

**Defense Health Program  
Operation and Maintenance, Defense-Wide  
Fiscal Year (FY) 2022 Budget Estimates  
Private Sector Care OP-5 Exhibit**

**I. Description of Operations Financed:**

This Budget Activity Group provides for all medical and dental care plus pharmaceuticals received by Military Health System (MHS)-eligible beneficiaries using healthcare services provided in the private sector. This includes the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Program, the TRICARE Managed Care Support Contracts (MCSC), the Uniformed Services Family Health Program (USFHP), the TRICARE Overseas Program (TOP), the Supplemental Care Program, TRICARE Mail Order Pharmacy (TMOP), the National Retail Pharmacy, TRICARE Reserve Select (TRS), which is a premium based program for reservists and their family members, and various support activities.

**Pharmaceuticals - Purchased Health Care:** Includes expenses for the pharmaceutical costs associated with contractual pharmacy services providing authorized benefits to eligible beneficiaries via the TRICARE Mail Order Pharmacy (TMOP). Excludes manpower authorizations and all administrative costs of the Defense Health Agency to include regional offices and Defense Supply Center-Philadelphia's management of the TMOP.

**National Retail Pharmacy** - Includes expenses for the pharmaceutical costs associated with contractual pharmacy services providing authorized benefits to eligible beneficiaries via the TRICARE Retail Pharmacy Program. The TRICARE Retail Pharmacy Program provides network pharmaceutical prescription benefits for eligible beneficiaries from private sector retail pharmacies.

**TRICARE Managed Care Support Contracts (MCSC)** – Includes expenses for the at-risk health care costs specifically for providing benefits identified in Title 32 United States Code of Federal Regulations 199 and measurable to the following for areas serviced by TRICARE Managed Care Support Contracts: healthcare authorized under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) for the following beneficiaries: (a) retired military personnel and (b) for spouses and dependent children of active duty, retired, or deceased military personnel in civilian facilities and by private practitioners. Also includes costs for the Extended Care Health Option (ECHO) for disabled dependents of active duty personnel covered under the Program for Persons with Disabilities (PPPWD) Act. Includes healthcare costs for those programs that are considered at-risk to the TRICARE Managed Care Support Contracts, and external and internal resource sharing agreements when paid by the TRICARE Managed Care Support contractors. In addition, it includes underwritten costs for health care for those beneficiaries who have enrolled directly with the MCSC affiliated contracted providers.

Excluded from MCSC are PSC healthcare costs captured in separate PSC programs due to population or separate PSC contracts for these areas. Such as: (a) Beneficiaries enrolled to Military Treatment Facility (MTF) providers for health care are accounted for in MTF Enrollees -- Purchased Care; (b) claims processed by the TRICARE Overseas Contract; (c) any not-at-risk/non-underwritten costs associated with the Supplemental Care Program and (d) Miscellaneous Purchased Care activities such as surveys, demonstrations or pilots requested by Congress. Also excluded are Defense Health Agency (DHA) costs for manpower authorizations and any administrative costs of DHA executive agents associated with the management of TRICARE Managed Care Support Contracts.

**Military Treatment Facility (MTF) Enrollees Purchased Care** - Includes expenses for the underwritten costs for TRICARE health care benefits provided to the MTF Prime enrollees as authorized under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). Excludes health care provided under the Supplemental Care Program for Active Duty service members.

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**Dental Purchased Care** - Includes expenses associated with the government paid portion of insurance premiums specifically for providing dental benefits in civilian facilities and by private practitioners for the beneficiaries who are enrolled in the TRICARE Dental Program. Beneficiaries eligible for enrollment are: (a) active duty family members and (b) select reservist or individual ready reservist (IRR) and dependent family members. Also, includes administrative, management, and health care costs associated with these dental services. Excludes dental services and costs expensed for Active Duty members in the Supplemental Care - Dental Care and direct health care system.

**Uniformed Services Family Health Program (USFHP)** - Includes costs based on annual capitation rates for providing TRICARE-like benefits authorized through contracts with designated civilian hospitals in selected markets to beneficiaries that enroll to a USFHP civilian facility located in their geographic residence. Beneficiaries eligible for enrollment into USFHP include active duty family members, retirees and their family members and survivors who live within the specially designated geographic area.

