



# Defense Health Agency

## ADMINISTRATIVE INSTRUCTION

NUMBER 6040.01

March 7, 2024

Incorporating Change 1, November 19, 2024

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Health Informatics

**SUBJECT:** Sharing Beneficiary Healthcare Data through the Joint Health Information Exchange Program

**References:** See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (h):

a. Establishes the Defense Health Agency's (DHA) procedures to implement DoD policy, assign responsibilities, and provide instructions regarding the execution of the joint Health Information Exchange (jHIE) program for Military Health System (MHS) healthcare beneficiaries.

b. Establishes options for eligible jHIE participants to opt out of sharing information through the jHIE. Opting out withholds sharing of beneficiary health information to private-sector partners and provider networks. The group eligible to opt out of jHIE information sharing includes non-active-duty beneficiaries who receive healthcare through the MHS.

c. Does not apply to active-duty Service members, nor to Reserve Component Service members eligible to receive care in MHS facilities. In accordance with Reference (e), the information of beneficiaries in these categories will be included in MHS Health Information Exchange (HIE) participation, and they may not opt out.

d. Incorporates, updates, and cancels Reference (g).

2. **APPLICABILITY.** This DHA-AI applies to the DHA Enterprise (components and activities under the authority, direction, and control of the DHA) to include assigned, attached, allotted, or detailed personnel.

3. **POLICY IMPLEMENTATION.** It is DHA's instruction, pursuant to References (d) through (h), that DHA will:

a. Establish the options available for sharing MHS beneficiary healthcare information through the jHIE.

b. Establish options, including responsibilities and procedures, for non-active-duty MHS beneficiaries to change their elections from participating in information-sharing through jHIE to opting out of participation, and to enable those who opted out to opt back into information-sharing through the jHIE.

4. CANCELED DOCUMENTS. This DHA-AI cancels the following documents: DHA-Procedural Instruction 6040.02, "Sharing of Beneficiary Health Care Data through the Virtual Lifetime Electronic Record (VLER) Health Information Exchange (HIE) Initiative," August 14, 2017, and DHA-Interim Procedures Memorandum 24-002, "Form for Non-Active-Duty Healthcare Beneficiaries to Change Information-Sharing Elections through the Joint Health Information Exchange Program."

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. See Enclosure 3.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Chief, DHA-Health Informatics. When components and activities are unable to comply with this publication the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Chief, DHA-Health Informatics to determine if the waiver may be granted by the Director, DHA or their designee.

8. RELEASABILITY. **Cleared for public release.** This DHA-AI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/>.

9. EFFECTIVE DATE. This DHA-AI:

a. Is effective upon signature.

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

10. FORMS. DHA Form 346, "Participation in the joint Health Information Exchange by Non-Active-Duty Healthcare Beneficiaries," available at [https://info.health.mil/cos/admin/DHA\\_Forms\\_Management/Lists/DHA%20Forms%20Management/AllItems.aspx](https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx).

11. SUMMARY OF CHANGES. The changes to this publication are administrative only, and update organizational titles, links, and references.

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Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

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, as amended
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” April 1, 2022
- (d) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- (e) DoD Instruction 6025.18, “Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs,” March 13, 2019
- (f) DoD Instruction 6040.45, “DoD Health Record Life Cycle Management,” November 16, 2015, as amended
- (g) DHA-Procedural Instruction 6040.02, “Sharing of Beneficiary Health Care Data through the Virtual Lifetime Electronic Record (VLER) Health Information Exchange (HIE) Initiative,” August 15, 2017 (hereby incorporated and canceled).
- (h) TRICARE website, “Joint Health Information Exchange,” current website edition <sup>1</sup>

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<sup>1</sup> This reference is located at: <https://www.tricare.mil/jhie>

ENCLOSURE 2  
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:
  - a. Communicate the benefits of information-sharing through the jHIE and the ability of non-active-duty beneficiaries to opt out of information sharing through the jHIE.
  - b. Oversee development of procedures to allow eligible MHS beneficiaries to opt out of information-sharing through the jHIE, and to reverse such elections to return to participation if desired.
  - c. Oversee implementation of the opt-out process, including monitoring and reporting.
  - d. Ensure future health information technology (HIT) systems support the ability to opt out of information sharing through the jHIE program or future similar program.
  
