Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2022 Budget Estimates
Information Management OP-5 Exhibit

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 Department of Defense (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 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

I. Description of Operations Financed: (Cont.)

USD(AT&L) titled "Joint Memorandum on Major Defense 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 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 Systems (JOMIS) capabilities for DoD operational medicine locations. Funding will provide: procurement support for integrating medical

I. Description of Operations Financed: (Cont.)

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 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 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

I. Description of Operations Financed: (Cont.)

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 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.

Workload Introduction:

The Information Management/Information Technology (IM/IT) workload data presented in the Performance Criteria and Evaluation Summary section is designed to give greater insight and a clearer depiction of the Defense Health Agency's IM/IT work for: (1) Military Treatment Facility IT Support; (2) MHS Enterprise Cyber Security Support; (3) Defense Health Agency Global Service Center; (4) Desktop to Datacenter and Medical Community of Interest (Med-COI) Deployments; (5) DoD Healthcare Management Systems Modernization (DHMSM) planned deployment schedule (6) DOD Medical Information Exchange and Interoperability (DMIX); (7) Theater Medical Information – Joint (TMIP-J); Joint Operational Medicine Information System; and Enterprise Intelligence and Data Solutions (EIDS) MHS Information Platform (MIP).

III. Financial Summary ($ in Thousands):

A. BA Subactivities	FY 2020 Actuals	Budget Request	FY 2021 Congressional Action Amount	Percent	Appropriated	Current Estimate	FY 2022 Request
1. Service Medical IM/IT	$302,403	$132,744	$0	0.00%	$132,744	$130,649	$128,073
2. DHP IM/IT Support Programs	$50,789	$35,451	$0	0.00%	$35,451	$35,451	$36,236
3. Tri-Service IM/IT	$601,630	$884,820	$-47,944	-5.42%	$836,876	$836,876	$867,442
4. Integrated Electronic Health Record (iEHR)	$11,673	$10,191	$0	0.00%	$10,191	$10,191	$10,429
5. DoD Healthcare Management System Modernization (DHMSM)	$429,731	$480,551	$-11,475	-2.39%	$469,076	$469,076	$529,063
6. DoD Medical Information Exchange and Interoperability (DMIX)	$53,232	$53,590	$0	0.00%	$53,590	$53,590	$113,925
7. Theater Medical Information Program - Joint (TMIP-J)	$80,207	$2,721	$87,497	3,215.62%	$90,218	$90,218	$0
8. Joint Operational Medicine Information System (JOMIS)	$11,836	$4,213	$21,051	499.67%	$25,264	$25,264	$118,658
9. Cybersecurity	$176,354	$138,574	$0	0.00%	$138,574	$140,669	$140,663
10. Military Health System Desktop to Datacenter (D2D)	$450,852	$297,055	$0	0.00%	$297,055	$297,055	$289,188
Total	**$2,168,707**	**$2,039,910**	**$49,129**	**2.41%**	**$2,089,039**	**$2,089,039**	**$2,233,677**

1. FY 2020 actuals do not reflect Department of Defense (DoD) Medical Eligible Retiree Health Care Fund (MERHCF) of $1,000K (O&M only).
2. FY 2020 actuals includes $153,444K for IM/IT requirements which provide MTFs local IT Support, Desktop to Datacenter, Cybersecurity, and Functional Area Applications IM/IT operations at the Defense Health Agency.
3. FY 2020 actuals does not reflect $50,000K of 2019/2020 Carryover which supported Medical Community of Interest (Med-COI) network modernization requirements and Functional Area Applications and computational performance management applications restoral.
4. FY 2020 actuals includes $64,372K CARES Act COVID-19 funding.
5. FY 2021 estimate does not reflect DoD MERHCF of $1,000K (O&M only).
6. FY 2022 estimate does not reflect DoD MERHCF of $1,100K (O&M only).
7. The following are Information Management/Information Technology (IM/IT) Budget Activity Group internal program element realignments:
(a) Theater Medical Information Platform-Joint (TMIP-J) program element (-$92,015K; -16 FTEs) to Joint Operational Medicine Information System (JOMIS) program element (+$92,015K; +16 FTEs).
(b) Tri-Service IM/IT program element (-$59,196K; -7FTEs) to DoD Medical Information Exchange (DMIX) program element (+59,196K; +7FTEs).
(c) Service Medical IM/IT program element (-$406K) to Tri-Service IM/IT program element (+$406).

