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FM CMC WASHINGTON DC(UC)
TO AL MARADMIN(UC)
UNCLASSIFIED/
MARADMIN 283/06
MSGID/GENADMIN/CMC WASHINGTON DC HS//
SUBJ/NEW POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) AND ELECTRONIC
/METHODS AND PROCEDURES FOR DEPLOYMENT HEALTH ASSESSMENTS (CORRECTED
COPY)// REF/A/MSGID:DOC/ASD HA/10MAR2005/-// REF/B/MSGID:DOC/ASN
MRA/05JUL2005/-// REF/C/MSGID:RMG/CMC WASHINGTON DC HS/031331ZNOV2004/-
// REF/D/MSGID:RMG /CMC WASHINGTON DC HS/110012ZNOV2002//
REF/E/MSGID:DOC/SECNAV/16MAR2006//
REF/F/MSGID:DOC/CMC WASHINGTON DC MI/05APR2006// NARR/REF A IS ASD (HA)
MEMO PROVIDING POLICY REQUIREMENTS FOR IMPLEMENTATION OF THE PDHRA.
REF B IS ASN (MRA) PDHRA IMPLEMENTATION REQUIREMENTS. REF C IS CMC
DEPLOYMENT HEALTH ASSESSMENT QUALITY ASSURANCE PROGRAM GUIDANCE
ESTABLISHING USMC PROGRAM REQUIREMENTS. REF D IS CMC MSG ESTABLISHING
THE REQUIREMENT TO SUBMIT DEPLOYMENT HEALTH ASSESSMENTS USING AN ACCESS
DATABASE APPLICATION DEVELOPED BY THE NAVY ENVIRONMENTAL HEALTH CENTER
(NEHC). REF E IS SECNAVINST 1770.3D, GUIDANCE ON INCAPACITATION
BENEFITS FOR MEMBERS OF NAVY AND MARINE CORPS RESERVE COMPONENTS.
REF F IS MARINE CORPS TOTAL FORCE SYSTEM (MCTFS) SOFTWARE RELEASE
NOTICE FOR SOFTWARE RELEASE 2-05.//**POC/MCMILLAN/CDR/HQMC HS/-/TEL:703-
614-4477/EMAIL:DAVID.L.MCMILLAN@USMC.MIL//**
GENTEXT/REMARKS/1. IN ACCORDANCE WITH REFS A AND B, THIS MESSAGE
EXPANDS CURRENT DEPLOYMENT HEALTH-RELATED SCREENINGS TO INCLUDE A
REQUIREMENT FOR A 3- TO 6-MONTH POST-DEPLOYMENT HEALTH REASSESSMENT
(PDHRA) USING DD FORM 2900 WITH SPECIFIC EMPHASIS ON THE MEMBERS'
MENTAL HEALTH. THIS MESSAGE FURTHER DESCRIBES NEW ELECTRONIC
PROCEDURES FOR COMPLETION AND SUBMISSION OF SCREENING FORMS AND
COMPLETION OF QUALITY ASSURANCE.
2. PDHRA POLICY. THIS PDHRA POLICY APPLIES TO ACTIVE DUTY AND
SELECTED RESERVE PERSONNEL WHO, ON OR AFTER 20 MARCH 2004, COMPLETED A
DEPLOYMENT REQUIRING THE COMPLETION OF A POST-DEPLOYMENT HEALTH
ASSESSMENT (PDHA) PER REF C. PDHRA POLICY FOR MARINES IN THE
INDIVIDUAL READY RESERVE AND THOSE WHO HAVE SEPARATED OR RETIRED WILL
BE ANNOUNCED SEPARATELY.
A. IDENTIFYING MEMBERS WHO MUST COMPLETE A PDHRA: NOT LATER THAN 1
AUG 2006 (01 SEP 2006 FOR RESERVE UNITS) AND MONTHLY THEREAFTER,
COMMANDERS WILL IDENTIFY MARINES AND SAILORS ASSIGNED TO SUPPORTED
UNITS WHO MEET PDHRA CRITERIA IN PARAGRAPH 2 ABOVE, ARE WITHIN OR
BEYOND THE WINDOW FOR RESCREENING, AND WHO HAVE NOT YET COMPLETED A
PDHRA. TO FACILITATE THIS PROCESS, HQMC (M&RA) HAS DEVELOPED
OPERATIONAL DATA STORE ENTERPRISE (ODSE) QUERIES LOCATED ON THE MISSA
WEBSITE AT [HTTPS://WWW.MISSA.MANPOWER.USMC.MIL](https://www.missa.manpower.usmc.mil). UNITS WILL USE THEIR
ODSE ACCOUNTS TO PRODUCE THE QUERIES; UNITS WITHOUT AN ODSE ACCOUNT
MUST CONTACT THEIR LOCAL MISSO TO BE ISSUED AN ACCOUNT. FOR TECHNICAL
ASSISTANCE IMPLEMENTING THESE QUERIES, CONTACT YOUR LOCAL MISSO. THE
MEDICAL READINESS REPORTING SYSTEM (MRRS) MAY ALSO BE EMPLOYED FOR THIS
PURPOSE, WHERE AVAILABLE.
B. NOTIFICATION: COMMANDERS SHALL DIRECT IDENTIFIED SERVICE MEMBERS
TO COMPLETE PDHRA'S. INDIVIDUALS WHO HAVE RETURNED FROM MORE THAN ONE
QUALIFYING DEPLOYMENT SINCE 20 MAR 2004 SHALL ONLY COMPLETE A SINGLE DD
FORM 2900 AND ANSWER QUESTIONS AS THEY PERTAIN TO THEIR MOST RECENT
DEPLOYMENT, EXCEPT WHEN THEY HAVE QUESTIONS OR MEDICAL CONCERNS ABOUT A
PREVIOUS QUALIFYING DEPLOYMENT.

