



Kirk Army Health Clinic Use Case Volume II

Table of Contents

Contents	Page
A. Data Call	3
B. Relevant Section 703 Report Detail	6
C. DHA TRICARE Health Plan Network Assessment	8
D. Network Insight Assessment (Independent Government Assessment)	13
E. P4I Measures	38
F. Base Mission Brief	55
G. MTF Mission Brief	75
H. MTF Portfolio (Full)	118

Part A: AHC Kirk- Aberdeen Prvng Gd Data Call (1 of 3)

Mission Readiness

MTF Name	MTF DMIS ID	Assigned Deployable Capability	Officer	Enlisted	ARC	Civ	Con	TTI
AHC KIRK-ABERDEEN PRVNG GD	0308	N/A	8	36	0	129	12	185
OHC EDGEWOOD ARS	0545	N/A	0	1	0	18	0	19

Installation

Installation Name	MTF DMIS ID	Affiliated Location Name	Affiliated Location DMIS ID	Installation Mission	Medical Units assigned to mission
Aberdeen Proving Grounds	0308	Kirk Army Health Clinic	0545	Provides test and test support services for authorized customers within DoD and outside DoD, including government and non-government organizations, domestic and foreign; comprehensive test and training both real and simulated; expert knowledge and technical services including instrumentation application, facility operations, manufacturing and fabrication; exploit emerging technologies; and develop leading edge instrumentation and test methodologies. Surety mission of Kirk is to support 20th CBRNE's defense, research, and operations.	Behavioral Health, Immunizations, Primary Care, Optometry, Occupational Health, Physical Therapy, Substance Abuse, Pharmacy, Laboratory, Radiology, Force Health Protection, Nutrition, EFMP, EMS support to Garrison, standby high-risk mission support for tenant units to include diving, airborne, and surety operations.

Part A: AHC Kirk-Aberdeen Prvng Gd Data Call (2 of 3)

Medical Education and Training

Name of Program	Certified DOD New Starts	Number in Program	Program Length	Non-Military Users	Associated locations	Comments
N/A	N/A	N/A	N/A	N/A	N/A	N/A

Line Mission Elements

Line Units Served	Unit Mission	Personnel Assigned				Organic Medical Personnel			
		Officer	Enlisted	RC	CIV	Officer	Enlisted	RC	CIV
1ST AML	Worldwide deploying unit to conduct field CBRNE threat detection, confirmation, and medical surveillance.	8	25	0	0	0	0	0	0
20th CBRNE	Integrates, coordinates, deploys, and provides trained and ready CBRNE forces	104	150	0	6	2	1	0	0
Total		112	175	0	6	2	1	0	0

Medical Hold

# Medical hold beds	Line or medical funded?	How do you execute medical hold?	What is your definition of medical hold?
N/A	N/A	N/A	N/A

Part A: AHC Kirk-Aberdeen Prvng Gd Data Call (3 of 3)

Exceptional Family Member Program Summary Report

MTF Medical Specialties Supporting EMF

Type
Family Practice
Physical Therapy
Internal Medicine
Pediatrics

Number of EFM Supported

190

Network Specialties Supporting EMF

Type
Pulmonary Medicine
Behavioral Health
Pediatrics and Developmental Health Medicine
Allergists
Oncology

Part B: Relevant Section 703 Report Detail

Facility	Clinic Specialty	Encounters	Evaluated Visits	RVU	Estimated Network Ability to Absorb Workload
AHC IRELAND-KNOX	PRIMARY CARE CLINIC	58,720	24,268	54,695	Green
AHC IRELAND-KNOX	ALLERGY CLINIC	17,522	7,138	40,745	Red
AHC KIRK-ABERDEEN PRVNG GD	BEHAVIORAL HEALTH CLINIC	3,640	622	5,767	Green
AHC KIRK-ABERDEEN PRVNG GD	PT/OT	4,088	1,491	7,721	Green
AHC LYSTER-RUCKER	PT/OT	23,520	5,550	46,044	Green
AHC LYSTER-RUCKER	BEHAVIORAL HEALTH CLINIC	10,607	3,811	27,473	Green

Markets	Inpatient		Ambulatory		Provider Workload Adjustment	
	Reported wRVU	Adjusted w/RVU	Reported wRVU	Adjusted w/RVU	Inpatient only	Combined Amb & Inpt
0272 – AHC TUTTLE-HUNTER ARMY AIRFLD			153	153		0.0%
0290 – AHC ROCK ISLAND ARSENAL	140	163	11,352	11,352	16%	0.2%
0308 – AHC KIRK-ABERDEEN PRVNG GD	1,039	1,214	39,904	39,904	17%	0.4%
0310 – AF-C-66 th MED GRP-HANSCOM	295	341	31,494	31,494	16%	0.1%
0326 – McGuire-Dix	704	875	113,920	113,920	24%	0.1%

Part B: Relevant Section 703 Report Detail

Facility	Military Service	Product Line	Direct Care Full Cost	Direct Care SRVU (GPCI)	Direct Care Full Cost / SRVU	Direct Care SRVU Cost Ratio
AHC IRELAND-KNOX	A	DERM	\$1,201,931	\$16,147	\$74	2.1
	A	ER	\$6,598,681	\$64,631	\$102	2.9
	A	IMSUB	\$5,109,357	\$61,882	\$83	2.3
	A	MH	\$6,552,070	\$72,494	\$90	2.5
	A	OBGYN	\$3,264,324	\$30,359	\$108	3.0
	A	OPTOM	\$2,575,406	\$48,267	\$53	1.5
	A	ORTHO	\$10,357,279	\$135,813	\$76	2.1
	A	OTHER	\$1,291,638	\$10,850	\$119	3.3
	A	SURG	\$2,838,231	\$22,725	\$125	3.5
AHC KIRK-ABERDEEN PRVNG GD	A	MH	\$1,059,743	\$5,832	\$182	5.1
	A	OPTOM	\$765,321	\$10,606	\$72	2.0
	A	ORTHO	\$568,679	\$8,212	\$69	1.9
	A	OTHER	\$1,001,387	\$3,702	\$271	7.6
AHC LYSTER-RUCKER	A	IMSUB	\$375,120	\$4,059	\$92	2.6
	A	MH	\$2,682,679	\$24,048	\$112	3.1
	A	OPTOM	\$1,337,142	\$23,563	\$57	1.6
	A	ORTHO	\$2,370,332	\$46,044	\$51	1.4
	A	OTHER	\$1,331,418	\$7,014	\$190	5.3

Part C: DHA TRICARE Health Plan Network Assessment



Information Briefing Network Capabilities AHC Kirk-Aberdeen Proving Ground

05 April 2019



"Medically Ready Force...Ready Medical Force"

Part C: DHA TRICARE Health Plan Network Assessment

Problem Statement



Request by NDAA 703 Workgroup to provide an assessment of the capability of the purchased care network to absorb clinic workload and enrollment currently being provided at **AHC Kirk-Aberdeen Proving Ground, MD**

“Medically Ready Force...Ready Medical Force”

Part C: DHA TRICARE Health Plan Network Assessment

Methodology Overview



- Using M2/DHA Portfolios workload data, THP quantifies MTF capabilities /capacity/enrollment projected to shift to Purchased Sector Care (PSC) Market
 - Specialty care is defined as a 60-minute drive from physical address to specialist location. Assuming most beneficiaries live on post that are enrolled to the MTF, the network assessments will use 40 miles (urban) and 55 miles (rural) to approximate drive-time.
 - Primary care is defined as a 30-minute drive from physical address to address of PCM location. Assuming most beneficiaries live on post that are enrolled to the MTF, the network assessments will use 15 miles (urban) and 30 miles (rural) to approximate drive-time. PCPs generally have relatively full panels. Assuming the MCSC could contract 50% of the community non-network PCMs within the respective mile radius, an additional empanelment per provider is calculated.
- Utilizing workload data provided by THP, MCSC identifies/quantifies current PSC capabilities/capacity to absorb MTF workload
- THP summarizes ability of PSC to meet the new demand for services projected to shift from the MTF to PSC

Specialty Legend:

- Green:** No anticipated problems meeting workload with ATC standards
- Yellow:** Current or Potential for increased appointment wait time and/or drive time.
- Red:** Anticipate exceeding appointment wait time and/or drive time standards.

Primary Care Legend:

- Green:** Up to 2.5% more enrollees (<49) easily
- Yellow:** 2.5% - 5% (50-99) with moderate difficulty
- Red:** > 5% (100+) with great difficulty

“Medically Ready Force...Ready Medical Force”

Part C: DHA TRICARE Health Plan Network Assessment

PSC Assessment

AHC Kirk-Aberdeen Proving Ground PSA

Civilian Network Capabilities



MCSC ASSESSMENT OF CIVILIAN NETWORK CAPABILITIES

- **Primary Care:** Current capabilities: (**green**). Capabilities with absorbed workload: (**yellow**)
- **Mental Health:** Current capabilities: (**green**). Capabilities with absorbed workload: (**green**)
- **Optometry:** Current capabilities: (**green**). Capabilities with absorbed workload: (**green**)
- **Physical Therapy:** Current capabilities: (**green**). Capabilities with absorbed workload: (**green**)

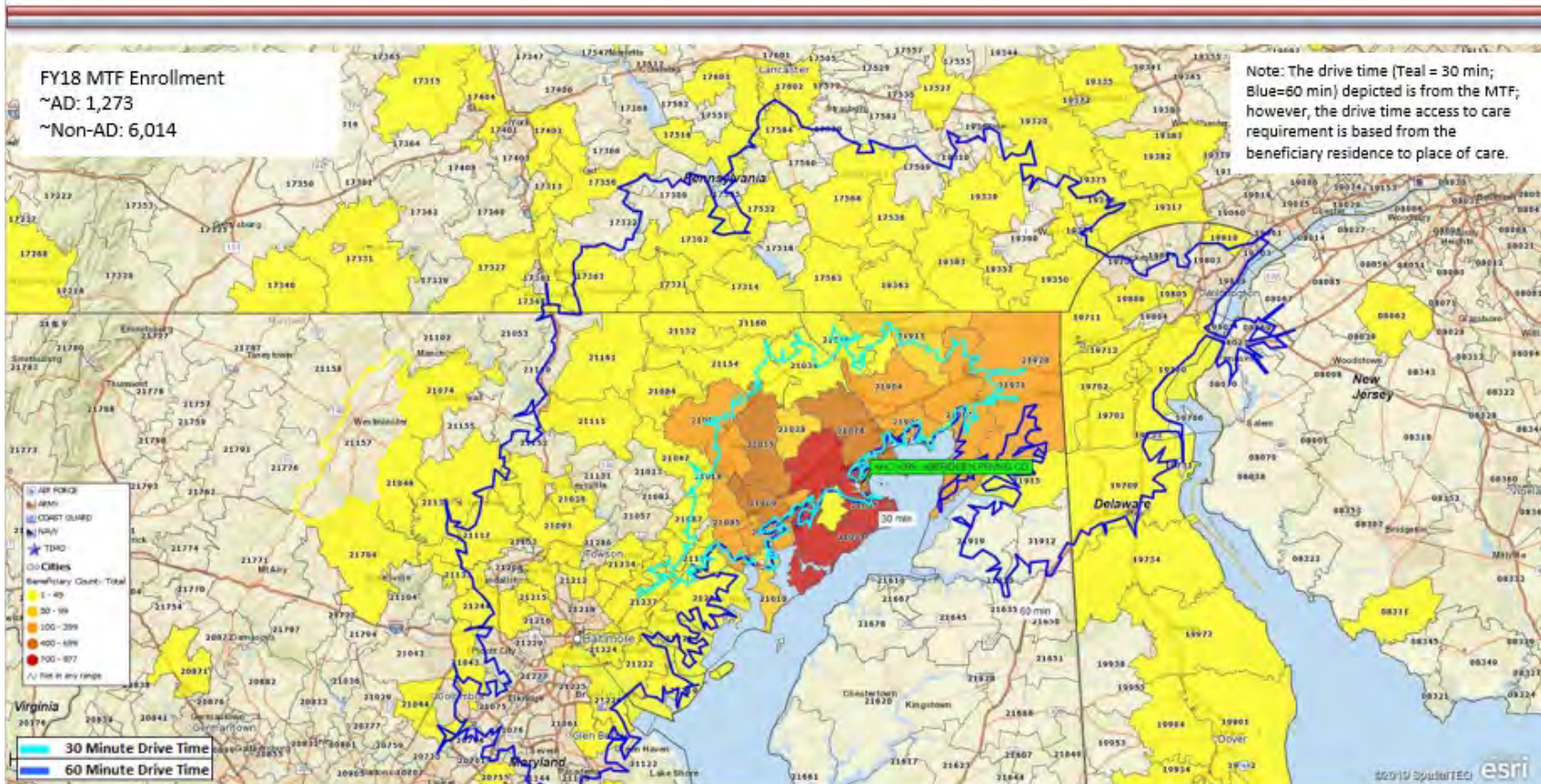
Considerations:

- Within a 15-mile radius of AHC Kirk, 50 TRICARE Primary Care Managers (PCMs) are currently accepting new patients. Assuming the MCSC could contract 50% of the 99 non-network PCMs within the 15-mile radius, each PCM would have to empanel 60 beneficiaries.
- There are 22 network facilities within drive time of AHC Kirk that offer like services currently provided by the MTF with more than adequate access to care.
- There are 13 urgent care centers within 25 miles of the AHC Kirk.
- When shifting workload to the network, a phased approach should be developed.
- Case managed enrollees should have a warm hand-off to the MCSC.

“Medically Ready Force...Ready Medical Force”

Part C: DHA TRICARE Health Plan Network Assessment

AHC Kirk-Aberdeen Proving Ground TRICARE Non-ADSM MTF Enrollees



Part D: Network Insight Assessment (Independent Government Assessment)

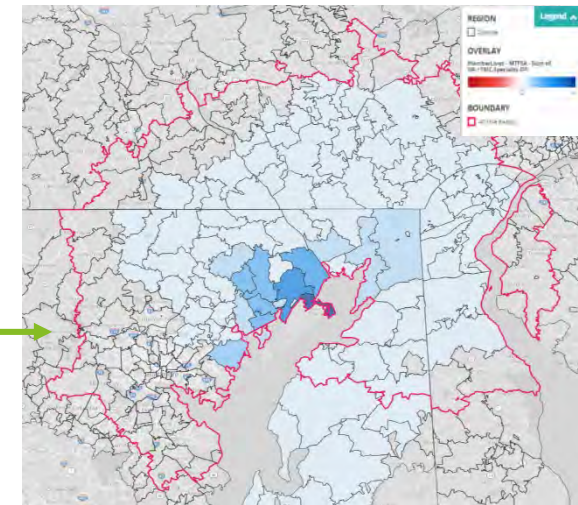
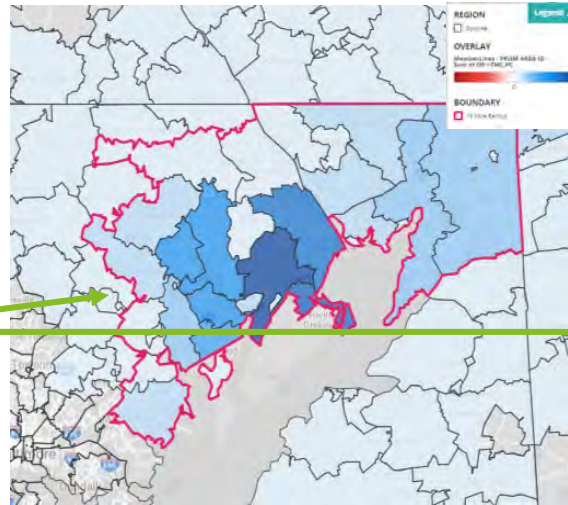
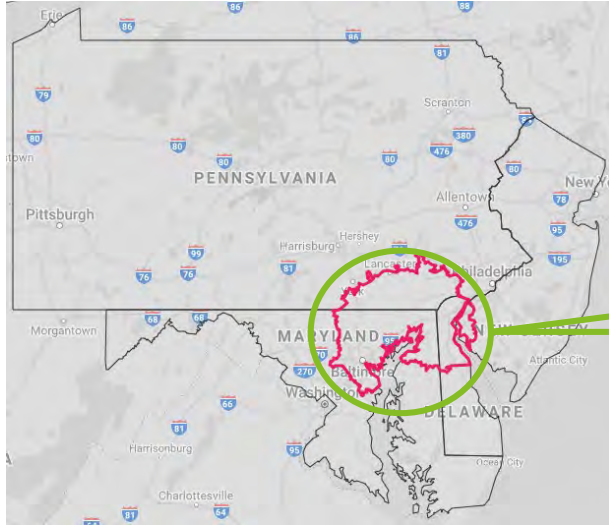


MHS Section 703 Workgroup AHC Kirk-Aberdeen Network Assessment Discussion

19 April 2019

Network Assessment: Kirk-Aberdeen (2 of 2)

Scenario: AHC KIRK-ABERDEEN PRVNG GD an outpatient facility being evaluated for conversion to an AD-only Clinic



- 99% of non-AD MTF Prime & Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care, concentrated around the MTF location
- 97% of MTF Prime, Reliant & Medicare Eligible beneficiaries are living within the 60-min drive-time boundary for Specialty Care, concentrated around the MTF location

Note: Kirk-Aberdeen radiuses adjusted to account for Chesapeake Bay & Delaware River crossings:

- No zip codes across Chesapeake included in 15-mile radius
- NJ zip codes within 5 miles of I-295 Delaware River crossing included in 40-mile radius
- MD & DE zip codes across Chesapeake within 25 miles of Elkton, MD included in 40-mile radius

Beneficiary Category	Within 30-min	Within 60-min	Outside 60-min
Non-AD MTF Prime ¹	5,212	57	13
Plus	419	9	4
Total	5,631	66	17

1: Includes 61 Medicare Eligible MTF Prime beneficiaries

Beneficiary Category	Within 30-min	Within 60-min	Outside 60-min
MTF Prime ²	6,440	693	165
Reliant	232	155	0
Medicare Eligible	2,803	3,116	285
Total	9,475	3,964	450

2: Includes 70 Medicare Eligible MTF Prime beneficiaries

Impacted Beneficiary Definition

Specialty OP (if applicable): MTF Prime + Reliant + Medicare Eligible (OP Workload) (MTF Service Area ID)

PC: Non-AD MTF Prime + Plus (PRISM Area ID)

Note: To estimate the geographic market within a 30-minute drive time of the MTF, we assumed an average driving speed of 30 MPH, and thus a 15-mile radius around the zip code of the MTF was determined as the geographic market

Network Assessment: Kirk-Aberdeen (2 of 2)

The potential impact of new MHS Beneficiaries on the total population is well below the 10% threshold for both population groups and thus will not materially impact supply and demand of services in the market

Age Group	MHS Impacted Population	% of Total MHS Impacted Population	30-Min Radius Population Total	% of Population Total	Impacted Population Introduced
0 to 4	388	6.8%	22,922	6.1%	1.7%
5 to 14	1,030	18.0%	51,051	13.5%	2.0%
15 to 17	381	6.7%	15,735	4.2%	2.4%
18 to 24	489	8.6%	30,707	8.1%	1.6%
25 to 34	340	5.9%	47,558	12.6%	0.7%
35 to 44	515	9.0%	49,071	13.0%	1.0%
45 to 64	2,163	37.8%	105,879	28.0%	2.0%
65 and over	408	7.1%	55,183	14.6%	0.7%
Total	5,714	100.0%	378,106	100.0%	1.5%

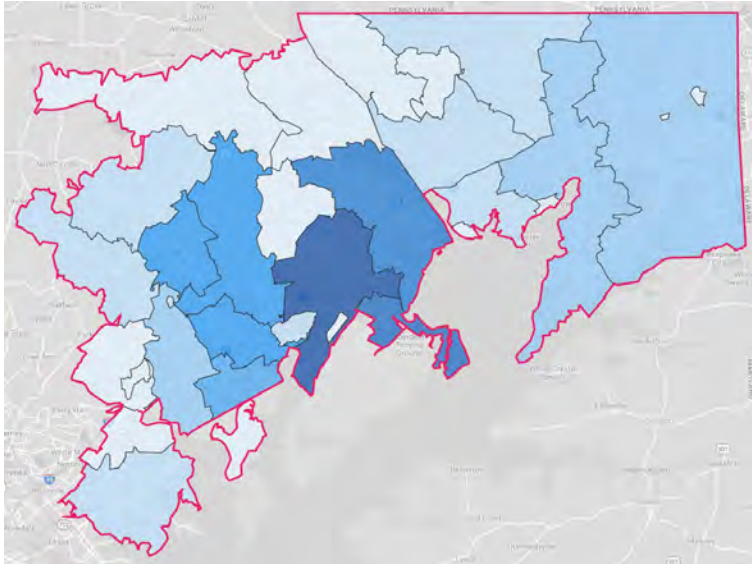
Primary Care:
Non-AD MTF
Prime, and Plus
Population

Age Group	MHS Impacted Population	% of Total MHS Impacted Population	60-Min Radius Population Total	% of Population Total	Impacted Population Introduced
0 to 4	426	3.1%	207,324	5.9%	0.2%
5 to 14	1,108	8.0%	431,202	12.3%	0.3%
15 to 17	428	3.1%	134,038	3.8%	0.3%
18 to 24	782	5.6%	344,556	9.8%	0.2%
25 to 34	985	7.1%	483,048	13.8%	0.2%
35 to 44	1,226	8.8%	431,649	12.3%	0.3%
45 to 64	3,036	21.9%	940,992	26.8%	0.3%
65 and over	5,898	42.5%	532,579	15.2%	1.1%
Total	13,889	100.0%	3,505,388	100.0%	0.4%



Specialty OP:
MTF Prime,
Reliant, and
Medicare Eligible
Population

Kirk-Aberdeen: Network Adequacy Analysis (1 of 4)

Primary Care



Key

-  = 15-mile (30-minute) boundary
-  = Density of beneficiaries by zip code

- The depicted geography represents a 15-mile radius, which was used due to this geography being an **urban area**
- The identified drive time **includes 31 zip codes and three partial counties** (*Baltimore, Cecil and Harford*)
- **Of the 5,714 impacted primary care beneficiaries** attributed to Kirk-Aberdeen, **~99% are represented within the 15-mile radius** boundary

	Number of Practice Sites	Number of Physicians
Family Practice	36	46
General Practice	5	3
Internal Medicine	39	50
Pediatrics	16	39
Grand Total	96	138

Kirk-Aberdeen: Network Adequacy Analysis (2 of 4)

The **commercial primary care network** within the 30-minute drive-time standard **may be capable of accepting** the specific demand from the **5,714** impacted beneficiaries

Select View: Supply

Display Options: Market Client

Supply Legend: Low to High

Specialty Rollup	Specialty	Total	Baltimore	Cecil	Harford *
Primary Care	General/Family Practice	277	188	38	51
Primary Care	Internal Medicine	708	612	10	86
Primary Care	Pediatrics	256	200	10	46

Current Supply

- The supply of Primary Care physicians is concentrated in Baltimore county, which is adjacent to Harford county where the MTF is located

Select View: Demand

Display Options: Market Client

Demand Legend: Low to High

Specialty Rollup	Specialty	Total	Baltimore	Cecil	Harford
Primary Care	General/Family Practice	602	418	58	126
Primary Care	Internal Medicine	441	307	41	93
Primary Care	Pediatrics	195	136	18	41

Forecasted Demand

- Population growth over the last five years (2014 to 2018) has averaged 3.5%, and is projected to decrease slightly over the next five years at 2.5%

Select View: (Shortage)/Surplus

Display Options: Market Client

Show Values As: Percentages Numbers

Shortage Legend: High to Low (Blue)

Surplus Legend: Low to High (Green)

Specialty Rollup	Specialty	Total	Baltimore	Cecil	Harford *
Primary Care	General/Family Practice	(325)	(230)	(20)	(75)
Primary Care	Internal Medicine	267	305	(31)	(7)
Primary Care	Pediatrics	61	64	(8)	5

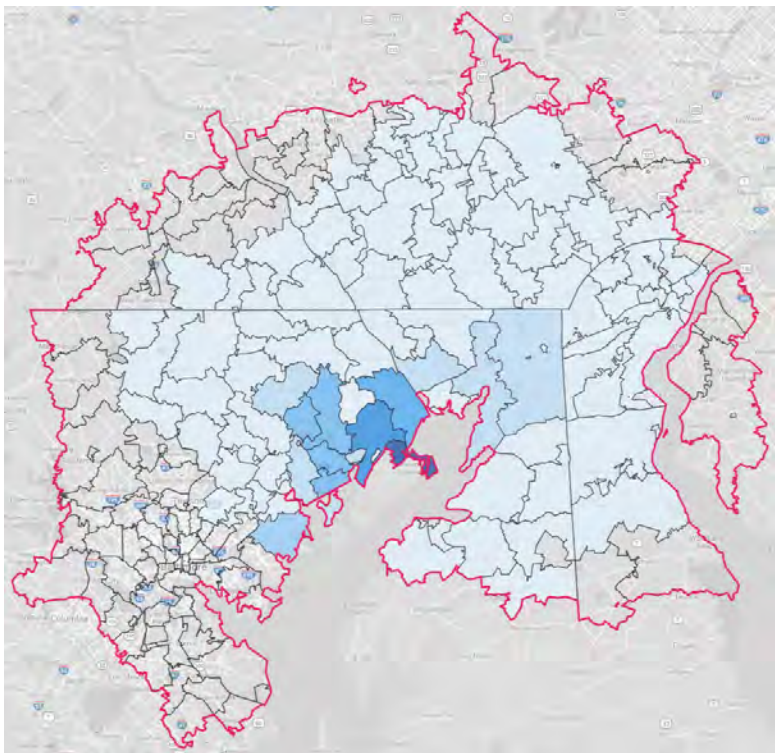
Resulting Shortage/Surplus

- A projected surplus of Internal Medicine and Pediatric physicians in Baltimore county can take on excess demand of general / family practice services, thus the network **may be capable of accepting incremental demand from impacted beneficiaries**, however, the network should be monitored over time to ensure adequacy

*County in which MTF is located

Kirk-Aberdeen: Network Adequacy Analysis (3 of 4)

Specialty Care



Key

- = 40-mile (60-minute) boundary
- = Density of beneficiaries by zip code

- The above geography represents a 40-mile radius, which was used due to this geography being an **urban area**
- The identified drive time **includes 310 zip codes, five complete counties** (*Baltimore (county), Baltimore (city), Cecil, Harford and New Castle*), **and ten partial counties** (*Anne Arundel, Carroll, Chester, Delaware, Howard, Kent (DE), Kent (MD), Lancaster, Queen Anne's and York*)
- **Of the 13,889 impacted specialty care beneficiaries** attributed to Kirk-Aberdeen, **~97% are represented within the 40-mile radius boundary**

	Number of Practice Sites	Number of Physicians
Addiction Medicine	4	2
Psychiatric	311	571
Grand Total	315	573

Kirk-Aberdeen: Network Adequacy Analysis (4 of 4)

The **commercial specialty care network** within the 60-minute drive-time standard **is capable of accepting** the specific demand from the **13,740** impacted beneficiaries

Select View: Supply

Display Options: Market Client

Supply Legend: Low to High (Blue gradient)

Specialty Rollup	Specialty	Total	Kent	New Castle	Anne Arundel	Baltimore	Carroll	Cecil	Harford*	Howard	Queen Anne's	Salem	Chester	Delaware	Lancaster	York
Medical Specialist	Psychiatry	1306	3	99	56	358	41	5	14	89	2	5	92	155	38	41

Current Supply

- The supply of Psychiatric providers in the market area is concentrated in Baltimore county, which is adjacent to Harford county where the MTF is located and completely within the 60-min drive-time boundary

Select View: Demand

Display Options: Market Client

Demand Legend: Low to High (Green gradient)

Specialty Rollup	Specialty	Total	Kent	New Castle	Anne Arundel	Baltimore	Carroll	Cecil	Harford*	Howard	Queen Anne's	Salem	Chester	Delaware	Lancaster	York
Medical Specialist	Psychiatry	871	3	85	79	110	25	17	37	48	7	9	74	85	74	60

Forecasted Demand

- Population growth over the last five years (2014 to 2018) has averaged 3.8%, and is projected to decrease slightly over the next five years at 2.6%

Select View: (Shortage)/Surplus

Display Options: Market Client

Show Values As: Percentages Numbers

Shortage Legend: High to Low (Blue gradient)

Surplus Legend: Low to High (Green gradient)

Specialty Rollup	Specialty	Total	Kent	New Castle	Anne Arundel	Baltimore	Carroll	Cecil	Harford*	Howard	Queen Anne's	Salem	Chester	Delaware	Lancaster	York
Medical Specialist	Psychiatry	435	0	14	(23)	243	16	(12)	(23)	-41	(5)	(4)	18	70	(36)	(19)

Resulting Shortage/Surplus

- There is a surplus of psychiatry physicians across the 60-min drive time radius
- Although there is a small shortage of providers in Harford county where the MTF is located, large surpluses in adjacent Baltimore county are sufficient to cover any gaps, thus the market is capable of accepting incremental demand from impacted beneficiaries

*County in which MTF is located

Kirk-Aberdeen: Targeted Practice Profiles (1 of 3)

Based on the number of primary care practices accepting Tricare or other government-sponsored insurance and offering after hours care, we expect a large number of providers to meet MHS access standards

Primary Care Practice Profiles

Practice Site Size	Number of Practice Sites	Average Number of Physicians per Site
Small (1-4)	92	1.5
Medium (5-9)	3	6.0
Large (10+)	1	13.0
Grand Total	96	1.8

Practice Name ¹	Monthly Extended Hours
MedStar PromptCare At Bel Air	15.0
Harford Primary Care	12.0
Pediatric Partners	12.0
Plumtree Family Health Center	9.0
Upper Crossroads Medical Group	8.0
Laurel Pediatric & Teen Medical Center	7.0
Joseph Angelo MD LLC	6.0
Medical Health Group	6.0
North Park Pediatrics	6.0
Family Healthcare Of Elkton	6.0
Medical Health Group At Bel Air	6.0
Kevin Snyder MD	5.0
Grand Total	167.0

Health System Alignment	Number of Practice Sites	Number of Physicians
Other	10	31
(Aligned to Multiple Health Systems)	81	100
Medstar Health	5	7
Grand Total	96	138

Hospital Alignment	Number of Practice Sites	Number of Physicians
(Aligned to Multiple Hospitals)	37	50
University Of Maryland Upper Chesapeake M	14	43
Union Hospital Of Cecil County	16	17
University Of Maryland Harford Memorial H	7	11
Medstar Franklin Square Medical Center	5	7
University Of Maryland Medical Center	1	3
Medstar Union Memorial Hospital	2	3
Greater Baltimore Medical Center	2	2
Perry Point VA Medical Center	1	1
University Of Maryland Saint Joseph Medic	1	1
University Of MD Harford Memorial Hospital	4	
University Of MD Upper Chesapeake Medical Center	5	
Northwest Hospital Center	1	
Grand Total	96	138

1. List includes top 12 practices by extended hours

Practices without a physician count have either opted to not participate in data.medicare.gov or have declined not to answer survey questions

Kirk-Aberdeen: Targeted Practice Profiles (2 of 3)

Based on the number of Psychiatry practices accepting Tricare or other government-sponsored insurance and offering after hours care, we expect a large number of providers to meet MHS access standards

Psychiatry Practice Profiles

Practice Site Size	Number of Practice Sites	Average Number of Physicians per Site
Small (1-4)	285	1.5
Medium (5-9)	22	6.1
Large (10+)	8	14.5
Grand Total	315	2.4

Practice Name ²	Monthly Extended Hours
Sheppard Pratt Health System	105.0
Rockford Center Psychiatry	105.0
Baltimore Crisis Response	105.0
Johns Hopkins Hospital Psychiatry	105.0
Catholic Charities Saint Vincents Villa	105.0
Regional Institute For Children & Adolescent	105.0
University of Maryland Baltimore Washington Medical Center Inpatient Psychiatry	105.0
Lancaster Regional Medical Center Behavioral Health Services	105.0
Philhaven Lancaster Diversion Program	105.0
Meadowwood Behavioral Health System	89.0
Alan M Gardner MD	24.0
Awakenings Counseling Program	20.0
Grand Total	1,625.0

Health System Alignment	Number of Practice Sites	Number of Physicians
Other	43	146
(Aligned to Multiple Health Systems)	261	371
Medstar Health	3	12
Johns Hopkins Health System	8	44
Grand Total	315	573

Hospital Alignment ¹	Number of Practice Sites	Number of Physicians
(Aligned to Multiple Hospitals)	194	311
The Johns Hopkins Hospital	10	46
Sheppard Pratt Hospital	6	32
Sinai Hospital Of Baltimore	5	23
Nemours Alfred I Dupont Hospital For Chil	2	18
University Of Maryland Medical Center	10	18
Rockford Center	3	10
Lancaster General Hospital	3	9
Medstar Union Memorial Hospital	3	9
Baltimore VA Medical Center	4	9
Johns Hopkins Bayview Medical Center	6	8
Anne Arundel Medical Center	2	8
Medstar Franklin Square Medical Center	3	8
Meadowwood Behavioral Health	2	7
Sheppard Pratt Ellicott City	2	6
Christiana Hospital	5	6
University Of Maryland Saint Joseph Medic	5	6
Medstar Good Samaritan Hospital	1	4
Springfield Hospital Center	1	3
Memorial Hospital Salem County	1	3
University Of Maryland Harford Memorial H	2	3
Howard County General Hospital	5	3
Upmc Mercy	1	2
Wilmington VA Medical Center	1	2
Wellspan York Hospital	1	2
Grand Total	315	573

- List includes top 25 hospitals by aligned physicians
- List includes top 12 practices by extended hours

Practices without a physician count have either opted to not participate in data.medicare.gov or have declined not to answer survey questions

Kirk-Aberdeen: Targeted Practice Profiles (3 of 3)

While ability and willingness to accept TRICARE patients must be confirmed, the vast majority of providers in the Kirk-Aberdeen market are accepting government-sponsored insurance, and many are already contracted to provide services to TRICARE beneficiaries

Primary Care Providers

Likelihood of offering services to TRICARE members	Number of Sites	Number of Physicians
Contracted with TRICARE	55	93
High Likelihood*	16	10
Medium Likelihood	22	29
Low Likelihood	3	6
Grand Total	96	138

Psychiatry Providers

Likelihood of offering services to TRICARE members	Number of Sites	Number of Physicians
Contracted with TRICARE	56	63
High Likelihood*	10	33
Medium Likelihood	174	342
Low Likelihood	75	135
Grand Total	315	573

Contracted Practice Sample	Specialty
Harford Primary Care	Family Practice
Pediatric Partners	Pediatrics
Sheriff H Osman MD	Internal Medicine
Bright Oaks Pediatric Center	Pediatrics
Medical Health Group	Family Practice
Stone Run Family Medicine	Family Practice
North Bay Medical Associates	Family Practice
Upper Chesapeake Primary Care	Internal Medicine
Fair Hill Family Medicine Specialist	Family Practice
Plumtree Family Health Center	Family Practice
Bel Air Medical Associates	Internal Medicine
Union Medical Clinic	Internal Medicine
Healthcare For Children LLC	Pediatrics
Medstar Behavioral Health	Psychiatric
University Of Maryland Psychiatry	Psychiatric
Key Point Health Services	Psychiatric
University Of Maryland	Psychiatric
Upper Bay Counseling & Support Services	Psychiatric
University Of Maryland Midtown Campus	Psychiatric
Johns Hopkins Community Psychiatry	Psychiatric

Currently Contracted - The provider organization has a history of submitting In-Network claims to TRICARE

High Likelihood* - The provider organization has a history of submitting Out-of-Network claims to TRICARE

Medium Likelihood - Providers are accepting Medicare and/or Medicaid

Low Likelihood - The provider organization has a history of not accepting Government Sponsored Health Plan patients

***Note:** The current TPA providing claims processing services for the TRICARE FOR LIFE beneficiary designation do not provide an "In-Network" designation during the claims process. These provider claims are marked as Out-of-Network by default

Appendix A

1. Third-Party Network Assessment Approach & Methodology
2. Network Assessment Scenario Definitions & Impacted Beneficiary Category and Definitions
3. Inpatient Hospital Performance metric key definitions
4. County Breakout

Third-Party Commercial Network Analysis

Section 1 Facility / Beneficiary Identification and Proposed Scenario: The first step in our commercial network analysis process is to define the geography (Drive-Time Standards), and identify the zip code of residence and density of the potentially impacted TRICARE beneficiaries

Key Questions Answered	Definitions and Hard Constraints	How does this support decision making?
<ol style="list-style-type: none"> 1. What is the facility being evaluated and what is the scenario currently being proposed? 2. How many current TRICARE beneficiaries are impacted, and where is their zip code of residence? 3. What are the appropriate drive time guidelines that determine the scope of our Network Adequacy assessment? 	<p>Drive-Time Boundaries</p> <ol style="list-style-type: none"> a. Drive-Time Standards are defined by beneficiary specific distance-based guidelines calculated from the zip code of MTF under evaluation. The following criteria was used: <ul style="list-style-type: none"> ➤ <i>Primary Care Services: 15-mile radius (30-mile for rural-designated geographies)</i> ➤ <i>Specialty (Inpatient) Care Services: 30-mile radius (55-mile for rural-designated geographies)</i> 	<p>Conclusions derived from this section of the analysis determines the boundaries for our Network Adequacy analysis</p>

Supply and Demand Methodology Overview

Section 2 Network Adequacy Analysis: The second step in our commercial network analysis process is to evaluate the complement of providers currently practicing within defined drive-time boundaries. Provide transparency to the five year trend for forecast demand by specialty and identify and potential shortages/surpluses that may impact access to care for the potentially impacted TRICARE beneficiaries. To accomplish this step, we leverage the IBM Truven physician supply and demand methodology explained below

Physician Supply

Data Sources & Methodology

In physician FTE supply, Truven Health provides a count of the number of physicians for every U.S. ZIP Code, grouped by physician primary specialty and the site — office or hospital — of practice. The source database counts each physician as a full-time equivalent (FTE), and equally allocates a percentage of one FTE to each known physician address. Based on quality criteria, the physician addresses are filtered before FTE calculation.

Physician Demand

Data Sources & Methodology

To construct the physician demand estimates and to construct population-based visit use rates for all payers in the hospital and private office settings, Truven Health used an extensive supply of proprietary claims, public claims, and Federal surveys. These overall visit rates reflect local patterns of healthcare demand and access to physicians, in every U.S. County. Forecasted rates also include the impact of Healthcare Reform on utilization. Use rates were then applied to demographic projections by ZIP Code to estimate physician visits for 2018 through 2028. Physician productivity models based on the Truven Health Physician Claims Database were used to convert visit estimates into numbers of physicians demanded for 2018 through 2028.

Third-Party Commercial Network Analysis

Section 2 Network Adequacy Analysis: To provide a framework for making a recommendation on the adequacy of the targeted provider network we leverage the matrix defined below

	Low Population Growth (<3%)	Moderate Population Growth (3%-5%)	High Population Growth (>5%)
Projected Surplus in Supply	Network is adequate to accommodate increase in demand from existing population and shifts to value based care		
Alignment of Supply and Demand	Network is adequate to accommodate existing population and moderate to high adoption of value based care	Network is adequate to accommodate existing population and moderate adoption of value based care	Network adequacy should be closely monitored to ensure networks can manage increased demand over time
Projected Shortage in Supply	Network may be challenged to sustain the ability to service incremental demand. Challenges are primarily attributed to shift to value based care and increased PCP usage		Shortage in supply is attributed primarily to population growth. New entrants into the market may help offset shortages observed, however, the network may experience challenges sustaining adequacy

Targeted Physician Profiles

Section 3 Targeted Physician Profiles: The third step in our assessment process is to provide insight into the willingness of the commercial provider network to accept TRICARE beneficiaries.

Key Questions Answered	Definitions and Hard Constraints	How does this support decision making?
<ol style="list-style-type: none"> 1. Who are the providers who currently see patients under an “In-Network” designation based upon claims processed on behalf of TRICARE? 2. Who are the providers who currently see patients under and Out-of-Network” designation based upon claims processed on behalf of TRICARE? 3. Who are the providers in the market who we have some data to support their unwillingness to accept government sponsored health plan payments? 	<p>Confidence Level of Accepting TRICARE Beneficiaries</p> <ol style="list-style-type: none"> a. <i>Currently Contracted</i> - The provider organization has a history of submitting In-Network claims to TRICARE b. <i>High Likelihood*</i> – The provider organization has a history of submitting Out-of-Network claims to TRICARE c. <i>Medium Likelihood</i> – Providers are accepting Medicare and/or Medicaid d. <i>Low Likelihood</i> – The provider organization has a history of not accepting Government Sponsored Health Plan patients 	<p>The analysis identifies and displays the top providers of the High and Medium likelihood providers to facilitate a qualitative review of these providers for the DHA and Service Branch teams to provide insight into the current clinical relationships with the providers identified as currently providing services to the impacted beneficiary groups</p>

*Note: The current TPA providing claims processing services for the TRICARE FOR LIFE beneficiary designation do not provide and “In-Network” designation during the claims process. These provider claims are marked as Out-of-Network by default

Network Assessment Scenarios and Definitions

Scenario	Description	Beneficiaries Impacted
IP → OP	Inpatient capabilities removed, only outpatient / ambulatory capabilities remain (including ASC)	<u>I/P:</u> All Prime + Reliant + Medicare Eligible (IP) (Catchment Area ID)
IP → Close	Closure of inpatient facility	<u>I/P:</u> All Prime + Reliant + Medicare Eligible (IP Workload) (Catchment Area ID) <u>Specialty OP:</u> All Prime + Reliant + Medicare Eligible (OP Workload) (Catchment Area ID) <u>PC:</u> Non-AD MTF Prime + Plus (for Pensacola, assume AD Primary Care moves to local AD-Only Clinics) (PRISM Area ID)
OP with Significant OP Specialty Care / ASC → Service Member and Occ Health Only	Conversion from significant outpatient capabilities available to all beneficiaries to Outpatient Service Member and Occ Health Only	<u>Specialty OP:</u> All Prime + Reliant + Medicare Eligible (OP Workload) (MTF Service Area ID) <u>PC:</u> Non-AD MTF Prime + Plus (PRISM Area ID)
OP with Limited Specialty Care (PT, Optometry, Occ Health) → Service Member and Occ Health Only	Conversion from outpatient / ambulatory clinic to Service Member and Occ Health-only facility	<u>Specialty OP (if applicable):</u> MTF Prime + Reliant + Medicare Eligible (OP Workload) (MTF Service Area ID) <u>PC:</u> Non-AD MTF Prime + Plus (PRISM Area ID)
OP with Limited Specialty Care (PT, Optometry, Occ Health) → Close	Closure of outpatient / ambulatory clinic	<u>Specialty OP (if applicable):</u> MTF Prime + Reliant + Medicare Eligible (OP Workload) (MTF Service Area ID) <u>PC:</u> MTF Prime + Plus + Reliant (PRISM Area ID)
Service Member Only → Close	Closure of AD-Only facility	<u>PC:</u> Active Duty

Impacted Population Assumptions

- All population (DEERS) data filtered for FY=18. 'Medicare Eligible' = TFL + Plus Populations
- To assess outpatient specialties offered at an MTF: FY18 CAPER by MEPRS2 or MEPRS3 (B only) at TMT DMIS ID
- IP Workload for Medicare Eligible will be pulled from SIDR: TMT DMIS ID, Pseudo Person ID, MS-DRG, & Dispositions WHERE Elig. Group = L OR ACV Group = Plus
- OP Workload for Medicare Eligible will be pulled from CAPER: TMT DMIS ID, Pseudo Person ID, MEPRS2 and MEPRS3 (B Only), & Encounters WHERE Elig. Group = L OR ACV Group = Plus

Hospital Performance Data Definitions

The following table describes the key performance scores currently reported by cms.data.gov for the cost, quality and patient satisfaction programs reported on hospitalcompare.com. To provide a framework for this analysis we have calculated a quartile based ranking for each provider reporting metrics to cms.data.gov and housed within our proprietary Network Insight™ tool

Data Point	Description
Net Promoter Score	This data point captures patient responses to HCAHPS surveys, a national, standardized survey of hospital patients about their experiences during a recent inpatient hospital stay. This data point is calculated by taking the percentage of patients rating their hospital a 9 or 10 on a 10 point scale, and subtracting the percentage of patient rating their hospital a 6 or below on a 10 point scale.
Total Performance Score	This data point captures a hospital participating in the Value Based Purchasing program's Total Performance Score, which is derived from 4 domains: (1) clinical care domain, (2) person and community engagement domain, (3) safety domain, and (4) efficiency and cost reduction domain. Each domain accounts for 25% of a hospitals Total Performance Score.
Total Performance Score State Quartile Ranking	<p>This data point measures a hospital's Total Performance Score against other hospitals in its respective state.</p> <ul style="list-style-type: none"> • Top quartile = 1st Tier • Second Quartile = 2nd Tier • Third Quartile = 3rd Tier • Bottom Quartile = 4th Tier

Appendix B

1. Overview of Network Insight for the MHS Section 703 Workgroup

Overview of Network Insight™

How does our framework accelerate sustainable decision-making? What does it do? & How could a health system use it?

1. What does the tool do?

- a) The Network Insight™ methodology combines both Deloitte provided data, Publicly Available data and Client provided data with proprietary algorithms to help assess civilian market capacity for primary, specialty and inpatient care

2. What are the limitations of the tool?

- a) Cannot predict the future of a market
- b) Cannot determine actual capacity
- c) Cannot determine willingness for a provider to accept TRICARE and how many they would accept
- d) Cannot identify actual geographic and manmade barriers to drive time (bridges, traffic lights, etc)

DISCLAIMER: Network Insight is just one of two-to-three assessments that will be used to help assess the capacity of the network. Other inputs include THP's and the MCSC Network Assessment, the Service Network Assessment (as available), network performance and satisfaction data and Site Visit discussions at the local level

Overview of Network Insight™

Network Insight™ can help assess the network capacity for civilian markets across the MHS

Currently In Scope



Data source agnostic repository of providers, health plans, and demographics with dynamic geospatial visualizations and analytics configurable for any market or strategic scenario being evaluated

Market Landscape™



An innovative pre-decisional approach to physician network optimization that evaluates adequacy, supply/demand, and performance for either market positioning or targeting by specialty

Network Optimizer™

Currently Out of Scope



A data driven post decisional approach for evaluating and restructuring ambulatory market footprint for population level care delivery that includes our proprietary algorithm for managing against evolving clinical service demands, population shifts, and financial incentives

Asset Efficiency™

Deloitte
Provided
Data

Our NI enabled framework comes pre-loaded with data from IBM/Truven (Market Discovery Supply and Demand; Outpatient Procedure Estimates, & Outpatient Insurance Estimates) SK&A, AHA, and Health Leaders

Publicly
Available
Data

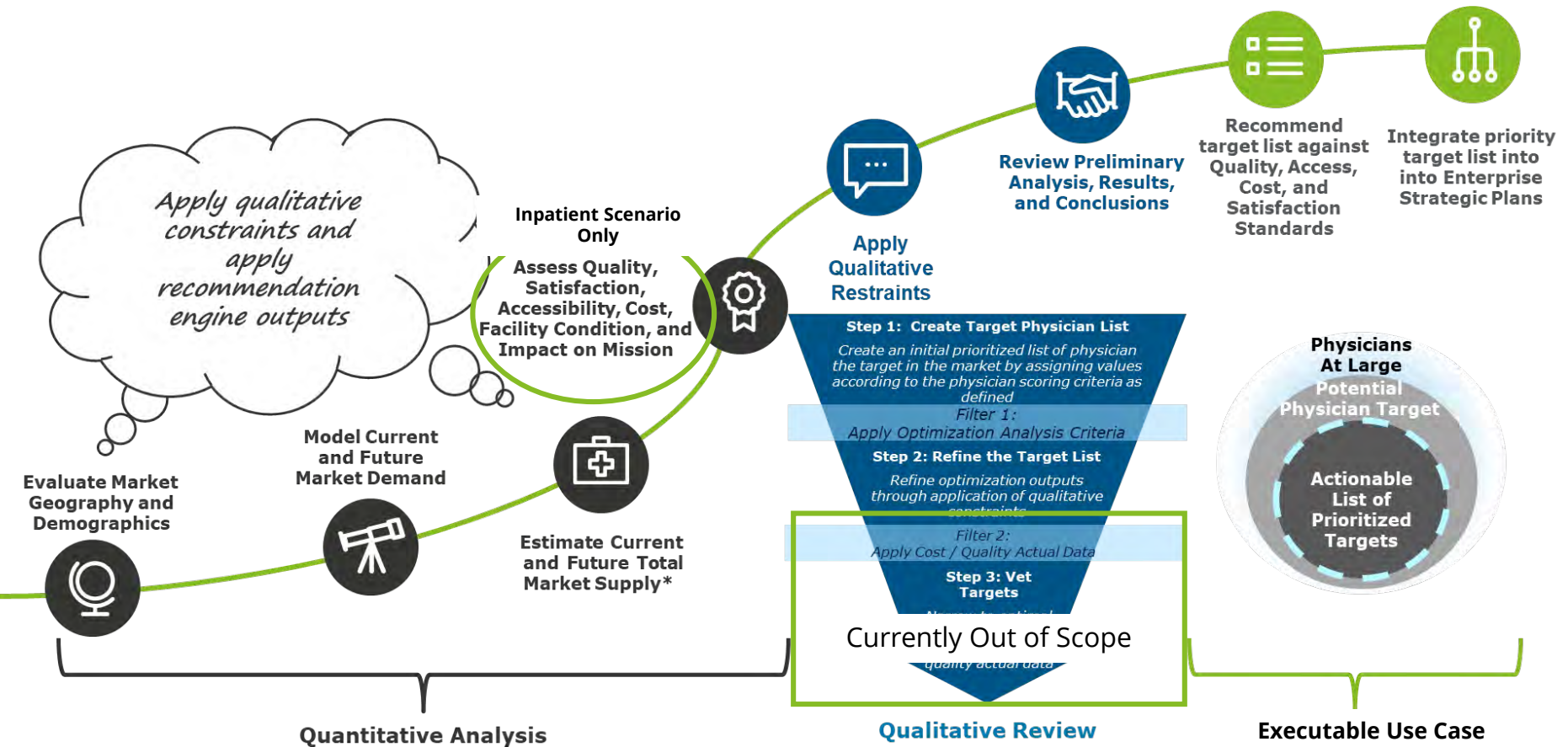
Our third-party licensed data assets are indexed to publicly available data (CMS.gov, PhysicianCompare.gov, and HospitalCompare.gov)

Client
Provided
Data

Client provided data is indexed and can include physician roster and customer provided Customer Relationship Master (CRM) data inputs

Overview of Network Insight™

Deloitte Consulting's Network Insight™ enabled framework allows our clients to optimize provider and/or asset utilization and efficiency as they conduct ambulatory service line planning and physician network development.



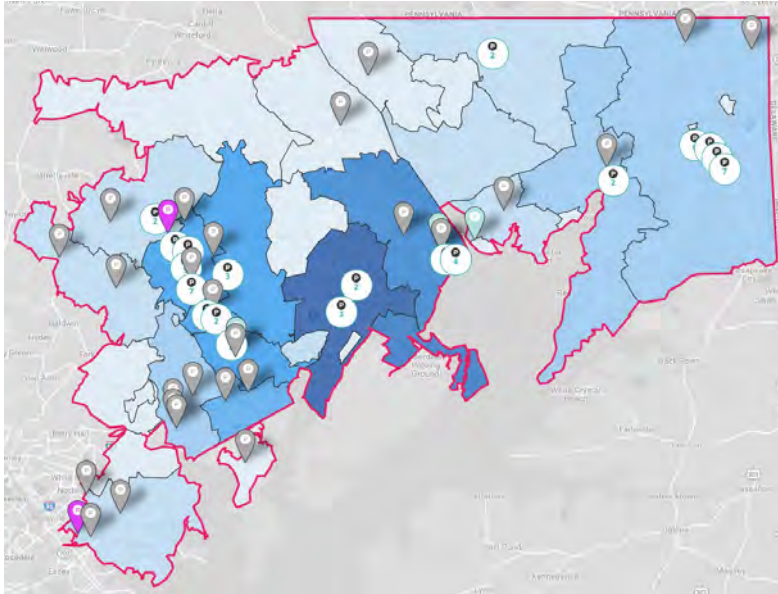
*Total market supply is inclusive of Employed, Clinically Integrated, Academic Affiliates, and Community Providers.

