



Fiscal Year 2024

# Medicare-Eligible Retiree Health Care Fund Audited Financial Report



November 8, 2024

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## Management's Discussion and Analysis

### Department of Defense Medicare-Eligible Retiree Health Care Fund For the Year Ended September 30, 2024

The Department of Defense (DoD) Medicare-Eligible Retiree Health Care Fund's (the "Fund" or MERHCF) discussion and analysis provides an overview of the MERHCF's financial activities for the fiscal year (FY) ended September 30, 2024. Since this information is designed to focus on the current year's activities, resulting changes, and currently known facts, it should be read in conjunction with the MERHCF's principal statements and notes (beginning on page 23).

#### 1. REPORTING ENTITY, MISSION AND MANAGEMENT STRUCTURE

Reporting Entity and Mission. The reporting entity is the MERHCF. The "mission" of the MERHCF, administered by the Secretary of the Treasury, is to accumulate funds in order to finance, on an actuarially sound basis, liabilities of the DoD under uniformed services health care programs for specific Medicare-eligible beneficiaries, as designated by Sections 1111 through 1117 of Title 10, U. S. Code. The FY 2001 National Defense Authorization Act (NDAA) directed the establishment of the MERHCF to pay for Medicare-eligible retiree health care beginning on October 1, 2002. Prior to this date, care for Medicare-eligible beneficiaries was financed through annual Congressional appropriations for the Military Health System (MHS) (including the Defense Health Program [DHP] and Military Pay appropriations). The Fund covers Medicare-eligible beneficiaries, regardless of age. In the context of the Fund, hereafter the term "Medicare-eligible beneficiaries" is used to refer to Medicare-eligible beneficiaries who are related to retirees (i.e., retirees themselves, dependents of retirees, and survivors).

Board of Actuaries. The 2001 NDAA also established an independent three-member DoD Medicare-Eligible Retiree Health Care Board of Actuaries (MERHCF Board) appointed by the Secretary of Defense. The MERHCF Board approves the methods and assumptions used to calculate the per capita normal cost rates and the Treasury contribution. The MERHCF Board is required to review the actuarial status of the Fund, to report annually to the Secretary of Defense, and to report to the President and the Congress on the status of the Fund at least every four years. The DoD Office of the Actuary (OACT), under the Defense Human Resources Activity, provides all technical and administrative support to the MERHCF Board and is essential in providing the actuarial assessments regarding contributions to the Fund and calculations of the actuarial liability as well as impacts of either current or proposed future retiree program changes. The OACT operates in accordance with the provisions of Sections 1111 through 1117 of Title 10, U.S. Code and DoD policy established in the DoD Financial Management Regulation (FMR), Volume 12, Chapter 16, dated December 2019.

Defense Health Agency (DHA) Establishment. A change in reporting entity for FY 2014 was made effective October 1, 2013 to establish the DHA and disestablish the TRICARE Management Activity (TMA). The DoD Directive 5136.13, "Defense Health Agency," dated September 30, 2013, transfers appropriate TMA functions to the DHA. Any reference in law, rule, regulation, or issuance to TMA will be deemed a reference to the DHA, unless otherwise specified by the Secretary of Defense. There is no financial reporting change to the MERHCF because of the DHA

establishment. Within the DoD, the Office of the Under Secretary of Defense for Personnel and Readiness through the Office of the Assistant Secretary of Defense for Health Affairs (OASD (HA)), the DHA has as one of its missions the operational oversight of the MHS, including management of the Fund. DHA management responsibilities include accounting for, documenting, and projecting annual budget distribution requirements (purchased care claims, demands, and Military Treatment Facilities (MTFs) prospective payments for anticipated care provided in the direct care system), oversight of claims processors, monitoring/management of the Payment Integrity Information Act (PIIA) of 2019, and preparation of financial statements and footnotes.

Defense Finance and Accounting Service (DFAS). The DFAS Trust Fund Accounting and Reporting Division (TFAR) provides accounting and investment services for the Fund. The Investment Fund Manager is responsible for investing cash balances of the MERHCF not required to meet current expenditures. Investments are limited to market-based U.S. Government Special Securities issued by the U. S. Treasury and are made in accordance with the provisions of Sections 1111 to 1117 of Title 10, U.S. Code.

### **TRICARE Plans and Programs for Medicare-Eligible Beneficiaries**

TRICARE for Life (TFL). The TFL was created as “wrap-around” coverage to Medicare-eligible military retirees by Section 712 of the *Floyd D. Spence National Defense Authorization Act* for FY 2001 (P.L. 106-398). TFL functions as a second payer to Medicare, paying out-of-pocket costs for medical services covered under Medicare for beneficiaries who are entitled to Medicare Part A based on age, disability, or end-stage renal disease. TFL covers Medicare-eligible retirees, including retired guardsmen, reservists, and Medicare-eligible family members and survivors. A beneficiary must be eligible for Medicare Part A and enrolled in Medicare Part B. The Medicare-eligible retirees and family members of the non-DoD Uniformed Services (United States Coast Guard (USCG), Public Health Service (PHS), and National Oceanic and Atmospheric Administration (NOAA)) are also eligible for these benefits. TFL serves as the final payer for Medicare covered benefits, and first payer for TRICARE benefits that are not covered in the Medicare or other health insurance (OHI) programs.

TRICARE Pharmacy Program: The TRICARE Pharmacy Program authorizes eligible beneficiaries to obtain low-cost prescription medications from the TRICARE Mail Order Pharmacy (TMOP) and TRICARE civilian pharmacies (network and non-network). Beneficiaries may also continue to use military hospital and clinic pharmacies at no charge.

TRICARE Plus. TRICARE Plus is an MTF primary care enrollment program that is offered at selected local MTFs. All beneficiaries eligible for care in MTFs (except those enrolled in TRICARE Prime, a civilian Health Maintenance Office, or Medicare) can seek enrollment for primary care at MTFs where enrollment capacity exists. Non-enrollment in TRICARE Plus does not affect TFL benefits or other existing programs.

Designated Provider Program (DPP) formerly Uniformed Services Family Health Plan. (USFHP). Finally, DoD beneficiaries, including Medicare-eligible beneficiaries, in specific locations where DPP, formerly the USFHP, facilities are available, may enroll in capitation rate plans. These plans include inpatient and outpatient services and a pharmacy benefit. The capitation rate is paid by the DoD. Beneficiaries who choose enrollment in these plans are ineligible for care in MTFs as well

as for benefits under the TFL (or other TRICARE plans) and Pharmacy programs. Prior to August 20, 2012, USFHP enrollees were not required to participate in Medicare. Beginning October 2012, a military retiree (or eligible family member) who becomes eligible for Medicare due to age may not enroll or stay enrolled in the USFHP, unless the military retiree (or eligible family member) was enrolled in the plan prior to September 30, 2012.

### Health Care Purchased from Civilian Providers

Purchased Care. In accordance with DoD 7000.14-R, *Financial Management Regulation*, Volume 12, Chapter 16, the DHA Contract Resource Management (CRM) reports daily obligations to the Fund for health care purchased from civilian providers or “purchased care”. Daily claims are validated by the voucher edit procedures, required by the TRICARE/Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) *Automated Data Processing Manual* 6010.50-M, dated May 1999, to ensure that only costs attributable to Medicare-eligible beneficiaries are included in payments drawn from the Fund.

The DHA uses a TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC), awarded to Wisconsin Physician Services for purposes of processing all claims supported by the Fund, regardless of the geographic region in which care was received. Dual eligibility refers to health care users who are both Uniformed Services beneficiaries (retired, dependents of retired, and survivors) and Medicare-eligible beneficiaries. Having a single fiscal intermediary to process all dual-eligible claims ensures greater confidence in uniformity and consistency of claims adjudication.

Purchased Care through DPP. The DHA reports obligations to the Fund for the estimated DPP obligation amount based on the contract-specific capitation rates for Medicare-eligible beneficiaries enrolled for each DPP hospital contract option period twice per year, upon the commitment of funds and prior to the start of the option period. Each DPP hospital's reported enrollment is used to reconcile contracted enrollment estimates for Medicare-eligible beneficiaries. At the end of each option period, total charges are reconciled against the estimate and any over and/or under charged amounts are applied to the estimated requirement for the following option period.

For more detailed information about the DHA CRM purchased care processes and controls, please see “DoD DHA CRM Management's Discussion and Analysis for the Years Ended September 30, 2023 and 2022.”

### Computation of Incurred Claims Reserve

The actuarial determination of the Fund's liability for Incurred But Not Reported (IBNR) claims for purchased care relies on data files provided by the DHA, through the MHS Data Repository (MDR), to the OACT. The IBNR is determined quarterly using claims triangles that represent paid claims in the month they were incurred. For pharmacy IBNR, OACT relies on a paid claims report that summarizes amount paid by date incurred. Standard actuarial methods are used to compute the IBNR, including the development of month-to-month completion factors, IBNR smoothing techniques, as well as analysis and research of patterns, trends, and anomalies. Separate MERHCF accounting reports with line item detail are also used to estimate the outstanding administration costs associated with IBNR claims.

### Health Care Provided in MTFs

Direct Care. The Fund develops prospective payment amounts for health care estimated to be provided directly in MTFs (Direct Care) to Medicare-eligible beneficiaries based on DoD policy established in the FMR, Volume 12, Chapter 16, December 2019. The prospective payment amounts are calculated for each MTF and include both Military Personnel (MILPERS) and DHP Operations and Maintenance (O&M) costs.

The prospective payment amounts are based on costs reported by the MTF's Medical Expense and Performance Reporting System (MEPRS) and patient encounter data for the most recent FY for which data is complete at the time the calculations are prepared. The DHA develops, in coordination with the Military Departments and Office of the Under Secretary of Defense (Comptroller) (OUSD(C)), MTF-specific rates in accordance with the FMR, Volume 12, Chapter 16. MEPRS cost data is recorded separately for MILPERS and O&M components per clinical workload. These amounts are inflated to the year of execution using budget data provided by the Military Services, and standard Office of Management and Budget (OMB) Consumer Price Index-Urban Medical inflation rates listed in the President's Budget applicable to those years. MEPRS data is recorded and maintained by the Military Services in accordance with DHA 6010.13, Vol 1, *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities, Business Rules*, dated 27 September 2018, and DHA 6010.13, Vol 2, *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities, Uniform Chart of Accounts*, dated 27 September 2018.

The OUSD(C) transfers the MERHCF funds quarterly for the MTF prospective payments (based on the DHA-calculated annual total direct care program amounts) to the Military Services for MILPERS costs and to the DHA for DHP O&M costs. The DHA, in turn, distributes DHP O&M funds to the DHA MTFs – Medical Directorate for execution. The OUSD(C) includes financial authority in the DHP expense operating budget to finance the annual financial plan requirement of the prospective payment.

The Trust Fund Manager has implemented a monthly reconciliation of the Fund by MTF. The reconciliation is performed using a rolling 12 months of data extracted from the MHS Data Repository/MHS MART. The 12 months dataset includes the most recent complete month of the current FY and the 11 preceding months. A threshold of -10% variance has been established as the critical point at which action must be taken. The variance is monitored throughout the fiscal year. At the end of the fiscal year, if the threshold is breached, the Trust Fund Manager will establish an "Other Asset Line" on the MERHCF end-of-year balance sheet for the amount in excess of the 10% threshold, ensure the DHA end-of-year balance sheet reflects a liability for the same amount and then collect that amount from the DHP prior year un-obligated funds. In the first quarter of the following fiscal year, the Trust Fund Manager zeros out the end-of-year accounts receivable and the DHA zeros out their accounts payable. Additionally, at the close of each year, any variance up to the 10% threshold will be recorded on the MERHCF Balance Sheet as an "advance" asset. The Financial Management Chairperson (FMC) who oversees the daily management of the MERHCF, in consultation with the Uniform Business Office (UBO) program management staff, who monitor MTF accounts receivable activities, decided the threshold should be consistent with that of the USCG prospective payment program threshold of 10%.

The prospective O&M payment for MTF-provided care to Medicare-eligible beneficiaries was \$1.9 billion in FY 2024 and \$1.9 billion in FY 2023. While the unit costs of inpatient and outpatient services have risen slightly, utilization of inpatient services has continued to decrease while costs related to pharmacy non-ingredient O&M have increased. The prospective payment for MILPERS expenditure for care provided in the MTFs to Medicare-eligible beneficiaries was \$0.6 billion and \$0.6 billion in FYs 2024 and 2023 respectively.

## 2. PERFORMANCE MEASURES

The mission of the Fund is to finance, on an actuarially sound basis, liabilities of the DoD and the uniformed services health care programs for specific Medicare-eligible beneficiaries. There are many ways to measure the funding progress of actuarially determined accrual funds. The ratio of assets in the Fund to the actuarial liability is a commonly used fund ratio. As of September 30, 2024, the Fund had net assets available to pay benefits of \$368.3 billion and an actuarial liability of \$933.1 billion (See Note 7 – Federal Employee and Veteran Benefits Payable); the funding ratio was 39.5%. As of September 30, 2023, the Fund had net assets available to pay benefits of \$341.5 billion and an actuarial liability of \$806.8 billion; the funding ratio was 42.3%. Notwithstanding the effect of other actuarial gains and losses that will occur over time, this ratio is expected to reach 100% once the initial unfunded liability is fully amortized in accordance with a schedule set by the DoD MERHCF Board. The 38-year amortization period for the initial unfunded liability is scheduled to end in FY 2040.

The DoD Annual Performance Report (APR) is the primary document for comprehensive organizational performance reporting. The APR compares actual performance results to the goals, objectives, and outcomes established in the DoD Strategic Plan and Annual Performance Plans and it contains comprehensive, detailed performance reporting and information required by Circular A-11, Part 6. The APR is now part of the SMP (Strategic Management Plan). The FY 2023 APR can be found at <https://dam.defense.gov/Performance-mgmt/>.

The table and variance analysis in the following section presents certain comparative financial statement information for the MERHCF.



### 3. FINANCIAL STATEMENT ANALYSIS

#### Comparative Financial Data

<b>Medicare-Eligible Retiree Health Care Fund</b>				
<b>Analysis of Financial Statements</b>				
<b>for the years ended September 30, 2024 and 2023</b>				
<b>(\$ In Thousands)</b>				
<b><u>Balance Sheets</u></b>	<b><u>2024</u></b>	<b><u>2023</u></b>	<b><u>Difference</u></b> Increase/ (Decrease)	<b><u>%</u></b> <b><u>Change</u></b>
Fund Balance with Treasury	\$224,886	\$215,748	\$9,138	4%
Investments, Net	\$394,333,701	\$369,355,684	\$24,978,017	7%
Accounts Receivable, Net	\$412,485	\$426,556	(\$14,071)	(3%)
Accounts Payable (Federal)	\$48,405	\$31,576	\$16,829	53%
Accounts Payable (Non-Federal)	\$270,533	\$218,005	\$52,528	24%
Liabilities Not Covered by Budgetary Resources <sup>1</sup>	\$564,866,348	\$465,255,448	\$99,610,900	21%
Federal Employee and Veteran Benefits Payable	\$933,869,284	\$807,535,786	\$126,333,498	16%
<b><u>Statements of Net Cost</u></b>				
Net Cost of Operations	\$101,435,572	\$35,276,847	\$66,158,725	188%
<b><u>Statements of Budgetary Resources</u></b>				
Net Amount of Budgetary Resources Obligated for Undelivered Orders <sup>2</sup>	\$55,605	\$250,882	(\$195,277)	(78%)
Agency Outlays, Net	(\$15,945,654)	(\$16,153,689)	\$208,035	(1%)

<sup>1</sup> Included as a component of the line titled “Federal Employee and Veteran Benefits Payable”

<sup>2</sup> Included as a component of the “Statements of Budgetary Resources”

#### Comparative Financial Data Variance Analysis

##### **BALANCE SHEETS**

##### **Fund Balance with Treasury (Note 3)**

Fund Balance with Treasury increased \$9.1 million (4%) due to a \$100 million increase in the September end of month holdback estimated to cover final month-end disbursements offset by a \$90.9 million increase in the total final month-end disbursements for September 2024 versus September 2023.

##### **Investments, Net (Note 4)**

Net Investments increased \$25 billion (7%). This increase is the result of investing annual contributions from the Treasury and the Uniformed Services (Army, Navy, Air Force, Space Force, Marine Corps, PHS, NOAA, and USCG), net of benefits paid. Investment of these funds has a cumulative effect with an expectation invested balances will continue growing to cover future benefits. The amounts not required for current year benefit payments were reinvested. The MERHCF purchased \$30 billion in long-term securities in FY 2024.

### **Accounts Receivable, Net (Note 5)**

Accounts Receivable decreased \$14.1 million (3%). The decrease in the Non-Fed Accounts Receivable is primarily a result of a \$19.1 million decrease in the Retail Refunds program due to an increase in specialty drugs purchased through the Mail Order Pharmacy program instead of at a local retail pharmacy. This decrease was offset by a \$6.1 million increase in the Office of General Counsel (OGC) receivables related to Miscellaneous Healthcare.

### **Accounts Payable (Federal)**

Accounts Payable increased \$16.8 million (53%). The increase in Federal Accounts Payables is due to a \$16.8 million increase in specialty drugs purchased through the Mail Order Pharmacy program instead of at a local retail pharmacy.

### **Accounts Payable (Non-Federal)**

Accounts Payable increased \$52.5 million (24%) primarily due to payables increasing \$45.6 million in Miscellaneous Healthcare, \$3.9 million in Retail Pharmacy, and \$2.2 million in Mail Order Pharmacy. These increases were primarily due to reaching the FY 2024 spending authority for the Purchased Care/Healthcare, O&M.

### **Liabilities Not Covered by Budgetary Resources (Note 6)**

Total Liabilities Not Covered by Budgetary Resources increased \$99.6 billion (21%). This change is due to an increase of \$126.3 billion in the Federal Employee and Veteran Benefits Payable offset by an increase of \$26.7 billion in net receipts that are available to pay future benefits. Net receipts are comprised of contributions, interest income, and outlays.

### **Federal Employee and Veteran Benefits Payable (Note 7)**

The present value of the Federal Employee and Veteran Benefits Payable increased \$126.3 billion (16%). This resulted primarily from the net effect of an increase of \$32.5 billion due to expected increases (interest and normal costs less benefit outlays), an increase of \$94.9 billion due to changes in key assumptions, and a decrease of \$1.1 billion due to actual experience being different from what was assumed (demographic and claims data). The remaining difference is attributable to estimated liabilities for medical claims incurred but not reported.

