DCN 953

DEPARTMENT OF THE NAVY
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20350-1000

MM-0352-F7
BSAT/CD
3 October 1994

MEMORANDUM FOR CHAIR, MILITARY TREATMENT FACILITIES AND GRADUATE MEDICAL EDUCATION JOINT CROSS SERVICE GROUP

Subj: PROVISION OF CERTIFIED NAVY DATA TO BRAC-95 MILITARY TREATMENT FACILITIES AND GRADUATE MEDICAL EDUCATION JOINT CROSS SERVICE GROUP

In compliance with the Internal Control Plan for Managing the Identification of DoD Cross-Service Opportunities as Part of the DoD 1995 Base Realignment and Closure Process, dated 13 April 1994, and as authorized by the Executive Secretary, BRAC-95 Steering Group by memorandum dated 23 August 1994, I am forwarding the enclosed data and information to be used for analysis by the Military Treatment Facilities and Graduate Medical Education Joint Cross-Service Group. This data was obtained by the Department of the Navy in response to the Military Treatment Facilities and Graduate Medical Education Joint Cross-Service Group's request for information issued on 25 April 1994 and was certified in accordance with the DON BRAC-95 policy and procedures.

The documents enclosed consist of a certified copy of the data call responses received from the activities as listed on the attachment. The only changes authorized for the enclosed responses will be any technical corrections made in errors identified by internal DON verification checks, or for any additional clarifying information requested by the Joint Cross-Service Group. In either circumstance, another formal transmission will be made by the Department of the Navy for any such data submitted to the Joint Cross Service Group.

Sincerely,

Charles P. Nemfakos
Vice Chairman,
Base Structure Evaluation Committee

Attachments

MILITARY TREATMENT FACILITIES AND GRADUATE MEDICAL EDUCATION JOINT CROSS SERVICE GROUP

Department of the Navy Capacity and Military Value Data Calls for the following activities:

National Naval Medical Center, Bethesda
Naval Medical Center, Portsmouth
Naval Medical Center, San Diego
Naval Hospital, Bremerton
Naval Hospital, Pensacola
Naval Hospital, Jacksonville
Naval Hospital, Camp Pendleton
Naval Hospital, Camp LeJeune
Naval Hospital, Great Lakes
Naval Hospital, Cherry Point
Naval Hospital, Twentynine Palms
Naval Hospital, Oak Harbor
Naval Hospital, Corpus Christi
Naval Hospital, Beaufort
Naval Hospital, Lemoore
Naval Hospital, Groton
Naval Hospital, Charleston
Naval Hospital, Patuxent River
Naval Hospital, Millington
Naval Hospital, Newport

Attachment

FACILITY	UIC
BEAUFORT	61337

P1 POPULATION

CACHMENT	ASSIGNE-REGION	SCORE
24087	17087	4

17086

F1 FCAD SCORE

FCAD	SCORE
84.1	9

F2 REAL PROPERTY

RATING	SCORE
2.69	8

F4 SAFETY SCORE

JCAHO	SCORE
2	8

MC1 AIR HUB DISTANCE

DISTANCE	SCORE
7	10

MC2 STUBBED BEDS

NUMBER	SCORE
54	4

C1 COST OF INPATIENT CARE

ASA RATE	MTF COS	RATIO	SCORE
3914.84	5297.54	0.738992	

A1 PRIMARY CARE RATIO

PRIM MD	POP	RATIO	SCORE
151	166789	1	3
		1104.563	
		0.000905	

F3 AVERAGE SQ FT AGE

45

BUILDING NAME/USE	GSF	AGE	A*B
72113 MANPOWER MG	5703	46	262338
7211 TEMP STORAGE	46264	46	2128144
82109 HEATING PLANT	6215	46	285890
83310 INCINERATOR	345	46	15870
51010 HOSPITAL	276428	45	12439260
44130 BOTTLED OXYG	390	44	17160
TOTAL	335345		15148662
AVERAGE WEIGHTED			~~45.1733647~~
		SCORE	2

15148662
− 46264
15,102,398

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
72113 MANPOWER MG	5703	1	5703
7211 TEMP STORAGE	46264	1	46264
82109 HEATING PLANT	6215	3	18645
83310 INCINERATOR	345	3	1035
51010 HOSPITAL	276428	3	829284
44130 BOTTLED OXYG	390	3	1170
TOTAL	335345		902101
AVG CODE			2.69006844

A2 INPATIENT CAPABILITY

MTF BEDS	49			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
BEAUFORT MEM	0.626	0.374	99	37.026
COLLETON REGIONAL	0.42	0.58	131	75.98
			SUM	113.006
			RATIO	2.306245
			SCORE	7

LINEAR PROGRAMMING MODEL DATASET

NAVY 3rd Review 10/27/94

BRANCH	FACILITY NAME	INSTALLATION	ST	MTF BEDS	AV MTF BEDS	EXP BEDS	TOTAL HOSP	AVAIL CIVBEDS	AV BED RATIO	PHY/POP RATIO	AD+ADFAM	OTHERS	FUNCT VALUE	TYPE FAC	EAST WEST
NAVY	NH CAMP PENDLETON	CAMP PENDLETON	CA	120	222	265	21	1666	13.88	908	74874	~~40665~~	7.28	CH	
NAVY	NH LEMOORE	LEMOORE	CA	37	69	37	3	51	1.38	2686	22516	12030	5.12	CH	
NAVY	NMC SAN DIEGO	SAN DIEGO	CA	572	971	583	22	1941	3.44	956	188255	116441	7.84	MC	WEST
NAVY	NH TWENTY NINE PALMS	TWENTY NINE PALMS	CA	30	70	40	1	20	0.68	2627	23000	5250	7.58	CH	
NAVY	NH GROTON	GROTON	CT	25	100	96	3	195	7.80	1217	20151	17369	5.44	CH	
NAVY	NH PENSACOLA	PENSACOLA	FL	104	221	161	8	916	8.81	2112	47769	38494	7.19	CH	
NAVY	NH JACKSONVILLE	JACKSONVILLE	FL	131	176	228	7	879	6.71	1252	64858	56262	6.98	CH	
NAVY	NH GREAT LAKES	GREAT LAKES	IL	136	228	718	67	7100	52.20	469	37555	28945	6.48	CH	
NAVY	NNMC	BETHESDA	MD	342	459	779	50	3870	10.07	725	42361	47076	7.40	MC	EAST
NAVY	NH PATUXENT RIVER	PATUXENT RIVER	MD	20	20	32	2	72	3.62	4231	8985	6106	3.77	CH	
NAVY	NH CAMP LEJEUNE	CAMP LEJEUNE	NC	176	224	238	2	83	0.47	1226	79722	21212	7.76	CH	
NAVY	NH CHERRY POINT	CHERRY POINT	NC	40	40	27	2	116	2.90	990	27792	13921	5.90	CH	
NAVY	NH NEWPORT	NEWPORT	RI	0	0	0	5	320	320.00	1271	10927	21315	3.30	CH	
NAVY	NH CHARLESTON	CHARLESTON	SC	90	90	90	8	621	6.90	769	26954	34659	5.59	CH	
NAVY	NH BEAUFORT	BEAUFORT	SC	49	80	54	2	113	2.31	1105	17078	8303	4.65	CH	
NAVY	NH MILLINGTON	MILLINGTON	TN	66	102	106	15	1737	26.32	3546	7002	22742	4.40	CH	
NAVY	NH CORPUS CHRISTI	CORPUS CHRISTI	TX	42	65	65	12	551	13.12	1384	8433	9560	4.26	CH	
NAVY	NMC PORTSMOUTH	PORTSMOUTH	VA	431	437	176	15	1153	2.67	1893	226784	88014	6.71	MC	EAST
NAVY	NH BREMERTON	BREMERTON	WA	109	137	139	1	122	1.12	1259	~~35687~~	19965	6.98	CH	
NAVY	NH OAK HARBOR	OAK HARBOR	WA	25	26	31	2	56	2.24	1104	18918	9378	5.38	CH	

Others 40556

AD 45028

WARTIME BED REQMTS	2600

LINEAR PROGRAMMING MODEL DATASET

NAVY AS OF NOV 3, 911

BRANCH	FACILITY NAME	INSTALLATION	ST	MTF BEDS	AV MTF BEDS	EXP BEDS	TOTAL HOSP	AVAIL CIVBEDS	AV BED RATIO	PHY/POP RATIO	AD+ADFAM	OTHERS	FUNCT VALUE	TYPE FAC	EAST WEST
NAVY	NH CAMP PENDLETON	CAMP PENDLETON	CA	120	222	265	21	1666	13.88	908	74874	40665	7.28	CH	
NAVY	NH LEMOORE	LEMOORE	CA	37	69	37	3	51	1.38	2686	22516	12030	5.12	CH	
NAVY	NMC SAN DIEGO	SAN DIEGO	CA	572	971	583	22	1941	3.44	956	188255	116441	7.84	MC	WEST
NAVY	NH TWENTY NINE PALMS	TWENTY NINE PALMS	CA	30	70	40	1	20	0.68	2627	23000	5250	7.58	CH	
NAVY	NH GROTON	GROTON	CT	25	100	96	3	195	7.80	1217	20151	17369	5.44	CH	
NAVY	NH PENSACOLA	PENSACOLA	FL	104	221	161	8	916	8.81	2112	47769	38494	7.19	CH	
NAVY	NH JACKSONVILLE	JACKSONVILLE	FL	131	176	228	7	879	6.71	1252	64858	56262	6.98	CH	
NAVY	NH GREAT LAKES	GREAT LAKES	IL	136	228	718	67	7100	52.20	469	37555	28945	6.48	CH	
NAVY	NNMC	BETHESDA	MD	342	459	779	50	3870	11.32 ~~10.07~~	725	42361	47076	7.40	MC	EAST
NAVY	NH PATUXENT RIVER	PATUXENT RIVER	MD	20	20	32	2	72	3.62	4231	8985	6106	3.77	CH	
NAVY	NH CAMP LEJEUNE	CAMP LEJEUNE	NC	176	224	238	2	83	0.47	1226	79722	21212	7.76	CH	
NAVY	NH CHERRY POINT	CHERRY POINT	NC	40	40	27	2	116	2.90	990	27792	13921	4.76 ~~4.00~~	CH	
NAVY	NH NEWPORT	NEWPORT	RI	0	0	0	5	320	320.00	1271	10927	21315	3.30	CH	
NAVY	NH CHARLESTON	CHARLESTON	SC	90	90	90	8	621	6.90	769	26954	34659	5.59	CH	
NAVY	NH BEAUFORT	BEAUFORT	SC	49	80	54	2	113	2.31	1105	17078	8303	4.65	CH	
NAVY	NH MILLINGTON	MILLINGTON	TN	66	102	106	15	1737	26.32	3546	7002	22742	4.40	CH	
NAVY	NH CORPUS CHRISTI	CORPUS CHRISTI	TX	42	65	65	12	551	13.12	1384	8433	9560	4.26	CH	
NAVY	NMC PORTSMOUTH	PORTSMOUTH	VA	431	437	176	15	1600 ~~1153~~	3.71 ~~2.67~~	1893	226784	88014	6.71	MC	EAST
NAVY	NH BREMERTON	BREMERTON	WA	109	137	139	1	122	1.12	1259	35687	19965	6.98	CH	
NAVY	NH OAK HARBOR	OAK HARBOR	WA	25	26	31	2	56	2.24	1104	18918	9378	5.38	CH	

WARTIME BED REQMTS	2600

10/18/94

FCAD - UPDATED 13 OCT 94

DMI	ORG_NAME	ORG_C	CAT_	BLDG_	AREA	AR	NOR	EXP	DT	YR_	T	J	B1	C1	D1	E1	B2	C2	D2	E2
	NH JACKSONVILLE	00232			34136		0		5				96	4						
	NH CHARLESTON	68084			0		0					Y	80	20		A	90	10		
	NH OAK HARBOR	66097											100				95	5		
	NH NEWPORT	68086										Y	50	40	10		100			
	NNMC BETHESDA	00168										Y	70	10	20		30	70		
	NH CHERRY POINT	66094										Y	80	10	10		90		10	
	NH BEAUFORT	61337										Y	70	20	10			40	60	
	NH CAMP LEJEUNE	68093										Y	83	17			60	25	15	
	NH CORPUS CHRIS	00285											80		20		87	13		
	NMC PORTSMOUT	00183										Y	90	10			100			
	NH ROOSEVELT R	65428											100				90	10		
?	NH MILLINGTON												100				100			
	NH PATUXENT RIV	66098											100				16	84		
	NH 29 PALMS	35949											60	40			100			
	NMC SAN DIEGO	00259											100	0	0		100			
	NMCL PEARL HARB	68098											93		7					
	NMCL QUANTICO	00231											100				100			
	NMCL LONG BEACH	32539											50	50			100			
	NMCL ANNAPOLIS	00162											100				100			
	NMCL KINGS BAY	48488											100				100			
	NMCL NEW ORLEAN	66898											100				100			
	NMCL KEY WEST	00267											70	10	20		80	20		
	NH GROTON	61726											100				100			
	NH LEMOORE	66095											61	10	29		50	10	40	
	NH MILLINGTON	60002											100				100			
	NH CAMP LEJEUNE																			
	NMCL PORTSMOUT	00105											100				100			
	NMCL PORT HUEN	66099											100				100			
	NH BREMERTON	68095											100				100			
	NH GREAT LAKES	00211											95	5			100			
	NH CAMP PENDLET	68094											80		20		100			
	NAVAL HOSPITAL P	00203											85	15			80	20		
	NMC SAN DIEGO	00259										Y	100				100			
* R	NH CHERRY POINT	66094											100				100			

R = REVISED - NEW FACILITY

B3	C3	D3	E3
100	0		
95	5		
100	0		
	****		
80	20		
		****	
90	10		
100			
100			
90	10		
90	10		
	****		
100			
100			
100			
50	50		
100			
100			
95	5		
85	5	10	
90	10		
100			
100			
100			
100			
100			
85	15		
100			
100			

B4	C4	D4	E4
90	10		
95	5		
80	20		
90	5	5	
		****	
70	15	15	
100			
100			
100			
	****		
100			
100			
100			
100			
100			
100			
60	40		
100			
100			

B5	C5	D5	E5
100			
100			
100			
	30	70	
90		10	
		****	
45	45	10	
80	20		
100			
90	10		
100			
40	60		
100			
100	0		
100			
75	15	10	
100			
100			
95	5		
90	10		
60	40		
100			
100			

B6	C6	D6	E6
70	30		
100			
10	15	75	
80	10	10	
		****	
95	5		
100			
100			
100			
	****		
100			
100			
100			
75	25		
100			
100			
85	15		
90	10		
100	0		
100			

B7	C7	D7	E7
100			
80	20		
100			
25	35	40	
90	5	5	
		****	
45	45	10	
100			
100			
100			
90	10		
	****		
100			
100			
100			
100			
40	40	20	
100			
50	50		
90	10		
100	0		
100			
100			
100			
80	20		
75	25		
100			
100			

B8	C8	D8	E8	B9	C9	D9	E9	B10	C10	D10	E10	B11	C11	D11	E11	B12	C12	D12	E12
100				70	30			100				100				100			
100				95	5			90	10			85	15			95	5		
100				100				100				100	0			100	0		
55	30	15										10	80	10		25	75		
60		40		95	5			90	5	5		90	5	5		95		5	
		****				****				****				****				****	
60	30	10		70	30			60	30	10		80	10	10		60	40		
80	20			100				100				100				100			
100				100								100				100			
90	10			80	10	10		20	40	40		80	10	10		90	10		
100												80	20			100			
	***				***				***			7	93				***		
100				100				100				100	0			100			
100				100				100				100				100			
100												73		27		100			
	****											75	25			75	25		
100												100				100			
100												100				100			
100												100				100			
100												100				100			
100												50	20	30		70	10	20	
90	10			80	20							90	10			100			
90	10			76	22	2		68	30	2		45	15	40		53	7	40	
100												80	20			100			
100												100				100			
100												100				100			
100				100				100				100				100			
100				95	5							100				100			
100				95	5			100				50		50		100			
85	15			100				60	40			60	40			50	50		
100				100				100				100				100			
100				100				100				100				100			

d change
[illegible] Bump of FCAS
65 is a 7 and would not move to 5 points.

B13	C13	D13	E13	B14	C1	D14	E14	B15A	C15	D15	E15A	B15B	C15	D15	E15B	B15C	C15	D15	E15C	B15D
100				70	30			85	15			80	20			80	20			80
85	15			90	10			90	10			50	50			85	15			0
100				100				100				100				100				100
25	75		changed 2/3-7 bc here	15	65	20		80	15	5		15	15	70		20	10	70		40
90	5	5		95	5			100				90	5	5		98	2			95
		****				****				****				****				****		100
85	10	5		70	30			70	10	20		70	20	10		25	65	10		90
100				100				90	10			80	20			100				100
100				100				100				70		30		100				100
90	10			90	10			70	30			80	20			90	10			90
								100				100				100				100
90	10							80	20			90	10			90	10			90
	****				***			24	76			24	76			24	76			24
100				100				100	0			100				100				100
100				100	0			100				60	40			100				100
100								100				40		60		100				70
75	25							80	20			75	25			80	20			80
100								100				70	30			100				100
100								80	20			90	10			50	50			80
100								100				100				100				100
100								0	****			0	****	0		100	0			100
100										****		70	20	10		30		70		30
100				85		15		100				75		25		90	10			85
63	2	35		98	2			90	10			95	5			97	3			100
90	10							80	20			90	10			90	10			90
100								100				100	0			100				50
100								100				20		80		100				100
100				100				100				100				100				100
100				100				95	5			95	5			95	5			95
95	5			100				75	10	15		20	80			70	30			75
60	40			60	40			75	25			75	25			75	25			75
100				100				100				60	40			100				100
100				100	0			100				100				100				100

15	D15	E15C	B15D	C15	D15	E15D	B15E	C15	D15	E15E	B15F	C15	D15	E15F	C	STA	LOC_	LOC_NAME	YEA	FCAD_
20			80	20			90	10			100					FL		JACKSONVILLE		96.1
5			0				95	5			75	25				SC		CHARLESTON		95.4
			100				100				100							2508		100.0
0	70		40	15	45		80	20			90	10				RI		NEWPORT		64.9
2			95	5			98		2		95	5						BETHESDA MD		93.9
	****		100				90	10			100							HAVELOCK NC		37.0
65	10		90		10		75	15	10		50	40	10					BEAUFORT SC		84.1
			100				100				100							CAMP LEJEUNE		98.1
			100				100				100									98.5
10			90	10			90	10										PORTSMOUTH V		92.2
			100				100													100.0
10			90	10			90	10			90	10								96.5
76			24	76			24	76				****								64.4
			100				100				100	0								99.7
			100				100				100									98.1
			70		30		100				100							PEARL HARBOR		92.3
20			80	20			80	20			100					VA		QUANTICO		89.8
			100				100									CA		LONG BEACH		96.8
50			80	20			60	40								MD		ANNAPOLIS		95.7
			100				100				100					GA		KINGS BAY		100.0
0			100				100				100					LA		NEW ORLEANS		94.0
	70		30		70		30		70		70	20	10			FL		KEY WEST		71.5
10			85	15			85	15			100			Not picked up		CT		GROTON		96.1
3			100				95	5			95	5				CA		LEMOORE		87.0
10			90	10			90	10			90	10				TN		MILLINGTON		96.5
																				0.0
			50		50		50		50							NH		PORTSMOUTH		94.6
			100				100						****			CA		PORT HUENEME		89.9
			100				100				100	0				WA		BREMERTON		100.0
5			95	5			100				100					IL		GREAT LAKES		99.3
30			75	25			75	25			75	25				CA		CAMP PENDLET		91.6
25			75	25			75	25			75	25				FL		PENSACOLA		88.9
			100				100				100					CA		SAN DIEGO		99.2
			100				100				100					NC		CHERRY POINT		100.0

3. DETAILED EXAMPLE: The following step-by-step description of the process is illustrated with data from Naval Hospital Portsmouth. The description is keyed to the spreadsheet shown in Attachment 2. Note that in this description, some results may not be exact due to rounding. Attachment 4 contains a similar spreadsheet for each of the 97 MTFs included in this analysis.

a. Start with Total MEPRS-A Expenses.

NH PORTSMOUTH

Total MEPRS-A Expense = $90,586,109

(Spreadsheet, Line 4I)

b. Deduct actual or estimated EBE and EBF (Category II GME and Education and Training) expenses stepped-down to MEPRS-A accounts. If these exact amounts are available from EAS-III, use them. If not, estimate as follows:

(1) Sum the total EBE and EBF expenses and divide this number by the total MTF MEPRS-E expenses (total for all E accounts). Label this number as "Percent of Total E".

NH PORTSMOUTH

Total expenses in EBE+EBF = $4,973,168.
Total of all E-Expenses = $67,042,786.

Percent of Total E = $4,973,168/$67,042,786 = 7.4179%.

(Spreadsheet, Line 6B-D)

(2) Determine the total E expenses included in the total A expenses for the MTF. This figure can be arrived at by summing the variable EXP_FRM_E from the DMIS table, MEPRS4A92. Label this number as "Total E in A".

NH PORTSMOUTH

Total E in A = $24,439,841.

(Spreadsheet, Line 8B)

(3) Multiply the "Total E in A" by "Percent of Total E." Label this number "E Expenses to Remove From A".

NH PORTSMOUTH

E Expenses to Remove = 7.4179% x $24,439,841 = $1,812,923.

(Spreadsheet Line 8B-I)

c. Add selected MEPRS-F expenses designated as Centralized Category III (FAA-Area Resource Labs and FAH - Clinical Investigation). These expenses are accumulated centrally from reporting MTFs and distributed across all CONUS MTFs based on relative share of total CONUS MWU workload, and then to inpatient care based on the ratio of IWU/MWU.

(1) Determine the individual MTF's percent inpatient care (IWU/MWU). Label this "MTF %INPAT." Determine the MTF's percent of total CONUS MWU workload. Label this "MTF % CONUS MWU."

NH PORTSMOUTH

MTF FY92 IWU = 29,607.1 MTF FY92 AWU = 35,548.3
MTF FY92 MWU = 29,607.1 + 35,548.3 = 62,155.5

MTF %INPAT = 29,607.1/62,155.5 = 47.6340%

TOTAL CONUS FY92 MWU = 1,763,113.8

MTF % CONUS MWU = 62,155.5/1,763,113.8 = 3.5253%

(Spreadsheet Line 12B-G)

(2) Determine total CONUS FAA and FAH expenses to be distributed to all CONUS MTF. Remove estimated EBE and EBF expenses contained in these MEPRS-F accounts. Notice that this "Net CONUS FAA/FAH" has been computed centrally and is provided here as input to further calculations.

NH PORTSMOUTH

Total CONUS FAA/FAH Expenses = $36,396,622

Estimated EBE/EBF Expenses in FAA/FAH = $740,537

Net CONUS FAA/FAH Expenses to Distribute = $35,656,085

(Spreadsheet Line 14C-E)

(3) Determine MTF-specific share of CONUS FAA/FAH expenses (based on "MTF % CONUS MWU") and amount to be allocated to the cost of inpatient care (based on "MTF %INPAT").

NH PORTSMOUTH

MTF SHARE OF FAA/FAH = 3.5253% x $35,656,085 = $1,256,992.

INPATIENT SHARE OF FAA/FAH = 47.6340% x $1,256,992 = $598,756

(Spreadsheet Line 14E-I)

d. Add the remaining F-Accounts as shown below.

(1) Sum the total FAL, FDD, FDE, and FDF MTF expenses. Label this total "Total Other F's".

(2) Again, using the MEPRS4F92 table from DMIS as in 3.b.(2) above, determine the total E expenses included in FAL, FDD, FDE, and FDF. Label this number "Total E in Other F's".

(3) Multiply "Total E in Other F's" by "Percent of Total E." Label this result "E to Remove From Other F's."

(4) Subtract "E to Remove From Other F's" from the "Other F's" total. Label this number "Net Other F's."

(5) Determine the MTF's inpatient share of "Net Other F's" by multiplying by "MTF %INPAT." Label this "Inpatient Share."

NH PORTSMOUTH

Total Other F Expenses = $2,067,754

Total E in Other F = $118,341

E to Remove from Other F = 7.4179% x $118,341 = $8,778.

Net Other F Expenses = $2,067,754 - $8,778 = $2,058,976.

Inpatient Share = 47.6340% x $2,058,976 = $980,773

(Spreadsheet Line 18B-I)

e. Total all of the above (A - E + F) to produce Total Category III MEPRS Expenses.

NH PORTSMOUTH

Total Cat III = $90,586,109 - $1,812,923 + $598,756 + $980,773

= $90,352,714

(Spreadsheet, Line 20I)

f. Adjust MEPRS expenses to Biometrics workload volume (upon which RWPs are based) by multiplying total expenses from the previous step by the ratio of Biometrics dispositions (BDISP) divided by MEPRS dispositions (MDISP). Notice that the same results are obtained by determining the cost per MEPRS disposition ($3,483.14) and multiplying by biometrics dispositions. Thus, the original unit cost per disposition is maintained.

NH PORTSMOUTH

MEPRS EXPENSE ADJUSTED TO BIOMETRICS VOLUME =

$90,352,714 x (25,317/25,940) = $88,182,717

(Spreadsheet, Line 23B-I)

g. Compute the unit cost per RWP. This becomes the unadjusted MEPRS-based unit cost which must be burdened with various non-MEPRS add-ons to produce the final estimated FY92 cost per RWP.

NH PORTSMOUTH

FY92 RWPs = 23,256

Unit Cost per RWP = $88,182,717/23,256 = $3,791.90

(Spreadsheet, Lines 23-26I)

h. Burden the unit cost for non-MEPRS add-ons.

(1) Convert the OMB directed DMDC/MEPRS conversion factor of $77 per occupied bed day (OBD) to a cost per RWP. Divide total biometrics Bed Days by total biometrics RWPs to determine average days per RWP. Multiply this result by $77.00 to determine the DMDC add-on.

NH PORTSMOUTH

Total Bed Days = 100,175 Days per RWP = 100,175/23,256 = 4.3076
DMDC Add-on = 4.3076 x $77 = $331.68 per RWP

(Spreadsheet, Line 29B-I)

(2) Determine total cost per RWP to distribute to expense categories for additional burdening, by summing the Inpatient Expense per RWP and the DMDC add-on.

NH PORTSMOUTH

Total Cost to Distribute = $3,791.90 + $331.68 = $4,123.59

(Spreadsheet, Line 31I)

(3) Distribute total cost per RWP to Civilian Pay (15%), Military Pay (56%), and Other (29%) categories based on centralized estimates from EAS-III. Note that identical distributions are currently used for all MTF.

NH PORTSMOUTH

CIVPAY = 15% x $4,123.59 = $618.54

MILPAY = 56% x $4,123.59 = $2,309.21

OTHER = 29% x $4,123.59 = $1,195.84

(Spreadsheet, Lines 33-36)

(4) Add 14.7% to CIVPAY for Government Share of Unfunded Civilian Retirement by multiplying by 1.147.

NH PORTSMOUTH

CIVPAY = $618.54 x 1.147 = $709.46

(Spreadsheet, Lines 36-38C)

(5) Add 4% to all three cost categories for Asset Use Charge by multiplying by 1.04.

NH PORTSMOUTH

CIVPAY = $709.46 x 1.04 = $737.84

MILPAY = $2,309.21 x 1.04 = $2,401.58

OTHER = $1,195.84 x 1.04 = $1,243.67

(Spreadsheet, Lines 41-45)

(6) Add cost components to produce the final estimated FY92 cost per RWP. *This is the denominator of the Measure of Merit ratio.*

NH PORTSMOUTH

Final Cost per RWP = $737.84 + $2,401.58 + $1,243.67

= $4,383.09

(Spreadsheet, Line 45I)

FY 92 COST PER RWP
FACILITY: BETHESDA
UIC: 00168

A	TOTAL MEPRS A	100837638
B	GME SUPPORT (EBE)	974072
C	EDUC PROGRAM SUPPORT (EBF)	1412873
D	TOTAL B AND C	2386945
E	TOTAL OF ALL E EXPENSES	99971845
F	% SELECTED E EXPENSES	0.023876172336321
G	TOTAL E EXPENSES IN A	24583196
H	E EXPENSES TO REMOVE FROM MEPRS A	586952.62427356
I	MTF IWU	17730.83
J	MTF AWU	
K	MTF MWU	33647.99
L	MTF % INPATIENT	0.52695064400578
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	542507
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	11037.847422
Q	NET FAA/FAH EXP TO DIST	531469.152578
R	MTF SHARE OF FAA/FAH	531469.1525
S	INPATIENT SHARE OF FAA/FAH	280058.01217908
T	CONTINUING HEALTH EDUCATION (FAL)	1511011
U	DECEDENT AFFAIRS (FDD)	65680
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	1576691
Y	E EXPENSES IN OTHER Fs	169597
Z	E TO REMOVE FROM OTHER Fs	4049.3271997231
AA	NET OTHER Fs	1572641.6728003
BB	INPATIENT SHARE	828704.54227243
CC	TOTAL CATEGORY III	101359447.93018
DD	BIOMETRICS DISPOSITIONS	17364
EE	MEPRS DISPOSITIONS	17804
FF	RATIO BDISP/MEPRSDISP	0.97528645248259
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	98854496.397417
HH	FY 92 RWPs	18655.72
II	UNITCOST PER RWP	5298.8840096987
JJ	TOTAL BED DAYS	85676
KK	DAYS PER RWP	4.5924788751118
LL	DMDC ADD-ON	353.62087338361
MM	TOTAL COST TO DISTRIBUTE	5652.5048830823
NN	DISTRIBUTE COST PER RWP TO CIVPAY	847.87573246235
OO	DISTRIBUTE COST PER RWP TO MILPAY	3165.4027345261
PP	DISTRIBUTE COST PER RWP TO OTHER	1639.2264160939
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRET	972.51346513432
RR	ASSET USE CHARGE CIVPAY	1011.4140037397
SS	ASSET USE CHARGE MILPAY	3292.0188439072
TT	ASSET USE CHARGE OTHER	1704.7954727376
UU	FINAL COST PER RWP	6008.2283203845

where is Total Conus MWU.

FY 92 COST PER RWP
FACILITY: PENSACOLA
UIC: 00203

A	TOTAL MEPRS A	18153843
B	GME SUPPORT (EBE)	0
C	EDUC PROGRAM SUPPORT (EBF)	585206
D	TOTAL B AND C	585206
E	TOTAL OF ALL E EXPENSES	17199715
F	% SELECTED E EXPENSES	0.034024168423721
G	TOTAL E EXPENSES IN A	2139758
H	E EXPENSES TO REMOVE FROM MEPRS A	72803.486578004
I	MTF IWU	6704.84
J	MTF AWU	
K	MTF MWU	13193.2
L	MTF % INPATIENT	0.50820422641967
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	156812
U	DECEDENT AFFAIRS (FDD)	36593
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	193405
Y	E EXPENSES IN OTHER Fs	10343
Z	E TO REMOVE FROM OTHER Fs	351.91197400655
AA	NET OTHER Fs	193053.08802599
BB	INPATIENT SHARE	98110.395258179
CC	TOTAL CATEGORY III	18179149.90868
DD	BIOMETRICS DISPOSITIONS	6095
EE	MEPRS DISPOSITIONS	6144
FF	RATIO BDISP/MEPRSDISP	0.99202473958333
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	18034166.454005
HH	FY 92 RWPs	4707
II	UNITCOST PER RWP	3831.3504257499
JJ	TOTAL BED DAYS	21651
KK	DAYS PER RWP	4.5997450605481
LL	DMDC ADD-ON	354.18036966221
MM	TOTAL COST TO DISTRIBUTE	4185.5307954121
NN	DISTRIBUTE COST PER RWP TO CIVPAY	627.82961931182
OO	DISTRIBUTE COST PER RWP TO MILPAY	2343.8972454308
PP	DISTRIBUTE COST PER RWP TO OTHER	1213.8039306695
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRET	720.12057335065
RR	ASSET USE CHARGE CIVPAY	748.92539628468
SS	ASSET USE CHARGE MILPAY	2437.653135248
TT	ASSET USE CHARGE OTHER	1262.3560878963
UU	FINAL COST PER RWP	4448.934619429

FY 92 COST PER RWP
FACILITY: PORTSMOUTH
UIC:00183

A	TOTAL MEPRS A	92576523
B	GME SUPPORT (EBE)	1732104
C	EDUC PROGRAM SUPPORT (EBF)	3203585
D	TOTAL B AND C	4935689
E	TOTAL OF ALL E EXPENSES	57488935
F	% SELECTED E EXPENSES	0.085854590974768
G	TOTAL E EXPENSES IN A	14164438
H	E EXPENSES TO REMOVE FROM MEPRS A	1216082.0308775
I	MTF IWU	27244.782
J	MTF AWU	
K	MTF MWU	46099.4357
L	MTF % INPATIENT	0.59100033625791
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	770313
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	15672.788298
Q	NET FAA/FAH EXP TO DIST	754640.211702
R	MTF SHARE OF FAA/FAH	754640.211702
S	INPATIENT SHARE OF FAA/FAH	445992.61886962
T	CONTINUING HEALTH EDUCATION (FAL)	1792810
U	DECEDENT AFFAIRS (FDD)	37312
V	INITIAL OUTFITTNG (FDE)	
W	URGENT MINOR CONSTRUCTION (FDF)	
X	TOTAL OTHER Fs	1830122
Y	E EXPENSES IN OTHER Fs	85916
Z	E TO REMOVE FROM OTHER Fs	7376.2830381881
AA	NET OTHER Fs	1822745.7169618
BB	INPATIENT SHARE	1077243.3316371
CC	TOTAL CATEGORY III	92883676.919629
DD	BIOMETRICS DISPOSITIONS	25317
EE	MEPRS DISPOSITIONS	25940
FF	RATIO BDISP/MEPRSDISP	0.97598303777949
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	90652893.160149
HH	FY 92 RWPs	23255
II	UNITCOST PER RWP	3898.2108432659
JJ	TOTAL BED DAYS	95408
KK	DAYS PER RWP	4.1026875940658
LL	DMDC ADD-ON	315.90694474307
MM	TOTAL COST TO DISTRIBUTE	4214.117788009
NN	DISTRIBUTE COST PER RWP TO CIVPAY	632.11766820135
OO	DISTRIBUTE COST PER RWP TO MILPAY	2359.905961285
PP	DISTRIBUTE COST PER RWP TO OTHER	1222.0941585226
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRE	725.03896542694
RR	ASSET USE CHARGE CIVPAY	754.04052404402
SS	ASSET USE CHARGE MILPAY	2454.3021997364
TT	ASSET USE CHARGE OTHER	1270.9779248635
UU	FINAL COST PER RWP	4479.320648644

FY 92 COST PER RWP
FACILITY: SAN DIEGO
UIC: 00259

A	TOTAL MEPRS A	119427651
B	GME SUPPORT (EBE)	432574
C	EDUC PROGRAM SUPPORT (EBF)	2530464
D	TOTAL B AND C	2963038
E	TOTAL OF ALL E EXPENSES	60513549
F	% SELECTED E EXPENSES	0.048964869008096
G	TOTAL E EXPENSES IN A	10177004
H	E EXPENSES TO REMOVE FROM MEPRS A	498315.66775487
I	MTF IWU	33069
J	MTF AWU	
K	MTF MWU	61970
L	MTF % INPATIENT	0.53362917540746
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	2023248
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	41165.003808
Q	NET FAA/FAH EXP TO DIST	1982082.996192
R	MTF SHARE OF FAA/FAH	1982082.996192
S	INPATIENT SHARE OF FAA/FAH	1057697.3148471
T	CONTINUING HEALTH EDUCATION (FAL)	1748894
U	DECEDENT AFFAIRS (FDD)	45814
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	1794708
Y	E EXPENSES IN OTHER Fs	76712
Z	E TO REMOVE FROM OTHER Fs	3756.1930313491
AA	NET OTHER Fs	1790951.8069687
BB	INPATIENT SHARE	955704.13594717
CC	TOTAL CATEGORY III	120942736.78304
DD	BIOMETRICS DISPOSITIONS	29008
EE	MEPRS DISPOSITIONS	29008
FF	RATIO BDISP/MEPRSDISP	1
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	120942736.78304
HH	FY 92 RWPs	28180
II	UNITCOST PER RWP	4291.7933563889
JJ	TOTAL BED DAYS	130480
KK	DAYS PER RWP	4.6302342086586
LL	DMDC ADD-ON	356.52803406671
MM	TOTAL COST TO DISTRIBUTE	4648.3213904556
NN	DISTRIBUTE COST PER RWP TO CIVPAY	697.24820856834
OO	DISTRIBUTE COST PER RWP TO MILPAY	2603.0599786551
PP	DISTRIBUTE COST PER RWP TO OTHER	1348.0132032321
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRE	799.74369522789
RR	ASSET USE CHARGE CIVPAY	831.73344303701
SS	ASSET USE CHARGE MILPAY	2707.1823778014
TT	ASSET USE CHARGE OTHER	1401.9337313614
UU	FINAL COST PER RWP	4940.8495521998

FY 92 COST PER RWP
FACILITY: BREMERTON
UIC: 68095

A	TOTAL MEPRS A	16173842
B	GME SUPPORT (EBE)	0
C	EDUC PROGRAM SUPPORT (EBF)	1050516
D	TOTAL B AND C	1050516
E	TOTAL OF ALL E EXPENSES	17514998
F	% SELECTED E EXPENSES	0.059978082783681
G	TOTAL E EXPENSES IN A	3925125
H	E EXPENSES TO REMOVE FROM MEPRS A	235421.47218629
I	MTF IWU	5163
J	MTF AWU	
K	MTF MWU	15154
L	MTF % INPATIENT	0.34070212485152
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	348099
U	DECEDENT AFFAIRS (FDD)	14868
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	362967
Y	E EXPENSES IN OTHER Fs	16977
Z	E TO REMOVE FROM OTHER Fs	1018.2479114185
AA	NET OTHER Fs	361948.75208858
BB	INPATIENT SHARE	123316.70892394
CC	TOTAL CATEGORY III	16061737.236738
DD	BIOMETRICS DISPOSITIONS	5861
EE	MEPRS DISPOSITIONS	5861
FF	RATIO BDISP/MEPRSDISP	1
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	16061737.236738
HH	FY 92 RWPs	4460.18
II	UNITCOST PER RWP	3601.1410384194
JJ	TOTAL BED DAYS	23240
KK	DAYS PER RWP	5.2105520405006
LL	DMDC ADD-ON	401.21250711855
MM	TOTAL COST TO DISTRIBUTE	4002.353545538
NN	DISTRIBUTE COST PER RWP TO CIVPAY	600.3530318307
OO	DISTRIBUTE COST PER RWP TO MILPAY	2241.3179855013
PP	DISTRIBUTE COST PER RWP TO OTHER	1160.682528206
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRE	688.60492750981
RR	ASSET USE CHARGE CIVPAY	716.1491246102
SS	ASSET USE CHARGE MILPAY	2330.9707049213
TT	ASSET USE CHARGE OTHER	1207.1098293343
UU	FINAL COST PER RWP	4254.2296588658

FY 92 COST PER RWP
FACILITY: BEAUFORT
UIC: 61337

A	TOTAL MEPRS A	7916064
B	GME SUPPORT (EBE)	0
C	EDUC PROGRAM SUPPORT (EBF)	464484
D	TOTAL B AND C	464484
E	TOTAL OF ALL E EXPENSES	11984280
F	% SELECTED E EXPENSES	0.038757772682214
G	TOTAL E EXPENSES IN A	5940014
H	E EXPENSES TO REMOVE FROM MEPRS A	230221.71234117
I	MTF IWU	2326.37
J	MTF AWU	
K	MTF MWU	5049.9
L	MTF % INPATIENT	0.46067644903859
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	130345
U	DECEDENT AFFAIRS (FDD)	0
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	130345
Y	E EXPENSES IN OTHER Fs	5045
Z	E TO REMOVE FROM OTHER Fs	195.53296318177
AA	NET OTHER Fs	130149.46703682
BB	INPATIENT SHARE	59956.794318787
CC	TOTAL CATEGORY III	7745799.0819776
DD	BIOMETRICS DISPOSITIONS	2537
EE	MEPRS DISPOSITIONS	2565
FF	RATIO BDISP/MEPRSDISP	0.98908382066277
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	7661244.5500886
HH	FY 92 RWPs	1684.515
II	UNITCOST PER RWP	4548.0417509423
JJ	TOTAL BED DAYS	9535
KK	DAYS PER RWP	5.6603829588932
LL	DMDC ADD-ON	435.84948783478
MM	TOTAL COST TO DISTRIBUTE	4983.8912387771
NN	DISTRIBUTE COST PER RWP TO CIVPAY	747.58368581656
OO	DISTRIBUTE COST PER RWP TO MILPAY	2790.9790937152
PP	DISTRIBUTE COST PER RWP TO OTHER	1445.3284592454
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRE	857.4784876316
RR	ASSET USE CHARGE CIVPAY	891.77762713686
SS	ASSET USE CHARGE MILPAY	2902.6182574638
TT	ASSET USE CHARGE OTHER	1503.1415976152
UU	FINAL COST PER RWP	5297.5374822158

FY 92 COST PER RWP
FACILITY: CAMP LEJEUNE
UIC: 68093

A	TOTAL MEPRS A	21800904
B	GME SUPPORT (EBE)	0
C	EDUC PROGRAM SUPPORT (EBF)	851540
D	TOTAL B AND C	851540
E	TOTAL OF ALL E EXPENSES	19520387
F	% SELECTED E EXPENSES	0.043623110545913
G	TOTAL E EXPENSES IN A	3884113
H	E EXPENSES TO REMOVE FROM MEPRS A	169437.09077182
I	MTF IWU	7216.59
J	MTF AWU	
K	MTF MWU	15949.21
L	MTF % INPATIENT	0.4524731945971
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	273122
U	DECEDENT AFFAIRS (FDD)	14337
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	287459
Y	E EXPENSES IN OTHER Fs	17734
Z	E TO REMOVE FROM OTHER Fs	773.61224242122
AA	NET OTHER Fs	286685.38775758
BB	INPATIENT SHARE	129717.45324298
CC	TOTAL CATEGORY III	21761184.362471
DD	BIOMETRICS DISPOSITIONS	8768
EE	MEPRS DISPOSITIONS	8857
FF	RATIO BDISP/MEPRSDISP	0.98995145082985
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	21542516.031404
HH	FY 92 RWPs	6507.806
II	UNITCOST PER RWP	3310.2578705334
JJ	TOTAL BED DAYS	32229
KK	DAYS PER RWP	4.9523602885519
LL	DMDC ADD-ON	381.3317422185
MM	TOTAL COST TO DISTRIBUTE	3691.5896127519
NN	DISTRIBUTE COST PER RWP TO CIVPAY	553.73844191278
OO	DISTRIBUTE COST PER RWP TO MILPAY	2067.290183141
PP	DISTRIBUTE COST PER RWP TO OTHER	1070.560987698
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRE	635.13799287396
RR	ASSET USE CHARGE CIVPAY	660.54351258892
SS	ASSET USE CHARGE MILPAY	2149.9817904667
TT	ASSET USE CHARGE OTHER	1113.383427206
UU	FINAL COST PER RWP	3923.9087302616

FY 92 COST PER RWP
FACILITY: CHERRY POINT
UIC: 66094

A	TOTAL MEPRS A	5421387
B	GME SUPPORT (EBE)	0
C	EDUC PROGRAM SUPPORT (EBF)	338235
D	TOTAL B AND C	338235
E	TOTAL OF ALL E EXPENSES	5944638
F	% SELECTED E EXPENSES	0.056897493169475
G	TOTAL E EXPENSES IN A	1799911
H	E EXPENSES TO REMOVE FROM MEPRS A	102410.42382816
I	MTF IWU	1423.66
J	MTF AWU	
K	MTF MWU	6006.88
L	MTF % INPATIENT	0.2370049010468
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	423957
U	DECEDENT AFFAIRS (FDD)	0
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	423957
Y	E EXPENSES IN OTHER Fs	35282
Z	E TO REMOVE FROM OTHER Fs	2007.4573540054
AA	NET OTHER Fs	421949.54264599
BB	INPATIENT SHARE	100004.10960156
CC	TOTAL CATEGORY III	5418980.6857734
DD	BIOMETRICS DISPOSITIONS	2290
EE	MEPRS DISPOSITIONS	2309
FF	RATIO BDISP/MEPRSDISP	0.9917713295799
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	5374389.6796973
HH	FY 92 RWPs	1047
II	UNITCOST PER RWP	5133.1324543432
JJ	TOTAL BED DAYS	3676
KK	DAYS PER RWP	3.5109837631328
LL	DMDC ADD-ON	270.34574976122
MM	TOTAL COST TO DISTRIBUTE	5403.4782041044
NN	DISTRIBUTE COST PER RWP TO CIVPAY	810.52173061566
OO	DISTRIBUTE COST PER RWP TO MILPAY	3025.9477942985
PP	DISTRIBUTE COST PER RWP TO OTHER	1567.0086791903
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRET	929.66842501616
RR	ASSET USE CHARGE CIVPAY	966.85516201681
SS	ASSET USE CHARGE MILPAY	3146.9857060704
TT	ASSET USE CHARGE OTHER	1629.6890263579
UU	FINAL COST PER RWP	5743.5298944451

FY 92 COST PER RWP
FACILITY: CAMP PENDLETON
UIC: 68094

A	TOTAL MEPRS A	24488266
B	GME SUPPORT (EBE)	70564
C	EDUC PROGRAM SUPPORT (EBF)	1113740
D	TOTAL B AND C	1184304
E	TOTAL OF ALL E EXPENSES	22202851
F	% SELECTED E EXPENSES	0.053340176898904
G	TOTAL E EXPENSES IN A	4310125
H	E EXPENSES TO REMOVE FROM MEPRS A	229902.82995639
I	MTF IWU	7118.52
J	MTF AWU	
K	MTF MWU	14712.75
L	MTF % INPATIENT	0.48383340979762
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	557807
U	DECEDENT AFFAIRS (FDD)	40287
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	598094
Y	E EXPENSES IN OTHER Fs	41787
Z	E TO REMOVE FROM OTHER Fs	2228.9259720745
AA	NET OTHER Fs	595865.07402793
BB	INPATIENT SHARE	288299.43054625
CC	TOTAL CATEGORY III	24546662.60059
DD	BIOMETRICS DISPOSITIONS	7840
EE	MEPRS DISPOSITIONS	7960
FF	RATIO BDISP/MEPRSDISP	0.98492462311558
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	24176612.410631
HH	FY 92 RWPs	6008.696
II	UNITCOST PER RWP	4023.6038585795
JJ	TOTAL BED DAYS	31114
KK	DAYS PER RWP	5.1781617841875
LL	DMDC ADD-ON	398.71845738243
MM	TOTAL COST TO DISTRIBUTE	4422.3223159619
NN	DISTRIBUTE COST PER RWP TO CIVPAY	663.34834739429
OO	DISTRIBUTE COST PER RWP TO MILPAY	2476.5004969387
PP	DISTRIBUTE COST PER RWP TO OTHER	1282.473471629
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRET	760.86055446125
RR	ASSET USE CHARGE CIVPAY	791.2949766397
SS	ASSET USE CHARGE MILPAY	2575.5605168162
TT	ASSET USE CHARGE OTHER	1333.7724104941
UU	FINAL COST PER RWP	4700.6279039501

FY 92 COST PER RWP
FACILITY: MILLINGTON
UIC: 60002

A	TOTAL MEPRS A	9708033
B	GME SUPPORT (EBE)	0
C	EDUC PROGRAM SUPPORT (EBF)	470116
D	TOTAL B AND C	470116
E	TOTAL OF ALL E EXPENSES	10886816
F	% SELECTED E EXPENSES	0.043182138836552
G	TOTAL E EXPENSES IN A	2009610
H	E EXPENSES TO REMOVE FROM MEPRS A	86779.258027324
I	MTF IWU	2591.58
J	MTF AWU	
K	MTF MWU	6428.64
L	MTF % INPATIENT	0.40313036660942
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	108119
U	DECEDENT AFFAIRS (FDD)	0
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	108119
Y	E EXPENSES IN OTHER Fs	0
Z	E TO REMOVE FROM OTHER Fs	0
AA	NET OTHER Fs	108119
BB	INPATIENT SHARE	43586.052107444
CC	TOTAL CATEGORY III	9664839.7940801
DD	BIOMETRICS DISPOSITIONS	3104
EE	MEPRS DISPOSITIONS	3130
FF	RATIO BDISP/MEPRSDISP	0.99169329073482
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	9584556.7798162
HH	FY 92 RWPs	2023.714
II	UNITCOST PER RWP	4736.1221891118
JJ	TOTAL BED DAYS	9914
KK	DAYS PER RWP	4.8989135816622
LL	DMDC ADD-ON	377.21634578799
MM	TOTAL COST TO DISTRIBUTE	5113.3385348998
NN	DISTRIBUTE COST PER RWP TO CIVPAY	767.00078023497
OO	DISTRIBUTE COST PER RWP TO MILPAY	2863.4695795439
PP	DISTRIBUTE COST PER RWP TO OTHER	1482.8681751209
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRE	879.74989492951
RR	ASSET USE CHARGE CIVPAY	914.93989072669
SS	ASSET USE CHARGE MILPAY	2978.0083627256
TT	ASSET USE CHARGE OTHER	1542.1829021258
UU	FINAL COST PER RWP	5435.1311555781

FY 92 COST PER RWP
FACILITY: LEMOORE
UIC: 66095

A	TOTAL MEPRS A	5039860
B	GME SUPPORT (EBE)	300
C	EDUC PROGRAM SUPPORT (EBF)	234449
D	TOTAL B AND C	234749
E	TOTAL OF ALL E EXPENSES	4876240
F	% SELECTED E EXPENSES	0.048141395829574
G	TOTAL E EXPENSES IN A	683727
H	E EXPENSES TO REMOVE FROM MEPRS A	32915.572146367
I	MTF IWU	1083.27
J	MTF AWU	
K	MTF MWU	4909.46
L	MTF % INPATIENT	0.22064952153597
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	103725
U	DECEDENT AFFAIRS (FDD)	216
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	103941
Y	E EXPENSES IN OTHER Fs	35
Z	E TO REMOVE FROM OTHER Fs	1.6849488540351
AA	NET OTHER Fs	103939.31505115
BB	INPATIENT SHARE	22934.160134812
CC	TOTAL CATEGORY III	5029878.5879884
DD	BIOMETRICS DISPOSITIONS	1613
EE	MEPRS DISPOSITIONS	1621
FF	RATIO BDISP/MEPRSDISP	0.99506477483035
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	5005055.0045807
HH	FY 92 RWPs	765.9227
II	UNITCOST PER RWP	6534.6738053079
JJ	TOTAL BED DAYS	2334
KK	DAYS PER RWP	3.0473049042678
LL	DMDC ADD-ON	234.64247762862
MM	TOTAL COST TO DISTRIBUTE	6769.3162829366
NN	DISTRIBUTE COST PER RWP TO CIVPAY	1015.3974424405
OO	DISTRIBUTE COST PER RWP TO MILPAY	3790.8171184445
PP	DISTRIBUTE COST PER RWP TO OTHER	1963.1017220516
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRET	1164.6608664792
RR	ASSET USE CHARGE CIVPAY	1211.2473011384
SS	ASSET USE CHARGE MILPAY	3942.4498031823
TT	ASSET USE CHARGE OTHER	2041.6257909337
UU	FINAL COST PER RWP	7195.3228952543

FY 92 COST PER RWP
FACILITY: CORPUS CHRISTI
UIC: 000285

A	TOTAL MEPRS A	6541616
B	GME SUPPORT (EBE)	0
C	EDUC PROGRAM SUPPORT (EBF)	524183
D	TOTAL B AND C	524183
E	TOTAL OF ALL E EXPENSES	9851211
F	% SELECTED E EXPENSES	0.053210006363685
G	TOTAL E EXPENSES IN A	1885273
H	E EXPENSES TO REMOVE FROM MEPRS A	100315.38832728
I	MTF IWU	1681.3
J	MTF AWU	
K	MTF MWU	4314.69
L	MTF % INPATIENT	0.38966878269354
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	30621
U	DECEDENT AFFAIRS (FDD)	15225
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	45846
Y	E EXPENSES IN OTHER Fs	17781
Z	E TO REMOVE FROM OTHER Fs	946.12712315268
AA	NET OTHER Fs	44899.872876847
BB	INPATIENT SHARE	17496.078807016
CC	TOTAL CATEGORY III	6458796.6904797
DD	BIOMETRICS DISPOSITIONS	1622
EE	MEPRS DISPOSITIONS	1728
FF	RATIO BDISP/MEPRSDISP	0.93865740740741
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	6062597.3564573
HH	FY 92 RWPs	1278.58
II	UNITCOST PER RWP	4741.6644687522
JJ	TOTAL BED DAYS	10719
KK	DAYS PER RWP	8.383519216631
LL	DMDC ADD-ON	645.53097968058
MM	TOTAL COST TO DISTRIBUTE	5387.1954484328
NN	DISTRIBUTE COST PER RWP TO CIVPAY	808.07931726492
OO	DISTRIBUTE COST PER RWP TO MILPAY	3016.8294511224
PP	DISTRIBUTE COST PER RWP TO OTHER	1562.2866800455
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRET	926.86697690287
RR	ASSET USE CHARGE CIVPAY	963.94165597898
SS	ASSET USE CHARGE MILPAY	3137.5026291673
TT	ASSET USE CHARGE OTHER	1624.7781472473
UU	FINAL COST PER RWP	5726.2224323936

FY 92 COST PER RWP
FACILITY: CHARLESTON
UIC: 68084

A	TOTAL MEPRS A	22563540
B	GME SUPPORT (EBE)	0
C	EDUC PROGRAM SUPPORT (EBF)	999228
D	TOTAL B AND C	999228
E	TOTAL OF ALL E EXPENSES	19304564
F	% SELECTED E EXPENSES	0.051761231178285
G	TOTAL E EXPENSES IN A	3276662
H	E EXPENSES TO REMOVE FROM MEPRS A	169604.0592751
I	MTF IWU	8273.66
J	MTF AWU	
K	MTF MWU	16262.41
L	MTF % INPATIENT	0.50875977176815
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	983669
U	DECEDENT AFFAIRS (FDD)	0
V	INITIAL OUTFITTNG (FDE)	10505
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	994174
Y	E EXPENSES IN OTHER Fs	92126
Z	E TO REMOVE FROM OTHER Fs	4768.5551835307
AA	NET OTHER Fs	989405.44481647
BB	INPATIENT SHARE	503369.68829099
CC	TOTAL CATEGORY III	22897305.629016
DD	BIOMETRICS DISPOSITIONS	9415
EE	MEPRS DISPOSITIONS	9521
FF	RATIO BDISP/MEPRSDISP	0.98886671568113
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	22642383.415312
HH	FY 92 RWPs	7393.167
II	UNITCOST PER RWP	3062.6094899942
JJ	TOTAL BED DAYS	30983
KK	DAYS PER RWP	4.1907615504966
LL	DMDC ADD-ON	322.68863938824
MM	TOTAL COST TO DISTRIBUTE	3385.2981293824
NN	DISTRIBUTE COST PER RWP TO CIVPAY	507.79471940736
OO	DISTRIBUTE COST PER RWP TO MILPAY	1895.7669524542
PP	DISTRIBUTE COST PER RWP TO OTHER	981.7364575209
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRET	582.44054316025
RR	ASSET USE CHARGE CIVPAY	605.73816488666
SS	ASSET USE CHARGE MILPAY	1971.5976305523
TT	ASSET USE CHARGE OTHER	1021.0059158217
UU	FINAL COST PER RWP	3598.3417112607

FY 92 COST PER RWP
FACILITY: GROTON
UIC: 61726

A	TOTAL MEPRS A	6602937
B	GME SUPPORT (EBE)	0
C	EDUC PROGRAM SUPPORT (EBF)	678079
D	TOTAL B AND C	678079
E	TOTAL OF ALL E EXPENSES	10173174
F	% SELECTED E EXPENSES	0.06665363238651
G	TOTAL E EXPENSES IN A	898021
H	E EXPENSES TO REMOVE FROM MEPRS A	59856.361609366
I	MTF IWU	2059.19
J	MTF AWU	
K	MTF MWU	7008.36
L	MTF % INPATIENT	0.293819096051
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	8535
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	173.65311
Q	NET FAA/FAH EXP TO DIST	8361.34689
R	MTF SHARE OF FAA/FAH	8361.34689
S	INPATIENT SHARE OF FAA/FAH	2456.7233849887
T	CONTINUING HEALTH EDUCATION (FAL)	110095
U	DECEDENT AFFAIRS (FDD)	0
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	110095
Y	E EXPENSES IN OTHER Fs	0
Z	E TO REMOVE FROM OTHER Fs	0
AA	NET OTHER Fs	110095
BB	INPATIENT SHARE	32348.013379735
CC	TOTAL CATEGORY III	6577885.3751554
DD	BIOMETRICS DISPOSITIONS	2328
EE	MEPRS DISPOSITIONS	2339
FF	RATIO BDISP/MEPRSDISP	0.995297135528
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	6546950.4717237
HH	FY 92 RWPs	1836.756
II	UNITCOST PER RWP	3564.4094652331
JJ	TOTAL BED DAYS	5367
KK	DAYS PER RWP	2.9219994381399
LL	DMDC ADD-ON	224.99395673677
MM	TOTAL COST TO DISTRIBUTE	3789.4034219699
NN	DISTRIBUTE COST PER RWP TO CIVPAY	568.41051329548
OO	DISTRIBUTE COST PER RWP TO MILPAY	2122.0659163031
PP	DISTRIBUTE COST PER RWP TO OTHER	1098.9269923713
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRET	651.96685874991
RR	ASSET USE CHARGE CIVPAY	678.04553309991
SS	ASSET USE CHARGE MILPAY	2206.9485529552
TT	ASSET USE CHARGE OTHER	1142.8840720661
UU	FINAL COST PER RWP	4027.8781581213

FY 92 COST PER RWP
FACILITY: GREAT LAKES
UIC: 00211

A	TOTAL MEPRS A	18315583
B	GME SUPPORT (EBE)	40771
C	EDUC PROGRAM SUPPORT (EBF)	593243
D	TOTAL B AND C	634014
E	TOTAL OF ALL E EXPENSES	30177282
F	% SELECTED E EXPENSES	0.02100964560029
G	TOTAL E EXPENSES IN A	4651228
H	E EXPENSES TO REMOVE FROM MEPRS A	97720.651886144
I	MTF IWU	3530.37
J	MTF AWU	
K	MTF MWU	7856.84
L	MTF % INPATIENT	0.44933713808605
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	502781
U	DECEDENT AFFAIRS (FDD)	42525
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	545306
Y	E EXPENSES IN OTHER Fs	35329
Z	E TO REMOVE FROM OTHER Fs	742.24976941263
AA	NET OTHER Fs	544563.75023059
BB	INPATIENT SHARE	244692.71703402
CC	TOTAL CATEGORY III	18462555.065148
DD	BIOMETRICS DISPOSITIONS	3638
EE	MEPRS DISPOSITIONS	3751
FF	RATIO BDISP/MEPRSDISP	0.96987470007998
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	17906365.05652
HH	FY 92 RWPs	3561.244
II	UNITCOST PER RWP	5028.1208073697
JJ	TOTAL BED DAYS	23488
KK	DAYS PER RWP	6.5954481074591
LL	DMDC ADD-ON	507.84950427435
MM	TOTAL COST TO DISTRIBUTE	5535.970311644
NN	DISTRIBUTE COST PER RWP TO CIVPAY	830.3955467466
OO	DISTRIBUTE COST PER RWP TO MILPAY	3100.1433745206
PP	DISTRIBUTE COST PER RWP TO OTHER	1605.4313903768
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRET	952.46369211835
RR	ASSET USE CHARGE CIVPAY	990.56223980309
SS	ASSET USE CHARGE MILPAY	3224.1491095015
TT	ASSET USE CHARGE OTHER	1669.6486459918
UU	FINAL COST PER RWP	5884.3599952964

FY 92 COST PER RWP
FACILITY: JACKSONVILLE
UIC: 00232

A	TOTAL MEPRS A	26774787
B	GME SUPPORT (EBE)	22110
C	EDUC PROGRAM SUPPORT (EBF)	1045584
D	TOTAL B AND C	1067694
E	TOTAL OF ALL E EXPENSES	24330042
F	% SELECTED E EXPENSES	0.043883771347374
G	TOTAL E EXPENSES IN A	5687038
H	E EXPENSES TO REMOVE FROM MEPRS A	249568.67523583
I	MTF IWU	8347.9144
J	MTF AWU	
K	MTF MWU	21932.4617
L	MTF % INPATIENT	0.38061912585034
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	492
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	10.010232
Q	NET FAA/FAH EXP TO DIST	481.989768
R	MTF SHARE OF FAA/FAH	481.989768
S	INPATIENT SHARE OF FAA/FAH	183.45452416497
T	CONTINUING HEALTH EDUCATION (FAL)	342165
U	DECEDENT AFFAIRS (FDD)	28956
V	INITIAL OUTFITTNG (FDE)	42632
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	413753
Y	E EXPENSES IN OTHER Fs	15287
Z	E TO REMOVE FROM OTHER Fs	670.8512125873
AA	NET OTHER Fs	413082.14878741
BB	INPATIENT SHARE	157226.96637584
CC	TOTAL CATEGORY III	26682628.745664
DD	BIOMETRICS DISPOSITIONS	9000
EE	MEPRS DISPOSITIONS	9062
FF	RATIO BDISP/MEPRSDISP	0.99315824321342
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	26500072.68936
HH	FY 92 RWPs	6448.194
II	UNITCOST PER RWP	4109.6891144032
JJ	TOTAL BED DAYS	22486
KK	DAYS PER RWP	3.4871779602165
LL	DMDC ADD-ON	268.51270293667
MM	TOTAL COST TO DISTRIBUTE	4378.2018173398
NN	DISTRIBUTE COST PER RWP TO CIVPAY	656.73027260097
OO	DISTRIBUTE COST PER RWP TO MILPAY	2451.7930177103
PP	DISTRIBUTE COST PER RWP TO OTHER	1269.6785270285
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRET	753.26962267332
RR	ASSET USE CHARGE CIVPAY	783.40040758025
SS	ASSET USE CHARGE MILPAY	2549.8647384187
TT	ASSET USE CHARGE OTHER	1320.4656681097
UU	FINAL COST PER RWP	4653.7308141086

FY 92 COST PER RWP
FACILITY: TWENTY NINE PALMS
UIC: 35949

A	TOTAL MEPRS A	4326871
B	GME SUPPORT (EBE)	0
C	EDUC PROGRAM SUPPORT (EBF)	245807
D	TOTAL B AND C	245807
E	TOTAL OF ALL E EXPENSES	5216406
F	% SELECTED E EXPENSES	0.047121907305528
G	TOTAL E EXPENSES IN A	1212051
H	E EXPENSES TO REMOVE FROM MEPRS A	57114.154871573
I	MTF IWU	1682.22
J	MTF AWU	
K	MTF MWU	4529.67
L	MTF % INPATIENT	0.37137804740743
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	94315
U	DECEDENT AFFAIRS (FDD)	2974
V	INITIAL OUTFITTNG (FDE)	174020
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	271309
Y	E EXPENSES IN OTHER Fs	2974
Z	E TO REMOVE FROM OTHER Fs	140.14055232664
AA	NET OTHER Fs	271168.85944767
BB	INPATIENT SHARE	100706.16153938
CC	TOTAL CATEGORY III	4370463.0066678
DD	BIOMETRICS DISPOSITIONS	2598
EE	MEPRS DISPOSITIONS	2699
FF	RATIO BDISP/MEPRSDISP	0.96257873286402
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	4206914.7429874
HH	FY 92 RWPs	1393.098
II	UNITCOST PER RWP	3019.8268484969
JJ	TOTAL BED DAYS	4086
KK	DAYS PER RWP	2.9330312727461
LL	DMDC ADD-ON	225.84340800145
MM	TOTAL COST TO DISTRIBUTE	3245.6702564984
NN	DISTRIBUTE COST PER RWP TO CIVPAY	486.85053847476
OO	DISTRIBUTE COST PER RWP TO MILPAY	1817.5753436391
PP	DISTRIBUTE COST PER RWP TO OTHER	941.24437438453
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRE	558.41756763055
RR	ASSET USE CHARGE CIVPAY	580.75427033577
SS	ASSET USE CHARGE MILPAY	1890.2783573847
TT	ASSET USE CHARGE OTHER	978.89414935991
UU	FINAL COST PER RWP	3449.9267770803

FY 92 COST PER RWP
FACILITY: NEWPORT
UIC:68086

A	TOTAL MEPRS A	2279235
B	GME SUPPORT (EBE)	0
C	EDUC PROGRAM SUPPORT (EBF)	818538
D	TOTAL B AND C	818538
E	TOTAL OF ALL E EXPENSES	11982037
F	% SELECTED E EXPENSES	0.068313760005916
G	TOTAL E EXPENSES IN A	1431171
H	E EXPENSES TO REMOVE FROM MEPRS A	97768.672221426
I	MTF IWU	2411.92
J	MTF AWU	
K	MTF MWU	6701.45
L	MTF % INPATIENT	0.35991016869483
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	328514
U	DECEDENT AFFAIRS (FDD)	0
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	328514
Y	E EXPENSES IN OTHER Fs	32137
Z	E TO REMOVE FROM OTHER Fs	2195.3993053101
AA	NET OTHER Fs	326318.60069469
BB	INPATIENT SHARE	117445.38262429
CC	TOTAL CATEGORY III	2298911.7104029
DD	BIOMETRICS DISPOSITIONS	1758
EE	MEPRS DISPOSITIONS	2448
FF	RATIO BDISP/MEPRSDISP	0.71813725490196
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	1650934.1449707
HH	FY 92 RWPs	1387.479
II	UNITCOST PER RWP	1189.8804558272
JJ	TOTAL BED DAYS	13928
KK	DAYS PER RWP	10.038350129984
LL	DMDC ADD-ON	772.95296000876
MM	TOTAL COST TO DISTRIBUTE	1962.833415836
NN	DISTRIBUTE COST PER RWP TO CIVPAY	294.4250123754
OO	DISTRIBUTE COST PER RWP TO MILPAY	1099.1867128681
PP	DISTRIBUTE COST PER RWP TO OTHER	569.22169059243
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRET	337.70548919458
RR	ASSET USE CHARGE CIVPAY	351.21370876236
SS	ASSET USE CHARGE MILPAY	1143.1541813829
TT	ASSET USE CHARGE OTHER	591.99055821613
UU	FINAL COST PER RWP	2086.3584483614

FY 92 COST PER RWP
FACILITY: OAK HARBOR
UIC: 66097

A	TOTAL MEPRS A	4565797
B	GME SUPPORT (EBE)	0
C	EDUC PROGRAM SUPPORT (EBF)	138758
D	TOTAL B AND C	138758
E	TOTAL OF ALL E EXPENSES	4607047
F	% SELECTED E EXPENSES	0.030118642158415
G	TOTAL E EXPENSES IN A	626427
H	E EXPENSES TO REMOVE FROM MEPRS A	18867.13065137
I	MTF IWU	1600.77
J	MTF AWU	
K	MTF MWU	5520.77
L	MTF % INPATIENT	0.28995411871895
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	331316
U	DECEDENT AFFAIRS (FDD)	0
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	331316
Y	E EXPENSES IN OTHER Fs	29726
Z	E TO REMOVE FROM OTHER Fs	895.30675680105
AA	NET OTHER Fs	330420.6932432
BB	INPATIENT SHARE	95806.840915835
CC	TOTAL CATEGORY III	4642736.7102645
DD	BIOMETRICS DISPOSITIONS	2356
EE	MEPRS DISPOSITIONS	2349
FF	RATIO BDISP/MEPRSDISP	1.0029799914857
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	4656572.0261316
HH	FY 92 RWPs	1223.245
II	UNITCOST PER RWP	3806.7370200831
JJ	TOTAL BED DAYS	4025
KK	DAYS PER RWP	3.290428327931
LL	DMDC ADD-ON	253.36298125069
MM	TOTAL COST TO DISTRIBUTE	4060.1000013338
NN	DISTRIBUTE COST PER RWP TO CIVPAY	609.01500020007
OO	DISTRIBUTE COST PER RWP TO MILPAY	2273.6560007469
PP	DISTRIBUTE COST PER RWP TO OTHER	1177.4290003868
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRET	698.54020522948
RR	ASSET USE CHARGE CIVPAY	726.48181343866
SS	ASSET USE CHARGE MILPAY	2364.6022407768
TT	ASSET USE CHARGE OTHER	1224.5261604023
UU	FINAL COST PER RWP	4315.6102146178

FY 92 COST PER RWP
FACILITY: PATUXENT RIVER
UIC: 66098

A	TOTAL MEPRS A	4181140
B	GME SUPPORT (EBE)	0
C	EDUC PROGRAM SUPPORT (EBF)	177694
D	TOTAL B AND C	177694
E	TOTAL OF ALL E EXPENSES	5582497
F	% SELECTED E EXPENSES	0.031830558977461
G	TOTAL E EXPENSES IN A	1329667
H	E EXPENSES TO REMOVE FROM MEPRS A	42324.043863884
I	MTF IWU	765
J	MTF AWU	
K	MTF MWU	2976.27
L	MTF % INPATIENT	0.25703313207471
M	TOTAL CONUS MWU	
N	MTF % CONUS MWU	ERR
O	TOTAL FAA/FAH EXPENSES	0
P	ESTIMATED EBE/EBF EXP IN FAA/FAH	0
Q	NET FAA/FAH EXP TO DIST	0
R	MTF SHARE OF FAA/FAH	0
S	INPATIENT SHARE OF FAA/FAH	0
T	CONTINUING HEALTH EDUCATION (FAL)	78617
U	DECEDENT AFFAIRS (FDD)	234
V	INITIAL OUTFITTNG (FDE)	0
W	URGENT MINOR CONSTRUCTION (FDF)	0
X	TOTAL OTHER Fs	78851
Y	E EXPENSES IN OTHER Fs	1079
Z	E TO REMOVE FROM OTHER Fs	34.345173136681
AA	NET OTHER Fs	78816.654826863
BB	INPATIENT SHARE	20258.4916498
CC	TOTAL CATEGORY III	4159074.4477859
DD	BIOMETRICS DISPOSITIONS	1136
EE	MEPRS DISPOSITIONS	1140
FF	RATIO BDISP/MEPRSDISP	0.99649122807018
GG	MEPRS EXPENSES ADJ TO BIOM VOLUME	4144481.2041095
HH	FY 92 RWPs	559.8072
II	UNITCOST PER RWP	7403.4081807263
JJ	TOTAL BED DAYS	1602
KK	DAYS PER RWP	2.8616995279803
LL	DMDC ADD-ON	220.35086365449
MM	TOTAL COST TO DISTRIBUTE	7623.7590443808
NN	DISTRIBUTE COST PER RWP TO CIVPAY	1143.5638566571
OO	DISTRIBUTE COST PER RWP TO MILPAY	4269.3050648532
PP	DISTRIBUTE COST PER RWP TO OTHER	2210.8901228704
QQ	ADD 14.7% TO CIVPAY FOR GOVT SHARE OF UNFUND CIVRET	1311.6677435857
RR	ASSET USE CHARGE CIVPAY	1364.1344533291
SS	ASSET USE CHARGE MILPAY	4440.0772674474
TT	ASSET USE CHARGE OTHER	2299.3257277852
UU	FINAL COST PER RWP	8103.5374485617

BSAT BASE STRUCTURE ANALYSIS TEAM

4401 Ford Avenue • Post Office Box 16268 • Alexandria, Virginia 22302-0268 • (703) 681-0490

October 19, 1994

MEMORANDUM

From: M. E. Golembieski, Captain, MC, USN
To: Chairman, Joint Medical Group

Subj: REVISED LMP DATA SET FOR DEPARTMENT OF NAVY MTFS

1. The attached spread sheet incorporates changes to our data base that reflect both review by DOD IG auditors and receipt of revised certified data calls from the field.

Michael E. Golembieski

FACILITY	UIC
MILLINGTON	60002

P1 POPULATION

CACHMENT	ASSIGNE	REGION	SCORE
7002	7002		2

F1 FCAD SCORE

FCAD	SCORE
96.5	10

F2 REAL PROPERTY

RATING	SCORE
2.014	7

F4 SAFETY SCORE

JCAHO	SCORE
2	8

MC1 AIR HUB DISTANCE

DISTANCE	SCORE
1	10

MC2 STUBBED BEDS

NUMBER	SCORE
106	4

C1 COST OF INPATIENT CARE

ASA RATE	MTF CO	RATIO	SCORE
4229.97	5435.13	0.778265	

A1 PRIMARY CARE RATIO

PRIM MD	POP	RATIO	SCORE
281	996473	1	10
		3546.167	
		0.000282	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
721-11 BEQ #98	13029	26	338754
721-11 BEQ # 114	10714	20	214280
740-89 BATHHOUSE		24	0
750-33 POOL FACILITY		24	0
510-10 HOSPITAL #100	222515	22	4895330
740-54 REC CENTER		11	0
441-30 HM/FLAMMABLE	72	11	792
143-10 EMER VEHICLE G	909	3	2727
730-66 WEATHER SHELT	47	22	1034
TOTAL	247286		5452917
AVERAGE WEIGHTED A			22.05105
		SCORE	3

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
721-11 BEQ #98	13029	2	26058
721-11 BEQ # 114	10714	2	21428
740-89 BATHHOUSE		3	0
750-33 POOL FACILITY		3	0
510-10 HOSPITAL #100	222515	2	445030
740-54 REC CENTER		3	0
441-30 HM/FLAMMABLE	72	3	216
143-10 EMER VEHICLE G	909	3	2727
730-66 WEATHER SHELT	47	3	141
TOTAL	247286		495600
AVG CODE			2.004157

Millington

A2 INPATIENT CAPABILITY

MTF BEDS	66			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
METHODIST NORTH	0.75	0.25	174	43.5
METHODIST SOUTH	0.75	0.25	113	28.25
METHODIST CENTRAL	0.75	0.25	591	147.75
GERMANTOWN COMM	0.426	0.574	120	68.88
LEBONEHUR	0.808	0.192	204	39.168
CHARTER LAKESIDE	0.712	0.288	174	50.112
BAPTIST MEMORIAL	0.709	0.291	1456	423.696
REGIONAL MED CEN	0.81	0.19	467	88.73
CRITTENDON MEM	0.642	0.358	53	18.974
ST FRANCIS	0.769	0.231	784	181.104
ST JOESPH	0.671	0.329	381	125.349
ST JUDE	0.708	0.292	48	14.016
UT-WF BOWLD	0.504	0.496	118	58.528
EASTWOOD MEDICAL	0.72	0.28	179	50.12
VA HOSP	0.583	0.417	956	398.652
			SUM	1736.829
			RATIO	26.31559

15

A2 INPATIENT CAPABILITY

MTF BEDS	66			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
METHODIST NORTH	0.75	0.25	174	43.5
METHODIST SOUTH	0.75	0.25	113	28.25
METHODIST CENTRAL	0.75	0.25	591	147.75
GERMANTOWN COMM	0.426	0.574	120	68.88
LEBONEHUR	0.808	0.192	204	39.168
CHARTER LAKESIDE	0.712	0.288	174	50.112
BAPTIST MEMORIAL	0.709	0.291	1456	423.696
REGIONAL MED CEN	0.81	0.19	467	88.73
CRITTENDON MEM	0.642	0.358	53	18.974
ST FRANCIS	0.769	0.231	784	181.104
ST JOESPH	0.671	0.329	381	125.349
			SUM	1215.513
			RATIO	18.41686
			SCORE	1

Revised

FACILITY	UIC
BREMERTON	68095

P1 POPULATION	CACHMEN	ASSIGNED	REGION	SCORE
	35687	45068		10

F1 FCAD SCORE	FCAD	SCORE
	100	10

F2 REAL PROPERTY	RATING	SCORE
	2.962	10

F4 SAFETY SCORE	JCAHO	SCORE
	4	3

MC1 AIR HUB DISTANCE	DISTANCE	SCORE
	15	10

MC2 STUBBED BEDS	NUMBER	SCORE
	169	4

C1 COST OF INPATIENT CARE	ASA RATE	MTF COST	RATIO	SCORE
	4866.85	4254.23	1.144003	

A1 PRIMARY CARE RATIO	PRIM MD	POP	RATIO	SCORE
	184	231755	1	3
			1259.538	
			0.000794	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
51010 HOSPITAL	252700	14	3537800
21910 PUBLIC WORKS	1800	3	5400
72112 BEQ	9000	3	27000
72111 BEQ	22356	14	312984
51077 MEDICAL REPAIR	5524	55	303820
44110 MED WAREHOUSE	5524	57	314868
TOTAL	296904		4501872
AVERAGE WEIGHTED AGE			15.16272
		SCORE	5

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
51010 HOSPITAL	252700	3	758100
21910 PUBLIC WORKS	1800	3	5400
72112 BEQ	9000	3	27000
72111 BEQ	22356	3	67068
51077 MEDICAL REPAIR	5524	1	5524
44110 MED WAREHOUSE	5524	3	16572
TOTAL	296904		879664
AVG CODE			2.962789

A2 INPATIENT CAPABILITY

MTF BEDS	109			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
HARRISON MEMORIAL	0.589	0.411	298	122.478
			SUM	122.478
			RATIO	1.123651
			SCORE	10

FACILITY	UIC
OAK HARBOR	66097

P1 POPULATION

CACHMEN	ASSIGNE	REGION	SCORE
18918	18918		4

F1 FCAD SCORE

FCAD	SCORE
100	10

F2 REAL PROPERTY

RATING	SCORE
3	10

F4 SAFETY SCORE

JCAHO	SCORE
NO SCR	

MC1 AIR HUB DISTANCE

DISTANCE	SCORE
0.3	10

MC2 STUBBED BEDS

NUMBER	SCORE
31	1

C1 COST OF INPATIENT CARE

ASA RATE	MTF COS	RATIO	SCORE
4874.49	4315.61	1.129502	

A1 PRIMARY CARE RATIO

PRIM MD	POP	RATIO	SCORE
61	67389	1	2
		1104.738	
		0.000905	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
510-10 HOSPITAL	94201	25	2355025
510-77 STORAGE	984	20	19680
510-77 MEDICAL STORAG	66	10	660
171-20 APTD	12653	2	25306
TOTAL	107904		2400671
AVERAGE WEIGHTED AG			22.24821
		SCORE	4

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
510-10 HOSPITAL	94201	3	282603
510-77 STORAGE	984	3	2952
510-77 MEDICAL STORAG	66	3	198
171-20 APTD	12653	3	37959
TOTAL	107904		323712
AVG CODE			3

A2 INPATIENT CAPABILITY

MTF BEDS	25			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
WHIDBEY GENERAL	0.44	0.56	56	31.36
ISLAND	0.49	0.51	48	24.48
			SUM	55.84
			RATIO	*2.2336*
			SCORE	6

DON JWG DATA SHEETS

FACILITY	UIC
PENSACOLA	00203

P1 POPULATION

CACHMENT	ASSIGNE	REGION	SCORE
30124	47769		7

F1 FCAD SCORE

FCAD	SCORE
88.9	9

F2 REAL PROPERTY

RATING	SCORE
3	10

F4 SAFETY SCORE

JCAHO	SCORE
1	10

MC1 AIR HUB DISTANCE

DISTANCE	SCORE
7	10

MC2 STUBBED BEDS

NUMBER	SCORE
161	5

C1 COST OF INPATIENT CARE

ASA RATE	MTF COS	RATIO	SCORE
4107.34	4448.93	0.92322	

A1 PRIMARY CARE RATIO

PRIM MD	POP	RATIO	SCORE
163	344406	1	6
		2112.92	
		0.000473	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
51010 NAVHOSP	283635	19	5389065
51077 WAREHOUSE	17890	19	339910
72111 BEQ	17908	19	340252
44130 FLAMMABLE/HAZ	800	14	11200
TOTAL	320233		6080427
AVERAGE WEIGHTED A			18.98751
		SCORE	2

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
51010 NAVHOSP	283635	3	850905
51077 WAREHOUSE	17890	3	53670
72111 BEQ	17908	3	53724
44130 FLAMMABLE/HAZ	800	3	2400
			0
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			0
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TOTAL	320233		960699
AVG CODE			3

A2 INPATIENT CAPABILITY

MTF BEDS	104			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
WEST FLORIDA REGMEDCTR	0.51	0.49	577	282.73
BAPTIST HOSP	0.552	0.448	562	251.776
SACRED HEART HOSP	0.744	0.256	411	105.216
SANTA ROSA MEDCTR	0.45	0.55	149	81.95
THOMAS HOSP	0.5	0.5	164	82
GULF BREEZE	0.368	0.632	60	37.92
JAY	0.425	0.575	55	31.625
SOUTH BALDWIN	0.53	0.47	92	43.24
			SUM	916.457
			RATIO	8.812087
			SCORE	1

FACILITY	UIC
OAK HARBOR	66097

P1 POPULATION

CACHMEN	ASSIGNE	REGION	SCORE
18918	18918		4

F1 FCAD SCORE

FCAD	SCORE
100	10

F2 REAL PROPERTY

RATING	SCORE
3	10

F4 SAFETY SCORE

JCAHO	SCORE
NO SCR	

MC1 AIR HUB DISTANCE

DISTANCE	SCORE
0.3	10

MC2 STUBBED BEDS

NUMBER	SCORE
31	1

C1 COST OF INPATIENT CARE

ASA RATE	MTF COS	RATIO	SCORE
4874.49	4315.61	1.129502	

A1 PRIMARY CARE RATIO

PRIM MD	POP	RATIO	SCORE
61	67389	1	2
		1104.738	
		0.000905	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
510-10 HOSPITAL	94201	25	2355025
510-77 STORAGE	984	20	19680
510-77 MEDICAL STORAG	66	10	660
171-20 APTD	12653	2	25306
TOTAL	107904		2400671
AVERAGE WEIGHTED AG			22.24821
		SCORE	4

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
510-10 HOSPITAL	94201	3	282603
510-77 STORAGE	984	3	2952
510-77 MEDICAL STORAG	66	3	198
171-20 APTD	12653	3	37959
TOTAL	107904		323712
AVG CODE			3

A2 INPATIENT CAPABILITY

MTF BEDS	25			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
WHIDBEY GENERAL	0.44	0.56	56	31.36
ISLAND	0.49	0.51	48	24.48
			SUM	55.84
			RATIO	2.2336
			SCORE	6

:ETS

	UIC			
/ILLE	232			
ATION	CACHMEN	ASSIGNE	REGION	SCORE
	64858	64858		10
:ORE	FCAD	SCORE		
	96.1	10		
:OPERTY	RATING	SCORE		
	2.87	10		
SCORE	JCAHO	SCORE		
	1	10		
B DISTANCE	DISTANCE	SCORE		
	2	10		
ED BEDS	NUMBER	SCORE		
	228	10		
INPATIENT CARE	ASA RATE	MTF CO	RATIO	SCORE
	4224.27	4653.73	0.907717	
CARE RATIO	PRIM MD	POP	RATIO	SCORE
	872	1092073	1	3
			1252.377	
			0.000798	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
510-77 DRUG LAB	13838	52	719576
510-77 HOSP/MED STORA	10080	52	524160
721-11 BEQ	22402	52	1164904
510-10 FAMILY PRAC CLI	14272	52	742144
214-20 TRANS/PWC	6063	53	321339
510-10 HOSPITAL	341360	27	9216720
610-20 DATA PROCESSIN	11610	16	185760
510-77 MED STORAGE	21330	16	341280
721-11 BEQ	13500	2	27000
TOTAL	454455		13242883
AVERAGE WEIGHTED AG			29.140141
		SCORE	3

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
510-77 DRUG LAB	13838	3	41514
510-77 HOSP/MED STORA	10080	2	20160
721-11 BEQ	22402	2	44804
510-10 FAMILY PRAC CLI	14272	2	28544
214-20 TRANS/PWC	6063	1	6063
510-10 HOSPITAL	341360	3	1024080
610-20 DATA PROCESSIN	11610	3	34830
510-77 MED STORAGE	21330	3	63990
721-11 BEQ	13500	3	40500
			0
			0
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			0
TOTAL	454455		1304485
AVG CODE			2.8704382

A2 INPATIENT CAPABILITY

MTF BEDS	131			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
UNIVERSITY	0.7	0.3	504	151.2
BAPTIST	0.65	0.35	601	210.35
MEMORIAL	0.692	0.308	324	99.792
METHODIST	0.497	0.503	150	75.45
ST VINCENTS	0.617	0.383	528	202.224
RIVERSIDE	0.707	0.293	183	53.619
ST LUKES	0.7	0.3	289	86.7
			SUM	879.335
			RATIO	6.712481
			SCORE	1

FACILITY	UIC
GREAT LAKES	211

P1 POPULATION	CACHMENT	ASSIGNE	REGION	SCORE
	25672	37555		8
F1 FCAD SCORE	FCAD	SCORE		
	99.3	10		
F2 REAL PROPERTY	RATING	SCORE		
	3	10		
F4 SAFETY SCORE	JCAHO	SCORE		
	2	8		
MC1 AIR HUB DISTANCE	DISTANCE	SCORE		
	10	10		
MC2 STUBBED BEDS	NUMBER	SCORE		
	718	10		
C1 COST OF INPATIENT CARE	ASA RATE	MTF COS	RATIO	SCORE
	4740.16	5884.36	0.805552	
A1 PRIMARY CARE RATIO	PRIM MD	POP	RATIO	SCORE
	10881	5106784	1	1
			469.3304	
			0.002131	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
HOSPITAL	467649	34	15900066
TOTAL	467649		15900066
AVERAGE WEIGHTED AGE			34
		SCORE	3

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
HOSPITAL	467649	3	1402947
			0
			0
			0
			0
			0
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			0
			0
TOTAL	467649		1402947
AVG CODE			3

A2 INPATIENT CAPABILITY

MTF BEDS	136			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
NORTHWEST COMMUNIT	0.765	0.235	390	91.65
GOOD SHEPERD	0.549	0.451	162	73.062
MACNEAL HOSPITAL	0.501	0.499	427	213.073
BETHANY HOSPITAL	0.705	0.295	146	43.07
CHILDRENS MEMORIAL	0.804	0.196	240	47.04
COLUMBUS HOSPITAL	0.666	0.334	302	100.868
COOK COUNTY HOSP	0.721	0.279	932	260.028
DOCTORS HOSPITAL	0.572	0.428	141	60.348
EDGEWATER MEDICAL CT	0.711	0.289	173	49.997
GRANT HOSPITAL	0.631	0.369	337	124.353
MASONIC MEDICAL	*0.812*	*0.188*	*703*	*132.164*
HOLY CROSS	0.759	0.241	319	76.879
LORETTO HOSPITAL	0.547	0.453	185	83.805
WEISS MEMORIAL	0.7	0.3	288	86.4
MERCY HOSPITAL	0.682	0.318	488	155.184
METHODIST HOSPITAL	0.482	0.518	189	97.902
MOUNT SINAI HOSP	0.776	0.224	357	79.968
NORTHWESTERN	0.64	0.36	674	242.64
NORWEGIAN AMERICAN	0.539	0.461	206	94.966
OUR LADY OF RESURR	0.736	0.264	273	72.072
RAVENSWOOD HOSP	0.766	0.234	333	77.922
RESUR MED CTR	0.836	0.164	691	113.324
RUSH PRESBY	0.8	0.2	823	164.6
SAINT MARY OF NAZARET	0.793	0.207	285	58.995
ST ELIZABETH	0.729	0.271	226	61.246
ST HOSEPH	0.602	0.398	493	196.214
SWEDISH COVENANT	0.825	0.175	285	49.875
THOREK HOSPITAL	0.536	0.464	136	63.104
UNIV OF CHICAGO	0.818	0.182	610	111.02
UNIT OF ILL	0.753	0.247	415	102.505
VA WEST SIDE	0.782	0.218	385	83.93
VA LAKESIDE	0.748	0.252	262	66.024
SAINT JOSEPH	0.411	0.589	280	164.92
HOLY FAMILY	0.41	0.59	252	148.68
GOOD SAMARITAN	0.668	0.332	316	104.912
SHERMAN HOSP	0.551	0.449	341	153.109
ALEXIAN BROTHERS	0.598	0.402	381	153.162
ELMHURST MEM	0.668	0.332	388	128.816
EVANSTON HOSP	0.809	0.191	557	106.387
ST FRANCIS	0.7	0.3	560	168
DELNOR HOSP	0.678	0.322	118	37.996
GLENOAKS MED CTR	0.533	0.467	122	56.974
HIGHLAND PARK	0.526	0.474	293	138.882
VA ED HINES	0.784	0.216	1022	220.752
HINSDALE HOSP	0.571	0.429	436	187.044
HOFFMAN ESTATES	*0.665*	*0.335*	*185*	*61.975*
LAGRANGE MEM HEALTH	0.688	0.312	246	76.752
LAKE FOREST	0.759	0.241	249	60.009
CONDELL MED CTR	0.623	0.377	175	65.975
MCGRAW HOSP	0.868	0.132	561	74.052
NORTHERN ILLINOIS	0.652	0.348	158	54.984
GOTTLEIB MEM	0.603	0.397	252	100.044
WESTLAKE COMM	0.72	0.28	230	64.4
VA NORTH CHICAGO	0.822	0.178	1000	178
OAK PARK	0.621	0.379	190	72.01
WEST SUBURBAN	0.405	0.595	370	220.15
LUTHERAN GENERAL	0.797	0.203	643	130.529
RUSH NORTH SHORE	0.7	0.3	240	72
ST THERESE	0.634	0.366	254	92.964
VICTORY MEMORIAL	0.581	0.419	279	116.901
CENTRAL DUPAGE	0.609	0.391	338	132.158
WOODSTOCK	0.482	0.518	137	70.966
MEMORIAL HOSPITAL	0.449	0.551	89	49.039
KENOSHA HOSP	0.449	0.551	147	80.997
ST CATHERINES	0.603	0.397	184	73.048
ST MARYS	0.668	0.332	226	75.032
ST LUKES	0.662	0.338	219	74.022
			SUM	7099.869
			RATIO	52.20492
			SCORE	1

FACILITY	UIC
CAMP PENDLETON	68094

P1 POPULATION

CACHMEN	ASSIGNE	REGION	SCORE
227239	74874		10

F1 FCAD SCORE

FCAD	SCORE
91.6	10

F2 REAL PROPERTY

RATING	SCORE
2.998	6

F4 SAFETY SCORE

JCAHO	SCORE
3	5

MC1 AIR HUB DISTANCE

DISTANCE	SCORE
3	10

MC2 STUBBED BEDS

NUMBER	SCORE
265	10

C1 COST OF INPATIENT CARE

ASA RATE	MTF CO	RATIO	SCORE
5264.21	4700.63	1.119895	

A1 PRIMARY CARE RATIO

PRIM MD	POP	RATIO	SCORE
3047	2768902	1	1
		908.7306	
		0.0011	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
H-100 HOSPITAL	427958	20	8559160
H-103 CHAMPUS	2255	19	42845
H-107 FLAMABLE STORE HOU	100	16	1600
H-123 HEATING PLANT	476	19	9044
H-124 HEATING PLANT	280	19	5320
H-127 HAZARDOUS/FLAMMAB	100	15	1500
H-135 MEDICAL STORAGE	61600	3	184800
H-136 PUBLIC WORKS	10400	3	31200
H-99 HOSP SERV BLDG	11483	20	229660
TOTAL	514652		9065129
AVERAGE WEIGHTED AGE			17.61409
		SCORE	5

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
H-100 HOSPITAL	427958	3	1283874
H-103 CHAMPUS	2255	3	6765
H-107 FLAMABLE STORE HOU	100	1	100
H-123 HEATING PLANT	476	1	476
H-124 HEATING PLANT	280	3	840
H-127 HAZARDOUS/FLAMMAB	100	1	100
H-135 MEDICAL STORAGE	61600	3	184800
H-136 PUBLIC WORKS	10400	3	31200
H-99 HOSP SERV BLDG	11483	3	34449
TOTAL	514652		1542604
AVG CODE			2.997373

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DON JWG DATA SHEETS

Pendleton

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
H-100 HOSPITAL	427958	20	8559160
H-103 CHAMPUS	2255	19	42845
H-107 FLAMABLE STORE HOU	100	16	1600
H-123 HEATING PLANT	476	19	9044
H-124 HEATING PLANT	280	19	5320
H-127 HAZARDOUS/FLAMMAB	100	15	1500
H-135 MEDICAL STORAGE	61600	3	184800
H-136 PUBLIC WORKS	10400	3	31200
H-99 HOSP SERV BLDG	11483	20	229660
TOTAL	514652		9065129
AVERAGE WEIGHTED AGE			17.61409
		SCORE	5

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
H-100 HOSPITAL	427958	3	1283874
H-103 CHAMPUS	2255	3	6765
H-107 FLAMABLE STORE HOU	100	1	100
H-123 HEATING PLANT	476	1	476
H-124 HEATING PLANT	280	3	840
H-127 HAZARDOUS/FLAMMAB	100	1	100
H-135 MEDICAL STORAGE	61600	3	184800
H-136 PUBLIC WORKS	10400	3	31200
H-99 HOSP SERV BLDG	11483	3	34449
TOTAL	514652		1542604

A2 INPATIENT CAPABILITY

MTF BEDS	120			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
CHILDRENS HOSP AND HE	0.83	0.17	154	26.18
FALLBROOK	0.48	0.52	50	26
GREEN HOSP OF SCRIPPS	0.671	0.329	173	56.917
SADDLEBACK MEM	0.627	0.373	221	82.433
SOUTH COAST MED CTR	0.258	0.742	191	141.722
INLAND VALLEY	0.525	0.475	80	38
		1		0
		1		0
MISSION BAY	0.46	0.54	113	61.02
PALOMAR	0.701	0.299	396	118.404
POMERADO	0.72	0.28	247	69.16
		1		0
SHARP MURRIETA	0.967	0.033	139	4.587
SAMARITAN MED CTR	0.349	0.651	86	55.986
SCRIPPS LA JOLLA	0.494	0.506	433	219.098
SCRIPPS EAST	0.259	0.741	162	120.042
SCRIPPS ENCINITAS	0.456	0.544	158	85.952
~~SHARP GABRILLA~~	~~0.53~~	~~0.47~~	~~219~~	~~102.93~~
SHARP MEM	0.818	0.182	385	70.07
HEMET VALLEY MED CTR	0.727	0.273	288	78.078
MENIFEE VALLEY	0.718	0.282	84	23.688
VA LA JOLLA	0.775	0.225	355	79.875
TRI CITY	0.681	0.319	382	121.858
UCSD	0.796	0.204	412	84.048
			SUM	1666.048
			RATIO	13.88373

over 40 miles but will not change score

FACILITY	UIC
CAMP PENDLETON	68094

P1 POPULATION	CACHMEN	ASSIGNE	REGION	SCORE
	227239	74874		10

F1 FCAD SCORE	FCAD	SCORE
	91.6	10

F2 REAL PROPERTY	RATING	SCORE
	2.998	6

F4 SAFETY SCORE	JCAHO	SCORE
	3	5

MC1 AIR HUB DISTANCE	DISTANCE	SCORE
	3	10

MC2 STUBBED BEDS	NUMBER	SCORE
	265	10

C1 COST OF INPATIENT CARE	ASA RATE	MTF CO	RATIO	SCORE
	5264.21	4700.63	1.119895	

A1 PRIMARY CARE RATIO	PRIM MD	POP	RATIO	SCORE
	3047	2768902	1	1
			908.7306	
			0.0011	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
H-100 HOSPITAL	427958	20	8559160
H-103 CHAMPUS	2255	19	42845
H-107 FLAMABLE STORE HOU	100	16	1600
H-123 HEATING PLANT	476	19	9044
H-124 HEATING PLANT	280	19	5320
H-127 HAZARDOUS/FLAMMAB	100	15	1500
H-135 MEDICAL STORAGE	61600	3	184800
H-136 PUBLIC WORKS	10400	3	31200
H-99 HOSP SERV BLDG	11483	20	229660
TOTAL	514652		9065129
AVERAGE WEIGHTED AGE			17.61409
		SCORE	5

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
H-100 HOSPITAL	427958	3	1283874
H-103 CHAMPUS	2255	3	6765
H-107 FLAMABLE STORE HOU	100	3	300
H-123 HEATING PLANT	476	1	476
H-124 HEATING PLANT	280	3	840
H-127 HAZARDOUS/FLAMMAB	100	3	300
H-135 MEDICAL STORAGE	61600	3	184800
H-136 PUBLIC WORKS	10400	3	31200
H-99 HOSP SERV BLDG	11483	3	34449
TOTAL	514652		1543004
AVG CODE			2.99815

DON JWG DATA SHEETS

A2 INPATIENT CAPABILITY

MTF BEDS	120			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
ALVARDO	0.515	0.485	231	112.035
FALLBROOK	0.48	0.52	50	26
GREEN HOSP OF SCRIPPS	0.671	0.329	173	56.917
GROSSMONT	0.612	0.388	438	169.944
HARBOR VIEW	0.608	0.392	130	50.96
INLAND VALLEY	0.525	0.475	80	38
KAISER FOUNDATION	0.758	0.242	343	83.006
MERCY	0.624	0.376	417	156.792
MISSION BAY	0.46	0.54	113	61.02
PALOMAR	0.701	0.299	396	118.404
POMERADO	0.72	0.28	247	69.16
IRVINE MED CTR	0.312	0.688	141	97.008
SHARP MURRIETA	0.976	0.024	139	3.336
SAMARITAN MED CTR	0.349	0.651	86	55.986
SCRIPPS LA JOLLA	0.494	0.506	433	219.098
SCRIPPS EAST	0.259	0.741	162	120.042
SCRIPPS ENCINITAS	0.456	0.544	158	85.952
SHARP CABRILLA	0.53	0.47	219	102.93
SHARP MEM	0.818	0.182	385	70.07
HEMET VALLEY MED CTR	0.727	0.273	286	78.078
MENIFEE VALLEY	0.718	0.282	84	23.688
VA LA JOLLA	0.775	0.225	355	79.875
TRI CITY	0.681	0.319	382	121.858
UCSD	0.796	0.204	412	84.048
			SUM	2084.207
			RATIO	17.36839
			SCORE	1

Revised

DON J. 'G DATA SHEETS

San Diego

A2 INPATIENT CAPABILITY

MTF BEDS	572			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
ALVARADO HOSP	✓ 0.831	0.169	✓ 231	39.039
CHILDRENS HOSP AND HLTH	✓ 0.515	0.485	✓ 154	74.69
COMM HOSP OF CHULA VIST	✓ 0.706	0.294	✓ 316	92.904
CORONADO HOSP	WONT	1	REPORT	0
GREEN HOSP OF SCRPPPS	✓ 0.653	0.347	✓ 173	60.031
GROSSMONT HOSP	✓ 0.612	0.388	✓ 438	169.944
HARBOR VIEW MED CTR	✓ 0.608	0.392	✓ 130	50.96
KAISER FOUNDATION	✓ 0.758	0.242	✓ 343	83.006
MERCY HOSP & MED CTR	(0.524)	0.476	✓ 417	198.492
MISSION BAY MEM HOSP	✓ 0.46	0.54	✓ 113	61.02
PARADISE VALLEY HOSP	WONT	1	REPORT	0
SCRIPPS MEM EAST	✓ 0.259	0.741	✓ 162	120.042
SCRIPPS MEM CHULA VISTA	✓ 0.78	0.22	✓ 159	34.98
SCRIPPS MEM HOSP ENCINIT	✓ 0.456	0.544	✓ 158	85.952
SCRIPPS MEM HOSP LA JOLL	✓ 0.494	0.506	✓ 433	219.098
SHARP CABRILLO	✓ 0.53	0.47	✓ 219	102.93
SHARP MEMORIAL	✓ 0.818	0.182	✓ 385	70.07
PALOMAR MED CTR	✓ 0.701	0.299	✓ 396	118.404
POMERADO	✓ 0.702	0.298	✓ 247	73.606
TRI CITY MED CTR	✓ 0.681	0.319	✓ 382	121.858
UNIV OF CA SAN DIEGO MED	✓ 0.796	0.204	✓ 412	84.048
VA MED CTR	✓ 0.775	0.225	✓ 355	79.875
		1		0
			SUM	1940.949
			RATIO	3.393267
			SCORE	2

.624

/20

FACILITY	UIC
SAN DIEGO	259

186255 36 5267

P1 POPULATION

CACHMENT	ASSIGNE REGION		SCORE
212100	~~109652~~	~~265515~~	7

F1 FCAD SCORE

FCAD	SCORE
98.1	10

F2 REAL PROPERTY

RATING	SCORE
3	10

F4 SAFETY SCORE

JCAHO	SCORE
2	8

MC1 AIR HUB DISTANCE

DISTANCE	SCORE
3	10

MC2 STUBBED BEDS

NUMBER	SCORE
~~563~~ 564	6

C1 COST OF INPATIENT CARE

ASA RATE	MTF CO	RATIO	SCORE
6440.49	4940.85	1.303519	

A1 PRIMARY CARE RATIO

PRIM MD	POP	RATIO	SCORE
2797	2674000	1	
		956.0243	
		0.001046	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
55010 HOSPITAL	867271	7	6070897
55010 SOUTH CLINIC	152883	7	1070181
55010 NORTH CLINIC	159941	7	1119587
44135 GENL STORAGE SH	2360	1	2360
72111 EM BARRACKS	44461	25	1111525
74020 FISHER HOUSE	5120	2	10240
73080 EMPLOYEE PARKIN	352500	9	3172500
81159 STANDBY GEN PLA	840	38	31920
73080 PARKING STRUCTU	216000	2	432000
74076 library educational ctr	37719	6	226314
73081 LIGHT CARE REHAB	60236	6	361416
53040 VIVARIUM	18792	4	75168
TOTAL	1918123		13684108
AVERAGE WEIGHTED AG			7.13411392
		SCORE	7

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
55010 HOSPITAL	867271	3	2601813
55010 SOUTH CLINIC	152883	3	458649
55010 NORTH CLINIC	159941	3	479823
44135 GENL STORAGE SH	2360	3	7080
72111 EM BARRACKS	44461	3	133383
74020 FISHER HOUSE	5120	3	15360
73080 EMPLOYEE PARKIN	352500	3	1057500
81159 STANDBY GEN PLA	840	3	2520
73080 PARKING STRUCTU	216000	3	648000
74076 library educational ctr	37719	3	113157
73081 LIGHT CARE REHAB	60236	3	180708
53040 VIVARIUM	18792	3	56376
TOTAL	1918123		5754369
AVG CODE			3

A2 INPATIENT CAPABILITY

MTF BEDS	422			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
CHILDRENS HOSP AND HEAL	0.831	0.169	154	26.026
COMM HOSP OF CHULA VIST	0.883	0.117	236	27.612
GREEN OOSP OF SCRIPPS C	0.653	0.347	173	60.031
GROSSMONT HOSP	0.714	0.286	438	125.268
HARBOR VIEW MED CTR	0.295	0.705	176	124.08
HILLSIDE HOSP	0.466	0.534	133	71.022
KAISER FOUNDATION HOSP	0.848	0.152	296	44.992
MERCY HOSP	0.717	0.283	417	118.011
MISSION BAY HOSP	0.467	0.533	150	79.95
PARADISE VALLEY	0.62	0.38	213	80.94
RANCHO PARK	0.567	0.433	76	32.908
SAMARITAN MED CTR	0.5	0.5	84	42
SCRIPPS MEM HOSP CHULA	0.836	0.164	159	26.076
SCRIPPS MEM HOSP ENCINI	0.593	0.407	146	59.422
SCRIPPS MEM HOSP LA JOLL	0.536	0.464	462	214.368
SHARP CABRILLO	0.476	0.524	250	131
SOUTHWOOD PSYCH CTR	0.663	0.337	187	63.019
PALOMAR MED CTR	0.75	0.25	400	100
POMERADO HOSP	0.546	0.454	273	123.942
TRI CITY MED CTR	0.687	0.313	385	120.505
VA MED CTR	0.465	0.535	606	324.21
FALLBROOK HOSP	0.62	0.38	50	19
VILLAVIEW COMM HOSP	0.45	0.55	100	55
			SUM	2069.382
			RATIO	4.903749
			SCORE	2

