

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2023 President's Budget
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 health care services provided in the private sector. This includes the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), the TRICARE Managed Care Support Contracts (MCSC), the Uniformed Services Family Health Program (USFHP), the TRICARE Overseas Program (TOP), the Supplemental Care Programs, 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: health care 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 health care 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 health care 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 - Health Care program for active duty service members.

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I. Description of Operations Financed: (Cont.)

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 program 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 (MTF), 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 continental United States (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 program.

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 that 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 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

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provided under the Supplemental Care program. Excludes demonstrations, congressional mandates, and other health care expensed in the Miscellaneous Purchased Health Care program.

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 the 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. 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.

--FY 2022 Private Sector Care first quarter billed claims data shows an 11 percent increase over billed claims for the same period in 2021. Execution is being monitored and data analyzed to determine the root cause of increase.

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III. Financial Summary (\$ in Thousands):

	FY 2022						
	FY 2021	Budget	Congressional Action			Current	FY 2023
			Actuals	Request	Amount		
A. BA Subactivities							
1. Pharmaceuticals Purchased Health Care	\$958,433	\$924,136	\$0	0.00%	\$924,136	\$924,136	\$952,687
2. National Retail Pharmacy	\$1,125,866	\$1,167,994	\$0	0.00%	\$1,167,994	\$1,167,994	\$1,308,962
3. Managed Care Support Contracts	\$6,896,600	\$7,430,699	\$0	0.00%	\$7,430,699	\$7,430,699	\$7,453,535
4. MTF Enrollee Purchased Care	\$2,829,752	\$3,451,422	\$0	0.00%	\$3,451,422	\$3,451,422	\$3,547,846
5. Dental Purchased Care	\$293,313	\$338,242	\$-23,800	-7.04%	\$314,442	\$314,442	\$343,296
6. Uniformed Services Family Health Program	\$573,929	\$609,276	\$0	0.00%	\$609,276	\$609,276	\$635,869
7. Supplemental Care - Health Care	\$1,598,518	\$1,800,774	\$0	0.00%	\$1,800,774	\$1,800,774	\$1,865,603
8. Supplemental Care - Dental	\$119,825	\$109,812	\$0	0.00%	\$109,812	\$109,812	\$112,221
9. Continuing Health Education/Capitalization	\$380,167	\$470,703	\$-90,900	-19.31%	\$379,803	\$379,803	\$391,676
10. Overseas Purchased Health Care	\$378,314	\$386,917	\$0	0.00%	\$386,917	\$386,917	\$394,781
11. Miscellaneous Purchased Health Care	\$1,113,741	\$1,291,771	\$0	0.00%	\$1,291,771	\$1,291,771	\$1,337,863
12. Miscellaneous Support Activities	\$114,780	\$110,933	\$0	0.00%	\$110,933	\$110,933	\$110,870
Total	\$16,383,238	\$18,092,679	\$-114,700	-0.63%	\$17,977,979	\$17,977,979	\$18,455,209

1. FY 2021 actuals includes \$296,828K for Overseas Contingency Operations (OCO) costs.
2. FY 2021 actuals includes execution of \$332,100K Prior Approval Reprogramming action.
3. FY 2021 actuals excludes execution of DHP 1% Carryover Authority in the amount of \$313,217K.
4. FY 2021 actuals excludes Department of Defense (DoD) Medicare-Eligible Retiree Health Care Fund (MERHCF) receipts of \$8,461,000K (O&M only).
5. FY 2022 estimate includes \$188,223K for Direct War costs in the base request.
6. FY 2022 estimate excludes anticipated DoD MERHCF receipts of \$9,011,100K (O&M only).
7. FY 2023 includes \$7,108K for Overseas Operations Costs accounted for in the base request.
8. FY 2023 estimate excludes anticipated DoD MERHCF receipts of \$9,362,600K (O&M only).

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

<u>B. Reconciliation Summary</u>	<u>Change FY 2022/FY 2022</u>	<u>Change FY 2022/FY 2023</u>
BASELINE FUNDING	\$18,092,679	\$17,977,979
Congressional Adjustments (Distributed)	-114,700	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	17,977,979	
Fact-of-Life Changes (2022 to 2022 Only)	0	
SUBTOTAL BASELINE FUNDING	17,977,979	
Supplemental	0	
Reprogrammings	0	
Price Changes		717,547
Functional Transfers		0
Program Changes		-240,317
CURRENT ESTIMATE	17,977,979	18,455,209
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	\$17,977,979	\$18,455,209

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

FY 2022 President's Budget Request (Amended, if applicable)	\$18,092,679
1. Congressional Adjustments	\$-114,700
a) Distributed Adjustments.....	\$-114,700
1) a. Unjustified Cost Growth.....	\$-90,900
2) b. Unjustified Growth - Other Support Services	\$-23,800
b) Undistributed Adjustments.....	\$0
c) Adjustments to Meet Congressional Intent.....	\$0
d) General Provisions	\$0
FY 2022 Appropriated Amount	\$17,977,979
2. Supplemental Appropriations	\$0
a) Supplemental Funding.....	\$0
3. Fact-of-Life Changes.....	\$0
a) Functional Transfers.....	\$0
b) Technical Adjustments	\$0
c) Emergent Requirements.....	\$0