**Supplemental Care - Health Care** - Includes costs for providing the TRICARE Prime benefit to active duty service members and other designated eligible patients who receive health care services in the civilian sector or non-defense facilities either referred or non-referred from the Military Treatment Facility, emergent care and authorized non-emergent care. Includes members in travel status, Navy/Marine Corps service members enrolled to deployable units and referred by the unit primary care manager, eligible Reserve Component personnel, ROTC students, cadets/midshipmen, and eligible foreign military. This program also covers health care sought in the civilian sector due to active duty assignments in remote CONUS locations. The types of claims include health care under TRICARE Prime Remote, MTF referred care, emergency care, and authorized non-emergency/non-referred care. Includes the costs of sharing agreements that are not paid by the managed care support contractors. Excludes all costs associated with dental care for Active Duty members expensed in Supplemental Care – Dental.

**Supplemental Care - Dental** – Includes costs for a dental benefit for uniform dental care and administrative costs for active duty members including eligible mobilized select reserves or individual ready reserves (IRR), receiving services in the civilian sector to include dental practitioners within Department of Veterans Affairs' facilities. This program also covers dental care for active duty members in the civilian sector due to military assignments in remote CONUS locations.

**Continuing Health Education/Capitalization of Assets (CHE/CAP)** - Provides for support of graduate medical education and capital investment within civilian facilities which provide services to the Military Health System and Medicare. These facilities operate under the Diagnosis Related Group (DRG system) of payment providing federal inpatient services under TRICARE and Medicare.

**TRICARE Overseas Program (TOP)**- Includes costs specifically for delivery of Military Health System Prime benefits in civilian facilities by private practitioners to active duty and eligible active duty family member beneficiaries enrolled to the TRICARE Overseas Program (TOP) and foreign claims for non-active duty beneficiaries including Medicare eligibles (when Medicare Part B is purchased). Coverage includes Europe, the Pacific region, Latin America, Asia, Africa, Canada, and covered through Remote Overseas areas or TRICARE Select options per the TOP contract. The scope of health care includes medical, dental, inpatient care, laboratory work, health care testing, and other health care services equivalent to the DoD TRICARE program. Benefits are exclusively pass-through costs. Excluded from the benefits program is custodial care claims, special and emergent care claims and Alaska claims. Also includes overseas health care provided under the Supplemental Care program. Excludes demonstrations, congressional mandates and other health care expensed in Miscellaneous Purchased Health Care.

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**I. Description of Operations Financed: (Cont.)**

**Miscellaneous Purchased Health Care** - Includes costs specifically for providing benefits identified in Title 32 of the Code of Federal Regulations Part 199 (32 CFR 199) authorized under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) for the following beneficiaries: (a) retired military personnel and (b) spouses and dependent children of active duty, retired, or deceased military personnel in civilian facilities and by private practitioners. Also includes costs for special education and institutional care in civilian facilities for disabled dependents of active duty personnel covered under the Program for Persons with Disabilities (PFPWD) Act. Includes administrative, management, and health care costs for Custodial Care, Special and Emergent Care Claims, Alaska Claims, Autism Benefit, Laboratory Developed Tests (LDTs), State Vaccine Program, TRICARE/Medicare dual eligible beneficiaries program (e.g., TRICARE Dual Eligible Fiscal Intermediary Contract - TDEFIC) transition assistance programs and TRICARE Reserve Select (TRS).

**Miscellaneous Support Activities** – Includes the miscellaneous administrative costs and support contract expenses for various programs, demonstrations and other congressionally mandated programs or actions not directly providing health care. Programs financed include: Contracts for marketing and education functions, claims auditing, surveys, e-Commerce, Case Management services, the National Quality Monitoring Service and on-going support from Defense Enrollment Eligibility Reporting System (DEERS) are reflected in this program element.