Revised

DON JWG DATA SHEETS

FACILITY	UIC
TWENTY NINE PALMS	35949

P1 POPULATION

CACHMENT	ASSIGNE	REGION	SCORE
23000	23000		5

MV **F1 FCAD SCORE**

FCAD	SCORE
99.7	10

MV **F2 REAL PROPERTY**

RATING	SCORE
3	10

MV **F4 SAFETY SCORE**

JCAHO	SCORE
NO SCR	

MV **MC1 AIR HUB DISTANCE**

DISTANCE	SCORE
5	10

MC2 STUBBED BEDS

NUMBER	SCORE
40	1

MV **C1 COST OF INPATIENT CARE**

ASA RATE	MTF COS	RATIO	SCORE
4999.58	3449.93	1.449183	

A1 PRIMARY CARE RATIO

PRIM MD	POP	RATIO	SCORE
15	39400	1	8
		2626.667	
		0.000381	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
510-10 HOSPITAL	163000	1	163000
TOTAL	163000		163000
AVERAGE WEIGHTED AGE			1
		SCORE	10

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
510-10 HOSPITAL	163000	3	489000
TOTAL	163000		489000
AVG CODE			3

ON JWG DATA SHEETS

A2 INPATIENT CAPABILITY

MTF BEDS	29			
FACILITY	RATE	1-RATE	BEDS	AVAIL BEDS
HI DESERT MED CTR	0.65	0.35	56	19.6
		SUM		19.6
		RATIO		0.675862
		SCORE		10

FACILITY	UIC
LEMOORE	66095

P1 POPULATION	CACHMENT	ASSIGNED	REGION	SCORE
	22516			5

F1 FCAD SCORE	FCAD	SCORE
	87	9

F2 REAL PROPERTY	RATING	SCORE
	1.2322	3

F4 SAFETY SCORE	JCAHO	SCORE
	1	10

MC1 AIR HUB DISTANCE	DISTANCE	SCORE
	7	10

MC2 STUBBED BEDS	NUMBER	SCORE
	317 ~~22~~	1

C1 COST OF INPATIENT CARE	ASA RATE	MTF COST	RATIO	SCORE
	4731.38	7195.32	0.657564	

A1 PRIMARY CARE RATIO	PRIM MD	POP	RATIO	SCORE
	361	969651	1	7
			2686.014	
			0.000372	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
511077 MEDICAL STORAG	5160	19	98040
51010 HOSPITAL	52195	33	1722435
14310 AMBULANCE GARA	1025	33	33825
51077 MEDICAL EQUIPME	1550	22	34100
TOTAL	59930		1888400
AVERAGE WEIGHTED AG			31.5101
		SCORE	3

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
511077 MEDICAL STORAG	5160	3	15480
51010 HOSPITAL	52195	1	52195
14310 AMBULANCE GARA	1025	3	3075
51077 MEDICAL EQUIPME	1550	2	3100
TOTAL	59930		73850
AVG CODE			1.232271

A2 INPATIENT CAPABILITY

MTF BEDS	37			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
~~FRESNO CONN HOSP~~	~~0.716~~	~~0.284~~	~~365~~	~~103.903~~
~~ST AGNES MED CTR~~	~~0.724~~	~~0.276~~	~~323~~	~~89.148~~
~~VALLEY CHILDRENS~~	~~0.818~~	~~0.182~~	~~170~~	~~31.186~~
HANFORD COMM	0.889	0.111	54	5.994
CENTRAL VALLEY GEN	0.364	0.636	66	41.976
~~VA MEDICAL CTR~~	~~0.689~~	~~0.311~~	~~106~~	~~32.966~~
~~VALLEY MED CTR~~	~~0.696~~	~~0.304~~	~~336~~	~~102.144~~
KAWAEH DELTA	0.985	0.015	181	2.715
~~TULARE DIST HOSP~~	~~0.606~~	~~0.383~~	~~86~~	~~32.97~~
			SUM	~~458.755~~
			RATIO	12.39878
			SCORE	1

marked out facilities over 40 miles

51/37 = 1.38

FACILITY	UIC
GROTON	61726

P1 POPULATION	CACHMENT	ASSIGNE	REGION	SCORE
	31288	20151		5

F1 FCAD SCORE	FCAD	SCORE
	96.1	10

F2 REAL PROPERTY	RATING	SCORE
	1.939	6

F4 SAFETY SCORE	JCAHO	SCORE
	3	5

MC1 AIR HUB DISTANCE	DISTANCE	SCORE
	45	9

MC2 STUBBED BEDS	NUMBER	SCORE
	96	3

C1 COST OF INPATIENT CARE	ASA RATE	MTF CO	RATIO	SCORE
	5062.61	4027.88	1.256892	

A1 PRIMARY CARE RATIO	PRIM MD	POP	RATIO	SCORE
	894	1088279	1	3
			1217.314	
			0.000821	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
510-10 HOSPITAL	161873	21	3399333
510-10 MILITARY MEDICIN	10482	50	524100
TOTAL	172355		3923433
AVERAGE WEIGHTED AG			22.76367
		SCORE	4

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
510-10 HOSPITAL	161873	2	323746
510-10 MILITARY MEDICIN	10482	1	10482
TOTAL	172355		334228
AVG CODE			1.939164

A2 INPATIENT CAPABILITY

MTF BEDS	*25*			*AVAIL*
FACILITY	RATE	1-RATE	BEDS	BEDS
L&M	0.73	0.27	309	83.43
BACKUS	0.77	0.23	211	48.53
WESTERLY	0.55	0.45	141	63.45
			SUM	195.41
			RATIO	7.8164
			SCORE	1

FACILITY	UIC
BETHESDA	168

1685596 42361

P1 POPULATION

CACHMENT	ASSIGNED	REGION	SCORE
~~42361~~	~~168596~~	413679	8

F1 FCAD SCORE

FCAD	SCORE
93.9	10

F2 REAL PROPERTY

RATING	SCORE
2.96	10

F4 SAFETY SCORE

JCAHO	SCORE
2	8

MC1 AIR HUB DISTANCE

DISTANCE	SCORE
20	10

MC2 STUBBED BEDS

NUMBER	SCORE
779	8

C1 COST OF INPATIENT CARE

ASA RATE	MTF COST	RATIO	SCORE
5757.01	6008.23	0.958187	

A1 PRIMARY CARE RATIO

PRIM MD	POP	RATIO	SCORE
6012	4630349	1	
		770.1845	
		0.001298	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
61010 MED FAC	241594	53	12804482
17025 MED FAC	150309	53	7966377
61010 MED FAC	38612	51	1969212
'61010 MED FAC	16710	53	885630
'61010 MED FAC	38612	51	1969212
'61010 MED FAC	20189	52	1049828
'51010 MED FAC	65907	31	2043117
31010 MED FAC	83371	31	2584501
'51010 MED FAC	584559	14	8183826
'51010 MED FAC	322133	14	4509862
21910 PW SHOPS	18593	53	985429
61010 PW ADMIN	27558	52	1433016
21356 PW SHOPS	11760	50	588000
82109 UTILITY PLANT	50028	53	2651484
72111 50 BEQ	48004	26	1248104
73080 PARKING GARAGE	330040	17	5610680
72111 60 BEQ	105848	8	846784
31027 WAREHOUSE	6500	49	318500
44110 WAREHOUSE	4000	45	180000
44110 WAREHOUSE	4091	45	184095
44110 WAREHOUSE	4000	43	172000
21977 PW MAINT STORAGE	8000	43	344000
44110 WAREHOUSE	4000	21	84000
44110 WAREHOUSE	1640	18	29520
74031 BEQ	83160	1	83160
74020 FISHER HOUSE	4864	3	14592
74020 FISHER HOUSE	4864	1	4864
TOTAL	2278946		58744275
AVERAGE WEIGHTED AGE			25.776949080847
		SCORE	4

.REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
61010 MED FAC	241594	3	724782
17025 MED FAC	150309	3	450927
61010 MED FAC	38612	2	77224
'61010 MED FAC	16710	3	50130
'61010 MED FAC	38612	3	115836
'61010 MED FAC	20189	3	60567
'51010 MED FAC	65907	3	197721
31010 MED FAC	83371	3	250113
'51010 MED FAC	584559	3	1753677
'51010 MED FAC	322133	3	966399
21910 PW SHOPS	18593	3	55779
61010 PW ADMIN	27558	3	82674
21356 PW SHOPS	11760	3	35280
82109 UTILITY PLANT	50028	3	150084
72111 50 BEQ	48004	2	96008
73080 PARKING GARAGE	330040	3	990120
72111 60 BEQ	105848	3	317544
31027 WAREHOUSE	6500	3	19500
44110 WAREHOUSE	4000	3	12000
44110 WAREHOUSE	4091	3	12273
44110 WAREHOUSE	4000	3	12000
21977 PW MAINT STORAGE	8000	3	24000
44110 WAREHOUSE	4000	3	12000
44110 WAREHOUSE	1640	3	4920
74031 BEQ	83160	3	249480
74020 FISHER HOUSE	4864	3	14592
74020 FISHER HOUSE	4864	3	14592
			0
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TOTAL	2278946		6750222
AVG CODE			2.961992956393

BETHESDA

A2 INPATIENT CAPABILITY

MTF BEDS	384			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
CHILDRENS NATL MED CTR	✓ 0.738	0.262	✓ 279	73.098
COLUMBIA HOSP	✓ 0.654	0.346	✓ 141	48.786
DC GENERAL	✓ 0.68	0.32	✓ 435	139.2
GWU HOSP	✓ 0.828	0.172	✓ 425	73.1
GU HOSP	✓ 0.978	0.022	✓ 500	11
HOWARD UNIV HOSP	✓ 0.706	0.294	✓ 437	128.478
PROV HOSP	✓ 0.76	0.24	✓ 342	82.08
SIBLEY MEM HOSP	✓ 0.616	0.384	✓ 362	139.008
WASH HOSP CTR	✓ 0.767	0.233	✓ 874	203.642
BON SECOURS HOSP	✓ 0.94	0.06	✓ 156	9.36
CHURCH HOSP CORP	✓ 0.685	0.315	✓ 216	68.04
FRANKLIN SQ HOSP	✓ 0.761	0.239	✓ 427	102.053
GOOD SAMARITAN HOSP	✓ 0.836	0.164	✓ 269	44.116
GREATER BALT MED CTR	✓ 0.782	0.218	✓ 386	84.148
HARBOR HOSP CTR	✓ 0.742	0.258	✓ 287	74.046
JL KERNAN HOSP	✓ 0.536	0.464	✓ 69	32.016
JOHN HOPKINS	✓ 0.809	0.191	✓ 959	183.169
KENNEDY INST	✓ 0.745	0.255	✓ 51	13.005
LIBERTY MED CTR	✓ 0.769	0.231	✓ 260	60.06
MD GEN HOSP	✓ 0.757	0.243	✓ 247	60.021
MERCY MED CTR	✓ 0.685	0.315	✓ 302	95.13
MT WASH PED HOSP	✓ 0.892	0.108	✓ 130	14.04
PRATT HOSP	✓ 0.838	0.162	✓ 260	42.12
SINAI HOSP	✓ 0.789	0.211	✓ 487	102.757
ST AGNES HOSP	✓ 0.798	0.202	✓ 396	79.992
UNIV OF MD HOSP	✓ 0.785	0.215	✓ 713	153.295
NIH	✓ 0.578	0.422	✓ 415	175.13
SPRING GROVE HOSP	✓ 1	0	✓ 508	0
PRINCE GEORGE HOSP	✓ 0.792	0.208	✓ 356	74.048
SOUTHERN MD HOSP	✓ 0.716	0.284	✓ 328	93.152
HOWARD CO GEN HOSP	✓ 0.667	0.333	✓ 213	70.929
TAYLOR MANOR HOSP	✓ 0.667	0.333	✓ 96	31.968
FREDERICK MEM HOSP	✓ 0.984	0.016	✓ 188	3.008
DOCTORS COMM HOSP	✓ 0.64	0.36	✓ 250	90
GREATER LAUREL BELTSVIL	✓ 0.67	0.33	✓ 176	58.08
MONTGOMERY GEN HOSP	✓ 0.594	0.406	✓ 229	92.974
CHESTNUT LODGE HOSP	✓ 0.6	0.4	✓ 100	40
SHADY GROVE ADV HOSP	✓ 0.733	0.267	✓ 243	64.881
HOLY CROSS HOSP	✓ 0.768	0.232	✓ 414	96.048
WASH ADVENTIST HOSP	✓ 0.78	0.22	✓ 300	66
ALEX HOSP	✓ 0.645	0.355	✓ 363	128.865
MT VERNON HOSP	✓ 0.629	0.371	✓ 229	84.959
ARLINGTON HOSP	✓ 0.627	0.373	✓ 389	145.097
NATL HOSP FOR ORTHO AN	✓ 0.495	0.505	✓ 105	53.025
NO VA DOCTORS HOSP	✓ 0.441	0.559	✓ 211	117.949
FAIR OAKS HOSP	✓ 0.678	0.322	✓ 144	46.368
FAIRFAX HOSP	✓ 0.864	0.136	✓ 656	89.216
DOMINION HOSP	✓ 0.55	0.45	✓ 100	45
LOUDON HOSP CTR	✓ 0.348	0.652	✓ 103	67.156
SPRINGFIELD HOSP CTR	✓ 0.94	0.06	✓ 445	26.7
LEVINDALE HEBREW	✓ 0.98	0.02	✓ 76	1.52
UNION MEMORIAL	✓ 0.78	0.22	✓ 344	75.68
GREATER SOUTHEAST	✓ 0.8	0.2	✓ 470	94
			SUM	4047.513
			RATIO	10.5404
			SCORE	1

/53

A2 INPATIENT CAPABILITY

MTF BEDS	384			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
CHILDRENS NATL MED CTR	0.738	0.262	279	73.098
COLUMBIA HOSP	0.654	0.346	141	48.786
DC GENERAL	0.68	0.32	435	139.2
GWU HOSP	0.828	0.172	425	73.1
GU HOSP	0.978	0.022	500	11
HOWARD UNIV HOSP	0.706	0.294	437	128.478
PROV HOSP	0.76	0.24	342	82.08
SIBLEY MEM HOSP	0.616	0.384	362	139.008
WASH HOSP CTR	0.767	0.233	874	203.642
BON SECOURS HOSP	0.94	0.06	156	9.36
CHURCH HOSP CORP	0.685	0.315	216	68.04
FRANKLIN SQ HOSP	0.761	0.239	427	102.053
GOOD SAMARITAN HOSP	0.836	0.164	269	44.116
GREATER BALT MED CTR	0.782	0.218	386	84.148
HARBOR HOSP CTR	0.742	0.258	287	74.046
JL KERNAN HOSP	0.536	0.464	69	32.016
JOHN HOPKINS	0.809	0.191	959	183.169
KENNEDY INST	0.745	0.255	51	13.005
LIBERTY MED CTR	0.769	0.231	260	60.06
MD GEN HOSP	0.757	0.243	247	60.021
MERCY MED CTR	0.685	0.315	302	95.13
MT WASH PED HOSP	0.892	0.108	130	14.04
PRATT HOSP	0.838	0.162	260	42.12
SINAI HOSP	0.789	0.211	487	102.757
ST AGNES HOSP	0.798	0.202	396	79.992
UNIV OF MD HOSP	0.785	0.215	713	153.295
NIH	0.578	0.422	415	175.13
SPRING GROVE HOSP	1	0	508	0
PRINCE GEORGE HOSP	0.792	0.208	356	74.048
SOUTHERN MD HOSP	0.716	0.284	328	93.152
HOWARD CO GEN HOSP	0.667	0.333	213	70.929
TAYLOR MANOR HOSP	0.667	0.333	96	31.968
FREDERICK MEM HOSP	0.984	0.016	188	3.008
DOCTORS COMM HOSP	0.64	0.36	250	90
GREATER LAUREL BELTSVIL	0.67	0.33	176	58.08
MONTGOMERY GEN HOSP	0.594	0.406	229	92.974
CHESTNUT LODGE HOSP	0.6	0.4	100	40
SHADY GROVE ADV HOSP	0.733	0.267	243	64.881
HOLY CROSS HOSP	0.768	0.232	414	96.048
WASH ADVENTIST HOSP	0.78	0.22	300	66
ALEX HOSP	0.645	0.355	363	128.865
MT VERNON HOSP	0.629	0.371	229	84.959
ARLINGTON HOSP	0.627	0.373	389	145.097
NATL HOSP FOR ORTHO AN	0.495	0.505	105	53.025
NO VA DOCTORS HOSP	0.441	0.559	211	117.949
FAIR OAKS HOSP	0.678	0.322	144	46.368
FAIRFAX HOSP	0.864	0.136	656	89.216
DOMINION HOSP	0.55	0.45	100	45
LOUDON HOSP CTR	0.348	0.652	103	67.156
SPRINGWOOD PSYCH INST	0.74	0.26	77	20.02
			SUM	3869.633
			RATIO	10.07717
			SCORE	1

Revised

FACILITY	UIC
PATUXENT RIVER	66098

P1 POPULATION

CACHMENT	ASSIGNE	REGION	SCORE
11200	8985		2

F1 FCAD SCORE

FCAD	SCORE
64.4	7

F2 REAL PROPERTY

RATING	SCORE
2.738	9

F4 SAFETY SCORE

JCAHO	SCORE
NO SCR	

MC1 AIR HUB DISTANCE

DISTANCE	SCORE
0	10

MC2 STUBBED BEDS

NUMBER	SCORE
32	1

C1 COST OF INPATIENT CARE

ASA RATE	MTF COS	RATIO	SCORE
4768.63	8103.54	0.588463	

A1 PRIMARY CARE RATIO

PRIM MD	POP	RATIO	SCORE
40	228500	1	10
		5712.5	
		0.000175	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
510-10 CLINICS	5248	3	15744
171-20 APPL INST BLDG	13760	2	27520
143-10 EMER VEH GARAG	1300	13	16900
510-10 HOSPITAL	42938	25	1073450
510-77 MISC MED STORA	312	49	15288
510-10 CLINIC	594	51	30294
510-10 CLINIC	7472	51	381072
510-77 MISC MED STORA	8849	51	451299
510-10 ADMIN	3538	52	183976
510-10 CLINIC	1579	51	80529
TOTAL	85590		2276072
AVERAGE WEIGHTED AG			26.59273
		SCORE	4

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
510-10 CLINICS	5248	3	15744
171-20 APPL INST BLDG	13760	3	41280
143-10 EMER VEH GARAG	1300	3	3900
510-10 HOSPITAL	42938	3	128814
510-77 MISC MED STORA	312	2	624
510-10 CLINIC	594	2	1188
510-10 CLINIC	7472	2	14944
510-77 MISC MED STORA	8849	2	17698
510-10 ADMIN	3538	2	7076
510-10 CLINIC	1579	2	3158
TOTAL	85590		234426
AVG CODE			2.738941

A2 INPATIENT CAPABILITY

MTF BEDS	20			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
ST MARYS HOSP	0.66	0.34	107	36.38
CALVERT MEMORIAL	0.7	0.3	120	36
PHYSICIANS MEM	0.71	0.29	131	37.99
			SUM	110.37
			RATIO	5.5185
			SCORE	1

FACILITY	UIC
CAMP LEJEUNE	68093

P1 POPULATION

CACHMEN	ASSIGNED	REGION	SCORE
79722	79722		10

F1 FCAD SCORE

FCAD	SCORE
98.1	10

F2 REAL PROPERTY

RATING	SCORE
3	10

F4 SAFETY SCORE

JCAHO	SCORE
1	10

MC1 AIR HUB DISTANCE

DISTANCE	SCORE
16	10

MC2 STUBBED BEDS

NUMBER	SCORE
238	5

C1 COST OF INPATIENT CARE

ASA RATE	MTF COST	RATIO	SCORE
3783.7	3923.91	0.964268	

A1 PRIMARY CARE RATIO

PRIM MD	POP	RATIO	SCORE
522	640000	1	3
		1226.054	
		0.000816	

Redo IRPR + WA

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
HOSPITAL	441902	12	5302824
PWC/TRANSPORTATION	11785	9	106065
HAZMAT/FLAM STORAGE	~~44130~~ 20	9	~~397170~~ 180
BEQ	27768	5	138840
		8	0
WAREHOUSE	5000	11	55000
WAREHOUSE	5000	11	55000
COMPRESSD GAS STORAGE	216	8	1728
SEWAGE TREATMENT PLANT	432	12	5184
TOTAL	~~538233~~ 492223		6061811 5665721
AVERAGE WEIGHTED AGE			~~11.30443~~ 11.51
		SCORE	6

Not in cert. data

1,1080

REAL PROPERTY RATING

BUILDING	GSF	CODE/	PROD.
HOSPITAL	441902	3	1325706
PWC/TRANSPORTATION	11785	3	35355
HAZMAT/FLAM STORAGE	~~44130~~ 100	3	~~132390~~ 360
BEQ	27768	3	83304
		3	0
WAREHOUSE	5000	3	15000
WAREHOUSE	5000	3	15000
COMPRESSD GAS STORAGE	216	3	648
SEWAGE TREATMENT PLANT	432	3	1296
TOTAL	538233		~~1600689~~ 1466669
AVG CODE	492223		2.97

FACILITY	UIC
CAMP LEJEUNE	68093

	CACHMEN	ASSIGNED	REGION	SCORE
P1 POPULATION	79722	79722		10

	FCAD	SCORE
F1 FCAD SCORE	98.1	10

	RATING	SCORE
F2 REAL PROPERTY	3	10

	JCAHO	SCORE
F4 SAFETY SCORE	1	10

	DISTANCE	SCORE
MC1 AIR HUB DISTANCE	16	10

	NUMBER	SCORE
MC2 STUBBED BEDS	238	5

	ASA RATE	MTF COST	RATIO	SCORE
C1 COST OF INPATIENT CARE	3783.7	3923.91	0.964268	

	PRIM MD	POP	RATIO	SCORE
A1 PRIMARY CARE RATIO	522	640000	1	3
			1226.054	
			0.000816	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
HOSPITAL	441902	12	5302824
PWC/TRANSPORTATION	11785	9	106065
HAZMAT/FLAM STORAGE	44130	9	397170
BEQ	27768	5	138840
INSECT VECTOR CONTROL	682	8	5456
WAREHOUSE	5000	11	55000
WAREHOUSE	5000	11	55000
COMPRESSD GAS STORAGE	216	8	1728
SEWAGE TREATMENT PLANT	432	12	5184
TOTAL	536915		6067267
AVERAGE WEIGHTED AGE			11.30024
		SCORE	6

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REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
HOSPITAL	441902	3	1325706
PWC/TRANSPORTATION	11785	3	35355
HAZMAT/FLAM STORAGE	44130	3	132390
BEQ	27768	3	83304
INSECT VECTOR CONTROL	682	3	2046
WAREHOUSE	5000	3	15000
WAREHOUSE	5000	3	15000
COMPRESSD GAS STORAGE	216	3	648
SEWAGE TREATMENT PLANT	432	3	1296
TOTAL	536915		1610745
AVG CODE			3

? 1 INADQ

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A2 INPATIENT CAPABILITY

MTF BEDS	176			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
ONSLOW MEM	0.617	0.383	133	50.939
CARTERET GENERAL	0.718	0.282	117	32.994
			SUM	83.933
			RATIO	0.476892
			SCORE	10

FACILITY	UIC
CHERRY POINT	66094

P1 POPULATION

CACHMENT	ASSIGNE	REGION	SCORE
89047	27792		6

F1 FCAD SCORE

FCAD	SCORE
37	4

F2 REAL PROPERTY

RATING	SCORE
1.2	2

F4 SAFETY SCORE

JCAHO	SCORE
1	10

MC1 AIR HUB DISTANCE

DISTANCE	SCORE
2	10

MC2 STUBBED BEDS

NUMBER	SCORE
27	1

C1 COST OF INPATIENT CARE

ASA RATE	MTF COS	RATIO	SCORE
3780.03	5743.53	0.658137	

A1 PRIMARY CARE RATIO

PRIM MD	POP	RATIO	SCORE
341	337665	1	2
		990.2199	
		0.00101	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
510-10 HOSPITAL	106098	52	5517096
171-20 WATER SURV TR	4508	14	63112
510-10 DECOMPRESSION	10790	13	140270
171-10 ACADEMIC INST	6110	52	317720
171-20 WAREHOUSE	902	20	18040
TOTAL	128408		6056238
AVERAGE WEIGHTED AG			47.16402
		SCORE	1

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
510-10 HOSPITAL	106098	1	106098
171-20 WATER SURV TR	4508	2	9016
510-10 DECOMPRESSION	10790	3	32370
171-10 ACADEMIC INST	6110	1	6110
171-20 WAREHOUSE	902	3	2706
TOTAL	128408		156300
AVG CODE			1.217214

A2 INPATIENT CAPABILITY

MTF BEDS	26			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
CARTERET GEN	0.718	0.282	117	32.994
CRAVEN REG MED CTR	0.725	0.275	302	83.05
			SUM	116.044
			RATIO	~~4.463234~~
			SCORE	3

40 - 2.9

FACILITY	UIC
NEWPORT	68086

P1 POPULATION	CACHMENT	ASSIGNE	REGION	SCORE
	31591	10927		3

F1 FCAD SCORE	FCAD	SCORE
	64.9	7

F2 REAL PROPERTY	RATING	SCORE
	1.799	4

F4 SAFETY SCORE	JCAHO	SCORE
	2	8

MC1 AIR HUB DISTANCE	DISTANCE	SCORE
	20	10

MC2 STUBBED BEDS	NUMBER	SCORE
	0	1

C1 COST OF INPATIENT CARE	ASA RATE	MTF COS	RATIO	SCORE
	5068.62	2086.36	2.429408	

A1 PRIMARY CARE RATIO	PRIM MD	POP	RATIO	SCORE
	789	1003464	1	2
			1271.817	
			0.000786	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
510-10 MAIN HOSP	147566	81	11952846
510-77 LAUNDRY/HSKP	2262	76	171912
141-60 PHOTO LAB	1275	75	95625
171-10 ED &TRNG BLDG 8	4325	75	324375
550-10 OUTPT CLINIC BL	10050	45	452250
740-05 NEX SNACK BLDG	600	54	32400
550-10 OUTPT CLINICC B	26605	52	1383460
540-10 DENTAL ORAL SU	1550	52	80600
730-65 BASEMENT FALL	14895	52	774540
441-10 GEN WAREHOUSE	43176	52	2245152
610-10 ADMIN SPACE BL	7100	52	369200
550-10 MED REPAIR BLD	4033	52	209716
730-81 ARC BLDG 45	30738	52	1598376
219-10 ADMIN SPACE BL	3150	52	163800
219-10 PWC-BLG 46	4230	52	219960
714-10 GARAGES FOR H	3051	46	140346
143-11 OP VEH STORAGE	1526	46	70196
610-10 NIS OFFICE BLG 4	1525	46	70150
171-10 ACADEMIC INST B	2691	52	139932
219-77 PWC STOR BLG 5	1800	51	91800
550-10 OUTPT CLINIC # 3	10650	54	575100
143-11 OP VEH STORAGE	2202	51	112302
TOTAL	325000		21274038
AVERAGE WEIGHTED AG			65.4585785
		SCORE	1

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
510-10 MAIN HOSP	147566	1	147566
510-77 LAUNDRY/HSKP	2262	1	2262
141-60 PHOTO LAB	1275	3	3825
171-10 ED &TRNG BLDG 8	4325	3	12975
550-10 OUTPT CLINIC BL	10050	2	20100
740-05 NEX SNACK BLDG	600		0
550-10 OUTPT CLINICC B	26605	3	79815
540-10 DENTAL ORAL SU	1550	3	4650
730-65 BASEMENT FALL	14895	3	44685
441-10 GEN WAREHOUSE	43176	2	86352
610-10 ADMIN SPACE BL	7100	2	14200
550-10 MED REPAIR BLD	4033	2	8066
730-81 ARC BLDG 45	30738	3	92214
219-10 ADMIN SPACE BL	3150	3	9450
219-10 PWC-BLG 46	4230	3	12690
714-10 GARAGES FOR H	3051		0
143-11 OP VEH STORAGE	1526	3	4578
610-10 NIS OFFICE BLG 4	1525		0
171-10 ACADEMIC INST B	2691	3	8073
219-77 PWC STOR BLG 5	1800	3	5400
550-10 OUTPT CLINIC # 3	10650	2	21300
143-11 OP VEH STORAGE	2202	3	6606
TOTAL	325000		584807
AVG CODE			1.79940615

Not in Bldg
Maritime Cas
Not Active Hosp etc...

A2 INPATIENT CAPABILITY

MTF BEDS	0			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
NEWPORT HOSP	0.571	0.429	217	93.093
ST ANNES	0.652	0.348	178	61.944
CHARLTON MEM	0.904	0.096	332	31.872
RHODE ISLAND HOSP	0.822	0.178	687	122.286
WOMEN & CHILDRENS	0.944	0.056	197	11.032
			SUM	320.227
			RATIO	ERR
			SCORE	1

FACILITY	UIC
CHARLESTON	68084

P1 POPULATION

CACHMEN	ASSIGNE	REGION	SCORE
26945	26954		6

F1 FCAD SCORE

FCAD	SCORE
95.4	10

F2 REAL PROPERTY

RATING	SCORE
2.0885	7

F4 SAFETY SCORE

JCAHO	SCORE
3	5

MC1 AIR HUB DISTANCE

DISTANCE	SCORE
7	10

MC2 STUBBED BEDS

NUMBER	SCORE
90	2

C1 COST OF INPATIENT CARE

ASA RATE	MTF CO	RATIO	SCORE
4008.92	35598.34	9.114103	

A1 PRIMARY CARE RATIO

PRIM MD	POP	RATIO	SCORE
650	500000	1	2
		769.2308	
		0.0013	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
510-10 HOSPITAL	363738	21	7638498
721-11 BEQ	30852	20	617040
832-10 INCINERATOR BLD	1296	8	10368
441-10 WAREHOUSE	37038	51	1888938
TOTAL	432924		10154844
AVERAGE WEIGHTED AG			23.4564127
		SCORE	4

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
510-10 HOSPITAL	363738	2	727476
721-11 BEQ	30852	2	61704
832-10 INCINERATOR BLD	1296	3	3888
441-10 WAREHOUSE	37038	3	111114
TOTAL	432924		904182
AVG CODE			2.08854672

A2 INPATIENT CAPABILITY

MTF BEDS	90			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
VA MED CENTER	0.84	0.16	280	44.8
CHASN MEM	0.6	0.4	172	68.8
EAST COOPER	0.43	0.57	100	57
TRIDENT REG MED CTR	0.84	0.16	300	48
ST FRANCIS	0.73	0.27	362	97.74
BAKER	0.62	0.38	102	38.76
ROPER	0.73	0.27	421	113.67
MUSC	0.74	0.26	585	152.1
			SUM	620.87
			RATIO	6.898556
			SCORE	1

FACILITY	UIC
CORPUS CHRISTI	285

P1 POPULATION	CACHMENT	ASSIGNE	REGION	SCORE
	18038	8433		2

F1 FCAD SCORE	FCAD	SCORE
	9805	10

F2 REAL PROPERTY	RATING	SCORE
	3	10

F4 SAFETY SCORE	JCAHO	SCORE
	1	10

MC1 AIR HUB DISTANCE	DISTANCE	SCORE
	0.5	10

MC2 STUBBED BEDS	NUMBER	SCORE
	65	2

C1 COST OF INPATIENT CARE	ASA RATE	MTF COS	RATIO	SCORE
	4049.82	5726.22	0.707241	

A1 PRIMARY CARE RATIO	PRIM MD	POP	RATIO	SCORE
	322	445827	1	4
			1384.556	
			0.000722	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
171-20 EJECT SEAT TRN	800	20	16000
219-20 EQUIPMENT SHED	432	15	6480
441-30 CHEMICAL STORA	500	8	4000
510-10 HOSPITAL	221892	20	4437840
750-30 TRNG POOL PUMP	1080	47	50760
740-89 TRNG POOL BATH	900	42	37800
811-59 GENERATOR BLD	192	7	1344
821-09 BOILER BLDG	1044	12	12528
510-77 WAREHOUSE	6000	8	48000
TOTAL	232840		4614752
AVERAGE WEIGHTED AG			19.81941
		SCORE	5

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
171-20 EJECT SEAT TRN	800	3	2400
219-20 EQUIPMENT SHED	432	3	1296
441-30 CHEMICAL STORA	500	3	1500
510-10 HOSPITAL	221892	3	665676
750-30 TRNG POOL PUMP	1080	3	3240
740-89 TRNG POOL BATH	900	3	2700
811-59 GENERATOR BLD	192	3	576
821-09 BOILER BLDG	1044	3	3132
510-77 WAREHOUSE	6000	3	18000
TOTAL	232840		698520
AVG CODE			3

A2 INPATIENT CAPABILITY

MTF BEDS	42			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
SPOHN HOSP	0.79	0.21	301	63.21
SPHON HOSP SOUTH	0.44	0.56	69	38.64
SHHON HOSP KLEBERG	0.72	0.28	32	8.96
MEM HOSP	0.64	0.36	265	95.4
SOUTHSIDE HEALTH	0.7	0.3	154	46.2
DRISCOLL CHILDRENS	0.77	0.23	102	23.46
BAY AREA MED CLIN	0.56	0.44	103	45.32
DOCTORS REGIONAL	0.48	0.52	193	100.36
RIVERSIDE HOSP	0.51	0.49	89	43.61
SOUTH TEXAS REHAB	0.6	0.4	80	32
CHARTER HOSP	0.76	0.24	80	19.2
COSTAL BEND HOSP	0.51	0.49	71	34.79
			SUM	551.15
			RATIO	13.12262
			SCORE	1

DON JWG DATA SHEETS

FACILITY	UIC
PORTSMOUTH	183

P1 POPULATION	CACHMENT ASS	ONE REGION		SCORE
	259152	226784	518210	10

F1 FCAD SCORE	FCAD	SCORE
	92.2	10

F2 REAL PROPERTY	RATING	SCORE
	2.35	9

F4 SAFETY SCORE	JCAHO	SCORE
	5	1

MC1 AIR HUB DISTANCE	DISTANCE	SCORE
	15	10

MC2 STUBBED BEDS	NUMBER	SCORE
	43 176	1

C1 COST OF INPATIENT CARE	ASA RATE	MTF COS	RATIO	SCORE
	4428.59	4479.33	0.988672	

A1 PRIMARY CARE RATIO	PRIM MD	POP	RATIO	SCORE
	749	1417907	1	
			1893.067	
			0.000528	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
510-10 PATIENT CARE	189798	167	31696266
540-10 DENTAL	10600	167	1770200
171-20 APPLIED INSTRUC	46219	52	2403388
171-25 AUDITORIUM	2392	52	124384
610-10 ADMINISTRATION	2544	52	132288
721-11 BEQ	13464	52	700128
721-11 BEQ	44826	52	2330952
721-11 BEQ	9682	52	503464
510-10 INTERIM CLINIC	7434	4	29736
510-10 INTERIM CLINIC	5466	4	21864
510-10 patient care	459605	34	15626570
610-10 ADMINISTRATION	400	34	13600
722-10 DINING	18252	34	620568
730-83 CHAPEL	3932	34	133688
510-10 MEDICAL SUPPOR	12654	17	215118
510-77 MEDICAL STORAG	10496	17	178432
610-20 MID	3344	17	56848
441-10 WAREHOUSE	40120	17	682040
550-10 MEDICAL REPAIR	2009	17	34153
610-10 ADMIN	15438	17	262446
530-40 CLIN RESEARCH	21560	1	21560
510-10 RETORT STERILIZ	1350	1	1350
610-20 DATA PROCESSIN	3389	17	57613
PARKING GARAGE	798150	2	1596300
TOTAL	1723124		59212956
AVERAGE WEIGHTED AG			34.3637231
		SCORE	1

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
510-10 PATIENT CARE	189798	1	189798
540-10 DENTAL	10600	1	10600
171-20 APPLIED INSTRUC	46219	2	92438
171-25 AUDITORIUM	2392	2	4784
610-10 ADMINISTRATION	2544	2	5088
721-11 BEQ	13464	2	26928
721-11 BEQ	44826	1	44826
721-11 BEQ	9682	1	9682
510-10 INTERIM CLINIC	7434	3	22302
510-10 INTERIM CLINIC	5466	3	16398
510-10 patient care	459605	2	919210
610-10 ADMINISTRATION	400	3	1200
722-10 DINING	18252	2	36504
730-83 CHAPEL	3932	3	11796
510-10 MEDICAL SUPPOR	12654	3	37962
510-77 MEDICAL STORAG	10496	3	31488
610-20 MID	3344	3	10032
441-10 WAREHOUSE	40120	2	80240
550-10 MEDICAL REPAIR	2009	2	4018
610-10 ADMIN	15438	2	30876
530-40 CLIN RESEARCH	21560	3	64680
510-10 RETORT STERILIZ	1350	3	4050
610-20 DATA PROCESSIN	3389	2	6778
PARKING GARAGE	798150	3	2394450
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TOTAL	1723124		4056128
AVG CODE			2.353938544

DON JWG DATA SHEETS

Portsmouth

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
510-10 PATIENT CARE	189798	167	31696266
540-10 DENTAL	10600	167	1770200
171-20 APPLIED INSTRUC	46219	52	2403388
171-25 AUDITORIUM	2392	52	124384
610-10 ADMINISTRATION	2544	52	132288
721-11 BEQ	13464	52	700128
721-11 BEQ	44826	52	2330952
721-11 BEQ	9682	52	503464
510-10 INTERIM CLINIC	7434	4	29736
510-10 INTERIM CLINIC	5466	4	21864
510-10 patient care	459605	34	15626570
610-10 ADMINISTRATION	400	34	13600
722-10 DINING	18252	34	620568
730-83 CHAPEL	3932	34	133688
510-10 MEDICAL SUPPOR	12654	17	215118
510-77 MEDICAL STORAG	10496	17	178432
610-20 MID	3344	17	56848
441-10 WAREHOUSE	40120	17	682040
550-10 MEDICAL REPAIR	2009	17	34153
610-10 ADMIN	15438	17	262446
530-40 CLIN RESEARCH	21560	1	21560
510-10 RETORT STERILIZ	1350	1	1350
610-20 DATA PROCESSIN	3389	17	57613
PARKING GARAGE	798150	2	1596300
TOTAL	1723124		59212956
AVERAGE WEIGHTED AG			34.3637231
		SCORE	1

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
510-10 PATIENT CARE	189798	1	189798
540-10 DENTAL	10600	1	10600
171-20 APPLIED INSTRUC	46219	2	92438
171-25 AUDITORIUM	2392	2	4784
610-10 ADMINISTRATION	2544	2	5088
721-11 BEQ	13464	2	26928
721-11 BEQ	44826	1	44826
721-11 BEQ	9682	1	9682
510-10 INTERIM CLINIC	7434	3	22302
510-10 INTERIM CLINIC	5466	3	16398
510-10 patient care	459605	2	919210
610-10 ADMINISTRATION	400	3	1200
722-10 DINING	18252	2	36504
730-83 CHAPEL	3932	3	11796
510-10 MEDICAL SUPPOR	12654	3	37962
510-77 MEDICAL STORAG	10496	3	31488
610-20 MID	3344	3	10032
441-10 WAREHOUSE	40120	2	80240
550-10 MEDICAL REPAIR	2009	2	4018
610-10 ADMIN	15438	2	30876
530-40 CLIN RESEARCH	21560	3	64680
510-10 RETORT STERILIZ	1350	3	4050
610-20 DATA PROCESSIN	3389	2	6778
PARKING GARAGE	798150	3	2394450
TOTAL	1723124		4056128
AVG CODE			2.353938544

A2 INPATIENT CAPABILITY

MTF BEDS	431			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
CHESAPEAKE GENL	0.753	0.247	260	64.22
HCA PENISULA	0.504	0.496	125	62
SENTARA HAMPTON GENL	0.749	0.251	211	52.961
VA MED CTR	0.711	0.289	312	90.168
MARY INNACULATE	0.691	0.309	110	33.99
CHILDRENS HOSP OF KINGS	0.848	0.152	156	23.712
DEPAUL MED CTR	0.68	0.32	274	87.68
LAKE TAYLOR	0.413	0.587	104	61.048
NORFOLK COMM HOSP	0.281	0.719	96	69.024
SENTARA LEIGH	0.632	0.368	224	82.432
SENTARA NORFOLK GENL	0.763	0.237	641	151.917
MARYVIEW	0.598	0.402	321	129.042
PORTS GENL	0.554	0.446	184	82.064
LOUISE OBICI	0.634	0.366	191	69.906
VA BCH GENL HOSP	0.632	0.368	280	103.04
NEWPORT NEWS GENERAL	0.25	0.75	126	94.5
RIVERSIDE REG MED CTR	0.554	0.446	576	256.896
SENTARA BAYSIDE	0.51	0.49	175	85.75
			SUM	1600.35
			RATIO	3.713109
			SCORE	6

See next page

A2 INPATIENT CAPABILITY

MTF BEDS	431			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
CHESAPEAKE GENL	✓ 0.753	0.247	✓ 260	64.22
HCA PENISULA	0.504	0.496	125	62
SENTARA HAMPTON GENL	✓ 0.749	0.251	✓ 211	52.961
VA MED CTR	✓ 0.711	0.289	✓ 312	90.168
MARY INNACULATE	✓ 0.691	0.309	✓ 110	33.99
CHILDRENS HOSP OF KINGS	✓ 0.848	0.152	✓ 156	23.712
DEPAUL MED CTR	✓ 0.68	0.32	✓ 274	87.68
LAKE TAYLOR	✓ 0.413	0.587	✓ 104	61.048
NORFOLK COMM HOSP	✓ 0.281	0.719	✓ 96	69.024
SENTARA LEIGH	✓ 0.632	0.368	✓ 224	82.432
SENTARA NORFOLK GENL	✓ 0.763	0.237	✓ 641	151.917
MARYVIEW	✓ 0.598	0.402	✓ 321	129.042
PORTS GENL	✓ 0.554	0.446	✓ 184	82.064
LOUISE OBICI	✓ 0.634	0.366	✓ 191	69.906
VA BCH GENL HOSP	✓ 0.632	0.368	✓ 280	103.04
NEWPORT NEWS GENERAL	✓ 0.25	0.75	✓ 126	94.5
RIVERSIDE REG MED CTR	✓ 0.554	0.446	✓ 576	256.896
SENTARA BAYSIDE	✓ 0.51	0.49	✓ 175	85.75
			SUM	1600.35
			RATIO	3.713109
			SCORE	6

Peninsula Pysch. Hosp. PPH

/m

-62 = 1538/431 = 3.57

DON JWG DATA SHEETS

FACILITY	UIC
PORTSMOUTH	183

P1 POPULATION	CACHMENT	ASSIGNE	REGION	SCORE
	259152	226784	518210	10

F1 FCAD SCORE	FCAD	SCORE
	92.2	10

F2 REAL PROPERTY	RATING	SCORE
	2.415	9

F4 SAFETY SCORE	JCAHO	SCORE
	5	1

MC1 AIR HUB DISTANCE	DISTANCE	SCORE
	15	10

MC2 STUBBED BEDS	NUMBER	SCORE
	176	7

C1 COST OF INPATIENT CARE	ASA RATE	MTF COS	RATIO	SCORE
	4428.59	4479.33	0.988672	

A1 PRIMARY CARE RATIO	PRIM MD	POP	RATIO	SCORE
	237	1417907	1	
			5982.73	
			0.000167	

F3 AVERAGE SQ FT AGE

BUILDING NAME/USE	GSF	AGE	A*B
510-10 PATIENT CARE	189798	167	31696266
540-10 DENTAL	10600	167	1770200
171-20 APPLIED INSTRUC	46219	52	2403388
171-25 AUDITORIUM	2392	52	124384
610-10 ADMINISTRATION	2544	52	132288
721-11 BEQ	13464	52	700128
721-11 BEQ	44826	52	2330952
721-11 BEQ	9682	52	503464
510-10 INTERIM CLINIC	7434	4	29736
510-10 INTERIM CLINIC	5466	4	21864
510-10 patient care	459605	34	15626570
610-10 ADMINISTRATION	400	34	13600
722-10 DINING	18252	34	620568
730-83 CHAPEL	3932	34	133688
510-10 MEDICAL SUPPOR	12654	17	215118
510-77 MEDICAL STORAG	10496	17	178432
610-20 MID	3344	17	56848
441-10 WAREHOUSE	40120	17	682040
550-10 MEDICAL REPAIR	2009	17	34153
610-10 ADMIN	15438	17	262446
530-40 CLIN RESEARCH	21560	1	21560
510-10 RETORT STERILIZ	1350	1	1350
610-20 DATA PROCESSIN	3389	17	57613
TOTAL	924974		57616656
AVERAGE WEIGHTED AG			62.29002761
		SCORE	1

REVISED

REAL PROPERTY RATING

BUILDING	GSF	CODE	PROD.
510-10 PATIENT CARE	189798	1	189798
540-10 DENTAL	10600	1	10600
171-20 APPLIED INSTRUC	46219	2	92438
171-25 AUDITORIUM	2392	2	4784
610-10 ADMINISTRATION	2544	2	5088
721-11 BEQ	13464	2	26928
721-11 BEQ	44826	1	44826
721-11 BEQ	9682	1	9682
510-10 INTERIM CLINIC	7434	3	22302
510-10 INTERIM CLINIC	5466	3	16398
510-10 patient care	459605	2	919210
610-10 ADMINISTRATION	400	3	1200
722-10 DINING	18252	2	36504
730-83 CHAPEL	3932	3	11796
510-10 MEDICAL SUPPOR	12654	3	37962
510-77 MEDICAL STORAG	10496	3	31488
610-20 MID	3344	3	10032
441-10 WAREHOUSE	40120	2	80240
550-10 MEDICAL REPAIR	2009	2	4018
610-10 ADMIN	15438	2	30876
530-40 CLIN RESEARCH	21560	3	64680
510-10 RETORT STERILIZ	1350	3	4050
610-20 DATA PROCESSIN	3389	2	6778
TOTAL	924974		1661678
AVG CODE			1.796459144

Revised

10/12/94

DON JWG DATA SHEETS

A2 INPATIENT CAPABILITY

MTF BEDS	431			AVAIL
FACILITY	RATE	1-RATE	BEDS	BEDS
CHESAPEAKE GENL	0.753	0.247	260	64.22
HCA PENISULA	0.586	0.414	125	51.75
SENTARA HAMPTON GENL	0.749	0.251	211	52.961
VA MED CTR	0.711	0.289	312	90.168
MARY INNACULATE	0.691	0.309	110	33.99
CHILDRENS HOSP OF KINGS	0.848	0.152	156	23.712
DEPAUL MED CTR	0.68	0.32	274	87.68
LAKE TAYLOR	0.413	0.587	104	61.048
NORFOLK COMM HOSP	0.281	0.719	96	69.024
SENTARA LEIGH	0.632	0.368	224	82.432
SENTARA NORFOLK GENL	0.763	0.237	641	151.917
MARYVIEW	0.598	0.402	321	129.042
PORTS GENL	0.554	0.446	184	82.064
LOUISE OBICI	0.634	0.366	191	69.906
VA BCH GENL HOSP	0.632	0.368	280	103.04
			SUM	1152.954
			RATIO	2.675067
			SCORE	6

Document Separator

Med-10

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 0 4 1995

MEMORANDUM FOR OFFICE OF THE ASD (ECONOMIC SECURITY)
ATTN: DIRECTOR, BASE CLOSURES

SUBJECT: Defense Base Closure and Realignment Commission Request for Information

Mr. David Lewis, from the Defense Base Closure and Realignment Commission staff, requested information regarding workload and utilization data for CONUS military treatment facilities (MTFs). Summary data was provided on April 6, 1995. Additional detail, by MTF, is provided at attachments one through three.

This specific data is not certified; however certified workload data previously provided the Defense Base Closure and Realignment Commission were part of the base closure and realignment decision making process.

Point-of-contact for additional information is LTC Richard A. Jones (703) 614-4705.

Edward D. Martin

Edward D. Martin, M.D.
Principal Deputy Assistant Secretary

Attachments:
As stated

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0001	FOX ACH	DA	15744
0001	FOX ACH	DR	18184
0001	FOX ACH	DS	1728
0001	FOX ACH	RET	11212
0001	FOX ACH	X	14
0002	NOBLE ACH	DA	11774
0002	NOBLE ACH	DR	12175
0002	NOBLE ACH	DS	1715
0002	NOBLE ACH	RET	5920
0002	NOBLE ACH	X	7
0003	LYSTER ACH	DA	24405
0003	LYSTER ACH	DR	22849
0003	LYSTER ACH	DS	2654
0003	LYSTER ACH	RET	9891
0003	LYSTER ACH	X	9
0004	MAXWELL AFB	DA	11717
0004	MAXWELL AFB	DR	15857
0004	MAXWELL AFB	DS	2028
0004	MAXWELL AFB	RET	8623
0004	MAXWELL AFB	X	9
0005	BASSETT ACH	DA	4832
0005	BASSETT ACH	DR	966
0005	BASSETT ACH	DS	31
0005	BASSETT ACH	RET	261
0005	BASSETT ACH	X	2
0006	ELMENDORF AFB	DA	25453
0006	ELMENDORF AFB	DR	6965
0006	ELMENDORF AFB	DS	621
0006	ELMENDORF AFB	RET	1997
0006	ELMENDORF AFB	X	2
0007	BH NAVSTA ADAK	DA	40
0007	BH NAVSTA ADAK	DR	1
0008	BLISS ACH	DA	19761
0008	BLISS ACH	DR	9921
0008	BLISS ACH	DS	970
0008	BLISS ACH	RET	4061
0008	BLISS ACH	X	9
0009	LUKE AFB	DA	16252
0009	LUKE AFB	DR	20079
0009	LUKE AFB	DS	3032
0009	LUKE AFB	RET	10082
0009	LUKE AFB	X	0
0010	DAVIS MONTHAN AFB	DA	26197
0010	DAVIS MONTHAN AFB	DR	24781
0010	DAVIS MONTHAN AFB	DS	2656
0010	DAVIS MONTHAN AFB	RET	9349
0010	DAVIS MONTHAN AFB	X	16
0011	WILLIAMS AFB	DA	10612
0011	WILLIAMS AFB	DR	25424
0011	WILLIAMS AFB	DS	3807
0011	WILLIAMS AFB	RET	11841

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0011	WILLIAMS AFB	X	13
0012	EAKER AFB	DA	1425
0012	EAKER AFB	DR	598
0012	EAKER AFB	DS	127
0012	EAKER AFB	RET	291
0013	LITTLE ROCK AFB	DA	40222
0013	LITTLE ROCK AFB	DR	35555
0013	LITTLE ROCK AFB	DS	3395
0013	LITTLE ROCK AFB	RET	14537
0013	LITTLE ROCK AFB	X	7
0014	DAVID GRANT USAFMC	DA	12571
0014	DAVID GRANT USAFMC	DR	16052
0014	DAVID GRANT USAFMC	DS	2165
0014	DAVID GRANT USAFMC	RET	8730
0014	DAVID GRANT USAFMC	X	1
0015	BEALE AFB	DA	5430
0015	BEALE AFB	DR	12380
0015	BEALE AFB	DS	1165
0015	BEALE AFB	RET	7923
0015	BEALE AFB	X	2
0016	MATHER AFB	DA	16048
0016	MATHER AFB	DR	36972
0016	MATHER AFB	DS	5061
0016	MATHER AFB	RET	21784
0016	MATHER AFB	X	0
0017	CASTLE AFB	DA	10949
0017	CASTLE AFB	DR	9841
0017	CASTLE AFB	DS	1528
0017	CASTLE AFB	RET	6394
0017	CASTLE AFB	X	9
0018	VANDENBERG AFB	DA	4347
0018	VANDENBERG AFB	DR	5037
0018	VANDENBERG AFB	DS	764
0018	VANDENBERG AFB	RET	3595
0018	VANDENBERG AFB	X	3
0019	EDWARDS AFB	DA	5865
0019	EDWARDS AFB	DR	4893
0019	EDWARDS AFB	DS	676
0019	EDWARDS AFB	RET	3528
0019	EDWARDS AFB	X	2
0020	GEORGE AFB	DA	9944
0020	GEORGE AFB	DR	8170
0020	GEORGE AFB	DS	757
0020	GEORGE AFB	RET	4832
0020	GEORGE AFB	X	24
0021	MARCH AFB	DA	26762
0021	MARCH AFB	DR	34733
0021	MARCH AFB	DS	4965
0021	MARCH AFB	RET	17861
0021	MARCH AFB	X	2
0022	LETTERMAN U.S. ARMY HOSPITAL	DA	14907

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0022	LETTERMAN U.S. ARMY HOSPITAL	DR	8841
0022	LETTERMAN U.S. ARMY HOSPITAL	DS	1944
0022	LETTERMAN U.S. ARMY HOSPITAL	RET	5010
0022	LETTERMAN U.S. ARMY HOSPITAL	X	2
0023	HAYS ACH	DA	20765
0023	HAYS ACH	DR	10370
0023	HAYS ACH	DS	1468
0023	HAYS ACH	RET	4352
0023	HAYS ACH	X	3
0024	NH CAMP PENDLETON	DA	83215
0024	NH CAMP PENDLETON	DR	30994
0024	NH CAMP PENDLETON	DS	3749
0024	NH CAMP PENDLETON	RET	14393
0024	NH CAMP PENDLETON	X	4
0025	NH LONG BEACH	DA	155368
0025	NH LONG BEACH	DR	61400
0025	NH LONG BEACH	DS	13475
0025	NH LONG BEACH	RET	33665
0025	NH LONG BEACH	X	32
0027	NH OAKLAND	DA	37640
0027	NH OAKLAND	DR	16379
0027	NH OAKLAND	DS	3446
0027	NH OAKLAND	RET	8673
0027	NH OAKLAND	X	67
0028	NH LEMOORE	DA	10939
0028	NH LEMOORE	DR	8259
0028	NH LEMOORE	DS	1305
0028	NH LEMOORE	RET	3421
0028	NH LEMOORE	X	0
0029	NH SAN DIEGO	DA	256600
0029	NH SAN DIEGO	DR	109510
0029	NH SAN DIEGO	DS	14596
0029	NH SAN DIEGO	RET	49046
0029	NH SAN DIEGO	X	71
0030	NH TWENTYNINE PALMS	DA	10461
0030	NH TWENTYNINE PALMS	DR	4117
0030	NH TWENTYNINE PALMS	DS	560
0030	NH TWENTYNINE PALMS	RET	1732
0031	FITZSIMONS AMC	DA	30716
0031	FITZSIMONS AMC	DR	39678
0031	FITZSIMONS AMC	DS	4569
0031	FITZSIMONS AMC	RET	21500
0031	FITZSIMONS AMC	X	30
0032	EVANS ACH	DA	74046
0032	EVANS ACH	DR	30468
0032	EVANS ACH	DS	3639
0032	EVANS ACH	RET	14861
0032	EVANS ACH	X	17
0033	USAF ACADEMY HOSPITAL	DA	38689
0033	USAF ACADEMY HOSPITAL	DR	25218
0033	USAF ACADEMY HOSPITAL	DS	1861

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0033	USAF ACADEMY HOSPITAL	RET	12776
0033	USAF ACADEMY HOSPITAL	X	6
0035	NH GROTON	DA	18983
0035	NH GROTON	DR	9210
0035	NH GROTON	DS	941
0035	NH GROTON	RET	3561
0035	NH GROTON	X	29
0036	DOVER AFB	DA	7988
0036	DOVER AFB	DR	6145
0036	DOVER AFB	DS	676
0036	DOVER AFB	RET	3486
0036	DOVER AFB	X	2
0037	WALTER REED AMC	DA	12706
0037	WALTER REED AMC	DR	16749
0037	WALTER REED AMC	DS	2448
0037	WALTER REED AMC	RET	8120
0037	WALTER REED AMC	X	12
0038	NH PENSACOLA	DA	52960
0038	NH PENSACOLA	DR	49379
0038	NH PENSACOLA	DS	6529
0038	NH PENSACOLA	RET	22073
0038	NH PENSACOLA	X	29
0039	NH JACKSONVILLE	DA	161112
0039	NH JACKSONVILLE	DR	68667
0039	NH JACKSONVILLE	DS	7617
0039	NH JACKSONVILLE	RET	33219
0039	NH JACKSONVILLE	X	42
0040	NH ORLANDO	DA	20723
0040	NH ORLANDO	DR	65347
0040	NH ORLANDO	DS	10291
0040	NH ORLANDO	RET	36902
0040	NH ORLANDO	X	50
0042	EGLIN AFB	DA	44479
0042	EGLIN AFB	DR	39206
0042	EGLIN AFB	DS	4300
0042	EGLIN AFB	RET	16034
0042	EGLIN AFB	X	12
0043	TYNDALL AFB	DA	13248
0043	TYNDALL AFB	DR	19036
0043	TYNDALL AFB	DS	2247
0043	TYNDALL AFB	RET	9540
0043	TYNDALL AFB	X	0
0044	HOMESTEAD AFB	DA	25692
0044	HOMESTEAD AFB	DR	18664
0044	HOMESTEAD AFB	DS	2980
0044	HOMESTEAD AFB	RET	9088
0044	HOMESTEAD AFB	X	9
0045	MACDILL AFB	DA	29901
0045	MACDILL AFB	DR	64506
0045	MACDILL AFB	DS	9957
0045	MACDILL AFB	RET	35057

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0045	MACDILL AFB	X	16
0046	PATRICK AFB	DA	22130
0046	PATRICK AFB	DR	37459
0046	PATRICK AFB	DS	4804
0046	PATRICK AFB	RET	18712
0046	PATRICK AFB	X	16
0047	EISENHOWER AMC	DA	15725
0047	EISENHOWER AMC	DR	17527
0047	EISENHOWER AMC	DS	2265
0047	EISENHOWER AMC	RET	9292
0047	EISENHOWER AMC	X	14
0048	MARTIN ACH	DA	21972
0048	MARTIN ACH	DR	20093
0048	MARTIN ACH	DS	3932
0048	MARTIN ACH	RET	11502
0048	MARTIN ACH	X	42
0049	WINN ACH	DA	48946
0049	WINN ACH	DR	12839
0049	WINN ACH	DS	1548
0049	WINN ACH	RET	5714
0049	WINN ACH	X	39
0050	MOODY AFB	DA	5015
0050	MOODY AFB	DR	4933
0050	MOODY AFB	DS	554
0050	MOODY AFB	RET	2664
0050	MOODY AFB	X	6
0051	ROBINS AFB	DA	11788
0051	ROBINS AFB	DR	19527
0051	ROBINS AFB	DS	1706
0051	ROBINS AFB	RET	10686
0051	ROBINS AFB	X	11
0052	TRIPLER AMC	DA	114919
0052	TRIPLER AMC	DR	19041
0052	TRIPLER AMC	DS	2237
0052	TRIPLER AMC	RET	9444
0052	TRIPLER AMC	X	12
0053	MOUNTAIN HOME AFB	DA	4304
0053	MOUNTAIN HOME AFB	DR	1283
0053	MOUNTAIN HOME AFB	DS	42
0053	MOUNTAIN HOME AFB	RET	279
0053	MOUNTAIN HOME AFB	X	1
0054	CHANUTE TTC HOSPITAL	DA	2705
0054	CHANUTE TTC HOSPITAL	DR	1713
0054	CHANUTE TTC HOSPITAL	DS	128
0054	CHANUTE TTC HOSPITAL	RET	728
0054	CHANUTE TTC HOSPITAL	X	2
0055	SCOTT AFB	DA	33772
0055	SCOTT AFB	DR	20930
0055	SCOTT AFB	DS	2439
0055	SCOTT AFB	RET	8386
0055	SCOTT AFB	X	20

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0056	NH GREAT LAKES	DA	58038
0056	NH GREAT LAKES	DR	16193
0056	NH GREAT LAKES	DS	1370
0056	NH GREAT LAKES	RET	6468
0056	NH GREAT LAKES	X	39
0057	IRWIN ACH	DA	17738
0057	IRWIN ACH	DR	5385
0057	IRWIN ACH	DS	735
0057	IRWIN ACH	RET	1795
0057	IRWIN ACH	X	8
0058	MUNSON ACH	DA	27064
0058	MUNSON ACH	DR	18044
0058	MUNSON ACH	DS	2453
0058	MUNSON ACH	RET	8275
0058	MUNSON ACH	X	0
0059	MCCONNELL AFB	DA	2407
0059	MCCONNELL AFB	DR	2689
0059	MCCONNELL AFB	DS	280
0059	MCCONNELL AFB	RET	1217
0060	BLANCHFIELD ACH	DA	52077
0060	BLANCHFIELD ACH	DR	16967
0060	BLANCHFIELD ACH	DS	2060
0060	BLANCHFIELD ACH	RET	6997
0060	BLANCHFIELD ACH	X	38
0061	IRELAND ACH	DA	41551
0061	IRELAND ACH	DR	25430
0061	IRELAND ACH	DS	3251
0061	IRELAND ACH	RET	10171
0061	IRELAND ACH	X	104
0062	BARKSDALE AFB	DA	19327
0062	BARKSDALE AFB	DR	16472
0062	BARKSDALE AFB	DS	1921
0062	BARKSDALE AFB	RET	7664
0062	BARKSDALE AFB	X	3
0063	ENGLAND AFB	DA	5978
0063	ENGLAND AFB	DR	5262
0063	ENGLAND AFB	DS	605
0063	ENGLAND AFB	RET	2202
0064	BAYNE-JONES ACH	DA	20949
0064	BAYNE-JONES ACH	DR	7022
0064	BAYNE-JONES ACH	DS	683
0064	BAYNE-JONES ACH	RET	2717
0064	BAYNE-JONES ACH	X	9
0065	LORING AFB	DA	2064
0065	LORING AFB	DR	569
0065	LORING AFB	DS	34
0065	LORING AFB	RET	223
0065	LORING AFB	X	7
0066	MALCOLM GROW USAF MED CTR	DA	25397
0066	MALCOLM GROW USAF MED CTR	DR	21374
0066	MALCOLM GROW USAF MED CTR	DS	2307

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0066	MALCOLM GROW USAF MED CTR	RET	11213
0066	MALCOLM GROW USAF MED CTR	X	7
0067	NH BETHESDA	DA	37259
0067	NH BETHESDA	DR	32841
0067	NH BETHESDA	DS	3321
0067	NH BETHESDA	RET	15595
0067	NH BETHESDA	X	12
0068	NH PATUXENT RIVER	DA	5869
0068	NH PATUXENT RIVER	DR	4971
0068	NH PATUXENT RIVER	DS	177
0068	NH PATUXENT RIVER	RET	2143
0068	NH PATUXENT RIVER	X	7
0069	KIMBROUGH ACH	DA	40672
0069	KIMBROUGH ACH	DR	20947
0069	KIMBROUGH ACH	DS	3072
0069	KIMBROUGH ACH	RET	8392
0069	KIMBROUGH ACH	X	5
0070	CUTLER ACH	DA	31734
0070	CUTLER ACH	DR	16188
0070	CUTLER ACH	DS	2441
0070	CUTLER ACH	RET	6846
0070	CUTLER ACH	X	50
0071	WURTSMITH AFB	DA	2851
0071	WURTSMITH AFB	DR	1051
0071	WURTSMITH AFB	DS	67
0071	WURTSMITH AFB	RET	586
0071	WURTSMITH AFB	X	0
0072	K.I. SAWYER AFB	DA	3689
0072	K.I. SAWYER AFB	DR	1072
0072	K.I. SAWYER AFB	DS	64
0072	K.I. SAWYER AFB	RET	390
0072	K.I. SAWYER AFB	X	5
0073	KEESLER MEDICAL CENTER	DA	16243
0073	KEESLER MEDICAL CENTER	DR	13801
0073	KEESLER MEDICAL CENTER	DS	1988
0073	KEESLER MEDICAL CENTER	RET	4942
0073	KEESLER MEDICAL CENTER	X	7
0074	COLUMBUS AFB	DA	3527
0074	COLUMBUS AFB	DR	2945
0074	COLUMBUS AFB	DS	346
0074	COLUMBUS AFB	RET	1543
0074	COLUMBUS AFB	X	1
0075	L. WOOD ACH	DA	3691
0075	L. WOOD ACH	DR	3552
0075	L. WOOD ACH	DS	533
0075	L. WOOD ACH	RET	1831
0076	WHITEMAN AFB	DA	8828
0076	WHITEMAN AFB	DR	4969
0076	WHITEMAN AFB	DS	507
0076	WHITEMAN AFB	RET	1978
0076	WHITEMAN AFB	X	2

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0078	OFFUTT AFB	DA	58968
0078	OFFUTT AFB	DR	27470
0078	OFFUTT AFB	DS	2642
0078	OFFUTT AFB	RET	14573
0078	OFFUTT AFB	X	17
0079	NELLIS AFB	DA	52568
0079	NELLIS AFB	DR	47382
0079	NELLIS AFB	DS	4752
0079	NELLIS AFB	RET	25765
0079	NELLIS AFB	X	111
0081	PATTERSON ACH	DA	10257
0081	PATTERSON ACH	DR	5832
0081	PATTERSON ACH	DS	1370
0081	PATTERSON ACH	RET	2941
0081	PATTERSON ACH	X	40
0082	WALSON ACH	DA	23094
0082	WALSON ACH	DR	10480
0082	WALSON ACH	DS	2493
0082	WALSON ACH	RET	6533
0082	WALSON ACH	X	65
0083	KIRTLAND AFB	DA	37352
0083	KIRTLAND AFB	DR	20406
0083	KIRTLAND AFB	DS	2554
0083	KIRTLAND AFB	RET	6918
0083	KIRTLAND AFB	X	1
0084	HOLLOMAN AFB	DA	15875
0084	HOLLOMAN AFB	DR	5085
0084	HOLLOMAN AFB	DS	309
0084	HOLLOMAN AFB	RET	1757
0084	HOLLOMAN AFB	X	5
0085	CANNON AFB	DA	5394
0085	CANNON AFB	DR	1205
0085	CANNON AFB	DS	130
0085	CANNON AFB	RET	479
0085	CANNON AFB	X	0
0086	KELLER ACH	DA	7000
0086	KELLER ACH	DR	6240
0086	KELLER ACH	DS	891
0086	KELLER ACH	RET	2729
0086	KELLER ACH	X	42
0087	PLATTSBURGH AFB	DA	3270
0087	PLATTSBURGH AFB	DR	1387
0087	PLATTSBURGH AFB	DS	133
0087	PLATTSBURGH AFB	RET	647
0087	PLATTSBURGH AFB	X	2
0088	GRIFFISS AFB	DA	10722
0088	GRIFFISS AFB	DR	3598
0088	GRIFFISS AFB	DS	436
0088	GRIFFISS AFB	RET	1595
0088	GRIFFISS AFB	X	3
0089	WOMACK AMC	DA	75593

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0089	WOMACK AMC	DR	36075
0089	WOMACK AMC	DS	5605
0089	WOMACK AMC	RET	14202
0089	WOMACK AMC	X	16
0090	SEYMOUR JOHNSON AFB	DA	12708
0090	SEYMOUR JOHNSON AFB	DR	11354
0090	SEYMOUR JOHNSON AFB	DS	2128
0090	SEYMOUR JOHNSON AFB	RET	5896
0090	SEYMOUR JOHNSON AFB	X	20
0091	NH CAMP LEJEUNE	DA	49293
0091	NH CAMP LEJEUNE	DR	15051
0091	NH CAMP LEJEUNE	DS	1512
0091	NH CAMP LEJEUNE	RET	6740
0091	NH CAMP LEJEUNE	X	2
0092	NH CHERRY POINT	DA	14170
0092	NH CHERRY POINT	DR	9277
0092	NH CHERRY POINT	DS	975
0092	NH CHERRY POINT	RET	3868
0092	NH CHERRY POINT	X	1
0093	GRAND FORKS AFB	DA	11104
0093	GRAND FORKS AFB	DR	1587
0093	GRAND FORKS AFB	DS	86
0093	GRAND FORKS AFB	RET	706
0093	GRAND FORKS AFB	X	1
0094	MINOT AFB	DA	7438
0094	MINOT AFB	DR	857
0094	MINOT AFB	DS	74
0094	MINOT AFB	RET	364
0095	USAFMC WRIGHT-PATTERSON	DA	49669
0095	USAFMC WRIGHT-PATTERSON	DR	22140
0095	USAFMC WRIGHT-PATTERSON	DS	1408
0095	USAFMC WRIGHT-PATTERSON	RET	10266
0095	USAFMC WRIGHT-PATTERSON	X	45
0096	TINKER AFB	DA	27562
0096	TINKER AFB	DR	28837
0096	TINKER AFB	DS	3514
0096	TINKER AFB	RET	13105
0096	TINKER AFB	X	17
0097	ALTUS AFB	DA	5392
0097	ALTUS AFB	DR	3587
0097	ALTUS AFB	DS	314
0097	ALTUS AFB	RET	1855
0097	ALTUS AFB	X	0
0098	REYNOLDS ACH	DA	33448
0098	REYNOLDS ACH	DR	15264
0098	REYNOLDS ACH	DS	2240
0098	REYNOLDS ACH	RET	6412
0098	REYNOLDS ACH	X	17
0099	NMCL PHILADELPHIA	DA	25948
0099	NMCL PHILADELPHIA	DR	14559
0099	NMCL PHILADELPHIA	DS	3021

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0099	NMCL PHILADELPHIA	RET	7985
0099	NMCL PHILADELPHIA	X	17
0100	NH NEWPORT	DA	10960
0100	NH NEWPORT	DR	6964
0100	NH NEWPORT	DS	1224
0100	NH NEWPORT	RET	3111
0100	NH NEWPORT	X	13
0101	SHAW AFB	DA	16705
0101	SHAW AFB	DR	7747
0101	SHAW AFB	DS	809
0101	SHAW AFB	RET	4368
0101	SHAW AFB	X	41
0102	MYRTLE BEACH AFB	DA	3816
0102	MYRTLE BEACH AFB	DR	6055
0102	MYRTLE BEACH AFB	DS	574
0102	MYRTLE BEACH AFB	RET	3373
0103	NH CHARLESTON	DA	85578
0103	NH CHARLESTON	DR	31432
0103	NH CHARLESTON	DS	4046
0103	NH CHARLESTON	RET	12921
0103	NH CHARLESTON	X	9
0104	NH BEAUFORT	DA	18942
0104	NH BEAUFORT	DR	7252
0104	NH BEAUFORT	DS	695
0104	NH BEAUFORT	RET	3927
0104	NH BEAUFORT	X	5
0105	MONCRIEF ACH	DA	7496
0105	MONCRIEF ACH	DR	13849
0105	MONCRIEF ACH	DS	2566
0105	MONCRIEF ACH	RET	6368
0105	MONCRIEF ACH	X	6
0106	ELLSWORTH AFB	DA	20330
0106	ELLSWORTH AFB	DR	4647
0106	ELLSWORTH AFB	DS	397
0106	ELLSWORTH AFB	RET	1908
0106	ELLSWORTH AFB	X	8
0107	NH MILLINGTON	DA	17883
0107	NH MILLINGTON	DR	19858
0107	NH MILLINGTON	DS	2531
0107	NH MILLINGTON	RET	9421
0107	NH MILLINGTON	X	13
0108	WILLIAM BEAUMONT AMC	DA	46798
0108	WILLIAM BEAUMONT AMC	DR	30957
0108	WILLIAM BEAUMONT AMC	DS	4611
0108	WILLIAM BEAUMONT AMC	RET	13903
0108	WILLIAM BEAUMONT AMC	X	13
0109	BROOKE AMC	DA	58115
0109	BROOKE AMC	DR	51417
0109	BROOKE AMC	DS	5322
0109	BROOKE AMC	RET	18956
0109	BROOKE AMC	X	36

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0110	DARNALL ACH	DA	116626
0110	DARNALL ACH	DR	40612
0110	DARNALL ACH	DS	4706
0110	DARNALL ACH	RET	12414
0110	DARNALL ACH	X	76
0111	REESE AFB	DA	7878
0111	REESE AFB	DR	8072
0111	REESE AFB	DS	729
0111	REESE AFB	RET	3446
0111	REESE AFB	X	24
0112	DYESS AFB	DA	14934
0112	DYESS AFB	DR	11032
0112	DYESS AFB	DS	1042
0112	DYESS AFB	RET	6154
0112	DYESS AFB	X	196
0113	SHEPPARD AFB	DA	11255
0113	SHEPPARD AFB	DR	9631
0113	SHEPPARD AFB	DS	1294
0113	SHEPPARD AFB	RET	6079
0113	SHEPPARD AFB	X	3
0114	LAUGHLIN AFB	DA	658
0114	LAUGHLIN AFB	DR	795
0114	LAUGHLIN AFB	DS	97
0114	LAUGHLIN AFB	RET	563
0115	BERGSTROM AFB	DA	20858
0115	BERGSTROM AFB	DR	33115
0115	BERGSTROM AFB	DS	3924
0115	BERGSTROM AFB	RET	15807
0115	BERGSTROM AFB	X	2
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	DA	35688
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	DR	64200
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	DS	7165
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	RET	30391
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	X	33
0117	WILFORD HALL USAFMC	DA	38223
0117	WILFORD HALL USAFMC	DR	36490
0117	WILFORD HALL USAFMC	DS	3704
0117	WILFORD HALL USAFMC	RET	15253
0117	WILFORD HALL USAFMC	X	9
0118	NH CORPUS CHRISTI	DA	13190
0118	NH CORPUS CHRISTI	DR	12493
0118	NH CORPUS CHRISTI	DS	1262
0118	NH CORPUS CHRISTI	RET	5527
0119	HILL AFB	DA	24307
0119	HILL AFB	DR	17840
0119	HILL AFB	DS	1617
0119	HILL AFB	RET	6191
0119	HILL AFB	X	15
0120	LANGLEY AFB	DA	39812
0120	LANGLEY AFB	DR	27036
0120	LANGLEY AFB	DS	3311

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0120	LANGLEY AFB	RET	11605
0120	LANGLEY AFB	X	25
0121	MCDONALD ACH	DA	56627
0121	MCDONALD ACH	DR	22853
0121	MCDONALD ACH	DS	2573
0121	MCDONALD ACH	RET	9480
0121	MCDONALD ACH	X	6
0122	KENNER ACH	DA	13005
0122	KENNER ACH	DR	15349
0122	KENNER ACH	DS	2397
0122	KENNER ACH	RET	6044
0122	KENNER ACH	X	24
0123	DEWITT ACH	DA	85816
0123	DEWITT ACH	DR	52096
0123	DEWITT ACH	DS	3480
0123	DEWITT ACH	RET	19528
0123	DEWITT ACH	X	29
0124	NH PORTSMOUTH	DA	320244
0124	NH PORTSMOUTH	DR	110657
0124	NH PORTSMOUTH	DS	13289
0124	NH PORTSMOUTH	RET	39725
0124	NH PORTSMOUTH	X	56
0125	MADIGAN AMC	DA	99095
0125	MADIGAN AMC	DR	40510
0125	MADIGAN AMC	DS	5247
0125	MADIGAN AMC	RET	17369
0125	MADIGAN AMC	X	29
0126	NH BREMERTON	DA	24868
0126	NH BREMERTON	DR	10960
0126	NH BREMERTON	DS	924
0126	NH BREMERTON	RET	4645
0126	NH BREMERTON	X	12
0127	NH OAK HARBOR	DA	19018
0127	NH OAK HARBOR	DR	8267
0127	NH OAK HARBOR	DS	1144
0127	NH OAK HARBOR	RET	3831
0128	FAIRCHILD AFB	DA	10719
0128	FAIRCHILD AFB	DR	14309
0128	FAIRCHILD AFB	DS	1513
0128	FAIRCHILD AFB	RET	9767
0128	FAIRCHILD AFB	X	6
0129	F.E. WARREN AFB	DA	5226
0129	F.E. WARREN AFB	DR	3323
0129	F.E. WARREN AFB	DS	146
0129	F.E. WARREN AFB	RET	1443
0129	F.E. WARREN AFB	X	2
0131	WEED ACH	DA	5060
0131	WEED ACH	DR	1873
0131	WEED ACH	DS	205
0131	WEED ACH	RET	717
0131	WEED ACH	X	1

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0190	WYMAN PARK USTF BALTIMORE	DA	16819
0190	WYMAN PARK USTF BALTIMORE	DR	10014
0190	WYMAN PARK USTF BALTIMORE	DS	1947
0190	WYMAN PARK USTF BALTIMORE	RET	4447
0190	WYMAN PARK USTF BALTIMORE	X	8
0192	ST JOHNS USTF NASSAU BAY	DA	8299
0192	ST JOHNS USTF NASSAU BAY	DR	11360
0192	ST JOHNS USTF NASSAU BAY	DS	2083
0192	ST JOHNS USTF NASSAU BAY	RET	5877
0192	ST JOHNS USTF NASSAU BAY	X	4
0194	PACIFIC MEDICAL USTF SEATTLE	DA	8726
0194	PACIFIC MEDICAL USTF SEATTLE	DR	11412
0194	PACIFIC MEDICAL USTF SEATTLE	DS	1702
0194	PACIFIC MEDICAL USTF SEATTLE	RET	5561
0194	PACIFIC MEDICAL USTF SEATTLE	X	61
0294	HAWLEY ACH	DA	10590
0294	HAWLEY ACH	DR	11531
0294	HAWLEY ACH	DS	1430
0294	HAWLEY ACH	RET	5863
0294	HAWLEY ACH	X	77
0601	USA HOSP AUGSBURG	DA	28
0601	USA HOSP AUGSBURG	RET	3
0602	USA HOSP BAD CANNSTATT	DA	76
0602	USA HOSP BAD CANNSTATT	DR	1
0602	USA HOSP BAD CANNSTATT	RET	2
0603	USA HOSP BERLIN	DA	24
0603	USA HOSP BERLIN	DR	1
0603	USA HOSP BERLIN	RET	3
0604	USA HOSP BREMERHAVEN	DA	21
0605	USA MEDDAC FRANKFURT	DA	281
0605	USA MEDDAC FRANKFURT	DR	3
0605	USA MEDDAC FRANKFURT	DS	37
0605	USA MEDDAC FRANKFURT	RET	9
0606	USA HOSP HEIDELBERG	DA	90
0606	USA HOSP HEIDELBERG	DR	4
0606	USA HOSP HEIDELBERG	RET	4
0607	USA HOSP LANDSTUHL	DA	268
0607	USA HOSP LANDSTUHL	DR	4
0607	USA HOSP LANDSTUHL	DS	1
0607	USA HOSP LANDSTUHL	RET	2
0608	USA HOSP NUERNBERG	DA	97
0608	USA HOSP NUERNBERG	DR	64
0608	USA HOSP NUERNBERG	DS	1
0609	USA HOSP WUERZBURG	DA	160
0609	USA HOSP WUERZBURG	DR	1
0611	USA HOSP VICENZA	DA	27
0611	USA HOSP VICENZA	DR	0
0612	121st EVACUATION HOSPITAL, SEOUL	DA	88
0612	121st EVACUATION HOSPITAL, SEOUL	DR	6
0612	121st EVACUATION HOSPITAL, SEOUL	RET	1
0613	GORGAS ACH	DA	11544

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0613	GORGAS ACH	DR	476
0613	GORGAS ACH	DS	88
0613	GORGAS ACH	RET	107
0614	196th STATION HOSPITAL SHAPE	DA	28
0614	196th STATION HOSPITAL SHAPE	DR	1
0615	NH GUANTANAMO BAY	DA	16
0615	NH GUANTANAMO BAY	DR	1
0616	NH ROOSEVELT ROADS	DA	788
0616	NH ROOSEVELT ROADS	DR	570
0616	NH ROOSEVELT ROADS	DS	45
0616	NH ROOSEVELT ROADS	RET	97
0617	NH NAPLES	DA	91
0617	NH NAPLES	DR	0
0618	NH ROTA	DA	40
0619	NH SUBIC BAY	RET	62
0619	NH SUBIC BAY	DA	6
0619	NH SUBIC BAY	DR	9
0620	NH GUAM	DA	71
0620	NH GUAM	DR	0
0620	NH GUAM	RET	0
0621	NH OKINAWA	DA	318
0621	NH OKINAWA	DR	11
0621	NH OKINAWA	RET	5
0622	NH YOKOSUKA	DA	142
0622	NH YOKOSUKA	DR	16
0622	NH YOKOSUKA	RET	2
0623	NH KEFLAVIK	DR	3
0623	NH KEFLAVIK	RET	1
0623	NH KEFLAVIK	DA	49
0624	BH SIGONELLA	DA	52
0624	BH SIGONELLA	DR	1
0626	BITBURG AB	DA	84
0626	BITBURG AB	RET	1
0627	HAHN AB	DA	31
0628	WIESBADEN AB	DA	163
0628	WIESBADEN AB	DR	7
0628	WIESBADEN AB	DS	0
0629	65th MEDICAL GROUP, LAJES FIELD	DA	28
0629	65th MEDICAL GROUP, LAJES FIELD	DR	4
0630	TORREJON AB	DA	9
0630	TORREJON AB	RET	1
0630	TORREJON AB	DR	1
0631	HELLENIKON AB	DA	2
0631	HELLENIKON AB	DR	1
0631	HELLENIKON AB	RET	1
0632	RAF UPPER HEYFORD	DA	123
0632	RAF UPPER HEYFORD	RET	1
0632	RAF UPPER HEYFORD	DR	8
0633	RAF LAKENHEATH	DA	202
0633	RAF LAKENHEATH	DR	1
0634	IRAKLION AS	DA	6

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0635	INCIRLIK AB	DA	13
0636	CLARK AB	RET	1
0636	CLARK AB	DA	3
0636	CLARK AB	DR	10
0637	KUNSAN AB	DA	12
0638	OSAN AB	DA	74
0639	MISAWA	DA	52
0640	YOKOTA AB	DA	199
0640	YOKOTA AB	DR	4
0640	YOKOTA AB	RET	13
0901	NON-CAT ALABAMA	DA	21257
0901	NON-CAT ALABAMA	DR	32378
0901	NON-CAT ALABAMA	DS	4985
0901	NON-CAT ALABAMA	RET	14932
0901	NON-CAT ALABAMA	X	14
0902	NON-CAT ALASKA	DA	4672
0902	NON-CAT ALASKA	DR	1965
0902	NON-CAT ALASKA	DS	160
0902	NON-CAT ALASKA	RET	801
0902	NON-CAT ALASKA	X	2
0903	NON-CAT ARIZONA	DA	16697
0903	NON-CAT ARIZONA	DR	12321
0903	NON-CAT ARIZONA	DS	1420
0903	NON-CAT ARIZONA	RET	5919
0903	NON-CAT ARIZONA	X	29
0904	NON-CAT ARKANSAS	DA	15449
0904	NON-CAT ARKANSAS	DR	41360
0904	NON-CAT ARKANSAS	DS	5417
0904	NON-CAT ARKANSAS	RET	19323
0904	NON-CAT ARKANSAS	X	18
0905	NON-CAT CALIFORNIA	DA	62032
0905	NON-CAT CALIFORNIA	DR	51018
0905	NON-CAT CALIFORNIA	DS	6551
0905	NON-CAT CALIFORNIA	RET	26289
0905	NON-CAT CALIFORNIA	X	58
0906	NON-CAT COLORADO	DA	4371
0906	NON-CAT COLORADO	DR	11857
0906	NON-CAT COLORADO	DS	1491
0906	NON-CAT COLORADO	RET	5539
0906	NON-CAT COLORADO	X	6
0907	NON-CAT CONNECTICUT	DA	3245
0907	NON-CAT CONNECTICUT	DR	3427
0907	NON-CAT CONNECTICUT	DS	598
0907	NON-CAT CONNECTICUT	RET	1518
0907	NON-CAT CONNECTICUT	X	4
0908	NON-CAT DELAWARE	DA	502
0908	NON-CAT DELAWARE	DR	374
0908	NON-CAT DELAWARE	DS	19
0908	NON-CAT DELAWARE	RET	223
0908	NON-CAT DELAWARE	X	0
0910	NON-CAT FLORIDA	DA	34125

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0910	NON-CAT FLORIDA	DR	81245
0910	NON-CAT FLORIDA	DS	11965
0910	NON-CAT FLORIDA	RET	47930
0910	NON-CAT FLORIDA	X	51
0911	NON-CAT GEORGIA	DA	75848
0911	NON-CAT GEORGIA	DR	85979
0911	NON-CAT GEORGIA	DS	12198
0911	NON-CAT GEORGIA	RET	42856
0911	NON-CAT GEORGIA	X	79
0912	NON-CAT HAWAII	DA	6869
0912	NON-CAT HAWAII	DR	4391
0912	NON-CAT HAWAII	DS	502
0912	NON-CAT HAWAII	RET	2139
0912	NON-CAT HAWAII	X	1
0913	NON-CAT IDAHO	DA	13864
0913	NON-CAT IDAHO	DR	15022
0913	NON-CAT IDAHO	DS	1575
0913	NON-CAT IDAHO	RET	7924
0913	NON-CAT IDAHO	X	4
0914	NON-CAT ILLINOIS	DA	15804
0914	NON-CAT ILLINOIS	DR	16031
0914	NON-CAT ILLINOIS	DS	1702
0914	NON-CAT ILLINOIS	RET	7673
0914	NON-CAT ILLINOIS	X	92
0915	NON-CAT INDIANA	DA	19006
0915	NON-CAT INDIANA	DR	19124
0915	NON-CAT INDIANA	DS	2182
0915	NON-CAT INDIANA	RET	11857
0915	NON-CAT INDIANA	X	261
0916	NON-CAT IOWA	DA	13673
0916	NON-CAT IOWA	DR	13430
0916	NON-CAT IOWA	DS	1300
0916	NON-CAT IOWA	RET	6762
0916	NON-CAT IOWA	X	73
0917	NON-CAT KANSAS	DA	19342
0917	NON-CAT KANSAS	DR	23167
0917	NON-CAT KANSAS	DS	3323
0917	NON-CAT KANSAS	RET	12467
0917	NON-CAT KANSAS	X	39
0918	NON-CAT KENTUCKY	DA	11919
0918	NON-CAT KENTUCKY	DR	21753
0918	NON-CAT KENTUCKY	DS	1968
0918	NON-CAT KENTUCKY	RET	9396
0918	NON-CAT KENTUCKY	X	82
0919	NON-CAT LOUISIANA	DA	56414
0919	NON-CAT LOUISIANA	DR	44138
0919	NON-CAT LOUISIANA	DS	6994
0919	NON-CAT LOUISIANA	RET	24005
0919	NON-CAT LOUISIANA	X	21
0920	NON-CAT MAINE	DA	16161
0920	NON-CAT MAINE	DR	16685

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0920	NON-CAT MAINE	DS	1612
0920	NON-CAT MAINE	RET	8258
0920	NON-CAT MAINE	X	97
0921	NON-CAT MARYLAND	DA	5097
0921	NON-CAT MARYLAND	DR	4323
0921	NON-CAT MARYLAND	DS	590
0921	NON-CAT MARYLAND	RET	2147
0921	NON-CAT MARYLAND	X	12
0922	NON-CAT MASSACHUSETTS	DA	12275
0922	NON-CAT MASSACHUSETTS	DR	9040
0922	NON-CAT MASSACHUSETTS	DS	1396
0922	NON-CAT MASSACHUSETTS	RET	4921
0922	NON-CAT MASSACHUSETTS	X	44
0923	NON-CAT MICHIGAN	DA	46892
0923	NON-CAT MICHIGAN	DR	27978
0923	NON-CAT MICHIGAN	DS	3855
0923	NON-CAT MICHIGAN	RET	14438
0923	NON-CAT MICHIGAN	X	190
0924	NON-CAT MINNESOTA	DA	16745
0924	NON-CAT MINNESOTA	DR	17197
0924	NON-CAT MINNESOTA	DS	1992
0924	NON-CAT MINNESOTA	RET	7078
0924	NON-CAT MINNESOTA	X	59
0925	NON-CAT MISSISSIPPI	DA	18302
0925	NON-CAT MISSISSIPPI	DR	25056
0925	NON-CAT MISSISSIPPI	DS	3176
0925	NON-CAT MISSISSIPPI	RET	11617
0925	NON-CAT MISSISSIPPI	X	16
0926	NON-CAT MISSOURI	DA	18352
0926	NON-CAT MISSOURI	DR	32771
0926	NON-CAT MISSOURI	DS	4701
0926	NON-CAT MISSOURI	RET	17201
0926	NON-CAT MISSOURI	X	30
0927	NON-CAT MONTANA	DA	27604
0927	NON-CAT MONTANA	DR	15219
0927	NON-CAT MONTANA	DS	1623
0927	NON-CAT MONTANA	RET	7989
0927	NON-CAT MONTANA	X	24
0928	NON-CAT NEBRASKA	DA	5305
0928	NON-CAT NEBRASKA	DR	7100
0928	NON-CAT NEBRASKA	DS	1163
0928	NON-CAT NEBRASKA	RET	3382
0928	NON-CAT NEBRASKA	X	8
0929	NON-CAT NEVADA	DA	4475
0929	NON-CAT NEVADA	DR	9662
0929	NON-CAT NEVADA	DS	878
0929	NON-CAT NEVADA	RET	4293
0930	NON-CAT NEW HAMPSHIRE	DA	4797
0930	NON-CAT NEW HAMPSHIRE	DR	10034
0930	NON-CAT NEW HAMPSHIRE	DS	1000
0930	NON-CAT NEW HAMPSHIRE	RET	5626

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0930	NON-CAT NEW HAMPSHIRE	X	21
0931	NON-CAT NEW JERSEY	DA	4487
0931	NON-CAT NEW JERSEY	DR	2457
0931	NON-CAT NEW JERSEY	DS	290
0931	NON-CAT NEW JERSEY	RET	1320
0931	NON-CAT NEW JERSEY	X	0
0932	NON-CAT NEW MEXICO	DA	3532
0932	NON-CAT NEW MEXICO	DR	5886
0932	NON-CAT NEW MEXICO	DS	763
0932	NON-CAT NEW MEXICO	RET	2799
0933	NON-CAT NEW YORK	DA	67258
0933	NON-CAT NEW YORK	DR	23588
0933	NON-CAT NEW YORK	DS	4295
0933	NON-CAT NEW YORK	RET	10830
0933	NON-CAT NEW YORK	X	100
0934	NON-CAT NORTH CAROLINA	DA	27840
0934	NON-CAT NORTH CAROLINA	DR	61419
0934	NON-CAT NORTH CAROLINA	DS	8805
0934	NON-CAT NORTH CAROLINA	RET	32784
0934	NON-CAT NORTH CAROLINA	X	37
0935	NON-CAT NORTH DAKOTA	DA	4359
0935	NON-CAT NORTH DAKOTA	DR	2930
0935	NON-CAT NORTH DAKOTA	DS	366
0935	NON-CAT NORTH DAKOTA	RET	1554
0935	NON-CAT NORTH DAKOTA	X	2
0936	NON-CAT OHIO	DA	39181
0936	NON-CAT OHIO	DR	35256
0936	NON-CAT OHIO	DS	4441
0936	NON-CAT OHIO	RET	19446
0936	NON-CAT OHIO	X	217
0937	NON-CAT OKLAHOMA	DA	17523
0937	NON-CAT OKLAHOMA	DR	31621
0937	NON-CAT OKLAHOMA	DS	5391
0937	NON-CAT OKLAHOMA	RET	14835
0937	NON-CAT OKLAHOMA	X	17
0938	NON-CAT OREGON	DA	23160
0938	NON-CAT OREGON	DR	42470
0938	NON-CAT OREGON	DS	5562
0938	NON-CAT OREGON	RET	19316
0938	NON-CAT OREGON	X	16
0939	NON-CAT PENNSYLVANIA	DA	35455
0939	NON-CAT PENNSYLVANIA	DR	39577
0939	NON-CAT PENNSYLVANIA	DS	8109
0939	NON-CAT PENNSYLVANIA	RET	23085
0939	NON-CAT PENNSYLVANIA	X	108
0940	NON-CAT RHODE ISLAND	DA	53
0940	NON-CAT RHODE ISLAND	DR	46
0940	NON-CAT RHODE ISLAND	DS	1
0940	NON-CAT RHODE ISLAND	RET	11
0940	NON-CAT RHODE ISLAND	X	1
0941	NON-CAT SOUTH CAROLINA	DA	6482

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0941	NON-CAT SOUTH CAROLINA	DR	20166
0941	NON-CAT SOUTH CAROLINA	DS	3264
0941	NON-CAT SOUTH CAROLINA	RET	11987
0941	NON-CAT SOUTH CAROLINA	X	25
0942	NON-CAT SOUTH DAKOTA	DA	3752
0942	NON-CAT SOUTH DAKOTA	DR	4161
0942	NON-CAT SOUTH DAKOTA	DS	329
0942	NON-CAT SOUTH DAKOTA	RET	2214
0942	NON-CAT SOUTH DAKOTA	X	2
0943	NON-CAT TENNESSEE	DA	27381
0943	NON-CAT TENNESSEE	DR	67771
0943	NON-CAT TENNESSEE	DS	9873
0943	NON-CAT TENNESSEE	RET	35572
0943	NON-CAT TENNESSEE	X	46
0944	NON-CAT TEXAS	DA	49655
0944	NON-CAT TEXAS	DR	94435
0944	NON-CAT TEXAS	DS	12031
0944	NON-CAT TEXAS	RET	44152
0944	NON-CAT TEXAS	X	69
0945	NON-CAT UTAH	DA	4357
0945	NON-CAT UTAH	DR	5552
0945	NON-CAT UTAH	DS	642
0945	NON-CAT UTAH	RET	2688
0945	NON-CAT UTAH	X	3
0946	NON-CAT VERMONT	DA	3180
0946	NON-CAT VERMONT	DR	3891
0946	NON-CAT VERMONT	DS	457
0946	NON-CAT VERMONT	RET	1905
0946	NON-CAT VERMONT	X	9
0947	NON-CAT VIRGINIA	DA	14517
0947	NON-CAT VIRGINIA	DR	31007
0947	NON-CAT VIRGINIA	DS	3852
0947	NON-CAT VIRGINIA	RET	15213
0947	NON-CAT VIRGINIA	X	24
0948	NON-CAT WASHINGTON	DA	13581
0948	NON-CAT WASHINGTON	DR	21639
0948	NON-CAT WASHINGTON	DS	2793
0948	NON-CAT WASHINGTON	RET	13565
0948	NON-CAT WASHINGTON	X	25
0949	NON-CAT WEST VIRGINIA	DA	10934
0949	NON-CAT WEST VIRGINIA	DR	17204
0949	NON-CAT WEST VIRGINIA	DS	2172
0949	NON-CAT WEST VIRGINIA	RET	8269
0949	NON-CAT WEST VIRGINIA	X	90
0950	NON-CAT WISCONSIN	DA	19904
0950	NON-CAT WISCONSIN	DR	19055
0950	NON-CAT WISCONSIN	DS	2387
0950	NON-CAT WISCONSIN	RET	8894
0950	NON-CAT WISCONSIN	X	159
0951	NON-CAT WYOMING	DA	1742
0951	NON-CAT WYOMING	DR	3063

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0951	NON-CAT WYOMING	DS	297
0951	NON-CAT WYOMING	RET	1193
0951	NON-CAT WYOMING	X	2
0953	NON-CAT PUERTO RICO	DA	11508
0953	NON-CAT PUERTO RICO	DR	6525
0953	NON-CAT PUERTO RICO	DS	1539
0953	NON-CAT PUERTO RICO	RET	1426
0953	NON-CAT PUERTO RICO	X	1
0957	NON-CAT GERMANY	DA	59
0957	NON-CAT GERMANY	DR	11
0957	NON-CAT GERMANY	RET	3
0958	NON-CAT GREECE	DA	0
0960	NON-CAT ITALY	DA	67
0960	NON-CAT ITALY	DR	6
0960	NON-CAT ITALY	DS	1
0960	NON-CAT ITALY	RET	2
0961	NON-CAT JAPAN	RET	6
0961	NON-CAT JAPAN	DA	69
0961	NON-CAT JAPAN	DR	1
0964	NON-CAT PORTUGAL	DA	1
0965	NON-CAT KOREA	DA	24
0965	NON-CAT KOREA	RET	1
0965	NON-CAT KOREA	DR	20
0966	NON-CAT SPAIN	DA	16
0966	NON-CAT SPAIN	RET	0
0967	NON-CAT TURKEY	DA	26
0967	NON-CAT TURKEY	DR	6
0968	NON-CAT UNITED KINGDOM	DA	56
0969	NON-CAT CANADA	DA	175
0969	NON-CAT CANADA	DR	89
0969	NON-CAT CANADA	RET	157
0969	NON-CAT CANADA	DS	16
0970	NON-CAT OTHER CARIBBEAN	DA	395
0970	NON-CAT OTHER CARIBBEAN	RET	14
0970	NON-CAT OTHER CARIBBEAN	DR	13
0971	NON-CAT CENTRAL AMERICA	DA	28
0971	NON-CAT CENTRAL AMERICA	DR	45
0971	NON-CAT CENTRAL AMERICA	RET	74
0971	NON-CAT CENTRAL AMERICA	DS	18
0972	NON-CAT SOUTH AMERICA	DA	70
0972	NON-CAT SOUTH AMERICA	DR	117
0972	NON-CAT SOUTH AMERICA	RET	10
0976	NON-CAT AFRICA	DA	1
0977	NON-CAT MIDEAST	DA	31
0977	NON-CAT MIDEAST	DR	26
0977	NON-CAT MIDEAST	RET	11
0978	NON-CAT SOUTHEAST ASIA	DA	75
0978	NON-CAT SOUTHEAST ASIA	DR	16
0978	NON-CAT SOUTHEAST ASIA	RET	76
0982	NON-CAT OTHER EUROPE	DA	50
0982	NON-CAT OTHER EUROPE	DR	15

SOURCE: DMIS

CHAMPUS VISITS BY BENEFICIARY CATEGORY
FY 92

DMISID	MTF	BENCAT	VISITS
0982	NON-CAT OTHER EUROPE	RET	0
0983	NON-CAT OTHER PACIFIC	DA	219
0983	NON-CAT OTHER PACIFIC	DR	39
0983	NON-CAT OTHER PACIFIC	RET	92
0983	NON-CAT OTHER PACIFIC	DS	8
0998	NAVY AFLOAT WITH UNKNOWN HOMEPORT	DA	466
0998	NAVY AFLOAT WITH UNKNOWN HOMEPORT	DR	40
0998	NAVY AFLOAT WITH UNKNOWN HOMEPORT	RET	2
0999	UNKNOWN LOCATION	DA	775
0999	UNKNOWN LOCATION	DR	237
0999	UNKNOWN LOCATION	DS	24
0999	UNKNOWN LOCATION	RET	140

SOURCE: DMIS

MHSS MTF WORKLOAD BY BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0001	FOX ACH	ACT	311	626	180.64	2.01	0.7307	1.72
0001	FOX ACH	DAD	372	691	256.03	1.86	0.8658	1.89
0001	FOX ACH	DRE	470	1120	356.87	2.38	0.9552	3.07
0001	FOX ACH	GRD	11	45	6.98	4.09	0.7983	0.12
0001	FOX ACH	OTH	18	27	11.35	1.50	0.7933	0.07
0001	FOX ACH	RET	470	1336	376.43	2.84	1.0076	3.66
0001	FOX ACH	SUR	65	269	61.12	4.14	1.1829	0.74
0002	NOBLE ACH	ACT	943	2396	649.21	2.54	0.8661	6.56
0002	NOBLE ACH	DAD	670	1666	400.93	2.49	0.7528	4.56
0002	NOBLE ACH	DRE	537	1471	434.18	2.74	1.0171	4.03
0002	NOBLE ACH	GRD	210	564	136.18	2.69	0.8158	1.55
0002	NOBLE ACH	OTH	37	105	17.67	2.84	0.6008	0.29
0002	NOBLE ACH	RET	508	1410	420.66	2.78	1.0417	3.86
0002	NOBLE ACH	SUR	102	298	88.45	2.92	1.0909	0.82
0003	LYSTER ACH	ACT	636	1255	497.31	1.97	0.9837	3.44
0003	LYSTER ACH	DAD	1326	2752	812.82	2.08	0.7711	7.54
0003	LYSTER ACH	DRE	653	1580	511.85	2.42	0.9861	4.33
0003	LYSTER ACH	GRD	22	42	19.04	1.91	1.0888	0.12
0003	LYSTER ACH	OTH	65	172	37.86	2.65	0.7327	0.47
0003	LYSTER ACH	RET	730	2227	645.53	3.05	1.1125	6.10
0003	LYSTER ACH	SUR	115	291	98.89	2.53	1.0818	0.80
0004	MAXWELL AFB	ACT	578	1318	433.94	2.28	0.9445	3.61
0004	MAXWELL AFB	DAD	1016	2980	540.91	2.93	0.6698	8.16
0004	MAXWELL AFB	DRE	445	1537	362.26	3.45	1.0241	4.21
0004	MAXWELL AFB	GRD	29	73	25.09	2.52	1.0884	0.20
0004	MAXWELL AFB	OTH	58	176	46.5	3.03	1.0086	0.48
0004	MAXWELL AFB	RET	399	1569	405.7	3.93	1.2791	4.30
0004	MAXWELL AFB	SUR	110	1021	176.64	9.28	2.0202	2.80
0005	BASSETT ACH	ACT	1049	2818	798.06	2.69	0.9571	7.72
0005	BASSETT ACH	DAD	2342	5550	1183.15	2.37	0.6355	15.21
0005	BASSETT ACH	DRE	140	388	112.03	2.77	1.0067	1.06
0005	BASSETT ACH	GRD	9	24	7.53	2.67	1.0525	0.07
0005	BASSETT ACH	OTH	28	65	9.88	2.32	0.4439	0.18
0005	BASSETT ACH	RET	111	430	102.55	3.87	1.1623	1.18
0005	BASSETT ACH	SUR	20	77	17.04	3.85	1.0718	0.21
0006	ELMENDORF AFB	ACT	1568	8449	1338.77	5.39	1.0741	23.15
0006	ELMENDORF AFB	DAD	2969	8218	1493.16	2.77	0.6327	22.52
0006	ELMENDORF AFB	DRE	433	1482	384.81	3.42	1.1180	4.06
0006	ELMENDORF AFB	GRD	19	146	27.55	7.68	1.8241	0.40
0006	ELMENDORF AFB	OTH	299	1427	261.12	4.77	1.0986	3.91
0006	ELMENDORF AFB	RET	361	1968	373.41	5.45	1.3013	5.39
0006	ELMENDORF AFB	SUR	45	254	42.45	5.64	1.1867	0.70
0008	BLISS ACH	ACT	989	2579	751.56	2.61	0.9560	7.07
0008	BLISS ACH	DAD	1222	2461	657.27	2.01	0.6766	6.74
0008	BLISS ACH	DRE	430	1051	339.39	2.44	0.9929	2.88
0008	BLISS ACH	GRD	13	19	9.41	1.46	0.9106	0.05
0008	BLISS ACH	OTH	25	77	9.82	3.08	0.4942	0.21
0008	BLISS ACH	RET	405	1243	381.03	3.07	1.1836	3.41
0008	BLISS ACH	SUR	48	146	47.12	3.04	1.2350	0.40
0009	LUKE AFB	ACT	786	1616	605.65	2.06	0.9694	4.43
0009	LUKE AFB	DAD	1579	3437	792.03	2.18	0.6310	9.42