### **STATEMENTS OF NET COST (Note 9)**

Gross Costs increased \$32.9 billion (302%) primarily due to a decrease in actuarial expenses applied at fiscal year-end. The largest changes resulting in the decrease to actuarial expenses included a \$28.5 billion decrease to the experience gain liability combined with a \$2.4 billion increase to normal cost liability and a \$1.8 billion increase to the interest cost liability.

Earned Revenue increased \$1.2 billion (3%) primarily due to an \$831 million increase in total interest revenue earned on investments from September 2024 to September 2023 combined with a \$407.7 million increase in earned revenue from the annual contributions made by Department of the Treasury and the Uniformed Services.

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## Management's Discussion and Analysis

Losses/(Gains) from Actuarial Assumption Changes for Military Retirement Benefits increased \$34.5 billion (57%). There was a \$94.9 billion loss in FY 2024 versus a \$60.4 billion loss in FY 2023.

Net Cost of Operations increased \$66.2 billion (188%) due to the \$32.9 billion increase in Gross Costs combined with the \$34.5 billion increase in Losses/(Gains) from Actuarial Assumption Changes for Military Retirement Benefits and offset by the \$1.2 billion increase in Earned Revenue as described above.

### **STATEMENTS OF BUDGETARY RESOURCES (Note 11)**

#### **Undelivered Orders**

The Total Budgetary Resources Obligated for Undelivered Orders at the End of the Period decreased \$195.3 million (78%). The decrease in Undelivered Orders/Obligations is primarily due to a decrease in obligations of \$124.1 million in Mail Order Pharmacy, \$29.5 million in Retail Pharmacy, \$26.9 million in Miscellaneous Healthcare, and \$14.4 million in the USFHP. These decreases were primarily due to reaching the FY 2024 spending authority for the Purchased Care/Healthcare, O&M.

#### **Budgetary Resources**

Unobligated balance from prior year budget authority, net decreased \$60 million (100%). This decrease is due to a \$60 million reimbursement to the MERHCF from the DHA that occurred in FY 2021 and was completed in fourth quarter FY 2023.

Appropriations increased \$492.6 million (4%). At the end of the fiscal year, the MERHCF adjusts total budgetary resources to equal total obligations incurred for the fiscal year. MERHCF's obligations are comprised of quarterly distributions to the Medical Treatment Facilities and daily payments for Purchased Care/Healthcare, O&M. Fluctuation is normal due to the number of people in the system and medical need from one year to the next.

Total Budgetary Resources increased \$432.6 million (4%) due to the \$492.6 million increase in Appropriations offset by the \$60 million decrease in unobligated balance from prior year budget authority.

#### **Status of Budgetary Resources**

New Obligations and Upward Adjustments increased \$432.6 million (4%). This is primarily due to a \$658 million increase in new obligations paid offset by a \$195.3 million decrease in undelivered orders.

#### **Outlays, net**

Outlays, net increased \$718 million (6%) mainly because of a \$658 million increase in total obligations paid combined with a \$60 million reimbursement to the MERHCF from the DHA that occurred in FY 2021 and was completed in fourth quarter FY 2023.

Distributed offsetting receipts increased \$510 million (2%). This increase was due to a \$907 million increase in total interest receipts from September 2024 to September 2023 offset by a \$397

## **Management's Discussion and Analysis**

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million decrease in earned revenue from the annual contribution made by the Department of the Treasury.

Agency outlays, net decreased \$208 million (1%) due to the increase in outlays offset by the increase in distributed offsetting receipts, as explained above.

**Assets**

Assets of \$395 billion, included in the Comparative Financial Data table on page 6 and shown in Figure 1, represent amounts that the MERHCF owns and manages. Assets increased by \$25 billion during FY 2024. This increase is largely attributable to a net increase in investments of \$25 billion. The net increase in investments is related to expected normal growth to cover unfunded portions of future military retirement benefits. Funds not needed to pay current benefits are invested in Treasury securities.



*Figure 1*

**Investments**

The Fund receives investment income from a variety of Treasury-based instruments such as bills, notes, bonds, overnight investment certificates, and zero-coupon bonds. Treasury bills are short-term securities with maturities of less than one year issued at a discount. Treasury notes are intermediate securities with maturities of one to ten years. The MERHCF did not have any investment in notes at the end of FY 2024, but may invest in notes in the future. Treasury bonds are long-term debt instruments with maturities of greater than ten years. Overnight certificates are interest-based market securities purchased from the Treasury that mature the next business day and accrue interest based on the Federal Reserve Bank of New York survey of reserve repurchase agreement rates. Treasury zero-coupon bonds (ZCB) are fixed-principal bonds having maturities of at least five years and are purchased at a discount.

Figure 2 below depicts the par value of investment holdings (includes inflation and interest receivable), net of amortization, as of September 30, 2024.

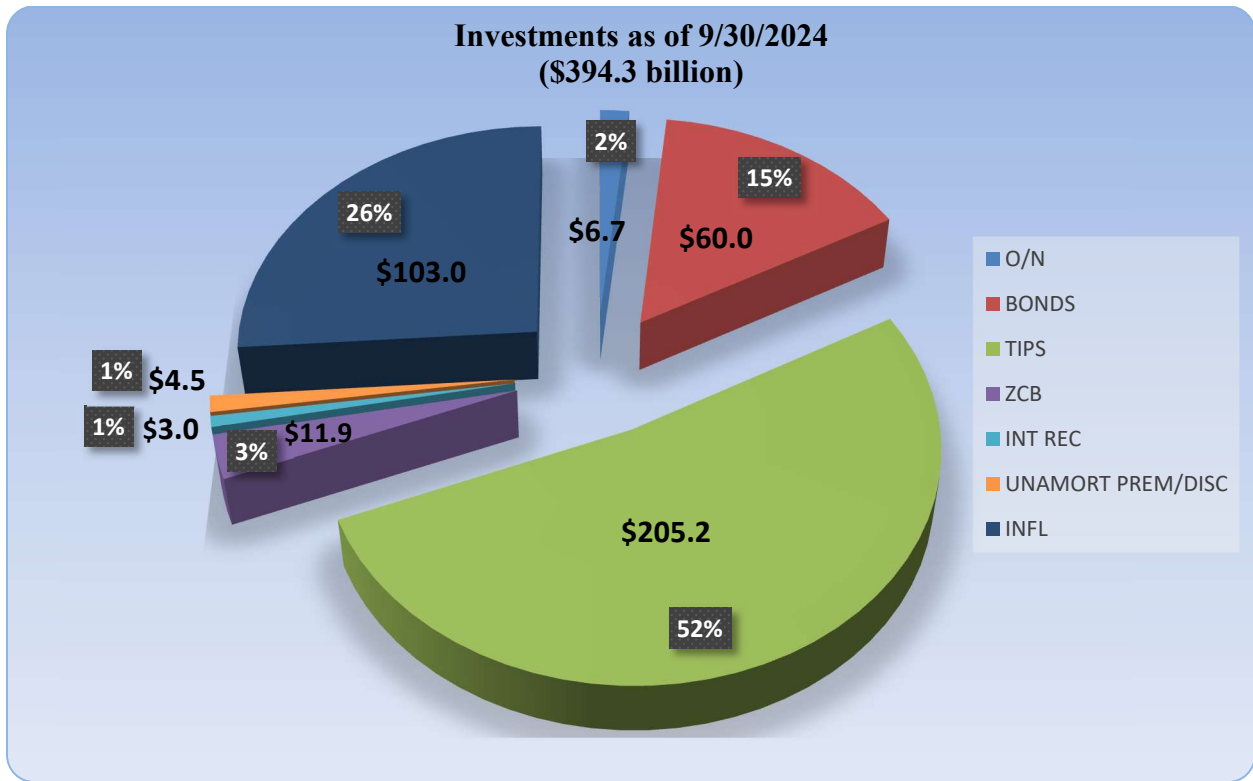


Figure 2

The Fund also invests in Treasury Inflation Protection Securities (TIPS), which are indexed for inflation. TIPS are fixed-rate instruments designed to protect against inflation, and the principal amount is indexed to the consumer price index (CPI) by adjusting the CPI at issuance to the current CPI; as inflation increases, so does the principal amount.

All these instruments are debt obligations of the U.S. Government and are backed by the “full faith and credit” of the federal government. Debt obligations of the U.S. Government have virtually no risk of nonpayment of principal and interest at the specified due date.

The Fund receives management oversight from the DoD Investment Board established in September 2003. The members of the Investment Board are the Director, Defense Finance and Accounting Service; the Deputy Chief Financial Officer (CFO), OUSD(C); and a senior military member from the financial management community. The Investment Board reviews the public law governing the Fund and Treasury guidelines to ensure compliance with statutory authority and broad policy guidance, respectively.

**Liabilities**

Liabilities of \$934.2 billion included in the Comparative Financial Data table and shown in Figure 3 represent liabilities related to military retirement medical benefits for Medicare-eligible beneficiaries. The liabilities of the MERHCF primarily consist of actuarial liability for future benefit payments. Liabilities increased by \$126.4 billion during FY 2024. This increase is largely attributable to the increase in the actuarial liability.

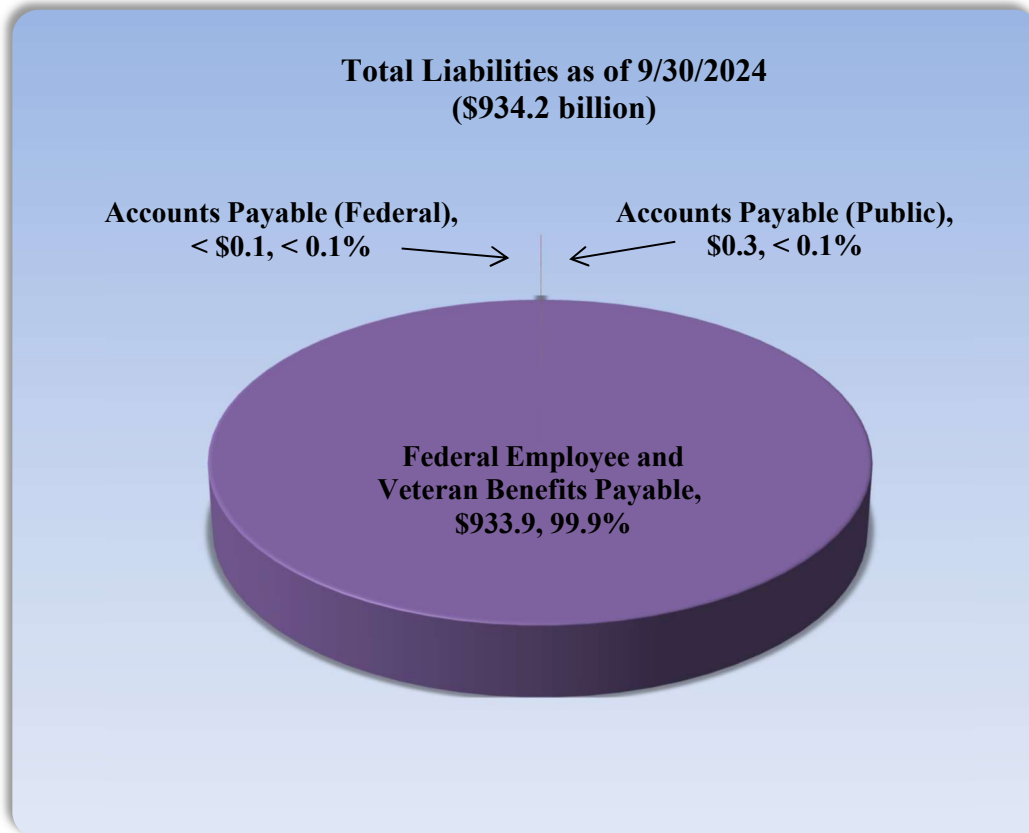


Figure 3

**MERHCF Requirements and Funding Plan**

In FY 2024 and FY 2023 respectively, the Fund authorized approximately \$12.2 billion and \$11.9 billion in total health care services, \$9.7 billion and \$9.4 billion to civilian providers for purchased care, \$1.9 billion and \$1.9 billion to MTFs, and \$0.6 billion and \$0.6 billion to Military Service Personnel Accounts, on behalf of Medicare-eligible retirees, retiree dependents, and survivors. Purchased Care end of year MERHCF obligations were \$9.8 billion and \$9.2 billion in FY 2024 and FY 2023 respectively.

## Management's Discussion and Analysis

During the last two years of the Fund's operation, requirements were funded at the following amounts:

\$ In Billions				
Fiscal Year	Purchased Care	Operations & Maintenance	Military Personnel	Final
2024	\$9.7	\$1.9	\$0.6	\$12.2
2023	\$9.4	\$1.9	\$0.6	\$11.9

### MERHCF Revenues and Contributions

The Fund receives income from three sources:

1. An annual Treasury payment made on behalf of the Uniformed Services at the beginning of the year based on average budgeted force strengths,
2. Annual payments from the Treasury to amortize the unfunded liability, and
3. Investment income

During the last two years of the Fund's operation, income was received from the above sources at the following amounts:

\$ In Billions			
Fiscal Year	Treasury Unfunded Actuarial Liability (UAL) Payment	Normal Cost Contribution	Interest on Investments
2024	\$9.6	\$10.8	\$16.9
2023	\$10.0	\$10.0	\$16.0

Amounts contributed to the MERHCF by the DoD, other uniformed services, and the Treasury must be based on determinations by the OACT under methods and assumptions approved by the MERHCF Board in accordance with applicable provisions of Sections 1111 through 1117 of Title 10, U.S. Code and DoD policy established in the FMR, Volume 12, Chapter 16, December 2019.



### 4. SYSTEMS, CONTROLS AND LEGAL COMPLIANCE

#### Management Assurances

Federal Managers' Financial Integrity Act (FMFIA). The FMFIA requires executive branch agencies to provide annual assurance statements regarding systems of accounting and administrative control. Accounting and administrative controls include program, operational and administrative areas, as well as accounting and financial management.

OMB Circular A-123 is the government-wide implementation guidance for FMFIA. The DHA and TFAR conducted assessments of the effectiveness of internal controls over financial reporting in accordance with OMB Circular A-123, and Appendix A, Internal Control over Financial Reporting. The OMB guidance in Appendix A establishes a strengthened management process for assessing internal control over financial reporting and requires an additional and separate annual statement of assurance specifically addressing the effectiveness of internal control over financial reporting. The objectives of the systems of internal controls of the MERHCF are to provide reasonable assurance of:

- Effectiveness and efficiency of operations,
- Reliability of financial reporting, and
- Compliance with applicable laws and regulations.

The evaluation of internal controls for the statement of assurance extended to every responsibility and activity undertaken by the organizations that execute the MERHCF and applies to program, administrative, and operational controls. The internal control testing follows the Financial Improvement and Audit Readiness (FIAR) Guidance established by the OUSD(C). This process includes the development of process flowcharts and narratives that include the identification of key controls that address FIAR-defined Financial Reporting Objectives, risk assessments associated with those key controls, test plans for those key controls, and reporting of test results based on execution of those test plans. Based on the results of this assessment, the DHA and TFAR are able to provide a qualified statement of assurance that the internal controls over financial reporting as of September 30, 2024 were operating effectively with the exception of the material weakness noted in this section under "Material Weakness 2024."

Federal Financial Management Improvement Act (FFMIA) (PL 104-208). The DHA internal review of the MERHCF also included the effectiveness of the internal controls over the integrated financial management systems for the DHA, MTFs, and the MERHCF financial statement reporting entities. For the MERHCF, the DHA is able to provide a qualified statement of assurance that the internal controls over the integrated financial management system as of September 30, 2024, are in compliance with the Federal Financial Management Improvement Act and OMB Circular A-123 Appendix D with the exception of one system's non-conformance noted in this section under "Material Weakness 2024."

Please see Exhibits 1 and 2 in the Other Information section for additional details on management assurances and a discussion of controls and reporting on improper payments.

### Material Weakness 2024

The MERHCF independent auditors noted one material weakness during the FY 2024 Financial Statement Audit that consists of elements from three separate Notices of Findings and Recommendations (NFRs) -- NFR# FIN – 2024-04 (Direct Care Costs Data Accumulation), NFR# FIN – 2024-03 (Lack of MTF Workload Data Interfacing from MHS GENESIS), and NFR # FIN – 2024-02 (MTFs – Lack of United States Standard General Ledger (USSGL)-Compliant, Transaction-Based Accounting Systems for Direct Care Costs).

NFR 2024-04: The MERHCF's FY 2024 quarterly prospective payments included \$1.71 billion in expenses for Direct Care costs for the period ending 30 June 2024. Health care cost data from the MTFs provided for the Direct Care cost estimation process used in the prospective payment is aggregated or derived from information in both financial and non-financial systems within the DHP. The MTF-level data is based on budget execution processes, rather than accrual-based accounting. While activity-based costing techniques are used to estimate program costs related to the MTFs, the costs being allocated cannot be related to specific appropriations. In addition, the MERHCF does not have a formalized process in place to track health care encounters for MERHCF beneficiaries for accounting purposes, resulting in no transactional patient-level data to support the Direct Care costs recognized by the MERHCF. The MERHCF prospective payments are made to the DHP in advance of health care provided. The MERHCF, however, recognizes the payments as expenses upon the transfer of funds, which is not in compliance with Federal accounting standards.

There is also insufficient evidence that appropriate and consistent cut-off accounting activity occurs at the MTF level associated with care provided to MERHCF beneficiaries. The MERHCF had not yet implemented appropriate and sufficient levels of management control and reconciliation processes to ensure the adequacy and completeness of the data required for its financial reporting and actuarial valuation processes associated with Direct Care. Additionally, the MERHCF performs an annual retrospective reconciliation, using a 12-month running average process established in FY 2020, of the MTF patient workload data for purposes of comparing the two-year historical data used in the prospective payment methodology to the actual patient workload realized in the year of payment. The results of the reconciliations are used for the purpose of determining if any significant transfer of funds should be returned to the MERHCF, as well as to adjust the prospective payment methodology, as may be warranted. However, due to workload data from Military Health System (MHS) GENESIS not being available for the development of estimates during FY 2024, the financial reporting control described above is no longer operating effectively.

NFR 2024-03: The transition of the MTFs from DoD legacy health care systems to MHS GENESIS has resulted in an absence of actual patient workload data for Medicare-eligible beneficiaries that is utilized for the distribution calculation. As a result, the Level of Effort (LOE) workload calculations for the MTFs using MHS GENESIS are an estimation based on the data of MTFs still using legacy systems of a similar size and workload, instead of actual data.

