HA Financial Management Concept of Operations

Problem Statement:

How will the MHS/HA set up processes to govern resource planning and allocation in the future state in which readiness and healthcare delivery dollars that are currently combined and allocated to the Services will now be separately defined, programmed and allocated to the Services and DHA.

Background:

Having sound financial management practices and reliable, useful, and timely financial and performance information is important to ensure accountability over DHP's extensive resources and efficiently and economically manage the MHS's assets and budgets. These changes will improve our ability to demonstrate and to more accurately account for DHP spending by providing a centralized methodology to focus on an enterprise approach aligned with strategic goals. The future state of DHP financial management will improve business processes and systems which support effective allocation of resources. OUSD (P&R) implementation guidance on section 702 of the National Defense Authorization Act for Fiscal Year 2017 dated April 25, 2018 clarifies that the Director, DHA will assume responsibility for clinical/health delivery services and business operations within MTFs in support of both operational readiness and beneficiary requirements and the Military Services will be vested with responsibility for setting readiness requirements; ensuring that their military medical personnel are trained in and maintain their clinical readiness skills; and executing activities tied to organizing, training, and equipping personnel for operational readiness missions and operational and installation-specific medical functions separate from MTF clinical/health delivery services and business operations.

Specific Resource management guidance is provided by OUSD (P&R) memorandum dated February 21, 2018 which states the following:

a. For the DHP, ASD(HA) will be responsible for the Planning, Programming, Budgeting, and Execution (PPBE) processes and will provide fiscal guidance to:

i. DHA-responsible for the PPBE portion of the DHP for both DHA operations as well as those of the MTFs; Regional Leaders and MTF Directors/Commanders retain flexibility to manage their DHP-budgeted allotment during the year of execution, within DHA fiscal policies and controls

ii. Military Medical Departments - responsible for their medical program PPBE portion of the DHP appropriation for military manpower, and operational and installation-specific medical requirements to include non-MTF commands.

b. ASD (HA) develops consolidated DHP PPBE products for the Department, with input from the Military Departments and DHA, for submission through the Under Secretary of Defense for Personnel and Readiness to the Under Secretary (Comptroller) Chief Financial Officer.

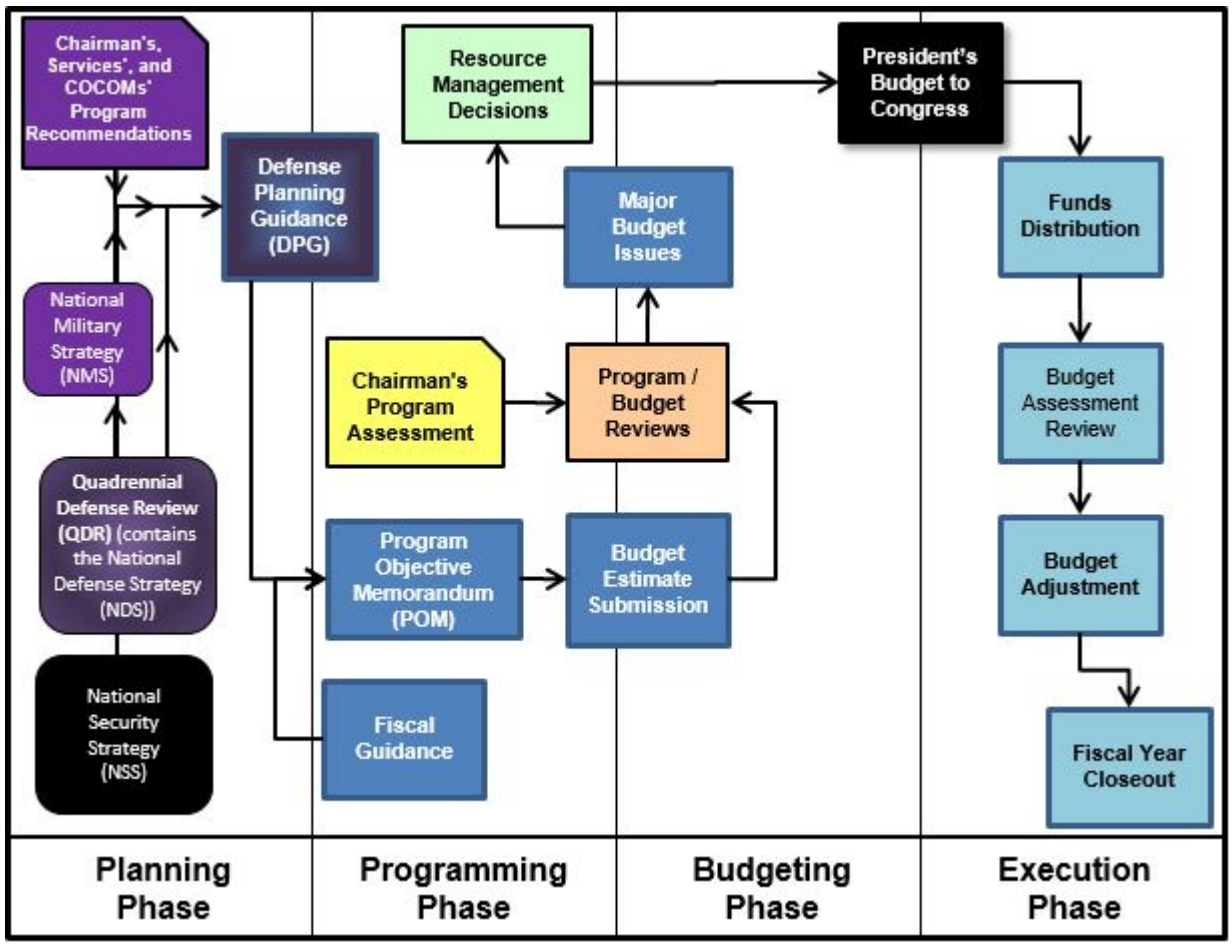
c. MHS governance structure will be configured to support this PPBE process.

