

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**I. Description of Operations Financed:**

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

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

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

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**I. Description of Operations Financed (cont.)**

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

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

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

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**I. Description of Operations Financed (cont.)**

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

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

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

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**I. Description of Operations Financed (cont.)**

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

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

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**I. Description of Operations Financed (cont.)**

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

**Cybersecurity** - Provides resources for the design, build, fielding, development, refresh and sustainment of information technology (IT) supporting: the DoD's ability to maintain an appropriate level of confidentiality, integrity, authentication, non-repudiation and availability; the information and information assets; the documentation of threats and vulnerabilities; the trustworthiness of users and interconnecting systems; and the minimization of the impact of impairment or destruction to the DoD information

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**I. Description of Operations Financed (cont.)**

system(s). The Military Health System cybersecurity is a form of defensive cybersecurity designed for the protection of information against unauthorized interception, modification, fabrication, and interruption of data in transit and at rest. Resources will encompass boundary protection and intrusion detection systems; assessment and authorization; developing and maintaining information assurance (IA) policy and governance; network continuity; continuous monitoring; training; Public Key Encryption (PKE) and Public Key Infrastructure (PKI) implementation; and computer network defense. Includes DHA Risk Management Framework that provides a process that integrates security and risk management activities into the system development life cycle. The risk-based approach to security control selection and specification considers effectiveness, efficiency, and constraints due to applicable laws, directives, Executive Orders, policies, standards, or regulations. These activities related to managing organizational risk are paramount to an effective information security program and can be applied to both new and legacy systems within the context of the system development life cycle and the Federal Enterprise Architecture. This program element will not be used to capture resources for investments that are embedded in another system or for IT security management, as described by DoD CIO as unclassified, non-weapon system resources needed for Certification & Accreditation, Public Key Infrastructure, virus protection, malware, and/or firewalls.

**Military Health System (MHS) Desktop to Datacenter (D2D)** - Provides resources for the design, build, testing, installation, fielding, upgrades and sustainment of information technology (IT) supporting the DoD's ability to provide and maintain infrastructure and enterprise support services for Military Health System (MHS) centrally managed IT

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**I. Description of Operations Financed (cont.)**

systems in all managed health care regions worldwide. Resources will encompass: Circuits, Network Service Operations Center, MHS Enterprise Service Operations Centers (MESOC) Regional Services, Video Network Center, Lifecycle Management (Asset Management Support Services and Enterprise Software Management), Performance Planning Management, and Boundary Services and Server Sustainment. This includes the following: (1) Network Security Management Service (NSMS): Seamless integrated Wide, Local and Wireless Network allowing health care providers/staff to move from hospital to hospital and authenticate to all IT services without the need of separate accounts; (2) Desktop as a Service (DaaS): Desktop design standardization across the application, desktop and server environments allowing providers/staff ability to move from one exam room to another within the medical facility and have access to information; (3) Compute and Storage Management (CSMS): Centrally managed integrated, robust computing infrastructure that provides a standard method to host applications and the ability to use single applications to support health care encounters; (4) Directory Services Enterprise Management (DSEM): Centralized, secure access and authentication capability to network resources that allows providers and staff to all IT services without the need of multiple accounts; (5) Global Service Center (GSC): Consolidated MHS enterprise IT Service Desk allowing for a single point of contact for all customers regardless of physical location.

**II. Force Structure Summary:**

This program funds concept exploration, management and sustainment of automated information systems, communications and computing infrastructure, related technical

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**II. Force Structure Summary (cont.)**

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.

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

	FY 2018 <u>Actuals</u>	Budget <u>Request</u>	FY 2019 <u>Congressional Action</u>			Current <u>Estimate</u>	FY 2020 <u>Estimate</u>
			<u>Amount</u>	<u>Percent</u>	<u>Appropriated</u>		
<b>A. <u>BA Subactivities</u></b>							
1. Service Medical IM/IT	380,222	293,570	0	0.0	293,570	293,570	169,301
2. DHP IM/IT Support Programs	27,886	32,456	0	0.0	32,456	32,456	34,906
3. Tri-Service IM/IT	1,049,612	1,248,437	0	0.0	1,248,437	1,248,437	595,990
4. Integrated Electronic Health Record (iEHR)	15,596	16,506	0	0.0	16,506	16,506	17,931
5. DoD Healthcare Management System Modernization (DHMSM)	219,524	313,186	0	0.0	313,186	357,407	455,647
6. DoD Medical Information Exchange and Interoperability (DMIX)	45,576	47,003	0	0.0	47,003	47,003	47,503
7. Theater Medical Information Program - Joint (TMIP-J)	53,001	73,402	-20,000	-27.3	53,402	53,402	89,042
8. Joint Operational Medicine Information System (JOMIS)	11,204	15,318	-5,000	-32.6	10,318	10,318	17,206
9. Cybersecurity	0	0	0	n/a	0	0	150,929
10. Military Health System Desktop to Datacenter (D2D)	0	0	0	n/a	0	0	426,133
<b>Total</b>	<b>1,802,621</b>	<b>2,039,878</b>	<b>-25,000</b>	<b>-1.2</b>	<b>2,014,878</b>	<b>2,059,099</b>	<b>2,004,588</b>

1. FY 2018 actuals include \$0K for Overseas Contingency Operations (OCO).
2. FY 2018 actuals do not reflect Department of Defense (DoD) Medical Eligible Retiree Health Care Fund (MERHCF) of \$905K (O&M only).
3. FY 2018 does not reflect \$91,200K of 2017/2018 carryover which supported Desktop to Data Center (D2D) Program, MHS Circuit Infrastructure, Network Support Services, Legacy Data Repository, planning for application cloud migration and network security (Risk Management Framework (RMF)) requirements.