Appendix C

1. Alternate Slides

Kirk-Aberdeen: Network Adequacy Analysis (1 of 4)

Primary Care



Key

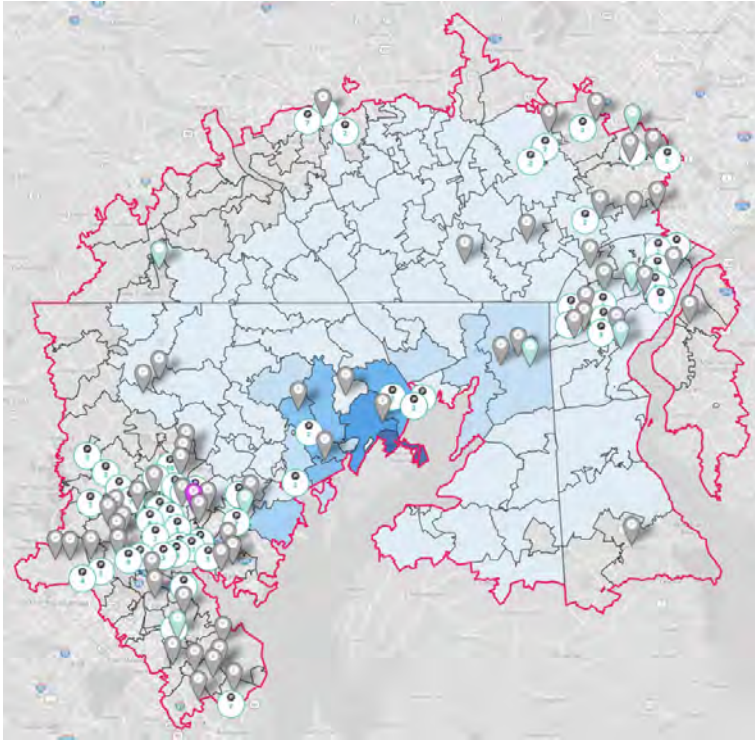
- = 15-mile (30-minute) boundary
- = Density of beneficiaries by zip code

- The depicted geography represents a 15-mile radius, which was used due to this geography being an **urban area**
- The identified drive time **includes 31 zip codes and three partial counties** (*Baltimore, Cecil and Harford*)
- **Of the 5,714 impacted primary care beneficiaries** attributed to Kirk-Aberdeen, **~99% are represented within the 15-mile radius boundary**

	Number of Practice Sites	Number of Physicians
Family Practice	36	46
General Practice	5	3
Internal Medicine	39	50
Pediatrics	16	39
Grand Total	96	138

Kirk-Aberdeen: Network Adequacy Analysis (3 of 4)

Specialty Care



Key

- = 40-mile (60-minute) boundary
- = Density of beneficiaries by zip code

- The above geography represents a 40-mile radius, which was used due to this geography being an **urban area**
- The identified drive time **includes 310 zip codes, five complete counties** (*Baltimore (county), Baltimore (city), Cecil, Harford and New Castle*), and **ten partial counties** (*Anne Arundel, Carroll, Chester, Delaware, Howard, Kent (DE), Kent (MD), Lancaster, Queen Anne's and York*)
- **Of the 13,889 impacted specialty care beneficiaries** attributed to Kirk-Aberdeen, **~97% are represented within the 40-mile radius boundary**

	Number of Practice Sites	Number of Physicians
Addiction Medicine	4	2
Psychiatric	311	571
Grand Total	315	573

Network Assessment: Kirk- Aberdeen

The table below breaks out the potentially impacted TRICARE beneficiaries by county of residence to determine the geography for a network adequacy analysis that conservatively estimates the appropriate drive-time standards for the specific scenario under evaluation

County	Delaware	Maryland				New Jersey	Pennsylvania				
	New Castle	Baltimore	Cecil	Harford	Kent	Queen Anne's	Salem	Chester	Delaware	Lancaster	York
Primary Care (Non-AD MTF Prime, Plus)		117	768	4,799	21			1		8	
	0.0%	2.0%	13.4%	84.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Specialty Care (MTF Prime, Reliant, and Medicare Eligible)	2,158	1,094	1,258	7,845	129	369	111	521	25	233	146
	15.5%	7.9%	9.1%	56.5%	0.9%	2.7%	0.8%	3.7%	0.2%	1.7%	1.1%

Primary Geography for Evaluation:

Primary Care Services:

- Harford

Specialty Care Services:

- Harford, Baltimore, Cecil, New Castle

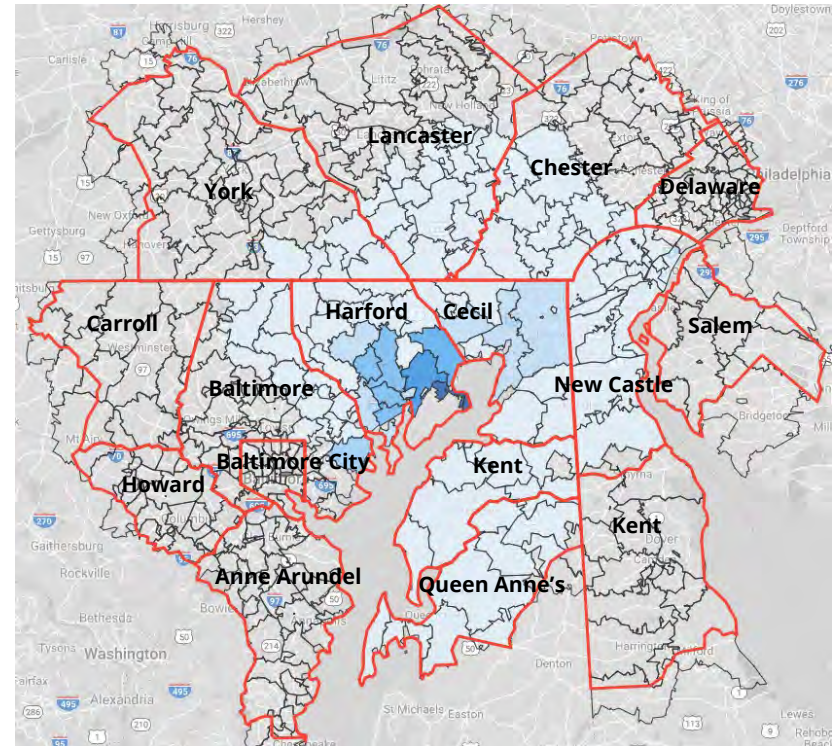
Secondary Geography for Evaluation:

Primary Care Services:

- Baltimore, Cecil

Specialty Care Services:

- Chester, Kent, Lancaster, Queen Anne's, York



Primary Network Adequacy Evaluation

Secondary Network Adequacy Evaluation

Drive time boundary is the county that encompasses zip codes within drive-time radius from MTF

Part E: P4I Measures (1 of 17)

MHS Dashboard - AHC KIRK-ABERDEEN PRVNG GD

Filter

All CI RMG TRN My

Export

View as of

Apply Clear

Layout

Go back to: [MHS](#) > [RHC-A](#)

Readiness- **Medically** Ready Force

Individual Medical Readiness
(IMR)

Current Data Date

Freq of Update

Quarterly



Deployment Limiting Med/Dent Condition to fit

Click documentation icon for measure details



Percent of Providers Meeting KSAs for General Surgery

Click documentation icon for measure details



Percent of Providers Meeting KSAs for Orthopedic Surgery

Click documentation icon for measure details



Part E: P4I Measures (2 of 17)

Better Health- Improve Well-Being

Health Related
Quality of Life

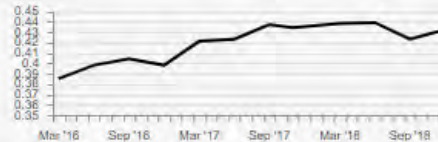
Current Data Date

Freq of Update

Annually

Obesity Prevalence in Adults

43.2 %



Current Data Date

Dec '18

Freq of Update

Quarterly

Lower is better

Obesity Prevalence in Children

12.9 %



Current Data Date

Dec '18

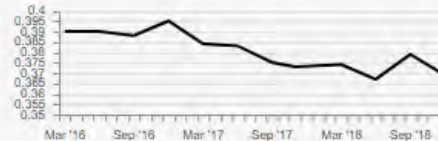
Freq of Update

Quarterly

Lower is better

Overweight Prevalence
in Adults

36.9 %



Current Data Date

Dec '18

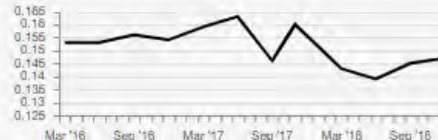
Freq of Update

Quarterly

Lower is better

Overweight Prevalence
in Children

14.7 %



Current Data Date

Dec '18

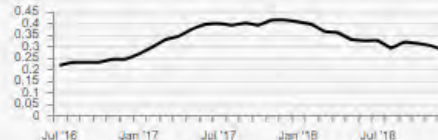
Freq of Update

Quarterly

Lower is better

Cessation Counseling
Amongst Tobacco Users

27.9 %



Current Data Date

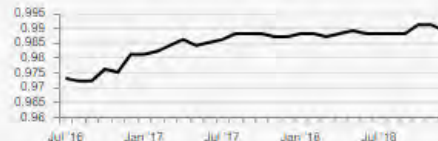
Dec '18

Freq of Update

Monthly

Tobacco Use Assessment

98.9 %



Current Data Date

Dec '18

Freq of Update

Monthly

Part E: P4I Measures (3 of 17)

Better Care- **Improve** Clinical Outcomes

Risk Adjusted Mortality
(All Cause)



Current Data Date

Freq of Update

Quarterly

Lower is better

Inpatient: Recommend
Hospital (Satisfaction)



Current Data Date

Freq of Update

Quarterly

Outpatient Provider
Communication

89.55 %



Current Data Date

Jun '18

Freq of Update

Quarterly

Part E: P4I Measures (4 of 17)

Better Care- **Improve** Safety

Catheter-Associated

Urinary Tract Infections - SIR

Current Data Date

Freq of Update

Quarterly



Lower is better

Central Line-Associated

Bloodstream Infections - SIR

Current Data Date

Freq of Update

Quarterly



Lower is better

WSS (Wrong Site Surgery)

No data is currently available

URFO (Unintended
Retained Foreign Objects)

No data is currently available

NSQIP (30 Day) All Case

Morbidity Index

[Click to view the report](#)

NSQIP (30 Day) All Case

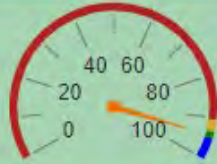
Mortality Index

[Click to view the report](#)

Part E: P4I Measures (5 of 17)

Better Care- **Improve** Condition-based Quality Care

Diabetes A1c Testing
94.28 %



Current Data Date
Nov '18

Freq of Update
Monthly

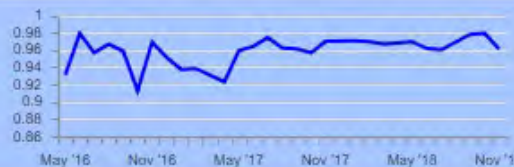
Low Back Pain Imaging Studies
82.35 %



Current Data Date
Nov '18

Freq of Update
Monthly

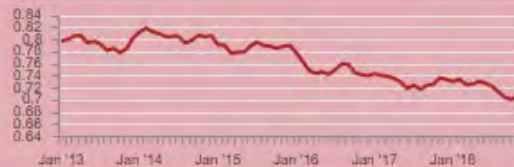
Children with Pharyngitis
Appropriate Testing
96.08 %



Current Data Date
Nov '18

Freq of Update
Monthly

HEDIS Breast Cancer
Screening
70.58 %



Current Data Date
Nov '18

Freq of Update
Monthly

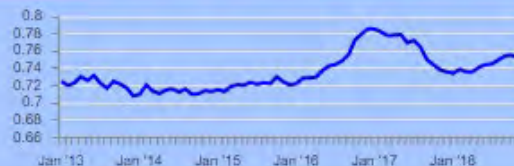
HEDIS Cervical Cancer
Screening
79.74 %



Current Data Date
Nov '18

Freq of Update
Monthly

HEDIS Colon Cancer
Screening
75.21 %

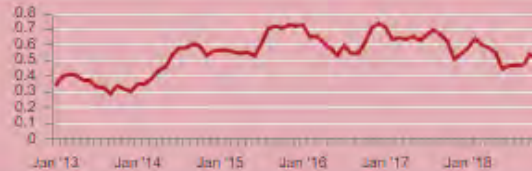


Current Data Date
Nov '18

Freq of Update
Monthly

Part E: P4I Measures (6 of 17)

7-Day Mental
Health Follow-Up
50.00 %



Current Data Date
Nov '18

Freq of Update
Monthly

HEDIS All Cause
Readmissions

No data is currently available

Well Child
87.23 %



Current Data Date
Nov '18

Freq of Update
Monthly

IQI #33 Primary Cesarean Section

No data is currently available

Postpartum Hemorrhage

No data is currently available

Unexpected Newborn
Complication #716

No data is currently available

Part E: P4I Measures (7 of 17)

Better Care- **Improve** Comprehensive Primary Care

Days to Third Next Available
24 Hour Appointment

0.96



Current Data Date

Feb '19

Lower is better

Freq of Update

Monthly

Days to Third Next Available
Future Appointment

8.55



Current Data Date

Feb '19

Lower is better

Freq of Update

Monthly

Potentially Recapturable
PC Leakage to the Network

17.25 %



Current Data Date

Nov '18

Lower is better

Freq of Update

Monthly

PCM Continuity

68.73 %



Current Data Date

Feb '19

Lower is better

Freq of Update

Monthly

Part E: P4I Measures (8 of 17)

Better Care- **Optimize & Standardize** Access

Percent of Direct Care Enrollees with Secure Messaging No data is currently available

SM Response Time One Business Day No data is currently available



Part E: P4I Measures (9 of 17)

Ambulatory Specialty Care

Leakage

88.9 %



Current Data Date

Nov '18

Freq of Update

Monthly

Lower is better

Active Duty Days to Primary Care Appointments

0.84



Current Data Date

Dec '18

Freq of Update

Monthly

Lower is better

Active Duty Days to Specialty Care Appointments

12.46



Current Data Date

Dec '18

Freq of Update

Monthly

Lower is better

MEB Stage Timeliness

Click documentation icon for measure details



Part E: P4I Measures (10 of 17)

Better Care - **Improve** Regulatory Compliance

American Council for Graduate Medical Education (ACGME) Accreditation Status

Click documentation icon for measure details



Accreditation for DoD Clinical Laboratories

Click documentation icon for measure details



Joint Commission Accreditation

Click documentation icon for measure details



Part E: P4I Measures (11 of 17)

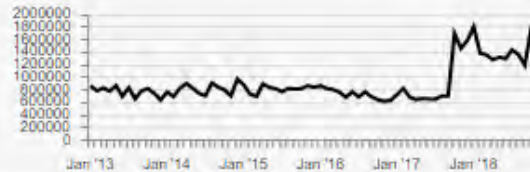
Lower Cost - **Improve** Stewardship

Per Member Per Month

No data is currently available

Total Purchased Care Cost

N/A



Current Data Date

Nov '18

Freq of Update

Monthly

Lower is better

Private Sector Care Cost
per Prime Enrollee

No data is currently available

Total Empanelment

0.6 %



Current Data Date

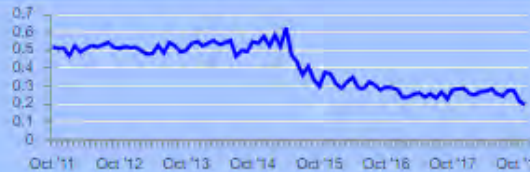
Jan '19

Freq of Update

Monthly

Pharmacy Percent Retail Spend

20.0 %



Current Data Date

Nov '18

Freq of Update

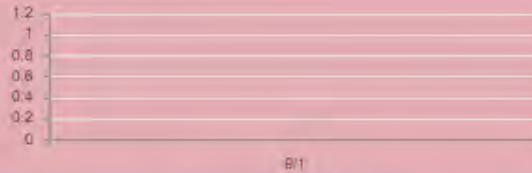
Monthly

Lower is better

Part E: P4I Measures (12 of 17)

Active Duty Specialty Care
Provider Efficiency

0 %



Current Data Date

Sep '14

Freq of Update

Quarterly

Overall Occupancy Rate (US)

No data is currently available

ICU Occupancy Rate (US)

No data is currently available

Enterprise Support Activity (ESA) Net Benefit

Click documentation icon for measure details



Part E: P4I Measures (13 of 17)

MHS Dashboard - AHC KIRK-ABERDEEN PRVNG GD

All CI RMG TRM My
 Filter

Export

View as of

Layout

Go back to: [MHS](#) > [RHC-A](#)

= decrease in current value from prior
= increase in current value from prior
= no change in current value from prior
Trend – the number of data periods corresponding to the performance trend direction

Readiness- **Medically** Ready Force

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AHC KIRK-ABERDEEN PRVNG GD	
							Current	Prior
IMR	-	4/2019	-	-	-	-	-	-
Deployment Limiting Med/Dent Condition	-	4/2019	-	-	-	-	-	-
Percent Meeting KSAs General Surgery	-	4/2019	-	-	-	-	-	-
Percent Meeting KSAs Orthopedic Surgery	-	4/2019	-	-	-	-	-	-

Part E: P4I Measures (14 of 17)

Better Health-**Improve** Well-Being

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AHC KIRK- ABERDEEN PRVNG GD
HRQOL	-	9/2019	-	-	-	-	Current: - Prior: - Performance: - Trend: -
Obesity in Adults <small>Lower is better</small>	12/2018	5/2019	-	-	-	-	Current: 43.2 % Prior: 42.3 % Performance: - Trend: 1
Obesity in Children <small>Lower is better</small>	12/2018	5/2019	-	-	-	-	Current: 12.9 % Prior: 12.9 % Performance: - Trend: 1
Overweight in Adults <small>Lower is better</small>	12/2018	5/2019	-	-	-	-	Current: 36.9 % Prior: 37.9 % Performance: - Trend: 1
Overweight in Children <small>Lower is better</small>	12/2018	5/2019	-	-	-	-	Current: 14.7 % Prior: 14.5 % Performance: - Trend: 2
Tobacco Counseling	12/2018	4/2019	-	-	-	-	Current: 27.9 % Prior: 30.1 % Performance: - Trend: 3
Tobacco Use Assessment	12/2018	4/2019	-	-	-	-	Current: 98.9 % Prior: 99.1 % Performance: - Trend: 1

Better Care-**Improve** Clinical Outcomes

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AHC KIRK- ABERDEEN PRVNG GD
Risk Adjusted Mortality <small>Lower is better</small>	-	5/2019	-	-	-	-	Current: - Prior: - Performance: - Trend: -
Recommend Hospital	-	3/2019	-	-	-	-	Current: - Prior: - Performance: - Trend: -
Provider Communication	6/2018	3/2019	< 85%	>= 85%	>= 88%	>= 91%	Current: 89.55 % Prior: 96.76 % Performance: - Trend: 1

Better Care-**Improve** Safety

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AHC KIRK- ABERDEEN PRVNG GD
CAUTI - SIR <small>Lower is better</small>	-	4/2019	-	-	-	-	Current: - Prior: - Performance: - Trend: -
CLABSI - SIR <small>Lower is better</small>	-	4/2019	-	-	-	-	Current: - Prior: - Performance: - Trend: -
WSS <small>Lower is better</small>	-	4/2019	-	-	-	-	Current: - Prior: - Performance: - Trend: -
URFO <small>Lower is better</small>	-	4/2019	-	-	-	-	Current: - Prior: - Performance: - Trend: -

Part E: P4I Measures (15 of 17)

Better Care- **Improve** Condition-based Quality Care

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AHC KIRK- ABERDEEN PRVNG GD
Diabetes A1c Testing	11/2018	3/2019	< 90.54%	>= 90.54%	>= 93.37%	>= 94.89%	Current ^a 94.28 % Prior ^b 95.72 % Performance Trend 2
Low Back Pain	11/2018	3/2019	< 73.91%	>= 73.91%	>= 78.57%	>= 82.98%	Current ^a 82.35 % Prior ^b 82.41 % Performance Trend 1
Children w/Pharyngitis	11/2018	3/2019	< 86.86%	>= 86.86%	>= 90.61%	>= 94.12%	Current ^a 96.08 % Prior ^b 97.92 % Performance Trend 1
Breast Cancer Screening	11/2018	3/2019	< 73.55%	>= 73.55%	>= 77.49%	>= 81.04%	Current ^a 70.58 % Prior ^b 70.00 % Performance Trend 1
Cervical Cancer Screening	11/2018	3/2019	< 75.91%	>= 75.91%	>= 79.02%	>= 82.48%	Current ^a 79.74 % Prior ^b 79.71 % Performance Trend 12
Colon Cancer Screening	11/2018	3/2019	< 63.34%	>= 63.34%	>= 70.21%	>= 74.7%	Current ^a 75.21 % Prior ^b 75.42 % Performance Trend 1

7-Day Mental Health	11/2018	3/2019	< 51.72%	>= 51.72%	>= 62.9%	>= 69.68%	Current ^a 50.00 % Prior ^b 53.57 % Performance Trend 1
All Cause Readmissions Lower is better	-	3/2019	-	-	-	-	Current ^a - Prior ^b - Performance Trend -
Well Child	11/2018	3/2019	< 81.9%	>= 81.9%	>= 86.59%	>= 89.81%	Current ^a 87.23 % Prior ^b 86.27 % Performance Trend 1
IQI #33 Primary Cesarean Section Lower is better	-	4/2019	-	-	-	-	Current ^a - Prior ^b - Performance Trend -
Postpartum Hemorrhage Lower is better	-	4/2019	-	-	-	-	Current ^a - Prior ^b - Performance Trend -
Unexpected Newborn Complication #716 Lower is better	-	4/2019	-	-	-	-	Current ^a - Prior ^b - Performance Trend -

Part E: P4I Measures (16 of 17)

Better Care-Improve Comprehensive Primary Care

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AHC KIRK- ABERDEEN PRVNG GD
24 Hour Appts <small>Lower is better</small>	2/2019	4/2019	>1.50 Days	<=1.5 Days	<=1 Days	<=0.83 Days	Current ^u 0.96 Prior ^u 0.95 Performance Trend 1
Future Appts <small>Lower is better</small>	2/2019	4/2019	>8 Days	<=8 Days	<=7 Days	<=2.3 Days	Current ^u 8.55 Prior ^u 7.85 Performance Trend 4
PC Leakage (Recap) <small>Lower is better</small>	11/2018	4/2019	>= 12.00%	< 12.00%	<= 8.00%	<= 3.00%	Current ^u 17.25 % Prior ^u 13.90 % Performance Trend 1
PCM Continuity	2/2019	4/2019	< 55%	>= 55%	>= 65%	>= 75%	Current ^u 68.73 % Prior ^u 62.25 % Performance Trend 2

Better Care-Optimize & Standardize Access

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AHC KIRK- ABERDEEN PRVNG GD
SM Enrollment	-	3/2019	-	-	-	-	Current - Prior - Performance Trend -
SM Response Time 1 Day	-	3/2019	-	-	-	-	Current - Prior - Performance Trend -

Getting Care When Needed	9/2018	3/2019	<81.20%	>=81.20%	>=84.40%	>=87.20%	Current ^u 90.06 % Prior ^u 91.85 % Performance Trend 1
Specialty: Referral to Book <small>Lower is better</small>	11/2018	3/2019	>4 Days	<=4 Days	<=3 Days	<=1 Day	Current ^u 4.76 Prior ^u 4.61 Performance Trend 2
Specialty: Booked to Appt <small>Lower is better</small>	11/2018	3/2019	>24 Days	<=24 Days	<=15 Days	<=7.5 Days	Current ^u 13.52 Prior ^u 11.63 Performance Trend 1
Amb Specialty Care Leakage <small>Lower is better</small>	11/2018	3/2019	> 23.7%	<= 23.7%	<= 10.7%	<= 2.0%	Current ^u 88.9 % Prior ^u 88.7 % Performance Trend 3
AD: Days To Primary Care <small>Lower is better</small>	12/2018	3/2019	>1.5 Days	<=1.5 Days	<=1 Days	<=0.83 Days	Current ^u 0.84 Prior ^u 0.82 Performance Trend 2
AD: Days To Specialty Care <small>Lower is better</small>	12/2018	3/2019	>24 Days	<=24 Days	<=15 Days	<=7.5 Days	Current ^u 12.46 Prior ^u 9.77 Performance Trend 1
MES Stage Timeliness	-	4/2019	-	-	-	-	Current - Prior - Performance Trend -

Part E: P4I Measures (17 of 17)

Better Care - Improve Regulatory Compliance

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AHC KIRK- ABERDEEN PRVNG GD	Current	Prior
ACGME Accreditation Status	-	9/2019	-	-	-	-	-	-	-
Accreditation for DoD Clinical Laboratories	-	3/2019	-	-	-	-	-	-	-
Joint Commission Accreditation	-	3/2019	-	-	-	-	-	-	-

Lower Cost - Improve Stewardship

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AHC KIRK- ABERDEEN PRVNG GD	Current	Prior
PMPM Lower is better	-	5/2019	-	-	-	-	-	-	-
Total Purchased Care Cost Lower is better	11/2018	4/2019	> FY Target	-	<= FY Target	<= Next FY Target	\$1.48M	\$1.75M	1
Private Sector Care Cost Lower is better	-	5/2019	-	-	-	-	-	-	-

Total Empanelment	1/2019	3/2019	< 0.00%	-	< 5.00% but >= 0.00%	>= 5.00%	0.6%	0.4%	6
Pharmacy Percent Retail Lower is better	11/2018	3/2019	> 30%	-	<= 30%	<= 25%	20.0%	20.0%	1
AD: Spec Prov Efficiency	9/2014	4/2019	< 61%	>= 61%	< 79%	>= 79%	0	-	-
Overall Occ Rate (US)	-	3/2019	-	-	-	-	-	-	-
ICU Occ Rate (US)	-	3/2019	-	-	-	-	-	-	-
ESA Benefit	-	3/2019	-	-	-	-	-	-	-

Part F: Base Mission Brief



ABERDEEN PROVING GROUND

The Home of Innovation

Mar 2019

Part F: Base Mission Brief

PRIORITIES

IMCOM

- Infrastructure
- Security and Emergency Services
- Support to Training
- Soldier Programs
- Family Programs



Garrison Commander

- Infrastructure Readiness
- Protect the Installation
- Community Excellence



GEN Mark A. Milley
Chief of Staff of the Army



Army Number One Priority is Readiness!

Part F: Base Mission Brief



APG Senior Leaders




MG Randy S. Taylor
CG, CECOM
Sr Cmdr, APG



MG Cedric T. Wins
CG, CCDC



Mr. Larry M. Muzzelo
CECOM DCG



Mr. Vincent F. Malone
CCDC DCG



Mr. John Willison
CCDC DCG



Dr. Eric Moore
Chemical Biological Center



Dr. Philip Perconti
Army Research Laboratory



Mr. Kenyata Weesley
ACC-APG



Mr. James Amato
Data & Analysis Center



Mr. Patrick O'Neill
CBISR Center






MG David G. Bassett
PEO C3T




MG Kirk F. Vollmecke
PEO IEWS



Mr. Doug Bryce
JPEO-CBD




Mr. Michael S. Abaie
PEO ACWA





COL Robert Phillips
APG Garrison
Commander



MG Joel K. Tyler
CG, ATEC



BG James Bonner
20th CBRNE



COL Denis G. Descarreaux
MRICD



Mr. John Reata
APHC



Ms. Carol Burton
CHRA



CDL John Hall
ATC Commander



Mr. James Cooke
AEC

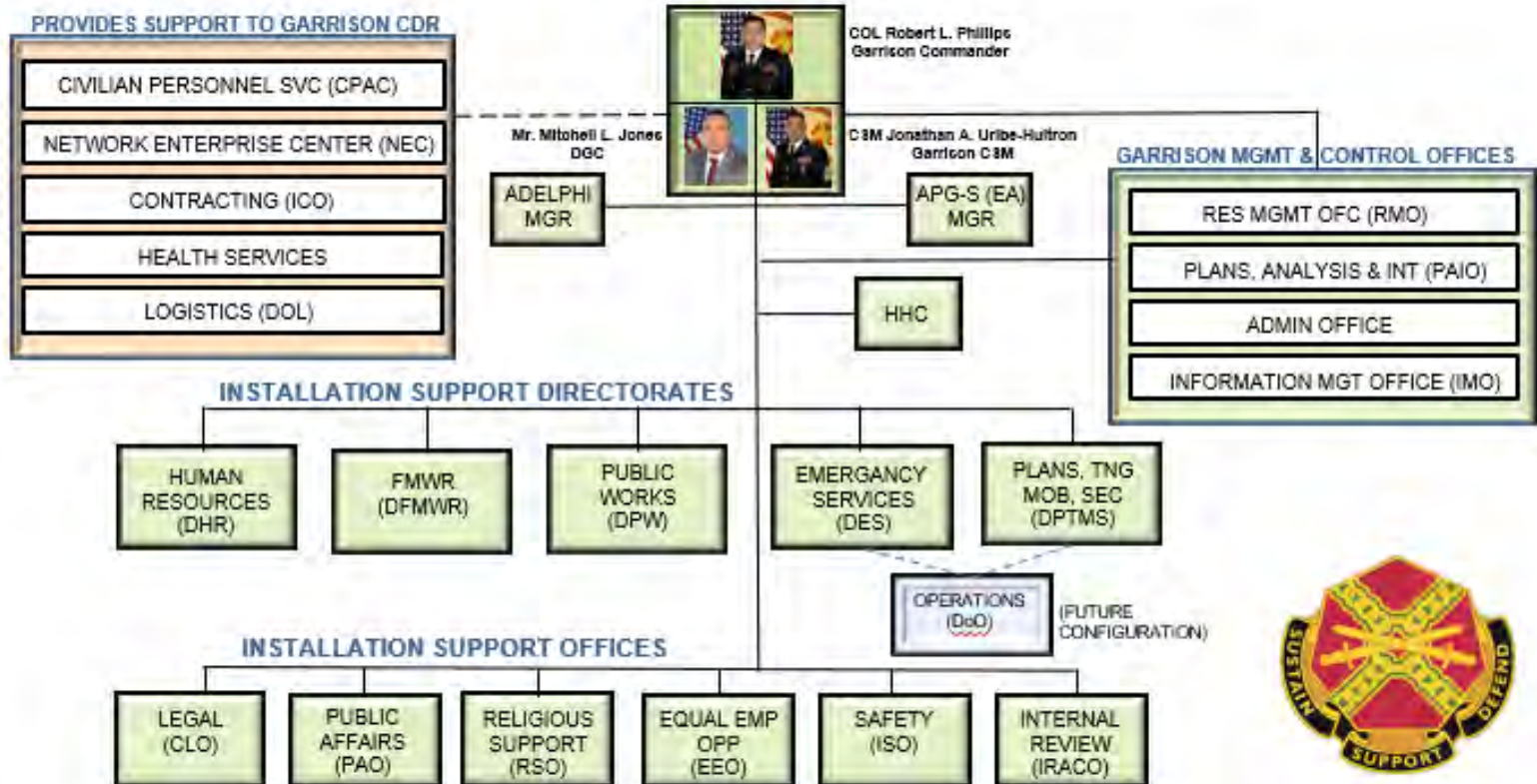


Part F: Base Mission Brief



Garrison Structure

U.S. ARMY GARRISON – ABERDEEN PROVING GROUND (USAG APG)



Part F: Base Mission Brief



INSTALLATION HISTORY

Need for National Defense 1917

- The United States Army was not fully prepared to meet its new obligations as a consequence of America's declaration of war on the Central Powers in April 1917
- As demands for munitions to fight the war in Europe increased, the Ordnance Department's need to obtain test facilities for munitions and equipment became urgent
- The government took formal possession of the land at Aberdeen on Oct. 20, 1917, and immediately began building testing facilities
- Aberdeen would be used for proof-testing field artillery weapons, ammunition, trench mortars, air defense guns and railway artillery
- The mission was later expanded to include operation of an Ordnance training school and developmental testing of small arms



Edgewood Arsenal



Mustard Gas munitions

Edgewood Arsenal

- In 1918, the War Department centralized chemical warfare functions and established the Chemical Warfare Service or CWS, with full responsibility for all facilities and functions relating to toxic chemicals
- This responsibility included Edgewood Arsenal, among other locations across the country
- Among the chemical shell filling plants and chemical warfare agent production facilities, Edgewood also established its first research laboratory for purity verification
- Edgewood include the first produced large batch of U.S. gas masks during the war
- Edgewood was also responsible for protective gear for military working dogs, horse and mule masks and carrier pigeon protection
- In 1971, Edgewood Arsenal was consolidated with Aberdeen Proving Ground and was designated the Edgewood Area of APG



Post Headquarters Bldg. 310, circa 1917



Testing Infantry Mortars, circa 1920

Part F: Base Mission Brief



ABERDEEN PROVING GROUND CENTERS OF EXCELLENCE



- 6 Centers of Excellence
- 90 plus Tenant Organizations
- 11 Major Commands
- APG Provides Significant Contribution to the Nation

RESEARCH & DEVELOPMENT



C5ISR

(Command, Control, Communications, Computers, Cyber, Intelligence, Surveillance, Reconnaissance)



TEST & EVALUATION



PUBLIC HEALTH SCIENCES



CHEMBIO

(Chemical & Biological)



PSI

(Personal Security Investigation)



Part F: Base Mission Brief



INSTALLATION OVERVIEW

GEOGRAPHIC RESPONSIBILITY

- Areas of responsibility lie along the cyber corridor
- Distance
 - APG North to APG-South – 17 miles (31 Min)
 - APG North to Adelphi – 83 miles (1:45 hrs)
 - APG North to Blossom Point – 108 miles (2:30 hrs)



INSTALLATION FACTS

- Sixth largest employer in MD / largest in Harford County
- 24th largest Military base in the United States
- Major Range and Test Facility Base (66,000 acres)
- 17M sf of Building Space - 27% over 50 years old
- 2 Airfields
- Army's Premier Chem/Bio Surety Mission
- Sample Receipt Facility (SRF)
- Growing Maryland National Guard Presence
- Army's Largest Enhanced Use Leasing (EUL) Site (415 acres)
- Unique facilities for National Research & Development
- Underwater Explosives Pond (UNDEX): Environmentally friendly deep water test facility supporting Army & Navy (only one of its kind)

ENVIRONMENTAL ACTIVITIES

- One of the largest restoration programs in the Army
- Fragile Chesapeake Bay Ecosystem with 144 miles of shoreline
- Bald Eagle nesting reserve



Part F: Base Mission Brief



APG Restricted Water Zones



Part F: Base Mission Brief

Aberdeen Proving Ground – Major Tenants



Part F: Base Mission Brief



INSTALLATION CHALLENGES

DEMOLITION



- Army's focus on demolition is a way to reduce the footprint and excess requirements while reducing cost
- Total Requirement of \$675M to reduce 3.7 Million Square Feet
 - Funded FY14-16 - \$4.7M - 32 Bldgs - 536 KSF
 - Funded FY17 - \$3.2M - 10 Bldgs - 134 KSF
 - Funded FY18 - \$4.9M - 34 Bldgs - 185 KSF
 - Funded FY18 Contaminated - \$28.3M - 2 Bldgs - 51 KSF
 - Unfunded FY19-24 - \$634M - 312 Bldgs - 2.8MSF
- APG is Second Highest Priority in FY18 for Army Facility Reduction Program Funding
- Characterization of contaminated buildings slated for demolition is ongoing.
- Demolition program executed by the Corps of Engineers

Funded MILCON

99th US Army Reserve Center-\$18M
 Public Health Center Lab \$210M
 20th CBRNE HQ \$73M
 ATEC Test Maintenance Fab Fac \$37M

Unfunded MILCON for Current POM Cycle

APG South (Edgewood) Fire Station \$10M
 Logistic Readiness Center Vehicle Maintenance & Repair Shop \$16.8M
 Public Health Center Administrative HQ \$56M

SUSTAINMENT, RESTORATION AND MODERNIZATION

As part of reduce the footprint the Army will modernize facilities (27% of APGs bldg. space [17MSF] is over 50 years old)

Underfunding of Sustainment

- 73.5% of FY18 requirement
- Backlog of maintenance orders – 6,462 orders/\$17M
- Backlog of projects –305 projects / \$105M
- Requirement to improve all buildings to Q2 ~\$224M

Current Restoration & Modernization

- Bldg 4218 (PEO-C3T) - \$4M
- Bldg 328 (ARL) - \$21M

Proposed Restoration & Modernization

- Bldg. E5103 – NEC \$7.0M
- Railroad – ATEC \$18.5M
- Bldg 3072 CGDC - \$12.1M
- Bldg E3330 CBC - \$31M
- PAAF ATEC - \$30M
- FY20 to FY25– 30 Projects @ \$250M

Part F: Base Mission Brief



INSTALLATION INITIATIVES



Intergovernmental Service Agreements (IGSA)

- HQDA committed to development of IGSA's
- Reduce costs and find shared value
- Proposed IGSA for specialized grounds maintenance
- Strengthen community relationships



APG Energy

- First Army installation to open a Combined Heat and Power Plant (CHP)
- Edgewood Area CHP will provide electric savings of \$5M annually/\$25M over POM cycle
- Edgewood Area Water and Wastewater Privatization with expected award in 2019
- APG Electric Privatization is operated by City Light and Power



Army Compatible Use Buffer (ACUB)

- Community effort to protect encroachment to test mission and preserves land
- APG Partners: Harford Land Trust and Eastern Shore Land Conservancy
- To date, APG has closed 6 parcels of land with 1 parcel donated; additional closings are planned in 2019

Part F: Base Mission Brief



INSTALLATION INITIATIVES



Additive Manufacturing

- A process of joining materials to make objects from 3D model data, usually layer upon layer
- Provides many cost-saving advantages to industry and the ability to manufacture complex and unique designs
- More environmentally friendly means of production
- Reduce the current logistical footprint and improve agility and flexibility



Opioid Summit

- APG collaboration with local and state communities in fighting the opioid addiction battle, begun in 2017.
- Opioid addiction is a community problem; the community is our workforce; opioid addiction is OUR community problem
- 100,000 bags distributed, which are able to dispose of 4.5 million pills, patches, liquid drugs
- Pouches not only neutralize the drugs, but do so in an environmentally safe manner



Advanced Planning Briefing for Industry (APBI)

- Provide industry with networking opportunities for both large and small businesses
- Focus on: command, control, communications, computers, intelligence, surveillance and reconnaissance; research and development; test and evaluation; chemical and biological defense; and APG Garrison

Part F: Base Mission Brief



NET ZERO Initiatives

APG Energy:

- Combined Heat and Power Plant (CHP) provides electric savings of nearly \$5M annually
- Army Metering Program is in second phase: metering additional facilities and utilities
- Edgewood Area Water and Wastewater Privatization with expected award in 2019
- APG Electric Privatization is operated by City Light and Power



New Project Development:

- Focus Areas:
 - Natural Gas Infrastructure
 - Energy Security / Microgrids
 - LED Lighting
 - Net Zero Water Retrofits
 - Electric Vehicle Charging
 - Solar Arrays
 - Rainwater Harvesting
- Development time for an Energy Savings Performance Contract (ESPC) estimated at ~ 19 months
- Energy Services Company (ESCO) awarded by Huntsville with many subcontractors



Community Partners and Privatization:

- City of Aberdeen – Aberdeen Area Water/Waste Water
- Edgewood Area Water/Waste Water – currently evaluating proposals
- Harford County – Water/Waste Water
- Harford County / Northeast Maryland Waste Disposal Authority – WTE Demolition
- City Light & Power – Electric Distribution Privatization
 - Currently working complete capital improvement of system
- Johnson Controls Inc. – Energy Savings Performance Contracts (ESPCs) and Service Contracts
- Corvias Military Housing – Family Housing Privatization
 - Constructed Solar Array Project in New Chesapeake Area
- Harford Community College – STEM Program
- Baltimore Gas & Electric (BGE) – Natural Gas Distribution

Energy Savings Performance Contracts (ESPC)

ESPC # Completed	Energy Conservation Measures	Value
1	<ul style="list-style-type: none"> • Steam System Rehab • Boiler Plant Controls 	\$6.1 M
2	<ul style="list-style-type: none"> • Steam System Replacements • Lighting Upgrades • Occupancy Sensors • Energy Efficient Transformers 	\$9.3 M
3	<ul style="list-style-type: none"> • Boiler Plant Improvements • Energy Management Systems • HVAC Replacements • Lighting Upgrades • Steam System Rehab 	\$14.7 M
5 and 5 Mod	<ul style="list-style-type: none"> • HVAC Renovations • Window Replacements • Steam System Rehab 	\$21.4 M
7	<ul style="list-style-type: none"> • Interior and Exterior Lighting • Building Envelope Improvements • Net Zero Water Retrofits • Canal Creek Treatment Plant 	\$21 M
7 Mod	<ul style="list-style-type: none"> • Boiler and Chiller Preventive Maintenance • Boiler and Chiller Replacements 	\$12.7 M
8	<ul style="list-style-type: none"> • Combined Heat and Power Plant 	\$36.6 M
9	<ul style="list-style-type: none"> • Water Cooled Chiller Plant for ARL Supercomputer Lab 	\$5.1 M
		\$126.9 M

Part F: Base Mission Brief



Corvias Solar Project

Corvias Military Living is committed to bringing renewable energy to their Army Family Housing Portfolio. The goal; to minimize the carbon footprint by leveraging solar to offset electric consumption within housing. Sunstone Solar Development, a joint venture between Corvias Solutions and Onyx Renewables, is responsible for the development, construction, and delivery of the solar project.



Project Overview

- Combination of rooftop and ground mount solar panels will provide 6.4 mW of power to offset family housing energy consumption
- No cost to RCI Project or Army/Installation
- Renewable Energy Credits (RECs) will be credited to the Army
- Project sized so production does not exceed consumption of family housing (Installation cannot be an off-taker of power)
- Visual screening of project site coordinated with Installation leadership to meet Senior Commanders' intent.

Milestones (past and projected)

- Aug 2016- Signed Major Decision Memorandum by RCI partners promoting solar project at APG
- Apr 2018- Corvias and APG DPW complete due diligence package for higher HQ review
- Jul 2018- Mechanical completion of solar array complete
- Aug 2018- Energize solar array
- Sep 2018- Begin visual screening phase
- May 2019 - Complete visual screening phase
- Integrate into Army Meter Data Management System (date TBD)

Part F: Base Mission Brief



ACADEMIC OUTREACH & WORKFORCE DEVELOPMENT

APG ACADEMIC OUTREACH

- **Reach 27,000+ students annually**
- Partnerships with Universities and Centers of Academic Excellence
- STEM Initiatives Programs offered for 1-12 graders involving variety of APG commands and organizations
- Gains in Education of Math & Science (GEMS), Grades 6-12
- Real World Internships in Science & Engineering (RISE) Grade 11
- Since 2016, we've hired more than 200 young scientists, engineers and mathematicians into trainee positions at APG



In some APG organizations, 20-40% of workforce is retirement eligible in next 5 years

HIGH TECH WORKFORCE AND INFRASTRUCTURE

- **More than 3,700 advanced degrees across APG**
- **Advanced degrees and cyber certifications**
- **\$2B+** in infrastructure development
- **APG Laboratories: 5.7 million square feet (1,000,000 square feet applicable to Cyber)**
- **Actively participate in university/certification partnerships**

UNIVERSITY & CERTIFICATION PARTNERSHIPS



Part F: Base Mission Brief



Live, Work and Play at APG

Live on Post

Residential Communities Initiative (RCI) Project

- 5 communities on APG
- Housing is available to all DoD service members and their families, DoD civilians, retirees and contractors
- Full access to Corvias Community Center & sponsored events



Work on Post

The GATE, On Post and Off Post Opportunities / Space and Lease

- Enhanced Use Lease project
- Office space (multi / single story), R&D / Flex, warehouse, administrative and retail
- ATFP Compliant
- Access to secure networks
- Close to all major APG commands



Play on Post

Promoting Quality of Life for Soldiers & Families, Civilian Employees and Contractors

- Direct and contract operated services (contract opportunities)
- FMWR sponsored annual community events: Oktoberfest, concerts & community activities, golf courses, bowling, gyms and leisure sports



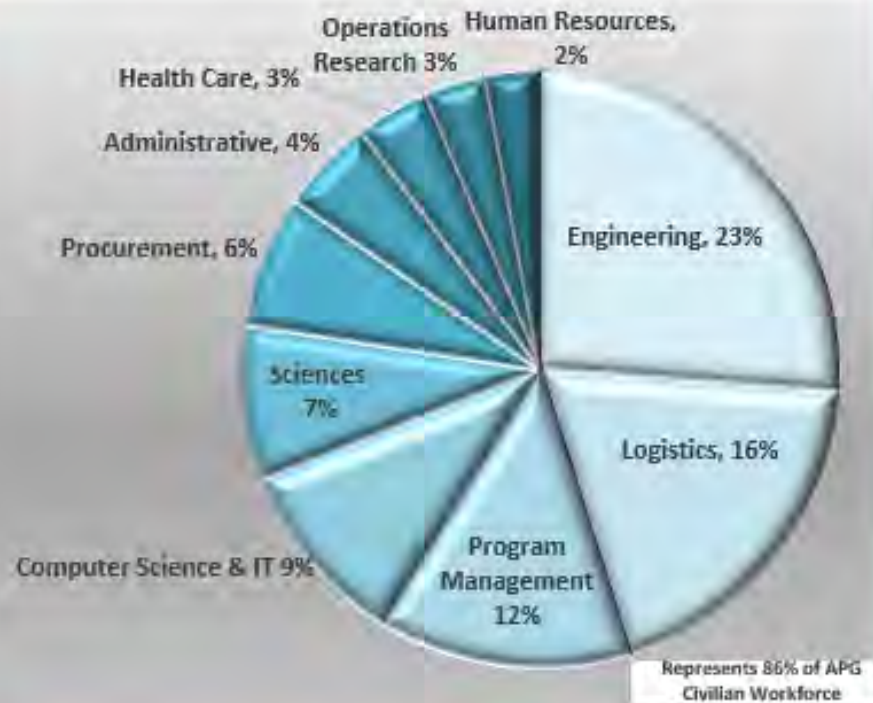
Part F: Base Mission Brief



APG CIVILIAN WORKFORCE

PROFESSIONS

- **Engineers-** *General, Electronics, Mechanical, Computer, Chemical, Biological, Electrical, Environmental, Industrial, Safety*
- **Logistics-** *Logistics Management, Supply Chain, Provisioners, Logistics Assistance Representatives, Provisioners, Technical Writers/Editors*
- **Program Management-** *Acquisition Professionals, Business Management, Program Analyst, Budget Analyst, Cost Analyst, Accounting, Auditing, Financial Management*
- **Computer Science & Information Technology**
- **Science-** *Chemistry, Biology, Physics, Health, Veterinary*
- **Procurement-** *Contracts Management, Purchasing, Small Business Management*
- **Administrative**
- **Health Care-** *Animal Health, Safety and Occupational, Medical Officer, Health Technicians, Health Physics*
- **Operations Research-** *Intelligence Analysts, Mathematics & Statistics*
- **Human Resources**



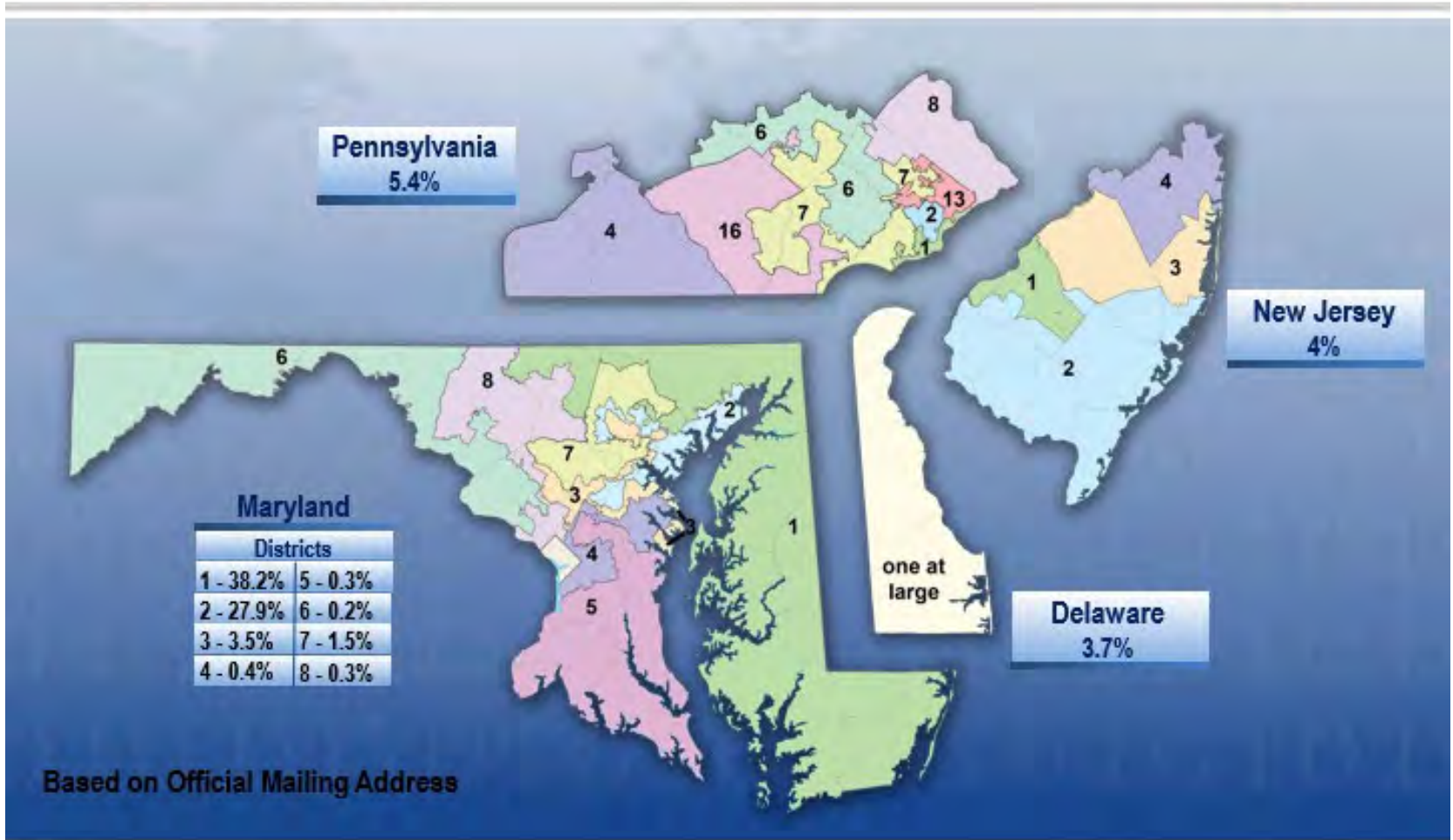
Advanced Degrees

3,201- Master's 118 Post-Master's
366- Doctorate 47 Post-Doctorate

Part F: Base Mission Brief



APG Civilian Workforce Where They Live



Part F: Base Mission Brief



Community Relations



Political and Economic

- Office Calls with local, county, state and federal elected officials
- Attend local development meetings, advisory boards
- On-post visits for local leadership



Community Leader Lunch/Social

- Quarterly event est. in 2016, shared hosting with counties
- Build rapport, maintain open communication with local leaders
- Partnership and progress on key topics; communication, transportation, workforce, education, small business, security, environment, APG growth



Community Support

- Ceremonies: Earth Day, Memorial Day, July 4, Sept. 11, Veterans Day
- Volunteering: Mentors, Local Schools, Community Service, Boys & Girls Club, Health Awareness
- Staffing Community requests: speakers, referrals, general information

Part F: Base Mission Brief



END of BRIEF



Army Number One Priority is Readiness!

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775



Kirk U.S. Army Health Clinic

George G. Meade MEDDAC Health System

LTC Jody A. Brown
Commander

SECURITY CLASSIFICATION:
UNCLASSIFIED - FOUO

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

Agenda

Purpose: Provide a better understanding of Kirk AHC mission for healthcare delivery and health readiness within the Aberdeen Proving Grounds area of operations.

1. APG SMC Mission & Vision
2. KUSAHC Mission & Vision
3. Organizational Structure
4. KUSAHC: A Month in View
5. Health & Readiness Services
6. Special Services
7. Service Area



Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

APG SMC Mission & Vision

CECOM Mission:

CECOM Mission is to empower the Soldier through sustained C5ISR readiness. Anytime. Anywhere.

CECOM Vision:

Enabling lethality is our business. Our bottom line is the Soldier. We do what is best for the Soldier in the fight.



Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

KUSAHC Mission & Vision



Our Mission: To provide quality healthcare and preventive health programs and services to military beneficiaries and DoD employees to preserve and promote health resilience, readiness, wellness and the safety of our community.

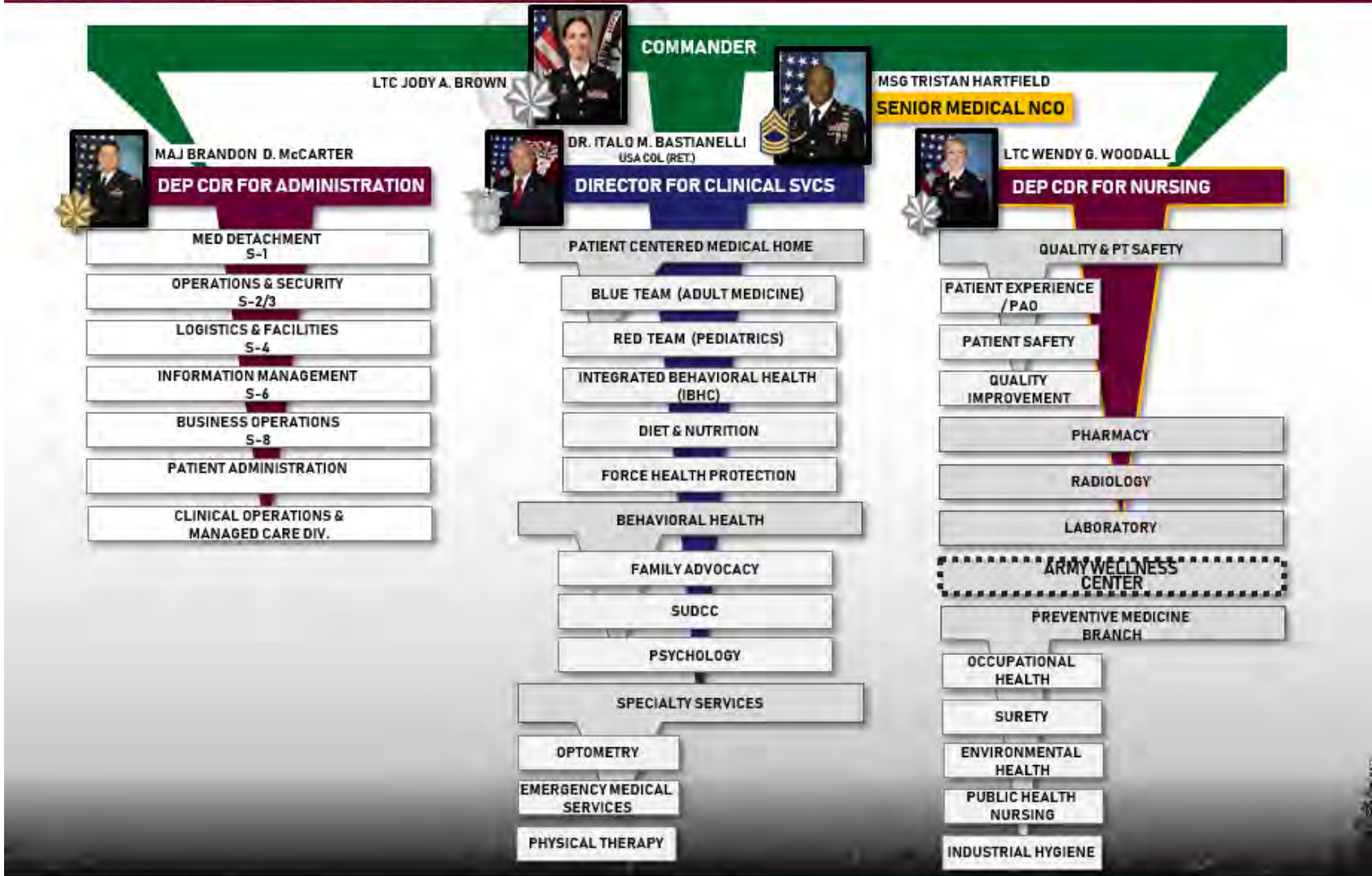
Our Vision: The premier health and readiness platform, serving those who serve...America's Sons and Daughters.

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

Organizational Chart



Part G: MTF Mission Brief

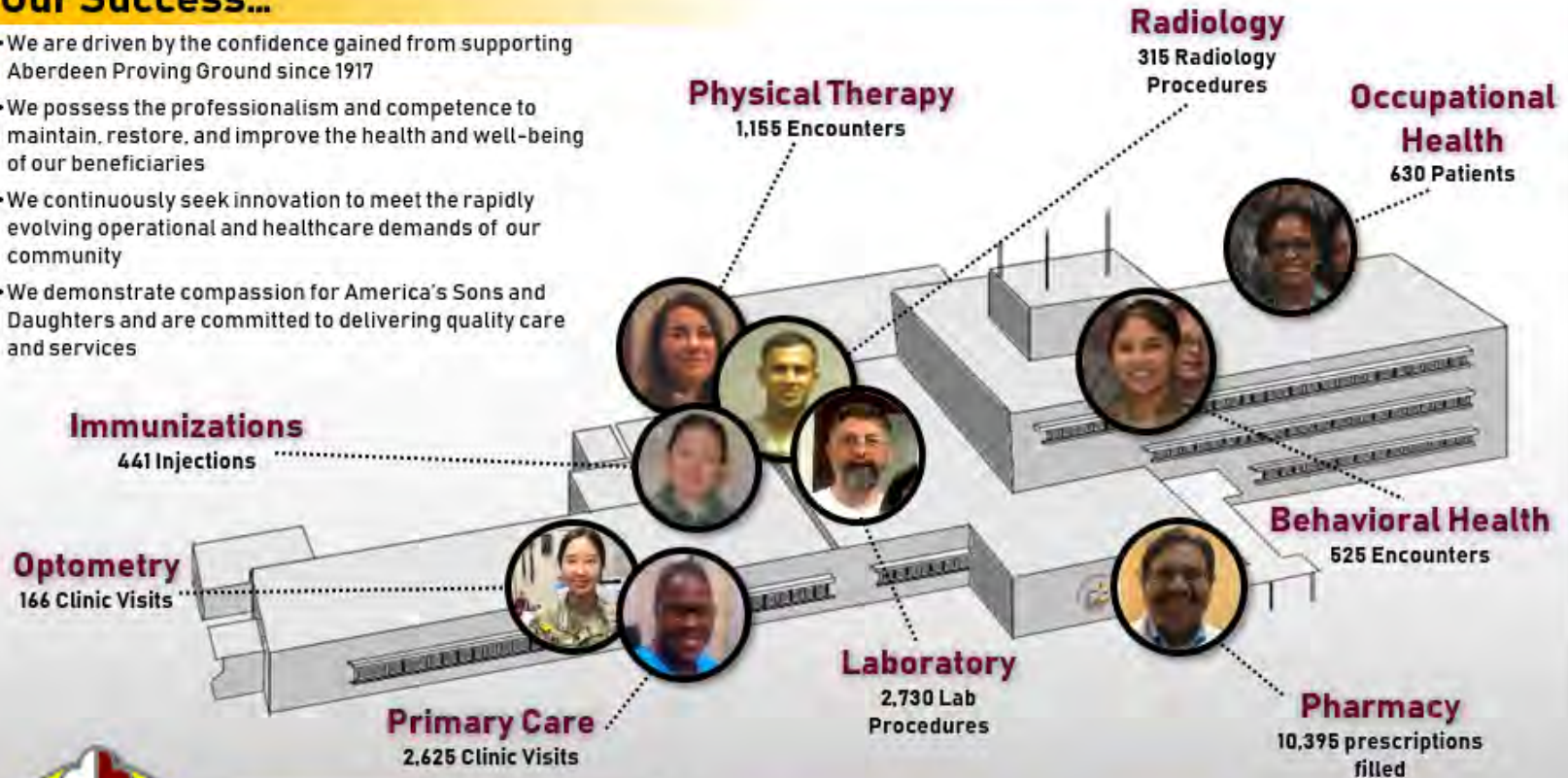


ARMY MEDICINE
One Team... One Purpose
 Conserving the Fighting Strength Since 1775

Month in View

Our Success...