MTF Directors retain flexibility to manage their DHP-budgeted allotment during the year of execution, within the DHA-provided fiscal policies and controls. The Service Medical Departments will be responsible for the "Service Commander's" operational readiness activities and other Service functions and will retain flexibility to manage those funds under the direction and guidance of ASD (HA). The ASD (HA) will consolidate DHP PPBE products for the Department, with input from the Military Departments, the DHA and the Service Medical Departments, for submission through the Under Secretary of Defense for Personnel and Readiness to the Under Secretary (Comptroller) Chief Financial Officer. It is within this framework that the future resource requirements will be determined.

PPBE PROCESS:

Program Objective Memorandum (POM)/Budget Estimate Submission

The DHP POM/BES is a recommendation from the Services and DHA to the ASD (HA) concerning how they plan to allocate resources (funding & manpower) for a program(s) to meet the Strategic Objectives for the MHS. The POM/BES is part the Programming phase of the Planning, Programming, Budget and Execution (PPBE) process, when planning decisions, programming guidance, and congressional guidance/law is converted into a detailed allocation of resources. The POM/BES covers the 5-year Future Year Defense Program (FYDP) and represents the DHA and the Services proposal to HA on how they will balance their allocation of available resources. The POM/BES includes an analysis of missions, objectives, alternative methods to accomplish objectives, and allocation of resources. See below process flow for POM development.



According to DoD Directive 7045.14, section 4.7, the POM/BES cannot be disclosed outside of the DoD and other Government Agencies directly involved in the defense planning and resource allocation process.

PPBE Responsibilities:

The ASD (HA), as the appropriation holder, establishes the Military Health System (MHS) mission and vision, provides strategic direction, provides overarching planning and programming guidance and approves all PPBE recommendations. The ASD (HA) charters the MHS Governance Structure. Based on guidance provided by the ASD (HA), in all matters related to the management and execution of the Defense Health Program appropriation to include the DoD Military Health System funding from the Medicare Eligible Retiree Health Care Fund (MERHCF) the HA/DHA/Services financial responsibilities include but are not limited to the following:

HA:

(1) The ASD (HA) is responsible for the effective execution of the Department's medical mission as detailed in DODD 5136.01.

(2) The ASD (HA) will prepare and submit a unified medical program to provide resources for medical activities included in the unified medical budget. These resources will include, at a minimum:

- The active military personnel end strength, operation and maintenance funding to include civilian personnel end strength except active military personnel funding which will be accomplished by the respective Service in its budget request;
- Procurement funding;
- Research, development test and evaluation funding; and
- Military construction funding.

(3) The ASD (HA) presents, defends and justifies the unified medical program and budget throughout the Department and with Congress.

(4) Serves as the focal point for the DHP POM/BES development and overseas the Corporate Structure (CS) along with the corporate deliberative process that responds to the Department's PPBE requirements.

(5) Provides financial direction, policy and procedures for the effective, auditable execution of the DHP appropriation allocation.

(6) DASD/HRM&P collaborates with DHA/DAD-FO and Service Medical Departments during the POM/BES and budget build to ensure a seamless transition from programming to execution, and advises the CS on fact of-life changes to ensure an executable program.

DHA:

The DHA oversees day-to-day management of Enterprise Financial Management activities to include:

(1) Train and execute a funds flow process that defines the apportionment of DHP funds to DHP Components for execution.

(2) Prepare and submit program and budget requirements to resource DHA health and MTF medical readiness activities and programs, pursuant to guidance of the ASD (HA), for the DoD Planning, Programming, Budgeting, and Execution (PPBE) process, in accordance with DoDI 7000.14.

(3) Execute DHP funds as programmed and budgeted for TRICARE, in accordance with instructions issued by the ASD(HA), fiscal guidance issued by the Under Secretary of Defense (Comptroller)/Chief Financial Officer, Department of Defense (USD(C)/CFO), and applicable law.

(4) Execute the Facility Lifecycle Management of DHP Medical Military Construction (MILCON), Operations & Maintenance (O&M), Initial Outfitting and Transition (IO&T); management and execution of the Capital Investment Decision Model (CDIM) process; management of design and construction agent relationships, expectations, services and accountability; and development of architectural, engineering, and space planning criteria for the DHP.

(5) Execute audit readiness, financial statements and internal control activities for the appropriate DHP funds to safeguard resources, ensure compliance with applicable laws, regulations and

policies; establish goals and objectives for achieving DHP Audit readiness; and development of future audit, examination and financial improvement plans for DHP components.

(6) Direct the planning and budgeting cycle for the MTFs during the year of execution.
(7) Develop, publish, train and oversee execution of processes, procedures, and internal controls for MTF Budget Formulation and Execution; Funds Flow; Execution Analysis and Reporting; Accounting and Financial Reporting; Audit Readiness and Reporting; Managers Internal Controls Programs; and Financial System Support.
(8) Establish and implement plans, policies, and processes for the integration of MTF Budgets driven by the Quadruple Aim Performance Plans (QPP) and Service Commanders operational readiness requirements.
(9) Develop and implement Revenue Cycle Management (RCM) processes and procedures to optimize RCM capabilities across the MHS.
(10) Develop and implement processes and procedures for staffing, contracts, major equipment, facility sustainment, restoration and modernization (SRM) and information technology solutions.
(11) Establish clear resource baseline for Readiness and Healthcare Delivery to support Fiscal Year (FY) 2020-2024 Program Objective Memorandum/Budget Estimate Submission.
(12) DHA will continue to support Service IT requirements/capabilities to perform PPBE functions.
(13) DHA oversees on behalf of the ASD (HA), day to day management of enterprise financial management activities.