2. DIRECTOR, ADMINISTRATION AND MANAGEMENT (J-1). The Director, J-1 will advise its Privacy and Civil Liberties Office to collaborate with DHA stakeholders to ensure compliance with this DHA-AI, especially related to mechanisms to opt out of information sharing through the jHIE.
  
3. CHIEF, DHA-HEALTH INFORMATICS. The Chief, DHA-Health Informatics, will:
  - a. Develop and maintain the DHA policy necessary to ensure processes exist for eligible MHS beneficiaries to (a) opt out of jHIE information sharing, and (b), for beneficiaries who previously opted out, to opt back in to information sharing through the jHIE.
  - b. Implement the process for eligible participants to opt out of electronically sharing healthcare information through the jHIE to private sector partners and provider networks or to opt back into this type of information sharing.
  - c. Collaborate with Deputy Assistant Director (DAD)-Health Care Operations (HCO), including its Patient Administration Division (PAD) as appropriate, to ensure compliance with updating the information-sharing elections of those beneficiaries eligible to do so.
  - d. Collaborate with the Privacy and Civil Liberties Office to ensure mechanisms to opt out of information sharing through the jHIE.
  
3. DAD, HCO. The DAD, HCO, will collaborate with DHA stakeholders to ensure compliance with this DHA-AI. DAD-HCO will direct PAD, other staff, or their designees to process election forms to opt out of or opt back into healthcare information sharing through the jHIE. As part of these duties, DAD-HCO will:

a. Ensure eligibility. jHIE enrollees that request to opt out of (or opt back into) information sharing must be validated to ensure they are eligible to opt out (or to opt back in, based on the request received).

b. Perform the opt-out (or opt back in) process. Based on evolving electronic health record systems, this process may or may not involve manual steps.

c. Notify requestors. After processing requests, DAD-HCO or their designee must notify each beneficiary that requests to opt out of (or back into) information sharing through the jHIE have been reviewed and appropriately processed. This requirement applies to all requests with sufficient information for notification.

(1) When an opt-out or opt-back-in request has been processed, DAD-HCO or their designee will notify the requestor that their request has been processed.

(2) In cases where insufficient information was provided, DAD-HCO or their designee must notify the requestor that their request was not processed and why, so the requestor can provide the missing required information. This requirement does not extend to requests without enough information to identify the requestor.

(3) In cases where the requestor is not actually eligible to opt out, DAD-HCO or their designee will notify the requestor of the reason the request was denied. This requirement does not extend to requests without enough information to identify the requestor.

ENCLOSURE 3

PROCEDURES

1. SHARING INFORMATION THROUGH THE jHIE. The MHS shares beneficiary healthcare and clinical data through the jHIE, securely connecting health and benefit information systems from federal agencies, United States uniformed services, and federal and non-federal partners such as TRICARE and private sector partners and provider networks. Sharing this data gives participants a complete view of their health record across providers, ensuring healthcare teams have the information to make the best decisions about their health. This can prove useful in cases of emergencies where beneficiaries are not able to physically share necessary health information. The type of information shared is limited to that permitted by the Health Insurance Portability and Accountability Act of 1996, and includes such information as prescriptions, allergies and sensitivities, laboratory and radiology results, immunizations, and past medical procedures. Reference (h) describes the benefits of the jHIE, the purposes for sharing this information, the type of information shared, and other useful descriptions and information about the jHIE initiative.

2. SCOPE AND APPLICABILITY FOR INFORMATION SHARING. MHS beneficiaries whose health data is stored in the DoD medical data repository and who can be verified in the Defense Enrollment and Eligibility Reporting System (DEERS) are eligible to participate in the jHIE program.

a. Automatic Enrollment. Enrollment in information-sharing through the jHIE program is automatic for MHS beneficiaries—you are automatically opted in.

b. Active-Duty Service Members. Participation in information-sharing through the jHIE is mandatory for active-duty Service members and for Reserve Component Service members eligible to receive care in MHS facilities. Those beneficiaries included in this category are not eligible to opt out.

c. Non-Active-Duty Beneficiaries. Participation in information-sharing through the jHIE is optional for non-active-duty beneficiaries. Those beneficiaries included in this category are eligible to opt out of information-sharing through the jHIE at any time. Note that, for non-active-duty MHS beneficiaries who opt out, health information can still be received electronically by the MHS, but cannot be sent out electronically unless you opt back in.

d. Opting Out Details

(1) Individuals 18 years of age or older are eligible to opt out independently.