**II. Force Structure Summary:**

TRICARE healthcare benefits under contracts in private sector care (PSC) programs are available to approximately 9.7 million DoD beneficiaries are eligible to receive TRICARE benefits. The Managed Care Support Contractors (MSCS) provide uniform health care plan options to eligible beneficiaries when they enroll with their regional contractor. Effective January 1, 2018 Defense Health Agency simplified the benefit structure of TRICARE as two options, PRIME (HMO like) or Select, the new Preferred Provider option (PPO). The long standing TRICARE Standard and Extra options both transition to the Select option. TRICARE benefits include Dental Care via contracts with civilian dental practitioners as well. TRICARE benefits are available to approximately 2.5 million Medicare eligible beneficiaries of Military Retirees, Survivors or special eligibility groups who qualify and received benefits from Medicare program by law. These costs are paid from the Medicare Eligible Retiree Health Care Fund (MERHCF) and are excluded from the baseline budget for PSC contracts.

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**III. Financial Summary (\$ in Thousands):**

	FY 2020 <u>Actuals</u>	Budget <u>Request</u>	FY 2021 <u>Congressional Action</u>			Current <u>Estimate</u>	FY 2022 <u>Request</u>
			<u>Amount</u>	<u>Percent</u>	<u>Appropriated</u>		
<b>A. BA Subactivities</b>							
1. Pharmaceuticals Purchased Health Care	\$889,409	\$822,222	\$-1,046	-0.13%	\$821,176	\$970,033	\$924,136
2. National Retail Pharmacy	\$1,085,340	\$994,926	\$20,632	2.07%	\$1,015,558	\$1,128,138	\$1,167,994
3. Managed Care Support Contracts	\$6,727,943	\$6,052,019	\$153,912	2.54%	\$6,205,931	\$7,095,545	\$7,430,699
4. MTF Enrollee Purchased Care	\$2,900,054	\$3,505,298	\$-53,484	-1.53%	\$3,451,814	\$2,927,494	\$3,451,422
5. Dental Purchased Care	\$291,234	\$297,791	\$7,822	2.63%	\$305,613	\$293,867	\$338,242
6. Uniformed Services Family Health Program	\$568,018	\$594,611	\$0	0.00%	\$594,611	\$586,956	\$609,276
7. Supplemental Care - Health Care	\$1,487,356	\$1,537,278	\$30,122	1.96%	\$1,567,400	\$1,599,500	\$1,800,774
8. Supplemental Care - Dental	\$113,435	\$96,915	\$2,003	2.07%	\$98,918	\$105,548	\$109,812
9. Continuing Health Education/Capitalization	\$335,029	\$344,021	\$0	0.00%	\$344,021	\$382,095	\$470,703
10. Overseas Purchased Health Care	\$358,592	\$251,463	\$6,517	2.59%	\$257,980	\$367,374	\$386,917
11. Miscellaneous Purchased Health Care	\$1,011,405	\$1,220,432	\$0	0.00%	\$1,220,432	\$1,089,838	\$1,291,771
12. Miscellaneous Support Activities	\$138,881	\$124,911	\$0	0.00%	\$124,911	\$112,283	\$110,933
<b>Total</b>	<b>\$15,906,696</b>	<b>\$15,841,887</b>	<b>\$166,478</b>	<b>1.05%</b>	<b>\$16,008,365</b>	<b>\$16,658,671</b>	<b>\$18,092,679</b>

2. FY 2020 actuals includes \$287,487K for OCO.
3. FY 2020 actuals includes \$1,095,500K non-COVID-19 CARES Act supplemental funding.
4. FY 2020 actuals includes \$82,000K for Family First Funding. This funding is 3-year Operation and Maintenance funding.
5. FY 2020 actuals includes \$54,681K CARES Act COVID funding.
6. FY 2020 actuals excludes Department of Defense Medicare-Eligible Retiree Health Care Fund (MERHCF) of \$8,274,700K (O&M Only).
7. FY 2021 current estimate includes \$650,245K fact-of-life increase attributed to COVID-19 Pandemic healthcare claims.
8. FY 2021 current estimate includes \$296,828K for OCO.
9. FY 2021 current estimate excludes anticipated Department of Defense Medicare-Eligible Retiree Health Care Fund (MERHCF) of \$8,460,786K (O&M Only).
10. FY 2022 current estimate includes \$188,223K for Direct War Costs Accounted For In The Base (formerly OCO).
11. FY 2022 current estimate excludes anticipated Department of Defense Medicare-Eligible Retiree Health Care Fund (MERHCF) of \$9,088,300K (O&M Only).

