



Reserve Health Readiness Program

SERVICE MEMBER PORTAL (SMP) USER MANUAL Rev SMP 2.9.24





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Important Information

1. The QTC Service Member Portal (SMP) web address is: <https://smp.qtc.com>
2. If you need help please contact us at:
 - a) 833-QTC-RHRP [(833) 782-7477]
 - b) RHRPSupport@qtc.com
3. Service Center Hours of Operations
 - Monday-Friday 08:00 – 23:00ET
 - Saturday 08:00 – 16:00ET
 - Sunday 08:00 – 16:00ET
4. Revision History

Date	Revisions
2/9/2024	SMP 2.9.24 Modified formatting, revised the Table of Contents and added content on: <ul style="list-style-type: none"> - Requesting Individual Medical Readiness (IMR) Services - Self-scheduling appointments - Requesting an annual flu voucher - Viewing upcoming appointment dates, times, locations - Updating contact information and appointment availability times - Setting a calendar reminder (Apple, Google, Outlook, Samsung) - Using the built in map-it function to connect to your favorite mapping application - Uploading medical readiness documents from any smart device



Registering for Access

1. To register for access to the SM Portal:

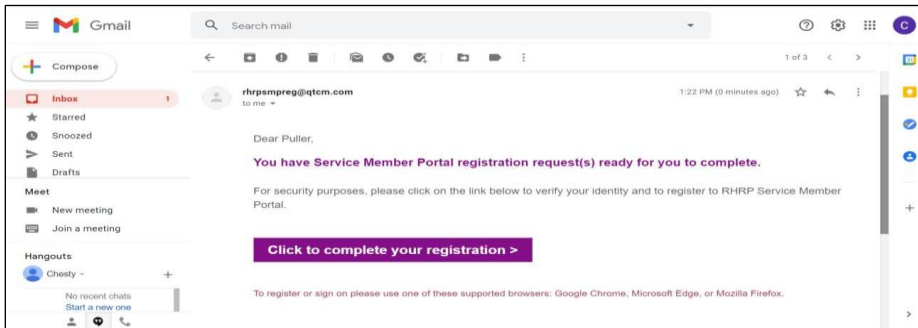
- a) Go to <https://smp.qtc.com>, click **agree** to proceed to the log in page and click **New User**.

- b) Enter the required data on the *Welcome To Service Member Registration Portal* page and click **Create New Account**

- c) You will receive a confirmation message and an email to complete the registration.



d) Follow the instructions in the email to complete registration.



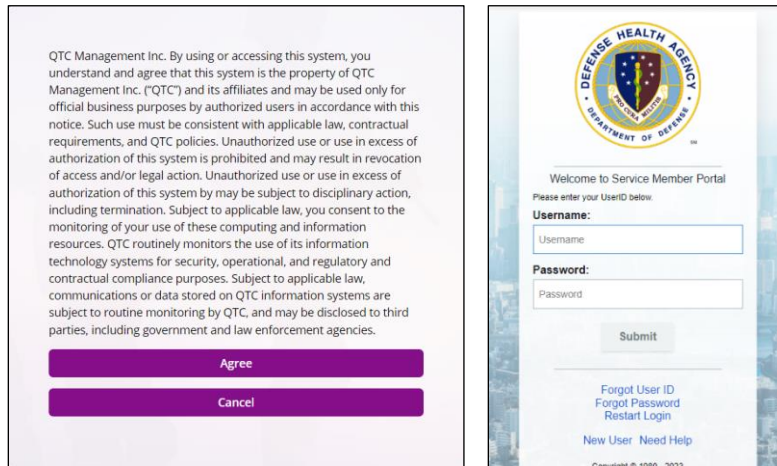
e) Enter the data on the *User Registration* page and click **Register**. You will receive the *Welcome to the Service Member Portal* confirmation and can now access the portal.



Navigating the Portal

- Logging In**

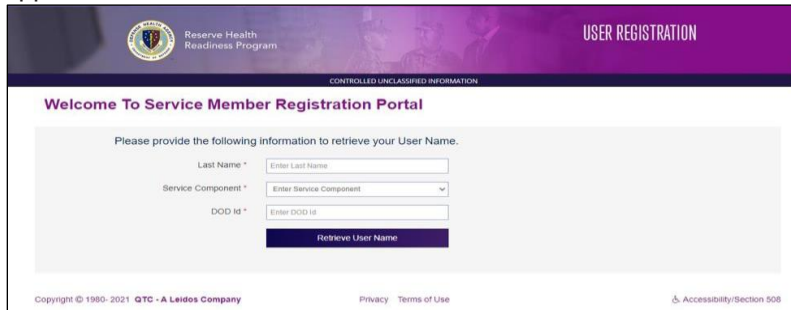
Go to <https://smp.qtc.com> and click **Agree** to access the SM Portal. Enter the registered username (email) and password and click **Submit**.