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

4. FY 2019 estimate excludes \$0K for OCO.
5. FY 2019 estimate does not reflect DoD MERHCF of \$900K (O&M only).
6. FY 2019 current estimate reflects potential realignment of FY 2019/2021 procurement to FY 2019 O&M. PEO and the Defense Health Agency are currently reviewing execution requirements and potential sources for internal realignments. Final resourcing decision will be completed during mid-year review.
7. FY 2020 estimate excludes \$0K for OCO.
8. FY 2020 estimate does not reflect DoD MERHCF of \$934K (O&M only).
9. The following are Information Management/Information Technology (IM/IT) Budget Activity Group internal program element realignments to establish the Cybersecurity and D2D program elements:
  - a. Realignment of Service Medical IM/IT funds (\$-32,483K) to the Tri-Service IM/IT program element (\$+32,483) for budgeting and execution of centralized Desktop to Datacenter (D2D) operations at the Defense Health Agency (DHA).
  - b. Establishes the Desktop to Datacenter baseline funding, FTEs, and contract support through realignment of funds and associated FTE costs to the Desktop to Datacenter program element from the Tri-service IM/IT program element (\$426,133K and 240 FTEs) within the same OP32 lines. Desktop to Datacenter funds will resource the design, build, testing, installation, fielding, upgrades and sustainment of information technology (IT) supporting the DoD's ability to provide and maintain infrastructure and enterprise support services for Military Health System (MHS) centrally managed IT systems in all managed health care regions worldwide. Funds the following infrastructure and enterprise support services: (1) Network Security Management Service (NSMS): Seamless integrated Wide, Local and Wireless Networks; (2) Desktop as a Service (DaaS): Desktop standardization across the application, desktop and server environments; (3) Compute and Storage Management (CSMS): Centrally managed integrated, robust computing and storage infrastructure; (4) Directory Services Enterprise Management (DSEM): Centralized, secure access and authentication capability to network resources; (5) Global Service Center (GSC): Consolidated MHS enterprise IT Service Desk allowing for a single point of contact for all customers regardless of physical location.
  - c. Establishes the Cybersecurity program element and baseline funding, FTEs, and contract support through realignment of funds and associated FTE costs from the Tri-service IM/IT program element (\$132,960K and 36 FTEs) and the Service Medical IM/IT program element (\$17,969K and 163 FTEs) within the same OP32 lines. Cybersecurity funds will resource the design, build, fielding, development, refresh and sustainment of information technology supporting the DoD's ability to maintain an appropriate level of confidentiality, integrity, authentication, non-repudiation and network availability. Includes the Defense Health Agency Risk Management Framework that provides a process that integrates security and risk management activities into the MHS IM/IT system infrastructure. The risk-based approach to security control selection and specification considers effectiveness, efficiency, and constraints due to applicable laws, directives, Executive Orders, policies, standards, or regulations.

**Defense Health Program**  
**Fiscal Year (FY) 2020 President's Budget**  
**Operation and Maintenance**  
**Information Management**

**III. Financial Summary (\$ in thousands)**

<b>B. <u>Reconciliation Summary</u></b>	<b>Change</b>	<b>Change</b>
	<b><u>FY 2019/FY 2019</u></b>	<b><u>FY 2019/FY 2020</u></b>
<b>Baseline Funding</b>	<b>2,039,878</b>	<b>2,059,099</b>
Congressional Adjustments (Distributed)	-25,000	
Congressional Adjustments (Undistributed)		
Adjustments to Meet Congressional Intent		
Congressional Adjustments (General Provisions)		
<b>Subtotal Appropriated Amount</b>	<b>2,014,878</b>	
Fact-of-Life Changes (2019 to 2019 Only)		
<b>Subtotal Baseline Funding</b>	<b>2,014,878</b>	
Supplemental		
Reprogrammings	44,221	
Price Changes		23,592
Functional Transfers		-3,256
Program Changes		-74,847
<b>Current Estimate</b>	<b>2,059,099</b>	<b>1,960,367</b>
Less: Wartime Supplemental		
<b>Normalized Current Estimate</b>	<b>2,059,099</b>	

**Defense Health Program**  
**Fiscal Year (FY) 2020 President's Budget**  
**Operation and Maintenance**  
**Information Management**

**III. Financial Summary (\$ in thousands)**

<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
<b>FY 2019 President's Budget Request (Amended, if applicable)</b>		<b>2,039,878</b>
1. Congressional Adjustments		-25,000
a. Distributed Adjustments		
1) Joint Operational Medicine Information System Excess to Need	-5,000	
2) Theater Medical Information Program-Joint Excess to Need	-20,000	
b. Undistributed Adjustments		
c. Adjustments to Meet Congressional Intent		
d. General Provisions		
<b>FY 2019 Appropriated Amount</b>		<b>2,014,878</b>
2. OCO and Other Supplemental Enacted		
3. Fact-of-Life Changes		
<b>FY 2019 Baseline Funding</b>		<b>2,014,878</b>
4. Reprogrammings (Requiring 1415 Actions)		44,221
a. Increases		
1) DoD Healthcare Management Systems Modernization	44,221	
Realignment:		
Potential realignment of FY19 funds to the Operations and Maintenance, DoD Healthcare Management System Modernization (DHMSM) program element from procurement appropriation, DHMSM program element to fund the FY19 Military Health System (MHS) GENESIS Electronic Health Record (EHR) program requirements. Realignment will allow DHMSM to maintain system operations necessary for increased infrastructure requirements which support DoD cybersecurity standards for secure commercial hosting solutions; funds requirements for FY 2019 data centers to host		

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
MHS GENESIS; enhances MHS GENESIS at Initial Operational Capability (IOC) sites; stabilize deployment and sustainment processes, and implement training solutions and robust help desk support. The amount of funding requested for DHMSM system operations requirements in the FY 2019 President's Budget Operation and Maintenance Information Management budget sub-activity was based on the original acquisition strategy for developing and implementing the new EHR, MHS GENESIS. After the submission of the budget requirements, an updated acquisition strategy was developed to support additional requirements identified to be essential for the deployment of the new EHR. PEO and Defense Health Agency are currently reviewing execution requirements and potential sources for internal realignments. final resourcing decision will be completed during mid-year review.		
<b>Revised FY 2019 Estimate</b>		<b>2,059,099</b>
5. Less: OCO and Other Supplemental Appropriations and Reprogrammings (Items 2 and 4)		
<b>FY 2019 Normalized Current Estimate</b>		<b>2,059,099</b>
6. Price Change		23,592
7. Functional Transfers		-3,256
a. Transfers In		
b. Transfers Out		
1) Army Medical Command Medical Headquarters Transfer to the Department of the Army: Transfers sixteen (16) FTEs and associated funding	-1,726	