C. SLIDE PRESENTATIONS DESIGNED TO EDUCATE MARINES AND MEDICAL PROVIDERS ON THE PDHRA ARE AVAILABLE ON THE NEHC WEBSITE AT [HTTP:WWW-NEHC.MED.NAVY.MIL/PDHA](http://WWW-NEHC.MED.NAVY.MIL/PDHA). ASSISTANCE WITH STRESS MANAGEMENT AND MENTAL HEALTH ASPECTS OF DEPLOYMENT HEALTH SCREENINGS IS AVAILABLE FROM M&RA (COSC), (POC DR. THOMAS GASKIN, TEL 703-432-9260/E-MAIL: THOMAS.GASKIN@USMC.MIL).

D. PDHRA'S MUST BE COMPLETED USING AN ELECTRONIC PROCESS PER REFS A AND B. SEE PARAGRAPH 3A BELOW FOR DETAILS.

E. ONCE THE MEMBER PORTION OF THE SCREENING HAS BEEN COMPLETED, A MEDICAL PROVIDER WILL REVIEW IT WITH THE MEMBER, DISCUSS ANY MEMBER CONCERNS, AND COMPLETE THE PROVIDER SECTION. WITHIN THE RESERVE COMPONENT (RC), PRIMARY CARE AND SPECIALTY MENTAL HEALTH PROVIDERS ARE AVAILABLE FOR CONDUCTING PDHRA'S THROUGH A DOD(HA) CONTRACT THAT EMPLOYS BOTH A PDHRA CALL CENTER AND PDHRA SITE VISITS (FOR 50 MEMBERS OR MORE). RC UNITS SHOULD COORDINATE THEIR REQUIREMENTS DIRECTLY WITH THE CONTRACTOR POC, MR. JERRY FUSHIANES, AT 888-734-7299, EXT 546. RESERVE MSC'S SHOULD CONSOLIDATE REQUIREMENTS TAKING INTO ACCOUNT GEOGRAPHIC CHALLENGES AND VET TOTAL REQUIREMENTS THROUGH COMMARFORRES (POC CAPT GEORGE JACOBS, TEL 504-678-5604/DSN 678-5604/EMAIL: GEORGE.B.JACOBS@USMC.MIL).