You can also request assistance from the login page if you are having trouble accessing the portal

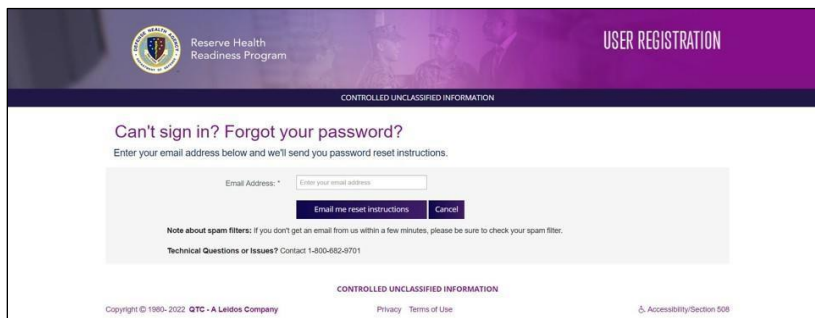
- Forgot User ID**

Click **Forgot User ID** and fill in the requested information and click “Retrieve User Name”. The username will appear on the screen.



- Forgot Password**

Click **Forgot Password**, enter the email address and follow the instructions provided in the email to reset password



Dashboard

Once logged in to the SMP you will see your custom dashboard.

The screenshot shows the SMP Dashboard interface. At the top, it displays the user's last login time (12/08/2023 09:54:14 MST) and the text 'CONTROLLED UNCLASSIFIED INFORMATION'. The navigation bar includes 'Dashboard', 'My Information', and 'FAQs/Tutorials'. The user's email 'Usar_sm@Gmail.Com' and a 'Sign Out' button are visible on the right. The main content area features a greeting 'Hello, Your Name' and a prompt to 'View appointment details, complete medical forms and contact your QTC Customer Service Agent.' Below this, there are three main sections: 'My Inbox' with tabs for 'Appointments/Events', 'Documents', and 'Surveys'; 'Request Medical Services' with buttons for '+ Order Services' and 'Order Walgreens Flu Shot'; and 'Upload Medical Documentation' with a '+ Upload Documents' button. A 'My Information' section at the bottom right shows the user's home address: '1000 Hillcrest Lane, San Antonio, TX 78254'. The 'My Inbox' section contains an 'ACTION REQUIRED' notification for a 'Mental Health Assessment' due on Tuesday, October 10, 2023, and a 'Vaccination Appointment' at Walgreens Pharmacy.

From the SMP Dashboard, you can:

- Order Readiness Services
- Order a Walgreens Flu Shot (*not applicable for Air Reserve Component, AFR and ANG*)
- Self-scheduling
- Upload a Document
- Change Address Preference
- View/Change Availability
- View Appointments

Ordering Readiness Services

1. From the Dashboard, click **Order Services** to see the list of orderable items.

Note: PHA Part C1 is the only orderable service for Air Reserve Component, AFR and ANG.

This screenshot is identical to the one above, but with a red arrow pointing to the '+ Order Services' button in the 'Request Medical Services' section. The arrow originates from the right side of the image and points directly to the button.

2. Select the services needed and click **SUBMIT REQUEST**. You will receive a confirmation message.

RHRP-3 Service Request - USAR

Call Center
Select one
 PDHA PHA Part C1 (MHA) PDHRA PHA

Periodic Health Assessment (PHA)
 PHA

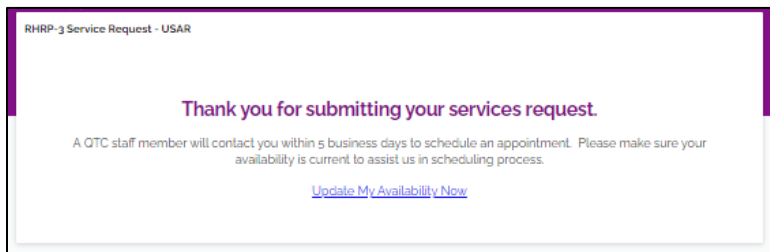
Audiology Services
 Annual Audiometric Screen Comprehensive audio exam / pure tone air and bone conduction testing

Vision Services
 Comprehensive eye exam Vision Screen with color and with & without correction

Vaccines / Lab work
 Vaccines Lab services

Other Services
 Breast exam B-read
 Chest x-ray EKG, resting
 Mammography Spirometry - Pulmonary Function Test (PFT)

Dental Services
 Annual Dental Exam (Periodic Oral Examination) Annual Dental Exam (Comprehensive Oral Examination)



Ordering a Walgreens Flu Shot

1. From the Dashboard, click **Order Walgreens Flu Shot** and then click **Yes, I confirm**.

Note: PHA Part C1 is the only orderable service for Air Reserve Component, AFR and ANG.

Last Login: 12/08/2023 09:54:14 MST CONTROLLED UNCLASSIFIED INFORMATION

Dashboard My Information FAQs/Tutorials Usar_sm@Gmail.Com Sign Out

Hello, Your Name
View appointment details, complete medical forms and contact your QTC Customer Service Agent.