NFR 2024-02: The MERHCF does not have a formalized process in place to track health care encounters for MERHCF beneficiaries for accounting purposes, resulting in no transactional patient-level data to support the Direct Care costs recognized by the MERHCF.

### Direct Care Cost Accumulation

At issue with the conditions of unaudited, non-accrual based MTF level data and the lack of Standard Financial Information Structure (SFIS) compliant accounting systems is the fact that direct health care costs provide input to the development of the actuarially determined long-term health care liability of the MERHCF, as well as the determination of amounts contributed by the branches of military service for active-duty participants. The actuarial liability for direct care related to Medicare-eligible retiree benefits as of September 30, 2024 and 2023 is approximately \$172.2 billion (18% of total) and \$161.6 billion (20% of total), respectively, which reflects the actuarial present value of the projected direct-care costs of benefits to be provided by MTFs to the MERHCF beneficiaries.

Additionally, the reported amounts of program revenues and cost for the year ended September 30, 2024, include approximately \$3.9 billion and \$2.2 billion, respectively, and for the year ended September 30, 2023, include approximately \$4.2 billion and \$2.5 billion, respectively, of amounts related to direct care costs. Such MTF-related amounts of direct-care costs are based on cost allocation methods using data extracted from various Service-specific financial, personnel, and workload systems within the DoD as well as patient encounter data. With respect to the extracted data, the MTFs do not have OMB Circular A-123 Appendix D, FFMIA compliant, transaction-based accounting systems and cannot report the costs of an individual patient's care.

Transaction-level cost accounting systems are currently not available within TRICARE. However, the DoD has developed a cost allocation tool, the MEPRS, which enables MTFs to allocate all costs associated with the daily operation of the facility into the inpatient, outpatient, dental, and ancillary service cost centers. Average costs per weighted workload unit can then be computed for various patient care activities.

The average costs per weighted workload unit are then applied to specific care provided to specific patients by reviewing the Standard Inpatient Data Records (SIDR) and Comprehensive Ambulatory/Professional Encounter Records (CAPER) reported in the MHS Data Repository. The SIDRs and CAPERs are prepared for each patient encounter and contain patient-specific information, to include name, Social Security Number, sponsor or dependent status, and Medicare eligibility. Further, the SIDRs and CAPERs reflect the diagnosis and any procedures performed on the patient for that specific encounter. The average costs per weighted workload unit computed in MEPRS is then applied against the specific data contained in the SIDRs and CAPERs to determine an average cost for care provided to a specific patient. Estimates of the weighted workload provided to Medicare-eligible beneficiaries are calculated for each MTF based on historical experience. When the weighted workload costs are applied against the projected workload volume for each MTF, a prospective payment distribution plan can be computed for each MTF for the next FY.

While inpatient and ambulatory encounter costs are weighted at the MTF level as described above, MTF outpatient pharmacy costs represent the largest cost driver for the direct care portion of the actuarial liability. The reconciliation tasks performed by DHA management's support contractor have also assessed and documented the operation of Pharmacy Data Transaction Service, data to support both the prospective payment and calculation of the actuarial liability. The MERHCF Rate Summary Analysis is a process by which the DHA determines the annual prospective payment to

the individual MTFs for the coverage of the pharmaceutical ingredient costs associated with dispensing to Medicare-eligible retirees. The ingredient costs for pharmaceuticals dispensed for Medicare-eligible retirees at MTFs are calculated based on the Prime Vendor invoices for all continental United States (CONUS) based facilities for the National Drug Codes within their Generic Sequence Numbers based on a weighted average basis of the average acquisition cost (the price paid by the MTF for the pharmaceutical product) during the relevant FY.

The prospective payments made to the MTFs have, in the past, been reconciled with actual workload activity after the close of the FY. The results of the reconciliation were used to adjust projections of MTF workload levels and costs for the future prospective payment distribution plan. The results of the reconciliation were not used to make adjustments to the current prospective payment distribution plan either during execution year activities or to a specific distribution subsequent to the close of the FY's operation.

Issues with the prospective payment process include non-accrual based expenditures, auditability of the DHAs' validation and reconciliation of the financial data prior to its input into the MEPRS cost allocation process, archiving MEPRS data at the close of each month, and reconciling in a timely manner the FY prospective payment plan.

### Actions Taken

Since FY 2003, when the Fund was established, the MERHCF management has attempted to resolve the auditor-identified material weakness through the development of key milestone initiatives. These initiatives were established and managed by the DHA leadership and intended to serve as work-around solutions because the MERHCF management cannot address the DHA and Military Services financial systems' or MTF-level data deficiencies. The material weakness is associated with the computation of that portion of the MERHCF health care liability involving the care provided to Medicare-eligible beneficiaries in the MTFs.

Given that the MERHCF material weakness relates to DHA and MTF deficiencies and not to any operation under the direct control of the MERHCF itself, the DHA and the Office of the Assistant Secretary of Defense (Health Affairs) have approached the OUSD(C) to obtain an opinion on the feasibility of reclassifying the MERHCF as a custodial account. As a custodial account, the MERHCF would only be responsible to report on the collection and subsequent disposition of funds; any deficiencies previously assigned to the MERHCF would still exist as material weaknesses, but only for the DHP. MERHCF management is seeking to reclassify the MERHCF as a custodial account as early as FY 2024. However, in FY 2024 the reclassification of the MERHCF as a custodial account has been put on hold. In FY 2025, the focus will be on addressing the patient level accounting and data accumulation issues. Additionally, the MERHCF under the discretion of the OUSD(C) is in the process of better understanding the current postings and account balances for the MERHCF by DFAS, where the goal is to ensure: 1. compliance with Statement of Federal Financial Accounting Standards (SFFAS) No. 7 and statute; 2. Treasury-approved transaction codes and related USSGLs are being utilized to post financial activity; and 3. goals #1 and #2 are reported in the financial statements without alteration for both the MERHCF and the DHP.

**Deployment of MHS GENESIS.** The DHA has initiated the deployment of the MHS' new Electronic Health Record (EHR). The migration to the new EHR will provide the DHA the ability to perform more granular analysis to include itemized patient billing and transactional auditing capability. In theory this will allow the MERHCF Distribution Calculations and the Monthly Reconciliations to be performed in a more thorough, consistent, and accurate manner.

There are risks associated with the deployment of MHS GENESIS that have yet to be mitigated. MHS GENESIS was not designed to interface with the Expense Assignment System (EAS-IV) that is used by the MEPRS, the MHS' standardized cost accounting system. This has caused a substantial data blackout and prevented accurate cost accounting across the enterprise. At the beginning of FY 2020, there were four Parent Defense Medical Information System Identifier (DMIS IDs) and multiple Child DMIS IDs using MHS GENESIS and by the end of FY 2024, all DMIS IDs are utilizing this system. As such, the enterprise has faced an unprecedented lack of reliable data for planning, tracking, and decision-making purposes to include the distribution and reconciliation of the MERHCF.

### Information Technology (IT) Significant Deficiency on Access Controls and Segregation of Duties

In FY 2019, the audit identified a significant deficiency pertaining to certain information systems used by the MERHCF. While the deficiency remains in FY 2024, corrective actions are being pursued.

The MERHCF operates or relies on external providers for administration of multiple key financial management systems, including two core accounting systems and the Defense Enrollment Eligibility Reporting System (DEERS). DEERS is administrated by the Defense Manpower Data Center (DMDC).

The audit identified the MERHCF, through the support systems of DMDC, has several deficiencies in the design and operating effectiveness of internal controls related to key financial support systems and service organization systems. While the audit noted that no single control deficiency meets the level of a significant deficiency, in combination, the deficiencies noted were elevated to a significant deficiency due to the pervasiveness of the weaknesses throughout the information system environment, the MERHCF's reliance on these systems for financial reporting, and the nature of the deficiencies repeating from the prior year.

Without effective controls throughout the information system environment, the risk of unauthorized access and information system changes increases, thereby increasing the risk to the systems and the data confidentiality, integrity, and availability.

NFRs identified during the FY 2018 audit were not remediated in a timely manner, which caused repeat findings under the FY 2019 through 2024 audits. However, in FY 2024, there were some NFRs which were remediated and closed. Corrective Action Plans (CAPs) established in FY 2019 that failed to be fully implemented in FY 2024 are required to be modified with new completion dates. For specific details please reference the "Independent Auditor's Report on Internal Control over Financial Reporting" included in the Financial Section of this report.

### DHA Business Support Directorate - Program Integrity Office

The DHA Business Support Directorate (BSD) - Program Integrity Office manages anti-fraud and abuse activities for the DHA to protect benefit dollars and safeguard eligible beneficiaries. Program Integrity responsibilities include:

- Central coordinating office for allegations of fraud and abuse within the TRICARE Program.
- Develops and executes anti-fraud/abuse policies and procedures.
- Monitors and provides oversight of contractor program integrity activities.
- Develops cases for criminal fraud/abuse prosecutions and civil fraud/abuse lawsuits.
- Coordinates investigative activities and exchanges information with the Department of Justice (DOJ), law enforcement agencies, federal agencies, and state agencies.
- Initiates administrative remedies to enforce provisions of the law, regulation, and policy in the administration of TRICARE program.

## 5. OTHER MANAGEMENT INFORMATION

### Management Initiatives

All Retiree Fund Proposals. As mentioned in the December 2013 (as well as December 2005 and 2009) *Report to the President and Congress on the Department of Defense Medicare-Eligible Retiree Health Care Fund* submitted by the OACT, a significant portion of military retiree health benefits are not covered by the MERHCF. Benefits for retirees who are not yet Medicare-eligible are a significant cost because of the young age at which many military members retire, and because the program pays for the full cost of their health care (whereas under the Medicare-eligible program, a large portion is paid by Medicare). The OACT noted that both the private sector and public sector (states and municipalities follow Government Accounting Standards Board Statements No. 43 and 45), account for both pre-Medicare and post-Medicare retiree health benefits on an advance accrual basis. The MERHCF Board believes that consideration should be given to extend the Fund to cover all retiree health care costs, so that the budgetary treatment of pre-Medicare retiree health costs would be similar to the treatment of Medicare-eligible retiree costs, and all of the economic efficiencies and proper incentives promoted by the Fund would reflect the full cost to the DoD of future retiree benefit entitlements being earned by military members' current service. The MERHCF management agrees with the OACT recommendation.

### Financial Management Systems Framework

MERHCF Reliance on DHA Financial Systems and Data. The cost of care provided directly in MTFs and medical coding record data used in direct care cost allocations is reported to the MDR by the DHA individual MTFs. The MERHCF direct care funding is executed by the Air Force DHA Component for those facilities that still rely on the financial systems and procedures of the Air Force, or the DHA for the other MTFs that rely on the General Fund Enterprise Business System (GFEBS) financial system. Beginning in FY 2025, all MTFs will rely on the GFEBS financial system.

The material weakness identified in the MERHCF audit is directly related to the DHAs' financial management systems, data accumulation, and financial reporting deficiencies. MERHCF

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## Management's Discussion and Analysis

management has no direct control over DHA financial management systems or data compliance that have not employed GFEBS. The Accounting and Financial Integrity (A&FI) branch of the DHA BSD's Budget & Resource Management continually strives to work with the DHA representatives to improve the MTFs audit readiness by following the FIAR guidance and objectives.

In FY 2015, the DHA underwent an examination of the Statement of Budgetary Activity and received an adverse opinion. Since 2018, the DHA has been under audit of its financial statements. From the audit and the resulting issuance of NFRs, DHA officials are able to better develop corrective action plans to ultimately address discrepancies and prepare for additional DHA audits.

### ***TRICARE Standard Discount Program (SDP) formerly known as Mandatory Agreements Retail Refunds (MARR)***

The SDP (Program 006) is a Standard or Minimum Refund, formerly known as MARR, on a Section 703 Covered Drug. It is by law equal to the difference between Non-Federal Average Manufacturer Price (Non-FAMP) and Federal Ceiling Price (FCP) ( $FCP = 76\% \times \text{Non-FAMP}$ ).

The NDAA for FY 2008, §703 enacted 10 United States Code (U.S.C.) 1074g(f) which mandated all covered TRICARE Retail Pharmacy Network prescriptions filled after January 28, 2008, is subject to FCP.

The initial rule, published in the Code of Federal Regulations (C.F.R.) at 32 C.F.R. 199.21(q), subjected the TRICARE retail pharmacy program to pricing standards known as FCP by prohibiting pharmaceutical manufacturers from receiving more than the FCPs for pharmaceuticals purchased by the DoD for the TRICARE retail pharmacy program.

The OGC requested waiver/compromise authority from DOJ, received it, and has resolved all pending waiver/compromise requests applicable to the "Retro Period" (January 2008 through June 2009) based upon the provisions of 32 C.F.R. §199.11.

### ***TRICARE Additional Discount Program (ADP) formerly known as Voluntary Agreements Retail Rebates (VARR)***

The DHA initiated a new retail pharmacy rebate program during FY 2007, ADP, formerly known as VARR. Manufacturers may offer rebates to the DoD for pharmaceutical agents dispensed through the TRICARE Retail pharmacy network. The Uniform Formulary VARR (UF-VARR) is contingent upon pharmaceutical agents being included on the 1<sup>st</sup> (generic drugs) or 2<sup>nd</sup> (formulary brand drugs) tiers of the DoD Uniform Formulary. There are two types of additional discounts:

- ADP #1 (Program 009) - WAC (% of Wholesale Acquisition Cost): The manufacturer's list price for the drug to wholesalers or direct purchasers in the United States, not including prompt pay or other discounts, rebates or reductions in price, as reported in wholesale price guides or other publications of drug pricing data.
- ADP #2 (Program 010) – (FCP - additional discount): The maximum price the manufacturer can charge for a Federal Supply Schedule (FSS) listed drug to the Big 4 –

## Management's Discussion and Analysis

Veterans Affairs (VA), DoD, PHS, and USCG; calculated annually by VA using Non-FAMP and other data submitted by the manufacturer.

The table below highlights DoD activity since the inception of the Program. The DoD has collected \$18.5 billion to date and continues rigorous collection efforts for both programs.

### TRICARE Retail Pharmacy Refunds Program

Program To Date (CY 2008-3rd Quarter, CY 2024)	Total	DHP	Non-DoD	MERHCF
<b>SDP -</b>				
Billed	\$11,360,328,244	\$5,121,107,425	\$180,740,175	6,058,480,644
Collected	(11,049,240,706)	(4,972,369,481)	(174,518,834)	(5,902,352,391)
<b>Net</b>	<b>311,087,538</b>	<b>148,737,944</b>	<b>6,221,341</b>	<b>156,128,253</b>
<b>ADP -</b>				
Billed	7,954,788,530	3,595,775,539	129,552,938	4,229,460,053
Collected	(7,497,631,643)	(3,376,624,449)	(120,802,143)	(4,000,205,051)
<b>Net</b>	<b>457,156,887</b>	<b>219,151,090</b>	<b>8,750,795</b>	<b>229,255,002</b>
UDC <sup>1</sup>	(740,421)	(349,420)	(13,953)	(377,048)
<b>Total -</b>				
Billed	\$19,315,116,774	\$8,716,882,964	\$310,293,113	\$10,287,940,697
Collected	(18,546,872,349)	(8,348,993,930)	(295,320,977)	(9,902,557,442)
UDC	(740,421)	(349,420)	(13,953)	(377,048)
<b>Net</b>	<b>\$767,504,004</b>	<b>\$367,539,614</b>	<b>\$14,958,183</b>	<b>\$385,006,207</b>
<b>Aging -</b>				
Current	\$717,175,960	\$345,224,133	\$13,785,988	\$358,165,839
61 Days to 2 Years <sup>2</sup>	19,808,903	8,966,746	713,925	10,128,232
Over 2 Years	30,519,141	13,348,735	458,270	16,712,136
<b>Total<sup>3</sup></b>	<b>\$767,504,004</b>	<b>\$367,539,614</b>	<b>\$14,958,183</b>	<b>\$385,006,207</b>

1. Unapplied Collections (UDC) applied to CY24.

2. Pharmacy debt not delinquent until 70 days. 70-day Accounts Receivable aging bucket not available; 61-day aging used instead.

3. 3QCY2024 Estimate added to Billings to reconcile with Accounts Receivable: \$186,239,000 MERHCF; \$193,842,000 DHP & Non-DoD.

TRICARE has a waiver dated September 23, 1996, 10 U.S.C. 1079a, *CHAMPUS: Treatment of Refunds and Other Amounts Collected* that states:

“All refunds and other amounts collected in the administration of the CHAMPUS shall be credited to the appropriation available for that program for the fiscal year in which the refund or amount is collected.”



Thus, TRICARE records all Collections/Refunds into the current year and decreases budgetary disbursements for the current year. The refunds collected are not treated as offsetting collections.

DHA-CRM in FY 2024 continued to aggressively collect pharmacy refunds for both the SDP and ADP. Through the concerted efforts of DHA-CRM, Pharmacy Operations Division (POD), Health Care Data Analysis (HCDA), and OGC, DHA-CRM's collection rate has continued to average 97% - 99%.

### 6. LIMITATIONS ON THE FINANCIAL STATEMENTS

The principal financial statements have been prepared to report the financial position and results of operations for the MERHCF pursuant to the requirements of the CFO Act of 1990. While the statements have been prepared from the books and records of the MERHCF in accordance with the Generally Accepted Accounting Principles (GAAP) for Federal entities and the formats prescribed by OMB, these statements are in addition to the financial reports used to monitor and control budgetary resources which are prepared from the same books and records. The statements should be read with the realization they are for a component of the U.S. Government, a sovereign entity.