SOURCE: RCMAS CENTRAL

MHSS MTF WORKLOAD BY BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0009	LUKE AFB	DRE	849	2230	680.1	2.63	1.0077	6.11
0009	LUKE AFB	GRD	41	89	34.78	2.17	1.0672	0.24
0009	LUKE AFB	OTH	76	169	19.23	2.22	0.3183	0.46
0009	LUKE AFB	RET	849	2879	824.64	3.39	1.2219	7.89
0009	LUKE AFB	SUR	94	280	78.43	2.98	1.0496	0.77
0010	DAVIS MONTHAN AFB	ACT	659	1387	466.85	2.10	0.8912	3.80
0010	DAVIS MONTHAN AFB	DAD	1361	3259	673.18	2.39	0.6222	8.93
0010	DAVIS MONTHAN AFB	DRE	730	2218	629.15	3.04	1.0842	6.08
0010	DAVIS MONTHAN AFB	GRD	33	86	24.04	2.61	0.9164	0.24
0010	DAVIS MONTHAN AFB	OTH	48	130	13.5	2.71	0.3538	0.36
0010	DAVIS MONTHAN AFB	RET	579	1545	512.71	2.67	1.1140	4.23
0010	DAVIS MONTHAN AFB	SUR	137	430	117.72	3.14	1.0810	1.18
0013	LITTLE ROCK AFB	ACT	601	1107	401.05	1.84	0.8395	3.03
0013	LITTLE ROCK AFB	DAD	1305	2920	655.26	2.24	0.6317	8.00
0013	LITTLE ROCK AFB	DRE	364	850	266.47	2.34	0.9209	2.33
0013	LITTLE ROCK AFB	GRD	19	41	10.96	2.16	0.7257	0.11
0013	LITTLE ROCK AFB	OTH	64	182	25.89	2.84	0.5089	0.50
0013	LITTLE ROCK AFB	RET	203	495	161.14	2.44	0.9986	1.36
0013	LITTLE ROCK AFB	SUR	29	85	25.11	2.93	1.0893	0.23
0014	DAVID GRANT USAFMC	ACT	2284	14856	2337.1	6.50	1.2873	40.70
0014	DAVID GRANT USAFMC	DAD	4303	15039	3271.67	3.50	0.9565	41.20
0014	DAVID GRANT USAFMC	DRE	1878	9277	2087.47	4.94	1.3983	25.42
0014	DAVID GRANT USAFMC	GRD	58	273	60.8	4.71	1.3188	0.75
0014	DAVID GRANT USAFMC	OTH	170	1028	154.27	6.05	1.1416	2.82
0014	DAVID GRANT USAFMC	RET	2588	15836	3422.85	6.12	1.6638	43.39
0014	DAVID GRANT USAFMC	SUR	484	2490	559.44	5.14	1.4541	6.82
0015	BEALE AFB	ACT	285	584	180.88	2.05	0.7984	1.60
0015	BEALE AFB	DAD	476	1116	240.68	2.34	0.6361	3.06
0015	BEALE AFB	DRE	133	434	100.98	3.26	0.9551	1.19
0015	BEALE AFB	GRD	4	10	3.21	2.50	1.0096	0.03
0015	BEALE AFB	OTH	10	27	2.37	2.70	0.2982	0.07
0015	BEALE AFB	RET	109	334	80.64	3.06	0.9307	0.92
0015	BEALE AFB	SUR	24	64	15.78	2.67	0.8271	0.18
0017	CASTLE AFB	ACT	301	513	202.37	1.70	0.8458	1.41
0017	CASTLE AFB	DAD	244	462	170.19	1.89	0.8775	1.27
0017	CASTLE AFB	DRE	147	426	121.78	2.90	1.0422	1.17
0017	CASTLE AFB	GRD	2	5	1.83	2.50	1.1511	0.01
0017	CASTLE AFB	OTH	1	1	0.61	1.00	0.7674	0.00
0017	CASTLE AFB	RET	102	394	87.31	3.86	1.0768	1.08
0017	CASTLE AFB	SUR	26	73	22.3	2.81	1.0790	0.20
0018	VANDENBERG AFB	ACT	518	1204	368.16	2.32	0.8941	3.30
0018	VANDENBERG AFB	DAD	1018	2486	542.13	2.44	0.6700	6.81
0018	VANDENBERG AFB	DRE	322	869	263.65	2.70	1.0301	2.38
0018	VANDENBERG AFB	GRD	7	12	5.84	1.71	1.0495	0.03
0018	VANDENBERG AFB	OTH	15	39	2.2	2.60	0.1845	0.11
0018	VANDENBERG AFB	RET	334	908	285.53	2.72	1.0755	2.49
0018	VANDENBERG AFB	SUR	50	202	48.13	4.04	1.2110	0.55
0019	EDWARDS AFB	ACT	301	703	189.21	2.34	0.7908	1.93
0019	EDWARDS AFB	DAD	745	1538	324.69	2.06	0.5483	4.21
0019	EDWARDS AFB	DRE	102	310	74.54	3.04	0.9193	0.85
0019	EDWARDS AFB	GRD	2	2	1.21	1.00	0.7611	0.01

SOURCE: RCMAS CENTRAL

MHSS MTF WORKLOAD BY BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0019	EDWARDS AFB	OTH	19	47	5.94	2.47	0.3933	0.13
0019	EDWARDS AFB	RET	83	282	78.32	3.40	1.1871	0.77
0019	EDWARDS AFB	SUR	18	65	17.91	3.61	1.2517	0.18
0021	MARCH AFB	ACT	1063	5151	917.5	4.85	1.0858	14.11
0021	MARCH AFB	DAD	1838	5137	980.56	2.79	0.6711	14.07
0021	MARCH AFB	DRE	687	2646	683.9	3.85	1.2523	7.25
0021	MARCH AFB	GRD	20	48	16.33	2.40	1.0272	0.13
0021	MARCH AFB	OTH	61	170	21.89	2.79	0.4514	0.47
0021	MARCH AFB	RET	531	2587	707.92	4.87	1.6772	7.09
0021	MARCH AFB	SUR	96	487	111.82	5.07	1.4653	1.33
0022	LETTERMAN U.S. ARMY HOSPITAL	ACT	206	862	181.54	4.18	1.1086	2.36
0022	LETTERMAN U.S. ARMY HOSPITAL	DAD	117	160	82.38	1.37	0.8858	0.44
0022	LETTERMAN U.S. ARMY HOSPITAL	DRE	59	195	52.75	3.31	1.1248	0.53
0022	LETTERMAN U.S. ARMY HOSPITAL	GRD	2	5	1.63	2.50	1.0253	0.01
0022	LETTERMAN U.S. ARMY HOSPITAL	OTH	6	29	4.06	4.83	0.8513	0.08
0022	LETTERMAN U.S. ARMY HOSPITAL	RET	65	292	60.96	4.49	1.1798	0.80
0022	LETTERMAN U.S. ARMY HOSPITAL	SUR	20	104	21.28	5.20	1.3385	0.28
0023	HAYS ACH	ACT	2147	6103	1680.36	2.84	0.9846	16.72
0023	HAYS ACH	DAD	2387	5717	1247.98	2.40	0.6577	15.66
0023	HAYS ACH	DRE	437	1531	382.13	3.50	1.1001	4.19
0023	HAYS ACH	GRD	20	167	22.92	8.35	1.4417	0.46
0023	HAYS ACH	OTH	93	197	49.59	2.12	0.6708	0.54
0023	HAYS ACH	RET	692	3118	764.83	4.51	1.3904	8.54
0023	HAYS ACH	SUR	166	690	162.41	4.16	1.2308	1.89
0024	NH CAMP PENDLETON	ACT	3475	17162	2956.13	4.94	1.0702	47.02
0024	NH CAMP PENDLETON	DAD	3547	9067	1922.57	2.56	0.6819	24.84
0024	NH CAMP PENDLETON	DRE	477	1559	452.18	3.27	1.1926	4.27
0024	NH CAMP PENDLETON	GRD	23	80	21	3.48	1.1486	0.22
0024	NH CAMP PENDLETON	OTH	121	350	67.64	2.89	0.7032	0.96
0024	NH CAMP PENDLETON	RET	632	2505	658.26	3.96	1.3103	6.86
0024	NH CAMP PENDLETON	SUR	123	526	118.8	4.28	1.2151	1.44
0025	NH LONG BEACH	ACT	1695	14138	1607.34	8.34	1.1930	38.73
0025	NH LONG BEACH	DAD	405	1581	313	3.90	0.9722	4.33
0025	NH LONG BEACH	DRE	263	790	212.53	3.00	1.0166	2.16
0025	NH LONG BEACH	GRD	43	254	42.77	5.91	1.2513	0.70
0025	NH LONG BEACH	OTH	4	5	1.97	1.25	0.6196	0.01
0025	NH LONG BEACH	RET	313	1149	246.41	3.67	0.9904	3.15
0025	NH LONG BEACH	SUR	59	143	43.73	2.42	0.9324	0.39
0027	NH OAKLAND	ACT	3230	14257	3033.42	4.41	1.1815	39.06
0027	NH OAKLAND	DAD	3493	10294	2376.34	2.95	0.8558	28.20
0027	NH OAKLAND	DRE	1520	5887	1620.32	3.87	1.3410	16.13
0027	NH OAKLAND	GRD	28	100	33.77	3.57	1.5173	0.27
0027	NH OAKLAND	OTH	79	291	46.41	3.68	0.7390	0.80
0027	NH OAKLAND	RET	2429	12340	3377.6	5.08	1.7493	33.81
0027	NH OAKLAND	SUR	604	3047	708.65	5.04	1.4760	8.35
0028	NH LEMOORE	ACT	270	548	193.44	2.03	0.9013	1.50
0028	NH LEMOORE	DAD	973	1670	407.48	1.72	0.5268	4.58
0028	NH LEMOORE	DRE	111	256	84.19	2.31	0.9542	0.70
0028	NH LEMOORE	GRD	1	1	0.85	1.00	1.0693	0.00
0028	NH LEMOORE	OTH	25	43	6.52	1.72	0.3281	0.12
0028	NH LEMOORE	RET	50	111	39.32	2.22	0.9893	0.30

SOURCE: RCMAS CENTRAL

MHSS MTF WORKLOAD BY BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0028	NH LEMOORE	SUR	22	50	13.38	2.27	0.7651	0.14
0029	NH SAN DIEGO	ACT	7550	34180	7908.3	4.53	1.3177	93.64
0029	NH SAN DIEGO	DAD	12177	36057	9462.74	2.96	0.9776	98.79
0029	NH SAN DIEGO	DRE	2656	12087	3208.58	4.55	1.5198	33.12
0029	NH SAN DIEGO	GRD	41	329	69.88	8.02	2.1442	0.90
0029	NH SAN DIEGO	OTH	275	846	190.23	3.08	0.8702	2.32
0029	NH SAN DIEGO	RET	4007	21013	6149.94	5.24	1.9308	57.57
0029	NH SAN DIEGO	SUR	807	4137	1007.36	5.13	1.5704	11.33
0029	NH SAN DIEGO	UNK	1	1	0.12	1.00	0.1510	0.00
0030	NH TWENTYNINE PALMS	ACT	619	1274	477.56	2.06	0.9706	3.49
0030	NH TWENTYNINE PALMS	DAD	1531	3123	660.42	2.04	0.5427	8.56
0030	NH TWENTYNINE PALMS	DRE	63	127	43.98	2.02	0.8782	0.35
0030	NH TWENTYNINE PALMS	GRD	16	45	9.97	2.81	0.7839	0.12
0030	NH TWENTYNINE PALMS	OTH	60	114	22.22	1.90	0.4659	0.31
0030	NH TWENTYNINE PALMS	RET	36	135	29.99	3.75	1.0480	0.37
0030	NH TWENTYNINE PALMS	SUR	3	13	3.01	4.33	1.2622	0.04
0031	FITZSIMONS AMC	ACT	2464	16965	3112.65	6.89	1.5892	46.48
0031	FITZSIMONS AMC	DAD	3746	16092	3254.65	4.30	1.0930	44.09
0031	FITZSIMONS AMC	DRE	2625	13663	2935.74	5.20	1.4069	37.43
0031	FITZSIMONS AMC	GRD	68	479	110.85	7.04	2.0508	1.31
0031	FITZSIMONS AMC	OTH	315	1886	423.04	5.99	1.6895	5.17
0031	FITZSIMONS AMC	RET	4168	23772	5848.56	5.70	1.7653	65.13
0031	FITZSIMONS AMC	SUR	629	4416	860.21	7.02	1.7204	12.10
0032	EVANS ACH	ACT	2047	6375	1759.38	3.11	1.0813	17.47
0032	EVANS ACH	DAD	4956	12775	2590.6	2.58	0.6576	35.00
0032	EVANS ACH	DRE	1062	3524	939.95	3.32	1.1134	9.65
0032	EVANS ACH	GRD	22	59	17.66	2.68	1.0098	0.16
0032	EVANS ACH	OTH	232	599	98.12	2.58	0.5321	1.64
0032	EVANS ACH	RET	1318	4875	1317.22	3.70	1.2573	13.36
0032	EVANS ACH	SUR	190	834	180.66	4.39	1.1962	2.28
0033	USAF ACADEMY HOSPITAL	ACT	1617	4549	1253.33	2.81	0.9751	12.46
0033	USAF ACADEMY HOSPITAL	DAD	2120	4235	1041.18	2.00	0.6178	11.60
0033	USAF ACADEMY HOSPITAL	DRE	963	2869	849.8	2.98	1.1101	7.86
0033	USAF ACADEMY HOSPITAL	GRD	3	5	2.23	1.67	0.9351	0.01
0033	USAF ACADEMY HOSPITAL	OTH	62	117	24.7	1.89	0.5012	0.32
0033	USAF ACADEMY HOSPITAL	RET	924	3219	894.25	3.48	1.2175	8.82
0033	USAF ACADEMY HOSPITAL	SUR	129	517	124.25	4.01	1.2117	1.42
0035	NH GROTON	ACT	880	1687	724.44	1.92	1.0356	4.62
0035	NH GROTON	DAD	830	1621	568.78	1.95	0.8621	4.44
0035	NH GROTON	DRE	255	631	223.05	2.47	1.1004	1.73
0035	NH GROTON	GRD	18	45	17.93	2.50	1.2531	0.12
0035	NH GROTON	OTH	3	6	1.74	2.00	0.7297	0.02
0035	NH GROTON	RET	399	1137	363.04	2.85	1.1446	3.12
0035	NH GROTON	SUR	31	81	23.92	2.61	0.9707	0.22
0036	DOVER AFB	ACT	297	627	195.28	2.11	0.8272	1.72
0036	DOVER AFB	DAD	1025	2365	523.28	2.31	0.6422	6.48
0036	DOVER AFB	DRE	297	853	236.92	2.87	1.0035	2.34
0036	DOVER AFB	GRD	14	32	10.85	2.29	0.9750	0.09
0036	DOVER AFB	OTH	54	142	15.17	2.63	0.3534	0.39
0036	DOVER AFB	RET	236	735	219.21	3.11	1.1685	2.01
0036	DOVER AFB	SUR	53	243	61.03	4.58	1.4486	0.67

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DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0037	WALTER REED AMC	ACT	5480	66350	9174.38	12.11	2.1061	181.78
0037	WALTER REED AMC	DAD	6778	38874	7391.96	5.74	1.3720	106.50
0037	WALTER REED AMC	DRE	3819	25826	4487.16	6.76	1.4781	70.76
0037	WALTER REED AMC	GRD	106	1109	144.26	10.46	1.7121	3.04
0037	WALTER REED AMC	OTH	439	2296	520.3	5.23	1.4910	6.29
0037	WALTER REED AMC	RET	7467	58916	10975.88	7.89	1.8492	161.41
0037	WALTER REED AMC	SUR	1052	8592	1436.85	8.17	1.7182	23.54
0038	NH PENSACOLA	ACT	1648	8456	1498.58	5.13	1.1440	23.17
0038	NH PENSACOLA	DAD	2444	5451	1269.39	2.23	0.6534	14.93
0038	NH PENSACOLA	DRE	753	2480	705.56	3.29	1.1788	6.79
0038	NH PENSACOLA	GRD	17	34	19.93	2.00	1.4748	0.09
0038	NH PENSACOLA	OTH	113	305	57.42	2.70	0.6393	0.84
0038	NH PENSACOLA	RET	905	3634	914.16	4.02	1.2708	9.96
0038	NH PENSACOLA	SUR	179	763	177.7	4.26	1.2489	2.09
0039	NH JACKSONVILLE	ACT	2771	7556	2400.14	2.73	1.0897	20.70
0039	NH JACKSONVILLE	DAD	4338	10178	2112.06	2.35	0.6125	27.88
0039	NH JACKSONVILLE	DRE	1080	3399	897.37	3.15	1.0453	9.31
0039	NH JACKSONVILLE	GRD	28	62	27.18	2.21	1.2212	0.17
0039	NH JACKSONVILLE	OTH	120	386	39.76	3.22	0.4168	1.06
0039	NH JACKSONVILLE	RET	1025	3367	969.33	3.28	1.1897	9.22
0039	NH JACKSONVILLE	SUR	199	788	177.68	3.96	1.1232	2.16
0040	NH ORLANDO	ACT	1989	11585	1902.69	5.82	1.2034	31.74
0040	NH ORLANDO	DAD	1254	2873	712.02	2.29	0.7143	7.87
0040	NH ORLANDO	DRE	921	2400	762.01	2.61	1.0409	6.58
0040	NH ORLANDO	GRD	33	97	34.05	2.94	1.2980	0.27
0040	NH ORLANDO	OTH	50	133	15.64	2.66	0.3935	0.36
0040	NH ORLANDO	RET	1018	3633	954.53	3.57	1.1796	9.95
0040	NH ORLANDO	SUR	115	353	85.59	3.07	0.9363	0.97
0042	EGLIN AFB	ACT	1268	8764	1138.78	6.91	1.1298	24.01
0042	EGLIN AFB	DAD	3122	9217	1524.89	2.95	0.6145	25.25
0042	EGLIN AFB	DRE	675	3167	667.53	4.69	1.2441	8.68
0042	EGLIN AFB	GRD	23	70	17.27	3.04	0.9446	0.19
0042	EGLIN AFB	OTH	151	484	77.99	3.21	0.6498	1.33
0042	EGLIN AFB	RET	927	4549	1003.07	4.91	1.3613	12.46
0042	EGLIN AFB	SUR	210	1061	203.83	5.05	1.2211	2.91
0043	TYNDALL AFB	ACT	470	2097	325.76	4.46	0.8719	5.75
0043	TYNDALL AFB	DAD	1044	3070	488.51	2.94	0.5887	8.41
0043	TYNDALL AFB	DRE	211	925	174.91	4.38	1.0428	2.53
0043	TYNDALL AFB	GRD	2	2	0.9	1.00	0.5661	0.01
0043	TYNDALL AFB	OTH	40	139	10.12	3.48	0.3183	0.38
0043	TYNDALL AFB	RET	152	726	132.84	4.78	1.0994	1.99
0043	TYNDALL AFB	SUR	39	198	35.13	5.08	1.1332	0.54
0045	MACDILL AFB	ACT	818	1654	622.5	2.02	0.9574	4.53
0045	MACDILL AFB	DAD	2016	4330	1025.63	2.15	0.6400	11.86
0045	MACDILL AFB	DRE	1482	3587	1169.68	2.42	0.9929	9.83
0045	MACDILL AFB	GRD	27	74	20.92	2.74	0.9747	0.20
0045	MACDILL AFB	OTH	119	332	49.32	2.79	0.5214	0.91
0045	MACDILL AFB	RET	1565	3907	1310.97	2.50	1.0538	10.70
0045	MACDILL AFB	SUR	252	802	224.86	3.18	1.1225	2.20
0046	PATRICK AFB	ACT	251	455	154.76	1.81	0.7757	1.25
0046	PATRICK AFB	DAD	294	661	192.27	2.25	0.8227	1.81

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DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0046	PATRICK AFB	DRE	464	1038	336.57	2.24	0.9125	2.84
0046	PATRICK AFB	GRD	7	20	4.02	2.86	0.7225	0.05
0046	PATRICK AFB	OTH	2	2	1.09	1.00	0.6856	0.01
0046	PATRICK AFB	RET	501	1488	389.1	2.97	0.9770	4.08
0046	PATRICK AFB	SUR	45	145	39.94	3.22	1.1166	0.40
0047	EISENHOWER AMC	ACT	3908	35153	4797.37	9.00	1.5443	96.31
0047	EISENHOWER AMC	DAD	2932	10134	2085.26	3.46	0.8947	27.76
0047	EISENHOWER AMC	DRE	2542	12367	2914.55	4.87	1.4424	33.88
0047	EISENHOWER AMC	GRD	329	2234	336.69	6.79	1.2874	6.12
0047	EISENHOWER AMC	OTH	154	584	113.94	3.79	0.9308	1.60
0047	EISENHOWER AMC	RET	3575	21236	4935.7	5.94	1.7368	58.18
0047	EISENHOWER AMC	SUR	547	3474	766.6	6.35	1.7631	9.52
0048	MARTIN ACH	ACT	2783	13499	2506.55	4.85	1.1331	36.98
0048	MARTIN ACH	DAD	3891	10727	2030.39	2.76	0.6565	29.39
0048	MARTIN ACH	DRE	1061	3702	914.22	3.49	1.0840	10.14
0048	MARTIN ACH	GRD	322	1542	307.82	4.79	1.2026	4.22
0048	MARTIN ACH	OTH	267	881	131.72	3.30	0.6206	2.41
0048	MARTIN ACH	RET	1178	5626	1302.04	4.78	1.3905	15.41
0048	MARTIN ACH	SUR	298	1568	320.41	5.26	1.3526	4.30
0049	WINN ACH	ACT	1907	6330	1555.77	3.32	1.0263	17.34
0049	WINN ACH	DAD	4649	13169	2318.34	2.83	0.6273	36.08
0049	WINN ACH	DRE	472	1706	403.13	3.61	1.0745	4.67
0049	WINN ACH	GRD	49	117	36.82	2.39	0.9453	0.32
0049	WINN ACH	OTH	113	357	44.66	3.16	0.4972	0.98
0049	WINN ACH	RET	523	1882	494.42	3.60	1.1893	5.16
0049	WINN ACH	SUR	68	265	55.29	3.90	1.0229	0.73
0050	MOODY AFB	ACT	261	546	166.2	2.09	0.8011	1.50
0050	MOODY AFB	DAD	636	1714	272.02	2.69	0.5381	4.70
0050	MOODY AFB	DRE	142	446	112.83	3.14	0.9996	1.22
0050	MOODY AFB	GRD	1	1	0.6	1.00	0.7548	0.00
0050	MOODY AFB	OTH	24	65	11.41	2.71	0.5981	0.18
0050	MOODY AFB	RET	92	207	65.72	2.25	0.8987	0.57
0050	MOODY AFB	SUR	18	49	15.19	2.72	1.0616	0.13
0051	ROBINS AFB	ACT	358	927	253.91	2.59	0.8922	2.54
0051	ROBINS AFB	DAD	849	1976	430.27	2.33	0.6376	5.41
0051	ROBINS AFB	DRE	258	762	218.4	2.95	1.0649	2.09
0051	ROBINS AFB	GRD	6	9	3.79	1.50	0.7946	0.02
0051	ROBINS AFB	OTH	12	34	4.7	2.83	0.4927	0.09
0051	ROBINS AFB	RET	146	460	129.18	3.15	1.1131	1.26
0051	ROBINS AFB	SUR	16	62	13.63	3.88	1.0717	0.17
0052	TRIPLER AMC	ACT	5713	38214	6158.85	6.69	1.3562	104.70
0052	TRIPLER AMC	DAD	10874	36541	7927.68	3.36	0.9172	100.11
0052	TRIPLER AMC	DRE	1114	6573	1471.8	5.90	1.6621	18.01
0052	TRIPLER AMC	GRD	27	106	24.5	3.93	1.1415	0.29
0052	TRIPLER AMC	OTH	1759	27186	4217.41	15.46	3.0163	74.48
0052	TRIPLER AMC	RET	1694	11864	2506.69	7.00	1.8616	32.50
0052	TRIPLER AMC	SUR	307	2134	397.81	6.95	1.6301	5.85
0053	MOUNTAIN HOME AFB	ACT	439	755	274.75	1.72	0.7873	2.07
0053	MOUNTAIN HOME AFB	DAD	1030	2279	497.58	2.21	0.6077	6.24
0053	MOUNTAIN HOME AFB	DRE	368	1000	290.21	2.72	0.9921	2.74
0053	MOUNTAIN HOME AFB	GRD	26	33	17.51	1.27	0.8472	0.09

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DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0053	MOUNTAIN HOME AFB	OTH	24	63	5.7	2.63	0.2988	0.17
0053	MOUNTAIN HOME AFB	RET	304	746	261.82	2.45	1.0835	2.04
0053	MOUNTAIN HOME AFB	SUR	41	96	35.31	2.34	1.0834	0.26
0054	CHANUTE TTC HOSPITAL	ACT	27	129	20.63	4.78	0.9612	0.35
0054	CHANUTE TTC HOSPITAL	DAD	22	59	16.97	2.68	0.9704	0.16
0054	CHANUTE TTC HOSPITAL	DRE	18	49	15.71	2.72	1.0980	0.13
0054	CHANUTE TTC HOSPITAL	RET	19	90	21.29	4.74	1.4096	0.25
0054	CHANUTE TTC HOSPITAL	SUR	1	4	0.99	4.00	1.2454	0.01
0055	SCOTT AFB	ACT	1362	6135	1280.3	4.50	1.1826	16.81
0055	SCOTT AFB	DAD	2671	7053	1529.97	2.64	0.7206	19.32
0055	SCOTT AFB	DRE	1148	4323	1117.45	3.77	1.2245	11.84
0055	SCOTT AFB	GRD	59	164	53.62	2.78	1.1433	0.45
0055	SCOTT AFB	OTH	129	443	84.12	3.43	0.8203	1.21
0055	SCOTT AFB	RET	1491	8563	1763.67	5.74	1.4881	23.46
0055	SCOTT AFB	SUR	255	1323	273.85	5.19	1.3510	3.62
0056	NH GREAT LAKES	ACT	2083	15831	2168.54	7.60	1.3097	43.37
0056	NH GREAT LAKES	DAD	956	2151	826.72	2.25	1.0879	5.89
0056	NH GREAT LAKES	DRE	265	796	276.11	3.00	1.3108	2.18
0056	NH GREAT LAKES	GRD	29	57	26.16	1.97	1.1348	0.16
0056	NH GREAT LAKES	OTH	9	21	8.83	2.33	1.2343	0.06
0056	NH GREAT LAKES	RET	306	1233	371.52	4.03	1.5274	3.38
0056	NH GREAT LAKES	SUR	62	336	73.2	5.42	1.4853	0.92
0057	IRWIN ACH	ACT	1923	5141	1484.71	2.67	0.9713	14.08
0057	IRWIN ACH	DAD	3881	8005	1881.6	2.06	0.6099	21.93
0057	IRWIN ACH	DRE	481	1339	408.52	2.78	1.0685	3.67
0057	IRWIN ACH	GRD	25	38	22.87	1.52	1.1508	0.10
0057	IRWIN ACH	OTH	131	327	56.47	2.50	0.5423	0.90
0057	IRWIN ACH	RET	507	1606	473.01	3.17	1.1737	4.40
0057	IRWIN ACH	SUR	76	260	66.16	3.42	1.0951	0.71
0058	MUNSON ACH	ACT	439	797	364.92	1.82	1.0457	2.18
0058	MUNSON ACH	DAD	350	602	256.61	1.72	0.9223	1.65
0058	MUNSON ACH	DRE	279	738	235	2.65	1.0596	2.02
0058	MUNSON ACH	GRD	16	33	14.09	2.06	1.1078	0.09
0058	MUNSON ACH	OTH	155	659	133.13	4.25	1.0805	1.81
0058	MUNSON ACH	RET	296	741	237.26	2.50	1.0084	2.03
0058	MUNSON ACH	SUR	46	222	46.72	4.83	1.2777	0.61
0059	MCCONNELL AFB	ACT	47	51	27.3	1.09	0.7307	0.14
0059	MCCONNELL AFB	DAD	6	6	3.93	1.00	0.8240	0.02
0059	MCCONNELL AFB	DRE	12	41	12.08	3.42	1.2664	0.11
0059	MCCONNELL AFB	GRD	2	2	1.24	1.00	0.7800	0.01
0059	MCCONNELL AFB	RET	6	14	5.88	2.33	1.2329	0.04
0059	MCCONNELL AFB	SUR	1	1	0.54	1.00	0.6793	0.00
0060	BLANCHFIELD ACH	ACT	3109	9302	2526.02	2.99	1.0221	25.48
0060	BLANCHFIELD ACH	DAD	5545	12379	2813.21	2.23	0.6382	33.92
0060	BLANCHFIELD ACH	DRE	1022	3153	817.62	3.09	1.0064	8.64
0060	BLANCHFIELD ACH	GRD	94	263	76.47	2.80	1.0234	0.72
0060	BLANCHFIELD ACH	OTH	225	557	110	2.48	0.6150	1.53
0060	BLANCHFIELD ACH	RET	1129	3948	956.25	3.50	1.0655	10.82
0060	BLANCHFIELD ACH	SUR	132	474	107.6	3.59	1.0255	1.30
0061	IRELAND ACH	ACT	2259	5872	1709.39	2.60	0.9519	16.09
0061	IRELAND ACH	DAD	2941	6614	1506.99	2.25	0.6446	18.12

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DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0061	IRELAND ACH	DRE	715	1677	551.22	2.35	0.9699	4.59
0061	IRELAND ACH	GRD	251	759	183.1	3.02	0.9177	2.08
0061	IRELAND ACH	OTH	141	320	63.33	2.27	0.5650	0.88
0061	IRELAND ACH	RET	658	1636	525.47	2.49	1.0046	4.48
0061	IRELAND ACH	SUR	115	327	91.76	2.84	1.0038	0.90
0062	BARKSDALE AFB	ACT	901	1584	627.23	1.76	0.8758	4.34
0062	BARKSDALE AFB	DAD	1146	2187	601.64	1.91	0.6604	5.99
0062	BARKSDALE AFB	DRE	474	1411	400.2	2.98	1.0622	3.87
0062	BARKSDALE AFB	GRD	17	30	11.37	1.76	0.8414	0.08
0062	BARKSDALE AFB	OTH	35	96	14.27	2.74	0.5129	0.26
0062	BARKSDALE AFB	RET	465	1451	427.93	3.12	1.1577	3.98
0062	BARKSDALE AFB	SUR	70	239	63.73	3.41	1.1453	0.65
0064	BAYNE-JONES ACH	ACT	1526	5599	1252.09	3.67	1.0322	15.34
0064	BAYNE-JONES ACH	DAD	3059	7039	1448.18	2.30	0.5956	19.28
0064	BAYNE-JONES ACH	DRE	561	1759	459.86	3.14	1.0312	4.82
0064	BAYNE-JONES ACH	GRD	50	184	44.56	3.68	1.1211	0.50
0064	BAYNE-JONES ACH	OTH	76	215	32.84	2.83	0.5436	0.59
0064	BAYNE-JONES ACH	RET	585	1914	518.94	3.27	1.1160	5.24
0064	BAYNE-JONES ACH	SUR	80	220	63.59	2.75	1.0000	0.60
0065	LORING AFB	ACT	209	544	136.63	2.60	0.8224	1.49
0065	LORING AFB	DAD	565	1314	260.77	2.33	0.5806	3.60
0065	LORING AFB	DRE	54	150	43.08	2.78	1.0036	0.41
0065	LORING AFB	GRD	2	5	1.69	2.50	1.0630	0.01
0065	LORING AFB	OTH	5	11	0.7	2.20	0.1761	0.03
0065	LORING AFB	RET	39	111	33.17	2.85	1.0700	0.30
0065	LORING AFB	SUR	11	35	10.7	3.18	1.2237	0.10
0066	MALCOLM GROW USAF MED CTR	ACT	2293	18618	2442.76	8.12	1.3402	51.01
0066	MALCOLM GROW USAF MED CTR	DAD	3180	11116	1866.61	3.50	0.7384	30.45
0066	MALCOLM GROW USAF MED CTR	DRE	1408	7616	1449.57	5.41	1.2952	20.87
0066	MALCOLM GROW USAF MED CTR	GRD	21	147	18.82	7.00	1.1274	0.40
0066	MALCOLM GROW USAF MED CTR	OTH	158	478	94.79	3.03	0.7547	1.31
0066	MALCOLM GROW USAF MED CTR	RET	1757	13474	2264.29	7.67	1.6212	36.92
0066	MALCOLM GROW USAF MED CTR	SUR	364	2877	541.53	7.90	1.8716	7.88
0067	NH BETHESDA	ACT	4586	24298	5037.13	5.30	1.3818	66.57
0067	NH BETHESDA	DAD	5202	17746	4283.26	3.41	1.0358	48.62
0067	NH BETHESDA	DRE	1917	9398	2369.67	4.90	1.5551	25.75
0067	NH BETHESDA	GRD	55	239	50.28	4.35	1.1501	0.65
0067	NH BETHESDA	OTH	426	2012	492.54	4.72	1.4545	5.51
0067	NH BETHESDA	RET	3053	18296	4611.15	5.99	1.9001	50.13
0067	NH BETHESDA	SUR	494	2964	633.05	6.00	1.6121	8.12
0068	NH PATUXENT RIVER	ACT	200	291	136.96	1.46	0.8615	0.80
0068	NH PATUXENT RIVER	DAD	736	1193	363.56	1.62	0.6214	3.27
0068	NH PATUXENT RIVER	DRE	113	206	82.21	1.82	0.9152	0.56
0068	NH PATUXENT RIVER	OTH	15	26	5.87	1.73	0.4923	0.07
0068	NH PATUXENT RIVER	RET	36	72	27.33	2.00	0.9550	0.20
0068	NH PATUXENT RIVER	SUR	11	25	8.06	2.27	0.9218	0.07
0069	KIMBROUGH ACH	ACT	933	2137	737.23	2.29	0.9941	5.85
0069	KIMBROUGH ACH	DAD	1083	1804	701.69	1.67	0.8151	4.94
0069	KIMBROUGH ACH	DRE	579	1351	438.36	2.33	0.9524	3.70
0069	KIMBROUGH ACH	GRD	88	255	66.85	2.90	0.9557	0.70
0069	KIMBROUGH ACH	OTH	36	41	15.42	1.14	0.5389	0.11

SOURCE: RCMAS CENTRAL

MHSS MTF WORKLOAD BY BENEFICIARY CATEGORY
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DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0069	KIMBROUGH ACH	RET	680	1805	544.37	2.65	1.0071	4.95
0069	KIMBROUGH ACH	SUR	140	443	116.45	3.16	1.0464	1.21
0070	CUTLER ACH	ACT	616	1461	431.47	2.37	0.8812	4.00
0070	CUTLER ACH	DAD	337	673	201.76	2.00	0.7532	1.84
0070	CUTLER ACH	DRE	120	376	102.06	3.13	1.0699	1.03
0070	CUTLER ACH	GRD	60	121	46.68	2.02	0.9787	0.33
0070	CUTLER ACH	OTH	5	11	2.98	2.20	0.7498	0.03
0070	CUTLER ACH	RET	217	683	182.24	3.15	1.0565	1.87
0070	CUTLER ACH	SUR	33	124	25.75	3.76	0.9816	0.34
0072	K.I. SAWYER AFB	ACT	265	605	172.78	2.28	0.8202	1.66
0072	K.I. SAWYER AFB	DAD	723	1809	348.24	2.50	0.6059	4.96
0072	K.I. SAWYER AFB	DRE	95	235	65.54	2.47	0.8679	0.64
0072	K.I. SAWYER AFB	GRD	1	3	0.41	3.00	0.5158	0.01
0072	K.I. SAWYER AFB	OTH	9	77	7.32	8.56	1.0232	0.21
0072	K.I. SAWYER AFB	RET	105	195	87.55	1.86	1.0489	0.53
0072	K.I. SAWYER AFB	SUR	14	39	11.71	2.79	1.0522	0.11
0073	KEESLER MEDICAL CENTER	ACT	2528	14375	2483.27	5.69	1.2358	39.38
0073	KEESLER MEDICAL CENTER	DAD	4373	19426	3850.29	4.44	1.1076	53.22
0073	KEESLER MEDICAL CENTER	DRE	2103	12076	2397.77	5.74	1.4344	33.08
0073	KEESLER MEDICAL CENTER	GRD	126	717	131.63	5.69	1.3142	1.96
0073	KEESLER MEDICAL CENTER	OTH	163	963	218.65	5.91	1.6875	2.64
0073	KEESLER MEDICAL CENTER	RET	2560	21030	3947.77	8.21	1.9400	57.62
0073	KEESLER MEDICAL CENTER	SUR	411	3425	574.8	8.33	1.7594	9.38
0074	COLUMBUS AFB	ACT	88	169	56.85	1.92	0.8127	0.46
0074	COLUMBUS AFB	DAD	98	174	65.88	1.78	0.8457	0.48
0074	COLUMBUS AFB	DRE	185	366	139.69	1.98	0.9499	1.00
0074	COLUMBUS AFB	GRD	6	16	3.57	2.67	0.7485	0.04
0074	COLUMBUS AFB	OTH	1	1	0.68	1.00	0.8555	0.00
0074	COLUMBUS AFB	RET	162	374	125.55	2.31	0.9750	1.02
0074	COLUMBUS AFB	SUR	30	77	26.11	2.57	1.0949	0.21
0075	L. WOOD ACH	ACT	2135	8008	1508.26	3.75	0.8887	21.94
0075	L. WOOD ACH	DAD	1723	4159	881.48	2.41	0.6436	11.39
0075	L. WOOD ACH	DRE	873	3049	737.18	3.49	1.0623	8.35
0075	L. WOOD ACH	GRD	972	3761	638.44	3.87	0.8263	10.30
0075	L. WOOD ACH	OTH	87	209	40.24	2.40	0.5819	0.57
0075	L. WOOD ACH	RET	1048	3643	960.78	3.48	1.1533	9.98
0075	L. WOOD ACH	SUR	128	550	121.62	4.30	1.1953	1.51
0076	WHITEMAN AFB	ACT	352	716	215.72	2.03	0.7710	1.96
0076	WHITEMAN AFB	DAD	943	2170	422.06	2.30	0.5631	5.95
0076	WHITEMAN AFB	DRE	171	504	140.05	2.95	1.0303	1.38
0076	WHITEMAN AFB	GRD	3	6	1.66	2.00	0.6961	0.02
0076	WHITEMAN AFB	OTH	20	55	5.5	2.75	0.3460	0.15
0076	WHITEMAN AFB	RET	128	344	107.5	2.69	1.0565	0.94
0076	WHITEMAN AFB	SUR	10	68	9.35	6.80	1.1762	0.19
0078	OFFUTT AFB	ACT	1447	4133	1187.34	2.86	1.0323	11.32
0078	OFFUTT AFB	DAD	2370	5767	1310.32	2.43	0.6955	15.80
0078	OFFUTT AFB	DRE	555	2078	483.86	3.74	1.0968	5.69
0078	OFFUTT AFB	GRD	37	98	33.92	2.65	1.1533	0.27
0078	OFFUTT AFB	OTH	81	254	37.22	3.14	0.5781	0.70
0078	OFFUTT AFB	RET	489	1852	467.5	3.79	1.2027	5.07
0078	OFFUTT AFB	SUR	72	302	72.77	4.19	1.2715	0.83

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DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0079	NELLIS AFB	ACT	605	1340	489.98	2.21	1.0189	3.67
0079	NELLIS AFB	DAD	1307	3170	633.18	2.43	0.6095	8.68
0079	NELLIS AFB	DRE	345	1004	279.14	2.91	1.0179	2.75
0079	NELLIS AFB	GRD	7	22	5.61	3.14	1.0082	0.06
0079	NELLIS AFB	OTH	120	338	68.1	2.82	0.7139	0.93
0079	NELLIS AFB	RET	271	785	248.05	2.90	1.1515	2.15
0079	NELLIS AFB	SUR	34	139	35.31	4.09	1.3065	0.38
0081	PATTERSON ACH	ACT	573	1798	439.95	3.14	0.9659	4.93
0081	PATTERSON ACH	DAD	296	854	207.7	2.89	0.8827	2.34
0081	PATTERSON ACH	DRE	149	527	116.36	3.54	0.9824	1.44
0081	PATTERSON ACH	GRD	47	275	40.95	5.85	1.0961	0.75
0081	PATTERSON ACH	OTH	1	1	0.61	1.00	0.7674	0.00
0081	PATTERSON ACH	RET	185	743	141.1	4.02	0.9595	2.04
0081	PATTERSON ACH	SUR	42	127	32.03	3.02	0.9594	0.35
0083	KIRTLAND AFB	ACT	714	1345	581.33	1.88	1.0243	3.68
0083	KIRTLAND AFB	DAD	785	1416	542.17	1.80	0.8689	3.88
0083	KIRTLAND AFB	DRE	614	1441	474.64	2.35	0.9725	3.95
0083	KIRTLAND AFB	GRD	24	36	19.58	1.50	1.0263	0.10
0083	KIRTLAND AFB	OTH	2	2	1.02	1.00	0.6416	0.01
0083	KIRTLAND AFB	RET	604	1905	528.94	3.15	1.1017	5.22
0083	KIRTLAND AFB	SUR	58	145	48.93	2.50	1.0613	0.40
0084	HOLLOMAN AFB	ACT	296	507	193.21	1.71	0.8212	1.39
0084	HOLLOMAN AFB	DAD	409	705	264.94	1.72	0.8149	1.93
0084	HOLLOMAN AFB	DRE	188	359	139.4	1.91	0.9328	0.98
0084	HOLLOMAN AFB	OTH	2	4	1.19	2.00	0.7485	0.01
0084	HOLLOMAN AFB	RET	163	355	123	2.18	0.9493	0.97
0084	HOLLOMAN AFB	SUR	22	53	16.82	2.41	0.9618	0.15
0085	CANNON AFB	ACT	392	813	241.26	2.07	0.7743	2.23
0085	CANNON AFB	DAD	905	2207	437.65	2.44	0.6084	6.05
0085	CANNON AFB	DRE	98	329	84.38	3.36	1.0832	0.90
0085	CANNON AFB	GRD	2	4	1.34	2.00	0.8429	0.01
0085	CANNON AFB	OTH	22	81	7.32	3.68	0.4186	0.22
0085	CANNON AFB	RET	92	274	87.66	2.98	1.1987	0.75
0085	CANNON AFB	SUR	18	45	16.47	2.50	1.1511	0.12
0086	KELLER ACH	ACT	2098	5325	1477.26	2.54	0.8858	14.59
0086	KELLER ACH	DAD	827	1771	418.66	2.14	0.6369	4.85
0086	KELLER ACH	DRE	306	721	231.47	2.36	0.9516	1.98
0086	KELLER ACH	GRD	63	126	50.46	2.00	1.0076	0.35
0086	KELLER ACH	OTH	76	194	45.76	2.55	0.7575	0.53
0086	KELLER ACH	RET	332	851	273.56	2.56	1.0366	2.33
0086	KELLER ACH	SUR	83	319	70.7	3.84	1.0716	0.87
0087	PLATTSBURGH AFB	ACT	94	308	74.91	3.28	1.0025	0.84
0087	PLATTSBURGH AFB	DAD	90	313	62.29	3.48	0.8707	0.86
0087	PLATTSBURGH AFB	DRE	77	412	69.37	5.35	1.1334	1.13
0087	PLATTSBURGH AFB	GRD	12	41	8.27	3.42	0.8670	0.11
0087	PLATTSBURGH AFB	OTH	6	23	4.24	3.83	0.8890	0.06
0087	PLATTSBURGH AFB	RET	145	668	122.49	4.61	1.0627	1.83
0087	PLATTSBURGH AFB	SUR	30	136	24.43	4.53	1.0244	0.37
0088	GRIFFISS AFB	ACT	323	762	197.66	2.36	0.7698	2.09
0088	GRIFFISS AFB	DAD	861	2035	413.33	2.36	0.6039	5.58
0088	GRIFFISS AFB	DRE	133	333	90.89	2.50	0.8597	0.91

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DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0088	GRIFFISS AFB	GRD	6	9	5.42	1.50	1.1364	0.02
0088	GRIFFISS AFB	OTH	30	83	7.36	2.77	0.3086	0.23
0088	GRIFFISS AFB	RET	100	252	72.21	2.52	0.9084	0.69
0088	GRIFFISS AFB	SUR	23	76	19.14	3.30	1.0469	0.21
0089	WOMACK AMC	ACT	6044	18182	4945.17	3.01	1.0293	49.81
0089	WOMACK AMC	DAD	9302	22368	4604.46	2.40	0.6227	61.28
0089	WOMACK AMC	DRE	1835	6244	1561	3.40	1.0702	17.11
0089	WOMACK AMC	GRD	93	309	68.42	3.32	0.9255	0.85
0089	WOMACK AMC	OTH	375	967	159.91	2.58	0.5365	2.65
0089	WOMACK AMC	RET	1830	7476	1772.55	4.09	1.2185	20.48
0089	WOMACK AMC	SUR	421	1691	381.83	4.02	1.1410	4.63
0090	SEYMOUR JOHNSON AFB	ACT	378	772	251.03	2.04	0.8355	2.12
0090	SEYMOUR JOHNSON AFB	DAD	1073	2855	506.93	2.66	0.5943	7.82
0090	SEYMOUR JOHNSON AFB	DRE	250	586	186.13	2.34	0.9366	1.61
0090	SEYMOUR JOHNSON AFB	GRD	3	3	2.59	1.00	1.0861	0.01
0090	SEYMOUR JOHNSON AFB	OTH	32	93	8.16	2.91	0.3208	0.25
0090	SEYMOUR JOHNSON AFB	RET	136	234	99.18	1.72	0.9174	0.64
0090	SEYMOUR JOHNSON AFB	SUR	28	62	29.39	2.21	1.3205	0.17
0091	NH CAMP LEJEUNE	ACT	3777	17498	3414.81	4.63	1.1374	47.94
0091	NH CAMP LEJEUNE	DAD	3949	9525	2088.88	2.41	0.6654	26.10
0091	NH CAMP LEJEUNE	DRE	370	1096	325.71	2.96	1.1074	3.00
0091	NH CAMP LEJEUNE	GRD	14	60	12.37	4.29	1.1116	0.16
0091	NH CAMP LEJEUNE	OTH	64	148	23.82	2.31	0.4682	0.41
0091	NH CAMP LEJEUNE	RET	410	1666	401.24	4.06	1.2311	4.56
0091	NH CAMP LEJEUNE	SUR	68	305	61.69	4.49	1.1413	0.84
0092	NH CHERRY POINT	ACT	450	893	310.84	1.98	0.8690	2.45
0092	NH CHERRY POINT	DAD	1601	3586	682.56	2.24	0.5363	9.82
0092	NH CHERRY POINT	DRE	96	219	68.63	2.28	0.8994	0.60
0092	NH CHERRY POINT	OTH	17	40	2.97	2.35	0.2198	0.11
0092	NH CHERRY POINT	RET	56	119	43.88	2.13	0.9857	0.33
0092	NH CHERRY POINT	SUR	12	32	8.4	2.67	0.8806	0.09
0093	GRAND FORKS AFB	ACT	452	1169	305.82	2.59	0.8512	3.20
0093	GRAND FORKS AFB	DAD	1096	2993	536.52	2.73	0.6158	8.20
0093	GRAND FORKS AFB	DRE	64	191	47.94	2.98	0.9423	0.52
0093	GRAND FORKS AFB	GRD	5	15	4.25	3.00	1.0693	0.04
0093	GRAND FORKS AFB	OTH	5	15	1.15	3.00	0.2893	0.04
0093	GRAND FORKS AFB	RET	45	112	32.85	2.49	0.9184	0.31
0093	GRAND FORKS AFB	SUR	9	18	7.3	2.00	1.0204	0.05
0094	MINOT AFB	ACT	847	2410	656.35	2.85	0.9749	6.60
0094	MINOT AFB	DAD	1367	3754	664.03	2.75	0.6111	10.28
0094	MINOT AFB	DRE	128	434	111.31	3.39	1.0940	1.19
0094	MINOT AFB	GRD	18	63	14.96	3.50	1.0456	0.17
0094	MINOT AFB	OTH	110	635	106.72	5.77	1.2205	1.74
0094	MINOT AFB	RET	137	517	132.37	3.77	1.2155	1.42
0094	MINOT AFB	SUR	10	32	6.5	3.20	0.8177	0.09
0095	USAFMC WRIGHT-PATTERSON	ACT	1911	13286	2121.77	6.95	1.3968	36.40
0095	USAFMC WRIGHT-PATTERSON	DAD	3417	11126	2443.66	3.26	0.8997	30.48
0095	USAFMC WRIGHT-PATTERSON	DRE	1806	7988	2107.19	4.42	1.4678	21.88
0095	USAFMC WRIGHT-PATTERSON	GRD	103	415	101.74	4.03	1.2426	1.14
0095	USAFMC WRIGHT-PATTERSON	OTH	174	515	89.35	2.96	0.6460	1.41
0095	USAFMC WRIGHT-PATTERSON	RET	2335	13374	3437.79	5.73	1.8522	36.64

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DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0095	USAFMC WRIGHT-PATTERSON	SUR	353	1870	434.29	5.30	1.5477	5.12
0096	TINKER AFB	ACT	936	1729	683	1.85	0.9180	4.74
0096	TINKER AFB	DAD	1841	4116	920.34	2.24	0.6289	11.28
0096	TINKER AFB	DRE	343	764	265.16	2.23	0.9725	2.09
0096	TINKER AFB	GRD	59	124	50.2	2.10	1.0704	0.34
0096	TINKER AFB	OTH	77	227	24.56	2.95	0.4013	0.62
0096	TINKER AFB	RET	281	687	252.17	2.44	1.1289	1.88
0096	TINKER AFB	SUR	55	161	45.41	2.93	1.0387	0.44
0097	ALTUS AFB	ACT	241	472	143.82	1.96	0.7507	1.29
0097	ALTUS AFB	DAD	742	1503	320.18	2.03	0.5428	4.12
0097	ALTUS AFB	DRE	61	182	45.95	2.98	0.9476	0.50
0097	ALTUS AFB	GRD	2	3	1.01	1.50	0.6353	0.01
0097	ALTUS AFB	OTH	11	30	4.72	2.73	0.5398	0.08
0097	ALTUS AFB	RET	40	109	32.46	2.73	1.0209	0.30
0097	ALTUS AFB	SUR	4	9	3.22	2.25	1.0127	0.02
0098	REYNOLDS ACH	ACT	2400	5963	1850.45	2.48	0.9700	16.34
0098	REYNOLDS ACH	DAD	3704	8763	1879.28	2.37	0.6383	24.01
0098	REYNOLDS ACH	DRE	841	2579	715.48	3.07	1.0703	7.07
0098	REYNOLDS ACH	GRD	202	521	150.59	2.58	0.9378	1.43
0098	REYNOLDS ACH	OTH	134	328	47.85	2.45	0.4492	0.90
0098	REYNOLDS ACH	RET	891	3301	863.7	3.70	1.2195	9.04
0098	REYNOLDS ACH	SUR	185	704	159.47	3.81	1.0844	1.93
0100	NH NEWPORT	ACT	355	6745	357.82	19.00	1.2680	18.48
0100	NH NEWPORT	DAD	718	1598	303.82	2.23	0.5323	4.38
0100	NH NEWPORT	DRE	85	363	91.24	4.27	1.3504	0.99
0100	NH NEWPORT	GRD	5	23	8.61	4.60	2.1663	0.06
0100	NH NEWPORT	OTH	3	15	2.33	5.00	0.9771	0.04
0100	NH NEWPORT	RET	149	704	191.14	4.72	1.6138	1.93
0100	NH NEWPORT	SUR	31	127	37.14	4.10	1.5072	0.35
0101	SHAW AFB	ACT	541	1312	337.65	2.43	0.7852	3.59
0101	SHAW AFB	DAD	1286	3417	552.71	2.66	0.5407	9.36
0101	SHAW AFB	DRE	356	1294	276.19	3.63	0.9760	3.55
0101	SHAW AFB	GRD	9	48	5.85	5.33	0.8177	0.13
0101	SHAW AFB	OTH	54	171	12.38	3.17	0.2884	0.47
0101	SHAW AFB	RET	370	1381	313.38	3.73	1.0655	3.78
0101	SHAW AFB	SUR	48	208	42.06	4.33	1.1023	0.57
0103	NH CHARLESTON	ACT	2128	8137	1806.17	3.82	1.0678	22.29
0103	NH CHARLESTON	DAD	3760	8292	2072.62	2.21	0.6935	22.72
0103	NH CHARLESTON	DRE	813	2883	806.12	3.55	1.2474	7.90
0103	NH CHARLESTON	GRD	10	13	7.09	1.30	0.8919	0.04
0103	NH CHARLESTON	OTH	86	257	51.63	2.99	0.7553	0.70
0103	NH CHARLESTON	RET	1078	4624	1284.79	4.29	1.4993	12.67
0103	NH CHARLESTON	SUR	194	1198	247.58	6.18	1.6055	3.28
0104	NH BEAUFORT	ACT	731	4233	612.58	5.79	1.0542	11.60
0104	NH BEAUFORT	DAD	1079	2650	489.72	2.46	0.5710	7.26
0104	NH BEAUFORT	DRE	193	514	163.11	2.66	1.0632	1.41
0104	NH BEAUFORT	GRD	2	2	1.18	1.00	0.7422	0.01
0104	NH BEAUFORT	OTH	20	58	8.88	2.90	0.5586	0.16
0104	NH BEAUFORT	RET	198	771	175.45	3.89	1.1147	2.11
0104	NH BEAUFORT	SUR	46	136	38.7	2.96	1.0584	0.37
0105	MONCRIEF ACH	ACT	3416	15276	2675.08	4.47	0.9852	41.85

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DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0105	MONCRIEF ACH	DAD	909	1996	633.65	2.20	0.8769	5.47
0105	MONCRIEF ACH	DRE	1109	3449	871.48	3.11	0.9886	9.45
0105	MONCRIEF ACH	GRD	1462	6449	1076.78	4.41	0.9265	17.67
0105	MONCRIEF ACH	OTH	39	76	30.54	1.95	0.9851	0.21
0105	MONCRIEF ACH	RET	1340	4639	1147.75	3.46	1.0775	12.71
0105	MONCRIEF ACH	SUR	252	1110	216.37	4.40	1.0801	3.04
0106	ELLSWORTH AFB	ACT	578	996	437.1	1.72	0.9514	2.73
0106	ELLSWORTH AFB	DAD	1333	2669	624.55	2.00	0.5894	7.31
0106	ELLSWORTH AFB	DRE	215	447	163.07	2.08	0.9542	1.22
0106	ELLSWORTH AFB	GRD	21	40	17.75	1.90	1.0633	0.11
0106	ELLSWORTH AFB	OTH	35	85	13.42	2.43	0.4824	0.23
0106	ELLSWORTH AFB	RET	165	417	130.98	2.53	0.9986	1.14
0106	ELLSWORTH AFB	SUR	33	69	25.05	2.09	0.9550	0.19
0107	NH MILLINGTON	ACT	750	5470	657.59	7.29	1.1030	14.99
0107	NH MILLINGTON	DAD	1247	2502	642.32	2.01	0.6480	6.85
0107	NH MILLINGTON	DRE	322	670	243.95	2.08	0.9531	1.84
0107	NH MILLINGTON	GRD	10	50	9.51	5.00	1.1964	0.14
0107	NH MILLINGTON	OTH	49	113	11.57	2.31	0.2970	0.31
0107	NH MILLINGTON	RET	206	617	191.25	3.00	1.1679	1.69
0107	NH MILLINGTON	SUR	37	97	28.63	2.62	0.9734	0.27
0108	WILLIAM BEAUMONT AMC	ACT	2904	20357	2773.65	7.01	1.2016	55.77
0108	WILLIAM BEAUMONT AMC	DAD	5835	20972	3920.33	3.59	0.8452	57.46
0108	WILLIAM BEAUMONT AMC	DRE	2327	12253	2571.55	5.27	1.3902	33.57
0108	WILLIAM BEAUMONT AMC	GRD	43	185	38.77	4.30	1.1343	0.51
0108	WILLIAM BEAUMONT AMC	OTH	1437	8534	1776.59	5.94	1.5553	23.38
0108	WILLIAM BEAUMONT AMC	RET	2788	18212	3945.31	6.53	1.7802	49.90
0108	WILLIAM BEAUMONT AMC	SUR	606	4225	812.39	6.97	1.6865	11.58
0109	BROOKE AMC	ACT	3028	20832	3990.95	6.88	1.6581	57.07
0109	BROOKE AMC	DAD	4462	17687	4359.59	3.96	1.2291	48.46
0109	BROOKE AMC	DRE	4171	20877	5115.47	5.01	1.5429	57.20
0109	BROOKE AMC	GRD	316	1848	331.95	5.85	1.3215	5.06
0109	BROOKE AMC	OTH	1291	10920	3301.12	8.46	3.2168	29.92
0109	BROOKE AMC	RET	5792	34028	8003.75	5.88	1.7384	93.23
0109	BROOKE AMC	SUR	1450	9866	1958.61	6.80	1.6993	27.03
0110	DARNALL ACH	ACT	3475	10951	2981.41	3.15	1.0793	30.00
0110	DARNALL ACH	DAD	8785	18823	4588.15	2.14	0.6570	51.57
0110	DARNALL ACH	DRE	1234	3707	1072.11	3.00	1.0930	10.16
0110	DARNALL ACH	GRD	35	139	31.02	3.97	1.1150	0.38
0110	DARNALL ACH	OTH	291	640	147.62	2.20	0.6382	1.75
0110	DARNALL ACH	RET	1065	4136	1095.2	3.88	1.2937	11.33
0110	DARNALL ACH	SUR	257	1175	270.23	4.57	1.3228	3.22
0111	REESE AFB	ACT	139	224	85.8	1.61	0.7765	0.61
0111	REESE AFB	DAD	166	271	96.22	1.63	0.7292	0.74
0111	REESE AFB	DRE	77	211	69.62	2.74	1.1374	0.58
0111	REESE AFB	GRD	1	2	0.62	2.00	0.7800	0.01
0111	REESE AFB	OTH	2	3	0.92	1.50	0.5787	0.01
0111	REESE AFB	RET	44	112	40.21	2.55	1.1497	0.31
0111	REESE AFB	SUR	9	40	8.12	4.44	1.1350	0.11
0112	DYESS AFB	ACT	445	932	279.76	2.09	0.7909	2.55
0112	DYESS AFB	DAD	1099	2721	493.21	2.48	0.5646	7.45
0112	DYESS AFB	DRE	141	364	114.79	2.58	1.0242	1.00

SOURCE: RCMAS CENTRAL

MHSS MTF WORKLOAD BY BENEFICIARY CATEGORY
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DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0112	DYESS AFB	GRD	2	2	1.23	1.00	0.7737	0.01
0112	DYESS AFB	OTH	20	54	4.09	2.70	0.2573	0.15
0112	DYESS AFB	RET	81	240	67.77	2.96	1.0525	0.66
0112	DYESS AFB	SUR	12	35	9.98	2.92	1.0463	0.10
0113	SHEPPARD AFB	ACT	1467	15079	1536.82	10.28	1.3179	41.31
0113	SHEPPARD AFB	DAD	1254	3306	740.2	2.64	0.7426	9.06
0113	SHEPPARD AFB	DRE	556	1838	535.89	3.31	1.2125	5.04
0113	SHEPPARD AFB	GRD	85	337	61.13	3.96	0.9047	0.92
0113	SHEPPARD AFB	OTH	90	241	41.67	2.68	0.5825	0.66
0113	SHEPPARD AFB	RET	635	2851	672.66	4.49	1.3326	7.81
0113	SHEPPARD AFB	SUR	121	499	125.38	4.12	1.3036	1.37
0114	LAUGHLIN AFB	ACT	133	253	78.01	1.90	0.7379	0.69
0114	LAUGHLIN AFB	DAD	359	769	146.53	2.14	0.5135	2.11
0114	LAUGHLIN AFB	DRE	111	289	77.24	2.60	0.8754	0.79
0114	LAUGHLIN AFB	OTH	6	14	2.95	2.33	0.6185	0.04
0114	LAUGHLIN AFB	RET	79	213	62.91	2.70	1.0018	0.58
0114	LAUGHLIN AFB	SUR	10	27	11.44	2.70	1.4392	0.07
0115	BERGSTROM AFB	ACT	49	124	31.97	2.53	0.8208	0.34
0115	BERGSTROM AFB	DAD	91	171	71.54	1.88	0.9890	0.47
0115	BERGSTROM AFB	DRE	94	171	77.01	1.82	1.0306	0.47
0115	BERGSTROM AFB	OTH	4	11	4.26	2.75	1.3398	0.03
0115	BERGSTROM AFB	RET	67	313	69.88	4.67	1.3121	0.86
0115	BERGSTROM AFB	SUR	10	39	9.32	3.90	1.1725	0.11
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	ACT	220	727	173.86	3.30	0.9942	1.99
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	DAD	360	1099	195.7	3.05	0.6839	3.01
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	DRE	166	757	153.06	4.56	1.1600	2.07
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	GRD	12	44	9.81	3.67	1.0284	0.12
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	OTH	14	32	4.06	2.29	0.3648	0.09
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	RET	220	912	223.05	4.15	1.2755	2.50
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	SUR	32	317	48.54	9.91	1.9083	0.87
0117	WILFORD HALL USAFMC	ACT	5526	36073	6304.28	6.53	1.4352	98.83
0117	WILFORD HALL USAFMC	DAD	6998	37439	7733.99	5.35	1.3903	102.57
0117	WILFORD HALL USAFMC	DRE	5307	32792	6877.98	6.18	1.6304	89.84
0117	WILFORD HALL USAFMC	GRD	72	457	88.91	6.35	1.5535	1.25
0117	WILFORD HALL USAFMC	OTH	989	5905	1732	5.97	2.2031	16.18
0117	WILFORD HALL USAFMC	RET	7251	56394	12591.14	7.78	2.1845	154.50
0117	WILFORD HALL USAFMC	SUR	1185	8297	1604.43	7.00	1.7033	22.73
0118	NH CORPUS CHRISTI	ACT	592	6247	527.86	10.55	1.1217	17.12
0118	NH CORPUS CHRISTI	DAD	505	837	340.05	1.66	0.8471	2.29
0118	NH CORPUS CHRISTI	DRE	330	629	256.46	1.91	0.9777	1.72
0118	NH CORPUS CHRISTI	GRD	6	40	4.74	6.67	0.9938	0.11
0118	NH CORPUS CHRISTI	OTH	10	53	7.72	5.30	0.9712	0.15
0118	NH CORPUS CHRISTI	RET	366	1057	320.88	2.89	1.1029	2.90
0118	NH CORPUS CHRISTI	SUR	50	143	39.01	2.86	0.9815	0.39
0119	HILL AFB	ACT	605	1281	473.63	2.12	0.9849	3.51
0119	HILL AFB	DAD	1552	3663	821.82	2.36	0.6662	10.04
0119	HILL AFB	DRE	302	810	252.11	2.68	1.0502	2.22
0119	HILL AFB	GRD	41	95	35.35	2.32	1.0847	0.26
0119	HILL AFB	OTH	42	98	12.66	2.33	0.3792	0.27
0119	HILL AFB	RET	228	601	196.81	2.64	1.0859	1.65
0119	HILL AFB	SUR	41	127	30.17	3.10	0.9257	0.35

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DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0120	LANGLEY AFB	ACT	1147	3153	854.24	2.75	0.9369	8.64
0120	LANGLEY AFB	DAD	2505	6518	1099.52	2.60	0.5522	17.86
0120	LANGLEY AFB	DRE	352	1275	282.62	3.62	1.0101	3.49
0120	LANGLEY AFB	GRD	4	10	4.59	2.50	1.4436	0.03
0120	LANGLEY AFB	OTH	72	208	22.54	2.89	0.3938	0.57
0120	LANGLEY AFB	RET	328	1248	313.8	3.80	1.2036	3.42
0120	LANGLEY AFB	SUR	77	466	74.14	6.05	1.2113	1.28
0121	MCDONALD ACH	ACT	1000	2953	779.19	2.95	0.9802	8.09
0121	MCDONALD ACH	DAD	1534	3698	992.74	2.41	0.8141	10.13
0121	MCDONALD ACH	DRE	459	1435	384.76	3.13	1.0545	3.93
0121	MCDONALD ACH	GRD	49	109	35.21	2.22	0.9040	0.30
0121	MCDONALD ACH	OTH	35	81	25.53	2.31	0.9176	0.22
0121	MCDONALD ACH	RET	473	1944	434.73	4.11	1.1562	5.33
0121	MCDONALD ACH	SUR	77	352	74.34	4.57	1.2146	0.96
0122	KENNER ACH	ACT	1518	3901	1061.5	2.57	0.8797	10.69
0122	KENNER ACH	DAD	486	712	329.78	1.47	0.8536	1.95
0122	KENNER ACH	DRE	501	1266	396.9	2.53	0.9966	3.47
0122	KENNER ACH	GRD	319	831	231.31	2.61	0.9122	2.28
0122	KENNER ACH	OTH	23	56	16.44	2.43	0.8992	0.15
0122	KENNER ACH	RET	495	1586	494.89	3.20	1.2577	4.35
0122	KENNER ACH	SUR	123	335	102.5	2.72	1.0483	0.92
0123	DEWITT ACH	ACT	1306	2801	871.42	2.14	0.8394	7.67
0123	DEWITT ACH	DAD	3767	8451	1969.12	2.24	0.6576	23.15
0123	DEWITT ACH	DRE	902	2703	750.45	3.00	1.0467	7.41
0123	DEWITT ACH	GRD	41	73	31.85	1.78	0.9773	0.20
0123	DEWITT ACH	OTH	149	418	56.82	2.81	0.4797	1.15
0123	DEWITT ACH	RET	1007	3748	891.22	3.72	1.1134	10.27
0123	DEWITT ACH	SUR	171	668	155.37	3.91	1.1430	1.83
0124	NH PORTSMOUTH	ACT	9777	37390	9312.26	3.82	1.1982	102.44
0124	NH PORTSMOUTH	DAD	8450	23948	6334.01	2.83	0.9430	65.61
0124	NH PORTSMOUTH	DRE	2143	9090	2373.66	4.24	1.3934	24.90
0124	NH PORTSMOUTH	GRD	21	76	19.2	3.62	1.1502	0.21
0124	NH PORTSMOUTH	OTH	185	656	140.13	3.55	0.9529	1.80
0124	NH PORTSMOUTH	RET	2764	14897	3710.53	5.39	1.6888	40.81
0124	NH PORTSMOUTH	SUR	509	3155	675.41	6.20	1.6693	8.64
0125	MADIGAN AMC	ACT	4122	14835	3778.25	3.60	1.1531	40.64
0125	MADIGAN AMC	DAD	8632	28510	6090	3.30	0.8876	78.11
0125	MADIGAN AMC	DRE	3606	15245	3849.18	4.23	1.3429	41.77
0125	MADIGAN AMC	GRD	175	708	187.23	4.05	1.3459	1.94
0125	MADIGAN AMC	OTH	572	2485	645.91	4.34	1.4206	6.81
0125	MADIGAN AMC	RET	4653	25375	6518.06	5.45	1.7623	69.52
0125	MADIGAN AMC	SUR	876	4515	986.55	5.15	1.4168	12.37
0126	NH BREMERTON	ACT	1566	7934	1451.88	5.07	1.1663	21.74
0126	NH BREMERTON	DAD	2718	6420	1411.25	2.36	0.6532	17.59
0126	NH BREMERTON	DRE	558	1880	490.66	3.37	1.1062	5.15
0126	NH BREMERTON	GRD	5	11	2.9	2.20	0.7297	0.03
0126	NH BREMERTON	OTH	27	68	7.28	2.52	0.3392	0.19
0126	NH BREMERTON	RET	755	2727	761.81	3.61	1.2694	7.47
0126	NH BREMERTON	SUR	118	509	121.93	4.31	1.2999	1.39
0127	NH OAK HARBOR	ACT	416	960	323.24	2.31	0.9775	2.63
0127	NH OAK HARBOR	DAD	1606	3282	732.12	2.04	0.5735	8.99

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MHSS MTF WORKLOAD BY BENEFICIARY CATEGORY
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DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0127	NH OAK HARBOR	DRE	83	202	61.28	2.43	0.9288	0.55
0127	NH OAK HARBOR	GRD	3	12	2.53	4.00	1.0609	0.03
0127	NH OAK HARBOR	OTH	30	68	8.68	2.27	0.3640	0.19
0127	NH OAK HARBOR	RET	54	134	40.72	2.48	0.9486	0.37
0127	NH OAK HARBOR	SUR	6	9	4.2	1.50	0.8806	0.02
0128	FAIRCHILD AFB	ACT	704	1710	533.8	2.43	0.9539	4.68
0128	FAIRCHILD AFB	DAD	1286	3118	687.55	2.42	0.6726	8.54
0128	FAIRCHILD AFB	DRE	467	1249	376.32	2.67	1.0137	3.42
0128	FAIRCHILD AFB	GRD	26	71	22.48	2.73	1.0877	0.19
0128	FAIRCHILD AFB	OTH	66	139	37.73	2.11	0.7192	0.38
0128	FAIRCHILD AFB	RET	407	1212	323.37	2.98	0.9995	3.32
0128	FAIRCHILD AFB	SUR	63	234	54.19	3.71	1.0821	0.64
0129	F.E. WARREN AFB	ACT	456	779	291.79	1.71	0.8050	2.13
0129	F.E. WARREN AFB	DAD	999	2022	480.34	2.02	0.6049	5.54
0129	F.E. WARREN AFB	DRE	181	426	142.37	2.35	0.9895	1.17
0129	F.E. WARREN AFB	GRD	7	9	3.97	1.29	0.7135	0.02
0129	F.E. WARREN AFB	OTH	16	30	5.91	1.88	0.4647	0.08
0129	F.E. WARREN AFB	RET	138	379	126.74	2.75	1.1554	1.04
0129	F.E. WARREN AFB	SUR	26	115	24.13	4.42	1.1675	0.32
0131	WEED ACH	ACT	1008	2452	656.16	2.43	0.8189	6.72
0131	WEED ACH	DAD	1209	2867	543.66	2.37	0.5657	7.85
0131	WEED ACH	DRE	41	179	37.78	4.37	1.1592	0.49
0131	WEED ACH	GRD	32	68	21.58	2.13	0.8484	0.19
0131	WEED ACH	OTH	23	52	9.52	2.26	0.5207	0.14
0131	WEED ACH	RET	37	78	23.38	2.11	0.7949	0.21
0131	WEED ACH	SUR	3	7	1.22	2.33	0.5116	0.02
0250	MCCLELLAN AFB	ACT	478	1001	397.94	2.09	1.0473	2.74
0250	MCCLELLAN AFB	DAD	1117	3185	606.12	2.85	0.6826	8.73
0250	MCCLELLAN AFB	DRE	659	1824	532.89	2.77	1.0173	5.00
0250	MCCLELLAN AFB	GRD	21	31	19.06	1.48	1.1418	0.08
0250	MCCLELLAN AFB	OTH	60	176	18.95	2.93	0.3973	0.48
0250	MCCLELLAN AFB	RET	787	2113	707.94	2.68	1.1316	5.79
0250	MCCLELLAN AFB	SUR	161	518	142.41	3.22	1.1128	1.42
0294	HAWLEY ACH	ACT	321	351	197.76	1.09	0.7750	0.96
0294	HAWLEY ACH	DAD	120	137	86.62	1.14	0.9081	0.38
0294	HAWLEY ACH	DRE	62	64	50.19	1.03	1.0184	0.18
0294	HAWLEY ACH	GRD	38	40	24.47	1.05	0.8101	0.11
0294	HAWLEY ACH	RET	45	48	32.29	1.07	0.9027	0.13
0294	HAWLEY ACH	SUR	12	13	8.6	1.08	0.9016	0.04
0326	MCGUIRE AFB	ACT	829	2165	657.28	2.61	0.9974	5.93
0326	MCGUIRE AFB	DAD	501	900	330.28	1.80	0.8293	2.47
0326	MCGUIRE AFB	DRE	270	647	195.44	2.40	0.9106	1.77
0326	MCGUIRE AFB	GRD	44	105	33.57	2.39	0.9598	0.29
0326	MCGUIRE AFB	OTH	5	7	3.47	1.40	0.8731	0.02
0326	MCGUIRE AFB	RET	323	907	263.72	2.81	1.0271	2.48
0326	MCGUIRE AFB	SUR	27	48	17.57	1.78	0.8186	0.13
0603	USA HOSP BERLIN	ACT	361	1336	291.84	3.70	1.0170	3.66
0603	USA HOSP BERLIN	DAD	731	2215	391.69	3.03	0.6741	6.07
0603	USA HOSP BERLIN	DRE	8	19	6.48	2.38	1.0190	0.05
0603	USA HOSP BERLIN	OTH	432	1542	250.72	3.57	0.7301	4.22
0603	USA HOSP BERLIN	RET	37	182	35.67	4.92	1.2128	0.50

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DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0603	USA HOSP BERLIN	SUR	8	79	7.58	9.88	1.1920	0.22
0605	USA MEDDAC FRANKFURT	ACT	3188	18090	2700.32	5.67	1.0656	49.56
0605	USA MEDDAC FRANKFURT	DAD	3747	11706	2108.04	3.12	0.7078	32.07
0605	USA MEDDAC FRANKFURT	DRE	83	462	78.98	5.57	1.1971	1.27
0605	USA MEDDAC FRANKFURT	GRD	11	53	8.64	4.82	0.9881	0.15
0605	USA MEDDAC FRANKFURT	OTH	255	1042	192.6	4.09	0.9502	2.85
0605	USA MEDDAC FRANKFURT	RET	299	1552	264.37	5.19	1.1123	4.25
0605	USA MEDDAC FRANKFURT	SUR	24	91	17.48	3.79	0.9163	0.25
0606	USA HOSP HEIDELBERG	ACT	1384	6476	1102.21	4.68	1.0019	17.74
0606	USA HOSP HEIDELBERG	DAD	2259	6216	1086.84	2.75	0.6053	17.03
0606	USA HOSP HEIDELBERG	DRE	49	159	38.76	3.24	0.9951	0.44
0606	USA HOSP HEIDELBERG	OTH	129	442	85.67	3.43	0.8355	1.21
0606	USA HOSP HEIDELBERG	RET	103	701	117.14	6.81	1.4307	1.92
0606	USA HOSP HEIDELBERG	SUR	10	108	7.62	10.80	0.9586	0.30
0607	USA HOSP LANDSTUHL	ACT	3273	13431	2878.91	4.10	1.1065	36.80
0607	USA HOSP LANDSTUHL	DAD	3881	14475	3374.01	3.73	1.0937	39.66
0607	USA HOSP LANDSTUHL	DRE	240	1097	241.75	4.57	1.2672	3.01
0607	USA HOSP LANDSTUHL	GRD	9	22	6	2.44	0.8387	0.06
0607	USA HOSP LANDSTUHL	OTH	317	1416	335.23	4.47	1.3304	3.88
0607	USA HOSP LANDSTUHL	RET	526	3289	720.58	6.25	1.7234	9.01
0607	USA HOSP LANDSTUHL	SUR	22	124	24.63	5.64	1.4084	0.34
0608	USA HOSP NUERNBERG	ACT	1557	17318	2269.37	11.12	1.8336	47.45
0608	USA HOSP NUERNBERG	DAD	1344	4352	766.87	3.24	0.7178	11.92
0608	USA HOSP NUERNBERG	DRE	29	111	23.78	3.83	1.0316	0.30
0608	USA HOSP NUERNBERG	OTH	95	648	74.71	6.82	0.9893	1.78
0608	USA HOSP NUERNBERG	RET	138	742	126.13	5.38	1.1498	2.03
0608	USA HOSP NUERNBERG	SUR	7	24	7.41	3.43	1.3317	0.07
0609	USA HOSP WUERZBURG	ACT	1535	4639	1145.69	3.02	0.9390	12.71
0609	USA HOSP WUERZBURG	DAD	2497	7077	1181.31	2.83	0.5952	19.39
0609	USA HOSP WUERZBURG	DRE	29	70	21.6	2.41	0.9370	0.19
0609	USA HOSP WUERZBURG	GRD	1	2	0.54	2.00	0.6793	0.01
0609	USA HOSP WUERZBURG	OTH	77	218	53.15	2.83	0.8684	0.60
0609	USA HOSP WUERZBURG	RET	61	239	52.94	3.92	1.0918	0.65
0609	USA HOSP WUERZBURG	SUR	13	39	11.01	3.00	1.0654	0.11
0611	USA HOSP VICENZA	ACT	312	1092	195.13	3.50	0.7868	2.99
0611	USA HOSP VICENZA	DAD	518	1354	242.69	2.61	0.5894	3.71
0611	USA HOSP VICENZA	DRE	12	46	8.78	3.83	0.9205	0.13
0611	USA HOSP VICENZA	GRD	1	5	0.62	5.00	0.7800	0.01
0611	USA HOSP VICENZA	OTH	30	78	15.5	2.60	0.6500	0.21
0611	USA HOSP VICENZA	RET	20	148	17.8	7.40	1.1196	0.41
0611	USA HOSP VICENZA	SUR	4	9	2.82	2.25	0.8869	0.02
0612	121st EVACUATION HOSPITAL, SEOUL	ACT	2516	17282	2448.31	6.87	1.2242	47.35
0612	121st EVACUATION HOSPITAL, SEOUL	DAD	1214	4585	672.89	3.78	0.6973	12.56
0612	121st EVACUATION HOSPITAL, SEOUL	DRE	113	498	99.21	4.41	1.1045	1.36
0612	121st EVACUATION HOSPITAL, SEOUL	GRD	6	22	5.35	3.67	1.1217	0.06
0612	121st EVACUATION HOSPITAL, SEOUL	OTH	395	2330	383.75	5.90	1.2222	6.38
0612	121st EVACUATION HOSPITAL, SEOUL	RET	175	1134	160.55	6.48	1.1541	3.11
0612	121st EVACUATION HOSPITAL, SEOUL	SUR	16	128	15.42	8.00	1.2124	0.35
0613	GORGAS ACH	ACT	1951	6500	1444.37	3.33	0.9313	17.81
0613	GORGAS ACH	DAD	3067	8528	1597.05	2.78	0.6551	23.36
0613	GORGAS ACH	DRE	207	810	181.1	3.91	1.1006	2.22

SOURCE: RCMAS CENTRAL

MHSS MTF WORKLOAD BY BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0613	GORGAS ACH	GRD	72	270	49.21	3.75	0.8598	0.74
0613	GORGAS ACH	OTH	482	2023	418.29	4.20	1.0917	5.54
0613	GORGAS ACH	RET	171	785	150.88	4.59	1.1100	2.15
0613	GORGAS ACH	SUR	51	266	50.26	5.22	1.2398	0.73
0614	196th STATION HOSPITAL SHAPE	ACT	173	609	141.24	3.52	1.0271	1.67
0614	196th STATION HOSPITAL SHAPE	DAD	258	638	147.1	2.47	0.7173	1.75
0614	196th STATION HOSPITAL SHAPE	DRE	18	71	12.21	3.94	0.8534	0.19
0614	196th STATION HOSPITAL SHAPE	OTH	224	581	126.98	2.59	0.7131	1.59
0614	196th STATION HOSPITAL SHAPE	RET	19	61	19.27	3.21	1.2759	0.17
0614	196th STATION HOSPITAL SHAPE	SUR	1	12	1.18	12.00	1.4845	0.03
0615	NH GUANTANAMO BAY	ACT	420	870	341.25	2.07	1.0221	2.38
0615	NH GUANTANAMO BAY	DAD	392	781	244.1	1.99	0.7834	2.14
0615	NH GUANTANAMO BAY	DRE	2	7	1.57	3.50	0.9875	0.02
0615	NH GUANTANAMO BAY	GRD	2	10	0.88	5.00	0.5535	0.03
0615	NH GUANTANAMO BAY	OTH	182	556	145.56	3.05	1.0061	1.52
0615	NH GUANTANAMO BAY	RET	7	23	6.05	3.29	1.0873	0.06
0616	NH ROOSEVELT ROADS	ACT	535	1349	432.76	2.52	1.0176	3.70
0616	NH ROOSEVELT ROADS	DAD	767	1854	397.07	2.42	0.6513	5.08
0616	NH ROOSEVELT ROADS	DRE	190	459	147.48	2.42	0.9765	1.26
0616	NH ROOSEVELT ROADS	GRD	25	44	21.74	1.76	1.0940	0.12
0616	NH ROOSEVELT ROADS	OTH	47	134	28.6	2.85	0.7655	0.37
0616	NH ROOSEVELT ROADS	RET	140	369	118.21	2.64	1.0622	1.01
0616	NH ROOSEVELT ROADS	SUR	19	51	14.72	2.68	0.9746	0.14
0617	NH NAPLES	ACT	615	1586	478.98	2.58	0.9798	4.35
0617	NH NAPLES	DAD	827	2143	398.83	2.59	0.6067	5.87
0617	NH NAPLES	DRE	25	64	20.2	2.56	1.0165	0.18
0617	NH NAPLES	GRD	1	1	1.07	1.00	1.3461	0.00
0617	NH NAPLES	OTH	78	176	54.25	2.26	0.8750	0.48
0617	NH NAPLES	RET	23	67	21	2.91	1.1486	0.18
0617	NH NAPLES	SUR	3	12	2.38	4.00	0.9980	0.03
0618	NH ROTA	ACT	823	5549	729.72	6.74	1.1154	15.20
0618	NH ROTA	DAD	910	2181	486.34	2.40	0.6723	5.98
0618	NH ROTA	DRE	39	129	35.78	3.31	1.1542	0.35
0618	NH ROTA	GRD	4	13	1.89	3.25	0.5944	0.04
0618	NH ROTA	OTH	69	191	53.02	2.77	0.9667	0.52
0618	NH ROTA	RET	70	326	66.44	4.66	1.1940	0.89
0618	NH ROTA	SUR	9	31	6.09	3.44	0.8513	0.08
0620	NH GUAM	ACT	947	3220	740.15	3.40	0.9832	8.82
0620	NH GUAM	DAD	2124	4545	1068.09	2.14	0.6326	12.45
0620	NH GUAM	DRE	328	911	263.23	2.78	1.0096	2.50
0620	NH GUAM	GRD	7	21	7.46	3.00	1.3407	0.06
0620	NH GUAM	OTH	196	641	146.96	3.27	0.9433	1.76
0620	NH GUAM	RET	299	1379	334.84	4.61	1.4088	3.78
0620	NH GUAM	SUR	63	267	60.85	4.24	1.2151	0.73
0621	NH OKINAWA	ACT	2561	17386	2386.29	6.79	1.1722	47.63
0621	NH OKINAWA	DAD	3416	9866	2158.41	2.89	0.7949	27.03
0621	NH OKINAWA	DRE	54	254	57.57	4.70	1.3412	0.70
0621	NH OKINAWA	GRD	2	11	1.57	5.50	0.9875	0.03
0621	NH OKINAWA	OTH	199	574	156.16	2.88	0.9872	1.57
0621	NH OKINAWA	RET	109	795	140.68	7.29	1.6237	2.18
0621	NH OKINAWA	SUR	3	7	5.28	2.33	2.2141	0.02

SOURCE: RCMAS CENTRAL

MHSS MTF WORKLOAD BY BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0622	NH YOKOSUKA	ACT	1263	7324	1144.95	5.80	1.1404	20.07
0622	NH YOKOSUKA	DAD	1912	4415	971.81	2.31	0.6394	12.10
0622	NH YOKOSUKA	DRE	47	191	42.52	4.06	1.1381	0.52
0622	NH YOKOSUKA	OTH	195	482	132.12	2.47	0.8524	1.32
0622	NH YOKOSUKA	RET	90	468	96.32	5.20	1.3464	1.28
0622	NH YOKOSUKA	SUR	5	5	3.41	1.00	0.8580	0.01
0623	NH KEFLAVIK	ACT	283	513	196	1.81	0.8713	1.41
0623	NH KEFLAVIK	DAD	487	988	245.27	2.03	0.6336	2.71
0623	NH KEFLAVIK	DRE	3	6	1.81	2.00	0.7590	0.02
0623	NH KEFLAVIK	OTH	9	14	6.44	1.56	0.9002	0.04
0623	NH KEFLAVIK	RET	1	3	1.1	3.00	1.3838	0.01
0624	BH SIGONELLA	ACT	286	582	180.92	2.03	0.7958	1.59
0624	BH SIGONELLA	DAD	323	626	146.11	1.94	0.5691	1.72
0624	BH SIGONELLA	DRE	6	22	3.43	3.67	0.7192	0.06
0624	BH SIGONELLA	GRD	1	2	1.48	2.00	1.8619	0.01
0624	BH SIGONELLA	OTH	30	82	17.88	2.73	0.7498	0.22
0624	BH SIGONELLA	RET	5	7	3.64	1.40	0.9158	0.02
0626	BITBURG AB	ACT	747	2006	575.82	2.69	0.9697	5.50
0626	BITBURG AB	DAD	1585	3877	795.78	2.45	0.6316	10.62
0626	BITBURG AB	DRE	17	71	13.49	4.18	0.9983	0.19
0626	BITBURG AB	GRD	1	1	1.23	1.00	1.5474	0.00
0626	BITBURG AB	OTH	23	157	31.4	6.83	1.7175	0.43
0626	BITBURG AB	RET	19	79	14.9	4.16	0.9866	0.22
0626	BITBURG AB	SUR	1	3	1.22	3.00	1.5348	0.01
0628	WIESBADEN AB	ACT	275	1203	252.88	4.37	1.1568	3.30
0628	WIESBADEN AB	DAD	502	1642	261.17	3.27	0.6545	4.50
0628	WIESBADEN AB	DRE	26	116	28.05	4.46	1.3572	0.32
0628	WIESBADEN AB	OTH	21	133	18.7	6.33	1.1202	0.36
0628	WIESBADEN AB	RET	34	133	27.24	3.91	1.0079	0.36
0628	WIESBADEN AB	SUR	5	15	4.75	3.00	1.1951	0.04
0632	RAF UPPER HEYFORD	ACT	305	881	254.05	2.89	1.0479	2.41
0632	RAF UPPER HEYFORD	DAD	624	1735	351.84	2.78	0.7093	4.75
0632	RAF UPPER HEYFORD	DRE	15	45	11.46	3.00	0.9611	0.12
0632	RAF UPPER HEYFORD	GRD	1	2	2.5	2.00	3.1450	0.01
0632	RAF UPPER HEYFORD	OTH	18	53	11.2	2.94	0.7828	0.15
0632	RAF UPPER HEYFORD	RET	17	56	18.6	3.29	1.3764	0.15
0633	RAF LAKENHEATH	ACT	1125	6068	985.65	5.39	1.1022	16.62
0633	RAF LAKENHEATH	DAD	2160	5815	1325.45	2.69	0.7720	15.93
0633	RAF LAKENHEATH	DRE	60	168	52.93	2.80	1.1098	0.46
0633	RAF LAKENHEATH	GRD	3	12	2.47	4.00	1.0358	0.03
0633	RAF LAKENHEATH	OTH	48	189	37.75	3.94	0.9894	0.52
0633	RAF LAKENHEATH	RET	103	392	99.86	3.81	1.2197	1.07
0633	RAF LAKENHEATH	SUR	6	46	6.11	7.67	1.2811	0.13
0635	INCIRLIK AB	ACT	536	2195	436.71	4.10	1.0250	6.01
0635	INCIRLIK AB	DAD	591	2077	351.82	3.51	0.7489	5.69
0635	INCIRLIK AB	DRE	28	82	19.09	2.93	0.8577	0.22
0635	INCIRLIK AB	GRD	1	2	0.56	2.00	0.7045	0.01
0635	INCIRLIK AB	OTH	44	186	31.04	4.23	0.8875	0.51
0635	INCIRLIK AB	RET	30	92	24.24	3.07	1.0165	0.25
0635	INCIRLIK AB	SUR	1	3	0.48	3.00	0.6038	0.01
0637	KUNSAN AB	ACT	153	325	88.75	2.12	0.7297	0.89

SOURCE: RCMAS CENTRAL

MHSS MTF WORKLOAD BY BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	DISCH	BEDDAYS	RWPS	ALOS	RCMI	ADPL
0637	KUNSAN AB	DAD	2	1	0.86	0.50	0.5409	0.00
0638	OSAN AB	ACT	701	1705	526.81	2.43	0.9454	4.67
0638	OSAN AB	DAD	109	218	65.98	2.00	0.7615	0.60
0638	OSAN AB	DRE	9	16	5.38	1.78	0.7520	0.04
0638	OSAN AB	GRD	6	18	3.86	3.00	0.8093	0.05
0638	OSAN AB	OTH	21	56	15.93	2.67	0.9543	0.15
0638	OSAN AB	RET	28	83	26.13	2.96	1.1740	0.23
0639	MISAWA	ACT	744	1807	468.2	2.43	0.7917	4.95
0639	MISAWA	DAD	1164	3279	548.82	2.82	0.5931	8.98
0639	MISAWA	DRE	10	37	9.91	3.70	1.2467	0.10
0639	MISAWA	OTH	52	153	27.9	2.94	0.6750	0.42
0639	MISAWA	RET	6	11	3.84	1.83	0.8051	0.03
0640	YOKOTA AB	ACT	794	2273	641.89	2.86	1.0170	6.23
0640	YOKOTA AB	DAD	1406	4023	800.35	2.86	0.7161	11.02
0640	YOKOTA AB	DRE	59	182	47.99	3.08	1.0233	0.50
0640	YOKOTA AB	GRD	3	7	2.29	2.33	0.9603	0.02
0640	YOKOTA AB	OTH	182	576	135.61	3.16	0.9374	1.58
0640	YOKOTA AB	RET	90	462	93.04	5.13	1.3005	1.27
0640	YOKOTA AB	SUR	4	4	3.05	1.00	0.9592	0.01
0839	363rd TAC HOSP, SHAW AFB	ACT	136	339	86.03	2.49	0.7958	0.93
0839	363rd TAC HOSP, SHAW AFB	DAD	296	794	132.61	2.68	0.5636	2.18
0839	363rd TAC HOSP, SHAW AFB	DRE	67	330	57.97	4.93	1.0885	0.90
0839	363rd TAC HOSP, SHAW AFB	OTH	9	31	1.61	3.44	0.2250	0.08
0839	363rd TAC HOSP, SHAW AFB	RET	78	243	66.61	3.12	1.0743	0.67
0839	363rd TAC HOSP, SHAW AFB	SUR	13	54	11.64	4.15	1.1264	0.15

SOURCE: RCMAS CENTRAL

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0001	FOX ACH	DA	37	47721
0001	FOX ACH	DRC	34	32416
0001	FOX ACH	OTH	0	1002
0001	FOX ACH	RET	91	24172
0002	NOBLE ACH	ACT	327	68720
0002	NOBLE ACH	OTH	2	5005
0002	NOBLE ACH	DRC	106	32580
0002	NOBLE ACH	DA	54	41628
0002	NOBLE ACH	RET	101	19941
0003	LYSTER ACH	ACT	234	69473
0003	LYSTER ACH	DRC	287	41497
0003	LYSTER ACH	DA	114	66889
0003	LYSTER ACH	RET	794	30990
0003	LYSTER ACH	OTH	7	7652
0004	MAXWELL AFB	ACT	0	62040
0004	MAXWELL AFB	DA	0	92340
0004	MAXWELL AFB	DRC	0	43795
0004	MAXWELL AFB	RET	0	29800
0004	MAXWELL AFB	OTH	0	3732
0005	BASSETT ACH	ACT	647	41738
0005	BASSETT ACH	RET	57	5328
0005	BASSETT ACH	OTH	0	2443
0005	BASSETT ACH	DRC	61	5492
0005	BASSETT ACH	DA	219	65219
0006	ELMENDORF AFB	ACT	0	85430
0006	ELMENDORF AFB	DA	0	140103
0006	ELMENDORF AFB	DRC	0	27378
0006	ELMENDORF AFB	RET	0	17415
0006	ELMENDORF AFB	OTH	0	4508
0007	BH NAVSTA ADAK	ACT	0	16395
0007	BH NAVSTA ADAK	DA	0	10965
0007	BH NAVSTA ADAK	DRC	0	25
0007	BH NAVSTA ADAK	OTH	0	1182
0007	BH NAVSTA ADAK	RET	0	79
0008	BLISS ACH	ACT	297	56496
0008	BLISS ACH	RET	102	18683
0008	BLISS ACH	OTH	0	4753
0008	BLISS ACH	DRC	28	27100
0008	BLISS ACH	DA	289	54916
0009	LUKE AFB	ACT	0	63540
0009	LUKE AFB	DA	0	92311
0009	LUKE AFB	RET	0	41906
0009	LUKE AFB	OTH	0	1383
0009	LUKE AFB	DRC	0	58447
0010	DAVIS MONTHAN AFB	ACT	0	56185
0010	DAVIS MONTHAN AFB	DA	0	74172
0010	DAVIS MONTHAN AFB	DRC	0	56839
0010	DAVIS MONTHAN AFB	RET	0	36326
0010	DAVIS MONTHAN AFB	OTH	0	1531
0011	WILLIAMS AFB	ACT	0	5132

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0011	WILLIAMS AFB	DA	0	8204
0011	WILLIAMS AFB	DRC	0	7001
0011	WILLIAMS AFB	RET	0	3823
0011	WILLIAMS AFB	OTH	0	186
0013	LITTLE ROCK AFB	ACT	0	45550
0013	LITTLE ROCK AFB	DA	0	79746
0013	LITTLE ROCK AFB	OTH	0	760
0013	LITTLE ROCK AFB	RET	0	21235
0013	LITTLE ROCK AFB	DRC	0	37126
0014	DAVID GRANT USAFMC	ACT	0	91671
0014	DAVID GRANT USAFMC	DA	0	117618
0014	DAVID GRANT USAFMC	OTH	0	2790
0014	DAVID GRANT USAFMC	DRC	0	90885
0014	DAVID GRANT USAFMC	RET	0	72341
0015	BEALE AFB	ACT	0	26477
0015	BEALE AFB	RET	0	7893
0015	BEALE AFB	OTH	0	1096
0015	BEALE AFB	DRC	0	10988
0015	BEALE AFB	DA	0	38353
0017	CASTLE AFB	ACT	0	36509
0017	CASTLE AFB	DA	0	40767
0017	CASTLE AFB	OTH	0	215
0017	CASTLE AFB	RET	0	13357
0017	CASTLE AFB	DRC	0	18392
0018	VANDENBERG AFB	ACT	0	45734
0018	VANDENBERG AFB	DA	0	55180
0018	VANDENBERG AFB	RET	0	22620
0018	VANDENBERG AFB	OTH	0	1391
0018	VANDENBERG AFB	DRC	0	28568
0019	EDWARDS AFB	ACT	0	42531
0019	EDWARDS AFB	DA	0	55004
0019	EDWARDS AFB	DRC	0	12914
0019	EDWARDS AFB	RET	0	8781
0019	EDWARDS AFB	OTH	0	2045
0020	GEORGE AFB	ACT	0	363
0020	GEORGE AFB	DRC	0	93
0020	GEORGE AFB	RET	0	148
0020	GEORGE AFB	OTH	0	4
0020	GEORGE AFB	DA	0	307
0021	MARCH AFB	ACT	0	48191
0021	MARCH AFB	DA	0	68534
0021	MARCH AFB	RET	0	32375
0021	MARCH AFB	OTH	0	3644
0021	MARCH AFB	DRC	0	44017
0022	LETTERMAN U.S. ARMY HOSPITAL	ACT	487	31430
0022	LETTERMAN U.S. ARMY HOSPITAL	DA	100	24853
0022	LETTERMAN U.S. ARMY HOSPITAL	OTH	15	4090
0022	LETTERMAN U.S. ARMY HOSPITAL	DRC	167	20738
0022	LETTERMAN U.S. ARMY HOSPITAL	RET	165	19171
0023	HAYS ACH	ACT	2638	95241

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0023	HAYS ACH	RET	1127	27504
0023	HAYS ACH	DA	630	101609
0023	HAYS ACH	OTH	17	3397
0023	HAYS ACH	DRC	651	32886
0024	NH CAMP PENDLETON	ACT	0	108559
0024	NH CAMP PENDLETON	DA	0	130777
0024	NH CAMP PENDLETON	DRC	0	26731
0024	NH CAMP PENDLETON	OTH	0	11427
0024	NH CAMP PENDLETON	RET	0	23063
0025	NH LONG BEACH	ACT	0	59607
0025	NH LONG BEACH	DA	0	32024
0025	NH LONG BEACH	DRC	0	14159
0025	NH LONG BEACH	OTH	0	1352
0025	NH LONG BEACH	RET	0	10775
0026	NMCL PORT HUENEME	ACT	0	40940
0026	NMCL PORT HUENEME	DA	0	23880
0026	NMCL PORT HUENEME	DRC	0	3773
0026	NMCL PORT HUENEME	OTH	0	6700
0026	NMCL PORT HUENEME	RET	0	4171
0027	NH OAKLAND	ACT	0	88763
0027	NH OAKLAND	DA	0	89710
0027	NH OAKLAND	DRC	0	60402
0027	NH OAKLAND	OTH	0	4253
0027	NH OAKLAND	RET	0	58264
0028	NH LEMOORE	ACT	0	44233
0028	NH LEMOORE	DA	0	55776
0028	NH LEMOORE	DRC	0	13356
0028	NH LEMOORE	OTH	0	5212
0028	NH LEMOORE	RET	0	8434
0029	NH SAN DIEGO	ACT	0	202056
0029	NH SAN DIEGO	DA	0	279446
0029	NH SAN DIEGO	DRC	0	85306
0029	NH SAN DIEGO	OTH	0	7415
0029	NH SAN DIEGO	RET	0	98358
0030	NH TWENTYNINE PALMS	ACT	0	50114
0030	NH TWENTYNINE PALMS	DA	0	63008
0030	NH TWENTYNINE PALMS	DRC	0	4497
0030	NH TWENTYNINE PALMS	OTH	0	5597
0030	NH TWENTYNINE PALMS	RET	0	3102
0031	FITZSIMONS AMC	ACT	24246	85571
0031	FITZSIMONS AMC	RET	26672	137758
0031	FITZSIMONS AMC	OTH	924	8487
0031	FITZSIMONS AMC	DRC	16795	165866
0031	FITZSIMONS AMC	DA	9996	140681
0032	EVANS ACH	ACT	6431	142538
0032	EVANS ACH	DA	3043	199369
0032	EVANS ACH	RET	2466	59398
0032	EVANS ACH	OTH	12	9283
0032	EVANS ACH	DRC	2172	68834
0033	USAF ACADEMY HOSPITAL	ACT	0	92442

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0033	USAF ACADEMY HOSPITAL	DA	0	95647
0033	USAF ACADEMY HOSPITAL	OTH	0	1538
0033	USAF ACADEMY HOSPITAL	RET	0	46060
0033	USAF ACADEMY HOSPITAL	DRC	0	59034
0035	NH GROTON	ACT	0	121505
0035	NH GROTON	DA	0	81521
0035	NH GROTON	DRC	0	14851
0035	NH GROTON	OTH	0	9479
0035	NH GROTON	RET	0	19294
0036	DOVER AFB	ACT	0	47797
0036	DOVER AFB	DA	0	66199
0036	DOVER AFB	OTH	0	601
0036	DOVER AFB	DRC	0	27887
0036	DOVER AFB	RET	0	21953
0037	WALTER REED AMC	ACT	62034	145622
0037	WALTER REED AMC	RET	44188	173841
0037	WALTER REED AMC	OTH	2704	23241
0037	WALTER REED AMC	DRC	30779	136389
0037	WALTER REED AMC	DA	27317	124493
0038	NH PENSACOLA	ACT	0	56210
0038	NH PENSACOLA	DA	0	89598
0038	NH PENSACOLA	DRC	0	47300
0038	NH PENSACOLA	OTH	0	14500
0038	NH PENSACOLA	RET	0	38113
0039	NH JACKSONVILLE	ACT	0	86483
0039	NH JACKSONVILLE	DA	0	153277
0039	NH JACKSONVILLE	DRC	0	52072
0039	NH JACKSONVILLE	OTH	0	11714
0039	NH JACKSONVILLE	RET	0	44126
0040	NH ORLANDO	ACT	0	51618
0040	NH ORLANDO	DA	0	57494
0040	NH ORLANDO	DRC	0	42998
0040	NH ORLANDO	OTH	0	1723
0040	NH ORLANDO	RET	0	32087
0041	NMCL KEY WEST	ACT	0	3242
0041	NMCL KEY WEST	DA	0	12769
0041	NMCL KEY WEST	DRC	0	2305
0041	NMCL KEY WEST	OTH	0	73
0041	NMCL KEY WEST	RET	0	1765
0042	EGLIN AFB	ACT	0	148491
0042	EGLIN AFB	RET	0	44048
0042	EGLIN AFB	OTH	0	4442
0042	EGLIN AFB	DRC	0	54206
0042	EGLIN AFB	DA	0	173899
0043	TYNDALL AFB	ACT	0	44124
0043	TYNDALL AFB	DA	0	66527
0043	TYNDALL AFB	DRC	0	28224
0043	TYNDALL AFB	RET	0	17408
0043	TYNDALL AFB	OTH	0	951
0045	MACDILL AFB	ACT	0	64004

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0045	MACDILL AFB	DA	0	95036
0045	MACDILL AFB	RET	0	53645
0045	MACDILL AFB	OTH	0	1702
0045	MACDILL AFB	DRC	0	72342
0046	PATRICK AFB	ACT	0	30340
0046	PATRICK AFB	DA	0	48540
0046	PATRICK AFB	DRC	0	41951
0046	PATRICK AFB	RET	0	28213
0046	PATRICK AFB	OTH	0	1101
0047	EISENHOWER AMC	ACT	26263	99449
0047	EISENHOWER AMC	RET	12619	82062
0047	EISENHOWER AMC	OTH	138	2791
0047	EISENHOWER AMC	DA	2963	122860
0047	EISENHOWER AMC	DRC	9209	112914
0048	MARTIN ACH	ACT	14851	182880
0048	MARTIN ACH	OTH	12	9534
0048	MARTIN ACH	DRC	4198	63573
0048	MARTIN ACH	RET	3975	51659
0048	MARTIN ACH	DA	5346	124762
0049	WINN ACH	ACT	3727	106614
0049	WINN ACH	DRC	476	20029
0049	WINN ACH	DA	2376	154337
0049	WINN ACH	RET	416	16068
0049	WINN ACH	OTH	0	5545
0050	MOODY AFB	ACT	0	32146
0050	MOODY AFB	DA	0	38922
0050	MOODY AFB	OTH	0	438
0050	MOODY AFB	DRC	0	17870
0050	MOODY AFB	RET	0	10939
0051	ROBINS AFB	ACT	0	35106
0051	ROBINS AFB	RET	0	14837
0051	ROBINS AFB	OTH	0	17983
0051	ROBINS AFB	DRC	0	22130
0051	ROBINS AFB	DA	0	55716
0052	TRIPLER AMC	ACT	16840	192054
0052	TRIPLER AMC	RET	8213	57225
0052	TRIPLER AMC	OTH	15815	24412
0052	TRIPLER AMC	DA	9237	277754
0052	TRIPLER AMC	DRC	6391	53433
0053	MOUNTAIN HOME AFB	ACT	0	38297
0053	MOUNTAIN HOME AFB	DA	0	51104
0053	MOUNTAIN HOME AFB	DRC	0	18318
0053	MOUNTAIN HOME AFB	RET	0	10028
0053	MOUNTAIN HOME AFB	OTH	0	773
0054	CHANUTE TTC HOSPITAL	ACT	0	11572
0054	CHANUTE TTC HOSPITAL	DA	0	12685
0054	CHANUTE TTC HOSPITAL	RET	0	5345
0054	CHANUTE TTC HOSPITAL	OTH	0	479
0054	CHANUTE TTC HOSPITAL	DRC	0	6002
0055	SCOTT AFB	ACT	0	79707