F. THE NUMBER OF COMPLETED DD FORMS 2900 WILL BE ADDED TO THE DEPLOYMENT HEALTH QUALITY ASSURANCE PROGRAM DISCUSSED IN REF C AND REPORTED QUARTERLY AS: NUMBER OF PDHRA'S REQUIRED, NUMBER OF PDHRA'S COMPLETED. ELECTRONIC METHODS FOR CALCULATING THESE VALUES ARE DESCRIBED IN PARAGRAPH 3B BELOW.

G. INITIAL ACTION ON PDHRA-GENERATED REFERRALS WILL BE TRACKED AND REPORTED UNDER THE DEPLOYMENT HEALTH QUALITY ASSURANCE PROGRAM PER REF C AS: NUMBER OF MEMBERS WITH PDHRA REFERRALS, NUMBER OF MEMBERS COMPLETING REFERRALS.

H. RESERVE MEMBERS RECEIVING A PDHRA-RELATED REFERRAL WHO ARE NOT ALREADY BEING TREATED BY A MILITARY FACILITY, VETERANS' ADMINISTRATION FACILITY, OR TRICARE NETWORK PROVIDER MAY BE ELIGIBLE FOR A LINE OF DUTY (LOD) AUTHORIZATION TO OBTAIN AN EVALUATION OF A CONDITION NOT PREVIOUSLY IDENTIFIED OR DIAGNOSED. UPON COMPLETION OF THE EVALUATION AND RECEIPT OF A DIAGNOSIS BY A PROVIDER, THE UNIT MEDICAL DEPARTMENT REPRESENTATIVE (MDR) WILL SUBMIT DOCUMENTATION TO HQMC (M4L-IS/RMED) USING THE MARINE CORPS MEDICAL ENTITLEMENTS DATABASE SYSTEM (MCMEDS). HQMC (M4L-IS/RMED) WILL DETERMINE IF THE CONDITION WARRANTS LOD BENEFITS. IF APPROVED, THIS LOD CARE SHALL BE COORDINATED WITH THE I&I STAFF OR OPERATIONAL SUPPORT CENTER (OSC) MDR IN ACCORDANCE WITH REF E. THE MDR SHALL INDICATE "PDHRA" IN THE "INJURY" FIELD IN MRRS AND IN THE "DIAGNOSIS" FIELD OF THE MILITARY MEDICAL SUPPORT OFFICE COVER SHEET. IF A DIAGNOSIS IS DETERMINED UNRELATED TO MILITARY SERVICE, LOD BENEFITS WILL NOT BE CONTINUED BUT THE MEMBER WILL BE ADVISED OF OTHER BENEFIT OPTIONS RELATED TO HIS OR HER PREVIOUS ACTIVATION.

I. POC FOR PDHRA PROGRAM MANAGEMENT AND REFERRAL SUPPORT IS BUMED M36, TEL 202-762-3059/DSN 762/E-MAIL: PDHRA@US.MED.NAVY.MIL.

3. NEW ELECTRONIC METHODS AND PROCEDURES FOR DEPLOYMENT HEALTH ASSESSMENTS. THE FOLLOWING PARAGRAPHS DESCRIBE NEW ELECTRONIC METHODS FOR COMPLETION AND SUBMISSION OF SCREENING FORMS AND FOR COMPLETION OF QUALITY ASSURANCE. THIS PROCESS APPLIES TO THE PRE-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2795), POST-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2796), AND POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) (DD FORM 2900).