III. Financial Summary ($ in Thousands): (Cont.)

B. Reconciliation Summary	Change FY 2021/FY 2021	Change FY 2021/FY 2022
BASELINE FUNDING	**$2,039,910**	**$2,089,039**
Congressional Adjustments (Distributed)	49,129	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	**2,089,039**	
Fact-of-Life Changes (2021 to 2021 Only)	0	
SUBTOTAL BASELINE FUNDING	**2,089,039**	
Supplemental	0	
Reprogrammings	0	
Price Changes		41,002
Functional Transfers		0
Program Changes		103,636
CURRENT ESTIMATE	**2,089,039**	**2,233,677**
Less: Wartime Supplemental	0	
NORMALIZED CURRENT ESTIMATE	**$2,089,039**	**$2,233,677**

III. Financial Summary ($ in Thousands): (Cont.)

FY 2021 President's Budget Request (Amended, if applicable) **$2,039,910**

1. Congressional Adjustments $49,129

   a) Distributed Adjustments $49,129

      1) DHMSM Delays...$-11,475

      2) Digital Solution Prototype for Wellness $5,000

      3) JOMIS - Transfer from Digital Software and Technology Pilot Programs $108,548

      4) Tri-Service IM/IT Excess Growth ....$-52,944

   b) Undistributed Adjustments $0

   c) Adjustments to Meet Congressional Intent..$0

   d) General Provisions $0

FY 2021 Appropriated Amount..**$2,089,039**

2. War-Related and Disaster Supplemental Appropriations...$0

   a) OCO Supplemental Funding $0

3. Fact-of-Life Changes...$0

   a) Functional Transfers...$0

III. Financial Summary ($ in Thousands): (Cont.)

    b) Technical Adjustments $0

    c) Emergent Requirements..$0

FY 2021 Baseline Funding..**$2,089,039**

4. Reprogrammings (Requiring 1415 Actions) $0

    a) Increases..$0

    b) Decreases $0

Revised FY 2021 Estimate...**$2,089,039**

5. Less: Item 2, War-Related and Disaster Supplemental Appropriation and Item 4, Reprogrammings $0

    a) Less: OCO Supplemental Funding...$0

FY 2021 Normalized Current Estimate **$2,089,039**

6. Price Change $41,002

7. Functional Transfers..$0

    a) Transfers In $0

    b) Transfers Out $0

8. Program Increases...$127,682

    a) Annualization of New FY 2021 Program $0

III. Financial Summary ($ in Thousands): (Cont.)

b) One-Time FY 2022 Increases $0

c) Program Growth in FY 2022...$127,682

1) a. Federal Employee Retirement System – Agency Contribution Rate Assumption:..$1,680
Increases civilian personnel costs to reflect the revised Federal Employee Retirement System (FERS) Agency Contribution
for FY 2022 in accordance with Office of Management and Budget (OMB) Circular No. A-11. The FERS FY 2022 regular
employee rate is 18.4%, which is a 1.1% increase above the FY 2021 rate of 17.3%. The FY 2021 Information
Management/Information Technology civilian pay baseline funding is $202,169K. The FY 2021 Information
Management/Information Technology baseline civilian staffing is 1,537 FTEs.

2) b. Fiscal Year 2022 Performance Awards:..$1,288
Increases the FY 2022 civilian personnel awards budget at the aggregate level for General Schedule (GS) and Wage Grade
(WG) employees in accordance with the Office of Management and Budget (OMB) Circular No. A-11 direction to increase
civilian awards spending by no less than one (1) percentage point of FY 2020 GS and WG salary spending. Increase reflects
additional civilian award funding of one (1) percentage point of the GS and WG salary spending above the FY 2020 awards
budget of 1.5%. The FY 2021 Information Management/Information Technology civilian pay baseline funding is $202,169K.
The FY 2021 Information Management/Information Technology baseline civilian staffing is 1,537 FTEs.

3) c. Civilian Pay Raise Assumption:...$714
Increase required to fund civilian personnel costs for the net effect of the Civilian Pay Raise Assumptions which was
increased from 1.0% to 2.7%. The FY 2021 Information Management/Information Technology civilian pay baseline funding is
$202,169K. The FY 2021 Information Management/Information Technology baseline civilian staffing is 1,537 FTEs.