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

<b><u>B. Reconciliation Summary</u></b>	<b><u>Change FY 2021/FY 2021</u></b>	<b><u>Change FY 2021/FY 2022</u></b>
<b>BASELINE FUNDING</b>	<b>\$15,841,887</b>	<b>\$16,658,671</b>
Congressional Adjustments (Distributed)	166,478	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
<b>SUBTOTAL APPROPRIATED AMOUNT</b>	<b>16,008,365</b>	
Fact-of-Life Changes (2021 to 2021 Only)	650,245	
<b>SUBTOTAL BASELINE FUNDING</b>	<b>16,658,610</b>	
Supplemental	0	
Reprogrammings	0	
Price Changes		647,448
Functional Transfers		0
Program Changes		786,560
<b>CURRENT ESTIMATE</b>	<b>16,658,610</b>	<b>18,092,679</b>
Less: Wartime Supplemental	0	
<b>NORMALIZED CURRENT ESTIMATE</b>	<b>\$16,658,610</b>	<b>\$18,092,679</b>

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

<b>FY 2021 President's Budget Request (Amended, if applicable)</b> .....	<b>\$15,841,887</b>
1. Congressional Adjustments .....	\$166,478
a) Distributed Adjustments .....	\$166,478
1) Excess Growth - Medical Reform Implementation .....	\$-114,000
2) Excess Growth - Pharmaceutical Drugs .....	\$-16,350
3) Overseas Contingency Operations Funds Enacted for Direct War Costs: .....	\$296,828
b) Undistributed Adjustments .....	\$0
c) Adjustments to Meet Congressional Intent.....	\$0
d) General Provisions .....	\$0
<b>FY 2021 Appropriated Amount</b> .....	<b>\$16,008,365</b>
2. War-Related and Disaster Supplemental Appropriations.....	\$0
a) OCO Supplemental Funding .....	\$0
3. Fact-of-Life Changes.....	\$650,245
a) Functional Transfers.....	\$0
b) Technical Adjustments .....	\$0

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

c) Emergent Requirements.....	\$650,245
1) Program Increases .....	\$650,245
a) One-Time Costs .....	\$0
b) Program Growth .....	\$650,245
i) FY 2021 Private Sector Care Shortfall: .....	\$650,245
<p>Resources required in FY 2021 for Private Sector Care as claims are anticipated to exceed \$1 billion for care attributed to the COVID-19 pandemic. Current execution in support of COVID-19 was \$678 million as of 31 March 2021. FY 2021 projected Fact-of-Life requirement of \$650 million considers that the anticipated costs will be offset by continued suppression of elective and non-urgent care during the pandemic.</p>	
<b>FY 2021 Baseline Funding.....</b>	<b>\$16,658,610</b>
4. Reprogrammings (Requiring 1415 Actions).....	\$0
a) Increases.....	\$0
b) Decreases .....	\$0
<b>Revised FY 2021 Estimate .....</b>	<b>\$16,658,610</b>
5. Less: Item 2, War-Related and Disaster Supplemental Appropriation and Item 4, Reprogrammings .....	\$0
a) Less: OCO Supplemental Funding.....	\$0
<b>FY 2021 Normalized Current Estimate .....</b>	<b>\$16,658,610</b>