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0055	SCOTT AFB	DA	0	123389
0055	SCOTT AFB	DRC	0	71386
0055	SCOTT AFB	RET	0	56899
0055	SCOTT AFB	OTH	0	2059
0056	NH GREAT LAKES	ACT	0	106732
0056	NH GREAT LAKES	DA	0	72668
0056	NH GREAT LAKES	DRC	0	16464
0056	NH GREAT LAKES	OTH	0	628
0056	NH GREAT LAKES	RET	0	15246
0057	IRWIN ACH	ACT	1440	119102
0057	IRWIN ACH	OTH	2	3899
0057	IRWIN ACH	DRC	568	30196
0057	IRWIN ACH	RET	689	26084
0057	IRWIN ACH	DA	637	167727
0058	MUNSON ACH	ACT	281	40110
0058	MUNSON ACH	DA	125	67613
0058	MUNSON ACH	OTH	265	23844
0058	MUNSON ACH	DRC	313	22831
0058	MUNSON ACH	RET	192	14286
0059	MCCONNELL AFB	ACT	0	31363
0059	MCCONNELL AFB	DA	0	29590
0059	MCCONNELL AFB	OTH	0	4809
0059	MCCONNELL AFB	DRC	0	8518
0059	MCCONNELL AFB	RET	0	4954
0060	BLANCHFIELD ACH	ACT	3667	198196
0060	BLANCHFIELD ACH	RET	1416	36047
0060	BLANCHFIELD ACH	DRC	1122	57574
0060	BLANCHFIELD ACH	DA	1265	273216
0060	BLANCHFIELD ACH	OTH	9	8623
0061	IRELAND ACH	ACT	2133	140928
0061	IRELAND ACH	DRC	399	43479
0061	IRELAND ACH	DA	533	154651
0061	IRELAND ACH	RET	412	30936
0061	IRELAND ACH	OTH	16	7500
0061	IRELAND ACH	X	0	1
0062	BARKSDALE AFB	ACT	0	61380
0062	BARKSDALE AFB	RET	0	23064
0062	BARKSDALE AFB	OTH	0	599
0062	BARKSDALE AFB	DRC	0	33051
0062	BARKSDALE AFB	DA	0	67621
0063	ENGLAND AFB	ACT	0	72
0063	ENGLAND AFB	DA	0	84
0064	BAYNE-JONES ACH	ACT	3737	104463
0064	BAYNE-JONES ACH	DRC	469	24295
0064	BAYNE-JONES ACH	DA	1310	111562
0064	BAYNE-JONES ACH	OTH	2	10612
0064	BAYNE-JONES ACH	RET	541	15289
0065	LORING AFB	ACT	0	24097
0065	LORING AFB	DA	0	34212
0065	LORING AFB	OTH	0	342

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0065	LORING AFB	RET	0	3195
0065	LORING AFB	DRC	0	4555
0066	MALCOLM GROW USAF MED CTR	ACT	0	147558
0066	MALCOLM GROW USAF MED CTR	DA	0	158000
0066	MALCOLM GROW USAF MED CTR	OTH	0	4858
0066	MALCOLM GROW USAF MED CTR	DRC	0	89802
0066	MALCOLM GROW USAF MED CTR	RET	0	78734
0067	NH BETHESDA	ACT	0	186808
0067	NH BETHESDA	DA	0	139472
0067	NH BETHESDA	DRC	0	79974
0067	NH BETHESDA	OTH	0	32120
0067	NH BETHESDA	RET	0	96619
0068	NH PATUXENT RIVER	ACT	0	34330
0068	NH PATUXENT RIVER	DA	0	33415
0068	NH PATUXENT RIVER	DRC	0	13365
0068	NH PATUXENT RIVER	OTH	0	3638
0068	NH PATUXENT RIVER	RET	0	8343
0069	KIMBROUGH ACH	ACT	1760	78378
0069	KIMBROUGH ACH	RET	787	29525
0069	KIMBROUGH ACH	DA	494	107558
0069	KIMBROUGH ACH	OTH	1	11617
0069	KIMBROUGH ACH	DRC	867	44744
0070	CUTLER ACH	ACT	733	53096
0070	CUTLER ACH	RET	435	15084
0070	CUTLER ACH	OTH	0	3879
0070	CUTLER ACH	DRC	397	16264
0070	CUTLER ACH	DA	479	39977
0071	WURTSMITH AFB	ACT	0	3762
0071	WURTSMITH AFB	RET	0	1198
0071	WURTSMITH AFB	OTH	0	103
0071	WURTSMITH AFB	DRC	0	1261
0071	WURTSMITH AFB	DA	0	6752
0072	K.I. SAWYER AFB	ACT	0	27110
0072	K.I. SAWYER AFB	DA	0	40182
0072	K.I. SAWYER AFB	DRC	0	9052
0072	K.I. SAWYER AFB	RET	0	6513
0072	K.I. SAWYER AFB	OTH	0	608
0073	KEESLER MEDICAL CENTER	ACT	0	110346
0073	KEESLER MEDICAL CENTER	DA	0	155870
0073	KEESLER MEDICAL CENTER	RET	0	87284
0073	KEESLER MEDICAL CENTER	OTH	0	26221
0073	KEESLER MEDICAL CENTER	DRC	0	86523
0074	COLUMBUS AFB	ACT	0	19655
0074	COLUMBUS AFB	DA	0	20949
0074	COLUMBUS AFB	DRC	0	13508
0074	COLUMBUS AFB	RET	0	10174
0074	COLUMBUS AFB	OTH	0	1315
0075	L. WOOD ACH	ACT	6325	118637
0075	L. WOOD ACH	DRC	1954	52243
0075	L. WOOD ACH	DA	1502	102638

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0075	L. WOOD ACH	OTH	4	4869
0075	L. WOOD ACH	RET	1661	35441
0076	WHITEMAN AFB	ACT	0	33119
0076	WHITEMAN AFB	DA	0	44154
0076	WHITEMAN AFB	DRC	0	10661
0076	WHITEMAN AFB	RET	0	7101
0076	WHITEMAN AFB	OTH	0	1300
0077	MALMSTROM AFB	ACT	0	38649
0077	MALMSTROM AFB	DA	0	45603
0077	MALMSTROM AFB	DRC	0	10170
0077	MALMSTROM AFB	RET	0	8084
0077	MALMSTROM AFB	OTH	0	307
0078	OFFUTT AFB	ACT	0	126918
0078	OFFUTT AFB	DA	0	103192
0078	OFFUTT AFB	DRC	0	47285
0078	OFFUTT AFB	RET	0	34453
0078	OFFUTT AFB	OTH	0	951
0079	NELLIS AFB	ACT	0	67285
0079	NELLIS AFB	DRC	0	49517
0079	NELLIS AFB	DA	0	89221
0079	NELLIS AFB	RET	0	34405
0079	NELLIS AFB	OTH	0	1587
0081	PATTERSON ACH	ACT	389	45452
0081	PATTERSON ACH	RET	122	17274
0081	PATTERSON ACH	DA	8	41075
0081	PATTERSON ACH	OTH	0	5849
0081	PATTERSON ACH	DRC	25	19610
0083	KIRTLAND AFB	ACT	0	52073
0083	KIRTLAND AFB	DA	0	78061
0083	KIRTLAND AFB	OTH	0	10979
0083	KIRTLAND AFB	RET	0	27424
0083	KIRTLAND AFB	DRC	0	49515
0084	HOLLOMAN AFB	ACT	0	40180
0084	HOLLOMAN AFB	DA	0	55367
0084	HOLLOMAN AFB	OTH	0	1049
0084	HOLLOMAN AFB	DRC	0	18260
0084	HOLLOMAN AFB	RET	0	12642
0085	CANNON AFB	ACT	0	41576
0085	CANNON AFB	RET	0	5854
0085	CANNON AFB	DA	0	53343
0085	CANNON AFB	OTH	0	236
0085	CANNON AFB	DRC	0	9717
0086	KELLER ACH	ACT	2307	79186
0086	KELLER ACH	DA	110	37534
0086	KELLER ACH	DRC	141	15556
0086	KELLER ACH	OTH	9	9204
0086	KELLER ACH	RET	146	13677
0087	PLATTSBURGH AFB	ACT	0	24243
0087	PLATTSBURGH AFB	DA	0	35545
0087	PLATTSBURGH AFB	OTH	0	924

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0087	PLATTSBURGH AFB	RET	0	9619
0087	PLATTSBURGH AFB	DRC	0	11200
0088	GRIFFISS AFB	ACT	0	41867
0088	GRIFFISS AFB	DA	0	53552
0088	GRIFFISS AFB	DRC	0	13398
0088	GRIFFISS AFB	RET	0	8854
0088	GRIFFISS AFB	OTH	0	2432
0089	WOMACK AMC	ACT	8426	290814
0089	WOMACK AMC	DA	3050	247834
0089	WOMACK AMC	DRC	1518	65365
0089	WOMACK AMC	OTH	15	5126
0089	WOMACK AMC	RET	2919	52049
0090	SEYMOUR JOHNSON AFB	ACT	0	39375
0090	SEYMOUR JOHNSON AFB	DA	0	63078
0090	SEYMOUR JOHNSON AFB	RET	0	13521
0090	SEYMOUR JOHNSON AFB	OTH	0	421
0090	SEYMOUR JOHNSON AFB	DRC	0	25141
0091	NH CAMP LEJEUNE	ACT	0	122018
0091	NH CAMP LEJEUNE	DA	0	159671
0091	NH CAMP LEJEUNE	DRC	0	18503
0091	NH CAMP LEJEUNE	OTH	0	6848
0091	NH CAMP LEJEUNE	RET	0	15853
0092	NH CHERRY POINT	ACT	0	54788
0092	NH CHERRY POINT	DA	0	74827
0092	NH CHERRY POINT	DRC	0	10850
0092	NH CHERRY POINT	OTH	0	22051
0092	NH CHERRY POINT	RET	0	8595
0093	GRAND FORKS AFB	ACT	0	41102
0093	GRAND FORKS AFB	DA	0	55667
0093	GRAND FORKS AFB	DRC	0	6250
0093	GRAND FORKS AFB	RET	0	4686
0093	GRAND FORKS AFB	OTH	0	543
0094	MINOT AFB	ACT	0	46828
0094	MINOT AFB	DA	0	58746
0094	MINOT AFB	DRC	0	6056
0094	MINOT AFB	RET	0	5187
0094	MINOT AFB	OTH	0	4134
0095	USAFMC WRIGHT-PATTERSON	ACT	0	107675
0095	USAFMC WRIGHT-PATTERSON	DA	0	172741
0095	USAFMC WRIGHT-PATTERSON	OTH	0	25574
0095	USAFMC WRIGHT-PATTERSON	RET	0	83917
0095	USAFMC WRIGHT-PATTERSON	DRC	0	102555
0096	TINKER AFB	ACT	0	75427
0096	TINKER AFB	DA	0	99775
0096	TINKER AFB	OTH	0	32711
0096	TINKER AFB	DRC	0	27967
0096	TINKER AFB	RET	0	15601
0097	ALTUS AFB	ACT	0	31862
0097	ALTUS AFB	RET	0	5550
0097	ALTUS AFB	OTH	0	801

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0097	ALTUS AFB	DRC	0	7850
0097	ALTUS AFB	DA	0	44117
0098	REYNOLDS ACH	ACT	3255	147501
0098	REYNOLDS ACH	DA	1806	127947
0098	REYNOLDS ACH	DRC	1029	46399
0098	REYNOLDS ACH	OTH	26	7211
0098	REYNOLDS ACH	RET	1271	28463
0099	NMCL PHILADELPHIA	ACT	0	554
0099	NMCL PHILADELPHIA	DA	0	115
0099	NMCL PHILADELPHIA	DRC	0	35
0099	NMCL PHILADELPHIA	OTH	0	22457
0099	NMCL PHILADELPHIA	RET	0	110
0100	NH NEWPORT	ACT	0	63403
0100	NH NEWPORT	DA	0	62116
0100	NH NEWPORT	DRC	0	21219
0100	NH NEWPORT	OTH	0	6127
0100	NH NEWPORT	RET	0	16476
0101	SHAW AFB	ACT	0	49884
0101	SHAW AFB	DA	0	76571
0101	SHAW AFB	OTH	0	718
0101	SHAW AFB	RET	0	20304
0101	SHAW AFB	DRC	0	29091
0102	MYRTLE BEACH AFB	ACT	0	1286
0102	MYRTLE BEACH AFB	DRC	0	1748
0102	MYRTLE BEACH AFB	DA	0	2331
0102	MYRTLE BEACH AFB	RET	0	1232
0102	MYRTLE BEACH AFB	OTH	0	5
0103	NH CHARLESTON	ACT	0	76351
0103	NH CHARLESTON	DA	0	127210
0103	NH CHARLESTON	DRC	0	41092
0103	NH CHARLESTON	OTH	0	4262
0103	NH CHARLESTON	RET	0	33679
0104	NH BEAUFORT	ACT	0	23784
0104	NH BEAUFORT	DA	0	53728
0104	NH BEAUFORT	DRC	0	15635
0104	NH BEAUFORT	OTH	0	1062
0104	NH BEAUFORT	RET	0	13125
0105	MONCRIEF ACH	ACT	11255	130933
0105	MONCRIEF ACH	DA	596	62729
0105	MONCRIEF ACH	DRC	1228	45226
0105	MONCRIEF ACH	OTH	1	3634
0105	MONCRIEF ACH	RET	1182	38854
0106	ELLSWORTH AFB	ACT	0	48936
0106	ELLSWORTH AFB	DA	0	75283
0106	ELLSWORTH AFB	DRC	0	16115
0106	ELLSWORTH AFB	RET	0	9296
0106	ELLSWORTH AFB	OTH	0	277
0107	NH MILLINGTON	ACT	0	31612
0107	NH MILLINGTON	DA	0	71453
0107	NH MILLINGTON	DRC	0	32256

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0107	NH MILLINGTON	OTH	0	286
0107	NH MILLINGTON	RET	0	19936
0108	WILLIAM BEAUMONT AMC	ACT	12305	129692
0108	WILLIAM BEAUMONT AMC	DA	4372	208316
0108	WILLIAM BEAUMONT AMC	DRC	9596	142368
0108	WILLIAM BEAUMONT AMC	OTH	4323	25968
0108	WILLIAM BEAUMONT AMC	RET	13461	103866
0108	WILLIAM BEAUMONT AMC	X	0	14
0109	BROOKE AMC	ACT	18369	149670
0109	BROOKE AMC	DA	11198	204245
0109	BROOKE AMC	DRC	30841	220637
0109	BROOKE AMC	OTH	9697	12839
0109	BROOKE AMC	RET	40357	196304
0110	DARNALL ACH	ACT	5135	217228
0110	DARNALL ACH	DA	3706	246493
0110	DARNALL ACH	DRC	1164	56031
0110	DARNALL ACH	OTH	2	5992
0110	DARNALL ACH	RET	986	34372
0111	REESE AFB	ACT	0	13983
0111	REESE AFB	DA	0	20789
0111	REESE AFB	DRC	0	13403
0111	REESE AFB	RET	0	8429
0111	REESE AFB	OTH	0	654
0112	DYESS AFB	ACT	0	39883
0112	DYESS AFB	DA	0	59387
0112	DYESS AFB	RET	0	13666
0112	DYESS AFB	OTH	0	207
0112	DYESS AFB	DRC	0	20617
0113	SHEPPARD AFB	ACT	0	76689
0113	SHEPPARD AFB	DA	0	71009
0113	SHEPPARD AFB	DRC	0	40552
0113	SHEPPARD AFB	RET	0	29574
0113	SHEPPARD AFB	OTH	0	9189
0114	LAUGHLIN AFB	ACT	0	14034
0114	LAUGHLIN AFB	DA	0	15474
0114	LAUGHLIN AFB	DRC	0	6976
0114	LAUGHLIN AFB	RET	0	5472
0114	LAUGHLIN AFB	OTH	0	1046
0115	BERGSTROM AFB	ACT	0	13734
0115	BERGSTROM AFB	DA	0	16951
0115	BERGSTROM AFB	RET	0	8904
0115	BERGSTROM AFB	OTH	0	305
0115	BERGSTROM AFB	DRC	0	14708
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	ACT	0	22889
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	DA	0	35310
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	DRC	0	15968
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	RET	0	15826
0116	ROBERT THOMPSON STRATEGIC HOSPITAL	OTH	0	587
0117	WILFORD HALL USAFMC	ACT	0	228916
0117	WILFORD HALL USAFMC	DA	0	214127

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0117	WILFORD HALL USAFMC	DRC	0	234375
0117	WILFORD HALL USAFMC	RET	0	218576
0117	WILFORD HALL USAFMC	OTH	0	13287
0118	NH CORPUS CHRISTI	ACT	0	34188
0118	NH CORPUS CHRISTI	DA	0	37546
0118	NH CORPUS CHRISTI	DRC	0	27162
0118	NH CORPUS CHRISTI	OTH	0	7893
0118	NH CORPUS CHRISTI	RET	0	18328
0119	HILL AFB	ACT	0	46541
0119	HILL AFB	DA	0	73967
0119	HILL AFB	OTH	0	16344
0119	HILL AFB	RET	0	15566
0119	HILL AFB	DRC	0	22981
0120	LANGLEY AFB	ACT	0	95782
0120	LANGLEY AFB	DA	0	143058
0120	LANGLEY AFB	OTH	0	2101
0120	LANGLEY AFB	DRC	0	32630
0120	LANGLEY AFB	RET	0	21042
0121	MCDONALD ACH	ACT	941	89107
0121	MCDONALD ACH	DA	567	107513
0121	MCDONALD ACH	DRC	620	42703
0121	MCDONALD ACH	OTH	8	4901
0121	MCDONALD ACH	RET	611	29209
0122	KENNER ACH	ACT	949	60329
0122	KENNER ACH	DA	79	52677
0122	KENNER ACH	DRC	280	36243
0122	KENNER ACH	OTH	1	2159
0122	KENNER ACH	RET	308	22447
0123	DEWITT ACH	ACT	804	71556
0123	DEWITT ACH	DA	792	138730
0123	DEWITT ACH	DRC	1238	56674
0123	DEWITT ACH	OTH	8	11639
0123	DEWITT ACH	RET	1503	49506
0124	NH PORTSMOUTH	ACT	0	314977
0124	NH PORTSMOUTH	DA	0	213351
0124	NH PORTSMOUTH	DRC	0	73956
0124	NH PORTSMOUTH	OTH	0	10425
0124	NH PORTSMOUTH	RET	0	81511
0125	MADIGAN AMC	ACT	12032	222452
0125	MADIGAN AMC	DA	8384	312224
0125	MADIGAN AMC	DRC	14883	174851
0125	MADIGAN AMC	OTH	803	12405
0125	MADIGAN AMC	RET	21531	140453
0126	NH BREMERTON	ACT	0	53665
0126	NH BREMERTON	DA	0	130051
0126	NH BREMERTON	DRC	0	32642
0126	NH BREMERTON	OTH	0	2118
0126	NH BREMERTON	RET	0	28135
0127	NH OAK HARBOR	ACT	0	59237
0127	NH OAK HARBOR	DA	0	72161

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0127	NH OAK HARBOR	DRC	0	10453
0127	NH OAK HARBOR	OTH	0	18478
0127	NH OAK HARBOR	RET	0	8300
0128	FAIRCHILD AFB	ACT	0	48989
0128	FAIRCHILD AFB	RET	0	21789
0128	FAIRCHILD AFB	OTH	0	1056
0128	FAIRCHILD AFB	DRC	0	34296
0128	FAIRCHILD AFB	DA	0	67741
0129	F.E. WARREN AFB	ACT	0	35733
0129	F.E. WARREN AFB	DA	0	45796
0129	F.E. WARREN AFB	DRC	0	12850
0129	F.E. WARREN AFB	RET	0	8410
0129	F.E. WARREN AFB	OTH	0	620
0131	WEED ACH	ACT	316	66284
0131	WEED ACH	DA	21	45071
0131	WEED ACH	DRC	9	2190
0131	WEED ACH	OTH	0	1639
0131	WEED ACH	RET	11	2013
0201	ANNISTON AHC	ACT	0	86
0201	ANNISTON AHC	OTH	0	6945
0202	FT. GREELY AHC	ACT	0	5164
0202	FT. GREELY AHC	DA	0	4723
0202	FT. GREELY AHC	DRC	0	439
0202	FT. GREELY AHC	OTH	0	235
0202	FT. GREELY AHC	RET	0	428
0203	EIELSON AFB	ACT	0	24812
0203	EIELSON AFB	DA	0	35818
0203	EIELSON AFB	RET	0	742
0203	EIELSON AFB	OTH	0	803
0203	EIELSON AFB	DRC	0	1091
0204	AHC FT. RICHARDSON	ACT	0	28145
0204	AHC FT. RICHARDSON	DA	0	3344
0204	AHC FT. RICHARDSON	DRC	0	17
0204	AHC FT. RICHARDSON	OTH	0	1618
0204	AHC FT. RICHARDSON	RET	0	121
0205	BRMAX NAVSECGRUACT ADAK	ACT	0	2106
0206	YUMA PROVING GROUND AHC	ACT	0	4155
0206	YUMA PROVING GROUND AHC	DA	0	2152
0206	YUMA PROVING GROUND AHC	DRC	0	552
0206	YUMA PROVING GROUND AHC	OTH	0	2288
0206	YUMA PROVING GROUND AHC	RET	0	690
0207	PINE BLUFF ARSENAL AHC	ACT	0	812
0207	PINE BLUFF ARSENAL AHC	DA	0	1395
0207	PINE BLUFF ARSENAL AHC	DRC	0	2144
0207	PINE BLUFF ARSENAL AHC	OTH	0	3747
0207	PINE BLUFF ARSENAL AHC	RET	0	1438
0208	BRMCL MCB CAMP PENDLETON	ACT	0	21901
0208	BRMCL MCB CAMP PENDLETON	DA	0	1327
0208	BRMCL MCB CAMP PENDLETON	DRC	0	187
0208	BRMCL MCB CAMP PENDLETON	OTH	0	121

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0208	BRMCL MCB CAMP PENDLETON	RET	0	625
0209	BRMCL MCLB BARSTOW	ACT	0	4204
0209	BRMCL MCLB BARSTOW	DA	0	1931
0209	BRMCL MCLB BARSTOW	DRC	0	666
0209	BRMCL MCLB BARSTOW	OTH	0	5527
0209	BRMCL MCLB BARSTOW	RET	0	702
0210	BRMCL EDSON RANGE ANNEX	ACT	0	13419
0211	BRMAX WPNSTA SEAL BEACH	ACT	0	69
0211	BRMAX WPNSTA SEAL BEACH	OTH	0	9
0212	BRMCL NAVWPNCEN CHINA LAKE	ACT	0	9255
0212	BRMCL NAVWPNCEN CHINA LAKE	DA	0	6675
0212	BRMCL NAVWPNCEN CHINA LAKE	DRC	0	1877
0212	BRMCL NAVWPNCEN CHINA LAKE	OTH	0	7174
0212	BRMCL NAVWPNCEN CHINA LAKE	RET	0	1197
0213	BRMCL NAVSTA LONG BEACH	ACT	0	35572
0213	BRMCL NAVSTA LONG BEACH	DA	0	142
0213	BRMCL NAVSTA LONG BEACH	OTH	0	25333
0214	BRMAX NAVFAC CORONA	OTH	0	1226
0215	BRMAX MCAS TUSTIN	ACT	0	16597
0217	BRMCL NAS POINT MUGU	ACT	0	19995
0217	BRMCL NAS POINT MUGU	DA	0	4078
0217	BRMCL NAS POINT MUGU	DRC	0	795
0217	BRMCL NAS POINT MUGU	OTH	0	4658
0217	BRMCL NAS POINT MUGU	RET	0	1111
0218	CHAFFEE/SMITH AHC	ACT	0	9239
0218	CHAFFEE/SMITH AHC	DA	0	2776
0218	CHAFFEE/SMITH AHC	DRC	0	5
0218	CHAFFEE/SMITH AHC	OTH	0	1920
0218	CHAFFEE/SMITH AHC	RET	0	32
0219	BRMCL NAS MOFFETT FIELD	ACT	0	24816
0219	BRMCL NAS MOFFETT FIELD	DA	0	19737
0219	BRMCL NAS MOFFETT FIELD	DRC	0	5746
0219	BRMCL NAS MOFFETT FIELD	OTH	0	1573
0219	BRMCL NAS MOFFETT FIELD	RET	0	5610
0220	BRMCL NAS ALAMEDA	ACT	0	40337
0220	BRMCL NAS ALAMEDA	DA	0	8858
0220	BRMCL NAS ALAMEDA	DRC	0	78
0220	BRMCL NAS ALAMEDA	OTH	0	31255
0220	BRMCL NAS ALAMEDA	RET	0	51
0221	BRMCL NSC OAKLAND DIV MARE IS	ACT	0	27014
0221	BRMCL NSC OAKLAND DIV MARE IS	DA	0	15568
0221	BRMCL NSC OAKLAND DIV MARE IS	DRC	0	3150
0221	BRMCL NSC OAKLAND DIV MARE IS	OTH	0	32419
0221	BRMCL NSC OAKLAND DIV MARE IS	RET	0	2065
0222	BRMCL WPNSTA CONCORD	ACT	0	4922
0222	BRMCL WPNSTA CONCORD	DA	0	1267
0222	BRMCL WPNSTA CONCORD	DRC	0	1473
0222	BRMCL WPNSTA CONCORD	OTH	0	10821
0222	BRMCL WPNSTA CONCORD	RET	0	900
0223	BRMCL NAVCOMMSTA STOCKTON	ACT	0	1955

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0223	BRMCL NAVCOMMSTA STOCKTON	DA	0	513
0223	BRMCL NAVCOMMSTA STOCKTON	DRC	0	585
0223	BRMCL NAVCOMMSTA STOCKTON	OTH	0	1770
0223	BRMCL NAVCOMMSTA STOCKTON	RET	0	478
0228	NMAU NAVFAC CENTERVILLE BEACH	ACT	0	3397
0228	NMAU NAVFAC CENTERVILLE BEACH	DA	0	23
0228	NMAU NAVFAC CENTERVILLE BEACH	DRC	0	76
0228	NMAU NAVFAC CENTERVILLE BEACH	OTH	0	58
0228	NMAU NAVFAC CENTERVILLE BEACH	RET	0	296
0230	BRMCL MCRD SAN DIEGO	ACT	0	93328
0230	BRMCL MCRD SAN DIEGO	DA	0	71
0230	BRMCL MCRD SAN DIEGO	DRC	0	3
0230	BRMCL MCRD SAN DIEGO	OTH	0	2372
0230	BRMCL MCRD SAN DIEGO	RET	0	38
0231	BRMCL NAS NORTH ISLAND	ACT	0	52772
0231	BRMCL NAS NORTH ISLAND	DA	0	127
0231	BRMCL NAS NORTH ISLAND	DRC	0	7
0231	BRMCL NAS NORTH ISLAND	OTH	0	12908
0231	BRMCL NAS NORTH ISLAND	RET	0	107
0232	BRMCL NAS MIRAMAR	ACT	0	38665
0232	BRMCL NAS MIRAMAR	DA	0	1016
0232	BRMCL NAS MIRAMAR	DRC	0	349
0232	BRMCL NAS MIRAMAR	OTH	0	1621
0232	BRMCL NAS MIRAMAR	RET	0	1236
0233	BRMCL NAVPHIBASE CORONADO	ACT	0	14915
0233	BRMCL NAVPHIBASE CORONADO	DA	0	155
0233	BRMCL NAVPHIBASE CORONADO	DRC	0	5
0233	BRMCL NAVPHIBASE CORONADO	OTH	0	541
0233	BRMCL NAVPHIBASE CORONADO	RET	0	33
0239	BRMCL NAF EL CENTRO	ACT	0	1902
0239	BRMCL NAF EL CENTRO	DA	0	986
0239	BRMCL NAF EL CENTRO	DRC	0	1016
0239	BRMCL NAF EL CENTRO	OTH	0	204
0239	BRMCL NAF EL CENTRO	RET	0	768
0241	OAKLAND ARMY AHC	ACT	0	1677
0241	OAKLAND ARMY AHC	OTH	0	21506
0241	OAKLAND ARMY AHC	DRC	0	10
0241	OAKLAND ARMY AHC	RET	0	36
0242	SACRAMENTO ARMY DEPOT AHC	ACT	0	3119
0242	SACRAMENTO ARMY DEPOT AHC	DA	0	37
0242	SACRAMENTO ARMY DEPOT AHC	OTH	0	9578
0242	SACRAMENTO ARMY DEPOT AHC	RET	0	6
0243	SHARPE ARMY DEPOT AHC	ACT	0	667
0243	SHARPE ARMY DEPOT AHC	DA	0	245
0243	SHARPE ARMY DEPOT AHC	DRC	0	1320
0243	SHARPE ARMY DEPOT AHC	OTH	0	1097
0243	SHARPE ARMY DEPOT AHC	RET	0	1512
0244	SIERRA ARMY DEPOT AHC	ACT	0	3988
0244	SIERRA ARMY DEPOT AHC	DA	0	2480
0244	SIERRA ARMY DEPOT AHC	DRC	0	1941

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0244	SIERRA ARMY DEPOT AHC	OTH	0	6914
0244	SIERRA ARMY DEPOT AHC	RET	0	1950
0245	TRACY DEFENSE DEPOT AHC	ACT	0	206
0245	TRACY DEFENSE DEPOT AHC	DA	0	165
0245	TRACY DEFENSE DEPOT AHC	DRC	0	687
0245	TRACY DEFENSE DEPOT AHC	OTH	0	1700
0245	TRACY DEFENSE DEPOT AHC	RET	0	517
0246	HUNTER-LIGGETT AHC	ACT	0	3369
0246	HUNTER-LIGGETT AHC	DA	0	1398
0246	HUNTER-LIGGETT AHC	DRC	0	427
0246	HUNTER-LIGGETT AHC	OTH	0	57
0246	HUNTER-LIGGETT AHC	RET	0	395
0247	MONTEREY AHC	ACT	0	3586
0247	MONTEREY AHC	DA	0	980
0247	MONTEREY AHC	DRC	0	45
0247	MONTEREY AHC	OTH	0	42
0247	MONTEREY AHC	RET	0	63
0248	655th MEDICAL SQUADRON	ACT	0	12958
0248	655th MEDICAL SQUADRON	DA	0	11821
0248	655th MEDICAL SQUADRON	DRC	0	4107
0248	655th MEDICAL SQUADRON	RET	0	4308
0248	655th MEDICAL SQUADRON	OTH	0	350
0249	NORTON AFB	ACT	0	11803
0249	NORTON AFB	DA	0	11210
0249	NORTON AFB	OTH	0	667
0249	NORTON AFB	DRC	0	5550
0249	NORTON AFB	RET	0	3971
0250	MCCLELLAN AFB	ACT	0	54267
0250	MCCLELLAN AFB	RET	0	44830
0250	MCCLELLAN AFB	OTH	0	19376
0250	MCCLELLAN AFB	DRC	0	61052
0250	MCCLELLAN AFB	DA	0	77535
0251	LOWRY AFB	ACT	0	31056
0251	LOWRY AFB	DA	0	1552
0251	LOWRY AFB	DRC	0	2
0251	LOWRY AFB	RET	0	326
0251	LOWRY AFB	OTH	0	1280
0252	PETERSON AFB	ACT	0	50470
0252	PETERSON AFB	DA	0	39980
0252	PETERSON AFB	DRC	0	23226
0252	PETERSON AFB	RET	0	14504
0252	PETERSON AFB	OTH	0	1269
0253	BRMCL NAVNUPWRTRAU WINDSOR	ACT	0	345
0255	MCNAIR AHC	ACT	0	2498
0255	MCNAIR AHC	DA	0	178
0255	MCNAIR AHC	DRC	0	197
0255	MCNAIR AHC	OTH	0	285
0255	MCNAIR AHC	RET	0	582
0256	PENTAGON AHC	ACT	0	40338
0256	PENTAGON AHC	DA	0	521

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0256	PENTAGON AHC	DRC	0	6
0256	PENTAGON AHC	OTH	0	30248
0256	PENTAGON AHC	RET	0	3350
0259	BRMCL NRL WASHINGTON	ACT	0	136
0259	BRMCL NRL WASHINGTON	OTH	0	2184
0259	BRMCL NRL WASHINGTON	RET	0	1
0260	BRMCL NAS PENSACOLA	ACT	0	25383
0260	BRMCL NAS PENSACOLA	DA	0	523
0260	BRMCL NAS PENSACOLA	DRC	0	658
0260	BRMCL NAS PENSACOLA	OTH	0	446
0260	BRMCL NAS PENSACOLA	RET	0	591
0261	BRMCL NAS WHITING FIELD	ACT	0	14032
0261	BRMCL NAS WHITING FIELD	DA	0	10220
0261	BRMCL NAS WHITING FIELD	DRC	0	638
0261	BRMCL NAS WHITING FIELD	OTH	0	721
0261	BRMCL NAS WHITING FIELD	RET	0	450
0265	BRMCL NAVCOASTSYSC PANAMA CITY	ACT	0	923
0265	BRMCL NAVCOASTSYSC PANAMA CITY	DA	0	1057
0265	BRMCL NAVCOASTSYSC PANAMA CITY	DRC	0	305
0265	BRMCL NAVCOASTSYSC PANAMA CITY	OTH	0	218
0265	BRMCL NAVCOASTSYSC PANAMA CITY	RET	0	224
0266	BRMCL NAS JACKSONVILLE	ACT	0	35347
0266	BRMCL NAS JACKSONVILLE	DA	0	2018
0266	BRMCL NAS JACKSONVILLE	DRC	0	508
0266	BRMCL NAS JACKSONVILLE	OTH	0	479
0266	BRMCL NAS JACKSONVILLE	RET	0	584
0267	BRMCL NAS CECIL FIELD	ACT	0	35842
0267	BRMCL NAS CECIL FIELD	DA	0	6808
0267	BRMCL NAS CECIL FIELD	DRC	0	312
0267	BRMCL NAS CECIL FIELD	OTH	0	1190
0267	BRMCL NAS CECIL FIELD	RET	0	173
0268	BRMCL NAVOLF SAN NICOLAS	ACT	0	211
0268	BRMCL NAVOLF SAN NICOLAS	OTH	0	182
0268	BRMCL NAVOLF SAN NICOLAS	RET	0	4
0269	BRMCL MCAS YUMA	ACT	0	33245
0269	BRMCL MCAS YUMA	DA	0	7649
0269	BRMCL MCAS YUMA	DRC	0	107
0269	BRMCL MCAS YUMA	OTH	0	485
0269	BRMCL MCAS YUMA	RET	0	169
0270	BRMCL NTC ORLANDO	ACT	0	39856
0270	BRMCL NTC ORLANDO	OTH	0	47
0271	BRMCL NTC ANNEX ORLANDO	ACT	0	1554
0271	BRMCL NTC ANNEX ORLANDO	DA	0	7956
0271	BRMCL NTC ANNEX ORLANDO	DRC	0	10737
0271	BRMCL NTC ANNEX ORLANDO	OTH	0	1
0271	BRMCL NTC ANNEX ORLANDO	RET	0	6619
0272	TUTTLE AHC	ACT	0	28707
0272	TUTTLE AHC	DA	0	3865
0272	TUTTLE AHC	DRC	0	1709
0272	TUTTLE AHC	OTH	0	117

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0272	TUTTLE AHC	RET	0	2549
0273	AHC FT. MCPHERSON	ACT	0	33626
0273	AHC FT. MCPHERSON	DA	0	17652
0273	AHC FT. MCPHERSON	DRC	0	13082
0273	AHC FT. MCPHERSON	OTH	0	2858
0273	AHC FT. MCPHERSON	RET	0	9439
0275	BRMCL MCLB ALBANY	ACT	0	8405
0275	BRMCL MCLB ALBANY	DA	0	3502
0275	BRMCL MCLB ALBANY	DRC	0	3046
0275	BRMCL MCLB ALBANY	OTH	0	4088
0275	BRMCL MCLB ALBANY	RET	0	2978
0276	BRMCL NAVSCSCOL ATHENS	ACT	0	1188
0276	BRMCL NAVSCSCOL ATHENS	DA	0	1903
0276	BRMCL NAVSCSCOL ATHENS	DRC	0	183
0276	BRMCL NAVSCSCOL ATHENS	OTH	0	17
0276	BRMCL NAVSCSCOL ATHENS	RET	0	123
0277	BRMCL NAS ATLANTA	ACT	0	9842
0277	BRMCL NAS ATLANTA	DA	0	1241
0277	BRMCL NAS ATLANTA	DRC	0	175
0277	BRMCL NAS ATLANTA	OTH	0	125
0277	BRMCL NAS ATLANTA	RET	0	286
0278	POHAKULOA TMC	ACT	0	268
0278	POHAKULOA TMC	DA	0	4
0278	POHAKULOA TMC	OTH	0	84
0278	POHAKULOA TMC	RET	0	10
0280	NMCL PEARL HARBOR	ACT	0	57893
0280	NMCL PEARL HARBOR	DA	0	107537
0280	NMCL PEARL HARBOR	DRC	0	4740
0280	NMCL PEARL HARBOR	OTH	0	857
0280	NMCL PEARL HARBOR	RET	0	3307
0281	BRMCL NAS BARBERS PT	ACT	0	25108
0281	BRMCL NAS BARBERS PT	DA	0	9125
0281	BRMCL NAS BARBERS PT	DRC	0	519
0281	BRMCL NAS BARBERS PT	OTH	0	828
0281	BRMCL NAS BARBERS PT	RET	0	396
0284	BRMAX NAVCAMS EASTPAC	ACT	0	4210
0284	BRMAX NAVCAMS EASTPAC	DA	0	270
0284	BRMAX NAVCAMS EASTPAC	OTH	0	85
0285	BRMCL MCAS KANEOHE BAY	ACT	0	16161
0285	BRMCL MCAS KANEOHE BAY	DA	0	17835
0285	BRMCL MCAS KANEOHE BAY	DRC	0	980
0285	BRMCL MCAS KANEOHE BAY	OTH	0	937
0285	BRMCL MCAS KANEOHE BAY	RET	0	696
0286	KILAUEA TMC	ACT	0	80
0286	KILAUEA TMC	DA	0	62
0286	KILAUEA TMC	DRC	0	31
0286	KILAUEA TMC	OTH	0	134
0286	KILAUEA TMC	RET	0	50
0287	HICKAM AFB	ACT	0	50013
0287	HICKAM AFB	DA	0	52643

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0287	HICKAM AFB	OTH	0	518
0287	HICKAM AFB	RET	0	5303
0287	HICKAM AFB	DRC	0	5786
0289	SHERIDAN AHC	ACT	0	3655
0289	SHERIDAN AHC	DA	0	1220
0289	SHERIDAN AHC	DRC	0	229
0289	SHERIDAN AHC	OTH	0	388
0289	SHERIDAN AHC	RET	0	278
0290	ROCK ISLAND ARSENAL AHC	ACT	0	2849
0290	ROCK ISLAND ARSENAL AHC	DA	0	3354
0290	ROCK ISLAND ARSENAL AHC	DRC	0	1005
0290	ROCK ISLAND ARSENAL AHC	OTH	0	12451
0290	ROCK ISLAND ARSENAL AHC	RET	0	1307
0292	BRMCL NAS GLENVIEW	ACT	0	11839
0292	BRMCL NAS GLENVIEW	DA	0	2811
0292	BRMCL NAS GLENVIEW	DRC	0	323
0292	BRMCL NAS GLENVIEW	OTH	0	477
0292	BRMCL NAS GLENVIEW	RET	0	535
0293	GRISSOM AFB	ACT	0	14147
0293	GRISSOM AFB	DA	0	20094
0293	GRISSOM AFB	OTH	0	263
0293	GRISSOM AFB	DRC	0	3923
0293	GRISSOM AFB	RET	0	2711
0294	HAWLEY ACH	ACT	0	36686
0294	HAWLEY ACH	DA	0	26368
0294	HAWLEY ACH	DRC	0	12494
0294	HAWLEY ACH	OTH	0	6359
0294	HAWLEY ACH	RET	1	9656
0295	LEXINGTON BLUE GRASS ARMY DEPOT AHC	ACT	0	162
0295	LEXINGTON BLUE GRASS ARMY DEPOT AHC	DA	0	25
0295	LEXINGTON BLUE GRASS ARMY DEPOT AHC	OTH	0	1457
0295	LEXINGTON BLUE GRASS ARMY DEPOT AHC	RET	0	4
0296	BLUE GRASS DEPOT AHC	ACT	0	806
0296	BLUE GRASS DEPOT AHC	DA	0	636
0296	BLUE GRASS DEPOT AHC	DRC	0	8
0296	BLUE GRASS DEPOT AHC	OTH	0	3036
0296	BLUE GRASS DEPOT AHC	RET	0	78
0297	NMCL NEW ORLEANS	ACT	0	9260
0297	NMCL NEW ORLEANS	DA	0	9718
0297	NMCL NEW ORLEANS	DRC	0	2794
0297	NMCL NEW ORLEANS	OTH	0	139
0297	NMCL NEW ORLEANS	RET	0	2094
0298	BRMCL NAVSECGRU WINTER HARBOR	ACT	0	3338
0298	BRMCL NAVSECGRU WINTER HARBOR	DA	0	1716
0298	BRMCL NAVSECGRU WINTER HARBOR	DRC	0	1356
0298	BRMCL NAVSECGRU WINTER HARBOR	OTH	0	120
0298	BRMCL NAVSECGRU WINTER HARBOR	RET	0	1525
0299	BRMCL NAS BRUNSWICK	ACT	0	21774
0299	BRMCL NAS BRUNSWICK	DA	0	2136
0299	BRMCL NAS BRUNSWICK	DRC	0	580

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0299	BRMCL NAS BRUNSWICK	RET	0	865
0299	BRMCL NAS BRUNSWICK	OTH	0	1033
0300	BRMCL NAVCOMMU CUTLER	ACT	0	1020
0300	BRMCL NAVCOMMU CUTLER	DA	0	978
0300	BRMCL NAVCOMMU CUTLER	DRC	0	733
0300	BRMCL NAVCOMMU CUTLER	OTH	0	136
0300	BRMCL NAVCOMMU CUTLER	RET	0	610
0301	BRMCL NAVORDSTA INDIAN HEAD	ACT	0	1730
0301	BRMCL NAVORDSTA INDIAN HEAD	DA	0	3625
0301	BRMCL NAVORDSTA INDIAN HEAD	DRC	0	1004
0301	BRMCL NAVORDSTA INDIAN HEAD	OTH	0	3118
0301	BRMCL NAVORDSTA INDIAN HEAD	RET	0	593
0302	BRMCL NAVSHIPRANDCEN CARDEROCK	ACT	0	82
0302	BRMCL NAVSHIPRANDCEN CARDEROCK	OTH	0	2523
0303	BRMCL NAVSWC WHITE OAK	ACT	0	40
0303	BRMCL NAVSWC WHITE OAK	OTH	0	2422
0305	DAHLONEGA TMC	ACT	0	25393
0305	DAHLONEGA TMC	DA	0	1040
0305	DAHLONEGA TMC	OTH	0	87
0305	DAHLONEGA TMC	RET	0	15
0305	DAHLONEGA TMC	DRC	0	27
0306	NMCL ANNAPOLIS	ACT	0	5189
0306	NMCL ANNAPOLIS	DA	0	22349
0306	NMCL ANNAPOLIS	DRC	0	13604
0306	NMCL ANNAPOLIS	OTH	0	5548
0306	NMCL ANNAPOLIS	RET	0	8865
0307	RITCHIE AHC	ACT	0	6839
0307	RITCHIE AHC	DA	0	5048
0307	RITCHIE AHC	DRC	0	2310
0307	RITCHIE AHC	OTH	0	1109
0307	RITCHIE AHC	RET	0	1542
0308	KIRK AHC	ACT	0	40424
0308	KIRK AHC	DA	0	37771
0308	KIRK AHC	DRC	0	11895
0308	KIRK AHC	OTH	0	10135
0308	KIRK AHC	RET	0	7639
0309	AHC FT. DETRICK	ACT	0	8609
0309	AHC FT. DETRICK	DA	0	5487
0309	AHC FT. DETRICK	DRC	0	2808
0309	AHC FT. DETRICK	OTH	0	3303
0309	AHC FT. DETRICK	RET	0	1489
0310	HANSCOM AFB	ACT	0	15146
0310	HANSCOM AFB	RET	0	3511
0310	HANSCOM AFB	OTH	0	1773
0310	HANSCOM AFB	DRC	0	3726
0310	HANSCOM AFB	DA	0	22886
0311	NATICK AHC	ACT	0	1697
0311	NATICK AHC	DA	0	202
0311	NATICK AHC	DRC	0	152
0311	NATICK AHC	OTH	0	2233

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0311	NATICK AHC	RET	0	839
0312	BRMCL NAS SOUTH WEYMOUTH	ACT	0	6349
0312	BRMCL NAS SOUTH WEYMOUTH	DA	0	1502
0312	BRMCL NAS SOUTH WEYMOUTH	DRC	0	15
0312	BRMCL NAS SOUTH WEYMOUTH	OTH	0	283
0312	BRMCL NAS SOUTH WEYMOUTH	RET	0	53
0313	SELFRIDGE AHC	ACT	0	4177
0313	SELFRIDGE AHC	DA	0	7804
0313	SELFRIDGE AHC	DRC	0	1961
0313	SELFRIDGE AHC	OTH	0	364
0313	SELFRIDGE AHC	RET	0	1397
0314	BRMCL NAF DETROIT	ACT	0	7883
0316	BRMCL CBC GULFPORT	ACT	0	15193
0316	BRMCL CBC GULFPORT	DA	0	6707
0316	BRMCL CBC GULFPORT	DRC	0	2438
0316	BRMCL CBC GULFPORT	OTH	0	838
0316	BRMCL CBC GULFPORT	RET	0	2043
0317	BRMCL NAS MERIDIAN	ACT	0	14258
0317	BRMCL NAS MERIDIAN	DA	0	7476
0317	BRMCL NAS MERIDIAN	DRC	0	1068
0317	BRMCL NAS MERIDIAN	OTH	0	703
0317	BRMCL NAS MERIDIAN	RET	0	1440
0318	ST. LOUIS AHC	ACT	0	10941
0318	ST. LOUIS AHC	DA	0	5264
0318	ST. LOUIS AHC	DRC	0	3497
0318	ST. LOUIS AHC	OTH	0	910
0318	ST. LOUIS AHC	RET	0	2626
0319	BRMCL NAS FALLON	ACT	0	9782
0319	BRMCL NAS FALLON	DA	0	7277
0319	BRMCL NAS FALLON	DRC	0	1000
0319	BRMCL NAS FALLON	OTH	0	668
0319	BRMCL NAS FALLON	RET	0	964
0320	HAWTHORNE AHC	ACT	0	6
0320	HAWTHORNE AHC	DA	0	19
0320	HAWTHORNE AHC	DRC	0	73
0320	HAWTHORNE AHC	OTH	0	1820
0320	HAWTHORNE AHC	RET	0	85
0321	NMCL PORTSMOUTH	ACT	0	6475
0321	NMCL PORTSMOUTH	DA	0	2620
0321	NMCL PORTSMOUTH	DRC	0	2123
0321	NMCL PORTSMOUTH	OTH	0	35739
0321	NMCL PORTSMOUTH	RET	0	2752
0322	BRMCL EARLE NWS	ACT	0	5893
0322	BRMCL EARLE NWS	DA	0	3207
0322	BRMCL EARLE NWS	DRC	0	79
0322	BRMCL EARLE NWS	OTH	0	2888
0322	BRMCL EARLE NWS	RET	0	68
0323	BRMCL NAVAIRPROPCEN TRENTON	ACT	0	35
0323	BRMCL NAVAIRPROPCEN TRENTON	OTH	0	1277
0324	BAYONNE AHC	ACT	0	740

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0324	BAYONNE AHC	DA	0	953
0324	BAYONNE AHC	DRC	0	208
0324	BAYONNE AHC	OTH	0	666
0324	BAYONNE AHC	RET	0	201
0325	PICATINNY ARSENAL AHC	ACT	0	1444
0325	PICATINNY ARSENAL AHC	DA	0	1183
0325	PICATINNY ARSENAL AHC	DRC	0	534
0325	PICATINNY ARSENAL AHC	OTH	0	4890
0325	PICATINNY ARSENAL AHC	RET	0	894
0326	MCGUIRE AFB	ACT	0	59516
0326	MCGUIRE AFB	DA	0	51385
0326	MCGUIRE AFB	OTH	0	2122
0326	MCGUIRE AFB	RET	0	18442
0326	MCGUIRE AFB	DRC	0	19710
0327	AHC MCAFEE	ACT	0	7988
0327	AHC MCAFEE	DA	0	10536
0327	AHC MCAFEE	DRC	0	3775
0327	AHC MCAFEE	OTH	0	4996
0327	AHC MCAFEE	RET	0	3275
0328	BRMCL NAVNUPWRTRA BALLSTON SPA	ACT	0	11736
0328	BRMCL NAVNUPWRTRA BALLSTON SPA	DA	0	4555
0328	BRMCL NAVNUPWRTRA BALLSTON SPA	DRC	0	12
0328	BRMCL NAVNUPWRTRA BALLSTON SPA	RET	0	4
0329	AHC WATERVLIET	ACT	0	3319
0329	AHC WATERVLIET	DA	0	581
0329	AHC WATERVLIET	DRC	0	39
0329	AHC WATERVLIET	OTH	0	7182
0329	AHC WATERVLIET	RET	0	215
0330	GUTHRIE AHC	ACT	0	132710
0330	GUTHRIE AHC	DA	0	94821
0330	GUTHRIE AHC	DRC	0	1823
0330	GUTHRIE AHC	OTH	0	6052
0330	GUTHRIE AHC	RET	0	1260
0333	BRMCL MCAS NEW RIVER	ACT	0	17046
0335	POPE AFB	ACT	0	30208
0335	POPE AFB	DA	0	27621
0335	POPE AFB	RET	0	1820
0335	POPE AFB	OTH	0	172
0335	POPE AFB	DRC	0	2610
0337	NMCL KINGS BAY	ACT	0	36480
0337	NMCL KINGS BAY	DA	0	38744
0337	NMCL KINGS BAY	DRC	0	2587
0337	NMCL KINGS BAY	OTH	0	10075
0337	NMCL KINGS BAY	RET	0	1796
0338	VANCE AFB	ACT	0	10917
0338	VANCE AFB	DA	0	7824
0338	VANCE AFB	OTH	0	396
0338	VANCE AFB	RET	0	4561
0338	VANCE AFB	DRC	0	5101
0339	MCALESTER AHC	ACT	0	277

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0339	MCALESTER AHC	DA	0	105
0339	MCALESTER AHC	DRC	0	330
0339	MCALESTER AHC	OTH	0	3935
0339	MCALESTER AHC	RET	0	245
0341	UMATILLO ARMY DEPOT AHC	ACT	0	399
0341	UMATILLO ARMY DEPOT AHC	DA	0	497
0341	UMATILLO ARMY DEPOT AHC	DRC	0	210
0341	UMATILLO ARMY DEPOT AHC	OTH	0	864
0341	UMATILLO ARMY DEPOT AHC	RET	0	142
0342	BRMCL NAVADMINU IDAHO FALLS	ACT	0	5160
0342	BRMCL NAVADMINU IDAHO FALLS	DA	0	2364
0342	BRMCL NAVADMINU IDAHO FALLS	DRC	0	770
0342	BRMCL NAVADMINU IDAHO FALLS	OTH	0	24
0342	BRMCL NAVADMINU IDAHO FALLS	RET	0	529
0344	BRMCL NAVSHIPYD PHILADELPHIA	ACT	0	26658
0344	BRMCL NAVSHIPYD PHILADELPHIA	DA	0	19192
0344	BRMCL NAVSHIPYD PHILADELPHIA	DRC	0	6493
0344	BRMCL NAVSHIPYD PHILADELPHIA	OTH	0	121
0344	BRMCL NAVSHIPYD PHILADELPHIA	RET	0	4938
0345	BRMCL NAVAIRDEVCEN WARMINSTER	ACT	0	1226
0345	BRMCL NAVAIRDEVCEN WARMINSTER	DA	0	2129
0345	BRMCL NAVAIRDEVCEN WARMINSTER	DRC	0	268
0345	BRMCL NAVAIRDEVCEN WARMINSTER	OTH	0	1593
0345	BRMCL NAVAIRDEVCEN WARMINSTER	RET	0	399
0346	BRMCL NAVPUBFORM PHILADELPHIA	ACT	0	450
0346	BRMCL NAVPUBFORM PHILADELPHIA	DA	0	13
0346	BRMCL NAVPUBFORM PHILADELPHIA	OTH	0	5809
0347	BRMCL NAS WILLOW GROVE	ACT	0	12356
0347	BRMCL NAS WILLOW GROVE	DA	0	17
0347	BRMCL NAS WILLOW GROVE	OTH	0	644
0347	BRMCL NAS WILLOW GROVE	RET	0	40
0348	BRMCL NSPCC MECHANICSBURG	ACT	0	1157
0348	BRMCL NSPCC MECHANICSBURG	DA	0	610
0348	BRMCL NSPCC MECHANICSBURG	DRC	0	175
0348	BRMCL NSPCC MECHANICSBURG	OTH	0	10671
0348	BRMCL NSPCC MECHANICSBURG	RET	0	198
0350	INDIANTOWN GAP AHC	ACT	0	4414
0350	INDIANTOWN GAP AHC	DA	0	710
0350	INDIANTOWN GAP AHC	DRC	0	11
0350	INDIANTOWN GAP AHC	OTH	0	2655
0350	INDIANTOWN GAP AHC	RET	0	9
0351	LETTERKENNY ARMY DEPOT AHC	ACT	0	766
0351	LETTERKENNY ARMY DEPOT AHC	DA	0	403
0351	LETTERKENNY ARMY DEPOT AHC	DRC	0	1059
0351	LETTERKENNY ARMY DEPOT AHC	OTH	0	11307
0351	LETTERKENNY ARMY DEPOT AHC	RET	0	1611
0352	CARLISLE BARRACKS AHC	ACT	0	13662
0352	CARLISLE BARRACKS AHC	DA	0	20393
0352	CARLISLE BARRACKS AHC	DRC	0	15971
0352	CARLISLE BARRACKS AHC	OTH	0	4291

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0352	CARLISLE BARRACKS AHC	RET	0	11969
0353	TOBYHANNA ARMY DEPOT AHC	ACT	0	977
0353	TOBYHANNA ARMY DEPOT AHC	DA	0	1055
0353	TOBYHANNA ARMY DEPOT AHC	DRC	0	993
0353	TOBYHANNA ARMY DEPOT AHC	OTH	0	9700
0353	TOBYHANNA ARMY DEPOT AHC	RET	0	850
0356	CHARLESTON AFB	ACT	0	28368
0356	CHARLESTON AFB	DA	0	32160
0356	CHARLESTON AFB	OTH	0	732
0356	CHARLESTON AFB	DRC	0	10308
0356	CHARLESTON AFB	RET	0	10895
0358	BRMCL MCRD PARRIS ISLAND	ACT	0	166929
0358	BRMCL MCRD PARRIS ISLAND	DA	0	188
0358	BRMCL MCRD PARRIS ISLAND	DRC	0	267
0358	BRMCL MCRD PARRIS ISLAND	OTH	0	127
0358	BRMCL MCRD PARRIS ISLAND	RET	0	259
0359	BRMCL NAVSTA CHARLESTON	ACT	0	22964
0359	BRMCL NAVSTA CHARLESTON	DA	0	879
0359	BRMCL NAVSTA CHARLESTON	DRC	0	188
0359	BRMCL NAVSTA CHARLESTON	OTH	0	211
0359	BRMCL NAVSTA CHARLESTON	RET	0	294
0360	BRMCL MCAS BEAUFORT	ACT	0	13468
0360	BRMCL MCAS BEAUFORT	DA	0	7811
0360	BRMCL MCAS BEAUFORT	DRC	0	276
0360	BRMCL MCAS BEAUFORT	OTH	0	147
0360	BRMCL MCAS BEAUFORT	RET	0	104
0361	BRMCL NAS MEMPHIS	ACT	0	66982
0361	BRMCL NAS MEMPHIS	DA	0	179
0361	BRMCL NAS MEMPHIS	DRC	0	36
0361	BRMCL NAS MEMPHIS	OTH	0	1859
0361	BRMCL NAS MEMPHIS	RET	0	21
0362	RED RIVER ARMY DEPOT AHC	ACT	0	1105
0362	RED RIVER ARMY DEPOT AHC	DA	0	960
0362	RED RIVER ARMY DEPOT AHC	DRC	0	569
0362	RED RIVER ARMY DEPOT AHC	OTH	0	14517
0362	RED RIVER ARMY DEPOT AHC	RET	0	518
0363	BROOKS AFB	ACT	0	11527
0363	BROOKS AFB	RET	0	5104
0363	BROOKS AFB	OTH	0	692
0363	BROOKS AFB	DRC	0	6647
0363	BROOKS AFB	DA	0	5673
0364	GOODFELLOW AFB	ACT	0	20761
0364	GOODFELLOW AFB	DA	0	19249
0364	GOODFELLOW AFB	OTH	0	264
0364	GOODFELLOW AFB	RET	0	3336
0364	GOODFELLOW AFB	DRC	0	5104
0365	KELLY AFB	ACT	0	25218
0365	KELLY AFB	DA	0	16844
0365	KELLY AFB	RET	0	5789
0365	KELLY AFB	OTH	0	13467

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0365	KELLY AFB	DRC	0	5229
0366	RANDOLPH AFB	ACT	0	40042
0366	RANDOLPH AFB	DA	0	55829
0366	RANDOLPH AFB	DRC	0	26164
0366	RANDOLPH AFB	RET	0	15892
0366	RANDOLPH AFB	OTH	0	1575
0368	BRMCL NAS CHASE FIELD	ACT	0	234
0368	BRMCL NAS CHASE FIELD	DA	0	509
0368	BRMCL NAS CHASE FIELD	DRC	0	468
0368	BRMCL NAS CHASE FIELD	RET	0	214
0369	BRMCL NAS KINGSVILLE	ACT	0	6550
0369	BRMCL NAS KINGSVILLE	DA	0	4017
0369	BRMCL NAS KINGSVILLE	DRC	0	2242
0369	BRMCL NAS KINGSVILLE	OTH	0	2255
0369	BRMCL NAS KINGSVILLE	RET	0	1629
0370	BRMCL NAS DALLAS	ACT	0	12693
0370	BRMCL NAS DALLAS	DA	0	162
0370	BRMCL NAS DALLAS	DRC	0	3
0370	BRMCL NAS DALLAS	OTH	0	1208
0370	BRMCL NAS DALLAS	RET	0	15
0371	DUGWAY PROVING GROUND AHC	ACT	0	2149
0371	DUGWAY PROVING GROUND AHC	DA	0	1913
0371	DUGWAY PROVING GROUND AHC	DRC	0	756
0371	DUGWAY PROVING GROUND AHC	OTH	0	5557
0371	DUGWAY PROVING GROUND AHC	RET	0	684
0372	MONROE AHC	ACT	0	8731
0372	MONROE AHC	DA	0	14026
0372	MONROE AHC	DRC	0	10998
0372	MONROE AHC	OTH	0	812
0372	MONROE AHC	RET	0	9137
0373	AHC/OCCUPATIONAL HEALTH CLINIC	ACT	0	823
0373	AHC/OCCUPATIONAL HEALTH CLINIC	DA	0	880
0373	AHC/OCCUPATIONAL HEALTH CLINIC	DRC	0	140
0373	AHC/OCCUPATIONAL HEALTH CLINIC	OTH	0	4949
0373	AHC/OCCUPATIONAL HEALTH CLINIC	RET	0	683
0374	AHC FT. PICKETT	ACT	0	1823
0374	AHC FT. PICKETT	DA	0	482
0374	AHC FT. PICKETT	DRC	0	1757
0374	AHC FT. PICKETT	OTH	0	843
0374	AHC FT. PICKETT	RET	0	1195
0375	AP HILL AHC	ACT	0	1904
0375	AP HILL AHC	DA	0	684
0375	AP HILL AHC	DRC	0	857
0375	AP HILL AHC	OTH	0	291
0375	AP HILL AHC	RET	0	704
0378	BRMCL NAVPHIBASE LITTLE CREEK	ACT	0	68806
0378	BRMCL NAVPHIBASE LITTLE CREEK	DA	0	47022
0378	BRMCL NAVPHIBASE LITTLE CREEK	DRC	0	8241
0378	BRMCL NAVPHIBASE LITTLE CREEK	OTH	0	19647
0378	BRMCL NAVPHIBASE LITTLE CREEK	RET	0	5793

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0380	BRMCL NAVSHIPYD NORFOLK	ACT	0	9484
0380	BRMCL NAVSHIPYD NORFOLK	DA	0	16
0380	BRMCL NAVSHIPYD NORFOLK	OTH	0	73884
0381	BRMCL WPNSTA YORKTOWN	ACT	0	9987
0381	BRMCL WPNSTA YORKTOWN	DA	0	940
0381	BRMCL WPNSTA YORKTOWN	DRC	0	663
0381	BRMCL WPNSTA YORKTOWN	OTH	0	3950
0381	BRMCL WPNSTA YORKTOWN	RET	0	487
0382	BRMCL FCTCLANT DAM NECK	ACT	0	25167
0382	BRMCL FCTCLANT DAM NECK	DA	0	6
0382	BRMCL FCTCLANT DAM NECK	OTH	0	48
0382	BRMCL FCTCLANT DAM NECK	RET	0	1
0384	BRMCL ARLINGTON ANNEX	ACT	0	19105
0384	BRMCL ARLINGTON ANNEX	DA	0	288
0384	BRMCL ARLINGTON ANNEX	DRC	0	11
0384	BRMCL ARLINGTON ANNEX	OTH	0	402
0384	BRMCL ARLINGTON ANNEX	RET	0	23
0385	NMCL QUANTICO	ACT	0	48492
0385	NMCL QUANTICO	DA	0	52706
0385	NMCL QUANTICO	DRC	0	7692
0385	NMCL QUANTICO	OTH	0	4005
0385	NMCL QUANTICO	RET	0	4764
0386	BRMCL NAVSWC DAHLGREN	ACT	0	3549
0386	BRMCL NAVSWC DAHLGREN	DA	0	4139
0386	BRMCL NAVSWC DAHLGREN	DRC	0	1341
0386	BRMCL NAVSWC DAHLGREN	OTH	0	1235
0386	BRMCL NAVSWC DAHLGREN	RET	0	897
0387	BRMCL NAS OCEANA	ACT	0	89384
0387	BRMCL NAS OCEANA	DA	0	62957
0387	BRMCL NAS OCEANA	DRC	0	5154
0387	BRMCL NAS OCEANA	OTH	0	3584
0387	BRMCL NAS OCEANA	RET	0	5339
0389	AHC DAVIDSON AAF	ACT	0	5037
0389	AHC DAVIDSON AAF	DA	0	1076
0389	AHC DAVIDSON AAF	DRC	0	338
0389	AHC DAVIDSON AAF	OTH	0	307
0389	AHC DAVIDSON AAF	RET	0	270
0390	MYER ANDREW RADER AHC	ACT	0	42302
0390	MYER ANDREW RADER AHC	DA	0	30672
0390	MYER ANDREW RADER AHC	DRC	0	33228
0390	MYER ANDREW RADER AHC	OTH	0	4090
0390	MYER ANDREW RADER AHC	RET	0	31152
0392	CAMERON STATION AHC	ACT	0	585
0392	CAMERON STATION AHC	DA	0	343
0392	CAMERON STATION AHC	DRC	0	939
0392	CAMERON STATION AHC	OTH	0	2800
0392	CAMERON STATION AHC	RET	0	1365
0393	VINT HILL FARMS STA AHC	ACT	0	3590
0393	VINT HILL FARMS STA AHC	DA	0	3243
0393	VINT HILL FARMS STA AHC	DRC	0	11

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0393	VINT HILL FARMS STA AHC	OTH	0	7
0393	VINT HILL FARMS STA AHC	RET	0	5
0394	YAKIMA FIRING CENTER AHC	ACT	0	1738
0394	YAKIMA FIRING CENTER AHC	DA	0	1151
0394	YAKIMA FIRING CENTER AHC	DRC	0	1582
0394	YAKIMA FIRING CENTER AHC	OTH	0	252
0394	YAKIMA FIRING CENTER AHC	RET	0	1522
0395	MCCHORD AFB	ACT	0	33429
0395	MCCHORD AFB	DA	0	20469
0395	MCCHORD AFB	DRC	0	3433
0395	MCCHORD AFB	RET	0	3151
0395	MCCHORD AFB	OTH	0	1196
0396	NMCL SEATTLE	ACT	0	16027
0396	NMCL SEATTLE	DA	0	3489
0396	NMCL SEATTLE	DRC	0	3038
0396	NMCL SEATTLE	OTH	0	1048
0396	NMCL SEATTLE	RET	0	3748
0397	BRMCL NAVUSEAWARENGSTA KEYPORT	ACT	0	1667
0397	BRMCL NAVUSEAWARENGSTA KEYPORT	OTH	0	7934
0398	BRMCL NAVSHIPYD PUGET SOUND	ACT	0	7911
0398	BRMCL NAVSHIPYD PUGET SOUND	OTH	0	102674
0401	BRMCL NAVAIRENGCEN LAKEHURST	ACT	0	1645
0401	BRMCL NAVAIRENGCEN LAKEHURST	DA	0	1801
0401	BRMCL NAVAIRENGCEN LAKEHURST	DRC	0	533
0401	BRMCL NAVAIRENGCEN LAKEHURST	OTH	0	4417
0401	BRMCL NAVAIRENGCEN LAKEHURST	RET	0	576
0403	BRMCL NAVSTA NEW YORK	ACT	0	9600
0403	BRMCL NAVSTA NEW YORK	DA	0	464
0403	BRMCL NAVSTA NEW YORK	DRC	0	4
0403	BRMCL NAVSTA NEW YORK	OTH	0	94
0404	BRMCL NAVRADSTA SUGAR GROVE	ACT	0	629
0404	BRMCL NAVRADSTA SUGAR GROVE	DA	0	127
0404	BRMCL NAVRADSTA SUGAR GROVE	DRC	0	2
0404	BRMCL NAVRADSTA SUGAR GROVE	OTH	0	26
0404	BRMCL NAVRADSTA SUGAR GROVE	RET	0	2
0405	BRMCL NAVSTA MAYPORT	ACT	0	49978
0405	BRMCL NAVSTA MAYPORT	DA	0	34655
0405	BRMCL NAVSTA MAYPORT	DRC	0	2251
0405	BRMCL NAVSTA MAYPORT	OTH	0	3418
0405	BRMCL NAVSTA MAYPORT	RET	0	1852
0407	BRMCL NTC SAN DIEGO	ACT	0	46680
0407	BRMCL NTC SAN DIEGO	DA	0	66
0407	BRMCL NTC SAN DIEGO	OTH	0	4500
0407	BRMCL NTC SAN DIEGO	RET	0	43
0408	AHC SENECA	ACT	0	1574
0408	AHC SENECA	DA	0	1377
0408	AHC SENECA	DRC	0	419
0408	AHC SENECA	OTH	0	1597
0408	AHC SENECA	RET	0	292
0414	BRMCL NALF SAN CLEMENTE	ACT	0	826

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0414	BRMCL NALF SAN CLEMENTE	OTH	0	111
0415	BRMCL MCMWTC BRIDGEPORT	ACT	0	1443
0415	BRMCL MCMWTC BRIDGEPORT	DA	0	1388
0415	BRMCL MCMWTC BRIDGEPORT	DRC	0	235
0415	BRMCL MCMWTC BRIDGEPORT	OTH	0	21
0415	BRMCL MCMWTC BRIDGEPORT	RET	0	154
0436	BRMCL NAS NEW ORLEANS	ACT	0	9412
0436	BRMCL NAS NEW ORLEANS	DA	0	91
0436	BRMCL NAS NEW ORLEANS	DRC	0	3
0436	BRMCL NAS NEW ORLEANS	OTH	0	1170
0436	BRMCL NAS NEW ORLEANS	RET	0	3
0437	SCHOFIELD BARRACKS AHC	ACT	0	77879
0437	SCHOFIELD BARRACKS AHC	DA	0	102633
0437	SCHOFIELD BARRACKS AHC	DRC	0	4322
0437	SCHOFIELD BARRACKS AHC	OTH	0	2931
0437	SCHOFIELD BARRACKS AHC	RET	0	3685
0438	HAMILTON AINESWORTH AHC	ACT	0	8508
0438	HAMILTON AINESWORTH AHC	DA	0	9066
0438	HAMILTON AINESWORTH AHC	DRC	0	1128
0438	HAMILTON AINESWORTH AHC	OTH	0	1089
0438	HAMILTON AINESWORTH AHC	RET	0	1174
0440	STEWART SUBPOST AHC	ACT	0	2481
0440	STEWART SUBPOST AHC	DA	0	4927
0440	STEWART SUBPOST AHC	DRC	0	1130
0440	STEWART SUBPOST AHC	OTH	0	25
0440	STEWART SUBPOST AHC	RET	0	890
0441	NEW CUMBERLAND ARMY DEPOT AHC	ACT	0	1151
0441	NEW CUMBERLAND ARMY DEPOT AHC	DA	0	670
0441	NEW CUMBERLAND ARMY DEPOT AHC	DRC	0	406
0441	NEW CUMBERLAND ARMY DEPOT AHC	OTH	0	6827
0441	NEW CUMBERLAND ARMY DEPOT AHC	RET	0	390
0443	TOOELE ARMY DEPOT AHC	ACT	0	1344
0443	TOOELE ARMY DEPOT AHC	DA	0	314
0443	TOOELE ARMY DEPOT AHC	DRC	0	544
0443	TOOELE ARMY DEPOT AHC	OTH	0	15731
0443	TOOELE ARMY DEPOT AHC	RET	0	452
0444	OGDEN AHC	ACT	0	720
0444	OGDEN AHC	DA	0	31
0444	OGDEN AHC	OTH	0	4420
0449	HOWARD AFB	ACT	0	19447
0449	HOWARD AFB	DA	0	16481
0449	HOWARD AFB	OTH	0	1455
0449	HOWARD AFB	RET	0	237
0449	HOWARD AFB	DRC	0	94
0462	BRMCL NAVFINCEN CLEVELAND	ACT	0	2135
0462	BRMCL NAVFINCEN CLEVELAND	DA	0	84
0462	BRMCL NAVFINCEN CLEVELAND	OTH	0	855
0462	BRMCL NAVFINCEN CLEVELAND	RET	0	4
0464	AHC FT. STORY	ACT	0	7057
0464	AHC FT. STORY	DA	0	679

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0464	AHC FT. STORY	DRC	0	111
0464	AHC FT. STORY	OTH	0	52
0464	AHC FT. STORY	RET	0	154
0481	TMC ABERDEEN PROVING GROUND	ACT	0	5202
0508	BRMCL NAVSTA NORFOLK	ACT	0	176708
0508	BRMCL NAVSTA NORFOLK	DA	0	19113
0508	BRMCL NAVSTA NORFOLK	DRC	0	1541
0508	BRMCL NAVSTA NORFOLK	OTH	0	97809
0508	BRMCL NAVSTA NORFOLK	RET	0	2343
0509	BRMAX WPNSTA SEAL BEACH	ACT	0	1904
0509	BRMAX WPNSTA SEAL BEACH	OTH	0	1067
0510	BRMCL MCAS EL TORO	ACT	0	39222
0510	BRMCL MCAS EL TORO	DA	0	4961
0510	BRMCL MCAS EL TORO	DRC	0	183
0510	BRMCL MCAS EL TORO	OTH	0	2411
0510	BRMCL MCAS EL TORO	RET	0	507
0511	BRMCL WPNSTA CHARLESTON	ACT	0	8943
0511	BRMCL WPNSTA CHARLESTON	DA	0	13702
0511	BRMCL WPNSTA CHARLESTON	DRC	0	796
0511	BRMCL WPNSTA CHARLESTON	OTH	0	5900
0511	BRMCL WPNSTA CHARLESTON	RET	0	736
0512	BRMCL NAVSHIPYD CHARLESTON	ACT	0	658
0512	BRMCL NAVSHIPYD CHARLESTON	DA	0	44
0512	BRMCL NAVSHIPYD CHARLESTON	DRC	0	27
0512	BRMCL NAVSHIPYD CHARLESTON	OTH	0	15176
0512	BRMCL NAVSHIPYD CHARLESTON	RET	0	959
0513	BRMCL NAVTECHTRACEN PENSACOLA	ACT	0	12680
0515	BRCL NAVSEC WASHINGTON DC	ACT	0	2317
0515	BRCL NAVSEC WASHINGTON DC	DA	0	2
0515	BRCL NAVSEC WASHINGTON DC	DRC	0	10
0515	BRCL NAVSEC WASHINGTON DC	OTH	0	52
0515	BRCL NAVSEC WASHINGTON DC	RET	0	8
0517	BRMCL NAS KEY WEST	ACT	0	18233
0517	BRMCL NAS KEY WEST	DA	0	599
0517	BRMCL NAS KEY WEST	OTH	0	1917
0517	BRMCL NAS KEY WEST	RET	0	9
0518	BRMAX NCTC GREAT LAKES	ACT	0	74347
0519	BRMCL NAVSECGRUACT NORTHWEST	ACT	0	6911
0519	BRMCL NAVSECGRUACT NORTHWEST	DA	0	411
0519	BRMCL NAVSECGRUACT NORTHWEST	DRC	0	2
0519	BRMCL NAVSECGRUACT NORTHWEST	OTH	0	7
0519	BRMCL NAVSECGRUACT NORTHWEST	RET	0	3
0520	BRMCL NALF CROWS LANDING	ACT	0	42
0522	BRMCL NAF WASHINGTON	ACT	0	10006
0522	BRMCL NAF WASHINGTON	DRC	0	15
0522	BRMCL NAF WASHINGTON	OTH	0	382
0522	BRMCL NAF WASHINGTON	RET	0	2
0524	BRMCL PACMISRAMPAC BARKING SANDS	ACT	0	1140
0525	BRMCL NAVAL ACADEMY ANNAPOLIS	ACT	0	101778
0525	BRMCL NAVAL ACADEMY ANNAPOLIS	DA	0	231

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0525	BRMCL NAVAL ACADEMY ANNAPOLIS	DRC	0	50
0525	BRMCL NAVAL ACADEMY ANNAPOLIS	OTH	0	1446
0525	BRMCL NAVAL ACADEMY ANNAPOLIS	RET	0	248
0526	BRMCL SAN FRANCISCO	ACT	0	24143
0526	BRMCL SAN FRANCISCO	DA	0	6910
0526	BRMCL SAN FRANCISCO	DRC	0	12
0526	BRMCL SAN FRANCISCO	OTH	0	3243
0526	BRMCL SAN FRANCISCO	RET	0	70
0527	BRMAX PASCAGOULA	ACT	0	666
0527	BRMAX PASCAGOULA	DA	0	457
0527	BRMAX PASCAGOULA	OTH	0	12
0528	BRMCL NSY PEARL HARBOR	ACT	0	22802
0528	BRMCL NSY PEARL HARBOR	DA	0	18
0528	BRMCL NSY PEARL HARBOR	OTH	0	29863
0528	BRMCL NSY PEARL HARBOR	RET	0	8
0531	TMC-3, NORTH 25th, SCHOFIELD BKS	ACT	0	21783
0532	TMC-2, QUAD B, SCHOFIELD BKS	ACT	0	13227
0534	TMC-1, SCHOFIELD 25th	ACT	0	31620
0537	TMC FT. RICHARDSON	ACT	0	2314
0538	222 AVN MED CLINIC	ACT	0	3176
0538	222 AVN MED CLINIC	DA	0	14
0540	172ND INF BDE, FT. RICHARDSON AK	ACT	0	8793
0545	AHC EDGEWOOD ARS	ACT	0	6905
0545	AHC EDGEWOOD ARS	OTH	0	6201
0545	AHC EDGEWOOD ARS	DRC	0	1
0551	AHC NORTH POST	ACT	0	3895
0551	AHC NORTH POST	DA	0	850
0551	AHC NORTH POST	DRC	0	400
0551	AHC NORTH POST	OTH	0	2
0551	AHC NORTH POST	RET	0	298
0552	AHC SOUTH POST	ACT	0	8647
0552	AHC SOUTH POST	DA	0	1425
0552	AHC SOUTH POST	DRC	0	848
0552	AHC SOUTH POST	RET	0	594
0552	AHC SOUTH POST	OTH	0	26
0553	TMC-1, FT. EUSTIS	ACT	0	15501
0556	TMC-2, KENNER, FT. LEE	ACT	0	36952
0556	TMC-2, KENNER, FT. LEE	DA	0	86
0556	TMC-2, KENNER, FT. LEE	OTH	0	29
0556	TMC-2, KENNER, FT. LEE	DRC	0	125
0556	TMC-2, KENNER, FT. LEE	RET	0	96
0557	DISEASE CNTL CLIN, TMC IMMUN	ACT	0	953
0557	DISEASE CNTL CLIN, TMC IMMUN	DA	0	233
0557	DISEASE CNTL CLIN, TMC IMMUN	DRC	0	111
0557	DISEASE CNTL CLIN, TMC IMMUN	OTH	0	2593
0557	DISEASE CNTL CLIN, TMC IMMUN	RET	0	45
0563	TMC-3, FT. BRAGG	ACT	0	2895
0564	TMC-9, FT. BRAGG	ACT	0	31851
0564	TMC-9, FT. BRAGG	DA	0	3642
0565	TMC-10, FT. BRAGG	ACT	0	31481

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0565	TMC-10, FT. BRAGG	DA	0	7
0566	TMC-11, FT. BRAGG	ACT	0	26282
0566	TMC-11, FT. BRAGG	DA	0	203
0567	TMC-12, FT. BRAGG	ACT	0	22447
0568	TMC-13, FT. BRAGG	ACT	0	19077
0568	TMC-13, FT. BRAGG	DA	0	43062
0568	TMC-13, FT. BRAGG	OTH	0	4
0569	TMC-15, FT. BRAGG	ACT	0	13679
0571	TMC-17, FT. BRAGG	ACT	0	10720
0574	TMC-21, FT. BRAGG	ACT	0	19438
0574	TMC-21, FT. BRAGG	DA	0	12143
0574	TMC-21, FT. BRAGG	DRC	0	450
0574	TMC-21, FT. BRAGG	RET	0	235
0575	TMC-22, FT. BRAGG	ACT	0	13238
0575	TMC-22, FT. BRAGG	OTH	0	51
0575	TMC-22, FT. BRAGG	DA	0	796
0576	OCC HLTH NSG OFF, SUNNY POINT	ACT	0	231
0576	OCC HLTH NSG OFF, SUNNY POINT	DA	0	135
0576	OCC HLTH NSG OFF, SUNNY POINT	DRC	0	1509
0576	OCC HLTH NSG OFF, SUNNY POINT	OTH	0	718
0576	OCC HLTH NSG OFF, SUNNY POINT	RET	0	1934
0592	TMC-1, IRELAND	ACT	0	12283
0592	TMC-1, IRELAND	DA	0	44
0592	TMC-1, IRELAND	OTH	0	3
0593	TMC-2, IRELAND	ACT	0	9250
0593	TMC-2, IRELAND	DA	0	27
0593	TMC-2, IRELAND	OTH	0	98
0593	TMC-2, IRELAND	RET	0	8
0593	TMC-2, IRELAND	DRC	0	1
0594	TMC-3, IRELAND	ACT	0	15001
0594	TMC-3, IRELAND	DA	0	59
0594	TMC-3, IRELAND	OTH	0	12
0594	TMC-3, IRELAND	DRC	0	5
0594	TMC-3, IRELAND	RET	0	4
0595	TMC-4, IRELAND	ACT	0	14676
0595	TMC-4, IRELAND	DA	0	25
0595	TMC-4, IRELAND	DRC	0	4
0595	TMC-4, IRELAND	OTH	0	146
0595	TMC-4, IRELAND	RET	0	10
0597	TMC (AVN) IRELAND	ACT	0	1405
0597	TMC (AVN) IRELAND	DA	0	1577
0597	TMC (AVN) IRELAND	DRC	0	299
0597	TMC (AVN) IRELAND	OTH	0	108
0597	TMC (AVN) IRELAND	RET	0	279
0603	USA HOSP BERLIN	ACT	206	31692
0603	USA HOSP BERLIN	DA	14	35374
0603	USA HOSP BERLIN	DRC	3	1297
0603	USA HOSP BERLIN	OTH	3	6656
0603	USA HOSP BERLIN	RET	33	1884
0604	USA HOSP BREMERHAVEN	ACT	0	2501

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0604	USA HOSP BREMERHAVEN	DA	0	1756
0604	USA HOSP BREMERHAVEN	DRC	0	105
0604	USA HOSP BREMERHAVEN	OTH	0	179
0604	USA HOSP BREMERHAVEN	RET	0	230
0605	USA MEDDAC FRANKFURT	ACT	10012	93471
0605	USA MEDDAC FRANKFURT	DA	2456	91092
0605	USA MEDDAC FRANKFURT	DRC	246	3262
0605	USA MEDDAC FRANKFURT	OTH	282	10040
0605	USA MEDDAC FRANKFURT	RET	624	6225
0606	USA HOSP HEIDELBERG	ACT	5053	76117
0606	USA HOSP HEIDELBERG	DA	966	83619
0606	USA HOSP HEIDELBERG	DRC	50	2943
0606	USA HOSP HEIDELBERG	OTH	83	8887
0606	USA HOSP HEIDELBERG	RET	236	4555
0607	USA HOSP LANDSTUHL	ACT	8283	99183
0607	USA HOSP LANDSTUHL	DA	5869	98679
0607	USA HOSP LANDSTUHL	DRC	723	4148
0607	USA HOSP LANDSTUHL	OTH	898	8926
0607	USA HOSP LANDSTUHL	RET	1838	7982
0608	USA HOSP NUERNBERG	ACT	1210	55661
0608	USA HOSP NUERNBERG	DA	824	60053
0608	USA HOSP NUERNBERG	DRC	7	849
0608	USA HOSP NUERNBERG	OTH	25	5560
0608	USA HOSP NUERNBERG	RET	82	4118
0609	USA HOSP WUERZBURG	ACT	1264	57094
0609	USA HOSP WUERZBURG	DA	726	65814
0609	USA HOSP WUERZBURG	DRC	2	792
0609	USA HOSP WUERZBURG	OTH	5	2489
0609	USA HOSP WUERZBURG	RET	41	1715
0611	USA HOSP VICENZA	ACT	475	30253
0611	USA HOSP VICENZA	DA	233	27897
0611	USA HOSP VICENZA	DRC	14	1986
0611	USA HOSP VICENZA	OTH	21	3234
0611	USA HOSP VICENZA	RET	45	2340
0612	121st EVACUATION HOSPITAL, SEOUL	ACT	4923	57123
0612	121st EVACUATION HOSPITAL, SEOUL	DA	1027	33766
0612	121st EVACUATION HOSPITAL, SEOUL	DRC	89	4401
0612	121st EVACUATION HOSPITAL, SEOUL	OTH	923	13070
0612	121st EVACUATION HOSPITAL, SEOUL	RET	304	4993
0613	GORGAS ACH	ACT	2825	64088
0613	GORGAS ACH	DA	1840	90093
0613	GORGAS ACH	DRC	344	10405
0613	GORGAS ACH	OTH	521	25618
0613	GORGAS ACH	RET	334	5170
0614	196th STATION HOSPITAL SHAPE	ACT	122	15451
0614	196th STATION HOSPITAL SHAPE	DA	19	21044
0614	196th STATION HOSPITAL SHAPE	DRC	0	638
0614	196th STATION HOSPITAL SHAPE	OTH	0	14033
0614	196th STATION HOSPITAL SHAPE	RET	10	1065
0615	NH GUANTANAMO BAY	ACT	0	22703

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0615	NH GUANTANAMO BAY	DA	0	16413
0615	NH GUANTANAMO BAY	DRC	0	122
0615	NH GUANTANAMO BAY	OTH	0	7788
0615	NH GUANTANAMO BAY	RET	0	260
0616	NH ROOSEVELT ROADS	ACT	0	31932
0616	NH ROOSEVELT ROADS	DA	0	25180
0616	NH ROOSEVELT ROADS	DRC	0	8885
0616	NH ROOSEVELT ROADS	OTH	0	2061
0616	NH ROOSEVELT ROADS	RET	0	7915
0617	NH NAPLES	ACT	0	27384
0617	NH NAPLES	DA	0	14569
0617	NH NAPLES	DRC	0	953
0617	NH NAPLES	OTH	0	2881
0617	NH NAPLES	RET	0	951
0618	NH ROTA	ACT	0	47744
0618	NH ROTA	DA	0	42844
0618	NH ROTA	DRC	0	1291
0618	NH ROTA	OTH	0	4538
0618	NH ROTA	RET	0	1877
0620	NH GUAM	ACT	0	31690
0620	NH GUAM	DA	0	57984
0620	NH GUAM	DRC	0	15337
0620	NH GUAM	OTH	0	7397
0620	NH GUAM	RET	0	9840
0621	NH OKINAWA	ACT	0	75387
0621	NH OKINAWA	DA	0	73590
0621	NH OKINAWA	DRC	0	1308
0621	NH OKINAWA	OTH	0	10128
0621	NH OKINAWA	RET	0	3430
0622	NH YOKOSUKA	ACT	0	55369
0622	NH YOKOSUKA	DA	0	66448
0622	NH YOKOSUKA	DRC	0	1209
0622	NH YOKOSUKA	OTH	0	10604
0622	NH YOKOSUKA	RET	0	2778
0623	NH KEFLAVIK	ACT	0	19485
0623	NH KEFLAVIK	DA	0	18039
0623	NH KEFLAVIK	DRC	0	17
0623	NH KEFLAVIK	OTH	0	1165
0623	NH KEFLAVIK	RET	0	27
0624	BH SIGONELLA	ACT	0	22646
0624	BH SIGONELLA	DA	0	14268
0624	BH SIGONELLA	DRC	0	59
0624	BH SIGONELLA	OTH	0	888
0624	BH SIGONELLA	RET	0	119
0625	BRMCL IWAKUNI	ACT	0	24601
0625	BRMCL IWAKUNI	DA	0	8388
0625	BRMCL IWAKUNI	DRC	0	200
0625	BRMCL IWAKUNI	OTH	0	1136
0625	BRMCL IWAKUNI	RET	0	1394
0626	BITBURG AB	ACT	0	42085

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0626	BITBURG AB	DA	0	59270
0626	BITBURG AB	OTH	0	1901
0626	BITBURG AB	RET	0	1240
0626	BITBURG AB	DRC	0	979
0627	HAHN AB	ACT	0	5052
0627	HAHN AB	RET	0	126
0627	HAHN AB	DA	0	7432
0627	HAHN AB	DRC	0	101
0627	HAHN AB	OTH	0	218
0628	WIESBADEN AB	ACT	0	12627
0628	WIESBADEN AB	RET	0	1621
0628	WIESBADEN AB	OTH	0	2425
0628	WIESBADEN AB	DA	0	22942
0628	WIESBADEN AB	DRC	0	1641
0629	65th MEDICAL GROUP, LAJES FIELD	ACT	0	13056
0629	65th MEDICAL GROUP, LAJES FIELD	RET	0	151
0629	65th MEDICAL GROUP, LAJES FIELD	OTH	0	1419
0629	65th MEDICAL GROUP, LAJES FIELD	DA	0	15278
0629	65th MEDICAL GROUP, LAJES FIELD	DRC	0	264
0632	RAF UPPER HEYFORD	ACT	0	38601
0632	RAF UPPER HEYFORD	DA	0	48175
0632	RAF UPPER HEYFORD	RET	0	1577
0632	RAF UPPER HEYFORD	OTH	0	1429
0632	RAF UPPER HEYFORD	DRC	0	1159
0633	RAF LAKENHEATH	ACT	0	68226
0633	RAF LAKENHEATH	DA	0	103831
0633	RAF LAKENHEATH	DRC	0	3189
0633	RAF LAKENHEATH	RET	0	4041
0633	RAF LAKENHEATH	OTH	0	2538
0634	IRAKLION AS	ACT	0	5830
0634	IRAKLION AS	RET	0	49
0634	IRAKLION AS	DA	0	5105
0634	IRAKLION AS	OTH	0	163
0634	IRAKLION AS	DRC	0	56
0635	INCIRLIK AB	ACT	0	30600
0635	INCIRLIK AB	DA	0	26639
0635	INCIRLIK AB	DRC	0	467
0635	INCIRLIK AB	RET	0	621
0635	INCIRLIK AB	OTH	0	1365
0637	KUNSAN AB	ACT	0	18553
0637	KUNSAN AB	RET	0	25
0637	KUNSAN AB	DA	0	897
0637	KUNSAN AB	DRC	0	11
0637	KUNSAN AB	OTH	0	647
0638	OSAN AB	ACT	0	44414
0638	OSAN AB	DA	0	16391
0638	OSAN AB	RET	0	1368
0638	OSAN AB	OTH	0	2016
0638	OSAN AB	DRC	0	1008
0639	MISAWA	ACT	0	47423

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0639	MISAWA	DA	0	52764
0639	MISAWA	OTH	0	2631
0639	MISAWA	RET	0	432
0639	MISAWA	DRC	0	369
0640	YOKOTA AB	ACT	0	45746
0640	YOKOTA AB	DA	0	57691
0640	YOKOTA AB	DRC	0	2101
0640	YOKOTA AB	RET	0	2721
0640	YOKOTA AB	OTH	0	6571
0652	UNIDENTIFIED NAVY FACILITY	ACT	0	6563
0652	UNIDENTIFIED NAVY FACILITY	DA	0	219892
0652	UNIDENTIFIED NAVY FACILITY	RET	0	9059
0652	UNIDENTIFIED NAVY FACILITY	DRC	0	26088
0654	BRMCL NAVAL STATION PASCAGOULA	ACT	0	2555
0654	BRMCL NAVAL STATION PASCAGOULA	DA	0	2275
0654	BRMCL NAVAL STATION PASCAGOULA	OTH	0	64
0654	BRMCL NAVAL STATION PASCAGOULA	DRC	0	1
0656	BRMCL INGLESIDE	ACT	0	3514
0656	BRMCL INGLESIDE	RET	0	75
0656	BRMCL INGLESIDE	OTH	0	183
0656	BRMCL INGLESIDE	DRC	0	88
0656	BRMCL INGLESIDE	DA	0	1143
0701	BRMCL SAN DIEGO	ACT	0	72796
0701	BRMCL SAN DIEGO	RET	0	122
0701	BRMCL SAN DIEGO	OTH	0	7446
0701	BRMCL SAN DIEGO	DRC	0	13
0701	BRMCL SAN DIEGO	DA	0	20
0703	BRMCL WASHINGTON	ACT	0	15538
0703	BRMCL WASHINGTON	DA	0	180
0703	BRMCL WASHINGTON	DRC	0	132
0703	BRMCL WASHINGTON	RET	0	521
0703	BRMCL WASHINGTON	OTH	0	3865
0799	GEILENKIRCHEN AB	ACT	0	5823
0799	GEILENKIRCHEN AB	DRC	0	175
0799	GEILENKIRCHEN AB	DA	0	13661
0799	GEILENKIRCHEN AB	RET	0	234
0799	GEILENKIRCHEN AB	OTH	0	3547
0800	RHEIN MAIN AB	ACT	0	28582
0800	RHEIN MAIN AB	DA	0	28807
0800	RHEIN MAIN AB	OTH	0	2528
0800	RHEIN MAIN AB	RET	0	735
0800	RHEIN MAIN AB	DRC	0	1178
0801	SEMBACH AB	ACT	0	16855
0801	SEMBACH AB	DA	0	26764
0801	SEMBACH AB	DRC	0	429
0801	SEMBACH AB	RET	0	464
0801	SEMBACH AB	OTH	0	724
0802	ANDERSON AFB	ACT	0	16287
0802	ANDERSON AFB	DA	0	24560
0802	ANDERSON AFB	DRC	0	1366

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0802	ANDERSON AFB	RET	0	1112
0802	ANDERSON AFB	OTH	0	776
0804	KADENA AB	ACT	0	60254
0804	KADENA AB	OTH	0	6030
0804	KADENA AB	DRC	0	1263
0804	KADENA AB	RET	0	1594
0804	KADENA AB	DA	0	89030
0805	SPANGDAHLEM AB	ACT	0	24722
0805	SPANGDAHLEM AB	RET	0	95
0805	SPANGDAHLEM AB	OTH	0	578
0805	SPANGDAHLEM AB	DRC	0	99
0805	SPANGDAHLEM AB	DA	0	33947
0806	RAMSTEIN AB	ACT	0	74947
0806	RAMSTEIN AB	DA	0	90551
0806	RAMSTEIN AB	OTH	0	4112
0806	RAMSTEIN AB	RET	0	2578
0806	RAMSTEIN AB	DRC	0	2004
0808	AVIANO AB	ACT	0	15384
0808	AVIANO AB	OTH	0	910
0808	AVIANO AB	DRC	0	300
0808	AVIANO AB	RET	0	386
0808	AVIANO AB	DA	0	15347
0809	SAN VITO DEI NORMANNI A	ACT	0	6641
0809	SAN VITO DEI NORMANNI A	RET	0	151
0809	SAN VITO DEI NORMANNI A	OTH	0	476
0809	SAN VITO DEI NORMANNI A	DRC	0	229
0809	SAN VITO DEI NORMANNI A	DA	0	9086
0812	RAF BENTWATERS	ACT	0	8020
0812	RAF BENTWATERS	DA	0	12193
0812	RAF BENTWATERS	OTH	0	260
0812	RAF BENTWATERS	RET	0	402
0812	RAF BENTWATERS	DRC	0	263
0813	RAF CHICKSANDS	ACT	0	10195
0813	RAF CHICKSANDS	DA	0	11881
0813	RAF CHICKSANDS	DRC	0	240
0813	RAF CHICKSANDS	RET	0	420
0813	RAF CHICKSANDS	OTH	0	485
0814	RAF UPWOOD	ACT	0	17376
0814	RAF UPWOOD	RET	0	35
0814	RAF UPWOOD	OTH	0	267
0814	RAF UPWOOD	DA	0	29960
0814	RAF UPWOOD	DRC	0	49
0821	COCO SOLO AHC	ACT	0	4814
0821	COCO SOLO AHC	DA	0	12109
0821	COCO SOLO AHC	DRC	0	659
0821	COCO SOLO AHC	OTH	0	2434
0821	COCO SOLO AHC	RET	0	303
0824	ANKARA AS	ACT	0	2709
0824	ANKARA AS	DRC	0	251
0824	ANKARA AS	DA	0	2516

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0824	ANKARA AS	RET	0	251
0824	ANKARA AS	OTH	0	833
0825	7241st ABG CLINIC, IZMIR	ACT	0	5238
0825	7241st ABG CLINIC, IZMIR	DA	0	7168
0825	7241st ABG CLINIC, IZMIR	OTH	0	556
0825	7241st ABG CLINIC, IZMIR	RET	0	231
0825	7241st ABG CLINIC, IZMIR	DRC	0	506
0827	SOESTERBERG AB	ACT	0	11541
0827	SOESTERBERG AB	DA	0	14200
0827	SOESTERBERG AB	DRC	0	113
0827	SOESTERBERG AB	RET	0	236
0827	SOESTERBERG AB	OTH	0	488
0842	PAF MED AID STATION	ACT	0	7291
0842	PAF MED AID STATION	DA	0	1394
0842	PAF MED AID STATION	DRC	0	7
0842	PAF MED AID STATION	RET	0	132
0842	PAF MED AID STATION	OTH	0	582
0843	AFE MED AID STATION	ACT	0	8528
0843	AFE MED AID STATION	DA	0	7241
0843	AFE MED AID STATION	DRC	0	141
0843	AFE MED AID STATION	RET	0	214
0843	AFE MED AID STATION	OTH	0	447
0848	TAC MED AID STATION	ACT	0	1873
0848	TAC MED AID STATION	DA	0	702
0848	TAC MED AID STATION	DRC	0	60
0848	TAC MED AID STATION	RET	0	39
0848	TAC MED AID STATION	OTH	0	23
0849	TAC OVERSEAS MED AID STATION	ACT	0	9233
0849	TAC OVERSEAS MED AID STATION	DRC	0	19
0849	TAC OVERSEAS MED AID STATION	OTH	0	75
0849	TAC OVERSEAS MED AID STATION	DA	0	235
0851	BRMCL NAVSECGRUACT SABANA SECA, SAN JUAN	ACT	0	1917
0851	BRMCL NAVSECGRUACT SABANA SECA, SAN JUAN	DA	0	1837
0851	BRMCL NAVSECGRUACT SABANA SECA, SAN JUAN	DRC	0	1
0851	BRMCL NAVSECGRUACT SABANA SECA, SAN JUAN	RET	0	12
0851	BRMCL NAVSECGRUACT SABANA SECA, SAN JUAN	OTH	0	39
0852	BRMCL COMFLEACT SASEBO	ACT	0	3709
0852	BRMCL COMFLEACT SASEBO	RET	0	363
0852	BRMCL COMFLEACT SASEBO	OTH	0	515
0852	BRMCL COMFLEACT SASEBO	DRC	0	201
0852	BRMCL COMFLEACT SASEBO	DA	0	8209
0853	BRMCL NAF ATSUGI	ACT	0	8291
0853	BRMCL NAF ATSUGI	DA	0	11706
0853	BRMCL NAF ATSUGI	DRC	0	68
0853	BRMCL NAF ATSUGI	RET	0	178
0853	BRMCL NAF ATSUGI	OTH	0	377
0854	BRMAX NRTF TOTSUKA	ACT	0	67
0855	BRMCL NAVSUPPO LA MADDALENA	ACT	0	1273
0855	BRMCL NAVSUPPO LA MADDALENA	OTH	0	19
0855	BRMCL NAVSUPPO LA MADDALENA	RET	0	15

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0855	BRMCL NAVSUPPO LA MADDALENA	DRC	0	5
0855	BRMCL NAVSUPPO LA MADDALENA	DA	0	4518
0857	BRMCL NAS BERMUDA	ACT	0	8507
0857	BRMCL NAS BERMUDA	DA	0	6647
0857	BRMCL NAS BERMUDA	DRC	0	99
0857	BRMCL NAS BERMUDA	RET	0	106
0857	BRMCL NAS BERMUDA	OTH	0	1133
0858	BRMCL NAVSUPPACT SOUDA BAY	ACT	0	2351
0858	BRMCL NAVSUPPACT SOUDA BAY	DA	0	59
0858	BRMCL NAVSUPPACT SOUDA BAY	RET	0	22
0858	BRMCL NAVSUPPACT SOUDA BAY	OTH	0	29
0861	BRMCL MCAS FUTENMA	ACT	0	10855
0861	BRMCL MCAS FUTENMA	OTH	0	728
0862	BRMCL EVANS MCB CAMP BUTLER	ACT	0	24512
0862	BRMCL EVANS MCB CAMP BUTLER	DA	0	3425
0862	BRMCL EVANS MCB CAMP BUTLER	DRC	0	111
0862	BRMCL EVANS MCB CAMP BUTLER	RET	0	116
0862	BRMCL EVANS MCB CAMP BUTLER	OTH	0	2547
0863	BRMAX NRRF KAMI SEYA	ACT	0	1141
0868	BRMCL NAVFAC ANTIGUA	ACT	0	1428
0868	BRMCL NAVFAC ANTIGUA	DA	0	800
0868	BRMCL NAVFAC ANTIGUA	DRC	0	42
0868	BRMCL NAVFAC ANTIGUA	RET	0	61
0868	BRMCL NAVFAC ANTIGUA	OTH	0	33
0870	BRMCL NAS AGANA	ACT	0	9944
0870	BRMCL NAS AGANA	OTH	0	211
0871	BRMCL NAVSTA GUAM	ACT	0	7716
0871	BRMCL NAVSTA GUAM	OTH	0	575
0872	BRMCL NAVCAMS WESTPAC GUAM	ACT	0	5821
0872	BRMCL NAVCAMS WESTPAC GUAM	DA	0	181
0872	BRMCL NAVCAMS WESTPAC GUAM	DRC	0	3
0872	BRMCL NAVCAMS WESTPAC GUAM	RET	0	4
0872	BRMCL NAVCAMS WESTPAC GUAM	OTH	0	259
0873	BRMAX CAMP FUJI	ACT	0	1070
0873	BRMAX CAMP FUJI	DA	0	2
0874	BRMCL GAETA	ACT	0	1145
0874	BRMCL GAETA	DA	0	5587
0874	BRMCL GAETA	DRC	0	173
0874	BRMCL GAETA	RET	0	136
0874	BRMCL GAETA	OTH	0	145
0876	FT. CLAYTON AHC	ACT	0	21234
0876	FT. CLAYTON AHC	DA	0	13730
0876	FT. CLAYTON AHC	DRC	0	94
0876	FT. CLAYTON AHC	OTH	0	2383
0876	FT. CLAYTON AHC	RET	0	138
0878	TMC-2, FT. KOBBE	ACT	0	6258
0878	TMC-2, FT. KOBBE	DA	0	9
0878	TMC-2, FT. KOBBE	DRC	0	2
0879	TMC-3, FT. KOBBE	ACT	0	6109
0879	TMC-3, FT. KOBBE	OTH	0	2

SOURCE: DMIS BIOMETRICS

INPATIENT AND OUTPATIENT VISITS BY MTF AND BENEFICIARY CATEGORY
FY 93

DMISID	MTF	BENCAT	IPVs	OPVs
0001	FOX ACH	ACT	78	25865
0880	TMC-4, FT. DAVIS	ACT	0	4208
0880	TMC-4, FT. DAVIS	DA	0	15
0880	TMC-4, FT. DAVIS	DRC	0	3
0881	TMC-5, FT. SHERMAN	ACT	0	1728
0881	TMC-5, FT. SHERMAN	DA	0	354
0881	TMC-5, FT. SHERMAN	RET	0	54
0881	TMC-5, FT. SHERMAN	OTH	0	1
0886	BDE SURG OFC, FT. CLAYTON	ACT	0	1964
0896	225th STATION HOSPITAL, BAD KREUZNACH	ACT	0	17468
0896	225th STATION HOSPITAL, BAD KREUZNACH	DA	0	13357
0896	225th STATION HOSPITAL, BAD KREUZNACH	DRC	0	95
0896	225th STATION HOSPITAL, BAD KREUZNACH	OTH	0	575
0896	225th STATION HOSPITAL, BAD KREUZNACH	RET	0	255

SOURCE: DMIS BIOMETRICS

Document Separator

CLOSE HOLD

MINUTES OF THE
MILITARY TREATMENT FACILITIES
AND GRADUATE MEDICAL EDUCATION
BRAC 95 JOINT CROSS SERVICE GROUP
MEETING OF JANUARY 25, 1994

The first meeting of the Military Treatment Facilities and Graduate Medical Education (MTF/GME) BRAC 95 Joint Cross Service Group convened at 1515 hrs on January 25, 1994. The meeting was chaired by Dr. Edward D. Martin, Acting Assistant Secretary of Defense, Health Affairs.

The meeting began with each of the members introducing themselves to the group.

The Chairman then began an overview of BRAC 95 guidance, stressing that the guidance establishes an aggregate goal of a 15% reduction in Plant Replacement Value for the BRAC 95 round of closures and realignments. The Chairman also discussed the Department's lack of success in dealing with cross-Service issues in prior years. The Chairman did state, however, that the task of this group should be less troublesome since health care data was centrally available. Some concerns were expressed about potential reductions in health care manning levels. This generated a restatement of the objectives of the BRAC process; matching infrastructure to declining force structure. Not withstanding the previously stated 15 % goal, the BRAC process does not bring with it specific reduction targets in facilities or personnel strength by committee or group.

Mr. Trevor Neve, Logistics Management Institute (LMI), gave a presentation on the "BRAC 95 Process for Joint Groups". LMI, a Federally Funded Research and Development Center available to support the Joint Cross Service Groups, has been involved in the three previous rounds of base closures and is familiar with both the BRAC process and analytical requirements.