4) d. Department of Defense Healthcare Management System Modernization: $50,555
Continues funding the MHS GENESIS Electronic Health Record (EHR) deployment in accordance with the DoD Healthcare
Management System (DHMS) Program Executive Office's (PEO) updated deployment schedule and the Continued Fielding
Acquisition Decision Memorandum (ADM) from the Assistant Secretary of Defense, Acquisition (ASD(A)). Increase funding
pays for MHS GENESIS system operations, supports maintenance of new capabilities added to MHS GENESIS, and
supports additional users as MHS GENESIS continues to be deployed. The FY 2021 DHMSM baseline funding is
$469,076K. The FY 2021 DHMSM baseline contractor staffing is 1,520 CMEs.

III. Financial Summary ($ in Thousands): (Cont.)

5) e. MHS IMIT Legacy System Sustainment:..$66,581
Continues funding the Military Treatment Facilities (MTFs) Information Management/Information Technology (IM/IT) and Defense Health Agency IT Infrastructure ongoing operating costs. Funds ensure continued operations of critical clinical, MTF readiness, and business IM/IT systems, and provides for needed hardware/software enhancements necessary for ongoing patient care and IM/IT infrastructure sustainment. In addition, funds provide for sustainment of MTF local IT support. The FY 2021 Information Management/Information Technology baseline funding is $2,089,039K. The FY 2021 Information Management/Information Technology baseline contractor staffing is 4,437 CMEs.

6) f. Information Technology Healthcare Mission Funding Realigned to the Defense Health Agency: $3,156
Realigns Information Technology Healthcare Mission and funding to Information Management/Information Technology (IM/IT), Tri-Service IM/IT program element ($3,156K) from In-House Care (-$202K), Consolidated Health Support (-$513K), Education and Training (-$75K), and Base Operations (-$2,366K) to account for the budgeting and execution of non-pay information technology (IT) healthcare resources at the Defense Health Agency. The Defense Health Agency is consolidating all non-pay IT healthcare mission resources within IM/IT. The FY 2021 Information Management/Information Technology baseline funding is $2,089,039K. The FY 2021 Information Management/Information Technology baseline contractor staffing is 4,347 CMEs.

7) g. Air Force Medical Information System Test Bed Realignment to DHA: $2,128
Realigns Information Management/Information Technology (IM/IT) funding to Defense Health Agency, Operations and Maintenance (O&M), IM/IT, Tri-Service IM/IT program element ($2,128K) from Research, Development, Test, and Evaluation to account for the budgeting and execution of Air Force Medical Information System Test Bed (AFMISTB) at the Defense Health Agency. The AFMISTB completed development activities and is in sustainment, appropriately requiring O&M funds. The FY 2021 Information Management/Information Technology baseline funding is $2,089,039K. The FY 2021 Information Management/Information Technology baseline contractor staffing is 4,347 CMEs.

8) h. Cancer Registry Realigned to the Defense Health Agency:...$1,580
Realigns the Cancer Registry program and funding to Information Management/Information Technology (IM/IT), Tri-Service IM/IT program element ($1,580K) from Consolidated Health Support to consolidate the budget and execution of the DoD Cancer Registry information system application, database, and hosting at the Defense Health Agency. The Defense Health Agency is consolidating all non-pay IT healthcare mission resources within IM/IT. The FY 2021 Information Management/Information Technology baseline funding is $2,089,039K. The FY 2021 Information Management/Information Technology baseline contractor staffing is 4,347 CMEs.

9. Program Decreases ....$-24,046

III. Financial Summary ($ in Thousands): (Cont.)

a) Annualization of FY 2021 Program Decreases $0

b) One-Time FY 2021 Increases $0

c) Program Decreases in FY 2022 ....$-24,046

    1) a. Desktop to Data Center (D2D): ....$-14,065
    Reduces the Desktop to Datacenter (D2D) funding required for information technology (IT) sustainment, infrastructure
    maintenance, and enterprise support services for the Military Health System (MHS) centrally managed IT systems worldwide.
    Desktop to Datacenter reduced funding is achieved through lower IT services contract costs associated with the
    consolidation/standardization of helpdesk support (Global Service Center), network security, data computation and data
    storage, global directory services, and network management services at the enterprise-level. Funds are reduced at DHA in
    the Desktop to Datacenter program element. The FY 2021 Desktop to Datacenter program element baseline funding is
    $297,055K. The FY 2020 Desktop to Datacenter program element baseline contractor staffing is 765 CMEs.

