



Defense Health Agency **PROCEDURAL INSTRUCTION**

NUMBER 5025.01
August 21, 2015

A&MD

SUBJECT: Publication System

References: See Enclosure 1

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI):

a. Under the authority of References (a) through (e) and in accordance with References (f) through (i), promulgates guidance, assigns responsibilities, and prescribes procedures for the development, coordination, approval, publication, and review of Defense Health Agency (DHA) publications.

b. Establishes the DHA Publication System to facilitate timely development and coordination processes for enterprise-wide procedural and technical guidance, regulations, and instructions to support the Assistant Secretary of Defense for Health Affairs (ASD(HA)) in the administration of all authorized DoD medical and dental programs. DHA publications do not establish policy; they provide procedures and guidance to implement overarching policy or legislative direction.

c. Supports the DHA as a Combat Support Agency (CSA) in accordance with Reference (e), specifically the mission involving support for operating forces (Combatant Command level and below) 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 U.S. national security.

d. Incorporates reliance when needed on MHS governance councils, in accordance with Reference (a), to advise and assist in the management of the DHA Publication System.

e. Establishes the DHA Publication Website on the unclassified DHA Intranet (.mil domain) and the Internet (public domain). The DHA Publications Internet Website at <http://www.health.mil/dhapublications> (unclassified) is the official Military Health System (MHS) source for DHA publications cleared for public release. The DHA Intranet Website that hosts DHA-Administrative Instructions (DHA-AIs), as well as processing guidance and procedures for DHA publications, is accessible with a valid Common Access Card (CAC) at <https://info.health.mil/>.

2. APPLICABILITY. For DHA-assigned functions, this DHA-PI, in accordance with Reference (a), applies to:

a. The OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this PI as the “DoD Components”).

b. The Commissioned Corps of the Public Health Service and the Commissioned Corps of the National Oceanic and Atmospheric Administration, under agreement with the Department of Health and Human Services.

c. DoD Components for DHA-assigned functions and is binding through approved DHA publications. When issued to the Military Departments, program direction and publications are transmitted through the Secretaries of those Departments.

3. POLICY IMPLEMENTATION. The DHA will, in accordance with DoD policy:

a. Establish and maintain a DHA Publication System for the development, coordination, approval, publication, and periodic review of DHA publications in accordance with References (a) and (c).

b. Develop DHA publications to include:

(1) DHA-PI. Implements policy in accordance with Reference (a), common business practices, and clinical processes within shared services, functions, and activities of the DoD Components in the administration of all authorized DoD medical and dental programs to include Medical Treatment Facilities (MTFs) within the National Capital Area that are assigned to the DHA.

(2) DHA-Procedures Manual (DHA-PM). Implements policy in accordance with Reference (a), common business practices, and clinical processes within shared services, functions, and activities of the DoD Components in the administration of all authorized DoD medical and dental programs by providing detailed procedures for carrying out policy within the DoD. Includes a subset of DHA-Technical Manuals (DHA-TMs) that provide procedures for operation, maintenance, and training requirements to deploy a process or system.

(3) DHA-Interim Procedures Memorandum (DHA-IPM). Establishes interim procedures that will be incorporated into a new DHA publication. Issued **only** for time-sensitive actions when time constraints prevent publishing a new DHA-PI or DHA-PM. DHA-IPMs must not be used to permanently change or supplement an existing publication. They shall be effective for no more than 12 months from the date signed unless the Director, DHA, grants an extension.

(4) DHA-AI. Implements policy that governs internal DHA operations, procedures, and practices and is applicable only to DHA components and/or field elements.

c. Develop procedural based DHA publications that implement health policies developed by the ASD(HA) for the DoD Components on matters pertaining to the DoD MHS.

d. Convert existing legacy procedural publications into DHA-PIs or DHA-PMs on their next review cycle date. If the legacy publication is no longer required, cancel it in accordance with this DHA-PI.

e. Develop procedural based DHA publications that implement policies developed by the OSD and DoD Component heads, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, and other designated organizations, for which the DHA has responsibility for supporting the planning and execution of military operations in accordance with Reference (e).

f. Ensure DHA publications that provide procedures to execute DoD policy are available to all users and are aligned to the corresponding DoD policy.

g. Safeguard the Publication System as timely, responsive, collaborative, and transparent. Methods to elevate critical issues or legal objections will be an integral part of the Publication System process.

h. Review all DHA publications prior to the 10-year anniversary of their publication date to ensure they are necessary, current, and consistent with DoD or Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) policy, existing law, and statutory authority, with the DHA publication being reissued or cancelled as a result. All DHA publications will carry an expiration date of 10 years from their date of publication.

i. Ensure Action Officers (AOs) write DHA publications in plain language in accordance with Reference (f).

4. RESPONSIBILITIES. See Enclosure 2

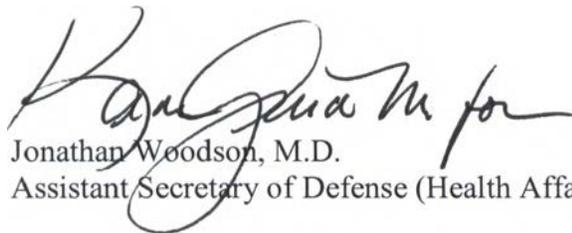
5. PROCEDURES. See Enclosures 4 through 8

6. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the DHA Website at <http://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.



Jonathan Woodson, M.D.
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Enclosures

1. References
2. Responsibilities
3. Publication FP
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5. Coordination Standards and Requirements
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Glossary

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
- (b) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013
- (c) DoD Instruction 5025.01, "DoD Issuances Program," June 6, 2014 as amended
- (d) Deputy Secretary of Defense Memorandum, "Implementation of Military Health System Governance Reform," March 11, 2013
- (e) DoD Directive 3000.06, "Combat Support Agencies (CSAs)," June 27, 2013
- (f) DoD Instruction 5025.13, "DoD Plain Language Program," April 11, 2013, as amended
- (g) DoD Directive 5205.02E, "DoD Operations Security (OPSEC) Program," June 20, 2012
- (h) DoD Directive 5015.2, "DoD Records Management Program," March 6, 2000
- (i) DoD Directive 5230.09, "Clearance of DoD Information for Public Release," August 22, 2008

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness and the ASD(HA), and in accordance with DoD policies and issuances, the Director, DHA, will:

a. Manage the execution of policy for DHA operations developed by the ASD(HA) pursuant to Reference (b) in the administration of all authorized DoD medical and dental programs.

b. Establish procedures to implement ASD(HA) policy in the administration of DoD medical and dental programs.

c. Ensure that all OSD, DoD Components, and non-DoD federal agencies with equity in a DHA publication are given the opportunity to coordinate when such publication is written, changed, or revised.

d. Approve and sign all DHA publications processed in accordance with this DHA-PI, or defer approval and signature to the ASD(HA).

e. Review requests for extensions to expiration dates of publications forwarded by the Publication System Office (PSO), and determine whether to approve the extension request.

