



Highlight

FY2024 Statement of Operations

In This Issue

- 1 - CFO Message
- 2 - Mission & Vision
- 3 - General Updates
- 4 - SOO Updates
- 5 - Signed SOO Process
- 6 - Training & Education
- 7 - FMIS Updates
- 8 - Customer Support

RM News

Resource Management News

DHA J1/8 Chief Financial Officer RM News

October 10, 2023

FY2024, Issue 1, Volume 1

J1/8 Chief Financial Officer Message

Mr. Robert L. Goodman



Fiscal Year 2024 presents a unique challenge for the Direct Care System, as flatline funding has not kept pace with inflation. At the same time, purchased care continues to grow at an unsustainable rate. The budget allocation decision documented within the Statement of Operations (SOO) is made after careful consideration of each Medical Treatment Facilities (MTFs) performance, requirements, and MTF feedback during the adjudication process. It is crucial to recognize that we must continue to provide the readiness and high quality, safe care that our beneficiaries deserve. Consequently, the methods for ensuring we effectively apply our limited resources will be scrutinized and held to unprecedented levels of accountability through MTF ASSIST briefs and other means. Each MTF must remain diligent and mindful of the performance targets connected to the resources allocated on the SOO.

The agency expects nothing less than exceeding the performance targets documented within the SOO for each MTF. These targets serve as a contract between your MTF and the Assistant Director of Healthcare Administration (ADHCA). Throughout the year, performance will be measured against these targets, ensuring that we constantly strive for the most effective use of limited resources. Data quality issues and budget mitigation strategies will be addressed collectively, emphasizing the importance of maintaining accurate and reliable data for effective decision-making. As we navigate the challenges of operating within a flatline budget for FY2024, it is imperative that we continually adapt and seek innovative solutions to optimize resources. To be clear: MTF performance informs future funding. MTFs meeting minimum performance targets, or failing to meet targets altogether, should expect reduced funding in FY2025. Likewise, increased funding may be provided to those MTFs significantly exceeding performance targets.

In conclusion, the fiscal challenges of FY2024 require us to be prudent and efficient in delivering healthcare and readiness. By focusing on the effective utilization of resources, addressing data quality issues, and implementing budget mitigation strategies, we can overcome these challenges while maintaining the highest standards of healthcare and readiness.



Defense Health Agency J1/8 CFO RM



Business Integration

Highlight

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RM News

Resource Management News

DHA J1/8 Chief Financial Officer RM News

October 10, 2023

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J1/8 Chief Financial Officer Message continued...

Mr. Robert L. Goodman

We have successfully closed out Fiscal Year 2023. I want to thank everyone of you involved with the success of this endeavor to ensure every Medical Treatment Facility (MTF) was financially solvent. There were many challenges faced in FY2023, but you persevered through your unwavering dedication to your job and the mission.

As we prepare to face the challenges of tomorrow, we all must be diligent in our approaches and strategies to manage a flatline budget. Operating a Defense Health Program (DHP) budget in times of inflationary realities and economic uncertainties, you have to be grounded in truth, transparency, flexibility, fact-based decisions, and collaborative and innovative approaches. You have to be constantly on top of your data quality and be able to tell the story behind the numbers.

Defense Health Agency

FY2024 SOO By the Numbers



\$11,887,074,000
Total Budget

\$7.6 B 65%
Performance Based

\$5.5 B
Service Lines

\$2.1 B
Pharmaceuticals

\$4.2 B 35%
Requirements Based

\$436 M
Reimbursables

\$7,515,203,071
Performance Value



74,455,526
RVUs

2,740,254
Prime Enrollees

9,447,831
APCs

77,845
MHBDS

641,103
Occupied Bed Days

149,279
RWPs

262,596
OR Surgeries

12,646,344
DWVUs

Fiscal Year 2024 is the year where we must lay the ground work for the future success of the Military Health System (MHS). We have successfully advocated to retain military billets and resourcing to enable this great enterprise to achieve our mission. Now it is up to all of you to work together to fully utilize the resources as distributed, increase value and ensure return on investment of tax payer dollars.

The Direct Care System (DCS) is seeing a concerning shift to Private Sector Care (PSC) for our prime enrollment population. With limited exceptions, these decisions are having a negative impact on future DCS funding levels. We must avoid paying for healthcare twice by maximizing MTF capability and resources to deliver optimal patient-centered outcomes for our beneficiaries.

We have all heard the expression "do more with less", but we must do more with enough. The choices and

decisions we make today will shape the horizon for tomorrow. I have no doubt that this talented and dedicated team is up to the challenge and will play a critical role in achieving DHA advancement goals and financial stability for resourcing military healthcare across the world.



Resource Management News

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Mission & Vision

Defense Health Agency



Mission

The Defense Health Agency supports our Nation by improving health and building readiness – making extraordinary experiences ordinary and exceptional outcomes routine.

Vision

Unrelenting pursuit of excellence as we care for our joint force and those we are privileged to serve. Anytime, Anywhere – Always.



LTG Telita Crosland
Director, Defense Health Agency

Priorities

1. Enabling Combat Support to the Joint Force in Competition, Crisis, or Conflict
2. Building a Modernized, Integrated, and Resilient Healthcare Delivery System
3. Dedicated and Inspired Teams of Professionals Driving Military Health's Next Evolution

Combat Support ↔ Healthcare Delivery ↔ Enterprise Support

J1/8 Resource Management



Mission

The J1/8 Resource Management conducts a systematic accounting of the program of record, resource allocation and execution to identify, prioritize and fund requirements within existing resources to enable the Military Health System to accomplish anticipated missions and drive improved performance. The focus of the J1/8 is people, programming, and performance.

Supports the DHA work structure to include civilian and military personnel, manpower requirements/resources, and workforce development to sustain readiness of the force.

J1

Mr. Robert L. Goodman
CFO RM, Defense Health Agency

People,

Programming, &

Performance

- Manpower & Organization
- Administration Management
- Human Capital
- Enterprise Admin & Systems Integration
- Admin Security

J8

- Financial Operations
- DHP Programming
- Facilities Enterprise
- Cost Accounting
- Direct Care Financial Management
- Budget Execution
- DHP Financial Reporting & Compliance
- Business Integration
- Contract Resource Management



Resource Management *News*

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General Updates

New Network Structure

October 1st, 2023 the New Network Structure will be deployed. The Statement of Operations (SOO) will be the first report that will be aligned to this new structure. The Financial Management Information System (FMIS) portfolio will also be updated accordingly.

MTFs are tiered by MHS Priority and Resource Allocation (Peer Groups 1-3).

Local Networks

As we transition from Markets to Networks, we will make Local Networks (also known as Markets) available as filtering options on the Statement of Operations and FMIS solutions.

Local Networks will only be used for reporting purposes during the Defense Health Network (DHN) transition and will not be the official established leadership reporting structure since the new Networks have taken on that role.

Network Directors

DHN Directors oversee, manage, and direct all health care delivery and other delegated duties and responsibilities for the military medical treatment facilities (MTFs) and dental treatment facilities (DTFs) within their network.

Old Markets	New Networks
<ol style="list-style-type: none"> Alaska - 3 MTFs Augusta - 1 MTF Central NC - 2 MTFs Central Texas - 1 MTF Coastal Miss - 1 MTF Colorado - 4 MTFs DHA Region Europe - 10 MTFs DHA Region Indo-Pacific - 11 MTFs El Paso - 1 MTF Florida Panhandle - 4 MTFs Hawaii - 3 MTFs Jacksonville - 1 MTF Low Country - 1 MTF National Capital Region - 7 MTFs NC Coast - 2 MTFs Puget Sound - 3 MTFs Sacramento - 1 MTF San Antonio - 2 MTFs San Diego - 2 MTFs Small Market - 23 MTFs Stand-Alone - 41 MTFs SW Georgia - 1 MTF SW Kentucky - 1 MTF Tidewater - 3 MTFs 	<p><u>129 Parent DMIS</u></p> <ol style="list-style-type: none"> DHN Indo-Pacific - 6 MTFs DHN Pacific Rim - 9 MTFs DHN West - 9 MTFs DHN Central - 39 MTFs DHN Atlantic - 12 MTFs DHN East - 11 MTFs DHN NCR - 7 MTFs DHN Europe - 10 MTFs DHN Continental - 26 MTFs

1. DHN Indo-Pacific Director  COL (P) Bill Soliz Honolulu, HI Dual-hatted as Commander, Medical Readiness Command, Pacific	2. DHN Pacific Rim Director  RDML Guido F. Valdes San Diego, CA Dual-hatted as the Commander, Naval Medical Forces Pacific	3. DHN West Director  BG E. Darrin Cox San Antonio, TX Dual-hatted as the Commanding General, Medical Readiness Command, West
4. DHN Central Director  Maj Gen (Select) Thomas W. Harrell San Antonio, TX Dual-hatted as the Commander, 59th Medical Wing	5. DHN Atlantic Director  RDML Matthew Case Portsmouth, VA Dual-hatted as the Commander, Naval Medical Forces Atlantic	6. DHN East Director  BG Lance C. Raney Ft Belvoir, VA Dual-hatted as the Commanding General, Medical Readiness Command, East
7. DHN NCR Director  BG Deydre Teyhen Bethesda, MD DHN Director for National Capital Region	8. DHN Europe Director  BG Clinton K. Murray Germany Dual-hatted as the Commanding General, Medical Readiness Command, Europe	9. DHN Continental Director  RDML Tracy Farrill (Acting) Falls Church, VA Deputy Director of the Small Market and Stand-Alone Medical Treatment Facilities



Resource Management News

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General Updates continued ...

Air Force Transition to GFEBS

FY2024 marks the first fiscal year where Air Force MTFs will begin the process of transitioning from CRIS/DEAMS to GFEBS. Deployment plan is subject to change.