My Inbox
Appointments/Events Documents Surveys

ACTION REQUIRED
DUE BEFORE Tuesday, October 10, 2023
Mental Health Assessment
CALL:
Forms:
DD 2900 POST DEPLOYMENT HEALTH RE-ASSESSMENT (PDHRA)
[View Forms \(Form Pending Completion\)](#)

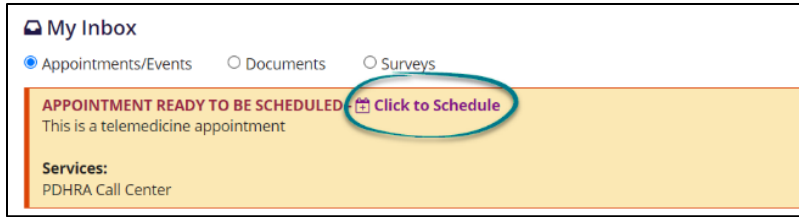
Vaccination Appointment
Walgreens Pharmacy
Walgreens.com

Request Medical Services
[+ Order Services](#) [Order Walgreens Flu Shot](#)

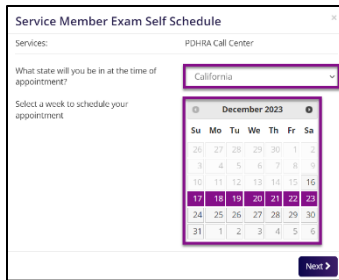
Upload Medical Documentation
[+ Upload Documents](#)
File types allowed: PDF, JPG, JPeg, PNG, GIF, TIF, DOC, DOCX, BMP
File size limit: 5 MB

My Information
HOME ADDRESS
1000 Hillcrest Lane
San Antonio, TX 78254

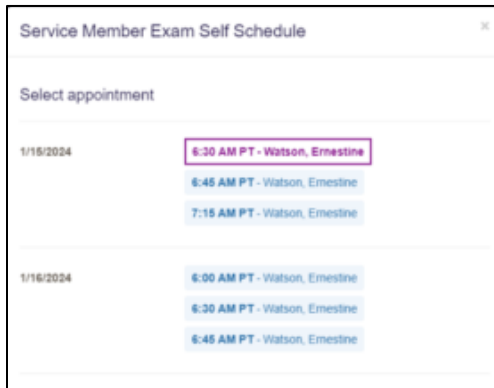
- Log into SMP → navigate to Appointment/Events section → clicks **Click to Schedule** link on the appointment card.



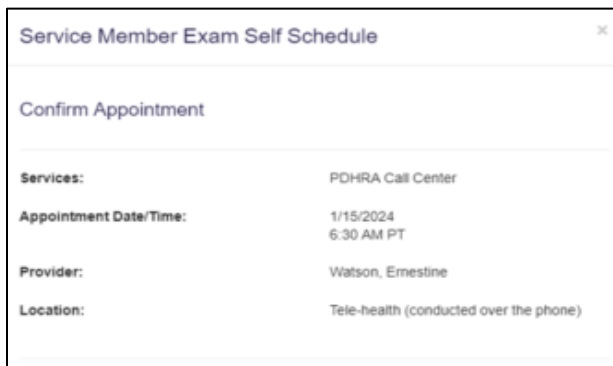
- Exam Self Schedule window opens → you will select the **state** you will be in at the time of the appointment.

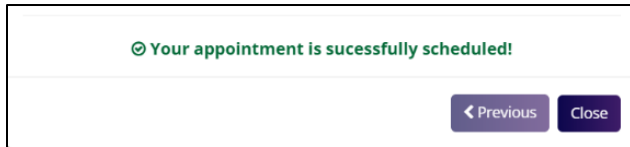


- You will select a **week** to schedule the appointment → clicks **Next** button.
Note! You must select a date at least 3 days from the current date.
- Select an **appointment slot** → clicks **Next** button.



- Click **Schedule Appointment** to confirm the appointment → Appointment confirmation appears and previous button is disabled → You will click **Close** button.

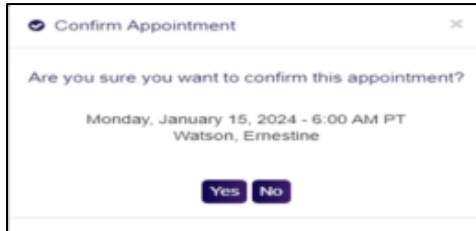




- The appointment card reflects the scheduled appointment information as UNCONFIRMED → You will click **Yes, I confirm** button → click **Yes** button, which changes the appointment card status to APPOINTMENT CONFIRMED.

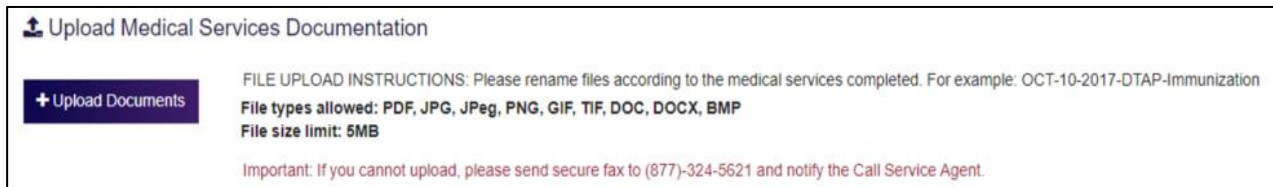
Note: You will receive a notification reminder 72 hours prior to appointment. You will receive additional notifications 48 and 24 hours prior to appointment date unless you confirm the appointment.

Important! You must view and complete forms prior to appointment.