    2) b. Service Medical Information Management/Information Technology Reduction: ....$-5,597
    Reduces funding for the Service Medical Information Management/Information Technology (IM/IT) FTES (-29FTEs;-$2,380K)
    and contracts ($3,217K) through consolidation of IM/IT services at the Defense Health Agency. The Military Health System
    (MHS) is utilizing the Defense Health Agency (DHA) as the IT Enterprise Service Provider and reduces IM/IT requirements by
    optimizing the IT infrastructure with common architecture and aligning current and future technology across all Military
    Treatment Facilities and activities. The FY 2021 Service Medical IM/IT baseline funding is $130,649K. The FY 2021 Service
    Medical IM/IT baseline civilian staffing is 878 FTEs and the Service Medical IM/IT baseline contractor staffing is 113 CMEs.

    3) c. Cybersecurity Baseline Adjustment: ....$-2,967
    Continues the reduction to the Cybersecurity program element funding required to 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. Adjustment directly reduces IT contractor
    support services as the Defense Health Agency (DHA) cybersecurity program matures beyond initial actions to establish the
    program and baseline. The FY 2021 Cybersecurity program element baseline funding is $140,669K. The FY 2021
    Cybersecurity program element baseline contractor staffing is 421 CMEs.

III. Financial Summary ($ in Thousands): (Cont.)

4) d. Pharmacy Refill Realigned to In-House Care: ....$-1,417
Realigns funding from Information Management/Information Technology (IM/IT), Tri-Service IM/IT program element ($-1,417K) to the In House Care Budget Activity Group to account for the budgeting and execution of prescription refill/audio care contractual requirements within the Pharmacy Operations Division at the Defense Health Agency. The FY 2021 Information Management/Information Technology baseline funding is $2,089,039K. The FY 2021 Information Management/Information Technology baseline contractor staffing is 4,437 CMEs.

FY 2022 Budget Request $2,233,677

IV. Performance Criteria and Evaluation Summary:

The Information Management/Information Technology (IM/IT) workload data presented in the Performance Criteria and Evaluation Summary section is designed to give greater insight and a clearer depiction of the Defense Health Agency's IM/IT work for: (1) Military Treatment Facility IT Support; (2) MHS Enterprise Cyber Security Support; (3) Defense Health Agency Global Service Center; (4) Desktop to Datacenter and Medical Community of Interest (Med-COI) Deployments; (5) DoD Healthcare Management Systems Modernization (DHMSM) planned deployment schedule (6) DOD Medical Information Exchange and Interoperability (DMIX); (7) Theater Medical Information – Joint (TMIP-J); and Enterprise Intelligence and Data Solutions (EIDS) MHS Information Platform (MIP).

Workload Description by Program	FY 2020 Actuals	FY 2021 Estimate	FY 2022 Estimate
Military Treatment Facility IT Support			
1. Provide software, hardware, and network IT support for enterprise systems at DoD medical headquarters, hospitals and medical clinics worldwide, as appropriate, to achieve operational benefits. Systems support is provided for outpatient encounters, inpatient stays, prescription issuance and management, laboratory orders and results, medical records management, claims processing, patient appointing and scheduling, medical logistics services, patient safety reporting, medical workload management, clinical data analysis, nutrition care services, blood management, staff credentialing, medical coding, medical surveillance, surgical scheduling, and more.	56 systems	52 systems	50 systems
2. Desktop to Datacenter migration of end user devices.	48,031	62,735	0
3. Shutdown/Decommission (end operational use) legacy systems that will be replaced by MHS GENESIS (site instances of systems)	10 site instances of systems	20 site instances of systems	30 site instances of systems
MHS Enterprise Services Cyber Security Support			
1. Manage cybersecurity status of systems (including networks and medical devices) enrolled in Risk Management Framework throughout the MHS)	981	1040	1065
2. Implement required cyber security patches (number of patches to be required cannot be determined in advance)	92%	90%	90%