Wave 1 (17 MTFs) 08 JAN 2024

Go Live

Wave 2 (20 MTFs) 06 MAY 2024

Go Live

Wave 3 (31 MTFs) 03 SEP 2024

Go Live

[Click here](#) to go to the GFEBS Deployment SharePoint Page



Deployment Wave Site List

Wave 1

- Joint Base San Antonio, TX
- Wright Patterson AFB, OH
- Eglin AFB, FL
- Ramstein AFB, Germany
- Hulburt Field, FL
- Charleston AFB, SC
- Moody AFB, GA
- Patrick AFB, FL
- Robins AFB, GA
- Tyndall AFB, FL
- MacDill AFB, FL
- Shaw AFB, SC
- Dover AFB, DE
- Hanscom AFB, MA
- Joint Base Andrews AFB, MD
- McGuire AFB, NJ
- Seymour-Johnson AFB, NC

Wave 2

- Joint Base San Antonio, TX
- Lakenheath, United Kingdom
- Offutt AFB, NE
- Scott AFB, IL
- Tinker AFB, OK
- Dyess AFB, TX
- Incirlik AB, Turkey
- Aviano AB, Italy
- Spangdahlem AB, Germany
- Ellsworth AFB, SD
- Grand Forks AFB, ND
- Minot AFB, ND
- Whiteman AFB, MO
- Keesler AFB, MS
- Little Rock AFB, AR
- Maxwell AFB, AL
- McConnell AFB, KS
- Altus AFB, OK
- Barksdale AFB, LA
- Columbus AFB, MS
- Vance AFB, OK

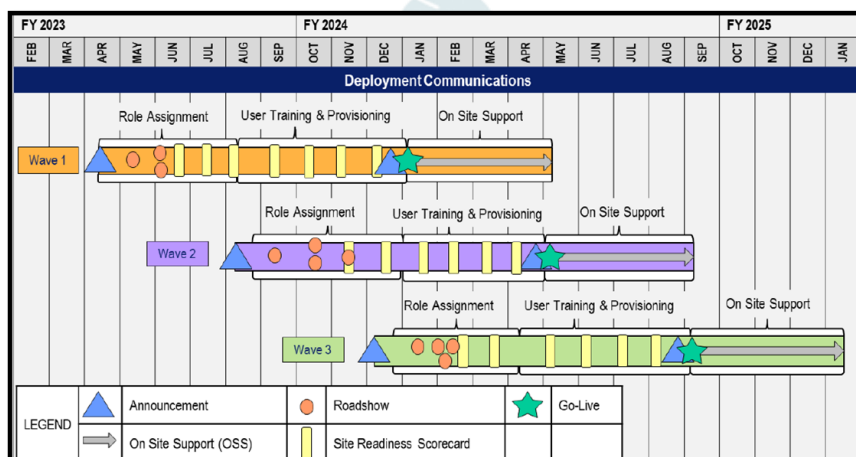
Wave 3

- Joint Base San Antonio, TX
- Peterson AFB, CO
- Travis AFB, CA
- Yokota AB, Japan
- Holloman AFB, NM
- Sheppard AFB, TX
- Goodfellow AFB, TX
- Laughlin AFB, TX
- Cannon AFB, NM
- Kirtland AFB, NM
- Malmstrom AFB, MT
- Buckley AFB, CO
- USAFA, CO
- Eielson AFB, AK
- Fairchild AFB, WA
- Hickam AFB, HI
- Joint Base Elmendorf-Richardson, AK
- Nellis AFB, NV
- Beale AFB, CA
- Edwards AFB, CA
- Vandenberg AFB, CA
- Los Angeles AFB, CA
- Davis Monthan AFB, AZ
- FE Warren AFB, WY
- Hill AFB, UT
- Luke AFB, AZ
- Mountain Home AFB, ID
- Kadena AB, Japan
- Andersen AB, Guam
- Kunsan AB, South Korea
- Misawa AB, Japan
- Osan AB, South Korea

Quick Facts:

- 3 Waves
- 68 Sites
- 11 Hub Sites

*Bold sites are designated as Hub Sites for post deployment On-Site Support
**JBSA will be a hub site through all waves; going live in Wave 1



Project Codes

The FY2024 Project codes are delayed this year due to a JTD load in to DMHRs. They should be out NLT mid October. Data Quality's main effort is the FY2024 Management Control list and is projected to be disseminated by December 2024.

The MEPRS F and G reports will continue. G code reporting has plateaued near the 14% mark across the enterprise and F code reporting is generally meeting the 12% target. We are constantly working with the field and reviewing and refining the targets as we head into FY2024.



Resource Management *News*

October 10, 2023**FY2024, Issue 1, Volume 1**

General Updates continued ...

Unprogrammed Requirements (UPR)

Beginning in FY2024, MTFs must submit all requests for Unprogrammed Requirements (UPR) through the Performance Planning process. A UPR is considered a capability that is not within an MTFs current baseline and may include new initiatives, expansion of existing capabilities, or civilian personnel in excess of programmed FTEs that supports achieving the organization's strategic goals and priorities. Approved UPRs will receive a three-year resourcing plan to allow for requirement implementation as well as performance and financial reviews to demonstrate capabilities are consistent with corporate strategy and long-term value creation. Additional guidance will be provided in advance of the Performance Plan submission.

J1/8 Resourcing Timeline

The Statement of Operations (SOO) is published at the beginning of the fiscal year along with targets for the MTFs to meet or exceed throughout the year. MTF/Network Directors sign a "contract" with DHA when they sign the SOO acknowledging to appropriately use the resources provided and spend within the MTFs budget. Any progress made during the year of execution is factored into the next fiscal year's business planning effort and incorporated into the next year's budget.

Risk Management & Internal Control (RMIC)

The Military Health System (MHS) RMIC program is managed by the DHA RMIC team in the DHP Financial Reporting and Compliance Division, J1/8 Resource Management Directorate. The MHS RMIC Program exists to reinforce efficient and effective management of government resources to protect against fraud, waste, and abuse. It focuses on accomplishing several core objectives, including:

- Defining how MHS monitors and evaluates internal control compliance
- Tracking material weaknesses, significant deficiencies, and mitigation strategies
- Providing internal control training to support effective and efficient operations

The DHA RMIC team will be providing training and engaging with designated directorate, division and subcomponent Assessable Unit Managers (AUMs) to help refine internal control processes and capture best practices for key DHA functions, systems and business practices. The FY2024 Core Focus areas will be provided in future RMIC training sessions with AUMs. AUMs will be provided with additional training materials help communicate DHA RMIC priorities and work with Business Process Owners to continue to manage key functions and take steps to reduce risk to the agency and its stakeholders.



Resource Management News

October 10, 2023

FY2024, Issue 1, Volume 1

General Updates continued ...

MTF ASSIST Briefs

The MTF ASSIST briefs are quarterly reviews of MTF performance by DHA, Network and MTF leadership to help MTFs achieve DHA healthcare, readiness and resource management goals. Designated MTFs are scheduled to brief the ADHCA, HCO, and J1/8 during a series of MTF ASSIST briefs via MS Teams each quarter. The MTF ASSIST briefs include a compilation of healthcare operations, business data, and insights from DHA and Networks/MTFs to assess MTF progress and capture MTF issues/requests for support. The MTFs selected to brief will receive DHA guidance or further assistance to improve healthcare operations and business practices.

The briefing template is initially developed by HCO and J1/8 staff to capture insights and highlight key areas of concern. The draft briefs are then provided to MTF Directors for further review and comments and submission back to J1/8 for consolidation prior to their scheduled brief. Each MTF Director briefs their slides directly to Dr. Lein, Ms. Julian and Mr. Goodman, with Network Directors in attendance.

The briefs are iterative, with the intent to follow-up on previous MTF ASSIST brief due-outs, ensure trending is going in the right direction, and identify requirements for additional policy or training support. These briefs coincide with DHA J1/8 resourcing timelines, including the HCO & J1/8 Adjudication Briefs, and are used to shape resource planning efforts in the current year of execution and future fiscal year's business strategy.

MTF ASSIST Brief Schedule – FY2024 QTR 1

40 MTFs were selected to brief from 19 – 31 Oct 2023. Meeting invites and briefing templates will be sent directly to DHN Directors and MTF Directors. Refer to meeting invites for any changes to schedule.

19 Oct (Thu)	20 Oct (Fri)	23 Oct (Mon)	24 Oct (Tue)	30 Oct (Mon)	31 Oct (Tue)
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
DHN Europe	DHN Europe	DHN East	DHN Atlantic	DHN West	DHN Central
1. Landstuhl 1000-1100 EDT	7. Bavaria 0800 – 0900 EDT	14. Eisenhower 0800 – 0900 EDT	21. 633rd MEDGRP JBLE-Langley 1000 – 1100 EDT	27. Irwin 0800-0900 EDT	34. Brooke 0800-0915 EDT
2. 48th MEDGRP-Lakenheath 1115-1215 EDT	DHN NCR	15. Winn 0915-1015 EDT	22. NMC Camp Lejeune 1115-1215 EDT	28. Leonard Wood 0915 – 1015 EDT	35. 59th MDW-WHASC-Lackland 0930-1030 EDT
DHN Continental	8. Walter Reed 0915-1030 EDT	16. Womack 1030-1145 EDT	23. NH Jacksonville 1300-1400 EDT	DHN Pacific Rim	DHN West
3. 96th MEDGRP-Eglin 1300-1400 EDT	9. Kimbrough 1045-1145 EDT	17. Martin 1230-1330 EDT	24. NMC Portsmouth 1415-1530 EDT	29. NH Camp Pendleton 1115-1215 EDT	36. Darnall 1045 – 1200 EDT
4. 88th MEDGRP-Wright-Patterson 1415-1515 EDT	10. 316th MEDGRP-Malcom Grow (Andrews) 1230-1330 EDT	18. Blanchfield 1345-1445 EDT	25. NHC Pensacola 1545-1645 EDT	30. NMC San Diego 1300-1400 EDT	37. William Beaumont 1245-1400 EDT
5. Evans 1530-1630 EDT	11. T Augusta 1345-1500 EDT	19. Moncrief 1500-1600 EDT	DHN Pacific Rim	DHN Central	DHN Indo-Pacific
6. 99th MEDGRP-Nellis 1645-1745 E	DHN Central	20. NH Okinawa 1700 - 1800 EDT	26. NH Guam 1700-1800 EDT	31. 60th MEDGRP-Travis 1415-1515 EDT	38. Madigan 1415-1530 EDT
	12. 81st MEDGRP-Keesler 1515-1615 EDT			32. Bassett 1530-1630 EDT	39. Tripler 1545-1700 EDT
	DHN Pacific Rim			33. 673rd MEDGRP JBER-Elmendorf 1645-1745 EDT	40. Brian Allgood 1800-1900 EDT
	13. NH Yokosuka 1700-1800 EDT				



Resource Management News

October 10, 2023

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General Updates continued ...