## **Principal Statements**

**The accompanying notes are an integral part of these financial statements**

## DoD MERHCF Principal Financial Statements

### Balance Sheets

**Department of Defense  
Medicare-Eligible Retiree Health Care Fund  
BALANCE SHEETS  
As of September 30, 2024 and 2023  
(\$ In Thousands)**

	<u>2024</u>	<u>2023</u>
<b>ASSETS (Note 2)</b>		
Intragovernmental:		
Fund Balance with Treasury (Note 3)	\$ 224,886	\$ 215,748
Investments, Net (Note 4)	394,333,701	369,355,684
Total Intragovernmental	<u>394,558,587</u>	<u>369,571,432</u>
Other than Intragovernmental:		
Accounts Receivable, Net (Note 5)	412,485	426,556
Total Other than Intragovernmental	<u>412,485</u>	<u>426,556</u>
<b>TOTAL ASSETS</b>	<u>\$ 394,971,072</u>	<u>\$ 369,997,988</u>
<b>LIABILITIES (Note 6)</b>		
Intragovernmental:		
Accounts Payable	\$ 48,405	\$ 31,576
Total Intragovernmental	<u>48,405</u>	<u>31,576</u>
Other than Intragovernmental:		
Accounts Payable	270,533	218,005
Federal Employee and Veteran Benefits Payable (Note 7)	933,869,284	807,535,786
Total Other Than Intragovernmental	<u>934,139,817</u>	<u>807,753,791</u>
<b>TOTAL LIABILITIES</b>	<u>\$ 934,188,222</u>	<u>\$ 807,785,367</u>
Commitments and Contingencies (Note 8)		
<b>NET POSITION</b>		
Cumulative Results of Operations – Funds Other than Dedicated Collections	\$ (539,217,150)	\$ (437,787,379)
<b>TOTAL NET POSITION</b>	<u>(539,217,150)</u>	<u>(437,787,379)</u>
<b>TOTAL LIABILITIES AND NET POSITION</b>	<u>\$ 394,971,072</u>	<u>\$ 369,997,988</u>

The accompanying notes are an integral part of these financial statements

**Statements of Net Cost**

**Department of Defense  
Medicare-Eligible Retiree Health Care Fund  
STATEMENTS OF NET COST  
For the Years Ended September 30, 2024 and 2023  
(\$ In Thousands)**

	2024	2023
<b>Program Costs (Note 9)</b>		
Military Retirement Benefits		
Actuarial Non-Assumption Costs	\$ 31,395,680	\$ (761,472)
Other Program Costs	12,368,586	11,651,688
Total Gross Costs	\$ 43,764,266	\$ 10,890,216
Less: Earned Revenue	(37,273,031)	(36,034,354)
Net Military Retirement Benefits Costs	\$ 6,491,235	\$ (25,144,138)
Losses/(Gains) from Actuarial Assumption Changes (Note 7)	\$ 94,944,337	\$ 60,420,985
Net Program Costs Including Assumption Changes	\$ 101,435,572	\$ 35,276,847
<b>Net Cost of Operations</b>	<b>\$ 101,435,572</b>	<b>\$ 35,276,847</b>

The accompanying notes are an integral part of these financial statements

**Statements of Changes in Net Position**

**Department of Defense  
Medicare-Eligible Retiree Health Care Fund  
STATEMENTS OF CHANGES IN NET POSITION  
For the Years Ended September 30, 2024 and 2023  
(\$ In Thousands)**

	<b>2024</b>	<b>2023</b>
<b>CUMULATIVE RESULTS OF OPERATIONS</b>		
Beginning Balances	\$ (437,787,378)	\$ (402,510,532)
Imputed Financing	5,800	0
Net Cost of Operations (+/-)	101,435,572	35,276,847
Net Change in Cumulative Results of Operations	(101,429,772)	(35,276,847)
Total Cumulative Results of Operations	(539,217,150)	(437,787,379)
<b>Net Position</b>	<b>\$ (539,217,150)</b>	<b>\$ (437,787,379)</b>

The accompanying notes are an integral part of these financial statements

**Statements of Budgetary Resources**

**Department of Defense  
Medicare-Eligible Retiree Health Care Fund  
STATEMENTS OF BUDGETARY RESOURCES  
For the Years Ended September 30, 2024 and 2023  
(\$ In Thousands)**

	<b>2024</b>	<b>2023</b>
<b>BUDGETARY RESOURCES</b>		
Unobligated balance from prior year budget authority, net (Note 11)	\$ 0	\$ 60,000
Appropriations (discretionary and mandatory)	12,159,957	11,667,326
Total Budgetary Resources	\$ 12,159,957	\$ 11,727,326
<b>STATUS OF BUDGETARY RESOURCES</b>		
New obligations and upward adjustments (total)	\$ 12,159,957	\$ 11,727,326
Total Budgetary Resources	\$ 12,159,957	\$ 11,727,326
<b>OUTLAYS, NET</b>		
Outlays, net (total) (discretionary and mandatory)	12,285,876	11,567,839
Distributed offsetting receipts (-)	(28,231,530)	(27,721,528)
<b>Agency Outlays, net (discretionary and mandatory)</b>	<b>\$ (15,945,654)</b>	<b>\$ (16,153,689)</b>

The accompanying notes are an integral part of these financial statements

**Footnotes to the Principal Statements**

### Note 1. Significant Accounting Policies

#### A. Reporting Entity

The Department of Defense (Department or DoD) includes the Office of the Secretary of Defense (OSD), Joint Chiefs of Staff (JCS), DoD Office of the Inspector General (DoD OIG), Military Departments, Defense Agencies, DoD Field Activities, and Combatant Commands, which are considered, and may be referred to as, DoD Components. The Military Departments consist of the Departments of the Army, the Navy (of which the Marine Corps is a component), and the Air Force (of which the Space Force is a component). The Department of Defense (DoD) Medicare-Eligible Retiree Health Care Fund (MERHCF) is a component of the Department's reporting entity for the purposes of consolidated/combined financial statements.

#### B. Mission of the Reporting Entity

The MERHCF was established to accumulate funds in order to finance, on an actuarially sound basis, liabilities of health care programs for DoD Military Services and other Uniformed Services. The MERHCF provides benefits for a Medicare-eligible member of a participating Military Service or other Uniformed Service entitled to retired or retainer pay and such member's Medicare-eligible dependents or survivors.

#### C. Basis of Presentation

The financial statements have been prepared to report the financial position, financial condition, and results of the MERHCF operations, as required by the Chief Financial Officers (CFO) Act of 1990, as amended and expanded by the Government Management Reform Act of 1994 and other applicable legislation. To the extent possible, the financial statements have been prepared from the accounting records of the MERHCF in accordance with the formats prescribed by Office of Management and Budget (OMB) Circular No. A-136, Financial Reporting Requirements, and in accordance with Generally Accepted Accounting Principles (GAAP) for federal entities as prescribed by the Federal Accounting Standards Advisory Board (FASAB). The financial statements account for all resources for which the MERHCF is responsible, unless otherwise noted. Accounting standards allow certain presentations and disclosures to be modified, if needed, to prevent the disclosure of classified information.

The MERHCF currently has one auditor-identified financial statement material weakness that is based on three separate Notices of Finding and Recommendation (NFRs). The NFRs are: MTF - Direct Care Costs Accumulation, Lack of Military Treatment Facility (MTF) Workload Data Interfacing from Military Health System (MHS) GENESIS, and MTFs – Lack of United States Standard General Ledger (USSGL)-Compliant, Transaction-Based Accounting Systems for Direct Care Costs. Details of the material weakness are:

#### MTF - Direct Care Costs Accumulation:

The MERHCF's FY 2024 quarterly prospective payments included \$1.71 billion in expenses for Direct Care costs for the period ended 30 June 2024. Health care cost data from the MTFs provided for the Direct Care cost estimation process used in the prospective payment is aggregated or derived from information in both financial and non-financial systems within the Defense Health Program (DHP). The MTF-level data is based on budget execution processes, rather than accrual-based accounting. While activity-based costing techniques are used to estimate program costs



## **DoD MERHCF Footnotes to the Principal Financial Statements**

related to the MTFs, the costs being allocated cannot be related to specific appropriations. In addition, the MERHCF does not have a formalized process in place to track health care encounters for MERHCF beneficiaries for accounting purposes, resulting in no transactional patient-level data to support the Direct Care costs recognized by the MERHCF. The MERHCF's prospective payments are made to the DHP in advance of health care provided. The MERHCF, however, recognizes the payments as expenses upon the transfer of funds, which is not in compliance with Federal accounting standards.

There is also insufficient evidence that appropriate and consistent cut-off accounting activity occurs at the MTF level associated with care provided to MERHCF beneficiaries. The MERHCF had not yet implemented appropriate and sufficient levels of management control and reconciliation processes to ensure the adequacy and completeness of the data required for its financial reporting and actuarial valuation processes associated with Direct Care. Additionally, the MERHCF performs an annual retrospective reconciliation, using a 12-month running average process established in FY 2020, of the MTF patient workload data for purposes of comparing the two-year historical data used in the prospective payment methodology to the actual patient workload realized in the year of payment. The results of the reconciliations are used for the purpose of determining if any significant transfer of funds should be returned to the MERHCF, as well as to adjust the prospective payment methodology, as may be warranted. However, due to workload data from MHS GENESIS not being available for the development of the estimates during FY 2024, the financial reporting control described above is no longer operating effectively.

### **Lack of MTF Workload Data Interfacing from MHS GENESIS:**

The transition of the MTFs from DoD legacy health care systems to MHS GENESIS has resulted in an absence of actual patient workload data for Medicare-eligible beneficiaries that is utilized for the distribution calculation. As a result, the Level of Effort (LOE) workload calculations for the MTFs using MHS GENESIS are an estimation based on the data of MTFs still using legacy systems of a similar size and workload, instead of actual data.

### **MTFs – Lack of USSGL-Compliant, Transaction-Based Accounting Systems for Direct Care Costs:**

The MERHCF does not have a formalized process in place to track health care encounters for MERHCF beneficiaries for accounting purposes, resulting in no transactional patient-level data to support the Direct Care costs recognized by the MERHCF.

### **D. Basis of Accounting**

The MERHCF's financial management systems record and report on the accrual basis. Financial and nonfinancial feeder systems and processes are updated from legacy systems to collect and report financial information in accordance with GAAP.

The financial statements and supporting trial balances are compiled from the underlying financial data and trial balances. The underlying data for the MERHCF is largely derived from budgetary transactions (obligations, disbursements, and collections) and proprietary transactions (assets and liabilities) and accruals made for major items such as accounts receivable, accounts payable, and health care liabilities.

### **E. Accounting for Intragovernmental and Intergovernmental Activities**

Treasury Financial Manual (TFM), Volume I, Part 2, Chapter 4700, provides guidance for reporting and reconciling intragovernmental balances. The MERHCF is able to reconcile balances pertaining to investments in federal securities. For additional information, see Note 9, Disclosures Related to the Statements of Net Cost.

### **F. Non-Entity Assets**

Non-entity assets are those held by the MERHCF but not available for use in operations. The MERHCF has stewardship accountability and reporting responsibility for non-entity assets. An example of a non-entity asset is the amount of interest, penalties, and administrative charges to be collected by the MERHCF on behalf of the Treasury. For additional information, see Note 2, Non-Entity Assets.

### **G. Fund Balance with Treasury**

The MERHCF's monetary resources of collections and disbursements are maintained in Department of the Treasury accounts. The disbursing offices of the Defense Finance and Accounting Service (DFAS) and other Defense Agency financial service centers process the majority of the MERHCF's cash collections, disbursements, and adjustments worldwide. Each disbursing station reports to the Treasury on checks issued, electronic fund transfers, interagency transfers, and deposits.

In addition, DFAS and other DoD Agency service centers report to the Treasury by appropriation on interagency transfers, collections received, and disbursements issued. The Treasury records these transactions to the applicable Fund Balance with Treasury (FBWT) account.

The Treasury allows the MERHCF to be fully invested; therefore, FBWT may be zero at various times during the fiscal year. Controls are in place to prevent abnormal balances at the Treasury. For additional information, see Note 3, Fund Balance with Treasury.

### **H. Investments and Related Interest**

The MERHCF reports investments in Treasury securities at cost, net of amortized premiums or discounts. Premiums or discounts are amortized over the term of the investments using the effective interest rate method. The MERHCF's intent is to hold investments to maturity unless they are needed to finance claims or otherwise sustain operations. Consequently, a provision is not made for unrealized gains or losses on these securities.

The MERHCF invests in nonmarketable, market-based Treasury securities issued to federal agencies by the Treasury's Bureau of Fiscal Service. These securities are not traded on any financial exchange but are priced consistently with publicly traded Treasury securities. The MERHCF receives interest semiannually from the Treasury on the value of these securities. For additional information, see Note 4, Investments, Net.

## **DoD MERHCF Footnotes to the Principal Financial Statements**

### **I. Accounts Receivable**

Accounts receivable from other federal entities or the public include reimbursements, receivable, and refunds receivable. Allowances for uncollectible accounts due from the public are based upon factors such as aging of accounts receivable, debtor's ability to pay, and payment history.

Since the beginning of the Federal Ceiling Price (FCP) Program, outpatient pharmaceuticals purchased by DoD for MTF pharmacies have been subject to FCPs, as have those under the TRICARE Mail Order Pharmacy (TMOP) program. The MERHCF implemented FCPs for the TRICARE Retail Pharmacy program in compliance with the National Defense Authorization Act (NDAA) for Fiscal Year 2008, §703. The Final Rule was published March 17, 2009, with an effective date of May 26, 2009. The MERHCF applied this rule to all retail prescriptions filled on or after January 27, 2008, unless the DHA, formerly TRICARE Management Activity, granted a waiver to a particular manufacturer. Compliance is mandatory and the advantage to the manufacturers is that their drugs will be included on the DoD Uniform Formulary (list of available prescription drugs). The MERHCF will record accounts receivable upon receipt of the calculation from the TRICARE Pharmacy Operations Directorate and will post collections from the manufacturers to the fiscal year of receipt pursuant to Title 10, U.S.C. §1079a.

TRICARE has a waiver dated September 23, 1996, 10 USC 1079a, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS): Treatment of Refunds and Other Amounts Collected that states: "All refunds and other amounts collected in the administration of the Civilian Health and Medical Program of the Uniformed Services shall be credited to the appropriation available for that program for the fiscal year in which the refund or amount is collected." Thus, TRICARE records all collections/refunds into the current year and decreases budgetary disbursements for the current year. The refunds collected are not treated as offsetting collections. For additional information, see Note 5, Accounts Receivable, Net.

### **J. Liabilities**

Liabilities represent the probable future outflow or other sacrifice of resources as a result of past transactions or events. However, no liability can be paid by the Department absent proper budget authority. Liabilities covered by budgetary resources are appropriated funds for which funding is otherwise available to pay amounts due. The MERHCF Liabilities Not Covered by Budgetary Resources represents the portion of the actuarial liability for health benefits for which current assets are not yet available. These liabilities are reported on Note 6, Liabilities Not Covered by Budgetary Resources.

### **K. Commitments and Contingencies**

The MERHCF recognizes contingent liabilities on the Balance Sheet for legal actions where management considers an adverse decision to be probable and the loss amount is reasonably estimable. These legal actions are estimated and disclosed in Note 8, Commitments and Contingencies; however, there are no cases pending with the DHA meeting the threshold guidance.

### **L. Federal Employee and Veteran Benefits**

The DoD applies the Statement of Federal Financial Accounting Standards (SFFAS) No. 33, Pensions, Other Retirement Benefits, and Other Postemployment Benefits: Reporting the Gains and Losses from Changes in Assumptions and Selecting Discount Rates and Valuation Dates, in selecting the discount rate and valuation date used in estimating Military Retirement Benefit actuarial liabilities. In addition, gains and losses from changes in long-term assumptions used to estimate the actuarial liability are presented separately on the Statements of Net Cost. Refer to Note 7, Federal Employee and Veteran Benefits Payable, and Note 9, Disclosures Related to the Statements of Net Cost, for additional information.

### **M. Revenues and Other Financing Sources**

Using methods and assumptions approved by the DoD MERHCF Board of Actuaries (MERHCF Board), the DoD Office of the Actuary determines the amount of the contributions to the MERHCF. The contribution consists of two parts: a Treasury warrant for the amortization payment of the original unfunded liability and an annual contribution from each Uniformed Service: Army, Navy, Air Force, Space Force, Marine Corps, United States Coast Guard (USCG), Public Health Service (PHS), and National Oceanic and Atmospheric Administration (NOAA). Funds from the contributions that exceed the amounts required to pay current year expenses are invested in long-term securities. These investments and their associated interest revenues will be used to cover future liabilities of the MERHCF.

### **N. Recognition of Expenses**

For financial reporting purposes, DoD policy requires the recognition of benefit expenses in the period incurred. Estimates are used in the computation of actuarial liabilities. The current financial management systems for the MERHCF collect and record financial information on the full accrual accounting basis for liabilities and expenses of the fund.

### **O. Budgetary Resources**

The purpose of federal budgetary accounting is to control, monitor, and report on funds made available to federal agencies by law and help ensure compliance with the law.

The following budgetary terms are commonly used:

Appropriation is a provision of law (not necessarily in an appropriations act) authorizing the expenditure of funds for a given purpose. Usually, but not always, an appropriation provides budget authority.

Budgetary resources are amounts available to incur obligations in a given year. Budgetary resources consist of new budget authority and unobligated balances of budget authority provided in previous years.

Obligation is a binding agreement that will result in outlays, immediately or in the future. Budgetary resources must be available before obligations can be incurred legally.

Offsetting Collections are payments to the Government that, by law, are credited directly to expenditure accounts and deducted from gross budget authority and outlays of the expenditure

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## DoD MERHCF Footnotes to the Principal Financial Statements

account, rather than added to receipts. Usually, offsetting collections are authorized to be spent for the purposes of the account without further action by Congress. They usually result from business-like transactions with the public, including payments from the public in exchange for goods and services, reimbursements for damages, and gifts or donations of money to the Government and from intragovernmental transactions with other Government accounts. The authority to spend collections is a form of budget authority.

Offsetting receipts are payments to the Government that are credited to offsetting receipt accounts and deducted from gross budget authority and outlays, rather than added to receipts. Usually, they are deducted at the level of the agency and subfunction, but in some cases they are deducted at the level of the Government as a whole. They are not authorized to be credited to expenditure accounts. The legislation that authorizes the offsetting receipts may earmark them for a specific purpose and either appropriate them for expenditures for that purpose or require them to be appropriated in annual appropriations acts before they can be spent. Like offsetting collections, they usually result from business-like transactions with the public, including payments from the public in exchange for goods and services, reimbursements for damages, and gifts or donations of money to the Government, and from intragovernmental transactions with other Government accounts.

Outlays are the liquidation of an obligation that generally takes the form of an electronic funds transfer. Outlays are reported both gross and net of offsetting collections and they are the measure of Government spending.

### **P. Use of Estimates**

The MERHCF's management makes assumptions and reasonable estimates in the preparation of financial statements based on current conditions which may affect the reported amounts. Actual results could differ materially from the estimated amounts. Significant estimates include actuarial liabilities for military retirement.

### **Q. Tax Exempt Status**

As an agency of the federal government, the MERHCF is exempt from all income taxes imposed by any governing body whether it is a federal, state, commonwealth, local, or foreign government.