- We are driven by the confidence gained from supporting Aberdeen Proving Ground since 1917
- We possess the professionalism and competence to maintain, restore, and improve the health and well-being of our beneficiaries
- We continuously seek innovation to meet the rapidly evolving operational and healthcare demands of our community
- We demonstrate compassion for America's Sons and Daughters and are committed to delivering quality care and services



Our Values:

Teamwork, transparency, accountability, efficiency, evidenced-based processes, compassion, empathy, customer-focus, and trustworthiness

• Beneficiaries Served:

- Eligible/Enrolled: 17,627 / 7,436
- AD: 1,214 / 455
- ADFM: 2,102 / 3,791
- Ret: 1,616 / 6,601
- Network: 5,385

• Staffing:

- Active Duty: 47
- Civilians: 142
- Contractors: 13

• Funding:

- AFP: ~\$19.7M
- DHP Funding: \$16.8M

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

Health & Readiness Services

Primary Care

- PCMH
- Optometry
- Physical Exams
- Nutrition Counseling
- Clinical Pharmacist
- Immunizations
- Nurse Case Management
- EFMP
- Force Health Protection (Readiness)

Ancillary Services

- Pharmacy
- Laboratory
- Radiology

Behavioral Health

- Psychology/Psychiatry
- Social Work Services
- Family Advocacy (Clinical Aspect of the Program)
- School Based Mental Health Program
- Substance Use Disorder Clinical Care (SUDCC)
- Behavioral Health Tele-Health

Preventive Medicine

- Community Health Nursing
- Occupational Health
- Industrial Hygiene
- Environmental Health
- Hearing Conservation

Musculoskeletal

- Physical Therapy

Dental Services

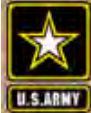
- General Dentistry
- Prosthodontics

Veterinary Service

- Military Working Dogs
- Small Animals



Part G: MTF Mission Brief



ARMY MEDICINE
One Team...One Purpose
Conserving the Fighting Strength Since 1775

Special Services

Chemical & Biological Surety Mission Medical Support

Scope: Provide support to Personnel Reliability Programs and ensure safe and proper handling of Surety materials from a medical standpoint IAW AR 50-6, Chemical Surety and AR 190-17, Biological Select Agents and Toxins Security Program

- Accounts for over 15% of DA's Surety Mission
- Largest percent of the Army's Chemical and Biological Surety Population
- Primary responsibility resides within the Edgewood Occupational Health Clinic
- Recognized as a "Best Practice" by the DAIG during FY17 audit cycle

Industrial Hygiene

Scope: Regulatory compliance; Identify, characterize, and assess potential workplace health hazards; Recommend controls to prevent illness, injury, or death; Recommend exposure based medical surveillance

- Provide Industrial Hygiene (IH) support to the Surety Programs of ECBC, MRICD, and CARA for their DAIG inspections and Surety Management Reviews
- Largest number of High Hazard Shops (548 shops) for a DA IH installation mission
- IH supports 804 buildings on the installation

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
 Conserving the Fighting Strength Since 1775

Service Area

KUSAHC HEALTH CARE PRISM



Kirk U.S. Army Health Clinic:

- Medical and Emergency service support for over 18 Major Commands and 93 tenant units
- 33 GO/SES
- Active Duty population: 1,214
- Total Beneficiaries: 17,627

- Upper Chesapeake
- *Specialty Purchased Care

- Kirk U.S. Army Health Clinic
- APG Dental Clinic

NE Maryland Health Care Prism

- Harford Memorial
- *Specialty Purchased Care



- Johns Hopkins
- Maryland University Health Care System
- Med Star

- Edgewood Occupational Health Clinic
- Edgewood Dental Clinic

Tenant Commands



- 20th CBRNE Command
- U.S. Army Evaluation Center (AEC)
- U.S. Army Research Laboratory (ARL)
- U.S. Army Communications and Electronics Command (CECOM)
- U.S. Army Civilian Human Resource Agency (CHRA), Northeast Region Office
- U.S. Army Public Health Center

- Maryland Army National Guard
- Edgewood Chemical Biological Center (ECBC)
- U.S. Army Medical Research Institute of Chemical Defense (MRICD)
- Program Executive Office Intelligence Electronic Warfare & Sensors (PEO IEW&S)
- Army Contracting Command - Aberdeen Proving Ground (ACC-APG)
- U.S. Army Research Development and Engineering Command RDECOM)

- U.S. Army Materiel Systems Analysis Activity (AMSAA)
- U.S. Army Test & Evaluation Command (ATEC)
- Communications-Electronics, Research, Development & Engineering Center (CERDEC)
- Mid-Atlantic Region Network Enterprise Center
- Joint Program Executive Office for Chemical & Biological Defense (JPEO-CBD)
- PEO Command, Control & Communications Tactical

Part G: MTF Mission Brief



ARMY MEDICINE
One Team...One Purpose
Conserving the Fighting Strength Since 1775

KUSAHC Performance

- Best installation medical readiness in RHC-A
 - Consistently <1% for MRC4
 - Overall medical readiness compliance >90%
- Access to Care continually exceeds the MHS standard
- Patient Satisfaction steadily above 95%
- 120% execution of the FY18 performance plan targets
- Received the ASHMS star in 2018, the highest possible recognition for staff safety
- High performing staff: regionally recognized for administrative excellence (HR, training, leader development)
- Repeatedly captures over a million dollars IRIS funding for MEDDAC annually
- Surety Best Practice during DAIG inspection

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775



APG Dental Clinic

George G. Meade MEDDAC Health System

LTC Azure Utley
Commander

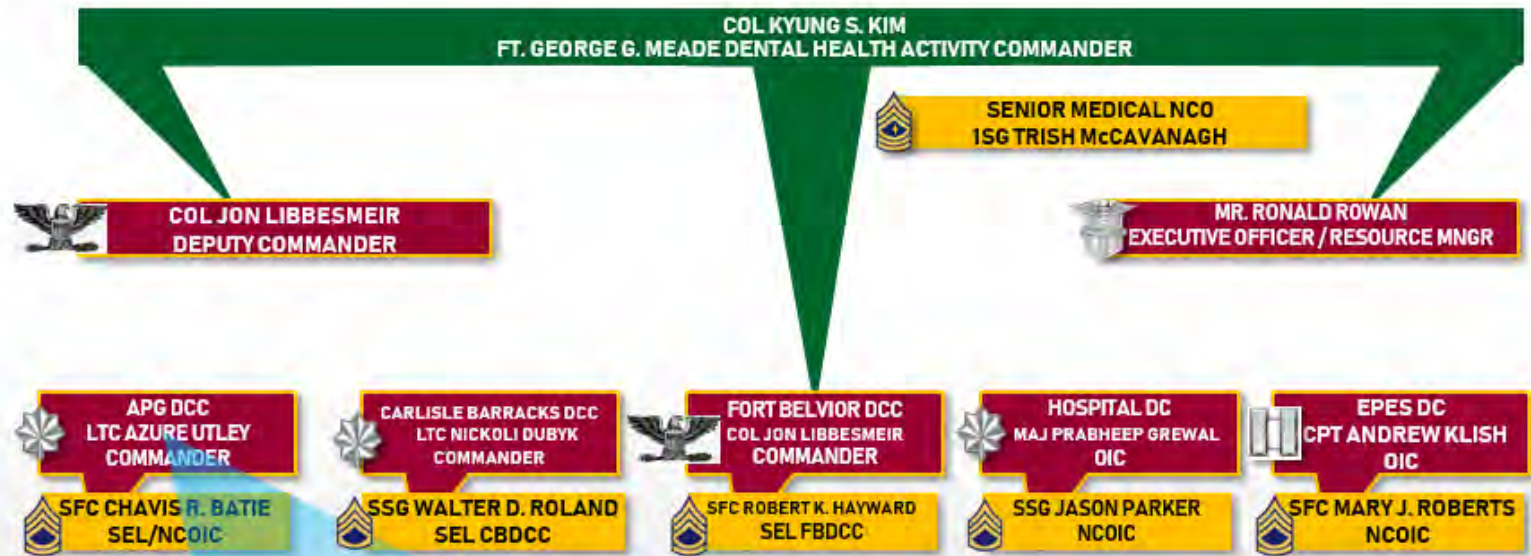
SECURITY CLASSIFICATION:
UNCLASSIFIED – FOUO

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
 Conserving the Fighting Strength Since 1775

Task Organization



LTC Azure L. Utley



SFC Chavis R. Batie

Staffing

Military	9
Civilian	6
Contract	0
Total	15

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
 Conserving the Fighting Strength Since 1775

Dental Clinic Command

Command Team



LTC Azure L. Utley



SFC Chavis R. Batie



Major Units Supported



- 20th CBRNE Command
- U.S. Army Evaluation Center (AEC)
- U.S. Army Research Laboratory (ARL)
- U.S. Army Communications and Electronics Command (CECOM)
- U.S. Army Civilian Human Resource Agency (CHRA), Northeast Region Office
- U.S. Army Public Health Center
- U.S. Army Research Development and Engineering Command RDECOM)
- Maryland Army National Guard
- Edgewood Chemical Biological Center (ECBC)
- U.S. Army Medical Research Institute of Chemical Defense (MRICD)
- Program Executive Office Intelligence Electronic Warfare & Sensors (PEO IEW&S)
- Army Contracting Command – Aberdeen Proving Ground (ACC-APG)
- U.S. Army Materiel Systems Analysis Activity (AMSAA)
- U.S. Army Test & Evaluation Command (ATEC)
- Communications-Electronics, Research, Development & Engineering Center (CERDEC)
- Mid-Atlantic Region Network Enterprise Center
- Joint Program Executive Office for Chemical & Biological Defense (JPEO-CBD)
- PEO Command, Control & Communications Tactical

Part G: MTF Mission Brief

  **ARMY MEDICINE**
One Team...One Purpose
Conserving the Fighting Strength Since 1775

Capabilities and Services Overview

Facilities

- 2 Dental Treatment Facilities

Funding

- FY18: ~\$525K
- CEEP/CERP: \$108K

Capabilities

- General Dentistry
- Prosthodontics



A Typical Day

- 22 Hygiene/Exam appointments
- 24 GenDent appointments
- 4 Prostho appointments
- 13 Chair Capacity
- 25 Radiology Procedures

Treatment Room Capacity (13)

- APG North DC: 10
- APG South DC: 3

Population Served (1,450)

- Garrison: 950
- Other: 500

Mission:

APG DCC provides responsive and reliable oral health services and influences health to improve readiness and advance wellness in support of the Force, Military Families, and all those entrusted to our care.

Vision:

Strengthening the health of our Nation by improving the oral health of our Army.

Part G: MTF Mission Brief

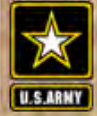


ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

METL

1. Maintain Dental Readiness
2. Promote Soldier Dental Readiness
3. Maximize AOC Productivity
4. Accurate reporting of clinical and readiness utilization hours
5. Patient and Employee Safety
6. Professional development of Civilians, Soldiers, and Officers
7. Civilian Workforce Initiative
8. Build community partnerships
9. Foster a culture of customer service
10. Climate of dignity and respect

Part G: MTF Mission Brief



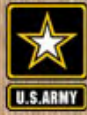
ARMY MEDICINE
One Team...One Purpose
Conserving the Fighting Strength Since 1775

Why We Are Successful

- Highly trained employees with high morale and outstanding customer service
- Understanding of measuring tools for success of the overall unit
 - Wellness
 - Readiness (MEDPROS vs. CDS)
 - Funding Model
- Access to Care Standards
- Outstanding teamwork and collaboration with other entities (ADL) and community
- Minimal Amount of Purchased Care
- Relationship with KUSAHC & Garrison



Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775



APG's Home for **KIRKASTATIC!** Health...

Proudly "serving those who serve...America's Sons and Daughters"

Part G: MTF Mission Brief



ARMY MEDICINE
One Team...One Purpose
Conserving the Fighting Strength Since 1775

Back Up

Part G: MTF Mission Brief



ARMY MEDICINE
One Team...One Purpose
Conserving the Fighting Strength Since 1775

History

From 1917-1940, the Station Hospital at Aberdeen Proving Ground occupied a variety of temporary and semi-permanent buildings. In 1919, the largest early medical facility with a capacity of 200 beds, was in use at Aberdeen Proving Ground. By 1939, needs were considerably reduced and the hospital was moved to a permanent location with a bed capacity of thirteen. With a manpower buildup preceding the Nation's entry into World War II, modernization came to the medical service at Aberdeen Proving Ground. As part of the crash-building plan at Aberdeen Proving Ground in 1941, a 500-bed cantonment hospital was erected in the 2100 block. This remained the MTF at Aberdeen Proving Ground until 1963.

1917
The Station Hospital at Aberdeen Proving Ground occupies a variety of temporary and semi-permanent

1918
Germany signs an armistice agreement with the Allies

1919
The largest early medical facility with a capacity of 200 beds

1939
The hospital is moved to a permanent location with a bed capacity of thirteen

1941
▪ America enters WWII
▪ 500-bed cantonment hospital is erected at Aberdeen Proving Ground

1960
An Army Medical Department study resulted in the creation of an entirely new formula for measuring the space requirements of a major Army medical facility

1961
▪ Experimental project called Health Activity at Aberdeen Proving Ground begins
▪ Construction of a 75 bed hospital begins

1964
▪ Kirk Army Hospital, Aberdeen Proving Ground was completed in July 1964.
▪ Kirk Army Hospital fulfilled a new concept and design for hospitals in the Army hospital system and revolutionized the building procedure to follow

As a result of a 1960 Army Medical Department study, the Army construction program for fiscal year 1961 included an experimental project called Health Activity at Aberdeen Proving Ground, MD. The construction of a 75 bed hospital was begun in July 1961. Kirk Army Hospital, Aberdeen Proving Ground was completed in July 1964.

MG Norman T. Kirk

Part G: MTF Mission Brief

Kirk U.S. Army Health Clinic

Health and Readiness

Part G: MTF Mission Brief



Primary Care

- Force Health Protection supports all readiness requirements for ADSM (all services), Reserve and National Guard Units
- Periodic Health Assessments/ Pre-deployment Health Assessments/ Post Deployment Health Assessments/ Post Deployment Health Re-assessments
- All military physicals to include Airborne/ Ranger/SERE/ Special Forces/HALO Physicals/Retirement/ETS and Chapter Separation physicals
- Exceptional Family Member Program support for APG and surrounding areas (PA, DE, NJ)
- Profiles (duty limitation recommendations based on injury/illness) with Command Review of profiles and deployability recommendations
- EMS support and medical director oversight SUDCC Program Medical Director Support (Garrison)
- Surety Backup support Medical Augmentation Team support for Garrison EMP response
- Consultant for MEB vs RTD ruling with tenant unit Command groups
- Medical Evaluation Board initiation of release from continued service and facilitation
- Executive medicine (On call medical duties to VIP personnel)
- Early access for acute and urgent care for ADSM which involves placing profiles, sick in quarters, consults, and medication
- Ready Force Sustainment training to maintain mission critical clinical skills for AD working in clinical setting
- Soldier Sexual Assault follow up care provided by Sexual Assault Care Coordination, Sexual Assault Care Provider and Victim Advocate
- Assist Commanders with Line of Duty determinations (National Guard/ Reserve)
- Mobilization Force Generation Installation for 20th CBRNE
- ROTC support for summer training medical requirements (immunizations, etc.)

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

Behavioral Health

Active Duty, National Guard, Reservists and Active Guard Reservists

Diagnostic evaluations, treatment planning, follow-up care and emergent walk-in care.

Treatment is provided through a multidisciplinary team approach working conjointly with the Army Substance Use Disorder Clinical Care Program, Family Advocacy Program and Tele-Behavioral Health Services with Ft. Gordon, GA and Kimbrough Ambulatory Care Center. These programs include Social Workers, Psychologists, Psychiatrists, Social Services Assistances and Behavioral Health Technicians.

Emergency and routine evaluations determining safety of Military Personnel and Fitness for Duty Determinations. These types of evaluations help us in determining military suitability, medical readiness and/or deployability. Evaluations for Military Schools such as Drill Sergeant and Recruiter, help mitigate risk of the service member attending these courses.

Embedded Behavioral Health Provider, Dr. Kathleen Petersen, assigned to the 20th CBRNE command on Edgewood, MD., providing face to face consultation with command as well as treatment and resources for other Behavioral Health services that may be needed.

We provide acute walk-in services for: all patients with acute needs, patients from other providers who may have an emergency concern and for Commanders who have an emergency concern for their Soldier. During times that the clinic is closed, patients with acute needs are to report to the nearest Emergency Room, located in Havre De Grace or Bel Air, Maryland. The Behavioral Health case manager will be notified of treatment plan and/or discharge of Service Member and will establish follow-up care within 7 days of discharge. In a case when Service Member is in need of higher level of care, provider and case manager will work side by side with commander to provide patient with the care they need.

Active Duty Family Members, Beneficiaries and Retirees

Integrated Behavioral Health Consultant located in Primary Care provides short term outpatient treatment care for non-emergent cases to determine what the patient may need prior to sending him/her to the next level of care. Many Behavioral Health concerns can be managed within the Primary Care Section. Family Members/Retirees are referred to Network Resources.

Overall, our goal is to enhance unit readiness and the emotional well-being of military members, their family members and other eligible beneficiaries on or around Aberdeen Proving Ground, MD.

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

Physical Therapy

KUSAHC provides Direct Access Care without a Physician Referral. Early access to Physical Therapy is vital for Medical Readiness. Soldiers seen at the MTF are able to return to duty sooner.

The average timeline for Return to Duty for acute injuries is 22 days for those seen by direct access physical therapy.

Research shows a 40% reduction in downstream costs when service members with low back pain are able to see a physical therapist within 15 days (due to less surgery, less opioids, less imaging, and fewer visits).

Network Care does not provide direct access to Soldiers, but requires a referral from a physician. This delays the start of care, which both negatively impacts a soldier's readiness and increases overall cost associated with care.

KUSAHC Physical Therapy has specific capabilities that can only be performed by Physical Therapists working in Military Treatment Facilities including issuing and expiring temporary profiles, prescribing medications (NSAIDs and muscle relaxers), and ordering Diagnostic Imaging (X-Ray, MRI, etc). Without these patients would have to see their PCM, overloading the burden on primary care and negatively impacting Access to Care.

Network Physical Therapy cannot perform any of the above.

KUSAHC Physical Therapy provides unit outreach to improve Medical Readiness. Programs include the Running Mechanics Course, Functional Movement Screens, and Lifting Mechanics Instruction/ ACHT preparation. These courses focus on injury rehabilitation, injury prevention, and improving performance; thus reducing non-deployable soldiers. KUSAHC Physical Therapists have knowledge and experience with the physical demands and requirements for service members, leading to better care and management of this special population. Network Care is unable to provide unit outreach programs and does not fully understand the physical demands of the soldier.

Physical Therapy has been shown to directly impact Army Medical Readiness.

40% reduction in MRC3 numbers

Decreased time on temporary profile and lost duty days

Greater than 30% avoided medical evacuations from Combat Zones

16% reduction in Opioid use (Soldiers taking opioids are non-deployable)

46% reduction in surgeries. Surgeries typically require 9-12 months of temporary profiling until they can return to duty.

Physical Therapy fundamental tasks are promoting, improving, conserving, or restoring the behavioral and physical well-being of those entrusted to our care. KUSAHC provides evidenced based physical therapy services to service members, their families, and

Part G: MTF Mission Brief



Optometry

- Full service Optometry services
- Eye Exams for AIRBORNE, SEER, RANGER, OCS, HALO, DRIVER'S LICENSE, FLIGHT CLASS 2 & ABOVE (FLIGHT CLASS)
- Dilated Eye Exams,
- Annual exams,
- School vision exam,
- MEDPROS updates,
- Refractive surgery packets,
- Diabetic Exams,
- Glasses and contact lens prescription renewal

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

Army Wellness Center

Army Wellness Centers (AWC) provide standardized primary prevention programs and services designed to build and sustain good health and improve the overall healthy lifestyles of Soldiers, Family Members, Retirees, and DA Civilians.

Building health with AWCs by empowering participants to set their own health goals and achieve them. It addresses lifestyle change in areas that affect both short- and long-term health, engaging people in their "lifespace"— the places where they live, work, relax and rest.

How the AWC Works

- The AWC is an initiative overseen by the Army Public Health Center.
- The AWC is staffed by health educators who deliver primary prevention programs. (Primary prevention occurs before disease, injury or disability occurs.) Health Educators are highly credentialed with a minimum of a Bachelor's degree in Allied Health (health promotion, health education, exercise science, etc.) and hold one or more NCCA recognized certifications (CHES, ACE Health Coach, Certified Exercise Physiologist)
- Referrals can be made to AWC by medical providers or unit commanders. Self-referrals are always welcome and can be made by contacting AWC directly.

AWC Utilization Fiscal Year 2019 Quarter 1:

- 15,698 unique clients served by 33 AWCs
- 27,388 visits to 33 AWCs
- Overall utilization rate 78% of expected benchmark for fully implemented AWCs (expectation 10.5 visits per educator per day)



Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

Pharmacy

Community Support:

The pharmacy provides pharmaceutical care to all patients authorized to receive pharmacy benefits from Kirk US Army Health Clinic. Serving over 55,000 patients and filling over 123,000 prescriptions in FY18, the pharmacy strives for providing the best pharmaceutical care available. 94% of our population is served within a target window of a 20 minutes; The best in the MEDDAC. The pharmacy continues to serve the community by providing a MEDSAFE for veterans, active duty, retirees and family members to drop off old or expired medications that are no longer in use. The ultimate goal of the MEDSAFE is to lower the statistics of fraud, waste and abuse for the Aberdeen Area. The pharmacy has been working with local first responders and Emergency Medical Technicians (EMTs), ensuring they have medications like; Narcan, Lidocaine, Epinephrine, Nitroglycerin, and Diazepam for patients in need of emergency medications.

The pharmacy supports the Surety Mission of APG-South (Edgewood) by supplying medications for emergency situations.

Pharmacy personnel have access to the Prescription Drug Monitoring Program, which grants permission for employees to look at everything a patient is prescribed within military hospitals, as well as on the outside (civilian hospitals). The pharmacy drives this program for the community. The program benefits the community by allowing employees to access what medications patients are currently taking, and see whether they are receiving schedule II-IV medications elsewhere. Doctors on the outside are called frequently when a patient is suspected to be abusing their medication, and it has been found, more often than none, that Doctors were not tracking their patients receiving medications from multiple doctors. Ensuring that patients are not being over prescribed, or receiving different medications from different doctors is vital to the overall health of the population in Maryland.

Unit Mission Support:

The pharmacy is responsible for processing, editing, filling, and dispensing medications for patients on Aberdeen Proving Ground. The pharmacy ensures: Right medication, Right dose, Right frequency, Right patient, at all times. The pharmacy controls the patients health after the visit to the clinic, which is why precision is vital. The pharmacy serves patients from inside the clinic, as well as patients who come from outside providers, from all over the east coast. All pharmacy personnel exercise leadership at Kirk US Army Health Clinic in all matters related to the use of prescription and over the counter medications. The pharmacy provides compliant storage of controlled substances for use not only for the pharmacy, but for the laboratory department as well. Our formulary consists of over 2,000 medications that allows us to support our mission of providing quality healthcare to our beneficiaries.

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

Laboratory

Community Support:

Kirk Laboratory Support: The laboratory tests clinical samples from Active Duty Soldiers, Retiree, dependent and sick call soldier. Out Patient walk in for Lab work come from KUSAHC Clinic visit and from Civilian Provider. Soldiers for annual physical, POR, and SRP at the Kirk Clinic Located in APG, MD. Kirk Laboratory Provide effective diagnostic testing for Surety Mission at APG. In Calendar Year 2018 the laboratory performed 59253 billable laboratory procedures. The results from these tests were available the same day, in house testing usually within 1-4 hours enabling the Kirk PCMH providers to make clinical decisions for care. If Kirk Army Health Clinic were unable to continue providing this service, the Kirk Clinic would send testing to the WRANMMC, Bethesda laboratory, potentially delaying care for Kirk Clinic patients.

Unit Mission/Warrior Readiness

Readiness MEDPROS: The laboratory is responsible for the collection and shipment of specimens for Active Duty Soldiers that Come through Kirk Clinic for PHA. Kirk Army Health Clinic and Laboratory Staff are trained on the specific requirements including specimen collection, handling and security required by the program.

Force Testing HIV Samples are performed by the Center for Disease Detection (CDD) through a centralized contract that includes updating MEDPROS status once testing is complete. Kirk Army Health Clinic is part of the centralized contract that is authorized to ship HIV specimens to Bethesda Laboratory. The laboratory ships specimens within 24 hours and verifies results. The laboratory completed 1058 HIV testing in Calendar Year 2018. The laboratory also collects DNA samples from Soldiers and submits them to the Armed Forces Repository if Specimen for Identification of Remains.

Surety Mission at APG Cholinesterase Samples are performed by the Kirk Laboratory under Public Health Command CRL surveillance plan. The laboratory completed 771 Cholinesterase testing in Calendar Year 2018.

Impact of Reducing Services to Active Duty only

Maintaining a Ready Medical Force: Military Medical Laboratory Technicians (68K) assigned to Kirk Army Health Clinic at APG gain skills necessary to perform duties as generalists in a deployed Combat Support Hospital. Technical skills require practice that cannot be simulated in a garrison field unit setting. 68K assigned to Army Medical Centers (larger facilities) specialize in one section of the laboratory and do not gain or maintain competency in essential areas of laboratory medicine. Reduction in scale or scope of laboratory would ultimately lead to more lost training time due to Soldiers, Family Members, and DAC retirees traveling long distances for testing. An reduction in scale will have cost issues, many testing processes would become cost prohibitive. Most laboratory equipment is leased and the contracting is done on a cost per test basis. Vendors have a minimum volume (annual tests) required to offer cost per test options. Essentially this mean we must pay for testing we are not performing or no longer offer basic laboratory testing. If we did not offer testing, we would send the specimen to a reference lab and pay another facility to perform the testing or refer the Soldier to a network provider. A reduction in scale would results in one or more of the following: Higher cost per test for basic laboratory services, reduced laboratory testing menu and services, increase in shipment of active duty soldiers specimens to reference laboratory, increase in active duty Soldier referral to network providers

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

Radiology

The department of Radiology provides walk-in diagnostic imaging at Kirk U.S. Army Health Clinic, Aberdeen Proving Ground (APG).

Active Duty :

The department of Radiology offers walk-in diagnostic X-rays to all active duty soldiers, dependent and retirees. It provides services between 0630 and 1730 (Monday – Thursday) and between 0630 – 1630 on Friday that is beneficial to soldiers at APG to receive the same day imaging and reduce unnecessary down slips.

The radiology department performed 3579 Diagnostic exams in calendar year 2018. Removing this service would cause inconvenience for the soldiers stationed at APG, as the next closest radiology department is at Ft Meade. It would even delay patient care for retirees and dependent who lives at or near by APG.

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

EMS

Community Support:

APG is made up of 5 non-contiguous areas of over 72,500 acres. We provide the Advance Life Support EMS coverage to more than 93 tenant organizations and roughly 24,000 people a day that traverse our installation. Our EMS mission is unusual as in addition to our standard EMS responses we also cover a mission that tests almost everything the modern warfighter wears, drives, or shoots. This requires heavy industrial fabrication on armored vehicles and weapons platforms. Specialized testing facilities such as Cold Firing Positions, Underwater and Littoral warfare ranges, Amphibious and land firing positions, Two Airfields and multiple miles of testing tracks. APG also runs a majority of the Federal Governments Chemical and Biological testing facilities. This gives us a Radiological, Chemical and Biological and Explosive response hazard. In addition to responses APG EMS also oversees a Public Access AED program with more than 483 AED's currently in use. Currently we have had 4 public saves. This program is maintained with a robust Public Education program that trains and certifies more than 2400 personnel a year.

Readiness:

APGEMS currently staff two Advanced Life Support Medic units 24 hours a day/365 days a year. We also maintain a third reserve ALS Transport unit that (staffing permitted) can be stood up to cover addition high risk testing missions/events such as the Chemical/Biological program or down range explosives and firing tests.

Initiatives:

APG's EMS Program has been identified by Maryland Institute of Emergency Medical Services (MIEMSS) as a program they would like to see other Maryland Army Installations mimic. We have established our transport unit inventories to exceed set state mandates. Within the next two months we will have the state certify we have met the Volunteer Ambulance Inspection Program (VAIP). This credential outlines that we have exceeded the standards of our local community. We continue to maintain our public education and AED program which has resulted in a cardiac arrest Return of Spontaneous Circulation (ROSC) rate of more than 7 times the national average.

Priorities:

Maintaining readiness to respond, Training of our personnel, Training of our community, ensure the safety of all personnel that traverse our installation and its surrounding community.

Issues:

None

Part G: MTF Mission Brief

Kirk U.S. Army Health Clinic

Preventive Medicine Branch

Part G: MTF Mission Brief



Occupational Health

THE MISSION: The mission of the Kirk US Army Health Clinic Occupational Health (OH) Clinics is to promote, protect and restore the health of the workforce by ensuring a safe and healthy work environment for the Department of the Army (DA) Civilian and Active Duty populations of over 15,000 on Aberdeen Proving Ground, MD.

SPECIFIC CONTRIBUTIONS:

- Ensure that Department of Army (DA) Civilian and Active Duty personnel are fit to perform their job duties and that their health is not negatively impacted by exposures in the workplace. This is accomplished IAW OPM 5 CFR 339, OSHA regulations 29 CFR 1910, DOD 6055.05-M, AR 40-5 Preventive Medicine, DA PAM 40-11 Preventive Medicine and others.
- There are two OH clinics at Aberdeen Proving Ground. One is within the main Kirk U.S. Army Health Clinic (KUSAHC) on the Aberdeen Area and the other is on the Edgewood Area and it is a satellite of KUSAHC. The two clinics support around 72 different tenant organizations. There are approximately 2,100 DA Civilian employees enrolled in one or more OH medical surveillance programs who receive annual evaluations in one of the clinics. Utilizing OH services through over 7700 appointments with the OH Clinic.
- Aberdeen Proving Ground is a test center heavily involved in the Research, Development, Test and Evaluation (RDTE) for a wide variety of material and equipment used by the Warfighter. The nature of RDTE leads to a very dynamic work environment with many different and ever changing potential health hazards to include chemical warfare agents, emerging chemical threats, toxic industrial chemicals, Biological Select Agents and Toxins (BSAT), other infectious agents and toxins, laboratory animal exposures causing allergies and zoonotic illness, asbestos, explosives, heavy metals such as lead and chromium, ionizing and non-ionizing radiation, motorized vehicles, heat and cold, repetitive motion injuries, slips, trips and falls, and psychological stress.
- Comprehensive OH evaluations are provided upon initial entry to medical surveillance, annually and upon termination from the program. These evaluations serve to identify adverse early health affects from exposures to mitigate adverse health conditions from employment through a complete review of health, hazard specific medical surveillance requirements, medical clearance for personnel protective equipment (for example use of respirators) Additionally, some positions such as DA Civilian Police and Security Guards or firefighters require a determination of fitness for duty to meet physical, mental, and medical standards of the position.
- The OH program also provides minor acute injury care, return to work evaluations, travel medicine consultation for official travel and reproductive health evaluations.
- Moreover both OH Program conduct new hire evaluations for the supporting CPAC with respect to both appropriated and non-appropriated funded positions; pre-deployment screening and post-deployment assessments for deploying and emergency essential DA Civilians; disability retirement application review; medical accommodation reviews; and in team meetings with LMER and legal for employee issues related to a medical condition.
- Each OH Clinic has an embedded Army Hearing Program.
- Non direct clinic services include staff worksites visit with safety, supervisors and or Industrial Hygiene personnel to better mitigate health risks to the workforce.
- OH health and risk communication is provided both on an individual basis and in groups of employees regarding potential hazards and ways to protect themselves

Part G: MTF Mission Brief



Army Hearing Program

THE MISSION: The mission of the Army Hearing Program (AHP) is to maximize Soldier and DA Civilian hearing and communication abilities through implementation of the components of hearing readiness, clinical and operational hearing services, and hearing conservation, thus contributing to survivability, lethality, mission effectiveness, and quality of life.

SPECIFIC CONTRIBUTIONS:

-Implements the requirements for a Occupational Noise Exposure Hearing Conservation program IAW with CFR 1910.95, DoDi 6055.12, AR 40-5, and DA PAM 40-501.

-Ensure soldiers meet hearing/ear specific retention standards per AR 40-501 through DOEHRS-HC hearing testing (flight physicals, standard annual hearing tests, pre-deployment tests, post-deployment tests, termination tests, follow-up tests) and comprehensive audiological testing. We ensure that each Soldier or candidate meets the requirements set forth in Chapter 4 of AR40-501 and the Aeromedical Policy Letters (APL).

-Soldiers and hazardous noise exposed DA Civilians are required to have an annual hearing test, and to be within specific hearing standards. Soldiers are tracked through MEDPROS. The DA Civilian population includes industrial maintenance personnel, pilots and flight crews, and research and developmental test officers, who exposed to various weapon systems and other equipment on Aberdeen Proving Ground, MD.

-Diagnostic audiological evaluations are completed by a supporting audiologist on a part-time basis and either conducts additional testing to assess hearing levels or confirms suspected work-related hearing loss.

-Hearing protective attenuation testing is done for Soldiers and DA Civilians with work-related hearing loss to verify they have the appropriate fitting hearing protection devices and are able to use them correctly.

-Annual hearing loss prevention education required by DoDi 6055.12 and DA PAM 40-501 is provided to organizations on APG with OSHA Hearing Conservation Programs.

-Hearing protection fittings, fit testing, recommendations, and requisition. Per DoDi 6055.12 and DA PAM 40-501 all Soldiers and noise exposed DA Civilians must be fit and trained on hearing protection, and must utilize it in noise hazardous environments.

-Operational noise hazard surveillance, assessment and abatement recommendations is done through Kirk's Industrial Hygiene Programs, to include Firing range inspections and site assistance visits (SAV).

-Hearing readiness reporting, recordkeeping

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

Public Health Nursing

THE MISSION: The mission of the Army Public Health Nursing (APHN) Program provides oversight of population level primary and secondary prevention activities, enabling Force readiness through promoting population-focused health, mitigating disease and injury, assuring Force Health Protection, informing policy, and responding to emerging health threats.

SPECIFIC CONTRIBUTIONS:

- Implements Public Health Programs under AR 40-5; DA Pam 40-11; AR 608-10; AR 608-75; AR 608-18; and AR 600-110 HIV.
- Programs and Services include the following:
 - Epidemiology & Disease Control: State, Federal, DoD reporting requirements
 - * APHN is responsible for timely reporting and follow-up as needed, includes Rabies Advisory Board duties childhood lead exposures.
 - * May be time sensitive (i.e. food borne) or routine (i.e. STI)
 - * May be seasonal (i.e. influenza) or novel (i.e. Zika)
 - * Collaboration with civilian Health Departments & Army Public Health Center
 - Child and Youth Services (CYSS): Health Consultant, Inspections, Special Needs, Staff Education & Training
 - * APHN is responsible for health inspections of centers and homes
 - * 3 child development centers monthly; 2 APG-N; 1 APG-EA
 - * 2 youth centers quarterly; 1 APG-N; 1 APG-EA
 - * Multi-Disciplinary Team Inspection quarterly
 - * Comprehensive Inspection annually
 - * CYSS Health Nurse, NAF, IMCOM asset
 - Community Health Education: In support of installation initiatives and activities:
 - * Tobacco Free Living Policy
 - * Monthly Health Observances
 - * Pregnancy Postpartum Physical Training
 - * Lactation consultation
 - * FMWR sponsored Retiree Fair, Month of the Military Child
- Reporting requirements: State, Federal, DoD reporting requirements
 - * weekly infectious disease reports to APHC and County Health Department
 - * monthly summary to Regional Health Command, APHN Consultant
 - * quarterly Program Status Report (PSR) metrics to APHC
 - * annual historical report

Part G: MTF Mission Brief



Surety Medical Program

THE MISSION: The mission of the Kirk US Army Health Clinic Surety Medicine Program is to ensure that the Aberdeen Proving Ground (APG) DA Civilian and Active Duty workforce is medically and psychologically fit and reliable to work safely with chemical and biological surety materials and to detect any adverse health effects from potential exposures through medical surveillance and to provide a Medical Response Team (MRT) to provide initial care in the event of a chemical accident or incident.

SPECIFIC CONTRIBUTIONS:

- Ensure that Department of Army (DA) Civilian and Active Duty and contract personnel meet the reliability standards of AR 50-6 Chemical Surety (16 April 2018) and AR 190-17 Biological Select Agents and Toxins (BSAT) Security Program (05 March 2019).
- There are three tenant organizations with a Chemical Personnel Reliability Programs (PRP) and one tenant organization with a Biological PRP located at APG. There are currently 339 individual employees enrolled in various PRPs.
- Comprehensive Occupational Health (OH) evaluations are provided upon initial screening for enrollment into the applicable PRP, annually and upon termination from the program. These evaluations include a complete review of health, hazard specific medical surveillance examinations, medical clearance for personnel protective equipment (for example use of respirators), and fitness for duty. The examination cover both physical and mental health.
- The Competent Medical Authority (CMA) is a licensed, Surety and PRP trained and credentialed physician, nurse practitioner or physician assistant. The CMA completes the OH evaluations, reviews the medical information for items that might interfere with the ability of the individual to safely perform job duties or negatively impact reliability. This information is then transmitted to the organization's Certifying Official with a recommendation.
- Additionally the CMA provides continuing evaluation of the physical and mental health of those employees enrolled in a PRP; provides oversight and review of the Red Blood Cell Cholinesterase monitoring program, which detects potential exposures to chemical nerve agents; provides a clinical evaluation following potential exposure to chemical warfare agents, emerging chemical biological threat agents.
- Kirk provides physician support to the MRT with the CMA serves as the Medical Response Team Leader in the event of a chemical casualty resulting from a workplace accident or incident. In this roll oversees and provides directions to the Aberdeen Proving Ground Emergency Medical Service's paramedics and also provides input to physicians at local hospitals who may be caring for the casualties.
- The Surety Medicine program is inspected by the DA Inspector General Technical Inspection team four times for each two year cycle. During the off years MEDCOM completes a Surety Management Review for each of the four programs.

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

Environmental Health

THE MISSION: Provide installation support on environmental health services, to include environmental sanitation, environmental quality, health education and training services to tenant organizations on APG. Establish policies and procedures for the management of the following programs: Food Service Sanitation, Entomology and Pest Management, Environmental Injury Prevention, Field Sanitation, Regulated Medical Waste (RMW), Hazardous Materials and Hazardous Waste (HM/HW), Swimming Pool Operations, Drinking Water, Radiation Protection Program, General Sanitation, and other services.

SPECIFIC CONTRIBUTIONS:

-Implements Environmental Health programs based on the following regulations and references: AR 40-5, Preventive Medicine; AR 200-5, Pest Management; DA PAM 40-11, Preventive Medicine; TB MED 530, Tri-Service Food Code; TB MED 575, Recreational Water Facilities; TB MED 576, Occupational and Environmental Health Sanitary Control and Surveillance of Water Supplies at Fixed Installations; TB MED 577, Sanitary Control and Surveillance of Field Water Supplies; MEDCOM Reg. 40-35, Management of Regulated Medical Waste; and ATP 4-25.12, Unit Field Sanitation Teams

-Provides the following functions *results are documented in DOEHS-EH, the electronic database of record for Environmental Health:

- Food Service Sanitation Inspections* (25/month [maximum])
- General Sanitation Inspections* (11/month [maximum])
- Regulated Medical Waste (RMW) Inspections* (9 Sites)
- Hazardous Materials and Hazardous Waste (HM/HW) Inspections* (3 SAP)
- Drinking Water Analysis (28 potable water monthly collection)
- Swimming Pool Operation Inspections* (2 installation swimming pools)
- Entomology and Pest Management/Surveillance (10 mosquito trap sites)
- Environmental Injury Prevention Training (upon request)
- Field Sanitation Team Training (semiannually)
- Food Handlers Course (monthly)

-Provides periodic reports both internally and to higher headquarters through various reporting applications: Quarterly Installation Report Quarterly Public Health Enterprise Environmental Health module; Monthly KUSAHC EXCOM on an ad hoc basis; Monthly Training Meeting; and Event oriented reporting (EXSUM).

-Provides Garrison support offering the Food Handler's Course on a monthly basis to all organizations that may be involved with food preparation on the installation for organizational events.

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

Industrial Hygiene

THE MISSION: Provide support to the warfighter, conserve resources, and enhance readiness by anticipating, recognizing, evaluating and controlling health hazards where military and civilian personnel work and serve. The Industrial Hygiene Program Office (IHPO) objectives include: Ensuring regulatory compliance with applicable Federal, state, and local laws and DA regulations pertaining to occupational health; Identifying, characterizing, and assessing potential workplace health hazards; Recommending appropriate engineering and administrative controls and/or personal protective equipment to prevent occupational related illnesses, injuries, or deaths; Recommending personnel for exposure-based medical surveillance.

SPECIFIC CONTRIBUTIONS:

- Provides services IAW the following references Executive Order 12196; Title 3, Code of Federal Regulations (CFR); Part 1960, Title 29, CFR; Public Law 91-596; Section 765, Public Law 105-85, Subtitle F; Department of Defense Instruction (DODI) 6055.1 and DODI 6055.05; Army Regulation (AR) 40-5; AR 385-10; and DA PA 40-503.
- Aberdeen Proving Ground (APG) conducts research, development, testing, and engineering (RDTE) of Army materiel and equipment that directly contributes to the readiness of the Warfighter and Total Force. The KUSAHC IHPO provides industrial hygiene support to these agencies facilitating the work of 11 major commands, more than 80 tenant activities, and approximately 19,287 personnel. APG is comprised of two distinct geographical areas that are separated by the Bush River and are approximately 15 road miles apart. The KUSAHC IHPO has two main offices in the Aberdeen Area and the Edgewood Area clinics in order to support the customers in these areas. The IHPO supports medical commander responsibilities in Occupational Medicine, Army Hearing Program, Army Vision Conservation & Readiness Program, Ergonomics, and the Medical Treatment Facility. The IHPO supports the installation commander and other activity commanders in Hazard Communication, Respiratory Protection, Personal Protective Equipment, Asbestos and Lead Management Programs, Indoor Air Quality and Mold, Federal Employees Compensation Act Program, Confined Space Program, Chemical and Biological Surety Programs.
- APG has 804 requiring an industrial hygiene review. This number of facilities on the installation is the 4th largest in the Army. APG has 548 high risk workplaces currently in DOEHRS-IH that require at least annual evaluations, which is the largest in the Army. APG has 10,506 hazards identified in high risk workplaces for which an industrial hygiene exposure assessment is required. APG also has an additional 4392 hazards in medium and low risk shops. In addition to the high risk workplaces, APG has 331 medium risk workplaces that require evaluation every 2 years, and 1206 low risk workplaces that require evaluation every 3 or 4 years. Furthermore, there are a total of 4177 unique processes in all of the APG shops listed in DOEHRS-IH.

Part G: MTF Mission Brief

Kirk U.S. Army Health Clinic

Healthcare Administration

Part G: MTF Mission Brief



MOAs/MOUs

- ISSA - Base Operation Services Support Agreement for USAG-APG-MD
- MOA - Provide Sexual Harassment/Assault Response and Preventions (SHARP) support services for KUSAHC-APG
- MOU - Supplemental MOU to establish processes to implement contractual requirements with Humana-APG
- MOA - Support by Franklin Square Hospital of emergency treatment and inpatient care of chemically, biologically, and radiologically contaminated APG Installation personnel
- MOA - Support by Upper Chesapeake Hospital (UCH) of emergency treatment and inpatient care of chemically, biologically, and radiologically contaminated APG Installation personnel
- ISSA – Support of Test, Measurement, and Diagnostic Equipment (TMDE) Calibration and Repair Support (C&RS) services to KUSAHC-APG
- MOU - Amendment to MOA Behavioral Health Providing support at APG-APHC by KUSAHC APG
- MOU - Sustainment of Army Wellness Center (AWC) at APG, MD
- ISSA – APG IT/Telecommunications Support Services by RNEC-APG

Part G: MTF Mission Brief



Managed Care

Kirk U.S. Army Health Clinics Central Call Center receives an average of 3,240 calls per month. Central Call Center is the central hub for incoming calls, fielding approximately 75% of those calls. Central Call Center handles appointing processes for approximately 7,421 enrollee's that include 1293 Active Duty and 2030 Active Duty family members.

Each clinic is assigned a Medical Support Assistant (MSA) or assistants, depending on the workload each clinic produces. Each MSA is considered a Subject Matter Expert for all front desk functions in their respective clinic, which includes paperwork processes, appointment preparation, and provider appointing organic to that clinic. They ensure the in-processing of patients for their appointments is a smooth process by validating eligibility, checking patients in for their scheduled appointment, as well as provide the face-to-face encounter needed as patients go through the appointing process. This includes, PHAs, Medical Surveillance for the Surety Program, Physical Therapy and Behavioral Health Services for our Military and civilians providing support in critical areas of the installation.

The Referral Management Office processes all referrals to include appoint to another MTF and outside network providers, these referrals are generated by the Primary Care providers and are reviewed for accuracy, cost benefits, and necessity by RMO staff. Last year Kirk processed 4,175 Active Duty referrals and 11,749 family/retiree beneficiary referrals.

The RMO staff, under DHA IPM 17-002, are responsible for the retrieval, tracking and uploading to the Medical record from all outside network provider patient medical results. Kirk processed over 11,000 Clear Legible Reports (CLRs) in the past year with the understanding that the medical readiness of the active duty population is dependent on the timely receipt of medical health records.

Kirk's Beneficiary Counseling and Advice Coordinator/Debt Collection Assistance Officer educates the Tricare population by providing coverage briefings for Active duty and their beneficiaries. The BCAC/DCAO also provides briefings for our Active Duty soldiers that are retiring to ensure an easier transition from service. Network medical billing errors have increased substantially since the contract change from Health Net Federal Service to Humana and the BCAC/DCAO assists with these claims issues in order to support SM financial readiness.

While the Managed Care Support Contractor (MCSC) handles the enrollment process, Managed Care, at Kirk, manages the HEARD, which is the system used by the MCSC to ensure beneficiaries are enrolled to the appropriate clinic and provider that meets their needs. Managed Care is able to correct most errors or deficiencies, thereby streamlining the process for in-processing time and other deficiencies.

Part G: MTF Mission Brief



Patient Administration

The mission of Patient Administration Division (PAD) and Medical Records is to provide administrative assistance relating to health care needs to the military service members, family members (active and retiree), civilians (employees), and retirees in the community.

PAD works with outside providers in getting medical records to them or for us to get medical records from them. Also, we handle insurance requests, Disability requests (VA and Social Security), attorneys, and patient request for copies. The following is a break down in 2018:

- Faxing information to other providers: 1241
- Copying medical records: 857
- Insurance request: 44
- Attorney request: 66
- Disability (VA and Social Security): 112

PAD retires medical records of family members (active, retiree, civilians, and dependents). All active duty medical records are retired to Texas when a service member is getting out of the service (ETS/Retiring). In 2018, PAD retired 134 active duty medical records. In 2019, medical records retired 268 dependent and retiree medical records. Finally, PAD will be retiring civilian employee's medical records in 2019.

PAD is responsible to scan in loose documents from other facilities into the patient's medical records. In 2018, medical records scanned in 74,830 loose documents. The method that we were using was not in benefit for our patients and providers. A workflow group was established and the group came up with a new system to meet the requirements of PAD, Referral Management, and the safety of our patient care. In the start of 2019, medical records has gone to total digitization relating to loose documents. From January 2019 to March 2019, we have met the standards set by the Department of Defenses relating to Referral management and PAD. Finally, this new program gets the medical information into the patient's medical quicker and makes the patient's medical care safer.

Finally, PAD is responsible to collect Other Health Insurance (2569s) from the patient. The money from the other health insurance is used to get new equipment, medical supplies, and medicines for our patient population.

Part G: MTF Mission Brief



ARMY MEDICINE
One Team... One Purpose
Conserving the Fighting Strength Since 1775

Coding

THE MISSION:

Committed to providing accurate and timely coding for all encounters representing patient services in accordance with the Military Health System Coding Guidelines, while maintaining the highest levels of integrity, compliance and ethical values.

Requirements:

Require three full time certified coders and one Coding Coach/Supervisor for maximum support

Coding Support to MTF:

- Provide production coding ensuring accurately reflection of services rendered while maintaining compliance with regulatory requirements in utilizing the ICD-10-CM, CPT and HCPCS coding books and DoD Military Health System (MHS) coding guidelines
- Conduct documentation and coding education to all incoming providers, nurses and medic staff with update to orientation manuals and creation of resources as needed as well as ongoing education
- Conduct quality assurance coder audits to ensure correct application of ICD-10 CM, CPT, and HCPC codes based on provider documentation
- Created and monitor provider lost revenue tracker on a weekly basis with identification of needed documentation corrections and generation of losses and gains of RVUs and revenue
- Conduct provider quality assurance documentation reviews with Provider education regarding clinical documentation improvement
- Monthly review of Code Auditing and Review Application (CARA) in Patient Administration Systems and Biostatistics Activity (PASBA) for Kirks' DMIS' with correction of errors and education to provider, nurse, medic and coding staff
- Daily review and analysis of incomplete AHLTA encounters and telephone consults; CCE interface error; CAPER error; and delinquent end of day processing error reports with correction as needed
- Weekly generation and synopsis of incomplete AHLTA encounters and telephone consults outside of the 72 hours completion compliance requirement with communication to clinic leadership and Command
- Monthly Data Quality Coding error report generation (ten in total) with correction of errors and generation of memorandum and report to the MEDDAC DQ Manager
- Monthly Data Quality Non-CARA audit w/ correction of errors and of memorandum and report to the MEDDAC DQ Manager
- Attendance at weekly and monthly workgroups; Command meetings, i.e. Command and Staff, R & A; MEDDAC DQ Committee and MEDDAC DQ briefing conference calls; MEDDAC Coding Supervisor conference
- Attend PASBA VTC coding education as well as provide Coder education on a biweekly basis
- Assist FT Meade MEDDAC and outlying clinics in areas of coding guidance
- Prepare for transition to DHA and Genesis Electronic Health Record

Coding Support to Installation:

- Direct support to the Public Health Center regarding coding guidance

Part G: MTF Mission Brief



Logistics

Logistics

- Daily Logistics operations to include ordering, shipping, receiving and medical supplies ordering oversight
- Property Management to include all hand receipt responsibilities
- Facilitation of all mission critical contracts through coordination with various contracting agencies
- Execute and manage the Government Purchase Card mission
- Manage and provide up-keep on the Government Services Administration Fleet Vehicles
- Manage the Capital Expense Equipment Program (CEEP) for Lifecycle equipment replacement
- Manage the compressed gas and oxygen mission
- Manage the Regulated Medical Waste mission
- Manage the universal, special and hazardous waste mission
- Manage the TSMP Program
- Execute Trusted Associate Sponsorship System Mission (Trusted Agent)
- Facilitate Courier services
- Execute Fire Marshal duties and coordinate with Emergency Services
- Complete all Contracting Officer Representative (COR) responsibilities and requirements
- Complete all Wide Area Workflow (WAWF) responsibilities and requirements

Facilities

- Day-to-day Facilities Maintenance to ensure successful patient care efforts (unscheduled)
- Preventive Maintenance on all equipment (scheduled)
- Develop, compete and manage Facilities Improvement Projects Tier 2 and Tier 3
- Develop, compete and manage Operations and Maintenance Army (OMA) Exterior Facilities Improvements Projects
- Complete all Defense Logistics Standard Support (DMLSS) and Space Utilization mandatory responsibilities and requirements

Housekeeping

- Basic day-to-day Housekeeping Services for two shifts
- Floor and carpet maintenance
- Scheduled annual and semi-annual cleaning projects
- The Pick-up and packaging of Regulated Medical Waste
- Snow removal and inclement weather management (within 50' of all entrances/exits)
- Terminal Rooming cleaning upon requests and as required

Part G: MTF Mission Brief



PTMS&E

THE MISSION:

Committed to providing accurate and timely coding for all encounters representing patient services in accordance with the Military Health System Coding Guidelines, while maintaining the highest levels of integrity, compliance and ethical values

Requirements:

Require three full time personnel (combination of military and civilian) for maximum support

Support to MTF:

- Receive, analyze, assign, and process in excess of 150 OPORDs, FRAGOs, and tasks per year, and exceed a 99% completion rate in regards to meeting the task submission suspense. Utilize an aggressive and proactive approach in managing all tasks for the clinic, and continuously provide the staff and command team with updates on task progress and completion.
- Plan, prepare for, and participate in Installation level Physical Security Inspection (PSI). Provide guidance and direction to all sections and conduct multiple staff assistance visits in preparation for inspections, and also enhance security of the clinic.
- Complete revisions and receive command endorsement on the Emergency Management Policy (EMP). Submit the EMP to the MEDDAC for review on an annual basis and ensure our emergency management plan is nested with the FGGM MEDDAC and APG plan.
- Synchronize and manage all individual and collective training for 200 personnel. Implement a detailed tracking mechanism to provide individual training status, to include date of training expiration, to clinic leaders which will enable them to ensure their personnel completed mandatory training IAW RHC-A and MEDDAC requirements. Process and input training certificates while maintaining a 99% accuracy rate for data input into the local training tracker and DTMS. Provide bi-weekly feedback to Section Chiefs, Deputy Chief/Commanders, and the Command Team on current training delinquencies and forecast delinquencies out to 30 days.
- Utilize the RHC-A and MEDDAC Command Training Guidance to analyze training requirements and develop a detailed Command Training Guidance for the KUSAHC Commander's approval. Develop the long range training plan by scheduling and leading the Long Range Training Conference and subsequently developing a Long Range Training Calendar to provide synchronization and visualization of the FY 18 training plan.
- Develop an accurate, timely, and detailed Short Range Calendar (SRC) using input from multiple sources to provide the Command Team with a tool that captures all events happening within the clinic, on APG, and within higher headquarters (MEDDAC and RHC-A). Capturing this information on a single document enables the Command Team to visualize events from multiple echelons, both horizontally and vertically, and provide this information quickly and easily to all clinic staff which greatly improved communication flow and knowledge management
- Plan, coordinate, and participate in 12 Kirk Training Days per year.

Part H: MTF Portfolio (Full)

KIMBROUGH AMBULATORY CARE CENTER – FORT MEADE

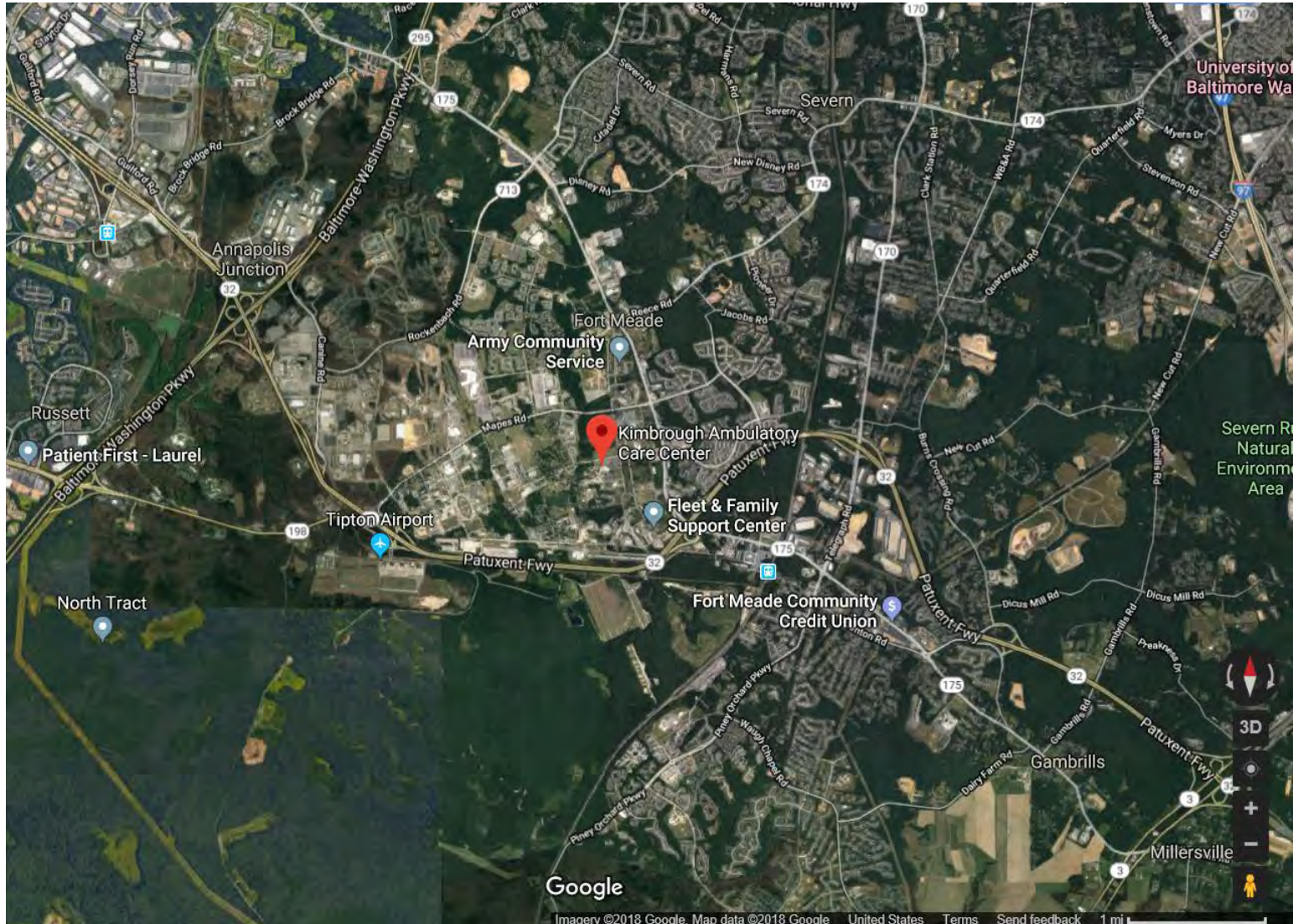


Table of Contents

<u>Section</u>	<u>Slide #</u>
Overview.....	<u>3</u>
Inpatient Care.....	<u>4</u>
Ambulatory Care.....	<u>7</u>
Pharmacy.....	<u>24</u>
Radiology.....	<u>50</u>
Laboratory.....	<u>65</u>
Staffing.....	<u>78</u>
Eligible Population and Enrollment.....	<u>91</u>

Kimborough ACC – Overview

❑ # of Buildings and Age¹: 7, 58 / 58

❑ Avg # of Encounters per day²:

Tmt DMIS ID	Tmt DMIS ID Name	2014	2015	2016	2017	2018
0069	KIMBROUGH AMB CAR CEN-MEADE	829	868	875	907	825
0255	AHC MCNAIR-MYER-HENDERSON HALL	11	11	12	9	11
0308	AHC KIRK-ABERDEEN PRVNG GD	238	283	236	239	245
0309	AHC BARQUIST-DETRICK	169	180	194	174	180
0351	AHC LETTERKENNY ARMY DEPOT	8	8	8	9	6
0352	AHC DUNHAM-CARLISLE BARRACKS	211	228	245	271	275
0390	AHC ANDREW RADER-MYER-HENDERSN	266	281	287	327	322
0441	AHC FILLMORE-NEW CUMBERLAND	52	57	64	67	65
0545	OHC EDGEWOOD ARS	35	29	26	14	16

❑ ER or Immediate Care³: No

¹ Source: DHA / Facilities Management Division

² Source: M2 CAPER, MEPRS B only, ER (BIA) and Immediate Care (BHI) omitted, Monday-Friday only

³ Source: M2 CAPER, ER (BIA) or Immediate Care (BHI) coded

Inpatient Care

Kimbroough ACC – Prime/Plus Enrollment Inpatient Care¹

0069 KIMBROUGH AMB CAR CEN-MEADE Prime/Plus Enrollees Treated in Direct Care										
Product Line	Tmt DMIS ID Name	FY 2016			FY 2017			FY 2018		
		DC Disps	DC CMI	DC Cost per RWP ³	DC Disps	DC CMI	DC Cost per RWP ³	DC Disps	DC CMI	DC Cost per RWP ³
MED	ACH MARTIN-BENNING				2	0.6007	\$ 14,059	2	0.8563	\$ 4,831
	AF-MC-88th MEDGRP-WRIGHT-PAT	3	2.3635	\$ 19,205				1	0.4916	\$ 7,240
	AMC BAMC-FSH	1	0.7806	\$ 5,651	3	0.9366	\$ 8,757	4	0.6764	\$ 8,234
	AMC DARNALL-HOOD				2	3.6147	\$ 11,670	1	0.4977	\$ 17,551
	AMC EISENHOWER-GORDON				1	1.3035	\$ 10,333	3	0.9972	\$ 12,289
	AMC WILLIAM BEAUMONT-BLISS							2	0.6916	\$ 11,273
	AMC WOMACK-BRAGG				2	0.6895	\$ 10,995	1	0.6516	\$ 17,568
	FT BELVOIR COMMUNITY HOSP-FBCH	94	0.7887	\$ 17,262	123	0.7706	\$ 15,148	99	0.7643	\$ 15,722
	LANDSTUHL REGIONAL MEDCEN	2	0.5698	\$ 13,470	1	0.4790	\$ 9,577			
	NH CAMP PENDELTON	2	0.6016	\$ 7,561				1	0.4684	\$ 8,497
	NMC SAN DIEGO	1	0.5516	\$ 6,257	2	0.8694	\$ 5,648	1	0.5831	\$ 8,816
	WALTER REED NATL MIL MED CNTR	617	0.8236	\$ 14,179	487	0.8636	\$ 14,895	497	0.8312	\$ 15,079
	SURG	AMC WOMACK-BRAGG				2	1.0390	\$ 16,299	1	1.1398
FT BELVOIR COMMUNITY HOSP-FBCH		57	1.9731	\$ 16,812	75	2.2647	\$ 16,280	81	1.6847	\$ 15,031
LANDSTUHL REGIONAL MEDCEN					3	1.4623	\$ 17,634	2	2.2166	\$ 19,162
NH CAMP PENDELTON								2	1.3502	\$ 11,863
OB	WALTER REED NATL MIL MED CNTR	506	2.0072	\$ 13,500	448	1.9010	\$ 15,348	482	1.9514	\$ 15,556
	FT BELVOIR COMMUNITY HOSP-FBCH	134	0.5965	\$ 19,768	116	0.5061	\$ 21,269	89	0.5666	\$ 21,459
NEWBORN	WALTER REED NATL MIL MED CNTR	330	0.5562	\$ 19,787	356	0.5420	\$ 24,237	388	0.5842	\$ 26,046
	FT BELVOIR COMMUNITY HOSP-FBCH	122	0.3199	\$ 20,466	100	0.2298	\$ 32,370	66	0.2538	\$ 29,252
MH	WALTER REED NATL MIL MED CNTR	285	0.5703	\$ 25,336	304	0.3569	\$ 24,437	310	0.3762	\$ 34,520
	AMC EISENHOWER-GORDON				1	3.1200	\$ 12,781	4	0.6331	\$ 39,396
	AMC WILLIAM BEAUMONT-BLISS	3	0.7449	\$ 15,388	1	0.4946	\$ 12,299			
	FT BELVOIR COMMUNITY HOSP-FBCH	70	0.6429	\$ 37,169	86	0.5934	\$ 51,607	59	0.5944	\$ 62,293
	NMC PORTSMOUTH	2	0.7588	\$ 12,595	3	0.5404	\$ 39,233	1	0.5912	\$ 9,561
Total/Overall	NMC SAN DIEGO	2	0.4176	\$ 8,713						
	WALTER REED NATL MIL MED CNTR	156	0.6577	\$ 25,953	128	0.4707	\$ 49,849	122	0.5638	\$ 51,000
Total/Overall		2,400	0.9794	\$ 16,558	2,272	0.9192	\$ 18,951	2,235	0.9468	\$ 19,775

0069 KIMBROUGH AMB CAR CEN-MEADE Prime/Plus Enrollees Treated in Purchased Care									
Product Line	FY 2016			FY 2017			FY 2018		
	PC Adms	PC CMI	PC Paid per RWP ²	PC Adms	PC CMI	PC Paid per RWP ²	PC Adms	PC CMI	PC Paid per RWP ²
MED	540	0.9273	\$ 11,264	488	0.8912	\$ 10,798	460	1.0149	\$ 13,030
SURG	362	2.6095	\$ 11,322	404	2.5209	\$ 10,791	342	2.5279	\$ 11,007
OB	263	0.5684	\$ 15,567	223	0.5496	\$ 14,582	184	0.5482	\$ 15,477
NEWBORN	236	0.6843	\$ 9,298	197	0.4271	\$ 9,467	181	0.5300	\$ 10,684
MH	42	0.7566	\$ 10,229	42	0.5176	\$ 15,527	48	0.5271	\$ 16,915
Total/Overall	1,443	1.2392	\$ 11,459	1,354	1.2421	\$ 11,064	1,215	1.2786	\$ 11,981

¹ Source: Direct Care: MDR SIDR (Detail truncated for low volume; Total/Overall includes truncated volume); Purchased Care: MDR TED-Institutional. Prime/Plus enrolled to the Parent Site. Includes "fix" to newborn enrollment information.