(14) The DAD-FO serves as the primary functional lead for DHP financial management matters and will have Direct Liaison Authorized (DURLAUTH) to maintain existing open lines of communication with the DASD/HRM&P and Service HQ functional leads. Will draft agreements detailing continued support required to ensure seamless flow of and execution of funds for the Phase I MTFs and all future MTF transfers. Support agreements will encompass the following major financial management activities:

- Fiscal Authorities
- Planning and Programming
- Budget and Execution to include Reporting Requirements
- Funds Control to include funds flow, funds availability and fund certification
- Financial Management and Accounting
- Audit Readiness and Response
- Knowledge Transfer and Training
- MOA’s and Agreements
- Contracts and Contracting Mechanisms

Services:

(1) During POM submission, the Military Departments will be afforded an opportunity to see the HA POM in order to request adjustments through the issue paper process.
(2) Will provide access to their Service specific financial systems to facilitate funds flow and obligation tracking by the DHA through the IMO construct.
(3) Align PPBE-relevant DHP-funded Health Care Delivery Service instructions, delegations, statutes, and policies, rescinding and replacing previously published guidance, as necessary to comply with new HA/DHA instructions, delegations, statutes, and policies. Coordinate revisions and updates to current DHP Readiness PPBE-relevant instructions, delegations, statutes, and policies with the DHA.
(4) Ensure all funding and budget requests support the ASD (HA) and Military Department strategic direction and MTF and Operational required capabilities through all phases of the PPBE.
(5) Continue to work with HA (HRM&P), DHA (J8) to define all programs and associated resources (funding and manpower) that support, directly or indirectly, both readiness and MTF Health Care Delivery using the same methodology utilized during the Phase 1 MTF transition for the remaining transition phases.
(6) Assist and coordinate with DHA for the development of memorandums of agreement detailing continued support required to ensure seamless flow of and execution of funds for the Phase I MTFs and all future MTF transfers.
(7) Continue to execute processes and procedures for staffing, contracts, major equipment, facility sustainment, restoration and modernization (SRM) and information technology solutions at MTFs, until the DHA has the capability and capacity to assume this role where appropriate.
(8) Establish clear resource baseline for Readiness and Healthcare Delivery to support Fiscal Year (FY) 2020-2024 POM/BES submission.
(9) Submit PPBE requirements to the ASD (HA) based on POM guidance for ASD (HA) review and adjudication.
(10) Carry out all phases of the PPBE process, including audit and accounting functions, for assigned funds under the direction and guidance of ASD (HA).
(11.) Submit all required documentation to support PPBE process to ASD (HA).

IMO:

(1) Receives DHP FADs from DHA/DAD-FO and redistributes budget authority in support of executing the DHP Budget Request.
(2) Manages budget execution in accordance with all administrative and statutory restrictions, and policy/guidance received from DHA/DAD-FO.
(3) Ensures that sufficient budgetary resources are available for execution and intervenes to mitigate shortfalls. Internal reprogramming transactions between DHP components must be coordinated with the DAD-FO. All requests must be identified as one-time or permanent realignments and will be tracked throughout PPBE cycle.
(4) Issues DHP sub allocations to MTFs/DHP resource managers and maintains official file copies of all FADs received and issued.

(5) Provides input during the POM/BES build to ensure seamless program execution, advise the DHP CS on fact-of-life changes, and ensure an executable program.
(7) All financial operations to include all PPBE activates down to the allocation of funds will be under the direction of the ASD (HA).

MTF Director:

(1) Ensures the medical program is executed in support of the MHS strategic direction and Military Department priorities as a Combat Support Agency supporting Readiness
(2) Ensures cost containment and resource protection activities are established to safeguard federal monies and assets.
(3) Ensures compliance with financial direction and maintains oversight of financial management activities and operations including Financial Improvement and Audit Remediation (FIAR) activities to ensure complete, reliable, consistent, timely and accurate financial information.
(4) Identify emerging issues. MTF leadership works directly with IMO leadership to integrate priorities and requirements in the POM/BES and during the year of execution. The IMO serves as the first level of entry for Program Change Transactions into the corporate process. This also applies to emerging issues during the year of execution.
(5) Will manage their budgets within the funds provided. Management decisions that may result in shifts of patient care workload from MTFs to the Private Sector should not be made without prior coordination and agreement (obtained via the DHP Corporate process).

Future PPBE Process:

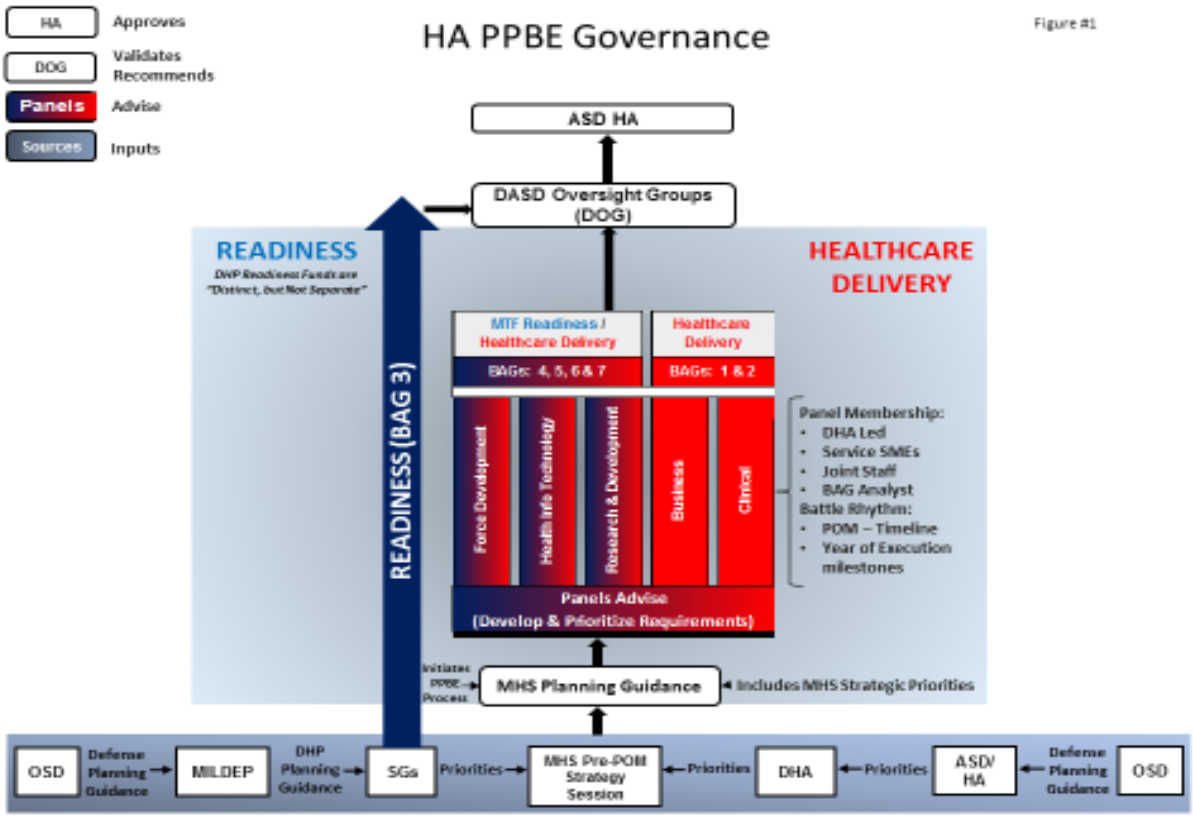
The PPBE process guides the proper alignment of resources to requirements while responding to policy and fiscal changes that may develop within the Department of Defense (DoD). The PPBE process consists of four distinct, but overlapping phases: Planning, Programming, Budgeting, and Execution. Based on the overarching ASD (HA) strategic direction the PPBE will operationalize those guiding principles to influence and inform decisions related to organizational structures, planning, programming, acquisition, and requirements.

(1) Planning translates Strategy into an integrated, balanced, and prioritized MHS Plan to guide Capability Development, Programming, Budgeting, and shape Leadership strategic communications.
(2) Programming allocates FYDP resources guided by the ASD (HA) Plan, Congress, Office of the Secretary of Defense (OSD), Fiscal Guidance, and Fact-of-Life changes; and reinforces the Departments strategic message.
(3) Budgeting updates POM/BES pricing, applies Fact- of-Life changes and economic assumptions, incorporates Office of Management and Budget-/OSD-directed changes, codifies justification, and defends the budget to Congress consistent with the ASD (HA) strategic message.
(4) Execution expends the resources as appropriated by Congress, consistent with the ASD (HA) Strategy.

(5) The ASD (HA) PPBE process is managed by the DHA J8 on a day-to-day basis during the year of execution, with oversight by the DASD (HRM&P) on behalf of the ASD (HA).

In implementing the PPBE process and to promote a cohesive unified approach for defining and codifying medical readiness baseline and healthcare delivery funding, it is essential that the PPBE process be centrally managed by ASD (HA). The PPBE process must be executed in a consistent and standardized fashion with clearly defined requirements, definitions, work products, and roles and responsibilities. Similarly, any process improvements must be carefully and uniformly managed to ensure that expected results are achieved. In order to meet these new challenges ASD (HA) will utilize a Panel process for developing the MHS POM and for validating emerging issues during the year of execution.

The ASD (HA) Panels are the DHP portfolio managers. They are the initial point of entry into the Corporate Structure for all DHP issues for corporate review. The ASD (HA) Panels provide the first level of corporate vetting of Disconnects, Initiatives, and Offsets (D, I and O) and they support the ASD (HA) and Director, DHA vision and resource allocation. The HA Panels support the entire spectrum of MHS PPBE activities and draft recommendations for DHP funded requirements for DASD Oversight Group validation and recommendation to the ASD (HA) for approval (See figure 1.)