The next items on the agenda were the proposed action plan and milestones for the development of policy guidance, assumptions, internal control plan, data collection and analysis, consideration of alternatives and submission of the final recommendations. These were reviewed by the group. The action plan and milestones, along with any emerging issues, were to be presented to the BRAC 95 Review Group on January 26, 1994.

At this point the group spent some time discussing where we were and where we wanted to go. The group also discussed how ongoing initiatives (potential closure of the USUHS, "733" study, GME study and the President's health care program) would impact or be impacted by the BRAC process.

CLOSE HOLD

The final item of the meeting was the distribution of the draft Military Health Services System Hospital Screening Criteria proposed for use in evaluating medical treatment facilities during the BRAC process. The group members were asked to review the draft criteria and be prepared to discuss them at the next meeting.

The meeting adjourned at 1645 hrs.

Approved Edward D. Martin
Edward D. Martin, MD
Acting ASD(HA)

Attachments

BRAC 95
JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION
JAN 25 ~~Feb 3~~, 1994 Meeting

SERVICE/AGENCY	NAME	PHONE#
CHAIR (AASD(HA)	Dr. Martin	703-697-2114
ASD(HA) (Designate)	Dr. Joseph	703-697-2144
TEAM LEADER	RADM Koenig	703-697-8973
ARMY	BG Zajtchuk	703-756-5680
NAVY	CAPT Golembieski	703-681-0461
NAVY	CDR Dilorenzo	703-681-0452
AIR FORCE	BG Hoffman	202-767-1894
JCS	COL Moore	703-697-4346
OASD (P&R)	Ms. St. Clair	703-696-8710
COMPT	Ms. Danko	703-697-9198
PA&E	Mr. Dickens	703-697-8050
ODASD (BRAC/ES)	Mr. Miglionico	703-697-8050
DOD IG	Mr. Hendricks	703-692-3414
DOD IG	Mr. Tomlin	804-766-3816
ODASD (HA)	Mr. Maddy	703-697-8979
ODASD (HA)	Dr. Mazzuchi	703-695-7116

OTHER ATTENDEES

SERVICE/AGENCY	NAME	PHONE #
OASD (HA)	Ms. Watson	703-697-8973
OASD (HA)	Ms. Giese	703-614-4705
OASD (HA)	Col Garner	703-614-4705
OASD (HA)	CDR Bally	703-614-4705
OASD (HA)	LTC Ponatoski	703-614-4705
ARMY	COL Barton	703-756-8319
ARMY	COL Wilcox	703-756-5681
ARMY	LTC Powell	703-697-3877
ARMY	LTC McGaha	703-697-6388
ARMY	MAJ Dudevoir	703-756-0286
ARMY	MAJ Parker	703-756-8036
NAVY	CAPT Buzzell	703-681-0475
NAVY	Ms. Davis	703-602-2252
AIR FORCE	LtCol Silvernail	202-767-5550
AIR FORCE	Maj Costa	202-767-5066
AIR FORCE	Maj Pantaleo	202-767-5046
LMI	Mr. Neve	301-320-7287
LMI	Ms. Dahut	301-320-7408

AGENDA
JANUARY 25, 1994

BRAC 95 JOINT CROSS SERVICE GROUP FOR MILITARY TREATMENT FACILITIES AND GRADUATE MEDICAL EDUCATION

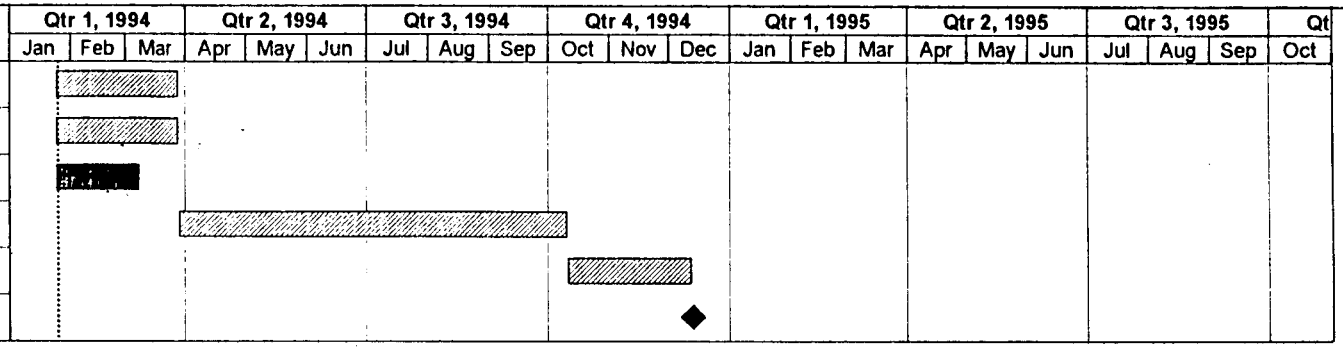
- Introduction of Members — Dr. Martin
- Overview of BRAC 95 DoD Guidance — Dr. Martin
- Presentation by Logistics Management Institute — Mr. Moore
  - History of BRAC
  - Overview of the Analytical Process
- Review of Draft Action Plan & Milestones — Dr. Martin
- Hospital Screening Criteria — RADM Koenig
- Air Force Screening Criteria — BG Hoffman
- Administrative Issues — Dr. Martin

  Minutes (ODASD (ER) Mr. Miglianico
  Meeting Frequency

- Adjournment

BRAC 95 JOINT CROSS SERVICES
GROUP FOR MTFs AND GME
ACTION PLAN AND MILESTONES

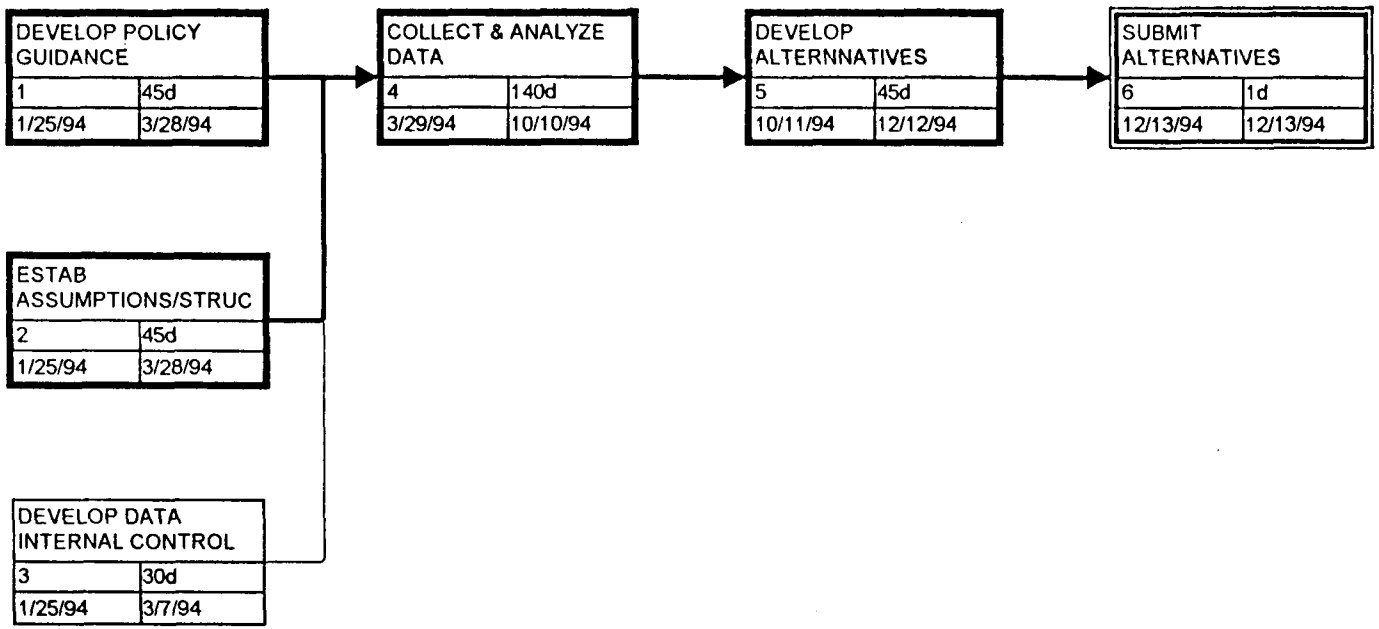
ID	Name
1	DEVELOP POLICY GUIDANCE
2	ESTAB ASSUMPTIONS/STRUCTURE/METHO
3	DEVELOP DATA INTERNAL CONTROL PLAN
4	COLLECT & ANALYZE DATA
5	DEVELOP ALTERNNATIVES
6	SUBMIT ALTERNATIVES



Project: BRAC 95 MED CROSS SER
Date: 1/25/94

Critical
Noncritical
Progress
Milestone
Summary
Rolled Up

BRAC 95 JOINT CROSS SERVICES GROUP
PERT CHART



Project: BRAC 95 MED CROSS SER
Date: 1/25/94

Name	
ID	Duration
Scheduled Start	Scheduled Finish

Critical | Milestone | Subproject
Noncritical | Summary | Marked

BRAC 95

Briefing for DoD BRAC Principals

November 30, 1993

FY 95-99 Defense Guidance

Program to reduce base structure capacity commensurate with planned force and funded workload reductions. Base closures to date have reduced capacity by roughly 15 percent, while overall force reductions will exceed 30 percent. Components should prepare to use the BRAC 95 process to meet an additional 15 percent reduction to reach an overall goal of at least 30 percent.

Logic Behind Guidance

- Military personnel stationed in the United States will decline by 30% from 1980's peak and the budget is down over 40%. Workload will decline accordingly
- BRAC's 88, 91 and 93 will reduce domestic base structure by 15% (measured by plant replacement value)
- BRAC 95 (the last round) should bring total domestic base structure reductions to about 30%, matching military personnel in U.S. reductions

Proposed Plan - BRAC 95 Process

- Establish an outsourcing study team. Make critical outsourcing and other policy decisions early (Apr 94)
- Change internal DoD 1995 BRAC process
  - To address cross-service analysis problems to include control of data elements, measures of merit and milestone schedules
  - To ensure proper integration of all BRAC 95 recommendations
- Establish an overarching BRAC 95 Review Group led by USD(A) and a Steering Group led by DASD(ER&BRAC)
- Share Responsibility: Empower Joint Groups to influence analyses of cross-service functions but leave conduct of analyses to Services
- Focus cross-service analyses on best opportunities, not every opportunity
- Establish a cumulative economic impact working group
- Leave responsibility for making recommendations to SecDef with Secretaries of the Military Departments for all categories of bases
- Leave more time at end for the BRAC 95 Review Group to review Military Department recommendations and cumulative impact (8 weeks)

PDM Language
Analyze BRAC 95 Process Options

- Develop alternative BRAC procedures to review and reduce base capacity
  - Retain in only one Service militarily unique capability used by 2 or more Services
  - Consolidate workload across Services to reduce capacity
  - Assign operational units from more than one Service to a base
- Plan due to DepSecDef -- November 30, 1993
- DepSecDef BRAC 95 kick-off memo -- December 15, 1993

PDM Language
Analyze BRAC 95 Process Options

- Discuss and recommend
  - Process for establishing guidelines and standards for cross-service analysis
  - Functional areas (e.g. logistics facilities, hospitals, etc.) with cross-service opportunities for closure and realignment
  - Leadership and participation on cross-service functional area analyses
  - Who makes closure and realignment recommendations to SecDef for cross-service functional areas
  - Schedule for BRAC 95 process with emphasis on milestones for cross-service analyses

BRAC 93 Selection Criteria

In selecting military installations for closure or realignment, the Department of Defense, giving priority consideration to military value (the first four criteria below), will consider:

Military Value

1. The current and future mission requirements and the impact on operational readiness of the Department of Defense's total force.
2. The availability and condition of land, facilities and associated airspace at both the existing and potential receiving locations.
3. The ability to accommodate contingency, mobilization, and future total force requirements at both the existing and potential receiving locations.
4. The cost and manpower implications.

Return on Investment

5. The extent and timing of potential costs and savings, including the number of years, beginning with the date of completion of the closure or realignment, for the savings to exceed the costs.

Impacts

6. The economic impact on communities.
7. The ability of both the existing and potential receiving communities' infrastructure to support forces, missions and personnel.
8. The environmental impact.

BRAC 93 Experiences

- What Worked -- Military Departments generally did good job in closing their operating force bases
- What Didn't -- All attempted cross-service analyses failed
  - Lack of common measures, common baselines, common databases
  - Differences in Service business practices
  - Lack of historical interservice cooperation

External Policy Decisions Affecting BRAC Analyses

- Outsourcing of maintenance, R,D, T&E and other work
- Effect of health care initiative on hospital workload

BRAC 95 Cross-Service Analysis Alternatives

Alternative One: Military Departments Do Everything.

Military Departments develop policies for conducting analyses, collect data and analyze data, i.e. no cross-service analyses.

Alternative Two: Executive Agents Do Everything.

Executive Agents designated to control and conduct analyses of cross-service functional areas.

Alternative Three: OSD Lead Joint Groups Do Everything.

Joint Groups designated to control and conduct analyses of cross-service functional areas.

Alternative Four: Shared Responsibility.

Joint Groups develop policies for conducting analyses. Military Departments collect and analyze data.

Cross-Service Functions
Joint Group Leaders
Group Players

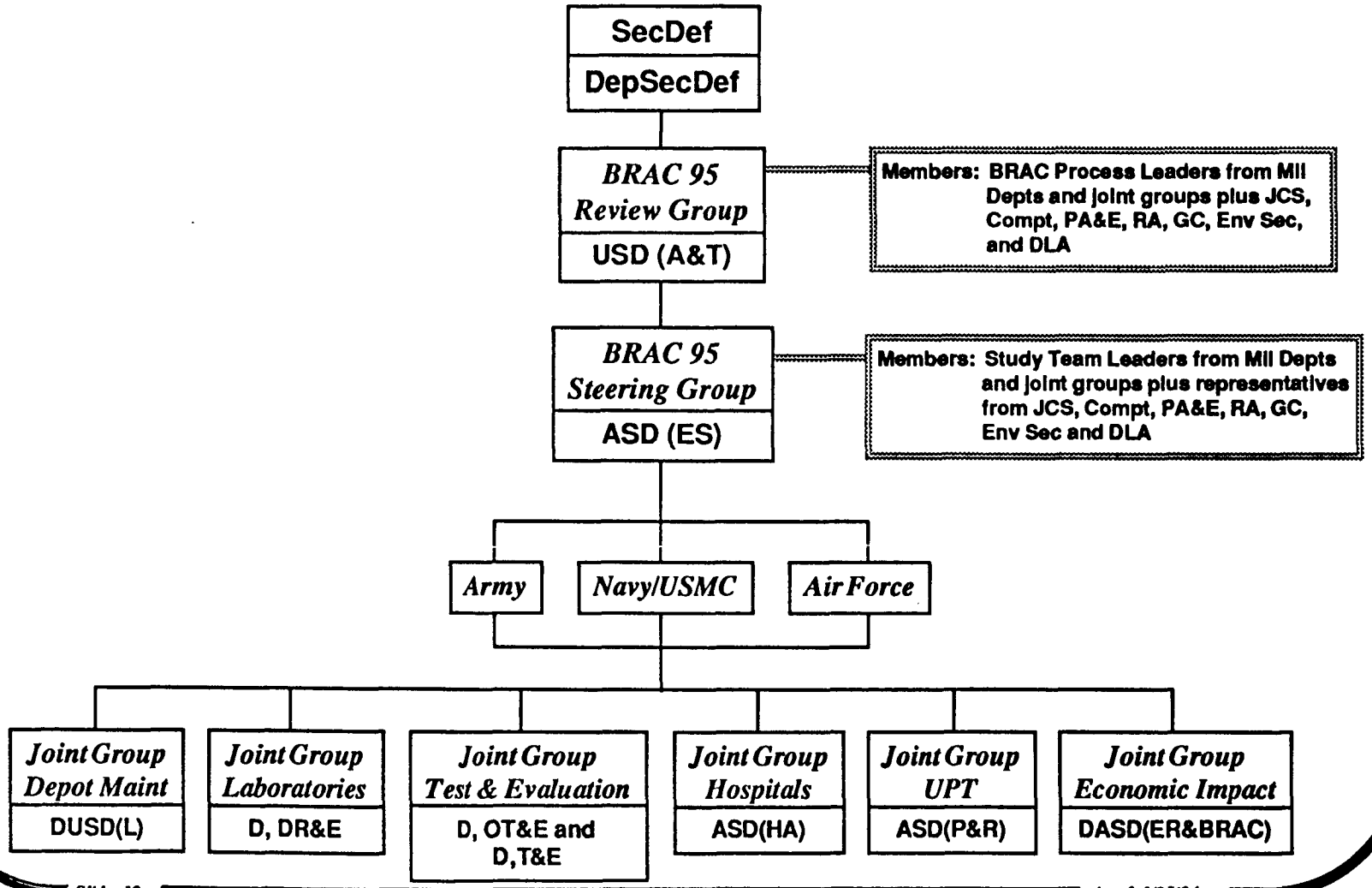
Function	Leader*	Group Players
Depot Maintenance	DUSD(L)	Services, JCS, DLA
Laboratories	D, DR&E	Services
Test and Evaluation	D, OT&E and D, T&E	Services
Graduate Medical Education	ASD(HA)	Services
Undergraduate Pilot Training	ASD (P&R)	Services

* Assumes Analysis Alternative Three or Four

Options for Making Recommendations to SecDef

- Operating force bases -- Secretaries of the Military Departments
- Bases with cross-service potential
  - ✪ Secretaries of the Military Departments
  - ✪ Executive Agents
  - ✪ OSD Lead Joint Groups
  - ✪ JCS Leaders

BRAC 95 Organization for Analysis

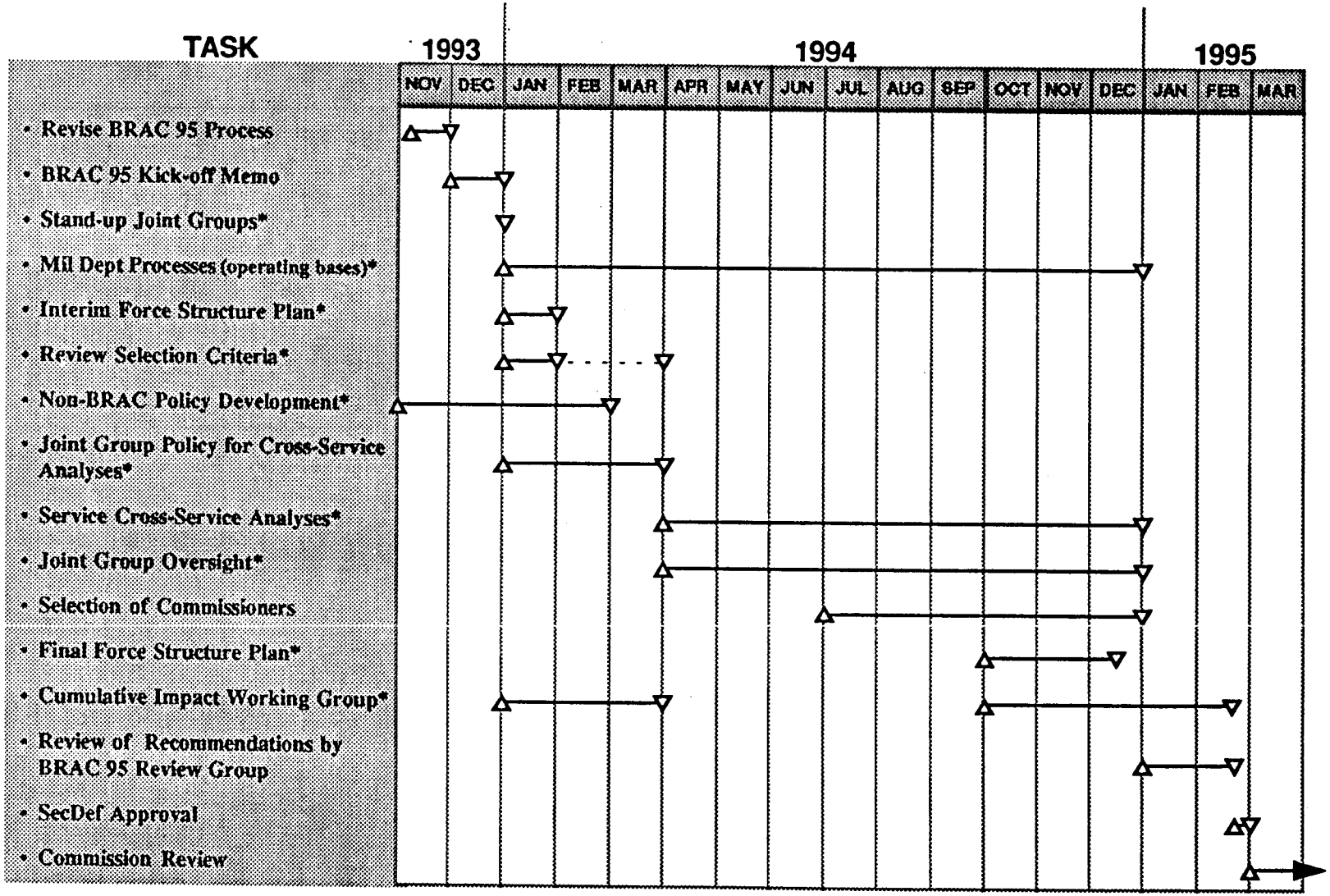


As of: 1/25/94

BRAC 95 Shared Responsibility

Type of Base	Analysis Policy	Conduct of Analyses	Cross-Service Integration	Recommend.	Review of Recommend.
Service Analysis					
✪ Operating Force Bases	Mil Deps	Mil Deps	0-6 Group	Mil Deps	Review Group
✪ Command and Control	Mil Deps	Mil Deps	0-6 Group	Mil Deps	Review Group
✪ Professional/Technical Training	Mil Deps	Mil Deps	0-6 Group	Mil Deps	Review Group
✪ Guard and Reserve	Mil Deps	Mil Deps	0-6 Group	Mil Deps	Review Group
Cross-Service Analysis	Joint Groups	Mil Deps	Joint Groups	Mil Deps	Review Group
✪ Depot Maintenance					
✪ Laboratories					
✪ Test and Evaluation					
✪ Graduate Medical Education					
✪ Undergraduate Pilot Training					

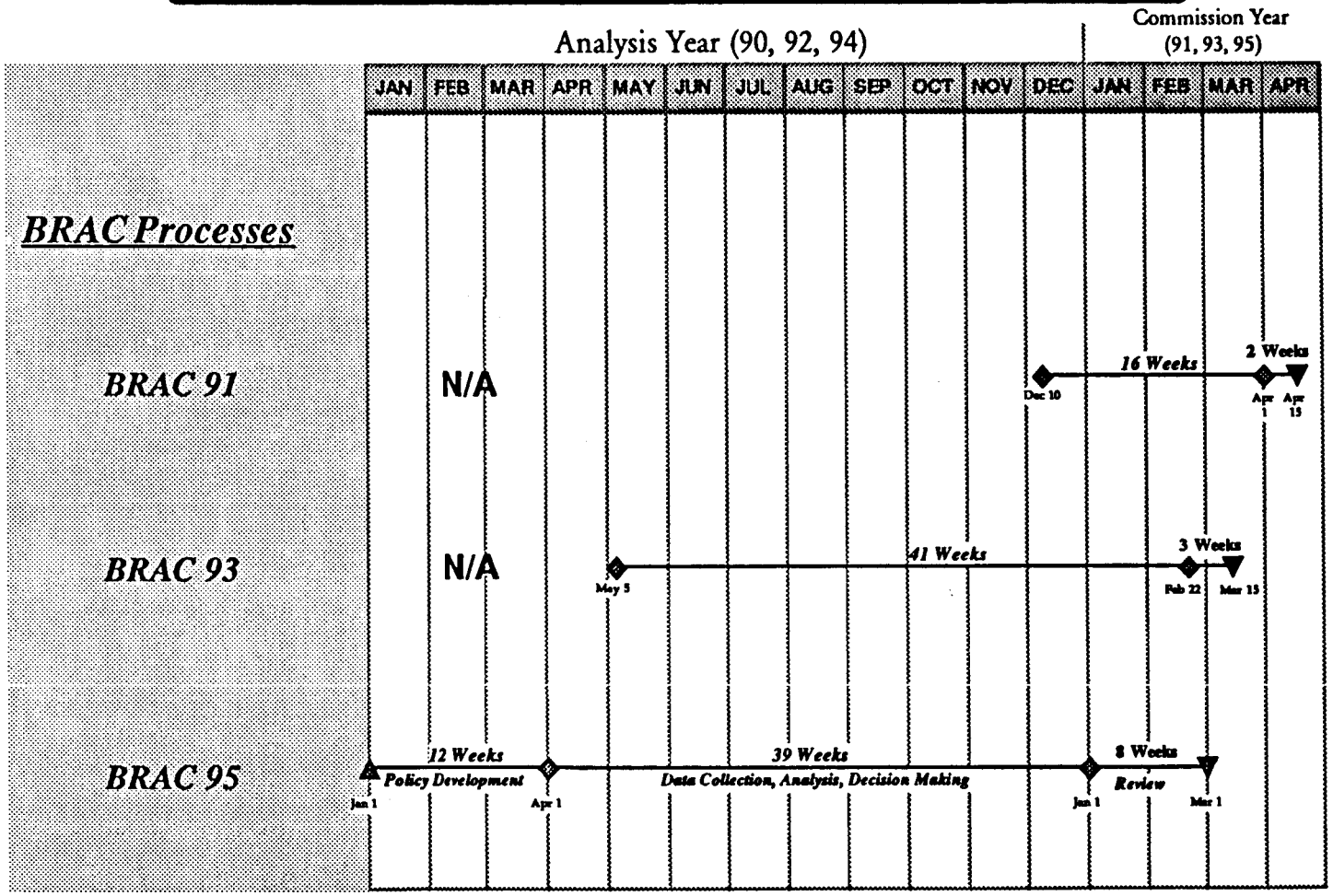
BRAC 95 Timeline



* Work products reviewed by BRAC 95 Review Group

As of: 1/25/94

BRAC Timeline Comparison



What's Next - Thru End of 1993

- Principals Meeting -- Agree on:
  - Cross-service analysis process
  - Functional areas for cross-service analysis
  - BRAC 95 Review Group and joint group leadership and participation
  - Who makes recommendations to SecDef
  - BRAC 95 schedule
- DepSecDef signs BRAC 95 kick-off memo -- Dec 15
- Stand-up BRAC 95 Review Group and joint groups

BRAC 95
JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

SERVICE/AGENCY	NAME	PHONE #
CHAIR (ASD(HA)	Dr. Martin	703-697-2114
TEAM LEADER	RADM Koenig	703-697-8973
ARMY (Primary)	LTG LaNoue	703-756-0000
ARMY (Alternate)	BG Zajtchuk	703-756-0113
NAVY (Primary)	CAPT Golembieski	703-681-0461
NAVY (Alternate)	CDR Dilorenzo	703-681-0452
AIR FORCE (Primary)	MG Buethe	202-767-4343
AIR FORCE (Alternate)	BG Hoffman	202-767-1894
JCS (Primary)	COL Moore	703-697-4346
JCS (Alternate)	COL Kim	703-697-4421
ASD (P&R) REP	Ms. St. Clair	703-696-8710
COMPR (Primary)	Ms. Danko	703-697-9198
COMPR (Alternate)	Mr. Smith	703-697-9198
PA&E (Primary)	Mr. Dickens	703-697-2999
PA&E (Alternate)	Mr. College	703-697-2999
DASD (ER) REP	Mr. Miglianico	703-697-8048
DOD IG REP	Mr. Million	703-692-2991
HA REP	Mr. Maddy	703-697-5185
HA REP	Dr. Mazzuchi	703-695-4964

BRAC 95 Process for Joint Groups

Presentation to the
Joint Cross-Service Group for
MTF/GME

LMI

January 25, 1994

Joint Cross-Service Groups...

Dealing with a Tough Task

The Objective: To promote effective analyses of joint- and cross-service functions in BRAC '95

The Challenges: To develop by March 31st the rules for guiding and structuring the analyses; action plans due by January 21st

Needed: a quick start and effective follow-through

Some History of BRAC . . .

- Early 1960s and 1970s
  - Many bases closed until Section 2687, Title 10 enacted
- 1988 Defense Commission on BRAC
  - Basis of the current analytical structure
  - Generally regarded as successful
  - Criticized for not being open enough

Some History of BRAC . . . *(Continued)*

- The Defense Base Closure & Realignment Commissions
  - 1991, 1993, and 1995
  - Have been using 8 selection criteria
  - Looking for "substantial deviation"
    - Methodology flawed or inconsistently applied
    - Inaccurate data

BRAC 95 Process...

Key Issues

- Analytical frameworks -- Creating consistent, analytical frameworks for analyzing and studying joint- and cross-service matters

- Information management -- Supporting information management needs of the selection process

- Internal controls -- Conducting quality assurance and quality control

Typical Analytical Structure...
Four-Phased Approach

- Categorize bases and facilities, and agree on reduction targets for each category
- Rate the bases and facilities in each category using some of the 8 criteria
- From the rated list of bases, develop BRAC alternatives
- Rate each BRAC alternative against all 8 criteria

Phase One...

Categorize the Bases and Facilities

- For example, by -
  - Missions (e.g., peacetime, operational)
  - Attributes (e.g., size, population served, staffing mix)
  - Capabilities (medical specialties, training programs)

Phase Two...

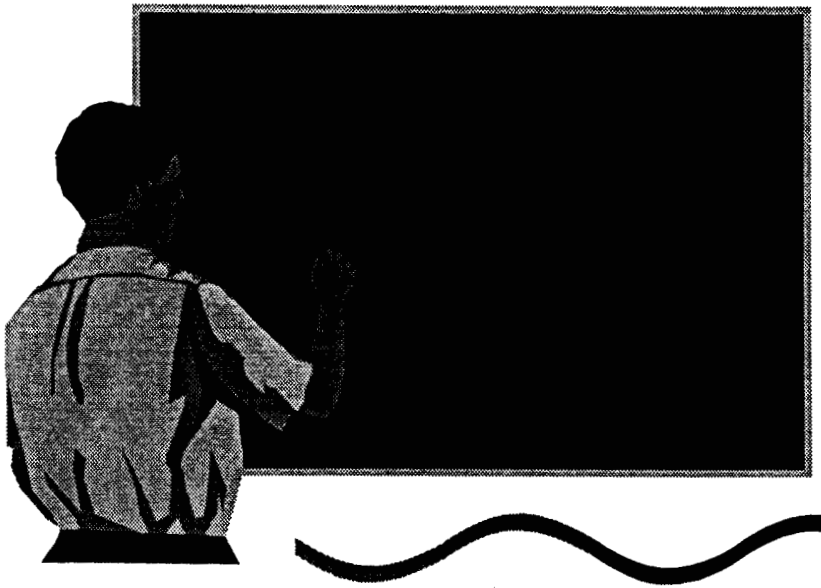
Initial Base Rating

- Not all of the 8 criteria can be used in the initial base/facility rating
- For the criteria to be used in the initial rating, determine their most important measures
  - Determine the definitions and units of each measure
- Determine the weighting method for those measures
  - Color coding
  - Numerical
  - Structured expert opinion
- Calculate or determine the rating of each base/facility based on the weighted results of the measures

Phase Three...

Develop BRAC Alternatives

- From each category's ranked list of bases, develop closure and realignment alternatives that meet the reduction targets



Include outsourcing

Phase Four...

Rate Each BRAC Alternative

- Use all 8 of the criteria -- Determine measures for those not yet used
- Determine the weighting method for the 8 criteria
  - Numerical, color coding, structured expert opinion
- Calculate or determine the rating of each BRAC alternative based on the weighted results of all 8 criteria
- Select the best alternative

Approaches by the Services . . .

- Army
  - Total Army Basing Study (TABS) Group
    - Used the most quantitative approach
- Navy
  - Base Structure Evaluation Committee (BSEC)
    - Base Structure Analysis Team (BSAT)
    - Computer modeling and military judgment
- Air Force
  - Base Closure Executive Group (BCEG)
    - Questionnaires to bases
    - Color-coded rating scale on 160 subelements
    - Voting by secret ballot

Options for Organizing the Team . . .

- Team organization before and after March 31st may not be the same
- Organize into subcommittees
  - By category (e.g., MTF, GME, etc.)
  - By criterion (e.g., military value, ROI, etc.)
  - Advantage: Specialization
  - Disadvantages: Control and standardization
    Takes time to organize group dynamics

Options for Organizing the Team . . . *(Continued)*

- Organize as a single committee
  - Advantage: Tight control and standard outputs
  - Disadvantages: Frequency of quorum meetings
    Can be unwieldy
- Use ad hoc subcommittees
  - Short duration, narrowly defined charters (e.g., research history of joint use in medical functions)
  - Advantage: Disperses the work load
  - Disadvantage: Minor issue of control

Options for Organizing the Team . . . *(Continued)*

- Use outside resources
  - Task to provide strawmen and recommended approaches
  - Advantages: Expands resources available
    Brings in specific expertise and experience
    Can use in combination with other options
  - Disadvantages: Minor issue of control
    Must select competent outside support

Helpful Tips...

Some Do's & Don'ts

- Keep an open mind -- No preconceived ideas
- Define your goals/targets before the analysis begins
- Develop quantifiable measures and criteria, whenever possible
- Structure the analysis clearly before gathering and analyzing the data
- Structure the analysis so that your results are reproducible (using the same data and methodology)
- Do not change (refine) the methodology in the middle of the process (especially after the first results)
- Determine & challenge all assumptions; reject those that aren't supportable

Helpful Tips...

(Continued)

- Validate the data you use, or use "certified" data
- Keep good records: summarize meetings, describe recommendations, and record decisions -- Document but remember: everything is discoverable
- Maintain quality control to ensure accuracy of data collection and analyses
- Address all bases and activities equally
- Before changing the methodologies, consider the impacts
- Elevate seemingly irreconcilable differences to the Review Group

DEPARTMENT OF DEFENSE

MILITARY HEALTH SERVICES SYSTEM

HOSPITAL SCREENING CRITERIA

CONTINENTAL UNITED STATES

January 1994

Assistant Secretary of Defense (Health Affairs)

INTRODUCTION

The criteria that are described here were designed for an initial screening of DoD military treatment facilities. Those facilities that were flagged by the criteria became candidates for further, more detailed analysis. "Yes" answers to the criteria are negative discriminators, an accumulation of which might indicate that: 1.) a particular medical treatment facility has more capability than is required for the catchment area, 2.) the MTF may not be cost effective as compared to either its peers or civilian (CHAMPUS) standards, 3.) the facility may be a liability in terms of its physical plant, 4.) a combination of all previously mentioned characteristics.
It must be emphasized that the factors that each criterion measure cannot be taken alone as a measure of capability or lack thereof. The criteria have been crafted by working groups so that the factors work together to measure a facility's use and cost effectiveness. Mission criteria were not measured.

RATIONALE FOR CRITERIA
for
Medical Facilities Operation Report of November 1992

(Medical Centers)

CRITERION: DESCRIPTION:

POPULATION *Population is a measure of requirements. Catchment area beneficiary population drives facility and staff size.*

1.1 TOTAL ELIGIBLE BENEFICIARIES IS LESS THAN 100,000

rationale ***This factor compares the broader service medical center to a large beneficiary population. Eligible beneficiaries include active duty, dependents of active duty, retirees, dependents of retirees and survivors. This measure for medical centers is twice the same criteria measure (50,000) for other hospitals. Many medical centers are in catchment areas with other MTFs, and their beneficiary population is reduced because of it. Although this is a negative discriminator, it's impact would be reversed if other MTFs in the medical center catchment area were to downsize to clinics or close. See criteria 1.8, 2.1, 2.2.***

1.2 THE NUMBER OF ACTIVE DUTY AND DEPENDENTS OF ACTIVE DUTY BENEFICIARIES IS LESS THAN 50% OF TOTAL ELIGIBLE BENEFICIARIES POPULATION

rationale ***This criteria measures the majority of beneficiaries in the catchment area. If the majority of the beneficiaries are retirees, some will be MEDICARE eligible and some will have third party insurance. This indicates that the health care workload can be shifted from the DoD MTF to another provider, since DoD primary mission is health care to active duty beneficiaries.***

1.3 THE NUMBER OF BENEFICIARIES AGE 65 AND OLDER IS GREATER THAN 15% OF TOTAL POPULATION

rationale ***This is a measure of MEDICARE eligible beneficiaries in the catchment area. It provides a more detailed look when combined with criteria 1.2.***

1.4 NOT APPLICABLE TO MEDICAL CENTERS

PHYSICAL PLANT *The measure of the physical plant is a measure of both the short term and long term investment in operation and maintenance of the facility.*

1.5 CONDITION CODE IS LESS THAN 80.0

rationale ***The condition code is an indication of plant condition; a low score is a warning that maintenance and renovation costs will be higher than normal in the future, and may require a MILCON project to correct deficiencies.***

1.6 GREATER THAN 25 YEARS SINCE LAST MAJOR MODIFICATION OR REHABILITATION

rationale ***This is a signal of higher than normal maintenance, operation, renovation, and construction costs in the future.***

1.7 CONSTRUCTION REQUIREMENT IS GREATER THAN $10M

rationale ***A large project may indicate long term neglect (or it may indicate critical need). This factor can be ignored if all other criteria indicate a critical requirement, but if beneficiary population is decreasing and cost effectiveness is poor then this criteria reinforces the need to further examine the facility for rightsizing.***

LOCATION *Location indicates overlap with other MTFs and the availability of civilian health care alternatives.*

1.8 WITHIN FORTY-MILE OVERLAPPING CATCHMENT AREA WITH ANOTHER MEDICAL CENTER

rationale ***Taken by itself this criterion can indicate a geographic concentration of DoD facilities or isolation. Measured with the next two criteria and tempered by the detailed review of medical services that are available in the catchment area, it is a good survey of the catchment area's ability to absorb the MTF inpatient load if the MTF were downsized or closed.***

1.9 NOT APPLICABLE TO MEDICAL CENTERS

1.10 NOT APPLICABLE TO MEDICAL CENTER

OPERATING CHARACTERISTICS *These factors measure the effective use of both inpatient space and staffed beds.*

2.1 PERCENT AVERAGE DAILY PATIENT LOAD TO BUILT BEDS IS LESS THAN 60%

rationale ***Although a hospital may have been built or configured for a certain number of beds, it is staffed based on workload (in this case ADPL). This measure compares the inpatient dispositions to the staffed operating beds. As a measure of efficiency, the work groups agreed that an ADPL to operating bed ratio of less than 60% indicated excess operating bed capacity.***

2.2 PERCENT OPERATING BEDS TO BUILT BEDS IS 75% OR LESS

rationale ***This is a measure of excess capacity that has developed since the MTF was built, and indicates resources being maintained but not used for inpatients. The figure of 75% is a work group consensus.***

ADMISSIONS *The inpatient factors associated with admissions allow measurement of usage, comparison to civilian norms and referral patterns from and to other MTFs.*

2.3 ACTIVE DUTY AND DEPENDENTS OF ACTIVE DUTY IS LESS THAN 50% OF TOTAL ADMISSIONS

rationale ***Health care for active duty and dependents is the priority for MTFs. If the majority of admissions are other beneficiaries, the MTF resources might be better used at other DoD facilities where active duty and their dependents have difficult access.***

2.4 AVERAGE LENGTH OF STAY IS 1.25 (OR GREATER) TIMES THE NATIONAL NORMS

rationale ***There is a presumption that national norms are more cost effective than MTF norms. If the MTF exceeds national norms, this indicates that cost effectiveness is slipping or even that the MTF has more capability or capacity than requirements. If either or both 2.1 and 2.2 are flagged "yes" for a facility, then one could expect 2.4 to be flagged also.***

2.5 CATEGORY III (IN REFERRALS) IS LESS THAN CATEGORY II (OUT REFERRALS)

rationale ***If referrals out exceed referrals in, this indicates that: 1.) beneficiaries need more complex health care than the MTF can give, 2.)the MTF is understaffed, 3.) other MTFs and CHAMPUS providers can provide adequate inpatient health care.***

2.6 NOT APPLICABLE TO MEDICAL CENTERS

COSTS *The cost to operate a DoD inpatient facility can be compared to other MTFs and to local civilian facilities using information from the DMIS database and MEPRS. Cost comparisons help to weigh alternatives in a resource constrained environment. Such comparisons can also flag inefficiency and systemic problems. Detailed cost factors must be reviewed thoroughly in the functional economic analysis that would be executed for each downsizing candidate.*

2.7 AVERAGE UNIT COST OF DIRECT CARE INPATIENT WORK UNIT IS GREATER THAN THE AVERAGE UNIT COST OF CHAMPUS INPATIENT WORK UNIT

rationale ***A "yes" answer to this criteria indicates that the MTF is spending more for inpatient health care than local civilian facilities. If the inpatient costs +10% for the MTF exceed CHAMPUS inpatient costs, then not only may the MTF be inefficient, but the net cost of inpatient care for beneficiaries clearly can be bought at less cost than it can be made available in the MTF. The +10% add on is a factor which takes into account the fact that MEPRS expenses are understated in depicting the total cost of operating an MTF. The expenses which are not in MEPRS include facility depreciation, cost of malpractice claims, personnel add-ons, corporate overhead and base operations.***

2.8 AVERAGE UNIT COST OF DIRECT CARE OUTPATIENT VISITS IS GREATER THAN THE AVERAGE UNIT COST OF CHAMPUS OUTPATIENT VISITS

rationale ***Similar to the criteria above, a "yes" answer indicates that the outpatient service can be purchased from a civilian source for less than the MTF can provide it.***

2.9 THE DIFFERENCE BETWEEN THE MODEL AND THE OBSERVED AVERAGE COST PER INPATIENT WORK UNITS IS GREATER THAN +5% VARIATION

rationale ***This measures the degree to which the small hospital is overspending or underspending in relation to the model-predicted costs for other hospitals of similar size. This is an indirect measure of overall resource use.***

2.10 NOT APPLICABLE TO MEDICAL CENTERS

RATIONALE FOR CRITERIA
for
Medical Facilities Operation Report of November 1992

(CONUS Hospitals Excluding Medical Centers)

CRITERION: DESCRIPTION:

POPULATION *Population is a measure of requirements. Catchment area beneficiary population drives facility and staff size.*

1.1 TOTAL ELIGIBLE BENEFICIARIES IS LESS THAN 50,000

rationale ***This factor compares the hospital to a proportionate beneficiary population. Eligible beneficiaries include active duty, dependents of active duty, retirees, dependents of retirees and survivors. This measure for hospitals is half the same criteria measure (100,000) for medical centers. See criteria 1.8, 2.1, 2.2.***

1.2 THE NUMBER OF ACTIVE DUTY AND DEPENDENTS OF ACTIVE DUTY BENEFICIARIES IS LESS THAN 50% OF TOTAL ELIGIBLE BENEFICIARIES POPULATION

rationale ***This criteria measures the majority of beneficiaries in the catchment area. If the majority of the beneficiaries are retirees, some will be MEDICARE eligible and some will have third party insurance. This indicates that the health care workload can be shifted from the DoD MTF to another provider, since DoD primary mission is health care to active duty beneficiaries.***

1.3 THE NUMBER OF BENEFICIARIES AGE 65 AND OLDER IS GREATER THAN 15% OF TOTAL POPULATION

rationale ***This is a measure of MEDICARE eligible beneficiaries in the catchment area. It provides a more detailed look when combined with criteria 1.2.***

PHYSICAL PLANT *The measure of the physical plant is a measure of both the short term and long term investment in operation and maintenance of the facility.*

1.4 LESS THAN 50 OPERATING BEDS

rationale ***This factor separates out the small hospitals from larger hospitals and medical centers.***

1.5 CONDITION CODE IS LESS THAN 80.0

rationale ***The condition code is an indication of plant condition; a low score is a warning that maintenance and renovation costs will be higher than normal in the future, and may require a MILCON project to correct deficiencies.***

1.6 GREATER THAN 25 YEARS SINCE LAST MAJOR MODIFICATION OR REHABILITATION

rationale ***This is a signal of higher than normal maintenance, operation, renovation, and construction costs in the future.***

1.7 CONSTRUCTION REQUIREMENT IS GREATER THAN $5M

rationale ***A large project may indicate long term neglect (or it may indicate critical need). This factor can be ignored if all other criteria indicate a critical requirement, but if beneficiary population is decreasing and cost effectiveness is poor then this criteria reinforces the need to further examine the facility for rightsizing.***

LOCATION *Location indicates overlap with other MTFs and the availability of civilian health care alternatives.*

1.8 WITHIN 40-MILE OVERLAPPING CATCHMENT AREA WITH ANOTHER DoD INPATIENT MTF

rationale ***Taken by itself this criterion can indicate a geographic concentration of DoD facilities or isolation. Measured with the next two criteria and tempered by the detailed review of medical services that are available in the catchment area, it is a good survey of the catchment area's ability to absorb the MTF inpatient load if the MTF were downsized or closed.***

1.9 PRIMARY PHYSICIAN TO POPULATION RATIO IS GREATER THAN 1 CIVILIAN PRIMARY PHYSICIAN TO 3500 INDIVIDUALS IN THE MTF CATCHMENT AREA

rationale ***In the original 1992 study this criterion stated that the "physician to population ration...was 1:1000." Since that time, better information has become available. This ratio is a measure of primary care physicians available in the catchment area. The AMA's 1993 publication "Physician Characteristics and Distribution in the US" displays physicians by specialty per 100,000 population. Their figures indicate that there is 1 office-based physician per 700 population in the United States. The National Association of Community Health Centers, Inc. Study (AMA News, Mar 16, 1992) indicates that 1 physician per 1800 is an underserved population. Standards published in the September, 1991 Federal Register establish a more meaningful primary care physician to people ratio of 1:3500. The work group felt that this ratio more accurately portrayed basic health care availability in a given population.***

1.10 NUMBER OF NON-DoD HOSPITALS IS GREATER THAN 4 IN THE MTF CATCHMENT AREA

rationale ***This measure is founded on the conservative premise that at least four non-DoD hospitals in the catchment area provide sufficient competition to be accredited, sustain acceptable inpatient services, and have enough capacity to absorb the inpatient load from the realigned DoD small hospital. This factor would be examined in more detail during the functional economic analysis for each downsizing candidate.***

OPERATING CHARACTERISTICS *These factors measure the effective use of both inpatient space and staffed beds.*

2.1 PERCENT AVERAGE DAILY PATIENT LOAD TO BUILT BEDS IS LESS THAN 40%

rationale ***Although a hospital may have been built or configured for a certain number of beds, it is staffed based on workload (in this case ADPL). This measure compares the inpatient dispositions to the staffed operating beds. As a measure of efficiency, the work groups agreed that an ADPL to operating bed ratio of less than 40% indicated excess operating bed capacity in a hospital that is not a medical center.***

2.2 PERCENT OPERATING BEDS TO BUILT BEDS IS LESS THAN 50%

rationale ***This is a measure of excess capacity that has developed since the MTF was built, and indicates resources being maintained but not used for inpatients. The figure of 50% for non-medical center hospitals is a work group consensus.***

ADMISSIONS *The inpatient factors associated with admissions allow measurement of usage, comparison to civilian norms and referral patterns from and to other MTFs.*

2.3 ACTIVE DUTY AND DEPENDENTS OF ACTIVE DUTY LESS THAN 50% OF TOTAL ADMISSIONS

rationale ***Health care for active duty and dependents is the priority for MTFs. If the majority of admissions are other beneficiaries, the MTF resources might be better used at other DoD facilities where active duty and their dependents have difficult access.***

2.4 AVERAGE LENGTH OF STAY IS 1.25 (OR GREATER) TIMES THE NATIONAL NORMS

rationale ***There is a presumption that national norms are more cost effective than MTF norms. If the MTF exceeds national norms, this indicates that cost effectiveness is slipping or even that the MTF has more capability or capacity than requirements. If either or both 2.1 and 2.2 are flagged "yes" for a facility, then one could expect 2.4 to be flagged also.***

2.5 NOT APPLICABLE TO CONUS HOSPITALS

2.6 CATEGORY I CARE (INPATIENT CARE PROVIDED TO CATCHMENT AREA BENEFICIARIES BY THE SAME MTF) IS LESS THAN 50% OF TOTAL CATCHMENT AREA CARE (CATEGORIES I + II + IV)

rationale ***A "yes" answer to this criterion indicates that the majority of inpatient care in this catchment area is provided by other facilities than the MTF whose catchment area it is.***

COSTS *The cost to operate a DoD inpatient facility can be compared to other MTFs and to local civilian facilities using information from the DMIS database and MEPRS. Cost comparisons help to weigh alternatives in a resource constrained environment. Such comparisons can also flag inefficiency and systemic problems. Detailed cost factors must be reviewed thoroughly in the functional economic analysis that would be executed for each downsizing candidate.*

2.7 AVERAGE UNIT COST OF DIRECT CARE INPATIENT WORK UNIT IS GREATER THAN THE AVERAGE UNIT COST OF CHAMPUS INPATIENT WORK UNIT

rationale ***A "yes" answer to this criteria indicates that the MTF is spending more for inpatient health care than local civilian facilities. If the inpatient costs +10% for the MTF exceed CHAMPUS inpatient costs, then not only may the MTF be inefficient, but the net cost of inpatient care for beneficiaries clearly can be bought at less cost than it can be made available in the MTF. The +10% add on is a factor which takes into account the fact that MEPRS expenses are understated in depicting the total cost of operating an MTF. The expenses which are not in MEPRS include facility depreciation, cost of malpractice claims, personnel add-ons, corporate overhead and base operations.***

2.8 AVERAGE UNIT COST OF DIRECT CARE OUTPATIENT VISITS IS GREATER THAN THE AVERAGE UNIT COST OF CHAMPUS OUTPATIENT VISITS

rationale ***Similar to the criteria above, a "yes" answer indicates that the outpatient service can be purchased from a civilian source for less than the MTF can provide it.***

2.9 THE DIFFERENCE BETWEEN THE MODEL AND THE OBSERVED AVERAGE COST PER INPATIENT WORK UNIT IS GREATER THAN +20% VARIATION

rationale ***This measures the degree to which the small hospital is overspending or underspending in relation to the model-predicted costs for other hospitals of similar size. This is an indirect measure of overall resource use.***

CATEGORY I: INPATIENT CARE PROVIDED TO MTF CATCHMENT AREA BENEFICIARIES BY THE SAME MTF.

CATEGORY II: INPATIENT CARE PROVIDED TO MTF CATCHMENT AREA BENEFICIARIES BY ANY OTHER MTF.

CATEGORY III: INPATIENT CARE PROVIDED TO BENEFICIARIES WHO RESIDE ANYWHERE OUTSIDE THE NAMED MTF'S CATCHMENT AREA.

CATEGORY IV: INPATIENT CARE PROVIDED TO AN MTF'S ELIGIBLE CHAMPUS CATCHMENT AREA BENEFICIARIES BY ANY CIVILIAN MEDICAL FACILITY REIMBURSED THROUGH THE CHAMPUS PROGRAM.

2.7 AVERAGE UNIT COST OF DIRECT CARE INPATIENT WORK UNIT IS GREATER THAN THE AVERAGE UNIT COST OF CHAMPUS INPATIENT WORK UNIT

rationale ***A "yes" answer to this criteria indicates that the MTF is spending more for inpatient health care than local civilian facilities. If the inpatient costs +10% for the MTF exceed CHAMPUS inpatient costs, then not only may the MTF be inefficient, but the net cost of inpatient care for beneficiaries clearly can be bought at less cost than it can be made available in the MTF. The +10% add on is a factor which takes into account the fact that MEPRS expenses are understated in depicting the total cost of operating an MTF. The expenses which are not in MEPRS include facility depreciation, cost of malpractice claims, personnel add-ons, corporate overhead and base operations.***

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CATEGORY II: INPATIENT CARE PROVIDED TO MTF CATCHMENT AREA BENEFICIARIES BY ANY OTHER MTF.

CATEGORY III: INPATIENT CARE PROVIDED TO BENEFICIARIES WHO RESIDE ANYWHERE OUTSIDE THE NAMED MTF'S CATCHMENT AREA.

CATEGORY IV: INPATIENT CARE PROVIDED TO AN MTF'S ELIGIBLE CHAMPUS CATCHMENT AREA BENEFICIARIES BY ANY CIVILIAN MEDICAL FACILITY REIMBURSED THROUGH THE CHAMPUS PROGRAM.

MINUTES OF THE
MILITARY TREATMENT FACILITIES
AND GRADUATE MEDICAL EDUCATION
BRAC 95 JOINT CROSS SERVICE GROUP
MEETING OF FEBRUARY 3, 1994

The second meeting of the Military Treatment Facilities and Graduate Medical Education (MTF/GME) BRAC 95 Joint Cross Service Group convened at 1400 hrs on February 3, 1994. The meeting was chaired by Dr. Edward D. Martin, Acting Assistant Secretary of Defense, Health Affairs.

The meeting opened with a review of the proceedings of the BRAC 95 Review Group meeting held on January 28, 1994. The only issue directly related to the MTF/GME group was that of the incorporation of the "733" and GME studies into the groups task at hand. The Chairman stated that the finalization of the GME study would be moved up to April 1 in order to coincide with the group's current tasking and that the "733" study already was planned for the proper time frame.

A discussion of "policy" vs "analysis" then began. The Chairman related the BRAC 95 Review Group guidance that policy proclivities or pre-conceived notions should not drive the BRAC analysis process.

The Chairman then asked each of the members to review the minutes from the previous meeting (a copy of the minutes was passed around the table).

A briefing package was provided to each of the members. The package included charts on near term actions, analysis assumptions, Joint Group and Service roles, administrative and group procedures, general analytical approach, categories for study, action plan and timelines and a Joint Hospital Group Declaration of Principles. The Chairman stated that the group's goal for today's meeting was to address the principles, roles of the group and Services, and analysis assumptions.

The Declaration of Principles was discussed and approved with a revision of principle number two that would replace "...eliminating unnecessary infrastructure.." with a statement addressing "right-sizing". During the discussion it was emphasized that the group must coordinate with the Services during the analysis process to ensure that the recommendations of each do not collectively eliminate all MTFs in a given area.

The roles of the joint groups and Services were addressed next. The question was raised as to whether or not the group should engage in its own analysis concurrent with that of the Services. The consensus was that the Services must perform the analyses and the MTF/GME group would evaluate the Service recommendations and suggest alternatives. It was decided that an

additional "bullet" be added to the roles of the Joint Group: "Prepare alternative recommendations, as appropriate, based on a review of the Service analyses".

The next item was the analysis assumptions of the group. The fist assumption was whether or not an MTF would close if the installation it supported was identified for closure.

There was some discussion on whether a Service, having decided to close an installation, should be put in the position of operating an MTF to support a beneficiary population not necessarily its own. The Chairman reminded the group that its role was to ensure that the combined recommendations of the Services and the MTF/GME group provided for the health care needs of the remaining beneficiaries, regardless of Service affiliation. The group agreed on an analysis assumption that the MTF will close if an installation closes unless a significant active duty population is programmed to remain in that area.

The next assumption was whether the analysis would consider both peacetime and wartime missions. The Group agreed that the wartime mission requirements fell under the Service analyses and that the MTF/GME group would analyze the peacetime requirements.

The group also agreed that the third assumption would have the analyses include facilities with less than 300 civilian government employees.

The last assumption was that of establishing a quantitative goal. The group chose not to establish a quantitative goal at this time.

The meeting adjourned at 1535 hrs. The next meeting is scheduled for February 10, 1994 at 1400 hrs.

Approved Edward D. Martin
Edward D. Martin, MD
Acting ASD(HA)

Attachments

BRAC 95
JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

SERVICE/AGENCY	NAME	PHONE#	ATTENDING 3 Feb 94
CHAIR (AASD(HA)	Dr. Martin	703-697-2114	X
ASD(HA) (Designate)	Dr. Joseph	703-697-2144	X
TEAM LEADER	RADM Koenig	703-697-8973	X
ARMY	BG Zajtchuk	703-756-5680	COL Lyons
NAVY	CAPT Golembieski	703-681-0461	X
NAVY	CDR Dilorenzo	703-681-0452	X
AIR FORCE	BG Hoffman	202-767-1894	X
JCS	COL Moore	703-697-4346	X
OASD (P&R)	Ms. St. Clair	703-696-8710	X
COMPT	Ms. Hiller	703-697-3101	X
PA&E	Mr. Dickens	703-697-8050	X
ODASD (BRAC/ES)	Mr. Miglionico	703-697-8050	X
DOD IG	Mr. Tomlin	804-766-3816	X
ODASD (HA)	Mr. Maddy	703-697-8979	X
ODASD (HA)	Dr. Mazzuchi	703-695-7116	X

OTHER ATTENDEES

SERVICE/AGENCY	NAME	PHONE #	ATTENDING 3 Feb 94
OASD (HA)	Ms. Watson	703-697-8973	X
OASD (HA)	Ms. Giese	703-614-4705	X
OASD (HA)	Col Garner	703-614-4705	X
OASD (HA)	CDR Bally	703-614-4705	X
OASD (HA)	LTC Ponatoski	703-614-4705	X
OASD (HA)	LTC McClinton	703-614-4705	X
ARMY	COL Barton	703-756-8319	
ARMY	COL Wilcox	703-756-5681	
ARMY	LTC Powell	703-697-3877	
ARMY	LTC McGaha	703-697-6388	X
ARMY	MAJ Dudevoir	703-756-0286	X
ARMY	MAJ Parker	703-756-8036	X
NAVY	CAPT Buzzell	703-681-0475	
NAVY	Ms. Davis	703-602-2252	
AIR FORCE	LtCol Silvernail	202-767-5550	X
AIR FORCE	Maj Costa	202-767-5066	X
AIR FORCE	Maj Pantaleo	202-767-5046	X
LMI	Mr. Neve	301-320-7287	X
LMI	Ms. Dahut	301-320-7408	X
JS	Lt Col Ferguson	703-697-4421	X
COMP	Ms. Kopperman	703-697-4517	X

AGENDA
FEBRUARY 3, 1994

BRAC 95 JOINT CROSS SERVICE GROUP FOR MILITARY TREATMENT FACILITIES AND GRADUATE MEDICAL EDUCATION

• Review/approve minutes from previous meeting	Dr. Martin
• Discuss Analysis Assumptions/Roles/ and General Administrative Procedures	Dr. Martin
• Review/Discuss impact of 733 study, President's Health Care Plan, and PDM/PBDs	Dr. Martin
• Review/Discuss Hospital Screening Criteria used in previous analyses	RADM Koenig
• Review of revised Action Plan & Milestones	Dr. Martin
• Administrative Issues	Dr. Martin
• Adjournment	

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- Near Term Cross Service Group Actions (next 5-10 days)
  - Develop Analysis Assumptions
  - Define Role of Joint Group & Services
  - Define General Administrative and Group Procedures
  - Decide on General Analytical Approach
  - Determine Categories for Study
  - Revise Action Plan and Milestones

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- Revised Action Plan & Timeline (thru 3/31/94)

➢ Agree on Statement of Principles	2/4
➢ Define role of Group & Services	2/4
➢ Develop Analysis Assumptions	2/18
➢ Determine Categories for Study	2/18
➢ Determine General Analytical Approach	2/18
➢ Review interim force structure plan	2/25
➢ Submit list of irreconcilable differences to USD	2/28
➢ Define Measures of Merit & Data Sources	3/4
➢ Determine weights for Measures of Merit	3/11
➢ Complete Measures of Merit Data Definitions	3/11
➢ Establish Data Internal Control Plan	3/15

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- Develop Analysis Assumptions
  - MTF will/will not close if base closes
  - Analysis will/ will not consider peacetime and wartime requirements
  - Analysis will/will not consider functions with < 300 civilian personnel
  - Quantitative goals will/will not be defined

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- Define Roles for Joint Group and Service
  - Joint Group will develop
    - Analysis assumptions
    - General analytical approach and methodology
    - Internal Control Plan
    - Categories for study and their definitions
    - Data definitions and measures of merit
    - Relative weights for measures of merit
  - Services will
    - Collect and analyze data
    - Present findings to Joint Cross Service Group
    - Evaluate alternative options recommended by Joint Cross-Services Group

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- General Administrative & Group Procedures
  - Group to agree on Statement of Principles
  - Best way to bring issues/items before group
    - via a single committee
    - via subcommittees

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- Determine General Analytical Approach

  - The eight BRAC selection criteria must be used for the analysis
  - Develop Measures of Merit (sub criteria) applicable to MTFS and GME (consider using previous measures)
  - Consider use of screening criteria to exclude specific categories or facilities
  - Develop process for individual Service analysis and tri-service integration of alternatives

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- Determine Categories for Study
  - Consider stratification by
    - Size of MTF
    - Teaching vs Non-Teaching
    - Tricare Region
    - Location of MTFs (Urban....Rural)

JOINT HOSPITAL GROUP
DECLARATION OF PRINCIPLES

1. The Joint Cross Service Group on Medical Facilities and Graduate Medical Education seeks to identify measures of merit (subcategories of the 8 BRAC criteria) data elements, and methodologies that will allow the DoD components to apply the DoD criteria in a uniform, fair, reasonable, and consistent manner that complies with statutory and regulatory requirements and that adheres to the policy set forth in the January 7, 1994 DepSecDef memo, subject: 1995 Base Realignment and Closures (BRAC)

2. The Joint Cross Service Group on Medical Facilities and Graduate Medical Education recognizes the need for eliminating unnecessary infrastructure by seeking opportunities for cross-Service asset sharing and single military department support.

3. The measures of merit, data elements, and methodologies used to arrive at closure and realignment recommendations will be developed and approved by the Joint Cross Service Group on Medical Facilities and Graduate Medical Education by 31 March 1994. The approach developed should be easy to use, simple and straightforward, auditable, reproducible, and defensible.

PDM EXTRACT
FY95-99 POM UPDATE

8. Defense Health Program

(U) Defense Wide. In FY 1995 add $193M to the Defense Health Program in PE 0807712HP. Identify funds as Defense Health Program Operations and Maintenance TOA (Resource Identification Code 542).

12. Graduate Medical Education (GME)

(U) OSD. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) will, with the participation of the services, develop a plan for reducing Graduate Medical Education. This plan will provide quantitative reductions in the number of interns/residents/fellows, the number of programs, and the number of sites at which such programs are conducted. This plan will be provided by May 1, 1994 to the Deputy Secretary of Defense. The following principles shall be followed:

- Base the types and numbers of GME programs on the military departments' need fo specialists and subspecialists (phase out redundant programs);
- Eliminate all duplicative residency programs in close geographical proximity by closure or merger of such programs (jointly staff merged programs);
- Disallow civilian interns/residents/fellows unless explicitly approved by the ASD(HA

NATIONAL HEALTH CARE REFORM

BACKGROUND

On November 20, 1993, Mr. Gephardt introduced the President's "Health Security Act," a bill "To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans". The bill gives the Department an opportunity to bring military health care into harmony with the broader national reforms. In simplest terms, the framework of the Health Security Act promotes readiness, security, and choice:

- The President's plan maintains the unique readiness requirements of the military health care system through the continued staffing and management of military hospitals and clinics by uniformed health care providers. It makes no change in health care for active-duty personnel, nor overseas;

- The President's plan strengthens commitments to active-duty and retired military personnel and their family members by offering secure access, at low cost, to a comprehensive package of health care benefits through a Uniformed Services Health Plan; and

- The President's plan gives families of active-duty personnel and military retirees and their families a choice of enrolling in a military health plan or selecting from a range of other private sector plans, including at least one fee-for-service plan.

KEY FEATURES

To achieve readiness, security, and choice, the Health Security Act gives the Secretary of Defense the authority to do the following:

1) Establish Uniformed Services Health Plans centered around military hospitals and clinics in the United States, supplemented by the use of civilian health care providers;

2) Automatically enroll active-duty members in a Uniformed Services Health Plan, and give family members of active-duty personnel and retired military personnel and their family members the choice of enrolling in a Uniformed Services Health Plan *as the exclusive source of health care* services. (This provision is key because, for the first time, it lets DoD serve a defined population.);

3) Provide persons enrolled in a Uniformed Services Health Plans at least the items and services in the President's proposed comprehensive benefit package;

4) Receive reimbursements from Medicare for persons enrolled in a Uniformed Services Health Plan who are eligible to receive Medicare benefits under part B;

5) Receive premium payments by private employers made in connection with persons enrolled in a Uniformed Services Health Plan;

6) Make premium payments on behalf of family members of active-duty personnel and retired military personnel and their family members so that they may enroll through a health alliance in a civilian health plan; and

7) Preempt conflicting state requirements as they might affect the Uniformed Services Health Plans.

In addition, the President's plan assures beneficiaries who enroll in a military health plan that they shall have, as a group, out-of-pocket costs no greater than on December 31, 1994. Until the Department is ready to carry out this plan, the current military health care benefits will stay in place.

CURRENT ISSUES

As the Congress marks up the Health Security Act, DoD may be pressed for details on several unresolved issues, most of which concern the military health plan's package of benefits.

COST SHARING

For civilian plans, the President has proposed detailed schedules of deductibles, copayments and coinsurance, some of which are shown below:

EXAMPLES OF COST-SHARING UNDER THE HEALTH SECURITY ACT

Service	Fee-for-Service Plans	Other Health Plans (e.g., HMOs, PPOs)
Inpatient hospital services	20 percent of payment rate	No copayment
Outpatient visits	20 percent of payment rate	$10 per visit
Out-of-pocket limit	$1,500 a person $3,000 a family	$1,500 a person $3,000 a family
Deductible	$200 a person $400 a family	None

Independent of the Health Security Act, DoD has proposed that military health plans use a different schedule, based on the benefit approved for the Base Realignment and Closure (BRAC) sites. For example, retired families would pay a $100 enrollment fee to join a military health plan, and then pay $15 for a civilian visit (nothing for a military visit), $135 a day for civilian hospital stays (less than $10 a day for military hospital stays), and face a $7,500 out-of-pocket limit. In light of these sorts of difference between the military health plan and civilian HMOs, DoD or the Congress may wish to revise the proposed benefit for the military health plan.

PREMIUM CONTRIBUTIONS

When the members of a DoD family work at least 12 months full-time during the year, that family's employers must pay 80 percent of the average premium for the applicable rating pool. If that DoD family joins the military health plan, DoD receives the employers' contributions.

Some number of DoD families will have to pay all or part of that employer's share: these include families that lack 12 months of full-time work – either because they work part-time or because they do not work – and families in which one member is self-employed. DoD must decide whether or not it will cover the employer share of the premium for these families.

Joel Slackman
January 26, 1994

COMPREHENSIVE STUDY OF THE MILITARY HEALTH SERVICES SYSTEM (SECTION 733 STUDY)

BACKGROUND

Section 733 of the National Defense Authorization Act for FY 1992/1993 directed that the Secretary of Defense conduct a comprehensive study of the military health services system, and report to the Congress by December 15, 1993. Specifically, the Congress called for DoD to study (1) the military medical care system required to support the Armed Force during war or other conflict; (2) any adjustments to the system required to provide cost-effective care in peacetime to covered beneficiaries; and (3) beneficiaries' attitudes, knowledge and utilization with respect to health care. DoD assigned the lead to Program Analysis and Evaluation (PA&E). This talking paper discusses the peacetime portion of the 733 Study.

A steering committee and several work groups were formed. An internal DoD working group examined the wartime requirements. A survey working group, with contractor support, conducted a survey of beneficiaries.

KEY FEATURES

The peacetime portion of the 733 study involved three analytic tasks. First, PA&E tasked the Institute for Defense Analysis (IDA) to estimate the total costs of providing medical care. IDA relied on the Medical Expense Performance Reporting System (MEPRS), adjusting those data as necessary for comparability with the civilian sector.

Second, IDA estimated the relationship between those costs and workload inside Military Treatment Facilities (MTFs). IDA's cost equations show that a MTF's inpatient costs are a function of the number of case-mix adjusted discharges, operating beds, GME, and hospital type.

Third, PA&E tasked the RAND Corporation to predict utilization of MTFs and the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) under a range of "scenarios":

- Current system with managed care – this "baseline" scenario assumes that beneficiaries nationwide may enroll in a managed care option that limits both their cost-sharing and their choice of providers;

- Maximize use of MTFs – this scenario assumes that DoD adds 1 hospital and increases resources at other facilities. It makes no direct assumptions about ambulatory capacity.

- Minimize use of MTFs – this scenario assumes that DoD runs only those hospitals to meet wartime bed requirements. Nonactive-duty beneficiaries enroll in civilian plans.

- Military-Civilian Competition – this scenario resembles the President's proposal in the Health Security Act. Beneficiaries will choose among a DoD-managed health plan, a private HMO, and a private PPO.

CURRENT ISSUES

FINDINGS TO DATE

IDA's costs analysis shows that DoD pays less for outpatient visits and hospital admissions produced inside MTFs than received under CHAMPUS. However, the RAND analysis shows that when access to MTFs increases, the volume of services increases by more than it decreases under CHAMPUS. This increase in volume swamps the effects of any relative efficiencies in production. Thus, total expenditures to DoD would rise if DoD moved from the current system with managed care to maximize use of MTFs.

What drives volume high in MTFs? First, MTFs offers a more generous health benefit than CHAMPUS: no deductibles, virtually no copayments, and wider scope of services. Second, the delivery system is subject to economic incentives (e.g., workload-based budgeting) as well as Service policies (e.g., hospital admissions for tooth extractions) that promote more rather than less health care. The 733 Study may emphasize the former over the latter.

These findings involve some degree of uncertainty. As a result, the 733 Study will likely stress the direction of change, rather than precise point estimates.

Joel Slackman
January 31, 1994

PDM EXTRACT
FY 95-99 POM UPDATE

8. Defense Health Program

(U) Defense Wide. In FY 1995 add $193M to the Defense Health Program in PE 0807712HP. Identify funds as Defense Health Program Operations and Maintenance TOA (Resource Identification Code 542).

12. Graduate Medical Education (GME)

(U) OSD. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) will, with the participation of the services, develop a plan for reducing Graduate Medical Education. This plan will provide quantitative reductions in the number of interns/residents/fellows, the number of programs, and the number of sites at which such programs are conducted. This plan will be provided by May 1, 1994 to the Deputy Secretary of Defense. The following principles shall be followed:

- Base the types and numbers of GME programs on the military departments' need for specialists and subspecialists (phase out redundant programs);
- Eliminate all duplicative residency programs in close geographical proximity by closure or merger of such programs (jointly staff merged programs);

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PROGRAM BUDGET DECISION

029
No.

SUBJECT: Training, Recruiting, and Advertising

DOD COMPONENTS: Army, Navy, Air Force, OSD

ISSUE: What is the appropriate funding level for training, recruiting and advertising?

	FY 1994	FY 1995
Service Estimate		
TOA $ Millions	6,338.5	6,563.1
Civilian End Strength	57,085	55,885
Active Military End Strength	178,234	170,406
Alternative Estimate		
TOA $ Millions	-13.6	-56.9
Civilian End Strength	-45	+151
Active Military End Strength	-40	-259

SUMMARY OF EVALUATION: This PBD makes the following adjustments:

- Reduces U.S. Military Entrance Processing Command (MEPCOM) staffing and recruiting leases to reflect requirements ($-1.5/$-4.9 million; -45/-45 civilian and -40/-40 military end strength in FY 1994/FY 1995).

- Reduces Air Force Academy personnel in FY 1995 to align with audit findings ($-1.2 million; +196 civilian end strength, -219 military end strength). Reduces Army ROTC to reflect officer requirements ($-32.0 million in FY 1995).

- Reduces Army accession training, flight training, and Navy Bachelor Housing, to reflect supporting documentation ($-10.6/ $-16.2 million).

- Reduces Air Force Flight Screening to reflect productivity improvements that should accrue ($-1.5/$-2.6 million in FY 1994/FY 1995.

- Directs Army to restore funds to Junior ROTC to fund increase approved in last year's PBD.

ALTERNATIVE ESTIMATE: Approve a decrease of $13.6/$56.9 million and 40/259 military end strength in FY 1994/FY 1995. Approve a decrease of 45 civilians in FY 1994 and an increase of 151 civilians in FY 1995.

DECISION: THE DEPUTY SECRETARY APPROVED THE ALTERNATIVE ESTIMATE EXCEPT ACCESSION TRAINING ($+7.2 MILLION) AND RECRUITING LEASES ($+2.0 MILLION). DECISION DEFERRED ON FLIGHT TRAINING ($4.7 MILLION) and ROTC ($32.0 MILLION).

Date 12/13/93

PBD Continuation Sheet

029
No.

DETAIL OF EVALUATION: The following table shows the amounts funded in each Service for Training and for Recruiting and Advertising. The figures include Base Operations Support.

(TOA $ in Millions)

	FY 1993	FY 1994	FY 1995	Delta
Military Training				
Army	2,338.2	2,194.1	2,303.2	+109.1
Navy	1,311.2	1,395.2	1,410.5	+15.3
Marine Corps	187.4	197.1	193.2	-3.9
Air Force	1,100.7	1,329.6	1,404.1	+74.5
Defense Acquisition Univ.	-	104.5	110.1	+5.6
Defense Business Mgmt Univ.	2.9	3.8	3.9	+0.1
Total	4,940.4	5,224.3	5,425.0	+200.7
Recruiting, Advertising, and Other Support				
Army	648.4	633.4	648.2	+14.8
Navy	191.3	198.2	196.6	-1.6
Marine Corps	78.5	76.7	81.0	+4.3
Air Force	200.7	205.9	212.3	+6.4
Total	1,118.9	1,114.2	1,138.1	+23.9

The increases in Army for both Training and Recruiting include price growth of $62.9 million, transfers of $34.2 million, and program growth of $26.7 million. Increases are for a test program to provide $2,000 stipends to non-scholarship ROTC students, enlisted advertising, flight training, environmental (which is addressed in another PBD) and restoration of funds for the Defense Business Cperations Fund base support test.

The Navy increase is the result of cost growth and increases in real property maintenance which are addressed in another PBD. The Navy has reduced the cost of ROTC scholarships by establishing caps and providing scholarships to more senior students. Flight training increases slightly to reflect increases in Maritime and Strike pilot training.

The Marine Corps program reflects increases in the number of recruits and recruit training offset by reductions in contracted training, civilian personnel, and real property maintenance projects.

The Air Force increases in FY 1995 reflect the restructure of the training program and expansion of flight training to a two track system (one for Bomber/Fighter pilots and one for Tanker/Transport pilots). In addition, the Air Force increases the ROTC scholarship program to support an increased requirement for officers and the recruiting program to enhance awareness of opportunities in the Air Force.

Defense Acquisition University (DAU) and Defense Business Management University are newly established programs. DAU program is increasing in order to reduce the backlog of career personnel needing mandatory training courses.

U.S. Military Entrance Processing Command (MEPCOM) Manpower: USMEPCOM conducts medical examinations and qualification tests for Service applicants. The Department of Army is the executive agent for MEPCOM and funds the majority of the operation and maintenance costs. The MEPCOM's medical functions are now funded in the Defense Health Program and the drug testing is financed by transfer from the Drug Interdiction and Counter-Drug appropriation. Each Service provides military manpower in proportion to its share of the workload.

MEPCOM has recently completed a review of its manpower requirements in view of the force drawdown and indicated that the following reductions can be made. These reductions have not been reflected in the budget.

	Current FY 1994/FY 1995	Revised FY 1994	Revised FY 1995	Delta in 94	Delta in 95
Army					
Officers	135	132	132	-3	-3
Enlisted	605	586	586	-19	-19
Navy					
Officers	71	69	69	-2	-2
Enlisted	317	307	307	-10	-10
Marine Corps					
Officers	29	28	28	-1	-1
Enlisted	128	124	124	-4	-4
Air Force					
Officers	36	35	35	-1	-1
Enlisted	160	155	155	-5	-5
Civilians	1,442	1,397	1,397	-45	-45
Examining Program				(-26)	(-26)
Drug Program	-	-	-	(-7)	(-7)
Health Program	-	-	-	(-12)	(-12)

The alternative includes the end strength changes shown above (except for the Marine Corps whose end strength is fixed) and reduces FY 1994/FY 1995 by $1.5/$2.9 million. The changes are extended into the outyears.

DoD Recruiting Facilities Lease Program: The Joint Recruiting Facilities Committee has instituted a lease cost reduction program consistent with recruiting personnel changes. As a result, the lease program is reviewed each year and closures and consolidations are implemented where possible. The savings have not been fully reflected in the budget. Therefore, the alternative reduces FY 1995 by $2.0 million and extends the reduction into the outyears.

ARMY

Accession Training: The Army's FY 1994 budget estimate for Recruit Training and Officer Acquisition has increased by $9.0 million from the FY 1994 President's budget. A portion of the increase ($2.0 million) is for civilianization of military positions at the Military Academy. The remaining $7.0 million is not justified. In addition, FY 1993 budget execution for the two programs was $4.9 million below the budget plan and workload for recruit training has fallen from 12,370 recruits to 10,656. Based on the above, the alternative reduces FY 1994/FY 1995 by $7.0/$7.2 million and extends the reduction into the outyears.

Army Flight Training: The FY 1995 estimate includes an increase of $4.7 million to train additional pilots. A comparison of authorized strength in the combat aviation units to on-board strength, indicates that the Army has excess pilots. In addition, the flight training workload shown in the budget justification decreases in FY 1995. Therefore, the increase in flight training does not appear to be warranted. The alternative includes a reduction of $4.7 million and adjusts the outyears accordingly.

Junior ROTC (JROTC): In last year's PBD 033 on Recruiting, Advertising, and Other Personnel Activities, the Army was provided an additional $45.1 million in O&M for a total of $80.6 million to finance the stand-up and support of additional JROTC units. At the end of FY 1995, the Army was programmed to have 1,375 units. In the current FY 1995 budget submission, the Army has funded 1,322 units at a cost of $70.1 million. The Army is directed to restore funding to JROTC in FY 1995 to stand-up the additional 53 JROTC units.

Senior ROTC: The Army allows anyone to enroll in ROTC even if they are ineligible for military service. Each year, approximately 10,000 students out of the 41,000 Army ROTC students are ineligible because of health problems or because they are non-U.S. residents. These students receive uniforms and some field training. Approximately 7,200 of these students are freshmen; the remainder are are in the upper classes.

In addition, in FY 1992/FY 1993, the Army commissioned 1,103/936 ROTC graduates into the Individual Ready Reserve (IRR). This constitutes over twenty percent of the total number of ROTC graduates commissioned into the active, Guard, and Reserve components. The IRR officers attend a basic officer course funded in the Reserve Personnel, Army account and then are placed in an inactive status.

The Department is investing scarce resources in these two groups of students without obtaining optimum return. A policy change should be implemented so as to improve the screening process to eliminate these two groups from the ROTC program. Therefore, the alternative includes the following adjustments in FY 1995 and extends the reduction into the outyears:

	(TOA $ in Millions) FY 1995
Reserve Personnel, Army	
Uniforms/Field Training	$-1.7
Officer Basic Course	-18.7
Operation and Maintenance, Army	-11.6
Total	-32.0

NAVY

Bachelor Housing: The operating costs for Navy bachelor housing for accession, basic skills and advanced training are increasing as the number of facilities is decreasing. The following table compares the operating costs per facility (maintenance and repair and purchase of furnishings are excluded) for each year.

	FY 1993	FY 1994	FY 1995
Bachelor Housing Operations ($ in Millions)	4.5	7.6	8.3
Number of Facilities	482	424	413
Cost per Facility	9,300	17,900	20,100

The alternative holds FY 1994 and FY 1995 to the FY 1993 unit cost plus inflation and reduces FY 1994/FY 1995 by $3.6/$4.3 million. The reduction is extended into the outyears.

AIR FORCE

Air Force Academy: The Office of the Inspector General conducted a review of the non instructional military positions at the Air Force Academy. Report 94-002, "Noninstructional Military Positions at the United States Air Force Academy," issued by the IG recommended that 23 military positions be eliminated and 196 positions be converted to civilian for a savings of $2.5 million in FY 1994. The Air Force budget does not reflect the changes recommended by the IG. Because FY 1994 has already begun and the Air Force will have difficulty achieving the reductions in FY 1994, the alternative includes the following adjustments to implement the IG recommendations beginning in FY 1995:

	FY 1995	Outyears
O&M	2.9	24.2
Mil Pers	-4.1	-34.9
Net Savings	-1.2	-10.7
Personnel		
Civilian	196	196
Military	-219	-219

Flight Screening: Flight screening increases from $7.7 million in FY 1993 to $9.2/$10.3 million in FY 1994/FY 1995 as the T-3A Enhanced Flight Screener is activated. Flight screening is provided to

potential pilots in ROTC, the Air Force Academy, or Officer Training Schools in order to screen out students before they get into undergraduate pilot training (UPT). The purpose of the Enhanced Flight Screener is to wash-out pilot candidates early before they are in the more expensive undergraduate pilot training. The program should reduce attrition in UPT, however, attrition increases from 9.0 percent of students entering UPT to 15.4 percent in FY 1994/FY 1995. As a minimum, the additional cost of the Enhanced Flight Screener program should be offset by savings resulting from reduced attrition in UPT. Therefore, the alternative reduces FY 1994/FY 1995 by $1.5/$2.6 million and extends the reduction into the outyears.

SUMMARY OF ADJUSTMENTS:

	(TOA, Dollars in Millions)	
	FY 1994	FY 1995
Alternative Estimate		
Military Personnel, Army		
MEPCOM	-.4	-.7
Military Personnel, Navy		
MEPCOM	-.2	-.4
Military Personnel, Air Force		
MEPCOM	-.1	-.3
Air Force Academy	-	-4.1
Subtotal	-.1	-4.4
Reserve Personnel, Army		
Senior ROTC	-	-20.4
Operation and Maintenance, Army		
MEPCOM Civilians	-.5	-.9
Recruiting Leases		-2.0
Accession Training	-7.0	-7.2
Flight Training	-	-4.7
Senior ROTC	-	-11.6
Subtotal	-7.5	-26.4
Operation and Maintenance, Navy		
Bachelor Housing	-3.6	-4.3
Operation and Maintenance, Air Force		
Air Force Academy	-	+2.9
Flight Screening	-1.5	-2.6
Subtotal	-1.5	+.3
Defense Health Program		
MEPCOM Civilians	-.2	-.4

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	FY 1994	FY 1995
Drug Interdiction		
MEPCOM Civilians	-.1	-.2
Total Reduction	-13.6	-56.9
Military End Strength		
Military Personnel, Army		
MEPCOM	-22	-22
Military Personnel, Navy		
MEPCOM	-12	-12
Military Personnel, Air Force		
MEPCOM	-6	-6
Air Force Academy	-	-219
Subtotal	-6	-225
Total Military End Strength	-40	-259
Civilian End Strength		
Operation and Maintenance, Army		
MEPCOM Civilians	-38	-38
Operation and Maintenance, Air Force		
Air Force Academy		+196
Drug Interdiction		
MEPCOM Civilians	-7	-7
Total Civilian End Strength	-45	+151

OUTYEAR IMPACT:

	(TOA, Dollars in Millions)			
	FY 1996	FY 1997	FY 1998	FY 1999
Service Estimate	6,531.2	6,552.6	6,528.6	6,677.7
Alternative Estimate				
Military Personnel, Army	-.7	-.7	-.7	-.8
Military Personnel, Navy	-.4	-.4	-.4	-.4
Military Personnel, Air Force	-8.9	-9.0	-9.2	-9.4
Reserve Personnel, Army	-20.9	-21.3	-21.8	-22.3
Operation and Maintenance, Army	-27.0	-27.6	-28.2	-28.8
Operation and Maintenance, Navy	-4.4	-4.5	-4.6	-4.7
Operation and Maintenance, AF	+3.2	+3.3	+3.4	+3.5
Defense Health Program	-.4	-.4	-.4	-.4
Drug Interdiction	-.2	-.2	-.2	-.2
Total Reduction	-59.7	-60.8	-62.1	-63.5

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	FY 1996	FY 1997	FY 1998	FY 1999
Military End Strength				
Service Estimate	166,660	163,718	164,248	164,064
Alternative Estimate				
Army	-22	-22	-22	-22
Navy	-12	-12	-12	-12
Air Force	-225	-225	-225	-225
Total Military End Strength	-259	-259	-259	-259
Civilian End Strength				
Service Estimate	55,420	54,887	54,669	54,355
Alternative Estimate				
Army	-38	-38	-38	-38
Air Force	+196	+196	+196	+196
Drug Interdiction	-7	-7	-7	-7
Total Civilian End Strength	+151	+151	+151	+151

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PROGRAM BUDGET DECISION

041

No.

SUBJECT: Defense Health Program (DHP)

DOD COMPONENTS: Army, Navy, Air Force, OSD, WHS

ISSUE: Should the DHP budget be realigned to fully fund CHAMPUS? Should Health Affairs address resource implications of options for the nationwide HMO benefit?

	(TOA, Dollars in Millions)	
	FY 1994	FY 1995
Service Estimate	9,080.5	9,485.5
Alternative Estimate	+272.8	-26.3*

*In addition, the alternative resolves a $507 million shortfall identified by Health Affairs.

SUMMARY OF EVALUATION: Health Affairs identified a $700 million shortage ($507 million after PDM add) which is allocated to the CHAMPUS program, while a $641 million program increase is included for patient care activities. In addition to FY 1994 congressional action, this PBD reflects:

- Repricing and reduction of FY 1995 CHAMPUS requirement by $238 million consistent with Bureau of Labor Statistics (BLS)/OMB medical inflation indices;

- Direction to Health Affairs to reevaluate CHAMPUS requirement and to resolve the newly priced CHAMPUS shortfall by transferring any required balance from direct patient care;

- Realignment of $337 million of the $641 million program increase for patient care to CHAMPUS, leaving $303.7 million to fund FY 1995 cost of FY 1994 congressional add;

- Reductions in supplemental care, examining activities, and the health professions scholarship program due to pricing and policy reforms (-$26.3 million);

- Direction to Health Affairs to present options for a less costly nationwide health benefit to the Deputy Secretary before any new regional managed care initiatives are undertaken; and,

- Direction to Health Affairs to realign and reprice FY 1994 and FY 1995 resources to comply with BLS/OMB inflation indices, and to manage the resources to remain within the total provided.

ALTERNATIVE ESTIMATE: Resolve FY 1995 shortfall with realignment/repricing; net FY 1995 reduction of $26.3 million and additional reduction of $124.3 million from FY 1996-FY 1999. Health Affairs to complete analysis of options for Nationwide HMO benefit.

DECISION THE DEPUTY SECRETARY APPROVED THE ALTERNATIVE ESTIMATE EXCEPT $4.0 MILLION FOR HEALTH CARE SCHOLARSHIP PROGRAM. Date DEC 18 1993

PBD Continuation Sheet

041
No.

DETAIL OF EVALUATION:

This PBD addresses the following issues related to the Defense Health Program:

- FY 1994 Congressional Action
- Uniform Health Care Benefit
- CHAMPUS Shortfall
- Direct Patient Care
- Medical Examining Activities
- Care in Non-Defense Facilities
- Health Professions Scholarship Program
- Composite Health Care System
- Budget Activity Structure
- Technical Adjustments

ADJUSTMENTS TO REFLECT FY 1994 CONGRESSIONAL ACTION

FY 1994 Congressional Action on the Defense Health Program: The alternative aligns the FY 1994 Defense Health Program budget estimates with the amounts appropriated. The extension of the congressional add in FY 1995 and the outyears is addressed later in this PBD. A summary of these adjustments follows:

Congressional Adjustments:	(TOA, Dollars in Millions) FY 1994	FY 1995
Operation and Maintenance (O&M)		
DBOF Test	-49.9	
Phys Asst/Rural Health Care	-1.0	
Head and Neck Injury	-6.0	
Funding "Shortfall"	+289.5	(+303.7)
Lab Technology Demo	+1.0	
Physicians Assistant/Rural Care	+1.3	
William Beaumont/Indigent Care	+2.5	
Medical Imaging	+3.0	
Head and Neck Injury	+7.0	
Composite Health Care System	+9.0	
Blood/Anatomic Pathology	+5.0	
Nursing Research	+3.0	
Nurse Practitioner Program	+2.0	
Pacific Island Referral	+2.5	
Brown Tree Snakes	+1.0	
Clinical Investigation	+.5	
National Museum of Health	+1.5	
Subtotal, O&M	+271.9	(+303.7)
Procurement		
Digital Mammography	+.9	
Total, Defense Health Program	+272.8	(+303.7)

UNIFORM HEALTH CARE BENEFIT

The FY 1994 Defense Authorization Act requires the Secretary of Defense to prescribe and implement a uniform Health Maintenance Organization (HMO) benefit for nationwide implementation by February 1, 1994.

The statute requires that the cost to the Department of this health benefit option be no greater than the costs that would otherwise be incurred to provide health care to the covered beneficiaries who enroll in the option.

Health Affairs is proceeding with a plan to implement the same benefit structure nationwide as was implemented in three Base Realignment and Closure (BRAC) sites during FY 1993. Health Affairs states that national expansion of this revised CHAMPUS Reform Initiative (CRI) benefit would be budget neutral or would lower Department medical costs when examined on a nationwide basis. However, there is insufficient information and experience to establish that this benefit would be either cost neutral or generate savings. In addition, the Congressional Budget Office has issued a November 1993 report that questions the assumptions that Health Affairs has used in its cost certification analysis.

The following data provided by Health Affairs show the beneficiary and government shares of per capita CHAMPUS costs under standard CHAMPUS and the revised CRI benefit structure that Health Affairs proposes to expand nationwide.

	Active Duty Dependents		Retirees and Dependents	
Benefit Structure	DoD	Benef.	DoD	Benef.
Standard CHAMPUS	82%	18%	68%	32%
Revised CRI	89%	11%	80%	20%

This table demonstrates that under the revised CRI benefit the Department's share of health care costs is significantly more than under standard CHAMPUS.

Existing statute and legislation proposed in conjunction with the President's National Health Reform require that DoD not proliferate a health benefit structure that is more costly to beneficiaries than standard CHAMPUS. However, the figures above indicate that there is a range for discussion of the Department's appropriate share of the medical benefit, without approaching an erosion of benefits when compared to standard CHAMPUS.

With the Health Affairs budget submission describing a funding shortfall in FY 1994, and FY 1995, the Department needs to consider options and their resource implications before proceeding on a nationwide basis.

The alternative requires that the ASD (Health Affairs) reevaluate the revised CRI benefit and propose at least two additional options that will be less costly to the Department while remaining consistent with existing statutory requirements and the President's National Health Reform proposal. The analysis of options should address the total health benefit package to be offered nationwide by incorporating:

- Any available findings of the congressionally directed Section 733 study of the military health care system;

- Plans to address cost and benefit concerns raised in this PBD related to the contract dental program, the Uniformed Services Treatment Facility (USTF) program and the PRIMUS/NAVCARE program;

- Plans and timeline for amending/recompeting existing managed care contracts and Requests for Proposals to ensure compatibility with the national plan and statutory cost effectiveness requirement (details discussed later in PBD);

- Issues that Health Affairs has indicated that it intends to pursue such as the issue of equity between the MTF costs to the beneficiary and the proposed nationwide benefit, e.g., the issue of MTF user fees;

- Any proposed legislation needed to effect or implement any of the proposed options; and,

- Use of BLS-OMB approved inflation indices for price assumptions, with any projected costs above these rates to be displayed as program increases with cost comparisons to include total military health system costs -- both direct care and CHAMPUS, as specified in the FY 1994 Authorization Act.

The report should be presented by Health Affairs to the Deputy Secretary for his decision after coordination with the Director, Program Analysis and Evaluation and Comptroller. Again, the report should clearly demonstrate that the options presented are cost beneficial to the Department as required in existing statute. Until the analysis is completed and a decision made by the Deputy Secretary, Health Affairs is directed not to take any action to expand the revised CRI benefit to new geographical areas, or to modify the benefits under discussion in connection with the national plan.

ALLOCATION OF RESOURCES WITHIN THE DHP

The budget submission from Health Affairs identifies a $700 million funding shortage in the CHAMPUS program and a $641 million program increase for medical care delivered in military medical facilities (direct patient care) in FY 1995.

Service Estimate	(Dollars in Millions) FY 1993	FY 1994	FY 1995
Direct Patient Care	$3,334.0	$2,820.1	$3,535.8
CHAMPUS	3,568.7	3,865.3	3,313.3*
Total	6,902.7	6,685.4	6,849.1

* The CHAMPUS requirement was cited in the DHP budget submission as $4,013.3 million, but only $3,313.3 million was applied to CHAMPUS. The submission identified the $700 million difference as a CHAMPUS shortage.

The alternative addresses the CHAMPUS shortage by reevaluating its validity, and directing Health Affairs to conduct its own reevaluation of price and program requirements based on correct pricing assumptions. Health Affairs is then directed to resolve the newly priced shortfall by realigning a portion of the $641 million program increase from direct patient care to the CHAMPUS program.

Several Defense Health Program programs are identified as requiring further cost and benefit analysis as part of Health Affairs' analysis of options for the nationwide health benefit. These programs are: the managed care support contracts and contract dental benefit currently funded out of the CHAMPUS total and the Uniformed Services Treatment Facilities and PRIMUS/NAVCARE programs funded out of the care in non-defense program activity.

CHAMPUS-OVERALL PER CAPITA ANALYSIS

As displayed on the following page, the Service Estimate for the CHAMPUS requirement includes a per capita increase of 10.6 percent in FY 1994 and 7.7 percent in FY 1995. These rates exceed the Bureau of Labor Statistics (BLS)-based OMB inflation rates approved for use by all Federal health programs. The current rates prescribed by BLS/OMB are 5.1 percent and 4.9 percent in FY 1994 and FY 1995, respectively. These rates are based on recent trends in the medical consumer price index that reflects the variation in the price of drugs, medical equipment, professional services, and hospital services. The composite nature of the Bureau of Labor Statistics (BLS) price index accounts for price trends related to technology and intensity of care, as these are reflected in the professional services and hospital services cost components of the composite rate.

The alternative indicates that the FY 1995 unfunded requirement identified by Health Affairs for the CHAMPUS program is overstated by as much as $238.2 million in FY 1995 when priced to comply with the prescribed BLS/OMB rates.

The alternative directs Health Affairs to reassess its CHAMPUS requirements using the BLS/OMB indices for price growth, with the balance of any "requirement" to be displayed as program growth. The alternative does not reduce the FY 1994 overestimate for CHAMPUS

requirements because of the significant one-time costs that are budgeted in this year for transition of the California/Hawaii CRI contract to a new contractor and because of Health Affairs contention that the FY 1994 budget for the DHP is "underfunded."

Per capita CHAMPUS Costs

(Dollars in Millions)

	FY 1993	FY 1994	FY 1995
Service Estimate	$3,568.7	$3,865.3	$4,013.3
CHAMPUS Eligibles	5,581,503	5,464,942	5,362,333
Per Capita Cost	$639	$707	$748
Percentage Increase		+10.6%	+5.8%
Alternative Estimate	$3,568.7	$3,672.4	$3,775.1
Per Capita Cost	$639	$672	$704
Percentage Increase		+5.1%	+4.9%
Difference from Service Estimate		-192.9	-238.2

CHAMPUS - ACTIONS TO ACHIEVE SAVINGS: The CHAMPUS program funds several regional managed care initiatives in addition to standard CHAMPUS benefit claims. Recognizing that any reduction to total CHAMPUS requirements must be addressed on a program-by-program basis, the alternative recommends that Health Affairs conduct this reevaluation of CHAMPUS program requirements. Following is an analysis of standard CHAMPUS claims and the European benefit program -- both of which appear to be overstated. Health Affairs should consider applying these $73.3 million savings identified below to the $238.2 million reduction in CHAMPUS requirements.

	FY 1995
Savings From Within the CHAMPUS Program	$73.3
Standard CHAMPUS Benefit	(60.3)
CHAMPUS Benefits in Europe	(13.0)

Standard CHAMPUS Benefits

Based on a per capita comparison similar to the one performed for CHAMPUS in total, the standard benefit portion of FY 1995 CHAMPUS requirements appears to be overstated, when compared to approved BLS/OMB medical inflation rates, by $60.3 million in FY 1995. The potential savings is based on the number of total CHAMPUS eligibles nationwide declining. This decline should reduce standard CHAMPUS benefit requirements.

The number of CHAMPUS eligibles continuing to use and file standard CHAMPUS claims can be expected to further decline as managed care options are expanded. Health Affairs is requested to examine this data and the projected CHAMPUS eligibles in reassessing the appropriate funding level for standard CHAMPUS claims, with the $60.3 million savings estimate viewed as a minimum savings.

CHAMPUS Benefits in Europe: The FY 1995 submission requests $54.8 million for the payment of CHAMPUS claims for beneficiaries residing in Europe. This amount is a 25 percent increase over the $43.5 million FY 1993 actual expenditure for this program. The FY 1995 overseas cost report indicates that total DoD medical care expenditures in Germany are declining by 65 percent over the same time period. Using the FY 1994 current estimate as a base, it appears that the FY 1995 request is overstated by approximately $13 million. The alternative reduces the CHAMPUS requirement by this amount.

CHAMPUS Components to be addressed in Options for Nationwide Benefit

As part of the analysis of the CHAMPUS requirement, the budget submission for several large components of the CHAMPUS requirement were also examined. While the significant funding request for these programs is of concern, Health Affairs believes that the PBD is not the appropriate vehicle to make major policy decisions affecting the Department's health benefit or the cost sharing burden imposed on beneficiaries. Consequently, the benefit, policy, and cost effectiveness questions raised in this PBD on the following issues will be deferred for Health Affairs to address as part the analysis of options for a nationwide HMO benefit.

CHAMPUS Dental Contract
CRI Contract in California and Hawaii
Managed Care Contract in New Orleans
Amendment of Region 6 RFP

CHAMPUS Dental Contract: In FY 1993 the program of contract dental care for active duty dependents was expanded, with $50 million authorized and appropriated for the six month cost of the additional benefit. The FY 1993 actual cost for this program exceeded the $50 million authorized and appropriated by nearly $40 million. Costs related to the expanded program in FY 1994 are estimated at $120 million, compared to $105 million in the President's Budget. In FY 1995, $162 million is estimated to be required versus the $111 million that was included for FY 1995 in last year's PBD 041. In part, this unanticipated cost is due to a higher enrollment in the program than anticipated. Health Affairs also contends that the 10% reduction imposed on the direct care system's dental capacity as part of the FY 1994 Program Review has contributed to the increased enrollment in the expanded benefit. As part of the Uniform HMO benefit review, Health Affairs should include a redesign of the benefit and co-payment structure for the contract dental program

within the latitude provided in the authorizing statute. Health Affairs' redesign should ensure that the expanded program remain within the $100 million magnitude contemplated by Congress in authorizing the expanded benefit. If a modification to the restriction on direct care dental capacity is need to achieve this goal, the Uniform HMO benefit review should also address this requirement.

CRI Contract in California and Hawaii: Health Affairs has indicated to the Deputy Secretary that it plans to amend the CRI contract in California and Hawaii to implement the revised CRI benefit structure, that presumably would be less costly to the Department. Health Affairs has indicated that it could realize a 4 percent savings from a revised benefit structure. However, contract modifications to implement this structure can exceed the 4 percent savings. The fact that this contract modification requires the total savings that would accrue from adopting a revised benefit structure argues for more careful consideration of benefit options before proceeding with additional regional contracts. In designing its options for the Secretary, Health Affairs should use its five years of experience in operating the CRI contract and the documented reasons for the cost escalation experienced to ensure that the Uniform HMO benefit will not proliferate any potentially costly features nationwide.

Managed Care Contract in New Orleans: The budget submission includes $187.6 million for the managed care contract based in New Orleans. If standard CHAMPUS had been continued in New Orleans and the three BRAC sites that were added to the contract in FY 1993, the cost to the Department would have been $153.8 million in FY 1995 for the New Orleans area. One reason for the costly nature of the New Orleans contract is that it includes the original CRI benefit structure that was evaluated as costing the Department 11 percent more than standard CHAMPUS while it was being offered in California and Hawaii. In addition, the contract region has no large military medical facilities offering care as an alternative to the usually more costly civilian sector. However, the $33.8 million or 22 percent higher cost of the contract when compared to standard CHAMPUS remains a concern. With 85 percent of the beneficiaries enrolled covered by the revised CRI benefit, this contract represents the only actual experience to-date in operation of the revised CRI/BRAC benefit advocated by Health Affairs for nationwide implementation. This experience with enrollment and the resulting cost increase should also be considered by Health Affairs in proposing more cost effective options for a nationwide benefit.

Cost Certification for Region 6: On November 1, 1993 Health Affairs informed the Deputy Secretary of the intent to issue a Request for Proposals (RFP) for a regional Managed Care Support Contract to be based in Texas. Once implemented, this Managed Care Support Contract for Region 6 will cover the states of Oklahoma, Arkansas, Texas, and Louisiana. Supporting documentation in the Health Affairs analysis included the following table displaying potential costs to the Department for Region 6:

Military Health Services System Costs in Region 6

(Dollars in Millions)

	Without Contract	Increase Past FY	With Contract	Diff.
FY 1995	1,424		1,417	-7
FY 1996	1,520	+6.7%	1,513	-7
FY 1997	1,617	+6.4%	1,611	-6
FY 1998	1,728	+6.9%	1,722	-6
FY 1999	1,847	+6.9%	1,842	-5
Health Affairs Total	**8,136**		**8,105**	**-31**
BLS/OMB-indexed Total	**7,851**	**+4.9% (annually)**	**8,105**	**+254**

Health Affairs Projection: The above table indicates that, without implementation of the Managed Care Support Contract in the Texas Region, Health Affairs estimates that FY 1995-FY 1999 cumulative Military Health Services System costs in the region could be expected to total $8.1 billion, based on inflation, and underlying trends in utilization per capita. With implementation of the contract and the revised CRI benefit, Health Affairs estimates that these total costs would be reduced by $31 million from FY 1995-FY 1999, a savings of .4 percent.

BLS/OMB-indexed Projection: If the current costs in the Region (without contract) are inflated consistent with the Bureau of Labor Statistics-based OMB medical inflation index of 4.9% each year, the Region 6 contract will result in cumulative costs that are $254 million higher, rather than the $31 million in savings cited by Health Affairs. If the the FY 1995-FY 1999 programmed resources were reduced to ensure that they do not exceed the correctly priced program costs, a cumulative reduction of $254 million would be required to Health Affairs' programmed resources.

The cost/savings analysis that the DHP provided for this managed care support contract is of concern because this was one of the regions of the country that was portrayed as having a potential for substantial cost savings. Health Affairs should not proceed with this acquisition until completion of the Department's review of the options for the Uniform HMO benefit.

DIRECT PATIENT CARE SUPPORT

Unsubstantiated $641 Million Program Increase: This budget activity supports the delivery of patient care in DoD hospitals and clinics worldwide to eligible beneficiaries. The budget submission includes $3.536 billion in FY 1995, an increase of 25 percent over the FY 1994

current estimate of $2.820 billion. This reflects a program increase of $641.1 million.

Budget justification materials provide no details on the intended use for an increase of this magnitude. A request for details on the increase yielded no additional data.

The decline in the following statistics related to direct patient care raise additional questions about the need for an FY 1995 program increase in this activity:

Direct Patient Care

	FY 1993	FY 1994	FY 1995
Total Beneficiaries	8,722,714	8,544,531	8,322,093
Hospitals	147	140	133
Medical Clinics	551	520	504
Average Daily Patient Load	8,885	8,659	8,473
Ambulatory Visits (000s)	45,181	44,084	43,106

Based upon the lack of justification and the declining workload and infrastructure for direct medical care, the alternative recommends retaining a minimum of $303.7 million of the $641 million program increase in direct patient care to fund the FY 1995 impact of FY 1994 congressional action. The balance should be carefully evaluated by Health Affairs for its requirement after the CHAMPUS shortfall is resolved before applying it to the new patient care activity group as part of the FY 1995 President's Budget.