² Purchased Care includes 13% increase for overhead burdening.

³ FY16-17 Direct Care costs based on respective FY MEPRS expenses; FY18 based on FY17 costs, adjusted for inflation.

Kimbrough ACC – Prime/Plus Enrollment Inpatient Care¹ – AD Only

0069 KIMBROUGH AMB CAR CEN-MEADE Prime/Plus Enrollees Treated in Direct Care - AD ONLY										
Product Line	Tmt DMIS ID Name	FY 2016			FY 2017			FY 2018		
		DC Disps	DC CMI	DC Cost per RWP ³	DC Disps	DC CMI	DC Cost per RWP ³	DC Disps	DC CMI	DC Cost per RWP ³
MED	ACH MARTIN-BENNING				2	0.6007	\$ 14,059	2	0.8563	\$ 4,831
	AMC BAMC-FSH				2	1.0411	\$ 9,741	3	0.5759	\$ 8,736
	AMC EISENHOWER-GORDON				1	1.3035	\$ 10,333	2	0.8852	\$ 5,012
	FT BELVOIR COMMUNITY HOSP-FBCH	12	0.7502	\$ 9,603	20	0.7076	\$ 14,500	26	0.8892	\$ 11,448
	LANDSTUHL REGIONAL MEDCEN	2	0.5698	\$ 13,470	1	0.4790	\$ 9,577			
	NH CAMP PENDLETON	2	0.6016	\$ 7,561				1	0.4684	\$ 8,497
	WALTER REED NATL MIL MED CNTR	147	0.8043	\$ 12,868	102	0.7551	\$ 14,960	104	0.7351	\$ 14,056
SURG	FT BELVOIR COMMUNITY HOSP-FBCH	17	1.8580	\$ 15,962	24	1.8934	\$ 12,607	25	1.7236	\$ 13,891
	LANDSTUHL REGIONAL MEDCEN				3	1.4623	\$ 17,634	2	2.2166	\$ 19,162
	NH CAMP PENDLETON							2	1.3502	\$ 11,863
	WALTER REED NATL MIL MED CNTR	150	1.9943	\$ 12,840	144	1.8858	\$ 14,923	146	1.8804	\$ 15,240
OB	FT BELVOIR COMMUNITY HOSP-FBCH	33	0.6027	\$ 18,276	19	0.5491	\$ 20,697	20	0.5465	\$ 19,956
	WALTER REED NATL MIL MED CNTR	122	0.5562	\$ 20,570	125	0.5412	\$ 24,008	131	0.5971	\$ 26,164
MH	AMC EISENHOWER-GORDON				1	3.1200	\$ 12,781	4	0.6331	\$ 39,396
	AMC WILLIAM BEAUMONT-BLISS	3	0.7449	\$ 15,388	1	0.4946	\$ 12,299			
	FT BELVOIR COMMUNITY HOSP-FBCH	61	0.6435	\$ 39,307	61	0.6519	\$ 55,404	42	0.6195	\$ 64,084
	NMC PORTSMOUTH	2	0.7588	\$ 12,595	3	0.5404	\$ 39,233	1	0.5912	\$ 9,561
	NMC SAN DIEGO	2	0.4176	\$ 8,713						
	WALTER REED NATL MIL MED CNTR	133	0.6614	\$ 26,499	100	0.4778	\$ 52,083	101	0.5693	\$ 52,476
Total/Overall		693	0.9913	\$ 17,091	624	0.9761	\$ 21,359	627	0.9938	\$ 21,732

0069 KIMBROUGH AMB CAR CEN-MEADE Prime/Plus Enrollees Treated in Purchased Care - AD ONLY									
Product Line	FY 2016			FY 2017			FY 2018		
	PC Adms	PC CMI	PC Paid per RWP ²	PC Adms	PC CMI	PC Paid per RWP ²	PC Adms	PC CMI	PC Paid per RWP ²
MED	103	0.8149	\$ 12,863	92	0.8269	\$ 10,585	88	1.0612	\$ 12,304
SURG	77	2.4997	\$ 11,708	84	2.4283	\$ 10,405	59	2.4974	\$ 9,140
OB	65	0.5487	\$ 17,668	56	0.5541	\$ 15,325	32	0.5773	\$ 14,826
NEWBORN	0	0.0000	\$ 0	0	0.0000	\$ 0	1	0.1232	\$ 6,606
MH	6	1.0157	\$ 10,501	6	0.4487	\$ 13,427	8	0.5007	\$ 22,587
Total/Overall	251	1.2676	\$ 12,657	238	1.3184	\$ 10,961	188	1.4007	\$ 10,864

¹ Source: Direct Care: MDR SIDR (Detail truncated for low volume; Total/Overall includes truncated volume); Purchased Care: MDR TED-Institutional. Prime/Plus enrolled to the Parent Site. Includes "fix" to newborn enrollment information.

² Purchased Care includes 13% increase for overhead burdening.

³ FY16-17 Direct Care costs based on respective FY MEPRS expenses; FY18 based on FY17 costs, adjusted for inflation.

Ambulatory Care

Kimbrough ACC – Direct Care Appointments by Appointment Status¹

Appointment Status	0069 - KIMBROUGH AMB CAR CEN-MEADE						0255 - AHC MCNAIR-MYER-HENDERSON HALL						0308 - AHC KIRK-ABERDEEN PRVNG GD					
	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total
1 Pending	1	0%	1	0%	6	0%												
2 Kept	140,610	45%	150,102	47%	145,702	49%	1,307	39%	1,350	50%	1,826	56%	32,946	41%	35,953	46%	38,513	48%
3 Canceled	49,758	16%	51,014	16%	50,373	17%	432	13%	525	19%	601	18%	10,210	13%	10,069	13%	11,955	15%
4 No Show	12,535	4%	11,822	4%	11,036	4%	119	4%	114	4%	134	4%	2,467	3%	2,194	3%	2,497	3%
5 Walk In	54,777	18%	51,652	16%	36,183	12%	542	16%	273	10%	361	11%	11,021	14%	9,084	12%	7,573	9%
6 Sick Call	98	0%	34	0%	467	0%							1	0%	1	0%	4	0%
7 Telcon	54,170	17%	55,978	17%	53,833	18%	895	27%	428	16%	312	10%	23,226	29%	20,956	27%	19,592	24%
8 LWOBS	189	0%	227	0%	328	0%	1	0%	2	0%	6	0%	40	0%	58	0%	46	0%
9 Admin	137	0%	86	0%	58	0%							50	0%	47	0%	10	0%
10 Occ-Svc	365	0%	233	0%	384	0%	23	1%	1	0%	9	0%	2	0%	27	0%	4	0%
Grand Total	312,640		321,149		298,370		3,319		2,693		3,249		79,963		78,389		80,194	

Appointment Status	0309 - AHC BARQUIST-DETRICK						0351 - AHC LETTERKENNY ARMY DEPOT						0352 - AHC DUNHAM-CARLISLE BARRACKS					
	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total
1 Pending																		
2 Kept	28,006	45%	26,938	49%	26,531	48%	1,676	73%	1,740	71%	998	71%	36,009	43%	36,434	40%	38,472	43%
3 Canceled	8,021	13%	7,843	14%	7,702	14%	268	12%	314	13%	161	12%	10,612	13%	12,014	13%	12,202	14%
4 No Show	1,345	2%	1,252	2%	1,245	2%	197	9%	222	9%	82	6%	2,271	3%	2,403	3%	2,241	2%
5 Walk In	7,693	12%	4,366	8%	5,983	11%	96	4%	148	6%	148	11%	9,608	12%	9,475	11%	9,201	10%
6 Sick Call	2	0%			1	0%									3	0%	2	0%
7 Telcon	17,602	28%	14,501	26%	13,544	25%	61	3%	11	0%	9	1%	24,459	29%	29,644	33%	28,197	31%
8 LWOBS	10	0%	17	0%	17	0%							28	0%	50	0%	24	0%
9 Admin	1	0%	5	0%	4	0%							16	0%	9	0%	1	0%
10 Occ-Svc	11	0%			1	0%	1	0%			2	0%	9	0%	21	0%	31	0%
Grand Total	62,691		54,922		55,028		2,299		2,435		1,400		83,012		90,053		90,371	

¹ Source: M2 Appointment, includes MEPRS Codes B**, FBI, and FBN.

Kimbrough ACC – Direct Care Appointments by Appointment Status¹

Appointment Status	0390 - AHC ANDREW RADER-MYER-HENDERSN						0441 - AHC FILLMORE-NEW CUMBERLAND						0545 - OHC EDGEWOOD ARS					
	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total
1 Pending																		
2 Kept	47,695	50%	55,742	51%	55,241	51%	11,222	55%	10,616	50%	9,920	51%	3,296	42%	1,800	45%	1,865	43%
3 Canceled	15,015	16%	18,447	17%	19,732	18%	3,076	15%	3,377	16%	2,914	15%	1,088	14%	426	11%	491	11%
4 No Show	4,180	4%	4,232	4%	4,309	4%	1,007	5%	735	3%	585	3%	283	4%	105	3%	95	2%
5 Walk In	6,574	7%	7,764	7%	8,813	8%	2,312	11%	2,923	14%	2,725	14%	2,433	31%	1,491	38%	1,845	43%
6 Sick Call																		
7 Telcon	21,612	23%	22,600	21%	19,646	18%	2,610	13%	3,385	16%	3,289	17%	729	9%	146	4%	27	1%
8 LWOBS	59	0%	85	0%	64	0%	18	0%	18	0%	6	0%	5	0%	1	0%		
9 Admin	26	0%	16	0%	13	0%	65	0%	17	0%	2	0%	6	0%	7	0%	6	0%
10 Occ-Svc	94	0%	92	0%	145	0%	3	0%	8	0%	22	0%						
Grand Total	95,255		108,978		107,963		20,313		21,079		19,463		7,840		3,976		4,329	

¹ Source: M2 Appointment, includes MEPRS Codes B**, FBI, and FBN.

Kimbrough ACC – Direct Care Appointments by Appointment Type¹

Appt Type Group	0069 - KIMBROUGH AMB CAR CEN-MEADE						0255 - AHC MCNAIR-MYER-HENDERSON HALL						0308 - AHC KIRK-ABERDEEN PRVNG GD					
	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total
24HR	39,925	13%	40,985	13%	44,214	15%	404	12%	48	2%			8,353	10%	12,268	16%	13,057	16%
ACUTE	3,622	1%	3,597	1%	3,410	1%	26	1%	7	0%			272	0%	424	1%	112	0%
FTR	105,784	34%	104,264	32%	99,226	33%	1,211	36%	1,990	74%	2,703	83%	25,681	32%	24,971	32%	28,727	36%
GRP	4,885	2%	4,858	2%	2,954	1%							330	0%	376	0%	233	0%
PCM	15	0%	8	0%	12	0%												
PROC	46,817	15%	47,323	15%	33,623	11%	73	2%	76	3%			4,053	5%	5,526	7%	7,298	9%
ROUT	4,023	1%	3,292	1%	2,226	1%	623	19%	127	5%	178	5%	7,502	9%	5,603	7%	2,272	3%
SPEC	35,254	11%	42,189	13%	38,554	13%							4,133	5%	3,261	4%	5,844	7%
T-CON*	57,014	18%	58,643	18%	56,295	19%	974	29%	445	17%	368	11%	24,095	30%	21,681	28%	20,255	25%
UNK																		
WELL	15,301	5%	15,990	5%	17,856	6%	8	0%					5,544	7%	4,279	5%	2,396	3%
Grand Total	312,640		321,149		298,370		3,319		2,693		3,249		79,963		78,389		80,194	

Appt Type Group	0309 - AHC BARQUIST-DETRICK						0351 - AHC LETTERKENNY ARMY DEPOT						0352 - AHC DUNHAM-CARLISLE BARRACKS					
	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total
24HR	6,457	10%	7,691	14%	7,482	14%							11,846	14%	10,738	12%	9,364	10%
ACUTE	7	0%	2	0%	3	0%	49	2%	63	3%	114	8%	16	0%	23	0%	19	0%
FTR	27,837	44%	25,080	46%	25,453	46%	2	0%	5	0%	8	1%	33,472	40%	35,837	40%	35,435	39%
GRP	1,117	2%	608	1%	102	0%							348	0%	694	1%	1,869	2%
PCM																		
PROC	1,227	2%	381	1%	153	0%							6,140	7%	6,530	7%	7,640	8%
ROUT	322	1%	242	0%	690	1%							290	0%	360	0%	330	0%
SPEC	1,521	2%	1,752	3%	2,101	4%	1	0%					1,871	2%	2,181	2%	2,222	2%
T-CON*	18,189	29%	15,108	28%	14,040	26%	86	4%	12	0%	11	1%	25,761	31%	31,057	34%	29,628	33%
UNK					1	0%											1	0%
WELL	6,014	10%	4,058	7%	5,003	9%	2,161	94%	2,355	97%	1,267	91%	3,268	4%	2,633	3%	3,863	4%
Grand Total	62,691		54,922		55,028		2,299		2,435		1,400		83,012		90,053		90,371	

¹ Source: M2 Appointment, includes MEPRS Codes B**, FBI, and FBN.

Kimbrough ACC – Direct Care Appointments by Appointment Type¹

Appt Type Group	0390 - AHC ANDREW RADER-MYER-HENDERSN						0441 - AHC FILLMORE-NEW CUMBERLAND						0545 - OHC EDGEWOOD ARS					
	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total
24HR	12,342	13%	14,122	13%	14,118	13%	3,109	15%	2,800	13%	2,757	14%	196	3%	5	0%		
ACUTE	932	1%	1,254	1%	1,243	1%							397	5%	41	1%	2	0%
FTR	35,769	38%	41,542	38%	42,898	40%	12,080	59%	12,754	61%	10,802	56%	494	6%	10	0%	279	6%
GRP	1,292	1%	1,791	2%	1,014	1%												
PCM																		
PROC	6,849	7%	10,108	9%	9,684	9%	1,527	8%	1,313	6%	1,695	9%						
ROUT	109	0%	162	0%	141	0%	187	1%	161	1%	174	1%	1,674	21%	1,154	29%	1,511	35%
SPEC	7,070	7%	9,637	9%	12,146	11%	616	3%	510	2%	556	3%						
T-CON*	23,227	24%	23,999	22%	21,225	20%	2,693	13%	3,475	16%	3,390	17%	753	10%	146	4%	29	1%
UNK					1	0%												
WELL	7,665	8%	6,363	6%	5,493	5%	101	0%	66	0%	89	0%	4,326	55%	2,620	66%	2,508	58%
Grand Total	95,255		108,978		107,963		20,313		21,079		19,463		7,840		3,976		4,329	

¹ Source: M2 Appointment, includes MEPRS Codes B**, FBI, and FBN.

Kimbrough ACC – FY18 Direct Care Ambulatory Encounters¹

PRODUCT LINE	0069 - KIMBROUGH AMB CAR CEN-MEADE				0255 - AHC MCNAIR-MYER-HENDERSON HALL				0308 - AHC KIRK-ABERDEEN PRVNG GD			
	Seen	Telcon	Total	% of Total	Seen	Telcon	Total	% of Total	Seen	Telcon	Total	% of Total
DERM												
IMSUB	2,330	82	2,412	1.02%								
MH	18,833	4,136	22,969	9.75%					2,846	231	3,077	4.69%
OPTOM	9,241	81	9,322	3.96%					1,703	11	1,714	2.61%
ORTHO	23,200	101	23,301	9.89%					8,395	82	8,477	12.91%
OTHER	28,690	194	28,884	12.27%					4,705	108	4,813	7.33%
PC	81,560	46,737	128,297	54.48%	2,185	307	2,492	100.00%	28,434	19,155	47,589	72.47%
SURG	17,992	2,317	20,309	8.62%								
TOTAL	181,846	53,648	235,494		2,185	307	2,492		46,083	19,587	65,670	

PRODUCT LINE	0309 - AHC BARQUIST-DETRICK				0351 - AHC LETTERKENNY ARMY DEPOT				0352 - AHC DUNHAM-CARLISLE BARRACKS			
	Seen	Telcon	Total	% of Total	Seen	Telcon	Total	% of Total	Seen	Telcon	Total	% of Total
DERM												
IMSUB									418	1	419	0.55%
MH	2,891	687	3,578	7.77%					4,503	236	4,739	6.24%
OPTOM									3,483	219	3,702	4.87%
ORTHO	2,846	0	2,846	6.18%					5,638	9	5,647	7.43%
OTHER	4,919	588	5,507	11.96%	1,146	10	1,156	100.00%	6,494	0	6,494	8.55%
PC	21,847	12,269	34,116	74.09%					27,184	27,775	54,959	72.35%
SURG												
TOTAL	32,503	13,544	46,047		1,146	10	1,156		47,720	28,240	75,960	

¹ Source: M2 CAPER, includes MEPRS Codes B**, FBI, and FBN.

Kimbrough ACC – FY18 Direct Care Ambulatory Encounters¹

PRODUCT LINE	0390 - AHC ANDREW RADER-MYER-HENDERSN				0441 - AHC FILLMORE-NEW CUMBERLAND				0545 - OHC EDGEWOOD ARS			
	Seen	Telcon	Total	% of Total	Seen	Telcon	Total	% of Total	Seen	Telcon	Total	% of Total
DERM	7,393	1,215	8,608	10.27%								
IMSUB												
MH	6,897	423	7,320	8.74%								
OPTOM	4,706	72	4,778	5.70%								
ORTHO	4,561	47	4,608	5.50%								
OTHER	4,896	124	5,020	5.99%					3,710	27	3,737	100.00%
PC	35,672	17,794	53,466	63.80%	12,645	3,293	15,938	100.00%				
SURG												
TOTAL	64,125	19,675	83,800		12,645	3,293	15,938		3,710	27	3,737	

¹ Source: M2 CAPER, includes MEPRS Codes B**, FBI, and FBN.

Kimbrough ACC – Direct Care Ambulatory Surgery¹

MEPRS	MEPRS Description	FY 2017 Encounters	FY 2018 Encounters
BAG	GASTROENTEROLOGY CLINIC	571	0
BBA	GENERAL SURGERY CLINIC	187	1,311
BBD	OPHTHALMOLOGY CLINIC	163	106
BBF	OTOLARYNGOLOGY CLINIC	94	0
BBL	PAIN MANAGEMENT CLINIC	1	0
BEA	ORTHOPEDIC CLINIC	1,078	0
BLA	PHYSICAL THERAPY CLINIC	7	342
TOTAL		2,101	1,759

FY18 Ambulatory Surgery with Additional Detail

MEPRS	MEPRS Description	Surgical Group ²	FY 2018 Encounters
BBA	GENERAL SURGERY CLINIC	Digestive	626
BBA	GENERAL SURGERY CLINIC	Male Genital	97
BBA	GENERAL SURGERY CLINIC	Musculoskeletal System	490
BBA	GENERAL SURGERY CLINIC	Nervous	51
BBA	GENERAL SURGERY CLINIC	Other	15
BBA	GENERAL SURGERY CLINIC	Respiratory System	32
		Sub-Total	1,311
BBD	OPHTHALMOLOGY CLINIC	Eye	106
		Sub-Total	106
BLA	PHYSICAL THERAPY CLINIC	Musculoskeletal System	341
BLA	PHYSICAL THERAPY CLINIC	Other	1
		Sub-Total	342
	GRAND TOTAL		1,759

¹ Source: M2 CAPER, based on the Same Day Surgery Flag. Based on Parent Tmt DMIS ID.

² Based on the Optum grouping (e.g., CPT codes 20000-29999 are for the Musculoskeletal System). Only the 1st procedural CPT investigated.

Kimbrough ACC – FY18 Direct Care Ambulatory Surgery¹

Top 20 Procedure Codes

Procedure 1	Procedure Name	Encounters	Prov Agg Total RVU
45385	COLONOSCOPY,FLEX;REM TUM,SNARE	255	2,100.48
28890	EXT SHCK WAV,HI ENRGY,PLAN FAS	168	913.45
45380	COLONOSCOPY,FLEX;W BX,SING/MUL	163	926.73
66984	CATARACT SURG W/IOL, 1 STAGE	94	1,532.44
45378	COLONOSCOPY,FLEXIBLE;DIANOSTIC	93	481.97
43239	EGD,FLEX,TRANSORL;BX,SING/MULT	88	334.27
55400	REPAIR OF SPERM DUCT	55	1,137.16
29882	ARTHRSCP KNEE;MENSCLS RPR(M/L)	52	869.60
29807	SHOULDER ARTHROSCOPY/SURGERY	42	1,176.60
29888	ARTHRSCP ANT CRUCI LIG RPR/AUG	35	972.36
29827	ARTHROSCOP ROTATOR CUFF REPR	34	1,238.88
29848	WRIST ENDOSCOPY/SURGERY	33	420.25
28296	COR,HAL VAL;DIS METATAR OSTEOT	32	387.30
64721	CARPAL TUNNEL SURGERY	31	295.01
25111	REMOVE WRIST TENDON LESION	25	152.03
29881	ARTH,KNE,SX;MENISCEC (MED/LAT)	23	354.08
23430	REPAIR BICEPS TENDON	20	523.88
26160	REMOVE TENDON SHEATH LESION	20	149.19
64718	REVISE ULNAR NERVE AT ELBOW	19	292.40
20680	REMOVAL OF SUPPORT IMPLANT	17	176.77

¹ Source: M2 CAPER, based on the Same Day Surgery Flag. Based on Parent Tmt DMIS ID. Only Procedure 1 analyzed. Prov Agg Total RVU is for the entire encounter.

Kimbrough ACC – Ambulatory Workload and Cost¹

DC = work performed in the MTF; PC = work performed by a provider within the site's PRISM (parent)

	Product Line	Encounters/Services		Average RVU		Cost/Paid per RVU	
		DC	PC	DC	PC	DC	PC ²
		Encounters	Services	RVU / Encounters	RVU / Services	Full Cost / RVU	Amount Paid / RVU
FY 2018 ³	PC	336,857	358,806	1.60	1.29	\$ 147	\$ 58
	OBGYN	0	17,970	0.00	2.06	\$ 0	\$ 63
	MH	41,683	200,212	2.99	0.68	\$ 130	\$ 115
	OTHER	151,754	475,306	2.45	1.28	\$ 91	\$ 59
	TOTAL	530,294	1,052,294	1.95	1.18	\$ 125	\$ 65
FY 2017 ³	PC	358,599	378,146	1.54	1.26	\$ 139	\$ 60
	OBGYN	996	24,401	2.27	2.11	\$ 122	\$ 65
	MH	45,601	152,936	2.66	0.91	\$ 112	\$ 100
	OTHER	150,198	472,251	2.33	1.18	\$ 88	\$ 64
	TOTAL	555,394	1,027,734	1.85	1.19	\$ 119	\$ 66
FY 2016 ³	PC	351,235	418,813	1.49	1.17	\$ 151	\$ 65
	OBGYN	1,801	24,863	1.99	2.10	\$ 85	\$ 66
	MH	39,022	83,869	2.82	1.51	\$ 107	\$ 78
	OTHER	144,457	425,603	2.35	1.28	\$ 98	\$ 66
	TOTAL	536,515	953,148	1.82	1.27	\$ 127	\$ 67

¹ Source: DC = M2 CAPER; PC = MDR TED Non-Institutional (using "ambulatory" defined by eMSM workgroup; drug costs included; OHI omitted). Includes all beneficiaries. Use caution when making comparisons between DC and PC. Encounters and Services are not comparable. They are provided to give a sense of volume.

² Purchased Care includes 13% increase for overhead burdening.

³ FY16-17 Direct Care costs based on respective FY MEPRS expenses; FY18 based on FY17 costs, adjusted for inflation.

Kimborough ACC – FY18 Direct and Purchased Care Ambulatory Workload by Enrollment Category¹

Work performed by Kimborough ACC (parent)³:

KIMBOROUGH AMB CAR CEN-MEADE - FY 2018 DIRECT CARE AMBULATORY WORKLOAD																					
Product Line	Prime-Site			Reliant			Prime-Other			Plus			TFL			Not Enrolled			Total		
	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU
PC	281,588	1.62	\$ 146	2,186	1.86	\$ 152	7,852	1.90	\$ 149	312	1.24	\$ 150	35,033	1.24	\$ 153	9,886	1.94	\$ 165	336,857	1.60	\$ 147
MH	34,291	3.01	\$ 130	1,870	2.83	\$ 126	4,470	2.94	\$ 131	8	3.62	\$ 141	180	2.47	\$ 137	864	2.77	\$ 123	41,683	2.99	\$ 130
OTHER	100,638	2.44	\$ 71	2,754	2.44	\$ 59	21,356	3.00	\$ 146	154	2.98	\$ 116	8,011	2.76	\$ 89	18,841	1.73	\$ 144	151,754	2.45	\$ 91
TOTAL	416,517	1.93	\$ 121	6,810	2.36	\$ 104	33,678	2.74	\$ 144	474	1.84	\$ 132	43,224	1.53	\$ 132	29,591	1.83	\$ 150	530,294	1.95	\$ 125

↑

26% FT BELVOIR COMMUNITY HOSP-FBCH; 19% WALTER REED NATL MIL MED CNTR;
12% AF-ASU-11th MEDGRP-ANDREWS; 11% MCSC; 10% NHC ANNAPOLIS

Work performed by a provider within Kimborough ACC's PRISM (parent)²:

KIMBOROUGH AMB CAR CEN-MEADE - FY 2018 PURCHASED CARE AMBULATORY WORKLOAD																					
Product Line	Prime-Site			Reliant			Prime-Other			Plus			TFL			Not Enrolled			Total		
	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU
PC	77,739	1.23	\$ 59	1,663	1.41	\$ 69	97,148	1.30	\$ 64	102	1.85	\$ 46	18,634	1.64	\$ 57	163,520	1.26	\$ 53	358,806	1.29	\$ 58
OBGYN	2,568	2.43	\$ 68	70	1.80	\$ 79	2,368	2.57	\$ 62	0	0.00	\$ 0	353	2.60	\$ 23	12,611	1.87	\$ 64	17,970	2.06	\$ 63
MH	88,519	0.65	\$ 121	51	2.88	\$ 127	82,487	0.44	\$ 169	11	2.81	\$ 25	308	2.57	\$ 48	28,836	1.43	\$ 62	200,212	0.68	\$ 115
OTHER	169,313	1.16	\$ 59	2,138	1.46	\$ 65	103,741	1.58	\$ 63	77	1.80	\$ 45	16,431	1.41	\$ 58	183,606	1.22	\$ 57	475,306	1.28	\$ 59
TOTAL	338,139	1.05	\$ 69	3,922	1.46	\$ 69	285,744	1.16	\$ 75	190	1.89	\$ 44	35,726	1.55	\$ 57	388,573	1.27	\$ 56	1,052,294	1.18	\$ 65

↑

38% MCSC; 18% WALTER REED NATL MIL MED CNTR; 16% FT BELVOIR COMMUNITY HOSP-FBCH

¹ Source: DC = M2 CAPER; PC = MDR TED Non-Institutional (using "ambulatory" defined by eMSM workgroup; drug costs included; OHI omitted). Includes all beneficiaries. Use caution when making comparisons between DC and PC. Encounters and Services are not comparable. They are provided to give a sense of volume.

² Purchased Care includes 13% increase for overhead burdening.

³ Direct Care costs based on FY17 MEPRS expenses, adjusted for inflation.

Kimbrough ACC – FY17 Direct and Purchased Care Ambulatory Workload by Enrollment Category¹

Work performed by Kimbrough ACC (parent)³:

KIMBROUGH AMB CAR CEN-MEADE - FY 2017 DIRECT CARE AMBULATORY WORKLOAD																					
Product Line	Prime-Site			Reliant			Prime-Other			Plus			TFL			Not Enrolled			Total		
	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU
PC	300,698	1.55	\$ 139	2,830	1.60	\$ 141	9,177	2.03	\$ 109	367	1.51	\$ 137	33,957	1.17	\$ 146	11,570	1.77	\$ 145	358,599	1.54	\$ 139
OBGYN	810	2.43	\$ 123	10	2.22	\$ 121	131	1.46	\$ 113	1	2.03	\$ 121	9	2.88	\$ 153	35	1.41	\$ 127	996	2.27	\$ 122
MH	36,280	2.66	\$ 111	2,017	2.49	\$ 100	5,876	2.74	\$ 121	10	1.66	\$ 176	222	2.03	\$ 158	1,196	2.56	\$ 111	45,601	2.66	\$ 112
OTHER	104,238	2.32	\$ 68	2,855	2.43	\$ 99	15,728	2.85	\$ 170	109	2.94	\$ 118	7,924	2.86	\$ 83	19,344	1.71	\$ 127	150,198	2.33	\$ 88
TOTAL	442,026	1.83	\$ 115	7,712	2.14	\$ 111	30,912	2.58	\$ 146	487	1.83	\$ 131	42,112	1.49	\$ 123	32,145	1.77	\$ 133	555,394	1.85	\$ 119

↑
27% WALTER REED NATL MIL MED CNTR; 15% FT BELVOIR COMMUNITY HOSP-FBCH; 12% NHC ANNAPOLIS

Work performed by a provider within Kimbrough ACC's PRISM (parent)²:

KIMBROUGH AMB CAR CEN-MEADE - FY 2017 PURCHASED CARE AMBULATORY WORKLOAD																					
Product Line	Prime-Site			Reliant			Prime-Other			Plus			TFL			Not Enrolled			Total		
	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU
PC	100,249	1.07	\$ 60	1,721	1.33	\$ 74	85,260	1.33	\$ 68	98	1.19	\$ 40	29,909	1.53	\$ 60	160,909	1.28	\$ 55	378,146	1.26	\$ 60
OBGYN	4,254	2.30	\$ 72	33	1.70	\$ 121	3,711	1.98	\$ 69	51	2.77	\$ 54	491	2.64	\$ 19	15,861	2.07	\$ 64	24,401	2.11	\$ 65
MH	72,343	0.86	\$ 103	123	2.50	\$ 99	57,935	0.59	\$ 148	8	3.23	\$ 44	330	2.55	\$ 43	22,197	1.85	\$ 56	152,936	0.91	\$ 100
OTHER	157,004	1.19	\$ 61	876	2.02	\$ 71	83,045	1.49	\$ 67	91	2.22	\$ 46	17,383	1.46	\$ 59	213,852	1.01	\$ 64	472,251	1.18	\$ 64
TOTAL	333,850	1.10	\$ 68	2,753	1.61	\$ 75	229,951	1.21	\$ 77	248	1.96	\$ 47	48,113	1.52	\$ 59	412,819	1.20	\$ 60	1,027,734	1.19	\$ 67

↑
43% MCSC; 17% WALTER REED NATL MIL MED CNTR; 15% FT BELVOIR COMMUNITY HOSP-FBCH

¹ Source: DC = M2 CAPER; PC = MDR TED Non-Institutional (using "ambulatory" defined by eMSM workgroup; drug costs included; OHI omitted). Includes all beneficiaries. Use caution when making comparisons between DC and PC. Encounters and Services are not comparable. They are provided to give a sense of volume.

² Purchased Care includes 13% increase for overhead burdening.

³ Direct Care costs based on FY17 MEPRS expenses.

Kimbrough ACC – Prime Enrollment Ambulatory Care¹ – DIRECT CARE

Tmt Parent Kimbrough?	Product Line	Tmt Parent DMIS ID Name	2017					2018				
			Encounters	Enh Total RVU	Full Cost ²	Avg RVU	Cost ² /RVU	Encounters	Enh Total RVU	Full Cost ²	Avg RVU	Cost ² /RVU
YES	PC	KIMBROUGH AMB CAR CEN-MEADE	300,698	467,479.25	\$ 65,153,036	1.55	\$ 139	281,588	455,182.70	\$ 66,357,020	1.62	\$ 146
	MH	KIMBROUGH AMB CAR CEN-MEADE	36,280	96,470.08	\$ 10,750,500	2.66	\$ 111	34,291	103,365.00	\$ 13,423,971	3.01	\$ 130
	OTHER	KIMBROUGH AMB CAR CEN-MEADE	104,238	242,144.76	\$ 16,439,084	2.32	\$ 68	100,638	245,692.64	\$ 17,506,636	2.44	\$ 71
Yes Total			442,026	808,063.94	\$ 92,584,206	1.83	\$ 115	416,517	804,240.34	\$ 97,287,628	1.93	\$ 121
NO	PC	WALTER REED NATL MIL MED CNTR	4,928	16,177.82	\$ 2,532,122	3.28	\$ 157	5,429	18,035.78	\$ 2,989,305	3.32	\$ 166
	PC	FT BELVOIR COMMUNITY HOSP-FBCH	1,922	4,699.16	\$ 891,950	2.44	\$ 190	2,803	6,389.06	\$ 1,302,832	2.28	\$ 204
	PC	AF-ASU-11th MEDGRP-ANDREWS	931	1,635.07	\$ 312,361	1.76	\$ 191	1,707	1,836.39	\$ 318,272	1.08	\$ 173
	PC	AMC DARNALL-HOOD	585	1,477.15	\$ 95,141	2.53	\$ 64	691	1,559.29	\$ 65,744	2.26	\$ 42
	PC	AMC WOMACK-BRAGG	386	797.70	\$ 63,415	2.07	\$ 79	529	893.76	\$ 73,995	1.69	\$ 83
	PC	AMC EISENHOWER-GORDON	237	383.42	\$ 33,837	1.62	\$ 88	350	614.88	\$ 58,103	1.76	\$ 94
	PC	AMC WILLIAM BEAUMONT-BLISS	516	1,550.88	\$ 106,861	3.01	\$ 69	324	1,003.70	\$ 76,848	3.10	\$ 77
	PC	AHC MONCRIEF-JACKSON	87	215.11	\$ 14,100	2.47	\$ 66	259	728.05	\$ 37,147	2.81	\$ 51
	PC	NHC QUANTICO	194	315.49	\$ 42,201	1.63	\$ 134	213	379.92	\$ 52,578	1.78	\$ 138
	PC	AHC IRELAND-KNOX	207	161.36	\$ 27,637	0.78	\$ 171	176	154.82	\$ 28,331	0.88	\$ 183
	PC	NH CAMP PENDLETON	159	253.38	\$ 27,133	1.59	\$ 107	169	259.16	\$ 30,277	1.53	\$ 117
	PC	ACH BRIAN ALLGOOD-SEOUL	223	733.49	\$ 31,778	3.29	\$ 43	155	546.10	\$ 31,657	3.52	\$ 58
	PC	AF-ASU-59th MDW-WHASC-LACKLAND	65	101.18	\$ 11,710	1.56	\$ 116	134	219.25	\$ 26,842	1.64	\$ 122
	PC	NHC ANNAPOLIS	120	168.56	\$ 23,461	1.40	\$ 139	132	203.33	\$ 28,694	1.54	\$ 141
	PC	AMC BAMC-FSH	92	143.70	\$ 14,078	1.56	\$ 98	129	213.50	\$ 21,118	1.66	\$ 99
	PC	AF-C-87th MEDGRP JBMDL-MCGUIRE	58	39.29	\$ 6,244	0.68	\$ 159	122	58.43	\$ 9,423	0.48	\$ 161
	PC	NMC SAN DIEGO	153	275.75	\$ 33,230	1.80	\$ 121	114	198.17	\$ 24,624	1.74	\$ 124
	PC	AHC R W BLISS-HUACHUCA	97	145.50	\$ 18,053	1.50	\$ 124	108	185.99	\$ 18,990	1.72	\$ 102
	PC	AMC TRIPLER-SHAFTER	62	116.52	\$ 12,894	1.88	\$ 111	106	289.86	\$ 36,919	2.73	\$ 127
	PC	NMC PORTSMOUTH	127	197.55	\$ 17,422	1.56	\$ 88	103	151.14	\$ 21,481	1.47	\$ 142
	PC	NMC CAMP LEJEUNE	55	89.07	\$ 14,388	1.62	\$ 162	101	157.70	\$ 26,185	1.56	\$ 166
	OBGYN	WALTER REED NATL MIL MED CNTR	14,356	44,952.19	\$ 6,933,991	3.13	\$ 154	14,393	44,674.17	\$ 6,370,291	3.10	\$ 143
	OBGYN	FT BELVOIR COMMUNITY HOSP-FBCH	3,079	8,734.07	\$ 962,129	2.84	\$ 110	3,069	8,569.36	\$ 1,075,169	2.79	\$ 125
	OBGYN	AF-ASU-11th MEDGRP-ANDREWS	99	237.00	\$ 66,299	2.39	\$ 280	165	323.18	\$ 85,047	1.96	\$ 263
	MH	WALTER REED NATL MIL MED CNTR	10,146	34,555.44	\$ 3,371,892	3.41	\$ 98	10,792	33,214.63	\$ 3,315,152	3.08	\$ 100
	MH	FT BELVOIR COMMUNITY HOSP-FBCH	7,090	21,189.88	\$ 2,428,571	2.99	\$ 115	5,776	17,896.78	\$ 2,332,199	3.10	\$ 130
	MH	AMC EISENHOWER-GORDON	597	1,653.35	\$ 197,011	2.77	\$ 119	2,408	6,529.48	\$ 843,672	2.71	\$ 129
	MH	AF-ASU-11th MEDGRP-ANDREWS	836	1,623.55	\$ 282,516	1.94	\$ 174	913	1,703.24	\$ 368,306	1.87	\$ 216
	MH	NHC QUANTICO	822	983.51	\$ 135,262	1.20	\$ 138	677	770.07	\$ 167,679	1.14	\$ 218
	OTHER	WALTER REED NATL MIL MED CNTR	68,988	213,098.02	\$ 44,271,539	3.09	\$ 208	64,074	200,642.64	\$ 44,568,049	3.13	\$ 222
	OTHER	FT BELVOIR COMMUNITY HOSP-FBCH	25,199	78,979.36	\$ 12,983,014	3.13	\$ 164	24,102	74,096.60	\$ 12,014,579	3.07	\$ 162
	OTHER	AF-ASU-11th MEDGRP-ANDREWS	2,778	9,527.85	\$ 1,696,935	3.43	\$ 178	3,197	12,384.35	\$ 2,619,525	3.87	\$ 212
	OTHER	NHC ANNAPOLIS	439	1,137.43	\$ 118,149	2.59	\$ 104	949	2,877.67	\$ 217,441	3.03	\$ 76
	OTHER	NHC QUANTICO	458	1,053.99	\$ 37,980	2.30	\$ 36	370	885.30	\$ 47,009	2.39	\$ 53
	OTHER	NH CAMP PENDLETON	122	251.60	\$ 17,856	2.06	\$ 71	333	820.91	\$ 56,891	2.47	\$ 69
	OTHER	AMC BAMC-FSH	138	340.53	\$ 43,968	2.47	\$ 129	318	808.34	\$ 101,269	2.54	\$ 125
	OTHER	NMC PORTSMOUTH	445	1,140.36	\$ 120,625	2.56	\$ 106	309	686.78	\$ 70,487	2.22	\$ 103
	OTHER	AMC EISENHOWER-GORDON	215	593.06	\$ 120,452	2.76	\$ 203	308	800.26	\$ 161,995	2.60	\$ 202
	OTHER	AMC WOMACK-BRAGG	179	431.12	\$ 61,905	2.41	\$ 144	236	478.64	\$ 57,100	2.03	\$ 119
	OTHER	NMC SAN DIEGO	189	495.48	\$ 91,637	2.62	\$ 185	236	566.13	\$ 117,628	2.40	\$ 208
	OTHER	AMC DARNALL-HOOD	196	348.22	\$ 22,838	1.78	\$ 66	191	317.03	\$ 16,487	1.66	\$ 52
	OTHER	NMC CAMP LEJEUNE	91	212.27	\$ 23,484	2.33	\$ 111	169	397.85	\$ 26,125	2.35	\$ 66
	OTHER	AHC MONCRIEF-JACKSON	32	86.56	\$ 2,433	2.71	\$ 28	166	312.87	\$ 12,868	1.88	\$ 41
	OTHER	AMC WILLIAM BEAUMONT-BLISS	247	280.01	\$ 12,956	1.13	\$ 46	157	261.18	\$ 35,397	1.66	\$ 136
	OTHER	AF-ASU-59th MDW-WHASC-LACKLAND	42	97.16	\$ 6,019	2.31	\$ 62	120	372.36	\$ 24,721	3.10	\$ 66
	OTHER	JAMES A LOVELL FHCC	24	66.49	\$ 0	2.77	\$ 0	119	352.53	\$ 0	2.96	\$ 0
	OTHER	ACH LEONARD WOOD	190	159.30	\$ 12,320	0.84	\$ 77	112	97.88	\$ 4,075	0.87	\$ 42
	OTHER	ACH MARTIN-BENNING	106	229.07	\$ 19,397	2.16	\$ 85	112	345.51	\$ 64,952	3.08	\$ 188
	OTHER	NHC NEW ENGLAND	43	87.37	\$ 3,885	2.03	\$ 44	110	212.36	\$ 11,916	1.93	\$ 56
No Total			152,662	460,284.21	\$ 79,420,517	3.02	\$ 173	151,560	452,700.81	\$ 81,055,108	2.99	\$ 179
Total/Overall			594,688	1,268,348.15	\$ 172,004,723	2.13	\$ 136	568,077	1,256,941.15	\$ 178,342,736	2.21	\$ 142

¹ Source: Direct Care: M2 CAPER, Prime Enrolled, MEPRS B, FBI, FBN. Data truncated for small volumes. Use caution when making comparisons between DC and PC. Encounters and Services are not comparable. They are provided to give a sense of volume.

² Direct Care costs based on FY17 MEPRS expenses, with FY18 adjusted for inflation.

Kimbrough ACC – Prime Enrollment Ambulatory Care¹ – PURCHASED CARE

Product Line	2017					2018				
	# Svcs	Enh Total RVU	Amt Paid ²	Avg RVU	Paid ² / RVU	# Svcs	Enh Total RVU	Amt Paid ²	Avg RVU	Paid ² / RVU
PC	143,322	151,927.41	\$ 8,491,239	1.06	\$ 56	132,461	166,188.50	\$ 9,268,518	1.25	\$ 56
OBGYN	8,088	13,817.86	\$ 886,103	1.71	\$ 64	5,871	11,175.02	\$ 706,623	1.90	\$ 63
MH	128,201	92,952.65	\$ 10,304,328	0.73	\$ 111	146,517	92,655.12	\$ 11,124,071	0.63	\$ 120
OTHER	231,466	274,161.92	\$ 15,952,900	1.18	\$ 58	281,488	321,977.30	\$ 18,961,652	1.14	\$ 59
TOTAL	511,077	532,859.84	\$ 35,634,570	1.04	\$ 67	566,337	591,995.94	\$ 40,060,864	1.05	\$ 68

¹ Source: Purchased Care: MDR TED Non-institutional, Prime Enrolled to the Parent Site (using “ambulatory” defined by eMSM workgroup; drug costs included; OHI omitted). Use caution when making comparisons between DC and PC. Encounters and Services are not comparable. They are provided to give a sense of volume.

² Purchased Care includes 13% increase for overhead burdening.

Kimbrough ACC – Direct Care ER/Immed. Care (MEPRS BIA/BHI)¹

This facility did not report any workload in BIA or BHI.

¹ Source: M2 CAPER. Based on Treatment Parent DMIS ID. BIA=Emergency Room (ER); BHI=Immediate Care (IC).

Kimbrough ACC – Direct Care ER/IC Disposition Code²

This facility did not report any workload in BIA or BHI.

¹ Numeric values and R are for outpatient encounters; alphanumeric A-G are for inpatient encounters.

² Source: M2 CAPER. Based on Treatment Parent DMIS ID. BIA=Emergency Room (ER); BHI=Immediate Care (IC).

Kimbrough ACC – Direct Care ER/IC Top 15 Diagnosis Codes¹ (Reason for being seen)

This facility did not report any workload in BIA or BHI.

Pharmacy

Kimbrough ACC – Direct Care Pharmacy¹ by Enrollment Group

PARENT 0069 KIMBROUGH AMB CAR CEN-MEADE										
Enr Group	2017					2018				
	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day
Prime-MTF	474,939	23,859,977	\$ 23,929,653	\$ 50	\$ 1.00	457,394	23,368,994	\$ 26,599,649	\$ 58	\$ 1.14
Prime-MCSC	9,374	595,185	\$ 591,763	\$ 63	\$ 0.99	9,295	589,897	\$ 647,706	\$ 70	\$ 1.10
Reliant	3,445	119,369	\$ 109,023	\$ 32	\$ 0.91	3,101	101,673	\$ 117,058	\$ 38	\$ 1.15
Plus	153,869	10,456,171	\$ 7,297,279	\$ 47	\$ 0.70	154,023	10,520,567	\$ 8,611,562	\$ 56	\$ 0.82
Overseas Prime	57	2,090	\$ 1,052	\$ 18	\$ 0.50	18	779	\$ 642	\$ 36	\$ 0.82
Desig Prov	739	40,327	\$ 57,509	\$ 78	\$ 1.43	703	42,933	\$ 75,969	\$ 108	\$ 1.77
Other	197,189	13,928,315	\$ 10,154,443	\$ 51	\$ 0.73	190,881	13,609,098	\$ 11,222,854	\$ 59	\$ 0.82
Grand Total	839,612	49,001,434	\$ 42,140,722	\$ 50	\$ 0.86	815,415	48,233,941	\$ 47,275,441	\$ 58	\$ 0.98

¹ Source: M2 PDTS, Source System D (Direct Care) and C (Clinician Administered Drug).

Kimbrough ACC – Direct Care Pharmacy¹ by Enrollment Group

0069 KIMBROUGH AMB CAR CEN-MEADE										
Enr Group	2017					2018				
	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day
Prime-MTF	191,014	9,052,841	\$ 9,898,423	\$ 52	\$ 1.09	185,998	8,922,964	\$ 11,156,395	\$ 60	\$ 1.25
Prime-MCSC	2,233	134,923	\$ 140,520	\$ 63	\$ 1.04	2,425	142,760	\$ 148,275	\$ 61	\$ 1.04
Reliant	1,642	55,793	\$ 49,530	\$ 30	\$ 0.89	1,172	41,511	\$ 43,085	\$ 37	\$ 1.04
Plus	45,485	3,011,734	\$ 2,328,558	\$ 51	\$ 0.77	45,312	3,009,263	\$ 2,580,143	\$ 57	\$ 0.86
Overseas Prime	26	713	\$ 482	\$ 19	\$ 0.68	5	135	\$ 200	\$ 40	\$ 1.48
Desig Prov	420	20,983	\$ 46,594	\$ 111	\$ 2.22	371	22,794	\$ 52,220	\$ 141	\$ 2.29
Other	33,914	2,279,595	\$ 1,734,162	\$ 51	\$ 0.76	32,903	2,213,437	\$ 1,936,992	\$ 59	\$ 0.88
Grand Total	274,734	14,556,582	\$ 14,198,269	\$ 52	\$ 0.98	268,186	14,352,864	\$ 15,917,310	\$ 59	\$ 1.11

0308 AHC KIRK-ABERDEEN PRVNG GD										
Enr Group	2017					2018				
	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day
Prime-MTF	74,164	3,613,156	\$ 3,086,996	\$ 42	\$ 0.85	71,924	3,663,211	\$ 3,387,852	\$ 47	\$ 0.92
Prime-MCSC	1,156	65,142	\$ 60,666	\$ 52	\$ 0.93	1,285	74,872	\$ 76,901	\$ 60	\$ 1.03
Reliant	393	12,694	\$ 9,684	\$ 25	\$ 0.76	322	10,132	\$ 9,657	\$ 30	\$ 0.95
Plus	12,021	744,639	\$ 595,447	\$ 50	\$ 0.80	13,827	912,297	\$ 712,563	\$ 52	\$ 0.78
Overseas Prime	17	805	\$ 259	\$ 15	\$ 0.32	2	97	\$ 41	\$ 20	\$ 0.42
Desig Prov	149	8,376	\$ 4,484	\$ 30	\$ 0.54	115	7,048	\$ 14,457	\$ 126	\$ 2.05
Other	27,272	1,865,537	\$ 1,266,108	\$ 46	\$ 0.68	26,894	1,874,593	\$ 1,365,331	\$ 51	\$ 0.73
Grand Total	115,172	6,310,349	\$ 5,023,645	\$ 44	\$ 0.80	114,369	6,542,250	\$ 5,566,801	\$ 49	\$ 0.85

¹ Source: M2 PDTS, Source System D (Direct Care) and C (Clinician Administered Drug).

Kimbrough ACC – Direct Care Pharmacy¹ by Enrollment Group

0309 AHC BARQUIST-DETRICK										
Enr Group	2017					2018				
	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day
Prime-MTF	46,415	2,265,710	\$ 2,452,701	\$ 53	\$ 1.08	46,136	2,319,197	\$ 2,595,921	\$ 56	\$ 1.12
Prime-MCSC	1,654	110,639	\$ 83,203	\$ 50	\$ 0.75	1,421	92,167	\$ 99,047	\$ 70	\$ 1.07
Reliant	79	2,851	\$ 1,968	\$ 25	\$ 0.69	138	4,992	\$ 4,829	\$ 35	\$ 0.97
Plus	7,430	512,223	\$ 368,715	\$ 50	\$ 0.72	7,674	528,329	\$ 408,764	\$ 53	\$ 0.77
Desig Prov	90	5,691	\$ 3,117	\$ 35	\$ 0.55	76	4,751	\$ 4,228	\$ 56	\$ 0.89
Other	24,940	1,733,910	\$ 1,379,868	\$ 55	\$ 0.80	26,607	1,851,793	\$ 1,628,254	\$ 61	\$ 0.88
Grand Total	80,608	4,631,024	\$ 4,289,571	\$ 53	\$ 0.93	82,052	4,801,229	\$ 4,741,042	\$ 58	\$ 0.99

0352 AHC DUNHAM-CARLISLE BARRACKS										
Enr Group	2017					2018				
	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day
Prime-MTF	77,204	4,332,248	\$ 3,817,594	\$ 49	\$ 0.88	64,452	3,807,209	\$ 3,920,563	\$ 61	\$ 1.03
Prime-MCSC	2,873	193,130	\$ 189,937	\$ 66	\$ 0.98	2,652	186,432	\$ 169,373	\$ 64	\$ 0.91
Reliant	353	13,758	\$ 10,163	\$ 29	\$ 0.74	193	6,933	\$ 6,048	\$ 31	\$ 0.87
Plus	39,338	2,709,797	\$ 1,751,775	\$ 45	\$ 0.65	38,887	2,682,219	\$ 2,305,152	\$ 59	\$ 0.86
Overseas Prime	1	10	\$ 14	\$ 14	\$ 1.39	4	165	\$ 78	\$ 20	\$ 0.47
Desig Prov	8	600	\$ 943	\$ 118	\$ 1.57	28	2,108	\$ 1,853	\$ 66	\$ 0.88
Other	76,300	5,669,664	\$ 3,743,688	\$ 49	\$ 0.66	69,985	5,336,595	\$ 4,019,757	\$ 57	\$ 0.75
Grand Total	196,077	12,919,207	\$ 9,514,114	\$ 49	\$ 0.74	176,201	12,021,661	\$ 10,422,825	\$ 59	\$ 0.87

¹ Source: M2 PDTS, Source System D (Direct Care) and C (Clinician Administered Drug).

Kimbrough ACC – Direct Care Pharmacy¹ by Enrollment Group

0390 AHC ANDREW RADER-MYER-HENDERSN										
Enr Group	2017					2018				
	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day
Prime-MTF	86,142	4,596,022	\$ 4,673,938	\$ 54	\$ 1.02	88,884	4,656,413	\$ 5,538,918	\$ 62	\$ 1.19
Prime-MCSC	1,458	91,351	\$ 117,437	\$ 81	\$ 1.29	1,512	93,666	\$ 154,110	\$ 102	\$ 1.65
Reliant	978	34,273	\$ 37,679	\$ 39	\$ 1.10	1,276	38,105	\$ 53,440	\$ 42	\$ 1.40
Plus	49,595	3,477,778	\$ 2,252,784	\$ 45	\$ 0.65	48,323	3,388,459	\$ 2,604,940	\$ 54	\$ 0.77
Overseas Prime	13	562	\$ 297	\$ 23	\$ 0.53	7	382	\$ 324	\$ 46	\$ 0.85
Desig Prov	72	4,677	\$ 2,370	\$ 33	\$ 0.51	113	6,232	\$ 3,210	\$ 28	\$ 0.52
Other	34,763	2,379,609	\$ 2,030,618	\$ 58	\$ 0.85	34,492	2,332,680	\$ 2,272,521	\$ 66	\$ 0.97
Grand Total	173,021	10,584,272	\$ 9,115,123	\$ 53	\$ 0.86	174,607	10,515,937	\$ 10,627,462	\$ 61	\$ 1.01

¹ Source: M2 PDTS, Source System D (Direct Care) and C (Clinician Administered Drug).

Kimbrough ACC – FY18 Direct Care Pharmacy

Top 20 Products Dispensed¹ by # of Scripts and Cost/Day

0069 KIMBROUGH AMB CAR CEN-MEADE					
TOP 20 BASED ON VOLUME					
Product Name	Number of Scripts	Days Supply	Full Cost	Cost / script	Cost / Day
IBUPROFEN	6,593	115,707	\$ 118,161	\$ 18	\$ 1.02
FLUTICASONE PROPIONATE	5,470	237,790	\$ 115,446	\$ 21	\$ 0.49
SYNTHROID	5,062	430,412	\$ 117,688	\$ 23	\$ 0.27
ATORVASTATIN CALCIUM	4,821	420,881	\$ 106,140	\$ 22	\$ 0.25
CETIRIZINE HCL	4,779	348,499	\$ 89,234	\$ 19	\$ 0.26
ASPIR-LOW	4,470	397,395	\$ 74,361	\$ 17	\$ 0.19
MAPAP	4,327	101,404	\$ 73,139	\$ 17	\$ 0.72
LISINOPRIL	4,245	362,617	\$ 75,576	\$ 18	\$ 0.21
VITAMIN D3	3,529	300,517	\$ 62,275	\$ 18	\$ 0.21
SERTRALINE HCL	3,446	189,095	\$ 64,918	\$ 19	\$ 0.34
PROAIR HFA	3,243	73,686	\$ 88,224	\$ 27	\$ 1.20
AMLODIPINE BESYLATE	3,113	258,275	\$ 63,672	\$ 20	\$ 0.25
OMEPRAZOLE	3,020	219,333	\$ 66,753	\$ 22	\$ 0.30
PANTOPRAZOLE SODIUM	2,896	225,286	\$ 77,144	\$ 27	\$ 0.34
FEXOFENADINE HCL	2,791	224,420	\$ 92,107	\$ 33	\$ 0.41
HYDROCHLOROTHIAZIDE	2,779	234,363	\$ 49,118	\$ 18	\$ 0.21
SIMVASTATIN	2,526	220,660	\$ 49,900	\$ 20	\$ 0.23
REFRESH PLUS	2,427	75,121	\$ 84,088	\$ 35	\$ 1.12
VIAGRA	2,426	207,575	\$ 234,200	\$ 97	\$ 1.13
METOPROLOL SUCCINATE	2,422	207,930	\$ 75,743	\$ 31	\$ 0.36

0069 KIMBROUGH AMB CAR CEN-MEADE					
TOP 20 BASED ON COST PER DAY					
Product Name	Number of Scripts	Days Supply	Full Cost	Cost / script	Cost / Day
HYPERRAB S-D	2	2	\$ 3,075	\$ 1,537	\$ 1,537.32
AVONEX PEN	28	1,208	\$ 587,178	\$ 20,971	\$ 486.07
IBRANCE	3	72	\$ 19,671	\$ 6,557	\$ 273.21
HARVONI	5	140	\$ 25,768	\$ 5,154	\$ 184.06
EDEX	1	30	\$ 5,476	\$ 5,476	\$ 182.53
OFEV	5	210	\$ 38,223	\$ 7,645	\$ 182.01
PULMOZYME	1	30	\$ 5,434	\$ 5,434	\$ 181.12
SPRYCEL	2	120	\$ 21,691	\$ 10,845	\$ 180.76
NEUPOGEN	1	28	\$ 4,876	\$ 4,876	\$ 174.14
NEXAVAR	5	270	\$ 43,013	\$ 8,603	\$ 159.31
TARCEVA	18	540	\$ 81,315	\$ 4,517	\$ 150.58
TECFIDERA	38	3,157	\$ 419,367	\$ 11,036	\$ 132.84
NOXAFIL	2	37	\$ 4,278	\$ 2,139	\$ 115.62
EYLEA	10	242	\$ 27,846	\$ 2,785	\$ 115.06
PLEGRIDY PEN	1	60	\$ 6,401	\$ 6,401	\$ 106.68
GILENYA	15	630	\$ 65,480	\$ 4,365	\$ 103.94
BELLADONNA-OPIUM	2	7	\$ 717	\$ 359	\$ 102.48
VALGANCICLOVIR HCL	6	171	\$ 15,458	\$ 2,576	\$ 90.40
REBIF	4	294	\$ 26,195	\$ 6,549	\$ 89.10
EXJADE	1	45	\$ 3,723	\$ 3,723	\$ 82.72

¹ Source: M2 PDTS, Source System D (Direct Care) and C (Clinician Administered Drug).