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

6. Price Change .....	\$647,448
7. Functional Transfers.....	\$0
a) Transfers In .....	\$0
b) Transfers Out .....	\$0
8. Program Increases.....	\$873,960
a) Annualization of New FY 2021 Program .....	\$0
b) One-Time FY 2022 Increases .....	\$0
c) Program Growth in FY 2022.....	\$873,960
1) a. COVID-19 Pandemic Response:.....	\$606,000
<p>Increase required to support continued COVID-19 testing and vaccine booster. The DoD COVID-19 Task Force and Federal Government infectious disease experts highlight the importance of testing to return to normal operations. In addition, experts have projected a need for annual COVID-19 vaccine booster shots. Funding support these requirements and also support for care expected to be pushed into FY 2022 for patients who were unable or unwilling to seek non-urgent medical care. COVID-19 is expected to have a lasting impact on a portion of the DoD beneficiary population. This funding considers these assumptions and supports the Biden Administration's priorities to move quickly to contain the COVID-19 Pandemic and inoculate the United States population efficiently and equitably. The FY 2021 Private Sector Care baseline funding is \$15,711,537K.</p>	
2) b. Private Sector Care Baseline Requirements NHE Inflation Increase:.....	\$191,432
<p>Baseline increase for Private Sector Care (PSC) attributed to National Health Expenditure (NHE) inflationary growth of 4.97% applied to the FY 2021 estimate for healthcare projected for FY 2022. The increase is offset by the 3.8% inflation factor already included in the price growth seen in section OP-32A. Funds in the amount of \$191,432K represent the 1.17% delta. The FY 2021 Private Sector Care baseline funding is \$15,711,537K.</p>	



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3) c. Continuing Health Education/Capitalization of Assets Program (CHE/CAP): .....\$69,618

Increase funding for CHE/CAP based estimated increase in in-patient workload assumed in the Private Sector Care program. The CHE/CAP program provides for support of graduate medical education and capital investments within civilian facilities. Payments to civilian medical facilities are dependent on the number of inpatient bed days incurred by TRICARE beneficiaries in those hospital settings. The volume of inpatient claims increased significantly in FY 2020 and is assumed to continue this growth above inflation into FY 2022 requiring a baseline increase. The FY 2021 CHE/CAP baseline funding is \$344,021K.

4) d. E-Commerce Sustainment: .....\$3,498

Funds realigned to DHP Operation and Maintenance, Private Sector Care (+\$3,498K) from DHP Research, Development, Test & Evaluation (RDT&E) for E-Commerce sustainment. E-Commerce is a program that provides software applications to fulfill accounting, budgeting, solicitation, contracting, payment, and operational support for the Private Sector Care (PSC) programs. Under the purview of the E-Commerce program, the Oracle Federal Financials application processes approximately 200 million healthcare claims a year for accuracy and payment. Development activities will be completed in FY 2021 and move into sustainment appropriately requiring O&M funds. The FY 2021 E-Commerce Operation and Maintenance baseline funding request is zero.

5) e. Overseas Health Care: .....\$3,412

Increase funds for the administrative fees associated with the Overseas Health Care that was reduced in FY 2021 in error. The FY 2021 Overseas Health Care baseline funding request is \$251,463K.

6) f. Direct War Costs Accounted For In The Base: .....\$0

Direct War Costs of \$188,223K is included in the FY 2022 Private Sector Care baseline request. This funding provides Reserve Component (RC) personnel and their family members with healthcare, pharmacy and dental benefits. Mobilized RC personnel and their family members are eligible for medical and dental similar to active duty personnel, including access to private sector care providers through the TRICARE Managed Care Support Contract (MCSC) provider networks. This access to MCSC provider networks also supports those beneficiaries living in remote locations outside the established network areas. The TRICARE Reserve Select program, offered to RC members who enroll and share premiums with the government, is not included in this requirement. The FY 2021 Private Sector Care baseline funding is \$15,711,537K.

9. Program Decreases .....\$-87,400

a) Annualization of FY 2021 Program Decreases .....\$0

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

b) One-Time FY 2021 Increases .....\$0

c) Program Decreases in FY 2022 .....\$-87,400

1) a. Pharmaceutical Drugs Reduction:.....\$-79,400

Reduced requirements in Private Sector Care Pharmaceutical Drugs to account for increase in Pharmaceutical copay levels set by the National Defense Authorization Act of FY 2018 for January 2022. Copays for retail generic will increase 8%, retail brand name will increase 15%, mail order generic will increase 20% and mail order brand name will increase 17%. These increases will result in a larger offset to the net government costs for prescriptions filled in the Retail and Mail points of service. The FY 2021 Pharmaceutical Drugs baseline budget is \$1,836,734K.

