

**Defense Health Program
Fiscal Year (FY) 2015 Budget Estimates
Operation and Maintenance
Information Management**

I. Description of Operations Financed: This Budget Activity Group (BAG) provides for the Health Information Technology resources required to support the Defense Health Program (DHP) and includes the new program for the DoD Healthcare Management System Modernization (DHMSM). This Budget Activity Group includes the following:

Service Medical IM/IT - Resources required for non-centrally managed, Service Medical Information Management/Information Technology (IM/IT) Programs in the following functional areas: 1) Service medical funded support for Functional Area Applications (service unique information systems); 2) Communications & Computing Infrastructure to include long haul/wide area communications, office automation and video teleconferencing; 3) Related Technical Activities, which includes spectrum management, data administration, development of architectures, facilitation of interoperability and technical integration; and 4) Information Assurance, which includes all efforts that protect and defend information and information systems by ensuring their availability, integrity, authentication, confidentiality and non-repudiation.

DHP IM/IT Support Programs - Resources required for IM/IT services in support of the Defense Health Program (DHP). These services are in support of the Military Health System Health Information and Technology Office and can be contracted out or provided by other DoD agencies. Services deliver modifications to contractor owned IM/IT systems to meet Congressional and other mandated changes; changes or modifications to other DoD agencies IM/IT systems supporting the Military Health System to comply with changes in medical regulatory guidance; commercially purchased IM/IT related services that enable the Managed Care Support Contracts to meet healthcare, security, and audit compliance requirements; and funding to support centrally managed office automation, video-teleconferencing and related technical activities.

Tri-Service IM/IT - Resources the centralized Defense Health Program centralized legacy

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I. Description of Operations Financed (cont.)

systems excluding the Integrated Electronic Health Record until an acquisition plan is developed for the Department of Defense Healthcare Management System acquisition program. Resources include program management of Tri-Service IM/IT programs, system and infrastructure sustainment, annual software licensing fees, and software and hardware maintenance fees. Major Tri-Service initiatives include: 1) The Armed Forces Health Longitudinal Technology Application (AHLTA) that is DoD's current Electronic Health Record (EHR) 2) Composite Health Care System (CHCS) that is the legacy computerized provider order entry (CPOE) system providing an interface to the EHR for official medical coding information; 3) integrated Electronic Health Record (iEHR) (Funding reflected in FY 2013 and the iEHR is identified as a separate acquisition program starting in FY 2014); 4) Theater Medical Information Program - Joint (TMIP-J); that ensures timely interoperable medical support for mobilization, deployment and sustainment of contingency operations in the theater environment and modifies installation medical information systems to Theater specific requirements; 5) Defense Medical Logistics Standard Support (DMLSS) that provides integrated supply chain and life cycle management for pharmaceuticals, medical supplies, equipment, and health facilities and services. 6) Executive Information/Decision Support (EI/DS) that receives and stores data from MHS systems, processes those data through a variety of business rules, and makes the data available, in various data marts, to managers, clinicians, and analysts for the management of the business of health care; and 7) Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) that assembles, stores and evaluates data on personnel occupational exposure information, environment monitoring, protective equipment usage, work practices, and health hazard education.

Integrated Electronic Health Record (iEHR) - Separately resources the iEHR information technology acquisition program to provide seamless integrated sharing of electronic health data between the Department of Defense (DoD) and Department of Veterans Affairs (VA) to meet Congressional intent of interoperable data sharing between the Departments.

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I. Description of Operations Financed (cont.)

Commensurate with the Under Secretary of Defense for Acquisition, Technology and Logistics Acquisition Decision Memorandum (ADM), dated June 21, 2013, the former joint DoD and VA iEHR acquisition program has been restructured within the DoD to pursue two separate but related healthcare information technology efforts, the DoD Healthcare Management System Modernization (DHMSM) program and the DoD iEHR. Future actions include re-designation of the iEHR acquisition program as the Defense Medical Information Exchange (DMIX) and include information infrastructure and data interoperability capabilities to securely and reliably exchange standardized, normalized, and correlated health data with all partners through standard data / information exchange mechanisms. The DHMSM acquisition program resources are also being identified separately in the budget requests starting in FY 2015.

