Defense Health Program
Fiscal Year (FY) 2019 Budget Estimates
Operation and Maintenance
Information Management

I. Description of Operations Financed:

Service Medical Information Management/Information Technology (IM/IT) – Provides resources for Military Treatment Facility IM/IT activities, infrastructure, Service Medical specific systems; and Functional Area Applications (Service-Unique); Communications and Computing Infrastructure to include Information Assurance (IA), long haul/wide area and deployable tactical/shipboard communications, office automation and video-teleconferencing; and related technical activities including information architecture, data standardization and data interoperability. Specifically excludes Base Communications and Voice Communications requirements which are funded in the Base Operations / Communications Budget Activity Group.

Military Health System (MHS) Information Management/Information Technology IM/IT Support Programs – Provides resources for services that are either contracted or provided by other DoD agencies. Provides for modifications to contractor owned IM/IT systems to meet congressional and other mandated changes; changes or modifications to other DoD agencies' IM/IT systems to comply with changes in medical regulatory guidance; commercially purchased IM/IT related services to support the Managed Care Support Contracts' compliance requirements; and funding to support centrally managed office automation, video-teleconferencing and related technical activities including information architecture, data standardization and data interoperability. Specifically excludes funding for centrally managed or Service Medical IM/IT systems including acquisition of centrally developed systems.

Military Health System (MHS) Tri-Service Information Management/Information Technology (IM/IT) – Provides resources for the Military Health System (MHS) centrally managed, Tri-Service IM/IT programs to include development of standardized information systems

I. <u>**Description of Operations Financed (cont.)**</u>

designed to meet Tri-Service functional requirements at all echelons of command in the medical functional area. The Tri-Service IM/IT program defines, acquires/develops, maintains and oversees the design, enhancement, operation, acquisition, sustainment and management of information systems, related IT infrastructure and communications in support of MHS activities.

Information Technology Development – Integrated Electronic Health Record – Provides resources for the acquisition, maintenance, enhancement, operation, sustainment, and program management in support of the Integrated Electronic Health Record (iEHR) information program and associated capabilities for the CAPT James A. Lovell Federal Health Care Center, North Chicago, IL and the Interagency Program Office (IPO).

Department of Defense (DoD) Healthcare Management System Modernization Program (DHMSM) – Provides resources for the deployment and related technical sustainment of Information Technology (IT) software and hardware baseline in support of healthcare delivery and the DoD Healthcare Management System Modernization (DHMSM) Major Automated Information System within the Military Health System (MHS). This includes funding for IT equipment and recurring replacement, production software licenses and renewal/version upgrades, system deployment/implementation activities and initial system user training. This program also includes funding to support the program office operations (e.g., Government and Vendor) and commercial software maintenance, hardware maintenance, system administration, other operations costs, recurring training and education, and recurring telecommunications and data/system hosting and storage requirements in support of the DHMSM IT requirements. This program is established in accordance with the joint memo from USD(C) and USD(AT&L) titled "Joint Memorandum on Major Defense

I.   <u>**Description of Operations Financed (cont.)**</u>

Acquisition Program and Major Automated Information System Program Resource Transparency in Department of Defense Budget Systems" dated June 27, 2013.

DoD Medical Information Exchange (DMIX) – Provides resources for the Military Health System's procurement and sustainment of Information Technology software, hardware, interfaces, infrastructure and other related IT activities in support of healthcare interoperability and medical information exchange programs. The Defense Medical Information Exchange (DMIX) Program includes funding for any IT capability initiative supporting the seamless exchange of standardized health data among Department of Defense, Department of Veterans Affairs, other federal agencies, private sector healthcare providers, and benefits administrators. Activities under this program element provide the capability for healthcare providers to access and view comprehensive and current patient health records from a variety of data sources which enable healthcare providers to responsively make more informed patient care decisions. This program element also includes funding to support program office operations (e.g., Government and Vendor), system administration, other operations costs, recurring training and education, and recurring telecommunications and data/system hosting and storage capability in support of requirements.

Theater Medical Information Program - Joint (TMIP - J) – Provides resources to integrate components of the Military Health System (MHS) sustaining base systems and the Services´ medical information systems to ensure continuous interoperable medical support for mobilization, deployment and sustainment of all Theater and deployed forces in support of any mission. TMIP-J enhances the clinical care and information capture at all levels of care in operational environments, transmits critical information to combatant commanders, supports the evacuation chain for combat and non-combat casualties, and

I.   <u>**Description of Operations Financed (cont.)**</u>

forges the theater links of the longitudinal health record to the sustaining base and the Department of Veterans Affairs. TMIP-J is the medical component of the Global Combat Support System. TMIP-J provides information at the point of care and to the operational, tactical and strategic decision makers through efficient, reliable data capture, and data transmission to a centralized operational database. This delivers TMIP-J´s four pillars of information support through the electronic health record, (1) integrated medical logistics, (2) patient movement and tracking, (3) medical command and control through data aggregation and reporting; and (4) analysis tools for trend analysis and situational awareness. TMIP-J fulfills the premise of "Train as you fight" through the integration of components which are identical or analogous to systems from the sustaining base. TMIP-J adapts and integrates these systems to specific operational requirements and assures their availability in reduced communications settings of the deployed environment through store and forward capture and transmission technology. TMIP-J supports sustainment for service and other modules to include but are not limited to: AHLTA-Theater, Mobile Computing Capability, Maritime Medical Modules, Medical Situational Awareness Theater (MSAT), TMIP Composite Health Care System Cache, Theater Medical Data Store, Medical Logistics and Special Projects. The purpose of this program element is to capture the continuing sustainment activities of TMIP-J products until replaced by the initial implementation of the modernized electronic health record solution acquired by the Defense Healthcare Management Systems Modernization Program and other follow-on Joint Operational Medicine Information Systems products that replace current capabilities.

Joint Operational Medicine Information System (JOMIS) – Provides resources for the procurement, deployment and sustainment of the Joint Operational Medicine Information

I.   Description of Operations Financed (cont.)

Systems (JOMIS) capabilities for DoD operational medicine locations. Funding will provide: procurement support for integrating medical capabilities under a joint concept of operations; support field medical operations with regard to oversight and evaluation of critical command, control, communications, computer and intelligence (C4I) health decision support systems; support for integrating medical capabilities under a joint concept of operations; sustainment support to JOMIS software baselines, comprised of the Military Health System GENESIS electronic health record (EHR) capability and legacy operational medicine modules not replaced by the new EHR capabilities; and support for the upgrading or replacement of legacy operational medicine modules. The delivered products will support all echelons of care through an aggregation of medical data and situational reports that serves the theater of operations as well as the Continental United States sustaining base medical missions. It establishes the means and a standard for tying existing, developing, and future medical information systems (software and equipment) into an interoperable system that supports Military Departments. Funding will provide integrated, automated medical information addressing the functional areas, command and control (including planning functions), medical logistics, patient regulation and evacuation, medical threat/intelligence, health care delivery, manpower/training, and medical capabilities assessment and sustainment analysis.