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

Workload Description by Program	FY 2020 Actuals	FY 2021 Estimate	FY 2022 Estimate
Defense Health Agency (DHA) Global Service Center (GSC)			
1. Provide enterprise help desk services in support of the MHS systems and network. Manage and resolve 95% of Critical (Priority 1) incidents within 90 minutes. [Equation: {Number of "Priority 1" incidents resolved or escalated within the 90 minute time constraint in the period of interest/Total number of "Priority 1" incidents in the period of interest} x 100. Priority categories based on type of problem and number of users affected]	285 Priority 1 Incidents ≥95%	350 Priority 1 Incidents ≥95%	375 Priority 1 Incidents ≥95%
2. Survey DHA Global Service Center Users, gaining a Satisfaction Survey Score of at least 4.0 of 5.0 on survey responses	55,778 survey responses	60,000 survey responses	75,000 survey responses
Desktop to Datacenter (D2D) and Medical Community of Interest (Med-COI) Deployments			
1. Deploy D2D and Med-COI so sites are MHS GENESIS ready (Sites that are MHS GENESIS ready have had all infrastructure work completed that is necessary for installation of MHS GENESIS and all MHS GENESIS required systems have been migrated**)**	23	81	0
2. Complete updates so that sites are Totally Cutover (Sites that are Totally Cutover have had all infrastructure work completed that is required to consider all aspects of Desktop to Datacenter (D2D) and Medical Community of Interest (Med-COI) implementation fully completed and implemented)	48	64	19

IV. Performance Criteria and Evaluation Summary:

Workload Description by Program	FY 2020 Actuals	FY 2021 Estimate	FY 2022 Estimate
DoD Healthcare Management Systems Modernization (DHMSM) (Planned Deployment Schedule)			
1. 1. Measure and determine MHS GENESIS' ability to scale the number of users up without deterioration of the average log in response time and average transaction response time. Measure the percentage of users able to login in and complete transactions in less than two (2) seconds.	98.28%	97.50%	97.50%
2. System Operational Availability assesses the total time the system is capable of being used to perform clinical functions during a given interval – excluding scheduled downtimes. (Percentage)	69.48%	65.00%	65.00%
DoD Medical Information Exchange and Interoperability (DMIX)			
1. Percentage of population with Joint Legacy Viewer (JLV) access using JLV.	36.50%	30.00%	30.00%
2. Retrieve patient-centric information pulled from disparate healthcare systems in real time for presentation in a browser in less than two (2) minutes. (Percentage) Reason: helps check the performance of related healthcare systems. This information helps to assess improvements/changes or updates to the system being evaluated. For example, a new patch could improve response times and having these measurements will help to see the improvement.	99.89	90.00	90.00
3. Software availability from an end user perspective - not counting scheduled downtime - as well as platform and network availability (DES/JLV). (Percentage)	99.55% / 98.82%	93.00% / 93.00%	93.00% / 93.00%

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

Workload Description by Program	FY 2020 Actuals	FY 2021 Estimate	FY 2022 Estimate
Enterprise Intelligence and Data Solutions (EIDS) MHS Information Platform (MIP). Measures calculated per MIP Post-Implementation Review Plan			
1. System Availability – Clinical Care Functions: System uptime (including scheduled downtime) for MIP functions that support direct clinical care, e.g., Legacy Data Consolidation. (Percentage)	NA	99.86%	99.86%
2. System Availability – Non-Clinical Functions: System uptime (excluding scheduled downtime) for MIP functions that don't support direct clinical care, e.g., non-Legacy Data Consolidation. (Percentage)	NA	98.5%	98.5%
Theater Medical Information – Joint (TMIP-J)			
1. Availability: Percentage of time the system is available not counting unscheduled downtime (Percentage)	99%	99%	NA
2. Reliability: Number of Tier III trouble tickets received monthly – tickets are related to software code updates only	5	<10	NA
3. Maintainability: Time to implement trouble tickets (Metric ID OP1913-5006)	3	<3	NA
Joint Operational Medicine Information System (JOMIS)			
1. Availability: Percentage of time the system is available not counting unscheduled downtime (Percentage)	NA	NA	99%
2. Reliability: Number of Tier III trouble tickets received monthly – tickets are related to software code updates only	NA	NA	<10
Maintainability: Time to implement trouble tickets (Metric ID OP1913-5006)	NA	NA	<3