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
from the Army Medical Command's Service Medical IM/IT program element to the Department of the Army to right-size the Army Medical Command's Headquarters in compliance with Military Health System reform initiatives.		
2) Fourth Estate IT Optimization FTE Only Transfer: Transfers 31 civilian fulltime equivalents to the Defense Information Systems Agency (DISA) to establish a shared IT organization that provides common commodity IT services to the 4th Estate Agencies through a Defense Working Capital Fund. Realigns associated CIVPAY funding (\$3,492K) within the Defense Health Program, Information Management/Information Technology, Desktop to Data Center program element, from OP32 line 101, Executive, General and Specialty Schedules, to OP32 Line 647, DISA Enterprise Computing Centers to fund DHA's commodity IT Services. All funding is retained within the Defense Health Program, Information Management/Information Technology.		
3) Navy Bureau of Medicine and Surgery Medical Headquarters Transfer to the Department of the Navy: Transfers eight (8) FTEs and associated funding from the Navy Bureau of Medicine and Surgery's Service Medical IM/IT program element to the Department of the Navy to right-size the Navy Bureau of Medicine and Surgery's Headquarters in compliance with Military Health System reform initiatives.	-1,530	
8. Program Increases		281,523

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
a. Annualization of New FY 2019 Program		
b. One-Time FY 2020 Increases		
c. Program Growth in FY 2020		
1) a. Department of Defense Healthcare Management System Modernization Increase:	91,290	
Increased funding to DHMSM program element supports the following items:		
(a) MHS GENESIS Deployment: Funds the initial operating capabilities deployment of the MHS GENESIS EHR at Naval Medical San Diego, Naval Hospital Camp Pendleton, Elmendorf Air Force Base, Fort Wainwright, Fort Carson, Fort Leavenworth, Fort Leonard Wood and Fort Riley Hospitals based on the DHMSM Program Executive Office's (PEO) updated deployment schedule and estimates developed for the Full Decision Deployment (FDD).		
(b) Cerner Clinical Application Services: Funds the requirements for the Cerner Clinical Application Services (CAS) and associated information technology infrastructure within MHS GENESIS. The CAS provides the capabilities to utilize analytics and data modeling; decision-support and advanced prognostic competencies; direct monitoring of detailed internal timings and workflow metrics; and analytical data that enables the Defense Health Agency to identify areas for improvement and benchmark Military Treatment Facilities against other leading health facilities.		
(c) Unified Electronic Health Record HealtheIntent:		

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

**C. Reconciliation of Increases and Decreases**

**Amount**

**Totals**

Funds the requirements to add the Department of Veterans' Affairs (VA) HealthIntent capability to the DoD electronic health record system, MHS GENESIS. HealthIntent is a clinical application platform for population health and analytic tools, and offers a seamless longitudinal record between the DoD and VA that will grant Providers and beneficiaries access to the detailed history associated with an injury, which will facilitate better decision making along the continuum of care, whether the patient be an active duty Service Member or a Veteran.

(d) Cerner Patient Accounting Module (CPAM): Funds the CPAM and 3M 360 Encompass coding application necessary to provide integrated patient level accounting and billing functionality in the MHS GENESIS Electronic Health Record system at industry's current standard.

(e) Defense Healthcare Management Systems - Sustainment of MHS GENESIS Additional Capabilities: Funds the sustainment costs for MHS GENESIS additional capabilities (Referral Management 2.0 software; Mass Immunizations software; and Bi-directional Pharmacy Interface) incorporated into the system in FY 2020 to address critical gaps that remained following the MHS GENESIS Initial Operating Capability (IOC) deployment to the Military Treatment Facilities in the Pacific Northwest.

Funds increase OP-32 Line 990, IT Contract Support Services. The FY 2019 DHMSM baseline funding is

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
<p>\$313,186K and the DHMSM baseline contractor staffing is 862 CMEs.</p> <p>2) b. Tri-Service Information Management/Information Technology Increase:</p> <p>Increased funding for Military Health System Network Modernization and sustainment of clinical information systems. Specific increases include:</p> <p>(a) Medical Network Modernization: Funds the increased requirements for the Military Health System (MHS) Medical Network Modernization to deploy Desktop to Data Center in advance of MHS GENESIS.</p> <p>(b) Legacy Data Repository: Funds IT contracts services to implement a flexible, scalable, and cost effective Legacy Data Repository platform to assume data management and governance for legacy Clinical and Business data systems decommissioned during the MHS GENESIS deployment.</p> <p>(c) Military Health System Clinical Information Sustainment: Funds sustainment costs for the MHS Clinical Information systems, such as CHCS, CIS-ESSENTRIS, HAIMS, VSSM, JDES, CEIP, DOEHRS-IH until replaced by MHS GENESIS.</p> <p>(d) Patient Assessment Screening Tool Outcome Registry (PASTOR): Funds increase sustainment of the PASTOR clinical information system and provide for an interface with MHS GENESIS. PASTOR is deployable enterprise wide and provides an outcome registry to promote consistency in pain care delivery, support for prescription opioid analgesics usage,</p>	<p></p> <p>88,631</p>	<p></p> <p></p>

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

**C. Reconciliation of Increases and Decreases**

**Amount**

**Totals**

Interdisciplinary Pain Management Centers, and Pain Management Programs in the Patient Centered Medical Home Program.

Funds increase the Tri-service IM/IT program element, OP32 line 990, IT contracts support services. The FY 2019 Tri-Service IM/IT baseline funding is \$1,248,437K and the Tri-Service IM/IT baseline contractor staffing is 2,581 CMEs.

3) c. Theater Medical Information Program-Joint (TMIP-J):

34,651

Funds increased Theater Medical Information Program-Joint (TMIP-J) requirements for additional functional capabilities necessary for TMIP-J systems to seamlessly interface with the new Electronic Health Record, MHS GENESIS. JOMIS is scheduled to replace the Electronic Health Record (EHR) functionality within TMIP-J. However, due to the delay in the deployment of JOMIS, funding for additional capabilities, that were not previously planned, are being added to TMIP-J for interface with MHS GENESIS. Specifically, funds buy IT Contract Support to build and sustain the data interface between TMIP-J systems and the MHS GENESIS to share patient data, and for the contractor to provide instructor and end user training for all TMIP-J users. In addition, funds maintain TMIP-J operations that integrate components of the Military Health System existing IT capabilities and the Services' medical information systems to ensure continuous interoperable medical

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

**C. Reconciliation of Increases and Decreases**

**Amount**

**Totals**

support for mobilization, deployment and sustainment of all theater and deployed forces in support of any mission. TMIP-J is the only theater system with healthcare delivery, medical logistics, patient movement and tracking, medical command and control, tele-radiology, medical situational awareness, first responder, reporting, and maritime medicine capabilities. Funds increase OP32 line 990, IT contracts support services. The FY 2019 TMIP-J baseline funding is \$ 53,402K and the TMIP-J baseline contractor staffing is 146 CMEs.