2. CHIEF, ADMINISTRATION AND MANAGEMENT DIVISION (A&MD). The Chief, A&MD, in addition to the responsibilities in paragraph 5 of this enclosure, will:

a. Maintain oversight activities and management controls for all publications processed through the DHA Publication process.

b. Oversee the review of all DHA unclassified publications for presignature operational/informational security clearance in accordance with Reference (g).

3. CHIEF, PSO. The Chief, PSO, will:

a. Manage and administer the DHA Publication System.

b. Establish and maintain standard formats, templates, and procedures for developing and processing DHA publications and publishing them on the DHA's public internet and DHA's CAC-enabled mhs.health.mil website, as required.

c. Coordinate on all DHA publications, assure timelines are followed, and facilitate the movement through the process in accordance with the established timelines in Enclosure 4.

d. Advise and assist the DHA Directors and Special Staff in determining whether a DHA publication should be published as a DHA-PI, DHA-PM, DHA-AI, or DHA-IPM. Provide guidance to help all stakeholders fulfill their responsibilities in the DHA Publication System process.

e. Oversee the maintenance of the DHA Publication System Website at <http://www.health.mil/dhapublications>, the intranet, and the electronic publication of DHA publications according to their releasability.

f. Update Publication Focal Points (FPs) (see Enclosure 3) on the progress of individual publications, including requesting action and status on publications not being worked in accordance with timelines. Advise and actively engage FPs and AOs when DHA publications are nearing expiration dates.

g. Serve as the official record keeper for the DHA Publication System, performing the responsibilities required by Reference (h). Oversee the maintenance and preservation of supporting and historical documents that constitute the official records of the development and publication of DHA publications, except for the original coordination documents, which shall be maintained by the originating directorate or activity in accordance with Reference (h).

4. DHA GENERAL COUNSEL (GC). The DHA GC, under the authority, direction, and control of the Director, Defense Legal Services Agency, in addition to the reviews outlined in Enclosure 7, will:

a. Provide DHA Directors and Special Staff, as requested, legal advice for the office of primary responsibility (OPR) when developing, drafting, or revising DHA publications, and during the adjudication of formal coordination comments.

b. Provide all required legal reviews, including a presignature legal sufficiency review (LSR), for all proposed DHA publications in accordance with the timelines in Enclosure 4.

5. DHA DIRECTORS AND SPECIAL STAFF. The DHA Directors and Special Staff will:

a. Coordinate on relevant DHA publications. DHA Directors and Special Staff may delegate this authority to his/her principals, deputies, or FP, but no further.

b. Initiate and coordinate their directorate or office publications in accordance with the guidance delineated in this DHA-PI. When DHA publication topics are proposed, the DHA Directors or Special Staff shall submit a coordination form, DHA Form 106, to initiate the DHA publication development process.

c. Appoint a directorate FP in writing, and provide an appointment letter to the Chief, PSO. The FP shall provide oversight activities and management controls for all publications assigned to his/her functional area.

- d. Assign an AO, who is the subject matter expert, for each publication within their directorate or office's purview.
- e. Provide all DoD Components and non-DoD federal agencies with equity in a DHA publication the opportunity to coordinate when the publication is written or revised.
- f. Serve as the official record keeper for their publications by overseeing the maintenance and preservation of precoordination supporting and historical documents that constitute the official records for those publications in accordance with Reference (h).

6. DIRECTOR, HEALTHCARE OPERATIONS (HCO) DIRECTORATE. The Operations Division, through the Director, HCO, will provide the following specific functions for the Director, DHA:

- a. Serve as the FP for DHA CSA implementation and coordination.
- b. Provide appropriate Phase 0/1 (steady state) planning support to DHA Directorates, Combatant Commanders, and the Services as directed in support of the DHA CSA mission.

7. DIRECTOR, DHA STRATEGIC COMMUNICATIONS (STRATCOM). The Director, DHA STRATCOM, will oversee the review of all DHA publications, and in accordance with Reference (i), provide a presignature clearance review for all publications proposed for public or restricted release.

ENCLOSURE 3

PUBLICATION FP

The DHA Publication FP's responsibilities are as follows:

1. Act on behalf of the Directorate Director or Special Staff to resolve internal coordination impasses, and facilitate the resolution of nonconcurs, as appropriate, to ensure the timeliness of responses during coordination. May provide documentation of directorate or office withdrawal of a nonconcur in accordance with paragraph 2.d.(2)(b) of Enclosure 5.
2. Act as the liaison between the AOs within their organization and serve as the primary point of contact (POC) for all DHA Publication System actions.
3. Maintain familiarity with and manage directorate Publication System forms and reports for which their Directorate Director or Special Staff has cognizance; track and manage coordination requests on other directorate DHA Publication System items, as necessary.
4. Serve as the directorate POC for all required PSO reports; this may involve coordination with the DHA Directorates, the Services, OSD, DoD Components, and applicable MTFs.
5. Be the directorate POC for any required forms associated with DHA publications (must be referenced in a DHA publication to be an official form).
6. Attend DHA Publication System training class within 4 months of appointment and as appropriate for refresher training. Maintain familiarity with DHA-PI 5025.01, "Publication System," and encourage and help facilitate the attendance of AOs in the class.
7. Oversee and manage their respective directorate's use of the DHA Publication System intranet website (location for templates, policy guidance, DHA Publication System folders, and required e-mail formats for coordination).
8. Ensure all required DHA Publication System supporting documentation (comments matrix, action memo, coordination sheet, etc.) is loaded into the Correspondence and Task Management System.