### **R. Reclassification of Note 12, Reconciliation of Net Cost to Net Budgetary Outlays**

The mapping of USSGL accounts, in combination with their attributes, to particular financial statement lines and footnotes is directed by the guidance published periodically under TFM, USSGL Bulletins, Section V. In addition, Treasury Financial Guidance provides suggested mapping specifically for the Note 12, Reconciliation of Net Cost to Net Budgetary Outlays. Historically the DoD-Wide and MERHCF mapping deviated from the Treasury suggested mapping. In fiscal year 2024 the DoD-Wide and MERHCF mapping for Note 12 were updated to more closely align with the current version of the Treasury Financial Guidance; the Fiscal Year 2023 presentation of Note 12 was updated to conform to the fiscal year 2024 presentation.

## DoD MERHCF Footnotes to the Principal Financial Statements

### Note 2. Non-Entity Assets

As of September 30,	<u>2024</u>	<u>2023</u>
(\$ In Thousands)		
Total Non-Entity Assets	\$ 0	\$ 0
Total Entity Assets	<u>394,971,072</u>	<u>369,997,988</u>
<b>Total Assets</b>	<u>\$ 394,971,072</u>	<u>\$ 369,997,988</u>

The MERHCF has stewardship accountability and reporting responsibility for non-entity assets. Non-entity assets consist of assets belonging to other entities but are offset by the MERHCF's liabilities to accurately reflect the MERHCF's net position.

### Note 3. Fund Balance with Treasury

As of September 30,	<u>2024</u>	<u>2023</u>
(\$ In Thousands)		
Unobligated Balance – Unavailable	\$ 369,899,259	\$ 342,990,423
Obligated Balance not yet Disbursed	374,543	500,463
Non-FBWT Budgetary Accounts	<u>(370,048,916)</u>	<u>(343,275,138)</u>
<b>Total FBWT</b>	<u>\$ 224,886</u>	<u>\$ 215,748</u>

The Status of FBWT reflects the reconciliation between the budgetary resources supporting FBWT (largely consisting of Unobligated Balance and Obligated Balance Not Yet Disbursed) and those resources provided by other means. The Total FBWT reported on the Balance Sheet reflects the budgetary authority remaining for disbursements against current or future obligations.

Unobligated Balance is classified as available or unavailable and represents the cumulative amount of budgetary authority set aside to cover future obligations. The available balance consists primarily of the unexpired, unobligated balance that has been apportioned and available for new obligations. The unavailable balance consists primarily of funds invested in Treasury securities and are temporarily precluded from obligation by law. The unobligated balance for the MERHCF is restricted for use by the public law establishing the fund and becomes available without further congressional action.

Obligated Balance Not Yet Disbursed represents funds obligated for goods and services but not paid. The MERHCF balance represents amounts payable to the Defense Logistics Agency (DLA) for purchases of pharmaceuticals, to private contractors waiting for DLA to replenish the pharmaceutical supply, and to private health care providers.

Non-FBWT budgetary accounts create budget authority and unobligated balances, but do not record to FBWT as there has been no receipt of cash or direct budget authority, such as appropriations. The MERHCF Non-FBWT Budgetary Accounts balance represents investments in Treasury securities that are reflected in the MERHCF's budgetary resources but are not part of the FBWT. Treasury securities provide the MERHCF with budgetary authority and enables the

## DoD MERHCF Footnotes to the Principal Financial Statements

MERHCF to access funds to make future benefit payments or other expenditures. The MERHCF must redeem these securities before they become part of the FBWT.

### Note 4. Investments, Net

As Of September 30,

#### Amounts for 2024 Balance Sheet Reporting

(\$ In Thousands)

	<u>Cost</u>	<u>Amortization Method</u>	<u>Amortized (Premium)/Discount</u>	<u>Interest Receivable</u>	<u>Investments, Net</u>	<u>Unrealized Gain/(Loss)</u>	<u>Market Value</u>
<b>Intragovernmental Securities</b>							
Nonmarketable, Market-Based	\$ 414,633,683	Effective Interest	\$ (23,335,948)	\$ 3,035,966	\$ 394,333,701	\$ (22,075,057)	\$ 372,258,644
<b>Total</b>	\$ 414,633,683		\$ (23,335,948)	\$ 3,035,966	\$ 394,333,701	\$ (22,075,057)	\$ 372,258,644

#### Amounts for 2023 Balance Sheet Reporting

(\$ In Thousands)

	<u>Cost</u>	<u>Amortization Method</u>	<u>Amortized (Premium)/Discount</u>	<u>Interest Receivable</u>	<u>Investments, Net</u>	<u>Unrealized Gain/(Loss)</u>	<u>Market Value</u>
<b>Intragovernmental Securities</b>							
Nonmarketable, Market-Based	\$ 388,312,923	Effective Interest	\$ (21,839,712)	\$ 2,882,473	\$ 369,355,684	\$ (44,588,499)	\$ 324,767,185
<b>Total</b>	\$ 388,312,923		\$ (21,839,712)	\$ 2,882,473	\$ 369,355,684	\$ (44,588,499)	\$ 324,767,185

The MERHCF invests primarily in non-marketable, market-based Treasury securities. The value of these securities fluctuates in tandem with the selling price of the equivalent marketable security. Securities are purchased with the intent to hold until maturity; thus, balances are not adjusted to market value.

The Treasury securities were issued to trust and special funds legally authorized to invest funds with Treasury and are an asset to the MERHCF and a liability to the Treasury. The Federal Government does not set aside assets to pay future benefits or other expenditures associated with these funds. Cash generated from investments is deposited in the Treasury and used for general Government purposes. Since the MERHCF and the Treasury are both part of the Federal Government, these assets and liabilities offset each other from the standpoint of the Federal Government as a whole. For this reason, they do not represent an asset or a liability in the U.S. Governmentwide financial statements.

The Treasury securities provide the MERHCF with authority to access funds to make future benefit payments or other expenditures. When the MERHCF requires redemption of securities to make expenditures, the Federal Government will meet the requirement by using accumulated cash balances, raising taxes or other receipts, borrowing from the public or repaying less debt, or

## DoD MERHCF Footnotes to the Principal Financial Statements

curtailing other expenditures. The Federal Government uses the same method to finance all of its other expenditures.

At the semiannual meetings, the Department of Defense Investment Board approves the strategy for the type of securities purchased by the MERHCF. These securities can include Treasury bills, notes, bonds, inflation-protected securities, overnight certificates, and zero-coupon bonds. The Treasury bills are short-term securities with maturities of one year or less and are purchased at a discount. The Treasury notes have maturities of at least one year, but not more than ten years, and are purchased at either a discount or premium. The Treasury bonds are long-term securities with maturities of ten years or more and are purchased at either a discount or premium. The Treasury Inflation Protection Securities (TIPS) provide protection against inflation and are purchased at either a discount or premium. The TIPS principal increases with inflation and decreases with deflation, as measured by the Consumer Price Index. When TIPS mature, the Treasury pays the adjusted principal or original principal, whichever is greater. The TIPS amount includes inflation compensation as well as the par value of the securities. Overnight securities are short-term securities purchased at face value. They mature the business day after purchase and earn interest at the daily Federal Reserve repurchase agreement rate. Treasury zero-coupon bonds (ZCB) are fixed-principal bonds having maturities of at least five years and are purchased at a discount.

The cost of the Treasury Securities is displayed in the following table.

<b>COST FY 2024</b>		<b>COST FY 2023</b>	
(\$ In Thousands)		(\$ In Thousands)	
Notes	\$ 0	Notes	\$ 6,784,285
Bonds	64,768,933	Bonds	48,860,622
TIPS	334,180,051	TIPS	313,853,347
ZCB	8,998,912	ZCB	8,998,912
Overnights	<u>6,685,787</u>	Overnights	<u>9,815,757</u>
<b>Total Cost</b>	<b><u>\$414,633,683</u></b>	<b>Total Cost</b>	<b><u>\$388,312,923</u></b>



## DoD MERHCF Footnotes to the Principal Financial Statements

### Note 5. Accounts Receivable, Net

As of September 30,  
(\$ In Thousands)

	<b>2024</b>		
	<u><b>Gross Amount Due</b></u>	<u><b>Allowance For Estimated Uncollectibles</b></u>	<u><b>Accounts Receivable, Net</b></u>
Nonfederal Receivables (From the Public)	\$ 420,078	\$ (7,593)	\$ 412,485
<b>Total Accounts Receivable</b>	<b>\$ 420,078</b>	<b>\$ (7,593)</b>	<b>\$ 412,485</b>

(\$ In Thousands)

	<b>2023</b>		
	<u><b>Gross Amount Due</b></u>	<u><b>Allowance For Estimated Uncollectibles</b></u>	<u><b>Accounts Receivable, Net</b></u>
Nonfederal Receivables (From the Public)	\$ 434,536	\$ (7,980)	\$ 426,556
<b>Total Accounts Receivable</b>	<b>\$ 434,536</b>	<b>\$ (7,980)</b>	<b>\$ 426,556</b>

Accounts receivable represents the MERHCF's claim for payment from other entities. Claims with other federal agencies are resolved in accordance with the business rules published in Appendix 5 of Treasury Financial Manual, Volume I, Part 2, Chapter 4700. Allowances for uncollectible accounts due from the public are calculated based on a percentage determined by taking a 36-month average of the accounts receivable balance against a 36-month average on the write off balance. An exception to this methodology exists for the Suspended Pharmacy receivables where 100% methodology is used.

As of September 30, 2024, the total net receivables recorded for the pharmaceutical Standard Discount Program (SDP) were \$147.8 million. This program resulted from the implementation of the Federal Ceiling Program for the TRICARE Retail Pharmacy Refunds Program as required by the FY 2008 National Defense Authorization Act, Section 703.

Also recorded are net receivables of \$220.4 million originating from the TRICARE Additional Discount Program (ADP), a voluntary additional discount from pharmaceutical manufacturers for preferred products.

### Note 6. Liabilities Not Covered by Budgetary Resources

As of September 30,  
(\$ In Thousands)

	<b>2024</b>	<b>2023</b>
Federal Employee and Veteran Benefits Payable (Note 7)	\$ 564,866,348	\$ 465,255,448
Total Liabilities Not Covered by Budgetary Resources	<u>564,866,348</u>	<u>465,255,448</u>
Total Liabilities Covered by Budgetary Resources	<u>369,321,874</u>	<u>342,529,919</u>
<b>Total Liabilities</b>	<b>\$ 934,188,222</b>	<b>\$ 807,785,367</b>

## DoD MERHCF Footnotes to the Principal Financial Statements

Federal Employee and Veteran Benefits Payable consists of various employee actuarial liabilities not due and payable during the current fiscal year. These liabilities primarily consist of \$564.9 billion in health benefit liabilities. Refer to Note 7, Federal Employee and Veteran Benefits Payable, for additional details and disclosures.

### Note 7. Federal Employee and Veteran Benefits Payable

(\$ In Thousands)

	<b>2024</b>		
<u>Major Program Activities</u>	<u>Present Value of Benefits</u>	<u>(Less: Assets Available to Pay Benefits)</u>	<u>Unfunded Liabilities</u>
Medicare-Eligible Retiree Benefits	\$ 933,144,879	\$ (368,278,531)	\$ 564,866,348
Other	<u>724,405</u>	<u>(724,405)</u>	<u>0</u>
<b>Total</b>	<b>\$ <u>933,869,284</u></b>	<b>\$ <u>(369,002,936)</u></b>	<b>\$ <u>564,866,348</u></b>

(\$ In Thousands)

	<b>2023</b>		
<u>Major Program Activities</u>	<u>Present Value of Benefits</u>	<u>(Less: Assets Available to Pay Benefits)</u>	<u>Unfunded Liabilities</u>
Medicare-Eligible Retiree Benefits	\$ 806,804,862	\$ (341,549,414)	\$ 465,255,448
Other	<u>730,924</u>	<u>(730,924)</u>	<u>0</u>
<b>Total</b>	<b>\$ <u>807,535,786</u></b>	<b>\$ <u>(342,280,338)</u></b>	<b>\$ <u>465,255,448</u></b>

#### Change in Actuarial Liability

(\$ In Thousands)

	<b>FY 2024</b>	<b>FY 2023</b>
<b>Beginning Actuarial Liability</b>	\$ 806,804,862	\$ 747,145,349
<b>Plus Expenses:</b>		
Normal Cost	21,544,655	19,128,191
Interest Cost	23,837,217	22,045,648
Experience Losses/(Gains)	<u>(1,141,324)</u>	<u>(29,690,252)</u>
<b>Subtotal: Expenses Before Losses/(Gains) from Actuarial Assumption Changes</b>	<b>44,240,548</b>	<b>11,483,587</b>
<b>Actuarial Losses/(Gains) due to:</b>		
Changes in Trend Assumptions	65,951,251	81,015,243
Changes in Assumptions Other Than Trend	<u>28,993,086</u>	<u>(20,594,258)</u>
<b>Subtotal: Losses/(Gains) from Actuarial Assumption Changes</b>	<b><u>94,944,337</u></b>	<b><u>60,420,985</u></b>
<b>Total Expenses</b>	<b>\$ <u>139,184,885</u></b>	<b>\$ <u>71,904,572</u></b>
<b>Less: Benefit Outlays</b>	<b><u>(12,844,868)</u></b>	<b><u>(12,245,059)</u></b>
<b>Total Changes in Actuarial Liability</b>	<b>\$ <u>126,340,017</u></b>	<b>\$ <u>59,659,513</u></b>
<b>Ending Actuarial Liability</b>	<b>\$ <u><u>933,144,879</u></u></b>	<b>\$ <u><u>806,804,862</u></u></b>

## **DoD MERHCF Footnotes to the Principal Financial Statements**

The MERHCF accumulates funds to pay for health care programs for DoD and other Uniformed Services Medicare-eligible retirees and their Medicare-eligible dependents and survivors.

The schedules in the first two tables above reflect two distinct types of liabilities related to Military Retirement and Other Federal Employment Benefits. The line entitled “Military Medicare-Eligible Retiree Health Benefits” represents the actuarial (or accrued) liability for future health care benefits provided to Medicare-eligible retired beneficiaries that are not yet incurred, i.e., the present value of future benefits less the present value of future normal costs. The line entitled “Other” represents the IBNR, which is an estimate of MERHCF benefits already incurred but not yet reported to DoD.

This schedule also computes “unfunded liabilities”, i.e. liabilities not covered by budgetary resources. The assets presented in this schedule differ from those reported on the balance sheet. The balance sheet assets consist primarily of investments, the value of which is based on the fully amortized cost or “book value” of the securities (see Note 4, Investments, Net). The value of assets available to pay benefits presented in the above schedule is based on available budgetary funding. The difference between investments and assets available to pay benefits is the premium on Treasury Securities. At the time of purchase, budgetary funding is reduced by the premium on securities because the premium on securities is no longer a budgetary resource.

Effective FY 2010, the MERHCF implemented requirements of SFFAS No. 33, which directs that the discount rate, underlying inflation rate, and other economic assumptions be consistent with one another. A change in the discount rate may cause other assumptions to change as well. For the September 30, 2024, financial statement valuation, the application of SFFAS No. 33 required the DoD OACT to set the long-term inflation (CPI) to be consistent with the underlying Treasury spot rates used in the valuation.

The MERHCF actuarial liability is adjusted at the end of each fiscal year. The 4th Quarter, FY 2024 balance represents the September 30, 2024 amount that will be effective through 3rd Quarter, FY 2025.

### **Actuarial Cost Method**

As prescribed by law, the MERHCF is funded using the Aggregate Entry-Age Normal (AEAN) cost method. Per SFFAS No. 5, AEAN is also used to compute the actuarial liabilities reported herein. AEAN is a method whereby projected retiree medical plan costs are spread over the projected service of a new entrant cohort.

### **Revenues**

The MERHCF receives revenues from three sources: interest earnings on MERHCF assets, Uniformed Services normal cost contributions, and a Treasury contribution. The normal cost contributions are paid annually, at the beginning of the fiscal year, by the Treasury from amounts appropriated to the Military Services and are calculated at the approved full-time and part-time per capita rates times the budgeted full-time and part-time force strengths, respectively. The contribution from the Treasury is also paid into the MERHCF annually, at the beginning of each fiscal year, and represents the amortization of the unfunded liability for service performed before October 1, 2002, as well as the amortization of subsequent actuarial gains and losses. The DoD

## DoD MERHCF Footnotes to the Principal Financial Statements

MERHCF Board approves the methods and assumptions used to calculate the per capita normal cost rates and the Treasury contribution. The Secretary of Defense directs the Secretary of Treasury to make the payments.

### **Assumptions**

The MERHCF Board sets the long-term assumptions for each valuation performed for funding purposes. Prior to FY 2010, the same long-term assumptions were used for the financial-statement valuations. The distinction between the two different valuations is discussed in the following pages.

For the FY 2024 financial-statement valuation, the long-term assumptions include a 3.0% discount rate and medical trend rates that were developed using a 2.8% inflation assumption. (For the most recent funding valuation, the long-term assumptions included a 4.50% discount rate and medical trend rates that were developed using a 2.75% inflation assumption.) Note that the term 'discount rate' refers to the interest rate used to discount cash flows. The terms 'interest rate' and 'discount rate' are often used interchangeably in this context.

For the FY 2023 financial-statement valuation, the long-term assumptions included a 2.9% discount rate and medical trend rates that were developed using a 2.6% inflation assumption. (For the most recent funding valuation, the long-term assumptions included a 4.50% discount rate and medical trend rates that were developed using a 2.75% inflation assumption.)

The difference in the long-term assumptions between funding and financial statement valuations is attributable to SFFAS No. 33. This applicable financial statement standard is described further below. Other assumptions used to calculate the actuarial liabilities, such as mortality and retirement rates, were based on a blend of actual experience and future expectations. Because of reporting deadlines and as permitted by SFFAS No. 33, the current year actuarial liability is rolled forward from the prior year valuation results as reported in DoD OACT's 'Valuation of the Medicare-Eligible Retiree Health Care Fund' using accepted actuarial methods. Modifications are made as necessary to convert liabilities to a financial-statement basis. For purposes of the Fund's financial reporting, this roll-forward process is applied annually.

In calculating the FY 2024 "rolled-forward" actuarial liability, the following assumptions were used:

Discount Rate	3.0%
Inflation	2.8%

<u>Medical Trend (Medicare)</u>	<u>FY 2023 - FY 2024</u>	<u>Ultimate Rate FY 2048</u>
Direct Care Inpatient	6.60%	4.80%
Direct Care Outpatient	6.08%	4.80%
Direct Care Prescription Drugs	7.35%	4.80%
Purchased Care Inpatient	6.60%	4.80%
Purchased Care Outpatient	5.57%	4.80%
Purchased Care Prescription Drugs	9.81%	4.80%
Purchased Care USFHP	5.94%	4.80%

## **DoD MERHCF Footnotes to the Principal Financial Statements**

After a 25-year select period, an ultimate trend rate is assumed for all future projection years.