Capitation Budgeting: In allocating total Defense Health Program resources on a per capita basis, Health Affairs has stated that capitation is an important strategy to containing costs. However, the FY 1995 budget submission reflects no savings from implementation of the capitation methodology.

There is evidence that capitated budgeting will reduce resource requirements significantly. The Army Health Services Command experienced 1.4 and 2.0 percent savings in the first and second years of a demonstration project on capitation budgeting. As PA&E pointed out during the FY 1995 POM review, civilian health literature reports one time savings of 4.5 to 8 percent. Based on precautionary statements from Health Affairs and the Services, the alternative does not quantify a FY 1995 savings from the capitation methodology. However, these savings, that could approach $100 million, will be reevaluated after FY 1994 actual experience with the capitated allocation to determine if the capitation methodology employed by Health Affairs should be modified.

Because capitation allocation is difficult to manage without knowing how many beneficiaries are planning to use the DoD system, Health Affairs is directed to include definitive plans for an enrollment system as part of its options for the Nationwide Benefit and in

anticipation of enrollment requirements associated with National Health Reform.

EXAMINING ACTIVITIES

Military Entrance Processing (MEP): The Defense Health Program is responsible for funding the cost of the medical portion of entrance exams for new accessions into the Military Departments. The Army is executive agent for the MEP program. The DHP budget submission includes $26.0 million for an estimated 393.6 thousand accession exams, an increase of 30.5 thousand exams over FY 1994. The alternative reduces the service estimate by $2.3 million based on the Army Training and Recruiting budget estimate of only 359.1 thousand medical entrance exams to be required in FY 1995. The outyears have been adjusted accordingly.

CARE IN NON-DEFENSE FACILITIES

Supplemental Care for Non-active duty Beneficiaries: The supplemental care program was originally designed to fund the cost of civilian health care for active duty personnel when care is not available through military facilities, or when the active duty member, of necessity, is required to obtain emergency care from a civilian facility. The budget submission includes $241.3 million for supplemental care compared to $242.8 million in FY 1993 and $208 million in FY 1994. A substantial portion of supplemental care is now used to support care for non-active duty beneficiaries, with Health Affairs estimating that as much as $100 million or over 40% of the supplemental care budget was used to support non-active duty beneficiaries in FY 1993. This expanded use of supplemental care for non-active duty personnel could be viewed as a means to avoid CHAMPUS deductible and co-payment requirements, and/or to finance care obtained from the civilian sector for individuals not eligible for CHAMPUS. Based on the 20 to 25 percent CHAMPUS copayment requirement for non-active duty beneficiaries who are inappropriately using supplemental care, the alternative reduces the FY 1995 program estimate by $20 million. The outyears have been adjusted accordingly.

Uniformed Services Treatment Facilities: The Department assumed responsibility for these 10 former Public Health Service hospitals in FY 1982, to provide them with an income base while they sought to obtain more patients from their communities and become less dependent on the income from the uniformed services patients. Since this time, the USTFs have operated under a series of agreements with the Department. This informal funding arrangement has proved so popular with the USTFs that they were successful in FY 1993 in obtaining an exemption from the Federal Acquisition Regulations in the Authorization Act. The request for FY 1995 of $216.3 million represents a ten percent increase over the FY 1994 President's Budget. Subsequent to the budget submission, Health Affairs has pointed out that the current USTF program agreements provide for updating rates in FY 1995 at a level 3 percent higher than the change

in the medical services component of the consumer price index. Consequently, Health Affairs concludes that an additional $69 million is required for the program in FY 1995 -- a requirement that is unfunded in the budget submission. The alternative directs Health Affairs, in conjunction with General Counsel, to draft any legislation needed to remove these facilities' non-competitive status and to address the incorporation of the USTFs into plans for the Uniform HMO benefit. Management actions should be taken the necessary lead time away to ensure that the FY 1995 costs can be absorbed within total DHP requirements.

PRIMUS/NAVCARE Program: The budget submission requests $105.6 million for the PRIMUS/NAVCARE program, a system of 22 clinics that provide outpatient care to DoD beneficiaries on a contractual basis. Through an interpretation of legislation authorizing the Department to conduct a variety of health care demonstration projects, these facilities have always been considered an extension of the Military Treatment Facilities. As such, these clinics have provided care to all categories of beneficiaries for no charge. During the past year, the Department has recognized that this affiliation with the military hospitals needs to be more clearly defined for the permanent PRIMUS/Navcare program. The alternative assumes that as the program is transitioned to a more permanent civilian contract status, that it will adopt the Uniform HMO benefit and any related co-pays and deductibles prescribed by the option selected by the Deputy Secretary.

EDUCATION AND TRAINING

Health Professions Scholarship Program: Armed Forces Health Professions Scholarships are awarded to eligible persons attending accredited educational institutions that provide training in approved health professions. Scholarship recipients receive a monthly stipend and payment of educational expenses such as tuition, fees, books, and laboratory expenses. Room, board, and non-academic expenses are excluded. The budget submission includes an increase of 10.5 percent per scholarship recipient from FY 1994 to FY 1995. The alternative reduces this increase to reflect the OMB medical inflationary allowance of 4.9 percent, reducing the $77.9 million requested in FY 1995 by $4.0 million. The outyears have been adjusted accordingly.

NEW BUDGET STRUCTURE FOR THE DEFENSE HEALTH PROGRAM: The alternative also establishes a new budget subactivity group structure for the Defense Health Program. This new structure will be used by Health Affairs in preparing the FY 1995 congressional justification material and subsequent budget submissions. These subactivities are not to be considered as O-1 budget subdivisions.

New Budget Structure:

Operation and Maintenance - Subactivities
- Direct Patient Care
- Standard CHAMPUS Benefits
- Managed Care and other Contractual Support
- Care in Non-Defense Facilities
- Education and Training
- Patient Care Support
- Base Operations/Communications

TECHNICAL ADJUSTMENTS: Health Affairs has coordinated the following adjustments to the DHP with the Services. The net effect of these transfers and a brief description of the reason for the technical adjustment follow. (These adjustments do not reflect end strength adjustments related to these transfers. The Services are directed to make the appropriate shifts between DHP and non-DHP end strength to effect these transfers except as noted in the following.):

Navy/DHP: (TOA Dollars in Millions)

	FY 95	FY 96	FY 97	FY 98	FY 99
O&M, Navy	-4.0	-4.5	-3.6	-3.7	-3.7
O&M, DHP	+4.0	+4.5	+3.6	+3.7	+3.7

This transfer realigns funds between the Defense Health Program and the Navy for postal payment decentralization, public works center management, audio-visual support decentralization, branch medical clinic Yorktown base operations support, non-medical collateral equipment, environmental compliance projects, shipboard medical expense equipment, MMART block support, and medical department, Chinhae, Korea.

Marine Corps/DHP (TOA Dollars in Millions)

	FY 95	FY 96	FY 97	FY 98	FY 99
O&M, Marine Corps	-.2	-.2	-.2	-.2	-.2
O&M, DHP	+.2	+.2	+.2	+.2	+.2

This net transfer realigns funds for Naval Hospital Camp Pendleton fire protection.

Air Force/DHP (TOA Dollars in Millions)

	FY 95	FY 96	FY 97	FY 98	FY 99
O&M, Air Force	+5.2	+5.3	+5.4	+5.5	+5.6
O&M, DHP	-5.2	-5.3	-5.4	-5.5	-5.6

This net transfer realigns funds for the following functions: civilian authorizations transfer from Lowry AFB to Fitzsimmons Army Medical Center (transfer of 8 civilian end strength from Air Force to Army), Air Force base level printing services, and bioenvironmental engineering (environmental compliance).

PBD Continuation Sheet

041
No.

ALIGNMENT RECOMMENDED IN THE ALTERNATIVE

After repricing and reducing the projected FY 1995 CHAMPUS requirement, the alternative recommends a realignment of resources to fully fund CHAMPUS requirements with a portion of an unsubstantiated program increase for direct patient care. Health Affirs is directed to realign and reprice both FY 1994 and FY 1995 to comply with BLS/OMB inflation indices and to manage the resources to remain within the total provided. For future budget submissions, Health Affairs is directed not to align resources so as to create the perception of shortages in specific programs while providing large programmatic increases to other activities.

SUMMARY OF ADJUSTMENTS:

Alternative Estimate:	(TOA, Dollars in Millions) FY 1994	FY 1995
Defense Health Program (DHP):		
Congressional action:		
O&M	+271.9	-*
Procurement	+.9	-
Supplemental Medical Care	-	-20.0
Medical Examining Activities	-	-2.3
Health Professions Scholarship	-	-4.0
Net Total, Alternative	+272.8	-26.3
Technical Adjustments/Transfers:		
O&M, Navy	-	-4.0
O&M, DHP	-	+4.0
O&M, Marine Corps	-	-.2
O&M, DHP	-	+.2
O&M, Air Force	-	+5.2
O&M, DHP	-	-5.2
Subtotal, Technical Transfers	-	-
Net Adjustments by Appropriation:		
DHP, O&M	+271.9	-27.3
DHP, Procurement	+.9	-
O&M, Navy	-	-4.0

O&M, Marine Corps	-	-.2
O&M, Air Force	-	+5.2
Total, Alternative	+272.8	-26.3

Civilian End Strength (Technical Adjustment)
(USDH)

Air Force	-	-8
Army	-	+8

*FY 1995 cost of FY 1994 congressional action of $303.7 million to be provided within the FY 1995 baseline for direct patient care.

OUTYEAR IMPACT:

	(TOA, Dollars in Millions)			
	FY 1996	FY 1997	FY 1998	FY 1999
Service Estimate	9,782.7	9,933.7	10,149.5	10,611.4
Alternative Estimate	-27.6	-28.9	-30.4	-31.8
Technical Adjustments/Transfers:				
O&M, Navy	-4.5	-3.6	-3.7	-3.7
O&M, DHP	+4.5	+3.6	+3.7	+3.7
O&M, Marine Corps	-.2	-.2	-.2	-.2
O&M, DHP	+.2	+.2	+.2	+.2
O&M, Air Force	+5.3	+5.4	+5.5	+5.6
O&M, DHP	-5.3	-5.4	-5.5	-5.6
Subtotal, Technical Adjustments	-	-	-	-
Net Adjustments by Appropriation:				
DHP, O&M	-28.2	-30.5	-32.0	-33.5
O&M, Navy	-4.5	-3.6	-3.7	-3.7
O&M, Marine Corps	-.2	-.2	-.2	-.2
O&M, Air Force	+5.3	+5.4	+5.5	+5.6
Total, Alternative	-27.6	-28.9	-30.4	-31.8
Civilian End Strength (USDH)				
Air Force	-8	-8	-8	-8
Army	+8	+8	+8	+8

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PROGRAM BUDGET DECISION

No. 086

SUBJECT: Uniformed Services University of the Health Sciences

DOD COMPONENTS: Army, Navy, Air Force, OSD

ISSUE: Should the Department accelerate the phase-out of USUHS?

Service Estimate	FY 1994	FY 1995
TOA $ Millions	79.8	80.9
Civilian End Strength	651	651
Active Military End Strength	868	830
Alternative Estimate		
TOA $ Millions	-	-10.5
Civilian End Strength	-	-127
Active Military End Strength	-	-156

SUMMARY OF EVALUATION: The Vice President's National Performance Review (NPR) proposed that the Department close the Uniformed Services University of the Health Sciences (USUHS). The NPR and accompanying supporting documents forwarded to the Congress from the Administration cite $350 million in FY 1995-FY 1999 savings to be achieved from the phased closure.

The Defense Health Program (DHP) budget submission reflects the phased closure of USUHS with the last class to enter in the summer of FY 1994 and achieves net savings of $50.4 million from FY 1995-FY 1999.

Based on the NPR the alternative recommends that the Assistant Secretary of Defense (Health Affairs) accelerate the phaseout of USUHS. The alternative reflects:

- cancellation of plans to select a new FY 1994 freshman class;
- no augmentation of the Health Professions Scholarship Program (HPSP) to offset the reduction in USUHS students (except for 20 students who have been given letters of acceptance from USUHS); and,
- elimination of military and civilian end strength and costs as the closure is accomplished.

ALTERNATIVE ESTIMATE: Reduce the DHP by $10.5 million in FY 1995 and an additional $214.9 million in FYs 1996-1999 incident to the acceleration of the closure of USUHS. The ASD (Health Affairs) should provide the Deputy Secretary of Defense a plan to accomplish the accelerated closure of USUHS no later than December 31, 1993.

THE DEPUTY SECRETARY APPROVED ALTERNATIVE EXCEPT THE HPSP IS AUGMENTED BY 624 SCHOLARSHIPS AND $67.3 MILLION (FY 95-99). ASD(HA) IS DIRECTED TO TAKE ACTIONS NECESSARY TO MATRICULATE SECOND YEAR MEDICAL STUDENTS AT USUHS IN ORDER TO BE IN COMPLIANCE WITH TITLE 10, SECTION 2112 IN THE EVENT LEGISLATIVE RELIEF IS NOT APPROVED.

DECISION _____ Date 12/30/93

DETAIL OF EVALUATION:

In 1972, the Congress enacted the Uniformed Services Health Professions Revitalization Act which established the Uniformed Services University of the Health Sciences (USUHS), a medical school operated by the Department of Defense to train physicians committed to long term military careers. In creating the University, the Congress hoped to alleviate difficulties experienced by the Military Departments in sustaining a medical corps large enough to support DoD health care needs.

Since the University was created, it has been the subject of much debate because of its relatively high cost to the Department. USUHS produces slightly less than 10 percent of the Services' physician accessions at a cost much higher than other programs to recruit and retain physicians. Based on figures from 1991, USUHS is the most expensive source of physicians at $562 thousand per person. Military physicians who are trained under the Health Professions Scholarship Program (HPSP) cost the Department an average of $111 thousand, and other sources of physician accessions such as the Financial Assistance Program and volunteers range in cost from $14 to $55 thousand each.

In recognition of the costly nature of the physician accessions produced by USUHS, the National Performance Review (NPR) recommended closing the facility and relying on the scholarship program and volunteers to meet DoD requirements for physicians. Supporting justification materials and legislative proposals submitted to the Congress in connection with the National Performance Review described total savings to the Defense Budget of $350 million from FY 1995-FY 1999.

The FY 1995 Defense Health Program budget submission reflected the proposed closure of USUHS, but achieves net savings of only $50.4 million from FY 1995-FY 1999. The Office of Management and Budget contends, and the Department agrees that the savings to be achieved in the FY 1995 President's Budget from closing the University should be approximately $350 million from FY 1995-FY 1999. Based on data reflected in FY 1995 budget submission, the alternative reduces the Defense Health Program budget by an additional $225.4 million from FY 1995-FY 1999, for direct savings to the Department totaling $275.8 million.

The additional savings in the alternative are achieved in part by accelerating plans for USUHS closure by one year, with no new class to be accepted for entry in FY 1994. This assumption conflicts with the Defense Planning Guidance statement that the last class to enter the program as first year students will be in the summer of 1994. However, the Administration has decided to close the University. Any move to prolong this closure process -- such as proceeding with the application and selection process for a new class in 1994 -- detracts from what should be a concerted effort to effect this closure consistent with the Vice President's plan. To continue with the

selection process in the summer of 1994 jeopardizes the Department's ability to achieve the savings projected by the National Performance Review and commits the Department to supporting yet another class of medical students through this comparatively expensive accession source.

Instead, the Department should demonstrate its support for the Administration's position by immediately developing a reasonable and detailed plan for the planned closure. As a minimum, this plan should include details on:

-- the disposition of University assets (computers, vehicles, medical equipment, research facilities, and laboratory animals);

-- a phase out of the University's host/tenant agreement with the National Naval Medical Center;

-- the proposed use and/or transfer of the University facilities with related reimbursement/savings estimates;

-- any plans for transferring students to private sector medical schools in the event the drawdown precludes the school from maintaining its accreditation until the final student is graduated;

-- plans for effecting the drawdown of military and civilian staff; and,

-- plans for smoothly phasing out ongoing programs (to include research grants and cooperative agreements) or transitioning them to other sources of support.

The Assistant Secretary of Defense, Health Affairs should develop and coordinate such a phase-out plan within the Department before providing it to the Congress as part of the FY 1995 President's Budget. This plan should be provided to the Deputy Secretary of Defense no later than December 31, 1993.

The alternative also assumes that the decrease in USUHS students and military and civilian staff will not be offset by increases to the Health Professions Scholarship Program and the Military Departments' medical end strength levels. The decrease in medical infrastructure and physician requirements as a result of the force drawdown argues against the need to continue to maintain medical accessions at current levels. An exception will be made for the 20 applicants who have already been given letters of acceptance for the freshman class scheduled to enter USUHS in FY 1994. The HPSP program has been increased by the approximately $.5 million annually required to be able to offer these individuals scholarships as an alternative to attending USUHS.

The alternative eliminates all direct RDT&E funding for In-house Laboratory Independent Research at USUHS and phases out the related

RDT&E civilian end strength. The plan to be developed by the ASD(HA) for USUHS closure should reflect input from Under Secretary of Defense (Acquisition) to ensure that this arrangement is viable.

The staffing and program resources associated with the Armed Forces Radiobiology Research Institute (AFRRI) are addressed in PBD 202 - Technology Base.

The service estimate and the alternative do not reflect an indirect savings in military construction requirements that result from the USUHS closure. The budget submission for the defense medical construction program reflects the decision to not pursue plans to construct a $150 million new facility for the Armed Forces Institute of Pathology on the Walter Reed Army Medical Center complex. Instead, the Pathology Institute will be relocated on the USUHS campus once these facilities are vacated. The military construction requirement of $72 million for rehabilitation of the USUHS facilities is less than half the cost of the new construction, resulting in indirect savings of $78 million. When this indirect savings in military construction costs is added to the $50.4 million in savings reflected in the DHP budget submission and the $225.4 million in additional savings in the alternative, total savings ($353.8 million) from the closure of USUHS exceeds the $350 million cited by the National Performance Review.

SUMMARY OF ADJUSTMENTS:

	(Dollars in Millions) FY 1994	FY 1995
Alternative Estimate		
RDT&E, Defensewide	-	-3.3
O&M, Defense Health Program	-	-1.0
Military Personnel, Army	-	-2.4
Military Personnel, Navy	-	-2.0
Military Personnel, Air Force	-	-1.8
Total	-	-10.5
End Strength		
Army		
Officers	-	-60
Navy		
Officers	-	-48
Air Force		
Officers	-	-48
Defense Health Program		
Civilian, USDH	-	-76

PBD Continuation Sheet

086
No.

	FY 1994	FY 1995
RDT&E, Defensewide		
Civilian, USDH	-	-50
Civilian, FNDH	-	-1

OUTYEAR IMPACT:

	(TOA, Dollars in Millions)			
	FY 1996	FY 1997	FY 1998	FY 1999
Service Estimate	83.6	74.5	67.4	61.6
Alternative Estimate:	-36.4	-50.2	-66.7	-61.6
RDT&E, Defensewide	-3.3	-2.4	-2.4	-2.5
O&M, Defense Health Program	-16.5	-21.2	-26.4	-20.3
Military Personnel, Army	-6.8	-11.1	-14.9	-15.3
Military Personnel, Navy	-5.1	-8.0	-11.9	-12.1
Military Personnel, Air Force	-4.7	-7.5	-11.1	-11.4
Total	-36.4	-50.2	-66.7	-61.6
	End Strength			
Army				
Officers	-139	-218	-287	-287
Enlisted	-15	-22	-29	-29
(Students)	(-120)	(-180)	(-240)	(-240)
Navy				
Officers	-103	-157	-220	-220
Enlisted	-9	-14	-18	-18
(Students)	(-96)	(-144)	(-192)	(-192)
Air Force				
Officers	-103	-158	-221	-221
Enlisted	-12	-18	-23	-23
(Students)	(-96)	(-144)	(-192)	(-192)
Total, End Strength	-381	-587	-798	-798
(Students)	(-312)	(-468)	(-624)	(-624)
Defense Health Program				
Civilian USDH	-348	-140	-87	-
RDT&E, Defensewide				
Civilian, USDH	-101	-151	-201	-201
Civilian, FNDH	-1	-1	-1	-1

RDT&E APPENDIX ($ in Thousands)			NUMBER 086		Alternative 1	
PROGRAM ELEMENT	Fiscal Year 1994	Fiscal Year 1995	Fiscal Year 1996	Fiscal Year 1997	Fiscal Year 1998	Fiscal Year 1999
601101 D		-3,345	-3,321	-2,348	-2,407	-2,464

PROGRAM BUDGET DECISION

No. 377

SUBJECT: Military Construction, Defensewide

DOD COMPONENTS: Defense Medical Facilities Office (DMFO), US Special Operations Command (USSOCOM), Defense Logistics Agency (DLA), Defense Resources Management Institute (DRMI)

ISSUE: Should the Defensewide military construction program be adjusted based on reduced or uncertain requirements, phased funding of hospital projects, alternative financing, and pricing adjustments?

	(TOA, Dollars in Millions)	
	FY 1994	FY 1995
Service Estimate	1,013.5	739.5
Alternative No. 1	-	-220.7
Alternative No. 2		-340.7

SUMMARY OF EVALUATION: The Defensewide Military Construction program supports all of the Military Construction requirements of the Defense Agencies to include U.S. Special Operations Command and the DMFO. The request generally represents a reasonable approach to satisfy their facility requirements with the exceptions noted below.

Alternative Nos. 1 and 2:

- Adjusts a classified project based on reduced program manager's requirements. -191.0
- Deletes the Defense Resource Management Institute (DRMI) project due to a lack of justification. -20.0
- Adjusts 3 medical projects based on the ability to award contracts. +93.0
- Finances 1 medical project from available FY 1994 resources. -25.0
- Reprices 9 projects. -5.8

Alternative No. 1:

- Phases funding for Portsmouth Hospital project based on the ability to award contracts. -71.9

Alternative No. 2:

- Defers funding to FY 1996 for Portsmouth project based on audit recommendations. -191.9

ALTERNATIVE ESTIMATE: Alternative No. 1 approves TOA of $518.8 million for FY 1995. Alternative No. 2 approves TOA of $398.8 million for FY 1995.

DECISION THE DEPUTY SECRETARY APPROVED ALTERNATIVE NO. 1 EXCEPT FOR WRAIR ($-50.0 MILLION). Date 12/13/93

DETAIL OF EVALUATION:

CLASSIFIED PROJECTS

		(TOA, $ in Millions) FY 1994	FY 1995
Defense Level Agencies	Classified Construction	-	-191.0

The FY 1995 budget requests $191.0 million for classified projects in FY 1995. The classified project manager has determined that these funds are not required for FY 1995. Both alternatives reduce the request accordingly.

UNCERTAINTY OF REQUIREMENTS

Defense Resources Management Institute	Admin Facility	-	-20.0

The FY 1995 budget requests $20.0 million for construction of an admin facility for the Defense Resources Management Institute in Monterey, CA. However, the requirement for this project cannot be validated because no budget justification material or other supporting documentation has been provided. Both alternatives reduce funding associated with this project.

ALTERNATIVE FINANCING

Fort Sam Houston, TX	Hospital Replacement Phase VIII	-	-25.0

Defense Medical Facilities Office (DMFO) requested $25.0 million in FY 1995 for the final phase of construction of a Hospital Replacement project at Fort Sam Houston, TX. However, DMFO indicated that the funding requested in FY 1995 could actually be awarded during FY 1994, and if these funds are not provided in FY 1994, the agency would incur penalties totaling $15.0 million. They propose using $18.0 million which was appropriated for a project at March AFB, CA that has been canceled as a result of base closure and realignment actions, and an additional $7.0 million from various other savings/cancellations of Defense Level programs has been identified for reprogramming to fund this requirement. Therefore, the $25.0 million requested in FY 1995 for the Fort Sam Houston project is no longer required. Both alternatives reduce the request accordingly.

PHASED FUNDING

Elmendorf AFB, AK	Hospital Replacement Phase III	-	-32.0

DMFO requested $98.0 million in FY 1995 to provide full funding for construction of the final phase of a new hospital at Elmendorf AFB, AK. The DMFO has indicated that they can only obligate $66.0 million for Elmendorf during FY 1995. During the review of FY 1994 hospital

construction funding, congressional committees indicated their support for phased funding of hospital projects based on the amount that could be awarded during the budget year and reduced funding accordingly. In addition, OMB has granted an exception to their Circular A-11 full-funding requirement for this project. Therefore, both alternatives reduce FY 1995 by $32.0 million for the Elmendorf project to provide only the amount that can be obligated during FY 1995.

		(TOA, $ in Millions) FY 1994	FY 1995
Forest Glen, MD	Walter Reed Army Institute of Research	-	+50.0

In FY 1993, construction of the Walter Reed Army Institute of Research (WRAIR) was authorized by Congress for $147.3 million, and $13.3 million was appropriated for construction of Phase I. In FY 1994, the Department requested $48.1 million for Phase II construction but only $15.0 million was appropriated. However, the appropriations committee conferees included report language reiterating their support for the project and directed that an award be made for a new WRAIR not later than December 25, 1993. The Department was also directed to include the next increment of funding in the FY 1995 budget and the balance, if required, in subsequent budgets. DMFO did not include funding for WRAIR in their FY 1995 budget, instead they fully funded Portsmouth, Elmendorf and Fort Sam Houston in accordance with OMB direction for full funding of these facilities. However, this method of financing puts resources at risk based on congressional action in FY 1994. Therefore, Alternative No. 1 proposes to phase fund the hospitals thereby freeing resources to fund WRAIR consistent with funds that can be obligated in FY 1995.

Fort Bragg, NC	Hospital Replacement Phase II	-	+75.0

Construction of a replacement hospital at Fort Bragg, NC, was authorized in FY 1993 for $250.0 million, and $10.0 was appropriated. In FY 1994, $195.0 million was requested for the final phases of construction, however, only $35.0 million was appropriated. Although $75.0 million could be obligated for the project in FY 1995, insufficient funds were available for the project as a result of the full funding policy. If the funds are not provided in FY 1995, project delays will occur. Accordingly, both alternatives provide $75.0 million for the Fort Bragg Hospital Replacement consistent with the amount that can be obligated.

PRICING

		(TOA, $ in Millions) FY 1994	FY 1995
Eglin Aux Field, FL	Various Projects	-	-3.3

The Tri-Service Committee on Cost Engineering has compiled a list of area cost factors and unit cost data for use in preparing and reviewing military construction budgets. This data indicates an area construction cost index of .73 for Eglin AFB, FL. SOCOM's FY 1995 budget request includes $27.7 million associated with seven military construction projects at Eglin Aux Field 9, FL. According to the budget justification material, the estimates for these projects were developed using an area construction cost index of .83 rather than the approved index of .73. As a result, SOCOM's estimate has been overpriced by $3.3 million. Both alternatives reduce the request accordingly.

Fort Bragg, NC	SOF Group Operations Complex	-	-1.5

SOCOM requested $20.0 million for construction of a SOF Group Operations Complex. Applying the DoD pricing and area cost factor guidelines indicate that the cost for this facility should be $18.5 million or $1.5 million less than the SOCOM request. The higher construction costs requested by SOCOM are not supported by the justification material provided. Accordingly, both alternatives reprice this project consistent with DoD guidelines.

The justification material does indicate that the project includes a high support to primary facility cost ratio as a result of long utility runs commonly associated with the construction of facilities on sites where little or no infrastructure exists. Neither alternative makes any adjustment to these costs.

Naval Station, Guam	SOF-Naval Special Warfare Operations Facility	-	-1.0

SOCOM requested $9.5 million for a SOF Group Operations Complex. Applying the DoD pricing and area cost factor guidelines indicate that the cost for this facility should be $8.5 million or $1.0 million less than the SOCOM request. The higher construction costs requested by SOCOM are not supported in the justification material provided. Accordingly, both alternatives reprice this project consistent with DoD guidelines.

PORTSMOUTH NAVAL MEDICAL CENTER

Alternative No. 1	-	-71.9
Alternative No. 2	-	-191.9

DMFO requested $191.9 million in FY 1995 to construct the final phase of a hospital at Portsmouth, VA. DMFO has indicated that they can only obligate $120.0 million for Portsmouth during FY 1995. OMB has

granted an exception to their Circular A-11 full-funding requirement for this project, and Congress has indicated their support for phased funding. However, the DoD IG recently completed an audit that recommended reducing the scope of the project and reducing the number of planned beds by 152. However, both the Navy and the ASD(HA) contend the size of the facility should not be rescoped on the basis that it may need to expand in the future. The DoD IG maintains that the currently planned scope of the project was not justified and that descoping the project and renovating existing facilities to meet essential needs could result in savings of $49.9 million (construction cost savings of $58.2 million less $8.3 million in redesign costs). Descoping and redesigning the Portsmouth project would result in a delay of approximately 18 months; therefore, DFMO would not be able to award the $191.9 million requested during FY 1995. DMFO already has been provided $104.5 million to commence construction of the project and has an unobligated balance of $41.1 million that is sufficient to cover the redesign costs. Alternative No. 1 reduces this project by $71.9 million in FY 1995 to provide only the amount that can be obligated during FY 1995, while Alternative No. 2 defers the project to FY 1996 pending resolution of the audit recommendations.

SUMMARY OF ADJUSTMENTS:

	(TOA, Dollars in Millions) FY 1994	FY 1995
Alternative No. 1:		
SOCOM		-5.8
DMFO		-3.9
Defense-Level		
Classified Programs		-191.0
DRMI		-20.0
Total	-	-220.7
Alternative No. 2:		
SOCOM		-5.8
DMFO		-123.9
Defense-Level		
Classified Programs		-191.0
DRMI		-20.0
Total	-	-340.7

CONSTRUCTION APPENDIX ($ in Thousands)	NUMBER 377	Alternative 2

APPN	BUD ACT	FAC ACT	LOCATION AND PROJECT	Fiscal Year 1993	Fiscal Year 1994	Fiscal Yea 1995
MCDA	01	777	Elmendorf AFB, AK Hospital Replacement Phase III			-32,00
MCDA	01	777	Monterey, CA Defense Resource Mgmt Institute Admin Facility			-20,00
MCDA	01	777	Eglin Aux Field, FL			
			SOF Aircraft Parking			-1,00
			SOF Add to and Alter Simulator			-70
			SOF Aquatic Training Facility			-35
			SOF Armament System Maintenance Trainer			-15
			SOF MC-130 Nose Dock/AMU			-60
			SOF Benson Tank Storage Facility			-5
			SOF Dormitory			-45
MCDA	01	777	Naval Station, Guam SOF-Naval Special Warfare Operations Facility			-1,00
)A	01	777	Forest Glen, MD Walter Reed Army Institute of Research			+75,0C
MCDA	01	777	Fort Bragg, NC			
			Hospital Replacement			+50,0C
			SOF Group Operations Complex			-1,5C
MCDA	01	777	Fort Sam Houston, TX Hospital Replacement Phase VIII			-25,0C
MCDA	01	777	Portsmouth, VA Hospital Replacement Phase VI			-191,9C
MCDA	01	777	Various Locations Classified Construction			-191,0C

MINUTES OF THE
MILITARY TREATMENT FACILITIES
AND GRADUATE MEDICAL EDUCATION
BRAC 95 JOINT CROSS SERVICE GROUP
MEETING OF FEBRUARY 10, 1994

The third meeting of the Military Treatment Facilities and Graduate Medical Education (MTF/GME) BRAC 95 Joint Cross Service Group convened at 1230 hrs on February 10, 1994. The meeting was chaired by Dr. Edward D. Martin, Acting Assistant Secretary of Defense, Health Affairs.

After calling the meeting to order the Chairman asked each of the members to review the minutes from the previous meeting (a copy of the minutes was passed around the table).

The first item on the agenda was a "Rightsizing" briefing presented by the Air Force. The briefing described a review of small hospitals previously undertaken by the Air Force. Lessons learned from the Air Force review included: civilian or other providers must be able and willing to absorb the workload, competition among civilian providers/Non Availability Statements control is required to contain costs and, communication between the MTFs and the public must take place.

The next item was a discussion of the proposed General Analytical Approach to be used during the BRAC 95 process. An OSD Health Affairs representative presented a graphic portrayal of the analysis process. The Chairman then explained the process for resolution of any differences between the recommendations of the Services and the MTF/GME Group. After minimal discussion the group accepted the proposed General Analytical Approach.

Next on the agenda was the determination of the categories for BRAC 95 study. The group agreed that the three categories under which the medical facilities will be placed for study are:

- GME centers (In-patient care and Out-patient care and two or more graduate medical programs)
- Hospitals (In-patient care and Out-patient care)
- Stand-alone Clinics (Out-patient care)

The final item on the agenda was a discussion of the military service's comments on the screening criteria distributed during the first meeting of the MTF/GME Group. Each of the criterion and associated comments were discussed by the group. Following this, an organization of the Measures of Merit (MOMs) was presented for the group's consideration. Each of the MOMs and the key issues raised follow:

- Population
  - Should be weighted
  - Need to rethink the 40 mile catchment area
  - MOMs for both active duty and dependents

- o Facility Condition
  - May need new data call
  - Do not limit to code <80 -- get all codes
- o Access
  - Drop "number of non-DoD hospitals is >4" -- just ask "how many" and what types of services available
- o Cost Effectiveness
  - Must be aware of unique active duty/military issues
  - Tri-Care Executive Committee working uniform cost measures

A suggestion was made that the criteria should include "utilization" measures, e.g., the number of times per year eligible beneficiaries use the emergency room. There was some question as to whether this data could be gathered within the time available. Another suggestion was the use of bed days per 1,000 category I beneficiaries. The discussion ended with no conclusions being made.

The meeting adjourned at 1435 hrs. The next meeting is scheduled for February 17, 1994 at 1400 hrs.

Approved Edward D. Martin
Edward D. Martin, MD
Acting ASD(HA)

Attachments

BRAC 95
JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

SERVICE/AGENCY	NAME	PHONE#	ATTENDING 10 Feb 94
CHAIR (AASD(HA)	Dr. Martin	703-697-2114	X
ASD(HA) (Designate)	Dr. Joseph	703-697-2144	X
TEAM LEADER	RADM Koenig	703-697-8973	X
ARMY	BG Zajtchuk	703-756-5680	X
NAVY	CAPT Golembieski	703-681-0461	X
NAVY	CDR Dilorenzo	703-681-0452	X
AIR FORCE	MG Buethe		X
AIR FORCE	BG Hoffman	202-767-1894	
JCS	COL Moore	703-697-4346	X
OASD (P&R)	Ms. St. Clair	703-696-8710	Mr. Monteleone
COMPT	Ms. Hiller	703-697-3101	X
PA&E	Mr. Dickens	703-697-8050	X
ODASD (BRAC/ES)	Mr. Miglionico	703-697-8050	X
DOD IG	Mr. Tomlin	804-766-3816	
ODASD (HA)	Mr. Maddy	703-697-8979	X
ODASD (HA)	Dr. Mazzuchi	703-695-7116	X

OTHER ATTENDEES

SERVICE/AGENCY	NAME	PHONE #	ATTENDING 10 Feb 94
OASD (HA)	Ms. Watson	703-697-8973	X
OASD (HA)	Ms. Giese	703-614-4705	X
OASD (HA)	Col Garner	703-614-4705	X
OASD (HA)	CDR Bally	703-614-4705	X
OASD (HA)	LTC Ponatoski	703-614-4705	X
OASD (HA)	LTC McClinton	703-614-4705	
ARMY	COL Barton	703-756-8319	
ARMY	COL Wilcox	703-756-5681	
ARMY	LTC Powell	703-697-3877	
ARMY	LTC McGaha	703-697-6388	X
ARMY	MAJ Dudevoir	703-756-0286	X
ARMY	MAJ Parker	703-756-8036	X
ARMY	COL Lyons		X
NAVY	CAPT Buzzell	703-681-0475	
NAVY	Ms. Davis	703-602-2252	
AIR FORCE	LtCol Silvernail	202-767-5550	X
AIR FORCE	LtCol Bannick	202-767-5066	X
AIR FORCE	Maj Costa	202-767-5066	X
AIR FORCE	Maj Pantaleo	202-767-5046	X
LMI	Mr. Neve	301-320-7287	X
LMI	Ms. Dahut	301-320-7408	X
JS	LtCol Ferguson	703-697-4421	
COMP	Ms. Kopperman	703-697-4517	X

BRAC 95 JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

FEBRUARY 10, 1994
Room 5D400, 12:30 pm

• Review/approve minutes from previous meeting	Dr. Martin
• Air Force "Rightsizing" Brief	Maj Pantaleo
• Discuss General Analytical Approach	LTC Ponatoski
• Review/Discuss Study Categories	LTC Ponatoski
• Review/Discuss Service Comments to January 1994 Hospital Screening Criteria used in previous analyses	RADM Koenig
• Actions for next meeting	Dr. Martin
• Administrative Issues	Dr. Martin

NEXT MEETING FEBRUARY 17, 2:00pm
ROOM 5D400

- Adjournment

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- Determine Categories for Study
  - Concept of categorization
    - Must choose categories to enable like comparisons (apples to apples)
    - Must develop measures of merit for each category
    - May use all or some of one category's measures of merit as a subset of another category's

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

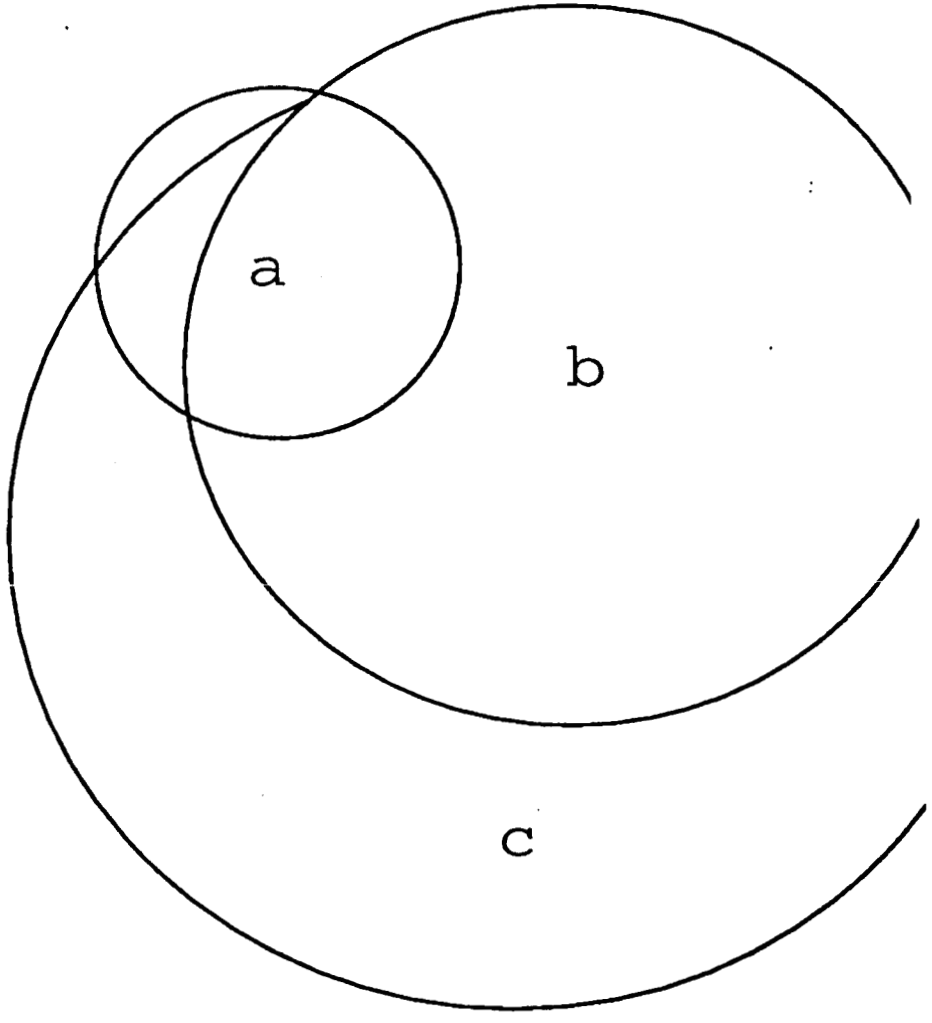
- A "strawman" categorization for discussion
  1. GME centers to include MOMs* for:
     - GME
     - In-patient care
     - Out-patient care
  2. Hospitals to include MOMs for:
     - In-patient care
     - Out-patient care
  3. Stand-alone clinics to include MOMs for:
     - Out-patient care

*MOMs = Measures of Merit

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

The Three-Tiered Category Approach

a. MOMs for stand-alone clinics
b. MOMs for hospitals
c. MOMs for GME centers



CRITIQUE OF HOSPITAL MEASURES OF MERIT

ARMY

In place of the present criteria have offered a different approach centering around five major concepts: 1) readiness, 2) current cost efficiency, 3) capital investment required, 4) availability of care in the catchment area, and 5) MEDCEN unique attributes.

Noted need to develop weighted scales of measure rather than a binary concept.

NAVY

Had several general concerns regarding the present approach. 1)focused too heavily on inpatient aspects of care; 2) left out mission issue; 3) use of operating beds was built upon outdated planning methods; and 4) criteria were undefined.

AIR FORCE

Believed that the data as presently structured are biased against smaller hospitals. Noted decisions had to be made in concert with the other Services. Critiqued the hospital criteria as noted in the following matrix.

MEASURE	ARMY	NAVY	AIR FORCE
1.1 Total eligible beneficiaries less than 100,000 (50,000 smaller hospitals.	CONCUR WITH WEIGHTING ON THIS AND OTHER MEASURES		DEVELOP A WEIGHTED MEASURE E.G. <50K, 50-70K, 70-90K
1.2 The number of active duty and dependents of active duty beneficiaries is less than 50% of total eligible beneficiaries population.	MUST CONSIDER AVAILABILITY OF CARE VIA CHAMPUS.		DELETE
1.3 The number of beneficiaries age 65 and older is greater than 15% of the population.			DELETE
1.4 small hospitals less than 50 operating beds.			DELETE
1.5 Condition code less than 80.	JCAHO PLANT TECHNOLOGY AND SAFETY SCORES		ADD "A MAJOR MILCON IS NOT UNDER CONSTRUCTION"
1.6 Greater than 25 years since last major modification or rehabilitation	CONSIDER REPLACEMENT VALUE OF EQUIPMENT EXCEEDING LIFE EXPECTANCY		DELETE - MEASURES THE SAME AS 1.5
1.7 Construction requirement is greater than $10M. ($5M smaller hospitals)			DELETE - MEASURES THE SAME AS 1.5
1.8 Within forty-mile catchment area with another medical center.	PROXIMITY TO OTHER MILITARY HOSPITALS.		
1.9 Primary physician population ratio is greater than 1 civilian primary physician to 3500 individuals in the MTF catchment area.			
1.10 Number of non-DoD hospitals is greater than 4 in the MTF catchment area.			CHANGE TO "NUMBER OF ACCREDITED NON-DOD COMMUNITY HOSPITALS WITH THE APPROPRIATE TYPE/LEVEL OF SPECIALTY CARE IS GREATER THAN 4 IN THE MTF CATCHMENT AREA
2.1 Percent average daily patient load to built beds is less than 60%	DELETE RELATES TO WORK LOAD CHURNING	DELETE - OLDER PLANNING METHOD	DELETE

MEASURE	ARMY	NAVY	AIR FORCE
2.2 Percent operating beds is 75% or less.	DELETE RELATES TO WORK LOAD CHURNING	DELETE - OLDER PLANNING METHOD	DELETE
2.3 Active duty and dependents of active duty is less than 50% of total admissions.			DELETE
2.4 Average length of stay is 1.25 times the national norms.		TOO MUCH INPATIENT EMPHASIS - NO ACCOUNTING FOR SAME DAY SURGERY	ENSURE NORMS ARE FOR SIMILAR FACILITIES
2.5 Category III (in referrals) is less than category II (out referrals).			
2.6 Category I care (inpatient care provided to catchment area beneficiaries by the same MTF) is less than 50% of total catchment area care (CAT I+II+IV)			DELETE
2.7 Average unit cost of direct care impatient work unit is greater than the average unit cost of CHAMPUS inpatient work unit.	USE COST PER RELATIVE WEIGHTED PRODUCT (RWP) WITH CHAMPUS IN SAME CATCHMENT AREA	CAN'T COMPARE UNIT COSTS AMONG THE SERVICES	ENSURE COSTS ARE FOR SIMILAR FACILITIES. READINESS BACKED OUT.
2.8 Average unit cost of direct care outpatient visits is greater than the average unit cost of CHAMPUS outpatient visits.	COST PER EPISODE OF CARE WITH CHAMPUS IN SAME CATCHMENT AREA	CAN'T COMPARE UNIT COSTS AMONG THE SERVICES	ENSURE COSTS ARE FOR SIMILAR FACILITIES. READINESS BACKED OUT.
2.9 The difference between the model and the observed average cost per inpatient work units is greater than +5% variation.			NEED MODEL SPECIFICS

MILITARY HOSPITALS DUE TO CLOSE UNDER BRAC
GROSS SQUARE FEET & PLANT REPLACEMENT VALUE

Facility/BRAC	State	Service	GSF	PRV $Millions
Pease AFB/I	NH	AF	128,354	27.416
Homestead AFB/III	FL	AF	154,528	27.713
Eaker AFB/II	AR	AF	60,514	10.365
England AFB/II	LA	AF	109,283	20.480
George AFB/I	CA	AF	148,002	37.578
Myrtle Beach AFB/II	SC	AF	77,314	12.308
Wurtsmith AFB/II	MI	AF	117,409	26.971
Williams AFB/II	AZ	AF	105,335	21.226
Chanute AFB/I	IL	AF	190,505	43.763
Bergstrom AFB/II	TX	AF	112,820	19.097
Carswell AFB/II	TX	AF	348,805	80.830
NH Long Beach/II	CA	N	407,488	86.300
Letterman AMC/I	CA	A	630,078	221.227
Fort Ord/II	CA	A	409,438	105.299
Fort Devens/II	MA	A	138,669	42.563
Loring AFB/II	ME	AF	146,264	23.284
Griffiss AFB/III	NY	AF	117,667	27.267
K.I. Sawyer AFB/III	MI	AF	122,671	26.449
Fort B. Harrison/II	IN	A	109,424	23.723
NH Orlando/III	FL	N	218,960	31.100
Castle AFB/II	CA	AF	128,800	29.588
NH Philadelphia/I	PA	N	293,633	49.146
March AFB/III	CA	AF	217,979	55.345
Plattsburgh AFB/III	NY	AF	100,635	22.307
NH Oakland/III	CA	N	520,759	128.500
GRAND TOTALS			5,115,334	1,199.845

Note: Information received from: Captain O'Brien, HQ USAF/SGAFW at (202) 767-5556, for all Air Force medical installations; Major Bond, SGFF-PA at (703) 756-8229, for all Army medical installations; and LT Nilson, BUMED/MED-433 at (202) 653-1637, for all Navy medical installations.

TOTAL P

ORGANIZATION OF MEASURES OF MERIT

CHARACTERISTICS	CATEGORIES FOR STUDY		
	CLINICS	HOSPITALS	GME CENTERS
POPULATION			
FACILITY CONDITION			
ACCESS			
COST EFFECTIVENESS			

ORGANIZATION OF
MEASURES OF MERIT

POPULATION CHARACTERISTICS	CATEGORIES FOR STUDY			
	CLINICS	HOSPITALS	GME CENTERS	RECOMMENDATION
Beneficiary Population < X				Criteria should be weighted
AD + Dep of AD < 50% of total Population				Consider AD Population only + availability of civilian care
Beneficaries > 65 yrs				Delete

ORGANIZATION OF MEASURES OF MERIT

FACILITY CONDITION CHARACTERISTICS	CATEGORIES FOR STUDY			
	CLINICS	HOSPITALS	GME CENTERS	RECOMMENDATION
Condition code < 80				Infrastructure data call consider alternative measures
> 25 years since last MILCON				Infrastructure data call consider alternative measures/subset of data call
Construction requirement > X million				Infrastructure data call consider alternative measures

ORGANIZATION OF
MEASURES OF MERIT

ACCESS CHARACTERISTICS	CATEGORIES FOR STUDY			
	CLINICS	HOSPITALS	GME CENTERS	RECOMMENDATION
Civilian Physician Primary Care Ratio > 1:3000				Retain
# of non DOD hosptials with capability/capacity is > 4				Retain
ADPL < 60% of built beds				Delete
% op beds to bult bed < 75%				Delete
AD/ADDEP < 50% of admissions				Delete

ORGANIZATION OF
MEASURES OF MERIT

COST EFFECTIVENESS CHARACTERISTICS

CATEGORIES FOR STUDY

	CLINICS	HOSPITALS	GME CENTERS	RECOMMENDATION
ALOS > 1.25 Nat norms				Address AD/Military unique issues
Referrals in < referrals out				Address order of magnitude/Type fac
Cat I care < 50 % of total catchment area care				Retain, but develop lower weighting
Inpatient Unit cost direct care >unit cost of CHAMPUS				
Outpatient Unit cost direct care >unit cost of CHAMPUS				
Variation of model and observedavg work units > 5%				

RIGHT SIZING

- 1992 OASD(HA) EXPRESSED CONCERN - EFFICIENCY SMALL HOSPITALS
- USAF REVIEWED 34 CONUS HOSPITALS TO DETERMINE EFFICIENCY AND EVALUATE ALTERNATIVES
- BUILT ON PREVIOUS ANALYSIS OF SMALL HOSPITALS
  - "BLUE RIBBON PANEL"
  - VECTOR STUDY "PRELIMINARY STUDY ON COST EFFECTIVENESS OF SMALL MILITARY HOSPITALS"
  - PRIVATE SECTOR INFORMATION

RIGHT SIZING

- USED HISTORICAL CRITERIA FOR INITIAL REVIEW
  - AVAILABILITY OF OTHER SOURCES CARE (CIV/MIL)
  - WORKLOAD
  - CHAMPUS/DIRECT CARE COSTS
  - 50 MOST COMMON MTF/CHAMPUS ADMISSIONS
  - MEPRS COST PER DISPOSITIONS
  - READINESS TASKINGS
  - FACILITY CONDITION AND MILCON REQUIREMENTS
  - CASE MIX INDEX

RIGHT SIZING

- CRITERIA REVIEW ONLY AN INDICATOR OF NEED FOR ADDITIONAL STUDY
  - LOCAL AREA ANALYSIS REQUIRED
  - MUST UNDERSTAND EFFECT ON MHSS

- DETERMINE EFFECT AND REACTIONOF BENEFICIARIES REMAINING IN THE AREA (MATHER/CHARLESTON/WALSON)

RIGHT SIZING

- REPLACING HOSPITAL WITH AN AMBULATORY HEALTH CARE CENTER MAY REDUCE EXPENSES WITHOUT SIGNIFICANT NEGATIVE IMPACT ON PATIENTS:
- SOME INVESTMENT REQUIRED:
  - INCREASED CHAMPUS
  - PCS
  - FACILITY MODIFICATION (AMB. SURG)
- COST OFFSETS
  - REDUCED INPATIENT O&M
  - RECAPTURE OF CHAMPUS AND CONTRACTS AT OTHER LOCATIONS
  - POTENTIAL PERSONNEL REDUCTION
- ONE TIME MCP COST AVOIDANCE POSSIBLE

RIGHT SIZING

- RESULTS OF CRITERIA REVIEW:
  - SITE VISITS TO 13 LOCATIONS
- RECOMMENDATIONS OF STUDY AND ANALYSIS:
- MEDICALLY REMOTE LOCATIONS (LOCAL AREA EFFECT)
  - ELLSWORTH
  - SEYMOUR-JOHNSON
  - F.E. WARREN
- NO SIGNIFICANT COST SAVINGS (SYSTEM WIDE EFFECT)
  - TINKER
  - MOODY
  - FAIRCHILD
  - MACDILL

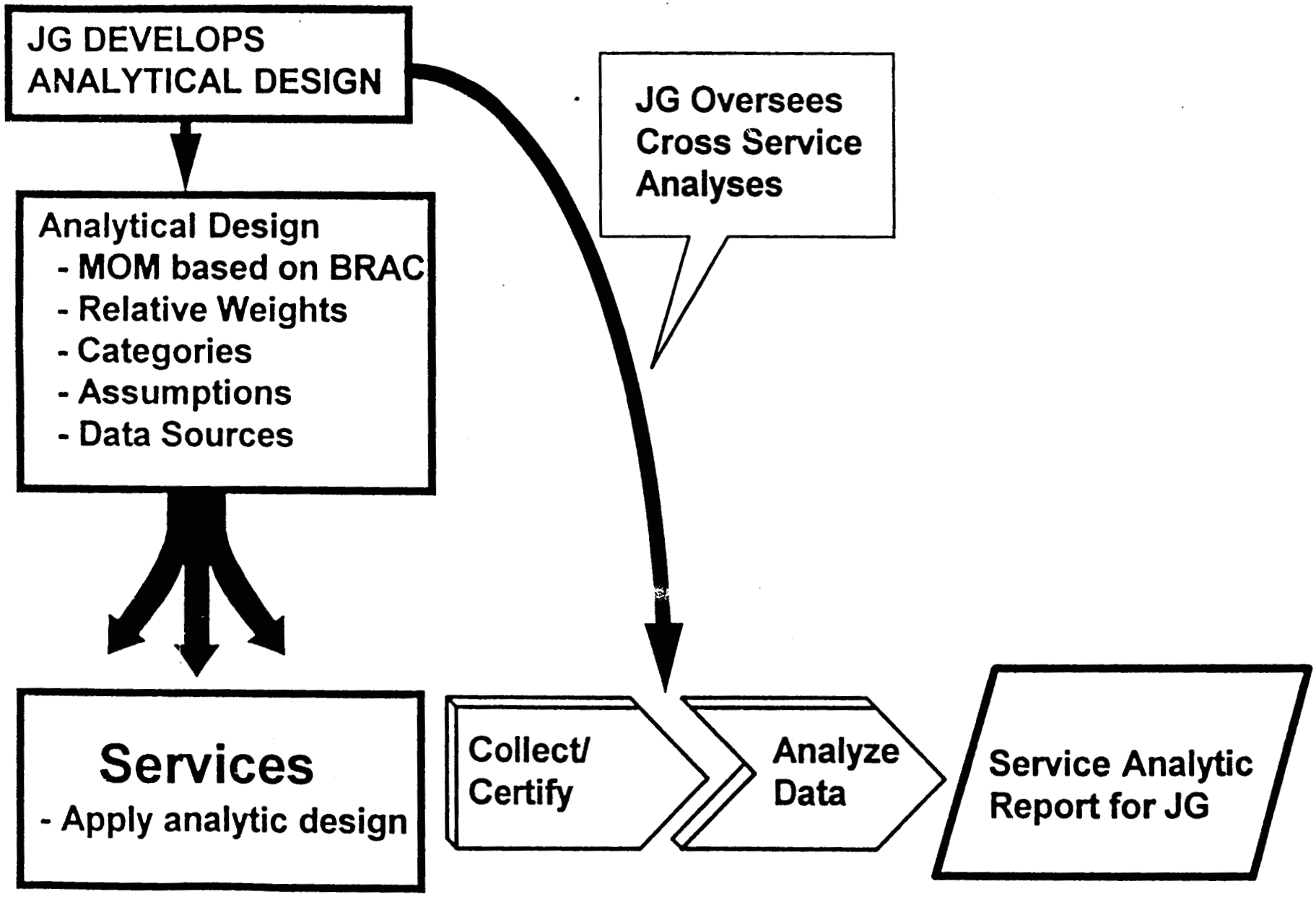
RIGHT SIZING

- USAF CANDIDATES FOR POSSIBLE RESTRUCTURING TO AMBULATORY HEALTH CARE CENTERS:
- PATRICK
  GRIFFISS
  LITTLE ROCK
  ROBINS
  BEALE
  REESE

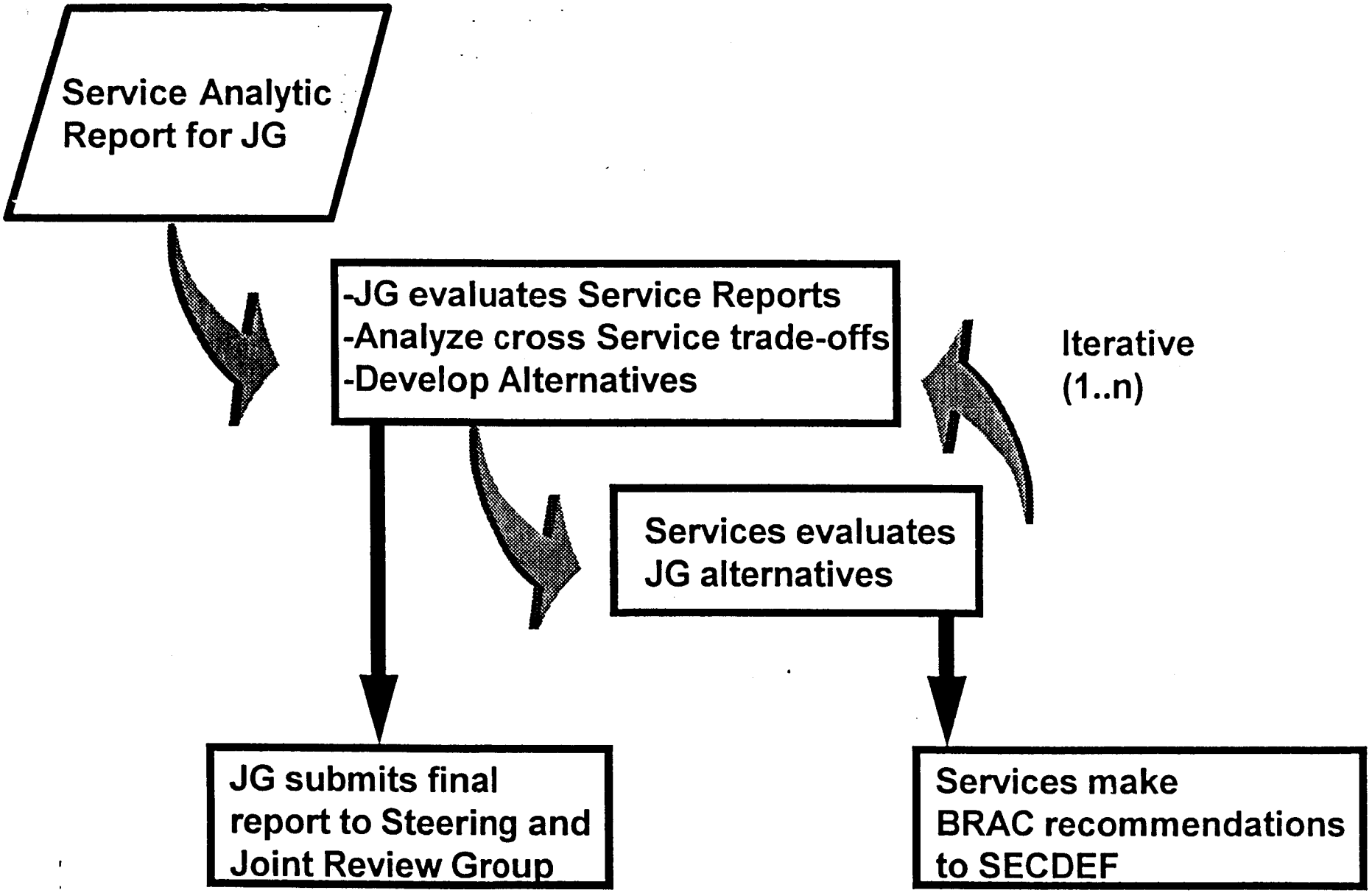
RIGHT SIZING

- REESE TEST (LESSONS LEARNED)
- CONGRESSIONAL/LINE SUPPORT VITAL
- OTHER PROVIDERS MUST BE ABLE AND WILLING TO ABSORB WORKLOAD
- COMPETITION AMONG CIVILIAN PROVIDERS/NAS CONTROL REQUIRED TO CONTAIN COSTS (MALMSTROM)
- COMMUNICATION BETWEEN MTF AND PUBLIC MUST OCCUR

GENERAL ANALYTICAL APPROACH



GENERAL ANALYTICAL APPROACH



BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

■ Revised Action Plan & Timeline (thru 3/31/94)

➢ Agree on Statement of Principles	2/4 ✓
➢ Define role of Group & Services	2/4 ✓
➢ Develop Analysis Assumptions	2/11 ✓
➢ Determine Categories for Study	2/18 ✓
➢ Determine General Analytical Approach	2/18
➢ Review interim force structure plan	2/25
➢ Submit list of irreconcilable differences, if necessary, to USD (A&T)	2/28
➢ Define Measures of Merit & Data Sources	3/4
➢ Determine weights for Measures of Merit	3/11
➢ Complete Data Definitions	3/11
➢ Establish Data Internal Control Plan	3/15

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- Analysis Assumptions agreed on 2/3/94
  - MTF will close if base closes unless a sufficient active duty population remains
  - Joint Group efforts will focus on peacetime requirements
  - Analysis will include facilities with < 300 civilian personnel
  - Quantitative goals will not be initially defined
    - Revisit later if necessary

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- **Define Roles for Joint Group and Service**
  (Group consensus 2/3/94)

  - Joint Group will develop
    - Analysis assumptions
    - Categories for study and their definitions
    - General analytical approach and methodology
    - Internal Control Plan
    - Data definitions and measures of merit
    - Relative weights for measures of merit
    - Prepare alternative options, as appropriate, based on review of the Services' analyses

  - Services will
    - Collect and analyze data
    - Present findings to Joint Cross Service Group
    - Evaluate alternative options recommended by Joint Cross-Services Group

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- General Administrative & Group Procedures
  - Group agreed on Statement of Principles (2/3/94)
  - Best way to bring issues/items before group
    - via a single committee
    - via subcommittees

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- Determine General Analytical Approach

  - The eight BRAC selection criteria must be used for the analysis
  - Develop Measures of Merit (sub criteria) applicable to MTFS and GME (consider using previous measures)
  - Consider use of screening criteria to exclude specific categories or facilities
  - Develop process for individual Service analysis and tri-service integration of alternatives

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- Determine Categories for Study
  - Consider stratification by
    - Size of MTF
    - Teaching vs Non-Teaching
    - Tricare Region
    - Location of MTFs (Urban....Rural)

DASG-RMP

MEMORANDUM FOR CHAIRMAN, BRAC 95 JOINT CROSS SERVICE GROUP FOR MEDICAL TREATMENT FACILITIES AND GRADUATE MEDICAL EDUCATION

SUBJECT: Proposed Hospital Screening Criteria for BRAC 95

1. The objectives of subject criteria should be to assess the ability of the hospitals to deliver accessible high quality care in the most efficient manner possible and the relative importance of that care to mission readiness. The criteria must also allow for differences in the manner in which the three services provide health care and for differences in the missions they support.

2. The criteria proposed need to be modified to accomplish the stated objectives and provide the required flexibility. General issues to be addressed are as follows:

a. Several criteria measure the same characteristic which results in ambiguous weighting and a skewed overall evaluation of the hospitals. This occurs with regards to the population mix, the condition of the physical plant and inpatient utilization measures. We need to identify the distinct (i.e. mutually exclusive) criteria that are important in achieving the objectives stated above and weight them appropriately.

b. The methodology for measurement associated with the criteria is absolute. The binary approach currently used results in minor differences having a large impact. For example a hospital with a catchment area population of 50,000 is awarded 100% of the criteria value while a hospital with a catchment area population of 49,000 is awarded 0% of the criteria value. This approach can radically skew the evaluation.

c. Some of the criteria reward the behavior "Coordinated Care" attempted to eliminate --workload churning-- and penalize innovation. Criteria 2.1 and 2.2 penalize activities that have reduced length of stay, increased the percentage of procedures being done on an outpatient basis and converted wards into ambulatory clinics in the process.

d. As noted in the "Introduction" mission criteria were not addressed. Although more difficult to measure than the other criteria, it is imperative that support of our respective military missions be incorporated in this evaluation at some juncture.

Annex a.1

DASG-RMP
SUBJECT: Proposed Hospital Screening Criteria for BRAC 95

e. Although a separate set of criteria have been established for medical centers, these criteria do not allow for the unique missions associated with a military medical center: tertiary care, regional care and graduate medical education (GME). The criteria must be modified to address these distinct missions.

4. At enclosure we have proposed five criteria and related attributes that address the concerns we have noted above. We hope these can serve as a start point for the development of uniform criteria.

5. Our point of contact is MAJ Dudevoir, Resources Management Office, commercial (703)756-0286.

FOR THE SURGEON GENERAL:

Encl

JOSEPH F. LYONS
Colonel, MS
Chief, Resources Management Office

Annex 0.2

AMEDD PROPOSAL FOR:
HOSPITAL SCREENING CRITERIA AND ASSOCIATED ATTRIBUTES

1. READINESS:

a. Bed expansion mission.

b. Support of active duty and their dependents.

c. GME by "Readiness Category."

2. CURRENT COST EFFICIENCY:

a. Cost per Relative Weighted Product (RWP) in comparison with same cost via CHAMPUS within the catchment area.

b. Cost per episode of ambulatory care in comparison with same cost via CHAMPUS within the catchment area.

3. CAPITAL INVESTMENT REQUIRED:

a. JCAHO Plant Technology and Safety scores.

b. Replacement value of equipment exceeding life expectancy.

4. AVAILABILITY OF CARE IN THE CATCHMENT AREA:

a. Proximity to other military hospitals.

b. Availability of care via CHAMPUS.

5. MEDCEN UNIQUE ATTRIBUTES:

a. Special Treatment Services provided.

b. GME by "Readiness Category" (see 1c above).

JOINT HOSPITAL GROUP
DECLARATION OF PRINCIPLES

1. The Joint Cross Service Group on Medical Facilities and Graduate Medical Education seeks to identify measures of merit (subcategories of the 8 BRAC criteria) data elements, and methodologies that will allow the DoD components to apply the DoD criteria in a uniform, fair, reasonable, and consistent manner that complies with statutory and regulatory requirements and that adheres to the policy set forth in the January 7, 1994, DepSecDef memo, subject: 1995 Base Realignment and Closures (BRAC)

2. The Joint Cross Service Group on Medical Facilities and Graduate Medical Education recognizes the need for right-sizing, seeking opportunities for cross-Service asset sharing, and /or single military department support.

3. The measures of merit, data elements, and methodologies used to arrive at closure and realignment recommendations will be developed and approved by the Joint Cross Service Group on Medical Facilities and Graduate Medical Education by 31 March 1994. The approach developed should be easy to use, simple and straightforward, auditable, reproducible, and defensible.

MEMORANDUM

08 February 1994

From: Captain M. Golembieski, MC, USN
Base Structure Analysis Team
To: Dr. Martin, Chairman Joint Service Working Group on Medical
Via: Lieutenant Colonel E. Ponatoski

Subj: HOSPITAL SCREENING CRITERIA

1. Review of the above criteria reveal the following concerns:

a. There is a definite sense that the outcome is already known by the designer of the criteria. This can lead to manipulation of the data by either the designer or the respondent to get the answer that is desired.

b. The tool does not consider the progress medicine has made, and that medicine is shifting from an inpatient practice to outpatient. Our health care facilities are truly centers of health care with a broad range of services being provided. This is true regardless of size. The tool only focuses on the inpatient aspects of care. It does not address the impact a shift to Same Day Surgery can have on hospitalizations or length of stays.

c. Use of built beds to operating beds only reflects older planning methods, and does not reflect that these spaces maybe currently providing outpatient care. Also, relating average daily patient load to <u>built</u> (possible typo) beds makes no sense. Review of the BRAC III criteria reveal the same wording was used.

d. Differences in cost accounting methods make any attempt to compare unit costs between the Army, Navy, and Air Force very difficult.

e. There is no readiness or mission factor considered.

f. The data required to support the criteria is undefined, and is crucial to ensuring the reproducibility of the process.

Michael E. Golembieski

MEMORANDUM

08 February 1994

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Base Structure Analysis Team
To: Dr. Martin, Chairman Joint Service Working Group on Medical
Via: Lieutenant Colonel E. Ponatoski

Subj: HOSPITAL SCREENING CRITERIA

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Michael E. Golembieski

JOINT HOSPITAL GROUP
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CLOSE HOLD

MINUTES OF THE
MILITARY TREATMENT FACILITIES
AND GRADUATE MEDICAL EDUCATION
BRAC 95 JOINT CROSS SERVICE GROUP
MEETING OF FEBRUARY 17, 1994

The fourth meeting of the Military Treatment Facilities and Graduate Medical Education (MTF/GME) BRAC 95 Joint Cross Service Group convened at 1400 hrs on February 17, 1994. The meeting was chaired by Dr. Edward D. Martin, Acting Assistant Secretary of Defense, Health Affairs.

After calling the meeting to order, the Chairman asked each of the members to review the minutes from the previous meeting (a copy of the minutes was passed around the table).

The Chairman informed the group that the policy considerations resulting from the "733" study will be presented at the next meeting. The Chairman pointed out that the policy conclusions of the report are important in that they will serve to guide the group's BRAC 95 process. The Chairman also made the group aware of two ongoing initiatives: a potential realignment of biomedical research functions, and consolidation of similar technical schools.

At this time the group was addressed by the Deputy Assistant Secretary of Defense for Economic Reinvestment and BRAC, Mr. Robert E. Bayer. Mr. Bayer told the members that their job was vitally important. He recognized that downsizing is a difficult task, but the Department must use its remaining resources, including its medical infrastructure, wisely.

The Chairman told Mr. Bayer that the group was on time with respect to its tasking and there were no irreconcilable differences that would prevent the group from meeting its objectives. He also noted that much of what the group is being asked to accomplish is already taking place under different initiatives.

The next item on the agenda was a discussion of the Measures of Merit (MoM) and the distribution of a draft MoM strawman. The Navy representative stated that we must clarify the differences between the analytical approaches taken by the Services and that of the Joint Cross-Service Group. After some discussion there was a general agreement that once the criteria are agreed upon by the group, the Military Departments will use them to evaluate their facilities. Mr. Bayer then provided an outline of how he perceived the group's BRAC 95 responsibilities. The group should:

- Examine the Military Department's capacity vs requirements
- Establish numerical reduction targets
- Periodically review the Military Department's progress
- Recommend alternatives as appropriate

CLOSE HOLD

CLOSE HOLD

The Secretaries of the Military Departments will make their recommendations to SECDEF. The Joint Cross-Service Groups will present their evaluations of the Service recommendations to the BRAC 95 Review Group.

The group then reviewed definitions and options for each of the MoMs:

- Population (P.1): Number of active duty and active duty family members. Discussion ensued regarding the population thresholds necessary to justify a clinic, hospital and GME center. The group was asked to think about these thresholds and remember that they must include the total (tri-service) population. The group then agreed on using both options as the definition of population, with Option 2 being a fall-back option.

  It was also emphasized that the above <u>beneficiary population</u> <u>within a region</u> will be counted for GME centers (GME centers were defined as Level III and IV facilities with other than family practice and emergency medicine residencies).

- Population (P.2): Size of total beneficiary population. The Chairman noted that Option 1 was the same as that under P.1 and recommended that it be dropped. The group agreed. There was some discussion of the retired beneficiary population's impact.

- Access (A.1): Civilian primary care physician ratio. The definition was accepted (it was noted that internal medicine was inadvertently left out of the definition).

- Access (A.2): Option 1 was accepted. It was noted, however, that having more than one civilian hospital in the community is important and the occupancy, utilization rates and capacity of the civilian facilities must be known.

- Facilities (F.1): Condition code. After some discussion of the difficulty in verifying Option 1, the group accepted Option 2.

- Facilities (F.2): Age of facility. The group agreed to use Option 2.

- Facilities (F.2) Cost of MILCON: The group agreed on Option 2, but only <u>programmed</u> costs could be included.

- Cost Effectiveness. This Measure of Merit was tabled until a future meeting.

The meeting adjourned at 1540 hrs. The next meeting is scheduled for February 24, 1994 at 1400 hrs.

Approved Edward D. Martin

Edward D. Martin, MD
Acting ASD(HA)

Attachments

CLOSE HOLD

BRAC 95
JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

SERVICE/AGENCY	NAME	PHONE#	ATTENDING 17 Feb 94
CHAIR (AASD(HA)	Dr. Martin	703-697-2114	X
ASD(HA) (Designate)	Dr. Joseph	703-697-2144	
DASD(ER/BRAC)	Mr. Bayer	703-697-1771	X
TEAM LEADER	RADM Koenig	703-697-8973	
ARMY	BG Zajtchuk	703-756-5680	X
NAVY	CAPT Golembieski	703-681-0461	X
NAVY	CDR Dilorenzo	703-681-0452	X
AIR FORCE	MG Buethe		
AIR FORCE	BG Hoffman	202-767-1894	X
JCS	COL Moore	703-697-4346	CDR McCullough
OASD (P&R)	Ms. St. Clair	703-696-8710	X
COMPT	Ms. Hiller	703-697-3101	
PA&E	Mr. Dickens	703-697-8050	X
ODASD (BRAC/ES)	Mr. Miglionico	703-697-8050	X
DOD IG	Mr. Tomlin	804-766-3816	Mr. Armstrong
ODASD (HA)	Mr. Maddy	703-697-8979	X
ODASD (HA)	Dr. Mazzuchi	703-695-7116	X

OTHER ATTENDEES

SERVICE/AGENCY	NAME	PHONE #	ATTENDING 17 Feb 94
OASD (HA)	Ms. Watson	703-697-8973	X
OASD (HA)	Ms. Giese	703-614-4705	X
OASD (HA)	Col Garner	703-614-4705	X
OASD (HA)	CDR Bally	703-614-4705	X
OASD (HA)	LTC Ponatoski	703-614-4705	X
OASD (HA)	LTC McClinton	703-614-4705	
ARMY	COL Barton	703-756-8319	
ARMY	COL Wilcox	703-756-5681	
ARMY	LTC Powell	703-697-3877	X
ARMY	LTC McGaha	703-697-6388	X
ARMY	MAJ Dudevoir	703-756-0286	X
ARMY	MAJ Parker	703-756-8036	X
ARMY	COL Lyons		X
NAVY	CAPT Buzzell	703-681-0475	
NAVY	Ms. Davis	703-602-2252	X
NAVY	CDR DiLorenzo	703-602-0452	X
AIR FORCE	LtCol Silvernail	202-767-5550	X
AIR FORCE	LtCol Bannick	202-767-5066	X
AIR FORCE	Maj Costa	202-767-5066	X
AIR FORCE	Maj Pantaleo	202-767-5046	
LMI	Mr. Neve	301-320-7287	
LMI	Ms. Dahut	301-320-7408	
JS	LtCol Ferguson	703-697-4421	
COMP	Ms. Kopperman	703-697-4517	X
COMP	Mr. Joseph Smith	703-697-4133	X
OASD(P&R)	Mr. Monteleone	703-696-8710	X

BRAC 95 JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

FEBRUARY 17, 1994
Room 4E327, 2:00 pm

• Review/approve minutes from previous meeting	Dr. Martin
• Comments by DASD (Economic Reinvestment and BRAC)	Mr. Bayer
• Measures of Merit (MoM) Issues	LTC Ponatoski
- Draft MoM Strawman	
• Consideration of adding Medical Labs and and Medical Training Facilities to Study Categories	Dr. Martin
• Actions for next meeting	Dr. Martin
• Administrative Issues	Dr. Martin

NEXT MEETING FEBRUARY 24, 2:00pm
ROOM 4E327

- Adjournment

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

■ Revised Action Plan & Timeline (thru 3/31/94)

➢ Agree on Statement of Principles	2/4	✓
➢ Define role of Group & Services	2/4	✓
➢ Develop Analysis Assumptions	2/11	✓
➢ Determine Categories for Study	2/18	✓
➢ Determine General Analytical Approach	2/18	✓
➢ Review interim force structure plan	2/25	
➢ Submit list of irreconcilable differences, if necessary, to USD (A&T)	2/28	
➢ Define Measures of Merit & Data Sources	3/4	
➢ Determine weights for Measures of Merit	3/11	
➢ Complete Data Definitions	3/11	
➢ Establish Data Internal Control Plan	3/15	

PROPOSED MEASURES OF MERIT AND DEFINITIONS

Population - Factors that will help identify the level of medical services required in a particular area.

P1. Number of Active Duty and Active Duty Family Members :

CLINICS & HOSPITALS

Option 1. Defined as the number of active duty personnel and their families within a defined catchment area. The catchment area is defined as sets of zip codes emanating from the center of the MTF with a radius of 40 miles.

Option 2. Defined as the number of active duty personnel and their families using a military treatment facility within the last six months. Possible source is the DoD Health Care User Survey. Results due March 31, 1994.

GRADUATE MEDICAL EDUCATION CENTERS:

Option 1. Defined as the number of active duty personnel and their families residing within the Lead Agent Region as defined by the July 93 Health Affairs Policy Guidance.

rationale for BRAC criteria #1: A factor that helps determine if a treatment facility is necessary in a given area.

P2. Size of Total Beneficiary Population:

CLINICS & HOSPITALS

Option 1. Defined as the number of eligible beneficiaries within a defined catchment area. The catchment area is defined as sets of zip codes emanating from the center of the MTF with a radius of 40 miles.

Option 2. Defined as the number of eligible personnel using a military treatment facility within the last six months. Possible source is the DoD Health Care User Survey. Results due March 31, 1994.

GRADUATE MEDICAL EDUCATION CENTERS:

Option 1. Defined as the number of eligible beneficiaries within the defined forty mile catchment area plus the number of other beneficiaries residing within the Lead Agent Region as defined by the July 93 Health Affairs Policy Guidance.

rationale for BRAC criterion #4: A factor that helps define the size and services necessary in a given area.

ACCESS

Access to Care - Factors that will measure the availability and capability of the private sector healthcare system to meet the needs of the MHSS beneficiary population.

CLINICS, HOSPITALS, AND GME CENTERS:

A1. CIVILIAN PRIMARY CARE PHYSICIAN RATIO:

The mapping of civilian physicians and population to catchment area based on the January 1993 Catchment Area Directory (CAD) using ratios defined in the HHS Federal Register, Sept, 1991. Primary care physicians are defined as general practice, family practice, obstetrics, gynecology, and pediatric general and subspecialty physicians.

rationale for BRAC criterion 7: An indicator of the availability of primary care physicians to provide services to the beneficiary population.

A2. AVAILABILITY OF CIVILIAN INPATIENT ACUTE CARE RESOURCES IN CATCHMENT AREA:

Option 1. The ability of local community acute care facilities to provide comprehensive health services to the eligible beneficiary population as defined in P1. Availability and ability is based projected health care demand - available resources (ie bed availability)

rationale for BRAC criterion #7: A factor that measures inpatient capacity and its availability.

FACILITIES

Facility Condition - Factors that will estimate condition of the physical plant and help make decisions regarding retention/closure of facility.

CLINICS, HOSPITALS, AND GME CENTERS:

F1 CONDITION CODE:

Option 1. The commander's assessment of the physical condition of his/her facility based on it's ability to meet mission requirements. Survey document used is the Defense Medical Facilities Office Facility Condition Assessment Document. This tool reflects the facility based on weighted engineering, life safety, and functional factors.

Option 2. Based on the DoD Real Property Inventory System. Normally rated on a 1-3 scale and performed by the installation engineer.

rationale for BRAC criterion #2: The condition code is an indication of plant condition; low score is an indirect warning that maintenance and renovation costs will be higher than normal in the future, and may require significant resourcers to correct deficiencies.

F2. AGE OF FACILITY:

Option 1. Chronological age of facility as reported on Real Property Inventory System

Option 2. Weighted age based on size of facility and age (area x age)/total area

rationale for BRAC criterion #2: Provides an indication of the design efficiency of the physical plant.

F3. COST OF MILCON:

Option 1. MTF total programmed MILCON resources spanning the Six Year Defense Program.

Option 2. MTF total programmed MILCON plus total programmed Major Repair and Minor Construction Resources spanning the Six Year Defense Program.

rationale for BRAC criterion #2: An indicator that the physical plant is in a deteriorating state and requires renovation or major construction to operate within normal maintenance standards. This factor also helps determine the adequacy and appropriateness of the size of the facility.

COSTS

<u>Cost Effectiveness</u> - Factors that measure the costs of providing services and compare those to the costs of buying the services from the private sector.

CLINICS, HOSPITALS, AND GME CENTERS

C1. REFERRALS IN VERSES REFERRALS OUT:

Defined as the number or ratio of inpatients receiving care at a specific MTF originating from anywhere outside the MTF's formal catchment area compared to the number or ratio of beneficiaries within the MTF catchment who receive inpatient care at an MTF outside the catchment area

<u>C2. Inpatient Direct Care Unit Cost verses Inpatient Champus Unit Cost</u>

Cost issues being addressed by AASD (HA) and Surgeon Generals.

rationale for BRAC criterion #4: A factor that describes the most economic method on a per unit basis for providing health services.

Strawman Analytical Structure

MILITARY VALUE

Criterion 1- Mission/Impact on Readiness

1. (P1) Size of active duty and dependents of active duty population.

Criterion 2 - Availability/Condition of Facilities

1. (F1) Condition codes of facilities at existing site
2. (F2) Age of facilities at existing site

Criterion 3 - Contingency/Mobilization

Criterion 4- Cost/Manpower Implications

1. (C1) Referrals In vs Referrals Out.
2. (C2) Unit Care Costs
3. (F3) Cost of construction pending at existing site
4. (P2) Size of total eligible beneficiary population in the defined catchment area.

RETURN ON INVESTMENT

Criterion 5- ROI

1. Results from the COBRA analysis

IMPACTS

Criterion 6 - - Economic Impact on Communities

Criterion 7)- (Partial) - Community Infrastructure

1. (A1) Civilian Primary Care Physician Ratio
2. (A2) Availability of Civilian Inpatient Acute Care Resources in the Catchment Area.

Criterion 8 - - Environmental Impact

P1: TOTAL POPULATION MEASURE OF MERIT
EXAMPLE OF SCORING SYSTEM

POPULATION: not real data- for example only

POPULATION AREA DEFINITIONS

CLINIC = DMIS DEFINED AREA (20MI)
HOSPITAL = DMIS DEFINED AREA (40MI)
GME FAC = LEAD AGENT REGION POPULATION

CRITERIA MEASUREMENT POINT

CLINIC POPULATION RANGE OF EXISTING FACILITIES	= 2000 - 20000	MEAN = 10000
HOSP POPULATION RANGE OF EXISTING FACILITIES	= 20000- 60000	MEAN = 40000
GME POPULATION RANGE OF EXISTING FACILITIES	= 60000 - 120000	MEAN = 90000

SCORING BASED ON TENS

	1	2	3	4	5	6	7	8	9	10
CLINIC	2000	4000	6000	8000	10000	12000	14000	16000	18000	20000
HOSPITAL	20000	24000	30000	36000	40000	44000	48000	52000	56000	60000
GME CENTER	61000	72000	78000	84000	90000	96000	102000	108000	114000	120000

P2 ACTIVE DUTY RATIO MEASURE OF MERIT
EXAMPLE OF SCORING SYSTEM

POPULATION AREA DEFINITIONS: Based on DMIS Catchment Area Population Data

CRITERIA MEASUREMENT POINT: Percent of Active Duty to total population. Range is from 6% to 55%

SCORING BASED ON TENS

	1	2	3	4	5	6	7	8	9	10
CLINIC	5.5	11	16.5	22	27.5	33	38.5	44	49.5	55
HOSPITAL	5.5	11	16.5	22	27.5	33	38.5	44	49.5	55
GME CENTER	5.5	11	16.5	22	27.5	33	38.5	44	49.5	55

F1: CONDITION OF FACILITY
EXAMPLE OF SCORING SYSTEM

FACILITY CONDITION: Based on either DMFO Facility Condition Assessment Document or Real Property Inventory System. FCAD used in example

CRITERIA MEASUREMENT POINT: Condition as reported by Commander

SCORING BASED ON TENS

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
HOSPITAL	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
GME CENTER	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100

F2: AGE OF FACILITY
EXAMPLE OF SCORING SYSTEM

FACILITY CONDITION: Based on either DMFO Facility Condition Assessment Document or Real Property Inventory System. FCAD used in example

CRITERIA MEASUREMENT POINT: Age as reported by Commander and or Real Property Inventory System

SCORING BASED ON TENS - NO JUDGMENT MADE BETWEEN CATEGORIES

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	46-55	37-45	29-36	22-28	16-21	11-15	7-10	4-6	2-3	1
HOSPITAL	46-55	37-45	29-36	22-28	16-21	11-15	7-10	4-6	2-3	1
GME CENTER	46-55	37-45	29-36	22-28	16-21	11-15	7-10	4-6	2-3	1

F3: COST OF MILCON
EXAMPLE OF SCORING SYSTEM

FACILITY CONDITION: **Based on range of projects within the six year DoD MILCION Progam- $300,000 TO $330,000,000**

CRITERIA MEASUREMENT POINT: **Cost as described in DoD Medical MILCON Program**

SCORING BASED ON TENS/DATA IN MILLIONS

SCORE	1	2	3	4	5	6	7	8	9	10
AD/TOTAL	>37	33-36	29-32	25-28	21-24	17-20	13-16	9-12	5-8	<4
HOSPITAL	>37	33-36	29-32	25-28	21-24	17-20	13-16	9-12	5-8	<4
GME CENTER	>37	33-36	29-32	25-28	21-24	17-20	13-16	9-12	5-8	<4

CLOSE HOLD

MINUTES OF THE MILITARY TREATMENT FACILITIES AND GRADUATE MEDICAL EDUCATION BRAC 95 JOINT CROSS SERVICE GROUP MEETING OF FEBRUARY 24, 1994

CLOSE HOLD

The fifth meeting of the Military Treatment Facilities and Graduate Medical Education (MTF/GME) BRAC 95 Joint Cross Service Group convened at 1400 hrs on February 24, 1994. The meeting was chaired by Dr. Edward D. Martin, Acting Assistant Secretary of Defense, Health Affairs.

After calling the meeting to order, the Chairman asked each of the members to review the minutes from the previous meeting (a copy of the minutes was passed around the table).

Each member of the group was then provided a copy of the updated TRICARE policy guidelines. The Chairman remarked that the guidelines will give the members an idea of the system for which the group is trying to develop criteria.

At this point the Chairman asked the members if they had reviewed the interim force structure plan. The Chairman asked that copies be provided for those members that had not yet reviewed the plan.

The Chairman then reviewed ongoing actions regarding consolidation of biomedical laboratories, training, and data centers.

The next item on the agenda was an overview of the Region Population Realignment or Lead Agent Initiative. This initiative establishes twelve Defense Health Regions with designated Service Medical Centers as Lead Agents. The Lead Agents will oversee direct care and CHAMPUS services for all beneficiaries within their respective regions. The objectives of the initiative are to:

- Control cost growth through expansion of managed care and greater accountability for performance at the regional level.
- Assure beneficiaries of accessible health care.
- Maintaining and improving the quality of care.
- Assure consistency with the National Health Care Reform efforts.
- Improve efficiency of the direct care system.

The group was then briefed on the "733" study, a comprehensive study of the military medical care system. The study attempts to answer two basic questions: what are our wartime medical requirements and what are the cost effective additions for peacetime care? Three of the points briefed that most directly relate to the group's BRAC analysis were:

- On average, direct care is not more expensive than CHAMPUS.

CLOSE HOLD

CLOSE HOLD

CLOSE HOLD

- The Bottom-Up Review's scenario of two concurrent major regional conflicts will result in excess medical capacity.

- For non-active duty beneficiaries, the preservation of some excess capacity should be considered if direct care does prove to be less costly than CHAMPUS (This depends on DoD's ability to control the demand for care).

The report is due to Congress in late March/early April.

The Chairman reported that the GME study is going to the Flag Group this week, the Surgeons General the following week, and will be presented to the group the week after that.

The next item on the agenda was a review of the previously agreed upon measures of merit (MoMs). The Chairman emphasized that the Services must ensure that all life safety projects are identified and programmed in the Future Years Defense Plan (Facilities MoM (F.2) Cost of MILCON).

A proposed methodology to measure Cost Effectiveness will be presented at the next meeting.

A discussion of the measurement of utilization ensued. The following points summarize the discussion:

- Patient care is moving from inpatient to ambulatory.

- Bed days per 1000 active duty members dropped by approximately 20% since FY 89.

  - Not as many patients are being admitted.
  - The average length of stay has been reduced.
  - Technology advances have helped reduce the number of admissions/length of stay.

- The overall number of outpatient visits has remained constant.

- We can reduce the bed days ratio below the current 513 per 1000 active duty beneficiaries.

  - We can use the data in the "733" study to develop the methodology.

At the next meeting the group will review the draft report to the BRAC 95 Review Group and the proposed data elements and definitions.

The meeting adjourned at 1520 hrs. The next meeting is scheduled for March 4, 1994 at 1000 hrs.

Approved Edward D. Martin

Edward D. Martin, MD
Acting ASD(HA)

CLOSE HOLD

Attachments

BRAC 95
JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

SERVICE/AGENCY	NAME	PHONE #	ATTENDING 24 FEB 94
CHAIR AASD (HA)	Dr. Martin	703-697-2114	X
ASD (HA) (Designate)	Dr. Joseph	703-697-2111	no
DASD (ER/BRAC)			
TEAM LEADER	RADM Koenig	703-697-8973	X
ARMY	BG Zajtchuk	703-756-5680	(COL Lyons)
NAVY	CAPT Golembieski	703-681-0461	X
NAVY	CDR DiLorenzo	703-681-0452	no
AIR FORCE	MG Buethe		X
AIR FORCE	BG Hoffman	202-767-1894	no
JCS	COL Moore	703-697-4346	X
OASD (P&R)	Ms. St. Clair	703-696-8710	(Mr. Monteleone)
COMPT	Ms. Hiller	703-697-3101	no
PA&E	Mr. Dickens	703-697-8050	X
ODASD (ER/BRAC)	Mr. Miglionico	703-697-8050	X
DOD IG	Mr. Tomlin	804-766-3816	X
ODASD (HA)	Mr. Maddy	703-697-8979	X
ODASD (HA)	Dr. Mazzuchi	703-695-7116	X

OTHER ATTENDEES

SERVICE/AGENCY	NAME	PHONE #	ATTENDING 24 FEB 94
OASD (HA)	Ms. Watson	703-697-8973	X
OASD (HA)	Ms. Giese	703-614-4705	X
OASD (HA)	Col Garner	703-614-4705	no
OASD (HA)	CDR Bally	703-614-4705	no
OASD (HA)	LTC Ponatoski	703-614-4705	X
OASD (HA)	LTC McClinton	703-614-4705	no
OASD (HA)	LTC Guerin	703-756-2081	X
OASD (HA)	Ms. Spurlin	703-614-4705	X
OASD (HA)	COL Burkhalter	703-695-6800	X
ARMY	COL Barton	703-756-8319	no
ARMY	COL Wilcox	703-756-5681	no
ARMY	LTC Powell	703-697-3887	X
ARMY	LTC McGaha	703-697-6388	no
ARMY	MAJ Dudevoir	703-756-0286	X
ARMY	MAJ Parker	703-756-8036	X
ARMY	COL Lyons		X
NAVY	CAPT Buzzell	703-681-0475	no
NAVY	Ms. Davis	703-602-2252	no
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AIR FORCE	LtCol Silvernail	202-767-5550	no
AIR FORCE	LtCol Bannick	202-767-5066	no
AIR FORCE	Maj Costa	202-767-5066	X
AIR FORCE	Maj Pantaleo	202-767-5046	no
LMI	Mr. Neve	301-320-7287	X
LMI	Ms. Dahut	301-320-7408	no
JS	LtCol Ferguson	703-697-4421	no
COMP	Ms. Kopperman	703-697-4517	no
COMP	Mr. Smith	703-697-4133	no
OASDLP	Mr. Monteleone	703-696-8710	X

BRAC 95 JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

FEBRUARY 24, 1994
Room 4E327, 2:00 PM

• Review/approve minutes from previous meeting	Dr. Martin
• TRICARE Policy Guidelines (Handout)	
• Interim Force Structure Plan (verification)	Dr. Martin
• Consolidation of Services' Health Data Centers	Dr. Martin RADM Koenig
• Inclusion of Medical Labs and Medical Training Facilities in BRAC 95	Dr. Martin
• Region Population Realignment	RADM Koenig
• Overview of 733 study	Mr. Dickens
• Measures of Merit (Mom) Issues	RADM Koenig LTC Ponatoski
• Action items for next meeting	LTC Ponatoski
• Administrative Issues	Dr. Martin

NEXT MEETING MARCH 3, 2:00 PM

PENTAGON 4E327

- Adjournment

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

■ Revised Action Plan & Timeline (thru 3/31/94)

➤ Agree on Statement of Principles	2/4	✓
➤ Define role of Group & Services	2/4	✓
➤ Develop Analysis Assumptions	2/11	✓
➤ Determine Categories for Study	2/18	✓
➤ Determine General Analytical Approach	2/18	✓
➤ Review interim force structure plan	2/25	
➤ Submit list of irreconcilable differences, if necessary, to USD (A&T)	2/28	
➤ Define Measures of Merit & Data Sources	3/4	
➤ Determine weights for Measures of Merit	3/11	
➤ Complete Data Definitions	3/11	
➤ Establish Data Internal Control Plan	3/17	
➤ Draft report to Joint Group for review	3/17	
➤ Final report to Steering Group	3/31	

new items →

PROPOSED MEASURES OF MERIT

P1. Number of Active Duty Family Members

A1. Civilian Primary Care Physician Ratio

A2. Availability of Civilian and other Federal Inpatient Acute Care Resources in the Catchment Area

F1. Condition Code

F2. Age of Facility

F3. Cost of MILCON

Cn. Costs of Direct Care System Versus CHAMPUS

PROPOSED MEASURES OF MERIT AND DEFINITIONS

POPULATION

Factors that will help identify the level of medical services required in a particular area (BRAC CRITERION #1)

P1. Number of Active Duty and Active Duty Family Members. Contains two data sets;
1) *eligible population as defined by catchment area or region; and*
2) *population as defined by who uses the facility.*

CLINICS

1. Defined as the number of active duty personnel and their families within a defined catchment area. The catchment area is defined as sets of zip codes emanating from the center of the MTF with a radius of 40 miles.

2. Defined as the number of active duty personnel and their families using a military treatment facility within the last six months. Possible source is the DoD Health Care User Survey. Results due March 31, 1994.

HOSPITALS

1. Defined as the number of active duty personnel and their families within a defined catchment area. The catchment area is defined as sets of zip codes emanating from the center of the MTF with a radius of 40 miles.

2. Defined as the number of active duty personnel and their families using a military treatment facility within the last six months. Possible source is the DoD Health Care User Survey. Results due March 31, 1994.

GRADUATE MEDICAL EDUCATION CENTERS

1. Defined as the number of active duty personnel and their families residing within the Lead Agent Region as defined by the July 93 Health Affairs Policy Guidance.

2. Defined as the number of active duty personnel and their families using a military treatment facility within the last six months. Possible source is the DoD Health Care User Survey. Results due March 31, 1994.

***rationale:** A factor that helps determine if a treatment facility is necessary in a given area. Looking at excess capacity.*

ACCESS

Factors that will measure the availability and capability of the private sector healthcare system to meet the needs of the MHSS beneficiary population (BRAC Criterion #7).

CLINICS, HOSPITALS, AND GME CENTERS:

A1. Civilian Primary Care Physician Ratio: ratio = 1/3500

The mapping of civilian physicians and population to catchment area based on the January 1993 Catchment Area Directory (CAD) using ratios defined in the HHS Federal Register, Sept, 1991. Primary care physicians are defined as general practice, family practice, internal medicine, obstetrics, gynecology, and pediatric general and subspecialty physicians.

rationale: An indicator of the availability of primary care physicians to provide services to the beneficiary population.

A2. Availability of Civilian and Department of Veterans Affairs Inpatient Acute Care Resources in the Catchment Area:

1. The ability of local community acute care facilities to provide comprehensive health services to the eligible beneficiary population. Availability, capacity, and capability are based on DoD projected health care demand compared to available community healthcare resources (ie bed availability). Due to competition issues, this measure is viable only if there is more than one local community hospital.

rationale: A factor that measures inpatient capacity, capability and availability.

FACILITIES

Factors that will estimate condition of the physical plant and facilitate decisions regarding retention/closure of a facility (BRAC Criteria # 2,4).

CLINICS, HOSPITALS, AND GME CENTERS:

F1. CONDITION CODE:

1. Based on the DoD Real Property Inventory System. Normally rated on a 1-3 scale and performed by the installation engineer.

rationale: The condition code is an indication of plant condition; low score is an indication of high maintenance and renovation costs and may require significant resources to correct deficiencies.

F2. AGE OF FACILITY:

1. Weighted age based on size of facility and age.

rationale: Provides an indication of the design efficiency of the physical plant.

F3. COST OF MILCON:

1. MTF total programmed MILCON plus total programmed Major Repair and Minor Construction Resources spanning the Future Years Defense Program.

2. Life Safety Scores from the most recent Joint Commission on Accreditation of Healthcare Organizations.

rationale: An indicator that the physical plant is in a deteriorating state and requires renovation or major construction to operate within acceptable maintenance standards. This factor also helps determine the adequacy and appropriateness of the size of the facility.

COSTS

Factors that measure the costs of providing services in the direct care system and compare those to the costs of buying the services from the private sector (BRAC Criterion # 4).

CLINICS, HOSPITALS, AND GME CENTERS

AASD(HA) is coordinating the methodology with the Surgeons General.

STRAWMAN ANALYTICAL STRUCTURE

MILITARY VALUE

Criterion 1 - Mission/Impact on Readiness

1. (P1) Size of active duty and dependents of active duty population.

Criterion 2 - Availability/Condition of Facilities

1. (F1) Condition codes of facilities based on DoD Real Property Inventory System.
2. (F2) Age of facilities at existing site

Criterion 3 - Contingency/Mobilization

Criterion 4 - Cost/Manpower Implications

1. Costing mechanism with SGs.
2. (F3) Total programmed MILCON plus total programmed Major Repair and Minor Construction.

RETURN ON INVESTMENT

Criterion 5 - ROI

1. Results from the COBRA analysis

IMPACTS

Criterion 6 - Economic Impact on Communities

Criterion 7 - Community Infrastructure

1. (A1) Civilian Primary Care Physician Ratio (1/3500 ratio).
2. (A2) Availability of Civilian and other Federal Inpatient Acute Care Resources in the Catchment Area (capacity and capability).

Criterion 8 - Environmental Impact

OVERVIEW OF LEAD AGENT INITIATIVE

- Designated Service Medical Centers Act as Lead Agent for Twelve New Defense Health Regions
- MHSS Funding Allocated on Capitated Basis to the Services' Medical Department
- Lead Agents Oversee Direct Care Services and CHAMPUS Services; Local Commanders Have Active Role in Designing Patient Routing and Referral Priorities, Resource Sharing Configurations, and Managed Care Responsibilities
- Civilian At-Risk Contractor Procured for Each Region to Provide Managed Care Services for CHAMPUS, with Lead Agent-Designated Contracting Officer's Representative (COR) Overseeing Contractor
- CHAMPUS Benefits Distinguish Between Levels of Managed Care, With Reduced Cost Sharing for Beneficiaries Choosing Program with more Managed Care Elements

OBJECTIVES OF THE LEAD AGENT INITIATIVE

- Controlling Cost Growth through Expansion of Managed Care and Greater Accountability for Performance at the Region Level
- Assuring Beneficiaries of Accessible Health Care
- Maintaining and Improving the Quality of Care
- Assuring Consistency with the National Healthcare Reform Efforts
- Improving the Efficiency of the Direct Care System

REGIONAL LEAD AGENTS AND SUPPORTED POPULATIONS[1]

LEAD AGENT	POPULATION	MEDICAL TREATMENT FACILITIES ARMY	NAVY	AIR FORCE	TOTAL
National Capital[2]	1,093,918	5	6	4	15
Portsmouth	872,011	3	3	2	8
Eisenhower	1,063,770	4	4	5	13
Keesler	595,024	3	2	5	10
Wright-Patterson	653,328	2	1	3	6
Wiford Hall	949,778	4	1	9	14
William Beaumont	323,058	2	0	5	7
Fitzsimons	805,376	5	0	10	15
San Diego	710,461	1	3	3	7
David Grant	382,590	1	2	4	7
Madigan[3]	350,439	1	2	1	4
Tripler	151,750	1	0	0	1
TOTAL	7,951,503	31	23	54	107

[1] Population numbers are estimates based on FY 93 DMIS data.

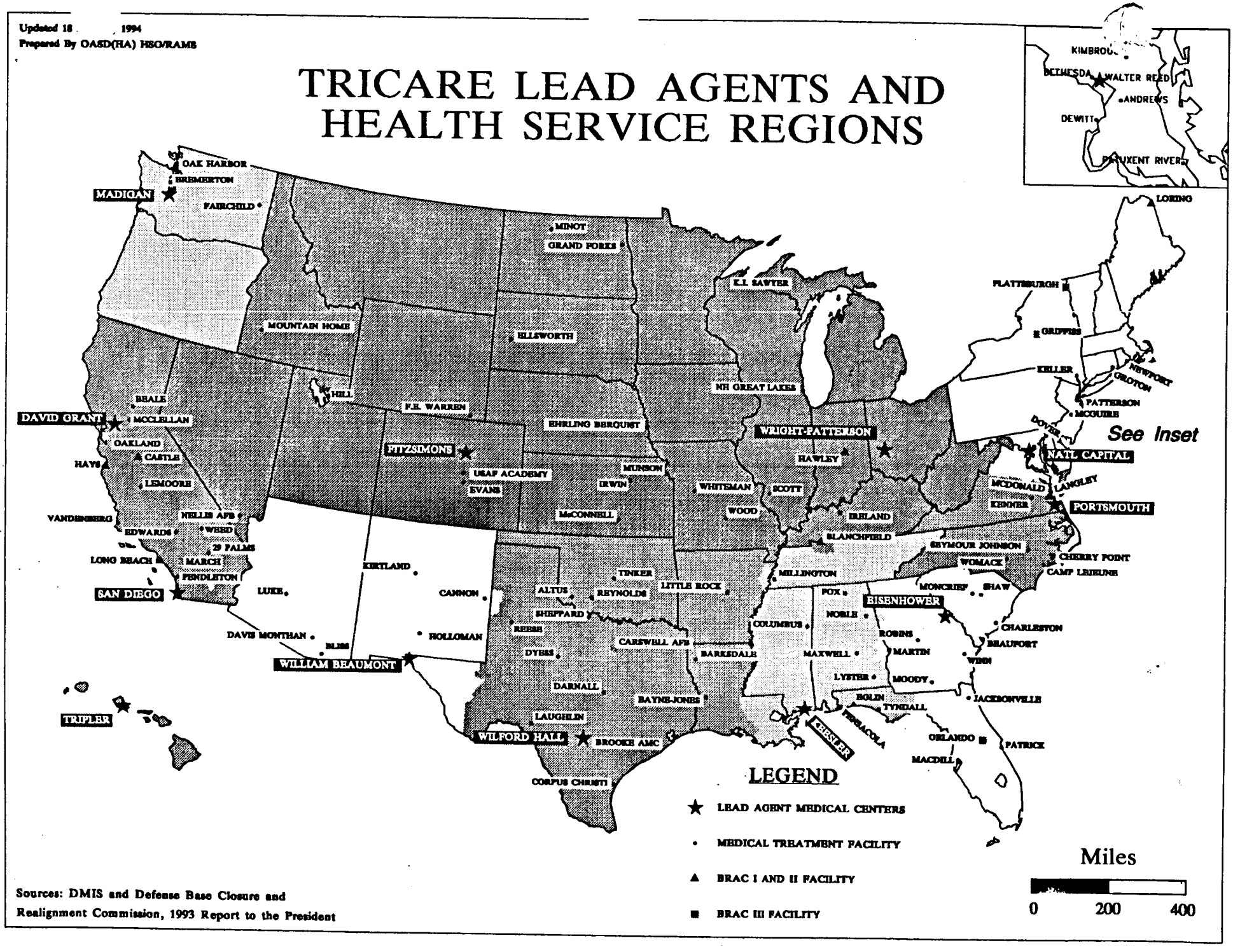
[2] The National Capital Region will functionally carry out this policy through a tri-Service board with annual rotation of the chair person. The contract responsibility for the board will be carried out by Walter Reed Army Medical Center.