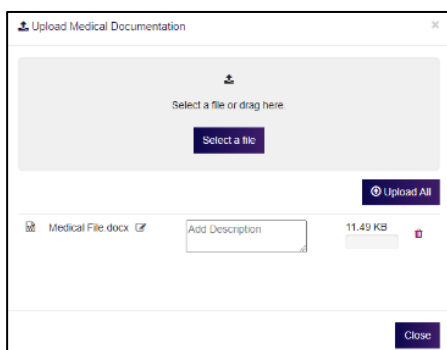


Uploading a Document

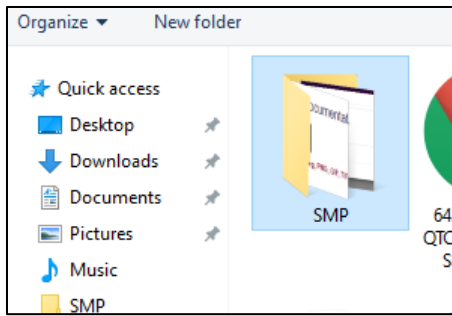
- You can upload a document by clicking the "Upload Documents" button from the Dashboard or "My Information" tab.



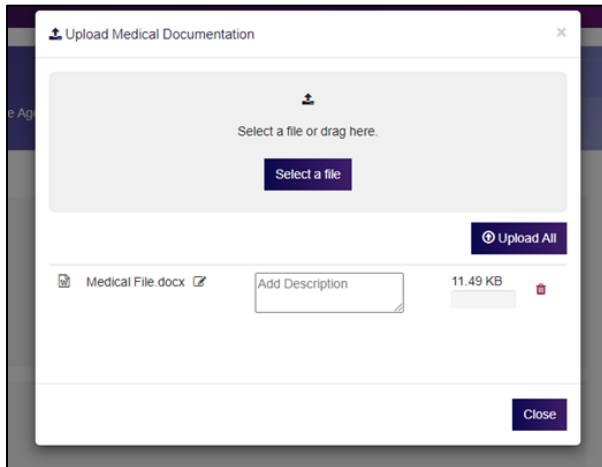
- Once you click "Upload a Document" the "Upload Medical Documentation" box appears.



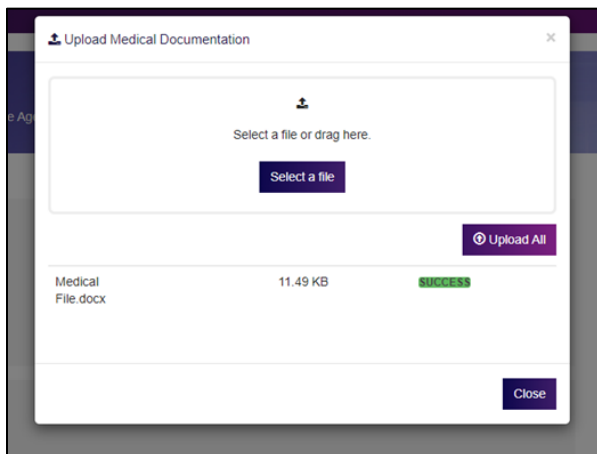
- You will click on "Select a file"
 - You can navigate to the Files from your computer and chooses those files. The selected files will appear for upload.



4. Once you click the file to upload a new window will appear indicating which file to upload.
5. You will then click the "Upload All" box to complete the task.



6. After you click the "Upload All" box a new window will appear indicating "Success".



7. You can then click the "Close".

Changing Address

1. To change the address you will click “Change Address Preference”.

HOME ADDRESS
 110 Cedar Springs
 Beverly Hills, CA 90210
[📄 Change Address Preference](#)

2. “My Information” appears.
3. You can fill in address change information.

HOME ADDRESS

MILITARY WORKPLACE ADDRESS

CIVILIAN WORKPLACE ADDRESS

4. You must click, “Save”.

📄 Save

Setting Availability

1. You are able to set when you are available for appointments by clicking “View/Set Availability” on the dashboard.
2. From “Set my Availability”, the page appears.

SET AVAILABILITY
[📄 View/Change Availability](#)

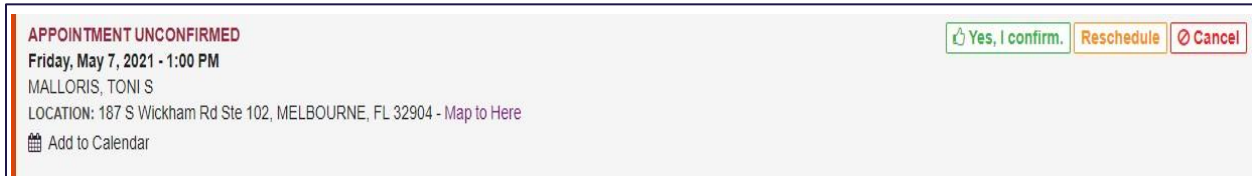
- You will enter the date(s) and time (s) for availability.
- When updating availability, you must enter all availability.
- You must click “Save” to save changes.

3. You can clear all availability by clicking “Clear Availability”.

Viewing Appointments

1. On the Dashboard, you can confirm, reschedule, or cancel any appointment(s) that have been scheduled.
2. You can also add the appointment to your calendar.

