BUMED INSTRUCTION 5312.3A

From: Chief, Bureau of Medicine and Surgery

Subj: DEFENSE MEDICAL HUMAN RESOURCE SYSTEM – INTERNET

Ref: (a) DoD 5400.11-R of 14 May 2007, DoD Privacy Program
(b) DoD Instruction 5400.11 of 29 January 2019
(c) SECNAVINST 5239.3C
(d) SECNAVINST 5211.5E
(e) Defense Medical Human Resource System – Internet Combined Desk Guides
(f) BUMED Memo of 31 Jan 07 (NAVMED POLICY 07-004)
(g) BUMEDINST 5310.8

1. Purpose. To establish policy, set guidelines, and assign responsibility for the utilization of the Defense Medical Human Resource System – internet (DMHRSi), per references (a) through (g). Reference (e) is available at https://www.med.navy.mil/policy-guidance/Pages/PG2007.aspx. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 5312.3.

3. Scope and Applicability. This instruction applies to all budget submitting office (BSO) 18 activities.

4. Background

   a. DMHRSi is a Web-based Tri-Service decision support system that integrates human resource data from multiple sources allowing ready access to essential manpower, human resource, labor cost assignment, education and training, and readiness information for Military Health System (MHS) organizations. DMHRSi standardizes information across Service lines and provides total force visibility to include Military Services, civilian, contract, and volunteer personnel (e.g., Red Cross).

   b. DMHRSi provides visibility at the department, command, region, Service, or MHS level. The self-service component of DMHRSi provides individual users the access needed to automate performance of tasks and replace paper intensive processes (e.g., filling out Medical Expense Performance Reporting System (MEPRS) timesheets, updating personnel information such as address, title, telephone number, or emergency contacts) and provides each individual with access to view data contained in their personnel record.

   c. DMHRSi is a relational database containing the data necessary to support management of the following functional business areas:
1. Manpower

2. Human resources

3. Labor cost assignment

4. Readiness

d. The data contained in DMHRSi is sensitive in nature and subject to protection per the provisions outlined in references (a) through (d).

5. Policy. This instruction implements and sustains policy for the use of DMHRSi.

6. Responsibilities

   a. Deputy Chief, Total Force is responsible for Navy Medicine total force (active duty, reserve, civilian, and contractor) manpower, personnel, training and education policies, programs, and practices; creates policy guidance and advises on monitoring compliance for medical department education and training programs; manages process oversight for addition, change, and deletion of Navy Medical Department education and training courses; and directs, coordinates, and monitors execution of DMHRSi for Navy Medicine.

(1) Bureau of Medicine and Surgery (BUMED) Assistant Deputy Chief, Manpower and Personnel (BUMED-M1) serves as the Navy functional proponent for the manpower and human resource capabilities within Navy Medicine.

   (a) The DMHRSi program manager (PM), established under the Director, Shore Manpower Requirements Determination and Human Resources Systems Support (BUMED-M14) serves as the Navy representative for DMHRSi policy during discussions with like representatives of other Services and U.S. Government organizations. Furthermore, the DMHRSi PM validates and prioritizes requests for application enhancements to meet evolving functional needs across all DMHRSi capabilities.

   (b) BUMED-M14 under the direction of the DMHRSi PM, is responsible for the operation and sustainment for DMHRSi for Navy Medicine throughout BSO-18. Specifically, the Navy DMHRSi support team will:

      1. Oversee the operation and maintenance of the DMHRSi application with Navy Medicine’s end users in mind.

      2. Develop and conduct DMHRSi end user training for all BSO-18 activities.
3. Develop and publish functional desk reference guides for DMHRSi users. Updates will be versioned and published as required to address changes in policy or application functionality. Per reference (c) guide can be found at https://hrss.med.navy.mil/ or by request.

4. Monitor user compliance with guidelines outlined in reference (c).

5. Staff a functional helpdesk to support DMHRSi end users. Hours of operation will be 0600-2000 Monday-Thursday and 0600-1500 Friday (Eastern time) on normal workdays. This will include initiating and monitoring helpdesk tickets with the Defense Health Agency (DHA) Global Service Center for any issues (functional or technical) that cannot be resolved by the Navy DMHRSi support team.