Financial Adjustment Protocols

As we face upcoming challenges like a flatline budget, GENESIS implementation, and data quality concerns, our Performance Based financial adjustment protocols had to be addressed in order to mitigate financial risk and drive FY2025 budgets.

There will be four MTF Adjustment Groups (AG) determined by Performance Based Resourcing (PBR) modeling and Peer Group performance volume and resourcing levels. The objective of these Financial Adjustment Protocols are to established percentages which will determine either loss or gain of additional BAG 1 performance based funding.

An MTF will have two AG percentile strategies (Medical and Dental). Dental percentage ranges are standard across all MTFs. Medical percentage ranges vary based on AG.

Adjustment Group 1						Adjustment Group 2						Dental Only					
AG 1	109.99%	110%	112%	114%		AG 2	107.99%	108%	110%	112%		All	109.99%	110%	112%	114%	
13 MTFs	Red	Amber	Green	Blue		14 MTFs	Red	Amber	Green	Blue		127 MTFs	Red	Amber	Green	Blue	
	≤109.99%	110%-111.99%	≥112%-113.99%	≥114%			≤107.99%	108%-109.99%	≥110%-111.99%	≥112%			≤109.99%	110%-111.99%	≥112%-113.99%	≥114%	
IRIS	100% Loss	No Gain or Loss	50% Gain	100% Gain		IRIS	100% Loss	No Gain or Loss	50% Gain	100% Gain		IRIS/CARE	100% Loss	No Gain or Loss	50% Gain	100% Gain	
SOO	Red	Amber	Green	Blue		SOO	Red	Amber	Green	Blue		SOO	Red	Amber	Green	Blue	
Med Value	\$ 3,829,912,076	\$ 4,212,520,293	\$ 4,212,903,284	\$ 4,289,501,525	\$ 4,366,099,767	Med Val	\$ 1,482,958,730	\$ 1,601,447,132	\$ 1,601,595,428	\$ 1,631,254,603	\$ 1,660,913,777	Den Val	\$ 848,329,330	\$ 933,077,430	\$ 933,162,263	\$ 950,128,849	\$ 967,095,436
Enroll	937,768	1,031,451	1,031,545	1,050,300	1,069,056	Enroll	528,862	571,118	571,171	581,748	592,325	DWVU	12,646,344	13,909,713	13,910,978	14,163,905	14,416,832
RVU	39,170,028	43,083,114	43,087,031	43,870,431	44,653,832	RVU	17,406,693	18,797,488	18,799,229	19,147,362	19,495,496						
APC	5,829,727	6,412,117	6,412,700	6,529,295	6,645,889	APC	2,556,459	2,760,720	2,760,976	2,812,105	2,863,234						
MHBD	51,484	56,627	56,632	57,662	58,692	MHBD	20,201	21,815	21,817	22,221	22,625						
RWP	111,479	122,616	122,627	124,856	127,086	RWP	29,005	31,323	31,325	31,906	32,486						

Adjustment Group 3						Adjustment Group 4						Dental Only					
AG 3	105.99%	106%	108%	110%		AG 4	103.99%	104%	106%	108%		All	109.99%	110%	112%	114%	
51 MTFs	Red	Amber	Green	Blue		49 MTFs	Red	Amber	Green	Blue		127 MTFs	Red	Amber	Green	Blue	
	≤105.99%	106%-107.99%	≥108%-109.99%	≥110%			≤103.99%	104%-105.99%	≥106%-107.99%	≥108%			≤109.99%	110%-111.99%	≥112%-113.99%	≥114%	
IRIS	100% Loss	No Gain or Loss	50% Gain	100% Gain		CARE	100% Loss	No Gain or Loss	50% Gain	100% Gain		IRIS/CARE	100% Loss	No Gain or Loss	50% Gain	100% Gain	
SOO	Red	Amber	Green	Blue		SOO	Red	Amber	Green	Blue		SOO	Red	Amber	Green	Blue	
Med Value	\$ 1,205,154,930	\$ 1,277,343,711	\$ 1,277,464,226	\$ 1,301,567,325	\$ 1,325,670,423	Med Val	\$ 276,669,954	\$ 287,709,085	\$ 287,736,752	\$ 293,270,151	\$ 298,803,550	Den Val	\$ 848,329,330	\$ 933,077,430	\$ 933,162,263	\$ 950,128,849	\$ 967,095,436
Enroll	901,965	955,993	956,083	974,122	992,162	Enroll	371,659	371,659	371,659	371,659	371,659	DWVU	12,646,344	13,909,713	13,910,978	14,163,905	14,416,832
RVU	15,435,331	16,359,908	16,361,451	16,670,158	16,978,864	RVU	2,443,474	2,540,968	2,541,213	2,590,082	2,638,952						
APC	1,051,686	1,114,683	1,114,788	1,135,821	1,156,855	APC	9,958	10,355	10,356	10,555	10,754						
MHBD	6,130	6,497	6,498	6,620	6,743	MHBD	31	32	32	33	33						
RWP	8,687	9,208	9,209	9,382	9,556	RWP	108	112	112	115	117						

CARE sites (AG 4) enrollment will remain at FY2024 levels with the understanding that workload will be expected to grow through recapture opportunities.

DHA J1/8 CFO RM, Business Integration Division will continue to refine and communicate these Financial Adjustment Protocols. The final adjustment strategy will be posted in conjunction with the FY2024 IRIS / CARE reports.



Important: In FY2024 we will implement the Amber stage in order to receive a positive adjustment based on performance. There will not be any negative adjustments made to MTFs in IRIS / CARE models. The entire Financial Adjustment Protocols will take into effect in FY2025 with FY2024 informing future resourcing levels.

FY2024 Amber Only Adjustments

Adjustment Group	Red	Amber	Green	Blue
AG 1 - IRIS	≤109.99%	110%-111.99%	≥112%-113.99%	≥114%
AG 2 - IRIS	≤107.99%	108%-109.99%	≥110%-111.99%	≥112%
AG 3 - IRIS	≤105.99%	106%-107.99%	≥108%-109.99%	≥110%
AG 4 - CARE	≤103.99%	104%-105.99%	≥106%-107.99%	≥108%
Dental - IRIS & CARE	≤109.99%	110%-111.99%	≥112%-113.99%	≥114%
FY	FY2025	FY2024 & FY2025	FY2025	FY2025



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General Updates continued ...

FY2023 & FY2024 IRIS Integrated Resources (IR) Reports

To date (04 Oct 2023) we have published Oct through May 2023 IRIS Reports. The remaining FY2023 reports are currently being validated (June - September) for changes to the DMIS Hierarchy structure which became effective 01 Oct 2023. FY2024 MTF and DTF realignments had to be incorporated into remaining FY2023 reports. For a handful of Financial Parent Facilities, FY2023 SOO baselines and current workload will shift to reflect DMIS realignments for FY2024. For example, NH Twentynine Palms had a Dental facility aligned to it for FY2024 (DTF 1658) so the SOO baseline value and workload in the FY2023 June reports now include FY2023 funding and workload targets for this DTF which does not accurately reflect funding received in FY2023 or start of year baseline targets. We apologize for the confusion. We anticipate June 2023 to be published in the coming days and anticipate reports for July 2023 through September 2023 to follow soon after. If you have questions about your MTF please email the IRIS Customer service inbox at: dha.jbsa.financial-ops-j-8.mbx.dha-iris-team@health.mil.

The IRIS publishing process traditionally allows for a two-month reporting lag for data completeness, e.g. July Report data typically published in October; however, the lagged timelines may be shortened to facilitate end of Fiscal Year close out. The first FY2024 report (Oct 2023) is typically published early to mid-January.

IRIS Incentive System (IS)

In FY2023, Incentives performance payouts were made for Quarters 1 (Oct-Dec 2022 and 2 (Jan-March 2023). The payouts for FY2023 Quarter 2 will be posted on the [FMIS website](#). Funds were distributed through your financial support desk in August 2023. If you have questions about your Incentive(s) payout, please contact your Financial Support Desk Representative.

For FY2024 IRIS will continue to track the same incentives as in FY2023, i.e., no additional incentives have been added to date. At this time there are no dedicated funds to support Incentives payouts in FY2024, however, if funding becomes available, we will distribute funding accordingly. We ask for your patience and flexibility in the constrained financial environment.

CARE Model

The Capitated Accountability Readiness Evaluation (CARE) Model is the alternative resourcing model being introduced in Fiscal Year 2025. Currently, 129 parent Military Treatment Facilities (MTFs) have been funded based off the blended sub-capitation, Fee-For-Service and incentive-based IRIS model. Within the IRIS resourcing model, performance is measured against a FY starting baseline for which the MTF is funded and MTFs budgets can be adjusted if over or under performing. For MTFs that provide basic medical and/or Readiness related care with minimal recapture opportunities, this method has not best supported their missions. The solution is to shift the 49 lowest healthcare value producing facilities off the performance-based IRIS system to a fully capitated CARE model. The assumption underlying this model is no growth within beneficiary populations being served by the MTF, and no growth in healthcare capabilities/services.

CARE Model facilities Statement of Operations in FY2025 will still include Requirements Based Resourcing and Performance Based Resourcing portions. However, the Performance base is fixed with very little exception, and the focus is no longer on workload but on enrollee and non-enrollees expected to receive care. Additionally, there will only be Medical, Dental and Pharmaceuticals Service lines. For FY2024 the CARE Model Facilities are part of Financial Adjustment Group #4.



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Statement of Operations Updates

SOO Workbook

Download the SOO in [FMIS website](#)

We have made some changes and improvements to the FY2024 Statement of Operations (SOO). The goal of these updates is to provide a one stop shop of relevant information that will assist MTFs in understanding their SOO. Below is a list of those updates:

- The SOO is constructed in a workbook format with separate tabs (MFR, Financials, Workload, Personnel, Private Sector Care, MTF Profile, & Data Shred).
- MTF Profile tab provides a list of MTFs and their hierarchy structure and designators, adjustment groups, and workload targets.
- This FY we are including the prior and current fiscal year shred in a simplified version so that MTFs can understand the line item information that will be available in their Resource Summary.