Kimbrough ACC – FY18 Direct Care Pharmacy

Top 20 Products Dispensed¹ by # of Scripts and Cost/Day

0308 AHC KIRK-ABERDEEN PRVNG GD					
TOP 20 BASED ON VOLUME					
Product Name	Number of Scripts	Days Supply	Full Cost	Cost / script	Cost / Day
LISINOPRIL	2,822	243,710	\$ 50,298	\$ 18	\$ 0.21
SYNTHROID	2,735	232,640	\$ 64,382	\$ 24	\$ 0.28
ATORVASTATIN CALCIUM	2,521	219,635	\$ 54,561	\$ 22	\$ 0.25
CETIRIZINE HCL	2,275	157,050	\$ 42,260	\$ 19	\$ 0.27
FLUTICASONE PROPIONATE	2,135	104,631	\$ 46,623	\$ 22	\$ 0.45
IBUPROFEN	2,128	44,817	\$ 39,209	\$ 18	\$ 0.87
PANTOPRAZOLE SODIUM	2,053	163,955	\$ 56,977	\$ 28	\$ 0.35
AMLODIPINE BESYLATE	1,895	162,673	\$ 39,154	\$ 21	\$ 0.24
SIMVASTATIN	1,677	139,155	\$ 33,347	\$ 20	\$ 0.24
ASPIR-LOW	1,532	137,650	\$ 25,501	\$ 17	\$ 0.19
OMEPRAZOLE	1,500	120,803	\$ 34,374	\$ 23	\$ 0.28
PROAIR HFA	1,405	36,548	\$ 40,652	\$ 29	\$ 1.11
METOPROLOL SUCCINATE	1,350	115,838	\$ 41,993	\$ 31	\$ 0.36
VITAMIN D3	1,345	113,689	\$ 23,816	\$ 18	\$ 0.21
VIAGRA	1,326	112,049	\$ 124,414	\$ 94	\$ 1.11
HYDROCHLOROTHIAZIDE	1,318	116,047	\$ 23,434	\$ 18	\$ 0.20
SERTRALINE HCL	1,148	69,890	\$ 21,888	\$ 19	\$ 0.31
LORATADINE	1,115	71,908	\$ 20,481	\$ 18	\$ 0.28
METFORMIN HCL	1,082	93,907	\$ 21,050	\$ 19	\$ 0.22
GABAPENTIN	1,025	61,599	\$ 28,328	\$ 28	\$ 0.46

0308 AHC KIRK-ABERDEEN PRVNG GD					
TOP 20 BASED ON COST PER DAY					
Product Name	Number of Scripts	Days Supply	Full Cost	Cost / script	Cost / Day
CUPRIMINE	4	180	\$ 70,415	\$ 17,604	\$ 391.19
IBRANCE	12	252	\$ 81,347	\$ 6,779	\$ 322.81
XALKORI	4	120	\$ 36,065	\$ 9,016	\$ 300.54
STELARA	2	60	\$ 13,371	\$ 6,685	\$ 222.85
HARVONI	1	28	\$ 5,151	\$ 5,151	\$ 183.97
ZYTIGA	3	210	\$ 27,212	\$ 9,071	\$ 129.58
TECFIDERA	4	360	\$ 44,886	\$ 11,221	\$ 124.68
NOXAFIL	2	60	\$ 7,267	\$ 3,634	\$ 121.12
CHEMET	1	30	\$ 3,401	\$ 3,401	\$ 113.37
BEXAROTENE	1	60	\$ 4,534	\$ 4,534	\$ 75.57
GLATIRAMER ACETATE	7	552	\$ 36,889	\$ 5,270	\$ 66.83
ENBREL	1	56	\$ 3,698	\$ 3,698	\$ 66.03
COPAXONE	2	180	\$ 11,226	\$ 5,613	\$ 62.37
SYNAGIS	3	90	\$ 5,200	\$ 1,733	\$ 57.78
ENBREL SURECLICK	5	450	\$ 24,728	\$ 4,946	\$ 54.95
CARAC	2	60	\$ 3,061	\$ 1,530	\$ 51.02
MEPRON	2	105	\$ 5,140	\$ 2,570	\$ 48.96
GENVOYA	16	1,320	\$ 62,946	\$ 3,934	\$ 47.69
ATRIPLA	1	90	\$ 4,254	\$ 4,254	\$ 47.27
TRIUMEQ	11	990	\$ 46,590	\$ 4,235	\$ 47.06

¹ Source: M2 PDTS, Source System D (Direct Care) and C (Clinician Administered Drug).

Kimbrough ACC – FY18 Direct Care Pharmacy

Top 20 Products Dispensed¹ by # of Scripts and Cost/Day

0309 AHC BARQUIST-DETRICK					
TOP 20 BASED ON VOLUME					
Product Name	Number of Scripts	Days Supply	Full Cost	Cost / script	Cost / Day
SYNTHROID	2,360	201,446	\$ 55,352	\$ 23	\$ 0.27
LISINAPRIL	1,885	161,119	\$ 33,587	\$ 18	\$ 0.21
ATORVASTATIN CALCIUM	1,745	151,648	\$ 38,277	\$ 22	\$ 0.25
IBUPROFEN	1,459	24,997	\$ 26,423	\$ 18	\$ 1.06
CRESTOR	1,336	115,890	\$ 42,554	\$ 32	\$ 0.37
CETIRIZINE HCL	1,325	93,638	\$ 24,841	\$ 19	\$ 0.27
FLUTICASON PROPRIONATE	1,305	69,709	\$ 29,078	\$ 22	\$ 0.42
OMEPRAZOLE	1,180	87,968	\$ 26,262	\$ 22	\$ 0.30
PANTOPRAZOLE SODIUM	1,125	91,423	\$ 30,908	\$ 27	\$ 0.34
ASPIR-LOW	1,098	97,928	\$ 18,259	\$ 17	\$ 0.19
SERTRALINE HCL	1,061	60,155	\$ 19,893	\$ 19	\$ 0.33
HYDROCHLOROTHIAZIDE	1,019	87,347	\$ 17,906	\$ 18	\$ 0.20
SIMVASTATIN	1,019	88,882	\$ 20,286	\$ 20	\$ 0.23
PROAIR HFA	1,011	30,278	\$ 28,556	\$ 28	\$ 0.94
METOPROLOL SUCCINATE	985	84,809	\$ 29,505	\$ 30	\$ 0.35
AMLODIPINE BESYLATE	946	80,750	\$ 19,412	\$ 21	\$ 0.24
VITAMIN D3	867	74,403	\$ 15,203	\$ 18	\$ 0.20
METFORMIN HCL	842	69,994	\$ 16,298	\$ 19	\$ 0.23
FREESTYLE LITE TEST STRIPS	762	44,758	\$ 29,135	\$ 38	\$ 0.65
GABAPENTIN	714	43,230	\$ 20,639	\$ 29	\$ 0.48

0309 AHC BARQUIST-DETRICK					
TOP 20 BASED ON COST PER DAY					
Product Name	Number of Scripts	Days Supply	Full Cost	Cost / script	Cost / Day
AVONEX PEN	2	168	\$ 82,906	\$ 41,453	\$ 493.49
HARVONI	4	112	\$ 20,614	\$ 5,154	\$ 184.06
ZYTIGA	1	30	\$ 3,939	\$ 3,939	\$ 131.29
TECFIDERA	7	630	\$ 79,451	\$ 11,350	\$ 126.11
NOXAFIL	11	490	\$ 57,495	\$ 5,227	\$ 117.34
TYKERB	1	30	\$ 3,375	\$ 3,375	\$ 112.50
SANDOSTATIN LAR DEPOT	3	90	\$ 9,672	\$ 3,224	\$ 107.46
ENBREL SURECLICK	4	150	\$ 15,630	\$ 3,908	\$ 104.20
HUMALOG KWIKPEN U-200	1	30	\$ 2,751	\$ 2,751	\$ 91.70
CARAC	6	122	\$ 10,686	\$ 1,781	\$ 87.59
VALGANCICLOVIR HCL	17	660	\$ 53,343	\$ 3,138	\$ 80.82
ORENCIA	2	180	\$ 12,616	\$ 6,308	\$ 70.09
ENBREL	7	510	\$ 32,533	\$ 4,648	\$ 63.79
SIMPONI	5	420	\$ 26,311	\$ 5,262	\$ 62.65
MAKENA	1	30	\$ 1,783	\$ 1,783	\$ 59.43
DONNATAL	4	32	\$ 1,895	\$ 474	\$ 59.23
HUMULIN R U-500 KWIKPEN	7	336	\$ 19,890	\$ 2,841	\$ 59.20
GLATIRAMER ACETATE	4	360	\$ 21,011	\$ 5,253	\$ 58.36
SANDOSTATIN	1	30	\$ 1,627	\$ 1,627	\$ 54.24
BILTRICIDE	6	9	\$ 437	\$ 73	\$ 48.50

¹ Source: M2 PDTS, Source System D (Direct Care) and C (Clinician Administered Drug).

Kimbrough ACC – FY18 Direct Care Pharmacy

Top 20 Products Dispensed¹ by # of Scripts and Cost/Day

0352 AHC DUNHAM-CARLISLE BARRACKS					
TOP 20 BASED ON VOLUME					
Product Name	Number of Scripts	Days Supply	Full Cost	Cost / script	Cost / Day
ATORVASTATIN CALCIUM	5,472	467,961	\$ 118,693	\$ 22	\$ 0.25
SYNTHROID	5,195	439,337	\$ 121,974	\$ 23	\$ 0.28
LISINAPRIL	4,462	385,724	\$ 79,300	\$ 18	\$ 0.21
SIMVASTATIN	3,803	323,260	\$ 75,629	\$ 20	\$ 0.23
OMEPRAZOLE	3,711	295,783	\$ 83,622	\$ 23	\$ 0.28
ASPIR-LOW	3,468	308,750	\$ 57,679	\$ 17	\$ 0.19
VITAMIN D3	3,432	299,296	\$ 60,627	\$ 18	\$ 0.20
METOPROLOL SUCCINATE	2,978	251,827	\$ 90,260	\$ 30	\$ 0.36
AMLODIPINE BESYLATE	2,682	223,375	\$ 55,604	\$ 21	\$ 0.25
PANTOPRAZOLE SODIUM	2,665	213,222	\$ 72,719	\$ 27	\$ 0.34
FLUTICASON PROPRIONATE	2,622	164,150	\$ 60,982	\$ 23	\$ 0.37
HYDROCHLOROTHIAZIDE	2,469	218,179	\$ 44,089	\$ 18	\$ 0.20
CETIRIZINE HCL	2,325	182,396	\$ 43,898	\$ 19	\$ 0.24
METFORMIN HCL	2,154	187,656	\$ 41,779	\$ 19	\$ 0.22
FREESTYLE LITE TEST STRIPS	2,095	144,118	\$ 94,397	\$ 45	\$ 0.65
SERTRALINE HCL	1,876	138,237	\$ 36,502	\$ 19	\$ 0.26
MONTELUKAST SODIUM	1,848	150,975	\$ 50,017	\$ 27	\$ 0.33
CRESTOR	1,778	155,108	\$ 55,646	\$ 31	\$ 0.36
PROAIR HFA	1,724	56,373	\$ 52,309	\$ 30	\$ 0.93
CALCIUM 600-VIT D3	1,688	147,137	\$ 30,440	\$ 18	\$ 0.21

0352 AHC DUNHAM-CARLISLE BARRACKS					
TOP 20 BASED ON COST PER DAY					
Product Name	Number of Scripts	Days Supply	Full Cost	Cost / script	Cost / Day
KALYDECO	2	168	\$ 108,208	\$ 54,104	\$ 644.10
AVONEX	4	112	\$ 57,918	\$ 14,480	\$ 517.13
AVONEX PEN	16	1,132	\$ 563,628	\$ 35,227	\$ 497.90
SUTENT	6	168	\$ 52,316	\$ 8,719	\$ 311.41
ALECENSA	12	360	\$ 99,509	\$ 8,292	\$ 276.41
AFINITOR	7	258	\$ 70,895	\$ 10,128	\$ 274.79
METHYLERGONOVINE MALEATE	2	2	\$ 536	\$ 268	\$ 268.21
VOTRIENT	9	270	\$ 54,465	\$ 6,052	\$ 201.72
HARVONI	2	56	\$ 10,307	\$ 5,154	\$ 184.06
TASIGNA	5	364	\$ 65,649	\$ 13,130	\$ 180.35
SPRYCEL	11	570	\$ 84,519	\$ 7,684	\$ 148.28
KINERET	5	150	\$ 22,201	\$ 4,440	\$ 148.01
ZYTIGA	13	630	\$ 81,295	\$ 6,253	\$ 129.04
TECFIDERA	5	390	\$ 48,306	\$ 9,661	\$ 123.86
ESBRIET	1	90	\$ 10,090	\$ 10,090	\$ 112.11
CAPECITABINE	12	175	\$ 17,617	\$ 1,468	\$ 100.67
GILENYA	8	240	\$ 22,755	\$ 2,844	\$ 94.81
NEULASTA	1	30	\$ 2,622	\$ 2,622	\$ 87.40
GLATOPA	2	168	\$ 14,681	\$ 7,340	\$ 87.38
COSENTYX PEN (2 PENS)	1	84	\$ 6,405	\$ 6,405	\$ 76.25

¹ Source: M2 PDTS, Source System D (Direct Care) and C (Clinician Administered Drug).

Kimbrough ACC – FY18 Direct Care Pharmacy

Top 20 Products Dispensed¹ by # of Scripts and Cost/Day

0390 AHC ANDREW RADER-MYER-HENDERSN					
TOP 20 BASED ON VOLUME					
Product Name	Number of Scripts	Days Supply	Full Cost	Cost / script	Cost / Day
ATORVASTATIN CALCIUM	5,461	480,124	\$ 119,416	\$ 22	\$ 0.25
SYNTHROID	5,051	437,295	\$ 118,726	\$ 24	\$ 0.27
ASPIR-LOW	3,916	348,762	\$ 65,151	\$ 17	\$ 0.19
FLUTICASONE PROPIONATE	3,843	185,746	\$ 83,108	\$ 22	\$ 0.45
LISINOPRIL	3,655	318,045	\$ 65,025	\$ 18	\$ 0.20
VITAMIN D3	3,392	294,655	\$ 59,795	\$ 18	\$ 0.20
CETIRIZINE HCL	2,577	189,795	\$ 48,399	\$ 19	\$ 0.26
IBUPROFEN	2,364	40,840	\$ 42,332	\$ 18	\$ 1.04
AMLODIPINE BESYLATE	2,175	187,383	\$ 44,936	\$ 21	\$ 0.24
SIMVASTATIN	2,063	181,676	\$ 40,955	\$ 20	\$ 0.23
OMEPRAZOLE	2,061	160,046	\$ 46,176	\$ 22	\$ 0.29
METOPROLOL SUCCINATE	2,038	175,682	\$ 61,369	\$ 30	\$ 0.35
CRESTOR	1,948	170,834	\$ 62,682	\$ 32	\$ 0.37
HYDROCHLOROTHIAZIDE	1,933	169,397	\$ 34,436	\$ 18	\$ 0.20
LOSARTAN POTASSIUM	1,932	167,731	\$ 42,678	\$ 22	\$ 0.25
PANTOPRAZOLE SODIUM	1,928	158,758	\$ 51,557	\$ 27	\$ 0.32
REFRESH PLUS	1,793	58,187	\$ 63,036	\$ 35	\$ 1.08
DAILY VITE	1,749	157,025	\$ 29,555	\$ 17	\$ 0.19
VIAGRA	1,730	143,033	\$ 165,805	\$ 96	\$ 1.16
PROAIR HFA	1,662	36,099	\$ 44,723	\$ 27	\$ 1.24

0390 AHC ANDREW RADER-MYER-HENDERSN					
TOP 20 BASED ON COST PER DAY					
Product Name	Number of Scripts	Days Supply	Full Cost	Cost / script	Cost / Day
AVONEX PEN	4	348	\$ 172,312	\$ 43,078	\$ 495.15
AVONEX	7	624	\$ 295,048	\$ 42,150	\$ 472.83
IBRANCE	1	90	\$ 19,611	\$ 19,611	\$ 217.90
SUTENT	2	56	\$ 10,756	\$ 5,378	\$ 192.07
SPRYCEL	4	120	\$ 21,847	\$ 5,462	\$ 182.06
METHYLERGONOVINE MALEATE	1	3	\$ 458	\$ 458	\$ 152.59
XTANDI	1	30	\$ 4,358	\$ 4,358	\$ 145.26
ZYTIGA	25	870	\$ 112,511	\$ 4,500	\$ 129.32
GILENYA	4	300	\$ 37,033	\$ 9,258	\$ 123.44
NOXAFIL	2	180	\$ 21,079	\$ 10,539	\$ 117.11
TECFIDERA	19	1,634	\$ 185,117	\$ 9,743	\$ 113.29
CAVERJECT	1	14	\$ 1,520	\$ 1,520	\$ 108.59
HYDROCORTISONE ACETATE	1	15	\$ 1,350	\$ 1,350	\$ 89.98
REBIF	6	480	\$ 39,445	\$ 6,574	\$ 82.18
XOLAIR	1	30	\$ 2,437	\$ 2,437	\$ 81.22
COPAXONE	11	498	\$ 35,560	\$ 3,233	\$ 71.41
ACTEMRA	7	238	\$ 16,519	\$ 2,360	\$ 69.41
CIMZIA	1	84	\$ 5,749	\$ 5,749	\$ 68.44
EXJADE	1	90	\$ 6,146	\$ 6,146	\$ 68.28
COSENTYX PEN (2 PENS)	7	393	\$ 24,433	\$ 3,490	\$ 62.17

¹ Source: M2 PDTS, Source System D (Direct Care) and C (Clinician Administered Drug).

Kimbrough ACC – Purchased Care Pharmacy¹ based on “Parent” PRISM Area ID by Enrollment Group

PARENT PRISM 0069 KIMBROUGH AMB CAR CEN-MEADE											
Source System	Enrollment Group	2017					2018				
		# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day	# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
MCSC (Retail)	Prime-MTF	68,907	1,506,583	\$ 5,254,199	\$ 76	\$ 3.49	71,779	1,528,451	\$ 6,540,655	\$ 91	\$ 4.28
	Prime-MCSC	24,180	693,835	\$ 1,350,851	\$ 56	\$ 1.95	22,853	675,684	\$ 909,498	\$ 40	\$ 1.35
	Reliant	1,063	25,136	\$ 53,018	\$ 50	\$ 2.11	935	18,171	\$ 43,443	\$ 46	\$ 2.39
	Plus	17,829	489,942	\$ 1,696,477	\$ 95	\$ 3.46	17,534	495,613	\$ 1,957,088	\$ 112	\$ 3.95
	Overseas Prime	20	344	\$ 1,757	\$ 88	\$ 5.11	7	113	\$ 1,018	\$ 145	\$ 9.01
	Desig Prov	184	5,370	\$ 6,884	\$ 37	\$ 1.28	58	1,901	\$ 1,191	\$ 21	\$ 0.63
	Other	267,566	8,855,017	\$ 16,609,615	\$ 62	\$ 1.88	252,467	8,464,853	\$ 16,058,801	\$ 64	\$ 1.90
MCSC Total		379,749	11,576,227	\$ 24,972,800	\$ 66	\$ 2.16	365,633	11,184,786	\$ 25,511,694	\$ 70	\$ 2.28
Mail Order	Prime-MTF	15,750	1,308,680	\$ 3,139,094	\$ 199	\$ 2.40	14,111	1,172,623	\$ 3,177,964	\$ 225	\$ 2.71
	Prime-MCSC	9,785	822,299	\$ 1,289,357	\$ 132	\$ 1.57	8,868	733,572	\$ 1,321,819	\$ 149	\$ 1.80
	Reliant	127	11,535	\$ 8,458	\$ 67	\$ 0.73	143	13,147	\$ 15,836	\$ 111	\$ 1.20
	Plus	7,884	675,140	\$ 911,651	\$ 116	\$ 1.35	7,375	629,387	\$ 1,055,301	\$ 143	\$ 1.68
	Overseas Prime	111	9,733	\$ 6,301	\$ 57	\$ 0.65	23	2,066	\$ 909	\$ 40	\$ 0.44
	Desig Prov	121	10,022	\$ 11,399	\$ 94	\$ 1.14	21	1,441	\$ 21,942	\$ 1,045	\$ 15.23
	Other	154,070	13,097,912	\$ 16,111,730	\$ 105	\$ 1.23	136,366	11,552,520	\$ 15,501,930	\$ 114	\$ 1.34
Mail Order Total		187,848	15,935,321	\$ 21,477,991	\$ 114	\$ 1.35	166,907	14,104,756	\$ 21,095,701	\$ 126	\$ 1.50
Grand Total		567,597	27,511,548	\$ 46,450,791	\$ 82	\$ 1.69	532,540	25,289,542	\$ 46,607,395	\$ 88	\$ 1.84

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Parent PRISM is a derived field and includes all children of the Parent DMIS ID.

Kimborough ACC – Purchased Care Pharmacy¹ based on PRISM Area ID by Enrollment Group

0069 KIMBROUGH AMB CAR CEN-MEADE											
Source System	Enrollment Group	2017					2018				
		# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day	# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
MCSC (Retail)	Prime-MTF	24,662	466,229	\$ 1,400,070	\$ 57	\$ 3.00	26,846	482,414	\$ 2,049,303	\$ 76	\$ 4.25
	Prime-MCSC	3,547	107,428	\$ 275,591	\$ 78	\$ 2.57	4,486	140,469	\$ 187,057	\$ 42	\$ 1.33
	Reliant	438	10,327	\$ 25,725	\$ 59	\$ 2.49	397	7,134	\$ 12,737	\$ 32	\$ 1.79
	Plus	4,634	128,165	\$ 509,885	\$ 110	\$ 3.98	4,360	128,980	\$ 594,357	\$ 136	\$ 4.61
	Overseas Prime	9	240	\$ 1,471	\$ 163	\$ 6.13	3	51	\$ 961	\$ 320	\$ 18.85
	Desig Prov	150	4,359	\$ 5,511	\$ 37	\$ 1.26	48	1,699	\$ 974	\$ 20	\$ 0.57
	Other	66,443	2,267,847	\$ 3,883,705	\$ 58	\$ 1.71	72,294	2,505,556	\$ 4,765,152	\$ 66	\$ 1.90
MCSC Total		99,883	2,984,595	\$ 6,101,958	\$ 61	\$ 2.04	108,434	3,266,303	\$ 7,610,541	\$ 70	\$ 2.33
Mail Order	Prime-MTF	3,773	316,070	\$ 689,687	\$ 183	\$ 2.18	3,055	256,513	\$ 642,872	\$ 210	\$ 2.51
	Prime-MCSC	1,262	107,104	\$ 154,930	\$ 123	\$ 1.45	1,157	97,010	\$ 209,100	\$ 181	\$ 2.16
	Reliant	31	3,000	\$ 3,164	\$ 102	\$ 1.05	43	3,697	\$ 6,614	\$ 154	\$ 1.79
	Plus	1,905	164,040	\$ 231,186	\$ 121	\$ 1.41	1,718	147,605	\$ 177,279	\$ 103	\$ 1.20
	Overseas Prime	8	765	\$ 500	\$ 63	\$ 0.65	1	90	\$ 142	\$ 142	\$ 1.58
	Desig Prov	74	5,885	\$ 6,750	\$ 91	\$ 1.15	21	1,441	\$ 21,942	\$ 1,045	\$ 15.23
	Other	36,527	3,066,569	\$ 3,772,226	\$ 103	\$ 1.23	37,561	3,143,238	\$ 4,314,133	\$ 115	\$ 1.37
Mail Order Total		43,580	3,663,433	\$ 4,858,442	\$ 111	\$ 1.33	43,556	3,649,594	\$ 5,372,083	\$ 123	\$ 1.47
Grand Total		143,463	6,648,028	\$ 10,960,400	\$ 76	\$ 1.65	151,990	6,915,897	\$ 12,982,624	\$ 85	\$ 1.88

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimborough ACC – Purchased Care Pharmacy¹ based on PRISM Area ID by Enrollment Group

0255 AHC MCNAIR-MYER-HENDERSON HALL

Source System	Enrollment Group	2017					2018				
		# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day	# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
MCSC (Retail)	Prime-MTF	5,080	110,336	\$ 486,085	\$ 96	\$ 4.41	6,303	138,224	\$ 618,613	\$ 98	\$ 4.48
	Prime-MCSC	490	15,319	\$ 25,504	\$ 52	\$ 1.66	607	19,516	\$ 48,746	\$ 80	\$ 2.50
	Reliant	139	3,955	\$ 12,768	\$ 92	\$ 3.23	95	2,249	\$ 6,646	\$ 70	\$ 2.95
	Plus	2,073	56,968	\$ 172,163	\$ 83	\$ 3.02	1,924	53,559	\$ 177,511	\$ 92	\$ 3.31
	Overseas Prime	4	39	\$ 245	\$ 61	\$ 6.29	0	0	\$ 0	\$ 0	\$ 0.00
	Desig Prov	0	0	\$ 0	\$ 0	\$ 0.00	1	4	\$ 0	\$ 0	\$ 0.00
	Other	12,147	387,421	\$ 816,942	\$ 67	\$ 2.11	12,026	399,388	\$ 822,819	\$ 68	\$ 2.06
MCSC Total		19,933	574,038	\$ 1,513,706	\$ 76	\$ 2.64	20,956	612,940	\$ 1,674,334	\$ 80	\$ 2.73
Mail Order	Prime-MTF	1,402	117,641	\$ 173,799	\$ 124	\$ 1.48	1,487	123,838	\$ 277,470	\$ 187	\$ 2.24
	Prime-MCSC	195	17,002	\$ 20,786	\$ 107	\$ 1.22	182	15,416	\$ 24,639	\$ 135	\$ 1.60
	Reliant	11	890	\$ 669	\$ 61	\$ 0.75	20	1,884	\$ 1,860	\$ 93	\$ 0.99
	Plus	1,294	109,815	\$ 112,345	\$ 87	\$ 1.02	1,294	109,857	\$ 146,893	\$ 114	\$ 1.34
	Overseas Prime	69	5,868	\$ 5,153	\$ 75	\$ 0.88	12	1,080	\$ 449	\$ 37	\$ 0.42
	Other	5,061	432,247	\$ 522,712	\$ 103	\$ 1.21	4,711	400,922	\$ 635,803	\$ 135	\$ 1.59
Mail Order Total		8,032	683,463	\$ 835,465	\$ 104	\$ 1.22	7,706	652,997	\$ 1,087,114	\$ 141	\$ 1.66
Grand Total		27,965	1,257,501	\$ 2,349,171	\$ 84	\$ 1.87	28,662	1,265,937	\$ 2,761,448	\$ 96	\$ 2.18

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimbrough ACC – Purchased Care Pharmacy¹ based on PRISM Area ID by Enrollment Group

0308 AHC KIRK-ABERDEEN PRVNG GD											
Source System	Enrollment Group	2017					2018				
		# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day	# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
MCSC (Retail)	Prime-MTF	8,311	188,541	\$ 837,964	\$ 101	\$ 4.44	11,930	270,335	\$ 1,335,026	\$ 112	\$ 4.94
	Prime-MCSC	1,660	43,616	\$ 62,900	\$ 38	\$ 1.44	3,036	85,437	\$ 105,657	\$ 35	\$ 1.24
	Reliant	30	711	\$ 844	\$ 28	\$ 1.19	151	3,534	\$ 3,140	\$ 21	\$ 0.89
	Plus	681	17,283	\$ 284,714	\$ 418	\$ 16.47	1,403	37,925	\$ 333,943	\$ 238	\$ 8.81
	Desig Prov	26	733	\$ 573	\$ 22	\$ 0.78	8	168	\$ 197	\$ 25	\$ 1.17
	Other	22,032	766,265	\$ 1,572,090	\$ 71	\$ 2.05	37,746	1,326,080	\$ 2,911,849	\$ 77	\$ 2.20
MCSC Total		32,740	1,017,149	\$ 2,759,085	\$ 84	\$ 2.71	54,274	1,723,479	\$ 4,689,811	\$ 86	\$ 2.72
Mail Order	Prime-MTF	1,606	132,648	\$ 468,289	\$ 292	\$ 3.53	2,231	181,683	\$ 779,525	\$ 349	\$ 4.29
	Prime-MCSC	1,013	86,472	\$ 117,844	\$ 116	\$ 1.36	1,158	97,128	\$ 145,705	\$ 126	\$ 1.50
	Reliant	0	0	\$ 0	\$ 0	\$ 0.00	19	1,626	\$ 2,371	\$ 125	\$ 1.46
	Plus	295	25,210	\$ 27,935	\$ 95	\$ 1.11	614	52,266	\$ 107,813	\$ 176	\$ 2.06
	Overseas Prime	1	90	\$ 100	\$ 100	\$ 1.12	0	0	\$ 0	\$ 0	\$ 0.00
	Desig Prov	2	180	\$ 32	\$ 16	\$ 0.18	0	0	\$ 0	\$ 0	\$ 0.00
	Other	12,553	1,074,800	\$ 1,391,215	\$ 111	\$ 1.29	22,118	1,883,230	\$ 2,518,685	\$ 114	\$ 1.34
Mail Order Total		15,470	1,319,400	\$ 2,005,415	\$ 130	\$ 1.52	26,140	2,215,933	\$ 3,554,098	\$ 136	\$ 1.60
Grand Total		48,210	2,336,549	\$ 4,764,500	\$ 99	\$ 2.04	80,414	3,939,412	\$ 8,243,909	\$ 103	\$ 2.09

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimbrough ACC – Purchased Care Pharmacy¹ based on PRISM Area ID by Enrollment Group

0309 AHC BARQUIST-DETRICK

Source System	Enrollment Group	2017					2018				
		# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day	# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
MCSC (Retail)	Prime-MTF	7,434	183,270	\$ 564,557	\$ 76	\$ 3.08	7,359	176,017	\$ 704,498	\$ 96	\$ 4.00
	Prime-MCSC	5,191	147,547	\$ 240,182	\$ 46	\$ 1.63	4,674	133,613	\$ 219,098	\$ 47	\$ 1.64
	Reliant	9	149	\$ 918	\$ 102	\$ 6.16	5	40	\$ 66	\$ 13	\$ 1.65
	Plus	1,445	41,035	\$ 79,278	\$ 55	\$ 1.93	1,471	43,790	\$ 68,962	\$ 47	\$ 1.57
	Desig Prov	3	39	\$ 56	\$ 19	\$ 1.43	1	30	\$ 20	\$ 20	\$ 0.66
	Other	33,925	1,091,531	\$ 2,297,041	\$ 68	\$ 2.10	33,907	1,100,254	\$ 2,098,332	\$ 62	\$ 1.91
MCSC Total		48,007	1,463,571	\$ 3,182,032	\$ 66	\$ 2.17	47,417	1,453,744	\$ 3,090,976	\$ 65	\$ 2.13
Mail Order	Prime-MTF	2,356	193,379	\$ 380,960	\$ 162	\$ 1.97	2,036	169,044	\$ 357,783	\$ 176	\$ 2.12
	Prime-MCSC	1,752	148,062	\$ 218,119	\$ 124	\$ 1.47	1,680	141,056	\$ 207,018	\$ 123	\$ 1.47
	Reliant	1	90	\$ 283	\$ 283	\$ 3.14	0	0	\$ 0	\$ 0	\$ 0.00
	Plus	636	54,580	\$ 91,377	\$ 144	\$ 1.67	606	51,184	\$ 81,753	\$ 135	\$ 1.60
	Overseas Prime	27	2,310	\$ 449	\$ 17	\$ 0.19	10	896	\$ 317	\$ 32	\$ 0.35
	Desig Prov	1	90	\$ 2	\$ 2	\$ 0.02	0	0	\$ 0	\$ 0	\$ 0.00
	Other	18,895	1,611,603	\$ 2,180,749	\$ 115	\$ 1.35	17,832	1,510,748	\$ 2,131,474	\$ 120	\$ 1.41
Mail Order Total		23,668	2,010,114	\$ 2,871,939	\$ 121	\$ 1.43	22,164	1,872,928	\$ 2,778,345	\$ 125	\$ 1.48
Grand Total		71,675	3,473,685	\$ 6,053,971	\$ 84	\$ 1.74	69,581	3,326,672	\$ 5,869,321	\$ 84	\$ 1.76

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimbrough ACC – Purchased Care Pharmacy¹ based on PRISM Area ID by Enrollment Group

0352 AHC DUNHAM-CARLISLE BARRACKS											
Source System	Enrollment Group	2017					2018				
		# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day	# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
MCSC (Retail)	Prime-MTF	5,476	126,065	\$ 690,421	\$ 126	\$ 5.48	6,710	164,656	\$ 695,451	\$ 104	\$ 4.22
	Prime-MCSC	647	15,979	\$ 18,787	\$ 29	\$ 1.18	708	21,064	\$ 22,369	\$ 32	\$ 1.06
	Reliant	11	215	\$ 649	\$ 59	\$ 3.02	3	123	\$ 36	\$ 12	\$ 0.29
	Plus	2,970	82,507	\$ 244,944	\$ 82	\$ 2.97	3,179	92,030	\$ 393,062	\$ 124	\$ 4.27
	Other	21,207	668,937	\$ 893,835	\$ 42	\$ 1.34	21,101	691,993	\$ 1,095,731	\$ 52	\$ 1.58
MCSC Total		30,311	893,703	\$ 1,848,636	\$ 61	\$ 2.07	31,701	969,866	\$ 2,206,649	\$ 70	\$ 2.28
Mail Order	Prime-MTF	1,832	153,308	\$ 557,946	\$ 305	\$ 3.64	1,981	162,693	\$ 570,618	\$ 288	\$ 3.51
	Prime-MCSC	400	34,401	\$ 60,708	\$ 152	\$ 1.76	254	21,142	\$ 38,965	\$ 153	\$ 1.84
	Reliant	5	450	\$ 11	\$ 2	\$ 0.02	0	0	\$ 0	\$ 0	\$ 0.00
	Plus	1,066	91,253	\$ 161,504	\$ 152	\$ 1.77	1,175	99,209	\$ 308,440	\$ 263	\$ 3.11
	Other	11,142	956,622	\$ 1,235,789	\$ 111	\$ 1.29	10,611	907,501	\$ 1,245,132	\$ 117	\$ 1.37
Mail Order Total		14,445	1,236,034	\$ 2,015,957	\$ 140	\$ 1.63	14,021	1,190,545	\$ 2,163,154	\$ 154	\$ 1.82
Grand Total		44,756	2,129,737	\$ 3,864,593	\$ 86	\$ 1.81	45,722	2,160,411	\$ 4,369,803	\$ 96	\$ 2.02

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimbrough ACC – Purchased Care Pharmacy¹ based on PRISM Area ID by Enrollment Group

0390 AHC ANDREW RADER-MYER-HENDERSN											
Source System	Enrollment Group	2017					2018				
		# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day	# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
MCSC (Retail)	Prime-MTF	5,397	128,096	\$ 278,043	\$ 52	\$ 2.17	4,998	117,269	\$ 272,990	\$ 55	\$ 2.33
	Prime-MCSC	1,256	42,608	\$ 90,438	\$ 72	\$ 2.12	930	30,863	\$ 29,251	\$ 31	\$ 0.95
	Reliant	65	702	\$ 1,136	\$ 17	\$ 1.62	91	841	\$ 6,027	\$ 66	\$ 7.17
	Plus	3,652	100,445	\$ 296,296	\$ 81	\$ 2.95	3,182	85,695	\$ 319,645	\$ 100	\$ 3.73
	Overseas Prime	2	40	\$ 7	\$ 3	\$ 0.17	4	62	\$ 57	\$ 14	\$ 0.92
	Desig Prov	4	209	\$ 738	\$ 185	\$ 3.53	0	0	\$ 0	\$ 0	\$ 0.00
	Other	22,363	761,040	\$ 1,671,810	\$ 75	\$ 2.20	21,638	720,864	\$ 1,534,465	\$ 71	\$ 2.13
MCSC Total		32,739	1,033,140	\$ 2,338,469	\$ 71	\$ 2.26	30,843	955,594	\$ 2,162,434	\$ 70	\$ 2.26
Mail Order	Prime-MTF	1,328	110,549	\$ 207,011	\$ 156	\$ 1.87	1,286	107,725	\$ 216,492	\$ 168	\$ 2.01
	Prime-MCSC	380	30,393	\$ 122,259	\$ 322	\$ 4.02	364	29,172	\$ 155,592	\$ 427	\$ 5.33
	Reliant	14	1,080	\$ 69	\$ 5	\$ 0.06	1	90	\$ 448	\$ 448	\$ 4.98
	Plus	1,235	107,452	\$ 93,046	\$ 75	\$ 0.87	1,102	95,572	\$ 124,783	\$ 113	\$ 1.31
	Overseas Prime	2	180	\$ 6	\$ 3	\$ 0.04	0	0	\$ 0	\$ 0	\$ 0.00
	Other	9,281	789,945	\$ 1,126,648	\$ 121	\$ 1.43	8,502	716,875	\$ 962,838	\$ 113	\$ 1.34
Mail Order Total		12,240	1,039,599	\$ 1,549,040	\$ 127	\$ 1.49	11,255	949,434	\$ 1,460,152	\$ 130	\$ 1.54
Grand Total		44,979	2,072,739	\$ 3,887,510	\$ 86	\$ 1.88	42,098	1,905,028	\$ 3,622,586	\$ 86	\$ 1.90

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimbrough ACC – Purchased Care Pharmacy¹ based on PRISM Area ID by Enrollment Group

0441 AHC FILLMORE-NEW CUMBERLAND											
Source System	Enrollment Group	2017					2018				
		# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day	# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
MCSC (Retail)	Prime-MTF	6,948	167,346	\$ 466,763	\$ 67	\$ 2.79	7,633	179,536	\$ 864,774	\$ 113	\$ 4.82
	Prime-MCSC	8,381	233,803	\$ 477,268	\$ 57	\$ 2.04	8,412	244,722	\$ 297,321	\$ 35	\$ 1.21
	Reliant	234	5,853	\$ 7,423	\$ 32	\$ 1.27	193	4,250	\$ 14,792	\$ 77	\$ 3.48
	Plus	1,617	41,282	\$ 42,760	\$ 26	\$ 1.04	2,015	53,634	\$ 69,609	\$ 35	\$ 1.30
	Overseas Prime	1	7	\$ 10	\$ 10	\$ 1.41	0	0	\$ 0	\$ 0	\$ 0.00
	Other	55,661	1,755,299	\$ 3,080,837	\$ 55	\$ 1.76	53,755	1,720,718	\$ 2,830,453	\$ 53	\$ 1.64
MCSC Total		72,842	2,203,590	\$ 4,075,062	\$ 56	\$ 1.85	72,008	2,202,860	\$ 4,076,949	\$ 57	\$ 1.85
Mail Order	Prime-MTF	2,238	186,596	\$ 330,931	\$ 148	\$ 1.77	2,035	171,127	\$ 333,205	\$ 164	\$ 1.95
	Prime-MCSC	3,969	332,603	\$ 502,222	\$ 127	\$ 1.51	4,073	332,648	\$ 540,800	\$ 133	\$ 1.63
	Reliant	26	2,230	\$ 1,542	\$ 59	\$ 0.69	60	5,850	\$ 4,543	\$ 76	\$ 0.78
	Plus	918	79,871	\$ 66,489	\$ 72	\$ 0.83	866	73,694	\$ 108,340	\$ 125	\$ 1.47
	Other	37,258	3,198,835	\$ 3,627,324	\$ 97	\$ 1.13	35,031	2,990,006	\$ 3,693,865	\$ 105	\$ 1.24
Mail Order Total		44,409	3,800,135	\$ 4,528,508	\$ 102	\$ 1.19	42,065	3,573,325	\$ 4,680,754	\$ 111	\$ 1.31
Grand Total		117,251	6,003,725	\$ 8,603,570	\$ 73	\$ 1.43	114,073	5,776,185	\$ 8,757,703	\$ 77	\$ 1.52

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimbrough ACC – Purchased Care Pharmacy¹ based on PRISM Area ID by Enrollment Group

0545 OHC EDGEWOOD ARS

Source System	Enrollment Group	2017					2018				
		# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day	# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
MCSC (Retail)	Prime-MTF	5,599	136,700	\$ 530,295	\$ 95	\$ 3.88	0	0	\$ 0	\$ 0	\$ 0.00
	Prime-MCSC	3,008	87,535	\$ 160,181	\$ 53	\$ 1.83	0	0	\$ 0	\$ 0	\$ 0.00
	Reliant	137	3,224	\$ 3,555	\$ 26	\$ 1.10	0	0	\$ 0	\$ 0	\$ 0.00
	Plus	757	22,257	\$ 66,438	\$ 88	\$ 2.99	0	0	\$ 0	\$ 0	\$ 0.00
	Overseas Prime	4	18	\$ 24	\$ 6	\$ 1.34	0	0	\$ 0	\$ 0	\$ 0.00
	Desig Prov	1	30	\$ 5	\$ 5	\$ 0.17	0	0	\$ 0	\$ 0	\$ 0.00
	Other	33,788	1,156,677	\$ 2,393,356	\$ 71	\$ 2.07	0	0	\$ 0	\$ 0	\$ 0.00
MCSC Total		43,294	1,406,441	\$ 3,153,854	\$ 73	\$ 2.24	0	0	\$ 0	\$ 0	\$ 0.00
Mail Order	Prime-MTF	1,215	98,489	\$ 330,472	\$ 272	\$ 3.36	0	0	\$ 0	\$ 0	\$ 0.00
	Prime-MCSC	814	66,262	\$ 92,488	\$ 114	\$ 1.40	0	0	\$ 0	\$ 0	\$ 0.00
	Reliant	39	3,795	\$ 2,720	\$ 70	\$ 0.72	0	0	\$ 0	\$ 0	\$ 0.00
	Plus	535	42,919	\$ 127,770	\$ 239	\$ 2.98	0	0	\$ 0	\$ 0	\$ 0.00
	Overseas Prime	4	520	\$ 92	\$ 23	\$ 0.18	0	0	\$ 0	\$ 0	\$ 0.00
	Desig Prov	44	3,867	\$ 4,615	\$ 105	\$ 1.19	0	0	\$ 0	\$ 0	\$ 0.00
	Other	23,353	1,967,291	\$ 2,255,066	\$ 97	\$ 1.15	0	0	\$ 0	\$ 0	\$ 0.00
Mail Order Total		26,004	2,183,143	\$ 2,813,223	\$ 108	\$ 1.29	0	0	\$ 0	\$ 0	\$ 0.00
Grand Total		69,298	3,589,584	\$ 5,967,077	\$ 86	\$ 1.66	0	0	\$ 0	\$ 0	\$ 0.00

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimbrough ACC – FY18 Purchased Care Pharmacy¹

Top 20 Products Dispensed by # of Scripts and Cost/Day

0069 KIMBROUGH AMB CAR CEN-MEADE					
TOP 20 BASED ON VOLUME					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
ATORVASTATIN CALCIUM	3,462	268,557	\$ 222,716	\$ 64	\$ 0.83
AMOXICILLIN	2,933	27,384	\$ 2,575	\$ 1	\$ 0.09
LEVOTHYROXINE SODIUM	2,722	198,272	\$ 14,286	\$ 5	\$ 0.07
AMLODIPINE BESYLATE	2,572	187,694	\$ 42,861	\$ 17	\$ 0.23
LISINOPRIL	2,378	170,735	\$ 395	\$ 0	\$ 0.00
AZITHROMYCIN	1,999	10,592	\$ 6,344	\$ 3	\$ 0.60
IBUPROFEN	1,846	25,952	\$ 2,037	\$ 1	\$ 0.08
PREDNISONE	1,724	33,802	\$ 3,862	\$ 2	\$ 0.11
FLUTICASONE PROPIONATE	1,642	83,974	\$ 5,553	\$ 3	\$ 0.07
AMOXICILLIN-CLAVULANATE POT	1,636	15,773	\$ 10,741	\$ 7	\$ 0.68
HYDROCHLOROTHIAZIDE	1,606	122,616	- \$ 1,885	- \$ 1	- \$ 0.02
HYDROCODONE-ACETAMINOPHEN	1,604	21,191	\$ 8,496	\$ 5	\$ 0.40
LOSARTAN POTASSIUM	1,575	119,427	\$ 77,981	\$ 50	\$ 0.65
SERTRALINE HCL	1,555	82,272	\$ 5,099	\$ 3	\$ 0.06
OMEPRAZOLE	1,520	106,290	\$ 29,446	\$ 19	\$ 0.28
GABAPENTIN	1,484	72,675	\$ 38,367	\$ 26	\$ 0.53
FUROSEMIDE	1,452	84,320	\$ 11,849	\$ 8	\$ 0.14
PANTOPRAZOLE SODIUM	1,445	95,970	\$ 150,489	\$ 104	\$ 1.57
OXYCODONE HCL	1,431	26,790	\$ 10,340	\$ 7	\$ 0.39
TRAMADOL HCL	1,382	29,016	\$ 20,006	\$ 14	\$ 0.69

0069 KIMBROUGH AMB CAR CEN-MEADE					
TOP 20 BASED ON COST PER DAY					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
FOLLISTIM AQ	1	5	\$ 8,552	\$ 8,552	\$ 1,710.30
GAMUNEX-C	6	70	\$ 96,076	\$ 16,013	\$ 1,372.52
APOKYN	1	14	\$ 9,981	\$ 9,981	\$ 712.96
NEUPOGEN	3	16	\$ 11,205	\$ 3,735	\$ 700.33
GAMMAKED	3	56	\$ 39,107	\$ 13,036	\$ 698.34
GONAL-F RFF REDJ-JECT	4	7	\$ 4,588	\$ 1,147	\$ 655.41
ICLUSIG	8	240	\$ 135,146	\$ 16,893	\$ 563.11
POMALYST	10	280	\$ 155,748	\$ 15,575	\$ 556.24
TAGRISSE	3	90	\$ 41,657	\$ 13,886	\$ 462.86
REVLIMID	51	1,349	\$ 608,576	\$ 11,933	\$ 451.13
MENOPUR	3	29	\$ 13,060	\$ 4,353	\$ 450.33
XYREM	25	744	\$ 299,401	\$ 11,976	\$ 402.42
IMBRUVICA	29	858	\$ 321,468	\$ 11,085	\$ 374.67
TRACLEER	2	60	\$ 20,737	\$ 10,368	\$ 345.61
THIOLA	12	360	\$ 124,355	\$ 10,363	\$ 345.43
XTANDI	28	840	\$ 288,471	\$ 10,303	\$ 343.42
JAKAFI	7	195	\$ 66,761	\$ 9,537	\$ 342.36
HUMIRA PEN PSORIASIS-UVEITI	1	28	\$ 9,122	\$ 9,122	\$ 325.78
NORTHERA	13	390	\$ 123,676	\$ 9,514	\$ 317.12
ADEMPAS	4	56	\$ 17,010	\$ 4,252	\$ 303.75

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimbrough ACC – FY18 Purchased Care Pharmacy¹

Top 20 Products Dispensed by # of Scripts and Cost/Day

0255 AHC MCNAIR-MYER-HENDERSON HALL

TOP 20 BASED ON VOLUME

Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
ATORVASTATIN CALCIUM	662	49,104	\$ 35,222	\$ 53	\$ 0.72
AMLODIPINE BESYLATE	630	40,382	\$ 9,841	\$ 16	\$ 0.24
AMOXICILLIN	545	4,779	\$ 354	\$ 1	\$ 0.07
IBUPROFEN	479	6,621	\$ 520	\$ 1	\$ 0.08
LISINAPRIL	472	32,643	\$ 833	\$ 2	\$ 0.03
AZITHROMYCIN	388	1,866	\$ 1,680	\$ 4	\$ 0.90
LEVOTHYROXINE SODIUM	378	24,940	\$ 2,240	\$ 6	\$ 0.09
PREDNISONE	361	5,386	\$ 522	\$ 1	\$ 0.10
FLUTICASONE PROPIONATE	342	17,888	\$ 2,647	\$ 8	\$ 0.15
GABAPENTIN	340	14,317	\$ 11,378	\$ 33	\$ 0.79
OXYCODONE-ACETAMINOPHEN	324	4,022	\$ 1,681	\$ 5	\$ 0.42
HYDROCHLOROTHIAZIDE	318	24,520	- \$ 229	- \$ 1	- \$ 0.01
AMOXICILLIN-CLAVULANATE POT	309	2,867	\$ 1,776	\$ 6	\$ 0.62
LOSARTAN POTASSIUM	304	21,012	\$ 14,066	\$ 46	\$ 0.67
FUROSEMIDE	298	17,916	\$ 2,195	\$ 7	\$ 0.12
PANTOPRAZOLE SODIUM	283	18,463	\$ 25,102	\$ 89	\$ 1.36
HYDROCODONE-ACETAMINOPHEN	273	1,835	\$ 1,195	\$ 4	\$ 0.65
OMEPRAZOLE	273	18,183	\$ 3,244	\$ 12	\$ 0.18
PROAIR HFA	262	7,256	\$ 7,940	\$ 30	\$ 1.09
SIMVASTATIN	258	20,492	\$ 16,978	\$ 66	\$ 0.83

0255 AHC MCNAIR-MYER-HENDERSON HALL

TOP 20 BASED ON COST PER DAY

Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
POMALYST	4	112	\$ 64,349	\$ 16,087	\$ 574.55
REVLIMID	13	357	\$ 173,692	\$ 13,361	\$ 486.53
SITAVIG	1	2	\$ 876	\$ 876	\$ 438.03
JAKAFI	1	30	\$ 11,465	\$ 11,465	\$ 382.18
EMVERM	1	3	\$ 1,049	\$ 1,049	\$ 349.64
XYNTHA	4	112	\$ 37,811	\$ 9,453	\$ 337.60
XYNTHA SOLOFUSE	1	28	\$ 9,255	\$ 9,255	\$ 330.52
NATPARA	5	140	\$ 45,477	\$ 9,095	\$ 324.84
ADEMPAS	9	247	\$ 78,942	\$ 8,771	\$ 319.61
AUVI-Q	1	30	\$ 9,439	\$ 9,439	\$ 314.63
LETAIRIS	11	330	\$ 100,852	\$ 9,168	\$ 305.61
OFEV	2	60	\$ 18,133	\$ 9,066	\$ 302.21
OPSUMIT	1	30	\$ 8,939	\$ 8,939	\$ 297.96
TECFIDERA	12	360	\$ 86,166	\$ 7,181	\$ 239.35
JADENU	7	204	\$ 48,392	\$ 6,913	\$ 237.22
COSENTYX PEN (2 PENS)	1	35	\$ 7,312	\$ 7,312	\$ 208.91
ZOSTAVAX	5	5	\$ 1,027	\$ 205	\$ 205.33
ALINIA	1	5	\$ 907	\$ 907	\$ 181.43
ENBREL SURECLICK	1	28	\$ 4,616	\$ 4,616	\$ 164.85
ENBREL	1	15	\$ 2,331	\$ 2,331	\$ 155.40

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimbrough ACC – FY18 Purchased Care Pharmacy¹

Top 20 Products Dispensed by # of Scripts and Cost/Day

0308 AHC KIRK-ABERDEEN PRVNG GD					
TOP 20 BASED ON VOLUME					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
ATORVASTATIN CALCIUM	1,747	137,759	\$ 109,726	\$ 63	\$ 0.80
LEVOTHYROXINE SODIUM	1,636	121,951	\$ 7,699	\$ 5	\$ 0.06
AMOXICILLIN	1,486	13,350	\$ 680	\$ 0	\$ 0.05
LISINAPRIL	1,446	115,774	-\$ 362	\$ 0	\$ 0.00
AMLODIPINE BESYLATE	1,249	92,125	\$ 20,667	\$ 17	\$ 0.22
OXYCODONE HCL	1,103	19,642	\$ 7,914	\$ 7	\$ 0.40
PREDNISONE	1,071	19,417	\$ 1,429	\$ 1	\$ 0.07
OMEPRAZOLE	1,058	77,054	\$ 16,394	\$ 15	\$ 0.21
PANTOPRAZOLE SODIUM	1,035	72,349	\$ 121,136	\$ 117	\$ 1.67
AZITHROMYCIN	942	5,659	\$ 2,084	\$ 2	\$ 0.37
SERTRALINE HCL	859	49,977	\$ 1,934	\$ 2	\$ 0.04
GABAPENTIN	853	44,881	\$ 27,943	\$ 33	\$ 0.62
FLUTICASONE PROPIONATE	777	40,135	\$ 2,492	\$ 3	\$ 0.06
HYDROCODONE-ACETAMINOPHEN	775	9,945	\$ 3,913	\$ 5	\$ 0.39
LOSARTAN POTASSIUM	744	57,007	\$ 42,141	\$ 57	\$ 0.74
FUROSEMIDE	729	46,567	\$ 6,503	\$ 9	\$ 0.14
AMOXICILLIN-CLAVULANATE POT	704	7,038	\$ 3,344	\$ 5	\$ 0.48
TRAMADOL HCL	701	14,571	\$ 7,645	\$ 11	\$ 0.52
MONTELUKAST SODIUM	698	47,382	\$ 5,369	\$ 8	\$ 0.11
SIMVASTATIN	697	59,801	\$ 53,271	\$ 76	\$ 0.89

0308 AHC KIRK-ABERDEEN PRVNG GD					
TOP 20 BASED ON COST PER DAY					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
HUMATE-P	2	6	\$ 11,246	\$ 5,623	\$ 1,874.30
HARVONI	6	168	\$ 187,519	\$ 31,253	\$ 1,116.18
LEUPROLIDE ACETATE	1	1	\$ 702	\$ 702	\$ 701.79
POMALYST	6	168	\$ 93,128	\$ 15,521	\$ 554.34
AKYNZEO	1	1	\$ 532	\$ 532	\$ 531.98
XALKORI	1	30	\$ 14,784	\$ 14,784	\$ 492.81
BILTRICIDE	2	2	\$ 960	\$ 480	\$ 480.01
TAGRISSO	6	180	\$ 85,758	\$ 14,293	\$ 476.43
ALECENSA	9	270	\$ 125,967	\$ 13,996	\$ 466.54
RUBRACA	4	90	\$ 41,880	\$ 10,470	\$ 465.33
REVLIMID	41	1,127	\$ 511,595	\$ 12,478	\$ 453.94
REMICADE	19	294	\$ 132,875	\$ 6,993	\$ 451.96
ALUNBRIG	6	180	\$ 81,115	\$ 13,519	\$ 450.64
XYREM	17	507	\$ 199,634	\$ 11,743	\$ 393.76
NERLYNX	5	150	\$ 55,787	\$ 11,157	\$ 371.91
TALTZ AUTOINJECTOR	2	42	\$ 15,496	\$ 7,748	\$ 368.96
TRACLEER	12	360	\$ 127,628	\$ 10,636	\$ 354.52
DIFICID	1	10	\$ 3,311	\$ 3,311	\$ 331.11
NATPARA	13	364	\$ 120,402	\$ 9,262	\$ 330.78
AUVI-Q	1	30	\$ 9,704	\$ 9,704	\$ 323.46

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimbrough ACC – FY18 Purchased Care Pharmacy¹

Top 20 Products Dispensed by # of Scripts and Cost/Day

0309 AHC BARQUIST-DETRICK					
TOP 20 BASED ON VOLUME					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
ATORVASTATIN CALCIUM	1,878	142,719	\$ 123,156	\$ 66	\$ 0.86
LEVOTHYROXINE SODIUM	1,627	114,034	\$ 7,583	\$ 5	\$ 0.07
LISINOPRIL	1,307	98,076	\$ 163	\$ 0	\$ 0.00
AMOXICILLIN	1,188	10,692	\$ 539	\$ 0	\$ 0.05
AMLODIPINE BESYLATE	1,025	73,915	\$ 18,525	\$ 18	\$ 0.25
PREDNISON	829	15,400	\$ 778	\$ 1	\$ 0.05
OMEPRAZOLE	805	59,150	\$ 13,499	\$ 17	\$ 0.23
SERTRALINE HCL	786	44,226	\$ 2,662	\$ 3	\$ 0.06
LOSARTAN POTASSIUM	754	54,662	\$ 32,350	\$ 43	\$ 0.59
PANTOPRAZOLE SODIUM	751	45,447	\$ 61,057	\$ 81	\$ 1.34
AZITHROMYCIN	744	4,857	\$ 3,246	\$ 4	\$ 0.67
HYDROCODONE-ACETAMINOPHEN	736	9,007	\$ 4,576	\$ 6	\$ 0.51
GABAPENTIN	698	34,490	\$ 22,173	\$ 32	\$ 0.64
ESCITALOPRAM OXALATE	669	34,393	\$ 5,386	\$ 8	\$ 0.16
HYDROCHLOROTHIAZIDE	648	45,398	\$ 872	\$ 1	\$ 0.02
AMOXICILLIN-CLAVULANATE POT	626	6,252	\$ 2,804	\$ 4	\$ 0.45
OXYCODONE-ACETAMINOPHEN	598	9,688	\$ 5,105	\$ 9	\$ 0.53
FLUTICASON PROPIONATE	597	35,136	\$ 2,275	\$ 4	\$ 0.06
FUROSEMIDE	594	34,148	\$ 4,808	\$ 8	\$ 0.14
SIMVASTATIN	585	47,496	\$ 39,569	\$ 68	\$ 0.83