II. Force Structure Summary:

This program funds concept exploration, management and sustainment of automated information systems, communications and computing infrastructure, related technical activities and information assurance supporting military medical readiness and promoting

II. Force Structure Summary (cont.)

quality healthcare services to members of the Armed Forces, their families, and others entitled to DoD healthcare.

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		FY 2018					
			Congressional Action				
A. BA Subactivities	**FY 2017 Actuals**	**Budget Request**	**Amount**	**Percent**	**Appropriated**	**Current Estimate**	**FY 2019 Estimate**
1. Service Medical IM/IT	385,057	340,308	0	0.0	340,308	340,308	293,570
2. DHP IM/IT Support Programs	31,348	33,454	0	0.0	33,454	33,454	32,456
3. Tri-Service IM/IT	1,046,455	1,093,347	0	0.0	1,093,347	1,093,347	1,248,437
4. Integrated Electronic Health Record (iEHR)	16,722	16,303	0	0.0	16,303	16,303	16,506
5. DoD Healthcare Management System Modernization (DHMSM)	128,262	203,961	0	0.0	203,961	203,961	313,186
6. DoD Medical Information Exchange and Interoperability (DMIX)	55,891	45,387	0	0.0	45,387	45,387	47,003
7. Theater Medical Information Program - Joint (TMIP-J)	56,127	57,378	0	0.0	57,378	57,378	73,402
8. Joint Operational Medicine Information System (JOMIS)	3,356	13,595	0	0.0	13,595	13,595	15,318
Total	**1,723,218**	**1,803,733**	**0**	**0.0**	**1,803,733**	**1,803,733**	**2,039,878**

1. FY 2017 actuals includes $230K for Overseas Contingency Operations (OCO).
2. FY 2017 actuals does not reflect Department of Defense (DoD) Medicare-Eligible Retiree Health Care Fund (MERHCF) of $910K (O&M only).
3. FY 2018 current estimate excludes $0K for OCO.
4. FY 2018 current estimate does not reflect DoD MERHCF of $900K (O&M only).
5. FY 2019 estimate excludes $0K for OCO.
6. FY 2019 estimate does not reflect DoD MERHCF of $935K (O&M only).
7. The following are Information Management / Information Technology (IM/IT) Budget Activity Group internal program element realignments:
a. Air Force Medical Service's Medical Devices: Realigns IT contracts support services funds ($489K) from the Tri-Service IMIT program

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element (PE) to the Air Force Medical Service's, Service Medical IMIT PE to standardize accounting for budgeting and execution of the Aeromedical Consultation Service Electrocardiographic Library and Integrated Medical Information Technology System - Tele Radiology.
b. IT Contracts Support Services Realignment: Realigns IT contracts support services funds ($2,746K) from the Army Medical Command Service Medical IMIT PE to the Tri-Service IMIT PE to standardize accounting for budgeting and execution of the Workload Management System for Nursing, Assured Compliance Assessment Solution, and JAVA Sustainment IT applications.
c. Resource Database Realignment: Realigns IM/IT funds ($594K) from the DHP IM/IT Support Programs PE to the Tri-Service IM/IT PE to standardize accounting for budgeting and execution of the Resource Database Program funding.

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B. Reconciliation Summary	Change FY 2018/FY 2018	Change FY 2018/FY 2019
Baseline Funding	**1,803,733**	**1,803,733**
Congressional Adjustments (Distributed)		
Congressional Adjustments (Undistributed)		
Adjustments to Meet Congressional Intent		
Congressional Adjustments (General Provisions)		
Subtotal Appropriated Amount	**1,803,733**	
Fact-of-Life Changes (2018 to 2018 Only)		
Subtotal Baseline Funding	**1,803,733**	
Supplemental		
Reprogrammings		
Price Changes		23,395
Functional Transfers		
Program Changes		212,750
Current Estimate	**1,803,733**	**2,039,878**
Less: Wartime Supplemental		
Normalized Current Estimate	**1,803,733**	

III. <u>**Financial Summary**</u> **($ in thousands)**

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
FY 2018 President's Budget Request (Amended, if applicable)		**1,803,733**
1. Congressional Adjustments		
a. Distributed Adjustments		
b. Undistributed Adjustments		
c. Adjustments to Meet Congressional Intent		
d. General Provisions		
FY 2018 Appropriated Amount		**1,803,733**
2. OCO and Other Supplemental Enacted		
3. Fact-of-Life Changes		
FY 2018 Baseline Funding		**1,803,733**
4. Reprogrammings (Requiring 1415 Actions)		
Revised FY 2018 Estimate		**1,803,733**
5. Less: OCO and Other Supplemental Appropriations and Reprogrammings (Items 2 and 4)		
FY 2018 Normalized Current Estimate		**1,803,733**
6. Price Change		23,395
7. Functional Transfers		
8. Program Increases		356,614
a. Annualization of New FY 2018 Program		
b. One-Time FY 2019 Increases		
c. Program Growth in FY 2019		
1) a. Risk Management Framework: Provides funds to implement the Military Health System's transition to the Risk Management Framework (RMF) from the Defense Information Assurance Certification and Accreditation Process (DIACAP). Funds cybersecurity support for continuous monitoring and evaluation of systems, networks and medical devices for the Defense Health Agency (DHA), Army	120,612	

III. <u>**Financial Summary**</u> **($ in thousands)**

C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>
Medical Command, Navy Bureau of Medicine and Surgery, Air Force Medical Service, and the Uniformed Services University of the Health Sciences. Funds increase OP32 Line 990, IT Contract Support Services, Tri-Service IM/IT program element. The FY 2018 Tri-Service IM/IT baseline funding request is $1,093,347K. The FY 2018 Tri-Service IM/IT baseline civilian staffing request is 437 FTEs and the Tri-Service IM/IT baseline contractor staffing request is 2,705 CMEs.		
2) b. Department of Defense Healthcare Management System Modernization:	100,670	
Incremental increase for the Defense Healthcare Management System Modernization (DHMSM) program element to fund the Military Health System (MHS) GENESIS electronic health record continued deployment at 179 MHS hospitals, medical clinics, and dental clinics planned for FY 2019, and sustainment of MHS GENESIS electronic health record previously deployed in FY 2017 and 2018. Deployment is in accordance with current Department of Defense acquisition guidance to achieve a common infrastructure that supports the sharing of service members' health records with the Department of Veterans Affairs and private sector medical facilities and the transition to the MHS GENESIS electronic health record. Funds are allocated to OP-32 Line 990, IT Contract Support Services. The FY 2018 DHMSM baseline funding request is $203,961K. The FY 2018 DHMSM civilian staffing		

III. <u>**Financial Summary**</u> **($ in thousands)**

C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>

       request is 41 FTEs, and the DHMSM baseline contractor
       staffing request is 518 CMEs.

