's request for assistance (i.e., supported force is DHA and supporting forces are the MILDEPs).

Direct Support Agreement. The DHA will establish a Direct Support agreement with MILDEP Medical Departments to maintain established customer/supplier relations and ensure continuity of MTF acquisition and procurement support during the transition from initial operational capability to full operational capability.

DMA. Roles, responsibilities, and authorities between organizational structures, offices, and entities that drive effective management and administration of the DHA HQ and DHA elements.

DSiMO. Existing organizations which assist with span of control in the management and administration of MTFs during the MHS transition established through Direct Support agreements with MILDEPs and DHA.

External Requester. An MHS Representative, external from DHA HQ, from either a MTF, clinic, OLB, SSO, DHR, DSiMO, Market or Service that submits requests to the MHS Request Submissions Portal.

Gap/ Need. A gap/need is the ability to complete a task or execute a course of action under specified conditions and level of performance.

Internal Requester. An MHS Representative from DHA HQ that submits requests to the MHS Request Submissions Portal.

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 aligned with Functional Configuration Boards. JCAs are intended to provide a common capabilities language for use across many related DOD activities and processes.

Market. A group of MTFs that operate as a system sharing patients, providers, functions, and budgets, across facilities in order to improve the delivery and coordination of health services to drive value for beneficiaries.

Outside of baseline. Validated requirements that need DHP resources, but are not in listed in the Requester's current FY Baseline Budget and Spend Plan, such as UFRs (emergent and shortfalls) and future year POM Items.

OCONUS DHR. Refers to the establishment of the Market-Based construct that includes DHR Indian Ocean-Pacific and Europe.

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.

POM. A recommendation from the Services and Defense Agencies to the OSD concerning how they plan to allocate resources (funding) for a program(s) to meet the Service Program Guidance and Defense Planning Guidance.

Request. A functional needs description that identifies a perceived gap/need.

Requester. A representative from an MHS Organization who identifies a capability gap/problem, possess a Common Access Card, and is given access to submit requests to the MHS Request Submissions Portal.

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.

Rough Order of Magnitude. A quick and broad cost estimate that is typically completed when few details exist on a specific effort. Rough Order of Magnitudes help programs develop general ranges when costing requirements and are utilized predominantly in the early stages of the acquisition lifecycle.

Services. Air Force Medical Service, Army Medical Command, and Navy Bureau of Medicine or their readiness replacement supporting their respective service line.

Spend Plan. Plans to support a DoD entity's financial activity (obligations and expenditures) using funds appropriated by Congress.

Statement of Operations. A detailed accounting of MTF financial resources comprised of requirements and performance-based resources for balancing crucial to strong financial foundation and cost management.

Triage Team. Comprised of the Request Manager and Representatives from all DADs.

UFR. A program need that is not included and funded in the annual program execution plan.

Validated request. A request reviewed and validated by the AD/DAD/Service Leader and/or Governance as a requirement.