9. Ensure the processing standards and timelines for completing a DHA publication are met; assist AOs within their directorate with the timely coordination with other directorates, Services, Components, and applicable MTFs.

ENCLOSURE 4

GENERAL PROVISIONS

1. DHA PUBLICATION PROCESS

a. The DHA produces four types of publications: DHA-PIs, DHA-PMs, DHA-IPMs, and DHA-AIs.

b. Unauthorized DHA publications, as defined in the Glossary, are not enforceable because they are not official DHA publications. Unauthorized DHA publications must be reported to the Chief, PSO. When an unauthorized DHA publication is identified by the PSO, the OPR must:

- (1) Withdraw the document;
- (2) Change the document so that it no longer assigns responsibilities outside the OPR; or
- (3) Convert the document to a DHA publication in accordance with this DHA-PI.

c. Table 1 includes information about the purpose, content, page length, and signature level of each type of publication. Full definitions of the DHA Publication types are in the Glossary.

d. The DHA Publication process has four stages as shown in Table 2.

2. DHA PUBLICATION WEBSITE. The DHA Website is the official DHA source for DHA publications. If a publication is not posted on the website, it is considered unauthorized. The DHA website is located at: <http://www.health.mil/dhapublications>.

a. Unclassified Website. The unclassified website contains:

- (1) All current, approved, and unclassified publications in portable document format.
- (2) A searchable database of cancelled publications.

b. DHA Publication Intranet Website. To support an agile and flexible publication process, the intranet site will provide FPs, AOs, and coordinators guidance on the development, revision, coordination, and approval of DHA publications. The intranet website contains:

- (1) Templates, forms, common reference citations, and examples.
- (2) Instructions for preparing and coordinating a publication.
- (3) GC legal review processes (see Enclosure 7).

(4) Processes for engaging MHS Governance Councils, if necessary (see Enclosure 8).

(5) An explanation and listing of the publication numbering system.

(6) Directorate/branch collaboration work sites to house drafts and relevant supporting documentation.

3. RELEASABILITY OF PUBLICATIONS. Release and distribution of DHA publications will be either “cleared for public release” or “not cleared for public release” (see Glossary). DHA publications published on the unclassified website, including those available only to users with valid CAC cards, must be cleared for public release by DHA STRATCOM in Stage 3.4 of the publications process (see Table 2).

4. DETERMINING WHEN DHA PROCEDURES ARE NEEDED. The DHA develops technical guidance, procedures, and instructions to manage shared services, identified functions, and activities of the DoD to include but not limited to, the TRICARE Health Plan, pharmacy programs, medical education and training, medical research and development, health information technology, healthcare facility planning, public health, medical logistics, healthcare-related acquisition, medical budget and resource management, common business and clinical processes, healthcare operations, medical force readiness, warrior care transition, and other shared or common functions or processes, as determined by the ASD(HA) and in accordance with Reference (a).

a. The genesis for procedural-based DHA publications stems from multiple sources, to include Congress, ASD(HA), and identified gaps in existing policy.

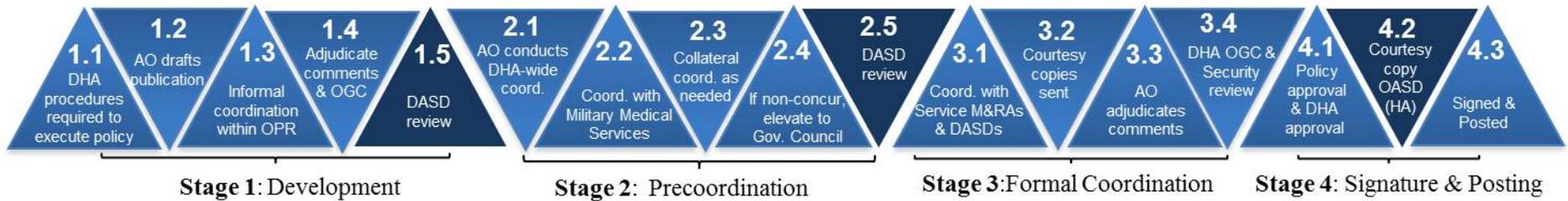
b. Multiple reasons may necessitate the promulgation of procedural-based DHA publications to include scheduled renewal of guidance, separating the procedural execution from the overarching policy, or bundling like-processes.

c. DHA publications that implement health policies developed by ASD(HA) for the DoD Components on matters pertaining to the MHS shall be aligned and synchronized in development with the ASD(HA) policy issuances.

Table 1. Types of Publications

Publication Type	Purpose and Content	Length	Signature Level (Those “acting” in or performing the duties of a position whose holder is authorized to sign a publication may also sign the publication)
DHA-Procedural Instruction (DHA-PI)	Implements policy , common business practices, and clinical processes within shared services, functions, and activities of the DoD MHS in the administration of all authorized DoD medical and dental programs. <ul style="list-style-type: none"> • Provides overarching procedures to execute policy within the DoD MHS • Issues program direction for the execution of policy within the DoD MHS. 	No more than 50 pages including enclosures. If more than 50 pages are required, a DHA-PI could be separated into volumes.	Director, DHA or ASD(HA)
DHA-Procedures Manual (DHA-PM) OR DHA-Technical Manual (DHA-TM)	Implements policy , common business practices, and clinical processes within shared services, functions, and activities of the DoD MHS in the administration of all authorized DoD medical and dental programs by providing detailed procedures . Includes a subset of DHA-TMs , providing procedures for operation, maintenance, and training requirements to deploy a process or system.	If more than 100 pages are required, a DHA-PM or DHA-TM could be separated into volumes	Director, DHA or ASD(HA)
DHA-Interim Procedures Memorandum (DHA-IPM)	Issued only for time-sensitive actions as defined in the Glossary and only when time constraints prevent publishing a new DHA-PI or DHA-PM. Can undergo expedited coordination with only mandatory coordinators and GC. Effective for no more than 12 months from the date signed.	No more than 20 pages including attachments.	Director, DHA or ASD(HA)
DHA-Administrative Instruction (DHA-AI)	Implements policy that governs internal DHA operations, procedures, and practices and are applicable for the DHA components/field offices only .	No more than 50 pages including enclosures.	Director, DHA Deputy Director, DHA
Publication Duration	DHA-PIs, DHA-PMs, DHA-TMs, and DHA-AIs – Publications should be updated or cancelled within 10 years of their original publication date. The Director, DHA, may approve an extension to the expiration date of a DHA Publication. DHA-IPMs – DHA-IPMs will be 1) incorporated into an existing DHA-PI, DHA-PM, or DHA-TM; 2) converted to a new DHA-PI, DHA-PM, or DHA-TM; 3) reissued, or 4) cancelled within 12 months of the date signed unless the Director, DHA, approves an extension.		