The medical cost trend rate assumptions have a significant effect on the amounts reported. For example, if each of the assumed trend rates had increased by one percentage point, the actuarial liability would have increased 33.4%, or approximately \$311.6 billion.

Contributions to the MERHCF are calculated to maintain the Fund on an actuarially sound basis. This means there will be sufficient funds to make all benefit payments to eligible recipients each year, and the Fund balance is projected to eventually equal the actuarial liability, i.e., all unfunded liabilities are liquidated. In order to accomplish this, normal costs are calculated to fully fund the current year projected liability for active-duty members and reservists. In addition, amortization payments are calculated to fund liabilities that were present at plan inception (initial unfunded liability) and any emerging actuarial gains or losses.

The initial unfunded liability of the program was amortized over a 50-year period through the FY 2012 payment. At its August 2012 and July 2017 meetings, the MERHCF Board decided to decrease the period over which the initial unfunded liability is fully amortized by 5 years and 7 years, respectively. The reason for the shorter amortization period is to ensure that the annual amortization payment covers, at a minimum, the interest growth on the initial unfunded liability. The last payment on the initial unfunded liability is expected to be made October 1, 2039. In addition, at its July 2017 meeting, the MERHCF Board reduced the amortization period for all actuarial gains and losses from 30 years to 20 years. Chapter 56 of Title 10, United State Code (U.S.C.), requires that the MERHCF Board approve the methods and assumptions used to (1) compute actuarial costs and liabilities, (2) amortize the initial unfunded liability, and (3) amortize all actuarial gains and losses. The MERHCF Board is a Federal Advisory Committee appointed by the Secretary of Defense.

The DoD complies with SFFAS No. 33, "Pensions, Other Retirement Benefits, and Other Postemployment Benefits: Reporting the Gains and Losses from Changes in Assumptions and Selecting Discount Rates and Valuation Dates." The standard requires the separate presentation of gains and losses from changes in long-term assumptions used to estimate liabilities associated with pensions, other retirement and other postemployment benefits. SFFAS No. 33 also provides a standard for selecting the discount rate and valuation date used in estimating these liabilities. SFFAS No. 33, as published on October 14, 2008, by the FASAB requires the use of a yield curve based on marketable Treasury securities to determine the discount rates used to calculate actuarial liabilities for federal financial statements. Historical experience is the basis for expectations about future trends in marketable Treasury securities.

The statement is effective for periods beginning after September 30, 2009, and applies to information provided in general purpose federal financial statements. It does not affect statutory or other special-purpose reports, such as pension or Other Retirement Benefit reports. SFFAS No. 33 requires a minimum of five periodic rates for the yield curve input and consistency in the number of historical rates used from period to period. It permits the use of a single average discount rate if the resulting present value is not materially different from what would be obtained using the yield curve.

## **DoD MERHCF Footnotes to the Principal Financial Statements**

The DoD OACT annually performs two MERHCF valuations. The primary one, for funding purposes, is governed by Chapter 56 of Title 10 U.S.C. and must use methods and assumptions approved by the MERHCF Board. The other valuation is for financial statement purposes and is governed by FASAB standards. For the September 30, 2024, financial-statement valuation, the DoD OACT determined a single equivalent discount rate of 3.0% by using a 10-year average of quarterly zero-coupon Treasury spot rates. These spot rates are based on the U.S. Department of the Treasury – Office of Economic Policy’s 10-year Average Yield Curve for Treasury Nominal Coupon Issues (TNC yield curve), which represents average rates from April 1, 2014 through March 31, 2024. The same spot rate data source was used to produce last year’s financial statements. In the summer of 2024, the MERHCF Board approved a discount rate of 4.50% for the September 30, 2023, funding valuation, which differs from the SFFAS No. 33 equivalent rate by 150 basis points. Using the SFFAS No. 33 long-term economic assumptions (as compared to the MERHCF Board assumptions) increases the MERHCF actuarial liability by 47.4%.

### **FY 2024 Actuarial Liability for the Uniformed Services**

The MERHCF liability includes Medicare liabilities for all Uniformed Services. The approximate breakout of the September 30, 2024, Medicare liability (\$ in thousands) for all Uniformed Services is as follows:

DoD	\$	909,363,120
United States Coast Guard		21,063,510
Public Health Service		2,561,404
National Oceanic and Atmospheric Administration		156,845
Total	\$	<u>933,144,879</u>

### **FY 2024 Military Service and Other Uniformed Service Contributions**

The FY 2024 Military Service and other Uniformed Service contributions to the MERHCF (\$ in thousands) were as follows:

DoD	\$	10,533,354
United States Coast Guard		265,320
Public Health Service		36,366
National Oceanic and Atmospheric Administration		2,223
Total	\$	<u>10,837,263</u>

### **Market Value of the MERHCF Securities**

The market value of the MERHCF nonmarketable, market-based securities as of September 30, 2024, totaled \$372.3 billion. This amount is also reported on Note 4, Investments, Net.

## DoD MERHCF Footnotes to the Principal Financial Statements

### Note 8. Commitments and Contingencies

The MERHCF is a party in legal actions related to claims for contractual bid protests. We are not aware of any contingent liabilities for legal actions. Amounts disclosed for litigation claims and assessments are fully supportable and agree with the MERHCF legal representation letters and management summary schedule.

The SFFAS No. 5, "Accounting for Liabilities of the Federal Government," as amended by SFFAS No. 12, "Recognition of Contingent Liabilities Arising from Litigation," defines a contingency as an existing condition, situation, or set of circumstances that involves an uncertainty as to possible gain or loss. The uncertainty will be resolved when one or more future events occur or fail to occur. The MERHCF recognizes contingent liabilities when past events or exchange transactions occur, a future loss is probable, and the loss amount can be reasonably estimated.

Financial statement reporting is limited to disclosure when conditions for liability recognition do not exist, but there is at least a reasonable possibility of incurring a loss or additional losses. Examples of loss contingencies include the collectability of receivables, pending or threatened litigation, and possible claims and assessments. The MERHCF risk of loss and resultant contingent liabilities arise from pending or threatened litigation or claims and assessments due to events such as medical malpractice; property or environmental damages; and contract disputes.

There is no case or claim pending with the MERHCF that meets materiality thresholds.

Please note that in quarter three of FY 2023, the Bio-Medical Applications of Georgia, Inc. case became probable and estimable for \$210 million where \$204.2 million was allocated to the DHA and \$5.8 million was allocated to the MERHCF. Imputed costs of \$5.8 million for FY 2024 are a result of a Treasury Judgement Fund payment made on behalf of the MERHCF. The liability was not reported for MERHCF in quarter four of FY 2023 due to a lack of materiality for financial reporting. The threshold guidance for FY 2023 calls for the reporting of cases where the potential loss is \$16.5 million or more, individually, and where the potential loss in the aggregate is \$33.0 million or more with respect to the MERHCF. For additional information, see Note 12, Reconciliation of Net Cost to Net Budgetary Outlays.

### Note 9. Disclosures Related to the Statements of Net Cost

(\$ In Thousands)

	<b>2024</b>	<b>2023</b>
<b>Military Retirement Benefits</b>		
Gross Cost	\$ 43,764,266	\$ 10,890,216
Less: Earned Revenue	(37,273,031)	(36,034,354)
Losses/(Gains) from Actuarial Assumption Changes	<u>94,944,337</u>	<u>60,420,985</u>
<b>Net Cost of Operations</b>	\$ <u>101,435,572</u>	\$ <u>35,276,847</u>

The Statements of Net Cost (SNC) represents the net cost of programs and organizations of the MERHCF supported by appropriations or other means. The intent of the SNC is to provide gross and net cost information related to the amount of output or outcome for a given program or organization administered by a responsible reporting entity. The MERHCF's current processes and

## DoD MERHCF Footnotes to the Principal Financial Statements

systems capture costs based on appropriations groups as presented in the schedule above. The DoD is in the process of reviewing available data and developing a cost reporting methodology required by the SFFAS No. 4, “Managerial Cost Accounting Concepts and Standards for the Federal Government,” as amended by SSFAS No. 55, “Amending Inter-Entity Cost Provisions.”

The following table displays the MERHCF intragovernmental revenue:

### Intragovernmental Earned Revenue for Program Costs

(\$ in Thousands)	<u>FY 2024</u>	<u>FY 2023</u>
Uniformed Services Contributions	\$ 10,837,263	\$ 10,032,564
U.S. Treasury Annual Unfunded Liability Payment	9,584,000	9,981,000
Interest on Investments	<u>16,851,768</u>	<u>16,020,790</u>
<b>Total Intragovernmental Revenue</b>	<b><u>\$ 37,273,031</u></b>	<b><u>\$ 36,034,354</u></b>

Uniformed Service Contributions represent the amount contributed by Treasury on behalf of the Uniformed Services at the beginning of each FY. The contribution rates are determined by the MERHCF Board and are based on approved per capita normal cost rates and expected average strengths for the Uniformed Services.

Annual Treasury Unfunded Liability Payment represents the amortization of the unfunded liability for service performed before October 1, 2002, as well as the amortization of subsequent actuarial gains and losses.

Interest on Investments represents the interest income received by the MERHCF for FYs 2024 and 2023.

The MERHCF’s costs are reported in accordance with SFFAS No. 33, Pensions, Other Retirement Benefits, and Other Postemployment Benefits: Reporting the Gains and Losses from Changes in Assumptions and Selecting Discount Rates and Valuation Dates. The standard requires the separate presentation of gains and losses from changes in long-term assumptions used to estimate liabilities associated with pensions, other retirement benefits and other postemployment benefits on the SNC.

### Note 10. Disclosures Related to the Statements of Changes in Net Position

#### Reconciliation of Appropriations on the Statements of Budgetary Resources to Appropriations Received on the Statements of Changes in Net Position

(\$ in Thousands)	<u>2024</u>	<u>2023</u>
<b>Appropriations, Statements of Budgetary Resources</b>	\$ 12,159,957	\$ 11,667,326
Permanent and Temporary Reductions	0	0
Trust and Special Fund Receipts	12,159,957	11,667,326
Miscellaneous items	<u>0</u>	<u>0</u>
Total Reconciling Difference	<u>12,159,957</u>	<u>11,667,326</u>
<b>Appropriations Received, Statements of Changes in Net Position</b>	<b><u>\$ 0</u></b>	<b><u>\$ 0</u></b>



## DoD MERHCF Footnotes to the Principal Financial Statements

There was a difference of \$12.2 billion between Appropriations Received on the Statements of Changes in Net Position (SCNP) and Appropriations on the SBR. The MERHCF records contributions as revenue on the SCNP, while contributions are recorded as Appropriations on the SBR. This is in accordance with OMB reporting requirements.

### Note 11. Disclosures Related to the Statements of Budgetary Resources

#### Net Adjustments to Unobligated Balance, Brought Forward, October 1, 2022

The MERHCF's Unobligated balance from prior year budget authority, net is \$60 million for FY 2023. This balance occurred as a result of a \$60 million reimbursement from the DHA to the MERHCF. MERHCF business rules require a reimbursement to the trust fund if there is a negative variance that exceeds 10% between the amount distributed to the MTFs and the amount the MTFs earned. In FY 2021, due to COVID-19, a significant decrease in MERHCF eligible care caused a variance of 13% which exceeded the 10% threshold. The \$60 million was the 3% variance required reimbursement that was completed in the fourth quarter of FY 2023.

#### Budgetary Resources Obligated for Undelivered Orders

The Statements of Budgetary Resources (SBR) includes intra-entity transactions because the statements are presented as combined.

(\$ In Thousands)	2024	2023
<b>Intragovernmental</b>	\$ 15,149	\$ 82,188
<b>Non-Federal</b>	\$ 40,456	\$ 168,694
<b>Total Budgetary Resources Obligated for Undelivered Orders at the End of the Period</b>	\$ 55,605	\$ 250,882

#### Permanent Indefinite Appropriations

Public Law 106-398, The Floyd D. Spence NDAA for FY 2001, provided and authorized the MERHCF a permanent, indefinite appropriation.

#### Legal Arrangements Affecting the Use of Unobligated Balances

The MERHCF unobligated balances of budget authority represent (1) the portion of special fund receipts collected in the current fiscal year that exceed the amount needed to pay benefits or other valid obligations and (2) the excess of receipts temporarily precluded from obligation by law due to a benefit formula or other limitation. The receipts, however, are assets of the MERHCF and available for obligation as needed in the future.

#### Explanation of Differences between the SBR and the Budget of the U.S. Government

There was a difference of \$12.2 billion between Appropriations on the SCNP and Appropriations on the SBR. The MERHCF records contributions as revenue on the SCNP, while contributions are recorded as Appropriations on the SBR. This is in accordance with OMB reporting requirements. Refer to Note 10, Disclosures Related to the Statements of Changes in Net Position, for more detail.

There are no material differences between amounts reported on the SBR and the SF 133, Report on Budget Execution.

## DoD MERHCF Footnotes to the Principal Financial Statements

### Note 12. Reconciliation of Net Cost to Net Budgetary Outlays

#### Reconciliation of Net Cost to Net Budgetary Outlays

As of September 30,  
(\$ in Thousands)

**2024**

	<b>Federal</b>	<b>Non-Federal</b>	<b>Total</b>
<b>Net Cost of Operations (SNC)</b>	\$ (32,328,269)	\$ 133,763,841	\$ 101,435,572
<b>Components of Net Operating Cost Not Part of the Budgetary Outlays:</b>			
<b>Increase/(Decrease) in Assets:</b>			
Account Receivable, Net	0	(14,071)	(14,071)
Securities and Investments	(1,795,763)	0	(1,795,763)
Other Assets	0	0	0
<b>(Increase)/Decrease in Liabilities:</b>			
Accounts Payable	(16,829)	(52,528)	(69,357)
Federal Employee and Veteran Benefits Payable	0	(126,333,498)	(126,333,498)
<b>Financing Source:</b>			
Imputed Cost	(5,800)	0	(5,800)
<b>Total Components of Net Operating Cost Not Part of Budgetary Outlays</b>	\$ (1,818,392)	\$ (126,400,097)	\$ (128,218,489)
<b>Miscellaneous Items:</b>			
Distributed Offsetting Receipts	(28,231,530)	0	(28,231,530)
Appropriated Receipts for Trust/Special Funds	39,068,793	0	39,068,793
<b>Total Other Reconciling Items</b>	\$ 10,837,263	\$ 0	\$ 10,837,263
<b>Total Net Outlays</b>	\$ (23,309,398)	\$ 7,363,744	\$ (15,945,654)
<b>Budgetary Agency Outlays, Net (SBR)</b>			\$ (15,945,654)
<b>Unreconciled Difference</b>			\$ 0

## DoD MERHCF Footnotes to the Principal Financial Statements

### Reconciliation of Net Cost to Net Budgetary Outlays

As of September 30,  
(\$ in Thousands)

**2023**

	<b>Federal</b>	<b>Non-Federal</b>	<b>Total</b>
<b>Net Cost of Operations (SNC)</b>	\$ (31,632,989)	\$ 66,909,836	\$ 35,276,847
<b>Components of Net Operating Cost Not Part of Budgetary Outlays:</b>			
<b>Increase/(Decrease) in Assets:</b>			
Account Receivable, Net	0	84,933	84,933
Securities and Investments	(1,719,737)	0	(1,719,737)
Other Assets	(60,000)	0	(60,000)
<b>(Increase)/Decrease in Liabilities:</b>			
Accounts Payable	(8,823)	(25,617)	(34,440)
Federal Employee and Veteran Benefits Payable	0	(59,733,856)	(59,733,856)
<b>Financing Sources:</b>			
Imputed Cost	0	0	0
<b>Total Components of Net Operating Cost Not Part of Budgetary Outlays</b>	<b>\$ (1,788,560)</b>	<b>\$ (59,674,540)</b>	<b>\$ (61,463,100)</b>
<b>Miscellaneous Reconciling Items:</b>			
Distributed Offsetting Receipts	(27,721,528)	0	(27,721,528)
Appropriated Receipts for Trust/Special Funds	37,754,092	0	37,754,092
<b>Total Other Reconciling Items</b>	<b>\$ 10,032,564</b>	<b>\$ 0</b>	<b>\$ 10,032,564</b>
<b>Total Net Outlays</b>	<b>\$ (23,388,985)</b>	<b>\$ 7,235,296</b>	<b>\$ (16,153,689)</b>
<b>Budgetary Agency Outlays, Net (SBR)</b>			<b>\$ (16,153,689)</b>
<b>Unreconciled Difference</b>			<b>\$ 0</b>

The Reconciliation of Net Cost to Net Budgetary Outlays demonstrates the relationship between the MERHCF's Net Cost of Operations, reported on an accrual basis on the SNC, and Net Outlays, reported on a budgetary basis on the SBR. While budgetary and financial (proprietary) accounting are complementary, the reconciliation explains the inherent differences in timing and in the types of information between the two during the reporting period. The accrual basis of financial accounting is intended to provide a picture of the MERHCF's operations and financial position, including information about costs arising from the consumption of assets and the incurrence of liabilities. Budgetary accounting reports on the management of resources and the use and receipt of cash by the MERHCF. Outlays are payments to liquidate an obligation excluding the repayment to the Treasury of debt principal.

## **DoD MERHCF Footnotes to the Principal Financial Statements**

Presentational Changes for FY 2023: In fiscal year 2024 the MERHCF mapping for Note 12 was updated to more closely align with the current version of the Treasury Financial Guidance; the Fiscal Year 2023 presentation of Note 12 was updated to conform to the fiscal year 2024 presentation. (See Note 1R, Reclassification of Note 12, for additional information).

In fiscal year 2024, Components of Net Cost Not Part of Net Budgetary Outlays includes non-cash charges primarily consisting of \$126.3 billion in changes in Actuarial Health Insurance Liability.

Imputed Cost of \$5.8 million for FY 2024 are a result of a Treasury Judgement Fund payment made on behalf of the MERHCF in the case of Bio-Medical Applications of Georgia, Inc. See Note 8, Commitments and Contingencies, for more information.

Miscellaneous Reconciling Items includes \$10.8 billion in receipts that are classified as non-distributed offsetting receipts, therefore are not included in the budgetary reports.

### **Note 13. Subsequent Events**

Subsequent events have been evaluated from the balance sheet date through November 8, 2024, which is the date the financial statements were available to be issued. Management determined that there were no other items to disclose as of September 30, 2024.