3) c. Increased Theater Medical Information Program-   15,193
Joint:
       Continues the increase to Theater Medical Information
       Program-Joint (TMIP-J), to sustain operational
       capabilities until replaced by Joint Operational
       Medicine Information System (JOMIS). The transition
       to JOMIS is contingent upon the Military Health
       System (MHS) GENESIS deployment that was delayed as
       it failed to meet technical specifications during
       Initial Operating Capability testing. Funds maintain
       TMIP-J operations that integrate components of the
       Military Health System (MHS) sustaining base systems
       and the Services´ medical information systems to
       ensure continuous interoperable medical support for
       mobilization, deployment and sustainment of all
       theater and deployed forces in support of any
       mission. Funds increase OP32 line 990, IT contracts
       support services. The FY 2018 TMIP-J baseline
       funding request is $ 57,378K. The FY 2018 TMIP-J
       civilian staffing request is 14 FTEs, and the TMIP-J
       baseline contractor staffing request is 163 CMEs.

4) d. Defense Healthcare Management System Modernization   5,000
- Cerner Patient Accounting Module:
       Funds the requirements for the Cerner Patient
       Accounting Module (CPAM) and 3M 360 Encompass coding
       application necessary to provide integrated patient
       level accounting and billing functionality in the MHS

III. <u>**Financial Summary**</u> **($ in thousands)**

C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>
GENESIS Electronic Health Record system. The CPAM and 3M 360 Encompass enhance the MHS capability to execute to the industry's current standard of practice. Funds increase the Military Health System GENESIS baseline in the DoD Healthcare Management Systems (DHMSM) program element, OP-32 Line 990, IT Contract Support Services. The FY 2018 DHMSM baseline funding request is $203,961K. The FY 2018 DHMSM civilian staffing request is 41 FTEs, and the DHMSM baseline contractor staffing request is 518 CMEs.		
5) e. Patient Assessment Screening Tool Outcome Registry:	4,566	
Funds the sustainment of the Patient Assessment Screening Tool Outcome Registry (PASTOR) clinical information system which provides standardized pain assessment with an outcome registry to promote consistency in pain care delivery. PASTOR is deployable enterprise wide and will support the following: Tracking/reporting of Warrior Transition Care, prescription opioid analgesics usage, poly-pharmacy, sole prescriber program, and evaluate performance of Pain Departments, Interdisciplinary Pain Management Centers, and Pain Management Programs in the Patient Centered Medical Home Program. Funds increase the Tri-Service IM/IT program element, OP32 Line 990, IT contracts support services. The FY 2018 Tri-Service IM/IT baseline funding request is $1,093,347K. The FY 2018 Tri-Service IM/IT baseline		

III. <u>Financial Summary</u> ($ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
civilian staffing request is 437 FTEs and the Tri-Service IM/IT baseline contractor staffing request is 2,705 CMEs.		
6) f. Legacy Data Repository: Provides funds to implement a flexible, scalable, and cost effective Legacy Data Repository platform to assume data management and governance for legacy Clinical and Business data for Solution Delivery Division (SDD) systems decommissioned during the Military Health System (MHS) GENESIS deployment. The Legacy Data Repository platform will accept and allow for the management of all structured and semi-structured data including, but not limited to, the following MHS systems and applications: AHLTA, CENSITRAC, CHCS, CIS-ESSENTRIS, COAGCLINIC, DENCAS R, DOEHRS-HC, DQ-Navy, IMED Consent, ITS/IDS, S3, TOL, and WMSNi. Funds increase the Tri-Service IM/IT program element. The FY 2018 Tri-Service IM/IT baseline funding request is $1,093,347K. The FY 2018 Tri-Service IM/IT baseline civilian staffing request is 437 FTEs and the Tri-Service IM/IT baseline contractor staffing request is 2,705 CMEs.	3,172	
7) g. Military Health System Virtual Health Expansion: Funds support the FY 2017 National Defense Authorization Act, Section 718 provision to enhance the use of virtual health services, provider consultations, patient monitoring, and healthcare delivery in the Military Health System (MHS). Provides funds to expand the IM/IT Infrastructure,	2,665	

III. <u>**Financial Summary**</u> **($ in thousands)**

C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>
sustainment, software licenses, and IM/IT contract staff to support virtual health capabilities that create a global portal for secure asynchronous provider consultations, patient monitoring, virtual health programs at the tactical level, and expansion of virtual health at the patient's location using smart phone applications. Funds increase the Service Medical IM/IT program element. The FY 2018 Service Medical IM/IT baseline funding request is $340,308K. The FY 2018 Service Medical IM/IT baseline civilian staffing request is 1,192 FTEs and the Service Medical IM/IT baseline contractor staffing request is 738 CMEs.		
8) h. Joint Operational Medicine Information System: Incremental funding increase to develop field operations medical capabilities for DoD medicine operational locations. Increase follows a revised Joint Operational Medicine Information System (JOMIS) program cost update. Funds support all echelons of care through an aggregation of medical data and situational reports that serves the theater of operations as well as the Continental United States sustaining base medical missions. JOMIS operational capabilities will replace the Theater Medical Information Program-Joint (TMIP-J) applications. Funds increase OP32 line 990, IT contracts support services. The FY 2018 JOMIS baseline funding request is $13,595K. The FY 2018 JOMIS civilian staffing request is 19 FTEs, and the JOMIS baseline contractor	1,534	