23 SOO Blocks

- Performance Based Resources
- Requirements Based Resources
- BAG Summary
- Reimbursables
- UMCAT
- Commodities
- Sources of Funds
- PBR Financials
- PBR Value Trend
- PBR Targets
- Prime Enrollment Comparison
- Plus Enrollment
- PBR Target Comparison
- Core Services Market Share
- Personnel Details
- Personnel Administrative Overhead
- Personnel Civilian Pay
- MTF Catchment Area Enrollment
- All Care within Selected Catchment or MSA
- Within Capability of Selected Catch. or MSA
- Within Capability & Control of Selected Catch. or MSA
- Within Capability Not Control of Select Catch. or MSA
- SL Breakout Within Capability & Control of block 21

FY2023

FY2024



MFR

Page/Tab 0
Filtering

Financials

Page/Tab 1
Blocks 1-7

Workload

Page/Tab 2
Blocks 8-14

Personnel

Page/Tab 3
Blocks 15-17

Private Sector Care

Page/Tab 4
Blocks 18-23



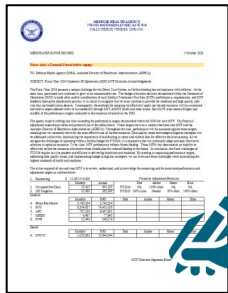
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Statement of Operations Updates continued ...

MFR Tab - Memorandum For Record (MFR)



In prior fiscal year Statement of Operations (SOO), we included a signature block for the MTF Commander on the first page with additional information. Customers informed us that this was too much information for the MTF Director and would like the signature page to be simplified. Your voice has been heard and we created an Memorandum For Record (MFR) tab outlining simplified bottom line upfront information.

We developed a formal memorandum where MTF/Network Directors can acknowledge their resourcing levels and performance targets. The remaining tabs on the SOO are in support of this MFR while also providing critical information to make informed business decisions.



Important: MTF/Network Directors signing their MFR does not always constitute agreement but rather acknowledge of receipt. If the MTF/Network Director does not agree with the information, we still encourage an acknowledgment signature as well as the MTF submitting their own MFR outlining their concerns.

MFR Tab - Report Filters

All Defense Health Agency Medical Treatment Facilities	
1 Component	Rollup
2 Defense Health Network	Rollup
3 Local Network	Rollup
4 Financial Parent	Rollup
5 Financial Child	Rollup
6 Facility	Rollup
7 PBR Model	Rollup
8 Adjustment Group	Rollup
9 Peer Group	Rollup
10 Bed Days	Rollup
11 Focus Areas	Rollup

There are new filtering options in the FY2024 SOO. The goal of these filters is to provide expansive ways to view information at all levels to include leadership chain of command. There are eleven filtering options outlined below with 127 Financial Parents as the focus.

You can select any filter besides 4 & 5 to view which MTFs (Financial Parents) fall under that category.

1. Component	2. Defense Health Network	3. Local Network	4. Financial Parent	5. Financial Child	
<ul style="list-style-type: none"> Air Force - 68 MTFs Army - 31 MTFs Navy - 26 MTFs NCR - 2 MTFs 	9 Defense Health Networks View the New Network Structure section for details	24 Local Markets View the New Network Structure section for details	127 Financial Parents	<ul style="list-style-type: none"> 0056 - James Lovell 0120 - Langley 0121 - McDonald 0335 - Pope 0395 - Mchord 6709 - Thule 	
6. Facility	7. PBR Model	8. Adjustment Group	9. Peer Group	10. Bed Days	11. Focus Area
<ul style="list-style-type: none"> Clinic - 82 MTFs Hospital - 31 MTFs Medical Center - 14 MTFs 	<ul style="list-style-type: none"> CARE - 49 MTFs IRIS - 78 MTFs 	<ul style="list-style-type: none"> AG 1 - 13 MTFs AG 2 - 14 MTFs AG 3 - 51 MTFs AG 4 - 49 MTFs 	<ul style="list-style-type: none"> PG 1 - 20 MTFs PG 2 - 35 MTFs PG 3 - 72 MTFs 	<ul style="list-style-type: none"> 1<15 - 17 MTFs 15<30 - 12 MTFs 30-Up - 15 MTFs NA - 89 MTFs 	<ul style="list-style-type: none"> Europe - 5 MTFs Japan - 4 MTFs None - 117 MTFs Okinawa - 1 MTFs

Financial Children are either MTFs which are Requirements Based only or prior Financial Parents which are now a Financial Child who fall under another parent.

0120 - 633rd MEDGRP JBLE-Langley & 0121 - McDonald Army Health Clinic now fall under 0124 - NMC Portsmouth

0395 - 62nd MED FLT-JBLM-Mchord now fall under 0125 - Madigan Army Medical Center



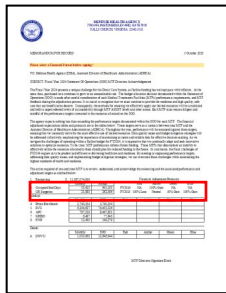
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MFR Tab - OR Surgeries



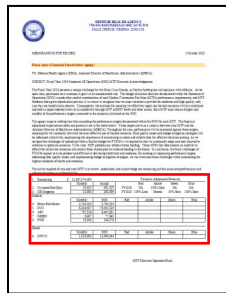
Surgical Targets are intended for cases completed in the Main OR (Inpatient and Ambulatory). The targets are based on a monthly number of surgeries needed per OR based on the size of the MTF.

Target Cases per Resourced OR based on MTF Size:

- MEDCEN LARGE 62
- MEDCEN SMALL 75
- MEDDAC LARGE 88
- MEDDAC SMALL 94

Resourced ORs were based on historical and current resourcing provided. Resourced ORs will be re-evaluated for FY2025 budget planning. They will be based on historical workload, demand and performance.

MFR Tab - Figures

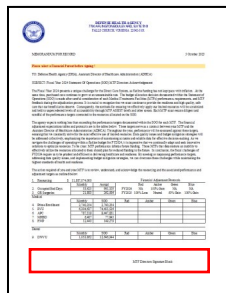


This section outlines the figures the MTF/Network Directors will be acknowledging upon signature.

1. Resourcing	\$ 11,887,074,000		Financial Adjustment Protocols			
	Monthly	Annual	Red	Amber	Green	Blue
2. Occupied Bed Days	53,425	641,103	FY2024 NA	100% Gain	NA	NA
3. OR Surgeries	21,883	262,596	FY2025 100% Loss	Neutral	50% Gain	100% Gain
Medical						
	Monthly	SOO	Red	Amber	Green	Blue
4. Prime Enrollment	2,740,254	2,740,254				
5. RVU	6,204,627	74,455,526				
6. APC	787,319	9,447,831				
7. MHBD	6,487	77,845				
8. RWP	12,440	149,279				
Dental						
	Monthly	SOO	Red	Amber	Green	Blue
9. DWVU	1,053,862	12,646,344				

Financial Adjustment Protocol figures will show when you select a Financial Parent

MFR Tab - Signatures



MTFs will need to include both their MTF and Network Directors signature blocks. Both Directors will need to sign the SOO MFR.

The addition of the Network Director signature is new in FY2024. The goal is to include the Network Directors in the review and acknowledgment process of their MTF budgets and targets.



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Statement of Operations Updates continued ...

SOO Pg/Tab 1 Financials - Block 1. Performance Based Resources (PBR)

Block 1. Performance Based Resources outlines MTFs FY2024 Service Line budgets in comparison to their FY2023 budgets. What is new about this section is the addition of the value equation figures which are also reflected on page two block 8. These SOO lines are majority of BAG 1 resources.

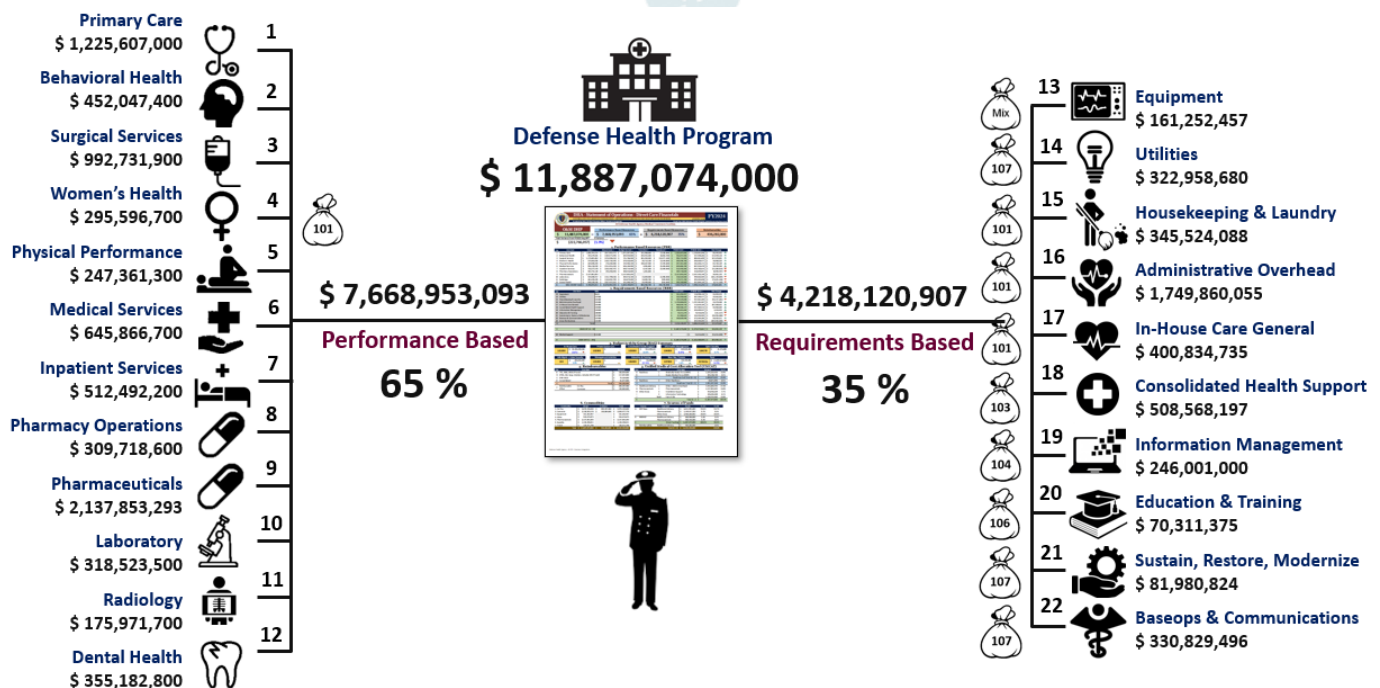
Pharmaceuticals is part of performance based as a cost requirement. The goal is to eventually model this service line in order to measure performance. We are targeting FY2025 to model Pharmaceuticals but in FY2024 this service line will not play a role in your adjustments. Any shortfall concerns will need to be addressed with the MTFs Network and Support Desk representative.