Department of Defense Healthcare Management System Modernization Program (DHMSM) - Separately resources the modernization of the legacy DoD health care electronic health record (EHR) information technology systems. This program supports the Program Executive Office for DoD Healthcare Management Systems (PEO DHMS) need to acquire and support deployment, implementation, and sustainment of an EHR system that replaces the DoD legacy Military Health System (MHS) inpatient and outpatient EHR systems. The overarching goal of this acquisition program is to enable health care teams to deliver high-quality, safe care and preventive services to patients through the use of easily accessible standards-based computerized patient records resulting in: improved accuracy of diagnoses and impact on health outcomes; increased patient participation in the health care process; improved patient-centered care coordination; and increased practice efficiencies in all settings, including operational environments. In FY 2014, funding for DHMSM was reported under the iEHR.

II. Force Structure Summary:

This program funds concept exploration, management and sustainment of automated

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II. Force Structure Summary (cont.)

information systems, communications & computing infrastructure, related technical activities and information assurance supporting military medical readiness and promoting quality healthcare services to members of the armed forces, their families, and others entitled to DoD healthcare.

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III. Financial Summary (\$ in thousands)

	FY 2014						
	FY 2013	Budget	Congressional Action			Current	FY 2015
A. <u>BA Subactivities</u>	<u>Actual</u>	<u>Request</u>	<u>Amount</u>	<u>Percent</u>	<u>Appropriated</u>	<u>Estimate</u>	<u>Estimate</u>
1. Service Medical IM/IT	625,000	608,939	-9,824	-1.6	599,115	599,115	630,195
2. DHP IM/IT Support Programs	87,461	102,632	-1,660	-1.6	100,972	100,972	99,189
3. Tri-Service IM/IT	761,492	663,247	-9,916	-1.5	653,331	653,331	723,411
4. Integrated Electronic Health Record (iEHR)	0	75,801	36,264	47.8	112,065	112,065	46,998
5. DoD Healthcare Management System Modernization (DHMSM)	0	0	0	n/a	0	0	57,554
Total	1,473,953	1,450,619	14,864	1.0	1,465,483	1,465,483	1,557,347

1. FY 2013 actuals include \$2.6M for Overseas Contingency Operations (OCO).

2. FY 2014 estimate excludes \$2.2M for OCO.

3. FY 2015 request excludes OCO.

4. Does not reflect Departmental DoD Medicare-Eligible Retiree Health Care Fund (MERHCF) for FY 2013 of \$7.9M, FY 2014 of \$10.4M and FY 2015 of \$10.8M O&M only.

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B. <u>Reconciliation Summary</u>	Change	Change
	<u>FY 2014/FY 2014</u>	<u>FY 2014/FY 2015</u>
Baseline Funding	1,450,619	1,465,483
Congressional Adjustments (Distributed)	14,864	
Congressional Adjustments (Undistributed)		
Adjustments to Meet Congressional Intent		
Congressional Adjustments (General Provisions)		
Subtotal Appropriated Amount	1,465,483	
Fact-of-Life Changes (2014 to 2014 Only)		
Subtotal Baseline Funding	1,465,483	
Supplemental	2,238	
Reprogrammings		
Price Changes		23,262
Functional Transfers		
Program Changes		68,602
Current Estimate	1,467,721	1,557,347
Less: Wartime Supplemental	-2,238	
Normalized Current Estimate	1,465,483	

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	<u>Amount</u>	<u>Totals</u>
C. <u>Reconciliation of Increases and Decreases</u>		
FY 2014 President's Budget Request (Amended, if applicable)		1,450,619
1. Congressional Adjustments		14,864
a. Distributed Adjustments		
1) FY 2014 One-Time Congressional Add for the Integrated Electronic Health Record transfer from Research, Development, Test and Evaluation.	36,264	
2) FY 2014 One-Time Congressional Add for the Health Artifact and Image Management Solution Acceleration.	3,600	
3) FY 2014 One-Time Congressional Add for IT Contract Service excess to requirement.	-25,000	
b. Undistributed Adjustments		
c. Adjustments to Meet Congressional Intent		
d. General Provisions		
FY 2014 Appropriated Amount		1,465,483
2. OCO and Other Supplemental Enacted		2,238
a. OCO and Other Supplemental Requested		
1) OCO	2,238	
3. Fact-of-Life Changes		
FY 2014 Baseline Funding		1,467,721
4. Reprogrammings (Requiring 1415 Actions)		
Revised FY 2014 Estimate		1,467,721
5. Less: OCO and Other Supplemental Appropriations and Reprogrammings (Items 2 and 4)		-2,238
FY 2014 Normalized Current Estimate		1,465,483
6. Price Change		23,262
7. Functional Transfers		
8. Program Increases		102,056
a. Annualization of New FY 2014 Program		
b. One-Time FY 2015 Increases		
c. Program Growth in FY 2015		