Table 2. DHA Publication Process Overview*



Stage	Description
1. Development (40 Workdays)	1.1: OASD(HA) and/or DHA identify a policy topic that requires development of a DHA publication to provide implementing procedures; courtesy copy the Service Manpower and Reserve Affairs (M&RAs) for situational awareness 1.2: DHA Action Officer (AO) drafts publication 1.3: AO informally coordinates associated procedures within OPR, as appropriate 1.4: AO adjudicates feedback and sends to DHA General Counsel (GC) review, if needed 1.5: AO incorporates GC's comments and consults with applicable DASD to ensure policy and procedures are in sync
2. Precoordination (40-60 Workdays)	2.1: AO coordinates internally with appropriate DHA Directorate Directors or Special Staff and adjudicates comments 2.2: AO coordinates externally with Medical Services and adjudicates comments; courtesy copies the Service M&RAs for situational awareness 2.3: As appropriate, AO coordinates with applicable MHS Work Group and/or key stakeholders and adjudicates comments 2.4: If AO unable to adjudicate MHS Component nonconcurrency, elevate to appropriate MHS Governance Council; if concurrence, proceed with coordination 2.5: AO incorporates comments and consults with applicable DASD to ensure policy and procedures are in sync
3. Formal Coordination (30-50 Workdays)	3.1: AO creates formal package for DHA Front Office (FO) request for formal coordination with Service M&RAs, DASDs, and stakeholders 3.2: Collateral stakeholders provided courtesy copy, if applicable 3.3: AO adjudicates comments and documents resolution on a consolidated SD Form 818 3.4: AO submits to DHA GC for legal sufficiency review and also 508 compliance/OPSEC/STRATCOM reviews
4. Signature and Publication (10 Workdays)	4.1: DHA Director reviews and approves DHA Publication or forwards to ASD(HA) for signature 4.2: If signed by DHA Director, DHA provides courtesy copy of signed publication to OASD(HA) 4.3: FO sends to affected DoD Component Heads and sends electronic version of the package to Publication System Office (PSO) to post on the DHA Publication website

* This four-staged process applies to DHA-PIs, DHA-PMs, and DHA-IPMs. DHA-AIs are not coordinated externally to the DHA; therefore, the DHA-AI coordination process can occur more rapidly. DHA-IPMs require coordination only with mandatory coordinators and GC given their time-sensitive nature.

ENCLOSURE 5

COORDINATION STANDARDS AND REQUIREMENTS

1. COORDINATION PROCESS - STANDARDS AND REQUIREMENTS

a. Required Coordinators. The DHA PSO, DHA Directors, and Special Staff with equity in a DHA Publication must be listed on the DHA Form 106 as coordinating officials. DHA Directors and Special Staff specifically assigned responsibilities must be designated as primary coordinators. OPRs must coordinate with any non-DoD federal agencies having equity in a DHA Publication. This coordination may be listed on the DHA Form 106 in Item 16, labeled “Other,” or handled separately as appropriate. DHA-IPMs must be coordinated with the mandatory coordinators, at a minimum, and must receive an LSR; see Enclosure 7 for required coordination with legal. Due to the time-sensitive nature of DHA-IPMs, all coordinators (except for mandatory) will be collateral.

b. Coordination Type. The three types of coordination are mandatory, primary, and collateral.

(1) Mandatory. An “M,” pre-filled on the DHA Form 106, indicates that coordination with the Secretaries of the Military Departments, applicable Deputy Assistant Secretary of Defense (DASD), DHA PSO, and DHA STRATCOM is mandatory.

(2) Primary. A “P” indicates that an official has equity in the DHA Publication, and coordination is required. If coordination is not provided by the suspense date, the OPR may continue with the DHA Publication approval process. DHA publications should not be delayed waiting for late coordination or comments; however, the missing coordination must be addressed in the action memo requesting signature of a DHA Publication.

(3) Collateral. A “C” indicates that an official has no apparent equity in a DHA Publication, but is provided an informational copy and has the option to comment. A DHA Publication must not be delayed waiting for late coordination or comments from a collateral coordinator. Collateral coordinators will be included on the list of coordinating officials only if they provide coordination.

c. Coordination Duration. DHA publications that exceed the DHA publication timeline risk becoming obsolete with current DoD and U.S. policy. In order to prevent this from happening, coordinations are valid for a limited time.

(1) Coordinations are considered valid for:

(a) DHA-PIs, DHA-PMs, and DHA-AIs. Up to 140 working days (6 months) from the date of the coordination suspense.

(b) IPMs. Up to 70 working days (3 months) from the date of the coordination suspense.

(2) Coordinations for Federal Register DHA publications are valid for an unlimited time as long as the associated rulemaking action is actively worked by the OPR.

2. COORDINATION PROCESS - RESPONSES AND RESOLVING ISSUES

a. Coordination Responses. The only acceptable types of responses during formal coordination are:

(1) Concur.

(2) Concur with Comment. Critical comments must not be included in a “Concur with Comment” response, because critical comments as defined below indicate that the coordinator does not concur.

(3) Nonconcur with Comment. Comments may be a combination of substantive (see Glossary) and critical. Coordinators must specify which, if any, substantive comments are grounds for the nonconcurrency.

(4) No Comment. A coordinator responds to a request for coordination but does not concur, nonconcur, or comment. This response signifies the coordinator has reviewed the DHA publication and does not have an equity interest in it.

b. Comment Types. All coordinators and AOs must use the SD Form 818 to record and adjudicate official comments during formal coordination. The only acceptable types of comments, as defined in the Glossary, are:

(1) Critical. Identification of a critical comment is considered to be an **automatic nonconcur** by the coordinator.

(a) Critical comments are those that identify:

1. Violations of law or contradictions of Executive Branch policy or of policy established in DoD policy.

2. Unnecessary risks to safety, life, limb, or DHA materiel; waste or abuse of DHA appropriations; or imposition of an unreasonable burden on a coordinator’s resources.