SOO Pg/Tab 1 Financials - Block 2. Requirements Based Resources (PBR)

Block 2. Requirements Based Resources outlines MTFs FY2024 requirements budgets in comparison to their FY2023 budgets. These SOO lines are not modeled or measured in the year of execution. Any shortfall concerns will need to be addressed with the MTFs Network and Support Desk representative.

These SOO lines include BAGs 1, 3, 4, 6, & 7 and reflect an MTFs Installation Support, Fact of Life, & Information Technology operational requirements in support of Healthcare Delivery.

There is no Market Support SOO line funding this FY. We are no longer breaking out this line item because of the new Network structure.





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Statement of Operations Updates continued ...

SOO Pg/Tab 1 Financials - Block 3. Budget Activity Group (BAG) Summary

Block 3. Budget Activity Groups (BAG) Summary outlines MTFs FY2024 budgets by BAG. This information is critical because funding is allotted in GFEBS by BAG throughout the FY.

MTFs need to ensure they execute their requirements in the correct BAG. We must tighten the Budgeting and Execution processes for proper future Planning and Programming. Example is BAG 4 requirements executed in BAG 1 to bridge funding gaps. This is not the correct way to address these shortfalls. MTFs need to maintain BAG integrity and address any concerns with their Network and Support Desk representative.

SOO Pg/Tab 1 Financials - Block 4. Reimbursables

Block 4. Reimbursables are the MTFs FY2024 estimated Earnings Based targets for collections and earnings. There have been MTF concerns with achieving these targets, but we want to reiterate that these are estimates not actuals.

Reimbursables are to be used as offsets to bridge funding gaps for Civilian Pay and Contracting commodities. MTFs are not encouraged to use reimbursables to increase cost structure or fund new civilian positions. We must make smart business decisions with these additional resources.

SOO Pg/Tab 1 Financials - Block 5. Unified Medical Cost Allocation Tool (UMCAT)

Block 5. Unified Medical Cost Allocation Tool (UMCAT) is intended to display DHP funding by the appropriation. The UMCAT is broken down into various categories to give a better understanding of MHS budgetary impacts. The data sources used combine, synchronize, and highlight allocations for a Ready Medical Force, Medically Ready Force, and Installation Support requirements using common Commander driven financial programming methods.

SOO Pg/Tab 1 Financials - Block 6. Commodities

Block 6. Commodities outlines MTFs FY2024 budgets by commodity. We prioritize funding for Civilian Pay, Contracts, and Pharmaceuticals during the shred build process. Any funding gaps in Civilian Pay and Contracts are addressed as reimbursable offsets.

The goal of this section is to provide insights on the impacts of MTF decision making especially with Civilian Pay in an environment with limited resources. We can no longer manage budgets only at the BAG level without understanding the impacts of commodity execution.



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Statement of Operations Updates continued ...

SOO Pg/Tab 1 Financials - Block 7. Sources of Funds

Block 7. Sources of Funds outlines MTFs FY2024 budgets by source of funds plus reimbursables. Defense Health Program (DHP) represents a large percentage of Direct Care funding with Medically Eligible Retiree Healthcare Funds (MERHCF) providing additional base and pharmaceutical resources within BAG 1.

MERHCF funding decreased in FY2024 leading to reduced budgets for MTFs. Pharmaceutical controls are fenced and cannot be used elsewhere.

Reimbursables are Other Health Insurance (OHI) resources in addition to DHP and MERHCF funding.

SOO Pg/Tab 2 Workload - Block 8. PBR Financials

Block 8. PBR Financials outlines MTFs FY2024 Performance Based Value Equation that leads to budget distributed. FY2024 Prospective Payment System (PPS) rates which are Medicare Geographic Practice Cost Index (GPCI) adjusted were applied to value. Major changes to Value Equation include MilPay rate changes, Third Party Collection (TPC), and Recap components.

SOO Line	Service Line	Value +	MilPay +	VA CG +	TPC CC +	Budget Earned +	Transition +	Recapture +	Budget Distributed
1	Primary Care	\$ 71,640,730	\$ (16,476,777)	\$ (97,887)	\$ -	\$ 55,066,100	\$ 8,847,900	\$ (391,300)	\$ 63,522,700
2	Behavioral Health	\$ 13,133,673	\$ (3,840,592)	\$ (28,354)	\$ -	\$ 9,264,700	\$ 5,677,500	\$ (363,400)	\$ 15,678,800
3	Surgical Services	\$ 190,678,259	\$ (31,689,496)	\$ (1,892,929)	\$ -	\$ 157,095,800	\$ 5,263,000	\$ (797,300)	\$ 161,561,500
4	Women's Health	\$ 27,957,518	\$ (6,333,971)	\$ (128,821)	\$ -	\$ 21,494,700	\$ -	\$ (54,000)	\$ 21,440,700
5	Physical Performance	\$ 8,921,581	\$ (2,420,836)	\$ (18,039)	\$ -	\$ 6,482,700	\$ 2,297,600	\$ (394,600)	\$ 8,385,700
6	Medical Services	\$ 145,539,633	\$ (30,046,735)	\$ (2,084,177)	\$ -	\$ 113,408,700	\$ -	\$ (448,900)	\$ 112,959,800
7	Inpatient Services	\$ 148,484,718	\$ (22,888,062)	\$ (1,951,486)	\$ -	\$ 123,645,200	\$ -	\$ (397,300)	\$ 123,247,900
8	Pharmacy Operations	\$ 23,161,814	\$ (1,933,814)	\$ -	\$ -	\$ 21,228,000	\$ -	\$ -	\$ 21,228,000
10	Laboratory	\$ 16,654,239	\$ (8,038,498)	\$ -	\$ -	\$ 8,615,700	\$ -	\$ (42,500)	\$ 8,573,200
11	Radiology	\$ 19,767,560	\$ (5,866,173)	\$ -	\$ -	\$ 13,901,400	\$ -	\$ (55,100)	\$ 13,846,300
12	Dental Health	\$ 10,351,142	\$ (5,016,572)	\$ -	\$ (824,411)	\$ 4,510,200	\$ 904,000	\$ (9,800)	\$ 5,404,400
	Sub Total	\$ 676,290,868	\$ (134,551,525)	\$ (6,201,693)	\$ (824,411)	\$ 534,713,200	\$ 24,090,000	\$ (2,954,200)	\$ 555,849,000
9	Pharmaceuticals	\$ 137,579,850	\$ -	\$ -	\$ -	\$ 137,579,850	\$ -	\$ -	\$ 137,579,850
	Total	\$ 813,870,718	\$ (134,551,525)	\$ (6,201,693)	\$ (824,411)	\$ 672,293,050	\$ 24,090,000	\$ (2,954,200)	\$ 693,428,850

Important:
Budget Earned or Distributed is not Value Generated!

- ◆ MilPay = Military Replacement Funding which represents the contributions of military staff to value generation.
- ◆ MilPay, VA|CG, & TPC|CC contribute to value generation but are backed out to determine DHP funding.
- ◆ Transition = Funding needed to bridge gaps between Budget Earned & cost structure.

Value Equation (BAMC Example)

Value	\$676,290,868
+ MilPay	(\$134,551,525)
+ VA CG	(\$6,201,693)
+ TPC CC	(\$824,411)
= Budget Earned	\$534,713,200
+ Transition	\$24,090,000
+ Recapture	(\$2,954,200)
= Budget Distributed	\$555,849,000

Recap = Recapture workload added to value in preparation for FY2025 mission objectives.

- ◆ Value = performance generated from workload x rate
- ◆ \$676,290,868 = Service Line Value
- ◆ \$676,290,868 + \$137,579,850 Pharmaceuticals = \$813,870,718 Total Value
- ◆ \$555,849,000 + \$137,579,850 Pharmaceuticals = \$693,428,850 Total PBR Budget Distributed



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SOO Pg/Tab 2 **Workload** - Block 9. PBR Value Trend

Block 9. PBR Value Trend provides trending for MTF Service Line performance. This new section allows MTFs to determine the direction of their overall performance value in order to gauge impacts to financial adjustments.

FY2024 rates are applied to prior fiscal year performance values. Status of funds execution is used to determine Pharmaceutical trending.

SOO Pg/Tab 2 **Workload** - Blocks 10 - 13. Targets

Block 10. PBR Targets

Block 10. PBR Targets outlines MTFs FY2024 prime enrollment and workload performance targets. These baseline targets will be measured through the year to determine performance based financial adjustments.

Block 11. Prime Enrollment Comparison

Block 11. Prime Enrollment Comparison outlines MTFs FY2024 prime enrollment targets by beneficiary category groups. FY2023 May actuals are compared against these targets to provide MTFs indicators on whether they will achieve them.

Block 12. Plus Enrollment

Block 12. Plus Enrollment outlines MTFs plus enrollment figures for awareness. This enrollment does not play a role the development of MTFs performance based funding.

Block 13. PBR Target Comparison

Block 13. PBR Target Comparison outlines MTFs FY2024 prime enrollment and workload targets. FY2023 May actuals are compared against these targets to provide MTFs indicators on whether they will achieve them.



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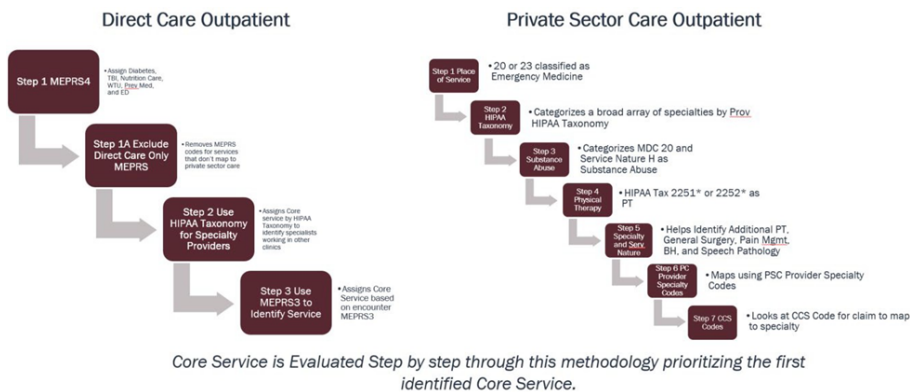
SOO Pg/Tab 2 **Workload** - Block 14. Core Services Market Share

Block 14. Core Services Market Share looks at the market share for Capable Care in the MSA whereas FY2023 SOO looked at Controlled and Capable Care. The time period used for the FY24 SOO is the Rolling 12 ending in May 2023.