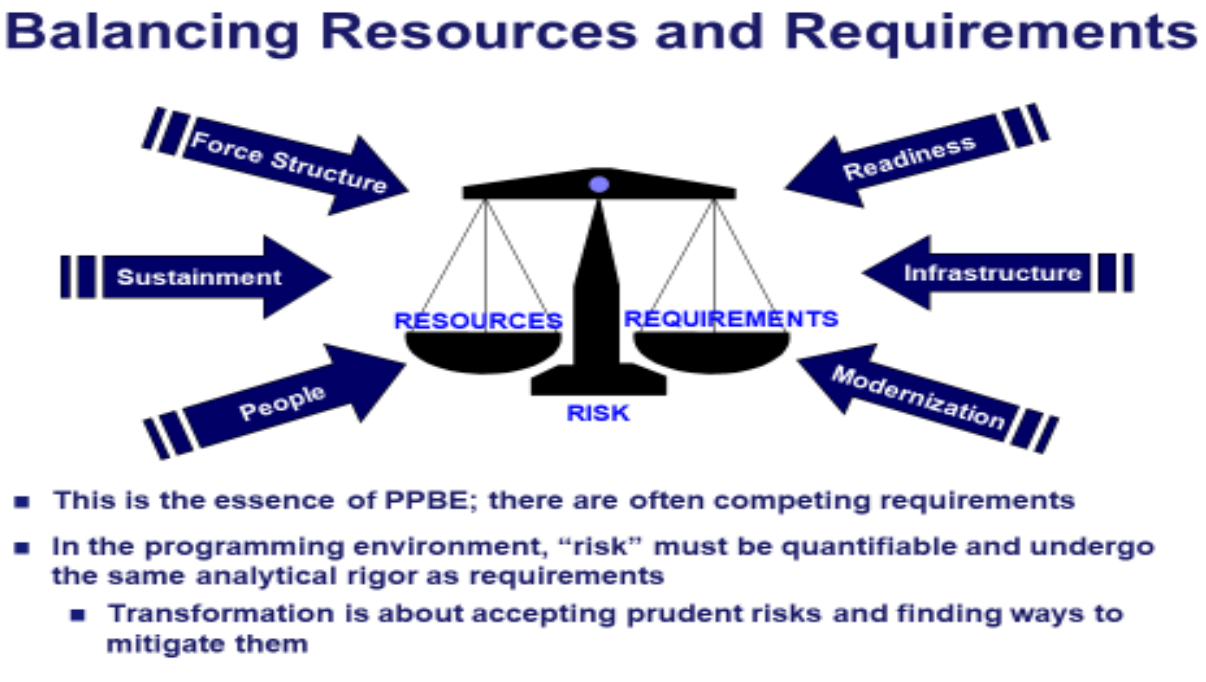


The Panels support the entire spectrum of PPBE activities and draft recommendations for requirements for CS review.

Each panel is chaired by a Colonel (O-6) or GS equivalent from the DHA or Services as appropriate. Panel membership and voting and non-voting membership is reflected in each panel charter. Panel membership generally includes the applicable functional representatives, consultants, career field managers, program OPRs, and others stakeholders as required.

Each Panel evaluate programs, recommends adjustments to panel resources in concert with ASD (HA) Strategic priorities, prioritizes unfunded requirements, and identify potential trade-space for impact to the strategic direction and required capabilities. The mapping of specific programs within each Panel's scope are contained in each of the Panel's charters. Each Panel will maintain a balanced program and budget and delivers their prioritized program and budget accompanied by unfunded initiatives, inter-Panel agreements, and potential trade-space for Corporate Structure review.

The Panels will review the allocation of resources across product lines to ensure consistency with the MHS strategy and balance across the portfolio to maximize capabilities and minimize risk.



Phase I Readiness/Healthcare Delivery Funding:

On 1 Oct 2018, DHP financial execution process for Phase 1 sites will be tested. This effort required the establishment of a clear resource baseline for Readiness and Healthcare Delivery to not only support the phase 1 facilities but to also support Fiscal Year (FY) 2020-2024 POM/BES in order to systematically realign funding from the Services to the DHA. This is the first step to begin resetting our resource environment, allowing us to move towards our future state. Some key assumption made during this process include:

(1) The DHA will develop the ability to oversee the financial execution for Phase 1 MTFs starting on 1 October 2018. If the DHA does not have the capability or resources in place by 1 Oct 2018 to effectively manage the financial execution for Phase 1 MTFs, then financial distribution & execution will be through Service Financial systems for Phase 1 MTFs, and responsibilities documented through an MOA.
(2) The Services are responsible for financial execution for military manpower, operational and installation specific medical requirements to include non-MTF associated commands of health-related activities (Readiness),
(3) The DHA will be responsible for financial execution for remaining MTF activities (Healthcare Delivery & Operations),
(4) DHA will assume management responsibilities for civilians in accordance with the Phasing plan and MOAs developed between the DHA and Services.
(5) MERHCF level of effort will be determined by the DHA/DAD-FO in consultation with DASD (HRM&P). MTFs will not increase over-65 empanelment without prior approval from DHA.

Phase 1 Facilities Listing:
Air Force
Keesler Medical Center (81 MDG/Biloxi, MS)
Charleston Medical Group (628 MDG/Charleston, SC)
Seymour Johnson Medical Group (4 MDG/Goldsboro, NC)

Army
Womack Army Medical Center, NC and all associated clinics (Bragg Clinic, OHC NSG Off-Sunny Point, Troop & Family Med Clinic-Bragg, WAMC-VA Fay Rehab Clinic-Bragg, CBMH Fayetteville-Bragg, CBMH Hope Mills-Bragg, CBMH Linden Oaks-Bragg, EBH East Bragg Clinic-Bragg, EBH West Bragg Clinic-Bragg, NiCOE-Intrepid Spirit-Bragg, Robinson Clinic-Bragg, Joel Clinic- Bragg, and Clark Clinic-Bragg).

Navy
Naval Hospital Jacksonville, FL and all associated clinics (Navy Branch Health Clinic (BHC) Albany, BHC Jacksonville, BHC Key West, BHC Kings Bay and BHC Mayport).

The following charts outline the authority to act, the categories examined and the results.