V. Personnel Summary:

	FY 2020	FY 2021	FY 2022	Change FY 2020/ FY 2021	Change FY 2021/ FY 2022
Active Military End Strength (E/S) (Total)	**433**	**442**	**437**	**9**	**-5**
Officer	98	82	91	-16	9
Enlisted	335	360	346	25	-14
Active Military Average Strength (A/S) (Total)	**395**	**438**	**440**	**43**	**2**
Officer	104	90	87	-14	-3
Enlisted	291	348	353	57	5
Civilian FTEs (Total)	**1,784**	**1,537**	**1,547**	**-247**	**10**
U.S. Direct Hire	1,750	1,490	1,500	-260	10
Foreign National Direct Hire	15	16	16	1	0
Total Direct Hire	**1,765**	**1,506**	**1,516**	**-259**	**10**
Foreign National Indirect Hire	18	30	30	12	0
Reimbursable Civilians	1	1	1	0	0
Average Annual Civilian Salary ($ in thousands)	**126.0**	**131.6**	**138.4**	**5.6**	**6.7**
Contractor FTEs (Total)	**4,205**	**4,437**	**5,279**	**232**	**842**

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The increase in military end strength from FY 2020 to FY 2021 (+9) transfers to the military departments for Medical Headquarters Activities (Army: -15) and transfers to the military departments for medical readiness programs (Navy: +3) and transfers to the military department for readiness programs (Air Force: +21). The decrease from FY 2021 to FY 2022 (-5) includes the Tech Adjustment made by the military departments for the revised drawdown reductions (Army: -1, Air Force: -4).

Explanation of changes in Civilian FTEs: The net decrease from FY 2020 to FY 2021 (-247) reflects adjustments based on Air Force Medical Service's manpower analysis (+4); decreases due to Desktop to Data Center reductions within the Military Health System IM/IT Infrastructure at the Army Medical Command (-36) and the Navy Bureau of Medicine and Surgery (-4); FTE realignments from Army Medical Command (-10) to the DHA National Capital Region Directorate (+10) for Phase One (1) of the implementation of Section 702 of the FY 2017 NDAA; Army Medical Command Medical Headquarters transfer to the Department of the Army

INFOM OP-5 Exhibit
DHP

V. Personnel Summary: (Cont.)

(-2); realignment of the Veterinary Services Information Management Systems from Army Consolidated Health Support to the Defense Health Agency (+3); realignment of the Medical Operational Data System program management office from the Defense Health Agency (-5) to Army Medical Command (+5); the transfer of IM/IT FTEs following the Defense Wide Review, to the Department of the Army (-24) and the Department of the Navy (-12), and execution adjustments (-176: DHA-FOD +17, DCFM +6, Navy +4, USUHS -3, Air Force -42, and Army -158) . The net increase from FY 2021 to FY 2022 (+10) reflects the return of FTEs only to the Defense Health Agency from Defense Information Systems Agency (DISA) for the Fourth Estate Network Optimization (+31); adjustment to USUHS' reimbursable FTEs to match program execution (+9); decreases due to Desktop to Data Center reductions within the Military Health System IM/IT Infrastructure at the Army Medical Command (-24) and the Navy Bureau of Medicine and Surgery (-5); FTE realignments from Army Medical Command (-10) to the DHA National Capital Region Directorate (+10) for Phase One (1) of the implementation of Section 702 of the FY 2017 NDAA; and Defense Health Agency internal realignment for the Management Information Platform (-1).

Explanation of changes in Contractor FTEs: The net increase from FY 2020 to FY 2021 (232) reflects the restoral of IMIT Contract funding for the maintenance of the MHS IT Legacy systems (+388), the return of Software and Digital Technology (BA08) pilot program contract funding to Operations and Maintenance, TMIP-J (+285) and JOMIS (+75), execution adjustments at DHMS PEO based on FY 2020 estimated actual execution to deploy the Military Health System GENESIS (-229),and efficiencies achieved through consolidation of IT infrastructure at the Defense Health Agency (-287). The increase from FY 2021 to FY 2022 (+842) reflects continued increases for DHMS PEO to deploy the Military Health System GENESIS (+887), ongoing efficiencies achieved through consolidation of infrastructure and legacy systems, (-45) and a net zero realignment of TMIP-J contracts funding to JOMIS to standardize accounting for budgeting and execution of TMIP-J and JOMIS contracts under one consolidated JOMIS program.