Core Service vs. Service Line Defined

Both Core Services and Service line are referenced within this report. It is important to understand the difference between the two terms. The Core Service is derived by more closely aligning the type of care being delivered by provider to allow us to draw a better comparison to private sector claims data. The Core Service assignment methodology is outlined below first for outpatient then for

inpatient.



Service Line on the other hand is driven by where the work is being done and thus primarily by MEPRS codes. One example of the difference between the two would be a behavioral health provider working within a primary care clinic. Under Core service this would be behavioral health because, again, it is driven by who is doing the work. The Service line would be PCSL though since that is driven by where the work is being done. While the difference may seem subtle it is important to understand when viewing and interpreting the data.

Direct Care Inpatient		Private Sector Care Inpatient	
Medical	• Medical DRGs	Medical	• Service Line = MESL • Medical Surgical Indicator M
Mental Health	• MDC 19 or 20	Mental Health	• Service Line = BHSL • MDC 19 or 20
OB	• MDC 14 or 15	OB	• Service Line = WHSL • MDC 13, 14, 15
Surgical	• Surgical DRGs	Surgical	• Service Line = 3SL • Medical Surgical Indicator = 'S'

Core Service is consistent with M2 Product Line

Service Line looks at MS-DRG and Med/Surg Indicator from M2 MS-DRG Reference Table



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Statement of Operations Updates continued ...

SOO Pg/Tab 3 Personnel - Block 15. Personnel Details

Block 15. Personnel Details provides an overview of the total workforce reported as being paid, assigned, and/or contributing labor at your facility. DMHRSi accuracy and completion can make a big impact if the numbers are not what you were expecting. Having a good understanding of your current workforce is essential for achieving the organization's goals while keeping within your funding and labor cost thresholds.



Important: Ensuring your DMHRSi end of month processing of timecards are correct, complete, and closed out is critical to data quality and accurate SOO reporting of assigned and available time.

DMHRSi End of Month Processing Steps: Timecard Compliance, DHA Monthly Time Audit Report, Air Force (AF) Organization Functional Cost Code (FCC) Report, Assigned Personnel Report, Distribute Labor Cost, DHA MEPRS DMHRSi LCA EAS IV RECON Defects Report, Outpatient/Inpatient Workload, EAS IV Output File.

For more information on End of Month Processing please refer to the LCA User Manual located at the [MEPRS Program & Guidance Website](#).

SOO Pg/Tab 3 Personnel - Block 16. Personnel Administrative Overhead

Block 16. Personnel Administrative Overhead outlines MTFs FTE available time and Costs within the E MEPRS code. All organizations require some level of administrative functions to operate. Non-clinical activities in support of healthcare delivery, such as "back-office" operational, business, and clinical support functions can be considered administrative overhead. In terms of value, some overhead costs should not be viewed entirely as economic burdens as they can contribute to achieving higher levels of efficiency and quality of care. However, costs that do not contribute to a higher quality of care, such as administrative functions, should not exceed 25% of the facility's healthcare value generation. The goal is not to reduce administrative costs to zero but rather to obtain the most value for each administrative dollar spent without sacrificing quality or access.

The Administrative Overhead Cost % of PBR Value metric will assist in monitoring administrative expenses (labor and non-labor) captured in the MTFs Status of Funds report. A few ways to lower the percentage include increasing value generation through producing additional workload and/or improving processes to receive credit for workload already performed and controlling costs through efforts such as DMHRSi accuracy and/or reduction of administrative staff by consolidation or centralization of administrative functions.

SOO Pg/Tab 3 Personnel - Block 17. Personnel Civilian Pay

Block 17. Personnel Civilian Pay outlines MTFs FY2024 Civilian Pay budget / controls by BAG and Program. Reimbursable offset is included in the overall total (Budget + Offset).

Civilian Pay percent of total budget + reimbursables is an indicator of the impact of the largest commodity against available resources. Civilian Pay is a must pay and the hiring decisions made at the MTF can have an impact on the remaining commodities except Pharmaceuticals.



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Statement of Operations Updates continued ...

SOO Pg/Tab 4 Private Sector Care - Block 18. Enrollment Snapshot

Block 18. MTF/MTF Catchment Area Enrollment Snapshot outlines the enrollment population within MTF Enrolled / Responsible and the Network.

- MTF Active Duty PRIME is MTF PCM, Select is select, Other is direct care only + everyone else that was not network PCM, TRICARE prime remote, or USFHP
- MTF Non-Active Duty (both rows) Prime is MTF PCM, Plus is plus, Select is select, Others is all others enrolled to the MTF
- Network Active Duty Prime is network PCM or TRICARE prime remote, USFHP
- Network Non-Active Duty (all 3 rows) Prime is prime, plus is plus, Select is select, USFHP is USFHP and Other is non-enrolled in the Catchment/MSA

SOO Pg/Tab 4 Private Sector Care - Blocks 19 - 23

Block 19 - 23 outlines the Private Sector Care (BAG 2) amount paid in the FY2023 May rolling 12 in comparison to the amount paid in FY2022.



Important: Blocks 21. (Within Capability & Control of Selected Catchment of MSA) and Block 23. (SL breakout Within Capability & Control of Selected Catchment or MSA) are the sections MTFs need to focus on. This information outlines the recapture opportunities within the MTF.

SOO Tab MTF Profile

The MTF Profile tab is new in FY2024. This tab provides Financial Parent hierarchy and designator information to include FY2024 enrollment and workload targets. It will also breakout the Financial Adjustment Protocols for Red, Amber, Green, and Blue targets.

The rows are color coded based on Adjustment Group.

SOO Tab Data Shred

The Data Shred tab is new in FY2024. This provides detailed transactional line items in regards to budgets that will feed the Resource Summary. FY2023 and FY2024 information is provided for comparison purposes.



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Signed Statement of Operations Submission Process

The Direct Care Financial Management (DCFM) Division is the owner of the signed SOO submission process. The purpose of this process is to account for and track all acknowledgments and concerns dealing with the SOO for year of execution decision making. The Direct Care Financial Management Division and Business Integration Division work in partnership to produce, deliver and track the Statement of Operations.

There are two vehicles to address MTF concerns, the Memorandum for Record (MFR) and Unfunded Requirement (UFR). These vehicles will allow MTFs to document concerns regarding resourcing surplus or shortfall. The MTF MFR serves as a high-level summary of the impact statement with MTF Directors Signature and the UFR serves as a line-item breakout of those requirements which lack resourcing.

For resourcing surplus or shortfall concerns with the SOO, submit an MTF MFR in conjunction with your signed SOO. Use your local letter head with MTF Directors signature block on submitted MFRs. Only provide a one-page summary of your financial concerns.

This memorandum allows DHA leadership to assess resourcing posture at the enterprise level and address concerns during the year of execution. Concerns should also be addressed as part of each MTFs on-going budget development and adjudication process.

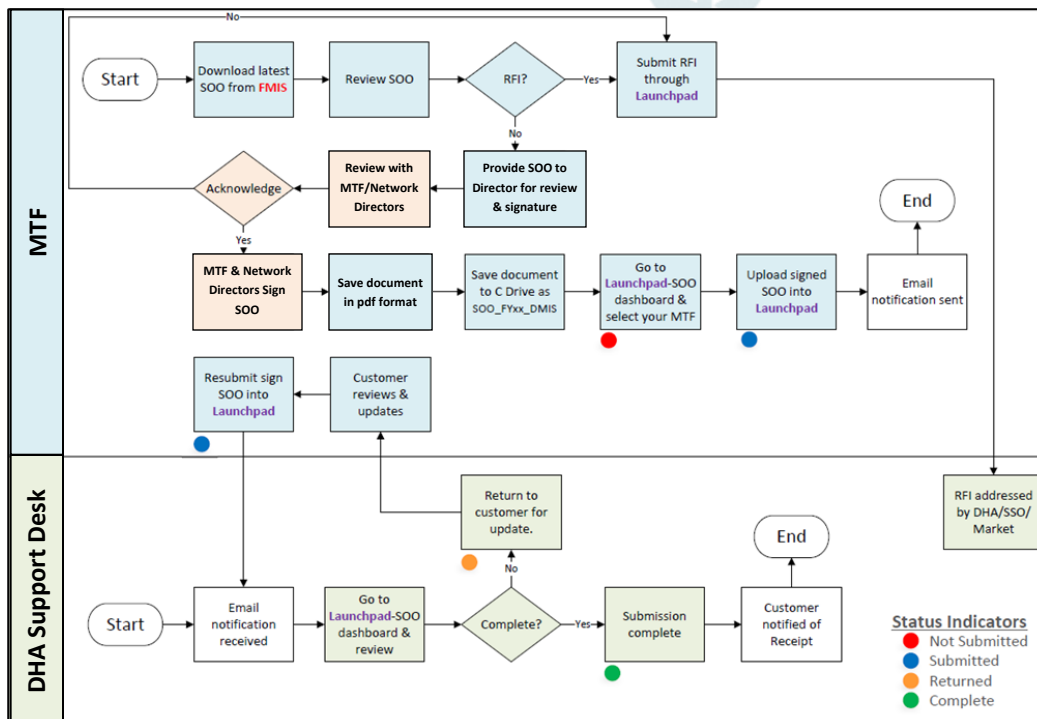
Any shortfalls identified will need to be addressed through the UFR process in FMIS. This tool tracks line-item requirements. Contact your J1/8 DCFM Support Desk lead for assistance with this process.

Signed SOO

31

October 2023

Submission Deadline



New in FY2024

Important: After signing the SOO MFR, MTFs will need to route this MFR to their Network Director for signature.

[Click here](#) to go to Launchpad to submit your Signed SOO.

The FY2024 Submission Dashboard will be available on 20 October 2023.