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

FY 2022 Baseline Funding	\$17,977,979
4. Reprogrammings (Requiring 1415 Actions)	\$0
a) Increases	\$0
b) Decreases	\$0
Revised FY 2022 Estimate	\$17,977,979
5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings	\$0
a) Less: Supplemental Funding	\$0
FY 2022 Normalized Current Estimate	\$17,977,979
6. Price Change	\$717,547
7. Functional Transfers	\$0
a) Transfers In	\$0
b) Transfers Out.....	\$0
8. Program Increases.....	\$85,834
a) Annualization of New FY 2022 Program	\$0
b) One-Time FY 2023 Increases	\$0
c) Program Growth in FY 2023	\$85,834

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

1) a. National Retail Pharmacy Increased Utilization:\$85,834
Adjustment to increase funding in the National Retail Pharmacy program element based on observed increase in utilization. The FY 2022 PSC Pharmaceutical Drugs base budget request is \$2,092,130K.

2) b. Overseas Operations Costs Accounted for in the Base:.....\$0
Non-Enduring Overseas Operations Costs accounted for in the base request for Private Sector Care (\$7,108K). Funding support requirements for combat support costs that discontinue once combat operations end at major contingency locations. This funding provides mobilized Reserve Component (RC) personnel and their family members with healthcare, pharmacy and dental benefits. These 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 support those beneficiaries living in remote locations outside the established network areas. The TRICARE Reserve Select program offered to RC members who enroll and share premium with the government, is not included in this requirements. The FY 2022 Private Sector Care baseline funding request is \$18,092,679K.

9. Program Decreases\$-326,151

a) Annualization of FY 2022 Program Decreases\$0

b) One-Time FY 2022 Increases\$0

c) Program Decreases in FY 2023 \$-326,151

1) a. Reduced Requirements for COVID-19:..... \$-318,151
The FY 2023 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 we have seen with the Omicron variant, which had less hospitalization costs and more outpatient care. It also assumes that the national emergency will expire which will allow restoration of copays for COVID testing and telehealth. Furthermore, as the health care system is returning to normal, we expect most of the deferred care from the initial COVID outbreak to have been seen in FY 2022. The FY 2022 Private Sector Care baseline funding is \$17,977,979K.

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

Continues implementation for reduction of resources for the FY 2022 Fraud and Abuse Prevention 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 the Private Sector Care (PSC) charges and execute these funds in the Defense Health Program (DHP) appropriation. Previously, TRICARE relied 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 2022 Private Sector Care baseline funding request is \$17,977,979K.

FY 2023 Budget Request \$18,455,209

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IV. Performance Criteria and Evaluation Summary:

	<u>FY 2021 Actuals</u>	<u>FY 2022 Estimate</u>	<u>FY 2023 Estimate</u>	<u>FY 2021-2022 Change</u>	<u>FY 2022-2023 Change</u>
<u>Prime Enrollees - Managed Care Support Contract</u>					
TRICARE Region - East	954,137	954,238	947,030	101	-7,208
TRICARE Region - West	384,709	384,805	380,889	96	-3,916
Total MCS Contracts	1,338,846	1,339,043	1,327,919	197	-11,124
<u>TRICARE Select Enrollees</u>					
TRICARE Region - East	1,392,238	1,391,867	1,388,748	-371	-3,119
TRICARE Region - West	564,865	565,025	563,638	160	-1,387
Total Select	1,957,103	1,956,892	1,952,386	-211	-4,506
TRICARE Region - Overseas - Europe, Pacific, Latin America	508,865	509,598	504,772	733	-4,826
Total MCSC, Select and TRICARE Overseas	3,804,814	3,805,533	3,785,077	719	-20,456

Notes:

1. FY 2022 estimates are updated since the President's Budget submission. These figures are based on current data and trends analysis that was used in the forecasts for the FY 2023 estimates.
2. All data excludes TRICARE for Life beneficiaries paid by MERHCF and Tricare Dual Eligible Fiscal Intermediary Contract (TDEFIC).
3. Projection of Eligible Population (PEP) is the source for Civilian Prime, Select, and Overseas enrollment future year estimates. Source for MCSC enrollees is MHS Mart (M2), Defense Enrollment Eligibility Reporting System (DEERS).
4. Overseas enrollee counts include Prime, Prime Remote, and Select beneficiaries enrolled under Tricare Overseas Prime (TOP) contract.
5. Enrollment is exclusively to Private Sector Care Managed Care Support Contract providers.
6. FY 2022 enrollee estimates include Direct War projections as this funding is in the FY 2022 base.