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C. Reconciliation of Increases and Decreases

	<u>Amount</u>	<u>Totals</u>
1) Integrated Electronic Health Record (iEHR): Provides additional iEHR funding to address the iEHR refined mission focused on data interoperability, implementation of national health data standards for the seamless integrated sharing of electronic health data between the DoD and Department of Veterans Affairs (VA) and other health partners, and the Defense Health Management System Modernization (DHMSM) in FY 2014 only. Commensurate with the Under Secretary of Defense for Acquisition, Technology and Logistics Acquisition Decision Memorandum (ADM), dated June 21, 2013, the former joint DoD and VA iEHR acquisition program has been restructured within the DoD to pursue two separate but related healthcare information technology efforts, the DoD Healthcare Management System Modernization (DHMSM) program and the DoD iEHR. The iEHR acquisition program will be re-designated as the Defense Medical Information Exchange (DMIX) and will acquire infrastructure and a data interoperability capability to securely and reliably exchange standardized, normalized, and correlated health data with all partners through standard data/information exchange mechanisms. The DHMSM acquisition program resources will be identified separate from the iEHR acquisition program starting in FY 2015. FY 2014 iEHR baseline is \$75.8M, 72 civilian FTEs and 390 contractor FTEs.	25,567	
2) Enterprise-Wide Information Technology and Sustainment: Realigns funding from the Research, Development, Test	25,351	

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C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
and Evaluation (RDT&E) and the Procurement Budget Activities due to annual Information Management/Information Technology (IM/IT) program reviews that identified program schedule changes requiring realignment of investment and sustainment resources for proper execution. The increases in sustainment support enhancements for the Centralized Credentials and Quality Assurance System, the Defense Medical System, secure messaging, the Defense Medical Human Resources System-Internet, the Defense Blood Standard System, and the Common User Database. FY 2014 IM/IT Budget Activity Group baseline is \$1,465.5M, 2,025 civilian FTEs and 4,244 contractor FTEs.		
3) National Capital Region (NCR) Medical Directorate: Provides additional resources to properly fund information technology support including hardware, software and contract personnel to operate networks (including a specific National Capital Region network and associated computer network defense services), host applications, and clinical systems for patient care. In prior years, many of these activities were provided by the Services. FY 2014 National Capital Region IM/IT Budget Activity Group baseline is \$43.1M, 50 civilian FTEs and 210 contractor FTEs.	23,698	
4) Defense Health Agency (DHA) Health Information Technology (HIT) Shared Services: Funds a phased consolidation of Health Information Technology function and activities from the Medical	17,381	

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C. Reconciliation of Increases and Decreases

	<u>Amount</u>	<u>Totals</u>
<p>Service Components to the Defense Health Agency. The consolidation of like services across the Defense Health Program will reduce redundancies. The IM/IT Budget Activity Group (BAG) requires implementation funding for re-engineering of IM/IT business management and analysis, future infrastructure consolidation, and portfolio rationalization. FY 2014 IM/IT BAG baseline is \$1,465.5M, 2,025 civilian FTEs and 4,244 contractor FTEs.</p>		
<p>5) Clinical Information System (CIS), Armed Services Blood Program Office (ASPO), and Surgical Scheduling System (S3) Realignment:</p> <p>Designates the Defense Health Agency (DHA) Health Information Technology Office as the enterprise-wide manager of CIS, ASBPO, and S3 and realigns funding from the Consolidated Health Support Budget Activity Group to standardize future accounting and reporting. FY 2014 Defense Health Agency Centralized Information Technology Baseline is \$866.4M, 226 civilian FTEs and 2,789 contractor FTEs.</p>	6,108	
<p>6) Armed Forces Billing and Collection Utilization Solution (ABACUS) and Corporate Dental System (CDS) Realignment:</p> <p>Designates the Army as the central manager for the ABACUS and CDS for the Defense Health Program enterprise and realigns funding from the In-House Care Budget Activity Group (BAG) to standardize future accounting and reporting. FY 2014 Army BAG IT baseline is \$211.6M, 1,012 civilian FTEs and 238 contractor FTEs.</p>	3,146	