3. You will receive an “Unconfirmed” appointment on your dashboard.

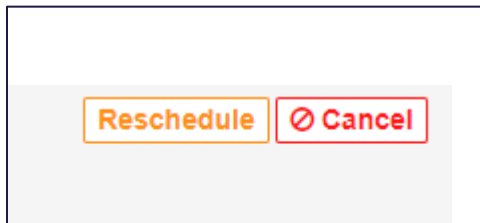


4. In order for you to confirm your appointment you will click the “Yes, I confirm” box.

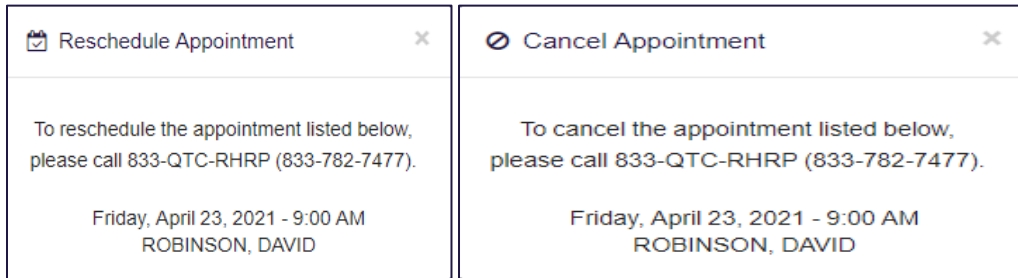
5. Refresh your dashboard and then will see the appointment confirmed in your “My Inbox”.



6. To reschedule or cancel an appointment you will click on the appropriate link as seen below.



7. You will see a message with instructions.



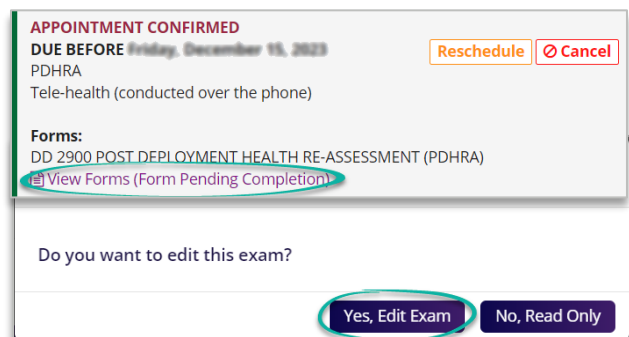
Complete Form: Post Deployment Health Re-Assessment (PDHRA)

How to Complete the Service Member Sections

DD 2900 POST DEPLOYMENT HEALTH RE-ASSESSMENT (PDHRA) is performed 90-180 days after redeployment. There are three sections on DD2900: the first two sections are visible and editable for the service member’s responses; the last section, which is hidden from Service Member view, is for the health care provider's assessment.

Access to DD Form 2900

1. From the SMP Dashboard, navigate to the Appointments section → locate the PDHRA appointment → tap/click the **View Forms (Form Pending Completion)** link.



- MEP® - MEDICAL EVALUATION PROTOCOL page opens → tap/click **Yes, Edit Exam button** to open and edit the form.

MEP Page Overview

- The status of the form shows:
 - **Role Category:** Examinee
 - **Status:** Examinee in Progress
- Read-only Service Member Information is located below the status section.
- Mandatory fields are **blue-outlined**; optional fields are grey-outlined and can be left blank if not applicable.
- Options are available to adjust page settings as desired.
- Tapping/clicking the **Submit** button at the bottom of the page forwards the completed entries to the health care provider.

The screenshot shows the MEP form interface. At the top, it displays 'MEP® - MEDICAL EVALUATION PROTOCOL' and 'Role Category: Examinee'. Below this, there's a section for 'SERVICE MEMBER INFORMATION' with fields for Service Member, Branch of Service, Rank, and Date of Appointment. The main form area is titled 'SERVICE MEMBER DEMOGRAPHICS' and includes fields for Last Name, First Name, Middle Initial, Today's Date, Date of Birth, Gender, and Service. A 'Submit' button is highlighted with a red circle at the bottom.

Complete DD 2900 Service Member Sections

Service Member Demographics

- Ensure your **Last Name, First Name,** and Middle Initial (optional) are entered correctly. Edit if needed.
- Select **today's date** – the date that you are completing the form.
- Ensure your **Date of Birth** is correct.
- Select your birth-assigned **gender**.
- Select your **Service Branch**.
- Select your **Component**.
- Select your **Pay Grade/Rank**.
- Enter your **Home station/unit**.
- Enter your **current contact information**:
 - Phone Number
 - Cell (optional)
 - DSN (optional)
 - Email
 - Address (Street, City, State, Zip)
- Enter the information of a **point of contact** who can always reach you:
 - Name
 - Phone
 - Email (optional)
 - Address (Street, City, State, Zip)

This screenshot shows the 'SERVICE MEMBER DEMOGRAPHICS' section of the form. It includes fields for Last Name, First Name, Middle Initial, Today's Date, Date of Birth, and Gender. Letters A, B, C, and D are placed next to the Last Name, Today's Date, Date of Birth, and Gender fields respectively, corresponding to the instructions.

This screenshot shows the 'SERVICE MEMBER QUESTIONS AND RESPONSES' section of the form. It includes sections for Service Branch, Component, Pay Grade, Home station/unit, Current contact information, and Point of contact who can always reach you. Letters E through J are placed next to the corresponding sections: E for Service Branch, F for Component, G for Pay Grade, H for Home station/unit, I for Current contact information, and J for Point of contact.

Note! If page setting shows the sections separated, you can tap/click the **Next** button to navigate to the Service Member Questions and Responses section. Otherwise, if the page setting shows both sections in a scrollable page, a next button will not appear.