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C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>
staffing request is 36 CMEs.		
9) i. DoD Medical Exchange and Interoperability: Funds sustainment of the IT capability initiative supporting the seamless exchange of standardized health data among Department of Defense, Department of Veterans Affairs, other Federal agencies, private sector healthcare providers, and benefits administrators. Incremental increase to IT contracts support services funding for sustained IT activities supporting healthcare Information Technology software, hardware, interfaces, infrastructure and other related interoperability and medical information exchange programs. The FY 2018 DoD Medical Exchange and Interoperability (DMIX) baseline funding request is $45,387K. The FY 2018 DMIX civilian staffing request is 16 FTEs, and the DMIX baseline contractor staffing request is 142 CMEs.	843	
10) j. Integrated Electronic Health Record: Increased Integrated Electronic Health Record (iEHR) program element funding for contract purchases to sustain the Integrated Electronic Health Record (iEHR) information program and associated capabilities for the CAPT James A. Lovell Federal Health Care Center and the Interagency Program Office (IPO). Funds increase OP32 line 647, DISA Enterprise Computing Centers and OP32 Line 987, Other Intra-Government Purchase for support to maintenance, enhancement, operation, and sustainment. The FY 2018 iEHR baseline funding request is $16,303K. The FY	761	

III. <u>Financial Summary</u> ($ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>

2018 iEHR civilian staffing request is 8 FTEs, and
the iEHR baseline contractor staffing request is 9
CMEs.

11) k. Pacific Enterprise Services Korea: Increased funds at the Defense Health Agency for the addition of the Korea transport infrastructure to the Defense Information Systems Network (DISN) cost recovery model. Transitioning the Korea transport infrastructure to DISA provides a more robust and diverse architecture that consolidates disparate networks, enhances security, and improves information sharing. Funds increase the Tri-Service IM/IT program element, OP32 line 671, Defense Information Systems Agency (DISA) Defense Information Systems Network (DISN) Subscription Services. The FY 2018 DISA DISN subscription Services baseline funding request is $41,953K.	57	
12) l. Health Information Technology Realignment: Realigns Procurement appropriation, Medical Equipment-Replacement Modernization program element funds to Operation and Maintenance, Tri-Service IM/IT program element to purchase End User Device (EUD) and server refresh for the Military Health System. Realignment to the Tri-Service IM/IT program element is in accordance with fiscal guidance from the Defense Health Agency legal counsel staff for purchasing EUDs and servers. Funds are accounted for in OP32 Line 925, Equipment Purchases IM/IT ($75,067K) and OP32 Line 990, IT Contracts Support	85,645	

III. <u>Financial Summary</u> ($ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>

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      Services ($10,578K) for sustainment and deployment
installation. The FY 2018 Tri-Service IM/IT baseline
funding request is $1,093,347K. The FY 2018 Tri-
Service IM/IT baseline civilian staffing request is
437 FTEs and the Tri-Service IM/IT baseline
contractor staffing request is 2,705 CMEs.

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13) m. Desktop to Datacenter (D2D) Operation and   10,182
Maintenance - Tri-Service IM/IT Infrastructure:
      Realigns funding to Information Management /
Information Technology, Tri-Service IM/IT program
element (PE) from In-House Care ($6,450K), the
Research, Development, Test & Evaluation, Information
Technology Development PE ($1,164K) and the
Procurement, Replacement and Modernization PE ($992K)
to provide centralized helpdesk support, network
security, data computation and data storage, global
directory services, and network management services
through the Desktop to Data Center program. Funding
includes internal IM realignments to the Tri-Service
IM/IT program element from the Service Medical IM/IT
program element totaling $1,576K, (see III.C.9.12.l).
The FY 2018 Tri-Service IM/IT baseline funding
request is $1,093,347K. The FY 2018 Tri-Service IM/IT
baseline civilian staffing request is 437 FTEs and
the Tri-Service IM/IT baseline contractor staffing
request is 2,705 CMEs.

14) n. Health Artifact and Image Management Solution   3,462
(HAIMS) Service Treatment Record (STR):
      Continues the realignment of funding to the Tri-

III. <u>Financial Summary</u> ($ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>

Service IM/IT program element from the Procurement
Replacement and Modernization program element for the
increased utilization and support requirements for
Service Treatment Record (STR) module portion of
HAIMS. The STR module of HAIMS improves the process
for annual certification in accordance with DoD
Instruction 6040.45, DoD Health Record Life Cycle
Management, and enhances more timely transfers of
STRs between the DoD and the Department of Veterans
Affairs. The HAIMS procurement decreases are
achieved through technological enhancements that
include removing the Microsoft SharePoint product,
migrating archived data to a cheaper tiered storage,
and refocusing the HAIMS storage refresh on a smaller
footprint using a best value approach. The FY 2018
Tri-Service IM/IT baseline funding request is
$1,093,347K. The FY 2018 Tri-Service IM/IT baseline
civilian staffing request is 437 FTEs and the Tri-
Service IM/IT baseline contractor staffing request is
2,705 CMEs.

15) o. James A. Lovell Federal Health Care Center Funds   2,252
Realigned to Information Management:
Realigns Navy Bureau of Medicine and Surgery funds
for the James A. Lovell Federal Health Care Center to
Information Management/Information Technology,
Service Medical IM/IT program element from
Consolidated Health Support to standardize accounting
for budgeting and execution of IT contracts support
services at the James A. Lovell Federal Health Care

III. <u>**Financial Summary**</u> **($ in thousands)**

C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>
Center. The FY 2018 Information Management/Information Technology IT contract support services baseline request is $1,098,410K.		
9. Program Decreases		-143,864
a. Annualization of FY 2018 Program Decreases		
b. One-Time FY 2018 Increases		
c. Program Decreases in FY 2019		
1) a. Health Information Technology Efficiency: Reduced Information Management / Information Technology (IM/IT) requirements achieved through consolidation of the Military Health System's IT support activities at the Defense Health Agency (DHA) Health Information Technology (HIT) Directorate. Examples of programs reduced include: enterprise (Global) helpdesk support; networks, network support and security operations; data computation and storage; directory management; infrastructure support; management of end user devices; and related technical support activities for IT operations at the MHS Components' headquarters, and Military Treatment Facilities. IT efficiencies also include reductions of the MHS technical infrastructure and hosting platforms, the elimination of redundant MHS networks and the Pacific Joint Information Technology Center (Pacific JITC) Program Management Office. Funds are reduced from the Tri-Service IM/IT (-$34,344K), Service Medical IM/IT (-$31,755K), and the Defense Health Program IM/IT Support Programs (-$477K) program elements. By OP32 line, reduction is taken	-66,576	