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Training & Education

MTF Recognition

We would like to thank all the attendees who participated in the MTF Deputy Director and Senior Enlisted Leader Training in Bethesda, Maryland on 18-21 September 2023. This was a challenging course where MTF Deputy Directors and Senior Enlisted representatives had to develop a MTF ASSIST brief and business plan to manage hiring actions and identify FY2024 JTD changes. MTF submissions were graded and incentives were identified to top scoring MTFs.

2023 Training Events

Below is a snapshot of key upcoming training events in the 1st quarter of FY2024. As additional training opportunities are made available, we will inform you of these events accordingly. Dates, times, and locations are subject to change.

October - FY2024 Statement of Operations MEDTalks



Purpose: Provide an overview of the FY2024 training sessions.

Dates: 11 October 2023 at 13:00 CDT & 18:00 CDT, 13 October 2023 at 7:00 CDT & 10:00 CDT, **Location:** TEAMS

★ DHA J1 CFO - Guiding, Educating, & Innovating ★ Statement of Operations, 4 total virtual

November - MTF Deputy Director & Senior Enlisted Follow-On Training

Purpose: An opportunity for 13 MTFs to resubmit course work from the Sep 2023 Deputy Director & Senior Enlisted Training.

Dates: 8-9 November 2023, **Location:** San Antonio, Texas

December - FMIS Senior Analyst & Resource Manager Training

Purpose: Advanced training for Program Analysis & Evaluation (PA&E) analysts and Resource Managers for select MTFs (TBD – by invite only). Attendees will learn to use FMIS & BI tools to conduct deep dives, analytical methodology and techniques to incorporate findings into opportunities to increase healthcare value at the MTF.

Dates: 4-8 December 2023, **Location:** San Antonio, Texas

2024 Training Events

More information will follow concerning the FY2024 Training Schedule

The Business Integration Division (BID) provides continuous training and analytical support for Networks & MTFs, including tailored training on the MTF ASSIST briefs at Enterprise training events, virtual or recorded training sessions, and direct assistance to Networks/MTFs as needed. BID also provides Enterprise training during monthly MEDTalks sessions and direct support to Networks & MTFs through its new Network & MTF Support Branch. Each Network has a BID POC identified to assist with training and mentorship for their analysts, specifically on how to use FMIS & BI tools and develop analytic products.



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Financial Management Information System Updates

About FMIS

FMIS

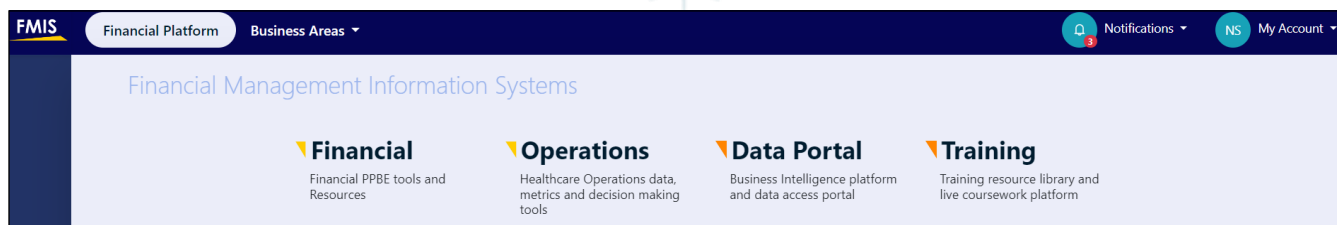
The [Financial Management Information System \(FMIS\)](#) platform is the power behind strategic decisions made at the Defense Health Agency. As the backbone of financial expertise for the Military Treatment Facilities and the Military Health System, FMIS stands as a singular source for precision financial management and informed decision-making.

Strategic Insights, Real-time: FMIS empowers decision makers with real-time, data-driven insights for top-tier strategic decisions. From resource allocation to budget forecasting. FMIS integrates a suite of specialized applications, each engineered to streamline business functions within MTFs and the MHS. Seamlessly collaborate across departments, enabling a unified approach to financial management.

FMIS automates manual processes, ensuring accuracy and saving valuable time, letting the workforce focus on what truly matters – providing world-class healthcare to our armed forces.

New Application Platforms

This fiscal year has seen tremendous growth for the FMIS platform and it continues to respond with agile speed to meet the needs of the enterprise. As the DHA continue with its role to deliver care, FMIS has looked towards the future to expand its capabilities and focus on becoming the premiere decision-making platform for the DHA. On October first, FMIS rolled out a significant overhaul and added many additional capabilities. In addition to the tools and reporting capabilities that already existed in FMIS, three new application platforms were added: Healthcare Operations, Data Portal and the Training Platform. Healthcare Operations Platform has a focus on data, metrics and decision-making tools specific to MTF operations. Data Portal is an in-house FMIS business intelligence tool that allows end-users to create, build and extract data reports. The Training Platform is a new resource where users can register for and attend training, as well as find training resources for FMIS products. Navigating these new applications is as easy as clicking the large platform button now at the top of your FMIS screen.



The roadmap ahead for FMIS has a strong focus on the MTF. New tools, data and resources are currently in the development pipeline that will provide improved capabilities to MTF managers. The FMIS goal is to allow for the best decision-making information yet and assist the MTF in all meaningful areas. As FMIS continues in that mission, our ears are open to more ways to improve, and we encourage use of the FMIS Feedback tool found in the website footer.



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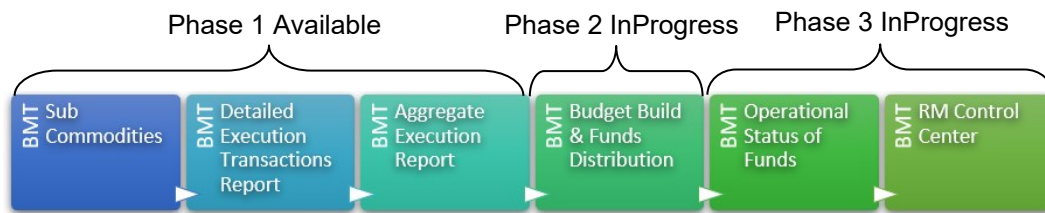
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Financial Management Information System Updates continued ...

Budget Management Tool (BMT)

The Budget Management Tool (BMT) will assist with management of budgeting and execution at the local MTF level. This tool will allow RMs to push funding further into the Tier structure giving the point of execution leaders the visibility and accountability of their operational status of funds. The BMT is the main hub which will integrate information from supporting FMTs to refine the Budgeting and Execution responsibilities.

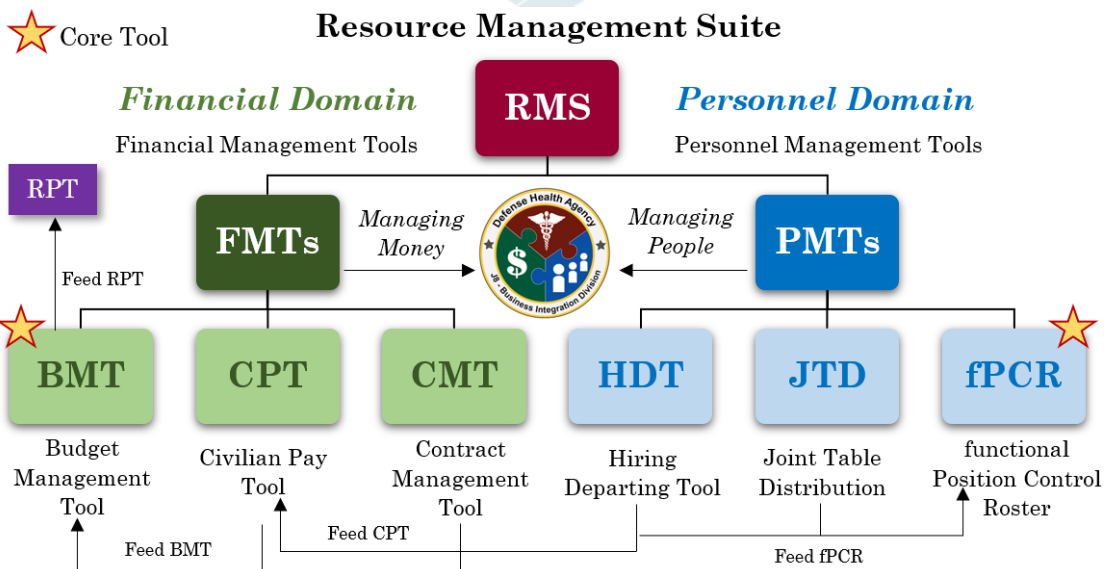
BMT will be part of the December Senior Analyst & Resource Manager training. There are currently three phases of deployment in order to have the tool ready for the upcoming training. Deployment will continue through FY2024 with additional enhancements / phases.



We will work with the MTFs from now until the training to prepare BMT budgets and understand the tool in order to maximize full understand and participation during the training event.

[Click here](#) to view BMT MEDTalks Video [Click here](#) to view BMT MEDTalks Slides

[Click here](#) to view RMS Document



What makes this suite unique is its MTF tailored foundational Tier structure.



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Customer Support

Resource Management Newsletter Feedback

For any questions, comments, and or suggestions regarding this newsletter, please contact Mr. Nestor E. Seda at nestor.e.seda.civ@health.mil. Please let us know if providing a routine newsletter is value added to you and if you have additional topics you would like us to cover.

J1/8 Analytical Support - Network & MTF (nMTF) Support Branch

Capt Allison M. Gahafer



The Network and MTF (nMTF) Support Branch is a team of Business Integration Division (BID) assets created to help Networks and MTFs with analytic support, business intelligence tools and products created in FMIS. This new team will help Networks & MTFs grow their analytic capability, provide assistance with analytical products and briefings, as well as serve as the Network and MTFs POC for BID. This new capability aligns with the DHA Advancement and enables DHA, Network and MTF staff to work together on analytic tools and products for resourcing decisions.

The nMTF team was created using existing resources within BID, with dual-hatted Senior Business Analysts identified for each Network and a nMTF lead team to ensure a standardized approach to analysis across the Military Health System. An additional full-time analyst will be assigned within the BID nMTF team to provide dedicated analytic support to Networks and MTFs. The nMTF team will provide tailored training and mentorship to Network and MTF analysts, facilitate group training and assist with Enterprise-level analysis & business planning efforts.