Service Member Questions and Responses

- K. Enter the **primary location** of your most recent deployment.
- L. Select the **date departed theater**.
- M. Select **the total number of your deployments** in the past 5 years.
 1. Select a rating that describes your health during the past month.
 2. Select a statement that describes your **current health compared to your pre-deployment health**.
 3. Indicate whether or not you were wounded, injured, assaulted or otherwise hurt during your most recent deployment.
 - If yes, describe any current problems or concerns related to the event(s) during deployment.
 4. Select “yes” or “no” to answer questions related to your most recent deployment.
 5. Select the **number of visits** you have made to a health care provider for a medical, dental, or mental health problem/concern since your return from deployment.
 6. Indicate whether or not you have been **hospitalized** since your return from deployment.
 - If yes, provide hospitalization date and details (e.g., reason for hospitalization).
 7. Select a statement that describes the **difficulty of working or performing regular daily activities** as a result of physical health problems (illness/injury).
 8. Select a statement that describes how much you have been bothered by symptoms in the past month.
 9. List and explain any **major life stressors** you have experienced in the past month that cause significant concern or make it difficult to work, take care of things at home, or get along with others.
 - If you have experienced any major life stressors, indicate whether or not you are currently in treatment or receiving professional help.
 10. Indicate whether you have received care for any **mental health conditions** or concerns.
 11. List and explain any **prescriptions or over-the-counter medications** for sleep, pain, combat stress, or a mental health problem you are currently taking.
 12. Select statements that pertain to your current **alcohol consumption**, if any.
 13. Select “yes” or “no” to statements in 13a – 13d that pertain to experiences in the past month.
 - If you selected “yes” to two more questions from 13a – 13d, you will need to indicate how much you have been bothered by possible problems in the past month.



SERVICE MEMBER QUESTIONS AND RESPONSES

K Primary location of last deployment:

L Date departed theater:

M Total deployments in past 5 years: 1 2 3 4 5 or more

1 1. Overall, how would you rate your health during the PAST MONTH?
 Excellent Very Good Good Fair Poor

2 2. Compared to before your most recent deployment, how would you rate your health in general now?
 Much better now than before I deployed
 Somewhat better now than before I deployed
 About the same as before I deployed
 Somewhat worse now than before I deployed
 Much worse now than before I deployed

3 3. Were you wounded, injured, assaulted or otherwise hurt during your deployment? Yes No

4 4. During your deployment:
 a. Did you ever feel like you were in great danger of being killed? Yes No
 b. Did you encounter dead bodies or see people killed or wounded during this deployment? Yes No
 c. Did you engage in direct combat where you discharged a weapon? Yes No

5 5. Since you returned from deployment, how many times have you gone to a health care provider for a medical, dental, or mental health problem/concern?
 No visits 1 visit 2-3 visits 4-5 visits 6 or more

6 6. Since you returned from deployment, have you been hospitalized? Yes No

7 7. During the PAST MONTH, how difficult have physical health problems (illness or injury) made it for you to do your work or other regular daily activities?

8 8. During the PAST MONTH, how much have you been bothered by any of the following problems?

Symptom	Not bothered at all	Bothered a little	Bothered a lot
a. Stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9 9. a. Over the PAST MONTH, what major life stressor have you experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people (for example, serious conflicts with others, relationship problems, or a legal, disciplinary or financial problem)?
 None or explain:
 b. Are you currently in treatment or getting professional help for this concern? Yes No

10 10. In the PAST YEAR did you receive care for any mental health condition or concern such as, but not limited to post traumatic stress disorder (PTSD), depression, anxiety disorder, alcohol abuse or substance abuse?
 Yes No
 If yes, please explain:

11 11. What prescription or over-the-counter medications (including herbals/supplements) for sleep, pain, combat stress, or a mental health problem are you CURRENTLY taking?
 None or explain:

12 12. a. How often do you have a drink containing alcohol?
 Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week
 b. How many drinks containing alcohol do you have on a typical day when you are drinking?
 1 or 2 3 or 4 5 or 6 7 or 8 9 or 10 or more
 c. How often do you have six or more drinks on one occasion?
 Never Less than monthly Monthly Weekly Daily or almost daily

13 13. Have you ever had any experience that was so frightening, horrible, or upsetting that, in the PAST MONTH, you:
 a. Have had nightmares about it or thought about it when you did not want to? Yes No
 b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? Yes No
 c. Were constantly on guard, watchful or easily startled? Yes No
 d. Felt numb or detached from others, activities, or your surroundings? Yes No

NOTE: If two or more items on 13a through 13d are marked yes, continue to answer items 13e through 13h.

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the PAST MONTH. Please answer all items.

	Not at all	A little bit	Moderate	Quite a bit	Extremely
13e. Repeated, disturbing memories, thoughts, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Select statements that describe how often you have been bothered by problems in the last 2 weeks.
 - If you selected “more than half the days” or “nearly every day” to either 14a or 14b, you will need to indicate how often you have been bothered by possible problems over the last 2 weeks.
15. Indicate any health concerns if you believe you were exposed to something in the environment while deployed.
16. Indicate and provide details for any animal bites or scratches received during your deployment.
17. Indicate whether or not you would like to schedule an appointment with a health care provider to discuss any health concerns.
18. Indicate whether or not you would like to receive information or assistance for a stress, emotional or alcohol concern.
19. Indicate whether or not you are interested in receiving assistance for a family or relationship concern.
20. Indicate whether or not you would like to schedule a visit with a chaplain or a community support counselor.