[3] Alaska will be a free-standing entity and will develop referral patterns with appropriate medical centers.

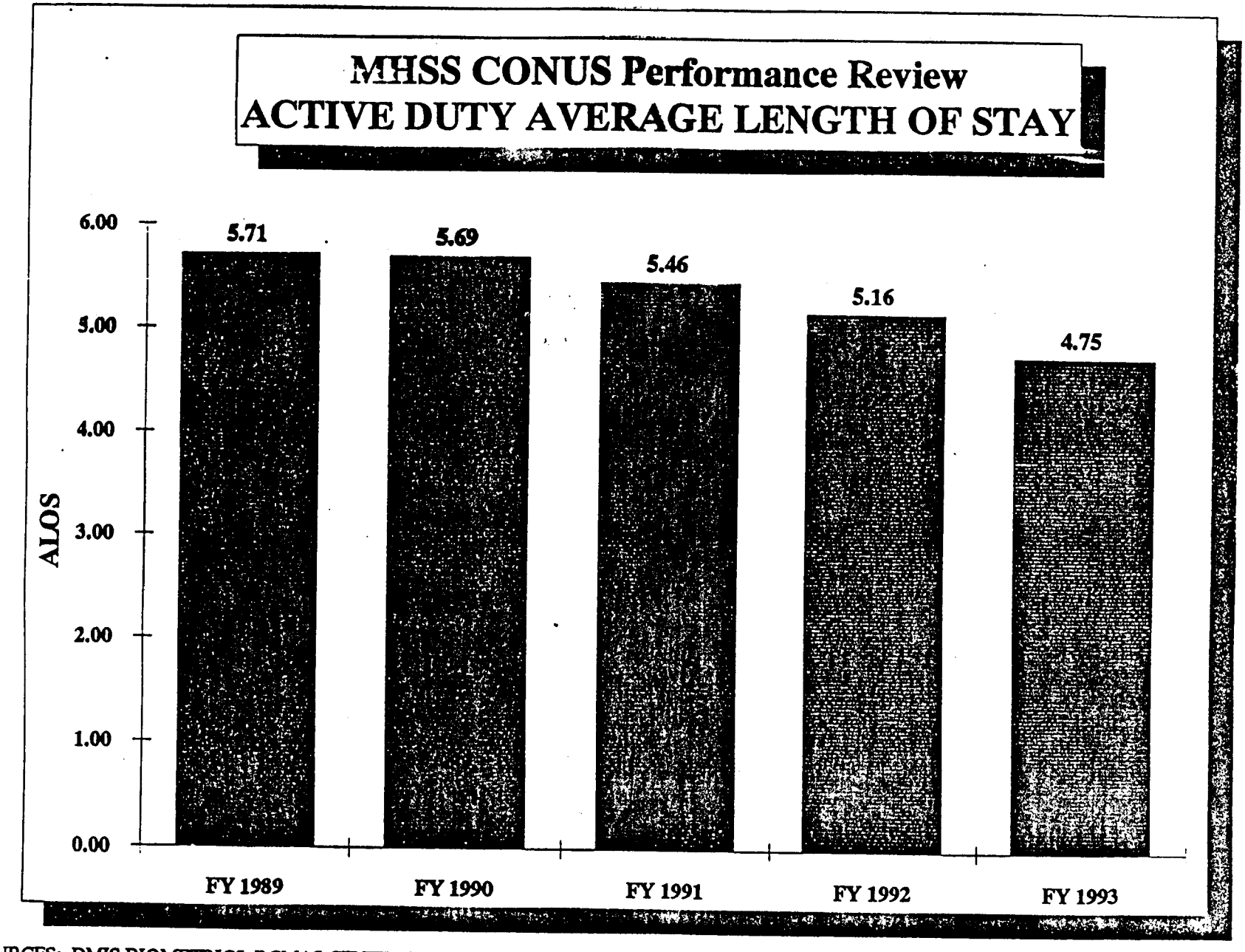
22 FEB 1994

Updated 18 , 1994
Prepared By OASD(HA) HSO/RAMS

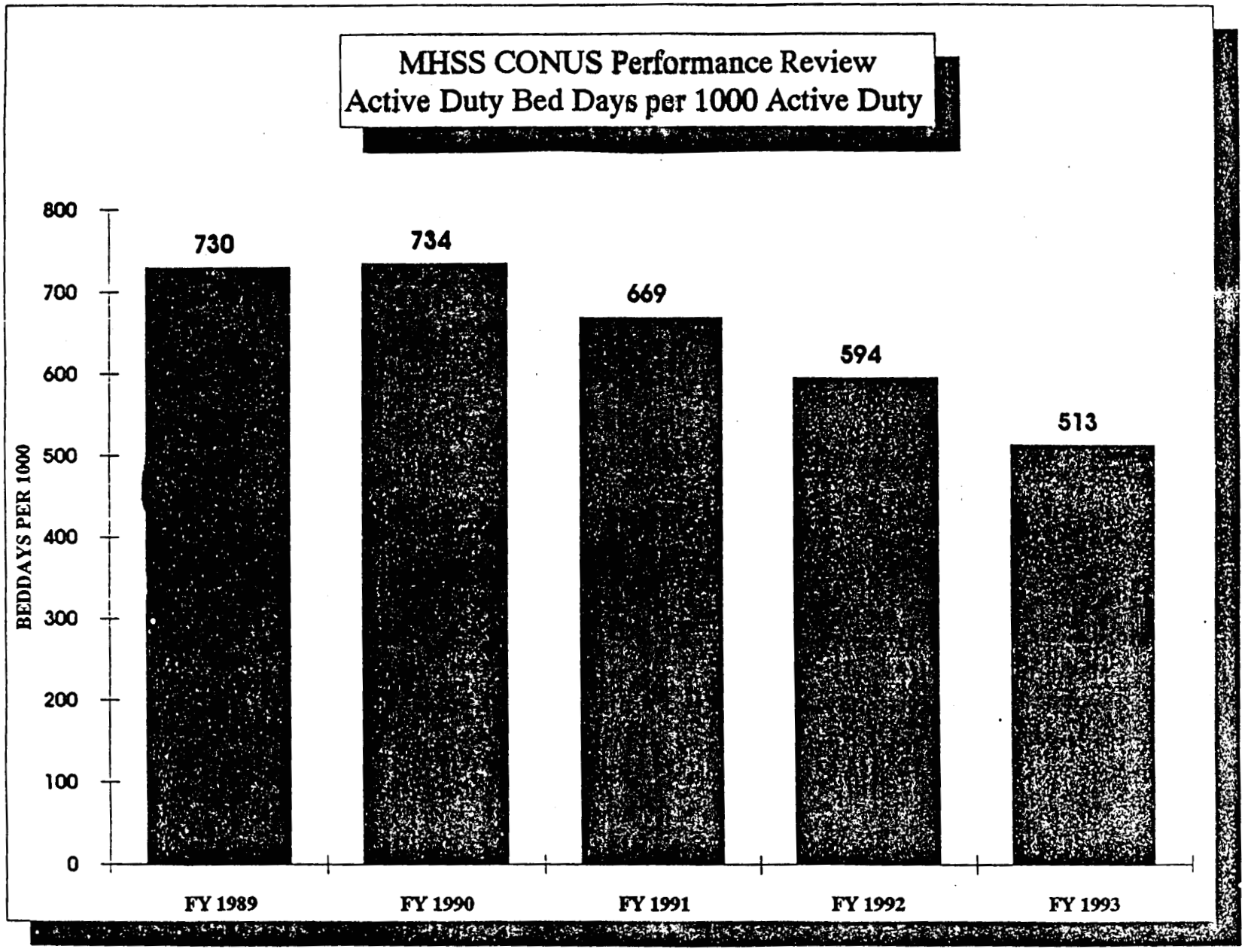
TRICARE LEAD AGENTS AND HEALTH SERVICE REGIONS



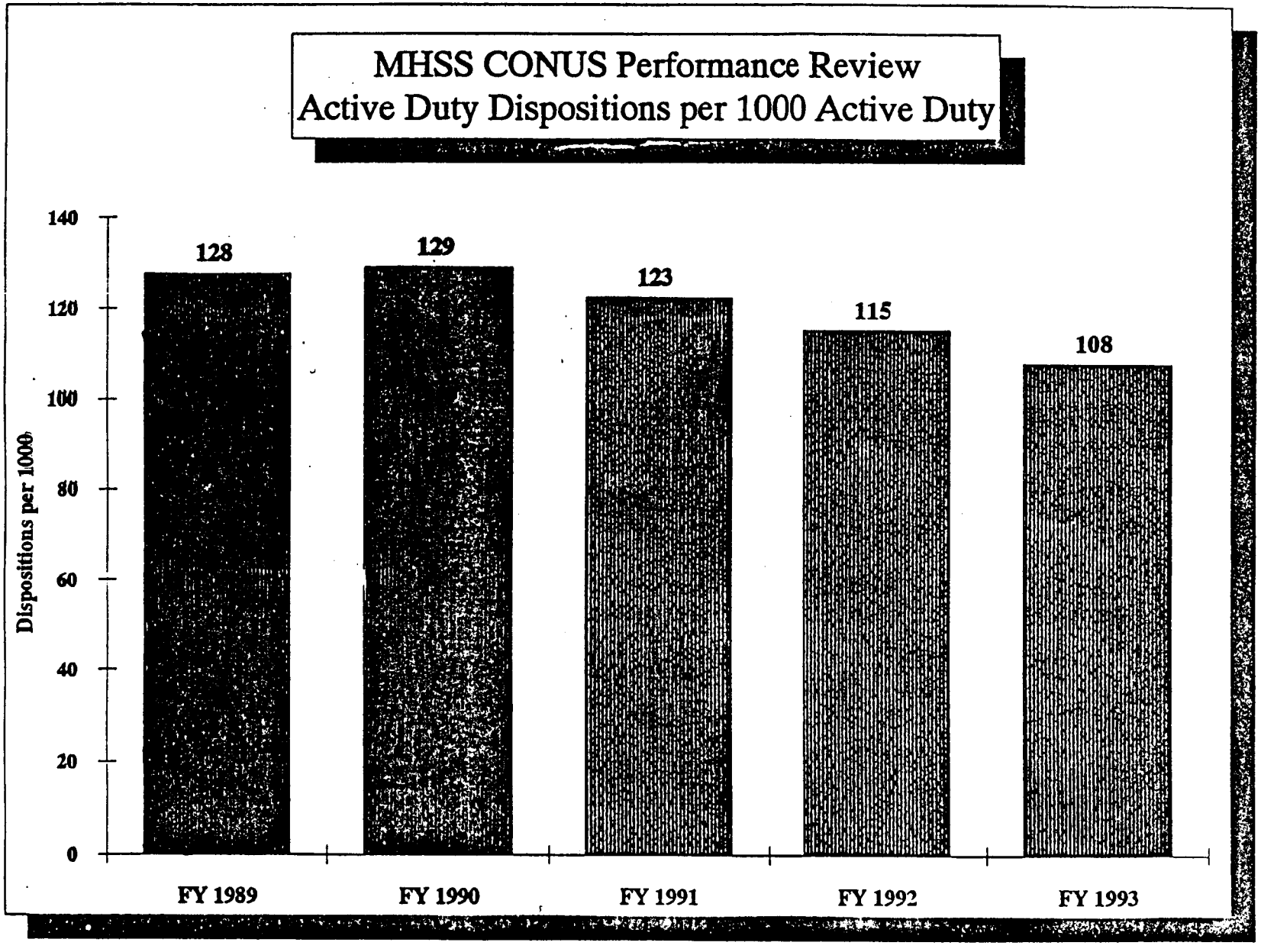
Sources: DMIS and Defense Base Closure and Realignment Commission, 1993 Report to the President



SOURCES: DMIS BIOMETRICS, RCMAS CENTRAL, HB and P ELIGIBLE POPULATION PROGRAM
NO[illegible] JUN-SEP FY 93 Navy Inpatient workload data was estimated using [illegible]alized forecasting.



SOURCES: DMIS BIOMETRICS, RCMAS CENTRAL, HB and P ELIGIBLE POPULATION PROGRAM
NOTE: JUN-SEP FY 93 Navy Inpatient workload data was estimated using seasonalized forecasting.



SOURCES: DMIS BIOMETRICS, RCMAS CENTRAL, HB and P ELIGIBLE POPULATION PROGRAM

NOTE: JUN-SEP FY 93 Navy Inpatient workload data was estimated using seasonalized forecasting.

Military Hospitals Under Proposed DoD Regionalization

Region 1 - TRISERVE Lead Agent

ARMY (MTF's - 6)

Kimbrough AH - Ft Meade
Walter Reed AMC
Keller AH - West Point
Cutler AH - Ft Devens (10/93) *
Patterson AH - Ft Monmouth
Dewitt AH - Ft Belvoir

NAVY (MTF's - 4)

NH Bethesda
NH Patuxent River
NH Groton
NH Newport

Closed Sites

NH Philadelphia (10/91) *

AIR FORCE (MTF's - 6)

Malcolm Grow USAF Medical Center - Andrews AFB
42nd Strategic Hospital - Loring AFB (1/94) *
380th Strategic Hospital - Plattsburgh AFB (BRAC III) *
416th Strategic Hospital - Griffiss AFB (BRAC III) *
USAF Hospital - Dover AFB
438th Medical Group - McGuire AFB

Closed Sites

509th Strategic Hospital - Pease AFB (9/90) *

OTHER (MTF's - 4)

USTF Baltimore
USTF Boston
USTF Staten Island
USTF Portland

Region 2 - NRMC Portsmouth Lead Agent

ARMY (MTF's - 3)

Kenner AH - Ft Lee
McDonald AH - Ft Eustis
Womack AH - Ft Bragg

NAVY (MTF's - 3)

NRMC Portsmouth
NH Cherry Point
NH Camp Lejeune

AIR FORCE (MTF's - 2)

1st Medical Group - Langley AFB
4th Medical Group - Seymour Johnson AFB

OTHER (MTF's - 0)

Region 3 - Eisenhower AMC Lead Agent

ARMY (MTF's - 4)

Moncrief AH - Ft Jackson
Eisenhower AMC - Ft Gordon
Winn AH - Ft Stewart
Martin AH - Ft Benning

NAVY (MTF's - 4)

NH Charleston
NH Beaufort
NH Jacksonville
NH Orlando (BRAC III) *

AIR FORCE (MTF's - 5)

363rd Medical Group - Shaw AFB
USAF Hospital - Robins AFB
347th Medical Group - Moody AFB
56th Medical Group - MacDill AFB
USAF Hospital - Patrick AFB

Closed Sites

31st Medical Group - Homestead AFB (8/92) *
354th Medical Group - Myrtle Beach AFB (12/92) *

OTHER (MTF's - 0)

*** ( ) Indicates Hospital Closure Date/BRAC consideration**

Produced by: Defense Medical Information System (DMIS) Version 3.0

Military Hospitals Under Proposed DoD Regionalization (Continued)

Region 4 - USAF Med Ctr Keesler Lead Agent

ARMY (MTF's - 3)

Lyster AH - Ft Rucker
Fox AH - Redstone Arsenal
Noble AH - Ft McClellan

NAVY (MTF's - 2)

NH Pensacola
NH Millington

AIR FORCE (MTF's - 5)

325th Medical Group - Tyndall AFB
USAF Regional Hospital - Eglin AFB
USAF Medical Center - Keesler AFB
Air University Regional Hospital - Maxwell AFB
USAF Hospital - Columbus AFB

OTHER (MTF's - 0)

Region 5 - AF Med Ctr Wright Patterson Lead Agent

ARMY (MTF's - 3)

Ireland AH - Ft Knox
Hawley AH - Ft Ben Harrison (10/93) *
Blanchfield ACH - Ft Campbell

NAVY (MTF's -1)

NH Great Lakes

AIR FORCE (MTF's - 3)

USAF Medical Center - Scott AFB
AF Medical Center - Wright Patterson AFB
410th Strategic Hospital - K I Sawyer AFB (BRAC III) *

Closed Sites

379th Strategic Hospital - Wurtsmith AFB (7/92) *
Chanute TTC Hospital - Chanute AFB (12/92)*

OTHER (MTF's - 1)

USTF Cleveland

Region 6 - Wilford Hall USAF Med Ctr Lead Agent

ARMY (MTF's - 4)

Bayne-Jones AH - Ft Polk
Darnall AH - Ft Hood
Reynolds AH - Ft Sill
Brooke AMC - Ft Sam Houston

NAVY (MTF's - 1)

NH Corpus Christi

AIR FORCE (MTF's - 9)

USAF Hospital - Little Rock AFB
2nd Strategic Hospital - Barksdale AFB
Wilford Hall USAF Medical Center - Lackland AFB
USAF Hospital - Laughlin AFB
96th Strategic Hospital - Dyess AFB
USAF Regional Hospital - Sheppard AFB
USAF Hospital - Reese AFB
USAF Hospital - Altus AFB
USAF Hospital - Tinker AFB

Closed Sites

97th Strategic Hospital - Eaker AFB (7/92) *
23rd Medical Group - England AFB (9/92) *
67th Medical Group - Bergstrom AFB (2/93) *
hompson Strategic Hospital - Carswell AFB (6/93) *

OTHER (MTF's - 4)

USTF Nassau Bay
USTF Galveston
USTF Houston
USTF Port Arthur

) Indicates Hospital Closure Date/BRAC consideration

Military Hospitals Under Proposed DoD Regionalization (Continued)

Region 7 - William Beaumont AMC Lead Agent

ARMY (MTF's - 2)

William Beaumont AMC - Ft Bliss
Bliss AH - Ft Huachuca

NAVY (MTF's - 0)

AIR FORCE (MTF's - 5)

833rd Medical Group - Holloman AFB
27th Medical Group - Cannon AFB
USAF Hospital - Kirtland AFB
836th Medical Group - Davis Monthan AFB
832nd Medical Group - Luke AFB

Closed Sites

USAF Hospital - Williams AFB (7/92) *

OTHER (MTF's - 0)

Region 8 - Fitzsimons AMC Lead Agent

ARMY (MTF's - 5)

Wood AH - Ft Leonard Wood
Munson AH - Ft Leavenworth
Irwin AH - Ft Riley
Evans AH - Ft Carson
Fitzsimons AMC

NAVY (MTF's - 0)

AIR FORCE (MTF's - 9)

351st Strategic Hospital - Whiteman AFB
USAF Academy Hospital
Ehrling Berquist Regional Hospital - Offutt AFB
USAF Hospital - Hill AFB
90th Strategic Hospital - F E Warren AFB
44th Strategic Hospital - Ellsworth AFB
321st Strategic Hospital - Grand Forks AFB
91st Strategic Hospital - Minot AFB
366th Medical Group - Mountain Home AFB
554th Medical Group - Nellis AFB

OTHER (MTF's - 0)

Region 9 - NH San Diego Lead Agent

ARMY (MTF's - 1)

Weed AH - Ft Irwin

NAVY (MTF's - 4)

BRH Twenty Nine Palms
NH Camp Pendleton
NH San Diego
NH Long Beach (12/93) *

AIR FORCE (MTF's - 4)

22nd Strategic Hospital - March AFB (BRAC III) *
USAF Hospital - Edwards AFB
1st Strategic Hospital - Vandenberg AFB

Closed Sites

831st Medical Group - George AFB (7/92) *

OTHER (MTF's - 0)

* ( ) Indicates Hospital Closure Date/BRAC consideration

Military Hospitals Under Proposed DoD Regionalization (Concluded)

Region 10 - David Grant USAF Hospital Lead Agent

ARMY (MTF's - 2)	NAVY (MTF's - 2)	AIR FORCE (MTF's - 4)	OTHER (MTF's - 0)
Hays AH - Ft Ord (9/93) *	**NH Oakland (BRAC III) ***	David Grant USAF Hospital - Travis AFB	
Letterman AMC Presidio (9/93) *	NH Lemoore	9th Strategic Hospital - Beale AFB	
		USAF Hospital - McClellan AFB	
		93rd Strategic Hospital - Castle AFB (9/95) *	

Region 11 - Madigan AMC Lead Agent

ARMY (MTF's - 1)	NAVY (MTF's - 2)	AIR FORCE (MTF's - 1)	OTHER (MTF's - 1)
Madigan AMC - Ft Lewis	NH Bremerton	92nd Strategic Hospital - Fairchild AFB	USTF Seattle
	NH Oak Harbor		

Region 12 - Tripler AMC Lead Agent

ARMY (MTF's - 1)	NAVY (MTF's - 0)	AIR FORCE (MTF's - 0)	OTHER (MTF's - 0)
Tripler AMC			

*** ( ) Indicates Hospital Closure Date/BRAC consideration**

FY 93 PO. .ATION DATA

CONUS Medical Centers

DMIS ID	Facility	40 mile Catchment Area: Active Duty	FM of AD	All Others	Total	Region less Catchment Area: Active Duty	FM of AD	All Others	Total	Region: Active Duty	FM of AD	All Others	Total	Region
0004	502nd MEDICAL GROUP	5,857	10,885	20,127	36,869	92,771	146,989	318,395	558,155	98,628	157,874	338,522	595,024	4
0047	EISENHOWER AMC	8,168	15,239	26,997	50,404	190,990	272,632	549,744	1,013,366	199,158	287,871	576,741	1,063,770	3
0014	DAVID GRANT	8,224	15,425	29,482	53,131	54,044	92,356	183,059	329,459	62,268	107,781	212,541	382,590	10
0031	FITZSIMONS AMC	8,719	12,650	40,371	61,740	140,253	211,054	319,774	671,081	148,972	223,704	360,145	732,821	8
0095	WRIGHT-PATTERSON	9,463	18,656	27,959	56,078	98,672	158,410	340,168	597,250	108,135	177,066	368,127	653,328	5
0055	USAF MED CTR SCOTT	9,540	19,798	30,687	60,025	98,595	157,268	337,440	593,303	108,135	177,066	368,127	653,328	5
0066	MALCOLM GROW	14,270	19,709	29,398	63,377	182,286	291,065	557,190	1,030,541	196,556	310,774	586,588	1,093,918	1
0108	WILLIAM BEAUMONT	14,333	20,877	30,465	65,675	38,834	71,037	147,512	257,383	53,167	91,914	177,977	323,058	7
0037	WALTER REED AMC	14,919	9,683	22,953	47,555	181,637	301,091	563,635	1,046,363	196,556	310,774	586,588	1,093,918	1
0073	KEESLER	15,397	17,510	22,215	55,122	83,231	140,364	316,307	539,902	98,628	157,874	338,522	595,024	4
0109	BROOKE AMC	15,645	25,555	56,643	97,843	146,381	230,925	474,629	851,935	162,026	256,480	531,272	949,778	6
0117	WILFORD HALL	21,945	22,841	45,397	90,183	140,081	233,639	485,875	859,595	162,026	256,480	531,272	949,778	6
0027	NH OAKLAND	23,276	26,800	45,789	95,865	38,992	80,981	166,752	286,725	62,268	107,781	212,541	382,590	10
0125	MADIGAN AMC	24,294	39,162	58,160	121,616	29,703	60,064	139,056	228,823	53,997	99,226	197,216	350,439	11
0067	NNMC BETHESDA	24,515	21,875	39,554	85,944	172,041	288,899	547,034	1,007,974	196,556	310,774	586,588	1,093,918	1
0052	TRIPLER AMC	51,563	64,338	30,527	146,428	556	715	4,051	5,322	52,119	65,053	34,578	151,750	12
0029	NH SAN DIEGO	86,867	94,091	104,257	285,215	94,675	132,450	198,121	425,246	181,542	226,541	302,378	710,461	9
0124	NH PORTSMOUTH	95,865	136,495	80,377	312,737	127,796	202,098	229,380	559,274	223,661	338,593	309,757	872,011	2

25th PERCENTILE = 9,482
MEDIAN = 15,158
75th PERCENTILE = 24,040

SOURCE: DMIS

CONUS Community Hospitals

		40 mile Catchment Area				Region less Catchment Area				Region				
DMIS ID	Facility	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Region
0114	47th MEDICAL SQUADRON	1,228	1,796	2,135	5,159	160,798	254,684	529,137	944,619	162,026	256,480	531,272	949,778	6
0111	64th MEDICAL SQUADRON	1,333	2,911	5,025	9,269	160,693	253,569	526,247	940,509	162,026	256,480	531,272	949,778	6
0074	14th MEDICAL SQUADRON	1,528	2,745	4,933	9,206	97,100	155,129	333,589	585,818	98,628	157,874	338,522	595,024	4
0087	380th MEDICAL GROUP	2,376	3,807	3,754	9,937	194,180	306,967	582,834	1,083,981	196,556	310,774	586,588	1,093,918	1
0001	FOX ACH	2,709	7,001	20,932	30,642	95,919	150,873	317,590	564,382	98,628	157,874	338,522	595,024	4
0072	410th MEDICAL GROUP	2,940	5,223	2,995	11,158	105,195	171,843	365,132	642,170	108,135	177,066	368,127	653,328	5
0097	97th MEDICAL GROUP	3,117	4,895	3,557	11,569	158,909	251,585	527,715	938,209	162,026	256,480	531,272	949,778	6
0018	30th MEDICAL GROUP	3,283	6,371	9,554	19,208	178,259	220,170	292,824	691,253	181,542	226,541	302,378	710,461	9
0068	NH PATUXENT RIVER	3,378	5,443	5,995	14,816	193,178	305,331	580,593	1,079,102	196,556	310,774	586,588	1,093,918	1
0053	366th MEDICAL GROUP	3,472	6,096	4,670	14,238	145,500	217,608	355,475	718,583	148,972	223,704	360,145	732,821	8
0015	9th MEDICAL GROUP	3,554	5,232	10,430	19,216	58,714	102,549	202,111	363,374	62,268	107,781	212,541	382,590	10
0046	45th MEDICAL GROUP	3,577	7,949	30,703	42,229	195,581	279,922	546,038	1,021,541	199,158	287,871	576,741	1,063,770	3
0129	90th MEDICAL GROUP	3,722	5,921	5,314	14,957	145,250	217,783	354,831	717,864	148,972	223,704	360,145	732,821	8
0076	351st MEDICAL GROUP	3,830	5,405	5,112	14,347	145,142	218,299	355,033	718,474	148,972	223,704	360,145	732,821	8
0017	93rd MEDICAL GROUP	3,995	8,060	12,347	24,402	58,273	99,721	200,194	358,188	62,268	107,781	212,541	382,590	10
0050	347th MEDICAL GROUP	4,018	6,492	7,220	17,730	195,140	281,379	569,521	1,046,040	199,158	287,871	576,741	1,063,770	3
0118	NH CORPUS CHRISTI	4,301	7,878	11,590	23,769	157,725	248,602	519,682	926,009	162,026	256,480	531,272	949,778	6
0051	653rd MEDICAL GROUP	4,475	8,848	16,556	29,879	194,683	279,023	560,185	1,033,891	199,158	287,871	576,741	1,063,770	3
0019	650th MEDICAL GROUP	4,552	7,529	7,683	19,764	176,990	219,012	294,695	690,697	181,542	226,541	302,378	710,461	9
0128	92nd MEDICAL GROUP	4,573	8,773	15,432	28,778	49,424	90,453	181,784	321,661	53,997	99,226	197,216	350,439	11
0088	416th MEDICAL GROUP	4,605	7,506	8,909	21,020	191,951	303,268	577,679	1,072,898	196,556	310,774	586,588	1,093,918	1
0250	652nd MEDICAL GROUP	4,736	10,295	46,728	61,759	57,532	97,486	165,813	320,831	62,268	107,781	212,541	382,590	10
0093	319th MEDICAL GROUP	4,822	7,852	2,723	15,397	144,150	215,852	357,422	717,424	148,972	223,704	360,145	732,821	8
0036	436th MEDICAL GROUP	4,883	8,234	14,108	27,225	191,673	302,540	572,480	1,066,693	196,556	310,774	586,588	1,093,918	1
0021	22nd MEDICAL GROUP	4,952	14,160	45,048	64,160	176,590	212,381	257,330	646,301	181,542	226,541	302,378	710,461	9
0094	5th MEDICAL GROUP	5,030	7,128	2,185	14,343	143,942	216,576	357,960	718,478	148,972	223,704	360,145	732,821	8
0028	NH LEMOORE	5,037	9,423	10,193	24,653	57,231	98,358	202,348	357,937	62,268	107,781	212,541	382,590	10
0090	4th MEDICAL GROUP	5,085	9,503	13,518	28,106	218,576	329,090	296,239	843,905	223,661	338,593	309,757	872,011	2
0131	WEED ACH	5,210	6,906	2,156	14,272	176,332	219,635	300,222	696,189	181,542	226,541	302,378	710,461	9
0112	96th MEDICAL GROUP	5,213	8,836	8,121	22,170	156,813	247,644	523,151	927,608	162,026	256,480	531,272	949,778	6

SOURCE: DMIS

CONUS Community Hospitals (continued)

DMIS ID	Facility	40 mile Catchment Area: Active Duty	FM of AD	All Others	Total	Region less Catchment Area: Active Duty	FM of AD	All Others	Total	Region: Active Duty	FM of AD	All Others	Total	Region
0085	27th MEDICAL GROUP	5,217	7,938	3,465	16,620	47,950	83,976	174,512	306,438	53,167	91,914	177,977	323,058	7
0083	542nd MEDICAL GROUP	5,236	10,522	23,711	39,469	47,931	81,392	154,266	283,589	53,167	91,914	177,977	323,058	7
0106	28th MEDICAL GROUP	5,364	10,255	5,745	21,364	143,608	213,449	354,400	711,457	148,972	223,704	360,145	732,821	8
0081	PATTERSON ACH	5,408	7,361	16,356	29,125	191,148	303,413	570,232	1,064,793	196,556	310,774	586,588	1,093,918	1
0010	355th MEDICAL GROUP	5,517	11,645	26,452	43,614	47,650	80,269	151,525	279,444	53,167	91,914	177,977	323,058	7
0002	NOBLE ACH	5,520	6,888	13,540	25,948	93,108	150,986	324,982	569,076	98,628	157,874	338,522	595,024	4
0013	314th MEDICAL GROUP	5,603	10,909	20,604	37,116	156,423	245,571	510,668	912,662	162,026	256,480	531,272	949,778	6
0084	49th MEDICAL GROUP	5,633	9,893	6,075	21,601	47,534	82,021	171,902	301,457	53,167	91,914	177,977	323,058	7
0003	LYSTER ACH	5,704	11,578	16,239	33,521	92,924	146,296	322,283	561,503	98,628	157,874	338,522	595,024	4
0100	NH NEWPORT	5,772	9,660	17,575	33,007	190,784	301,114	569,013	1,060,911	196,556	310,774	586,588	1,093,918	1
0043	325th MEDICAL GROUP	5,783	10,809	14,924	31,516	92,845	147,065	323,598	563,508	98,628	157,874	338,522	595,024	4
0008	BLISS ACH	5,819	8,192	10,241	24,252	47,348	83,722	167,736	298,806	53,167	91,914	177,977	323,058	7
0062	2nd MEDICAL GROUP	5,906	10,537	17,033	33,476	156,120	245,943	514,239	916,302	162,026	256,480	531,272	949,778	6
0113	396th MEDICAL GROUP	6,217	7,291	8,774	22,282	155,809	249,189	522,498	927,496	162,026	256,480	531,272	949,778	6
0119	649th MEDICAL GROUP	6,262	11,777	18,996	37,035	142,710	211,927	341,149	695,786	148,972	223,704	360,145	732,821	8
0101	363rd MEDICAL GROUP	6,329	11,063	10,751	28,143	192,829	276,808	565,990	1,035,627	199,158	287,871	576,741	1,063,770	3
0009	58th MEDICAL GROUP	6,429	14,009	46,412	66,850	46,738	77,905	131,565	256,208	53,167	91,914	177,977	323,058	7
0045	56th MEDICAL GROUP	6,485	15,873	71,653	94,011	192,673	271,998	505,088	969,759	199,158	287,871	576,741	1,063,770	3
0086	KELLER ACH	6,633	7,699	15,663	29,995	189,923	303,075	570,925	1,063,923	196,556	310,774	586,588	1,093,918	1
0122	KENNER ACH	6,969	9,348	21,927	38,244	216,692	329,245	287,830	833,767	223,661	338,593	309,757	872,011	2
0079	554th MEDICAL GROUP	7,293	14,333	34,986	56,612	181,542	226,541	302,378	710,461	188,835	240,874	337,364	767,073	9
0127	NH OAK HARBOR	8,041	11,428	8,224	27,693	45,956	87,798	188,992	322,746	53,997	99,226	197,216	350,439	11
0107	NH MILLINGTON	8,254	11,912	20,611	40,777	90,374	145,962	317,911	554,247	98,628	157,874	338,522	595,024	4
0121	MCDONALD ACH	8,688	20,222	17,991	46,901	214,973	318,371	291,766	825,110	223,661	338,593	309,757	872,011	2
0023	HAYS ACH	8,796	22,283	17,595	48,674	53,472	85,498	194,946	333,916	62,268	107,781	212,541	382,590	10
0058	MUNSON ACH	9,118	11,604	20,754	41,476	139,854	212,100	339,391	691,345	148,972	223,704	360,145	732,821	8
0092	NH CHERRY POINT	9,199	13,269	9,226	31,694	214,462	325,324	300,531	840,317	223,661	338,593	309,757	872,011	2
0035	NH GROTON	9,225	14,450	15,773	39,448	187,331	296,324	570,815	1,054,470	196,556	310,774	586,588	1,093,918	1
0096	654th MEDICAL GROUP	9,246	16,790	28,410	54,446	152,780	239,690	502,862	895,332	162,026	256,480	531,272	949,778	6
0030	NH TWENTYNINE PALMS	9,253	7,971	2,948	20,172	172,289	218,570	299,430	690,289	181,542	226,541	302,378	710,461	9

SOURCE: DMIS

CONUS Community Hospitals (continued)

DMIS ID	Facility	40 mile Catchment Area				Region less Catchment Area				Region				Region
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	
0126	NH BREMERTON	9,690	23,286	19,560	52,536	44,307	75,940	177,656	297,903	53,997	99,226	197,216	350,439	11
0120	1st MEDICAL GROUP	9,714	24,588	21,556	55,858	213,947	314,005	288,201	816,153	223,661	338,593	309,757	872,011	2
0078	EHRLING BERQUIST HOSP	10,114	18,885	22,152	51,151	138,858	204,819	337,993	681,670	148,972	223,704	360,145	732,821	8
0038	NH PENSACOLA	10,300	18,767	36,360	65,427	88,328	139,107	302,162	529,597	98,628	157,874	338,522	595,024	4
0075	L. WOOD ACH	12,732	11,616	9,794	34,142	136,240	212,088	350,351	698,679	148,972	223,704	360,145	732,821	8
0326	438th MEDICAL GROUP	13,004	21,944	45,436	80,384	183,552	288,830	541,152	1,013,534	196,556	310,774	586,588	1,093,918	1
0123	DEWITT ACH	13,225	56,508	65,047	134,780	183,331	254,266	521,541	959,138	196,556	310,774	586,588	1,093,918	1
0033	USAF ACADEMY HOSPITAL	13,316	12,835	21,043	47,194	135,656	210,869	339,102	685,627	148,972	223,704	360,145	732,821	8
0104	NH BEAUFORT	13,910	10,158	7,726	31,794	185,248	277,713	569,015	1,031,976	199,158	287,871	576,741	1,063,770	3
0064	BAYNE-JONES ACH	14,057	15,352	7,829	37,238	147,969	241,128	523,443	912,540	162,026	256,480	531,272	949,778	6
0069	KIMBROUGH ACH	14,609	22,029	25,996	62,634	181,947	288,745	560,592	1,031,284	196,556	310,774	586,588	1,093,918	1
0057	IRWIN ACH	14,839	20,870	8,687	44,396	134,133	202,834	351,458	688,425	148,972	223,704	360,145	732,821	8
0042	646th MEDICAL GROUP	15,012	26,843	32,068	73,923	83,616	131,031	306,454	521,101	98,628	157,874	338,522	595,024	4
0061	IRELAND ACH	15,543	19,820	25,146	60,509	92,592	157,246	342,981	592,819	108,135	177,066	368,127	653,328	5
0040	NH ORLANDO	17,082	11,164	51,568	79,814	182,076	276,707	525,173	983,956	199,158	287,871	576,741	1,063,770	3
0032	EVANS ACH	17,427	32,728	29,206	79,361	131,545	190,976	330,939	653,460	148,972	223,704	360,145	732,821	8
0098	REYNOLDS ACH	17,428	24,190	17,719	59,337	144,598	232,290	513,553	890,441	162,026	256,480	531,272	949,778	6
0105	MONCRIEF ACH	18,426	11,467	25,190	55,083	180,732	276,404	551,551	1,008,687	199,158	287,871	576,741	1,063,770	3
0060	BLANCHFIELD ACH	19,197	31,051	18,446	68,694	88,938	146,015	349,681	584,634	108,135	177,066	368,127	653,328	5
0049	WINN ACH	19,391	27,949	15,117	62,457	179,767	259,922	561,624	1,001,313	199,158	287,871	576,741	1,063,770	3
0048	MARTIN ACH	23,184	28,208	28,091	79,483	175,974	259,663	548,650	984,287	199,158	287,871	576,741	1,063,770	3
0103	NH CHARLESTON	23,285	40,431	33,192	96,908	175,873	247,440	543,549	966,862	199,158	287,871	576,741	1,063,770	3
0056	NH GREAT LAKES	25,771	19,121	23,658	68,550	82,364	157,945	344,469	584,778	108,135	177,066	368,127	653,328	5
0039	NH JACKSONVILLE	26,981	48,057	55,127	130,165	172,177	239,814	521,614	933,605	199,158	287,871	576,741	1,063,770	3
0110	DARNALL ACH	34,587	46,600	33,833	115,020	127,439	209,880	497,439	834,758	162,026	256,480	531,272	949,778	6
0024	NH CAMP PENDLETON	35,852	40,936	29,741	106,529	145,690	185,605	272,637	603,932	181,542	226,541	302,378	710,461	9
0091	NH CAMP LEJEUNE	36,331	41,129	15,478	92,938	187,330	297,464	294,279	779,073	223,661	338,593	309,757	872,011	2
0089	WOMACK AMC	45,887	70,107	44,384	160,378	177,774	268,486	265,373	711,633	223,661	338,593	309,757	872,011	2

SOURCE: DMIS

CONUS Community Hospitals (continued)

25th Percentile =	4,801
Median =	6,240
75th Percentile =	13,059

SOURCE: DMIS

REGION 1

Community Hospitals

DMIS ID	Name	40 mile Catchment Active Duty	40 mile Catchment FM of AD	40 mile Catchment All Others	40 mile Catchment Total	Region less Catchment Pop Active Duty	Region less Catchment Pop FM of AD	Region less Catchment Pop All Others	Region less Catchment Pop Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
65	42nd MEDICAL GROUP	1,728	3,487	1,774	6,989	194,828	307,287	584,814	1,086,929	196,556	310,774	586,588	1,093,918
87	380th MEDICAL GROUP	2,376	3,807	3,754	9,937	194,180	306,967	582,834	1,083,981	196,556	310,774	586,588	1,093,918
68	NH PATUXENT RIVER	3,378	5,443	5,995	14,816	193,178	305,331	580,593	1,079,102	196,556	310,774	586,588	1,093,918
88	416th MEDICAL GROUP	4,605	7,506	8,909	21,020	191,951	303,268	577,679	1,072,898	196,556	310,774	586,588	1,093,918
36	436th MEDICAL GROUP	4,883	8,234	14,108	27,225	191,673	302,540	572,480	1,066,693	196,556	310,774	586,588	1,093,918
81	PATTERSON ACH	5,408	7,361	16,356	29,125	191,148	303,413	570,232	1,064,793	196,556	310,774	586,588	1,093,918
100	NH NEWPORT	5,772	9,660	17,575	33,007	190,784	301,114	569,013	1,060,911	196,556	310,774	586,588	1,093,918
86	KELLER ACH	6,633	7,699	15,663	29,995	189,923	303,075	570,925	1,063,923	196,556	310,774	586,588	1,093,918
70	CUTLER ACH	7,481	13,495	33,578	54,554	189,075	297,279	553,010	1,039,364	196,556	310,774	586,588	1,093,918
35	NH GROTON	9,225	14,450	15,773	39,448	187,331	296,324	570,815	1,054,470	196,556	310,774	586,588	1,093,918
326	438th MEDICAL GROUP	13,004	21,944	45,436	80,384	183,552	288,830	541,152	1,013,534	196,556	310,774	586,588	1,093,918
123	DEWITT ACH	13,225	56,508	65,047	134,780	183,331	254,266	521,541	959,138	196,556	310,774	586,588	1,093,918
69	KIMBROUGH ACH	14,609	22,029	25,996	62,634	181,947	288,745	560,592	1,031,284	196,556	310,774	586,588	1,093,918

MEDIAN = 5,772

Medical Centers

DMIS ID	Name	40 mile Catchment Active Duty	40 mile Catchment FM of AD	40 mile Catchment All Others	40 mile Catchment Total	Region less Catchment Pop Active Duty	Region less Catchment Pop FM of AD	Region less Catchment Pop All Others	Region less Catchment Pop Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
66	MALCOLM GROW	14,270	19,709	29,398	63,377	182,286	291,065	557,190	1,030,541	196,556	310,774	586,588	1,093,918
37	WALTER REED AMC	14,919	9,683	22,953	47,555	181,637	301,091	563,635	1,046,363	196,556	310,774	586,588	1,093,918
67	NNMC BETHESDA	24,515	21,875	39,554	85,944	172,041	288,899	547,034	1,007,974	196,556	310,774	586,588	1,093,918

MEDIAN = 14,919

SOURCE: DMIS

REGION 1 (continued)

Non Catchment Areas

DMIS ID	Name	Non Catchment Area				Region less Non Catchment Area				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
940	RHODE ISLAND	0	775	118	893	196,556	309,999	586,470	1,093,025	196,556	310,774	586,588	1,093,918
908	DELAWARE	10	636	1,589	2,235	196,546	310,138	584,999	1,091,683	196,556	310,774	586,588	1,093,918
946	VERMONT	482	1,042	5,525	7,049	196,074	309,732	581,063	1,086,869	196,556	310,774	586,588	1,093,918
907	CONNECTICUT	603	1,416	6,646	8,665	195,953	309,358	579,942	1,085,253	196,556	310,774	586,588	1,093,918
995	NORTHERN VIRGINIA	1,241	1,315	7,943	10,499	195,315	309,459	578,645	1,083,419	196,556	310,774	586,588	1,093,918
921	MARYLAND	1,359	2,349	5,886	9,594	195,197	308,425	580,702	1,084,324	196,556	310,774	586,588	1,093,918
922	MASSACHUSETTS	2,430	4,742	14,946	22,118	194,126	306,032	571,642	1,071,800	196,556	310,774	586,588	1,093,918
931	NEW JERSEY	2,544	2,254	5,954	10,752	194,012	308,520	580,634	1,083,166	196,556	310,774	586,588	1,093,918
930	NEW HAMPSHIRE	3,922	1,569	11,914	17,405	192,634	309,205	574,674	1,076,513	196,556	310,774	586,588	1,093,918
920	MAINE	5,198	8,258	23,767	37,223	191,358	302,516	562,821	1,056,695	196,556	310,774	586,588	1,093,918
939	PENNSYLVANIA	6,876	14,635	70,651	92,162	189,680	296,139	515,937	1,001,756	196,556	310,774	586,588	1,093,918
933	NEW YORK	20,520	29,162	52,362	102,044	176,036	281,612	534,226	991,874	196,556	310,774	586,588	1,093,918

MEDIAN = 1,895

USTF

DMIS ID	Name	40 mile Catchment				Region less 40 mile				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
190	WYMAN PARK Baltimore	5,340	9,731	17,418	32,489	191,216	301,043	569,170	1,061,429	196,556	310,774	586,588	1,093,918

SOURCE: DMIS

REGION 2

Community Hospitals

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0090	4th MEDICAL GROUP	5,085	9,503	13,518	28,106	218,576	329,090	296,239	843,905	223,661	338,593	309,757	872,011
0122	KENNER ACH	6,969	9,348	21,927	38,244	216,692	329,245	287,830	833,767	223,661	338,593	309,757	872,011
0121	MCDONALD ACH	8,688	20,222	17,991	46,901	214,973	318,371	291,766	825,110	223,661	338,593	309,757	872,011
0092	NH CHERRY POINT	9,199	13,269	9,226	31,694	214,462	325,324	300,531	840,317	223,661	338,593	309,757	872,011
0120	1st MEDICAL GROUP	9,714	24,588	21,556	55,858	213,947	314,005	288,201	816,153	223,661	338,593	309,757	872,011
0091	NH CAMP LEJEUNE	36,331	41,129	15,478	92,938	187,330	297,464	294,279	779,073	223,661	338,593	309,757	872,011
0089	WOMACK AMC	45,887	70,107	44,384	160,378	177,774	268,486	265,373	711,633	223,661	338,593	309,757	872,011

MEDIAN = 9,199

Medical Centers

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0124	NH PORTSMOUTH	95,865	136,495	80,377	312,737	127,796	202,098	229,380	559,274	223,661	338,593	309,757	872,011

Non Catchment Areas

DMIS ID	Name	Non Catchment Area				Region less Non Catchment Area				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0996	SOUTHERN VIRGINIA	1,894	3,185	22,373	27,452	221,767	335,408	287,384	844,559	223,661	338,593	309,757	872,011
0934	NORTH CAROLINA	4,029	10,747	62,927	77,703	219,632	327,846	246,830	794,308	223,661	338,593	309,757	872,011

MEDIAN = 2,962

SOURCE: DMIS

FY 93 POPULATION DATA

REGION 2

Community Hospitals

DMIS ID	Name	40 mile Catchment Active Duty	40 mile Catchment FM of AD	40 mile Catchment All Others	40 mile Catchment Total	Region less Catchment Pop Active Duty	Region less Catchment Pop FM of AD	Region less Catchment Pop All Others	Region less Catchment Pop Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0090	4th MEDICAL GROUP	5,085	9,503	13,518	28,106	218,576	329,090	296,239	843,905	223,661	338,593	309,757	872,011
0122	KENNER ACH	6,969	9,348	21,927	38,244	216,692	329,245	287,830	833,767	223,661	338,593	309,757	872,011
0121	MCDONALD ACH	8,688	20,222	17,991	46,901	214,973	318,371	291,766	825,110	223,661	338,593	309,757	872,011
0092	NH CHERRY POINT	9,199	13,269	9,226	31,694	214,462	325,324	300,531	840,317	223,661	338,593	309,757	872,011
0120	1st MEDICAL GROUP	9,714	24,588	21,556	55,858	213,947	314,005	288,201	816,153	223,661	338,593	309,757	872,011
0091	NH CAMP LEJEUNE	36,331	41,129	15,478	92,938	187,330	297,464	294,279	779,073	223,661	338,593	309,757	872,011
0089	WOMACK AMC	45,887	70,107	44,384	160,378	177,774	268,486	265,373	711,633	223,661	338,593	309,757	872,011

MEDIAN = 9,199

Medical Centers

DMIS ID	Name	40 mile Catchment Active Duty	40 mile Catchment FM of AD	40 mile Catchment All Others	40 mile Catchment Total	Region less Catchment Pop Active Duty	Region less Catchment Pop FM of AD	Region less Catchment Pop All Others	Region less Catchment Pop Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0124	NH PORTSMOUTH	95,865	136,495	80,377	312,737	127,796	202,098	229,380	559,274	223,661	338,593	309,757	872,011

Non Catchment Areas

DMIS ID	Name	Non Catchment Area Active Duty	Non Catchment Area FM of AD	Non Catchment Area All Others	Non Catchment Area Total	Region less Non Catchment Area Active Duty	Region less Non Catchment Area FM of AD	Region less Non Catchment Area All Others	Region less Non Catchment Area Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0996	SOUTHERN VIRGINIA	1,894	3,185	22,373	27,452	221,767	335,408	287,384	844,559	223,661	338,593	309,757	872,011
0934	NORTH CAROLINA	4,029	10,747	62,927	77,703	219,632	327,846	246,830	794,308	223,661	338,593	309,757	872,011

MEDIAN = 2,962

SOURCE: DMIS

FY 93 POPULATION DATA

REGION 3

Community Hospitals

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0046	45th MEDICAL GROUP	3,577	7,949	30,703	42,229	195,581	279,922	546,038	1,021,541	199,158	287,871	576,741	1,063,770
0050	347th MEDICAL GROUP	4,018	6,492	7,220	17,730	195,140	281,379	569,521	1,046,040	199,158	287,871	576,741	1,063,770
0051	653rd MEDICAL GROUP	4,475	8,848	16,556	29,879	194,683	279,023	560,185	1,033,891	199,158	287,871	576,741	1,063,770
0101	363rd MEDICAL GROUP	6,329	11,063	10,751	28,143	192,829	276,808	565,990	1,035,627	199,158	287,871	576,741	1,063,770
0045	56th MEDICAL GROUP	6,485	15,873	71,653	94,011	192,673	271,998	505,088	969,759	199,158	287,871	576,741	1,063,770
0104	NH BEAUFORT	13,910	10,158	7,726	31,794	185,248	277,713	569,015	1,031,976	199,158	287,871	576,741	1,063,770
0040	NH ORLANDO	17,082	11,164	51,568	79,814	182,076	276,707	525,173	983,956	199,158	287,871	576,741	1,063,770
0105	MONCRIEF ACH	18,426	11,467	25,190	55,083	180,732	276,404	551,551	1,008,687	199,158	287,871	576,741	1,063,770
0049	WINN ACH	19,391	27,949	15,117	62,457	179,767	259,922	561,624	1,001,313	199,158	287,871	576,741	1,063,770
0048	MARTIN ACH	23,184	28,208	28,091	79,483	175,974	259,663	548,650	984,287	199,158	287,871	576,741	1,063,770
0103	NH CHARLESTON	23,285	40,431	33,192	96,908	175,873	247,440	543,549	966,862	199,158	287,871	576,741	1,063,770
0039	NH JACKSONVILLE	26,981	48,057	55,127	130,165	172,177	239,814	521,614	933,605	199,158	287,871	576,741	1,063,770

MEDIAN = 15,496

Medical Centers

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0047	EISENHOWER AMC	8,168	15,239	26,997	50,404	190,990	272,632	549,744	1,013,366	199,158	287,871	576,741	1,063,770

Non Catchment Areas

DMIS ID	Name	Non Catchment Area				Region less Non Catchment Area				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0941	SOUTH CAROLINA	898	5,092	31,205	37,195	198,260	282,779	545,536	1,026,575	199,158	287,871	576,741	1,063,770
0987	EASTERN FLORIDA	9,171	14,591	89,219	112,981	189,987	273,280	487,522	950,789	199,158	287,871	576,741	1,063,770
0911	GEORGIA	13,778	25,290	76,426	115,494	185,380	262,581	500,315	948,276	199,158	287,871	576,741	1,063,770

MEDIAN = 9,171

SOURCE: DMIS

FY 93 POPULATION DATA

REGION 4

Community Hospitals

DMIS ID	Name	40 mile Catchment Active Duty	40 mile Catchment FM of AD	40 mile Catchment All Others	40 mile Catchment Total	Region less Catchment Pop Active Duty	Region less Catchment Pop FM of AD	Region less Catchment Pop All Others	Region less Catchment Pop Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0074	14th MEDICAL SQUADRON	1,528	2,745	4,933	9,206	97,100	155,129	333,589	585,818	98,628	157,874	338,522	595,024
0001	FOX ACH	2,709	7,001	20,932	30,642	95,919	150,873	317,590	564,382	98,628	157,874	338,522	595,024
0002	NOBLE ACH	5,520	6,888	13,540	25,948	93,108	150,986	324,982	569,076	98,628	157,874	338,522	595,024
0003	LYSTER ACH	5,704	11,578	16,239	33,521	92,924	146,296	322,283	561,503	98,628	157,874	338,522	595,024
0043	325th MEDICAL GROUP	5,783	10,809	14,924	31,516	92,845	147,065	323,598	563,508	98,628	157,874	338,522	595,024
0107	NH MILLINGTON	8,254	11,912	20,611	40,777	90,374	145,962	317,911	554,247	98,628	157,874	338,522	595,024
0038	NH PENSACOLA	10,300	18,767	36,360	65,427	88,328	139,107	302,162	529,597	98,628	157,874	338,522	595,024
0042	646th MEDICAL GROUP	15,012	26,843	32,068	73,923	83,616	131,031	306,454	521,101	98,628	157,874	338,522	595,024

MEDIAN = 5,744

Medical Centers

DMIS ID	Name	40 mile Catchment Active Duty	40 mile Catchment FM of AD	40 mile Catchment All Others	40 mile Catchment Total	Region less Catchment Pop Active Duty	Region less Catchment Pop FM of AD	Region less Catchment Pop All Others	Region less Catchment Pop Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0004	502nd MEDICAL GROUP	5,857	10,885	20,127	36,869	92,771	146,989	318,395	558,155	98,628	157,874	338,522	595,024
0073	KEESLER MED CTR	15,397	17,510	22,215	55,122	83,231	140,364	316,307	539,902	98,628	157,874	338,522	595,024

MEDIAN = 10,627

Non Catchment Areas

DMIS ID	Name	Non Catchment Area Active Duty	Non Catchment Area FM of AD	Non Catchment Area All Others	Non Catchment Area Total	Region less Non Catchment Area Active Duty	Region less Non Catchment Area FM of AD	Region less Non Catchment Area All Others	Region less Non Catchment Area Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0988	WESTERN FLORIDA	256	951	7,013	8,220	98,372	156,923	331,509	586,804	98,628	157,874	338,522	595,024
0925	MISSISSIPPI	4,458	6,978	24,499	35,935	94,170	150,896	314,023	559,089	98,628	157,874	338,522	595,024
0943	TENNESSEE	5,212	6,389	52,100	63,701	93,416	151,485	286,422	531,323	98,628	157,874	338,522	595,024
0901	ALABAMA	5,461	7,414	30,669	43,544	93,167	150,460	307,853	551,480	98,628	157,874	338,522	595,024
0989	EASTERN LOUISIANA	7,177	11,204	22,292	40,673	91,451	146,670	316,230	554,351	98,628	157,874	338,522	595,024

MEDIAN = 5,212

SOURCE: DMIS

REGION 5

Community Hospitals

DMIS ID	Name	40 mile Catchment Active Duty	40 mile Catchment FM of AD	40 mile Catchment All Others	40 mile Catchment Total	Region less Catchment Pop Active Duty	Region less Catchment Pop FM of AD	Region less Catchment Pop All Others	Region less Catchment Pop Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0072	410th MEDICAL GROUP	2,940	5,223	2,995	11,158	105,195	171,843	365,132	642,170	108,135	177,066	368,127	653,328
0061	IRELAND ACH	15,543	19,820	25,146	60,509	92,592	157,246	342,981	592,819	108,135	177,066	368,127	653,328
0060	BLANCHFIELD ACH	19,197	31,051	18,446	68,694	88,938	146,015	349,681	584,634	108,135	177,066	368,127	653,328
0056	NH GREAT LAKES	25,771	19,121	23,658	68,550	82,364	157,945	344,469	584,778	108,135	177,066	368,127	653,328

MEDIAN = 17,370

Medical Centers

DMIS ID	Name	40 mile Catchment Active Duty	40 mile Catchment FM of AD	40 mile Catchment All Others	40 mile Catchment Total	Region less Catchment Pop Active Duty	Region less Catchment Pop FM of AD	Region less Catchment Pop All Others	Region less Catchment Pop Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0095	WRIGHT-PATTERSON	9,463	18,656	27,959	56,078	98,672	158,410	340,168	597,250	108,135	177,066	368,127	653,328
0055	SCOTT	9,540	19,798	30,687	60,025	98,595	157,268	337,440	593,303	108,135	177,066	368,127	653,328

MEDIAN = 9,502

Non Catchment Areas

DMIS ID	Name	Non Catchment Area Active Duty	Non Catchment Area FM of AD	Non Catchment Area All Others	Non Catchment Area Total	Region less Non Catchment Area Active Duty	Region less Non Catchment Area FM of AD	Region less Non Catchment Area All Others	Region less Non Catchment Area Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0918	KENTUCKY	1,345	4,103	23,533	28,981	106,790	172,963	344,594	624,347	108,135	177,066	368,127	653,328
0949	WEST VIRGINIA	1,611	3,618	18,933	24,162	106,524	173,448	349,194	629,166	108,135	177,066	368,127	653,328
0914	ILLINOIS	2,173	8,781	31,111	42,065	105,962	168,285	337,016	611,263	108,135	177,066	368,127	653,328
0950	WISCONSIN	4,232	5,757	26,683	36,672	103,903	171,309	341,444	616,656	108,135	177,066	368,127	653,328
0936	OHIO	4,812	12,862	53,057	70,731	103,323	164,204	315,070	582,597	108,135	177,066	368,127	653,328
0923	MICHIGAN	5,192	14,264	44,719	64,175	102,943	162,802	323,408	589,153	108,135	177,066	368,127	653,328
0915	INDIANA	6,316	14,012	41,200	61,528	101,819	163,054	326,927	591,800	108,135	177,066	368,127	653,328

MEDIAN = 4,232

SOURCE: DMIS

REGION 6

Community Hospitals

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0114	47th MEDICAL SQUADRON	1,228	1,796	2,135	5,159	160,798	254,684	529,137	944,619	162,026	256,480	531,272	949,778
0111	64th MEDICAL SQUADRON	1,333	2,911	5,025	9,269	160,693	253,569	526,247	940,509	162,026	256,480	531,272	949,778
0097	97th MEDICAL GROUP	3,117	4,895	3,557	11,569	158,909	251,585	527,715	938,209	162,026	256,480	531,272	949,778
0118	NH CORPUS CHRISTI	4,301	7,878	11,590	23,769	157,725	248,602	519,682	926,009	162,026	256,480	531,272	949,778
0112	96th MEDICAL GROUP	5,213	8,836	8,121	22,170	156,813	247,644	523,151	927,608	162,026	256,480	531,272	949,778
0013	314th MEDICAL GROUP	5,603	10,909	20,604	37,116	156,423	245,571	510,668	912,662	162,026	256,480	531,272	949,778
0062	2nd MEDICAL GROUP	5,906	10,537	17,033	33,476	156,120	245,943	514,239	916,302	162,026	256,480	531,272	949,778
0113	396th MEDICAL GROUP	6,217	7,291	8,774	22,282	155,809	249,189	522,498	927,496	162,026	256,480	531,272	949,778
0096	654th MEDICAL GROUP	9,246	16,790	28,410	54,446	152,780	239,690	502,862	895,332	162,026	256,480	531,272	949,778
0064	BAYNE-JONES ACH	14,057	15,352	7,829	37,238	147,969	241,128	523,443	912,540	162,026	256,480	531,272	949,778
0098	REYNOLDS ACH	17,428	24,190	17,719	59,337	144,598	232,290	513,553	890,441	162,026	256,480	531,272	949,778
0110	DARNALL ACH	34,587	46,600	33,833	115,020	127,439	209,880	497,439	834,758	162,026	256,480	531,272	949,778

MEDIAN = 5,755

Medical Centers

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0109	BROOKE AMC	15,645	25,555	56,643	97,843	146,381	230,925	474,629	851,935	162,026	256,480	531,272	949,778
0117	WILFORD HALL	21,945	22,841	45,397	90,183	140,081	233,639	485,875	859,595	162,026	256,480	531,272	949,778

MEDIAN = 18,795

SOURCE: DMIS

REGION 6 (continued)

Non Catchment Areas

DMIS ID	Name	Non Catchment Area				Region less Non Catchment Area				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0990	WESTERN LOUISIANA	894	4,496	18,099	23,489	161,132	251,984	513,173	926,289	162,026	256,480	531,272	949,778
0904	ARKANSAS	1,286	4,524	30,973	36,783	160,740	251,956	500,299	912,995	162,026	256,480	531,272	949,778
0937	OKLAHOMA	2,334	5,034	25,697	33,065	159,692	251,446	505,575	916,713	162,026	256,480	531,272	949,778
0993	EASTERN TEXAS	9,877	30,251	165,916	206,044	152,149	226,229	365,356	743,734	162,026	256,480	531,272	949,778

MEDIAN = 1,810

USTF

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0192	ST JOHNS - NASSAU BAY	1,809	5,794	23,917	31,520	160,217	250,686	507,355	918,258	162,026	256,480	531,272	949,778

SOURCE: DMIS

REGION 7

Community Hospitals

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0085	27th MEDICAL GROUP	5,217	7,938	3,465	16,620	47,950	83,976	174,512	306,438	53,167	91,914	177,977	323,058
0083	542nd MEDICAL GROUP	5,236	10,522	23,711	39,469	47,931	81,392	154,266	283,589	53,167	91,914	177,977	323,058
0010	355th MEDICAL GROUP	5,517	11,645	26,452	43,614	47,650	80,269	151,525	279,444	53,167	91,914	177,977	323,058
0084	49th MEDICAL GROUP	5,633	9,893	6,075	21,601	47,534	82,021	171,902	301,457	53,167	91,914	177,977	323,058
0008	BLISS ACH	5,819	8,192	10,241	24,252	47,348	83,722	167,736	298,806	53,167	91,914	177,977	323,058
0009	58th MEDICAL GROUP	6,429	14,009	46,412	66,850	46,738	77,905	131,565	256,208	53,167	91,914	177,977	323,058

MEDIAN = 5,575

Medical Centers

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0108	WILLIAM BEAUMONT	14,333	20,877	30,465	65,675	38,834	71,037	147,512	257,383	53,167	91,914	177,977	323,058

Non Catchment Areas

DMIS ID	Name	Non Catchment Area				Region less Non Catchment Area				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0994	WESTERN TEXAS	16	31	215	262	53,151	91,883	177,762	322,796	53,167	91,914	177,977	323,058
0932	NEW MEXICO	384	1,986	11,595	13,965	52,783	89,928	166,382	309,093	53,167	91,914	177,977	323,058
0903	ARIZONA	4,583	6,821	19,346	30,750	48,584	85,093	158,631	292,308	53,167	91,914	177,977	323,058

MEDIAN = 384

SOURCE: DMIS

REGION 8

Community Hospitals

DMIS ID	Name	40 mile Catchment Active Duty	40 mile Catchment FM of AD	40 mile Catchment All Others	40 mile Catchment Total	Region less Catchment Pop Active Duty	Region less Catchment Pop FM of AD	Region less Catchment Pop All Others	Region less Catchment Pop Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0053	366th MEDICAL GROUP	3,472	6,096	4,670	14,238	154,215	234,550	402,371	791,136	157,687	240,646	407,041	805,374
0129	90th MEDICAL GROUP	3,722	5,921	5,314	14,957	153,965	234,725	401,727	790,417	157,687	240,646	407,041	805,374
0076	351st MEDICAL GROUP	3,830	5,405	5,112	14,347	153,857	235,241	401,929	791,027	157,687	240,646	407,041	805,374
0093	319th MEDICAL GROUP	4,822	7,852	2,723	15,397	152,865	232,794	404,318	789,977	157,687	240,646	407,041	805,374
0094	5th MEDICAL GROUP	5,030	7,128	2,185	14,343	152,657	233,518	404,856	791,031	157,687	240,646	407,041	805,374
0106	28th MEDICAL GROUP	5,364	10,255	5,745	21,364	152,323	230,391	401,296	784,010	157,687	240,646	407,041	805,374
0119	649th MEDICAL GROUP	6,262	11,777	18,996	37,035	151,425	228,869	388,045	768,339	157,687	240,646	407,041	805,374
0079	554th MEDICAL GROUP	7,293	14,333	34,986	56,612	150,394	226,313	372,055	748,762	157,687	240,646	407,041	805,374
0058	MUNSON ACH	9,118	11,604	20,754	41,476	148,569	229,042	386,287	763,898	157,687	240,646	407,041	805,374
0078	EHRLING BERQUIST	10,114	18,885	22,152	51,151	147,573	221,761	384,889	754,223	157,687	240,646	407,041	805,374
0075	L. WOOD ACH	12,732	11,616	9,794	34,142	144,955	229,030	397,247	771,232	157,687	240,646	407,041	805,374
0033	USAF ACADEMY	13,316	12,835	21,043	47,194	144,371	227,811	385,998	758,180	157,687	240,646	407,041	805,374
0057	IRWIN ACH	14,839	20,870	8,687	44,396	142,848	219,776	398,354	760,978	157,687	240,646	407,041	805,374
0032	EVANS ACH	17,427	32,728	29,206	79,361	140,260	207,918	377,835	726,013	157,687	240,646	407,041	805,374

MEDIAN = 6,778

Medical Centers

DMIS ID	Name	40 mile Catchment Active Duty	40 mile Catchment FM of AD	40 mile Catchment All Others	40 mile Catchment Total	Region less Catchment Pop Active Duty	Region less Catchment Pop FM of AD	Region less Catchment Pop All Others	Region less Catchment Pop Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0031	FITZSIMONS	8,719	12,650	40,371	61,740	148,968	227,996	366,670	743,634	157,687	240,646	407,041	805,374

SOURCE: DMIS

REGION 8 (continued)

Non Catchment Areas

DMIS ID	Name	Non Catchment Area				Region less Non Catchment Area				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0951	WYOMING	246	770	3,697	4,713	157,441	239,876	403,344	800,661	157,687	240,646	407,041	805,374
0906	COLORADO	489	1,199	9,958	11,646	157,198	239,447	397,083	793,728	157,687	240,646	407,041	805,374
0942	SOUTH DAKOTA	617	1,507	4,859	6,983	157,070	239,139	402,182	798,391	157,687	240,646	407,041	805,374
0928	NEBRASKA	646	1,437	7,788	9,871	157,041	239,209	399,253	795,503	157,687	240,646	407,041	805,374
0935	NORTH DAKOTA	661	1,128	3,161	4,950	157,026	239,518	403,880	800,424	157,687	240,646	407,041	805,374
0945	UTAH	1,061	1,778	6,176	9,015	156,626	238,868	400,865	796,359	157,687	240,646	407,041	805,374
0929	NEVADA	1,422	2,609	11,910	15,941	156,265	238,037	395,131	789,433	157,687	240,646	407,041	805,374
0913	IDAHO	2,379	3,868	15,122	21,369	155,308	236,778	391,919	784,005	157,687	240,646	407,041	805,374
0924	MINNESOTA	2,762	5,465	26,766	34,993	154,925	235,181	380,275	770,381	157,687	240,646	407,041	805,374
0917	KANSAS	4,439	12,678	22,810	39,927	153,248	227,968	384,231	765,447	157,687	240,646	407,041	805,374
0926	MISSOURI	4,450	5,288	32,641	42,379	153,237	235,358	374,400	762,995	157,687	240,646	407,041	805,374
0927	MONTANA	5,247	8,852	13,823	27,922	152,440	231,794	393,218	777,452	157,687	240,646	407,041	805,374
0916	IOWA	7,208	4,112	16,592	27,912	150,479	236,534	390,449	777,462	157,687	240,646	407,041	805,374

MEDIAN = 1,422

SOURCE: DMIS

FY 93 POPULATION DATA

REGION 9

Community Hospitals

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0018	30th MED GROUP	3,283	6,371	9,554	19,208	178,259	220,170	292,824	691,253	181,542	226,541	302,378	710,461
0019	650th MED GROUP	4,552	7,529	7,683	19,764	176,990	219,012	294,695	690,697	181,542	226,541	302,378	710,461
0021	22nd MED GROUP	4,952	14,160	45,048	64,160	176,590	212,381	257,330	646,301	181,542	226,541	302,378	710,461
0131	WEED ACH	5,210	6,906	2,156	14,272	176,332	219,635	300,222	696,189	181,542	226,541	302,378	710,461
0030	TWENTYNINE PALMS	9,253	7,971	2,948	20,172	172,289	218,570	299,430	690,289	181,542	226,541	302,378	710,461
0025	NH LONG BEACH	23,181	35,998	67,345	126,524	158,361	190,543	235,033	583,937	181,542	226,541	302,378	710,461
0024	CAMP PENDLETON	35,852	40,936	29,741	106,529	145,690	185,605	272,637	603,932	181,542	226,541	302,378	710,461

MEDIAN = 5,210

Medical Centers

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0029	NH SAN DIEGO	86,867	94,091	104,257	285,215	94,675	132,450	198,121	425,246	181,542	226,541	302,378	710,461

Non Catchment Areas

DMIS ID	Name	Non Catchment Area				Region less Non Catchment Area				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0986	SOUTHERN CALIF	8,392	12,579	33,646	54,617	173,150	213,962	268,732	655,844	181,542	226,541	302,378	710,461

SOURCE: DMIS

REGION 10

Community Hospitals

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0022	LETTERMAN	2,435	6,869	20,463	29,767	59,833	100,912	192,078	352,823	62,268	107,781	212,541	382,590
0015	9th MEDICAL GROUP	3,554	5,232	10,430	19,216	58,714	102,549	202,111	363,374	62,268	107,781	212,541	382,590
0017	93rd MEDICAL GROUP	3,995	8,060	12,347	24,402	58,273	99,721	200,194	358,188	62,268	107,781	212,541	382,590
0250	652nd MEDICAL GROUP	4,736	10,295	46,728	61,759	57,532	97,486	165,813	320,831	62,268	107,781	212,541	382,590
0028	NH LEMOORE	5,037	9,423	10,193	24,653	57,231	98,358	202,348	357,937	62,268	107,781	212,541	382,590
0023	HAYS ACH	8,796	22,283	17,595	48,674	53,472	85,498	194,946	333,916	62,268	107,781	212,541	382,590

MEDIAN = 4,366

Medical Centers

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0014	DAVID GRANT	8,224	15,425	29,482	53,131	54,044	92,356	183,059	329,459	62,268	107,781	212,541	382,590
0027	NH OAKLAND	23,276	26,800	45,789	95,865	38,992	80,981	166,752	286,725	62,268	107,781	212,541	382,590

MEDIAN = 15,750

Non Catchment Areas

DMIS ID	Name	Non Catchment Area				Region less Non Catchment Area				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0985	NORTHERN CALIFORNIA	2,215	3,394	19,514	25,123	60,053	104,387	193,027	357,467	62,268	107,781	212,541	382,590

SOURCE: DMIS

REGION 11

Community Hospitals

DMIS ID	Name	40 mile Catchment Active Duty	40 mile Catchment FM of AD	40 mile Catchment All Others	40 mile Catchment Total	Region less Catchment Pop Active Duty	Region less Catchment Pop FM of AD	Region less Catchment Pop All Others	Region less Catchment Pop Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0128	92nd MEDICAL GROUP	4,573	8,773	15,432	28,778	49,424	90,453	181,784	321,661	53,997	99,226	197,216	350,439
0127	NH OAK HARBOR	8,041	11,428	8,224	27,693	45,956	87,798	188,992	322,746	53,997	99,226	197,216	350,439
0126	NH BREMERTON	9,690	23,286	19,560	52,536	44,307	75,940	177,656	297,903	53,997	99,226	197,216	350,439

MEDIAN = 8,041

Medical Centers

DMIS ID	Name	40 mile Catchment Active Duty	40 mile Catchment FM of AD	40 mile Catchment All Others	40 mile Catchment Total	Region less Catchment Pop Active Duty	Region less Catchment Pop FM of AD	Region less Catchment Pop All Others	Region less Catchment Pop Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0125	MADIGAN	24,294	39,162	58,160	121,616	29,703	60,064	139,056	228,823	53,997	99,226	197,216	350,439

Non Catchment Areas

DMIS ID	Name	Non Catchment Area Active Duty	Non Catchment Area FM of AD	Non Catchment Area All Others	Non Catchment Area Total	Region less Non Catchment Area Active Duty	Region less Non Catchment Area FM of AD	Region less Non Catchment Area All Others	Region less Non Catchment Area Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0948	WASHINGTON	1,325	4,000	25,127	30,452	52,672	95,226	172,089	319,987	53,997	99,226	197,216	350,439
0938	OREGON	3,077	6,256	41,384	50,717	50,920	92,970	155,832	299,722	53,997	99,226	197,216	350,439

MEDIAN = 2,201

USTF

DMIS ID	Name	40 mile Catchment Active Duty	40 mile Catchment FM of AD	40 mile Catchment All Others	40 mile Catchment Total	Region less 40 mile Active Duty	Region less 40 mile FM of AD	Region less 40 mile All Others	Region less 40 mile Total	Region Active Duty	Region FM of AD	Region All Others	Region Total
0194	PACIFIC MEDICAL	2,997	6,321	29,329	38,647	51,000	92,905	167,887	311,792	53,997	99,226	197,216	350,439

SOURCE: DMIS

FY 93 POPULATION DATA

REGION 12

Medical Centers

DMIS ID	Name	40 mile Catchment				Region less Catchment Pop				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0052	TRIPLER AMC	51,563	64,338	30,527	146,428	556	715	4,051	5,322	52,119	65,053	34,578	151,750

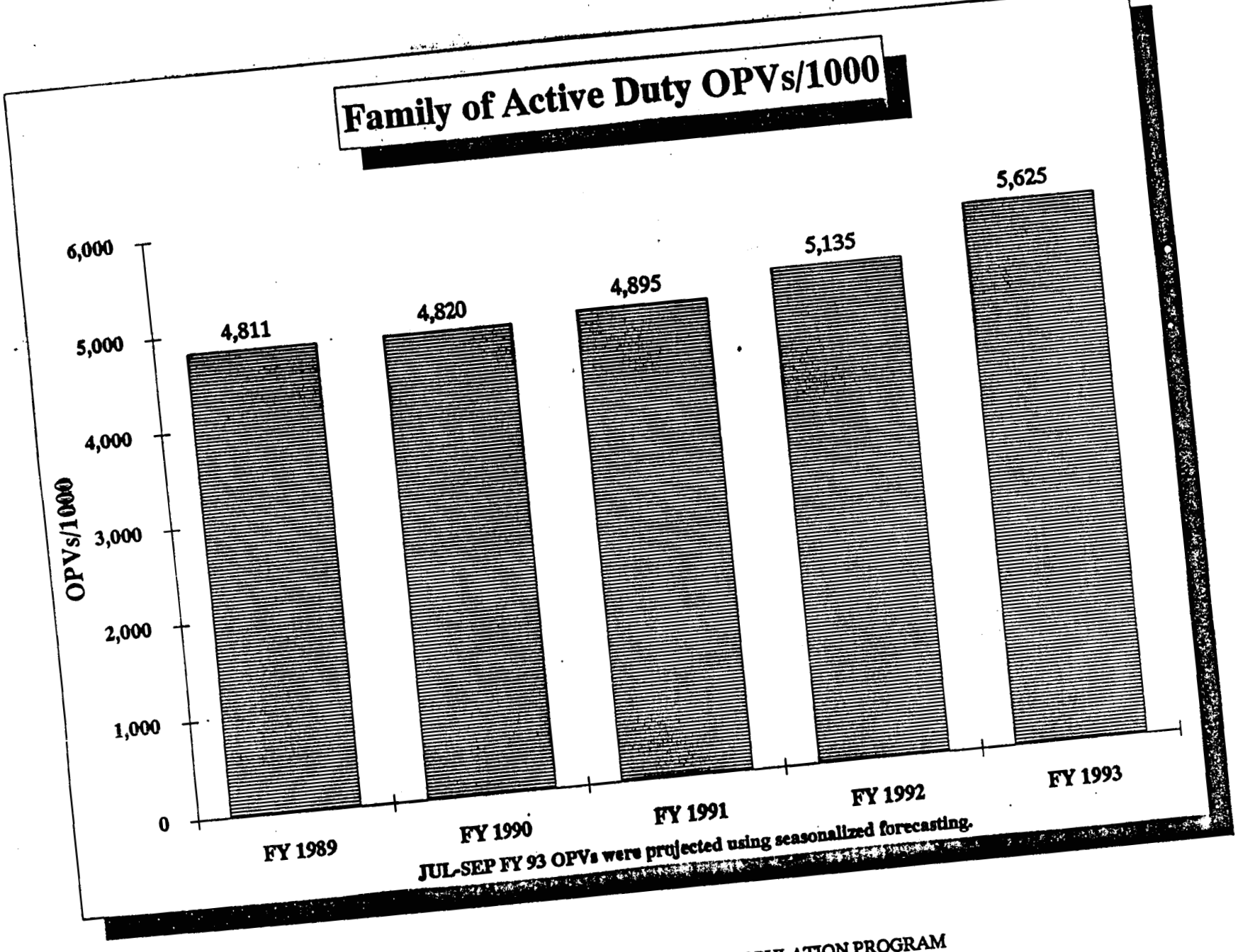
Non Catchment Areas

DMIS ID	Name	Non Catchment Area				Region less Non Catchment Area				Region			
		Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total	Active Duty	FM of AD	All Others	Total
0912	HAWAII	556	715	4,051	5,322	51,563	64,338	30,527	146,428	52,119	65,053	34,578	151,750

SOURCE: DMIS

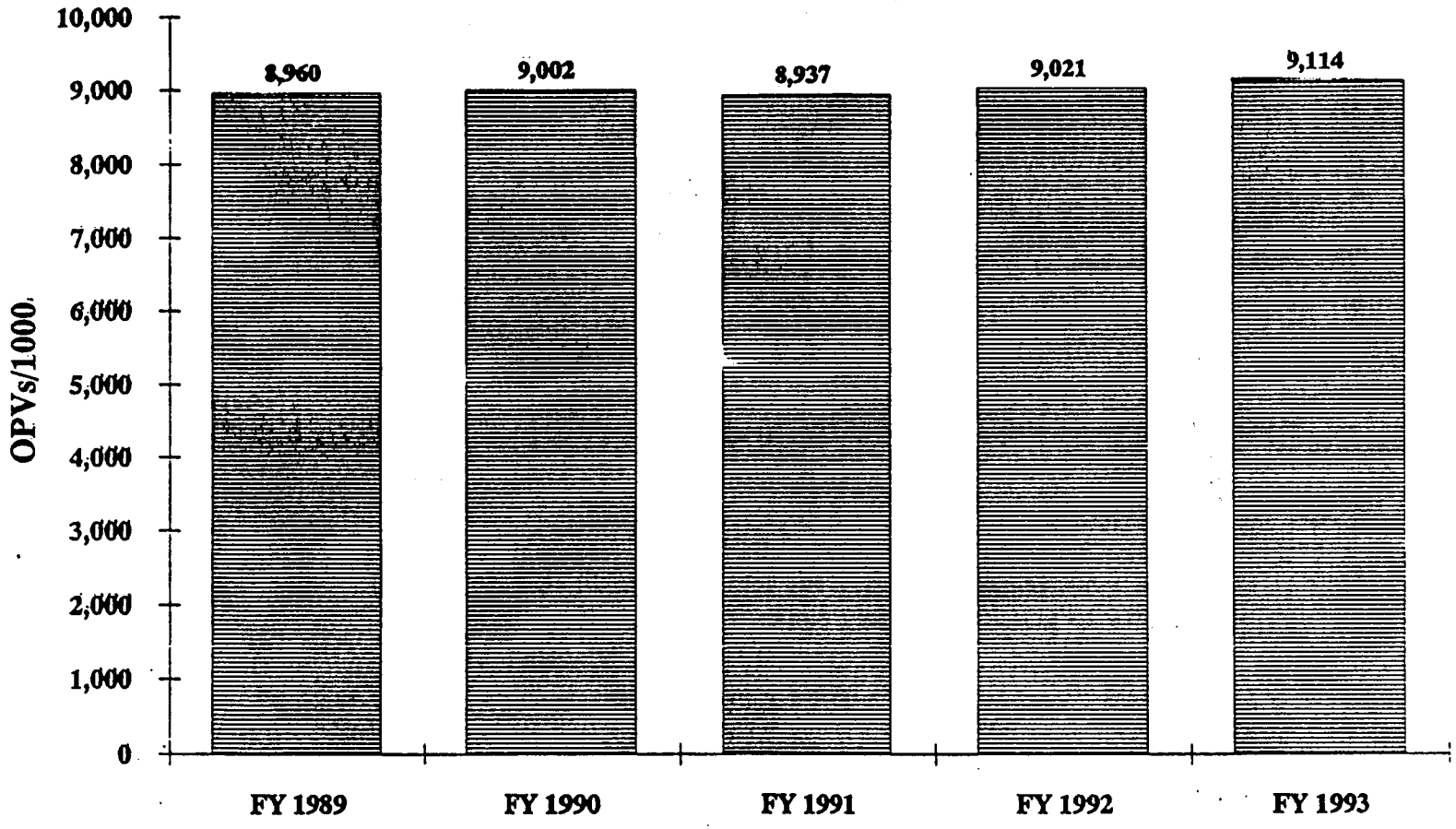
Bed Days/1000 for Active Duty and Their Family Members

	1989	1990	1991	1992	1993
ACDU	730	734	669	594	513
ACDU Family Direct Care	359	346	312	314	286
ACDU Family CHAMPUS	423	443	418	329	279
ACDU Family Total	782	788	730	643	565
ACDU & ACDU Family Direct Care	1089	1080	980	908	799
ACDU & ACDU Family Total	1512	1523	1398	1237	1078
Bed Requirements/10,000 ACDU Using Dispersion Factor of 0.8					
ACDU	25	25	23	20	18
ACDU Family Direct Care	12	12	11	11	10
ACDU Family CHAMPUS	14	15	14	11	10
ACDU Family Total	27	27	25	22	19
ACDU & ACDU Family Direct Care	37	37	34	31	27
ACDU & ACDU Family Total	52	52	48	42	37



SOURCES: DMIS BIOMETRICS, RCMAS CENTRAL, MDMIS, HB and P ELIGIBLE POPULATION PROGRAM

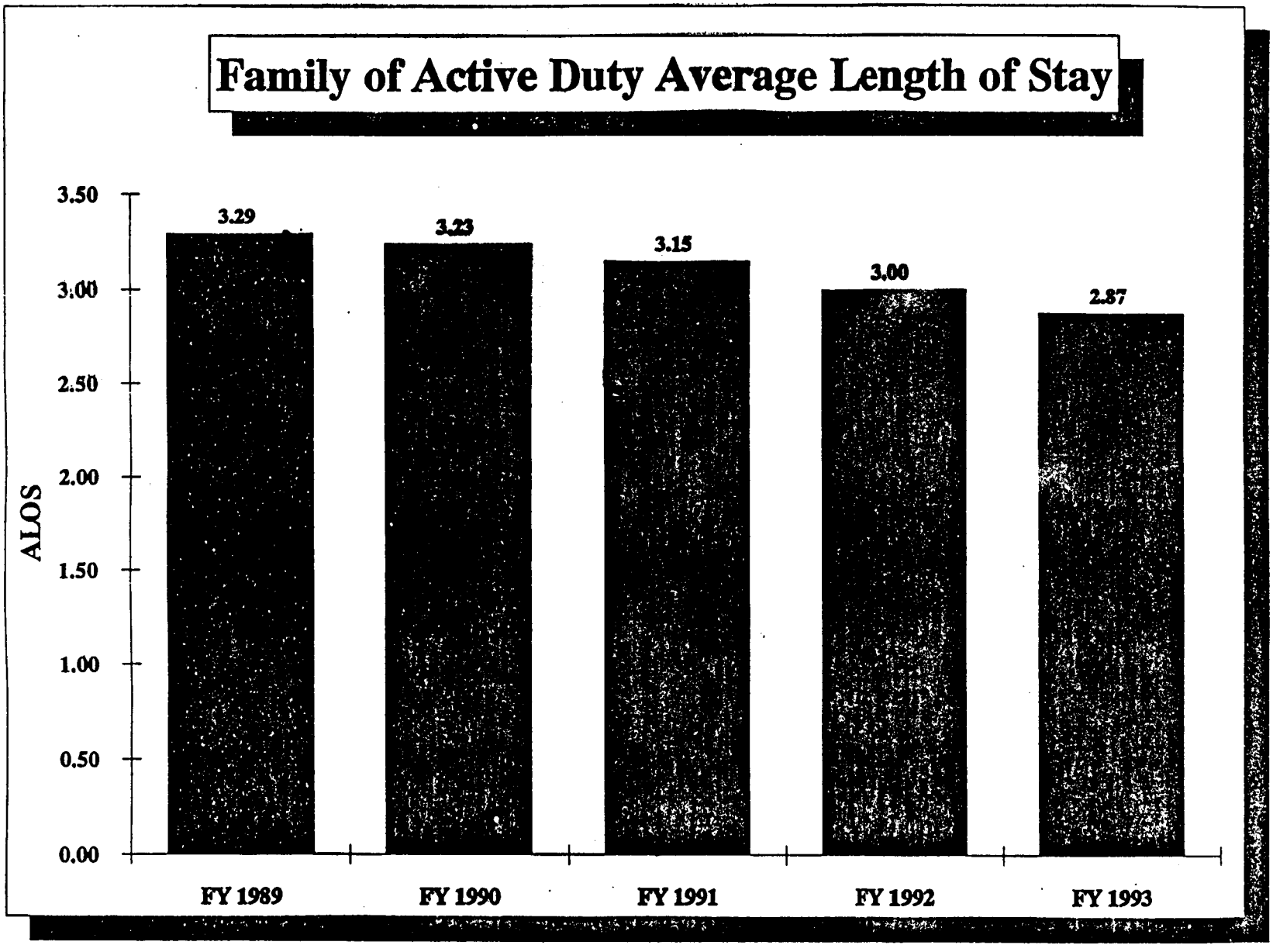
Active Duty OPVs/1000



JUL-SEP FY 93 OPVs were projected using seasonalized forecasting.

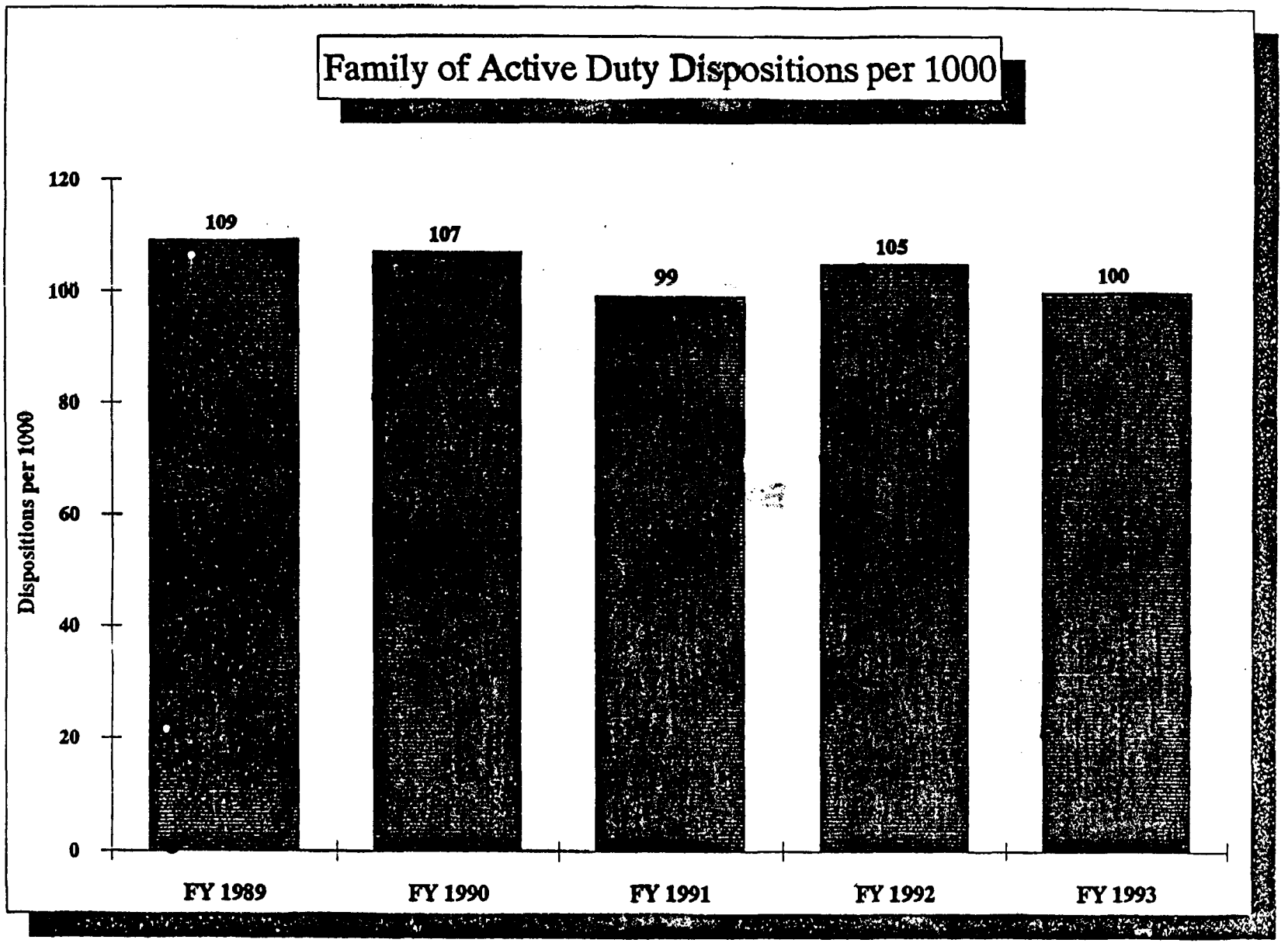
S[illegible]CES: DMIS BIOMETRICS, RCMAS CENTRAL, MDMIS, HB and P[illegible]IGIBLE POPULATION PROGRAM

MHSS CONUS PERFORMANCE REVIEW



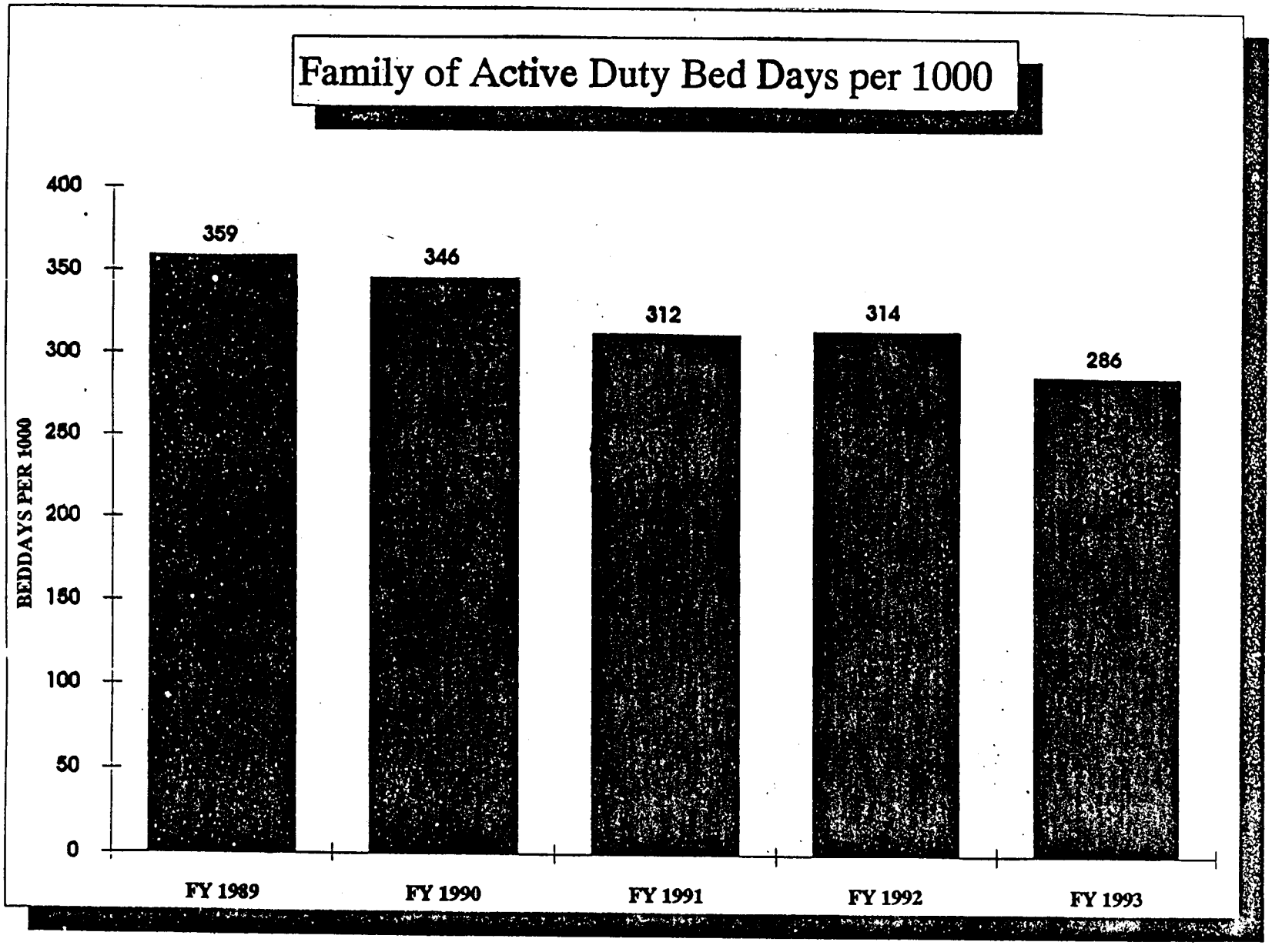
SOURCES: DMIS BIOMETRICS DATA, RCMAS CENTRAL, HB and P ELIGIBLE POPULATION PROGRAM
NOTE: JUN-SEP FY93 Navy Inpatient workload data was estimated using seasonalized forecasting.

MHSS CONUS PERFORMANCE REVIEW



SOURCES: DMIS BIOMETRICS DATA, RCMAS CENTRAL, HB and P ELIGIBLE POPULATION PROGRAM
NOT[illegible]N-SEP FY93 Navy Inpatient workload data was estimated using seas[illegible]zed forecasting.

MHSS CONUS PERFORMANCE REVIEW



SOURCES: DMIS BIOMETRICS DATA, RCMAS CENTRAL, HB and P ELIGIBLE POPULATION PROGRAM
N[illegible] JUN-SEP FY93 Navy Inpatient workload data was estimated using [illegible]alized forecasting.

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

FEB 2 2 1994

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)

SUBJECT: Updated TRICARE Policy Guidelines

This memorandum transmits TRICARE guidance for the Lead Agents and Medical Treatment Facility (MTF) commanders. The guidelines are for their use in the development of their TRICARE plan and program. Although major changes are not anticipated, the document will continue to be refined to reflect our experiences and "lessons learned" as we progress in the implementation of managed care.

The point of contact for this action is my TRICARE Coordinator, Colonel Susan McMarlin, AN, USA. (703) 697-8979.

Edward D. Martin

Edward D. Martin, M.D.
Acting Assistant Secretary of Defense

Attachment
As stated

cc
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

FEB 2 2 1994

MEMORANDUM FOR TRICARE LEAD AGENTS
THROUGH: SURGEONS GENERAL

SUBJECT: Updated TRICARE Policy Guidelines

This memorandum transmits TRICARE guidance for Lead Agents and Medical Treatment Facility (MTF) commanders. We are working on the necessary regulations and instructions to fully implement the various aspects of the TRICARE Managed Care Program. As soon as these documents are finalized they will also be provided to you.

The guidelines are for your use in the development of your TRICARE plan and ultimately, your program Although major changes are not anticipated, we will continue to refine the document to reflect our experiences and "lessons learned" as we progress in the implementation of managed care The Congress strongly supports our approach, and efforts should be made to address planning and implementing activities and programs reflecting the major areas covered in the policy guidelines

An area that will require additional clarification concerns systems interoperability. An information system annex is currently being prepared to supplement the guidelines. We expect our TRICARE support contractors to have systems interoperability with the Lead Agents and MTFs when these systems are available to contractors. Enrollment, appointments, referrals, exchange of demographic information, and third party billing will need to be easily accessed by all participants We have identified as a priority, the work necessary to assure seamless automated information systems and data compatibility.

You have asked questions regarding expectations prior to the implementation of a regional TRICARE support contract At this time, you should be in the process of developing your regional plans, to include information about referrals and other MTF relationships. An important element of the regional plan is the development of the specialized treatment services system and the appropriate referral mechanism. When these plans are developed, authority can be provided to the region through the MTFs and the fiscal intermediary to initiate the requirement for non-availability statements in much broader geographic areas to support regional specialized treatment services

As you are aware, the basic financial foundation for transition into managed care is capitation This approach is a major change from the way we once obtained resources and will require a philosophical change in the attitude of many of our health care providers. The military

MTF commanders are now accountable for all resources used within their catchment areas to provide services for their beneficiaries. This method of financing will encourage more effective utilization management and delivery of appropriate and cost-effective, medical care.

Other activities will require considerable effort prior to the award of regional contracts. These include the implementation of improved utilization management strategies, MTF systems and information exchange, assessment of improved purchase of services through CHAMPUS recapture efforts and the development of requirements for network provider systems.

The point of contact for this action is my TRICARE Coordinator, Colonel Susan McMarlin, AN, USA. (703) 697-8979.

Edward D. Martin

Edward D. Martin, M.D.
Acting Assistant Secretary of Defense

Attachment
As stated

POLICY GUIDELINES FOR IMPLEMENTING MANAGED CARE REFORMS IN THE MILITARY HEALTH SERVICES SYSTEM

February 18, 1994

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OVERVIEW

The mission of the Military Health Services System (MHSS) is to provide medical services and support to the armed forces during military operations, and to provide continuous medical services to members of the armed forces, their dependents, and others entitled to Department of Defense (DoD) medical care. Military medical treatment facilities (MTF) are the heart of the military health care delivery system, providing about three-fourths of all care. Civilian care, financed through the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) comprises a much smaller portion and is designed primarily to supplement care available in military facilities.

Consistent with National Health Care Reform, the military health care system is embarking on a major program of health care reform, to be known as TRICARE. TRICARE is designed to ensure the most effective execution of the military health care mission, recognizing the need to ensure access to a secure, quality health care benefit, control costs, and respond to changing national military and health care priorities.

The Department is also identifying future medical readiness objectives in a strategic plan for achieving and maintaining medical readiness, the DoD Medical Readiness Objectives 2001, developed jointly by the Office of the Secretary of Defense, the Military Departments and the Joint Staff.

The DoD began its transition to managed care on October 1, 1993, adding several major features to its health care program that provide commanders the tools, authority and flexibility to manage better in an era of health care reform. They are the following:

1. Division of the United States-based MHSS into twelve Health Services Regions; each headed by a medical center commander designated as a lead agent, who has broad new responsibilities for health care management throughout the region. A DoD Instruction formalizing the lead agent's authorities will be issued this Spring.

2. Development of proposed standard managed care options for CHAMPUS-eligible beneficiaries: a health maintenance organization type option known as TRICARE Prime and a preferred provider option known as TRICARE Extra; both alternatives to standard CHAMPUS, or TRICARE Standard. CHAMPUS beneficiaries retain their freedom to choose among several health care alternatives, and the opportunity to elect enrollment in an option that lowers their out-of-pocket costs. Implementation of these options is the subject of rule making proceedings now underway.

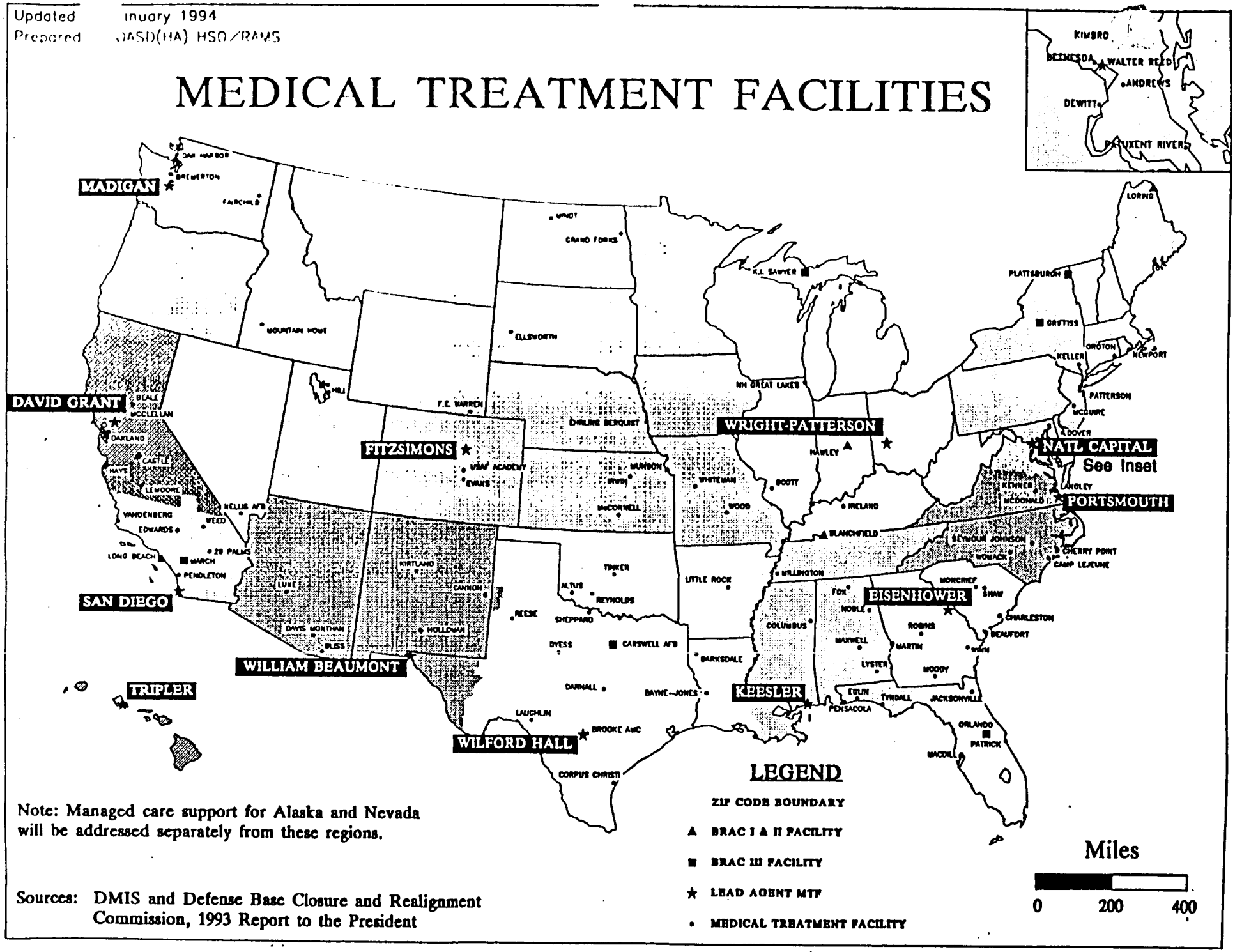
3. Transition to a capitation-based method of allocating health care resources to the Military Departments, which provides financial incentives for effective health care management; and

4. Transition to the establishment of a fixed price, at-risk TRICARE Support contract to operate in each MHSS region, offering fiscal and administrative support to lead agents for care purchased from networks of civilian health care providers.

These policy guidelines describe the principles and design of the DoD TRICARE Program. They describe the key features of the program, including strategies for the delivery, organization and financing of care, and improved accountability. This policy guidance incorporates by reference, the DoD Medical Readiness Objectives 2001, and replaces the Department's Coordinated Care Guidance memoranda dated August 14, 1992.

Updated inuary 1994
Prepared OASD(HA) HSO/RAMS

MEDICAL TREATMENT FACILITIES



Note: Managed care support for Alaska and Nevada will be addressed separately from these regions.

Sources: DMIS and Defense Base Closure and Realignment Commission, 1993 Report to the President

TRICARE PROGRAM GOALS AND GUIDING PRINCIPLES

The TRICARE Program is based on the following goals:

- Improving beneficiary access to care;
- Assuring the security of a high quality, consistent health care benefit for all MHSS beneficiaries, at low cost;
- Preserving choice for all non-active duty participants; and
- Containing overall DoD health care costs.

PRINCIPLES

The principles that guide the design and implementation of the TRICARE Program are as follows:

- **Serve those on active duty so that we maintain a combat-ready force.** Enable the DoD to retain a force capable of meeting its broad-ranging mission requirements.