III. <u>**Financial Summary**</u> **($ in thousands)**

C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>
in OP32 line 990, IT Contract Support Services (-$43,923K), OP32 line 987, Other Intra-Government Purchase (-$15,903K) and OP32 line 925, Equipment Purchases (Non-Fund) (-$6,750K). The FY 2018 Tri-Service IM/IT baseline funding request is $1,093,347K. The FY 2018 Tri-Service IM/IT baseline civilian staffing request is 437 FTEs and the Tri-Service IM/IT baseline contractor staffing request is 2,705 CMEs. The FY 2018 Service Medical IM/IT baseline funding request is $340,308K. The FY 2018 Service Medical IM/IT baseline civilian staffing request is 1,192 FTEs and the Service Medical IM/IT baseline contractor staffing request is 738 CMEs. The FY 2018 DHP IM/IT Support Programs baseline funding request is $33,454K. The FY 2018 DHP IM/IT Support Programs baseline civilian staffing request is 12 FTEs and the DHP IM/IT Support Programs baseline contractor staffing request is 110 CMEs.		
2) b. Military Health Information Technology Management Reform:	-26,000	
Reduced Information Management / Information Technology (IM/IT) requirements based on military health information technology management reforms. Reduction is associated with departmental Health Information Technology (IT) reform that will be accomplished in accordance with congressional mandates to increase demand access, availability, entry and portability of health information across the continuum of military operations, Department of		

III. <u>Financial Summary</u> ($ in thousands)

	Amount	**Totals**
C. <u>Reconciliation of Increases and Decreases</u>		

Veterans Affairs and civilian healthcare environments. Military Health System (MHS) will accomplish the reform by utilizing Defense Health Agency (DHA) as the IT Enterprise Service Provider; optimizing infrastructure through common architecture; deployment of MHS GENESIS; and aligning current and future technology. To reduce cyber risk, maximize efficiency, and maximize confidentiality of information transport, MHS is implementing the Medical Community of Interest (Med-COI) - a single, secure, interoperable network enclave for delivery of systems and services for DoD medical community communications and IT operations. Funds are reduced from the Service Medical IM/IT (-$16,546K) and Defense Health Agency Tri-Service IM/IT (-$9,454K) program elements. National Capital Region (-$4,792K), Army Medical Command (-$4,705K), Navy Bureau of Medicine and Surgery (-$3,566K), and Air Force Medical Service (-$3,483K) reduced non CIVPAY dollars in multiple OP32 lines in the Service Medical IM/IT program element. The Defense Health Agency reduced funds (-$9,454K) in the Tri-Service IM/IT program element, OP32 line 990, IT contracts support services. The FY 2018 Tri-Service IM/IT baseline funding request is $1,093,347K. The FY 2018 Tri-Service IM/IT baseline civilian staffing request is 437 FTEs and the Tri-Service IM/IT baseline contractor staffing request is 2,705 CMEs. The FY 2018 Service Medical IM/IT baseline funding request

III. <u>**Financial Summary**</u> **($ in thousands)**

C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>
is $340,308K. The FY 2018 Service Medical IM/IT baseline civilian staffing request is 1,192 FTEs and the Service Medical IM/IT baseline contractor staffing request is 738 CMEs.		
3) c. Improve Financial Management - Deobligations: Reduction of $18,456K as a result of the Military Health System's review of historical deobligation trends and associated financial management improvements. Information Management / Information Technology (IM/IT) requirements are reduced from the Tri-Service IM/IT (-$18,046K) and Defense Health Program IM/IT Support Programs (-$500K) program elements. The FY 2018 Tri-Service IM/IT baseline funding request is $1,093,347K. The FY 2018 Tri-Service IM/IT baseline civilian staffing request is 437 FTEs and the Tri-Service IM/IT baseline contractor staffing request is 2,705 CMEs. The FY 2018 DHP IM/IT Support Programs baseline funding request is $33,454K. The FY 2018 DHP IM/IT Support Programs baseline civilian staffing request is 12 FTEs and the DHP IM/IT Support Programs baseline contractor staffing request is 110 CMEs.	-18,546	
4) d. Functional Area Application Efficiency: Reduction of IM/IT requirements achieved through the removal of duplicative Queuing, Medical Logistics, Data Reuse/Registries, and computational performance management applications within the MHS Tri-Service IM/IT (-$9,695K), Service Medical IM/IT (-$132K), and Joint Operational Medicine Information Systems (-	-9,870	

III. <u>Financial Summary</u> ($ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>

$43K) program elements. Funds are reduced from OP32 line 990, IT Contract Support Services at the Defense Health Agency (-$9,738K), the Air Force Medical Services (-$119K), and the Army Medical Command (-$13K). The FY 2018 Information Management/Information Technology baseline funding request is $1,803,733K. The FY 2018 Information Management/Information Technology baseline civilian staffing request is 1,739 FTEs and the Information Management/Information Technology baseline contractor staffing request is 4,421 CMEs.

5) e. Defense Information Systems Agency (DISA) Defense Information Systems Network (DISN) Subscription Services (DSS) Reduction:	-4,993	

Incremental reduction to Tri-Service IM/IT, OP-32 Line 671 Defense Information Systems Agency (DISA) Defense Information Systems Network (DISN) Subscription Services funding based on the DISN cost recovery model. The FY 2018 Information Management / Information Technology baseline funding request for OP-32 Line 671, DISA DISN Subscription Services is $41,953K.

6) f. Armed Forces Health Longitudinal Technology Application and Composite Health Care System Sustainment:	-4,536	

Decreased IT contract support services funding for Armed Forces Health Longitudinal Technology Application (AHLTA) and Composite Health Care System (CHCS) sustainment. Decreased requirements for AHLTA

III. <u>Financial Summary</u> ($ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>

and CHCS sustainment are necessary during the
Military Health System's progress in the deployment
of the electronic health record MHS GENESIS. Funds
are reduced from the Tri-Service IM/IT program
element. The FY 2018 Tri-Service IM/IT baseline
funding request is $1,093,347K. The FY 2018 Tri-
Service IM/IT baseline civilian staffing request is
437 FTEs and the Tri-Service IM/IT baseline
contractor staffing request is 2,705 CMEs.

7) g. Travel Reduction: -3,424
Reduced Information Management / Information
Technology travel requirements achieved through
consolidation of the Military Health System's IT
support activities at the Defense Health Agency (DHA)
Health Information Technology (HIT) Directorate.
Consolidation of IT support activities presents less
travel opportunities and less staff travelling. The
FY 2018 IM/IT travel funding request is $6,221K.