4) d. Service Medical Components' Medical Systems Sustainment:

18,321

Funds the continued sustainment operation costs for the Medical Components' medical systems at the Army Medical Command (\$12,043K for the Medical Operational Data System, the Veterinary Service Information Management System and the Enterprise Laboratory Information Management System), the Navy Bureau of Medicine and Surgery (\$3,293K for the Summarized Management Analysis Resource Tool, the Budget Analysis Evaluation Reporting System - Field Level (BAERS-FL), and the EpiData Center Public Health Surveillance System), and the Air Force Medical Services (\$2,985K for the Air Force Operational Medical Information System, the Expeditionary Proficiency System and the Q-Base Special Needs Identification Assignment Coordination). Sustainment funds are necessary for continued operations of the

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

**C. Reconciliation of Increases and Decreases**

	<u>Amount</u>	<u>Totals</u>
<p>Services Medical systems to ensure no loss of critical capability. Funds increase the Service Medical IM/IT program element, OP32 line 990, IT contracts support services. The FY 2019 Service Medical IM/IT baseline funding is \$293,570 and the Service Medical IM/IT baseline contractor staffing is 605 CMEs.</p>		
<p>5) e. Joint Operational Medicine Information System (JOMIS):</p> <p>Incremental funding to develop and sustain field operations medical capabilities for DoD medicine operational locations in accordance with a revised JOMIS program life cycle cost estimate update and new acquisition strategy. Funds buy IT contract support services to develop and sustain field operational capabilities to replace the Electronic Health Record (EHR) functionality within TMIP-J. Funds support all echelons of care through an aggregation of medical data and situational reports that serves the theater of operations as well as the Continental United States sustaining base medical missions. Funds increase OP32 line 990, IT contracts support services. The FY 2019 JOMIS baseline funding is \$10,318K and the JOMIS baseline contractor staffing is 21 CMEs.</p>	8,221	
<p>6) f. Individual Longitudinal Exposure Record (ILER):</p> <p>Funds the requirements for an ILER web based application that establishes an easily accessible and searchable electronic record of a Service member's</p>	3,914	

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

**C. Reconciliation of Increases and Decreases**

**Amount**

**Totals**

occupational and environmental exposures (garrison- and deployment-related) from initial active duty entry to end of service. The ILER will fill a critical readiness and healthcare gap and improve the efficiency, effectiveness, and quality of health care. ILER will enable improvement of occupational and environmental exposure knowledge, epidemiological assessments of exposures, exposure-related medical research, and disability evaluation and claims processes for Service Members and Veterans. Funds increase the Tri-Service IM/IT program element, OP32 Line 990, IT contracts support services (\$3,647K), OP32 line 101, Executive, General and Specialty Schedules (\$200K), and OP32 line 925, Equipment Purchase. The FY 2019 Tri-Service IM/IT baseline funding is \$1,248,437K. The FY 2019 Tri-Service IM/IT baseline civilian staffing is 436 FTEs and the Tri-Service IM/IT baseline contractor staffing is 2,581 CMEs.

7) g. CAPT James A. Lovell Federal Health Care Center Contracts Requirements (FHCC):

1,964

Increased Integrated Electronic Health Record (iEHR) program element funding for maintenance and sustainment contracts and DISA contracts support services at the CAPT. James A. Lovell FHCC and the Interagency Program Office (IPO). Increased costs follows the increased demand for IT support services for IPO sustainment operations following a projected workload increase of the Department of Defense's

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
share of the DoD/VA Medical Facility Demonstration Fund. Funds increase OP32 Line 987, Other Intra-Government Purchases (\$1,137K) and OP32 line 647, DISA Enterprise Computing Centers (\$812K). The FY 2019 iEHR baseline funding is \$16,506K and the iEHR baseline contractor staffing is 8 CMEs.		
8) h. Army Medical Command's Information Management/Information Technology (IM/IT) Requirements: Funds IM/IT equipment requirements at the Army Medical Command (MEDCOM) for medical IM/IT support and services required to process deploying and redeploying Reserve Component Soldiers. Funds increase Army MEDCOM's Service Medical IM/IT, OP32 line 925, equipment purchases. The Army MEDCOM's FY 2019 Service Medical IM/IT, equipment purchases baseline funding is \$5,673K.	1,930	
9) i. Information Management/Information Technology Support Programs: Funds increased program management and information technology support for the Standard Procurement System (SPS), Procurement Desktop Defense (PD2) and the Pharmacy Data Transcription Service (PDTs) contracts. Increased SPS and PD2 program management support and IT costs are associated with the transition of hosting services from Army Communications-Electronics Command (CECOM) to Navy Medical Logistics Command. Increase in the PDTs contract costs follows the increased demand for analytics and IT support for the PDTs contract.	1,216	

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
Funds increase the MHS IM/IT Support Programs, OP32 line 932, management and professional support services (\$741K), OP32 line 990, IT contracts support services (\$349K), and OP32 line 920, supplies and materials (\$126K). The FY 2019 MHS Information Management/Information Technology Support Programs baseline funding is \$32,456K and the MHS Information Management/Information Technology Support Programs baseline contractor is 105 CMEs.		
10) j. Health Information Technology Realignment: Continues the realignment of Procurement appropriation, Medical Equipment-Replacement Modernization program element funds to Operation and Maintenance, Tri-Service IM/IT program element to purchase End User Devices (EUD) and server refresh for the Military Health System. Realignment to the Tri-Service IM/IT program element is in accordance with fiscal guidance from the Defense Health Agency legal counsel staff for purchasing EUDs and servers. Funds increase the Tri-Service IM/IT program element, OP32 Line 925, Equipment Purchases IM/IT (\$22,008K) and OP32 Line 990, IT Contracts Support Services (\$2,451K) for sustainment and deployment installation. The FY 2019 Tri-Service IM/IT baseline funding is \$1,248,437K and the Tri-Service IM/IT baseline contractor staffing is 2,581 CMEs.	24,459	
11) k. Military Health System Virtual Health Realignment: Realigns Virtual Health program funding to	5,700	