The primary intent is to train and mentor Network/MTF analysts on how to utilize business intelligence tools and create standard products/assessments for your leadership. Our team will strive to answer your questions and connect you with other BID POCs and functional leads to best support you. The nMTF team and assigned Senior Mentor will be contacting each Network Director for priorities and rules of engagement in working with their MTFs.

dha.jbsa.financial-ops-j-8.mbx.nmtf-team@health.mil

Defense Health Support Activity (DHSA)

As 01 OCT, DHA stood up the Defense Health Support Activity (DHSA) at IOC, to serve as the DHA HQ support element to the Networks for the purpose of streamlining communications, integrating functional support, coordinating and tracking network requested actions. The DHSA will also serve as a clear interface with the HQ. The ADs/J-Dirs/DROs have provided DHSA direct access to the DHA HQ subject matter experts to ensure accuracy and responsiveness to all Network inquiries. The Business Integration Division functional POCs and nMTF team members will continue to work directly with Networks/MTFs for analytical and business support, in coordination with the DHSA for their respective Network visibility and routing of requests to appropriate POCs.

More information on DHSA coordination will be provided soon. Please reference the DHA Advancement Resources site for updates: https://militaryhealth.sharepoint-mil.us/sites/infohub/SitePages/DHA_Advancement.aspx.



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Customer Support continued ...

J1/8 Network Support Points of Contact

This POC listing is subject to change.

DHN Indo-Pacific (Network 1)			
Function	Name	Position	Email Address
Budget/Acct	LTC Yun Fan	Financial Support Desk Lead	yun.h.fan.mil@health.mil
Analysis	Erin McGlothlin	Senior Decision Science Analyst	erin.l.mcglathlin.civ@health.mil
MEPRS	Nicole Meyers	CAB Supervisor	Nicole.M.Meyers4.Civ@Health.Mil
Data Quality	Margaret Allison	Operations Team Lead	margaret.d.allison.civ@health.mil
UBO	William Condon	Financial Manager, DHA UBO	william.m.condon4@health.mil
Facilities/ SRM	Martin Lau	SRM PM Lead AOR 1 & 6	martin.c.lau.civ@health.mil
DHN Pacific Rim (Network 2)			
Function	Name	Position	Email Address
Budget/Acct	Mr Mario Torres	Financial Support Desk Lead	mario.e.torres2.civ@health.mil
Analysis	Dawn Herman	Chief, Readiness, Strategy & Business Innovation	dawn.d.herman.civ@health.mil
MEPRS	Nicole Meyers	CAB Supervisor	Nicole.M.Meyers4.Civ@Health.Mil
Data Quality	Margaret Allison	Operations Team Lead	margaret.d.allison.civ@health.mil
UBO	William Condon	Financial Manager, DHA UBO	william.m.condon4@health.mil
Facilities/ SRM	David Ryburn	SRP-PM AOR 1	david.j.ryburn.ctr@health.mil
DHN West (Network 3)			
Function	Name	Position	Email Address
Budget/Acct	Maj Brandon Willis	Financial Support Desk Lead	brandon.d.willis.mil@health.mil
Analysis	Ernie Negron	Sr. Business Analyst	ernesto.negron1.civ@health.mil
MEPRS	Greg Evershed	CAB Supervisor	Gregory.c.evershed.civ@health.mil
Data Quality	Meredith Keck	Technical Team Lead	meredith.a.keck.civ@health.mil
UBO	DeLisa Prater	DHA UBO Program Manager	delisa.e.prater.civ@health.mil
Facilities/ SRM	William "Matt" Burns	SRM Lead AOR 2 & 5	william.m.burns12.civ@health.mil
DHN Central (Network 4)			
Function	Name	Position	Email Address
Budget/Acct	CDR John Ochieng	Financial Support Desk Lead	john.o.ochieng.mil@health.mil
Analysis	Ben Choi	Sr. Business Analyst	benjamin.m.choi.civ@health.mil
MEPRS	Greg Evershed	CAB Supervisor	Gregory.c.evershed.civ@health.mil
Data Quality	Meredith Keck	Technical Team Lead	meredith.a.keck.civ@health.mil
UBO	DeLisa Prater	DHA UBO Program Manager	delisa.e.prater.civ@health.mil
Facilities/ SRM	Mike Spikes	SRM-PM AOR 2	michael.d.spikes.ctr@health.mil
DHN Atlantic (Network 5)			
Function	Name	Position	Email Address
Budget/Acct	LTC Armando Generoso	Financial Support Desk Lead	armando.m.generoso.mil@health.mil
Analysis	Heather Perales	Sr. Healthcare Business Analyst	heather.r.perales.civ@health.mil
MEPRS	Darrell Dorrian	CAB Supervisor	Darrell.D.Dorrian.civ@Health.mil
Data Quality	Rebecca Castaneda	Program Manager/Instructional Designer	rebecca.castaneda2.civ@health.mil
UBO	Jennifer Lewandowski	Financial Manager, DHA UBO	jennifer.l.lewandowski.civ@health.mil
Facilities/ SRM	Sean Dalton	SRM - PM AOR 3	sean.p.dalton2.ctr@health.mil
DHN East (Network 6)			
Function	Name	Position	Email Address
Budget/Acct	LT Karla Liendo	Financial Support Desk Lead	karla.m.liendo.mil@health.mil
Analysis	Amy Valdez	Sr. Business Analyst	amy.e.valdez.civ@health.mil
MEPRS	Darrell Dorrian	CAB Supervisor	Darrell.D.Dorrian.civ@Health.mil
Data Quality	Rebecca Castaneda	Program Manager/Instructional Designer/Trainer	rebecca.castaneda2.civ@health.mil
UBO	Jennifer Lewandowski	Financial Manager, DHA UBO	jennifer.l.lewandowski.civ@health.mil
Facilities/ SRM	Steve Swingle	SRM-PM AOR 4 (South)	steven.b.swingle.ctr@health.mil



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J1/8 Network Support Points of Contact

This POC listing is subject to change.

DHN National Capital Region (Network 7)			
Function	Name	Position	Email Address
Budget/Acct	Maj Tilli Ghale	Financial Support Desk Lead	tilli.r.ghale.mil@health.mil
Analysis	Jaime Ruiz	Sr. Business Analyst	jaime.l.ruiz2.civ@health.mil
MEPRS	Patricia Hammond	CAB Chief	patricia.a.hammond31.civ@health.mil
Data Quality	Erin Chandler	Electronic Health Record Team Lead	erin.e.chandler2.civ@health.mil
UBO	Kelley Locke	DHA UBO Deputy Program Manager	kelley.s.locke.civ@health.mil
Facilities/ SRM	Jonathan Cruikshank	SRM-PM AOR 4 (North)	jonathan.m.cruikshank.ctr@health.mil
DHN Europe (Network 8)			
Function	Name	Position	Email Address
Budget/Acct	MAJ Brad Gregory	Financial Support Desk Lead	bradley.j.gregory.mil@health.mil
Analysis	Kim Waller	Sr. Healthcare Business Analyst	kim.m.waller4.civ@health.mil
MEPRS	Patricia Hammond	CAB Chief	patricia.a.hammond31.civ@health.mil
Data Quality	Erin Chandler	Electronic Health Record Team Lead	erin.e.chandler2.civ@health.mil
UBO	Kelley Locke	DHA UBO Deputy Program Manager	kelley.s.locke.civ@health.mil
Facilities/ SRM	Terry Ward	SRM-PM AOR 5	terence.a.ward.ctr@health.mil
DHN Continental (Network 9)			
Function	Name	Position	Email Address
Budget/Acct	LtCol Summer Rose	Financial Support Desk Lead	summer.a.rose.mil@health.mil
Analysis	Tari Rangel	Chief, Healthcare Delivery, Business Intelligence	tari.a.rangel.civ@health.mil
MEPRS	Patricia Hammond	CAB Chief	patricia.a.hammond31.civ@health.mil
Data Quality	Erin Chandler	Electronic Health Record Team Lead	erin.e.chandler2.civ@health.mil
UBO	Kelley Locke	DHA UBO Deputy Program Manager	kelley.s.locke.civ@health.mil
Facilities/ SRM	Kim Walden	SRM PM Lead FOS	kim.d.walden.civ@health.mil



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Customer Support continued ...

Financial Management Information System (FMIS) Helpdesk

For any technical issues or feedback regarding the FMIS website, please click on the Feedback icon [Feedback](#) on FMIS to submit your request.

Feedback

Type

☒ Feedback ☐ Error

Platform

-- Please select an option --

Feedback

Detailed description...

1500 characters remaining

Attachment

Select file...

Browse

Clear

5MB size limit.

Cancel

Send Feedback

Sites

Below is a list of main sites.





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Customer Support continued ...

Financial Management Information System Portfolio

Below is the current portfolio within the FMIS platform. Portfolio has 40 solutions and is subject to change.

A	J	Q
• Annual Requirements Plan	•	•
• Appointments & Schedules	K	R
B	• Key Performance Indicators	• Resource Planning Tool
• Budget Management Tool	L	• RSBux
C	•	S
• Civilian Pay Tool	M	• Statement of Operations
• Core Services	• Maintenance Action Plan	• Status of Funds
D	• Market Trends Report	T
• Direct Care Inpatient	• Medical Supply Run Rate	• Tier Management
• DMHRSi Appointments Cross Check	• MEPRS F & G Reporting Metrics	U
• DMHRSi Data & Validation Tool	• MEPRS Health Index	• UnFunded Requirements
• DMHRSi Provider Reporting Tool	• MEPRS Staging Data Environmental Dataset Details	• Unified Medical Cost Allocation Tool
E	• Military Personnel w/o DMHRSi Labor Hours	V
• EASIV vs DMLSS Comparison Dashboard	• MTF & Network Profiles	• Virtual Health 360
• Emergency Room Workload	• MTF ASSIST FTEs	W
• Encounters & Coding	N	•
• Enrollment Planning	•	X
F	O	•
• F&G Metrics	•	Y
• Facilities Planning Functional Program Dashboard	P	•
• Financial OR Optimization Tool	• Patient Satisfaction	Z
G	• Private Sector Care Inpatient	•
•	• Private Sector Care Outpatient	
H	• Private Sector Care Merged	
•	• Productivity & Leakage	
I	• PTSD MDD & Anxiety Treatment Dosage	
• Integrated Resourcing		