### **Note 14. Other Disclosures**

The actuarial liability for direct care related to Medicare-eligible retiree benefits as of September 30, 2024 and 2023 is approximately \$172.2 billion (18% of total) and \$161.6 billion (20% of total), respectively, which reflects the actuarial present value of the projected direct-care costs of benefits to be provided by MTFs to the MERHCF beneficiaries. Additionally, the reported amounts of program revenues and cost for the year ended September 30, 2024, include approximately \$3.9 billion and \$2.2 billion, respectively, and for the year ended September 30, 2023, include approximately \$4.2 billion and \$2.5 billion, respectively, of amounts related to direct care costs. Such MTF-related amounts of direct-care costs are based on cost allocation methods using data extracted from various Service-specific financial, personnel, and workload systems within the DoD as well as patient encounter data. With respect to the extracted data, the MTFs do not have OMB Circular A-123 Appendix D, FFMIA compliant, transaction-based accounting systems and cannot report the costs of an individual patient's care.

## **Other Information**

**Exhibit 1--Summary of Financial Statement Audit and Management Assurances****SEPTEMBER 30, 2024**

Agencies are required to provide certain assurances as to the status and effectiveness of the internal controls and financial management systems that support the preparation of the financial statements. In the context of the MERHCF Management Discussion and Analysis, the DoD, and not the MERHCF, represents the legislative definition of an Agency. Beginning with FY 2006, as directed in OMB Circular A-123, Management's Responsibility for Internal Control, Appendix A, Internal Control Over Financial Reporting, the 24 CFO Act agencies (includes DoD), are required to provide a separate assessment of the effectiveness of the internal controls over financial reporting as a subset of the overall FMFIA assurance statement. OUSD(C) issued guidelines to the leadership of DoD Components, including the MERHCF, as to how to support this DoD reporting requirement. The DHP management complied with the required guidelines for the MERHCF.

The DHP included auditor identified weakness in its annual assessment of internal controls from the prior year audit. Specifically, the MTFs do not currently have compliant, transaction-based accounting systems and, thus, do not apply common and consistent business rules in a manner envisioned by the DoD's planned Standard Financial Information Structure (SFIS). The MERHCF is not in compliance with the requirements necessary to meet internal and external reporting mandates. Additionally, the MERHCF is unable to provide actual patient workload data for MTFs that have transitioned to MHS GENESIS. The MHS GENESIS data does not allow the MERHCF to complete a monthly reconciliation to quantify the LOE at each MTF; instead, the MERHCF uses the assumption that the same basic trend from previous years will determine the next FY's distribution. Without historical data, the distribution cannot be verified for accuracy and completeness, and the MERHCF cannot determine if a receivable is necessary if the distribution amounts are overfunded. Also, the MTF-level data is based on budget execution processes rather than accrual-based accounting. The MERHCF is unable to provide sufficient evidence supporting the completeness, validity, and appropriateness and consistent cut-off of accounting activity occurring at the MTF level associated with health care provided to MERHCF beneficiaries. The MERHCF financial statements may contain misstatements associated with Accounts Receivable, Accounts Payable, and Advances to Others on the Balance Sheet, as well as the Expense line on the Statements of Net Cost.

The timing of the DHP's assessment (dated August 21, 2024) may cause it to differ from the auditor's reported weakness (dated September 30, 2024) for the current fiscal year. In its FY 2024 assessments, the DHP management can provide reasonable assurance, except for direct care related material weakness, the MERHCF Financial Statement Reporting Entity (FSRE) has effective internal controls to support effective and efficient programmatic operations, reliable financial reporting, and is in process of implementing corrective actions to become fully compliant with applicable laws and regulations (FMFIA § 2). The MERHCF FSRE cannot achieve compliance with (FMFIA § 4) for direct care until the DHP has implemented financial systems that comply with (FMFIA § 4).

Except for the one direct care-related material weakness as documented in the DHA's Annual Statement Required Under the FMFIA, dated August 21, 2024, and the above referenced DHP-related FMFIA § 4 weakness, the MERHCF has effective internal controls over financial reporting.

## Other Information

The Status of FY 2023 Audit Findings and Actions Taken tables include a summary of material weakness (FMFIA § 2) and non-conformances (FMFIA § 4), and summary of corrective actions to resolve the material weakness and non-conformances.

**Table 1.**  
Summary of Financial Statement Audit

Audit Opinion	Modified				
Restatement	No				
Material Weaknesses	Beginning Balance	New	Resolved	Consolidated	Ending Balance
MTF - Direct Care Costs Data Accumulation; MTF – Lack of USSGL-Compliant, Transaction-Based Accounting Systems for Direct-Care Costs; Lack of MTF Workload Data Interfacing from MHS GENESIS (Carried Forward and Updated Finding from FY 2005)	✓				✓
<i>Total Material Weaknesses</i>	1	0	0	0	1

**Table 2.**  
Summary of Management Assurances

Effectiveness of Internal Control over Financial Reporting (FMFIA § 2)						
Statement of Assurance	Modified					
Material Weaknesses	Beginning Balance	New	Resolved	Consolidated	Reassessed	Ending Balance
MTF - Direct Care Costs Data Accumulation; MTF – Lack of USSGL- Compliant, Transaction-Based Accounting Systems for Direct-Care Costs; Lack of MTF Workload Data Interfacing from MHS GENESIS (Carried Forward and Updated Finding from FY 2005)	✓	0	0	0	0	✓
<i>Total Material Weaknesses</i>	1	0	0	0	0	1

**Other Information**

<b>Effectiveness of Internal Control over Operations (FMFIA § 2)</b>						
Statement of Assurance	Modified					
Material Weaknesses	Beginning Balance	New	Resolved	Consolidated	Reassessed	Ending Balance
MTF - Direct Care Costs Data Accumulation; MTF – Lack of USSGL-Compliant, Transaction-Based Accounting Systems for Direct-Care Costs; Lack of MTF Workload Data Interfacing from MHS GENESIS (Carried Forward and Updated Finding from FY 2005)	✓	0	0	0	0	✓
<i>Total Material Weaknesses</i>	1	0	0	0	0	1

<b>Conformance with Federal Financial Management System Requirements (FMFIA § 4)</b>						
Statement of Assurance	Purchased Care systems conform to financial management systems requirements: Direct Care Costs systems do not comply with financial management systems requirements.					
Non-Conformances	Beginning Balance	New	Resolved	Consolidated	Reassessed	Ending Balance
MTF - Direct Care Costs Data Accumulation; MTF – Lack of USSGL- Compliant, Transaction-Based Accounting Systems for Direct-Care Costs; Lack of MTF Workload Interfacing from MHS GENESIS (Carried Forward and Updated Finding from FY 2005)	✓					✓
<i>Total non-conformances</i>	1	0	0	0	0	1

<b>Compliance with Section 803(a) of the Federal Financial Management Improvement Act (FFMIA)</b>		
	Agency	Auditor
1. Federal Financial Management System Requirements	No lack of compliance noted for purchased care systems; lack of compliance noted for direct care systems	No lack of compliance noted for purchased care systems; lack of compliance noted for direct care systems
2. Applicable Federal Accounting Standards	No lack of compliance noted for purchased care systems; lack of	No lack of compliance noted for purchased



## Other Information

	compliance noted for direct care systems	care systems; lack of compliance noted for direct care systems
3. USSGL at Transaction Level	No lack of compliance noted for purchased care systems; lack of compliance noted for direct care systems	No lack of compliance noted for purchased care systems; lack of compliance noted for direct care systems

### Exhibit 2--PIIA Reporting Details September 30, 2024

#### **PAYMENT INTEGRITY**

In accordance with the Payment Integrity Information Act of 2019 and Appendix B of the Office of Management and Budget Bulletin No. 24-02 issued July 29, 2024, “Audit Requirements for Federal Financial Statements”, DoD reports payment integrity information at the agency-wide level in the consolidated DoD Agency Financial Report. For detailed reporting on DoD payment integrity, refer to the Other Information section of the consolidated DoD (Audited Financial Report) AFR at: <https://comptroller.defense.gov/ODCFO/afr2024.aspx>.

**DoD Transmittal of Auditor's Opinion**



**OFFICE OF INSPECTOR GENERAL**  
**DEPARTMENT OF DEFENSE**  
4800 MARK CENTER DRIVE  
ALEXANDRIA, VIRGINIA 22350-1500

November 8, 2024

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE (COMPTROLLER)/  
CHIEF FINANCIAL OFFICER, DOD  
ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)  
DIRECTOR, DEFENSE FINANCE AND ACCOUNTING SERVICE

SUBJECT: Transmittal of the Independent Auditor's Reports on the DoD  
Medicare-Eligible Retiree Health Care Fund Financial Statements and Related  
Notes for FY 2024 and FY 2023  
(Project No. D2024-D000FT-00062.000, Report No. DODIG-2025-035)

We contracted with the independent public accounting firm of Kearney & Company, P.C. (Kearney) to audit the DoD Medicare-Eligible Retiree Health Care Fund (MERHCF) Financial Statements and related notes as of and for the fiscal years ended September 30, 2024, and 2023. The contract required Kearney to provide a report on internal control over financial reporting and compliance with provisions of applicable laws and regulations, contracts, and grant agreements, and to report on whether the MERHCF's financial management systems substantially complied with the requirements of the Federal Financial Management Improvement Act of 1996. The contract required Kearney to conduct the audit in accordance with generally accepted government auditing standards (GAGAS); Office of Management and Budget audit guidance; and the Government Accountability Office/Council of the Inspectors General on Integrity and Efficiency, "Financial Audit Manual," Volume 1, June 2024; Volume 2, June 2024; and Volume 3, July 2024. Kearney's Independent Auditor's Reports are attached.

Kearney's audit resulted in a qualified opinion. Kearney could not obtain sufficient, appropriate audit evidence to support the costs of direct care provided by DoD-managed military treatment facilities. Kearney concluded that, except for the effects on the financial statements of the amounts related to MERHCF's direct care costs, the MERHCF Financial Statements and related notes as of and for the fiscal years ended September 30, 2024, and 2023, were presented fairly, in all material respects, and in accordance with Generally Accepted Accounting Principles.

Kearney's separate report, "Independent Auditor's Report on Internal Control Over Financial Reporting," discusses one material weakness related to MERHCF's internal

controls over financial reporting.\* Specifically, Kearney's report stated that the health care cost data from the military treatment facilities provided for the direct care cost estimation process was based on budget execution processes and not accrual-based accounting.

Kearney's additional report, "Independent Auditor's Report on Compliance with Laws, Regulations, Contracts, and Grant Agreements," discusses one instance of noncompliance with provisions of applicable laws and regulations, contracts, and grant agreements. Specifically, Kearney's report describes instances in which MERHCF's financial management systems did not substantially comply with the Federal Financial Management Improvement Act of 1996.

In connection with the contract, we reviewed Kearney's reports and related documentation and discussed them with Kearney's representatives. Our review, as differentiated from an audit of the financial statements and related notes in accordance with GAGAS, was not intended to enable us to express, and we do not express, an opinion on the MERHCF FY 2024 and FY 2023 Financial Statements and related notes. Furthermore, we do not express conclusions on the effectiveness of internal controls over financial reporting, on whether the MERHCF's financial systems substantially complied with Federal Financial Management Improvement Act of 1996 requirements, or on compliance with provisions of applicable laws and regulations, contracts, and grant agreements. Our review disclosed no instances where Kearney did not comply, in all material respects, with GAGAS. Kearney is responsible for the attached November 8, 2024 reports and the conclusions expressed within the reports.

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\* A material weakness is a deficiency, or a combination of deficiencies, in internal control over financial reporting that results in a reasonable possibility that management will not prevent, or detect and correct, a material misstatement in the financial statements in a timely manner.

We appreciate the cooperation and assistance received during the audit. If you have any questions, please contact me.

FOR THE INSPECTOR GENERAL:

A handwritten signature in black ink that reads "Lorin T. Venable". The signature is written in a cursive style with a large initial 'L'.

Lorin T. Venable, CPA  
Assistant Inspector General for Audit  
Financial Management and Reporting

Attachments:

As stated

**Independent Auditor's Report**

## INDEPENDENT AUDITOR'S REPORT

To the Assistant Secretary of Defense for Health Affairs and Inspector General of the Department of Defense

### Report on the Audit of the Financial Statements

#### *Qualified Opinion*

We have audited the financial statements of the Medicare-Eligible Retiree Health Care Fund (MERHCF) which comprise the Balance Sheets as of September 30, 2024 and 2023, the related Statements of Net Cost and Changes in Net Position, and the combined Statements of Budgetary Resources (hereinafter referred to as the “financial statements”) for the years then ended, and the related notes to the financial statements.

In our opinion, except for the possible effects of the matter described in the *Basis for Qualified Opinion* section of our report, the accompanying financial statements present fairly, in all material respects, the financial position of the MERHCF as of September 30, 2024 and 2023 and its net cost of operations, changes in net position, and budgetary resources for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### *Basis for Qualified Opinion*

We were unable to obtain sufficient appropriate evidential matter to support the costs of Direct Care provided by the Department of Defense (DoD)-managed Military Treatment Facilities (MTF). As presented in the Direct Care Cost Accumulation section of Management’s Discussion and Analysis, the actuarial liability for Medicare-eligible retiree benefits as of September 30, 2024 and 2023 includes approximately \$172.2 billion (18.4% of total) and \$161.6 billion (20% of total), respectively, of amounts reflecting the actuarial present value of the projected Direct Care costs of benefits to be provided by the MTFs to eligible participants in the MERHCF. Additionally, the reported amounts of program revenues and costs, for the year ended September 30, 2024, include approximately \$3.9 billion and \$2.2 billion, respectively, and, for the year ended September 30, 2023, include approximately \$4.2 billion and \$2.5 billion, respectively, of amounts related to the Direct Care costs.

The MERHCF recognizes expenses based on quarterly prospective payments made to the Defense Health Program (DHP) to support the operations of the MTFs on an ongoing basis as a result of care provided to MERHCF beneficiaries. The MERHCF recognizes the payments as expenses upon the transfer of funds, which is not in compliance with Federal accounting standards. The prospective payments for Direct Care are based on estimated costs for the anticipated number of patients who will use an MTF to receive health care. The MERHCF does not have a formalized process in place to track health care encounters for MERHCF beneficiaries

for accounting purposes, resulting in no transactional patient-level data to support the Direct Care costs recognized by the MERHCF. The MTF-level data is based on budget execution processes rather than accrual-based accounting. While activity-based costing techniques are used to estimate program costs related to the MTFs, the costs being allocated cannot be related to specific appropriations.

There is also insufficient evidence that appropriate and consistent cut-off accounting activity occurs at the MTF level associated with care provided to MERHCF beneficiaries. We were unable to obtain sufficient evidence as to the Direct Care component of the reported amounts in the accompanying financial statements for Medicare-eligible retiree beneficiaries by performing other audit procedures. Consequently, we were unable to determine whether any adjustments to these amounts were necessary.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and Office of Management and Budget (OMB) Bulletin No. 24-02, *Audit Requirements for Federal Financial Statements*. Our responsibilities under those standards are further described in the ***Auditor's Responsibilities for the Audit of the Financial Statements*** section of our report. We are required to be independent of the MERHCF and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for: 1) the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; 2) the preparation, measurement, and presentation of required supplementary information (RSI) in accordance with U.S. generally accepted accounting principles; 3) the preparation and presentation of other information included in the MERHCF's Agency Financial Report (AFR), as well as ensuring the consistency of that information with the audited financial statements and the RSI; and 4) the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the MERHCF's ability to continue as a going concern for a reasonable period of time beyond the financial statement date.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an



auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the MERHCF's internal control. Accordingly, no such opinion is expressed
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the MERHCF's ability to continue as a going concern for a reasonable period of time beyond the financial statement date.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### ***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis be presented to supplement the financial statements. Such information is the responsibility of management and, although not a part of the financial statements, is required by OMB and the Federal Accounting Standards Advisory Board (FASAB), who consider it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the RSI in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the financial statements, and other knowledge we obtained during our audits of the financial statements. We do not express an

opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

### ***Other Information***

Management is responsible for the other information included in the AFR. The other information comprises the Summary of Financial Statement Audit and Management Assurances and Payment Integrity, but does not include the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audits of the financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the financial statements or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards* and OMB Bulletin No. 24-02, we have also issued reports, dated November 8, 2024, on our consideration of the MERHCF's internal control over financial reporting and on our tests of the MERHCF's compliance with certain provisions of applicable laws, regulations, contracts, and grant agreements, as well as other matters for the year ended September 30, 2024. The purpose of those reports is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance and other matters. Those reports are an integral part of an audit performed in accordance with *Government Auditing Standards* and OMB Bulletin No. 24-02 and should be considered in assessing the results of our audits.



Alexandria, Virginia  
November 8, 2024

## INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING

To the Assistant Secretary of Defense for Health Affairs and Inspector General of the Department of Defense

We have audited, in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and Office of Management and Budget (OMB) Bulletin No. 24-02, *Audit Requirements for Federal Financial Statements*, the financial statements, and the related notes to the financial statements of the Medicare-Eligible Retiree Health Care Fund (MERHCF) as of and for the year ended September 30, 2024, which collectively comprise the MERHCF's financial statements, and we have issued our report thereon dated November 8, 2024.

### Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the MERHCF's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the MERHCF's internal control. Accordingly, we do not express an opinion on the effectiveness of the MERHCF's internal control. We limited our internal control testing to those controls necessary to achieve the objectives described in OMB Bulletin No. 24-02. We did not test all internal controls relevant to operating objectives as broadly defined by the Federal Managers' Financial Integrity Act of 1982, such as those controls relevant to ensuring efficient operations.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies; therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as described in the accompanying **Schedule of Findings and Responses**, we identified certain deficiencies in internal control that we consider to be a material weakness and a significant deficiency.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. We consider the deficiency in the MERHCF's internal control, as described in the accompanying **Schedule of Findings and Responses** as Item I, to be a material weakness.

A significant deficiency is a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiency in the MERHCF’s internal control, as described in the accompanying **Schedule of Findings and Responses** as Item II, to be a significant deficiency.


During the audit, we noted certain additional matters involving internal control over financial reporting that we will report to the MERHCF’s management in a separate letter.

### **The Medicare-Eligible Retiree Health Care Fund’s Response to Findings**

*Government Auditing Standards* requires the auditor to perform limited procedures on the MERHCF’s response to the findings identified in our audit and described in the accompanying **Schedule of Findings and Responses**. The MERHCF concurred with the findings identified in our engagement. The MERHCF’s response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and the results of that testing, and not to provide an opinion on the effectiveness of the MERHCF’s internal control. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* and OMB Bulletin No. 24-02 in considering the MERHCF’s internal control. Accordingly, this report is not suitable for any other purpose.