Guidance and Budget Determination

Overarching Guidance: P&R Memos

- Identified 16 Readiness Functions
- Established Timeline

FY19 Phase 1 MTF Budget Determination

- Define Execution and functions required to operate MTFs across the lifecycle of funds as defined in PPBE MOA
- Services provide FY19 budget for Phase 1 MTFs
- Refine IRIS model for Phase 1 MTFs pending upcoming Service site visit

Defining Readiness

16 P&R ID'd Readiness Functions (Approved)

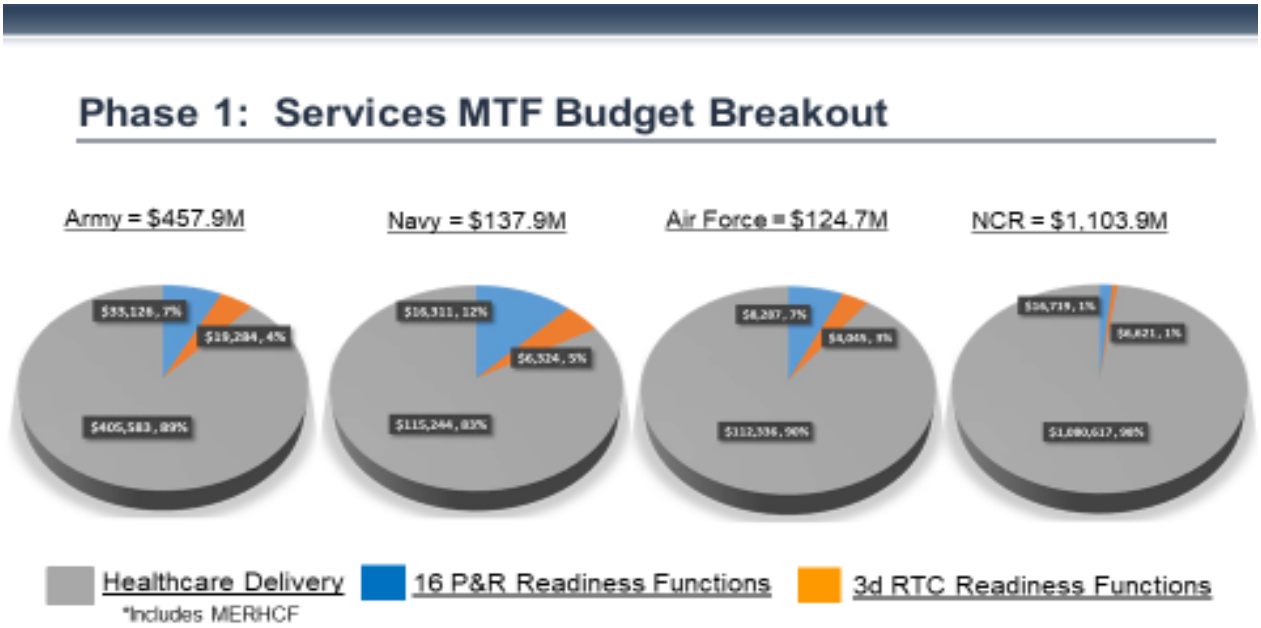
- Aerospace Medicine
- Aerospace Physiology
- Animal Medicine
- Bioenvironmental Engineering
- Dental Care (sans oral/maxillo) Active Duty Only
- Deployment-Related Functions
- Drug Demand Reduction
- Embedded Behavioral Health
- Environmental Health
- Food Protection
- Installation Emergency Response
- Medical Logistics for Operational Units
- Military Aeromedical Evacuation
- Nuclear Power & Personnel Reliability Programs
- Occupational Health
- Substance Abuse

Readiness Per Interim Report to Congress (30 Mar 2018)

- Service Administrative Functions (Commander's Support Staff)
- Health, Safety, Morale and welfare inspections (Military Inspections)
- Force Development (Active Duty CME/Simulation/Modeling/GME/GDE)
- Other Service Specific Functions (IDES/WII/EFMP)

Source: Appendix A – USD(P&R) Guidance on the Framework for Section 702

Readiness = 16 P&R and 3d Report to Congress Functions



Authority to Realign Funds Between HCD and Readiness During Phase 1 is Critical for Implementation Success

MILITARY HEALTH SYSTEM (MHS)

Pre-Decisional Deliberative Matter – For Official Use Only Within DoD

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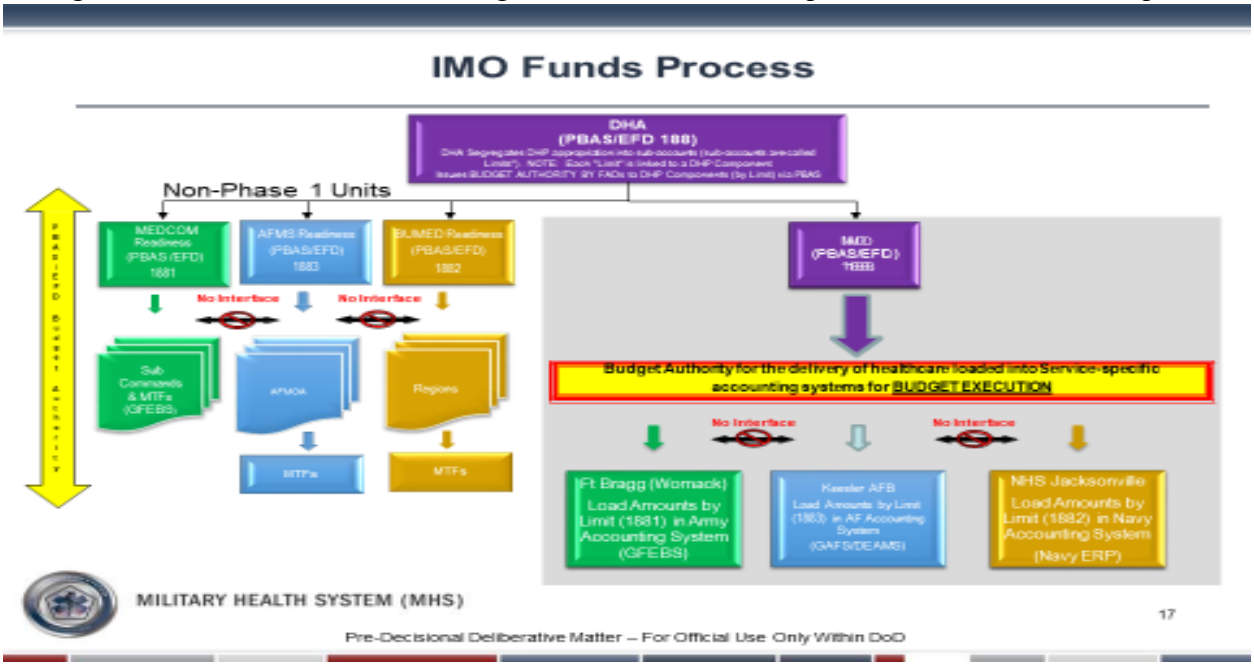
With funding baselines established the next area to be addressed was funds flow. The goal in developing the course of action for funds flow was to make it as simple as possible at the MTF level and sustainable for future phases. In keeping with desired end state of operating MTFs through an IMO structure the following funds flow was developed to facilitate this concept.