(b) When a coordinator has one or more critical comments, that coordinator’s coordination shall reflect a nonconcur.

(2) Substantive. Coordinators can nonconcur with substantive comments, but must clearly indicate in a memo or on the SD Form 818 which comments are the basis for the nonconcur. Substantive comments are made when a section in a DHA publication appears to be or is potentially unnecessary, incorrect, misleading, confusing, or inconsistent with other sections, or when a coordinator disagrees with the proposed responsibilities, requirements, and/or procedures. A substantive comment is usually not sufficient justification for a coordinator to nonconcur on a DHA Publication.

(3) Administrative. Administrative comments submitted by the coordinators must **not** be included in the consolidated SD Form 818 submitted for signature of a DHA Publication; however, they should be considered by the AO and changes made to the DHA Publication as appropriate. Administrative comments concern no substantive aspects of a DHA Publication. Administrative comments address correcting dates of references, organizational symbols, format, grammar, and spelling mistakes.

c. Adjudicating Comments. The OPR AO will adjudicate the coordinators' comments in accordance with the instructions on the SD Form 818 and guidance on the DHA Publication website.

d. Resolving Nonconcurrences

(1) Nonconcurrences should be resolved between the concerned parties at the lowest possible level before a DHA Publication is approved and published. The resolution process, and the manner in which it is conducted, is the responsibility of the OPR. Resolving a nonconcurrency may consist of:

(a) Informal or formal exchanges by phone, e-mail, or memo;

(b) Meetings and working groups that involve the DHA PSO, DHA Directorate(s), Primary DHA Publication FPs, or other senior leadership;

(c) A request to the DHA PSO to mediate between the Directorate Directors and/or Special Staff leadership, the Services, external stakeholders; or

(d) Elevating the adjudication to the appropriate MHS Governance Council. Involvement or adjudication by a Governance Council is "by exception" and only required when the AO encounters an impasse resolving critical comments and is unable to progress to formal coordination. Attempts should be made to resolve impasses at the lowest possible level, elevating issues to the relevant council in accordance with the guidance outlined in Enclosure 8.

(2) Resolution of a nonconcurrency must be documented by the coordinating OPR in a written formal withdrawal of the nonconcurrency **except** when the comments leading to the nonconcurrency are accepted in full and incorporated into the DHA Publication (in which case, no formal withdrawal of the nonconcurrency is required). The written formal withdrawal will be in the form of either a signed DHA Form 106, a signed memorandum, or digitally signed e-mail from the coordinating organization. The coordinating DHA Directorate or Special Staff will provide the nonconcurrency withdrawal to the DHA PSO. It may be signed:

(a) At the same (or higher) level as the original coordination; or

(b) By the DHA Publication FP. This authority may **not** be redelegated.

(3) If the OPR is unable to resolve a nonconcurrency and receive a formal withdrawal within the completion timeline for the DHA Publication, the nonconcurrency must be addressed in the action memo. Both sides of the disagreement must be clearly and succinctly addressed in the memo, along with a recommendation for the approving authority.

e. Late Coordinations

(1) If a primary coordinator provides coordination **after** the suspense date, the OPR should make every effort to include the coordination and comments; however, it is not required if it significantly delays progress of the DHA publication to be signed.

(2) The action memo requesting signature of a DHA publication must acknowledge receipt of the late coordination and explain, if necessary, why the OPR proceeded without including any comments made. The OPR may consider incorporating the late comments as a substantive change after the DHA publication is signed.

f. No Response to Coordination Request. If **primary** coordinators do not respond by the suspense date, either to the DHA workflow e-mail or directly to the AO, the OPR will:

(1) Enter “No Response” next to that primary coordinator on the list of coordinating officials that is submitted with the action memo.

(2) Explain in the action memo why it is appropriate for the signature authority to sign the DHA publication without a primary coordinator’s response. Any attempts to obtain the coordination, or additional information explaining the circumstance, should also be included.

g. Recoordinations

(1) DHA PSO may require recoordination of a DHA publication to ensure that the DHA Directorates, the Services, or external stakeholders with equities have the opportunity to comment if:

(a) The OPR made substantial changes to a DHA publication resulting from the comment adjudication process (e.g., new DoD policy impacting the DHA publication was established or responsibilities assigned outside the OPR).

(b) The coordinations are outdated and no longer viewed as valid (see paragraph 1c of this enclosure for the coordination duration associated with DHA publications).

(2) The DHA PSO will identify these matters to the OPR AO and DHA Publication FP and discuss the need to recoordinate the DHA publication.

ENCLOSURE 6

REVIEWS, REVISIONS, AND CHANGES OF DHA PUBLICATIONS

1. CURRENCY, CHANGES, CANCELLATIONS, AND EXPIRATIONS. On the first workday of each quarter, PSO will provide DHA FPs with a list of the publications for which their directorate is the OPR that are due to be reissued, will expire, or require a change or cancellation within the upcoming year.

2. CURRENCY OF DHA-PIs, DHA-PMs, AND DHA-AIs

a. Currency. A publication is current when the associated DoD or OASD(HA) policy, stated authorities, responsibilities, procedures, references, organizational entities, and information contained therein are accurate and in effect, and it is within 10 years of its publication date. Publications should be regularly maintained and remain consistent with associated changes in law and the policies of the administration.

b. Currency Criteria. The DHA Directorate Directors or Special Staff must ensure that each publication for which they are the OPR is reviewed biennially and revised, changed, or cancelled as appropriate:

(1) Determine if each publication meets its criteria as defined in the Glossary.

(2) Verify that the purpose, applicability, policy, responsibilities, procedures, information requirements, and releasability statements are consistent with the associated overarching DoD or OASD(HA) policies.

(3) Assure the references are valid, correctly titled, and the latest version is cited.

(4) Assure the organizational entities cited throughout the publication are accurate.

c. Reissue. A publication nearing its 10-year anniversary of signature must be reissued if it is still required. The publication must begin Precoordination (Stage 2) of the DHA Publication process at least 6 months prior to the 10-year anniversary of publication. If the publication is deemed no longer required, it should be cancelled in accordance with paragraph 5 of this enclosure.