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

**C. Reconciliation of Increases and Decreases**

**Amount**

**Totals**

<p>Information Management/Information Technology from In-House Care to fund virtual health sustainment contracts for the Military Health System's single virtual health enterprise solution. Funds provide for sustainment of the virtual health IM/IT Infrastructure, software licenses, and IM/IT contract staff to support virtual health capabilities that create a global portal for secure asynchronous provider consultations, patient monitoring, and virtual health programs at the tactical level, which will allow Service Members and beneficiaries to receive care anywhere, anytime - deployed or in garrison. Funds increase the Tri-service IM/IT program element, OP32 line 990, IT contracts support services. The FY 2019 Tri-Service IM/IT baseline funding is \$1,248,437K and the Tri-Service IM/IT baseline contractor staffing is 2,581 CMEs.</p> <p>12) 1. Vision Center of Excellence Realignment:</p> <p>Realigns Vision Center of Excellence's (VCoE) Executive Agency and associated funding to the Defense Health Agency, IM/IT from the Navy Bureau of Medicine and Surgery, In-House Care to fund VCoE's information technology contracts. Realignment funds the VCOE's requirements for local area network, wide area network contract support, and Informatics and Information Management programs/projects. Funds increase the Tri-service IM/IT program element (\$603K) and the MHS IM/IT Support Programs (\$623K), OP32 line 990, IT contracts support services. The FY</p>	<p>1,226</p>
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**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
2019 Tri-Service IM/IT baseline funding is \$1,248,437K and the FY 2019 Tri-Service IM/IT baseline contractor staffing is 2,581 CMEs. The FY 2019 MHS IM/IT Support Programs baseline funding is \$32,456K and the FY 2019 MHS IM/IT Support Programs baseline contractor is 105 CMEs.		
9. Program Decreases		-356,370
a. Annualization of FY 2019 Program Decreases		
b. One-Time FY 2019 Increases		
c. Program Decreases in FY 2020		
1) a. Military Health Information Technology Management Reform:	-158,490	
Continues the reduction to the IM/IT requirements based on military health information technology management reforms. Reduction is associated with departmental Health Information Technology (IT) reform that will be accomplished in accordance with congressional mandates to increase demand access, availability, entry and portability of health information across the continuum of military operations, Department of Veterans Affairs and civilian healthcare environments. Military Health System (MHS) will accomplish the reform by utilizing Defense Health Agency (DHA) as the IT Enterprise Service Provider; optimizing infrastructure through common architecture; deployment of MHS GENESIS; and aligning current and future technology. To reduce cyber risk, maximize efficiency, and maximize confidentiality of information transport, MHS is		

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
<p>implementing the Medical Community of Interest (Med-COI) - a single, secure, interoperable network enclave for delivery of systems and services for DoD medical community communications and IT operations. Funds are reduced from the Service Medical IM/IT (-\$78,321K) and Tri-Service IM/IT (-\$80,169K) program elements. Army Medical Command (-\$27,357K), National Capital Region (-\$26,127K), Navy Bureau of Medicine and Surgery (-\$16,434K), and Air Force Medical Service (-\$8,403K) reduced non CIVPAY dollars in multiple OP32 lines in the Service Medical IM/IT program element. The Defense Health Agency reduced funds (-\$80,169K) in the Tri-Service IM/IT program element, OP32 line 990, IT contracts support services. The FY 2019 Tri-Service IM/IT baseline funding request is \$1,248,437K and the Tri-Service IM/IT baseline contractor staffing request is 2,581 CMEs. The FY 2019 Service Medical IM/IT baseline funding is \$293,570K and the Service Medical IM/IT baseline contractor staffing is 605 CMEs.</p>		
<p>2) b. Military Health Information Technology Optimization: Reduction of Information Management/Information Technology IM/IT requirements achieved through consolidation of the Military Health System's IT support activities at the Defense Health Agency (DHA) Health Information Technology (HIT) Directorate. Examples of programs reduced include: enterprise (Global) helpdesk support; network support and</p>	-72,972	

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
security operations; data computation and storage; directory management; infrastructure support; management of end user devices; and related technical support activities for IT operations at the MHS Components' headquarters, and Military Treatment Facilities. IT optimization efforts also include reductions of the MHS technical infrastructure and hosting platforms and the elimination of redundant MHS networks. Funds are reduced from the Tri-Service IM/IT program element, OP32 line 990, IT Contract Support Services. The FY 2019 Tri-Service IM/IT baseline funding is \$1,248,437K and the Tri-Service IM/IT baseline contractor staffing is 2,581 CMEs.		
3) c. Risk Management Framework: Reduces the Risk Management Framework (RMF) funding in accordance with the Military Health System (MHS) cybersecurity implementation strategy for transition to the Risk Management Framework (RMF) from the Defense Information Assurance Certification and Accreditation Process (DIACAP). Decreased RMF funding establishes steady state baseline cybersecurity support for continuous monitoring and evaluation of systems, networks and medical devices for the Defense Health Agency (DHA), Army Medical Command, Navy Bureau of Medicine and Surgery, Air Force Medical Service, the National Capital Region, and the Uniformed Services University. Funds decrease the Tri-Service IM/IT program element, OP32 Line 990, IT Contract Support Services. The FY 2019	-72,904	

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
Tri-Service IM/IT baseline funding is 1,248,437K and the FY 2019 Tri-Service IM/IT baseline contractor staffing is 2,581 CMEs.		
4) d. Functional Area Applications: Continues the reduction of IM/IT requirements achieved through the removal of duplicative Queuing, Medical Logistics, Data Reuse/Registries, and computational performance management applications within the Tri-Service IM/IT (-\$30,689K), Joint Operational Medicine Information Systems (-\$1,461K), DoD Medical Information Exchange and Interoperability (-\$383K), and Service Medical IM/IT (-\$124K) program elements. Funds are reduced from OP32 line 990, IT Contract Support Services (-\$32,535K) and from OP32 line 914, Purchase Communications (-\$122K). The FY 2019 Information Management/Information Technology baseline funding is \$2,039,878K and the FY 2019 Information Management/Information Technology baseline contractor staffing is 4,475 CMEs.	-32,657	
5) e. Desktop to Data Center (D2D): Reduces Service Medical IM/IT Full Time Equivalent (-42) and funding for the Desktop to Data Center (D2D) program through centralization of helpdesk support (Global Service Center), network security, data computation and data storage, global directory services, and network management services that were formerly provided by the individual Military Health System (MHS) components or the Military Departments, and are now provided by the Defense Health Agency	-10,563	

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**III. Financial Summary (\$ in thousands)**