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

		FY 2020 Program	Change from FY 2020 to FY 2021		FY 2021 Program	Change from FY 2021 to FY 2022		FY 2022 Program
			Price Growth	Program Growth		Price Growth	Program Growth	
101	EXEC, GEN'L & SPEC SCHEDS	221,319	3,408	-26,754	197,973	4,494	5,333	207,800
103	WAGE BOARD	1,221	19	-81	1,159	26	1,780	2,965
104	FN DIRECT HIRE (FNDH)	1,028	16	39	1,083	25	-1	1,107
105	SEPARATION LIABILITY (FNDH)	16	0		16	0		16
0199	**TOTAL CIVILIAN PERSONNEL COMPENSATION**	**223,584**	**3,443**	**-26,796**	**200,231**	**4,545**	**7,112**	**211,888**
308	TRAVEL OF PERSONS	2,002	40	1,460	3,502	67	84	3,653
0399	**TOTAL TRAVEL**	**2,002**	**40**	**1,460**	**3,502**	**67**	**84**	**3,653**
614	SPACE & NAVAL WARFARE CENTER	0	0	5,604	5,604	26	86	5,716
635	NAVY BASE SUPPORT (NAVFEC OTHER SUPPORT SERVICES)	0	0	369	369	0	7	376
647	DISA ENTERPRISE COMPUTING CENTERS	4,859	63	84,511	89,433	0	-1,848	87,585
671	DISA DISN SUBSCRIPTION SERVICES (DSS)	8,583	412	24,503	33,498	2,556	-1,955	34,099
680	BUILDING MAINT FUND PURCH	0	0	91	91	1	1	93
0699	**TOTAL OTHER FUND PURCHASES**	**13,442**	**475**	**115,078**	**128,995**	**2,583**	**-3,709**	**127,869**
707	AMC TRAINING	143	-9	-134	0	0	0	0
771	COMMERCIAL TRANSPORT	7	0	31	38	1	0	39
0799	**TOTAL TRANSPORTATION**	**150**	**-9**	**-103**	**38**	**1**	**0**	**39**
901	FOREIGN NATIONAL INDIRECT HIRE (FNIH)	1,108	22	808	1,938	44	32	2,014
912	RENTAL PAYMENTS TO GSA (SLUC)	193	4	-197	0	0	0	0
913	PURCHASED UTILITIES (NON-FUND)	1,036	21	-1,057	0	0	0	0
914	PURCHASED COMMUNICATIONS (NON-FUND)	5,211	104	8,292	13,607	259	14	13,880
915	RENTS (NON-GSA)	100	2	275	377	7		384
917	POSTAL SERVICES (U.S.P.S)	953	19	-972	0	0	0	0
920	SUPPLIES & MATERIALS (NON-FUND)	5,492	110	8,051	13,653	259	294	14,206
921	PRINTING & REPRODUCTION	264	5	-269	0	0	0	0
922	EQUIPMENT MAINTENANCE BY CONTRACT	3,415	68	-2,750	733	14	-15	732

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

		FY 2020 Program	Change from FY 2020 to FY 2021		FY 2021 Program	Change from FY 2021 to FY 2022		FY 2022 Program
			Price Growth	Program Growth		Price Growth	Program Growth	
923	FACILITIES SUST, REST, & MOD BY CONTRACT	931	19	-910	40	1	0	41
925	EQUIPMENT PURCHASES (NON-FUND)	90,327	1,807	21,388	113,522	2,157	2	115,681
932	MGT PROF SUPPORT SVCS	258,670	5,173	-191,468	72,375	1,375	63	73,813
933	STUDIES, ANALYSIS & EVAL	4,705	94	-1,577	3,222	61	4	3,287
934	ENGINEERING & TECH SVCS	57,103	1,142	-54,715	3,530	67	4	3,601
936	TRAINING AND LEADERSHIP DEVELOPMENT (OTHER CONTRACTS)	102	2	-104	0	0	0	0
955	OTHER COSTS (MEDICAL CARE)	22,315	870	-23,185	0	0	0	0
959	OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	3	0	-3	0	0	0	0
960	OTHER COSTS (INTEREST AND DIVIDENDS)	0	0	158	158	3		161
986	MEDICAL CARE CONTRACTS	3,389	132	17,966	21,487	838	-2,870	19,455
987	OTHER INTRA-GOVT PURCH	57,247	1,145	52,209	110,601	2,101	-245	112,457
989	OTHER SERVICES	26,213	524	-25,843	894	17	365	1,276
990	IT CONTRACT SUPPORT SERVICES	1,390,752	27,815	-18,431	1,400,136	26,603	102,501	1,529,240
0999	**TOTAL OTHER PURCHASES**	**1,929,529**	**39,078**	**-212,334**	**1,756,273**	**33,806**	**100,149**	**1,890,228**
9999	**GRAND TOTAL**	**2,168,707**	**43,027**	**-122,695**	**2,089,039**	**41,002**	**103,636**	**2,233,677**