3. CURRENCY OF DHA-IPMs

a. Prior to DHA-IPMs' expiration, AOs shall incorporate all DHA-IPMs into an existing DHA-PI or DHA-PM, or convert the DHA-IPM into a new DHA-PI or DHA-PM.

b. The originating OPR may request approval of an extension for a DHA-IPM and must provide compelling justification to support the extension. The Director, DHA, may approve requests for a DHA-IPM extension.

c. DHA-IPMs not incorporated, revised, extended, or cancelled by the originating OPR within 12 months of the date of signature will be processed for cancellation by the DHA PSO in accordance with the procedures in this DHA-PI unless an extension is granted by the Director, DHA, at the request of the originating OPR.

4. CHANGES TO DHA PUBLICATIONS. A change amends an existing DHA publication and shall retain the full authority of the publication. The change should make up less than 25 percent of the publication's content.

a. The two types of changes to DHA publications are:

(1) Administrative Changes. Administrative changes alter non-substantive portions of a publication and do not require formal coordination or legal reviews. Examples include: titles/dates of references, organizational names/symbols, format, and grammar.

(2) Substantive Changes. A substantive change amends an essential section of a publication such as purpose, applicability, responsibilities, procedures, and releasability. This type of change justifies a need to follow the standard DHA Publication process and coordination for a new publication date. Additionally, an LSR is required. In the instances where DHA technical guidance/manuals require annual updates to maintain currency (e.g., fiscal or budgetary topic updates in response to National Defense Authorization Act annual spending requirements), they require coordination only with mandatory coordinators.

b. Upon receipt of the final, revised DHA-PI, DHA-PM, or DHA-AI, the PSO shall verify the changes, mark the publication "Incorporating Change (number and date)" beneath the original date, and publish the approved reissued publication to the DHA Publication website.

5. CANCELLATIONS. A DHA publication shall be cancelled when the OPR determines it has served the purpose for which it was intended, is no longer needed, or is not appropriate for incorporation into a new, revised, or existing publication.

a. Cancellations must follow the standard publication process, ensuring stakeholders have an opportunity to review the publication's requirements and authenticate that it is no longer needed.

(1) The originating OPR must coordinate at the appropriate level for the type of publication being cancelled. The OPR must list all coordinating officials other than mandatory coordinators as collateral on the DHA Form 106 in order to expedite processing.

(2) Cancellations require GC review.

b. Upon receipt of the OPR's approval of a cancellation, the PSO will verify the requirement and remove the publication from the list of current publications, and add it to the list of cancelled publications on the DHA Publication Website.

ENCLOSURE 7

LEGAL REVIEWS

All DHA publications require a legal review from the DHA GC prior to signature. GC approval must occur before the publication can be published on the DHA Publication Website.

1. INTERNAL REVIEW. During the initial development and drafting of the DHA publication, it is the originating OPR's responsibility to collaborate with GC if an informal legal review is desired.

2. LEGAL OBJECTION REVIEW (LOR). GC will provide LOR for all DHA publications that require publication in the Federal Register. This review is otherwise optional for all other topics. If requested, the LOR will take place in the Development Stage 1.4, following internal coordination with stakeholders. GC will identify the publication as "not legally objectionable" or "legally objectionable." If the publication is legally objectionable, GC will provide instructions to bring it into compliance with law.

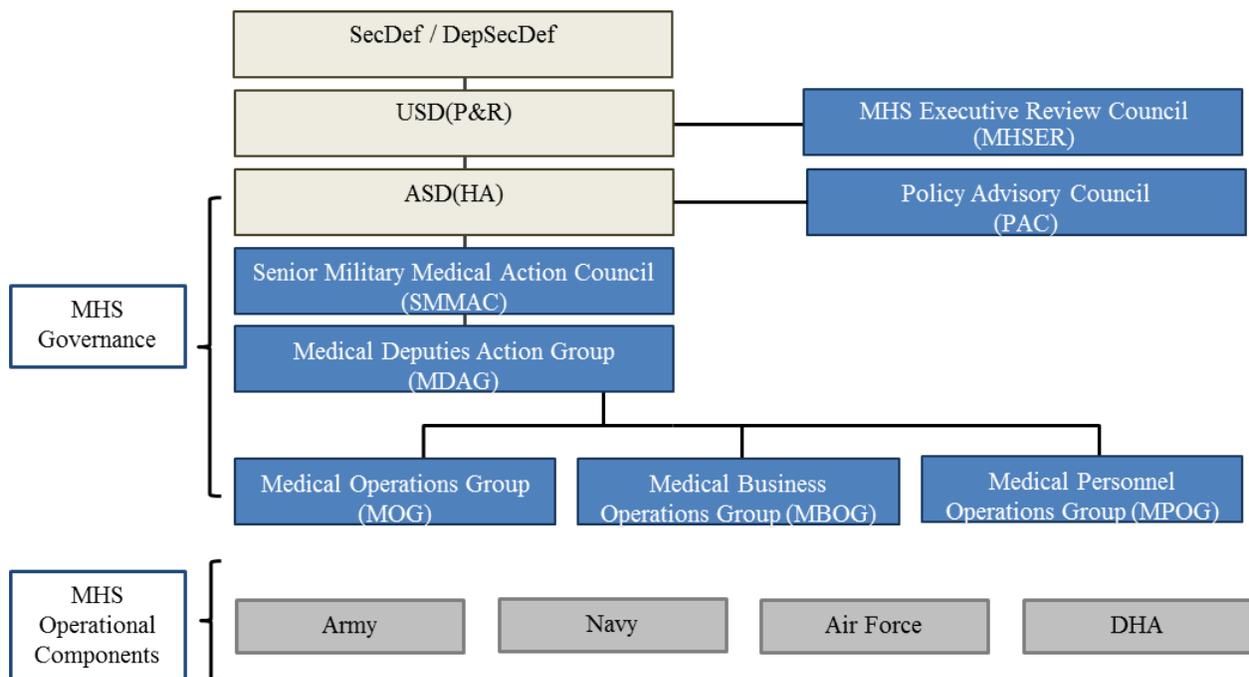
3. LSR. GC will provide LSRs for all publications following the AO's adjudication of the comments from Formal Coordination, Stage 3. LSRs are mandatory prior to signature and publication of the topic. GC will identify the publication as "legally sufficient" or "not legally sufficient." If the publication is not legally sufficient, GC will provide instructions to bring it into compliance with law.