**C. Reconciliation of Increases and Decreases**

	<u>Amount</u>	<u>Totals</u>
(DHA) Health Information Technology (HIT). Funds are reduced from OP32 line 987, Other Intra-Government Purchases (-\$5,959K) and OP32 line 101, Executive, General and Specialty Schedules (-\$4,604K). The FY 2019 Service Medical IM/IT baseline funding is \$293,570K. The FY 2019 Service Medical IM/IT baseline civilian staffing is 1,193 FTEs and the Service Medical IM/IT baseline contractor staffing is 605 CMEs.		
6) f. Defense Information Systems Agency (DISA) Defense Information Systems Network (DISN) Subscription Services (DSS) Reduction: Reduction to the Tri-Service IM/IT (-\$3,488K) and Service Medical IM/IT (-\$16K), OP-32 Line 671 Defense Information Systems Agency (DISA) Defense Information Systems Network (DISN) based on the DISN cost recovery model. The FY 2019 Information Management/Information Technology baseline funding request for OP-32 Line 671, DISA DISN Subscription Services is \$37,691K.	-3,504	
7) g. Service Medical Headquarters Realigned to the Defense Health Agency: Realigns forty (40) FTEs and associated funding (-\$5,280K) from Information Management/Information Technology to Management Activities to accomplish the Defense Health Program's mission. Funds and FTEs are decreased from the Service Medical IM/IT program element, OP32 line 101, Executive, General and Specialty Schedules (-\$5,083K) and OP32 line 920.1,	-5,280	

**Defense Health Program**  
**Fiscal Year (FY) 2020 President's Budget**  
**Operation and Maintenance**  
**Information Management**

**III. Financial Summary (\$ in thousands)**

<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
Supplies and Materials purchase (-\$197K). The FY 2019 Service Medical IM/IT baseline funding is \$293,570K. The FY 2019 Service Medical IM/IT baseline civilian staffing is 1,193 FTEs and the Service Medical IM/IT baseline contractor staffing is 605 CMEs.		
<b>FY 2020 Budget Request</b>		<b>2,004,588</b>

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**IV. Performance Criteria and Evaluation Summary:**

As of 30 September 2018 the below listed DHP IM/IT projects met or exceeded the following performance metrics:

**IT Project Availability** [availability score of at least 98.5%]: ABACUS, ACS-DAL, AHLTA, ART, Boundary, BUMIS II, CCE, CCQAS, CEIP, CHCS, CIS, COAG Clinic, CSMS LCI, DAAS, DENCAS, DHAN, DMACS, DMHRSi, DMLSS, DMM Online, DOEHRS-IH, DS/EM, DVEIVR, EAS IV, EBM/D, EBM/T, EIRB, ESSENCE, HAIMS, Health.mil, iAS, ICP, LIMDU SMART, M2, MDR, Med-COI, NMIS, NMO, NSMS-LAN, PEPR, PHIMT, PMS E2E, PSR, Server, SM, SNPMIS, SRTS, TED, TEWLS, TOL, TRICARE.mil, TRRWS, VSSM, VTC, WAN, and WMSNi.

**User Satisfaction Survey**

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

> Health Information Technology Health Enterprise Service Activity Service: [minimum user satisfaction survey score of at least 4.0 out of 5.0]. DHA Global Service Center achieved a score of 4.77 for the reported period.

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

**Tier III Severity II\* tickets** closed within 180 days: All Severity II tickets reported for ABACUS, ART, CEIP, CHCS, DMLSS, DOEHRS-IH, EMB/D, HAIMS, ICP, and LIMDU SMART were closed within the required 180 days.

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**IV. Performance Criteria and Evaluation Summary:**

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

**Customer Communications - Notification Timeliness standards:**

> Provide advanced notification of scheduled downtime, at least 3 days, 95% of the time: ABACUS, AHLTA, ART, BUMIS II, CCE, CEIP, CHCS, CIS, COAG Clinic, DENCAS, DMACS, DMHRSi, DMLSS, DOEHRS-IH, DVEIVR, EAS IV, EBMS-D, EBMS-T, EIRB, ESSENCE, HAIMS, iAS, ICP, JMAR, LIMDU SMART, M2, MDR, NMIS, NMO, PEPR, PHIMT, PSR, SM, SRTS, TEWLS, TOL, TRRWS, VSSM, and WMSNi all met the required target.

> Provide notification of unscheduled downtime during business hours within 4 hours 95% of the time: ABACUS, ART, BUMIS II, CCE, CEIP, CIS, COAG Clinic, DENCAS, DMACS, DMHRSi, DMLSS, DOEHRS-HC, DOEHRS-IH, EAS IV, EIRB, EMBS-D, ESSENCE, iAS, IPC, JMAR, LIMDU SMART, M2, MDR, NMIS, NMO, PEPR, PSR, PHIMT, SM, SRTS, TOL, and WMSNi all met the required target.

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

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

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**IV. Performance Criteria and Evaluation Summary:**

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

Acronym List:

<b>Acronym</b>	<b>System Name</b>
ABACUS	Armed Forces Billing and Collection Utilization Solution
ACS-DAL	Agile Core Service - Data Access Layer
AHLTA AHLTA CDR	Armed Forces Health Longitudinal Technology Application (AHLTA-CDR: Clinical Data Repository)
ART	Assistance Reporting Tool
Boundary- MEDI-GW	Boundary Medical Intranet (MEDI) Gateways (GW)
BUMIS II	Navy Bureau of Medicine Manpower Information System II
CCE	Coding and Compliance Editor
CCQAS	Centralized Credentials and Quality Assurance System
CEIP	Clinical Enterprise Intelligence Program
CHCS	Composite Health Care System
CIS	Clinical Information System (Essentris)
COAG Clinic	Coagulation Clinic
CSMS LCI	Compute and Storage Management Service Local Core

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**IV. Performance Criteria and Evaluation Summary:**

<b>Acronym</b>	<b>System Name</b>
	Infrastructure
DENCAS	Dental Common Access System
DHAN	Defense Health Agency Network
DMACS	Defense Medical Accessions Computing System (DMACS)
DMHRSi	Defense Medical Human Resources System - Internet
DMLSS	Defense Medical Logistics Standard Support
DMM Online	Defense Medical Materiel Online Portal
DOEHRS-HC	Defense Occupational and Environmental Health Readiness System - Hearing Conservation
DOEHRS-IH	Defense Occupational and Environmental Health Readiness System - Industrial Hygiene
DS/EM	Directory Services/Enterprise Management
DVEIVR	Defense and Veterans Eye Injury and Vision Registry
EAS IV	Expense Assignment System IV
EBM/D	Enterprise Blood Management System - Donor
EBM/T	Enterprise Blood Management System - Transfusion
EIRB	Electronic Institutional Review Board
ESSENCE	Electronic Surveillance System for Early Notification of Community-based Epidemics
EWA	Enterprise Web Army Medical Department (AMEDD) Electronic Forms Support System (AEFSS)
HAIMS	Health Artifact and Image Management Solution