8) h. Enterprise Licensing Agreements Efficiency: -1,094
Incremental cost reduction from the FY 2017 software
license efficiency achieved throughout the Military
Health System Enterprise by using Department of
Defense centralized purchasing of Microsoft, IBM,
VMware, and Oracle software licenses. Funds are
reduced from the Tri-Service IMIT program element.
The FY 2018 Tri-Service IM/IT baseline funding
request is $1,093,347K. The FY 2018 Tri-Service IM/IT
baseline civilian staffing request is 437 FTEs and
the Tri-Service IM/IT baseline contractor staffing

III. <u>**Financial Summary**</u> **($ in thousands)**

C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>

request is 2,705 CMEs.

9) i. Army Medical Material Center Korea Reprogramming: -464
Realigns 5 FTEs and associated funding (-$464K) from
Information Management, Service Medical IM/IT to In-
House Care for sustained logistics operations at
United States Army Medical Material Center, Korea.
FTEs and associated funding are available for
realignment from the European AOR following the
Department of Army manpower studies that identified
decreased workload in the European AOR from community
closures at Bamburg and Schwienfurt, Germany. The FY
2018 Information Management/Information Technology
civilian pay baseline funding request is $215,236K.
The FY 2018 Information Management/Information
Technology baseline civilian staffing request is
1,739 FTEs and the Information Management/Information
Technology baseline contractor staffing request is
4,421 CMEs.

10) j. OCONUS Civilian Manpower Reprogramming: -68
Realigns Army Medical Command funding for one
civilian fulltime equivalent (FTE) from Information
Management/Information Technology, Service Medical
IM/IT program element to Consolidated Health Support
to align manpower requirements with programmed
funding lines for veterinary services at Public
Health Activity, Japan. FTE and associated funding
is available for realignment from the European area
of responsibility (AOR) following the Department of
Army manpower studies that identified decreased

III. <u>**Financial Summary**</u> **($ in thousands)**

C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>

workload in the European AOR from the closure at
Schwienfurt, Germany. The FY 2018 Information
Management/Information Technology civilian pay
baseline funding request is $215,236. The FY 2018
Information Management/Information Technology
baseline civilian staffing request is 1,739 FTEs and
the Information Management/Information Technology
baseline contractor staffing request is 4,421 CMEs.

11) k. Automated Pharmacy Dispensing Solutions Realigned to In-House Care:	-6,717	

Realigns Defense Health Agency funding for Automated
Pharmacy Dispensing Solutions from Information
Management/Information Technology (IM/IT) to In-House
Care to standardize accounting for budgeting and
execution of the pharmacy dispensing solutions in In-
House Care. IM/IT funds are realigned from the Tri-
Service IM/IT program element, IT contract support
services to the MEDCENS, Hospitals & Clinics program
element. The FY 2018 Information
Management/Information Technology IT contract support
services baseline request is $1,098,410K.

12) l. Desktop to Data Center (D2D) - Service Medical IM/IT Programs Realignment:	-1,576	

Realigns Service Medical IM/IT program element
funding (-$1,576K) to the Tri-Service IMIT program
element (see Section III.C.8.13.m) for the Desktop to
Data Center (D2D) initiative. D2D centralizes
Helpdesk support (Global Service Center), network
security, data computation and data storage, global

III. <u>**Financial Summary**</u> **($ in thousands)**

C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>
directory services and centers, and network management services that were formerly provided by the individual MHS components or the Military Departments, and are now provided by HIT. D2D employing remotely hosted virtual desktops and servers, is critical to the consolidation and standardization of multiple MHS information technology infrastructures. The FY 2018 Service Medical IM/IT baseline funding request is $340,308K. The FY 2018 Service Medical IM/IT baseline civilian staffing request is 1,192 FTEs and the Service Medical IM/IT baseline contractor staffing request is 738 CMEs.		
FY 2019 Budget Request		**2,039,878**

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IV. <u>Performance Criteria and Evaluation Summary</u>:

As of 30 September 2017, the below listed DHP IM/IT projects met or exceeded the following performance metrics:

IT Project Availability [availability score of at least 98.5%]: ABACUS, ART, BUMIS II, CCE, CCQAS, CHCS, CIS, COAG Clinic, CSMS LCI, DaaS, DENCAS, DMACS, DMLSS, DMM Online, DVEIVR, EBM/D, EBM/T, EWA, HAIMS, Health.mil, iAS, ICPCCS, ITS, JMAR, LIMDU SMART, MDR, Med-COI, NMO, PMS E2E, SM, SRTS, TED, TEWLS, TRAC2ES, TRICARE.mil, VSSM, VTC PTP, WAN, and WMSNi.

User Satisfaction Survey
> <u>End User Training</u>: [minimum user satisfaction survey score of at least 75%]: AHLTA, CHCS, and DMLSS exceed the minimum user training satisfaction of 75%.

> <u>Health Information Technology Health Enterprise Service Activity Service</u>: [minimum user satisfaction survey score of at least 4.0 out of 5.0]. DHA Global Service Center achieved a score of 4.91 for the reported period.

Tier III Severity I* tickets closed in 90 days: All Severity I tickets reported for AHLTA, ART, CHCS, ICPCCS, LIMDU SMART, and TRRWS were closed in the required 90 day period.

Tier III Severity II* tickets closed within 180 days: All Severity II tickets reported for ABACUS, ART, CHCS, DMLSS, EBM/D, HAIMS, LIMDU SMART, and VSSM were closed within the required 180 days.

IV. <u>Performance Criteria and Evaluation Summary</u>:

   * Tier III tickets require action by the software developer. Severity levels are
determined by a combination of Impact and Urgency. Impact is the "business critical"
measurement, directly proportional to the number of systems, Configurable Items (CI),
services or users. Urgency is the speed required to resolve the Incident. For Change,
Urgency reflects how quickly a Change must be implemented, or the time available to
reduce the impact of the change on the business.

<u>**Customer Communications – Notification Timeliness standards:**</u>
> Provide advanced notification of scheduled downtime, at least three days, 95% of the
time: ABACUS, AHLTA, ART, BUMIS II, CCE, CCQAS, CHCS, CIS, COAG Clinic, DENCAS, DMACS,
DMHRSi, DMLSS, DOEHRS-HC, DVEIVR, EAS, EBM/D, EBM/T, EIRB, ESSENCE, EWA, HAIMS, iAS,
ICPCCS, ITS, JMAR, LIMDU SMART, M2, MDR, NMO, PEPR, PHIMT, PSR, SM, SRTS, TED, TEWLS,
TOL, TRRWS, VSSM, and WMSNi all met the required target.