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C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
7) San Antonio Military Medical Center (SAMMC): Provides additional resources to properly fund information management and information technology equipment and network support for the expansion of the military treatment facility campus from 30 to 50 buildings, totaling an additional 1.9 million square feet, housing additional inpatient beds, operating rooms, emergency room beds, cardiac catheterization labs and Magnetic Resonance Imaging machines (MRI). These expanded services support the increase in beneficiary population in the Joint Base San Antonio (JBSA) market area. FY 2014 Army IM/IT Budget Activity Group baseline is \$211.6M, 1,012 civilian FTE and 238 contractor FTEs.	755	
8) Defense Information Systems Agency (DISA) Enterprise Cross Domain Services: Adjusts funding due to Defense Information System Agency rate change. FY 2014 Defense Health Program Defense Information Systems Agency Domain Subscription Services baseline is \$7.0M, 0 civilian and 0 contractor FTEs.	50	
9. Program Decreases		-33,454
a. Annualization of FY 2014 Program Decreases		
b. One-Time FY 2014 Increases		
1) Reversal of one-time FY 2014 Congressional Add for the iEHR transfer from RDT&E; Health Artifact and Image Management Solution Acceleration; and IT Contract Service excess to requirement.	-15,103	
c. Program Decreases in FY 2015		
1) Equipment Reduction:	-10,587	

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C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
Reduces IT equipment funding to match the current life cycle replacement rate. FY 2014 Information Management and Information Technology Equipment baseline is \$43.8M, 0 civilian and 0 contractor FTEs.		
2) 20% Headquarters Reduction: Implementation of an incremental 20% reduction to Defense Health Program (DHP) headquarters in compliance with the Department of Defense 31 July 2013 memorandum, "20% Headquarters Reduction," signed by the Deputy Secretary of Defense. The reduction applies to the total headquarters budget (supplies, materials, communications, IT/IM support, equipment) and in this Budget Activity Group (BAG) includes a reduction of those activities performing IM/IT functions. FY 2014 IM/IT BAG baseline is \$1,465.5M, 2,025 civilian FTEs and 4,244 contractor FTEs.	-4,423	
3) Travel Reduction: Reduces travel funding to meet Congressional intent to change the Joint Federal Travel Regulations/Joint Travel Regulation in an effort to reduce travel costs. This reduction results in travel efficiencies achieved by using preferred government lodging, non-payment of state and local taxes and other travel efficiencies and limitations. FY 2014 IM/IT Budget Activity Group travel baseline funding is \$5.5M, 0 civilian and 0 contractor FTEs.	-2,128	
4) TRICARE Operations Center (TOC): Realigns funding to the Management Activities Budget Activity Group. The TOC provides military treatment facility commanders and staffs with a suite of	-1,213	

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<u>C. Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
decision support tools to maximize clinical capacity and deliver care more efficiently. FY 2014 TRICARE Operations Center baseline is \$1.213M, 1 civilian FTE and 4 contractor FTEs.		
FY 2015 Budget Request		1,557,347

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IV. Performance Criteria and Evaluation Summary:

As of 31 December 2013, the below listed DHP IM/IT systems met or exceeded the following performance metrics:

Operational Availability [minimum percent of uptime of at least 98.5%]: AHLTA, CHCS, DMLSS, and DOEHRS-IH.

User Satisfaction Survey [minimum score percent of user surveys of at least 75%]: AHLTA, CHCS, and DMLSS.

Timeliness in resolving trouble tickets or incident reports (metric: IT System):

99% Tier III tickets closed within 90 days: CHCS

90% Severity II tickets closed within 180 days: TMIP-J.

100% Tier III Severity I tickets closed within 90 days: DOEHRS-IH.