14. Over the LAST 2 WEEKS, how often have you been bothered by the following problems?

A. Little interest or pleasure in doing things. Not at all Few or several days More than half the days Nearly every day

B. Feeling down, depressed, or hopeless. Not at all Few or several days More than half the days Nearly every day

NOTE: If 14a, or 14b, are marked "More than half the days" or "Nearly every day," continue to answer items 14c through 14f.

Over the LAST 2 WEEKS, how often have you been of the following problems?

14c. Trouble falling/staying asleep, sleep too much Not at all Few or several days More than half the days Nearly every day

15. Are you worried about your health because you believe you were exposed to something in the environment while deployed? Yes No
If yes, please explain: _____

16. Were you bitten or scratched by an animal during your deployment? Yes No
If yes, please explain what kind of animal was involved, your injury, and what happened: _____

17. Would you like to schedule an appointment with a health care provider to discuss any health concern(s)? Yes No

18. Are you interested in receiving information or assistance for a stress, emotional or alcohol concern? Yes No

19. Are you interested in receiving assistance for a family or relationship concern? Yes No

20. Would you like to schedule a visit with a chaplain or a community support counselor? Yes No



Additional Items

My Inbox

1. Select the appropriate radio button under “My Inbox” to view:

- **Appointments/Events** will display all scheduled appointments
- **Documents** will display all documents sent to you from QTC (Test results, Referral Documents) and documents uploaded by you through Service Member Portal.
- **Surveys** displays any incomplete surveys

The screenshot shows the 'My Inbox' section of the Service Member Portal. At the top, it says 'Last Login: 12/19/2022 13:40:45 PST' and 'CONTROLLED UNCLASSIFIED INFORMATION'. Below the navigation bar, there is a greeting: 'Hello, Firstname Lastname! View appointment details, complete medical forms and contact your QTC Customer Service Agent.' Underneath, the 'My Inbox' section has three radio buttons: 'Appointments/Events' (selected), 'Documents', and 'Surveys'. The 'Appointments/Events' button is highlighted with a yellow border.

My Information

1. The “My Information” tab allows you to update your profile

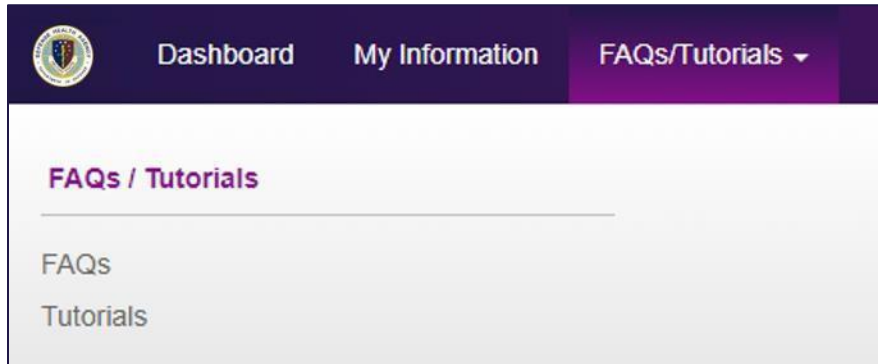
- Address
- Rank
- Contact information
- Preferred address for setting up appointments
- Medical Services Requested (with documents to complete if necessary)
- Upload Documents

2. To save changes you must click, “Save”

The screenshot shows the 'My Information' form. At the top, it says 'My Information' and 'If any of the information below is incorrect, please call 833-QTC-8989 (833-742-7475)'. Below this, there are several sections: 'PERSONAL INFORMATION' with fields for 'SERVICES COMPONENT', 'NAME (LAST, FIRST, MIDDLE)', 'DOB', 'STATUS', 'GENDER', and 'TA'; 'HOME ADDRESS' with fields for 'ADDRESS LINE 1', 'ADDRESS LINE 2', 'CITY', 'STATE', and 'ZIP'; 'MILITARY WORKPLACE ADDRESS' with fields for 'ADDRESS LINE 1', 'ADDRESS LINE 2', 'CITY', 'STATE', and 'ZIP'; 'CIVILIAN WORKPLACE ADDRESS' with fields for 'ADDRESS LINE 1', 'ADDRESS LINE 2', 'CITY', 'STATE', and 'ZIP'; 'E-MAIL ADDRESS' and 'CELL PHONE'; and 'WHICH ADDRESS IS PREFERRED FOR SETTING UP APPOINTMENTS?' with radio buttons for 'HOME ADDRESS', 'MILITARY WORKPLACE ADDRESS', and 'CIVILIAN WORKPLACE ADDRESS'. Below this is a section for 'Medical Services Requested' with a list of 'PMSHA Form Pending Completion' items. At the bottom, there is a section for 'Upload Medical Services Documentation' with a 'Upload Documents' button and a 'Save' button.

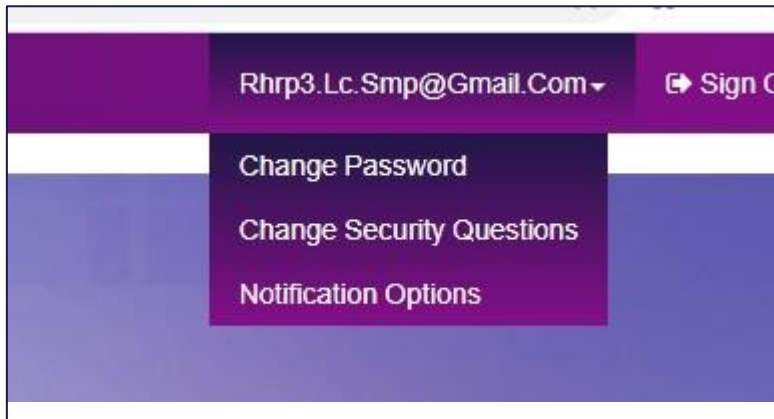
FAQs/Tutorial

1. Frequently Asked Questions (FAQ) tab list “Answers to common question about SMP”.
2. The Tutorial page will show a video of how to use the portal.