A. COMPLETION AND SUBMISSION OF SCREENING FORMS. THERE ARE TWO NEW METHODS FOR INDIVIDUAL MEMBERS AND APPROPRIATE MEDICAL PROVIDERS TO ELECTRONICALLY CAPTURE AND SUBMIT THEIR RESPECTIVE PORTIONS OF

DEPLOYMENT HEALTH ASSESSMENTS: ONLINE AND, FOR THE DD FORM 2900 ONLY, A SPECIALLY DESIGNED NEHC SCANNABLE FORM. ONLINE IS THE PREFERRED METHOD. EACH BATTALION/SQUADRON-SIZED UNIT SHALL IDENTIFY ONE LOCAL ADMINISTRATOR AND AN ALTERNATE AND PROVIDE THEIR NAMES TO NEHC (POC AZAD AL-KOSHNAW 757-953-0938/DSN 377-0938/EMAIL: EDHA@NEHC.MAR.MED.NAVY.MIL) FOR THE ESTABLISHMENT OF APPROPRIATE PRIVILEGES. LOCAL ADMINISTRATORS SHALL ASSIST IN THE ESTABLISHMENT AND MAINTENANCE OF PROVIDER AND SERVICE MEMBER EDHA ACCOUNTS WITH NEHC. GUIDANCE IN THE USE OF THESE TOOLS IS AVAILABLE AT [HTTP:WWW-NEHC.MED.NAVY.MIL/PDHA/EDHAGUIDE.HTM](http://WWW-NEHC.MED.NAVY.MIL/PDHA/EDHAGUIDE.HTM). ALL THREE DEPLOYMENT HEALTH ASSESSMENTS, THE PRE- AND POST-DEPLOYMENT HEALTH ASSESSMENTS AND THE POST-DEPLOYMENT HEALTH REASSESSMENT, CAN BE COMPLETED BY ANY OF THE FOLLOWING METHODS:

(1) ONLINE AT [HTTPS:WWW-NEHC.MED.NAVY.MIL/EDHA](https://WWW-NEHC.MED.NAVY.MIL/EDHA).

(2) ON LOCAL HARD DRIVES OR LOCAL AREA NETWORKS USING MICROSOFT ACCESS FORMS PER REF D.

(3) FOR THE DD FORM 2900 (PDHRA) ONLY, USING A SPECIALLY DESIGNED NEHC SCANNABLE VERSION OF THE FORM. NO OTHER PAPER FORMS ARE ACCEPTABLE. UNITS WISHING TO USE THIS OPTION MUST CONTACT MR.

AL-KOSHNAW AT NEHC TO OBTAIN PRE-PRINTED FORMS AND DISCUSS/DETERMINE THE BEST METHOD FOR SUBMITTING THE DATA.

B. COMPLETION OF QUALITY ASSURANCE: FOLLOWING COMPLETION OF EACH TYPE DEPLOYMENT HEALTH ASSESSMENT, COMMANDERS WILL ENSURE THAT FORM COMPLETION IS RECORDED IN MCTFS USING THE TTC 483 000 TRAINING EVENT BC ED YYYYMMDD FOR EACH DEPLOYMENT PER REF F. PER REF C AND PARAGRAPH 2E ABOVE, QUARTERLY REPORTS ARE REQUIRED FOR ALL THREE TYPES OF DEPLOYMENT HEALTH ASSESSMENT, REPORTED AS: NUMBER OF FORMS REQUIRED, NUMBER OF FORMS COMPLETED. THE MISSA WEBSITE DESCRIBED IN PARAGRAPH 2A CONTAINS ADDITIONAL ODSE QUERIES THAT WILL GENERATE THESE VALUES BASED UPON MCTFS COMPLETION ENTRIES. COMPLIANCE RATES CAN ALSO BE CALCULATED USING MRRS, WHERE AVAILABLE.

4. AN MCO COVERING THE ENTIRE DEPLOYMENT HEALTH ASSESSMENT PROCESS IS FORTHCOMING.

5. COMMANDERS ARE TO ENSURE COMPLIANCE WITH THE REFERENCES AND THIS MESSAGE.// BT