



**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS**

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DEFENSE
HEALTH AGENCY

*DHA-IPM 15-001
October 1, 2015*

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
JOINT STAFF SURGEON
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH
SERVICES POLICY AND OVERSIGHT)
DIRECTOR, NATIONAL CAPITAL REGION MEDICAL
DIRECTORATE

SUBJECT: Interim Procedures Memorandum (IPM) 15-001, Sharing of Non-Active Duty
Beneficiary Health Care Data through the Virtual Lifetime Electronic Record
Health Initiative

References: (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs
(ASD(HA))," September 30, 2013
(b) DoD Directive 5136.13, "Defense Health Agency (DHA),"
September 30, 2013
(c) DoD 6025.18-R, "DoD Health Information Privacy Regulation,"
January 24, 2003
(d) DHA Procedural Instruction 5025.01, "Publication System," August 21, 2015
(e) 10 U.S. Code § 101 - Definitions

Purpose. This DHA-IPM, based on the authority of References (a) and (b), and in
accordance with the guidance of References (c) and (d):

- Implements DoD policy, assigns responsibilities, and provides instructions for extending the Virtual Lifetime Electronic Record (VLER) Health Initiative capability to non-active duty beneficiaries of the Military Health System (MHS). It also establishes the options available to non-active duty beneficiaries who do not want to share their information through VLER Health with eHealth Exchange partners who are outside the MHS.
- Is effective upon signature; it will be incorporated into future DHA Procedural Instruction 6040.xx. This DHA-IPM will expire effective 12 months from the date of issuance.

Applicability. This DHA-IPM applies to OSD, the Military Departments, 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 Department of Defense (referred to collectively in this IPM as the “DoD Components”). This includes 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.

Definitions. See Glossary

Responsibilities. The Surgeons General of the Military Departments will:

- Develop procedures to process beneficiary options to participate in VLER Health and to implement this DHA-IPM.
- Implement the developed procedures as soon as practicable.
- Make reasonable efforts to educate beneficiaries about the subject matter of this DHA-IPM.

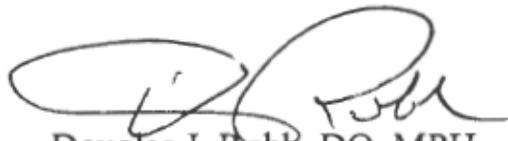
Procedures. In accordance with DoD policy (References (a) through (c)):

- Eligible non-active duty beneficiaries, who are confirmed as entitled to MHS health benefits in the Defense Manpower Data Center’s Defense Enrollment and Eligibility Reporting System (DEERS) and whose health data is stored in the MHS Central Data Repository, are included in VLER Health. Their data will be available for sharing with MHS, Veterans Affairs (VA), and other federal and non-federal partners of the eHealth Exchange.
- Under VLER Health, non-active duty beneficiaries may at any time opt out of sharing health information with non-MHS partners; however, the Military Departments are authorized to set rules regarding the frequency with which a beneficiary may change his/her choice by electing to opt out or opt back in. Opting out of VLER Health does not prevent the MHS from receiving information from outside providers.
- Individuals 18 or older are eligible to opt out. A parent or other personal representative under DoD 6025.18-R (Reference (c)), or its successor, may opt out an unemancipated minor. Under certain circumstances, a minor may be eligible to opt out in accordance with state law.
- Individuals are not required to provide justification for choosing to opt out or opt back in. DoD, the Military Departments, or medical treatment facilities

may request the reason for administrative and/or reporting purposes to the extent possible in alignment with DoD information collection requirements.

- Each Military Department will determine the effective date of an opt out or opt back in choice based on its administrative capabilities; however, in no event should the effective date be later than 5 working days after a complete opt out/opt back in request is submitted to the proper office.
- Staff responsible for processing opt out requests must follow their standard authentication procedures to verify the identity and TRICARE/DEERS eligibility of the individual submitting the opt out/opt back in request.
- Irrespective of a beneficiary's VLER status, the MHS will continue to disclose information pursuant to a valid authorization and will respond to disclosure requests for which an authorization is not required as defined by DoD 6025.18-R (Reference (c)), or its successor.

Releasability. **Cleared for public release.** This DHA-IPM is available on the Internet from the DHA Publications Website at <http://www.health.mil/dhapublications>.



Douglas J. Robb, DO, MPH
Lieutenant General, USAF, MC, CFS
Director

cc:

Assistant Secretary of Defense (Health Affairs)
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Medical Officer of the Marine Corps
Joint Staff Surgeon
Director of Health, Safety and Work-Life, U.S. Coast Guard
Surgeon General of the National Guard Bureau

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

DEERS	Defense Enrollment and Eligibility Reporting System
DHA	Defense Health Agency
DHA-IPM	Defense Health Agency Interim Procedures Memorandum
IPM	Interim Procedures Memorandum
MHS	Military Health System
VA	Veterans Affairs
VLER	Virtual Lifetime Electronic Record

PART II. DEFINITIONS

active duty. The term “active duty” means full-time duty in the active military service of the United States. This term includes full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the Military Department concerned. This term does not include full-time National Guard duty in accordance with 10 U.S. Code § 101 (Reference (e)).

eHealth Exchange. The eHealth Exchange is a group of federal agencies and non-federal organizations that came together under a common mission and purpose to improve patient care, streamline disability benefit claims, and improve public health reporting through secure, trusted, and interoperable health information exchange. Participating organizations mutually agree to support a common set of standards and specifications that enable the establishment of a secure, trusted, and interoperable connection among all participating organizations.

non-active duty beneficiary. An MHS health beneficiary who is not active duty.

opt back in. A beneficiary’s revocation of an opt out choice.

opt out. The choice by a non-active duty beneficiary to not permit sharing of his or her health data by MHS with non-MHS eHealth Exchange partners.

VLER Health. A set of programs that manages the electronic exchange of beneficiary health information among VA, DoD, other federal agencies, and non-federal partners.