Funds will be distributed to the IMO for Healthcare Delivery and 1517 authority will be maintained at the IMO until the DHA develops the expertise and staffing to manage 1517 authority. Readiness funding will continue to flow to the Service HQ/Intermediate Commands down to the MTFs.

Appendix: Financial Detail by MTF for Phase I facilities:

NCR: Walter Reed National Military Medical Center

Forecast	$	750,622
MERHCF	$	(184,961)
Total MTF Budget	$	565,661
Readiness Functions	$	*12,834*
3d RTC Readiness Functions	$	*4,647*
Healthcare Delivery	$	*548,180*

16 P&R Readiness Functions		Budget
Occupational Health	$	1,877
Environmental Health	$	-
Substance Abuse	$	-
Food Protection	$	-
Aerospace Physiology	$	-
Aerospace Medicine	$	-
Bioenvironmental Engineering	$	-
Nuclear Power & Personnel Reliability Programs	$	-
Animal Medicine	$	-
Dental Care (sans oral/maxillo)	$	9,686
Installation Emergency Response	$	1,272
Deployment-Related Functions	$	-
Drug Demand Reduction	$	-
Medical Logistics for Operational Units	$	-
Embedded Behavioral Health	$	-
Military Aeromedical Evacuation	$	-
Total	**$**	**12,834**

3d RTC Readiness Functions		Budget
GDE/GME	$	931
IDES/WII	$	250
Command Support Staff	$	3
Ed & Trng/Simulation/modeling	$	3,463
Military Inspections	$	-
Total	**$**	**4,647**

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Pre-Decisional Deliberative Matter – For Official Use Only Within DoD

NCR: Ft Belvoir Community Hospital

Forecast	$	353,335
MERHCF	$	(65,137)
Total MTF Budget	$	288,198
Readiness Functions	$	*3,884*
3d RTC Readiness Functions	$	*1,975*
Healthcare Delivery	$	*282,339*

16 P&R Readiness Functions		Budget
Occupational Health	$	1,150
Environmental Health	$	267
Substance Abuse	$	1,045
Food Protection	$	-
Aerospace Physiology	$	-
Aerospace Medicine	$	20
Bioenvironmental Engineering	$	-
Nuclear Power & Personnel Reliability Programs	$	-
Animal Medicine	$	-
Dental Care (sans oral/maxillo)	$	-
Installation Emergency Response	$	1,383
Deployment-Related Functions	$	18
Drug Demand Reduction	$	-
Medical Logistics for Operational Units	$	-
Embedded Behavioral Health	$	-
Military Aeromedical Evacuation	$	-
Total	$	3,884

3d RTC Readiness Functions		Budget
GDE/GME	$	142
IDES/WII	$	1,237
Command Support Staff	$	593
Ed & Trng/Simulation/modeling	$	3
Military Inspections	$	-
Total	$	**1,975**

ARMY: Ft Bragg

Forecast	$	457,993
MERHCF	$	(42,736)
Total MTF Budget	$	415,257
Readiness Functions	$	*33,126*
3d RTC Readiness Functions	$	*19,284*
Healthcare Delivery	$	*362,847*

16 P&R Readiness Functions		Budget
Occupational Health (FM)	$	6,447
Environmental Health	OH	
Substance Abuse	DMA	
Food Protection	$	1,079
Aerospace Physiology	$	-
Aerospace Medicine (FltMed)	TBD	
Bioenvironmental Engineering	$	8
Nuclear Power & Personnel Reliability Programs	OH	
Animal Medicine	VET (FoodProt)	
Dental Care (sans oral/maxillo)	$	15,482
Installation Emergency Response	$	1,616
Deployment-Related Functions	$	88
Drug Demand Reduction	$	-
Medical Logistics for Operational Units	$	1,927
Embedded Behavioral Health	$	4,616
Military Aeromedical Evacuation	$	-
Total	$	33,126

3d RTC Readiness Functions		Budget
DMA/GDE	$	10,238
IDES/WII	$	5,472
Commander's Support Staff	$	-
Ed & Trng/Simulation/modeling (FTMS)	$	1,543
Military Inspections	$	-
EFMP/EDIS	$	2,030
Total	$	19,284

Centrally Funded		Budget
Dental Contracts	$	1,400
CHPA MOA		
DPAS MOA		
MWAG (Ombudsman)		
Centrally Funded Total	$	1,400