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IV. Performance Criteria and Evaluation Summary:

	<u>FY 2021</u> <u>Actuals</u>	<u>FY 2022</u> <u>Enacted</u>	<u>FY 2023</u> <u>Request</u>	<u>FY 2021-</u> <u>2022</u> <u>Change</u>	<u>FY 2022-</u> <u>2023</u> <u>Change</u>
<u>Private Sector Care System Workload</u>					
Outpatient-Visits	74,656,872	80,242,298	79,580,125	5,585,426	-662,173
Outpatient-Weighted (Relative Value Units, RVUs)	145,886,012	156,800,419	155,506,476	10,914,407	-1,293,943
Inpatient-Admissions	294,681	316,727	314,114	22,046	-2,613
Inpatient-Weighted (Relative Weighted Products, RWPs)	283,867	305,104	302,587	21,237	-2,517
<u>Pharmacy</u>					
Retail - Number of Scripts (30-day equivalents)	22,282,735	24,162,446	24,933,305	1,879,711	770,859
Mail Order - Number of Scripts (30-day equivalents)	12,842,203	13,802,647	14,078,700	960,444	276,053
<u>TRICARE</u>					
Dental Program Enrollment	706,894	706,879	702,121	-15	-4,758
<u>Uniformed Services Family Health Plan</u>					
Enrollees (Non-Medicare eligible, DoD Only)	109,375	111,550	113,769	2,175	2,219

Workload Notes:

1. FY 2022 estimates are updated since the President's Budget submission. These figures are based on current data and trends analysis that was used in the forecasts for the FY 2023 estimates.
2. FY 2022 and FY 2023 USFHP enrollee and Dental Program estimates are based on the population trend.
3. FY 2022 workload estimate includes Direct War projections as this funding is in the FY 2022 base.
4. Data Source for Retail and Mail Order Number of Scripts (30-day equivalents) is the Pharmacy Data Transcription Service (PDTs) database.

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V. Personnel Summary:

	<u>FY 2021</u>	<u>FY 2022</u>	<u>FY 2023</u>	<u>Change FY 2021/ FY 2022</u>	<u>Change FY 2022/ FY 2023</u>
Active Military End Strength (E/S) (Total)	0	0	0	0	0
Reserve Drill Strength (E/S) (Total)	0	0	0	0	0
Reservists on Full Time Active Duty (E/S) (Total)	0	0	0	0	0
Civilian End Strength (Total)	0	0	0	0	0
Active Military Average Strength (A/S) (Total)	0	0	0	0	0
Reserve Drill Strength (A/S) (Total)	0	0	0	0	0
Reservists on Full Time Active Duty (A/S) (Total)	0	0	0	0	0
Civilian FTEs (Total)	0	0	0	0	0
Average Annual Civilian Salary (\$ in thousands)	0.0	0.0	0.0	0.0	0.0
Contractor FTEs (Total)	0	0	0	0	0

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 2021 <u>Program</u>	<u>Change from FY 2021 to FY 2022</u>		FY 2022 <u>Program</u>	<u>Change from FY 2022 to FY 2023</u>		FY 2023 <u>Program</u>
		<u>Price Growth</u>	<u>Program Growth</u>		<u>Price Growth</u>	<u>Program Growth</u>	
308 TRAVEL OF PERSONS	333	10	166	509	11	0	520
0399 TOTAL TRAVEL	333	10	166	509	11	0	520
647 DISA ENTERPRISE COMPUTING CENTERS	0	0	10,548	10,548	211	11	10,770
0699 TOTAL OTHER FUND PURCHASES	0	0	10,548	10,548	211	11	10,770
707 AMC TRAINING	6	0	-6	0	0	0	0
0799 TOTAL TRANSPORTATION	6	0	-6	0	0	0	0
901 FOREIGN NATIONAL INDIRECT HIRE (FNIH)	317	7	-324	0	0	0	0
920 SUPPLIES & MATERIALS (NON-FUND)	2	0	5	7	0		7
921 PRINTING & REPRODUCTION	5,085	153	557	5,795	122	0	5,917
924 PHARMACEUTICAL DRUGS	2,018,455	82,757	-9,082	2,092,130	83,685	85,834	2,261,649
925 EQUIPMENT PURCHASES (NON-FUND)	1	0	3,877	3,878	81		3,959
932 MGT PROF SUPPORT SVCS	36,814	1,104	-1,965	35,953	755	-148	36,560
933 STUDIES, ANALYSIS & EVAL	3,774	113	1,261	5,148	108	-75	5,181
955 OTHER COSTS (MEDICAL CARE)	6,967	286	-7,253	0	0	0	0
959 OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	0	0	3	3	0		3
986 MEDICAL CARE CONTRACTS	14,252,527	584,354	966,805	15,803,686	632,147	-324,724	16,111,109
987 OTHER INTRA-GOVT PURCH	7,884	237	9,347	17,468	367	-1,215	16,620
989 OTHER SERVICES	44,331	1,330	-42,807	2,854	60	0	2,914
990 IT CONTRACT SUPPORT SERVICES	6,742	202	-6,944	0	0	0	0
0999 TOTAL OTHER PURCHASES	16,382,899	670,543	913,480	17,966,922	717,325	-240,328	18,443,919
9999 GRAND TOTAL	16,383,238	670,553	924,188	17,977,979	717,547	-240,317	18,455,209