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<u>V. Personnel Summary</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>Change FY 2013/ FY 2014</u>	<u>Change FY 2014/ FY 2015</u>
<u>Active Military End Strength (E/S) (Total)</u>	458	475	472	17	-3
Officer	146	148	147	2	-1
Enlisted	312	327	325	15	-2
<u>Active Military Average Strength (A/S) (Total)</u>	458	467	474	9	7
Officer	144	147	148	3	1
Enlisted	314	320	326	6	6
<u>Civilian FTEs (Total)</u>	1,842	2,025	2,032	183	7
U.S. Direct Hire	1,799	1,969	1,976	170	7
Foreign National Direct Hire	13	11	13	-2	2
Total Direct Hire	1,812	1,980	1,989	168	9
Foreign National Indirect Hire	30	45	43	15	-2
Average Annual Civilian Salary (\$ in thousands)	100.5	102.5	103.7	2.0	1.2
<u>Contractor FTEs (Total)</u>	4,142	4,226	4,213	84	-13

Military: The change from FY 2013 to FY 2014 of +17 is not an increase. The change reflects adjustment of -18 to the FY 2013 programmed amount of 476 for FY 2013 actuals (458). The FY 2013 actuals adjustment reflects a 96% fill rate and is reflective of military personnel retention and distribution priorities. The change from FY 2014 to FY 2015 includes the following changes: Air Force reduction (-5) to meet requirements of the Budget Control Act and Air Force reversal of previously programmed Military Treatment Facility closure at Eielson AFB (+2).

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Civilian: The increase of civilian personnel from FY 2013 - FY 2014 reflects requirement changes for the Navy's Service Medical IM/IT Program and the Defense Health Agency Tri-Service Program. The increase from FY 2014 - FY 2015 reflects new requirements in support of the DoD Healthcare Management System Modernization Program.

Contractor: The increase in contractor personnel from FY 2013 - FY 2014 reflects increased sustainment requirements for centrally managed DHP enterprise-wide IT systems. The contractor decrease from FY 2014 - FY 2015 reflects requirement changes from the 20% reduction in headquarters and implementation of the Defense Health Agency Health Information Technology initiative.

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

<u>OP 32 Line</u>	<u>FY 2013</u>	<u>Foreign</u>	<u>Change</u>		<u>FY 2014</u>	<u>Foreign</u>	<u>Change</u>		<u>FY 2015</u>
	<u>Actual</u>	<u>Currency</u>	<u>FY 2013/FY 2014</u>		<u>Estimate</u>	<u>Currency</u>	<u>FY 2014/FY 2015</u>		<u>Estimate</u>
		<u>Rate Diff</u>	<u>Price</u>	<u>Program</u>		<u>Rate Diff</u>	<u>Price</u>	<u>Program</u>	
308 Travel of Persons	7,536	35	144	-2,209	5,506	0	99	-1,276	4,329
399 TOTAL TRAVEL	7,536	35	144	-2,209	5,506	0	99	-1,276	4,329
411 Army Supply	1	0	0	21	22	0	0	-22	0
416 GSA Supplies & Materials	450	0	9	254	713	0	13	-66	660
417 Local Purch Supplies & Mat	80	0	2	352	434	0	8	-1	441
422 DLA Mat Supply Chain (Medical)	98	0	0	-34	64	0	0	0	64
499 TOTAL SUPPLIES & MATERIALS	629	0	11	593	1,233	0	21	-89	1,165
502 Army Fund Equipment	0	0	0	35	35	0	0	-35	0
503 Navy Fund Equipment	0	0	0	138	138	0	2	1	141
505 Air Force Fund Equip	588	0	22	-610	0	0	0	0	0
506 DLA Mat Supply Chain (Const & Equip)	12	0	0	-10	2	0	0	0	2
507 GSA Managed Equipment	754	0	14	222	990	0	18	-97	911
599 TOTAL EQUIPMENT PURCHASES	1,354	0	36	-225	1,165	0	20	-131	1,054
601 Army Industrial Operations	28,065	0	1,125	-29,190	0	0	0	0	0
614 Space & Naval Warfare Center	12,464	0	238	-10,950	1,752	0	22	10	1,784
633 DLA Document Services	307	0	0	-126	181	0	10	-170	21
647 DISA Enterprise Computing Centers	86,072	0	2,883	-18,955	70,000	0	-518	12,588	82,070