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**IV. Performance Criteria and Evaluation Summary:**

<b>Acronym</b>	<b>System Name</b>
iAS	Identity Authentication Service
ICP	Interagency Comprehensive Plan
JMAR	Joint Medical Asset Repository
LCI	Local Core Infrastructure
LIMDU SMART	Limited Duty Sailor Marine Readiness Tracker
M2	Military Health System (MHS) Management Analysis and Reporting Tool
Med-COI	Medical Community of Interest
MDR	Military Health System (MHS) Data Repository
NMIS	Nutrition Management Information System
NMO	Navy Medicine Online
NSMS-LAN	Network Security Monitoring Service-Local Area Network
PEPR	Patient Encounter Processing and Reporting
PHIMT	Protected Health Information Management Tool
PMS E2E	Performance Management Service End-to-End
PSR	Patient Safety Reporting
SM	Secure Messaging
SNPMIS	Special Needs Program Management Information System
SRTS	Spectacle Request and Transmission System
TED	TRICARE Encounter Data
TEWLS	Theater Enterprise Wide Medical Logistics System
TRRWS	TRICARE Retail Rebates Web Site

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

**IV. Performance Criteria and Evaluation Summary:**

<b>Acronym</b>	<b>System Name</b>
VSSM	Veterinary Services Systems Management
VTC	Video teleconference (VTC)
WAN	Wide Area Network
WMSNi	Workload Management System for Nursing internet

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

<b>V. <u>Personnel Summary</u></b>	<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>Change FY 2018/ FY 2019</u></b>	<b><u>Change FY 2019/ FY 2020</u></b>
<u>Active Military End Strength (E/S) (Total)</u>	340	377	461	37	84
Officer	112	111	96	-1	-15
Enlisted	228	266	365	38	99
<u>Active Military Average Strength (A/S) (Total)</u>	362	359	420	-3	61
Officer	118	112	104	-6	-8
Enlisted	244	247	316	3	69
<u>Civilian FTEs (Total)</u>	1,835	1,740	1,608	-95	-132
U.S. Direct Hire	1,800	1,694	1,562	-106	-132
Foreign National Direct Hire	16	16	16	0	0
Total Direct Hire	1,816	1,710	1,578	-106	-132
Foreign National Indirect Hire	19	30	30	11	0
Average Annual Civilian Salary (\$ in thousands)	112.8	115.1	115.0	2.3	-0.1
<u>Contractor FTEs (Total)</u>	4,790	4,475	4,112	-315	-363

Explanation of changes in Active Military End Strength: The increase from FY 2018 to FY 2019 (+37) includes FY 2018 execution adjustments (+40) and Army MEDCOM's internal realignments to other Budget Activity Groups to meet emerging requirements (-3). The increase from FY 2019 to FY 2020 (+89) includes transfers to other Budget Activity Groups at the Defense Health Agency for Major Headquarters Activities (-7), Army MEDCOM's mission transfers to the Department of the Army for Medical Readiness (-13), and Navy Bureau of Medicine and Surgery's internal realignment to meet emerging requirements (+104).

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

Explanation of changes in Civilian FTEs: The FY 2018 to FY 2019 decrease (-95) includes adjustments based on the Air Force Medical Service's manpower analysis (+7), Army Medical Command's internal manpower reprogramming (-6) and FY 18 execution adjustments within the Defense Health Program (-96). The decrease from FY 2019 to FY 2020 (-132) reflects adjustments based on the Air Force Medical Service's manpower analysis (+4), increase for the Individual Longitudinal Exposure Record (ILER) program (+1), Medical Headquarters realignment to Management Activities at the Defense Health Agency (-40), transfer to the Military Departments from Army Medical Command (-16) and Navy Bureau of Medicine and Surgery (-8), transfer of FTE only to the Defense Information System Agency (-31) and decreases due to Desktop to Data Center reductions within the Military Health System IM/IT Infrastructure at the Army Medical Command (-24), the Air Force Medical Service (-10), the Navy Bureau of Medicine and Surgery (-7), and the National Capital Region (-1). In addition, there is net zero IM/IT internal FTE realignments within Army Medical Command, the Defense Health Agency, and the National Capital Region to establish the Cybersecurity and Desktop to Datacenter program elements FTE baselines.

Explanation of changes in Contractor FTEs: The decrease from FY2018 to FY2019 (-315) supports continuing increases for the Department of Defense Healthcare Management System (DHMS) Program Executive Office (PEO) to deploy the Military Health System GENESIS (+367) and the Joint Operational Medicine Information System (JOMIS) (+21) while achieving efficiencies (-703) from the implementation of the Military Health IT Management Reform and consolidation of infrastructure and legacy systems. The decrease from FY2019 to FY2020 (-363) reflects continuing increases for the DHMS PEO to deploy the Military Health System GENESIS (+210), increased contract support for the Theater Medical Information Program Joint (TMIP-J) (+108), increased contract support for the Joint Operational Medicine Information Systems (JOMIS) (+21), and efficiencies achieved through the Military Health IT Management Reform and consolidation of infrastructure and legacy

Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management

systems (-702).