> Provide notification of unscheduled downtime during business hours within four hours
95% of the time: ABACUS, ART, BUMIS II, CCE, CCQAS, CIS, COAG CLINIC, DENCAS, DMACS,
DMHRSi, DMLSS, DOEHRS-HC, DOEHRS-IH, DVEIVR, EAS, EBM/D, EIRB, ESSENCE, HAIMS, iAS, JMAR,
LIMDU SMART, M2, MDR, NMO, PEPR, PHIMT, PSR, SM, SRTS, TOL, TRRWS, VSSM, and WMSNi all
met the required target.

> Provide notification of unscheduled downtime during prime hours within one hour, 85%
of the time: AHLTA and CHCS met the required target.

> Provide notification of unscheduled downtime during non-prime hours within two hours,
85% of the time: AHLTA and CHCS met the required target.

IV. <u>**Performance Criteria and Evaluation Summary**</u>:

> Provide advanced notification of scheduled training conducted by the project, at least seven days, 95% of the time: ABACUS, CCQAS, CIS, CCE, CHCS, DMLSS, DOEHRS-IH, EIRB, ESSENCE, EBM/D, EBM/T, LIMDU SMART, M2, NMO, NMIS, PHIMT, PSR, SM, TEWLS, and TOL all met the required target.

Acronym List:

Acronym	System Name
ABACUS	Armed Forces Billing and Collection Utilization Solution
AHLTA AHLTA CDR	Armed Forces Health Longitudinal Technology Application (AHLTA-CDR: Clinical Data Repository)
ART	Assistance Reporting Tool
BUMIS II	Navy Bureau of Medicine Manpower Information System II
CCE	Coding and Compliance Editor
CCQAS	Centralized Credentials and Quality Assurance System
CHCS	Composite Health Care System
CIS	Clinical Information System (Essentris)
COAG Clinic	Coagulation Clinic
CSMS	Compute and Storage Management
Daas	Desktop as a Service
DENCAS	Dental Common Access System
DMACS	Defense Medical Accessions Computing System (DMACS)

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IV. <u>**Performance Criteria and Evaluation Summary**</u>:

Acronym	System Name
DMHRSi	Defense Medical Human Resources System - Internet
DMLSS	Defense Medical Logistics Standard Support
DMM Online	Defense Medical Materiel Online Portal
DOEHRS-HC	Defense Occupational and Environmental Health Readiness System – Hearing Conservation
DOEHRS-IH	Defense Occupational and Environmental Health Readiness System - Industrial Hygiene
DVEIVR	Defense and Veterans Eye Injury and Vision Registry
EAS IV	Expense Assignment System IV
EBM/D	Enterprise Blood Management System – Donor
EBM/T	Enterprise Blood Management System – Transfusion
EIRB	Electronic Institutional Review Board
ESSENCE	Electronic Surveillance System for Early Notification of Community-based Epidemics
EWA	Enterprise Web Army Medical Department (AMEDD) Electronic Forms Support System (AEFSS)
HAIMS	Health Artifact and Image Management Solution
iAS	Identity Authentication Service
ICPCCS	Interagency Comprehensive Plan for Care Coordination Support
ITS	Immunization Tracking System
LCI	Local Core Infrastructure
LIMDU SMART	Limited Duty Sailor Marine Readiness Tracker

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IV. <u>**Performance Criteria and Evaluation Summary**</u>:

M2	Military Health System (MHS) Management Analysis and Reporting Tool
Med-COI	Medical Community of Interest
MDR	Military Health System (MHS)Data Repository
NMIS	Nutrition Management Information System
NMO	Navy Medicine Online
PEPR	Patient Encounter Processing and Reporting
PHIMT	Protected Health Information Management Tool
PMS E2E	Performance Management Service End-to-End
PSR	Patient Safety Reporting
SM	Secure Messaging
SNPMIS	Special Needs Program Management Information System
SRTS	Spectacle Request and Transmission System
TED	TRICARE Encounter Data
TEWLS	Theater Enterprise Wide Medical Logistics System
TRAC2ES	Transportation Command (TRANSCOM) Regulating and Command and Control Evacuation System
TRRWS	TRICARE Retail Rebates Web Site
VSSM	Veterinary Services Systems Management
VTC PTP	Video teleconference (VTC) network availability for point-to-point (PTP) calls
WAN	Wide Area Network
WMSNi	Workload Management System for Nursing internet

V. **Personnel Summary**	FY 2017	FY 2018	FY 2019	Change FY 2017/ FY 2018	Change FY 2018/ FY 2019
Active Military End Strength (E/S) (Total)	383	380	377	-3	-3
Officer	124	110	111	-14	1
Enlisted	259	270	266	11	-4
Active Military Average Strength (A/S) (Total)	410	382	379	-28	-3
Officer	137	117	111	-20	-6
Enlisted	273	265	268	-8	3
Civilian FTEs (Total)	1,673	1,739	1,740	66	1
U.S. Direct Hire	1,638	1,687	1,694	49	7
Foreign National Direct Hire	17	13	16	-4	3
Total Direct Hire	1,655	1,700	1,710	45	10
Foreign National Indirect Hire	18	39	30	21	-9
Average Annual Civilian Salary ($ in thousands)	118.5	123.8	124.4	5.3	.6
Contractor FTEs (Total)	4,530	4,421	4,543	-109	122

Explanation of changes in Active Military End Strength: The decrease from FY 2017 to FY 2018 (-3) includes under-execution of FY 2017 military end strength (+44), and realignments to the Defense Health Agency for Enterprise Service Activities (-47). The decrease from FY 2018 to FY 2019 (-3) includes Army DHP military manpower internal realignments to meet emerging requirements (-3).

Explanation of changes in Civilian FTEs: The FY 2017 to FY 2018 increase (+66) includes actual execution corrections for the Defense Health Agency (+92) and National Capital

Region Medical Directorate's (+22) hiring goals that never materialized due to hiring lags and the hiring freeze. In addition, there were reductions in requirements achieved through the consolidation of shared information technology and infrastructure; and reduction of portfolio applications at Navy Bureau of Medicine and Surgery (-7), the Uniformed Services University of the Health Sciences (-7), Air Force Medical Service (-16), and Army Medical Command (-18). The FY 2018 to FY 2019 increase (+1) includes adjustments based on the Air Force Medical Service's manpower analysis (+7) and Army Medical Command's internal manpower reprogramming (-6) to other budget activity groups.