6. Provide three recurring data feeds. They are: bi-directional data feed between DMHRSi and the Expeditionary Medicine Platform Augmentation Readiness and Training System (EMPARTS), the monthly manpower data feed to DMHRSi of Navy manpower (billet) data from the Navy’s Total Force Manpower Management System (TFMMS), and a weekly feed of personnel data to Navy Medicine’s Learning Management System SWANK.

   (c) Provide technical support for the development of ad-hoc reports.

   (d) Develop and maintain the DMHRSi reporting tool, populating the tool with data from DMHRSi every workday.

   (e) Provide functional subject matter expertise and serve as a member of the DHA DMHRSi work group. Work with the DMHRSi work group and DHA Solution Delivery Division DMHRSi program management staff with the development of requirements and validation of system change requests, enhancements, updates to tutor documentation and Web based training content, and performance of functional testing.

   (f) Provide executive level briefings or demonstrations related to DMHRSi as needed.

(2) The Assistant Deputy Chief, Information Management and Technology (BUMED-M6) is responsible for centralized coordination of net-centric policy, planning, governance, requirements integration, and investment direction to efficiently provide secure global access to information overseas and compliance on the use of privacy impact assessments for all Navy Medicine systems; designated representative for data sharing agreements; certifies Defense Health Program funded system registration and data validation in the Defense Health Program system inventory reporting tool, which serves as a central repository for MHS compliance and investment information used for Navy Medicine portfolio management and certification.
(3) Deputy Chief, Resource Management (BUMED-M8) is responsible for development of policies and procedures related to the collection and submission of labor data for the MEPRS in the Expense Assignment System. BUMED-M8 serves as the Navy functional proponent for the labor cost assignment capability of DMHRSi and represents Navy interests related to DMHRSi issues at the business Portfolio Management Board. Additionally, BUMED-M8 is responsible for the establishment of a data quality management control program uniformity and standardization of information and assures data accuracy, completeness, and timeliness within BSO-18.

b. Navy Medicine Regional Commanders will:

(1) Monitor area of responsibility for compliance with reference (c).

(2) Ensure DMHRSi issues impacting the Data Quality Management Control Program, MEPRS/Expense Assignment System Program, or other issues affecting the command’s ability to execute BUMED policy and guidance are promptly reported to the Navy DMHRSi support team for action.

(3) Per references (a) through (d), ensure proper training and safeguards are in place to protect personally identifiable information (PII) and notify the Navy DMHRSi PM of any PII breaches.

c. Commanders, Commanding Officers, and Officers in Charge of Medical Treatment Facilities, Dental Treatment Facilities, Navy Medicine Readiness and Training Commands, and Mission-Specific Commands within BSO-18 must:

(1) Ensure compliance with guidelines set forth in the functional user guides. Specifically:

(2) Ensure the quality of all manually entered data.

(3) Ensure DMHRSi issues impacting the Data Quality Management Control Program, MEPRS/Expense Assignment System Program, or other issues affecting the command’s ability to execute BUMED policy and guidance are promptly reported to the Navy DMHRSi support team for action.

(4) Per references (a) through (d), ensure proper training and safeguards are in place to protect PII and notify the Navy DMHRSi PM of any PII breaches.

(5) Ensure all DMHRSi time entries are completed within 3 working days of the timecard end date (every 2 weeks to coincide with the civilian pay periods).
(6) Ensure all Expense Assignment System files processed are accurate and completed within established deadlines as outlined in the labor cost assignment guide. All Expense Assignment System files are to be reviewed by the Navy DMHRSi support team prior to import into Expense Assignment System.

(7) Ensure all employees are granted “employee self-service” access to DMHRSi. This will allow employees to update their personal information as well for applicable employees allow them to complete their DMHRSi timecard for MEPRS processing.

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Records%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the DON/AA DRMD program office.

8. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M1 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

9. Information Management Control. The reports required in subparagraphs 6a(2) and 6a(3), 6b(2) and 6b(3), and 6c(3) and 6c(4) are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.

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Acting

Releasability and distribution: This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at, http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx