

**Defense Health Program  
Operation and Maintenance, Defense-Wide  
Fiscal Year (FY) 2023 President's Budget  
Introductory Statement**

(\$ in Millions)

<b><u>Appropriation Summary:</u></b>	<b>FY 2021<sup>1</sup> <u>Actuals</u></b>	<b>Price <u>Growth</u></b>	<b>Program <u>Growth</u></b>	<b>FY 2022<sup>2</sup> <u>Enacted</u></b>	<b>Price <u>Growth</u></b>	<b>Program <u>Growth</u></b>	<b>FY 2023<sup>3</sup> <u>Estimate</u></b>
Operation & Maintenance <sup>4</sup>	31,586.1	1,125.7	1,251.2	33,963.0	1,256.0	95.7	35,314.7
RDT&E	2,395.1	13.1	225.3	2,633.5	14.6	-1,738.1	910.0
Software and Digital Technology Pilot Programs	0.000	0.000	0.000	0.000	0.000	137.4	137.4
Procurement	444.4	14.2	300.1	758.7	23.2	-211.8	570.1
<b>Total, DHP</b>	<b>34,425.6</b>	<b>1,153.0</b>	<b>1,776.6</b>	<b>37,355.2</b>	<b>1,293.8</b>	<b>-1,716.8</b>	<b>36,932.2</b>
MERHCF Receipts	<u>11,136.7</u>			<u>11,399.7</u>			<u>12,604.9</u>
<b>Total Health Care Costs</b>	<b>45,462.3</b>			<b>48,754.9</b>			<b>49,537.1</b>

<sup>1/</sup> FY 2021 actuals includes \$354.322 million for OCO, \$10.0 million for Fisher House, excludes funds transferred to VA for Lovell FHCC and the Joint Incentive Fund (\$152.0 million)

<sup>2/</sup> FY 2022 enacted includes \$251.851 million for Direct War, \$5.0 million for Fisher House, \$137 million for transfer to VA for Lovell FHCC, and \$15 million for transfer to Joint Incentive Fund.

<sup>3/</sup> FY 2023 request includes \$116.171 million for Overseas Operations Costs, \$167.610 million for transfer to VA for Lovell FHCC and \$15 million for transfer to Joint Incentive Fund.

<sup>4/</sup> Reflects DoD Medicare-Eligible Retiree Health Care Fund (MERHCF) O&M transfer Receipts for FY 2020, FY 2021 and FY 2022 that support 2.5 million Medicare-eligible retirees and their family members.

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Description of Operations Financed:

The Defense Health Program (DHP) Operation and Maintenance (O&M) appropriation funding provides for worldwide medical and dental services to active forces and other eligible beneficiaries, occupational and industrial health care, and specialized services for the training of medical personnel. The MHS provides care in government owned and operated medical treatment facilities focused on sustaining readiness of the medical force and the medical readiness of deployable forces. Additionally, the MHS purchases more than 65 percent of the total care provided for beneficiaries through tailored contracts, such as Managed Care Support Contracts responsible for the administration of the TRICARE benefit. The DoD Medicare Eligible Retiree Health Care Fund (MERHCF) is an accrual fund to pay for DoD's share of applicable Direct Care and Private Sector Care operation and maintenance health care costs for Medicare-eligible retirees, retiree family members and survivors.

The COVID-19 Pandemic had, and continues to have, a major impact on the DoD and the Military Health System (MHS), in terms of both the management of the pandemic inside DoD and the MHS's larger role in the national "whole of government" counterattack against the virus. The MHS will continue its efforts to eradicate the virus and apply lessons learned which will have an immediate and sustained impact on the ability of the MHS to support the ongoing pandemic and to prepare for future major public health emergencies. FY 2023 funding will support COVID-19 and pandemic response priorities to integrate essential requirements for prevention, diagnosis, and surveillance health activities.

Directed in the National Defense Authorization Act (NDAA) for Fiscal Years 2017 and 2019, the MHS is undergoing its most significant transformation in decades. The reforms set forth in the NDAA change the structure of the health care benefit and the management of the MHS. The Defense Health Agency's centralized administration of Military Treatment Facilities (MTFs) will transform the MHS into an integrated readiness and health system, eliminate redundancies and create a standardized high quality care experience for our beneficiaries. In FY 2022, the Department took a strategic pause to adjust previous budgeted divestiture ramps to address updates in operational plans and national security and defense strategies and match congressional direction, while integrating mitigation plans between the Services and the Defense Health Agency. The FY 2023 President's Budget resumes divestitures at new, more gradual, reduction ramps. Additionally, in response to previous NDAA direction, the Department realigned the Army Medical Research, Development, and Acquisition Capabilities to DHP along with Public Health Functions from the Military Services.

Private Sector Care continues to be a vital part of the Military Health System in FY 2023 and represents over half of the Operations and Maintenance requirement. Over the period of FY 2012 to FY 2018, both private health insurance premiums and National Health Expenditures per capita rose 25% (or 3.7% annually). The Private Sector Care budget should have continued to rise but the Department, with concurrence from Congress, instituted a series of initiatives that bent the cost curve. A combination of benefit changes, payment savings initiatives, contract changes, and population reductions offset underlying increases in health care costs, which is estimated to have saved \$3.5 billion over a six year period. Beginning toward the end of FY 2019 and continuing into FY 2020, the Department began to experience significant growth without the benefit of new reforms to offset the increases. Once COVID-19 appeared, the pandemic changed daily lives to and initially suppressed much of the non-emergent health care demand in FY 2020. In FY 2021, the health care demand in the MHS returned to more normal levels of care along with higher healthcare costs associated with the on-going COVID-19 pandemic. In FY 2022, the Department focused on re-baselined funding for Private Sector Care healthcare requirements using the latest execution data, National Health Expenditure rates, beneficiary population forecasts, and current policy/compensation assumptions. Based on FY 2021 execution and FY 2022 execution to-date, the much higher PSC baseline update was valid. In FY 2023, the

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Department will continue to monitor the growth in Private Sector Care and the FY 2023 request fully funds the Department's anticipated PSC requirements in order to reduce risk to other DoD programs. Private Sector Care will continue to represent an important part of the overall health system in FY 2023. Mental Health continues to be an area of emphasis across the DoD.

The FY 2023 budget invests \$1.4 billion in Clinical mental health programs and initiatives include those which evaluate, treat, and follow-up with patients with a variety of mental health issues. These programs leverage evidence-based best practices and treatment, practical problem resolution, case management and crisis management to support positive health outcomes. Ongoing mental health efforts within the Department include: Primary Care Behavioral Health, Tele-Behavioral Health, National Intrepid Center of Excellence and Intrepid Spirit Centers, Substance Abuse Program, as well as research on mental health aimed to accelerate the innovation and delivery of preventive interventions and treatments for TBI, PTSD, and other mental health conditions.

The DoD and the Department of Veteran's Affairs continue to progress in the establishment of the unified Electronic Health Record. In FY 2023, the DoD continues funding the clinical application, HealthIntent, which provides a 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 detailed medical histories.

The FY 2023 budget supports the completion of MHS GENESIS deployments in the Continental United States with Waves JACKSONVILLE, EGLIN, PORTSMOUTH, DRUM, WALTER REED, BELVOIR, AND WRIGHT-PATTERSON slated to go live within FY 2023. The budget also includes the continued deployment of Revenue Cycle Expansion (RevX), the MHS GENESIS accounting system, to facilities that have MHS GENESIS. This is all part of the Defense Healthcare Management System Modernization Program (DHMSM) Program Management Office's (PMO) updated deployment schedule and incorporates lessons learned from prior deployments completed to date. In addition, the following waves outside the continental United States are slated to continue or begin deployment activities in FY23: Waves LANDSTUHL, LAKENHEATH, OKINAWA, GUAM, and SOUTH KOREA. Additional enhancements to MHS GENESIS will provide expanded analytics and data modeling; decision-support, integrated patient level accounting and billing functionality, and advanced prognostic competencies.

The DHP appropriation funds the Research, Development, Test and Evaluation (RDT&E) program developed in response to the needs of the National Defense Strategy and Joint Capabilities Integration and Development System (JCIDS). The goal is to advance the state of medical science in those areas of most pressing need and relevance to today's battlefield experience and emerging threats. The objectives are to discover and explore innovative approaches to protect, support, and advance the health and welfare of military personnel and individuals eligible for care in the MHS; to accelerate the transition of medical technologies into deployed products; and to accelerate the translation of advances in knowledge into new standards of care for injury prevention, treatment of casualties, rehabilitation, and training systems that can be applied in theater or in military medical treatment facilities. The FY 2023 President's Budget includes funding realigned from Army to DHP for the Army Medical Research, Development, and Acquisition Capabilities.

The DHP is utilizing the Department's Software and Digital Technology Pilot Program as a subset of the RDT&E appropriation for the Defense Medical Information Exchange/Enterprise Intelligence and Data Solutions (DMIX-EIDS) program. The Software and Digital Technology Pilot Program is in response to Section 872 of the National Defense Authorization Act (NDAA) for FY 2018 directed by the Secretary of Defense to task the Defense Innovation Board (DIB) to undertake a study on "streamlining software development and acquisition regulations."

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The DHP Procurement program funds acquisition of capital equipment in MTFs and other selected health care activities which include equipment for initial outfitting of newly constructed, expanded, or modernized health care facilities; equipment for modernization and replacement of uneconomically reparable items; and MHS information technology (IT) requirements.

Narrative Explanation of FY 2022 and FY 2023 Operation and Maintenance (O&M) Changes:

The DHP O&M funding reflects an overall increase of \$1,351.7 million between FY 2022 and FY 2023, consisting of \$1,256.0 million in price growth and a net program increase of \$95.7 million. \$161.1 million of Overseas Operations Costs is included in the base request.

Program **increases** include:

- \$254.9 million transfer of civilian pay funds, full-time equivalents, Base Operations, Facilities, Restoration, and Modernization, Facilities Sustainment, Information Management Information Technology, and associated programmatic resources for the Army Medical Research, Development, and Acquisition Capabilities from the Department of the Army
- \$199.7 million to address the estimated impacts of Executive Order 14026, Increasing the Minimum Wage for Federal Contractors, dated April 27, 2021
- \$85.8 million increase in National Retail Pharmacy utilization
- \$77.6 million transfer of full-time equivalents, civilian pay and non-pay funding from the Department of the Army and the Department of the Air Force to complete the Department of Defense Public Health consolidation at the Defense Health Agency in accordance with Section 711 of the National Defense Authorization Act of FY 2019
- \$75.8 million transfer from Department of Army for Army Deployment Health Programs and associated funding
- \$49.4 million provides funds for Joint Operational Medicine Information Systems requirements
- \$29.8 million increase to adequately fund the Joint Department of Defense - Department of Veterans Affairs Medical Facility Demonstration Fund (James A. Lovell Federal Health Care Center Great Lakes)
- \$28.6 million for restoration and modernization project requirements that improve the facility condition index for the Military Health Systems to promote safe, reliable, high quality health care and comply with accreditation standards mandated by The Joint Commission and other accrediting bodies
- \$24.3 million increase continues Department of Defense Healthcare Management System Modernization funding for the Military Health System GENESIS Electronic Health Record systems operations and support
- \$23.1 million supports the FY 2022 NDAA note on the national security challenges posed by anomalous health incidents
- \$16.6 million transfer of funding for Facilities Restoration and Modernization and Facilities Sustainment from Department of the Army for the restoration and modernization project requirements for Veterinary Treatment Facilities that support Public Health and Veterinary Services
- \$11.4 million increase for IT contracts support services funds in Integrated Electronic Health Record for building capacity and expertise to effectively manage the Department of Defense/Department of Veterans Affairs joint system configuration that ensures technical health system requirements meet provider and patient needs
- \$10.4 million funds the request from the Under Secretary of Defense (Comptroller) (USD(C)) to transfer audits funds to the Defense Health Agency (DHA) to properly align the funding with the requirement to hire Independent Public Accounts for the standalone financial statement audits conducted by DHA
- \$4.9 million increase to support Cyber Security Service Provider requirements/growth due to increased customer base with the transition of the Medical Treatment Facilities and other lines of business to the Medical Community of Interest, additional software licenses, and hardware purchases

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- \$3.2 million funds Facilities Operation contract requirements for facilities, contract, and associated costs to plan, manage and execute lease, utility, refuse collection and disposal, prevention and protection, and real property management functions
- \$0.5 million increase in funding and full-time equivalents to support the Secretary of Defense's direction to implement the Independent Review Commission recommendations on sexual assault in the military
- \$0.5 million for transfer of funding and full-time equivalents associated with the Continuous Process Improvement/Lean Six Sigma Training Team from Department of the Army
- \$0.1 million increase for transfer of funding from Department of the Army for communications that support the Deployment Health function

Program **decreases** include:

- \$391.9 million reduction in COVID funding assumes that future outbreaks in COVID variants will be less extensive and less severe due to increased vaccination/natural immunity as seen with the Omicron variant, which had less hospitalization costs and more outpatient care
- \$132.3 million for the continued transfer of the Service's Medical Readiness activities which occur outside of the Military Treatment Facilities to the Military Departments
- \$127.2 million realigns funds from Operations and Maintenance, Information Management/Information Technology, DoD Medical Information Exchange and Interoperability to Research, Development, Test, and Evaluation appropriation to establish the Software Digital Technology Budget Activity (BA) 08 Pilot
- \$78.0 million adjustment to reverse one-time funding of Facilities, Sustainment, Restoration and Modernization
- \$48.7 million reduces the Military Health System Information Management/Information Technology Legacy sustainment funding as the Defense Health Agency implements consolidation measures to reduce infrastructure costs at the Military Treatment Facilities and the Defense Health Agency
- \$8.0 million reduction of resources for the FY 2022 Fraud and Abuse Prevention legislative proposal
- \$6.8 million reduction in Education and Training travel and equipment requirements at the Defense Health Agency through consolidation of programs and use of simulation equipment
- \$5.0 million adjustment to reverse one-time funding of Fetal Alcohol Spectrum Disorders Prevention and Clinical Guidelines
- \$2.5 million adjustment to reverse one-time funding of Specialized Medical Pilot Program for military orthopedic surgeons advanced arthroscopy skills course
- \$0.5 million reduction in Management Activities contract requirements funding through Military Health System enterprise-wide efforts to consolidate contracts and to increase contract standardization, elimination of duplicative contracts, leveraging market buying power, and continued use of nationwide contracting sources

Continuing in FY 2023, the Department projects that up to \$167.6 million should transfer to the Joint DoD -VA Medical Facility Demonstration Fund established by section 1704 of Public Law 111-84, (National Defense Authorization Act for FY 2010). This fund combines the resources of DoD and VA to operate the first totally integrated Federal Health Care Center in the country by the total integration of the North Chicago VA Medical Center and the Navy Health Clinic Great Lakes, IL.

Continuing in FY 2023, the Department will transfer \$15 million to the DoD-VA Health Care Joint Incentive Fund (JIF). Authority for the JIF is established by Section 8111, Title 38, of the United States Code (USC) and Section 721 of Public Law 107-314(National Defense Authorization Act for 2003). This fund combines the resources of the DoD and VA to implement, fund, and evaluate creative coordination and sharing initiatives at the facility, intraregional, and nationwide levels.

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Narrative Explanation of FY 2022 and FY 2023 Research Development Test & Evaluation (RDT&E) Changes:

The DHP RDT&E Program reflects a net decrease of \$1,723.5 million between FY 2022 and FY 2023. This includes a price growth of \$14.6 million and a program decrease of \$1,738.1 million.

Program increases include:

- \$83.5 million increase in associated with the programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Medical Technology from Army PEs 0602115A & 0602787A.
- \$68.0 million increase associated with the programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Medical Materiel/Medical Biological Defense Equipment Development from Army PE 0603807A.
- \$42.1 million increase associated with programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Medical Products and Support System Development from Army PEs 0604807A.
- \$35.5 million increase associated with programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Medical Care Activities from Army PEs 0603115A, 0605145A, 0605801A, 0606105A.
- \$30.3 million increase associated with the programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Defense Research Sciences from Army PE 0601102A.
- \$21.9 million increase associated with the programmatic transfer in accordance with the 711/737 US Army Medical Research and Development Command transfer to Defense Health Agency in support of Medical Materiel/Medical Biological Defense Equipment Development from Army PE 0603807A.
- \$15.0 million increase in supports the FY 2017 NDAA note on the national security challenges posed by anomalous health incidents (P. L. 114-328, 10 U. S. C. 111 note) and ensures that individuals affected by anomalous health incidents receive timely and comprehensive health care and treatment.
- \$12.3 million increase in support of the DHA Murtha Cancer Center to expand the Cancer Moonshot initiatives to improve the ability to identify personalized molecular tumor targets enabling precision cancer treatments.

Program decreases include:

- \$2,002.8 million decrease for FY 2022 one-time Congressional adjustments for congressional special interest.
- \$33.9 million decrease to Joint Operational Medicine Information Systems (JOMIS) program to align with the new JOMIS Acquisition Strategy signed by Milestone Decision Authority (MDA) Jan 2021. The update reflects the updated strategy and timeline for the program.
- \$10.0 million realignment for Defense Medical Information Exchange/Enterprise Intelligence and Data Solutions (DMIX-EIDS) program to establish the Software & Digital Technology Budget Activity on support of the Software and Digital Technology Program. Section 872 of the National Defense Authorization Act (NDAA) for FY2018 directed by the Secretary of Defense to task the Defense Innovation Board (DIB) to undertake a study on "streamlining software development and acquisition regulations."

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Narrative Explanation of FY 2022 and FY 2023 Software and Digital Technology.

The DHP Software and Digital Technology Program has a net increase of \$ 137.4 million between FY 2022 and FY 2023

Program increases include:

•\$137.4 million increase realigns O&M and RDT&E funding for Defense Medical Information Exchange/Enterprise Intelligence and Data Solutions (DMIX-EIDS) program office into the Software & Digital Technology Budget Activity. The program office was selected to be included in the pilot program based on the mission requirement to provide a comprehensive solution capable of supporting the evolving clinical and business data needs within the MHS and the DHA. These projects range in size and scale, often demanding accelerated timelines that are complex to manage in a portfolio of single-year appropriation that is put in place several years prior to execution and identification of requirements. The ability to use a single appropriation will allow the program to keep pace with demand and deliver these complex capabilities in an ever changing environment.

Program decreases include:

•N/A

Narrative Explanation of FY 2022 and FY 2023 Procurement Changes:

The DHP Procurement Program has a net decrease \$188.6 million between FY 2022 and FY 2023. This includes price growth of \$23.2 million and a net program decrease of \$211.8 million.

Program increases include:

•\$10.3 million increase in laboratory and diagnostic equipment to provide clinical laboratory testing in support of diagnosis and treatment of beneficiaries.  
•\$1.5 million increase to Joint Operational Medicine Information Systems (JOMIS) program to align with the new JOMIS Acquisition Strategy signed by Milestone Decision Authority (MDA) Jan 2021. FY23 funding will support new capability deployment activities, which include deployment activities, "over-the-shoulder" support, and localized configuration.  
\$0.406 million increase for replacement dental equipment to eliminate potential dental emergencies for operational readiness.

Program decreases include:

•\$192.7 million decrease due to overall phasing down of procurement as wave deployments are completed which aligns with the MHS GENESIS deployment schedule (Continued Acquisition Decision Memorandum (ADM) from the Assistant Secretary of Defense, Acquisition (ASD(A)) on Oct. 30, 2020).  
•\$31.3 million decrease for the replacement of medical equipment across the Military Health System for Medical/Surgical, Preventive Medicine/Pharmacy, and Radiographic programs.

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President's Management Plan – Performance Metrics Requirements:

The Military Health System (MHS) continues to refine existing performance measures and develop specific criteria to determine and measure outputs/outcomes as compared with initial goals. The Quadruple Aim provides a focused and balanced approach to overall performance. This approach includes not only production but outcome measures related to medical readiness, a healthy population, positive patient experiences and the responsible management of health care costs.

- **Individual Medical Readiness** – This measure provides operational commanders, Military Department leaders and primary care managers use a measure to monitor the medical readiness status of their personnel, ensuring a healthy and fit fighting force medically ready to deploy. This represents the best-available indicator of the medical readiness of the Total Force (Active Component and Reserve Component) prior to deployment.
- **Beneficiary Satisfaction with Health Plan** – Satisfaction is measured using a standard survey instrument comparable to those used by civilian plans. The goal is to improve MHS beneficiary overall satisfaction with TRICARE to a level at or above benchmark satisfaction with civilian plans utilizing the Consumer Assessment of Healthcare Providers and Systems survey. Increasing satisfaction with the Health Plan indicates that actions being taken are improving the overall functioning of the health plan from the beneficiary perspective.
- **Medical Cost Per Member Per Year** – This measure focuses on the annual overall cost growth for the Prime enrollees and includes all costs related to health care delivered to enrollees. The objective is to keep the rate of cost growth for TRICARE Prime enrollees to a level at or below the increases for the Civilian health care plans at the national level. Currently, the measure provides insight to issues regarding unit cost, utilization management, and Purchased care management. The metric has been enhanced to properly account for differences in population demographics and health care requirements of the enrolled population. Since enrollment demographics can vary significantly by Service, and across time, it is important to adjust the measure. For example, as increasing numbers of older individuals enroll, the overall average medical expense per enrollee would likely increase. Conversely, as younger, healthy active duty enroll, the overall average would likely decrease. Through the use of adjustment factors, a comparison across Services and across time is made more meaningful.



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Below is reporting for FY 2021 performance measures related to the Quadruple Aim. Performance levels vary greatly compared to prior performance achievements primary attributable to the impacts of COVID-19 on the American health service delivery organizations as well as associated force health protection guidance for the MHS and larger Department of Defense. Therefore the performance is not representative of normal operations, and the MHS expects to experience continued impacts during FY2022 as the MHS supports the Federal Emergency Management Agency (FEMA) as part of the whole-of-government response in confronting COVID-19. The overall success of each measure is discussed below:

- **Individual Medical Readiness** – The MHS only achieved 82 percent for the Active Component Force Medical Readiness for FY 2021 versus the goal of 85 percent. The FY 2020 guidance that allowed for an extension of the deadlines for updating the Periodic Health Assessment (PHA) was not carried over to FY 2021. The measure exceeded the goal throughout FY2019 and the first two quarters of FY2020; however, during 3Q FY2020, performance dropped below 85 percent due to the COVID-19 pandemic's effect on access to care. With all of the issues surrounding the associated force health protection guidance for COVID-19, delays existed with updating of the PHA. Efforts are underway focused on improving the metric performance. The key drivers for improved performance include: (1) reduced delinquent PHAs, (2) reduced Deployment-Limiting Medical Conditions, (3) reduced percentage of delinquent dental exams (Dental Class 4), and reduced percentage of non-deployable dental conditions (Dental Class 3).
- **Beneficiary Satisfaction with Health Plan** – Satisfaction with Health Care Plan performance for FY2021 was 62 percent, which met the goal of 62 percent based on Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for the fiscal year. Overall, there was a slight decrease in the satisfaction level related to the continued access issues related to COVID-19. It appears that the continued access restrictions at the MTFs related to force health protections related to COVID-19 drove part of the decrease along with deployments in support of FEMA and whole-of-government response in confronting COVID-19. Online access to MTF PCMs and access to the MTFs improved throughout the year, and overall satisfaction with health care also improved. Major performance drivers for this measure are related to claims processing timeliness, interaction during health care encounter, and access to health care.
- **NOTE: Due to the deployment of MHS GENESIS and data availability issues, sites that have deployed the new Electronic Health Record are excluded from the PMPM measure.**
- **Medical Cost Per Member Per Year – Annual Cost Growth** – The performance estimate for FY 2021 is a 4.9 percent growth vs goal of 3.7 percent growth. When comparing the growth rate over two years from FY 2019, the FY 2021 overall increase was only 1 percent, well below the goal. This does not represent normal performance for the system and is primary attributable to the impacts of COVID-19 on the United States health care system during the pandemic. Overall, the entire health care system experienced a dramatic decrease in utilization of health care services for approximately 6 months during FY 2020. For the most part, the growth represents the start of the return to normal utilization that is expected to continue for the next couple of years. Without the extremely low growth rate for FY 2020, the MHS should return to more normal levels of growth and again exceed the goal.