Alexandria, Virginia  
November 8, 2024

## Schedule of Findings and Responses

### Material Weakness

#### **I. Military Treatment Facility – Direct Care Costs (*Modified Repeat Condition*)**

**Background:** The costs of health care services provided directly by the Department of Defense (DoD) in Military Treatment Facilities (MTF) (i.e., Direct Care costs) for the Medicare-Eligible Retiree Health Care Fund (MERHCF) beneficiaries represent significant input to the development of the actuarially determined health care liabilities of the MERHCF, as well as the determination of amounts contributed to the MERHCF by the Branches of Service for active duty participants. In addition, the MERHCF recognizes expenses based on quarterly prospective payments made to the Defense Health Program (DHP) to support the operations of the MTFs on an ongoing basis as a result of care provided to MERHCF beneficiaries.

Direct Care costs are incurred by the various MTFs managed by the Defense Health Agency (DHA) in multiple locations. The prospective payments for Direct Care are fixed based on estimated costs for the anticipated number of patients who will rely on an MTF to receive health care. The distribution estimates are based on data from the prior two fiscal years (FY). The MERHCF is responsible for developing policies and procedures that validate estimated costs against actual costs. For the Direct Care system distribution, the MERHCF takes the unit cost for each MTF and inflates it using the Office of Management and Budget (OMB)-approved Consumer Price Index (CPI) medical inflation rates from FY 2022 to FY 2024 values. The MERHCF also creates a monthly workload reconciliation, which leverages a 12-month running average process of the MTF patient workload data for the purpose of comparing the two-year historical data used in the prospective payment methodology to the actual patient workload realized in the year of payment. The MERHCF maintains a variance threshold of 10% for the MTF monthly reconciliations, and, if a variance exceeds 10%, the difference between the actual variance and threshold limit would be used to create an Accounts Receivable (AR) to collect funds during Quarter (Q) 4, in conjunction with an Accounts Payable (AP) transaction prepared by DHA to match the AR amount. The MERHCF is responsible for determining the distribution to the MTFs based on actual patient workload data performed for Medicare-eligible beneficiaries. Statement of Federal Financial Accounting Standards (SFFAS) No. 1, *Accounting for Selected Assets and Liabilities*, and SFFAS No. 5, *Accounting for Liabilities of the Federal Government*, promulgate Generally Accepted Accounting Principles for liability and related expense recognition.

#### **A. Direct Care Costs Data Accumulation**

**Condition:** The MERHCF's FY 2024 quarterly prospective payments included \$1.71 billion in expenses for Direct Care costs for the period ended June 30, 2024. Health care cost data from the MTFs provided for the Direct Care cost estimation process used in the prospective payment is aggregated or derived from information in both financial and non-financial systems within the DHP. The MTF-level data is based on budget execution processes, rather than accrual-based accounting. While activity-based costing techniques are used to estimate program costs related

to the MTFs, the costs being allocated cannot be related to specific appropriations. In addition, the MERHCF does not have a formalized process in place to track health care encounters for MERHCF beneficiaries for accounting purposes, resulting in no transactional patient-level data to support the Direct Care costs recognized by the MERHCF. The MERHCF's prospective payments are made to the DHP in advance of health care provided. The MERHCF, however, recognizes the payments as expenses upon the transfer of funds, which is not in compliance with Federal accounting standards.

There is also insufficient evidence that appropriate and consistent cut-off accounting activity occurs at the MTF level associated with care provided to MERHCF beneficiaries. The MERHCF had not yet implemented appropriate and sufficient levels of management control and reconciliation processes to ensure the adequacy and completeness of the data required for its financial reporting and actuarial valuation processes associated with Direct Care. Additionally, the MERHCF performs an annual retrospective reconciliation, using a 12-month running average process established in FY 2020, of the MTF patient workload data for purposes of comparing the two-year historical data used in the prospective payment methodology to the actual patient workload realized in the year of payment. The results of the reconciliations are used for the purpose of determining if any significant transfer of funds should be returned to the MERHCF, as well as to adjust the prospective payment methodology, as may be warranted. However, due to workload data from Military Health System (MHS) GENESIS not being available for the development of estimates during FY 2024, the financial reporting control described above is no longer operating effectively.

**Cause:** MTFs are not currently performing patient-level accounting for MERHCF beneficiaries, and MTF health care encounters for MERHCF beneficiaries are not accurately tracked for billing purposes. The DHP has not established an effective business process with associated internal controls to properly recognize revenue based on care provided from actual activity occurring in the current FY. Rather, the cost of Direct Care provided to MERHCF beneficiaries for FY 2024, with the exception of the pharmacy ingredient cost, is fixed based on estimated costs for the anticipated number of MERHCF beneficiaries who will rely on an MTF to receive health care. The anticipated number of patients is based on the actual workload two years prior to the budget execution year, as well as the monthly reconciliation (implemented in FY 2020), and the annual reconciliation process of the two-year lookback is not presently being performed to record adjustments which may be deemed necessary. Additionally, the workload data formerly used from similar-sized/output-producing MTFs has been phased out in the completed deployment of MHS GENESIS.

**Effect:** The MTF-level data is based on budget execution processes, rather than accrual-based accounting. Therefore, the MERHCF is unable to provide sufficient evidence supporting the completeness, validity, and appropriateness and consistent cut-off of accounting activity occurring at the MTF level associated with health care provided to MERHCF beneficiaries. The MERHCF financial statements may contain misstatements associated with AR, AP, and Advances to Others on the Balance Sheet, as well as the Expense line on the Statement of Net Cost.

**Recommendation:** Consistent with the prior year, Kearney & Company, P.C. (Kearney) recommends that the MERHCF perform the following:

1. Formalize expenditure recognition procedures to align with actual care provided in the current FY, as applicable for care provided by the DHP MTFs. Expenses recognized should be supported by transactional activity recorded in the general ledger system or in a supporting subsidiary system to:
  - a. Record prospective payments disbursed as advances in accordance with United States Standard General Ledger (USSGL) guidance from the Department of the Treasury (Treasury). The MERHCF should continue to work with DHA, Bureau of the Fiscal Service (BFS), and Federal Accounting Standards and Advisory Board (FASAB) to determine appropriate accounting treatment for the MERHCF's financial activity.
  - b. Reflect distribution payments made in excess of billings during the FY as assets of the MERHCF at year-end.
  - c. Track and monitor patient care received by MERHCF beneficiaries for expense recognition purposes using available information systems (IS), as appropriate (e.g., Composite Health Care System [CHCS], Armed Forces Billing And Collection Utilization Solution [ABACUS], and MHS Data Repository [MDR]). The MERHCF should develop a monthly reconciliation compatible with the MHS GENESIS data to calculate a 12-month rolling average reconciliation analysis against the prospective payment at the beginning of the FY to validate the expenses recognized in the current year (i.e., appropriate expense recognition and periodic drawdown of advances). This supporting prospective payment analysis should be formalized quarterly and provided to the appropriate accounting personnel for consideration of adjusting accounting entries, as necessary, to:
    - i. Design and implement a systematic process with internal controls to extract patient care data from MHS GENESIS to utilize within the prospective payment process. The process and internal controls should ensure that the data is complete and accurate in order to rely on it to make managerial and financial decisions.
    - ii. Ensure this supporting prospective payment analysis is formalized quarterly and provided to the appropriate accounting personnel for consideration of adjusting accounting entries, as may be necessary.
  - d. Maintain patient care encounters used in the quarterly prospective payment analysis for audit trail purposes. The MERHCF should verify and document the completeness of the patient care encounter data used in the quarterly analysis.
  - e. Ensure prospective payments provided in excess of actual care received are recognized as an asset at year-end.

**B. Lack of Military Treatment Facility Workload Data Interfacing from Military Health System GENESIS**

**Condition:** The transition of the MTFs from DoD legacy health care systems to MHS GENESIS has resulted in an absence of actual patient workload data for Medicare-eligible beneficiaries that is utilized for the distribution calculation. As a result, the Level of Effort (LOE) workload

calculations for the MTFs using MHS GENESIS are an estimation based on the data of MTFs still using legacy systems of a similar size and workload, instead of actual data.

**Cause:** Due to the lack of full implementation of a patient itemized billing solution, the MERHCF is unable to verify the bulk data extract for completeness due to the lack of actual patient workload and cost data to perform cost accounting analytics, which determines if these MTFs are earning the appropriate amount of funds for the current FY. As of FY 2024, MHS GENESIS was unable to provide patient-level itemized billings to be used for the distribution calculation. Additionally, the billing module of MHS GENESIS, RevCycle, and the Coding Compliance Editor (CCE) 3M360 will not be fully deployed until FY 2025. Without the RevCycle system being fully implemented, the MERHCF is unable to receive patient-level electronic health records from MHS GENESIS.

**Effect:** The MERHCF is unable to provide actual patient workload data for MTFs that have transitioned to MHS GENESIS. The MHS GENESIS data does not allow the MERHCF to complete a monthly reconciliation to quantify the LOE at each MTF; instead, the MERHCF uses the assumption that the same basic trend from previous years will determine the next FY's distribution. Without historical data, the distribution cannot be verified for accuracy and completeness, and the MERHCF cannot determine if a receivable is necessary if the distribution amounts are overfunded.

**Recommendation:** Consistent with the prior year, Kearney recommends that the MERHCF implement the necessary management controls to support the Direct Care costs with actual patient workload data from the current FY. Specifically, Kearney recommends that the MERHCF perform the following:

1. Fully deploy itemized billing solution to track costs at the patient level.
2. Perform a reconciliation between MHS GENESIS and data utilized in the distribution calculation to ensure completeness.
3. Provide cost accounting analytics for MTFs with MHS GENESIS.
4. Prepare contingencies for data collection in the event that the MERHCF is unable to reconstruct workload information due to MHS GENESIS deployment not having a fully implemented workload interface.



## Significant Deficiency

### II. Information Systems (*Modified Repeat Condition*)

**Background:** The Medicare-Eligible Retiree Health Care Fund (MERHCF) operates in a complex information systems (IS) environment to execute its mission and record transactions timely and accurately. The MERHCF operates or relies on external providers for administration of multiple key financial management systems, including two core accounting systems and multiple financial support systems. The Defense Manpower Data Center (DMDC) On Premise Network (DOPN) and Defense Enrollment Eligibility Reporting System (DEERS) support key medical benefit payment activities and are both administrated by a service organization. Department of Defense (DoD) Instruction (DoDI) No. 8510.10, *Risk Management Framework (RMF) for DoD Systems*, Section 2.7, requires the MERHCF to implement security controls in accordance with National Institute of Standards and Technology (NIST) Special Publication (SP) 800-53, Revision (Rev.) 5.

Because of the sensitive nature of the MERHCF's IS environment, Kearney & Company, P.C. (Kearney) does not present specific details related to the systems, conditions, or criteria discussed within this significant deficiency. We provided those details separately to MERHCF management and relevant stakeholders through Notices of Findings and Recommendations (NFR).

**Condition:** There are several deficiencies in the design and operating effectiveness of the MERHCF's internal controls related to key financial support systems and service organization systems. While no single control deficiency meets the level of a significant deficiency, in combination, these deficiencies elevate to a significant deficiency due to the pervasiveness of the weaknesses throughout the IS environment, the MERHCF's reliance on these systems for financial reporting, and the nature of the deficiencies repeating from the prior year.

Our testing disclosed deficiencies in the following areas:

- Security Management
  - Incomplete and unimplemented RMF policies and procedures that are reflective of updated requirements for IS security and privacy controls
- Access Controls and Segregation of Duties (SD)
  - Incomplete or not fully implemented policies and procedures for managing and monitoring access to key financial management applications and databases, including third-party systems
  - Incomplete or not fully implemented policies and procedures for the proper SD, including documented business justifications for existing SD conflicts, for key financial management applications
  - Inconsistent implementation of user account recertification to verify the appropriateness of access to key financial management systems

- Configuration Management
  - Incomplete, inconsistent, or unmaintained documentation of configuration changes for key financial management applications to support the continuous monitoring of the established baselines.

**Cause:** The deficiencies are a result of multiple circumstances, including previous deferral of key IS environment improvement projects related to lack of integration between business and information technology (IT) stakeholders, incomplete or inconsistent implementation of policies and procedures, ineffective quality control (QC) processes to ensure personnel responsible for key IS controls followed documented procedures, and competing organizational priorities.

**Effect:** Without effective controls throughout the IS environment, the risk of unauthorized access and IS changes increases, thereby increasing the risk to the systems and data confidentiality, integrity, and availability.

**Recommendation:** Kearney recommends that the MERHCF perform the following:

1. Develop effective RMF processes, to include the selection and implementation of associated security controls and documentation to support the design of those security controls.
2. Develop and implement a QC review over the user authorization, user access review, and separations processes, to include procedures to ensure the completeness and accuracy of the access request forms and access listings reviewed.
3. Design and implement controls to mitigate any SD risks identified.
4. Update and implement configuration management procedures to include QC reviews. These reviews should ensure that all authorized changes were properly migrated to the production server and no unauthorized changes were made to the environment.

**Management's Response:** The MERHCF's response is outlined in the Management's Discussion and Analysis (MD&A) section of the Agency Financial Report (AFR). MERHCF management did not provide a standalone, formalized response; however, they concurred with each of the deficiencies that aggregated to the IS significant deficiency.

\* \* \* \* \*

**APPENDIX A: STATUS OF PRIOR-YEAR DEFICIENCIES**

In the *Independent Auditor's Report on Internal Control over Financial Reporting* included in the Medicare-Eligible Retiree Health Care Fund's (MERHCF) fiscal year (FY) 2023 Agency Financial Report (AFR), we noted several issues that were related to internal control over financial reporting. The statuses of the FY 2023 internal control findings are summarized in *Exhibit 1*.

*Exhibit 1: Status of Prior-Year Findings*

<b>Control Deficiency</b>	<b>FY 2023 Status</b>	<b>FY 2024 Status</b>
<b>Military Treatment Facility– Direct Care Costs</b>	Material Weakness	Material Weakness
<b>Information Technology</b>	Significant Deficiency	Significant Deficiency

## **INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH LAWS, REGULATIONS, CONTRACTS, AND GRANT AGREEMENTS**

To the Assistant Secretary of Defense for Health Affairs and Inspector General of the Department of Defense

We have audited, in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and Office of Management and Budget (OMB) Bulletin No. 24-02, *Audit Requirements for Federal Financial Statements*, the financial statements, and the related notes to the financial statements of the Medicare-Eligible Retiree Health Care Fund (MERHCF) as of and for the year ended September 30, 2024, which collectively comprise the MERHCF's financial statements, and we have issued our report thereon dated November 8, 2024.

### **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the MERHCF's financial statements are free from material misstatement, we performed tests of the MERHCF's compliance with certain provisions of applicable laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of the financial statement amounts and disclosures, including the provisions referred to in Section 803(a) of the Federal Financial Management Improvement Act of 1996 (FFMIA). However, providing an opinion on compliance with those provisions was not an objective of our audit; accordingly, we do not express such an opinion. The results of our tests, exclusive of those referred to in FFMIA, disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards* and OMB Bulletin No. 24-02.

The results of our tests of compliance with FFMIA disclosed that the MERHCF's financial management systems did not comply substantially with Section 803(a) requirements related to Federal financial management system requirements, applicable Federal accounting standards, or application of the United States Standard General Ledger at the transaction level, as described in the accompanying **Schedule of Finding**.

### **The Medicare-Eligible Retiree Health Care Fund's Response to Findings**

*Government Auditing Standards* requires the auditor to perform limited procedures on the MERHCF's response to the findings identified in our audit and described in the accompanying **Schedule of Finding**. The MERHCF's response to the findings identified in our engagement is described in a separate memorandum attached to this report in the Financial Section of the Agency Financial Report. The MERHCF concurred with the findings identified in our engagement. The MERHCF's response was not subjected to the other auditing procedures



applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of compliance with certain provisions of applicable laws, regulations, contracts, and grant agreements and the results of that testing, and not to provide an opinion on the effectiveness of the MERHCF's compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* and OMB Bulletin No. 24-02 in considering the MERHCF's compliance. Accordingly, this report is not suitable for any other purpose.

A handwritten signature in blue ink that reads "Kearney &amp; Company". The signature is written in a cursive, flowing style.

Alexandria, Virginia  
November 8, 2024

## Schedule of Finding

### Noncompliance and Other Matters

#### **I. Federal Financial Management Improvement Act of 1996 Noncompliance (*Repeat Condition*)**

The Federal Financial Management Improvement Act of 1996 (FFMIA) requires that an entity's overall financial management systems environment operate, process, and report data in a meaningful manner to support business decisions. Conformance with FFMIA is achieved through substantial compliance with the following three Section 803(a) requirements:

- Federal financial management system requirements
- Applicable Federal accounting standards
- United States Standard General Ledger (USSGL) at the transaction level.

The effects of the material weakness reported in the accompanying *Report on Internal Control over Financial Reporting*, with respect to Direct Care cost data accumulation, indicate substantial noncompliance with the requirements of Section 803(a) of FFMIA.

#### ***Federal Financial Management Systems Requirements***

FFMIA requires reliable financial reporting, including the availability of timely and accurate financial information, and maintaining internal control over financial reporting and financial system security. The matters described in the "Basis for Qualified Opinion" section in the accompanying *Independent Auditor's Report*, as well as the material weakness reported in the accompanying *Report on Internal Control over Financial Reporting*, represent noncompliance with the requirement for reliable financial reporting, with respect to Direct Care costs.

#### ***Applicable Federal Accounting Standards***

With respect to Direct Care costs, the Medicare-Eligible Retiree Health Care Fund (MERHCF) is not in compliance with the requirements necessary to meet internal and external reporting mandates. This includes the requirement that agency management systems maintain data to support reporting in accordance with Generally Accepted Accounting Principles for financial statements to be prepared in accordance with the form and content rules prescribed by the Office of Management and Budget (OMB) and reporting requirements prescribed by the Department of the Treasury (Treasury).

The financial management systems and Federal accounting standards utilized by the MERHCF, with respect to Direct Care costs, do not fully, efficiently, and effectively support the MERHCF's efforts to:

- Consistently, completely, and accurately record and account for Federal revenues, expenditures, and costs

- Provide timely and reliable Federal financial management information of appropriate form and content
- Execute all of the above in a way that is consistent with Federal accounting standards and the USSGL.

***Standard General Ledger at the Transaction Level***

While the general ledger system utilized by the MERHCF is compliant with USSGL with respect to Direct Care costs, it is not transaction-based.

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