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

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

<u>OP 32 Line</u>	<u>FY 2018</u> <u>Actuals</u>	<u>Change</u> <u>FY 2018/FY 2019</u>		<u>FY 2019</u> <u>Estimate</u>	<u>Change</u> <u>FY 2019/FY 2020</u>		<u>FY 2020</u> <u>Estimate</u>
		<u>Price</u>	<u>Program</u>		<u>Price</u>	<u>Program</u>	
101 Exec, Gen'l & Spec Scheds	203,366	1,037	-8,644	195,759	0	-15,051	180,708
103 Wage Board	1,236	6	290	1,532	0	-236	1,296
104 FN Direct Hire (FNDH)	1,032	5	-16	1,021	0	0	1,021
105 Separation Liability (FNDH)	9	0	0	9	0	0	9
107 Voluntary Sep Incentives	61	0	0	61	0	0	61
<b>199 TOTAL CIV COMPENSATION</b>	<b>205,704</b>	<b>1,048</b>	<b>-8,370</b>	<b>198,382</b>	<b>0</b>	<b>-15,287</b>	<b>183,095</b>
308 Travel of Persons	4,077	73	-1,242	2,908	58	-365	2,601
<b>399 TOTAL TRAVEL</b>	<b>4,077</b>	<b>73</b>	<b>-1,242</b>	<b>2,908</b>	<b>58</b>	<b>-365</b>	<b>2,601</b>
416 GSA Supplies & Materials	698	13	1	712	14	-726	0
417 Local Purch Supplies & Mat	467	8	2	477	10	-487	0
422 DLA Mat Supply Chain (Medical)	67	0	2	69	0	-69	0
<b>499 TOTAL SUPPLIES &amp; MATERIALS</b>	<b>1,232</b>	<b>21</b>	<b>5</b>	<b>1,258</b>	<b>24</b>	<b>-1,282</b>	<b>0</b>
503 Navy Fund Equipment	150	0	3	153	3	-156	0
506 DLA Mat Supply Chain (Const & Equip)	3	0	0	3	0	-3	0
507 GSA Managed Equipment	966	17	3	986	20	-1,006	0
<b>599 TOTAL EQUIPMENT PURCHASES</b>	<b>1,119</b>	<b>17</b>	<b>6</b>	<b>1,142</b>	<b>23</b>	<b>-1,165</b>	<b>0</b>
614 Space & Naval Warfare Center	34,412	327	-25,756	8,983	159	-2,081	7,061
633 DLA Document Services	1	0	20	21	0	-21	0
635 Navy Base Support (NAVFECC Other Support Services)	0	0	362	362	0	0	362
647 DISA Enterprise Computing Centers	62,839	-3,770	23,770	82,839	-8,284	13,949	88,504
671 DISA DISN Subscription Services (DSS)	28,078	505	9,108	37,691	-3,253	465	34,903
677 DISA Telecomm Svcs - Reimbursable	21	0	0	21	0	-21	0
679 Cost Reimbursable Purchase	13	0	0	13	0	-13	0
680 Building Maint Fund Purch	2,622	-321	-173	2,128	44	-2	2,170
<b>699 TOTAL DWCF PURCHASES</b>	<b>127,986</b>	<b>-3,259</b>	<b>7,331</b>	<b>132,058</b>	<b>-11,334</b>	<b>12,276</b>	<b>133,000</b>
771 Commercial Transport	472	8	-428	52	1	-16	37

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

<u>OP 32 Line</u>	<u>FY 2018</u> <u>Actuals</u>	<u>Change</u> <u>FY 2018/FY 2019</u>		<u>FY 2019</u> <u>Estimate</u>	<u>Change</u> <u>FY 2019/FY 2020</u>		<u>FY 2020</u> <u>Estimate</u>
		<u>Price</u>	<u>Program</u>		<u>Price</u>	<u>Program</u>	
<b>799 TOTAL TRANSPORTATION</b>	<b>472</b>	<b>8</b>	<b>-428</b>	<b>52</b>	<b>1</b>	<b>-16</b>	<b>37</b>
901 Foreign National Indirect Hire (FNIH)	1,201	6	689	1,896	0	-46	1,850
902 Separation Liab (FNIH)	3	0	0	3	0	-3	0
912 Rental Payments to GSA (SLUC)	486	9	-495	0	0	0	0
913 Purchased Utilities (Non-Fund)	4	0	-4	0	0	0	0
914 Purchased Communications (Non-Fund)	2,850	51	10,324	13,225	265	-150	13,340
915 Rents (Non-GSA)	708	13	143	864	17	-511	370
917 Postal Services (U.S.P.S)	1,247	22	-1,269	0	0	0	0
920 Supplies & Materials (Non-Fund)	10,795	194	7,215	18,204	364	-9,470	9,098
921 Printing & Reproduction	907	16	1,623	2,546	51	-2,185	412
922 Equipment Maintenance By Contract	3,519	63	-1,036	2,546	51	-1,207	1,390
923 Facilities Sust, Rest, & Mod by Contract	835	15	-811	39	1	-1	39
925 Equipment Purchases (Non-Fund)	67,661	1,218	47,867	116,746	2,335	19,690	138,771
926 Other Overseas Purchases	1	0	0	1	0	-1	0
932 Mgt Prof Support Svcs	150,095	2,702	-80,445	72,352	1,447	508	74,307
933 Studies, Analysis & Eval	13,123	236	-9,579	3,780	76	-697	3,159
934 Engineering & Tech Svcs	166,633	2,999	-166,171	3,461	69	-68	3,462
960 Other Costs (Interest and Dividends)	0	0	152	152	3	0	155
986 Medical Care Contracts	4,354	165	16,157	20,676	806	-800	20,682
987 Other Intra-Govt Purch	148,571	2,674	-20,127	131,118	2,622	-12,879	120,861
989 Other Services	30,734	553	-19,166	12,121	242	-7,239	5,124
990 IT Contract Support Services	858,304	15,449	449,816	1,323,569	26,471	-57,205	1,292,835
<b>999 TOTAL OTHER PURCHASES</b>	<b>1,462,031</b>	<b>26,385</b>	<b>234,883</b>	<b>1,723,299</b>	<b>34,820</b>	<b>-72,264</b>	<b>1,685,855</b>
<b>Total</b>	<b>1,802,621</b>	<b>24,293</b>	<b>232,185</b>	<b>2,059,099</b>	<b>23,592</b>	<b>-78,103</b>	<b>2,004,588</b>

1. Due to an error in selecting the correct Information Management/Information Technology (IM/IT) contracts Object Class Code, DHP under executed the IM/IT OP32 line 990, IT contracts support services. Correspondingly, DHP IM/IT over executed OP32 line 614, Space

**Defense Health Program  
Fiscal Year (FY) 2020 President's Budget  
Operation and Maintenance  
Information Management**

and Naval Warfare Center (purchases from revolving funds), OP32 line 932, management and professional services and OP32 line 934, engineering and technical Services in amounts similar to the OP32 990 under execution. This error has been resolved and FY 19 execution for OP32 lines 614, 932, 934, and 990 are expected to be more in line with the budgeted amounts.

2. The following are Information Management/Information Technology (IM/IT) Budget Activity Group internal OP32 realignments within the same program element:

a. Fourth Estate IT Optimization: Realigns CIVPAY funding (\$3,492K) within the Defense Health Program, Information Management/Information Technology, Desktop to Data Center program element, from OP32 line 101, Executive, General and Specialty Schedules, to OP32 Line 647, DISA Enterprise Computing Centers to fund DHA's commodity IT Services. Realigned funding is the associated pay for the transfer of 31 civilian fulltime equivalents to the Defense Information Systems Agency (DISA) to establish a shared IT organization that provides common commodity IT services to the 4th Estate Agencies through a Defense Working Capital Fund.