ENCLOSURE 8

ROLE OF MHS GOVERNANCE COUNCILS

1. RESOLVING ISSUES. The MHS Governance Councils were established and chartered to support achieving the objectives of jointness, fiscal sustainability, and health delivery integration in accordance with References (a) and (d). The MHS Governance Councils promote unity of effort; effective support to the Military Services; integration of civilian and military perspectives; the efficient and effective development, coordination, and implementation of DHA publications; and the timely sharing of information on matters of mutual interest. As necessary, the Governance Councils may assist in resolving a critical non-concurrence for topics that align to the provision of services within the MHS. Governance Council involvement or adjudication is “by exception,” required only when the AO encounters an impasse resolving critical comments and is unable to progress to formal coordination. Attempts should be made to resolve impasses at the lowest possible level before elevating issues to the relevant council as depicted in the figure below. As necessary, the PSO will actively engage with the applicable council via phone or e-mail to schedule briefings, meetings, or discussions on behalf of the AO to facilitate resolution.

Figure. MHS Governance Councils



2. SENIOR MILITARY MEDICAL ACTION COUNCIL (SMMAC). Provides executive-decision support for the ASD(HA), who serves as the Chairperson of the SMMAC. It is the highest governance council in the MHS and is responsible for governing the enterprise-level optimization of the MHS and consists of the Principal Deputy Assistant Secretary of

Defense for Health Affairs (PDASD(HA)), the DHA Director, the Surgeons General, and the Joint Staff Surgeon.

3. POLICY ADVISORY COUNCIL (PAC). The PAC provides a forum for supporting MHS-wide policy development and oversight in a unified manner. The PAC is chaired by the (PDASD(HA)), and consists of the DASDs (Health Affairs), the DHA Deputy Director, the Deputy Surgeons General, and a representative of the Joint Staff Surgeon.

4. MEDICAL DEPUTIES ACTION GROUP (MDAG). The MDAG is the primary dispute resolution body among the MHS components (Service Medical Departments and the DHA), with the SMMAC providing oversight and adjudicating unresolved disputes. The MDAG has the authority to propose recommendations for policy development and associated metrics/measures across the MHS. The PAC scope includes policy while the MDAG scope includes execution. The PDASD(HA) chairs the MDAG, which is also comprised of the DHA Deputy Director, the Deputy Surgeons General, and a representative of the Joint Staff Surgeon.

5. MEDICAL OPERATIONS GROUP. Supports the work of the MDAG and provides the functional conduit for healthcare operational oversight between the Services and MDAG to improve and implement best business and clinical operations/practices and consists of the senior healthcare operations directors of the Service Medical Departments, the DHA Director of HCO, and a Joint Staff Surgeon representative with a rotating chairmanship.

6. MEDICAL BUSINESS OPERATIONS GROUP (MBOG). Supports the work of the MDAG by providing resource management input on direct and purchased care issues. The MBOG ensures that approved business and resource management policy is uniformly coordinated across the MHS and consists of the senior resource managers of the Service Medical Departments and the DHA Director of the Business Support Directorate, with a rotating chairmanship.

7. MEDICAL PERSONNEL OPERATIONS GROUP. Consists of the senior human resources and manpower representatives from the Service Medical Departments and the DHA, with a rotating chairmanship.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

A&MD	Administration and Management Division
AO	Action Officer
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CAC	Common Access Card
CSA	Combat Support Agency
DASD	Deputy Assistant Secretary of Defense
DHA	Defense Health Agency
DHA-AI	Defense Health Agency-Administrative Instruction
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
DHA-PI	Defense Health Agency-Procedural Instruction
DHA-PM	Defense Health Agency-Procedures Manual
DHA-TM	Defense Health Agency-Technical Manual
FP	Focal Point
GC	General Counsel
HCO	Healthcare Operations Directorate
LOR	legal objection review
LSR	legal sufficiency review
M&RA	Manpower and Reserve Affairs
MBOG	Medical Business Operations Group
MDAG	Medical Deputies Action Group
MHS	Military Health System
MTF	Medical Treatment Facility
OASD(HA)	Office of the Assistant Secretary of Defense for Health Affairs
OPR	office of primary responsibility
PAC	Policy Advisory Council
PDASD(HA)	Principal Deputy Assistant Secretary of Defense for Health Affairs
POC	point of contact
PSO	Publication System Office

SMMAC Senior Military Medical Action Council
STRATCOM Strategic Communications

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this PI.

administrative change. A change that alters only nonsubstantive portions of a publication (e.g., titles or dates of references, organizational names or symbols).

administrative comment. Comment concerning nonsubstantive aspects of a publication, such as dates of references, organizational symbols, format, and grammar.

AI. A DHA publication no more than 50 pages in length that provides general procedures for implementing policy for the administration of DHA operations, procedures, and practices and applicable to the DHA components and field offices only. DHA-AIs implement policy established within the higher-level policy of DoD Issuances, federal law, or U.S. Code. AIs must be signed by the Director, DHA, or Deputy Director, DHA.

AO. The person knowledgeable and responsible for preparing, coordinating, and monitoring the progress of the task, in this case a publication, to completion on behalf of an office/organization.

cleared for public release. Defined in Reference (h).

critical comment. A comment whose use requires a nonconcur response from the coordinator and identifies:

Violations of the law or contradictions of Executive Branch policy or of policy established in DoD policies; or

Unnecessary risks to safety, life, limb, or DoD materiel; waste or abuse of DoD appropriations; or imposition of an unreasonable burden on a DoD Component's resources.

DHA Publication. One of the four types of publications published by the DHA taking the form of DHA-PIs, DHA-PMs, DHA-IPMs, and DHA-AIs. DHA publications do not establish policy, they provide procedural guidance to implement policy from DoD Issuances, federal law, or U.S. Code.

DHA Publication Website(s). The unclassified Non-Secure Internet Protocol Router Network website at <http://www.health.mil/dhapublications> that serves as the sole MHS source for electronic distribution of DHA publications for public release. The classified website at <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx> that hosts DHA-AIs, as well as processing guidance and procedures for DHA publications, is accessible only with a valid CAC.