2) b. Fraud and Abuse Prevention: .....\$-8,000

Reduces resources for FY 2022 legislative proposal that amends Title 10 United States Code (USC), Section 1073e, to provide TRICARE the authority to levy civil monetary penalties associated with fraud and abuse claims against Private Sector Care (PSC) charges and execute these funds in the Defense Health Program (DHP) appropriation. Previous to this authority, TRICARE was reliant upon the Department of Justice to prosecute these cases and any imposed criminal fines were distributed to the United States Treasury rather than the DHP. Proposal extends the current rule that all refunds and other amounts collected under TRICARE are credited to the DHP appropriation and are available for use in that program in the fiscal year in which the amount is collected. The FY 2021 Private Sector Care baseline budget is \$15,711,537K.

**FY 2022 Budget Request .....\$18,092,679**

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

	<b>FY 2020 <u>Actual</u></b>	<b>FY 2021 <u>Estimate</u></b>	<b>FY 2022 <u>Estimate</u></b>	<b>FY 2020 - 2021 <u>Change</u></b>	<b>FY 2021 - 2022 <u>Change</u></b>
<b>Private Sector Care Enrollment:</b>					
PSC TRICARE Prime Enrollees	1,326,336	1,307,736	1,306,833	-18,600	-903
PSC TRICARE Select Enrollees	2,035,310	1,992,600	1,986,373	-42,710	-6,227
TRICARE Overseas Enrollees	<u>417,416</u>	<u>420,016</u>	<u>420,259</u>	<u>2,600</u>	<u>243</u>
Total MCS and Overseas:	3,779,062	3,720,352	3,713,465	-58,710	-6,887
<b>TRICARE Dental Program Enrollment</b>	683,768	686,704	689,652	2,936	2,948
<b>Uniformed Services Family Health Plan</b>	98,690	99,058	99,428	368	370
<b>Private Sector Care System</b>					
<b>Workload:</b>					
	<b>FY 2020 <u>Actual</u></b>	<b>FY 2021 <u>Estimate</u></b>	<b>FY 2022 <u>Estimate</u></b>	<b>FY 2020 - 2021 <u>Change</u></b>	<b>FY 2021 - 2022 <u>Change</u></b>
Outpatient-Visits	69,005,132	65,701,683	72,337,650	-3,303,449	6,635,967
Outpatient-Weighted (Relative Value Units, RVUs)	122,662,003	116,789,865	128,585,813	-5,872,138	11,795,948
Inpatient-Admissions	294,637	280,532	308,867	-14,105	28,335
Inpatient-Weighted (Relative Weighted Products, RWPs)	282,503	268,978	296,146	-13,525	27,168
<b>30-Day Equivalent Prescriptions:</b>					
Pharmacy-Retail	23,591,490	23,571,982	24,284,365	-19,508	712,383
Pharmacy-Mail Order	<u>11,505,950</u>	<u>12,106,469</u>	<u>11,424,712</u>	<u>600,519</u>	<u>-681,757</u>
Pharmacy-Total PSC	35,097,441	36,691,486	35,305,147	581,011	30,626

**General Notes:**

1. All data excludes MERHCF and Dual Eligibles (TDEF).
2. Workload is all workload provided in Private Sector locations regardless of patient's enrollment status. Prime enrollment, Select and Non-enrolled exclude TRICARE For Life (TFL). Prime enrollment are to Managed Care contractor (not Military Treatment Facility). Source M2 (DEERS).
3. Enrollment is to PSC MCS providers and Overseas Program not to the Military Treatment Facilities.