(2) A parent, guardian, or other personal representative, as defined in References (d) and (e), may opt out an unemancipated minor. Under certain circumstances, a minor may be eligible to opt out in accordance with state law.

(3) Individuals are not required to provide justification for choosing to opt out or opt back in.

(4) Information-sharing election changes require 30 business days after receipt for processing.

e. Limitations to opting out

(1) Opting out of information-sharing through the jHIE does not prevent the MHS from receiving information from outside providers.

(2) When care is received outside of an MTF, opting out of information-sharing through the jHIE does not opt the beneficiary out from the local or state HIE.

(3) Regardless of jHIE participation status, the MHS will continue to disclose information in hard copy pursuant to a valid authorization and will respond to disclosure requests for which an authorization is not required, as defined by References (d) and (e) or their successors.

f. Opting Back In. Beneficiaries who have previously opted out of information-sharing through the jHIE are eligible to opt back in at any time.

3. METHOD TO CHANGE PARTICIPATION. At the time of publication, the method to opt out of or to opt back into information-sharing through the jHIE is to complete DHA Form 346, "Participation in the joint Health Information Exchange by Non-Active-Duty Healthcare Beneficiaries," and send it by U.S. Mail to the address listed below:

DHA/PAD/jHIE Participation  
7700 Arlington Blvd, Suite 5101  
Falls Church, VA 22042

4. LOCATION OF FORM FOR CHANGING PARTICIPATION. DHA Form 346, "Participation in the joint Health Information Exchange by Non-Active-Duty Healthcare Beneficiaries," can be found at:  
[https://info.health.mil/cos/admin/DHA\\_Forms\\_Management/Lists/DHA%20Forms%20Management/AllItems.aspx](https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx) or at the TRICARE website at Reference (h).

5. TIMELINE FOR RESPONDING TO REQUESTS TO CHANGE JHIE ELECTIONS. Requests to change your election status for information-sharing through the jHIE will be processed within 30 business days of receipt. Notification of the processing of your election (provided to those who include an email address) may take up to 60 business days.

## GLOSSARY

### PART I. ABBREVIATIONS AND ACRONYMS

DAD	Deputy Assistant Director
DHA-AI	Defense Health Agency-Administrative Instruction
DHA	Defense Health Agency
HCO	Healthcare Operations
HIE	Health Information Exchange
jHIE	joint Health Information Exchange
MHS	Military Health System
PAD	Patient Administration Division

### PART II. DEFINITIONS

active duty. Full-time duty in the active military uniformed 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.

jHIE. A set of programs that manages the electronic exchange of beneficiary health information among the Department of Veterans' Affairs, DoD, other federal agencies, and non-federal partners including the DHA-managed TRICARE program, and private-sector partners and health networks.

MHS beneficiaries. This term includes (but is not necessarily limited to) active-duty Service members, non-active-duty Service members, Reserve Component Service members, civilian employees of participating federal agencies, and family members of these groups who receive healthcare benefits through the MHS.

non-active-duty MHS beneficiaries. Individuals who are or were eligible to receive healthcare benefits through the MHS. This category excludes active duty or Reserve Component Service members.

opt in or opt back in. The choice by a beneficiary to begin or to resume sharing of healthcare data to private sector partners and provider networks through the jHIE.

opt out. The choice by a beneficiary to not permit sharing of his or her healthcare data to private sector partners and provider networks through the jHIE.

TRICARE. TRICARE is a healthcare program of the U.S. DoD MHS (see official website per Reference (h)). TRICARE provides civilian health benefits for U.S Armed Forces military personnel, military retirees, and their dependents, including some members of the Reserve Component. TRICARE is the civilian care component of the MHS, although historically it also included health care delivered in military medical treatment facilities. TRICARE functions similar to a single-payer healthcare system. The TRICARE program is managed by the DHA.