DHA PSO. The single, uniform program office that ensures the DHA develops, coordinates, approves, publishes, and reviews all publications in alignment with DoD Issuances, federal law, or U.S. Code.

DoD Issuance. Also called “issuance” in this PI. One of the five types of issuances published by the DoD that establishes or implements DoD policy, designates authority, assigns responsibilities, or provides procedures. Issuances apply to more than one DoD Component and include DoD Directives, DoD Instructions, DoD Manuals, DoD Directive-type Memorandums, and DoD AIs.

DoD policy. Normally, one of the five types of issuances published by the DoD that establishes DoD guidance, designates authority, assigns responsibilities, or provides procedures. Issuances apply to more than one DoD Component and include DoD Directives, DoD Instructions, DoD Manuals, Directive-type Memorandums, and AIs.

equity. A case in which the policies, responsibilities, or procedures in a publication direct or limit the actions of, or impose a financial obligation on:

DoD Components; or

By mutual agreement, non-DoD federal agencies.

formal coordination. As working groups and subject matter experts develop publications and socialize drafts with those offices or organizations with equity in the topic during informal coordination, the topic then advances to formal coordination prior to signature, Stage 4, of the DHA Publication process. Formal coordination with DoD Components requires a formal package (e.g., proposed topic, coordination sheet, comments matrix, supporting documents) accompanied by an action memo and suspense date for organizational input.

imminent danger. Any condition where there is reasonable certainty that a danger exists that can be expected to cause death or serious physical harm immediately, or before the danger can be eliminated through normal enforcement procedures.

IPM. A DHA publication memorandum that implements higher-level policy established in DoD Issuances, federal law, or U.S. Code; assigns responsibilities; and may provide procedures. IPMs will be issued **only** for time-sensitive actions that affect current DHA publications or that will become a new DHA Publication, and **only** when time constraints prevent publishing a new DHA publication or a change to an existing DHA policy. DHA-IPMs shall not be used to permanently change or supplement existing DHA publications. They shall be effective for no more than 12 months from the date signed during which time they shall be incorporated into an existing DHA Publication, converted to a new DHA Publication, reissued, or canceled, unless extended in accordance with this PI. IPMs must be signed by the Director, DHA or ASD(HA). “Time sensitive” actions are those that are:

Directed by Executive order;

Directed by the Secretary or Deputy Secretary of Defense;
A matter of urgent national security;

A matter of urgent DoD policy implementation as determined by the Under Secretary of Defense (Personnel and Readiness);
Required by recent (less than 3 months) change in law, statute, or government-wide regulation; or

Necessary to prevent imminent danger to life and health.

legacy procedural publications. Published documents originating from TRICARE Management Activity publications, guides, manuals, etc. that outline procedural requirements to execute TRICARE programs. On a case-by-case basis, may include revised Tri-Service Regulations or Joint Instructions where functional responsibility has been realigned to the DHA.

mandatory coordinators. These are the required offices for coordination that are pre-filled selections on the DHA Form 106, though required additions can be made for other offices with equity based on the topic as determined by the PSO and the AO. They can vary from publication type to publication type with AIs and IPMs having reduced coordination requirements. All DHA publications require a mandatory review by the DHA GC and STRATCOM as they go through the formal coordination stage of processing due to their equity in publication development, implementation, and enforcement. They are marked with an “M” on the DHA Form 106.

not cleared for public release. Defined in Reference (h). For the purpose of this DHA-PI, “not cleared for public release” includes For Official Use Only publications, classified publications, and publications whose release the OPR has determined it must control.

OPR. The DHA office that has been designated as being responsible for the development, management, and maintenance of a publication by reason of:

The subject of the publication falling within their functional area; or

Specific designation by the Director, DHA.

PI. A DHA publication that **implements** policy established in higher-level DoD Issuances, federal law, or U.S. Code by providing general, overarching procedures for carrying out that policy within shared services, identified functions, and activities of the MHS, to include MTFs within the National Capital Area that are assigned to the DHA. DHA-PIs must be signed by the Director, DHA or ASD(HA). DHA-PIs must be no more than 50 pages in length including enclosures; PIs exceeding 50 pages in length should be separated into two or more volumes.

PM. A DHA publication providing detailed procedures for implementing higher-level policy established in DoD Issuances, federal law, or U.S. Code. DHA-PMs must include the specific, procedural information formerly published as a DoD or TRICARE Management Activity publication. All DHA publications which are appropriate for reissuance as DHA-PMs include, but are not limited to, catalogs, compendiums, directories, handbooks, indexes, inventories, lists, modules, pamphlets, plans, series, standards, supplements, and regulations. Such publications shall be converted into DHA-PMs on their next reissuance. DHA-PMs exceeding 100 pages in length shall be separated into two or more volumes. A subset of the DHA-PM can include a DHA-TM which contains instructions for installation, operation, maintenance, or training

requirements for the deployment of a system, process, or machine. DHA-PMs and DHA-TMs must be signed by the Director, DHA or ASD(HA).

precoordination. The opportunity to express views on an action or publication before it is completed. The process of securing stakeholder agreement in developing a publication prior to signature. It involves discussion and resolution of differences, and may be provided through participation in committees, councils, work groups, or through normal staff actions during Stage 2 of the DHA Publication process.

Publication FP. An individual appointed in writing by a DHA Directorate Director or Special Staff to oversee the intersection of the DHA PSO program with the director's or special staff's area of oversight. Enclosure 3 of this PI discusses the responsibilities and requirements.

substantive change. A change that amends an essential section(s) of a publication that appears to be or is potentially unnecessary, incorrect, misleading, confusing, or inconsistent with other sections.

substantive comment. A comment received during either the precoordination or formal coordination stages of the Publication System process. One comment of this type is usually not sufficient justification for a nonconcur on a publication. These comments indicate that:

Information in the publication (or the publication itself) appears to be or is potentially unnecessary, incorrect, misleading, confusing, or inconsistent; or

A DoD Component or DHA Directorate or office disagrees with the proposed responsibilities, requirements, or procedures.

suspense. The not-later-than date the OPR must complete and submit the staff package.

unauthorized DHA publications. Any document that:

Was not processed through the procedures in this PI or is published in any other manner than on the Website; and

Claims to establish procedures or implement policy and assign responsibilities to DHA offices other than the OPR.