**Workload Notes:**

1. FY 2020 PSC workload includes OCO and baseline in actuals reported.
2. FY 2021 and FY 2022 CONUS and OCONUS health care workload projections are non-OCO and based on non-OCO population trends for TRICARE Prime and all others.
3. OCO estimated at 1% of total workload in East, West and Overseas (roughly 97K OCO divided by roughly 9.7M TRICARE eligibles).
4. FY 2021 and FY 2022 workload estimates are based on FY 2020 and adjusted to account for population growth and NHE current growth rates. Estimate assumes significant growth in healthcare workload in FY 2021 as beneficiaries catch up on care deferred due to COVID-19.
5. FY 2021 Pharmacy projection of script growth uses eligible population trends and percentage increase in script volume from FY 2019 to FY 2020.
6. FY 2022 Pharmacy projection of script growth uses eligible population change.
7. Dental enrollment estimates for FY 2021 and FY 2022 are based on rate of change from FY 2019 to FY 2020.

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**V. Personnel Summary:**

	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Change FY 2020/ FY 2021</u>	<u>Change FY 2021/ FY 2022</u>
<b>Active Military End Strength (E/S) (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Reserve Drill Strength (E/S) (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Reservists on Full Time Active Duty (E/S) (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Civilian End Strength (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Active Military Average Strength (A/S) (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Reserve Drill Strength (A/S) (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Reservists on Full Time Active Duty (A/S) (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Civilian FTEs (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Average Annual Civilian Salary (\$ in thousands)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Contractor FTEs (Total)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Personnel Summary Explanations:**

Civilian, Contractor and Military personnel are not programmed in the Private Sector Care Budget Activity Group.

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**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	
308 TRAVEL OF PERSONS	452	9	38	499	9	1	509
<b>0399 TOTAL TRAVEL</b>	<b>452</b>	<b>9</b>	<b>38</b>	<b>499</b>	<b>9</b>	<b>1</b>	<b>509</b>
647 DISA ENTERPRISE COMPUTING CENTERS	0	0	10,331	10,331	0	217	10,548
<b>0699 TOTAL OTHER FUND PURCHASES</b>	<b>0</b>	<b>0</b>	<b>10,331</b>	<b>10,331</b>	<b>0</b>	<b>217</b>	<b>10,548</b>
707 AMC TRAINING	1		-1	0	0	0	0
<b>0799 TOTAL TRANSPORTATION</b>	<b>1</b>	<b>0</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
920 SUPPLIES & MATERIALS (NON-FUND)	44	1	-38	7	0		7
921 PRINTING & REPRODUCTION	840	17	4,819	5,676	108	11	5,795
924 PHARMACEUTICAL DRUGS	1,932,933	75,384	89,854	2,098,171	81,829	-87,870	2,092,130
925 EQUIPMENT PURCHASES (NON-FUND)	15,810	316	-12,328	3,798	72	8	3,878
932 MGT PROF SUPPORT SVCS	26,253	525	28,840	55,618	1,057	3,078	59,753
933 STUDIES, ANALYSIS & EVAL	4,618	92	408	5,118	97	-67	5,148
934 ENGINEERING & TECH SVCS	8,686	174	-8,860	0	0	0	0
955 OTHER COSTS (MEDICAL CARE)	13,565	529	-14,094	0	0	0	0
959 OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	48	1	-46	3	0		3
986 MEDICAL CARE CONTRACTS	13,837,404	539,659	81,233	14,458,296	563,874	872,416	15,894,586
987 OTHER INTRA-GOVT PURCH	5,635	113	12,611	18,359	349	-1,240	17,468
989 OTHER SERVICES	48,366	967	-46,538	2,795	53	6	2,854
990 IT CONTRACT SUPPORT SERVICES	12,041	241	-12,282	0	0	0	0
<b>0999 TOTAL OTHER PURCHASES</b>	<b>15,906,243</b>	<b>618,019</b>	<b>123,579</b>	<b>16,647,841</b>	<b>647,439</b>	<b>786,342</b>	<b>18,081,622</b>
<b>9999 GRAND TOTAL</b>	<b>15,906,696</b>	<b>618,028</b>	<b>133,947</b>	<b>16,658,671</b>	<b>647,448</b>	<b>786,560</b>	<b>18,092,679</b>