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	FY 2013	Foreign	Change		FY 2014	Foreign	Change		FY 2015
	<u>Actual</u>	Currency	<u>FY 2013/FY 2014</u>		<u>Estimate</u>	Currency	<u>FY 2014/FY 2015</u>		<u>Estimate</u>
<u>OP 32 Line</u>		<u>Rate Diff</u>	<u>Price</u>	<u>Program</u>		<u>Rate Diff</u>	<u>Price</u>	<u>Program</u>	
671 DISA DISN Subscription Services (DSS)	10,609	0	435	-4,028	7,016	0	133	51	7,200
677 DISA Telecomm Svcs - Reimbursable	13	0	1	5	19	0	1	-2	18
679 Cost Reimbursable Purchase	8,807	0	167	-8,965	9	0	0	0	9
699 TOTAL DWCF PURCHASES	146,337	0	4,849	-72,209	78,977	0	-352	12,477	91,102
771 Commercial Transport	289	0	5	-57	237	0	4	0	241
799 TOTAL TRANSPORTATION	289	0	5	-57	237	0	4	0	241
9xx Civ Pay Reimburs Host	183,054	0	1,373	20,250	204,677	0	2,047	1,132	207,856
901 Foreign National Indirect Hire (FNIH)	1,852	0	14	942	2,808	0	28	-150	2,686
902 Separation Liab (FNIH)	154	0	1	-1	154	0	2	-2	154
912 Rental Payments to GSA (SLUC)	147	0	3	6,443	6,593	0	119	142	6,854
913 Purchased Utilities (Non- Fund)	11	0	0	881	892	0	16	-704	204
914 Purchased Communications (Non-Fund)	6,863	103	132	7,177	14,275	0	257	992	15,524
915 Rents (Non- GSA)	1,699	0	32	-1,231	500	0	9	304	813
917 Postal Services (U.S.P.S)	150	0	3	-37	116	0	2	0	118
920 Supplies & Materials (Non- Fund)	8,426	6	160	11,440	20,032	0	361	222	20,615
921 Printing &	932	188	21	-99	1,042	0	19	489	1,550

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	FY 2013	Foreign	Change		FY 2014	Foreign	Change		FY 2015
	<u>Actual</u>	Currency <u>Rate Diff</u>	<u>FY 2013/FY 2014</u>	<u>Program</u>	<u>Estimate</u>	Currency <u>Rate Diff</u>	<u>FY 2014/FY 2015</u>	<u>Program</u>	<u>Estimate</u>
OP 32 Line									
Reproduction									
922 Equipment	3,402	0	65	-536	2,931	0	53	501	3,485
Maintenance By									
Contract									
923 Facilities	0	0	0	3,242	3,242	0	58	-3,000	300
Sust, Rest, & Mod									
by Contract									
925 Equipment	30,649	81	584	11,300	42,614	0	767	-4,480	38,901
Purchases (Non-									
Fund)									
926 Other	0	0	0	1	1	0	0	0	1
Overseas									
Purchases									
932 Mgt Prof	50,939	0	968	-25,528	26,379	0	475	17,984	44,838
Support Svcs									
933 Studies,	1,481	0	28	1,735	3,244	0	58	133	3,435
Analysis & Eval									
934 Engineering &	7,660	0	146	-7,506	300	0	5	-1	304
Tech Svcs									
955 Other Costs	53,916	0	2,103	-39,794	16,225	0	600	13,344	30,169
(Medical Care)									
960 Other Costs	0	0	0	160	160	0	3	-21	142
(Interest and									
Dividends)									
986 Medical Care	5,807	0	226	-5,413	620	0	23	-643	0
Contracts									
987 Other Intra-	158,937	0	3,020	-73,393	88,564	0	1,594	44,620	134,778
Govt Purch									
989 Other	33,212	311	637	21,038	55,198	0	994	1,586	57,778
Services									
990 IT Contract	768,517	0	14,602	104,679	887,798	0	15,980	-14,827	888,951
Support Services									
999 TOTAL OTHER	1,317,808	689	24,118	35,750	1,378,365	0	23,470	57,621	1,459,456
PURCHASES									
Total	1,473,953	724	29,163	-38,357	1,465,483	0	23,262	68,602	1,557,347