Explanation of changes in Contractor FTEs: The decrease (-109) from FY2017 to FY2018 includes requirement increases (+353) for Department of Defense HealthCare Management System (DHMS) Program Management Office (PMO) to deploy the Military Health System GENESIS, and required reductions (-462) for reduced infrastructure and portfolio consolidation from Military Health IT efficiencies. The increase (+122) from FY2018 to FY2019 supports continuing increases for the Department of Defense Health Care System (DHMS) Program Management Office (PMO) to deploy the Military Health System GENESIS (+387) while achieving additional efficiencies (-265) from the initial implementation of the Military Health IT management reform and consolidation of infrastructure and legacy systems.

Contractor FTE Footnote: FY 2018 contractors have been updated based upon actual execution and anticipated savings. The FY 2018 Budget Request reflected an estimate of 4,260 contractor FTES in FY 2018.

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VI.   OP 32 Line Items as Applicable (Dollars in thousands):

		Change FY 2017/FY 2018			Change FY 2018/FY 2019		
OP 32 Line	**FY 2017 Actuals**	**Price**	**Program**	**FY 2018 Estimate**	**Price**	**Program**	**FY 2019 Estimate**
101 Exec, Gen'l & Spec Scheds	194,123	3,793	11,863	209,779	1,070	714	211,563
103 Wage Board	1,772	35	-174	1,633	8	13	1,654
104 FN Direct Hire (FNDH)	905	18	-235	688	4	224	916
105 Separation Liability (FNDH)	11	0	0	11	0	0	11
107 Voluntary Sep Incentives	186	0	0	186	0	0	186
199 TOTAL CIV COMPENSATION	**196,997**	**3,846**	**11,454**	**212,297**	**1,082**	**951**	**214,330**
308 Travel of Persons	6,587	112	-478	6,221	112	-3,425	2,908
399 TOTAL TRAVEL	**6,587**	**112**	**-478**	**6,221**	**112**	**-3,425**	**2,908**
416 GSA Supplies & Materials	764	13	-79	698	13	1	712
417 Local Purch Supplies & Mat	458	8	1	467	8	2	477
422 DLA Mat Supply Chain (Medical)	66	0	1	67	0	2	69
499 TOTAL SUPPLIES & MATERIALS	**1,288**	**21**	**-77**	**1,232**	**21**	**5**	**1,258**
503 Navy Fund Equipment	187	0	-37	150	0	3	153
506 DLA Mat Supply Chain (Const & Equip)	4	0	-1	3	0	0	3
507 GSA Managed Equipment	967	16	-17	966	17	3	986
599 TOTAL EQUIPMENT PURCHASES	**1,158**	**16**	**-55**	**1,119**	**17**	**6**	**1,142**
614 Space & Naval Warfare Center	33,698	1,274	-26,028	8,944	85	-46	8,983
633 DLA Document Services	0	0	21	21	0	0	21
635 Navy Base Support (NAVFEC Other Support Services)	0	0	355	355	0	7	362
647 DISA Enterprise Computing Centers	80,434	1,528	-1,028	80,934	-4,856	6,761	82,839
671 DISA DISN Subscription Services (DSS)	50,212	954	-9,213	41,953	755	-5,017	37,691
677 DISA Telecomm Svcs - Reimbursable	20	0	1	21	0	0	21
679 Cost Reimbursable Purchase	12	0	1	13	0	0	13
680 Building Maint Fund Purch	5,735	-197	-3,412	2,126	-260	262	2,128
699 TOTAL DWCF PURCHASES	**170,111**	**3,559**	**-39,303**	**134,367**	**-4,276**	**1,967**	**132,058**
771 Commercial Transport	751	13	-513	251	5	-204	52

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OP 32 Line	FY 2017 Actuals	Change FY 2017/FY 2018 Price	Program	FY 2018 Estimate	Change FY 2018/FY 2019 Price	Program	FY 2019 Estimate
799 TOTAL TRANSPORTATION	**751**	**13**	**-513**	**251**	**5**	**-204**	**52**
901 Foreign National Indirect Hire (FNIH)	1,237	24	1,678	2,939	15	-831	2,123
912 Rental Payments to GSA (SLUC)	1,268	22	-1,233	57	1	-58	0
913 Purchased Utilities (Non-Fund)	90	2	-92	0	0	0	0
914 Purchased Communications (Non-Fund)	4,604	78	10,125	14,807	267	-1,849	13,225
915 Rents (Non-GSA)	652	11	463	1,126	20	-282	864
917 Postal Services (U.S.P.S)	238	4	-118	124	2	-126	0
920 Supplies & Materials (Non-Fund)	9,739	166	9,627	19,532	352	-1,680	18,204
921 Printing & Reproduction	1,125	19	-108	1,036	19	1,491	2,546
922 Equipment Maintenance By Contract	3,361	57	418	3,836	69	-1,359	2,546
923 Facilities Sust, Rest, & Mod by Contract	1,784	30	-1,775	39	1	-1	39
925 Equipment Purchases (Non-Fund)	41,743	710	1,596	44,049	793	71,904	116,746
926 Other Overseas Purchases	0	0	1	1	0	0	1
932 Mgt Prof Support Svcs	94,789	1,611	-24,167	72,233	1,300	-1,181	72,352
933 Studies, Analysis & Eval	769	13	2,987	3,769	68	-57	3,780
934 Engineering & Tech Svcs	20,681	352	-17,576	3,457	62	-58	3,461
955 Other Costs (Medical Care)	5,838	204	-6,042	0	0	0	0
960 Other Costs (Interest and Dividends)	0	0	150	150	3	-1	152
986 Medical Care Contracts	537	19	19,611	20,167	766	-257	20,676
987 Other Intra-Govt Purch	138,331	2,352	4,529	145,212	2,614	-16,509	131,317
989 Other Services	18,976	323	-1,997	17,302	311	-5,787	11,826
990 IT Contract Support Services	1,000,564	17,010	80,836	1,098,410	19,771	170,091	1,288,272
999 TOTAL OTHER PURCHASES	**1,346,326**	**23,007**	**78,913**	**1,448,246**	**26,434**	**213,450**	**1,688,130**
Total	**1,723,218**	**30,574**	**49,941**	**1,803,733**	**23,395**	**212,750**	**2,039,878**

The following Information Management / Information technology internal OP32 realignment was driven by the continuation of the Military Health System's Common Cost Accounting Structure initiative:

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Realigns Service Medical IMIT funding ($1,491K) from OP32 Line 989, Other Services to OP32 Line 921, printing and reproduction to standardize accounting for budgeting and execution of rental/lease of copiers and printers.