0309 AHC BARQUIST-DETRICK					
TOP 20 BASED ON COST PER DAY					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
IDHIFA	2	60	\$ 48,363	\$ 24,182	\$ 806.05
GONAL-F RFF REDI-JECT	1	1	\$ 627	\$ 627	\$ 626.91
FENTORA	13	364	\$ 195,600	\$ 15,046	\$ 537.36
REVLIMID	16	448	\$ 239,639	\$ 14,977	\$ 534.91
TAGRISO	7	210	\$ 101,459	\$ 14,494	\$ 483.14
XYREM	27	762	\$ 301,084	\$ 11,151	\$ 395.12
IMBRUVICA	2	60	\$ 22,337	\$ 11,169	\$ 372.29
ADEMPAS	12	360	\$ 114,851	\$ 9,571	\$ 319.03
PICATO	1	3	\$ 924	\$ 924	\$ 307.93
NEXAVAR	1	30	\$ 8,169	\$ 8,169	\$ 272.29
GLUCAGEN	1	1	\$ 242	\$ 242	\$ 241.81
GANIRELIX ACETATE	1	5	\$ 989	\$ 989	\$ 197.71
GARDASIL 9	1	1	\$ 193	\$ 193	\$ 193.26
RAPAMUNE	1	10	\$ 1,636	\$ 1,636	\$ 163.55
MIGRANAL	7	161	\$ 24,647	\$ 3,521	\$ 153.09
PALYNZIQ	3	63	\$ 9,533	\$ 3,178	\$ 151.31
GLUMETZA	4	360	\$ 53,504	\$ 13,376	\$ 148.62
ZORTRESS	7	192	\$ 25,639	\$ 3,663	\$ 133.53
TECFIDERA	4	360	\$ 47,069	\$ 11,767	\$ 130.75
XTANDI	14	630	\$ 80,396	\$ 5,743	\$ 127.61

¹Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimbrough ACC – FY18 Purchased Care Pharmacy¹

Top 20 Products Dispensed by # of Scripts and Cost/Day

0352 AHC DUNHAM-CARLISLE BARRACKS					
TOP 20 BASED ON VOLUME					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
ATORVASTATIN CALCIUM	1,058	76,807	\$ 52,081	\$ 49	\$ 0.68
LEVOTHYROXINE SODIUM	1,049	68,268	\$ 4,252	\$ 4	\$ 0.06
PREDNISON	916	15,529	\$ 1,418	\$ 2	\$ 0.09
LISINAPRIL	862	60,301	\$ 347	\$ 0	\$ 0.01
AMOXICILLIN	807	6,712	\$ 352	\$ 0	\$ 0.05
OMEPRAZOLE	754	50,170	\$ 9,920	\$ 13	\$ 0.20
AMLODIPINE BESYLATE	738	52,104	\$ 12,486	\$ 17	\$ 0.24
FUROSEMIDE	713	38,313	\$ 4,810	\$ 7	\$ 0.13
PANTOPRAZOLE SODIUM	649	40,520	\$ 66,977	\$ 103	\$ 1.65
HYDROCODONE-ACETAMINOPHEN	613	7,454	\$ 5,024	\$ 8	\$ 0.67
SERTRALINE HCL	581	30,137	\$ 1,507	\$ 3	\$ 0.05
SIMVASTATIN	523	37,247	\$ 29,575	\$ 57	\$ 0.79
FLUTICASON PROPIONATE	513	25,309	\$ 1,483	\$ 3	\$ 0.06
AZITHROMYCIN	505	2,949	\$ 2,814	\$ 6	\$ 0.95
LORAZEPAM	478	13,593	\$ 2,880	\$ 6	\$ 0.21
GABAPENTIN	450	21,569	\$ 10,370	\$ 23	\$ 0.48
OXYCODONE-ACETAMINOPHEN	427	6,383	\$ 2,556	\$ 6	\$ 0.40
LOSARTAN POTASSIUM	425	31,449	\$ 19,676	\$ 46	\$ 0.63
TRAMADOL HCL	406	8,171	\$ 4,631	\$ 11	\$ 0.57
HYDROCHLOROTHIAZIDE	395	28,910	- \$ 389	- \$ 1	- \$ 0.01

0352 AHC DUNHAM-CARLISLE BARRACKS					
TOP 20 BASED ON COST PER DAY					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
CABOMETYX	6	180	\$ 99,382	\$ 16,564	\$ 552.12
PROMACTA	1	30	\$ 15,960	\$ 15,960	\$ 532.01
HUMIRA PEN CROHN-UC-HS STAR	1	28	\$ 14,126	\$ 14,126	\$ 504.51
BILTRICIDE	1	1	\$ 475	\$ 475	\$ 474.63
REVLIMID	19	483	\$ 225,668	\$ 11,877	\$ 467.22
TAGRIS	12	360	\$ 167,556	\$ 13,963	\$ 465.43
LYNPARZA	1	30	\$ 13,761	\$ 13,761	\$ 458.71
VERZENIO	4	112	\$ 44,697	\$ 11,174	\$ 399.08
IMBRUVICA	13	376	\$ 145,909	\$ 11,224	\$ 388.06
XYREM	3	84	\$ 31,174	\$ 10,391	\$ 371.12
RYDAPT	5	202	\$ 72,300	\$ 14,460	\$ 357.92
ERIVEDGE	14	420	\$ 148,526	\$ 10,609	\$ 353.63
NERLYNX	1	30	\$ 10,440	\$ 10,440	\$ 347.98
NINLARO	7	196	\$ 65,998	\$ 9,428	\$ 336.72
SPRIX	1	5	\$ 1,579	\$ 1,579	\$ 315.79
NEUPOGEN	3	54	\$ 16,609	\$ 5,536	\$ 307.57
LETAIRIS	12	360	\$ 110,013	\$ 9,168	\$ 305.59
SKLICE	1	1	\$ 305	\$ 305	\$ 305.45
GILOTRIF	5	150	\$ 39,562	\$ 7,912	\$ 263.75
GLUCAGEN	1	1	\$ 251	\$ 251	\$ 251.35

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimbrough ACC – FY18 Purchased Care Pharmacy¹

Top 20 Products Dispensed by # of Scripts and Cost/Day

0390 AHC ANDREW RADER-MYER-HENDERSN					
TOP 20 BASED ON VOLUME					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
ATORVASTATIN CALCIUM	1,105	83,795	\$ 63,598	\$ 58	\$ 0.76
LEVOTHYROXINE SODIUM	977	65,969	\$ 4,075	\$ 4	\$ 0.06
AMOXICILLIN	744	7,361	\$ 552	\$ 1	\$ 0.07
LISINOPRIL	696	47,992	\$ 187	\$ 0	\$ 0.00
AMLODIPINE BESYLATE	590	40,687	\$ 11,606	\$ 20	\$ 0.29
SERTRALINE HCL	554	29,147	\$ 2,042	\$ 4	\$ 0.07
GABAPENTIN	511	24,144	\$ 10,500	\$ 21	\$ 0.43
AZITHROMYCIN	495	3,113	\$ 4,810	\$ 10	\$ 1.55
LOSARTAN POTASSIUM	450	32,540	\$ 20,616	\$ 46	\$ 0.63
FLUTICASONE PROPIONATE	443	22,747	\$ 1,468	\$ 3	\$ 0.06
OMEPRAZOLE	415	23,150	\$ 3,871	\$ 9	\$ 0.17
FUROSEMIDE	411	21,122	\$ 1,661	\$ 4	\$ 0.08
AMOXICILLIN-CLAVULANATE POT	363	3,301	\$ 1,636	\$ 5	\$ 0.50
HYDROCHLOROTHIAZIDE	362	27,877	- \$ 483	- \$ 1	- \$ 0.02
PREDNISONE	353	5,278	\$ 406	\$ 1	\$ 0.08
METOPROLOL SUCCINATE	345	16,885	\$ 2,682	\$ 8	\$ 0.16
MONTELUKAST SODIUM	340	22,202	\$ 2,824	\$ 8	\$ 0.13
TRAZODONE HCL	339	15,873	\$ 800	\$ 2	\$ 0.05
SIMVASTATIN	338	27,560	\$ 20,171	\$ 60	\$ 0.73
ROSUVASTATIN CALCIUM	329	24,418	\$ 37,275	\$ 113	\$ 1.53

0390 AHC ANDREW RADER-MYER-HENDERSN					
TOP 20 BASED ON COST PER DAY					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
FOLLISTIM AQ	2	5	\$ 5,664	\$ 2,832	\$ 1,132.74
GONAL-F RFF REDI-JECT	2	7	\$ 6,807	\$ 3,403	\$ 972.40
MENOPUR	5	10	\$ 8,140	\$ 1,628	\$ 813.96
REVLIMID	14	392	\$ 199,528	\$ 14,252	\$ 509.00
NORTHERA	11	330	\$ 149,428	\$ 13,584	\$ 452.81
ALECENSA	5	150	\$ 61,104	\$ 12,221	\$ 407.36
EXJADE	1	30	\$ 9,960	\$ 9,960	\$ 332.00
AUVI-Q	1	30	\$ 9,732	\$ 9,732	\$ 324.39
OFEV	8	240	\$ 71,513	\$ 8,939	\$ 297.97
IMBRUVICA	15	438	\$ 117,830	\$ 7,855	\$ 269.02
SUTENT	12	433	\$ 115,336	\$ 9,611	\$ 266.36
ESBRIET	9	268	\$ 64,233	\$ 7,137	\$ 239.68
NOXAFIL	1	5	\$ 1,075	\$ 1,075	\$ 215.08
IBRANCE	4	196	\$ 41,174	\$ 10,293	\$ 210.07
GANIRELIX ACETATE	2	5	\$ 1,050	\$ 525	\$ 209.95
CETROTIDE	1	6	\$ 1,234	\$ 1,234	\$ 205.68
GARDASIL 9	4	4	\$ 786	\$ 196	\$ 196.40
HARVONI	3	84	\$ 15,496	\$ 5,165	\$ 184.48
GAMMAGARD LIQUID	4	85	\$ 15,572	\$ 3,893	\$ 183.20
AUGMENTIN	2	10	\$ 1,502	\$ 751	\$ 150.17

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Kimbrough ACC – FY18 Purchased Care Pharmacy¹

Top 20 Products Dispensed by # of Scripts and Cost/Day

0441 AHC FILLMORE-NEW CUMBERLAND					
TOP 20 BASED ON VOLUME					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
ATORVASTATIN CALCIUM	3,137	235,945	\$ 202,134	\$ 64	\$ 0.86
LISINAPRIL	2,702	192,110	\$ 2,463	\$ 1	\$ 0.01
LEVOTHYROXINE SODIUM	2,613	178,405	\$ 13,747	\$ 5	\$ 0.08
OMEPRAZOLE	2,165	150,303	\$ 34,516	\$ 16	\$ 0.23
AMLODIPINE BESYLATE	2,074	138,758	\$ 29,383	\$ 14	\$ 0.21
PREDNISON	1,858	31,743	\$ 2,629	\$ 1	\$ 0.08
SIMVASTATIN	1,766	139,561	\$ 120,520	\$ 68	\$ 0.86
PANTOPRAZOLE SODIUM	1,545	101,287	\$ 171,916	\$ 111	\$ 1.70
AMOXICILLIN	1,492	12,013	\$ 825	\$ 1	\$ 0.07
GABAPENTIN	1,477	72,461	\$ 42,035	\$ 28	\$ 0.58
FUROSEMIDE	1,473	85,161	\$ 10,487	\$ 7	\$ 0.12
HYDROCHLOROTHIAZIDE	1,366	100,155	- \$ 1,449	- \$ 1	- \$ 0.01
SERTRALINE HCL	1,363	78,907	\$ 3,398	\$ 2	\$ 0.04
METFORMIN HCL	1,314	97,191	\$ 11,282	\$ 9	\$ 0.12
LOSARTAN POTASSIUM	1,172	84,397	\$ 63,578	\$ 54	\$ 0.75
FLUTICASONE PROPIONATE	1,149	66,934	\$ 4,106	\$ 4	\$ 0.06
HYDROCODONE-ACETAMINOPHEN	1,128	14,621	\$ 8,961	\$ 8	\$ 0.61
METOPROLOL TARTRATE	1,084	65,689	\$ 11,889	\$ 11	\$ 0.18
TOPROL XL	1,063	95,235	\$ 14,271	\$ 13	\$ 0.15
LORAZEPAM	1,055	34,048	\$ 8,086	\$ 8	\$ 0.24

0441 AHC FILLMORE-NEW CUMBERLAND					
TOP 20 BASED ON COST PER DAY					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
BERINERT	3	90	\$ 201,205	\$ 67,068	\$ 2,235.61
CERDELGA	3	84	\$ 71,974	\$ 23,991	\$ 856.83
SUBSYS	1	30	\$ 20,738	\$ 20,738	\$ 691.26
REVLIMID	28	777	\$ 458,333	\$ 16,369	\$ 589.87
LENVIMA	2	60	\$ 33,654	\$ 16,827	\$ 560.91
ZEJULA	10	300	\$ 156,172	\$ 15,617	\$ 520.57
MAVYRET	2	56	\$ 25,463	\$ 12,731	\$ 454.70
XYREM	11	324	\$ 135,722	\$ 12,338	\$ 418.89
PROLASTIN C	1	28	\$ 10,120	\$ 10,120	\$ 361.43
BRAFTOVI	1	30	\$ 10,630	\$ 10,630	\$ 354.33
MEKTOVI	1	30	\$ 10,630	\$ 10,630	\$ 354.33
ERLEADA	6	180	\$ 63,079	\$ 10,513	\$ 350.44
SIVEXTRO	7	138	\$ 45,576	\$ 6,511	\$ 330.26
XTANDI	18	540	\$ 174,449	\$ 9,692	\$ 323.05
LETAIRIS	12	360	\$ 110,013	\$ 9,168	\$ 305.59
THALOMID	5	140	\$ 41,513	\$ 8,303	\$ 296.52
AFINITOR	4	146	\$ 40,364	\$ 10,091	\$ 276.46
JADENU	1	90	\$ 22,601	\$ 22,601	\$ 251.12
IBRANCE	9	252	\$ 62,503	\$ 6,945	\$ 248.03
NEULASTA	1	28	\$ 6,006	\$ 6,006	\$ 214.51

¹Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Radiology

Kimbrough ACC – Direct Care Radiology¹ Services by Ordering Product Line and Enrollment Category

0069 KIMBROUGH AMB CAR CEN-MEADE							
FY 2017 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient			5		1	2	8
Dental	3		2				5
Ancillary	70		5		19	9	103
Special Programs	809	14	289		90	92	1,294
Dermatology	13				2	2	17
Emergency Room	39		2				41
General Surgery	149		27		9	2	187
IM Subspecialty	513	7	88	5	123	10	746
Mental Health	10		2				12
OB/GYN	404	6	64		20	8	502
Optometry	18		3		3		24
Orthopedics	2,548	47	693	1	65	76	3,430
Otolaryngology	109		24		12	2	147
Primary Care	20,839	230	1,720	90	1,736	341	24,956
Surg Subspecialty	208		36		43	7	294
Other	374	8	110		20	80	592
Total	26,106	312	3,070	96	2,143	631	32,358

0069 KIMBROUGH AMB CAR CEN-MEADE							
FY 2018 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Ancillary	15		8			4	27
Special Programs	367	23	124	1	104	21	640
Dermatology	14						14
Emergency Room	31		11				42
General Surgery	1,072	10	246	8	44	17	1,397
IM Subspecialty	310	2	86		72	6	476
Mental Health	8					1	9
OB/GYN	227	1	77	4	34	2	345
Optometry	35	2			3		40
Orthopedics	2,044	28	550		56	71	2,749
Otolaryngology	67	1	10		2	2	82
Primary Care	16,969	139	1,801	45	1,519	244	20,717
Surg Subspecialty	165		70		46	5	286
Other	184		66		16	66	332
Total	21,508	206	3,049	58	1,896	439	27,156

¹ Source: M2 Radiology Detail, includes both Technical and Professional services. Prime-Site defined as Enrollment Site Parent equal to Tmt Parent. Ordering Product Line based on Ordering MEPRS Code.

Kimbrough ACC – Direct Care Radiology¹ Services by Ordering Product Line and Enrollment Category

0308 AHC KIRK-ABERDEEN PRVNG GD							
FY 2017 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	1						1
Ancillary	22				3	4	29
Special Programs	58	2	2		7	19	88
IM Subspecialty	1		2		1	1	5
Mental Health	1						1
Orthopedics	11					2	13
Primary Care	2,475	23	61	12	162	91	2,824
Surg Subspecialty	3						3
Other	15	1	5		3	80	104
Total	2,587	26	70	12	176	197	3,068

0308 AHC KIRK-ABERDEEN PRVNG GD							
FY 2018 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Ancillary	35				9	2	46
Special Programs	64	1	3		26	17	111
General Surgery	1						1
IM Subspecialty					1		1
Mental Health	2						2
Optometry						1	1
Orthopedics	11		2		1		14
Primary Care	2,326	39	69	8	145	118	2,705
Other	17	1	8		1	81	108
Total	2,456	41	82	8	183	219	2,989

¹ Source: M2 Radiology Detail, includes both Technical and Professional services. Prime-Site defined as Enrollment Site Parent equal to Tmt Parent. Ordering Product Line based on Ordering MEPRS Code.

Kimbrough ACC – Direct Care Radiology¹ Services by Ordering Product Line and Enrollment Category

0309 AHC BARQUIST-DETRICK							
FY 2017 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Ancillary					1		1
Special Programs	64	2	8		14	10	98
IM Subspecialty	11		2		1	1	15
Optometry	1						1
Orthopedics	95						95
Primary Care	1,571	5	32		36	29	1,673
Surg Subspecialty	11		1		4	1	17
Other	11	1	2		1	32	47
Total	1,764	8	45	0	57	73	1,947

0309 AHC BARQUIST-DETRICK							
FY 2018 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Ancillary					1		1
Special Programs	104	5	18		14	4	145
IM Subspecialty	6		4		1	1	12
Orthopedics	136	2	8		3		149
Primary Care	1,551	11	24		15	17	1,618
Surg Subspecialty	7						7
Other	11		1		1	30	43
Total	1,815	18	55	0	35	52	1,975

¹ Source: M2 Radiology Detail, includes both Technical and Professional services. Prime-Site defined as Enrollment Site Parent equal to Tmt Parent. Ordering Product Line based on Ordering MEPRS Code.

Kimbrough ACC – Direct Care Radiology¹ Services by Ordering Product Line and Enrollment Category

0350 AHC INDIANTOWN GAP							
FY 2017 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Orthopedics	2						2
Primary Care	146	10	14		7	84	261
Total	148	10	14	0	7	84	263

0350 AHC INDIANTOWN GAP							
FY 2018 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Primary Care	106	6	15		2	55	184
Total	106	6	15	0	2	55	184

¹ Source: M2 Radiology Detail, includes both Technical and Professional services. Prime-Site defined as Enrollment Site Parent equal to Tmt Parent. Ordering Product Line based on Ordering MEPRS Code.

Kimbrough ACC – Direct Care Radiology¹ Services by Ordering Product Line and Enrollment Category

0352 AHC DUNHAM-CARLISLE BARRACKS							
FY 2017 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Ancillary	50				12	1	63
Special Programs	58		1		23	89	171
IM Subspecialty	1						1
Optometry	4						4
Orthopedics	6						6
Primary Care	1,979	23	50		397	121	2,570
Other	2					14	16
Total	2,100	23	51	0	432	225	2,831

0352 AHC DUNHAM-CARLISLE BARRACKS							
FY 2018 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Special Programs	64	1	1		33	119	218
IM Subspecialty	1						1
Optometry	1						1
Orthopedics	7					1	8
Primary Care	1,998	11	56		405	86	2,556
Other	1				1	6	8
Total	2,072	12	57	0	439	212	2,792

¹ Source: M2 Radiology Detail, includes both Technical and Professional services. Prime-Site defined as Enrollment Site Parent equal to Tmt Parent. Ordering Product Line based on Ordering MEPRS Code.

Kimbrough ACC – Direct Care Radiology¹ Services by Ordering Product Line and Enrollment Category

0390 AHC ANDREW RADER-MYER-HENDERSN							
FY 2017 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Dental	1						1
Ancillary	1					3	4
Special Programs	297	64	69		10	8	448
Dermatology	1				1		2
Emergency Room	5	1	11	1			18
IM Subspecialty	12		4		13		29
OB/GYN					1		1
Optometry	1						1
Orthopedics	59	5	12		1	1	78
Otolaryngology			1				1
Primary Care	2,702	20	94	11	378	132	3,337
Surg Subspecialty	5		1	1	5		12
Other	9		3			12	24
Total	3,093	90	195	13	409	156	3,956

0390 AHC ANDREW RADER-MYER-HENDERSN							
FY 2018 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Ancillary						1	1
Special Programs	213	81	56		22	4	376
Dermatology			7				7
Emergency Room	10	2	15				27
General Surgery	2						2
IM Subspecialty	15		9		12	1	37
Mental Health	6						6
OB/GYN			2				2
Optometry	28		3			1	32
Orthopedics	48	6	23	1	3	2	83
Primary Care	2,525	14	104	4	341	120	3,108
Surg Subspecialty	7		3		7		17
Other	13		6	2	1	10	32
Total	2,867	103	228	7	386	139	3,730

¹ Source: M2 Radiology Detail, includes both Technical and Professional services. Prime-Site defined as Enrollment Site Parent equal to Tmt Parent. Ordering Product Line based on Ordering MEPRS Code.

Kimborough ACC – FY18 Direct Care Top 20 Radiology Procedures¹ by Number of Services and Cost/Svc

0069 KIMBROUGH AMB CAR CEN-MEADE						
TOP 20 RADIOLOGY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
77067	SCRN MAMMOG,BILAT,CAD WHN PERF	3,402	6,064.22	\$ 459,782	1.78	\$ 135.15
73630	RAD EXM,FOOT;COMP, MIN 3 VIEWS	1,501	688.65	\$ 52,218	0.46	\$ 34.79
71020	RAD EXM,CHEST,2,FRONTAL & LAT;	1,459	586.62	\$ 44,484	0.40	\$ 30.49
73721	MRI,JNT,LOW EXT;WO CNTRST MAT	1,382	6,572.80	\$ 498,349	4.76	\$ 360.60
73564	RAD EXAM, KNEE; COMP, 4+ VIEWS	1,232	778.88	\$ 59,055	0.63	\$ 47.93
73030	RAD EXM,SHLDR;COMP,MIN 2 VIEW	1,122	505.92	\$ 38,357	0.45	\$ 34.19
73221	MRI,JOINT,UP EXTRM;WO CONT MAT	845	4,021.53	\$ 304,912	4.76	\$ 360.84
73110	RAD EXM,WRIST;COMP,MIN 3 VIEWS	704	399.15	\$ 30,265	0.57	\$ 42.99
76705	US,ABDM,REAL TME W IMG DOC;LTD	704	980.44	\$ 74,335	1.39	\$ 105.59
76856	US,PELV,REAL TME W IMG DOC;CMP	684	1,148.54	\$ 87,081	1.68	\$ 127.31
71046	RADIOLOGIC EXAM,CHEST;2 VIEWS	645	310.14	\$ 23,514	0.48	\$ 36.46
73610	RAD EXAM,ANK;COMP,MIN 3 VIEWS	610	297.72	\$ 22,575	0.49	\$ 37.01
73130	RAD EXAM, HAND; MIN OF 3 VIEWS	593	293.68	\$ 22,266	0.50	\$ 37.55
76830	US EXAM, TRANSVAGINAL	553	988.94	\$ 74,981	1.79	\$ 135.59
73562	RADIOLOGIC EXAM, KNEE; 3 VIEWS	531	301.15	\$ 22,833	0.57	\$ 43.00
72148	MAGNETIC IMAGE, LUMBAR SPINE	485	2,042.63	\$ 154,874	4.21	\$ 319.33
73501	RAD EXAM,HIP,UNILAT;1 VIEW	482	226.22	\$ 17,152	0.47	\$ 35.59
70486	CT MAXILLOFACIAL WO CNTRST MAT	397	967.50	\$ 73,355	2.44	\$ 184.77
72110	RAD EXM,SPINE,LUMBO;MIN 4 VIEW	387	293.32	\$ 22,238	0.76	\$ 57.46
72114	RAD EXM,SP,LUM;COMP,MIN,6 VIEW	356	350.14	\$ 26,547	0.98	\$ 74.57

0069 KIMBROUGH AMB CAR CEN-MEADE						
TOP 20 RADIOLOGY PROCEDURES BY COST/SVC						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
70546	MAG RES ANG,HEAD;WO,W CONT MAT	46	564.98	\$ 42,837	12.28	\$ 931.24
73220	MRI UPPR EXTREMITY W/O&W DYE	109	1,206.40	\$ 91,470	11.07	\$ 839.17
74261	CT COLONOGRAP,DIAG,IMG;WO CONT	39	402.03	\$ 30,482	10.31	\$ 781.59
71550	MRI IMG,CHST;WO CNTRST MATRIAL	5	48.30	\$ 3,662	9.66	\$ 732.42
73720	MRI LWR EXTREMITY W/O&W DYE	227	2,167.17	\$ 164,314	9.55	\$ 723.85
72197	MAG RES IMG,PELV;WO,W CONT MAT	6	55.62	\$ 4,217	9.27	\$ 702.85
74183	MAG RES IM,ABDOMEN;WO,W CON MT	88	791.80	\$ 60,034	9.00	\$ 682.21
72196	MRI,PELVIS;W CONTRST MAT(S)	84	653.04	\$ 49,514	7.77	\$ 589.45
72157	MAGNETIC IMAGE, CHEST SPINE	29	217.48	\$ 16,489	7.50	\$ 568.60
72158	MAGNETIC IMAGE, LUMBAR SPINE	227	1,683.57	\$ 127,649	7.42	\$ 562.33
72156	MAGNETIC IMAGE, NECK SPINE	98	724.92	\$ 54,963	7.40	\$ 560.85
70553	MAGNETIC IMAGE, BRAIN (MRI)	296	2,145.59	\$ 162,678	7.25	\$ 549.59
73202	CT UP EXTM WO CNTR MAT FUR SEC	4	24.44	\$ 1,853	6.11	\$ 463.26
70540	MRI/ORB/FCE/NCK;WO CNTRST MATL	32	193.35	\$ 14,660	6.04	\$ 458.12
74181	MRI, ABDOMEN;WO CNTRST MAT	22	128.87	\$ 9,771	5.86	\$ 444.14
73702	CT LW EXTM WO CNTR MAT FUR SEC	12	63.45	\$ 4,811	5.29	\$ 400.90
72194	CT PLVS WO CNTRST MAT FUR SEC	27	139.61	\$ 10,585	5.17	\$ 392.05
70492	CT NCK WO CNTST MAT FURT SECT	7	35.72	\$ 2,708	5.10	\$ 386.90
74170	CT ABDOM WO CNTRST MAT FUR SEC	57	280.64	\$ 21,278	4.92	\$ 373.30
73221	MRI,JOINT,UP EXTRM;WO CONT MAT	845	4,021.53	\$ 304,912	4.76	\$ 360.84

¹ Source: M2 Radiology Detail, includes both Technical and Professional services.

Kimbrough ACC – FY18 Direct Care Top 20 Radiology Procedures¹ by Number of Services and Cost/Svc

0308 AHC KIRK-ABERDEEN PRVNG GD						
TOP 20 RADIOLOGY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
71020	RAD EXM,CHEST,2,FRONTAL & LAT;	451	211.97	\$ 16,074	0.47	\$ 35.64
73564	RAD EXAM, KNEE; COMP, 4+ VIEWS	350	276.50	\$ 20,965	0.79	\$ 59.90
73630	RAD EXM,FOOT;COMP, MIN 3 VIEWS	259	149.52	\$ 11,338	0.58	\$ 43.77
71046	RADIOLOGIC EXAM,CHEST;2 VIEWS	251	135.54	\$ 10,276	0.54	\$ 40.94
73030	RAD EXM,SHLDR;COMP,MIN 2 VIEW	177	96.88	\$ 7,345	0.55	\$ 41.50
73610	RAD EXAM,ANK;COMP,MIN 3 VIEWS	116	73.08	\$ 5,541	0.63	\$ 47.77
72110	RAD EXM,SPINE,LUMBO;MIN 4 VIEW	113	103.96	\$ 7,882	0.92	\$ 69.75
72040	RADLOG EXM,SPIN,CERV;2/3 VIEWS	110	66.95	\$ 5,076	0.61	\$ 46.15
73130	RAD EXAM, HAND; MIN OF 3 VIEWS	91	57.40	\$ 4,352	0.63	\$ 47.82
72100	RAD EXM,SPINE,LUMBO; 2/3 VIEWS	90	59.40	\$ 4,504	0.66	\$ 50.04
73562	RADIOLOGIC EXAM, KNEE; 3 VIEWS	84	61.32	\$ 4,649	0.73	\$ 55.35
73501	RAD EXAM,HIP,UNILAT;1 VIEW	78	44.17	\$ 3,349	0.57	\$ 42.94
73110	RAD EXM,WRIST;COMP,MIN 3 VIEWS	67	49.12	\$ 3,724	0.73	\$ 55.59
73140	RAD EXAM,FINGER(S),MIN 2 VIEWS	65	45.30	\$ 3,434	0.70	\$ 52.84
72052	RAD EXM,SPINE,CERV;6/MOR VIEWS	56	58.80	\$ 4,458	1.05	\$ 79.61
73080	RAD EXM,ELBOW;COMP,MIN 3 VIEWS	47	29.46	\$ 2,234	0.63	\$ 47.53
73522	RAD EXAM,HIPS,BILAT;3-4 VIEWS	45	42.30	\$ 3,207	0.94	\$ 71.27
73600	RADIOLOGIC EXAM,ANKLE;2 VIEWS	43	25.37	\$ 1,923	0.59	\$ 44.73
73660	RAD EXM;TOE(S),MIN OF 2 VIEWS	42	25.14	\$ 1,906	0.60	\$ 45.38
74018	RADIOLOG EXAM,ABDOMEN;1 VIEW	35	17.50	\$ 1,327	0.50	\$ 37.91

0308 AHC KIRK-ABERDEEN PRVNG GD						
TOP 20 RADIOLOGY PROCEDURES BY COST/SVC						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
72082	RAD EXM,SP,THOR&LUMB;2/3 VIEWS	17	21.93	\$ 1,663	1.29	\$ 97.81
72114	RAD EXM,SP,LUM;COMP,MIN,6 VIEW	13	16.43	\$ 1,246	1.26	\$ 95.82
77074	RAD EXAM,OSSEOUS SURVY;LTD	1	1.16	\$ 88	1.16	\$ 87.95
72052	RAD EXM,SPINE,CERV;6/MOR VIEWS	56	58.80	\$ 4,458	1.05	\$ 79.61
70330	X-RAY EXAM OF JAW JOINTS	2	1.96	\$ 149	0.98	\$ 74.31
73522	RAD EXAM,HIPS,BILAT;3-4 VIEWS	45	42.30	\$ 3,207	0.94	\$ 71.27
72110	RAD EXM,SPINE,LUMBO;MIN 4 VIEW	113	103.96	\$ 7,882	0.92	\$ 69.75
71111	RAD EXM,RIB,BILAT;POSTER,MIN 4	3	2.61	\$ 198	0.87	\$ 65.96
73564	RAD EXAM, KNEE; COMP, 4+ VIEWS	350	276.50	\$ 20,965	0.79	\$ 59.90
74022	RADIO EXAM ABDM,SNGL VIEW CHST	2	1.58	\$ 120	0.79	\$ 59.90
70200	RAD EXM;ORBITS,COMP,MIN 4 VIEW	1	0.78	\$ 59	0.78	\$ 59.14
72190	RAD EXAM,PELV;COMP,MIN 3 VIEWS	24	18.00	\$ 1,365	0.75	\$ 56.87
73110	RAD EXM,WRIST;COMP,MIN 3 VIEWS	67	49.12	\$ 3,724	0.73	\$ 55.59
73562	RADIOLOGIC EXAM, KNEE; 3 VIEWS	84	61.32	\$ 4,649	0.73	\$ 55.35
71048	RADIOLOG EXAM,CHEST;4/+ VIEWS	1	0.71	\$ 54	0.71	\$ 53.83
73140	RAD EXAM,FINGER(S),MIN 2 VIEWS	65	45.30	\$ 3,434	0.70	\$ 52.84
73050	X-RAY EXAM OF SHOULDERS	4	2.78	\$ 211	0.70	\$ 52.70
70220	RAD EXM,SIN,PARANAS,COMP,MIN 3	4	2.76	\$ 209	0.69	\$ 52.32
71101	RAD EXM,RIB,UNIL;POSTERO,MIN 3	21	14.03	\$ 1,064	0.67	\$ 50.66
70160	RAD EXM,NAS BNE,COM,MIN,3 VIEW	4	2.67	\$ 202	0.67	\$ 50.61

¹ Source: M2 Radiology Detail, includes both Technical and Professional services.

Kimbrough ACC – FY18 Direct Care Top 20 Radiology Procedures¹ by Number of Services and Cost/Svc

0309 AHC BARQUIST-DETRICK						
TOP 20 RADIOLOGY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
71020	RAD EXM,CHEST,2,FRONTAL & LAT;	220	103.40	\$ 7,841	0.47	\$ 35.64
73630	RAD EXM,FOOT;COMP, MIN 3 VIEWS	145	83.79	\$ 6,354	0.58	\$ 43.82
73030	RAD EXM,SHLDR;COMP,MIN 2 VIEW	143	78.28	\$ 5,935	0.55	\$ 41.50
71046	RADIOLOGIC EXAM,CHEST;2 VIEWS	122	65.88	\$ 4,995	0.54	\$ 40.94
73562	RADIOLOGIC EXAM, KNEE; 3 VIEWS	91	66.43	\$ 5,037	0.73	\$ 55.35
73610	RAD EXAM,ANK;COMP,MIN 3 VIEWS	89	56.07	\$ 4,252	0.63	\$ 47.77
73564	RAD EXAM, KNEE; COMP, 4+ VIEWS	82	64.78	\$ 4,912	0.79	\$ 59.90
72040	RADLOG EXM,SPIN,CERV;2/3 VIEWS	74	44.93	\$ 3,407	0.61	\$ 46.03
72100	RAD EXM,SPINE,LUMBO; 2/3 VIEWS	71	46.86	\$ 3,553	0.66	\$ 50.04
73110	RAD EXM,WRIST;COMP,MIN 3 VIEWS	69	50.55	\$ 3,833	0.73	\$ 55.55
73130	RAD EXAM, HAND; MIN OF 3 VIEWS	69	43.50	\$ 3,298	0.63	\$ 47.80
73140	RAD EXAM,FINGER(S),MIN 2 VIEWS	68	47.32	\$ 3,588	0.70	\$ 52.76
73501	RAD EXAM,HIP,UNILAT;1 VIEW	66	37.42	\$ 2,837	0.57	\$ 42.99
73620	RADIOLOGIC EXAM,FOOT; 2 VIEWS	60	30.44	\$ 2,308	0.51	\$ 38.47
73560	RADIOLOGIC EXAM,KNEE;1/2 VIEWS	59	37.02	\$ 2,807	0.63	\$ 47.58
74000	X-RAY EXAM OF ABDOMEN	42	16.80	\$ 1,274	0.40	\$ 30.33
73660	RAD EXM;TOE(S),MIN OF 2 VIEWS	40	23.84	\$ 1,807	0.60	\$ 45.19
72082	RAD EXM,SP,THOR&LUMB;2/3 VIEWS	35	45.15	\$ 3,423	1.29	\$ 97.81
73120	RADIOLOGIC EXAM, HAND; 2 VIEWS	35	18.65	\$ 1,414	0.53	\$ 40.40
73070	RADIOLOGIC EXAM,ELBOW; 2 VIEWS	33	17.49	\$ 1,326	0.53	\$ 40.18

0309 AHC BARQUIST-DETRICK						
TOP 20 RADIOLOGY PROCEDURES BY COST/SVC						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
72082	RAD EXM,SP,THOR&LUMB;2/3 VIEWS	35	45.15	\$ 3,423	1.29	\$ 97.81
72114	RAD EXM,SP,LUM;COMP,MIN,6 VIEW	11	13.88	\$ 1,052	1.26	\$ 95.67
72052	RAD EXM,SPINE,CERV;6/MOR VIEWS	26	27.30	\$ 2,070	1.05	\$ 79.61
70330	X-RAY EXAM OF JAW JOINTS	5	4.89	\$ 371	0.98	\$ 74.15
73522	RAD EXAM,HIPS,BILAT;3-4 VIEWS	25	23.50	\$ 1,782	0.94	\$ 71.27
72110	RAD EXM,SPINE,LUMBO;MIN 4 VIEW	17	15.64	\$ 1,186	0.92	\$ 69.75
71111	RAD EXM,RIB,BILAT;POSTER,MIN 4	3	2.58	\$ 196	0.86	\$ 65.21
74022	RADIO EXAM ABDM,SNGL VIEW CHST	5	3.95	\$ 300	0.79	\$ 59.90
73564	RAD EXAM, KNEE; COMP, 4+ VIEWS	82	64.78	\$ 4,912	0.79	\$ 59.90
70150	RAD EXM,FACE BONES;COMP, MIN 3	2	1.56	\$ 118	0.78	\$ 59.14
70260	RAD EXM,SKULL;COMP,MIN 4 VIEWS	1	0.78	\$ 59	0.78	\$ 59.14
72190	RAD EXAM,PELV;COMP,MIN 3 VIEWS	4	3.00	\$ 227	0.75	\$ 56.87
73110	RAD EXM,WRIST;COMP,MIN 3 VIEWS	69	50.55	\$ 3,833	0.73	\$ 55.55
73562	RADIOLOGIC EXAM, KNEE; 3 VIEWS	91	66.43	\$ 5,037	0.73	\$ 55.35
73140	RAD EXAM,FINGER(S),MIN 2 VIEWS	68	47.32	\$ 3,588	0.70	\$ 52.76
73050	X-RAY EXAM OF SHOULDERS	3	2.08	\$ 158	0.69	\$ 52.57
71047	RADIOLOGIC EXAM,CHEST;3 VIEWS	1	0.69	\$ 52	0.69	\$ 52.32
71130	RAD EXM;STERNOCLAVICULAR,MIN 3	1	0.69	\$ 52	0.69	\$ 52.32
71101	RAD EXM,RIB,UNIL;POSTERO,MIN 3	15	10.00	\$ 758	0.67	\$ 50.55
70100	RAD EXM,MANDIBLE;PART,< 4 VIEW	2	1.32	\$ 100	0.66	\$ 50.04

¹ Source: M2 Radiology Detail, includes both Technical and Professional services.

Kimbrough ACC – FY18 Direct Care Top 20 Radiology Procedures¹ by Number of Services and Cost/Svc

0350 AHC INDIANTOWN GAP						
TOP 20 RADIOLOGY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
71020	RAD EXM,CHEST,2,FRONTAL & LAT;	26	12.22	\$ 927	0.47	\$ 35.64
73030	RAD EXM,SHLDR;COMP,MIN 2 VIEW	19	10.39	\$ 788	0.55	\$ 41.46
73610	RAD EXAM,ANK;COMP,MIN 3 VIEWS	19	11.97	\$ 908	0.63	\$ 47.77
73564	RAD EXAM, KNEE; COMP, 4+ VIEWS	17	13.43	\$ 1,018	0.79	\$ 59.90
73630	RAD EXM,FOOT;COMP, MIN 3 VIEWS	14	8.07	\$ 612	0.58	\$ 43.71
73140	RAD EXAM,FINGER(S),MIN 2 VIEWS	13	9.00	\$ 682	0.69	\$ 52.49
73110	RAD EXM,WRIST;COMP,MIN 3 VIEWS	12	8.80	\$ 667	0.73	\$ 55.60
71046	RADIOLOGIC EXAM,CHEST;2 VIEWS	9	4.86	\$ 368	0.54	\$ 40.94
73660	RAD EXM;TOE(S),MIN OF 2 VIEWS	7	4.18	\$ 317	0.60	\$ 45.27
72110	RAD EXM,SPINE,LUMBO;MIN 4 VIEW	6	5.52	\$ 419	0.92	\$ 69.75
73501	RAD EXAM,HIP,UNILAT;1 VIEW	6	3.40	\$ 258	0.57	\$ 42.97
72052	RAD EXM,SPINE,CERV;6/MOR VIEWS	4	4.20	\$ 318	1.05	\$ 79.61
73650	RAD EXM;CALCANEUS, MIN 2 VIEWS	4	2.11	\$ 160	0.53	\$ 39.99
73080	RAD EXM,ELBOW;COMP,MIN 3 VIEWS	3	1.89	\$ 143	0.63	\$ 47.77
73130	RAD EXAM, HAND; MIN OF 3 VIEWS	3	1.89	\$ 143	0.63	\$ 47.76
70160	RAD EXM,NAS BNE,COM,MIN,3 VIEW	2	1.32	\$ 100	0.66	\$ 50.04
72100	RAD EXM,SPINE,LUMBO; 2/3 VIEWS	2	1.32	\$ 100	0.66	\$ 50.04
73000	X-RAY EXAM OF COLLAR BONE	2	1.07	\$ 81	0.54	\$ 40.56
73522	RAD EXAM,HIPS,BILAT;3-4 VIEWS	2	1.88	\$ 143	0.94	\$ 71.27
73590	RAD EXM;TIBIA & FIBULA,2 VIEWS	2	1.12	\$ 85	0.56	\$ 42.46

0350 AHC INDIANTOWN GAP						
TOP 20 RADIOLOGY PROCEDURES BY COST/SVC						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
72052	RAD EXM,SPINE,CERV;6/MOR VIEWS	4	4.20	\$ 318	1.05	\$ 79.61
73522	RAD EXAM,HIPS,BILAT;3-4 VIEWS	2	1.88	\$ 143	0.94	\$ 71.27
72110	RAD EXM,SPINE,LUMBO;MIN 4 VIEW	6	5.52	\$ 419	0.92	\$ 69.75
71111	RAD EXM,RIB,BILAT;POSTER,MIN 4	1	0.85	\$ 64	0.85	\$ 64.45
73564	RAD EXAM, KNEE; COMP, 4+ VIEWS	17	13.43	\$ 1,018	0.79	\$ 59.90
73110	RAD EXM,WRIST;COMP,MIN 3 VIEWS	12	8.80	\$ 667	0.73	\$ 55.60
73140	RAD EXAM,FINGER(S),MIN 2 VIEWS	13	9.00	\$ 682	0.69	\$ 52.49
70220	RAD EXM,SIN,PARANAS,COMP,MIN 3	1	0.69	\$ 52	0.69	\$ 52.32
71101	RAD EXM,RIB,UNIL;POSTERO,MIN 3	1	0.68	\$ 52	0.68	\$ 51.56
70160	RAD EXM,NAS BNE,COM,MIN,3 VIEW	2	1.32	\$ 100	0.66	\$ 50.04
72100	RAD EXM,SPINE,LUMBO; 2/3 VIEWS	2	1.32	\$ 100	0.66	\$ 50.04
74010	X-RAY EXAM OF ABDOMEN	2	1.30	\$ 99	0.65	\$ 49.28
73080	RAD EXM,ELBOW;COMP,MIN 3 VIEWS	3	1.89	\$ 143	0.63	\$ 47.77
73560	RADIOLOGIC EXAM,KNEE;1/2 VIEWS	1	0.63	\$ 48	0.63	\$ 47.77
73610	RAD EXAM,ANK;COMP,MIN 3 VIEWS	19	11.97	\$ 908	0.63	\$ 47.77
73130	RAD EXAM, HAND; MIN OF 3 VIEWS	3	1.89	\$ 143	0.63	\$ 47.76
73660	RAD EXM;TOE(S),MIN OF 2 VIEWS	7	4.18	\$ 317	0.60	\$ 45.27
73630	RAD EXM,FOOT;COMP, MIN 3 VIEWS	14	8.07	\$ 612	0.58	\$ 43.71
73501	RAD EXAM,HIP,UNILAT;1 VIEW	6	3.40	\$ 258	0.57	\$ 42.97
73590	RAD EXM;TIBIA & FIBULA,2 VIEWS	2	1.12	\$ 85	0.56	\$ 42.46

¹ Source: M2 Radiology Detail, includes both Technical and Professional services.

Kimbrough ACC – FY18 Direct Care Top 20 Radiology Procedures¹ by Number of Services and Cost/Svc

0352 AHC DUNHAM-CARLISLE BARRACKS						
TOP 20 RADIOLOGY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
77067	SCRN MAMMOG,BILAT,CAD WHN PERF	513	1,438.93	\$ 109,098	2.80	\$ 212.67
71020	RAD EXM,CHEST,2,FRONTAL & LAT;	504	236.88	\$ 17,963	0.47	\$ 35.64
71046	RADIOLOGIC EXAM,CHEST;2 VIEWS	232	125.28	\$ 9,498	0.54	\$ 40.94
73630	RAD EXM,FOOT;COMP, MIN 3 VIEWS	148	85.43	\$ 6,478	0.58	\$ 43.77
73564	RAD EXAM, KNEE; COMP, 4+ VIEWS	123	97.17	\$ 7,368	0.79	\$ 59.90
73030	RAD EXM,SHLDR;COMP,MIN 2 VIEW	110	60.26	\$ 4,569	0.55	\$ 41.53
72110	RAD EXM,SPINE,LUMBO;MIN 4 VIEW	83	76.36	\$ 5,789	0.92	\$ 69.75
73610	RAD EXAM,ANK;COMP,MIN 3 VIEWS	79	49.77	\$ 3,774	0.63	\$ 47.77
73562	RADIOLOGIC EXAM, KNEE; 3 VIEWS	78	56.94	\$ 4,317	0.73	\$ 55.35
73501	RAD EXAM,HIP,UNILAT;1 VIEW	77	43.63	\$ 3,308	0.57	\$ 42.96
73130	RAD EXAM, HAND; MIN OF 3 VIEWS	72	45.36	\$ 3,439	0.63	\$ 47.76
72082	RAD EXM,SP,THOR&LUMB;2/3 VIEWS	62	79.98	\$ 6,064	1.29	\$ 97.81
72052	RAD EXM,SPINE,CERV;6/MOR VIEWS	59	61.95	\$ 4,697	1.05	\$ 79.61
73110	RAD EXM,WRIST;COMP,MIN 3 VIEWS	50	36.65	\$ 2,779	0.73	\$ 55.58
73140	RAD EXAM,FINGER(S),MIN 2 VIEWS	50	34.78	\$ 2,637	0.70	\$ 52.74
72100	RAD EXM,SPINE,LUMBO; 2/3 VIEWS	49	32.34	\$ 2,452	0.66	\$ 50.04
72040	RADLOG EXM,SPIN,CERV;2/3 VIEWS	48	29.15	\$ 2,210	0.61	\$ 46.04
73522	RAD EXAM,HIPS,BILAT;3-4 VIEWS	43	40.42	\$ 3,065	0.94	\$ 71.27
72070	RAD EXM,SPINE;THORACIC,2 VIEWS	40	25.20	\$ 1,911	0.63	\$ 47.77
74020	X-RAY EXAM OF ABDOMEN	30	19.80	\$ 1,501	0.66	\$ 50.04

0352 AHC DUNHAM-CARLISLE BARRACKS						
TOP 20 RADIOLOGY PROCEDURES BY COST/SVC						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
77066	DX MAMMOG,CAD WHEN PERF;BILAT	5	17.00	\$ 1,289	3.40	\$ 257.79
77067	SCRN MAMMOG,BILAT,CAD WHN PERF	513	1,438.93	\$ 109,098	2.80	\$ 212.67
77065	DX MAMMOG,CAD WHEN PERF;UNILAT	1	2.66	\$ 202	2.66	\$ 201.68
72082	RAD EXM,SP,THOR&LUMB;2/3 VIEWS	62	79.98	\$ 6,064	1.29	\$ 97.81
72114	RAD EXM,SP,LUM;COMP,MIN,6 VIEW	13	16.39	\$ 1,243	1.26	\$ 95.59
72052	RAD EXM,SPINE,CERV;6/MOR VIEWS	59	61.95	\$ 4,697	1.05	\$ 79.61
73522	RAD EXAM,HIPS,BILAT;3-4 VIEWS	43	40.42	\$ 3,065	0.94	\$ 71.27
72110	RAD EXM,SPINE,LUMBO;MIN 4 VIEW	83	76.36	\$ 5,789	0.92	\$ 69.75
71111	RAD EXM,RIB,BILAT;POSTER,MIN 4	17	14.51	\$ 1,100	0.85	\$ 64.72
74022	RADIO EXAM ABDM,SNGL VIEW CHST	24	18.96	\$ 1,438	0.79	\$ 59.90
73564	RAD EXAM, KNEE; COMP, 4+ VIEWS	123	97.17	\$ 7,368	0.79	\$ 59.90
70150	RAD EXM,FACE BONES;COMP, MIN 3	1	0.78	\$ 59	0.78	\$ 59.14
70200	RAD EXM;ORBITS,COMP,MIN 4 VIEW	1	0.78	\$ 59	0.78	\$ 59.14
72190	RAD EXAM,PELV;COMP,MIN 3 VIEWS	3	2.25	\$ 171	0.75	\$ 56.87
73110	RAD EXM,WRIST;COMP,MIN 3 VIEWS	50	36.65	\$ 2,779	0.73	\$ 55.58
73562	RADIOLOGIC EXAM, KNEE; 3 VIEWS	78	56.94	\$ 4,317	0.73	\$ 55.35
73050	X-RAY EXAM OF SHOULDERS	1	0.70	\$ 53	0.70	\$ 53.07
73140	RAD EXAM,FINGER(S),MIN 2 VIEWS	50	34.78	\$ 2,637	0.70	\$ 52.74
70220	RAD EXM,SIN,PARANAS,COMP,MIN 3	1	0.69	\$ 52	0.69	\$ 52.32
70160	RAD EXM,NAS BNE,COM,MIN,3 VIEW	1	0.67	\$ 51	0.67	\$ 50.80

¹Source: M2 Radiology Detail, includes both Technical and Professional services.

Kimbrough ACC – FY18 Direct Care Top 20 Radiology Procedures¹ by Number of Services and Cost/Svc

0390 AHC ANDREW RADER-MYER-HENDERSN						
TOP 20 RADIOLOGY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
73630	RAD EXM,FOOT;COMP, MIN 3 VIEWS	436	251.78	\$ 19,092	0.58	\$ 43.79
71020	RAD EXM,CHEST;2,FRONTAL & LAT;	408	191.76	\$ 14,541	0.47	\$ 35.64
73030	RAD EXM,SHLDR;COMP,MIN 2 VIEW	293	160.42	\$ 12,163	0.55	\$ 41.51
71046	RADIOLOGIC EXAM,CHEST;2 VIEWS	257	138.78	\$ 10,522	0.54	\$ 40.94
73562	RADIOLOGIC EXAM, KNEE; 3 VIEWS	177	129.21	\$ 9,797	0.73	\$ 55.35
73564	RAD EXAM, KNEE; COMP, 4+ VIEWS	157	124.03	\$ 9,404	0.79	\$ 59.90
73130	RAD EXAM, HAND; MIN OF 3 VIEWS	155	98.12	\$ 7,439	0.63	\$ 47.99
72100	RAD EXM,SPINE,LUMBO; 2/3 VIEWS	154	101.64	\$ 7,706	0.66	\$ 50.04
73610	RAD EXAM,ANK;COMP,MIN 3 VIEWS	150	94.50	\$ 7,166	0.63	\$ 47.77
73140	RAD EXAM,FINGER(S),MIN 2 VIEWS	135	93.82	\$ 7,113	0.69	\$ 52.69
72040	RADLOG EXM,SPIN,CERV;2/3 VIEWS	130	79.04	\$ 5,993	0.61	\$ 46.10
73501	RAD EXAM,HIP,UNILAT;1 VIEW	130	73.80	\$ 5,596	0.57	\$ 43.04
73110	RAD EXM,WRIST;COMP,MIN 3 VIEWS	108	79.11	\$ 5,998	0.73	\$ 55.54
73560	RADIOLOGIC EXAM,KNEE;1/2 VIEWS	97	60.95	\$ 4,622	0.63	\$ 47.64
73620	RADIOLOGIC EXAM,FOOT; 2 VIEWS	87	44.13	\$ 3,346	0.51	\$ 38.46
74000	X-RAY EXAM OF ABDOMEN	68	27.20	\$ 2,062	0.40	\$ 30.33
73070	RADIOLOGIC EXAM,ELBOW; 2 VIEWS	64	33.92	\$ 2,572	0.53	\$ 40.18
73600	RADIOLOGIC EXAM,ANKLE;2 VIEWS	63	37.17	\$ 2,818	0.59	\$ 44.73
73100	RADIOLOGIC EXAM,WRIST; 2 VIEWS	49	30.63	\$ 2,323	0.63	\$ 47.40
73660	RAD EXM;TOE(S),MIN OF 2 VIEWS	46	27.50	\$ 2,085	0.60	\$ 45.32

0390 AHC ANDREW RADER-MYER-HENDERSN						
TOP 20 RADIOLOGY PROCEDURES BY COST/SVC						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
72082	RAD EXM,SP,THOR&LUMB;2/3 VIEWS	31	39.99	\$ 3,032	1.29	\$ 97.81
72114	RAD EXM,SP,LUM;COMP,MIN,6 VIEW	9	11.35	\$ 861	1.26	\$ 95.61
72052	RAD EXM,SPINE,CERV;6/MOR VIEWS	38	39.90	\$ 3,025	1.05	\$ 79.61
73522	RAD EXAM,HIPS,BILAT;3-4 VIEWS	35	32.90	\$ 2,494	0.94	\$ 71.27
72110	RAD EXM,SPINE,LUMBO;MIN 4 VIEW	22	20.24	\$ 1,535	0.92	\$ 69.75
71111	RAD EXM,RIB,BILAT;POSTER,MIN 4	6	5.19	\$ 394	0.87	\$ 65.59
74022	RADIO EXAM ABDM,SNGL VIEW CHST	14	11.06	\$ 839	0.79	\$ 59.90
73564	RAD EXAM, KNEE; COMP, 4+ VIEWS	157	124.03	\$ 9,404	0.79	\$ 59.90
70150	RAD EXM,FACE BONES;COMP, MIN 3	2	1.56	\$ 118	0.78	\$ 59.14
70200	RAD EXM;ORBITS,COMP,MIN 4 VIEW	2	1.56	\$ 118	0.78	\$ 59.14
70260	RAD EXM,SKULL;COMP,MIN 4 VIEWS	1	0.78	\$ 59	0.78	\$ 59.14
72190	RAD EXAM,PELV;COMP,MIN 3 VIEWS	7	5.25	\$ 398	0.75	\$ 56.87
73110	RAD EXM,WRIST;COMP,MIN 3 VIEWS	108	79.11	\$ 5,998	0.73	\$ 55.54
73562	RADIOLOGIC EXAM, KNEE; 3 VIEWS	177	129.21	\$ 9,797	0.73	\$ 55.35
71048	RADIOLOG EXAM,CHEST;4/+ VIEWS	1	0.71	\$ 54	0.71	\$ 53.83
70110	RAD EXM,MANDIB;COMP,MIN 4 VIEW	1	0.70	\$ 53	0.70	\$ 53.07
73140	RAD EXAM,FINGER(S),MIN 2 VIEWS	135	93.82	\$ 7,113	0.69	\$ 52.69
73050	X-RAY EXAM OF SHOULDERS	4	2.77	\$ 210	0.69	\$ 52.51
70220	RAD EXM,SIN,PARANAS,COMP,MIN 3	10	6.90	\$ 523	0.69	\$ 52.32
70160	RAD EXM,NAS BNE,COM,MIN,3 VIEW	2	1.34	\$ 102	0.67	\$ 50.80

¹ Source: M2 Radiology Detail, includes both Technical and Professional services.

Kimbrough ACC – Purchased Care Radiology¹ Services by Product Line² and Enrollment Category

0069 KIMBROUGH AMB CAR CEN-MEADE PARENT PRISM AREA							
FY 2017 RADIOLOGY SERVICES							
Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	1,820	24	837	15	12,203	1,607	16,506
Anesth	96	1	22		36	66	221
ENT	7		2		2	6	17
ER	5,894	136	2,239	38	14,729	5,958	28,994
Facility	5,800	30	1,866	17	11,956	4,479	24,148
Home	49		5		23		77
IMSub	418	5	60		1,003	282	1,768
OBGYN	926	3	506		33	2,951	4,419
Optom	82	2	27		466	106	683
Ortho	2,588	19	683	1	2,958	2,222	8,471
PC	3,715	57	1,085	12	18,338	2,593	25,800
Path					5	1	6
Rad	9,279	77	3,558	18	10,689	8,267	31,888
Surg	38		19		156	110	323
SurgSub	270	2	31		198	148	649
Other	146		49		149	114	458
None	9	2	14		311	62	398
Total	31,137	358	11,003	101	73,255	28,972	144,826

0069 KIMBROUGH AMB CAR CEN-MEADE PARENT PRISM AREA							
FY 2018 RADIOLOGY SERVICES							
Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	2,340	50	1,037	18	10,967	1,534	15,946
Anesth	93	1	22		70	57	243
ENT	5				8	7	20
ER	8,386	275	3,099	43	13,021	4,998	29,822
Facility	5,572	86	1,988	26	12,821	4,205	24,698
Home	3		1			2	6
IMSub	275	2	102	1	1,095	225	1,700
MH					1		1
OBGYN	522	32	215		47	1,175	1,991
Optom	94		33		474	84	685
Ortho	2,189	14	704	6	4,106	2,247	9,266
PC	3,117	67	1,227	22	12,356	2,431	19,220
Path					4	1	5
Rad	10,349	80	3,747	29	16,074	8,251	38,530
Surg	41	2	27		191	96	357
SurgSub	207	1	41	1	296	176	722
Other	145		50		218	111	524
None	17	1	12		306	39	375
Total	33,355	611	12,305	146	72,055	25,639	144,111

¹ Source: M2 TED Non-Institutional Detail (Procedure Code = 7****), includes both Technical and Professional services. Based on "Parent" PRISM.