* Source FY19 Projections based FY17 OFEBS Data linked to MEPRS code and cr points accounts

MILITARY HEALTH SYSTEM (MHS)

NAVY: Jacksonville

Forecast	$	137,879
MERHCF	$	(25,386)
Total MTF Budget	$	112,493
Readiness Functions	$	*16,310*
3d RTC Readiness Functions	$	*6,324*
Healthcare Delivery	$	*89,859*

16 P&R Readiness Functions		Budget
Occupational Health	$	2,557
Environmental Health	$	-
Substance Abuse	$	729
Food Protection	$	-
Aerospace Physiology	$	-
AerospaceMedicine	$	-
Bioenvironmental Engineering	$	2,556
Nuclear Power & Personnel Reliability Programs	$	-
Animal Medicine	$	-
Dental Care (sans oral/maxillo) *	$	6,124
Installation Emergency Response	$	1,801
Deployment-Related Functions	$	2,324
Drug Demand Reduction	$	-
Medical Logistics for Operational Units	$	226
Embedded Behavioral Health	$	-
Military Aeromedical Evacuation	$	-
TOTAL	$	16,310

3d RTC Readiness Functions		Budget
GME / GDE	$	47
IDES/WII	$	333
Personnel & Administration	$	4,745
Ed & Trng/Simulation/modeling	$	1,201
Military Inspections	$	-
TOTAL	$	6,324

Central Contracts

- Navy taxes the MTF, funding is in their base budget and we pull the funding from them in execution year for contracts
- Medical Coding Contract
- Army MEDCOM Svc Fee
- Human Resource Office (HRO): MT Admin Support Centrally Managed at BUMED HQ, billets in JAX paid by HQ
- OCHR: Navy Medicine reimbursement for BUMED USAJOBS support

* Dental Care: Total amount does not distinguish Oral/maxillofacial, number may come down

Air Force: Keesler

Forecast	$	95,347
MERHCF	$	(29,445)
Total MTF Budget	$	65,902
Readiness Functions	$	*3,643*
3d RTC Readiness Functions	$	*2,836*
Healthcare Delivery	$	*59,424*

16 P&R Readiness Functions		Budget
Occupational Health	$	54
Environmental Health	$	536
Substance Abuse	$	-
Food Protection	$	-
Aerospace Physiology	$	-
AerospaceMedicine	$	269
Bioenvironmental Engineering	$	22
Nuclear Power & Personnel Reliability Programs	$	61
Animal Medicine	$	-
Dental Care (sans oral/maxillo)	$	2,529
Installation Emergency Response	$	-
Deployment-Related Functions	$	172
Drug Demand Reduction	$	-
Medical Logistics for Operational Units	$	-
Embedded Behavioral Health	$	-
Military Aeromedical Evacuation	$	-
Total	$	3,643

3d RTC Readiness Functions		Budget
GME /GDE	$	232
IDES/WII	$	184
Personnel & Administration	$	1,924
Ed & Trng/Simulation/modeling	$	495
Military Inspections	$	-
Total	$	2,836

Central Contracts

- AFMS does not tax MTFs for centralized contracts
- Centralized contracts are programed at the program level

Air Force: Charleston

Forecast	$	15,457
MERHCF	$	(2,204)
Total MTF Budget	$	13,253
Readiness Functions	$	2,055
3d RTC Readiness Functions	$	652
Healthcare Delivery	$	10,546

16 P&R Readiness Functions		Budget
Occupational Health	$	-
Environmental Health	$	362
Substance Abuse	$	-
Food Protection	$	-
Aerospace Physiology	$	-
Aerospace Medicine	$	610
Bioenvironmental Engineering	$	142
Nuclear Power & Personnel Reliability Programs	$	-
Animal Medicine	$	-
Dental Care (sans oral/maxillo)	$	940
Installation Emergency Response	$	-
Deployment-Related Functions		
Drug Demand Reduction	$	-
Medical Logistics for Operational Units	$	-
Embedded Behavioral Health	$	-
Military Aeromedical Evacuation	$	-
Total	$	2,055

3d RTC Readiness Functions		Budget
GME / GDE	$	-
IDES/WII	$	122
Commander's Support Staff	$	305
Ed & Trng/Simulation/modeling	$	226
Military Inspections	$	-
Total	$	652

Central Contracts
- AFMS does not tax MTFs for centralized contracts
- Centralized contracts are programed at the program level

Air Force: Seymour Johnson

Forecast	$	13,865
MERHCF	$	(2,894)
Total MTF Budget	$	10,971
Readiness Functions	$	2,589
3d RTC Readiness Functions	$	558
Healthcare Delivery	$	7,824

16 P&R readiness Functions		Budget
Occupational Health	$	-
Environmental Health	$	49
Substance Abuse	$	-
Food Protection	$	-
Aerospace Physiology	$	-
Aerospace Medicine	$	457
Bioenvironmental Engineering	$	221
Nuclear Power & Personnel Reliability Programs	$	-
Animal Medicine	$	-
Dental Care (sans oral/maxillo)	$	1,858
Installation Emergency Response	$	-
Deployment-Related Functions	$	4
Drug Demand Reduction	$	-
Medical Logistics for Operational Units	$	-
Embedded Behavioral Health	$	-
Military Aeromedical Evacuation	$	-
Total	$	2,589

3d RTC Readiness Functions		Budget
GME / GDE	$	-
IDES/WII	$	76
Commander's Support Staff	$	289
Ed & Trng/Simulation/modeling	$	193
Military Inspections	$	-
Total	$	558

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MILITARY HEALTH SYSTEM (MHS)