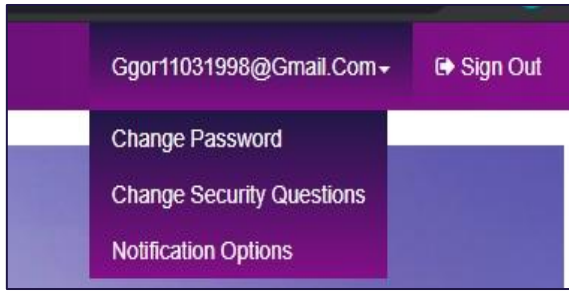
Making Account Changes

1. Clicking on the your email address at the top bar will allow you to:
 - Change Password
 - Change Security Questions
 - Change Notification Options

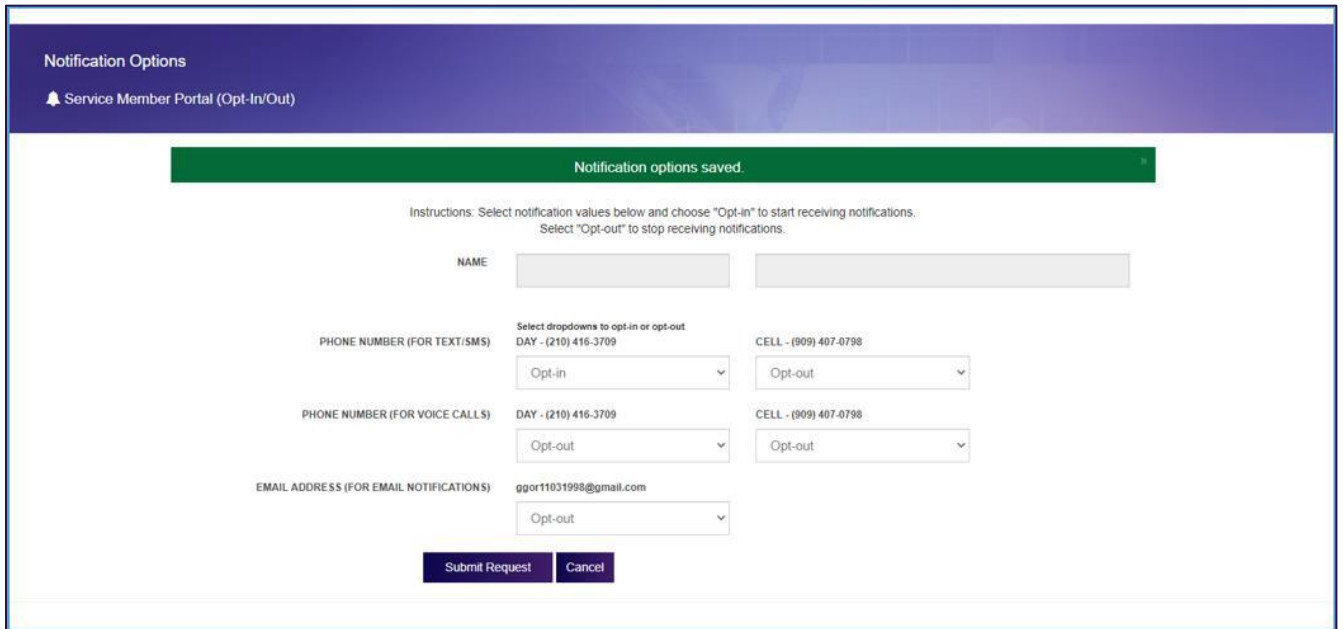


Notifications

1. Appointment reminder notifications allow QTC to reach you in up to three modes:
 - An email to the provided email address
 - A phone call to any type of phone (cellular or home/ work phone); if you are unavailable to take the call, the application will leave a voicemail.
 - A SMS text to a cellular phone.
2. You can select the method of receiving notifications by clicking on the email address in the upper right, then on “Notification Options”.



- 3. You can opt-in or opt-out of up to two methods of contact, but must opt-in for at least one mode to allow QTC to contact you.



- 4. Reminders are sent with caller-ID 833-QTC-RHRP. Example of message received.



Change Password

From the "Change Password" link you will:

- 1. Enter the new Password.
- 2. Will click "Change Password" to save or "Cancel" to disregard the changes.

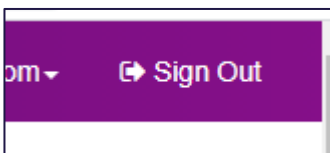
Change Security Question

From “Change Security Question” link the screen appears to change security questions.

1. You use the drop down boxes to choose a question and then type in the answer.
2. You must click, “Save Security Questions” to save the changes or “Cancel” to disregard the changes.

Logging Out

1. You will click the “Sign Out” link to log out of the SMP.



2. A box will appear indicating you are now signed out.