Prime-Site defined based on Enrollment Site Parent.

² Inpatient defined as Service Type = I, otherwise based on standard Product Line (derived from Provider Specialty).

Kimborough ACC – FY18 Purchased Care Top 20 Radiology Procedures¹ by Number of Services and Paid/Svc

0069 KIMBROUGH AMB CAR CEN-MEADE PARENT PRISM AREA						
TOP 20 RADIOLOGY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		Number of Services	Enhanced Total RVU	Amount Paid ²	Avg RVU	Paid ² / Svc
71046	RADIOLOGIC EXAM,CHEST;2 VIEWS	10,500	4,628.52	\$ 253,834	0.44	\$ 24.17
71045	RADIOLOG EXM,CHEST;SINGLE VIEW	7,659	1,834.39	\$ 85,380	0.24	\$ 11.15
70450	CT HEAD/BRAIN W/O CONTRST MATRL	6,456	9,362.06	\$ 264,490	1.45	\$ 40.97
74177	CT,ABDOM & PELV;W CONTRAST MAT	4,532	18,168.99	\$ 554,767	4.01	\$ 122.41
73630	RAD EXM,FOOT;COMP, MIN 3 VIEWS	3,933	2,466.89	\$ 84,263	0.63	\$ 21.42
71020	RAD EXM,CHEST,2,FRONTAL & LAT;	3,262	1,505.68	\$ 77,385	0.46	\$ 23.72
77067	SCRN MAMMOG,BILAT,CAD WHN PERF	3,202	8,418.27	\$ 397,766	2.63	\$ 124.22
73030	RAD EXM,SHLDR;COMP,MIN 2 VIEW	2,859	1,575.90	\$ 52,138	0.55	\$ 18.24
74176	CT,ABDOM & PELV;WO CONTRAS MAT	2,775	7,590.26	\$ 230,909	2.74	\$ 83.21
73562	RADIOLOGIC EXAM, KNEE; 3 VIEWS	2,656	1,930.32	\$ 55,716	0.73	\$ 20.98
71010	CHEST X-RAY	2,449	678.40	\$ 26,907	0.28	\$ 10.99
71250	CT THORAX WO CONTRAST MATERIAL	2,442	6,052.78	\$ 122,466	2.48	\$ 50.15
73610	RAD EXAM,ANK;COMP,MIN 3 VIEWS	2,377	1,416.78	\$ 60,805	0.60	\$ 25.58
76830	US EXAM, TRANSVAGINAL	2,294	4,723.01	\$ 273,876	2.06	\$ 119.39
73502	RAD EXAM,HIP,UNILAT;2-3 VIEWS	2,225	1,587.38	\$ 44,260	0.71	\$ 19.89
73564	RAD EXAM, KNEE; COMP, 4+ VIEWS	2,022	1,618.18	\$ 55,766	0.80	\$ 27.58
72148	MAGNETIC IMAGE, LUMBAR SPINE	2,003	8,136.13	\$ 241,110	4.06	\$ 120.37
73721	MRI,JNT,LOW EXT;WO CNTRST MAT	2,002	8,503.55	\$ 316,914	4.25	\$ 158.30
72100	RAD EXM,SPINE,LUMBO; 2/3 VIEWS	1,877	1,190.79	\$ 47,931	0.63	\$ 25.54
71260	CT THORAX W CONTRAST MATERIAL	1,864	5,171.29	\$ 164,707	2.77	\$ 88.36

0069 KIMBROUGH AMB CAR CEN-MEADE PARENT PRISM AREA						
TOP 20 RADIOLOGY PROCEDURES BY PAID/SVC						
Procedure Code	Description	FY 2018				
		Number of Services	Enhanced Total RVU	Amount Paid ²	Avg RVU	Paid ² / Svc
77371	SRS,CRN LS,1SESS;MLT CBLT 60BS	3	68.16	\$ 17,830	22.72	\$ 5,943.34
77522	PROTON TREAT DEL;SIMPLE,COMPEN	44	44.68	\$ 202,858	1.02	\$ 4,610.40
77523	PROTON TX DEL;INTERMEDIATE	212	4,399.92	\$ 746,682	20.75	\$ 3,522.09
77372	SRS,CRN LS,1SESS;LIN ACCEL BSD	1	30.91	\$ 1,514	30.91	\$ 1,514.20
77373	STEREOTACTIC RAD TRMT DELIVERY	86	2,533.18	\$ 124,616	29.46	\$ 1,449.02
78813	PET IMG;WHOLE BODY	2	21.74	\$ 2,401	10.87	\$ 1,200.28
76941	US GD,INTRAUTER TRANSFS/CORDOC	5	14.96	\$ 5,504	2.99	\$ 1,100.82
77778	INTERSTIT RAD SRC APP,COMPLEX	12	150.42	\$ 11,026	12.54	\$ 918.84
78459	HEART MUSCLE IMAGING (PET)	6	17.12	\$ 5,157	2.85	\$ 859.56
77301	RADIOLTHERAPY DOS PLAN, IMRT	142	4,495.46	\$ 109,321	31.66	\$ 769.86
77402	RAD TREAT DEL, >=1 MEV; SIMPLE	1	4.16	\$ 758	4.16	\$ 757.95
78812	PET IMG;SKULL BASE - MID-THIGH	27	257.82	\$ 18,304	9.55	\$ 677.91
77058	MRI,BREAST,WVO CONTRST; UNILAT	1	15.22	\$ 664	15.22	\$ 664.36
78815	PET W CON CT;SKL BASE- MID-THI	518	7,630.65	\$ 316,315	14.73	\$ 610.65
78266	GAS EMP IMG;SM BOWEL&COLN,MULT	7	55.18	\$ 4,203	7.88	\$ 600.36
78816	PET W CONCUR ACQ CT;WHOLE BODY	95	1,405.55	\$ 53,634	14.80	\$ 564.57
76945	ULTRASONIC GD,CHORIONIC VILLUS	1	1.63	\$ 532	1.63	\$ 531.95
73219	MAG RES IMG,UP EXT,NO JT;W CM	2	2.23	\$ 1,026	1.12	\$ 513.14
78492	HEART IMAGE (PET), MULTIPLE	95	1,301.92	\$ 48,162	13.70	\$ 506.97
76825	ECHO EXAM OF FETAL HEART	24	122.18	\$ 11,753	5.09	\$ 489.69

¹ Source: M2 TED Non-Institutional Detail (Procedure Code = 7****), includes both Technical and Professional services. Based on "Parent" PRISM.

² Purchased Care includes 13% increase for overhead burdening.

Laboratory

Kimrough ACC – Direct Care Laboratory¹ Services by Ordering Product Line and Enrollment Category

0069 KIMBROUGH AMB CAR CEN-MEADE							
FY 2017 LABORATORY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	28		5		10		43
Dental	24	2	2				28
Ancillary	272		25	2	364	164	827
Special Programs	1,939	28	581	5	629	227	3,409
Dermatology	775	17	141		10	52	995
Emergency Room	209		64		1	7	281
General Surgery	213	1	49		27	7	297
IM Subspecialty	4,077	37	1,265	14	1,699	114	7,206
Mental Health	6,739	500	1,016		3	242	8,500
OB/GYN	1,263	14	403		21	90	1,791
Optometry	19		1		17	1	38
Orthopedics	146	2	19		8	4	179
Otolaryngology	37		11		12	1	61
Primary Care	52,291	745	3,935	175	6,236	2,138	65,520
Surg Subspecialty	584	2	129		321	38	1,074
Other	2,571	142	729		24	958	4,424
TOTAL	71,187	1,490	8,375	196	9,382	4,043	94,673

0069 KIMBROUGH AMB CAR CEN-MEADE							
FY 2018 LABORATORY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	21		5	3	11	2	42
Dental	1		4			2	7
Ancillary	278	6	65		427	48	824
Special Programs	1,709	45	444	1	376	269	2,844
Dermatology	187		40		2	11	240
Emergency Room	129		46		3	13	191
General Surgery	1,361	7	243	3	92	19	1,725
IM Subspecialty	2,774	5	892	58	1,277	74	5,080
Mental Health	5,387	119	956		6	128	6,596
OB/GYN	1,007	8	322	3	33	66	1,439
Optometry	63	5	13		15	1	97
Orthopedics	117		20		10		147
Otolaryngology	27		2				29
Primary Care	40,401	357	3,789	146	6,223	1,855	52,771
Surg Subspecialty	516		136		324	18	994
Other	2,264	85	700		28	902	3,979
TOTAL	56,242	637	7,677	214	8,827	3,408	77,005

¹ Source: M2 Laboratory Detail, includes both Technical and Professional services. Prime-Site defined as Enrollment Site Parent equal to Tmt Parent. Ordering Product Line based on Ordering MEPRS Code.

Kimbrough ACC – Direct Care Laboratory¹ Services by Ordering Product Line and Enrollment Category

0308 AHC KIRK-ABERDEEN PRVNG GD							
FY 2017 LABORATORY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	6				1		7
Ancillary	613	2	12		291	49	967
Special Programs	1,031	23	39		341	361	1,795
Emergency Room	1						1
General Surgery	5						5
IM Subspecialty	119		30	1	159	41	350
Mental Health	182	1	13		2	11	209
OB/GYN	17						17
Optometry	5						5
Orthopedics	4						4
Primary Care	22,174	143	329	93	3,302	759	26,800
Surg Subspecialty	23		1		21	15	60
Other	378	14	84		22	1,867	2,365
TOTAL	24,558	183	508	94	4,139	3,103	32,585

0308 AHC KIRK-ABERDEEN PRVNG GD							
FY 2018 LABORATORY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Ancillary	600		27		335	37	999
Special Programs	883	21	48		418	293	1,663
Dermatology	1						1
Emergency Room						2	2
General Surgery	4				1		5
IM Subspecialty	160		33	3	177	8	381
Mental Health	246		45		3	13	307
OB/GYN	17		2		2		21
Optometry	1		3				4
Orthopedics	5		1				6
Primary Care	20,629	127	416	135	3,991	783	26,081
Surg Subspecialty	22		2		36	1	61
Other	344	1	102		30	1,933	2,410
TOTAL	22,912	149	679	138	4,993	3,070	31,941

¹ Source: M2 Laboratory Detail, includes both Technical and Professional services. Prime-Site defined as Enrollment Site Parent equal to Tmt Parent. Ordering Product Line based on Ordering MEPRS Code.

Kimbrough ACC – Direct Care Laboratory¹ Services by Ordering Product Line and Enrollment Category

0309 AHC BARQUIST-DETRICK							
FY 2017 LABORATORY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	8		2		6	1	17
Dental	1						1
Ancillary	15				21		36
Special Programs	544	3	51	8	419	362	1,387
Dermatology	76		8			1	85
Emergency Room	1				1		2
General Surgery	17		3		3	2	25
IM Subspecialty	478		105	4	395	25	1,007
Mental Health	86		2			1	89
OB/GYN	93		4			2	99
Optometry	4				1		5
Orthopedics	6		1		3		10
Otolaryngology	6				1		7
Primary Care	12,151	48	301	19	638	210	13,367
Surg Subspecialty	65		2	2	18	1	88
Other	137	4	55	1	1	1,398	1,596
TOTAL	13,688	55	534	34	1,507	2,003	17,821

0309 AHC BARQUIST-DETRICK							
FY 2018 LABORATORY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	6						6
Dental	1						1
Ancillary	68				58	1	127
Special Programs	618	17	64		487	137	1,323
Dermatology	62		29				91
Emergency Room	4						4
General Surgery	25				8	6	39
IM Subspecialty	460		115	2	301	27	905
Mental Health	100	2	3		3		108
OB/GYN	102	6	9			1	118
Optometry	3						3
Orthopedics	3				1		4
Otolaryngology	1				1		2
Primary Care	13,288	53	319	33	672	184	14,549
Surg Subspecialty	63	5	3		27		98
Other	160	24	65	4	8	1,591	1,852
TOTAL	14,964	107	607	39	1,566	1,947	19,230

¹ Source: M2 Laboratory Detail, includes both Technical and Professional services. Prime-Site defined as Enrollment Site Parent equal to Tmt Parent. Ordering Product Line based on Ordering MEPRS Code.

Kimbrough ACC – Direct Care Laboratory¹ Services by Ordering Product Line and Enrollment Category

0352 AHC DUNHAM-CARLISLE BARRACKS							
FY 2017 LABORATORY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Dental			1				1
Ancillary	13		8		24	4	49
Special Programs	4,880	66	407	3	2,452	2,650	10,458
Emergency Room			1				1
IM Subspecialty	71		22		78	11	182
Mental Health	64		4			6	74
OB/GYN	11				2		13
Optometry	4		16			4	24
Orthopedics	7					1	8
Primary Care	24,847	254	1,076	22	8,599	2,276	37,074
Surg Subspecialty					28		28
Other	64	4	49	4	15	2,315	2,451
TOTAL	29,961	324	1,584	29	11,198	7,267	50,363

0352 AHC DUNHAM-CARLISLE BARRACKS							
FY 2018 LABORATORY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Ancillary	23		1		19	3	46
Special Programs	3,328		259		2,207	2,748	8,542
Dermatology			1				1
General Surgery	1						1
IM Subspecialty	54	1	39		83	33	210
Mental Health	242		72		5	9	328
OB/GYN	11		1				12
Optometry	16		10		7	7	40
Orthopedics	4					1	5
Primary Care	23,479	184	1,920	25	9,087	2,695	37,390
Surg Subspecialty	4				11		15
Other	71		44	4	15	1,325	1,459
TOTAL	27,233	185	2,347	29	11,434	6,821	48,049

¹ Source: M2 Laboratory Detail, includes both Technical and Professional services. Prime-Site defined as Enrollment Site Parent equal to Tmt Parent. Ordering Product Line based on Ordering MEPRS Code.

Kimbrough ACC – Direct Care Laboratory¹ Services by Ordering Product Line and Enrollment Category

0390 AHC ANDREW RADER-MYER-HENDERSN							
FY 2017 LABORATORY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	14		8		26	25	73
Dental	2						2
Ancillary	1				57	34	92
Special Programs	3,989	722	675	1	1,500	623	7,510
Dermatology	250	21	51		17		339
Emergency Room	211	16	76		3	33	339
General Surgery	62		10	17	3		92
IM Subspecialty	3,590	40	1,930	28	3,811	344	9,743
Mental Health	977	390	399		67	20	1,853
OB/GYN	203	5	113		56	7	384
Optometry	8		32		17		57
Orthopedics	79		20		4	3	106
Otolaryngology	18		3		18		39
Primary Care	51,235	298	7,596	175	20,058	3,209	82,571
Surg Subspecialty	199		118	130	523	309	1,279
Other	108	12	68		85	570	843
TOTAL	60,946	1,504	11,099	351	26,245	5,177	105,322

0390 AHC ANDREW RADER-MYER-HENDERSN							
FY 2018 LABORATORY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	6				6	1	13
Ancillary	8				5	10	33
Special Programs	1,189	454	268	2	396	182	2,491
Dermatology	280	7	454		2	25	768
Emergency Room	58	12	31		7	10	118
General Surgery	18		2		9		29
IM Subspecialty	1,232	5	661	1	1,875	189	3,963
Mental Health	201	117	108		6	4	436
OB/GYN	135	2	61		31	11	240
Optometry	298	28	57		3	8	394
Orthopedics	34	9	16		5	3	67
Otolaryngology	11				1		12
Primary Care	13,728	134	2,070	42	4,326	810	21,110
Surg Subspecialty	103		77	4	184	93	461
Other	60	2	26		18	209	315
TOTAL	17,361	770	3,842	49	6,874	1,554	30,450

¹ Source: M2 Laboratory Detail, includes both Technical and Professional services. Prime-Site defined as Enrollment Site Parent equal to Tmt Parent. Ordering Product Line based on Ordering MEPRS Code.

Kimbrough ACC – FY18 Direct Care Top 20 Laboratory Procedures¹ by Number of Services and Cost/Svc

0069 KIMBROUGH AMB CAR CEN-MEADE						
TOP 20 LABORATORY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
80053	COMPREHENSIVE METABOLIC PANEL	8,517	14,882.34	\$ 524,777	1.75	\$ 61.62
86703	ANTIBDY;HIV-1 & HIV-2,SING RES	8,434	421.70	\$ 14,844	0.05	\$ 1.76
80061	LIPID PANEL	7,731	7,848.05	\$ 276,712	1.02	\$ 35.79
80307	DRG TEST,ANY NUM;INS CHM,DT SV	6,409	13,111.04	\$ 462,295	2.05	\$ 72.13
81001	URINALYSIS, AUTO W/SCOPE	6,042	678.58	\$ 23,932	0.11	\$ 3.96
85027	COMPLETE CBC, AUTOMATED	5,629	1,278.32	\$ 45,092	0.23	\$ 8.01
85025	COMPLETE CBC W/AUTO DIFF WBC	4,609	1,471.10	\$ 51,856	0.32	\$ 11.25
84443	ASSAY THYROID STIM HORMONE	4,207	2,986.97	\$ 105,301	0.71	\$ 25.03
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	4,184	1,425.32	\$ 50,274	0.34	\$ 12.02
80048	BASIC METABOL PANEL (CA,TOTAL)	2,091	2,070.09	\$ 72,997	0.99	\$ 34.91
86592	SYPHILIS TEST NON-TREP QUAL	1,877	356.63	\$ 12,576	0.19	\$ 6.70
82947	GLUCOSE; QUANTITATIVE, BLOOD	1,707	187.77	\$ 6,623	0.11	\$ 3.88
84703	CHORIONIC GONADOTROPIN ASSAY	1,690	452.24	\$ 15,951	0.27	\$ 9.44
80076	HEPATIC FUNCTION PANEL	1,330	1,283.02	\$ 45,238	0.96	\$ 34.01
84153	ASSAY OF PSA, TOTAL	1,293	837.69	\$ 29,533	0.65	\$ 22.84
85610	PROTHROMBIN TIME	1,124	152.02	\$ 5,357	0.14	\$ 4.77
84439	ASSAY OF FREE THYROXINE	1,077	343.98	\$ 12,129	0.32	\$ 11.26
87220	TISS EXM,KOH SLD SMP FRM SK/HR	790	120.51	\$ 4,249	0.15	\$ 5.38
85651	RBC SED RATE, NONAUTOMATED	726	90.40	\$ 3,187	0.12	\$ 4.39
83735	ASSAY OF MAGNESIUM	660	157.44	\$ 5,552	0.24	\$ 8.41

0069 KIMBROUGH AMB CAR CEN-MEADE						
TOP 20 LABORATORY PROCEDURES BY COST/SVC						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
80307	DRG TEST,ANY NUM;INS CHM,DT SV	6,409	13,111.04	\$ 462,295	2.05	\$ 72.13
80053	COMPREHENSIVE METABOLIC PANEL	8,517	14,882.34	\$ 524,777	1.75	\$ 61.62
80069	RENAL FUNCTION PANEL	535	663.40	\$ 23,390	1.24	\$ 43.72
80061	LIPID PANEL	7,731	7,848.05	\$ 276,712	1.02	\$ 35.79
80048	BASIC METABOL PANEL (CA,TOTAL)	2,091	2,070.09	\$ 72,997	0.99	\$ 34.91
80076	HEPATIC FUNCTION PANEL	1,330	1,283.02	\$ 45,238	0.96	\$ 34.01
84443	ASSAY THYROID STIM HORMONE	4,207	2,986.97	\$ 105,301	0.71	\$ 25.03
85060	BLOOD SMEAR INTERPRETATION	4	2.76	\$ 97	0.69	\$ 24.33
83001	GONADOTROPIN (FSH)	5	3.40	\$ 120	0.68	\$ 23.98
83002	GONADOTROPIN (LH)	3	2.01	\$ 71	0.67	\$ 23.62
84153	ASSAY OF PSA, TOTAL	1,293	837.69	\$ 29,533	0.65	\$ 22.84
80051	ELECTROLYTE PANEL	13	7.10	\$ 250	0.55	\$ 19.26
84702	CHORIONIC GONADOTROPIN TEST	323	173.00	\$ 6,101	0.54	\$ 18.89
82728	ASSAY OF FERRITIN	224	109.08	\$ 3,846	0.49	\$ 17.17
87400	INF ANT DET,IMM; INFLU,A/B,EA	430	178.50	\$ 6,295	0.42	\$ 14.64
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	4,184	1,425.32	\$ 50,274	0.34	\$ 12.02
83721	LIPOPROT,DRCT MEAS;LDL CHLSTRL	3	1.02	\$ 36	0.34	\$ 11.99
84478	ASSAY OF TRIGLYCERIDES	212	68.37	\$ 2,410	0.32	\$ 11.37
84439	ASSAY OF FREE THYROXINE	1,077	343.98	\$ 12,129	0.32	\$ 11.26
85025	COMPLETE CBC W/AUTO DIFF WBC	4,609	1,471.10	\$ 51,856	0.32	\$ 11.25

¹Source: M2 Laboratory Detail, includes both Technical and Professional services.

Kimbrough ACC – FY18 Direct Care Top 20 Laboratory Procedures¹ by Number of Services and Cost/Svc

0308 AHC KIRK-ABERDEEN PRVNG GD						
TOP 20 LABORATORY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
80061	LIPID PANEL	4,636	4,705.22	\$ 165,899	1.01	\$ 35.79
80053	COMPREHENSIVE METABOLIC PANEL	4,099	7,163.34	\$ 252,593	1.75	\$ 61.62
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	3,611	180.55	\$ 6,355	0.05	\$ 1.76
85025	COMPLETE CBC W/AUTO DIFF WBC	3,542	1,133.44	\$ 39,954	0.32	\$ 11.28
81000	URINALYSIS, NONAUTO W/SCOPE	2,471	277.13	\$ 9,774	0.11	\$ 3.96
85027	COMPLETE CBC, AUTOMATED	1,783	403.69	\$ 14,240	0.23	\$ 7.99
83540	ASSAY OF IRON	1,213	276.43	\$ 9,751	0.23	\$ 8.04
83550	IRON BINDING TEST	1,132	348.66	\$ 12,297	0.31	\$ 10.86
82550	ASSAY OF CK (CPK)	1,109	252.53	\$ 8,908	0.23	\$ 8.03
83735	ASSAY OF MAGNESIUM	1,010	240.16	\$ 8,469	0.24	\$ 8.38
87880	STREP A ASSAY W/OPTIC	875	402.50	\$ 14,193	0.46	\$ 16.22
82013	ACETYLCHOLINESTERASE ASSAY	830	324.25	\$ 11,434	0.39	\$ 13.78
80048	BASIC METABOL PANEL (CA,TOTAL)	756	748.44	\$ 26,392	0.99	\$ 34.91
84703	CHORIONIC GONADOTROPIN ASSAY	513	136.71	\$ 4,822	0.27	\$ 9.40
87220	TISS EXM,KOH SLD SMP FRM SK/HR	400	60.90	\$ 2,148	0.15	\$ 5.37
80076	HEPATIC FUNCTION PANEL	376	363.04	\$ 12,800	0.97	\$ 34.04
85651	RBC SED RATE, NONAUTOMATED	363	45.50	\$ 1,604	0.13	\$ 4.42
82947	GLUCOSE; QUANTITATIVE, BLOOD	351	38.61	\$ 1,362	0.11	\$ 3.88
86592	SYPHILIS TEST NON-TREP QUAL	272	13.60	\$ 479	0.05	\$ 1.76
86140	C-REACTIVE PROTEIN	253	46.54	\$ 1,642	0.18	\$ 6.49

0308 AHC KIRK-ABERDEEN PRVNG GD						
TOP 20 LABORATORY PROCEDURES BY COST/SVC						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
80053	COMPREHENSIVE METABOLIC PANEL	4,099	7,163.34	\$ 252,593	1.75	\$ 61.62
80069	RENAL FUNCTION PANEL	213	264.12	\$ 9,312	1.24	\$ 43.72
80061	LIPID PANEL	4,636	4,705.22	\$ 165,899	1.01	\$ 35.79
80048	BASIC METABOL PANEL (CA,TOTAL)	756	748.44	\$ 26,392	0.99	\$ 34.91
80076	HEPATIC FUNCTION PANEL	376	363.04	\$ 12,800	0.97	\$ 34.04
80051	ELECTROLYTE PANEL	1	0.55	\$ 19	0.55	\$ 19.39
87880	STREP A ASSAY W/OPTIC	875	402.50	\$ 14,193	0.46	\$ 16.22
87400	INF ANT DET,IMM; INFLU,A/B,EA	198	82.83	\$ 2,921	0.42	\$ 14.75
82013	ACETYLCHOLINESTERASE ASSAY	830	324.25	\$ 11,434	0.39	\$ 13.78
85025	COMPLETE CBC W/AUTO DIFF WBC	3,542	1,133.44	\$ 39,954	0.32	\$ 11.28
89310	SEMEN ANALY; MOTILITY & CNT	7	2.16	\$ 76	0.31	\$ 10.88
83550	IRON BINDING TEST	1,132	348.66	\$ 12,297	0.31	\$ 10.86
83068	HEMOGLOBIN STABILITY SCREEN	193	57.56	\$ 2,030	0.30	\$ 10.52
84703	CHORIONIC GONADOTROPIN ASSAY	513	136.71	\$ 4,822	0.27	\$ 9.40
82977	ASSAY OF GGT	91	23.41	\$ 826	0.26	\$ 9.07
83690	ASSAY OF LIPASE	86	20.98	\$ 740	0.24	\$ 8.60
82465	CHOLESTEROL,SERUM/WHOLE BLOOD	74	17.76	\$ 626	0.24	\$ 8.46
83735	ASSAY OF MAGNESIUM	1,010	240.16	\$ 8,469	0.24	\$ 8.38
82150	ASSAY OF AMYLASE	64	14.62	\$ 516	0.23	\$ 8.06
83540	ASSAY OF IRON	1,213	276.43	\$ 9,751	0.23	\$ 8.04

¹Source: M2 Laboratory Detail, includes both Technical and Professional services.

Kimbrough ACC – FY18 Direct Care Top 20 Laboratory Procedures¹ by Number of Services and Cost/Svc

0309 AHC BARQUIST-DETRICK						
TOP 20 LABORATORY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
80053	COMPREHENSIVE METABOLIC PANEL	3,272	5,717.66	\$ 201,615	1.75	\$ 61.62
80061	LIPID PANEL	2,784	2,824.26	\$ 99,579	1.01	\$ 35.77
81001	URINALYSIS, AUTO W/SCOPE	2,670	300.82	\$ 10,609	0.11	\$ 3.97
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	2,140	726.92	\$ 25,640	0.34	\$ 11.98
85027	COMPLETE CBC, AUTOMATED	2,007	456.00	\$ 16,085	0.23	\$ 8.01
85025	COMPLETE CBC W/AUTO DIFF WBC	1,909	610.88	\$ 21,534	0.32	\$ 11.28
87880	STREP A ASSAY W/OPTIC	699	321.54	\$ 11,338	0.46	\$ 16.22
80048	BASIC METABOL PANEL (CA,TOTAL)	434	429.66	\$ 15,151	0.99	\$ 34.91
84703	CHORIONIC GONADOTROPIN ASSAY	424	113.33	\$ 3,997	0.27	\$ 9.43
80076	HEPATIC FUNCTION PANEL	357	344.59	\$ 12,150	0.97	\$ 34.03
85651	RBC SED RATE, NONAUTOMATED	326	40.74	\$ 1,436	0.12	\$ 4.41
87220	TISS EXM,KOH SLD SMP FRM SK/HR	263	40.35	\$ 1,423	0.15	\$ 5.41
87400	INF ANT DET,IMM; INFLU,A/B,EA	200	83.40	\$ 2,941	0.42	\$ 14.71
82977	ASSAY OF GGT	186	47.79	\$ 1,686	0.26	\$ 9.06
80069	RENAL FUNCTION PANEL	185	229.40	\$ 8,088	1.24	\$ 43.72
85007	BL SMEAR W/DIFF WBC COUNT	182	22.22	\$ 783	0.12	\$ 4.30
83735	ASSAY OF MAGNESIUM	140	33.01	\$ 1,164	0.24	\$ 8.31
82947	GLUCOSE; QUANTITATIVE, BLOOD	125	13.75	\$ 485	0.11	\$ 3.88
83690	ASSAY OF LIPASE	121	29.62	\$ 1,044	0.24	\$ 8.63
82550	ASSAY OF CK (CPK)	108	24.66	\$ 870	0.23	\$ 8.05

0309 AHC BARQUIST-DETRICK						
TOP 20 LABORATORY PROCEDURES BY COST/SVC						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
80053	COMPREHENSIVE METABOLIC PANEL	3,272	5,717.66	\$ 201,615	1.75	\$ 61.62
80069	RENAL FUNCTION PANEL	185	229.40	\$ 8,088	1.24	\$ 43.72
80061	LIPID PANEL	2,784	2,824.26	\$ 99,579	1.01	\$ 35.77
80048	BASIC METABOL PANEL (CA,TOTAL)	434	429.66	\$ 15,151	0.99	\$ 34.91
80076	HEPATIC FUNCTION PANEL	357	344.59	\$ 12,150	0.97	\$ 34.03
85060	BLOOD SMEAR INTERPRETATION	2	1.38	\$ 49	0.69	\$ 24.33
80051	ELECTROLYTE PANEL	1	0.55	\$ 19	0.55	\$ 19.39
87880	STREP A ASSAY W/OPTIC	699	321.54	\$ 11,338	0.46	\$ 16.22
87400	INF ANT DET,IMM; INFLU,A/B,EA	200	83.40	\$ 2,941	0.42	\$ 14.71
87807	INFECTIOUS AGNT ANTIGEN DETECT	8	3.28	\$ 116	0.41	\$ 14.46
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	2,140	726.92	\$ 25,640	0.34	\$ 11.98
84478	ASSAY OF TRIGLYCERIDES	25	8.07	\$ 285	0.32	\$ 11.38
85025	COMPLETE CBC W/AUTO DIFF WBC	1,909	610.88	\$ 21,534	0.32	\$ 11.28
89310	SEMEN ANALY; MOTILITY & CNT	8	2.43	\$ 86	0.30	\$ 10.71
84703	CHORIONIC GONADOTROPIN ASSAY	424	113.33	\$ 3,997	0.27	\$ 9.43
82977	ASSAY OF GGT	186	47.79	\$ 1,686	0.26	\$ 9.06
83690	ASSAY OF LIPASE	121	29.62	\$ 1,044	0.24	\$ 8.63
82465	CHOLESTEROL,SERUM/WHOLE BLOOD	1	0.24	\$ 8	0.24	\$ 8.46
83735	ASSAY OF MAGNESIUM	140	33.01	\$ 1,164	0.24	\$ 8.31
82550	ASSAY OF CK (CPK)	108	24.66	\$ 870	0.23	\$ 8.05

¹Source: M2 Laboratory Detail, includes both Technical and Professional services.

Kimbrough ACC – FY18 Direct Care Top 20 Laboratory Procedures¹ by Number of Services and Cost/Svc

0352 AHC DUNHAM-CARLISLE BARRACKS						
TOP 20 LABORATORY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
80053	COMPREHENSIVE METABOLIC PANEL	7,627	13,329.09	\$ 470,008	1.75	\$ 61.62
80061	LIPID PANEL	7,106	7,210.44	\$ 254,230	1.01	\$ 35.78
85025	COMPLETE CBC W/AUTO DIFF WBC	5,474	1,751.68	\$ 61,747	0.32	\$ 11.28
84443	ASSAY THYROID STIM HORMONE	5,216	3,703.36	\$ 130,556	0.71	\$ 25.03
81001	URINALYSIS, AUTO W/SCOPE	3,533	397.65	\$ 14,024	0.11	\$ 3.97
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	3,215	1,090.23	\$ 38,455	0.34	\$ 11.96
85027	COMPLETE CBC, AUTOMATED	1,868	424.58	\$ 14,977	0.23	\$ 8.02
84153	ASSAY OF PSA, TOTAL	1,757	1,141.98	\$ 40,260	0.65	\$ 22.91
84439	ASSAY OF FREE THYROXINE	873	276.90	\$ 9,763	0.32	\$ 11.18
85610	PROTHROMBIN TIME	757	102.61	\$ 3,616	0.14	\$ 4.78
80048	BASIC METABOL PANEL (CA,TOTAL)	710	702.90	\$ 24,786	0.99	\$ 34.91
82043	ALBUMIN;URINE(MICROALB),QUANT	665	135.68	\$ 4,783	0.20	\$ 7.19
82570	ASSAY OF URINE CREATININE	665	122.38	\$ 4,317	0.18	\$ 6.49
80076	HEPATIC FUNCTION PANEL	664	640.50	\$ 22,584	0.96	\$ 34.01
82947	GLUCOSE; QUANTITATIVE, BLOOD	575	63.25	\$ 2,231	0.11	\$ 3.88
85007	BL SMEAR W/DIFF WBC COUNT	534	65.32	\$ 2,302	0.12	\$ 4.31
85651	RBC SED RATE, NONAUTOMATED	533	66.92	\$ 2,360	0.13	\$ 4.43
80069	RENAL FUNCTION PANEL	475	589.00	\$ 20,767	1.24	\$ 43.72
82693	ASSAY OF ETHYLENE GLYCOL	425	21.25	\$ 748	0.05	\$ 1.76
87070	CULT,BACT;SOURC EXC URIN/BLD	380	117.42	\$ 4,141	0.31	\$ 10.90

0352 AHC DUNHAM-CARLISLE BARRACKS						
TOP 20 LABORATORY PROCEDURES BY COST/SVC						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
80053	COMPREHENSIVE METABOLIC PANEL	7,627	13,329.09	\$ 470,008	1.75	\$ 61.62
80069	RENAL FUNCTION PANEL	475	589.00	\$ 20,767	1.24	\$ 43.72
80061	LIPID PANEL	7,106	7,210.44	\$ 254,230	1.01	\$ 35.78
80048	BASIC METABOL PANEL (CA,TOTAL)	710	702.90	\$ 24,786	0.99	\$ 34.91
80076	HEPATIC FUNCTION PANEL	664	640.50	\$ 22,584	0.96	\$ 34.01
84443	ASSAY THYROID STIM HORMONE	5,216	3,703.36	\$ 130,556	0.71	\$ 25.03
84153	ASSAY OF PSA, TOTAL	1,757	1,141.98	\$ 40,260	0.65	\$ 22.91
80051	ELECTROLYTE PANEL	15	8.22	\$ 290	0.55	\$ 19.32
87880	STREP A ASSAY W/OPTIC	253	116.38	\$ 4,104	0.46	\$ 16.22
87400	INF ANT DET,IMM; INFLU,A/B,EA	265	109.75	\$ 3,871	0.41	\$ 14.61
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	3,215	1,090.23	\$ 38,455	0.34	\$ 11.96
84478	ASSAY OF TRIGLYCERIDES	8	2.57	\$ 91	0.32	\$ 11.33
85025	COMPLETE CBC W/AUTO DIFF WBC	5,474	1,751.68	\$ 61,747	0.32	\$ 11.28
84439	ASSAY OF FREE THYROXINE	873	276.90	\$ 9,763	0.32	\$ 11.18
87070	CULT,BACT;SOURC EXC URIN/BLD	380	117.42	\$ 4,141	0.31	\$ 10.90
89310	SEMEN ANALY; MOTILITY & CNT	9	2.76	\$ 97	0.31	\$ 10.82
83068	HEMOGLOBIN STABILITY SCREEN	148	43.76	\$ 1,543	0.30	\$ 10.43
84703	CHORIONIC GONADOTROPIN ASSAY	151	40.85	\$ 1,441	0.27	\$ 9.54
82977	ASSAY OF GGT	98	25.19	\$ 889	0.26	\$ 9.07
83690	ASSAY OF LIPASE	188	46.14	\$ 1,627	0.25	\$ 8.65

¹ Source: M2 Laboratory Detail, includes both Technical and Professional services.

Kimbrough ACC – FY18 Direct Care Top 20 Laboratory Procedures¹ by Number of Services and Cost/Svc

0390 AHC ANDREW RADER-MYER-HENDERSN						
TOP 20 LABORATORY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
80061	LIPID PANEL	6,084	6,175.60	\$ 217,743	1.02	\$ 35.79
80053	COMPREHENSIVE METABOLIC PANEL	5,745	10,039.24	\$ 354,002	1.75	\$ 61.62
81001	URINALYSIS, AUTO W/SCOPE	2,775	312.01	\$ 11,004	0.11	\$ 3.97
85027	COMPLETE CBC, AUTOMATED	2,717	613.10	\$ 21,627	0.23	\$ 7.96
80048	BASIC METABOL PANEL (CA,TOTAL)	1,798	1,780.02	\$ 62,768	0.99	\$ 34.91
85025	COMPLETE CBC W/AUTO DIFF WBC	1,648	527.36	\$ 18,589	0.32	\$ 11.28
87880	STREP A ASSAY W/OPTIC	1,020	469.20	\$ 16,544	0.46	\$ 16.22
84703	CHORIONIC GONADOTROPIN ASSAY	795	212.46	\$ 7,494	0.27	\$ 9.43
80076	HEPATIC FUNCTION PANEL	736	710.88	\$ 25,065	0.97	\$ 34.06
82947	GLUCOSE; QUANTITATIVE, BLOOD	735	80.85	\$ 2,852	0.11	\$ 3.88
84100	ASSAY OF PHOSPHORUS	493	60.34	\$ 2,127	0.12	\$ 4.31
82565	ASSAY OF CREATININE	404	48.48	\$ 1,709	0.12	\$ 4.23
82310	ASSAY OF CALCIUM	374	44.88	\$ 1,582	0.12	\$ 4.23
84132	ASSAY OF SERUM POTASSIUM	364	47.32	\$ 1,667	0.13	\$ 4.58
85018	BLD CNT; HEMOGLOBIN	359	29.14	\$ 1,027	0.08	\$ 2.86
85014	BLD CNT; HEMATOCRIT	357	28.98	\$ 1,021	0.08	\$ 2.86
84295	ASSAY OF SERUM SODIUM	353	49.42	\$ 1,744	0.14	\$ 4.94
82040	ASSAY OF SERUM ALBUMIN	349	45.37	\$ 1,598	0.13	\$ 4.58
84520	ASSAY OF UREA NITROGEN	346	34.60	\$ 1,221	0.10	\$ 3.53
82374	ASSAY, BLOOD CARBON DIOXIDE	345	48.30	\$ 1,704	0.14	\$ 4.94

0390 AHC ANDREW RADER-MYER-HENDERSN						
TOP 20 LABORATORY PROCEDURES BY COST/SVC						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
80053	COMPREHENSIVE METABOLIC PANEL	5,745	10,039.24	\$ 354,002	1.75	\$ 61.62
80061	LIPID PANEL	6,084	6,175.60	\$ 217,743	1.02	\$ 35.79
80048	BASIC METABOL PANEL (CA,TOTAL)	1,798	1,780.02	\$ 62,768	0.99	\$ 34.91
80076	HEPATIC FUNCTION PANEL	736	710.88	\$ 25,065	0.97	\$ 34.06
80051	ELECTROLYTE PANEL	1	0.55	\$ 19	0.55	\$ 19.39
87880	STREP A ASSAY W/OPTIC	1,020	469.20	\$ 16,544	0.46	\$ 16.22
87400	INF ANT DET,IMM; INFLU,A/B,EA	216	89.66	\$ 3,162	0.42	\$ 14.64
84478	ASSAY OF TRIGLYCERIDES	13	4.19	\$ 148	0.32	\$ 11.36
85025	COMPLETE CBC W/AUTO DIFF WBC	1,648	527.36	\$ 18,589	0.32	\$ 11.28
86701	HIV-1	9	2.78	\$ 98	0.31	\$ 10.89
89310	SEMEN ANALY; MOTILITY & CNT	86	26.37	\$ 930	0.31	\$ 10.81
84703	CHORIONIC GONADOTROPIN ASSAY	795	212.46	\$ 7,494	0.27	\$ 9.43
82465	CHOLESTEROL,SERUM/WHOLE BLOOD	247	59.28	\$ 2,090	0.24	\$ 8.46
83735	ASSAY OF MAGNESIUM	270	63.93	\$ 2,254	0.24	\$ 8.35
85027	COMPLETE CBC, AUTOMATED	2,717	613.10	\$ 21,627	0.23	\$ 7.96
84999	CLINICAL CHEMISTRY TEST	49	9.31	\$ 328	0.19	\$ 6.70
86308	HETEROPHILE ANTIBODIES	88	16.22	\$ 572	0.18	\$ 6.50
87220	TISS EXM,KOH SLD SMP FRM SK/HR	308	46.94	\$ 1,655	0.15	\$ 5.37
82374	ASSAY, BLOOD CARBON DIOXIDE	345	48.30	\$ 1,704	0.14	\$ 4.94
84295	ASSAY OF SERUM SODIUM	353	49.42	\$ 1,744	0.14	\$ 4.94

¹Source: M2 Laboratory Detail, includes both Technical and Professional services.

Kimbrough ACC – Purchased Care Laboratory¹ Services by Product Line² and Enrollment Category

0069 KIMBROUGH AMB CAR CEN-MEADE PARENT PRISM AREA							
FY 2017 LABORATORY SERVICES							
Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	717	3	236		2,555	552	4,063
Anesth	100		17		24	101	242
Derm	156	3	105	2	1,264	364	1,894
ENT						2	2
ER	16,605	177	4,961	38	13,965	8,655	44,401
Facility	12,372	75	7,489	113	23,702	15,265	59,016
Home						3	3
IMSub	848	12	304		2,025	1,166	4,355
MH			10		55	30	95
OBGYN	783	2	425	1	172	2,113	3,496
Optom	82		62		832	116	1,092
Ortho	31	2	79		47	78	237
PC	9,038	153	5,260	29	19,677	15,316	49,473
Path	4,674	34	1,298	13	4,607	3,713	14,339
Rad	607		2		24	67	700
Surg	3		6		30	20	59
SurgSub	695	2	107	1	1,046	573	2,424
Other	8		3		14		25
None	17,248	498	15,713	9	9,228	54,528	97,224
Total	63,967	961	36,077	206	79,267	102,662	283,140

0069 KIMBROUGH AMB CAR CEN-MEADE PARENT PRISM AREA							
FY 2018 LABORATORY SERVICES							
Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	567	1	260	4	2,549	619	4,000
Anesth	246		203		23	84	556
Derm	96	4	73		1,219	318	1,710
ENT						1	1
ER	13,197	193	4,210	15	10,240	6,450	34,305
Facility	13,841	42	8,933	56	25,556	15,800	64,228
Home	13		13			3	29
IMSub	790	29	267		1,934	1,405	4,425
MH	8		2		24	32	66
OBGYN	453	7	237		155	1,339	2,191
Optom	95		75		742	139	1,051
Ortho	37	2	93		30	71	233
PC	12,433	235	6,679	22	17,145	16,556	53,070
Path	5,500	52	1,692	7	6,087	4,107	17,445
Rad	475		5		400	37	917
Surg	20		4		17	27	68
SurgSub	515	4	93	2	1,325	526	2,465
Other	6		13		12	1	32
None	16,891	317	13,844	50	8,488	48,411	88,001
Total	65,183	886	36,696	156	75,946	95,926	274,793

¹ Source: M2 TED Non-Institutional Detail (Procedure Code = 8****), includes both Technical and Professional services. Based on "Parent" PRISM.

Prime-Site defined based on Enrollment Site Parent.

² Inpatient defined as Service Type = I, otherwise based on standard Product Line (derived from Provider Specialty).

Kimborough ACC – FY18 Purchased Care Top 20 Laboratory Procedures¹ by Number of Services and Paid/Svc

0069 KIMBROUGH AMB CAR CEN-MEADE PARENT PRISM AREA						
TOP 20 LABORATORY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		Number of Services	Enhanced Total RVU	Amount Paid ²	Avg RVU	Paid ² / Svc
88305	LEV IV-SRG PATH,GROS&MICRO EXM	20,635	28,907.28	\$ 715,730	1.40	\$ 34.69
85025	COMPLETE CBC W/AUTO DIFF WBC	20,152	5,585.88	\$ 199,288	0.28	\$ 9.89
80053	COMPREHENSIVE METABOLIC PANEL	14,935	5,517.72	\$ 229,179	0.37	\$ 15.35
87880	STREP A ASSAY W/OPTIC	8,496	3,903.56	\$ 138,057	0.46	\$ 16.25
87804	INFLUENZA ASSAY W/OPTIC	7,930	3,640.44	\$ 146,571	0.46	\$ 18.48
80061	LIPID PANEL	6,847	3,639.06	\$ 93,644	0.53	\$ 13.68
81003	URINALYSIS, AUTO, W/O SCOPE	5,411	446.66	\$ 12,668	0.08	\$ 2.34
86003	ALLERG SPEC IGE;QUANT/SEMI,EA	5,177	955.20	\$ 28,151	0.18	\$ 5.44
80048	BASIC METABOL PANEL (CA,TOTAL)	5,109	1,519.82	\$ 48,208	0.30	\$ 9.44
81001	URINALYSIS, AUTO W/SCOPE	4,991	562.32	\$ 47,221	0.11	\$ 9.46
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	4,918	1,668.66	\$ 49,107	0.34	\$ 9.99
84443	ASSAY THYROID STIM HORMONE	4,800	2,848.64	\$ 75,126	0.59	\$ 15.65
85610	PROTHROMBIN TIME	4,637	626.10	\$ 17,629	0.14	\$ 3.80
81002	URINALYSIS NONAUTO W/O SCOPE	4,237	423.30	\$ 10,226	0.10	\$ 2.41
84484	ASSAY OF TROPONIN, QUANT	4,108	1,463.97	\$ 108,011	0.36	\$ 26.29
83735	ASSAY OF MAGNESIUM	4,097	971.05	\$ 28,923	0.24	\$ 7.06
87086	CULT,BACT;QUANTIT COLONY COUNT	3,668	1,056.62	\$ 47,297	0.29	\$ 12.89
88342	IMMUNOHIST/CYT;INIT SNG AB STN	3,199	6,546.50	\$ 178,565	2.05	\$ 55.82
85027	COMPLETE CBC, AUTOMATED	3,063	696.98	\$ 21,774	0.23	\$ 7.11
82306	VITAMIN D, 25 HYDROXY	3,027	3,174.00	\$ 81,752	1.05	\$ 27.01

0069 KIMBROUGH AMB CAR CEN-MEADE PARENT PRISM AREA						
TOP 20 LABORATORY PROCEDURES BY PAID/SVC						
Procedure Code	Description	FY 2018				
		Number of Services	Enhanced Total RVU	Amount Paid ²	Avg RVU	Paid ² / Svc
81415	EXOME; SEQUENCE ANALYSIS	6	499.95	\$ 33,905	83.33	\$ 5,650.86
81416	EXOME;SEQ ANAL,EA COMPARAT EXO	10	899.91	\$ 54,099	89.99	\$ 5,409.88
81229	CYTO CON MICROAR ANAL;COPY&SNP	14	322.20	\$ 53,988	23.01	\$ 3,856.30
81551	ONC(PRO),PROM METH PROF,3 GEN	2	0.00	\$ 7,458	0.00	\$ 3,729.00
81519	ONC(BRST),MRNA,RT-PCR,21 GENES	8	787.80	\$ 29,770	98.48	\$ 3,721.26
81325	PMP22 GENE ANAL;FULL SEQ ANAL	1	0.00	\$ 2,399	0.00	\$ 2,399.36
81595	CARD(HRT TRANSPL),MRNA,20 GENE	2	180.00	\$ 3,899	90.00	\$ 1,949.25
81507	FET ANEUP,MAT PLAS,RSK,EA TRIS	2	44.16	\$ 3,870	22.08	\$ 1,934.89
81408	MOLECULAR PATHOLOGY PROC, LV 9	11	611.16	\$ 20,647	55.56	\$ 1,876.98
81211	BRCA1,2 GEN ANAL;FUL,COM,BRCA1	26	1,703.40	\$ 41,943	65.52	\$ 1,613.19
81324	PMP22 GENE ANAL;DUPL/DEL ANAL	1	0.00	\$ 1,450	0.00	\$ 1,450.16
81228	CYTO CON MICROAR ANAL;COPY NUM	2	25.00	\$ 2,826	12.50	\$ 1,412.80
89280	ASS FERT,MICRTECH;<=/=10 OOCYTE	1	0.00	\$ 1,258	0.00	\$ 1,257.69
89250	CULTURE OOCYTE/EMBRYO,<4 DAY	1	26.65	\$ 1,220	26.65	\$ 1,220.40
81406	MOLECULAR PATHOLOGY PROC,LEV 7	34	259.38	\$ 38,654	7.63	\$ 1,136.87
81405	MOLECULAR PATHOLOGY PROC,LEV 6	14	108.81	\$ 15,580	7.77	\$ 1,112.86
81220	CFTR GENE ANAL;COMMON VARIANTS	75	649.32	\$ 81,073	8.66	\$ 1,080.97
81479	UNLISTED MOLECULAR PATH PROC	30	0.00	\$ 31,175	0.00	\$ 1,039.16
81201	APC GENE ANAL;FULL GENE SEQ	1	21.67	\$ 1,017	21.67	\$ 1,017.00
81302	MECP2 GENE ANAL; FULL SEQ ANAL	1	0.00	\$ 1,017	0.00	\$ 1,017.00

¹ Source: M2 TED Non-Institutional Detail (Procedure Code = 8****), includes both Technical and Professional services. Based on "Parent" PRISM.

² Purchased Care includes 13% increase for overhead burdening.

Staffing

Kimbrough ACC – Staffing¹

All MEPRS Codes, No Limitation on Skill Type

Assigned FTEs

Tmt Parent DMIS ID	Tmt DMIS ID	Tmt DMIS ID Name	2017					2018				
			CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
0069	0069	KIMBROUGH AMB CAR CEN-MEADE	439.2		129.8		568.9	419.7		119.4		539.1
	0255	AHC MCNAIR-MYER-HENDERSON HALL	1.4		3.1		4.5	1.3		3.7		5.0
	0308	AHC KIRK-ABERDEEN PRVNG GD	135.9		42.0		177.9	128.2		45.4		173.6
	0309	AHC BARQUIST-DETRICK	84.1		6.7		90.8	86.2		8.6		94.7
	0350	AHC INDIANTOWN GAP					0.0					0.0
	0351	AHC LETTERKENNY ARMY DEPOT	10.7				10.7	8.1				8.1
	0352	AHC DUNHAM-CARLISLE BARRACKS	143.5		25.8		169.3	135.0		27.7		162.7
	0390	AHC ANDREW RADER-MYER-HENDERSN	105.3		38.4		143.7	101.7		36.6		138.3
	0441	AHC FILLMORE-NEW CUMBERLAND	22.8		2.8		25.6	23.9		1.9		25.8
	0545	OHC EDGEWOOD ARS	5.6		0.5		6.1	14.3		0.0		14.3
	1902	USADC APG SOUTH	5.0		4.0		9.0	1.4		6.4		7.8
	1906	USADC APG NORTH	0.8		5.1		5.9			2.8		2.8
	1907	USADC EPES-MEADE	19.9		16.5		36.4	2.4		21.4		23.8
	1909	USADC-3-MEADE	2.7		1.7		4.4	0.1				0.1
	1917	USADC CARLISLE BARRACKS	3.6		4.8		8.3	0.1		8.0		8.1
	1918	USADC LOGAN-BELVOIR	17.9		17.6		35.5	16.3		18.7		35.0
	7313	USADC ANDREW RADER-MYER	6.6		8.3		14.9	8.5		7.8		16.2
	7319	USADC DETRICK	4.2		4.1		8.3	3.0		3.9		6.9
	0069 Total			1,009.2	0.0	311.0	0.0	1,320.2	950.0	0.0	312.3	0.0

Available FTEs

Tmt Parent DMIS ID	Tmt DMIS ID	Tmt DMIS ID Name	2017					2018				
			CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
0069	0069	KIMBROUGH AMB CAR CEN-MEADE	431.0	41.3	173.4		645.6	411.8	40.4	174.6		626.8
	0255	AHC MCNAIR-MYER-HENDERSON HALL	1.5		2.8		4.3	1.3		3.0		4.3
	0308	AHC KIRK-ABERDEEN PRVNG GD	94.8	0.4	22.2		117.4	97.8	3.7	18.2		119.7
	0309	AHC BARQUIST-DETRICK	57.5	0.4	3.5		61.4	61.9	0.8	4.9		67.6
	0350	AHC INDIANTOWN GAP	0.1				0.1	0.1				0.1
	0351	AHC LETTERKENNY ARMY DEPOT	6.2				6.2	4.1		0.0		4.1
	0352	AHC DUNHAM-CARLISLE BARRACKS	113.1	2.7	18.7		134.5	105.6	5.1	23.8		134.5
	0390	AHC ANDREW RADER-MYER-HENDERSN	75.4	3.5	26.2		105.1	69.1	3.2	25.1		97.3
	0441	AHC FILLMORE-NEW CUMBERLAND	19.1		0.9		20.0	15.0		1.5		16.5
	0545	OHC EDGEWOOD ARS	10.4		1.4		11.8	13.6		1.2		14.8
	1902	USADC APG SOUTH			0.3		0.3	0.1		0.2		0.3
	1906	USADC APG NORTH	4.8		5.1		9.9	1.0		3.7		4.7
	1907	USADC EPES-MEADE	21.9	0.8	35.2		57.9	5.1	3.5	50.3		58.9
	1909	USADC-3-MEADE	6.8	1.2	2.5		10.4	2.8	3.6	2.3		8.8
	1917	USADC CARLISLE BARRACKS	3.2	0.7	4.3		8.2	0.1	0.9	3.7		4.7
	1918	USADC LOGAN-BELVOIR	14.2		10.2		24.4	12.6		9.4		22.0
	7313	USADC ANDREW RADER-MYER	4.8		5.7		10.5	6.3		4.7		11.0
	7319	USADC DETRICK	4.1	0.7	3.3		8.0	2.0	0.9	1.8		4.8
	0069 Total			868.9	51.8	315.6	0.0	1,236.2	810.4	62.0	328.4	0.0

¹ Source: M2 MEPRS Personnel Detail. Based on Parent DMIS ID, information listed by Child DMIS ID.

Kimborough ACC – Staffing (Available FTEs)¹

MEPRS B

0069 KIMBROUGH AMB CAR CEN-MEADE											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1N	INTERN-MEDICAL			0.1		0.1			0.4		0.4
1P	PHYSICIAN	10.5	1.9	6.1		18.4	11.2	0.3	5.1		16.6
2C	COMMUNITY HEALTH NURSE (CRED)			0.4		0.4			0.0		0.0
2N	NURSE PRACTITIONER	3.4	1.3	2.3		7.0	4.5	1.5	2.5		8.6
2P	PHYSICIAN ASSISTANT	0.7		0.5		1.1	0.8		1.5		2.3
2Z	ALL OTHERS IN SKILL TYPE 2	21.4	4.3	2.8		28.5	21.4	2.7	3.5		27.6
3C	COMMUNITY HLTH NURSE(NON-CRE			0.0		0.0			0.0		0.0
3R	REGISTERED NURSE	18.8	0.9	3.4		23.0	17.1	0.7	2.0		19.9
3Z	ALL OTHERS IN SKILL TYPE 3			0.0		0.0					0.0
4A	NURSING ASSISTANT	3.4				3.4	2.8				2.8
4L	LPN/LVN	34.3				34.3	30.0	1.2	0.4		31.6
4W	STUDENT-NON GME/GDE			0.1		0.1			0.1		0.1
4Z	ALL OTHERS IN SKILL TYPE 4	15.3		15.6		30.9	14.5	1.1	13.5		29.1
5A	ADMINISTRATORS	0.7				0.7	0.3		0.1		0.4
5C	CLERICAL	2.3				2.3	1.4				1.4
5Z	ALL OTHERS IN SKILL TYPE 5	20.5				20.5	15.2				15.2
Grand Total		131.1	8.4	31.2	0.0	170.7	119.3	7.4	29.2	0.0	155.9

0255 AHC MCNAIR-MYER-HENDERSON HALL											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	0.2		0.0		0.3	0.0		0.8		0.8
2N	NURSE PRACTITIONER			0.0		0.0	0.0		0.0		0.0
2P	PHYSICIAN ASSISTANT	0.1		0.0		0.1	0.0				0.0
2Z	ALL OTHERS IN SKILL TYPE 2			0.0		0.0			0.0		0.0
3R	REGISTERED NURSE	0.2		0.9		1.0	0.0		0.8		0.9
4L	LPN/LVN	0.8				0.8	0.7				0.7
4Z	ALL OTHERS IN SKILL TYPE 4			1.8		1.8			1.4		1.4
5C	CLERICAL					0.0	0.4				0.4
5Z	ALL OTHERS IN SKILL TYPE 5	0.1				0.1	0.1				0.1
Grand Total		1.5	0.0	2.8	0.0	4.3	1.3	0.0	3.0	0.0	4.3

0308 AHC KIRK-ABERDEEN PRVNG GD											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	1.9	0.2	0.7		2.8	1.8		0.4		2.2
2N	NURSE PRACTITIONER	2.4		0.6		3.0	2.3		0.6		2.9
2P	PHYSICIAN ASSISTANT	0.8		0.6		1.4	0.8	0.4	0.7		2.0
2Z	ALL OTHERS IN SKILL TYPE 2	2.4	0.2	0.5		3.1	3.9	0.5	0.0		4.4
3R	REGISTERED NURSE	6.4		0.7		7.0	6.0		1.2		7.2
4A	NURSING ASSISTANT	1.1				1.1	0.6				0.6
4L	LPN/LVN	7.0				7.0	6.8	1.0			7.8
4W	STUDENT-NON GME/GDE					0.0					0.0
4Z	ALL OTHERS IN SKILL TYPE 4	1.9		7.9		9.8	3.7		7.2		10.8
5A	ADMINISTRATORS	0.0		0.0		0.0			0.0		0.0
5C	CLERICAL	0.1				0.1	0.7				0.7
5M	MEDICAL RECORD AUDITOR/CODER					0.0					0.0
5Z	ALL OTHERS IN SKILL TYPE 5	4.9				4.9	3.4				3.4
Grand Total		28.9	0.3	11.0	0.0	40.3	30.0	1.9	10.2	0.0	42.1

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Kimbrough ACC – Staffing (Available FTEs)¹

MEPRS B

0309 AHC BARQUIST-DETRICK											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	2.8		0.2		3.0	3.1		0.1		3.2
2N	NURSE PRACTITIONER	1.6		0.0		1.7	1.6		0.0		1.6
2P	PHYSICIAN ASSISTANT	0.8		0.0		0.8	1.4		0.0		1.4
2Z	ALL OTHERS IN SKILL TYPE 2	2.5	0.4	0.1		3.0	2.4	0.6	0.0		3.1
3R	REGISTERED NURSE	5.7				5.7	8.0		0.0		8.0
4A	NURSING ASSISTANT	0.0				0.0					0.0
4L	LPN/LVN	11.0				11.0	10.4				10.4
4Z	ALL OTHERS IN SKILL TYPE 4	2.5		0.1		2.6	2.2		0.9		3.0
5C	CLERICAL					0.0	0.0				0.0
5Z	ALL OTHERS IN SKILL TYPE 5	2.5				2.5	3.2				3.2
Grand Total		29.4	0.4	0.4	0.0	30.2	32.2	0.6	1.0	0.0	33.8

0351 AHC LETTERKENNY ARMY DEPOT											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	0.3				0.3	0.4		0.0		0.4
2P	PHYSICIAN ASSISTANT	0.1				0.1					0.0
3R	REGISTERED NURSE	1.2				1.2	0.6				0.6
4A	NURSING ASSISTANT					0.0					0.0
4L	LPN/LVN	0.0				0.0					0.0
4Z	ALL OTHERS IN SKILL TYPE 4					0.0					0.0
5A	ADMINISTRATORS					0.0					0.0
5Z	ALL OTHERS IN SKILL TYPE 5	0.8				0.8	0.8				0.8
Grand Total		2.4	0.0	0.0	0.0	2.4	1.8	0.0	0.0	0.0	1.8

0352 AHC DUNHAM-CARLISLE BARRACKS											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	3.7		0.1		3.8	2.8		0.3		3.0
2N	NURSE PRACTITIONER	1.4				1.4	2.1				2.1
2P	PHYSICIAN ASSISTANT	0.8				0.8	0.7		0.2		0.9
2Z	ALL OTHERS IN SKILL TYPE 2	4.7	1.4	0.6		6.7	5.0	1.4	1.5		7.9
3R	REGISTERED NURSE	5.2		0.0		5.3	4.6				4.6
4A	NURSING ASSISTANT	0.8				0.8	0.4				0.4
4L	LPN/LVN	14.2	0.1			14.4	12.8				12.8
4Z	ALL OTHERS IN SKILL TYPE 4	5.3		3.7		9.0	5.3	0.2	2.2		7.7
5A	ADMINISTRATORS	0.0		0.5		0.5			0.8		0.8
5C	CLERICAL	4.4				4.4	2.5				2.5
5M	MEDICAL RECORD AUDITOR/CODER	1.6				1.6					0.0
5Z	ALL OTHERS IN SKILL TYPE 5	5.7		0.0		5.7	5.1				5.1
Grand Total		48.0	1.5	5.0	0.0	54.5	41.3	1.5	5.0	0.0	47.9

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Kimbrough ACC – Staffing (Available FTEs)¹

MEPRS B

0390 AHC ANDREW RADER-MYER-HENDERSN											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	6.6		0.5		7.2	7.4		0.8		8.1
2H	OCC HEALTH NURSE (CRED)	0.0				0.0	0.5			0.5	
2N	NURSE PRACTITIONER	2.2		0.0		2.2	2.0		0.1	2.0	
2P	PHYSICIAN ASSISTANT	0.3				0.3	0.3			0.3	
2Z	ALL OTHERS IN SKILL TYPE 2	5.7		2.6		8.3	6.1		2.1	8.2	
3R	REGISTERED NURSE	6.9		0.2		7.1	5.3		0.4	5.7	
4L	LPN/LVN	10.6				10.6	9.0	0.4		9.4	
4Z	ALL OTHERS IN SKILL TYPE 4	2.8		8.8		11.5	2.1		9.8	11.9	
5A	ADMINISTRATORS	0.8				0.8	0.8			0.8	
5C	CLERICAL	0.4				0.4	0.1			0.1	
5L	LOGISTICS					0.0				0.0	
5Z	ALL OTHERS IN SKILL TYPE 5	5.2				5.2	3.7			3.7	
Grand Total		41.6	0.0	12.0	0.0	53.6	37.3	0.4	13.1	0.0	50.8

0545 OHC EDGEWOOD ARS											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	0.1		0.0		0.1	0.1				0.1
2N	NURSE PRACTITIONER	0.4				0.4	0.6			0.6	
2P	PHYSICIAN ASSISTANT	0.7				0.7	0.6			0.6	
3R	REGISTERED NURSE	1.1				1.1	0.4			0.4	
4A	NURSING ASSISTANT	0.2				0.2				0.0	
4L	LPN/LVN	0.0				0.0				0.0	
4Z	ALL OTHERS IN SKILL TYPE 4	0.1		1.1		1.2			1.1	1.1	
5C	CLERICAL	0.1				0.1	0.0			0.0	
5M	MEDICAL RECORD AUDITOR/CODER	0.3				0.3	0.0			0.0	
5Z	ALL OTHERS IN SKILL TYPE 5	0.2				0.2	0.1			0.1	
Grand Total		3.0	0.0	1.2	0.0	4.2	1.8	0.0	1.1	0.0	2.9

0441 AHC FILLMORE-NEW CUMBERLAND											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	1.2		0.0		1.2	1.0		0.0		1.1
2N	NURSE PRACTITIONER					0.0	0.0			0.0	
2P	PHYSICIAN ASSISTANT	0.7				0.7	0.7			0.7	
2Z	ALL OTHERS IN SKILL TYPE 2	0.3				0.3	0.3		0.0	0.3	
3R	REGISTERED NURSE	1.4				1.4	1.6			1.6	
4L	LPN/LVN	5.7				5.7	4.5			4.5	
4Z	ALL OTHERS IN SKILL TYPE 4	0.9		0.9		1.8	0.9		1.5	2.4	
5A	ADMINISTRATORS					0.0				0.0	
5C	CLERICAL	0.0				0.0				0.0	
5Z	ALL OTHERS IN SKILL TYPE 5	3.2				3.2	3.3			3.3	
Grand Total		13.5	0.0	0.9	0.0	14.4	12.4	0.0	1.5	0.0	13.9

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Kimbrough ACC – Staffing (Available FTEs)¹

All MEPRS

0069 KIMBROUGH AMB CAR CEN-MEADE											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1D	DENTIST	0.0		1.5		1.5	0.0	0.0	1.9		1.9
1N	INTERN-MEDICAL			0.1		0.1			0.5		0.5
1P	PHYSICIAN	21.7	2.9	10.8		35.4	22.1	0.4	11.1		33.6
1R	RESIDENT-MEDICAL			0.0		0.0			0.0		0.0
1U	RESIDENT-DENTAL					0.0			0.0		0.0
2A	NURSE ANESTHETIST			2.2		2.2	0.1		1.0		1.1
2C	COMMUNITY HEALTH NURSE (CRED)			1.4		1.4			1.5		1.5
2H	OCC HEALTH NURSE (CRED)	0.0				0.0	0.3				0.3
2N	NURSE PRACTITIONER	5.6	1.4	5.1		12.1	7.1	1.6	4.1		12.8
2P	PHYSICIAN ASSISTANT	1.3		1.2		2.5	1.4	0.1	2.5		4.0
2Z	ALL OTHERS IN SKILL TYPE 2	49.4	5.5	12.4		67.4	49.6	3.4	13.7		66.6
3C	COMMUNITY HLTH NURSE(NON-CRE			1.0		1.0			0.9		0.9
3R	REGISTERED NURSE	49.3	1.3	16.3		66.9	48.3	1.6	13.8		63.7
3Z	ALL OTHERS IN SKILL TYPE 3			0.2		0.2			0.1		0.1
4A	NURSING ASSISTANT	14.6	0.8			15.3	11.5	0.7			12.2
4L	LPN/LVN	48.6	0.9	2.0		51.6	43.5	1.9	1.9		47.2
4W	STUDENT-NON GME/GDE			0.2		0.2			0.2		0.2
4Z	ALL OTHERS IN SKILL TYPE 4	61.6	1.8	94.5		157.9	64.4	3.5	97.8		165.6
5A	ADMINISTRATORS	38.2		13.0		51.2	40.1	0.4	10.2		50.7
5C	CLERICAL	27.2	0.1	2.2		29.5	24.1	0.0	3.2		27.3
5L	LOGISTICS	11.4	0.1	8.3		19.8	12.0		9.5		21.4
5M	MEDICAL RECORD AUDITOR/CODER	17.4	2.6			20.0	15.3	1.9			17.2
5Z	ALL OTHERS IN SKILL TYPE 5	84.6	23.9	1.0		109.4	72.1	25.0	0.8		97.9
Grand Total		431.0	41.3	173.4	0.0	645.6	411.8	40.4	174.6	0.0	626.8

0255 AHC MCNAIR-MYER-HENDERSON HALL											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	0.2		0.0		0.3	0.0		0.8		0.8
2N	NURSE PRACTITIONER			0.0		0.0	0.0		0.0		0.0
2P	PHYSICIAN ASSISTANT	0.1		0.0		0.1	0.0				0.0
2Z	ALL OTHERS IN SKILL TYPE 2			0.0		0.0			0.0		0.0
3R	REGISTERED NURSE	0.2		0.9		1.0	0.0		0.8		0.9
4L	LPN/LVN	0.8				0.8	0.7				0.7
4Z	ALL OTHERS IN SKILL TYPE 4			1.8		1.8			1.4		1.4
5C	CLERICAL					0.0	0.4				0.4
5Z	ALL OTHERS IN SKILL TYPE 5	0.1				0.1	0.1				0.1
Grand Total		1.5	0.0	2.8	0.0	4.3	1.3	0.0	3.0	0.0	4.3

0308 AHC KIRK-ABERDEEN PRVNG GD											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	4.1	0.2	0.8		5.0	3.6		0.5		4.0
2A	NURSE ANESTHETIST			0.8		0.8					0.0
2C	COMMUNITY HEALTH NURSE (CRED)			0.0		0.0					0.0
2N	NURSE PRACTITIONER	2.6		0.6		3.2	2.4		0.6		3.0
2P	PHYSICIAN ASSISTANT	1.0		0.6		1.6	0.9	0.4	0.8		2.1
2Z	ALL OTHERS IN SKILL TYPE 2	4.1	0.2	1.6		5.9	6.5	0.5	0.3		7.3
3R	REGISTERED NURSE	11.2		1.2		12.4	8.1		1.8		9.9
4A	NURSING ASSISTANT	17.4				17.4	11.3				11.3
4L	LPN/LVN	7.8				7.8	7.1	1.0			8.1
4W	STUDENT-NON GME/GDE			0.2		0.2			0.1		0.1
4Z	ALL OTHERS IN SKILL TYPE 4	13.0		14.0		27.0	23.2		11.6		34.8
5A	ADMINISTRATORS	4.0		0.8		4.8	3.6		1.5		5.1
5C	CLERICAL	2.6		0.9		3.5	3.9		0.2		4.1
5L	LOGISTICS	3.4		0.6		4.0	3.3		0.8		4.1
5M	MEDICAL RECORD AUDITOR/CODER	4.7				4.7	4.7	0.3			5.0
5Z	ALL OTHERS IN SKILL TYPE 5	18.9	0.1	0.1		19.0	19.4	1.4			20.9
Grand Total		94.8	0.4	22.2	0.0	117.4	97.8	3.7	18.2	0.0	119.7

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Kimbrough ACC – Staffing (Available FTEs)¹

All MEPRS

0309 AHC BARQUIST-DETRICK											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	4.2		0.4		4.7	4.6		0.1		4.7
2C	COMMUNITY HEALTH NURSE (CRED			0.2		0.2			0.5		0.5
2N	NURSE PRACTITIONER	1.6		0.0		1.7	1.6		0.1		1.7
2P	PHYSICIAN ASSISTANT	1.3		0.0		1.4	1.5		0.0		1.5
2Z	ALL OTHERS IN SKILL TYPE 2	4.1	0.4	0.1		4.6	4.7	0.7	0.2		5.6
3R	REGISTERED NURSE	8.6				8.6	9.1		0.4		9.5
4A	NURSING ASSISTANT	0.8				0.8					0.0
4L	LPN/LVN	11.3				11.3	11.2				11.2
4Z	ALL OTHERS IN SKILL TYPE 4	11.0		1.6		12.6	12.9	0.1	2.7		15.7
5A	ADMINISTRATORS	3.5		0.9		4.4	3.0		0.6		3.5
5C	CLERICAL	1.5				1.5	1.6				1.6
5L	LOGISTICS	0.8		0.1		0.9	0.8		0.3		1.1
5M	MEDICAL RECORD AUDITOR/CODER	1.6				1.6	1.6				1.6
5Z	ALL OTHERS IN SKILL TYPE 5	7.1				7.1	9.4				9.4
Grand Total		57.5	0.4	3.5	0.0	61.4	61.9	0.8	4.9	0.0	67.6

0350 AHC INDIANTOWN GAP											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
4Z	ALL OTHERS IN SKILL TYPE 4	0.1				0.1	0.1				0.1
Grand Total		0.1	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.1

0351 AHC LETTERKENNY ARMY DEPOT											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	0.4				0.4	0.5		0.0		0.5
2P	PHYSICIAN ASSISTANT	0.1				0.1					0.0
3R	REGISTERED NURSE	4.0				4.0	2.8				2.8
4A	NURSING ASSISTANT	0.9				0.9	0.0				0.0
4L	LPN/LVN	0.0				0.0					0.0
4Z	ALL OTHERS IN SKILL TYPE 4					0.0	0.1				0.1
5A	ADMINISTRATORS					0.0					0.0
5Z	ALL OTHERS IN SKILL TYPE 5	0.8				0.8	0.8				0.8
Grand Total		6.2	0.0	0.0	0.0	6.2	4.1	0.0	0.0	0.0	4.1

0352 AHC DUNHAM-CARLISLE BARRACKS											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	4.7		1.2		5.9	3.3		1.7		4.9
2N	NURSE PRACTITIONER	1.8				1.8	2.7				2.7
2P	PHYSICIAN ASSISTANT	1.1		0.0		1.1	1.0		0.9		1.9
2Z	ALL OTHERS IN SKILL TYPE 2	8.8	1.4	1.5		11.8	9.8	1.6	3.1		14.4
3R	REGISTERED NURSE	7.4		0.9		8.4	7.2		0.8		8.0
4A	NURSING ASSISTANT	2.4				2.4	1.7				1.7
4L	LPN/LVN	16.5	0.1			16.6	15.2				15.2
4Z	ALL OTHERS IN SKILL TYPE 4	20.4	1.0	12.0		33.4	20.9	1.0	14.2		36.0
5A	ADMINISTRATORS	4.2	0.2	1.7		6.2	3.4	2.6	1.8		7.8
5C	CLERICAL	9.1		0.4		9.5	5.8		0.8		6.5
5L	LOGISTICS	2.8		0.9		3.6	2.1		0.5		2.7
5M	MEDICAL RECORD AUDITOR/CODER	7.4				7.4	7.6				7.6
5Z	ALL OTHERS IN SKILL TYPE 5	26.4		0.0		26.4	25.0				25.0
Grand Total		113.1	2.7	18.7	0.0	134.5	105.6	5.1	23.8	0.0	134.5

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Kimbrough ACC – Staffing (Available FTEs)¹

All MEPRS

0390 AHC ANDREW RADER-MYER-HENDERSN											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	8.9		0.6		9.5	9.0		0.8		9.8
2H	OCC HEALTH NURSE (CRED)	0.0				0.0	0.6			0.6	
2N	NURSE PRACTITIONER	2.3		0.1		2.5	2.3		0.6	3.0	
2P	PHYSICIAN ASSISTANT	0.4				0.4	0.3			0.3	
2Z	ALL OTHERS IN SKILL TYPE 2	10.0		4.0		13.9	9.9		3.0	12.9	
3R	REGISTERED NURSE	8.5		1.6		10.1	6.5		0.4	6.9	
4L	LPN/LVN	11.2				11.2	9.5	0.4		10.0	
4Z	ALL OTHERS IN SKILL TYPE 4	12.3	1.6	17.0		30.9	12.0	0.8	17.1	29.9	
5A	ADMINISTRATORS	4.1				4.1	4.5		0.5	4.9	
5C	CLERICAL	4.8		2.9		7.8	4.3		2.6	6.9	
5L	LOGISTICS	1.6				1.6	1.5			1.5	
5M	MEDICAL RECORD AUDITOR/CODER	2.6				2.6	2.3			2.3	
5Z	ALL OTHERS IN SKILL TYPE 5	8.6	2.0			10.6	6.4	1.9		8.3	
Grand Total		75.4	3.5	26.2	0.0	105.1	69.1	3.2	25.1	0.0	97.3

0441 AHC FILLMORE-NEW CUMBERLAND											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	1.2		0.0		1.2	1.0		0.0		1.1
2N	NURSE PRACTITIONER					0.0	0.0			0.0	
2P	PHYSICIAN ASSISTANT	0.7				0.7	0.7			0.7	
2Z	ALL OTHERS IN SKILL TYPE 2	0.3				0.3	0.3		0.0	0.3	
3R	REGISTERED NURSE	3.0				3.0	1.6			1.6	
4A	NURSING ASSISTANT	0.0				0.0				0.0	
4L	LPN/LVN	6.8				6.8	4.5			4.5	
4Z	ALL OTHERS IN SKILL TYPE 4	2.2		0.9		3.1	2.0		1.5	3.5	
5A	ADMINISTRATORS					0.0				0.0	
5C	CLERICAL	0.0				0.0				0.0	
5Z	ALL OTHERS IN SKILL TYPE 5	4.8				4.8	4.9			4.9	
Grand Total		19.1	0.0	0.9	0.0	20.0	15.0	0.0	1.5	0.0	16.5

0545 OHC EDGEWOOD ARS											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN	0.6		0.0		0.7	0.8		0.0		0.8
2N	NURSE PRACTITIONER	0.4				0.4	0.8		0.0	0.8	
2P	PHYSICIAN ASSISTANT	0.9				0.9	1.1			1.1	
2Z	ALL OTHERS IN SKILL TYPE 2					0.0			0.0	0.0	
3R	REGISTERED NURSE	1.3				1.3	2.1			2.1	
4A	NURSING ASSISTANT	0.9				0.9	1.5			1.5	
4L	LPN/LVN	0.0				0.0				0.0	
4Z	ALL OTHERS IN SKILL TYPE 4	1.7		1.4		3.1	2.6		1.2	3.8	
5A	ADMINISTRATORS	0.7				0.7	0.6			0.6	
5C	CLERICAL	0.2				0.2	0.2			0.2	
5M	MEDICAL RECORD AUDITOR/CODER	0.3				0.3	0.5			0.5	
5Z	ALL OTHERS IN SKILL TYPE 5	3.3				3.3	3.5			3.5	
Grand Total		10.4	0.0	1.4	0.0	11.8	13.6	0.0	1.2	0.0	14.8

1902 USADC APG SOUTH											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1D	DENTIST			0.0		0.0			0.1		0.1
3R	REGISTERED NURSE			0.0		0.0				0.0	
4Z	ALL OTHERS IN SKILL TYPE 4			0.3		0.3	0.1		0.1	0.1	
5C	CLERICAL					0.0				0.0	
Grand Total		0.0	0.0	0.3	0.0	0.3	0.1	0.0	0.2	0.0	0.3

1906 USADC APG NORTH											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1D	DENTIST			1.5		1.5			1.0		1.0
4Z	ALL OTHERS IN SKILL TYPE 4	3.5		3.6		7.1	0.8		2.7		3.6
5C	CLERICAL	1.3				1.3	0.1				0.1
Grand Total		4.8	0.0	5.1	0.0	9.9	1.0	0.0	3.7	0.0	4.7

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Kimbrough ACC – Staffing (Available FTEs)¹

All MEPRS

1907 USADC EPES-MEADE											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1D	DENTIST	2.1	0.1	21.5		23.7	1.1	0.5	23.7		25.3
1P	PHYSICIAN			0.0		0.0					0.0
1U	RESIDENT-DENTAL					0.0			0.1		0.1
2N	NURSE PRACTITIONER					0.0			0.0		0.0
3R	REGISTERED NURSE			0.0		0.0					0.0
4Z	ALL OTHERS IN SKILL TYPE 4	16.1	0.7	13.6		30.3	3.5	3.0	26.3		32.8
5A	ADMINISTRATORS	0.9				0.9	0.0		0.0		0.0
5C	CLERICAL	2.2				2.2	0.4				0.4
5L	LOGISTICS			0.1		0.1			0.3		0.3
5Z	ALL OTHERS IN SKILL TYPE 5	0.6				0.6	0.0				0.0
Grand Total		21.9	0.8	35.2	0.0	57.9	5.1	3.5	50.3	0.0	58.9

1909 USADC-3-MEADE											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1D	DENTIST	1.2	0.1	1.4		2.7	1.2	0.9	1.0		3.1
4Z	ALL OTHERS IN SKILL TYPE 4	5.0	1.1	1.1		7.2	1.6	2.8	1.4		5.7
5C	CLERICAL	0.5				0.5					0.0
Grand Total		6.8	1.2	2.5	0.0	10.4	2.8	3.6	2.3	0.0	8.8

1917 USADC CARLISLE BARRACKS											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1D	DENTIST	0.5		1.2		1.7	0.0		1.2		1.2
4A	NURSING ASSISTANT					0.0			0.0		0.0
4Z	ALL OTHERS IN SKILL TYPE 4	2.3	0.7	3.2		6.2	0.0	0.9	2.5		3.4
5A	ADMINISTRATORS					0.0	0.1				0.1
5Z	ALL OTHERS IN SKILL TYPE 5	0.3				0.3	0.0				0.0
Grand Total		3.2	0.7	4.3	0.0	8.2	0.1	0.9	3.7	0.0	4.7

1918 USADC LOGAN-BELVOIR											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1D	DENTIST	0.4		5.5		5.9	0.7		3.9		4.6
1U	RESIDENT-DENTAL					0.0			0.1		0.1
4Z	ALL OTHERS IN SKILL TYPE 4	12.9		4.1		17.0	10.4		4.7		15.2
5C	CLERICAL	0.9				0.9	1.5				1.5
5L	LOGISTICS			0.7		0.7			0.6		0.6
Grand Total		14.2	0.0	10.2	0.0	24.4	12.6	0.0	9.4	0.0	22.0

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Kimbrough ACC – Staffing (Available FTEs)¹

All MEPRS

7313 USADC ANDREW RADER-MYER											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1D	DENTIST			2.3		2.3			1.8		1.8
4Z	ALL OTHERS IN SKILL TYPE 4	4.4		3.4		7.8	5.6		2.9		8.5
5C	CLERICAL	0.4				0.4	0.7				0.7
5Z	ALL OTHERS IN SKILL TYPE 5	0.1				0.1					0.0
Grand Total		4.8	0.0	5.7	0.0	10.5	6.3	0.0	4.7	0.0	11.0

7319 USADC DETRICK											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1D	DENTIST	0.7		0.5		1.3	0.6		0.1		0.7
4Z	ALL OTHERS IN SKILL TYPE 4	2.1	0.7	2.7		5.5	1.5	0.9	1.7		4.0
5C	CLERICAL	1.2				1.2	0.0				0.0
5Z	ALL OTHERS IN SKILL TYPE 5					0.0					0.0
Grand Total		4.1	0.7	3.3	0.0	8.0	2.0	0.9	1.8	0.0	4.8

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Kimbrough ACC – Skill Type 1P (Physician) by DoD Occupation Code¹ (Available FTEs)

0069 KIMBROUGH AMB CAR CEN-MEADE											
DoD Occ Code	2017					2018					
	CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL	
260102	ALLERGY/IMMUNOLOGY	0.0				0.0				0.0	
260104	ANESTHESIOLOGY			0.1		0.1		0.1		0.1	
260105	EXECUTIVE MEDICINE	0.0				0.0				0.0	
260107	DERMATOLOGY			0.8		0.8		0.8		0.8	
260109	GENERAL MEDICINE	0.5	1.8	0.2		2.5	0.1	0.3	0.1	0.4	
260111	FAMILY PRACTICE	2.5		1.6		4.1	2.8		1.3	4.1	
260115	OBSTETRICS/GYNECOLOGY	0.1		0.0		0.1	0.1		0.1	0.2	
260116	OCCUPATIONAL MEDICINE	0.8		0.4		1.2	0.5		0.3	0.9	
260117	OPHTHALMOLOGY			0.6		0.6			0.6	0.6	
260118	PEDIATRICS, SUBSPECIALTIES			0.2		0.2			0.0	0.0	
260119	OTORHINOLARYNGOLOGY			0.3		0.3			0.1	0.1	
260121	PEDIATRICS, GENERAL	1.9				1.9	2.0			2.0	
260122	PHYSICAL/REHABILITATION MEDICINE	0.1		0.0		0.1				0.0	
260123	PREVENTIVE MEDICINE			0.0		0.0			0.0	0.0	
260125	PSYCHIATRY	1.9	0.1			2.0	2.3			2.3	
260130	GENERAL SURGERY			0.0		0.0			0.0	0.0	
260132	ORTHOPEDIC SURGERY	0.4		1.4		1.7	0.5		1.5	2.0	
260133	PLASTIC SURGERY			0.0		0.0				0.0	
260136	UROLOGY			0.4		0.4			0.2	0.2	
260140	PULMONARY DISEASE			0.0		0.0			0.0	0.0	
260141	GASTROENTEROLOGY	0.5				0.5	0.7		0.0	0.7	
260147	CRITICAL CARE/TRAUMA, MEDICINE					0.0			0.0	0.0	
260148	INTERNAL MEDICINE	1.8				1.8	2.0			2.0	
260150	CRITICAL CARE/TRAUMA, SURGERY			0.0		0.0				0.0	
TOTAL		10.5	1.9	6.1	0.0	18.4	11.2	0.3	5.1	0.0	16.6

MEPRS B
Only

0255 AHC MCNAIR-MYER-HENDERSON HALL										
DoD Occ Code	2017					2018				
	CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
260105	EXECUTIVE MEDICINE				0.0	0.0				0.0
260109	GENERAL MEDICINE	0.0				0.0				0.0
260111	FAMILY PRACTICE	0.0		0.0		0.0		0.7		0.8
260148	INTERNAL MEDICINE	0.2		0.0		0.2		0.0		0.0
260149	INFECTIOUS DISEASE			0.0		0.0		0.0		0.0
TOTAL		0.2	0.0	0.0	0.0	0.3	0.0	0.8	0.0	0.8

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Kimbrough ACC – Skill Type 1P (Physician) by DoD Occupation Code¹ (Available FTEs)

0308 AHC KIRK-ABERDEEN PRVNG GD											
DoD Occ Code		2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
260109	GENERAL MEDICINE	0.3	0.2	0.2		0.6	0.2				0.2
260111	FAMILY PRACTICE			0.4		0.4			0.4		0.4
260116	OCCUPATIONAL MEDICINE	0.3				0.3	0.2				0.2
260118	PEDIATRICS, SUBSPECIALTIES			0.0		0.0					0.0
260148	INTERNAL MEDICINE	1.4		0.0		1.4	1.5				1.5
TOTAL		1.9	0.2	0.7	0.0	2.8	1.8	0.0	0.4	0.0	2.2

0309 AHC BARQUIST-DETRICK											
DoD Occ Code		2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
260105	EXECUTIVE MEDICINE					0.0	0.2				0.2
260109	GENERAL MEDICINE	0.2				0.2	0.0				0.0
260111	FAMILY PRACTICE	2.4		0.1		2.5	2.9				2.9
260116	OCCUPATIONAL MEDICINE	0.2		0.1		0.2	0.0		0.0		0.0
260123	PREVENTIVE MEDICINE			0.0		0.0			0.0		0.0
260149	INFECTIOUS DISEASE			0.1		0.1			0.1		0.1
TOTAL		2.8	0.0	0.2	0.0	3.0	3.1	0.0	0.1	0.0	3.2

0351 AHC LETTERKENNY ARMY DEPOT											
DoD Occ Code		2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
260109	GENERAL MEDICINE	0.0				0.0					0.0
260111	FAMILY PRACTICE	0.0				0.0	0.1		0.0		0.1
260116	OCCUPATIONAL MEDICINE	0.3				0.3	0.3				0.3
TOTAL		0.3	0.0	0.0	0.0	0.3	0.4	0.0	0.0	0.0	0.4

MEPRS B
Only

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Kimbrough ACC – Skill Type 1P (Physician) by DoD Occupation Code¹ (Available FTEs)

0352 AHC DUNHAM-CARLISLE BARRACKS											
DoD Occ Code		2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
260107	DERMATOLOGY	0.2				0.2	0.4				0.4
260109	GENERAL MEDICINE	0.2				0.2	0.2				0.2
260111	FAMILY PRACTICE	3.3		0.1		3.4	2.2		0.3		2.5
260116	OCCUPATIONAL MEDICINE	0.0				0.0	0.0				0.0
TOTAL		3.7	0.0	0.1	0.0	3.8	2.8	0.0	0.3	0.0	3.0

0390 AHC ANDREW RADER-MYER-HENDERSN											
DoD Occ Code		2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
260105	EXECUTIVE MEDICINE					0.0	0.0				0.0
260107	DERMATOLOGY	0.7		0.1		0.8	1.0		0.7		1.8
260109	GENERAL MEDICINE	0.3				0.3	0.0				0.0
260111	FAMILY PRACTICE	2.7		0.4		3.1	2.9		0.0		2.9
260116	OCCUPATIONAL MEDICINE	0.5		0.0		0.5	0.8		0.0		0.8
260121	PEDIATRICS, GENERAL	0.6		0.0		0.6	0.6		0.0		0.6
260123	PREVENTIVE MEDICINE			0.0		0.0					0.0
260125	PSYCHIATRY	0.6				0.6	0.8				0.8
260148	INTERNAL MEDICINE	1.2		0.0		1.2	1.2		0.0		1.2
TOTAL		6.6	0.0	0.5	0.0	7.2	7.4	0.0	0.8	0.0	8.1

MEPRS B
Only

0441 AHC FILLMORE-NEW CUMBERLAND											
DoD Occ Code		2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
260111	FAMILY PRACTICE	1.2		0.0		1.2	1.0		0.0		1.1
TOTAL		1.2	0.0	0.0	0.0	1.2	1.0	0.0	0.0	0.0	1.1

0545 OHC EDGEWOOD ARS											
DoD Occ Code		2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
260109	GENERAL MEDICINE			0.0		0.0					0.0
260116	OCCUPATIONAL MEDICINE	0.1				0.1	0.1		0.0		0.1
TOTAL		0.1	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.1

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Eligible Population and Enrollment

Kimbrough ACC – Eligibles and Enrollees¹ by PRISM and Enrollment Site (Child)

PRISM (for Elig) / Enrollment Site (for Enr)		FY	Eligibles					Prime and Plus Enrolled				
			ADFM	RET	OTHER ²	AD	TOTAL	ADFM	RET	OTHER ²	AD	TOTAL
0069	KIMBROUGH AMB CAR CEN-MEADE	2014	16,373	10,833	16,887	11,965	56,057	6,821	3,052	3,836	9,976	23,684
0069	KIMBROUGH AMB CAR CEN-MEADE	2015	16,427	10,925	17,318	12,625	57,294	6,683	3,237	4,097	10,008	24,025
0069	KIMBROUGH AMB CAR CEN-MEADE	2016	16,461	11,009	17,448	13,218	58,136	6,570	3,344	4,094	10,442	24,450
0069	KIMBROUGH AMB CAR CEN-MEADE	2017	16,326	11,144	17,594	13,626	58,691	6,526	3,428	4,089	10,752	24,795
0069	KIMBROUGH AMB CAR CEN-MEADE	2018	16,556	12,178	19,461	13,797	61,992	6,732	3,188	3,966	10,813	24,698
0255	AHC MCNAIR-MYER-HENDERSON HALL	2015	2,052	3,032	4,344	2,261	11,689	90	54	42	485	670
0255	AHC MCNAIR-MYER-HENDERSON HALL	2016	2,008	3,111	4,407	2,755	12,279	118	53	45	493	710
0255	AHC MCNAIR-MYER-HENDERSON HALL	2017	1,980	3,114	4,435	3,263	12,791	141	53	49	573	816
0255	AHC MCNAIR-MYER-HENDERSON HALL	2018	1,999	3,122	4,569	4,174	13,863	192	63	70	505	830
0308	AHC KIRK-ABERDEEN PRVNG GD	2014	2,472	2,708	4,483	1,090	10,753	2,460	1,394	2,003	1,183	7,041
0308	AHC KIRK-ABERDEEN PRVNG GD	2015	2,429	2,765	4,565	1,069	10,828	2,572	1,476	2,099	1,258	7,405
0308	AHC KIRK-ABERDEEN PRVNG GD	2016	2,339	2,806	4,640	1,012	10,796	2,414	1,552	2,180	1,287	7,434
0308	AHC KIRK-ABERDEEN PRVNG GD	2017	2,017	2,855	4,592	951	10,415	2,077	1,638	2,257	1,425	7,397
0308	AHC KIRK-ABERDEEN PRVNG GD	2018	3,206	4,821	8,181	1,528	17,736	2,014	1,693	2,307	1,273	7,287
0309	AHC BARQUIST-DETRICK	2014	3,837	3,553	6,028	1,245	14,663	2,394	939	1,409	1,552	6,294
0309	AHC BARQUIST-DETRICK	2015	3,639	3,627	6,179	1,229	14,674	2,241	989	1,495	1,568	6,293
0309	AHC BARQUIST-DETRICK	2016	3,606	3,690	6,258	1,424	14,978	2,155	1,037	1,568	1,595	6,356
0309	AHC BARQUIST-DETRICK	2017	3,683	3,771	6,405	1,456	15,314	2,135	1,085	1,665	1,558	6,442
0309	AHC BARQUIST-DETRICK	2018	3,726	3,824	6,548	1,346	15,444	2,216	1,083	1,750	1,507	6,556

¹ Source: Eligibles = M2 DEERS Person Detail; Enrollees = M2 TRICARE Relationship Detail. Eligibles based on PRISM Area ID. Enrollees based on Enrollment Site and ACV Group = Prime or Plus.

² Includes FM of Retired, Survivors, Other, Unknown, Inactive Guard/Reserve, FM of Inactive Guard/Reserve

Kimbrough ACC – Eligibles and Enrollees¹ by PRISM and Enrollment Site (Child)

PRISM (for Elig) / Enrollment Site (for Enr)		FY	Eligibles					Prime and Plus Enrolled				
			ADFM	RET	OTHER ²	AD	TOTAL	ADFM	RET	OTHER ²	AD	TOTAL
0352	AHC DUNHAM-CARLISLE BARRACKS	2014	1,692	2,030	3,287	579	7,588	2,071	2,099	2,994	1,612	8,776
0352	AHC DUNHAM-CARLISLE BARRACKS	2015	1,585	2,074	3,355	568	7,581	1,893	2,086	2,956	1,465	8,400
0352	AHC DUNHAM-CARLISLE BARRACKS	2016	1,613	2,115	3,390	597	7,716	1,851	2,190	3,014	1,508	8,563
0352	AHC DUNHAM-CARLISLE BARRACKS	2017	1,586	2,142	3,435	572	7,735	1,857	2,229	3,001	1,488	8,575
0352	AHC DUNHAM-CARLISLE BARRACKS	2018	1,575	2,145	3,487	564	7,771	1,811	2,194	3,044	1,515	8,564
0390	AHC ANDREW RADER-MYER-HENDERSN	2014	2,982	2,423	3,585	2,962	11,951	3,165	2,437	2,231	3,152	10,986
0390	AHC ANDREW RADER-MYER-HENDERSN	2015	3,052	2,438	3,587	3,366	12,444	4,063	2,703	2,640	3,064	12,470
0390	AHC ANDREW RADER-MYER-HENDERSN	2016	3,200	2,469	3,552	3,808	13,029	4,804	2,844	2,784	2,989	13,420
0390	AHC ANDREW RADER-MYER-HENDERSN	2017	3,198	2,519	3,662	3,496	12,875	4,895	2,918	2,853	3,007	13,673
0390	AHC ANDREW RADER-MYER-HENDERSN	2018	3,242	2,509	3,704	2,816	12,271	4,660	2,781	2,864	2,929	13,233
0441	AHC FILLMORE-NEW CUMBERLAND	2014	1,695	3,220	5,723	1,787	12,426	783	566	777	501	2,627
0441	AHC FILLMORE-NEW CUMBERLAND	2015	1,592	3,260	5,851	1,718	12,420	884	645	892	547	2,968
0441	AHC FILLMORE-NEW CUMBERLAND	2016	1,654	3,284	5,879	1,727	12,544	903	701	958	571	3,132
0441	AHC FILLMORE-NEW CUMBERLAND	2017	1,577	3,322	6,081	1,716	12,696	878	736	1,021	556	3,191
0441	AHC FILLMORE-NEW CUMBERLAND	2018	1,649	3,361	6,102	1,935	13,046	811	759	1,060	508	3,137
0545	OHC EDGEWOOD ARS	2014	2,472	3,959	6,435	924	13,790	0	0	3	498	501
0545	OHC EDGEWOOD ARS	2015	2,369	3,937	6,452	911	13,669	0	0	1	450	452
0545	OHC EDGEWOOD ARS	2016	2,261	3,905	6,557	1,016	13,738	0	0	1	379	380
0545	OHC EDGEWOOD ARS	2017	2,314	3,892	6,590	1,132	13,928	0	0	0	243	243

¹ Source: Eligibles = M2 DEERS Person Detail; Enrollees = M2 TRICARE Relationship Detail. Eligibles based on PRISM Area ID. Enrollees based on Enrollment Site and ACV Group = Prime or Plus.

² Includes FM of Retired, Survivors, Other, Unknown, Inactive Guard/Reserve, FM of Inactive Guard/Reserve

Kimbroough ACC – Eligibles¹ by PRISM Area ID

0069 KIMBROUGH AMB CAR CEN-MEADE										
Gender by Age Group										
Gender	FY	0-4	5-14	15-17	18-24	25-34	35-44	45-64	65+	Total
Female	2014	1,955	3,528	980	2,533	4,066	3,231	6,615	4,319	27,226
	2015	2,005	3,580	984	2,527	4,197	3,329	6,558	4,397	27,577
	2016	2,046	3,569	961	2,540	4,312	3,343	6,568	4,450	27,788
	2017	2,029	3,601	927	2,574	4,333	3,351	6,522	4,546	27,884
	2018	2,061	3,750	984	2,667	4,416	3,620	6,874	5,192	29,563
Male	2014	2,106	3,681	964	3,040	5,135	3,618	6,529	3,758	28,831
	2015	2,084	3,764	987	3,150	5,540	3,849	6,547	3,796	29,717
	2016	2,074	3,850	1,011	3,254	5,769	3,954	6,578	3,858	30,348
	2017	2,063	3,869	975	3,397	5,935	4,060	6,603	3,906	30,807
	2018	2,082	4,043	1,012	3,579	6,022	4,311	6,893	4,488	32,429
Total	2014	4,060	7,209	1,944	5,572	9,201	6,849	13,144	8,078	56,057
	2015	4,089	7,344	1,972	5,677	9,737	7,178	13,105	8,193	57,294
	2016	4,119	7,419	1,972	5,794	10,081	7,297	13,146	8,309	58,135
	2017	4,091	7,471	1,901	5,970	10,268	7,411	13,125	8,452	58,691
	2018	4,143	7,792	1,996	6,246	10,438	7,930	13,767	9,681	61,992

0069 KIMBROUGH AMB CAR CEN-MEADE						
Gender by Ben Cat Common						
Gender	FY	ADFM	RET	OTHER	AD	Total
Female	2014	10,287	1,459	12,797	2,683	27,226
	2015	10,351	1,548	12,904	2,774	27,577
	2016	10,319	1,616	12,984	2,870	27,788
	2017	10,218	1,699	13,040	2,926	27,884
	2018	10,363	1,856	14,320	3,025	29,563
Male	2014	6,086	9,373	4,090	9,282	28,831
	2015	6,076	9,377	4,414	9,850	29,717
	2016	6,142	9,393	4,464	10,348	30,348
	2017	6,109	9,445	4,554	10,700	30,807
	2018	6,193	10,322	5,142	10,772	32,429
Total	2014	16,373	10,833	16,887	11,965	56,057
	2015	16,427	10,925	17,318	12,625	57,294
	2016	16,461	11,009	17,448	13,218	58,135
	2017	16,326	11,144	17,594	13,626	58,691
	2018	16,556	12,178	19,461	13,797	61,992

¹ Source: M2 DEERS Person Detail

Kimbrough ACC – Eligibles¹ by PRISM Area ID

0255 AHC MCNAIR-MYER-HENDERSON HALL										
Gender by Age Group										
Gender	FY	0-4	5-14	15-17	18-24	25-34	35-44	45-64	65+	Total
Female	2014	0	0	0	0	0	0	0	0	0
	2015	271	486	167	385	590	633	1,779	1,340	5,650
	2016	284	491	148	361	647	689	1,791	1,347	5,759
	2017	288	477	145	359	678	764	1,804	1,388	5,902
	2018	285	494	139	363	744	926	1,793	1,436	6,178
Male	2014	0	0	0	0	0	0	0	0	0
	2015	305	471	136	357	696	950	2,011	1,114	6,039
	2016	317	482	134	331	787	1,200	2,130	1,140	6,520
	2017	345	486	143	286	856	1,424	2,210	1,140	6,890
	2018	321	493	159	308	1,030	1,821	2,370	1,181	7,684
Total	2014	0	0	0	0	0	0	0	0	0
	2015	576	957	302	742	1,286	1,583	3,789	2,455	11,689
	2016	601	973	282	692	1,434	1,889	3,921	2,487	12,279
	2017	633	963	288	645	1,534	2,188	4,014	2,528	12,791
	2018	606	987	298	671	1,774	2,747	4,163	2,617	13,863

0255 AHC MCNAIR-MYER-HENDERSON HALL						
Gender by Ben Cat Common						
Gender	FY	ADFM	RET	OTHER	AD	Total
Female	2014	0	0	0	0	0
	2015	1,289	553	3,266	542	5,650
	2016	1,257	583	3,283	635	5,759
	2017	1,244	612	3,292	755	5,902
	2018	1,256	615	3,339	969	6,178
Male	2014	0	0	0	0	0
	2015	763	2,478	1,078	1,720	6,039
	2016	750	2,527	1,123	2,120	6,520
	2017	736	2,502	1,143	2,508	6,890
	2018	743	2,506	1,230	3,205	7,684
Total	2014	0	0	0	0	0
	2015	2,052	3,032	4,344	2,261	11,689
	2016	2,008	3,111	4,407	2,755	12,279
	2017	1,980	3,114	4,435	3,263	12,791
	2018	1,999	3,122	4,569	4,174	13,863

¹ Source: M2 DEERS Person Detail

Kimbrough ACC – Eligibles¹ by PRISM Area ID

0308 AHC KIRK-ABERDEEN PRVNG GD										
Gender by Age Group										
Gender	FY	0-4	5-14	15-17	18-24	25-34	35-44	45-64	65+	Total
Female	2014	246	656	242	447	451	572	1,720	1,166	5,499
	2015	260	681	229	466	484	572	1,682	1,195	5,569
	2016	278	685	228	445	465	558	1,681	1,202	5,542
	2017	244	635	210	421	411	517	1,680	1,222	5,340
	2018	391	1,011	351	636	685	902	2,748	2,273	8,997
Male	2014	298	711	240	379	366	521	1,800	940	5,254
	2015	305	699	236	429	388	525	1,701	975	5,259
	2016	314	684	247	410	392	508	1,687	1,011	5,254
	2017	282	628	219	388	361	456	1,694	1,048	5,075
	2018	435	1,037	390	617	746	833	2,746	1,935	8,740
Total	2014	544	1,367	482	826	816	1,093	3,520	2,106	10,753
	2015	566	1,379	466	896	871	1,097	3,383	2,171	10,828
	2016	592	1,369	475	855	858	1,066	3,368	2,214	10,796
	2017	526	1,263	429	809	772	973	3,374	2,270	10,415
	2018	826	2,048	741	1,253	1,432	1,735	5,494	4,208	17,736

0308 AHC KIRK-ABERDEEN PRVNG GD						
Gender by Ben Cat Common						
Gender	FY	ADFM	RET	OTHER	AD	Total
Female	2014	1,533	172	3,580	213	5,499
	2015	1,530	184	3,643	211	5,569
	2016	1,474	201	3,680	187	5,542
	2017	1,276	215	3,663	185	5,340
	2018	2,003	400	6,263	332	8,997
Male	2014	939	2,536	902	877	5,254
	2015	898	2,581	922	858	5,259
	2016	865	2,605	960	824	5,254
	2017	741	2,640	929	765	5,076
	2018	1,204	4,422	1,918	1,196	8,740
Total	2014	2,472	2,708	4,483	1,090	10,753
	2015	2,429	2,765	4,565	1,069	10,828
	2016	2,339	2,806	4,640	1,012	10,796
	2017	2,017	2,855	4,592	951	10,415
	2018	3,206	4,821	8,181	1,528	17,736

¹ Source: M2 DEERS Person Detail

Kimbrough ACC – Eligibles¹ by PRISM Area ID

0309 AHC BARQUIST-DETRICK										
Gender by Age Group										
Gender	FY	0-4	5-14	15-17	18-24	25-34	35-44	45-64	65+	Total
Female	2014	370	1,086	342	717	607	836	2,183	1,495	7,636
	2015	358	1,063	311	708	599	834	2,223	1,519	7,615
	2016	360	1,085	332	680	625	820	2,220	1,550	7,671
	2017	391	1,102	372	678	649	811	2,210	1,600	7,814
	2018	395	1,118	399	637	653	850	2,196	1,660	7,908
Male	2014	413	1,079	378	637	603	549	2,047	1,321	7,026
	2015	411	1,074	373	673	576	548	2,050	1,354	7,059
	2016	425	1,079	375	750	641	579	2,054	1,403	7,307
	2017	449	1,118	372	752	699	583	2,093	1,435	7,500
	2018	441	1,180	369	748	634	602	2,076	1,486	7,536
Total	2014	783	2,165	719	1,353	1,211	1,385	4,230	2,816	14,662
	2015	769	2,137	684	1,381	1,175	1,382	4,273	2,873	14,674
	2016	785	2,164	707	1,430	1,266	1,399	4,273	2,954	14,978
	2017	840	2,220	744	1,430	1,348	1,394	4,303	3,035	15,314
	2018	836	2,298	768	1,385	1,287	1,452	4,272	3,146	15,444

0309 AHC BARQUIST-DETRICK						
Gender by Ben Cat Common						
Gender	FY	ADFM	RET	OTHER	AD	Total
Female	2014	2,383	291	4,688	273	7,636
	2015	2,243	327	4,774	271	7,615
	2016	2,223	347	4,821	280	7,671
	2017	2,268	362	4,931	252	7,814
	2018	2,283	367	5,026	232	7,908
Male	2014	1,454	3,262	1,339	972	7,027
	2015	1,396	3,300	1,405	958	7,059
	2016	1,382	3,343	1,437	1,144	7,307
	2017	1,415	3,408	1,473	1,204	7,500
	2018	1,443	3,457	1,522	1,115	7,536
Total	2014	3,837	3,553	6,028	1,245	14,663
	2015	3,639	3,627	6,179	1,229	14,674
	2016	3,606	3,690	6,258	1,424	14,978
	2017	3,683	3,771	6,405	1,456	15,314
	2018	3,726	3,824	6,548	1,346	15,444

¹ Source: M2 DEERS Person Detail

Kimbrough ACC – Eligibles¹ by PRISM Area ID

0352 AHC DUNHAM-CARLISLE BARRACKS										
Gender by Age Group										
Gender	FY	0-4	5-14	15-17	18-24	25-34	35-44	45-64	65+	Total
Female	2014	129	482	198	280	148	370	1,256	1,044	3,907
	2015	124	468	200	265	163	355	1,244	1,076	3,895
	2016	130	469	199	279	173	374	1,232	1,097	3,953
	2017	129	477	191	289	170	376	1,208	1,130	3,968
	2018	126	504	172	277	176	370	1,212	1,158	3,995
Male	2014	142	505	177	246	86	298	1,323	906	3,681
	2015	125	484	181	255	98	311	1,291	941	3,686
	2016	138	482	191	246	109	322	1,302	973	3,762
	2017	136	475	196	240	120	314	1,279	1,007	3,767
	2018	135	489	185	230	124	327	1,241	1,045	3,776
Total	2014	271	986	375	526	234	668	2,578	1,950	7,588
	2015	249	952	381	520	261	666	2,535	2,017	7,581
	2016	268	951	390	525	282	696	2,534	2,070	7,716
	2017	264	952	387	528	290	689	2,487	2,137	7,735
	2018	261	993	357	507	301	697	2,453	2,203	7,771

0352 AHC DUNHAM-CARLISLE BARRACKS						
Gender by Ben Cat Common						
Gender	FY	ADFM	RET	OTHER	AD	Total
Female	2014	1,074	126	2,649	59	3,907
	2015	1,023	133	2,685	54	3,895
	2016	1,037	137	2,714	66	3,953
	2017	1,023	145	2,741	60	3,968
	2018	1,008	145	2,779	63	3,995
Male	2014	619	1,904	638	520	3,681
	2015	562	1,941	670	514	3,686
	2016	576	1,979	676	531	3,762
	2017	563	1,997	694	512	3,767
	2018	567	2,000	707	501	3,776
Total	2014	1,692	2,030	3,287	579	7,588
	2015	1,585	2,074	3,355	568	7,581
	2016	1,613	2,115	3,390	597	7,716
	2017	1,586	2,142	3,435	572	7,735
	2018	1,575	2,145	3,487	564	7,771

¹ Source: M2 DEERS Person Detail

Kimbrough ACC – Eligibles¹ by PRISM Area ID

0390 AHC ANDREW RADER-MYER-HENDERSN										
Gender by Age Group										
Gender	FY	0-4	5-14	15-17	18-24	25-34	35-44	45-64	65+	Total
Female	2014	346	533	147	398	703	744	1,446	1,183	5,501
	2015	370	565	142	410	741	800	1,418	1,178	5,623
	2016	401	567	145	429	800	850	1,449	1,140	5,780
	2017	383	579	150	431	760	849	1,455	1,136	5,742
	2018	380	612	145	410	696	834	1,440	1,136	5,654
Male	2014	342	547	126	1,024	1,070	812	1,521	1,006	6,449
	2015	352	585	131	1,121	1,104	990	1,534	1,003	6,820
	2016	376	611	159	1,163	1,182	1,161	1,594	1,002	7,249
	2017	408	633	164	1,124	1,097	1,081	1,634	991	7,132
	2018	427	659	169	1,014	889	856	1,618	983	6,615
Total	2014	689	1,080	274	1,422	1,772	1,557	2,967	2,191	11,951
	2015	722	1,150	273	1,531	1,844	1,790	2,952	2,182	12,444
	2016	777	1,179	304	1,592	1,982	2,011	3,043	2,143	13,029
	2017	790	1,212	314	1,555	1,857	1,930	3,089	2,128	12,875
	2018	808	1,271	314	1,424	1,585	1,690	3,059	2,120	12,271

0390 AHC ANDREW RADER-MYER-HENDERSN						
Gender by Ben Cat Common						
Gender	FY	ADFM	RET	OTHER	AD	Total
Female	2014	2,004	332	2,780	386	5,501
	2015	2,047	341	2,792	444	5,623
	2016	2,139	364	2,738	539	5,780
	2017	2,098	378	2,778	487	5,742
	2018	2,104	369	2,773	408	5,654
Male	2014	978	2,091	804	2,577	6,449
	2015	1,006	2,097	795	2,922	6,820
	2016	1,061	2,106	813	3,269	7,248
	2017	1,100	2,140	883	3,009	7,132
	2018	1,139	2,140	930	2,407	6,615
Total	2014	2,982	2,423	3,585	2,962	11,951
	2015	3,052	2,438	3,587	3,366	12,444
	2016	3,200	2,469	3,552	3,808	13,029
	2017	3,198	2,519	3,662	3,496	12,875
	2018	3,242	2,509	3,704	2,816	12,271

¹ Source: M2 DEERS Person Detail

Kimbrough ACC – Eligibles¹ by PRISM Area ID

0441 AHC FILLMORE-NEW CUMBERLAND										
Gender by Age Group										
Gender	FY	0-4	5-14	15-17	18-24	25-34	35-44	45-64	65+	Total
Female	2014	259	511	177	448	539	500	1,619	1,771	5,823
	2015	265	513	188	432	583	475	1,589	1,801	5,846
	2016	262	562	200	403	610	493	1,558	1,810	5,897
	2017	250	580	201	401	622	525	1,540	1,842	5,961
	2018	251	586	216	433	611	555	1,532	1,876	6,060
Male	2014	253	570	196	585	832	806	1,755	1,604	6,602
	2015	234	547	198	515	879	812	1,735	1,654	6,575
	2016	238	568	203	488	933	819	1,707	1,689	6,646
	2017	241	569	209	507	949	839	1,721	1,700	6,735
	2018	267	614	201	531	998	898	1,765	1,711	6,986
Total	2014	512	1,081	373	1,033	1,371	1,306	3,374	3,376	12,426
	2015	499	1,060	385	947	1,462	1,287	3,325	3,455	12,420
	2016	500	1,130	403	892	1,543	1,312	3,265	3,499	12,544
	2017	491	1,149	410	908	1,571	1,364	3,261	3,542	12,696
	2018	518	1,200	417	964	1,609	1,453	3,297	3,588	13,046

0441 AHC FILLMORE-NEW CUMBERLAND						
Gender by Ben Cat Common						
Gender	FY	ADFM	RET	OTHER	AD	Total
Female	2014	1,056	220	4,239	309	5,823
	2015	998	240	4,288	321	5,846
	2016	1,046	258	4,281	312	5,897
	2017	1,002	276	4,371	313	5,961
	2018	1,045	285	4,372	358	6,060
Male	2014	640	3,000	1,484	1,479	6,602
	2015	594	3,020	1,563	1,398	6,575
	2016	607	3,026	1,598	1,415	6,646
	2017	576	3,046	1,709	1,404	6,735
	2018	604	3,076	1,730	1,576	6,986
Total	2014	1,695	3,220	5,723	1,787	12,426
	2015	1,592	3,260	5,851	1,718	12,420
	2016	1,654	3,284	5,879	1,727	12,544
	2017	1,577	3,322	6,081	1,716	12,696
	2018	1,649	3,361	6,102	1,935	13,046

¹ Source: M2 DEERS Person Detail

Kimbrough ACC – Eligibles¹ by PRISM Area ID

0545 OHC EDGEWOOD ARS										
Gender by Age Group										
Gender	FY	0-4	5-14	15-17	18-24	25-34	35-44	45-64	65+	Total
Female	2014	297	702	231	553	595	594	2,052	2,113	7,138
	2015	282	668	214	537	605	580	2,011	2,136	7,032
	2016	289	652	195	510	605	594	1,992	2,143	6,979
	2017	301	689	205	486	595	611	1,975	2,152	7,016
	2018	0	0	0	0	0	0	0	0	0
Male	2014	331	712	263	506	572	499	1,955	1,814	6,652
	2015	330	697	252	500	632	500	1,873	1,852	6,636
	2016	307	670	254	525	721	541	1,884	1,857	6,758
	2017	315	707	230	514	798	611	1,875	1,862	6,912
	2018	0	0	0	0	0	0	0	0	0
Total	2014	628	1,414	493	1,060	1,167	1,093	4,007	3,927	13,789
	2015	613	1,365	466	1,037	1,236	1,080	3,883	3,988	13,668
	2016	595	1,322	449	1,035	1,326	1,135	3,876	3,999	13,737
	2017	616	1,396	435	1,000	1,394	1,222	3,851	4,014	13,927
	2018	0	0	0	0	0	0	0	0	0

0545 OHC EDGEWOOD ARS						
Gender by Ben Cat Common						
Gender	FY	ADFM	RET	OTHER	AD	Total
Female	2014	1,565	316	5,081	175	7,138
	2015	1,498	333	5,017	185	7,032
	2016	1,434	353	4,976	216	6,979
	2017	1,455	373	4,966	223	7,015
	2018	0	0	0	0	0
Male	2014	907	3,642	1,354	749	6,653
	2015	871	3,605	1,435	727	6,637
	2016	827	3,553	1,580	799	6,759
	2017	860	3,520	1,624	909	6,913
	2018	0	0	0	0	0
Total	2014	2,472	3,959	6,435	924	13,790
	2015	2,369	3,937	6,452	911	13,669
	2016	2,261	3,905	6,557	1,016	13,738
	2017	2,314	3,892	6,590	1,132	13,928
	2018	0	0	0	0	0

¹ Source: M2 DEERS Person Detail

Update History

- ❑ Version 1: New portfolio template. Direct Care costs for FY13 are based on FY13 MEPRS expenses; FY14 is based on FY13 MEPRS with inflation factors applied. May 2015.
- ❑ Version 2: Updated FY14 data; added FY15 data; added Pharmacy, Radiology, and Laboratory data; added additional views of eligible data; added Ambulatory Surgery Top 20 Procedures. FY14 Direct Care Costs are based on FY14 MEPRS expenses; FY15 Direct Care Costs are based on FY14 MEPRS with inflation factors applied. March 2016.
- ❑ Version 3: Updated FY15 data; added FY16 data; added Appointment Data. FY15 Direct Care Costs are based on FY15 MEPRS expenses; FY16 Direct Care Costs are based on FY15 MEPRS with inflation factors applied. March 2017.
- ❑ Version 4: Updated FY16 data; added FY17 data. FY16 Direct Care Costs are based on FY16 MEPRS expenses; FY17 Direct Care Costs are based on FY16 MEPRS with inflation factors applied. March 2018.
- ❑ Version 5: Updated FY17 data; added FY18 data. FY17 Direct Care Costs are based on FY17 MEPRS expenses; FY18 Direct Care Costs are based on FY17 MEPRS with inflation factors applied. March 2019.