- **Improve access to health care for all DoD beneficiaries.** Each regional military health care plan, composed of military and civilian provider networks, must have attributes of size, composition, mix of providers and geographical distribution that together will adequately address the healthcare needs of all DoD beneficiaries with emphasis on those who choose to enroll. Specific access standards will be prescribed and monitored in every DoD Health Services Region.

• **Achieve greater equity.** TRICARE will ensure a secure, high quality, cost-effective and uniform benefit for all beneficiary categories in the MHSS. Achieving greater equity in the areas of access, quality, and cost of the military health care benefit will be continuously pursued.

• **Ensure choice for all other DoD beneficiaries for selection of health care options which minimize out-of-pocket costs.** Consistent with National Health Care Reform, military beneficiaries retain choice among several health care options. This enables non-active duty beneficiaries to consider selecting a managed health care plan as an alternative to standard CHAMPUS, allowing MTF commanders to identify beneficiaries as their responsibility and direct resources accordingly. By voluntarily choosing modest enrollment fees, CHAMPUS-eligible participants can keep their out-of-pocket costs low.

• **Make the most efficient use of MHSS resources.** Military MTFs are the heart of the military health care delivery system, providing about seventy-five percent of all care, system-wide. Primary care managers and health care finders, new cornerstones in the military health care system, will direct enrolled patients to the military MTF, or when care is not available there; to civilian providers under contract to the Department in a TRICARE Support contract. This will optimize the use of military health system direct care resources and minimize out-of-pocket costs for beneficiaries.

• **Achieve a uniform standard of quality.** The DoD is striving for uniform standards of quality, which will apply equally to health care in the direct care system and any care purchased from civilian providers under managed care support contracts.

• **Designate regional health service areas and lead agents.** The TRICARE Program incorporates the MHSS into a fundamental restructuring, creating twelve Health Services Regions. These regions were established to ensure an adequate beneficiary population base to support cost-effective volumes of care under TRICARE Support contracts, and regional access to tertiary care provided primarily by military medical centers. A lead agent, corresponding to a

regional medical center, is designated for each of the Health Services Regions, and functions as the focal point for health services planning within the region.

• **TRICARE Support Contracts.** A fixed price, at-risk managed care support contract, combining civilian managed care networks with fiscal and administrative support, will support each lead agent, and complement the majority of services that are provided in the MTFs. The Department will perform economic analyses required by statute, before implementing any regional, at-risk, managed care support program based on the combined cost of health care in the direct care system and CHAMPUS.

• **Provide specialized treatment services.** Specialized Treatment Services (STS), such as those clinical services involving high technology and high cost procedures, will be available to DoD beneficiaries at designated facilities, both within and among Health Services Regions. The STS program will operate in accordance with CHAMPUS regulatory requirements, issued November 5, 1993, and a DoD Instruction soon to be issued.

• **Central oversight; local accountability and execution.** Health care is delivered locally, therefore it must be managed locally. Consequently, MTF commanders will have the tools, flexibility, and authority to make appropriate decisions about the delivery of care. Lead agents and MTF commanders will be accountable for the health care costs, quality and access in their delivery areas for all beneficiaries, in both the civilian networks and the direct care system. The system's performance will be monitored centrally by the Military Departments and the Office of the Secretary of Defense for Health Affairs.

• **Consistent with the President's National Health Care Reform Plan.** The TRICARE Program will remain in harmony with National Health Care Reform. TRICARE will significantly expand managed care in the MHSS, and emphasize a secure, consistent benefit. It will ensure accountability for health care spending and provide beneficiaries access to high quality care. For other than active duty beneficiaries, the program will preserve the freedom to choose among alternative sources of health care.

- **Achieve effective use of information systems.** One key to the success of the TRICARE Program is the effective use of information systems; both the integration of present systems and the rapid fielding of new integrated, open systems. Without timely information on access, utilization, and cost, the maximum benefits of TRICARE cannot be realized. Working groups composed of representatives from Health Affairs and the Military Departments are meeting to provide more guidance on this topic.

THE TRICARE PROGRAM BENEFIT OPTIONS

Under the current MHSS, covered beneficiaries as defined by Title 10, United States Code, are eligible to receive care in the direct care system provided in military hospitals or clinics. Non-active duty beneficiaries may also seek care from civilian health providers; the government shares in the cost of such civilian care for most beneficiaries who are not eligible for Medicare under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). The majority of care for military beneficiaries is provided within catchment areas of inpatient MTFs, an area roughly defined as a 40 mile radius around the facility.

Sound management of the MHSS requires a great degree of coordination between the direct care system and CHAMPUS-funded civilian care. The TRICARE Program recognizes that "step one" of any management improving process is to identify the beneficiaries for who the health program is responsible.

TRICARE moves toward the establishment of a basic structure of health care enrollment for the MHSS. Enrollment of beneficiaries in their respective health care plans is an essential element in most private sector health plans as well as within the context of the President's Health Care Reform Program.

A major feature of the TRICARE program will be local health care delivery networks based on arrangements between military and civilian health care providers and organizations. The civilian preferred provider portion of this network will be composed of a wide array of CHAMPUS-authorized health care providers, who agree to follow certain rules and procedures for sound utilization management; maintain close coordination with the MTF; and provide

affordable care, easy administration, and a comprehensive quality management program. They will also accept the CHAMPUS, or lower negotiated fees for provided services.

CHAMPUS-eligible beneficiaries will be offered three options: 1) they may enroll to receive health care in this military-civilian health care system, called "TRICARE Prime;" 2) they may use the civilian preferred provider network, on a case-by-case basis, under "TRICARE Extra"; or 3) they may remain in the standard CHAMPUS benefit plan, called "TRICARE Standard". Enrollees in TRICARE Prime will generally obtain all their care within the network and pay reduced CHAMPUS cost shares for care received from civilian providers. A point-of-service option will be provided under TRICARE Prime, allowing enrollees to go outside the provider network, but cost-sharing requirements under this option will be higher. Beneficiaries who choose not to enroll in TRICARE Prime, will preserve their freedom of choice of provider, for the most part, by remaining in TRICARE Standard. These beneficiaries will face standard CHAMPUS cost-sharing requirements. Whenever beneficiaries, who are not enrolled in TRICARE Prime, use the network, they will benefit from reduced cost-sharing under TRICARE Extra. The operation of this triple option will be governed by the TRICARE Program regulation, which is presently in the rule making process.

Other features of the TRICARE Program are the primary care management process and the Health Care Finder. TRICARE Prime enrollees will have a primary care manager as a regular point of service for most health care needs. The primary care manager will refer patients for needed care at the MTF or in the civilian network. In this aspect the primary care manager will be complemented by the Health Care Finder, an administrative office that supports the referral process. TRICARE Standard participants can also use the services of the Health Care Finder (See last section of this document for detailed charts outlining options).

LEAD AGENT RESPONSIBILITIES

Lead agents, working in concert with MTF commanders and staffs from all Services in the region, are responsible for developing a Tri-Service, Regional Health Services Plan for all beneficiaries--including the care provided by military facilities and clinics as well as the care the MTFs do not provide. A TRICARE Support contract, procured centrally by the Office of the Assistant Secretary of Defense for Health Affairs, will develop and maintain an integrated network of civilian providers to complement direct care system capabilities according to regional priorities.

Military MTFs within the Health Services Region retain their Service designated chain-of-command regardless of their lead agent. Authority to make decisions regarding direct care funds, facility maintenance, and personnel actions within the MTF is also retained by the parent Service. All monies collected through the Third Party Collection Program are retained by the MTF that provided the care.

The National Capital Region will functionally carry out the lead agent policy through a Tri-Service board with annual rotation of the chairperson. The TRICARE Support contract responsibility for the board will be carried out by Walter Reed Army Medical Center.

Major Responsibilities of the Lead Agents:

- Developing, in coordination with the other commanders in the region, a Regional Health Services Plan and producing an annual update of this plan.

• Developing, in concert with medical facilities, reserve units, and the TRICARE Support contractor, plans for increasing clinical support, if required, during contingencies.

• Ensuring that the plan for delivery of health care services provides continuous quality improvement in pursuit of the goals of managed care.

• Developing regional TRICARE Support contract requirements within the framework of overall DoD policy. A prototype statement of work for the TRICARE Support contract will be developed jointly between the Office of the Assistant Secretary of Defense (Health Affairs) and the Military Departments. The lead agent 1) is responsible to recommend or make modifications to the contract requirements (depending on the nature of the modification) based upon the Regional Health Services Plan and unique regional needs; 2) will work with the contractor to determine the size and configuration of the network, to complement the MTF capabilities; 3) will ensure that the network will meet the health needs of, and DoD access standards for, beneficiaries in the region; and 4) will be fully involved in the development, procurement, transition and operation of the TRICARE Support contract through an administrative contracting officer and a regional TRICARE Support program manager.

• Developing procedures for coordinating health care delivery between military and civilian health care providers in the region.

• Monitoring the CHAMPUS budget targets.

• Coordinating utilization management and quality assurance activities.

• Working with commanders in the region to establish priorities for routing beneficiaries to the direct care system.

• Determining the level and cost of resource sharing between military MTFs and the TRICARE Support contractor throughout the region.

• Developing, in accordance with DoD policy, regional policy for coordinating patient referrals and issuance of non-availability statements. The lead agent will develop overall policy in concert with the regional MTF on non-availability statement issuance and management of Specialized Treatment Services, and may choose to transfer part of this function to the TRICARE Support contractor. Determinations of exclusion from CHAMPUS on the grounds of medical necessity must be made by qualified medical personnel and subject to reconsideration and appeal procedures. At a minimum, prior to the issuance of a non-availability statement, a determination will be made, in accordance with all substantive and procedural requirements of the CHAMPUS regulation, as to the medical necessity of the care sought. To assure compliance with the CHAMPUS regulation and achieve necessary integration with CHAMPUS procedures, applicable requirements will be established in revised DoD Instruction 6015.19, "Issuance of Nonavailablity Statements" (Nov 26, 1984), to be issued this Spring.

• Designating and maintaining the regional Specialized Treatment Services program for certain resource intensive clinical services within the region, in accordance with applicable provisions of the CHAMPUS regulation and STS program DoD Instruction.

• Coordinating, in concert with regional military MTFs, the development of an annual regional capitalization, maintenance and repair and renovation plan for all military MTFs within the Health Services Region.

• Overseeing efforts to disseminate information about the TRICARE Program to beneficiaries and direct care and contractor staff.

• Conducting ongoing evaluations of resource utilization, clinical services, and access throughout the Health Services Region and coordinating corrective actions through the direct care or civilian support systems as appropriate.

• Coordinating the development of a region-wide information systems modernization plan for all military MTFs within the Health Services Region.

Access Standards

Another responsibility of the lead agent is to ensure timely access to health care services for all military plan participants. Before offering any enrollment option to DoD beneficiaries, the lead agent and MTF commanders within the region, must ensure that the capabilities of the military MTF plus the TRICARE civilian provider network will meet the following access standards:

- Emergency and urgent care services shall be available and accessible within the service area, 24 hours a day, seven-days a week.

- The drive time of the military health plan enrollee should not generally exceed 30 minutes from home to the site of primary care delivery. Non-availability of providers in the area may justify longer travel time.

- The drive time to obtain specialty care, except in cases of Specialized Treatment Services, should normally not exceed one-hour. If a longer drive time is required based on availability of specialists, the beneficiary will be informed of these circumstances.

- Maximum wait times for primary care appointments are as follows:

  --*four weeks for a well visit* (health maintenance and prevention--non-urgent)
  --*one week for a routine visit* (intervention required, but non-urgent); and
  --*one day for acute illness care* (early intervention required--urgent).

However, a healthcare provider using professional standards and clinical judgment, may determine more appropriate appointments based on the needs of the beneficiary.

- Maximum wait times for specialty care appointments will be:

  --*four weeks for a routine visit*; and
  --*one day for urgent care.*

The appropriate wait time for specialty care appointments shall be determined by the primary care manager making the referral, based on the nature of care required, but; in general, shall be no longer than four weeks.

Summary

To carry out these responsibilities, the lead agent will work cooperatively with each of the regional military MTFs (including free standing clinics) in accomplishing the goal of maximizing the most effective use of the direct care system. Knowledge of the regional capacity for the provision of direct care services will enable the lead agent to develop regional policies for referrals, non-availability statement issuance, and specialized treatment services. The Regional Health Services Plan will then be enhanced by the TRICARE Support contract that will both complement health services provided by the direct care system, and provide additional support to the facilities and lead agent as required. However, before awarding any TRICARE Support contract, the DoD will perform economic and other analyses required by law to certify that the costs of the contract do not exceed current costs of standard CHAMPUS. Such certification will take into account any impact on the cost of health care in the direct care system attributable to the TRICARE Support contract.

The success of the TRICARE Program relies to a great extent on inter-Service cooperation and the administrative skills lead agents can bring to bear in the development and execution of the regional health service plans. Thus, the TRICARE Program will foster

teamwork and decentralized, regional execution across Service lines. Achievement of DoD performance standards will be monitored jointly by the Office of the Secretary of Defense for Health Affairs and the Military Departments.

When instituting changes necessitated by the transition to regionally-based health service plans, lead agents will seek concurrence by the Military Departments and MTF commanders. In the event of a disagreement, resolution will be sought first at the regional level by the medical treatment facility commanders and the lead agent. If agreement cannot be reached at the regional level, then the MTF commanders will initiate an appeals process, elevating the open issue for further action through their respective Military Department chains-of-command. Lead agents will elevate unresolved disputes within ten working days to their parent Service Surgeon General for coordination and resolution with the affected Military Departments. In the case of the National Capital Region, disputes will be forwarded through the parent Service of the chairperson. Unresolved disputes at the Surgeon General level will be forwarded for final disposition within ten days, to the Assistant Secretary of Defense for Health Affairs through the Assistant Service Secretaries for Personnel, Readiness and Reserve Affairs. The final decision regarding the issue under dispute will be provided within ten working days by the Assistant Secretary of Defense for Health Affairs.

Because of the scope, magnitude and complexity of the MHSS, the extensive nature of TRICARE Program reforms, and the need to minimize any unforeseen effects to readiness or beneficiary care, the TRICARE Program will be phased-in over a three-year period that began October 1, 1993. The Office of the Assistant Secretary of Defense for Health Affairs will promulgate, by regulation, the scope of services, including cost shares, for a uniform military health care benefit. That benefit will be incorporated into all DoD managed care programs

including Uniformed Services Treatment Facilities, and will move toward conformance with the national health care benefit as such a benefit is defined.

Although the transition to regional managed care will take approximately three years to complete, many aspects of the TRICARE Program have already been put in place with the establishment of lead agents, health services regions, and a capitation-based resource allocation methodology.

Lead agents should begin to develop a regional management structure immediately. While the Services must resource these operations out of their existing budgets, Health Affairs will make every effort to support the regional health services planning needs identified by the Services. The composition of the regional office will be determined by the lead agent in coordination with other military medical treatment facilities in the region, and will include Tri-Service staffing.

REGIONAL LEAD AGENTS AND SUPPORTED POPULATIONS

MEDICAL TREATMENT FACILITIES

LEAD AGENT/HSR	POPULATION	ARMY	NAVY	AIR FORCE	TOTAL
National Capital[1]	1,093,918	5	6	4	15
Portsmouth	872,011	3	3	2	8
Eisenhower	1,063,770	4	4	5	13
Keesler	595,024	3	2	5	10
Wright-Patterson	653,328	2	1	3	6
Wilford Hall	949,778	4	1	9	14
William Beaumont	323,058	2	0	5	7
Fitzsimons	732,821	5	0	9	14
San Diego	710,461	1	3	3	7
David Grant	382,590	1	2	4	7
Madigan[2]	350,439	1	2	1	4
Tripler	151,750	1	0	0	1
TOTAL	7,878,948	31	23	53	106

[1] The National Capital Region will functionally carry out this policy through a Tri-Service board with annual rotation of the chair person. The contract responsibility for the board will be carried out by Walter Reed Army Medical Center.

[2] Alaska and Nevada will be free-standing entities and will develop referral patterns with appropriate medical centers.

CAPITATION-BASED RESOURCE ALLOCATION

One of the guiding principles of the TRICARE Program is to optimize the use of MHSS resources. Resource allocation and financing mechanisms have been designed to encourage improved efficiency and effectiveness. The MHSS resources are allocated based on a capitation-based methodology that allocates operation and maintenance dollars for direct care and CHAMPUS, as well as military personnel resources. These funds are allocated from the central Defense Health Program that was established to improve overall management of the military health services program.

WHAT IS CAPITATION?

The concept of capitation is recognized nationally as an important strategy for containing the cost of health care. Under the MHSS capitation system, the commander of each MTF assumes responsibility for providing health services to a defined population for a fixed amount per beneficiary. Regardless of the amount of health services used, there is no financial incentive under a capitation methodology to inappropriately increase the number of services or to provide more costly care than is clinically appropriate. Because a capitated allocation system makes the MTF commander responsible for providing all health services, there are built-in incentives for care to be provided in the most cost-effective setting; the use of preventive services, the efficient delivery of each episode of care, and the careful monitoring of the volume of provided services. Capitation discourages inappropriate hospital admissions, excessive lengths of stay, and unnecessary services. And, because the MHSS will set the capitation amount prospectively, the health care provider cannot influence the funding received for beneficiaries' care within the period of the allocation. Quality assurance and utilization

management programs will monitor appropriate utilization of medically necessary services to ensure that budgetary controls do not erode the provision of needed care.

Basic Resource Allocation Plan:

Resource allocations are based upon a two-step process that reflects each Service's individual requirements, yet is consistent with the overall Defense Health Program resource allocation framework. Health Affairs allocates CHAMPUS and direct care operation and maintenance dollars and military personnel resources to the three Services, using a financially-based modified capitation methodology. The Military Departments allocate resources to each of their MTFs based on a modified capitation methodology, designed by the Services to meet their unique requirements as approved by Health Affairs. The Military Departments will identify all CHAMPUS resources for the lead agent's management oversight at each of the twelve regions. The method for further allocating the CHAMPUS resources will be dependent on the Service affiliation of the regional lead agent and the existence of a fixed price, at-risk TRICARE Support contract. Calculation of the allocation of CHAMPUS resources to MTFs in regions with such contracts will be done by Health Affairs and provided to the Military Departments.

Operation and Maintenance, Direct Care and Military Personnel Resources

Under the regionalization concept, the direct care and military personnel resources will continue to flow through the Military Departments to the MTFs without change. The MTF commander will continue to have control over the allocated operation and maintenance direct care and military personnel resources. The non-interchangability of military personnel and

operation and maintenance resources during the budget development and execution phases of the Planning, Programming, Budgeting System create a problem that will need new, more flexible budgeting. Including military manpower in the resource equation will drive a more integrated planning approach at the Service and the MTF level.

Although the first year, FY94, is realistically the most difficult, it is expected that this problem will be minimized as commanders and their staffs make manpower decisions early enough to affect military assignments and balance their overall staffing levels. In the short term, excess military resources can be directed on a temporary basis to provide needed health care services in lieu of contracts or CHAMPUS at other MTFs. Service-specific command and control of the MTFs and legal liability for over-obligation of operation and maintenance direct care resources will also continue without change.

CHAMPUS Resources

All CHAMPUS resources will be allocated by Health Affairs to the Military Departments based on the capitation methodology. Until TRICARE Support contracts are established for all regions, the Military Departments will calculate both catchment area and non catchment area costs for their beneficiaries in each of the regions.

In regions that do not have a TRICARE Support contract in place, the operation and maintenance CHAMPUS funds will be included in the initial budget allocation of the Military Departments. The Military Departments will hold their Services' share of the CHAMPUS budget at the Service headquarters level. The Military Departments will identify the beneficiaries' share of the CHAMPUS requirement for each region, and will report the

amount held for each region to the lead agent's parent Service. Or, in the case of the National Capital Region, to ensure continuity of CHAMPUS fiscal operations and planning, the Military Departments will identify their beneficiaries' share of the CHAMPUS requirement and will report the amount held for the National Capital Region to Walter Reed Army Medical Center. Each of the lead agents will receive information and fiscal guidance through their parent Service's chain-of-command that identifies their total CHAMPUS budget with Service-specific and catchment area-specific subtotals. (For example, the Air Force has lead agent responsibility in the Wright-Patterson Region. At the Surgeons General level, the Army and Navy will notify the Air Force of the total funds they are holding for their Service's beneficiaries in the Wright-Patterson Region. The Air Force will then be responsible for providing the necessary financial information and fiscal guidance to the lead agent, who is the Commander, USAF Medical Center Wright-Patterson).

Lead agents will assume administrative responsibility for coordinating the management of the CHAMPUS program within their specified area of responsibility. Based on the regional health services plan, developed by the lead agent and coordinated with each of the Services represented in the region, the lead agent will recommend to the Services that CHAMPUS resources be released to the appropriate MTF for direct care projects designed to reduce overall costs. The expenditure of CHAMPUS resources by the Military Departments will be monitored by catchment area and region.

In regions with TRICARE Support contracts, the MTFs' CHAMPUS allocations will be retained by the parent Services and pooled among the Services to fund the lead agent's execution of the support contract. Health Affairs will calculate both catchment area and out-of-catchment area CHAMPUS allocations and provide them to the Military Departments.

Under this methodology, each Service remains jointly accountable for the TRICARE Support contract.

CHAMPUS Budget Savings/Overruns

If an MTF commander generates identifiable CHAMPUS savings, then the parent Service will retain the savings. The commander, with guidance from the designated lead agent, will develop cooperative management initiatives to invest funds to recapture CHAMPUS costs. The management initiatives will be reflected in the jointly developed regional health services plan and approved by the affected Military Departments. As an incentive for the local commanders, the lead agent, with the approval of the MTFs' parent Service, will project in advance the estimated overall CHAMPUS net savings--the local military medical treatment facility/parent Service will then be authorized to retain 100 percent of the actual earned savings. If the CHAMPUS claims of the MTF, exceed or overrun the authorized budget, then the MTF, or parent Service, must make up the difference.

Transfer Payments

With a capitation based allocation system, reducing workload can result in increasing a commander's discretionary funds. This establishes an incentive to shift necessary workload to other military MTFs. In addition, transferring workload that traditionally was covered by CHAMPUS to tertiary care military medical centers within a region, requires a transfer of funds from the catchment area in which the patient resides, to the medical center. The policy is currently in draft for identifying and transferring appropriate funding to cover the additional

costs to be incurred at the medical centers. Without transfer payments the medical centers would be unable to expand their capabilities to provide Specialized Treatment Services.

Shared Resource Information

This resource allocation framework is targeted toward the managed care environment that features direct care services augmented by at-risk contractor support. To achieve the goals embodied by the TRICARE Program, particular emphasis must be placed on coordination of resources and responsibilities during the transition of CHAMPUS contractor support from the historical fee-for-service system to one in which the contractor is at-risk. Prior to the establishment of TRICARE Support contracts, the regional CHAMPUS resources will be coordinated and monitored by the lead agent to achieve savings through the development of negotiated discounts, provider networks, and utilization management options under established CHAMPUS regulations, DoD Instructions, and existing CHAMPUS Fiscal Intermediary and Utilization Management contracts. To implement successfully the TRICARE Program, the lead agents and MTF commanders must know the full cost of the assets employed to deliver health care services. The Military Departments will develop and publicize their capitation methodology for allocating all applicable operating resources to each catchment area to include: military personnel, operation and maintenance direct care, and operations and maintenance CHAMPUS. Sharing of resource management information among MTF commanders, lead agents, Military Departments and Health Affairs staff is required to preclude inappropriate intra- and inter-regional resource shifting. Timely access on a "need to know" basis to available plans and resource information--financial, workload, manpower and beneficiary population--must be assured at all organizational levels. To this end, CHAMPUS claims data posting will be expedited by reducing the allowed beneficiary claims filing period

from 24 to 12 months, thereby bringing this period into greater alignment with civilian healthcare plans.

Resource Management Plans

A detailed resource management plan that includes the areas of resource allocation and execution will be developed locally and provided by each MTF commander - first to the next level of command and control and then to the designated lead agent for review and approval. With the lead agent's approval, the resource management plan will become an integral part of the overall Regional Health Services Plan. Significant changes instituted by lead agents will be coordinated with affected commanders. Disagreements over regional resources are to be first addressed at the regional level by the MTF commanders and the lead agent. If concurrence is not reached at the regional level, then the MTF commander will elevate the open issue for resolution through the appeals process specified earlier in this policy guidance.

TRICARE SUPPORT CONTRACTS

To implement the TRICARE Program in the most effective way possible, the DoD has begun the transition from standard fee-for-service financing of care purchased from civilian providers under CHAMPUS to large TRICARE Support contracts for each of the twelve Health Service Regions. These TRICARE Support contracts, procured centrally by the Office of CHAMPUS, will assist lead agents and MTFs in meeting their responsibilities to improve access to quality health care, while containing costs. They are fixed price, at-risk contracts intended to provide substantial incentives for the civilian managed care contractors to develop innovative programs and linkages with the MTFs.

The primary functions of the TRICARE Support contract are the following:

- Development of civilian provider networks in support of both the TRICARE Prime and TRICARE Extra benefits;
- Claims processing and data collection;
- Utilization management and quality assurance;
- Patient routing and referral, and beneficiary services;
- TRICARE Prime program enrollment;
- Provider and beneficiary education; and
- Marketing.

The transition to TRICARE Support contracts for lead agents will occur over a three-year period. Prior to the implementation of a TRICARE Support contract, local MTFs and their respective Services are totally responsible for the direct care system and CHAMPUS costs. In those regions where a regional TRICARE Support contract is not yet in place and economic analyses demonstrate savings, the lead agent and MTF commanders may choose to develop a contract to manage portions of CHAMPUS care; such as a contract for certain clinical services. These locally managed contracts must be consistent with the design of the TRICARE Extra option. Any such contract must conform with all rights and obligations under the CHAMPUS regulation and other legal requirements. There must also be coordination with OCHAMPUS to permit corresponding revisions, if necessary, to existing Fiscal Intermediary or Utilization Management contracts. In addition, such contracts must be integrated to the extent feasible into the TRICARE Support contract when it is awarded. Once procured, the TRICARE Support contractor and the Services will share the financial risk for the CHAMPUS benefit program.

Development of Civilian Provider Networks

The TRICARE Support contractor, based upon the regional plan developed by the lead agents, shall establish a preferred provider network wherever feasible and desirable. These networks will support the TRICARE Prime, a health maintenance organization-type model for those beneficiaries who chose the enrollment option as well as the TRICARE Extra, a managed care option similar to a preferred provider organization for eligible beneficiaries. The contractor will work with the lead agent and local MTF commanders to determine the optimal configuration of the network as subordinate and complementary to the direct care system capabilities of the region, where the majority of the care is delivered. The lead agent will

assist in determining the adequacy of the network based on the availability of direct care services, the availability of civilian providers, and the size, distribution, and health care needs of the beneficiary population. In determining the adequacy of the network, the contractor must meet the standards centrally developed by DoD, with input from the lead agents. Requirements will accommodate differences in managed care markets and in the supply of health care providers across geographic areas. According to Federal law, state or local government laws or regulations for health care contracts can be pre-preempted to the extent that the Department determines that such laws or regulations are inconsistent with specific provisions in the contract.

The MTFs will be integral parts of the regional provider network and will serve as primary care sites. To make the most efficient use of military resources, direct care providers shall be treated by the contractor as the providers of first choice in accordance with the routing and referral protocols established by the lead agent.

Primary Care Managers

The contractor shall assist in the selection of a primary care manager who will be responsible for the provision of virtually all primary care to the patient and for referring the patient for any necessary specialty services. The primary care manager may be an MTF or a civilian network provider. Civilian network providers who agree to be primary care managers must follow all of the rules and procedures identified in the provider agreements. Providers who agree to be primary care managers shall sign agreements that identify the rules and procedures for specialty referrals and their responsibilities as primary care managers. In the event the assigned primary care manager cannot provide the necessary, full range of primary

care functions, this manager will ensure access to necessary health care services as well as any specialty requirements. The contractor will work with the MTF commanders, under the guidance of the lead agent, in establishing priorities for routing beneficiaries to the direct care system, determining the capacity of the MTFs regarding direct care primary care manager patient load, and establishing goals for supplementing in-house capacity through resource sharing arrangements. The MTF providers must follow the same referral protocols for the civilian providers as established by the lead agents.

The contractor will assist the lead agent in determining the optimal manner to supplement direct care capacity through civilian contracting or resource sharing and working with each involved MTF. The lead agent can arrange with the contractor and the MTF commanders for the provision of contracted services within the military facilities. With the implementation of the TRICARE Support contracts, prior contracts or agreements including partnership providers, PRIMUS/NAVCARE, Base Realignment and Closure benefits, and Catchment Area Management demonstrations, may be phased into the new contract.

For those areas in which health maintenance organization or preferred provider organization options are not feasible, the TRICARE Support contractor will be required to develop the CHAMPUS Participating Provider Program to the extent possible, thus enhancing access to TRICARE Standard. While the expansion of participating providers will be a requirement in all areas, the areas that offer no other choice to CHAMPUS beneficiaries will receive priority attention if a significant number of beneficiaries reside there.

Utilization Management/Quality Monitoring

The TRICARE Support contractor will be required to establish utilization management (UM) and quality monitoring programs in a manner consistent with policy requirements established by DoD, ensuring uniformity of standards across regions. To promote greatest efficiency, comprehension and consistency, the TRICARE Support contractor in each region may be requested by the MTFs to perform UM, covering all network and non-network care. This UM screening may be extended to care provided in the MTFs, using the Department's standard quality and utilization review criteria and the TRICARE program regulation that is currently under development. In his or her respective facility, the MTF commander is the final authority regarding quality and UM decisions. However, there will be a need to integrate the utilization review mechanisms applicable to military facility and CHAMPUS care, which will be achieved pursuant to the TRICARE regulation and a DoD Instruction. This process will assure beneficiaries that they can expect the same standards of care regardless of where or by whom that care is delivered.

Patient Routing and Referral

The patient routing and referral procedures must be carefully developed to assure the optimal use of the direct care system and the civilian provider network, and at the same time provide beneficiaries with the greatest freedom of choice possible. The TRICARE Support contractor will work closely with the lead agent to assure the most cost-effective delivery of services. The contractor and lead agent will develop a memorandum of understanding to ensure balanced workloads between the MTFs and the civilian network. Each MTF, under the guidance of the lead agent, will establish a balanced workload agreement with the contractor

that establishes the required routing and referral specifications with regard to primary, specialty, emergency and urgent, and inpatient care, diagnostic services, and any other services specified by the MTF or lead agent. These specifications will be coordinated with the contractor's internal protocols for routing beneficiaries to network providers. Civilian primary care managers must use the health care finder established by the contractor for referring patients for specialty care. The MTF primary care managers who refer patients to civilian providers must also comply with the health care finder protocols. The lead agents must establish overall policies for the management and referral of patients within each region. Flexibility will be given to the lead agents to determine when it is prudent to allow the local MTF to perform these functions. If an MTF has the resources and capacity, there is no need to task the contractor to perform these functions.

Claims Processing

The TRICARE Support contractor will be responsible for claims processing. Claims will be processed according to the requirements set by DoD; however, the Services and lead agents will have an opportunity to review the procedures and propose changes. The existing fiscal intermediary will continue to process claims prior to the procurement of the regional TRICARE Support contractor. Health Affairs will assign an administrative program manager for direct oversight of the contractor's claims processing responsibilities. The Services and lead agents, through this program manager, will review the procedures and propose changes to the claims processing operations.

Provider and Beneficiary Education

The contractor will be responsible for developing and implementing programs for provider and beneficiary education that comply with guidance provided by the lead agent. The lead agent will be responsible for reviewing and approving the contractor's proposed plan for provider and beneficiary education and ensuring that the plan is adequate and complies with the policies of the TRICARE Program and objectives of the lead agent. The lead agent is ultimately responsible for the education of the direct care providers with regard to this program and will determine the extent to which the contractor's provider education efforts shall incorporate an educational effort for MTF providers.

The lead agent will oversee the contractor's beneficiary education efforts and coordinate the distribution of beneficiary education materials with the contractor. Beneficiaries must receive detailed information on available health care options and any limitations imposed on their freedom of choice and access to specialty care. They will also be fully informed of the differences in cost sharing requirements among health care options.

Beneficiary Services

The contractor shall be responsible for providing health care finders located at each of the TRICARE Support Service Centers. TRICARE Support Service Centers will be the focal point for smooth and effective operation of the integrated military and civilian network of providers. Contractors shall consult with lead agents to determine the ideal location of the service centers, including placing them within the MTFs. The centers will facilitate referrals of patients to the most appropriate military and civilian health care services. The objectives of

the service centers are to establish appropriate referral mechanisms, maintain continuity of care for patients, ensure optimal use of military MTFs, foster effective coordination of care delivered in the civilian sector, and establish educational systems to inform beneficiaries of access mechanisms and referral procedures. When requested by the MTF, the contractor shall perform Health Benefits Advisor functions. To the extent feasible, government systems to support the health care finder functions will be used. The lead agents will determine the capabilities of the military MTF to fully support these functions.

Enrollment and Primary Care Manager Assignment

The contractor will be responsible for performing the enrollment function for the TRICARE Prime option using the policies established by the lead agents in conjunction with Health Affairs. This function includes collecting enrollment fees, tracking enrollment information, participating in the disenrollment process, and entering appropriate information into DEERS. The lead agent will provide the contractor with the enrollment plan that includes specific priorities in the assignment of primary care managers. Military MTFs will participate as primary care sites in the assignment of primary care managers. The lead agent and regional military MTFs will determine if there are sufficient military MTF primary care providers to support the enrollment option. The contractor will augment the MTFs when providers are needed and ensure that network providers accept Medicare assignments to enable those beneficiaries access to care through health care finder services.

ROLES AND RESPONSIBILITIES

The Office of the Assistant Secretary of Defense for Health Affairs and the Military Departments will work jointly to develop a uniform statement of requirements for the TRICARE Support contract. Lead agents are responsible to propose or make modifications to these requirements (depending on the nature of the modification), via their regional plans and as part of acquisition planning. The incentives system developed for the conduct of good business practices, including bid-price adjustment methodologies, will also be developed jointly by Health Affairs and the Military Departments.

The TRICARE Support contractor will work closely with the lead agent's program managers regarding beneficiary education, routing and referral, and other issues directly related to the provision of services. The contractor will also communicate with designated Health Affairs representatives regarding both managed care and claims processing functions. When problems are identified in the execution of these functional areas, lead agents will be consulted. Health Affairs, the Services, and the lead agents will work jointly to ensure the problems are properly solved in a timely manner. Lead agents and Health Affairs may communicate directly on technical matters. In matters of policy, the appropriate Service channels will be employed. The TRICARE Support contractor will be responsible for providing timely information required to support the lead agents. These information requirements will be identified in the regional health plans and incorporated into the procurement documents.

The development, procurement, transition and operation of the TRICARE Support contracts will be a joint effort on the part of the military MTFs, lead agents, Services and

Health Affairs. The procurement and oversight of the TRICARE Support contracts will be provided through Health Affairs in cooperation with the lead agents. The point of contact at the Office of the Assistant Secretary of Defense for Health Affairs for oversight of TRICARE Support Contract procurement is the Director, Managed Care Operations, Health Services Financing. The lead agents will have responsibility for oversight of the health care requirements of the contracts. Each lead agent will participate directly in the contract operations concerning health care issues through a program manager and an administrative contracting officer assigned to the lead agent's staff. Health Affairs will be responsible for the business process requirements of the contract such as claims processing and data collection; however, lead agents will have the opportunity to review claims processing rules and propose changes to Health Affairs.

Health Affairs will have responsibility for the procurement of the contracts, transition of the contracts, and for oversight of the contract management. The procurement contracting officer will have the final responsibility for contract administration, management of national policy changes that are ordered in the contract, management of the bid price adjustment process, and overview of the prime contractor's subcontractor administration system. Additionally, the lead agents and the Services will actively participate and evaluate the bid price adjustment process.

Each lead agent will assign a contracting specialist to his or her respective TRICARE Support contract. These individuals will have a contracting officer's warrant and function as an administrative contracting officer, reporting to the lead agents. Relatively broad contract administration authority is to be delegated to the administrative contracting officer from the procurement contracting officer. These duties will include but are not limited to controlling

the development of local changes, including technical evaluations by the program manager; negotiating contract changes in concert with the procurement contracting officer; reviewing and approving subcontracts; and overseeing property administration.

A program manager on the lead agent's staff will serve as the technical representative for the contract for health care issues. Specifically, the program manager will be responsible for assisting the lead agent in the definition of new requirements applicable to the region that require contract modification, performing technical evaluations of change-order proposals, assisting in resolving contractual issues of concern to the lead agent, evaluating contractor-proposed resource sharing agreements, proposing resource sharing agreements to the contractor, evaluating the development of provider networks with respect to MTF requirements, and administration of the enrollment process. The program manager will coordinate issues and proposals with the procurement contracting officer's representative to ensure that there is no conflict with the general policy of the MHSS or with the business processes for the region, such as claims processing and data collection. The program manager will also approve all marketing and informational materials produced by the contractor.

DEVELOPMENT OF REGIONAL HEALTH SERVICES PLANS

Lead agents in coordination with the military MTF commanders within the region, will develop the regional health services plan. Each lead agent will provide an annual update of its Regional Health Services Plan the Assistant Secretary of Defense for Health Affairs. This plan will be submitted formally through the proper Service chain-of-command.

Planning will cover a broad range of the program aspects of managed care. These planning elements must each be addressed to assure effective integration with regional health care operations and regional TRICARE Support contracts. In keeping with the principle of decentralized execution, the Office of the Assistant Secretary of Defense for Health Affairs will prescribe general topics to be addressed in the plan. Health Affairs will appoint a joint-Service working group to facilitate the development and evaluation of the regional health services plans and the business plans that they include.

REGIONAL HEALTH SERVICES PLAN OUTLINE

Planning elements to be addressed:

I. Health Services Region Managed Care Goals

II. Medical Readiness

III. Resource Management

- A. Direct Care, CHAMPUS and Military Personnel Funds
- B. Investment Strategy for CHAMPUS
- C. Capitation Methodology
- D. Third Party Collection Program

IV. Network Development

- A. Primary Care Network
- B. Specialty Network
- C. Referral Policies

V. Enrollment

VI. Utilization Management and Quality Monitoring

VII. Benefit Structure

VIII. Clinical Preventive Services/Health Promotion

IX. Information Systems

X. Marketing/Education

XI. Evaluation Plan

XII. Specialized Treatment Services

XIII. Graduate Medical Education

DISCUSSION OF PLANNING TOPICS

Following are a series of discussions on topics related to the Regional Health Services Plan. The discussions are intended to shed light on current and planned initiatives in the topical area and to assist the lead agent in developing a general framework for detailed health care planning at the operational level.

Medical Readiness

Lead agents should address efficiencies that would be obtained through joint development of requirements in a number of contingency areas. These areas include Military Support to Civil Authorities, the National Disaster Medical System, and the Department of Veterans Affairs - Department of Defense Contingency System. The plan should address shifting of resources, coordination of resource sharing and contracting for additional local facilities and health care providers due to training or deployment in support of contingency operations. Although responsibility for readiness training is clearly retained by the Services, lead agents should encourage and MTF commanders should take advantage of every opportunity to conduct joint medical readiness training.

Resource Management

Lead agents will be responsible for and have the authority to oversee CHAMPUS dollars for their regions following the award of the TRICARE Support contract. Each of the hospitals within the regions will be funded directly for direct care and military personnel dollars; however, CHAMPUS funds will be managed on a regional basis. Although the

capitated budget of the MTF includes its CHAMPUS target, these targets are rolled up to the regional level for lead agent oversight. Thus, a balance will have to be achieved between direct care and CHAMPUS operations. The effective management of referrals between direct care and CHAMPUS providers coupled with strong utilization management efforts within both systems will be essential to the financial success of regional health care operations.

Resource Management Plans will be developed by the lead agents the MTF commanders will become key components of regional health services plans. Lead agents will include, as a component of these plans, regional coordinating requirements relative to the maintenance, renovation, and replacement of facilities. The plan will further address the requirements of the draft Joint Regulation on Review Procedures for High Cost Medical Equipment (AR 40-65/NAVMEDCOM INST 6700.4/AFR 167-13) relative to the purchase and maintenance of high-cost medical equipment. Third Party Collection Program procedures should be addressed in the resource management plan.

Network Development

A thorough analysis is necessary to determine the requirements for provider networks needed to support given beneficiary populations. Attention must be given to assuring access to sufficient primary care providers located in direct care facilities and supplemented by primary care providers in the external network. The determination of the "right-sized" primary care network for the population is essential to the overall concept of managed care and healthcare reform. The primary care system is the base from which lead agents build additional network needs, referral policy, and from which access standards are measured. Also, consideration must be given to assuring providers a reasonable volume of patients. In doing so, the number

of providers in a network will be limited. Thus, determining the number of providers required can best be done only after a thorough review of the demographics of the served beneficiary population. Following the award of a regional TRICARE Support contract, the contractor will adjust the size and composition of the network based on input from the lead agent as identified in the regional health services plan. The challenge for the lead agent is to determine the appropriate military MTF medical care and capacity so the contractor can obtain the proper number of network providers to augment MTF capabilities.

Enrollment of all TRICARE military health program participants will simplify this process in overlapping catchment areas. Assignment of a primary care manager is part of the enrollment process. Beneficiaries routinely will be scheduled for care with their primary care manager. Enrollment and primary care managers ensure that beneficiaries do not seek care simultaneously from several different military MTFs that could result in inappropriate treatment. Additionally, enrollment assists the military MTF to reliably plan for healthcare expenditures.

Enrollment

A key element in managing a health care beneficiary population is knowing the enrollees for whom a managed care program is committed to provide care. During start-up operations, phased enrollment will allow for the smooth assignment of beneficiaries to panels of providers. CHAMPUS-eligible beneficiaries who enroll in TRICARE Prime, the health maintenance organization-like option, will obtain enhanced preventive care benefits and a reduced cost-sharing structure in return for choosing from a specified group of providers. Eventually, under national health care reform, it is anticipated that MHSS beneficiaries will

have an even broader range of choices among health plans, and beneficiary entitlement to duplicate healthcare coverage will be eliminated.

To enroll in the TRICARE Program, MHSS beneficiaries must be registered in the Defense Enrollment Eligibility Reporting System (DEERS). Under a TRICARE Support contract, the contractor will be responsible for entering this information in DEERS. The lead agent will provide input to the contractor on its enrollment plan and specify priorities for assignment of military MTF primary care managers. Prior to the implementation of the TRICARE Support contract, it will be the lead agent's responsibility to develop procedures for TRICARE Prime enrollment. These enrollment procedures must be specified in the lead agent's plan, conform with the TRICARE program regulation, and be approved by Health Affairs.

The lead agent must have the approval of Health Affairs to start an enrollment plan prior to the implementation of the TRICARE Support contract. To obtain approval, the lead agent must submit a plan consistent with the TRICARE program regulation (32 CFR 199.18), detailing the adequacy of the network established for the health maintenance organization type option, the enrollment targets, the utilization management and quality assurance processes to be established, and other characteristics of the program necessary to assure the delivery of high quality, accessible and cost-effective care. If the proposed enrollment program includes the Uniform HMO Benefit, established in the CHAMPUS regulation, approval by Health Affairs also requires a determination, established by Congress, that government cost under the proposed interim enrollment program are no greater that the costs that would otherwise be incurred to provide health care to the beneficiaries who enroll (Pub.L. 103-160, sec 731). Upon implementation of the TRICARE Support contract, any existing health maintenance

organization program operated by the lead agent or designee must either be incorporated into the regional TRICARE Support contract, on the basis of better cost-containment, or else be discontinued.

Similarly, lead agents or MTF commanders may choose to develop broad preferred provider networks prior to the initiation of regional TRICARE Support contracts. These programs must be consistent with provisions of the TRICARE program regulations (32 CFR 199.18), identified in the regional health services plan and approved by Health Affairs prior to implementation to offer the reduced cost shares provided by the TRICARE Extra benefit. Still another approach is the local implementation of the Participating Provider Program under DoD Instruction 6010.18, "CHAMPUS Health Care Finder and Participating Provider Program" (Nov 9, 1989).

The use of a preferred provider network or the standard CHAMPUS benefit package will not require registration beyond that required of DEERS. Beneficiaries may use the preferred provider organization on a point-of-service basis as a TRICARE Extra benefit. In addition, Medicare-eligible beneficiaries and active duty members will be registered in DEERS as they are now and the local MTF will be responsible for managing their care. Eligible beneficiaries who do not choose one of these CHAMPUS-funded care options will continue to have access to direct care at the military MTF on a space-available basis.

Utilization Management and Quality Monitoring

While utilization management and quality monitoring are not synonymous, their goals and the mechanisms frequently employed to attain them overlap. Utilization management is,

ideally, a function of a health care system that ensures eligible beneficiaries receive care necessary and appropriate to their clinical needs. Quality monitoring seeks to provide assurance that the care delivered is high quality and consistent with general clinical practices for the diagnosis and the patient. In most venues, the term quality monitoring, as opposed to quality assurance, also carries the implication that continuous quality improvement is incorporated into the program. Cost containment initiatives must not emphasize lower costs at the expense of the medical needs of the patient.

Early experience with a broad utilization management program for beneficiaries in the Military Health Services System indicates that focus on patient need does not result in exorbitant costs or runaway utilization. The National Mental Health Utilization Management Program, initiated in January 1990, is administered under a fixed cost contract, so that the contractor does not have a financial incentive to deny care. Clinical criteria for evaluating preauthorization, concurrent review and waiver consideration requests have been evaluated and found to be consistent with good clinical practice. In three years experience, acute psychiatric and residential treatment center admissions were reduced by 12.1 percent, with a reduction in inpatient days of 32.8 percent. The cost per admission has gone down 12.2 percent. The DoD's present average length of stay for acute psychiatric inpatient care is twenty percent below the average in a survey conducted by the National Association of Psychiatric Healthcare Organizations. Overall costs for this care began to slow early on and were actually slightly reduced in the third year of the program.

The use of diagnosis related groups in determining lengths of stay in medical/surgical and obstetrical admissions has already had an impact on bed days in those areas. Nonetheless, moving to a utilization management model that focuses on patient condition as an additional

criterion in authorizing admissions and continued stay has the potential of further reducing bed days and assuring that care delivered is necessary and consistent with the needs of the patient.

The decision to organize the MHSS along regional lines provided an opportunity to initiate a uniform set of guidelines regarding utilization management and quality monitoring across the entire system. The advantages of such an approach include: (1) a single standard of care regardless of care setting (i.e., direct or purchased and contracted care); (2) consistent and uniform clinical criteria determining setting and length of stay; (3) a basis for monitoring the system as to utilization patterns, quality of care, and adequacy of clinical decision-making process as reflected in documentation; (4) the means to examine and evaluate providers, both individual and institutional, as to the appropriateness and quality of the care provided to DoD beneficiaries; and (5) a vehicle for evaluating and comparing regions against themselves, one another and the system at large, as well as against national data for civilian populations.

To implement such a plan, it is necessary to develop a number of elements intrinsic to the discrete but related functions of utilization management and quality monitoring. As a principle of any such undertaking, it is important to recognize the needs and functions peculiar to each component of the system. These include the patient, the lead agent, the military MTF, the TRICARE Support contractor, and the network and non-network providers, as well as the Services and Health Affairs. Many of these functions involve the gathering and the analysis of data. To promote greater efficiency and consistency, the TRICARE Support contractor may be requested by the military MTF to perform utilization management functions, such as preauthorization, concurrent and retrospective reviews, and waiver considerations, for all types of care in all settings. Regardless of who actually performs these activities, they will be carried out based on a uniform set of criteria determined by the DoD. At present, the criteria

designated for use are the Interqual criteria for medical/surgical and obstetrics care, and Health Management System criteria for mental health care. As the MHSS gains more experience and sophistication in managed care, these criteria may be refined or changed but will remain consistent across the system.

The quality monitoring program will consist of elements that collectively give reasonable assurance that care rendered was consistent with the needs of the patient, delivered by providers acting within the scope of their training and credentialling, and of a high quality. As an adjunct to these assurances, the quality monitoring program ascertains that care is adequately documented to provide the above assurances. Activities will include the retrospective review of a sample of cases to determine if they meet Department criteria; the monitoring of provider qualifications, such as, licensing, credentialling and adverse actions. The Department is currently working with the Joint Service Quality Management Committee and the Joint Commission on Accreditation of Healthcare Organizations to develop a centralized credentialing process. The guidance for this activity will be found in the new Clinical Quality Management Directive to be published in December 1993.

Further objectives of utilization management and quality monitoring programs are:

- Creating a network of educators and acquiring software to facilitate statistical process control networks.

- Developing a process or system to capture outcomes, codify findings, and make them available to educate clinicians, change behaviors, and modify clinical practice guidelines to ensure that medically necessary services are not eroded by budgetary control mechanisms.

- Developing guidance on accreditation requirements for the various components of the regional managed care system including inpatient facilities (direct care and civilian) and managed care entities (TRICARE Support contractors, contracted health maintenance organizations, etc.)

- Continuing to work on the development of a common set of standards for utilization management and quality assurance which will apply to health care regardless of whether it is provided within the direct care system or through contractor provided support. The regions will be evaluated for quality of care using common standards that include measures from the Joint Commission for Accreditation of Healthcare Organizations, Healthy People 2000, and the National Committee for Quality Assurance.

- Smoothing the introduction of utilization management into military medical MTF through well-organized provider education programs and through the use of commonly available programs if possible.

- Developing further access criteria and integrating measures for these criteria into the utilization management and quality assurance processes.

- Ensuring the maximum possible use is made of existing information systems in assessing the performance of the health plan as more refined systems are being developed

- Developing an integrated case management process and including these provisions in the TRICARE Support contract to ensure an effective case management liaison between direct care and contractor provided care.

A comprehensive policy on quality assurance and utilization management is currently under development and will be incorporated by reference into policy guidelines for the TRICARE Program.

Oversight of both utilization management and quality monitoring activities will be provided by the National Quality Monitoring Contract. As the lead agents implement the regional plans, the National Mental Health Utilization Management Contract and the Regional Review Centers will be phased out.

Benefit Structure

The benefit structure for TRICARE Prime is a function of the Uniform HMO Benefit, required by section 731 of the National Defense Authorization Act for Fiscal Year 1994. The Uniform HMO Benefit will be promulgated in the CHAMPUS regulation. As now being developed, there are two components of the benefit structure:

1) Scope of Covered Services

There are currently differences in health care services between CHAMPUS and the direct care system. The services covered throughout the continental United States, including Hawaii and Alaska, should be as consistent as possible, so that all beneficiaries are treated uniformly. It is a principle objective of the TRICARE Program that beneficiaries assigned to a civilian primary care manager have the same benefit as those assigned to a military medical treatment facility primary care manager. CHAMPUS-eligible beneficiaries who do not have access to the TRICARE Prime or TRICARE Extra options will continue to have access to the basic CHAMPUS program, known as TRICARE Standard.

Under the TRICARE Prime option, enrolled beneficiaries will be offered enhanced benefits including free immunizations, periodic physical examinations, eye examinations (expanded to survivors, retirees and their dependents), health promotion programs, and case management. Otherwise, the basic CHAMPUS program (TRICARE Standard) will define the scope of services available to those beneficiaries choosing the health maintenance organization, preferred provider organization, or basic options. The Department will determine the uniform set of benefits that will be available to the various categories of beneficiaries eligible for care in the MHSS. The TRICARE Benefit Structure is described in the next section.

2) Cost Sharing

The existing cost sharing requirements in the direct care system and in the standard CHAMPUS benefit package will continue to be in effect for military medical treatment facility care and basic CHAMPUS care, respectively. The cost sharing requirements for TRICARE Extra will be similar to basic CHAMPUS requirements, except that the beneficiary's co-insurance percentage will be reduced by five percentage points to serve as an inducement to beneficiaries to use network providers. TRICARE Prime will require an annual enrollment fee combined with nominal co-payments per unit of service. The cost sharing structure for the options available to CHAMPUS beneficiaries will reflect an incentive for beneficiaries to choose the most highly managed delivery option. For example, if the beneficiary chooses to enroll in the health maintenance organization option arrangement, which limits choice of providers, the expected out-of-pocket expenditures would be less than under either TRICARE Extra or TRICARE Standard. The cost sharing requirements are calculated to be budget neutral on a national basis. No cost sharing differences will be allowed across regions. The Department will perform the economic analysis required by statute before implementing any regional managed care support program.

Clinical Preventive Services/Health Promotion

Department of Defense beneficiaries and the health care providers who serve them have substantial interests in activities that prevent disease and promote health. Accomplishment of these activities will be facilitated through focused patient education about the availability and desirability of obtaining specified clinical preventive services. The TRICARE Program goals for preventive services and health promotion embrace the recommendations of the Department of Health and Human Services Preventive Health Services Task Force.

As an incentive for beneficiaries to enroll in TRICARE Prime, enhanced clinical and preventive services selected on the basis of established scientific evidence, risk benefit and cost analysis of implementation, will be included. These services will be provided without an

expected co-payment. The establishment of clinical preventive services such as mammography, pap smears, eye exams, immunizations, serologic screening for hepatitis, rubella antibodies, non-fasting cholesterol levels, and screening blood lead levels, are considered part of the standard of care for primary care services within the DoD.

An important aspect of compliance with practice guidelines for preventive clinical services is patient and provider education. Patients need to be informed about specific services they need. Providers need to know the age, gender and special risk group indications for the specific services that are needed by their beneficiary population. Lead agents and TRICARE Support contractors share the responsibility to inform beneficiaries about ways to promote wellness and good health.

Information Systems

Key to the lead agent's ability to identify managed care beneficiaries, assign them to primary care providers, and provide them quick access to health care is an effective information management system that integrates these various aspects of health care management into a well-organized database. Without timely access to information on network utilization, cost and quality, lead agents will not be able to effectively manage regional health services. To support the lead agents' information systems needs, the Department, with the support of the Services, has developed software to support enrollment, network development, and health care finder operations. Further, the Department is accelerating the fielding of the Composite Health Care System, an integrated clinical system, with this managed care software to assist lead agents in their regional health care operations.

Other information essential to managed care operations will be provided through contractor operated information systems, such as information relative to claims processing and utilization management. Planning for the integration of these systems with government-operated systems are key to providing lead agents the information required to make the daily management decisions necessary in a managed care environment. One of the requirements for information systems planning will be standard interoperability between the TRICARE Support contractors' systems and the systems developed by the government for the Military Health Services System. To fully achieve this requirement, standard data elements comparable to those used by the civilian health care provider community must be integrated into the direct care system. Health Affairs, working with the Military Departments, will take the lead in developing the required data standardization.

Health Affairs has undertaken a number of initiatives to assist the military MTFs and the Services in their healthcare planning, . Among these is the recent inventory of information systems available to support TRICARE planning.* This inventory has been published and circulated to the Surgeons General and is also available from Health Affairs. Another initiative currently being pursued is the development of an electronic "bulletin board" on managed care issues. This medium will enhance communications and information sharing among lead agents, the Services, and Health Affairs.

A number of information systems planning objectives was developed by the Services and endorsed by Health Affairs. These objectives are as follows :

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* OASD(HA) Memorandum dated November 4, 1993, subject: "Systems Inventory for TRICARE Support".

- Developing regional information systems requirements to support lead agents' needs for managed care operations support, to include the completion of the development of the Composite Health Care System Divided Work Center to support lead agents' need to monitor and evaluate multiple military medical treatment facilities.

- Determining ambulatory data requirements and developing systems to support the collection and analysis of this data.

- Establishing minimum case-mix adjusted data requirements for inpatient and outpatient care and developing systems to support collection and analysis.

- Establishing standards for the interoperability of information systems between and within the Services, Health Affairs and TRICARE Support contractors, and providing required software as government furnished equipment if appropriate. This would necessitate the need to establish data flow parameters, integration support, and enhanced data quality to ensure lead agents have access to timely, accurate and complete data to measure and monitor regional costs, quality and access including unmet demand.

- Developing training support for the proper use and analysis of data derived from information systems.

- Establishing information systems requirements which support medical readiness planning.

- Establishing a means to determine whether it is more cost-effective to develop our own systems to support future regional information needs or contract for this support.

- Developing an information system to support the collection of essential clinical performance and accreditation data, including the Health Plan Employees Data Information System, the Joint Commission on the Accreditation of Healthcare Organizations, and the Indicator Monitoring System.

It is the policy of the DoD to acquire open systems information support, based on common terms and tri-Service business practices. To that end, many standard information capabilities exist. When standard capabilities exist, such as clinical support, they will be used unless a more cost-effective alternative can be identified and approved by the Office of the Assistant Secretary of Defense for Health Affairs.

Marketing/Education

Marketing and education are necessary to develop and maintain an enrollment base for the health care plan. Marketing may also be required to generate the necessary interest from providers to ensure a sufficiently large panel of providers to care for the anticipated number of enrollees. The staff of the direct care facilities must also be fully educated on the aspects of the managed care plan. Planning for this range of marketing and education activities requires intensive effort. Marketing, in particular, is an activity which will benefit from contractor support.

To ensure uniformity of benefit and consistency of perception of the benefit structure, Health Affairs will work with the Services in the development of TRICARE marketing materials. The materials developed will allow for local and regional supplementation.

Evaluation Plan

The TRICARE Program fundamentally shifts the orientation of the managed health care portion of the MHSS, away from a focus on performance of facilities to a focus on managing the health care needs of people. Lead agents and MTF commanders will make decisions regarding: (1) the volume of health services used by their health service region's population; (2) the referral of that region's patients between direct care and civilian alternatives; and (3) the patterns of clinical treatment inside the MTF.

The quality of decisions made by the lead agents and the MTF commanders can be described by the beneficiaries' access to health care, the quality of their health care outcomes, and the cost of achieving those outcomes. Thus, the DoD health care evaluation strategy will look at differences in the cost, quality and accessibility of health care across regions and catchment areas. Health Affairs identified several global indicators that serve as proxies for cost. For example, total admissions per 1,000 active-duty family members living in a region (adjusted for that population's age and sex) indicate the relative cost of providing health services to a population; and inpatient lengths of stay (adjusted for patients' age, sex, and diagnosis) indicate the relative cost of treating patients within a military MTF. A DoD Tri-Service Medical Outcomes Working Group is developing indicators for quality and access, which shall be consistent with standards developed for utilization management and quality assurance.

The DOD's current health care information systems leave gaps in the Department's ability to evaluate quality and access. Hence, Health Affairs, in coordination with the Services, is developing an annual standardized survey to each region covering access, health

care satisfaction, utilization and health status. Specific items will address waiting times for appointments, access to preventive care, satisfaction with specific clinic services, perceived quality of care, use of military and civilian providers, and physical, emotional and social health. Reports will be compiled by catchment area or region by Service, and for the Department of Defense as a whole. Current plans are for mailing out the survey during the Spring of 1994 with results available in late Summer.

Health Affairs plans to refine the indicators of cost, quality, and access relative to a set of common health issues that reflect the way consumers receive health care. When consumers experience the health care system, they think about their health care needs in terms such as "having a baby," "living with heart disease," or "preventing depression." These common health issues also reflect the way a health care system manages the "production" of health. By organizing the evaluation strategy around such common health issues, or product lines, such evaluations will help providers judge and improve the care they give. Obstetrics care has been identified as the first product line, largely because of its high volume and relatively specialized requirements for staff and capacity. Health Affairs is developing specific indicators that relate to the volume of obstetrical health services, such as, the rate of Cesarean-section per 1,000 deliveries as a proxy for cost and percent low weight babies as a proxy for quality, and to patterns of clinical treatment. The DoD Medical Outcomes Working Group will develop subsequent product lines.

The TRICARE Program evaluation strategy lends itself to a two-tiered structure of implementation. First, Health Affairs has the responsibility for evaluating performance among the various regions. Lead agents are responsible for monitoring performance within their regions. It is critical that Health Affairs and the lead agents use the same conceptual

constructs, measures, and data sources. Lead agents may add new indicators, as long as they maintain consistency with the core evaluation strategy. Health Affairs will work with the lead agents on methodological issues and facilitate the lead agents' participation in developing measures through the Tri-Service Outcomes Work Group. Lead agents will then administer the evaluation plan within the region.

The evaluation strategy will assist Health Affairs develop report cards to assess cost, quality and access across regional and, as required, in site-specific MHSS health delivery systems. Managers and policy makers will be asked to interpret indicators in these report cards to assess the appropriateness of care and how effectively "best clinical practices" are being provided. To meet consumer needs, report cards will inform enrollees about how well the TRICARE Program delivers care. They will borrow certain data elements, such as immunization and cholesterol screening rates, from the Health Plan Employer Data and Information Set. The Fiscal Year 1990, MHSS Outcomes Report serves as a useful guide on conducting such evaluations. A copy of this report can be obtained from the Program Review and Evaluation Directorate under the Deputy Assistant Secretary of Defense for Health Budgets and Programs, Office of the Assistant Secretary of Defense (Health Affairs).

Specialized Treatment Services (STS)

For certain high technology or high cost procedures, Health Affairs will establish STS on a multi-regional or national level. These centers may be designated military or civilian facilities. The designation of an STS will be based on readiness, access, quality and cost considerations. Lead agents may, pursuant to a DoD Instruction to be issued this Spring, designate regional STS' as a component of their Regional Health Services Plan. Using

provisions of the CHAMPUS regulation and in accordance with its procedures, an MTF commander can withhold a non-availability statement based on the availability of care at designated STS facilities. Should a beneficiary choose not to use a specialized service when one is designated and available, the beneficiary will be responsible for the full cost of the care. Waivers may be granted in consideration of medical appropriateness or personal hardship. However, for all other beneficiary services, the 40-mile catchment area rule remains in effect, even in overlapping catchment areas.

Additional costs may arise from access to specialized treatment programs, such as the costs of transportation and lodging for non-medical attendants. These costs and others associated with this program will be incorporated in the computed cost of the STS Diagnosis Related Group in accordance with policy derived from the recommendation of a Tri-Service Work Group on Transfer Payments. To attenuate the need for excessive transfer payments on an intra-regional basis, lead agents may choose to develop local ground transportation, such as shuttle buses, within the region to support the regional referral patterns that are developed.

Graduate Medical Education (GME)

Health Affairs will cooperate closely with the Services to forecast future specialty needs that will determine GME requirements. Health Affairs and the Services will develop a plan for the 1996 GME requirements. The plan will incorporate the following principles:

- Adjust the size of individual programs (within accreditation constraints) to recognize the decline in required numbers of interns, residents, and fellows.

- Base the types and numbers of graduate medical education programs on the Services' readiness needs for medical specialists and sub specialists (phasing out programs where the need is not clearly demonstrated).

- Eliminate all duplicative residency programs in close geographical proximity (except primary care) unless both (a) the patient population clearly supports multiple programs and the Services can demonstrate requirements for the types and numbers of specialists to be trained.

- Disallow civilian interns, residents, and fellows unless under exceptional circumstances.

- Staff combined graduate medical education programs with Tri-Service personnel.

TRICARE PROGRAM BENEFITS AND BENEFICIARY PAYMENTS

(PROPOSED)

TRICARE PRIME

Outpatient Services (See Note 1)

ENROLLMENT FEE	TRICARE Prime
Applies to all outpatient services	Dependents of E-4 and below - $0 Dependents of E-5 and above - $35 Retirees and others - $50 (double above amounts for family enrollment)

Standard CHAMPUS Benefits	Beneficiary Cost Sharing
Type of Service	
PHYSICIAN SERVICES Office visits; outpatient office-based medical and surgical care; consultation, diagnosis and treatment by a specialist; allergy tests and treatments; osteopathic manipulation; medical supplies used within the office including casts, dressings and splints	Dependents of E-4 and below - $5 copay per visit Dependents of E-5 and above - $10 copay per visit Retirees and others - $15 copay per visit
LABORATORY AND X-RAY SERVICES (No copayment if included in provider's office visit.)	Dependents of E-4 and below - $5 copay per visit Dependents of E-5 and above - $10 copay per visit Retirees and others - $10 copay per visit
AMBULANCE SERVICES When medically necessary as defined by the CHAMPUS Policy Manual and the service is a covered benefit.	Dependents of E-4 and below - $5 per occurrence Dependents of E-5 and above - $10 per occurrence Retirees and others - $15 per occurrence

Standard CHAMPUS Benefits	Beneficiary Cost Sharing
Type of Service	
AMBULATORY SURGERY (SAME DAY) Authorized hospital-based or free-standing ambulatory surgical center that is CHAMPUS certified (not performed in a physician's office).	Dependents of E-4 and below - $15 copay Dependents of E-5 and above - $25 copay Retirees and others - $75 copay
IMMUNIZATIONS Immunizations required for active duty family members whose sponsors have permanent change of station orders to overseas locations.	Dependents of E-4 and below - No cost Dependents of E-5 and above - No cost
EMERGENCY SERVICES Emergency and urgently needed care obtained on an outpatient basis, both network and non-network and in and out of service area.	Dependents of E-4 and below - $35 per ER visit Dependents of E-5 and above - $50 per ER visit Retirees and others - $60 per ER visit
DURABLE MEDICAL EQUIPMENT, PROSTHETIC DEVICES, AND MEDICAL SUPPLIES PRESCRIBED BY AN AUTHORIZED PROVIDER WHICH ARE COVERED SERVICES If dispensed for use outside of the office or after the home visit.	Dependents of E-4 and below - 10% Dependents of E-5 and above - 15% Retirees and others - 20% (of the negotiated reimbursement rate)
HOME HEALTH CARE Part-time skilled nursing care, physical, speech and occupational therapy, when medically necessary and which are covered benefits	Dependents of E-4 and below - $5 copay per visit Dependents of E-5 and above - $10 copay per visit Retirees and others - $10 copay per visit
FAMILY HEALTH SERVICES Family planning and well baby care (up to 24 months of age). The exclusions in the CHAMPUS Policy Manual will apply.	Dependents of E-4 and below - $5 copay per visit Dependents of E-5 and above - $10 copay per visit Retirees and others - $15 copay per visit
PRESCRIPTION DRUGS	Dependents of E-4 and below - $4 per Rx Dependents of E-5 and above - $4 per Rx Retirees and others - $8 per Rx (up to 30 day supply)

Standard CHAMPUS Benefits	Beneficiary Cost Sharing
Type of Service	
OUTPATIENT MENTAL HEALTH One hour of therapy no more than two times per week when medically necessary. PARTIAL HOSPITALIZATION FOR ALCOHOLISM TREATMENT Up to 21 days for rehabilitation on a limited hour per day basis. Does not count toward the limits for days of mental health inpatient care.	*Individual Visits:* Dependents of E-4 and below - **$10** copay per visit Dependents of E-5 and above - **$20** copay per visit Retirees and others - **$25** copay per visit *Group Visits:* Dependents of E-4 and below - **$5** copay per visit Dependents of E-5 and above - **$10** copay per visit Retirees and others - **$10** copay per visit

Inpatient Services (See Note 2)

Standard CHAMPUS Benefits	Beneficiary Cost Sharing
Type of Service	
HOSPITALIZATION Semiprivate room (and when medically necessary, special care units), general nursing, and hospital service. Includes inpatient physician and their surgical services; meals including special diets; drugs and medications while an inpatient; operating and recovery room; anesthesia; laboratory tests; x-rays and other radiology services; necessary medical supplies and appliances; blood and blood products services. Unlimited services with authorization, as medically necessary.	Dependents of active duty - $9.30 per day or $25 (whichever is more) Retirees and others - $125 per day or 25% of the hospital's billed charges (whichever is less) with a 10-day cap on inpatient cost sharing per episode, plus 20% of separately billed professional charges
MATERNITY Hospital and professional services (prenatal and post natal). Unlimited services with authorization, as medically necessary.	
SKILLED NURSING FACILITY CARE Semiprivate room; regular nursing services; meals including special diets; physical, occupational and speech therapy; drugs furnished by the facility; necessary medical supplies, and appliances. Unlimited services with authorization, as medically necessary	

Standard CHAMPUS Benefits	Beneficiary Cost Sharing
Type of Service	
MENTAL ILLNESS With authorization, up to 30 days per fiscal year for adults (age 19+); up to 45 days per fiscal year for children under age 19. For Residential Treatment Facilities (RTC) care, up to the 150 day limit per year. (See CHAMPUS policy manual for further restrictions.)	Dependents of active duty - $9.30 per day or $25 (whichever is more) Retirees and others - $100 per day copay or 20% cost share of total charges (based on the negotiated rate), whichever is less, for institutional services plus 15% copay or cost share on professional charges
PARTIAL HOSPITALIZATION FOR MENTAL HEALTH With authorization, up to 60 days per fiscal year or per admission.	
ALCOHOLISM With authorization, 7 days for detoxification and 21 days for rehabilitation per 365 days. Maximum of one rehabilitation program per year and three per lifetime. Detoxification and rehabilitation days count toward limit for mental health benefits.	

TRICARE EXTRA

Outpatient Services

ANNUAL DEDUCTIBLE	TRICARE Extra
Applies to all outpatient services	Standard CHAMPUS deductibles apply as defined by the CHAMPUS Policy Manual.

Standard CHAMPUS Benefits	Beneficiary Cost Sharing
Type of Service	
PHYSICIAN SERVICES Office visits; outpatient office-based medical and surgical care; consultation, diagnosis and treatment by a specialist; allergy tests and treatments; osteopathic manipulation; medical supplies used within the office including casts, dressings and splints.	Dependents of active duty members - 15% Retirees and others - 20% (of the negotiated reimbursement rate)
LABORATORY AND X-RAY SERVICES	
AMBULANCE SERVICES When medically necessary as defined by the CHAMPUS Policy Manual and the service is a covered benefit.	
EMERGENCY SERVICES Emergency and urgently needed care obtained on an outpatient basis, both network and non-network and in and out of service area.	
ROUTINE PAP SMEARS Frequency to depend on physician recommendations based on the published guidelines of the American College of Obstetrics and Gynecology.	

Standard CHAMPUS Benefits	Beneficiary Cost Sharing
Type of Service	
DURABLE MEDICAL EQUIPMENT, PROSTHETIC DEVICES, AND MEDICAL SUPPLIES PRESCRIBED BY AN AUTHORIZED PROVIDER WHICH ARE COVERED SERVICES If dispensed for use outside of the office or after the home visit. **HOME HEALTH CARE** Part-time skilled nursing care, physical, speech and occupational therapy, when medically necessary and which are covered benefits. **FAMILY HEALTH SERVICES** Family planning and well baby care (up to 24 months of age). The exclusions in the CHAMPUS Policy Manual will apply. **PRESCRIPTION DRUGS** (Deductibles are waived when network pharmacies are used.)	Dependents of active duty members - **15%** Retirees and others - **20%** (of the negotiated reimbursement rate)
EYE EXAMINATIONS One routine examination per year covered for family members of active duty sponsors **IMMUNIZATIONS** Immunizations required for active duty family members whose sponsors have permanent change of station orders to overseas locations	15% of the negotiated reimbursement rate
AMBULATORY SURGERY (SAME DAY) Authorized hospital-based or free-standing ambulatory surgical center that is CHAMPUS certified (not performed in a physician's office).	Dependents of active duty members - $25 copay per visit Retirees and others - 20% of the negotiated rate per visit

Standard CHAMPUS Benefits	Beneficiary Cost Sharing
Type of Service	
OUTPATIENT MENTAL HEALTH One hour of therapy no more than two times per week when medically necessary. **PARTIAL HOSPITALIZATION FOR ALCOHOLISM TREATMENT** Up to 21 days for rehabilitation on a limited hour per day basis. Does not count toward the limits for days of mental health inpatient care.	Dependents of active duty members - 15% cost share Retirees and others - 20% cost share (of the negotiated reimbursement rate)

Inpatient Services

Standard CHAMPUS Benefits	Beneficiary Cost Sharing
Type of Service	
HOSPITALIZATION Semiprivate room (and when medically necessary, special care units), general nursing, and hospital service. Includes inpatient physician and their surgical services; meals including special diets; drugs and medications while an inpatient; operating and recovery room; anesthesia; laboratory tests; x-rays and other radiology services; necessary medical supplies and appliances; blood and blood products services. Unlimited services with authorization, as medically necessary.	Dependents of active duty - $9.30 per day or $25 (whichever is more) Retirees and others - $200 per day or 25% of the hospital's billed charges (whichever is less), plus 20% cost share of separately billed professional charges (of the negotiated rate) (See Notes 1 and 2)
MATERNITY Hospital and professional services (prenatal and post natal). Unlimited services with authorization, as medically necessary.	
SKILLED NURSING FACILITY CARE Semiprivate room; regular nursing services; meals including special diets; physical, occupational and speech therapy; drugs furnished by the facility; necessary medical supplies, and appliances. Unlimited services with authorization, as medically necessary	

Standard CHAMPUS Benefits	Beneficiary Cost Sharing
Type of Service	
MENTAL ILLNESS With authorization, up to 30 days per fiscal year for adults (age 19+); up to 45 days per fiscal year for children under age 19. For Residential Treatment Facilities (RTC) care, up to the 150 day limit per year. (See CHAMPUS policy manual for further restrictions.)	Dependents of active duty - $9.30 per day or $25 (whichever is more) Retirees and others - 20% cost share of total charges (based on the negotiated rate) for institutional services, plus 20% cost share on separately billed professional charges (based on the negotiated rate)
PARTIAL HOSPITALIZATION FOR MENTAL HEALTH With authorization, up to 60 days per fiscal year or per admission.	
ALCOHOLISM With authorization, 7 days for detoxification and 21 days for rehabilitation per 365 days. Maximum of one rehabilitation program per year and three per lifetime. Detoxification and rehabilitation days count toward limit for mental health benefits.	

NOTES

1. The beneficiary copayments (i.e., beneficiary payments expressed as a specified amount) in this chart are effective for FY 1993 and will be updated for inflation each fiscal year by the national CPI-U medical index (the medical component of the Urban Consumer Price Index). Beneficiary cost shares (i.e., beneficiary payments as expressed as a percentage of the providers' fees) will not be similarly updated. CHAMPUS annual deductibles under standard CHAMPUS will not be similarly updated. The beneficiary is responsible for the full cost of non-covered services and non-emergency services obtained outside the network without prior authorization.

2. The beneficiary cost sharing for inpatient care for active duty dependents will be adjusted periodically to reflect the cost of an inpatient stay in an MTF.

ENHANCED BENEFITS

There is **no preauthorization** required for the following services. The following services are expected of good comprehensive clinical practice. There is **no co-payment** expected nor is the provider expected to unbundle the services for an additional fee or inconvenience the patient by rescheduling these services unnecessarily.

Routine history and physical examinations are no longer recommended for health promotion disease prevention in individuals who are not being monitored as a part of a therapeutic plan for chronic disease. In counterdistinction, the Preventive Services Task Force recommends that a variety of age and sex specific services be combined into periodic health promotion disease prevention surveillance examinations. These services are reflected below.

SERVICES	FREQUENCY OR AGE INTERVAL
Lab, X-ray, Mammography	
Screening blood lead level	Once age 12 months - 6 years
Rubella antibodies	Females, once age 12-18
Non-fasting total blood cholesterol	Every five years over age 18
Fecal occult blood testing	Annually age 50 and over
Mammogram	Baseline age 40; every two years age 40-50; annually age 50 and over
Pap Smears	Annually over age 18, or younger if sexually active

Eye Exams/Refractions	
Red reflex, corneal light reflex, inspection (by primary care provider)	Newborn - 3 months
Red reflex, corneal light reflex, inspection, differential occlusion, fixed and follow with each eye (by primary care provider)	6-12 months
Baseline optometric examination for amblyopia and/or strabismus	Age 3-4 years
	Annual eye exams age 5-17; every three years over age 18
Immunizations	
DPT	2 months; 4 months; 6 months
DTaP (acellular)	15-18 months; once age 4-6 years
OPV	2 months; 4 months; 15-18 months; once age 4-6 years
MMR	Age 15 months; once age 4-6 or 11-12 years; once after age 19 unless evidence of immunity
Td	Once age 14-16; every 10 years thereafter
Pneumococcal vaccine	Persons at increased risk due to other medical condition
HIB	Age 2, 4, 6, and 15 months
PPD	12 months; after close contact with person with suspected TB
Hepatitis B	See schedule below for infants; once age 11-19 years if not immunized as an infant

Periodic Health Promotion Disease Prevention Exams Over Age 24 Months	One evaluation and follow up during following age intervals: 2-4; 5-11; 12-17; 18-39; 40-64
Blood pressure	During above exams
Clinical breast exam	Annually age 40 and above
Clinical testicular exam	Annually age 18 and over
Rectal prostate exam	Annually age 18 and over
Blood Pressure	Every two years age 18 and over
Hearing Screening	
Otacoustic emissions (OAE) screening	Infant (before leaving hospital); once age 2-5; once age 6-10; once age 12-17; once age 40-59; once age 60-65
Sigmoidoscopy or Colonoscopy	Once every 3-5 years over age 50
Serologic Screening of All Pregnant Women for HBsAg (Hepatitis B Surface Antigen)	Infants born to HBsAg-negative mothers receive HBG vaccine before discharge; second dose at 1-2 months; third dose at 6-18 months Infants born to HBsAg-positive mothers immunize with HBIG preferably within 12 hours of birth; second and third doses at 1 and 6 months. Serologic status should be checked at 9 months and fourth dose administered to infants who are HBsAg-negative with titers of anti-HBs < 10 mIU/mL. Re-test one month later for anti-HBs. Up to two additional doses may be considered for those who fail to respond.

Patient and Parent Education and Counseling Dietary assessment and nutrition Physical activity and exercise Cancer surveillance Sexual practices Substance abuse Injury prevention Promoting dental health Stress and bereavement	These services are expected components of good clinical practice that are integrated into the office visit at no additional charge.

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CLOSE HOLD

CLOSE HOLD

MINUTES OF THE MILITARY TREATMENT FACILITIES AND GRADUATE MEDICAL EDUCATION BRAC 95 JOINT CROSS SERVICE GROUP MEETING OF MARCH 10, 1994

The sixth meeting of the Military Treatment Facilities and Graduate Medical Education (MTF/GME) BRAC 95 Joint Cross Service Group convened at 1400 hrs on March 10, 1994. The meeting was chaired by Dr. Edward D. Martin, Acting Assistant Secretary of Defense, Health Affairs.

After calling the meeting to order, the Chairman asked each of the members to review the minutes from the previous meeting (a copy of the minutes was passed around the table).

The Chairman then made several general comments to the Group:

1) While there seems to be some difficulty within several of the other Joint Cross-Service Groups on reaching a consensus on the Measures of Merit (MoMs), we appear to be doing well.

2) The third part of the "733" study will be briefed to the Group at its next meeting. The findings are compatible with what we are doing here.

3) The Air Force is in the process of closing some of its Emergency Rooms and realigning others (they are also looking at obstetrics). They could use the BRAC process to accomplish some of these actions if so desired.

4) The Inter Service Training Review Organization (ITRO) process is moving to closure with regard to the consolidation of medical training facilities. The review does not identify sites, but makes general recommendations relative to the streamlining of our training infrastructure.

5) Costing methodology. We needed a new costing methodology to allow us to compare the cost of DoD-provided care to that of the private sector. This will help us make better "make or buy" decisions. The costs will be part of our Measures of Merit.

The next item on the agenda was a discussion of the MoMs. It was noted that our MoMs do not include any measures of capacity. A discussion then ensued that included our data bases, utilization rates, population, demographics, peacetime vs wartime requirements and quality of life and their relationship to capacity. The working group was tasked to develop methods to measure and validate capacity.

The next subject was a presentation of a sample MoM summary scoring sheet. The Navy representative argued that the standard weights proposed by the working group are inconsistent with the Navy BRAC process.

CLOSE HOLD

CLOSE HOLD

The Chairman stated that Services are free to conduct analyses of their respective facilities using their own weights for the MoMs. However, their input to the Group will be based on analyses conducted in accordance with the weights agreed upon by the Group. The Navy responded that this would result in two scores and could have an adverse political impact. The Chairman stated the ultimately, the closure and realignment decisions will be made by the Service Secretaries and SECDEF. The Group, however, is tasked to provide the BRAC 95 Review Group with its views and opinions from a DoD perspective.

It was also noted that a precedent for two scores for a MoM had already been established. During the BRAC 91 and BRAC 93 analyses each of the Services estimated economic impact using their own models and also provided estimates using a DoD prescribed model. The estimates based on the DoD model became part of the Secretary's recommendations to the Base Realignment and Closure Commission.

The Chairman asked the Navy representative if the weights were the only problem seen with regards to the MoMs. He answered in the affirmative.

The next subject was a discussion of the beneficiary population required to justify a clinic, hospital and GME. Also, the absence of the retiree population from the Population MoM was questioned. The Chairman noted that the number of retirees in an area does not, in itself, justify the existence of a military treatment facility.

The Air Force representative asked that the Air Force's disagreement with the potential hospital population threshold of 25,000 be made a matter of record.

The Chairman asked the working group to re-run the population scoring system based on other than a linear scale in order to adjust the distribution to reflect the curve.

The Group briefly reviewed the remaining MoMs. The members were asked to peruse the MoM handouts prior to the next meeting.

The meeting adjourned at 1600 hrs. The next meeting is scheduled for March 17.

Approved Edward D. Martin
Edward D. Martin, MD
Acting ASD(HA)

Attachments

CLOSE HOLD

BRAC 95
JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

SERVICE/AGENCY	NAME	PHONE#	ATTENDING 10 Mar 94
CHAIR (AASD(HA)	Dr. Martin	703-697-2114	x
ASD(HA) (Designate)	Dr. Joseph	703-697-2114	no
DASD(ER/BRAC)	Mr. Bayer	703-697-1771	x
TEAM LEADER	RADM Koenig	703-697-8973	x
ARMY	BG Zajtchuk	703-756-5680	x
NAVY	CAPT Golembieski	703-681-0461	x
NAVY	CDR Dilorenzo	703-681-0452	x
AIR FORCE	Maj Gen Buethe	202-767-4343	no
AIR FORCE	Brig Gen Hoffman	202-767-1849	x
JCS	COL Moore	703-697-4346	x
OASD (P&R)	Ms. St. Clair	703-696-8710	(Mr. Monteleone)
COMPT	Ms. Hiller	703-697-3101	x
PA&E	Mr. Dickens	703-697-2999	x
ODASD (ER/BRAC)	Mr. Miglionico	703-697-8050	x
DOD IG	Mr. Tomlin	804-766-3816	x
ODASD (HA)	Mr. Maddy	703-697-8979	x
ODASD (HA)	Dr. Mazzuchi	703-695-7116	(Col Burkholtzer)

OTHER ATTENDEES

SERVICE/AGENCY	NAME	PHONE #	ATTENDING 10 Mar 94
OASD (HA)	Ms. Watson	703-697-8973	x
OASD (HA)	Ms. Giese	703-614-4705	x
OASD (HA)	Col Garner	703-614-4705	x
OASD (HA)	CDR Bally	703-614-4705	x
OASD (HA)	LTC Ponatoski	703-614-4705	x
OASD (HA)	LTC McClinton	703-614-4705	no
OASD (HA)	COL Baker	703-756-1918	x
ARMY	COL Barton	703-756-8319	no
ARMY	COL Wilcox	703-756-5681	no
ARMY	LTC Powell	703-697-3877	x
ARMY	LTC McGaha	703-697-6388	x
ARMY	MAJ Dudevoir	703-756-0286	x
ARMY	MAJ Parker	703-756-8036	no
ARMY	COL Lyons	703-756-0224	x
ARMY	MAJ Bond	703-256-8229	x
ARMY	COL Cassimatis	703-756-8036	x
NAVY	CAPT Buzzell	703-681-0475	no
NAVY	Ms. Davis	703-602-2252	no
NAVY	CDR DiLorenzo	703-602-0452	x
AIR FORCE	LtCol Silvernail	202-767-5550	no
AIR FORCE	LtCol Bannick	202-767-5066	x
AIR FORCE	Maj Costa	202-767-5066	x
AIR FORCE	Maj Pantaleo	202-767-5046	no
AIR FORCE	Capt Purcell	202-767-5066	x
LMI	Mr. Neve	301-320-7287	no
LMI	Ms. Dahut	301-320-7408	x
JS	LtCol Ferguson	703-697-4421	no
COMPT	Ms. Kopperman	703-697-4517	no
COMPT	Mr. Joseph Smith	703-697-4133	no
OASD(P&R)	Mr. Monteleone	703-696-8710	x
DODIG	Mr. Armstrong	804-766-3816	x

INTERSERVICE TRAINING REVIEW ORGANIZATION

HEALTH CARE COMMITTEE

PROPOSED MEASURES OF MERIT

MILITARY VALUE

Criterion 1 - Capability to Train to Meet the Wartime and Peacetime Mission Requirements

1. *(C1) Number of students which must be trained annually be fill peacetime and wartime billet requirements*

2. *(C2) Availability/nonavailability of patient population at the training site*

Criterion 2 - Availability of Training facilities and Clinical Sites

1. *(F1) Condition codes of facilities based on DoD Real Property Inventory System*

2. *(F2) Age of facilities at existing site*

3. *(F3) Cost associated with training at the facility as determined by the process established by the ITRO-HCC*

4. *(F4) Medical equipment is consistent with accepted Standards of Care*

5. *(F5) Training facilities and equipment meet the Standards established by the ITRO-HCC*

6. *(F6) Military, Federal, and civilian educational and medical treatment facilities accessible to students and faculty*

Criterion 3 - Ability to Accommodate Expansion of Training during Medical Contingency, Mobilization, and Operational Requirements

1. *(R1) Access to sufficient additional space to erect temporary housing, messing, and training facilities*

2. *(R2) Ability of existing facilities to accommodate 24 hour, 7 day per week operations for a sustained period of time*

3. *(R3) Ability of existing facilities or access to new facilities to accommodate acute, emergent medical training requirements*

Criterion 4 - Training Cost and Medical Manpower Implications

1. *(M1) Training cost as calculated by the procedures established by the ITRO-HCC*

2. *(M2) Medical manpower cost as calculated by the procedures established by the ITRO-HCC*

RETURN ON INVESTMENT (ROI)

Criterion 5 - Changes in the Efficacy of Medical Training

1. *(V1) Analysis of potential cost/(savings) as calculated by the procedures established by the ITRO-HCC*

2. *(V2) Analysis of educational efficiencies*

3. *(V3) Changes in infrastructure resulting from command/organization consolidations*

IMPACTS

Criterion 6 - Capacity of Communities' Infrastructure to Support Medical Personnel and Clinical Training Opportunities

1. *(S1) Ability of the community to support the housing, educational, cultural, and recreational needs of the students, faculty, and their dependents*

2. *(S2) Availability of civilian and other Federal medical treatment facilities for clinical training opportunities*

BRAC 95 JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

March 10, 1994
Room 4E327, 2:00 pm

• Review/approve minutes from previous meeting	Dr. Martin
• Rightsizing GME	Dr. Martin
• Medical Training Facilities	Dr. Martin
• Overview of Adjusted Standardized Amount (ASA) Cost Methodology	Dr. Martin
• Measures of Merit (Mom) Issues	LTC Ponatoski
• Action items for next meeting	LTC Ponatoski
• Administrative Issues	Dr. Martin

NEXT MEETING MARCH 17, 2:00 PM

PENTAGON 4E327

- Adjournment

ADJUSTED STANDARDIZED AMOUNTS

(ASAs)

Development for the Direct Care System

SUMMARY BRIEFING

DIRECT CARE ASA DEVELOPMENT: GOAL

- Develop a centralized set of Adjusted Standardized Amounts (ASA) per Relative Weighted Product (RWP) for use in the Direct Care System in a manner comparable to procedures utilized by the Health Care Financing Administration (HCFA) for Medicare and DoD for CHAMPUS reimbursement of inpatient care.

- These ASAs for FY 94 should include all expenses associated with Category III activities under capitation budgeting.

DIRECT CARE ASA DEVELOPMENT: OVERVIEW OF METHODOLOGY

(The following 8 steps are analogous to the CHAMPUS approach.)

1. Start with FY 92 total MEPRS-A inpatient expenses; remove selected MEPRS-E expenses; add selected MEPRS-F expenses to approximate Category III expenses. (Separate analysis for each of the three HCFA ASA application areas--Large Urban, Other Urban and Rural.)

2. Standardize for indirect medical education based on ratio of number of interns and residents to number of beds. Formula developed by HCFA.

3. Standardize for area wage rate differences. Area wage rate indices developed by HCFA.

4. Charge to cost conversion not applicable to Direct Care.

DIRECT CARE ASA DEVELOPMENT: OVERVIEW OF METHODOLOGY (CONT.)

5. Compute average Category III cost per Category III Relative Weighted Product (RWP) - preliminary base period standardized amount.

6. Adjust for inflation and the additional "burdening" of the MEPRS dollars exactly as in the centralized DRG method and the multiple services rate approach (OMS).

7. Split into labor and non-labor portions based on published Medicare and CHAMPUS proportions.

8. Apply ASAs to the local MTF to determine DRG-based third party reimbursement amounts for inpatient care.

DIRECT CARE ASA DEVELOPMENT:

1. Approximation of Category III expenses.

   - Data from all CONUS MTFs that treated inpatients throughout FY92 and submitted complete MEPRS and biometrics data.

   - From total MEPRS-A inpatient expenses, made additions and deletions.

   - Expenses Excluded:

     - Supplemental care stepped down to A-Accounts.

     - Selected MEPRS-E Accounts (overhead) as a percentage of total MEPRS-E expenses in each MTF.

   - Expenses Added:

     - Selected MEPRS-F Accounts (special programs) with selected MEPRS-E expenses removed.

DIRECT CARE ASA DEVELOPMENT:

2. Standardization for Indirect Medical Education (IME)

   - MEPRS-A expenses less approximated supplemental care and selected MEPRS-E expenses DIVIDED by the Medicare IME adjustment factor.

   - Medicare IME factor based on operating beds and number of interns and residents.

DIRECT CARE ASA DEVELOPMENT:

3. Area Wage Rate Standardization

- For Direct Care ASA development, area wage adjustments applied only to estimated civilian pay and contract labor expense.

- Each MTF associated with a large urban MSA, other urban MSA, or rural area -- the most likely source of civilian and contract labor force.

- Area wage rate indices obtained from Health Care Financing Administration (HCFA).

- Standardized amounts determined separately for MEPRS-A and MEPRS-F expenses so that the IME adjustments could be applied only to the MEPRS-A portion.

DIRECT CARE ASA DEVELOPMENT:

5. Computation of Category III Expense per Category III RWP

- Relative Weighted Product (RWP) Calculation:

  - SIDR data mapped for FY94 ICD-9-CM coding changes.

  - FY92 RWPs computed using CHAMPUS Version 11.0 DRG weights and outlier thresholds.

- RWPs Excluded as Category II Missions:

  - Diagnoses Not Normally Hospitalized (DXNNH); Potential Ambulatory Surgery (PAS); Active Duty Excessive Length of Stay (ADELS).

DIRECT CARE ASA DEVELOPMENT:

6. Burdening for Inflation and "Add-Ons"

- DMDC/MEPRS Conversion Factor ($77/day applied to MEPRS-A portion of ASAs only).
- Civilian and Military Pay Raises.
- Unfunded Civilian Retirement.
- Asset Use Charge.
- Inflation.

DIRECT CARE ASA DEVELOPMENT:

7. Report ASAs Separately for Labor and Non-Labor Portion of Expenses and MEPRS-A and MEPRS-F.

   - Labor and Non-Labor splits again based on published CHAMPUS/Medicare proportions.

   - MEPRS-A and MEPRS-F rates maintained separately.

   - ASAs published separately for each of the three ASA groups: Large Urban; Other Urban; Rural.

DIRECT CARE ASA DEVELOPMENT:

8. Application of ASAs

- Thus far, preliminary ASAs have been developed by pooling MTF data in each of the three major ASA groups.

- After development, ASAs are applied at the local MTF with adjustments for location, wage indices and teaching mission.

  - Labor portion of MEPRS-A and MEPRS-F ASAs multiplied by local area wage rate.

  - MEPRS-A portion multiplied by the MTF's IME factor.

  - Adjusted total multiplied by DRG relative weight to determine amount to bill third party payer.

DIRECT CARE ASA DEVELOPMENT: SUMMARY

- ASA approach unifies procedures.
  - Direct Care more compatible with CHAMPUS and Medicare.
  - Unified approach to DRG costing.
  - Unified approach to billing.
- Entire MHSS can bill by DRG.
  - Encoder/Grouper software.
  - Enhanced utilization management.
  - Can incorporate into RCMAS-OSE.
- Compatible with health care "market process."
  - National urban vs. rural markets.
  - Third-party payer comfort.
- Directly accounts for GME expenses.

SUBJECT: Third Party Payment for Inpatient Care Using DRGs

BACKGROUND: DoD has been using a Per Deim method to bill Third Party insurance companies since 1985. This Per Deim method used the average cost of an inpatient day as derived from the Medical Expense Reporting System (MEPRS). While this method was easy to compute insurance companies were less comfortable with this costing process. The use of Diagnosis Related Groups (DRGs) is industry standard for classifiying patients and reimbursing for inpatient, acute care.

DISCUSSION: Adjusted Standardized Amount (ASA) is a term used to describe the method used by HHS, HCFA and OCHAMPUS to create payment amounts for hospitals. OCHAMPUS develops ASAs which represent the adjusted average operating costs for treating all CHAMPUS beneficiaries in all DRGs during a selected base period of time. Separate rates are developed for large urban areas, other urban areas and rural areas. The ASAs are divided into a labor and non-labor amount for application of area wage rate adjustments. Hospitals ~~MTF~~ with teaching programs receive an additonal adjustment based upon the number of residents and interns in medical eduaction. This DRG-based ASA methodology has been reproduced for MTF using Direct Care MEPRS data and the Metropolitan Statistical Area assignments of each MTF. A schematic chart is attached for reference.

Key Points:

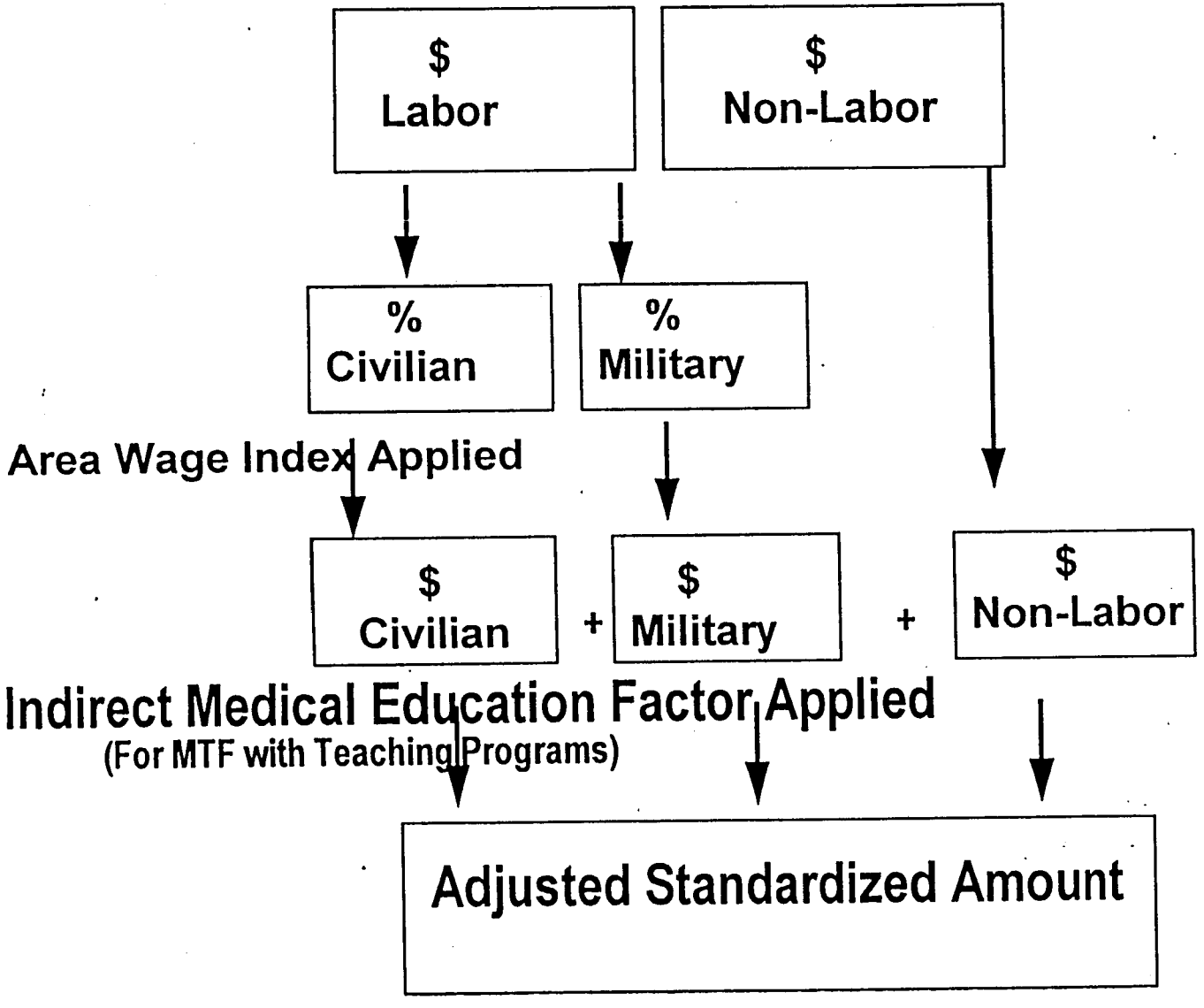
(1) **The ASA approach unifies procedures.** Using an ASA approach would make the CONUS Direct Care system more compatible with CHAMPUS and Medicare. The Direct Care System and CHAMPUS would use the same approach to DRG cost assignment. The entire Defense Health Program would be using the same method of billing for inpatient care across both components. There would be a unified approach to rate setting applied to most of the inpatient care funded by the Federal Government.

(2) **The entire MHSS can bill by DRG.** With the Encoder/Grouper software implemented in every Direct Care inpatient medical treatment facility, each patient can be assigned to the appropriate DRG and the appropriate billing information generated. In fact, concurrent DRG assignment, coupled with an "up front" knowledge of potential third party reimbursement amounts might provide incentive for enhanced utilization management. This could be incorporated in analysis provided in RCMAS-OSE to facilitate "make versus buy" decisions.

(3) **Direct Care ASAs will be compatible with the current health care "market process".** The ASA approach incorporates rates standardized to national hospital market regions (large urban markets, other urban markets and rural markets) and then adjusted for area wage rate differences and the costs of indirect medical education. Third party payors should be comfortable with this approach. This could potentially increase collection success.

(4) **This Direct Care ASA approach best accounts for the costs associated with Graduate Medical Education (GME).** Compared to alternative reimbursement methods (MEPRS-based per diem amounts), the ASA approach most directly accounts for the costs of indirect medical education (IME). The unique costs of each MTF would be more closely mirrored in rates determined at the MTF-specific level. In the ASA approach, the direct costs of medical education as well as capital costs as approximated by the asset use charge are averaged over all MTF in the particular ASA group (Large Urban, Other Urban or Rural).

Adjustment and Standardization Process



CENTRALIZED DRG/ASA DEVELOPMENT SUMMARY

31 January 1994

Direct Care ASA Implementation Topics

(1) Advantages of the ASA approach. Using an ASA approach would make the CONUS Direct Care system more compatible with CHAMPUS and Medicare. The Direct Care System and CHAMPUS would use the same approach to DRG cost assignment. The entire DHP would be using the same method of billing for inpatient care. There would be a unified approach to rate setting applied to most of the inpatient care funded by the Federal Government.

(2) The entire MHSS can bill by DRG. With the Encoder/Grouper implemented in virtually every Direct Care inpatient treatment facility, each patient can be assigned to the appropriate DRG and the appropriate billing information generated. In fact, concurrent DRG assignment, coupled with an "up front" knowledge of potential third party reimbursement amounts might provide incentive for enhanced utilization management. This could be incorporated in analysis provided in RCMAS-OSE to eventually facilitate "make versus buy" decisions (once marginal costing models are completed).

(3) Direct Care ASAs will be compatible with the current health care "market process". The ASA approach incorporates rates standardized to national hospital market regions (large urban markets, other urban markets and rural markets) and then adjusted for area wage rate differences and the costs of indirect medical education. Third party payors should be comfortable with this approach. This could potentially increase collection success.

(4) This Direct Care ASA approach best accounts for the costs associated with Graduate Medical Education (GME). Compared to alternative reimbursement methods (MEPRS-based multiple specialty per diem amounts; centralized, regional or MTF-specific rates), the ASA approach most directly accounts for the costs of indirect medical education (IME). The unique costs of each MTF would be more closely mirrored in rates determined at the MTF-specific level. In the ASA approach, the direct costs of medical education as well as capital costs as approximated by the asset use charge are averaged over all MTF in the particular ASA group (Large Urban, Other Urban or Rural). It should be noted, however, that a particular MTF may be underpaid or overpaid for its respective costs using the ASA method.

OVERVIEW OF CENTRALIZED DRG PROCESS

- Include all MTF providing inpatient care throughout FY 92.
- Start with FY 92 MEPRS-A inpatient expenses.
- Exclude approximation of supplemental care expenses.
- Exclude selected MEPRS-E (Admin/Overhead) expenses associated with Categories I/II.
- Incorporate selected MEPRS-F (Special Program) expenses associated with Category III.
- Exclude costs and RWPs associated with DXNNH, PAS and active duty excessive length of stay cases.
- Compute Category III cost per Category III RWP.
- Adjust for pay raises, inflation, MEPRS add-ons, etc.
- Present centralized, regional or MTF-specific rates.
- Apply CHAMPUS Version 11.0 weights, outlier thresholds and per diem policies to determine "bill" for care.

NOTES:

(1) Summary of calculations for Centralized rate, Region 1 rate and Bethesda rate attached.

(2) National average FY 94 civilian pay raise incorporated; regional information not available.

(3) Need final review of Category III policy regarding supplemental care and selected MEPRS E and F accounts.

CHAMPUS APPROACH: CHAMPUS develops ASAs which represent the adjusted average operating costs for treating all CHAMPUS beneficiaries in all DRGs during a selected base period of time. Separate rates are developed for large urban areas, other urban areas and rural areas. The ASAs are divided into a labor and non-labor amount for application of area wage rate adjustments. An overview of the process is shown below.

OVERVIEW OF CHAMPUS PROCESS

- Start with billed charges, apply record edits. (Separate database for each of the three ASA application areas.)

- Standardize for indirect medical education based on ratio of number of interns and residents to number of beds. Formula developed by HCFA.

- Standardize for area wage rate differences. Area wage rate indices developed by HCFA.

- Convert charges to costs using national average Medicare cost-to-charge ratio, currently 0.617, plus a 1% add-on for bad debt. Note that capital costs and the direct costs of medical education are excluded by this ratio. These costs are paid as a pass-through by CHAMPUS, although Medicare is beginning to allocate capital costs on the basis of DRGs.

- Compute average cost per discharge - preliminary base period standardized amount.

- Update for inflation and other ASA update factors. These factors have historically been used to correct for underpayments to rural hospitals.

- Split into labor and non-labor portions based on published Medicare proportions.

- Standardize to anticipated total DRG based outlays in each of the three ASA groups.

NOTES:

(1) In applying the CHAMPUS ASA to an individual hospital, the labor portion is multiplied by the area wage rate index and then added to the non-labor portion. This adjusted total is multiplied by the DRG relative weight and, finally, by the Indirect Medical Education (IME) factor for the individual hospital. This determines the hospital's Allowed Amount.

(2) The ASAs represent only hospital costs which are applied to DRGs and do not include professional services fees nor pass-throughs for direct medical education (DME) and capital expense. Average capital and DME payments to CHAMPUS hospitals total 11.64%. Average inpatient professional services fees add-on is 36.5% of DRG amount based on previous research.

(3) CHAMPUS ASAs for FY 1994 are shown in the following table together with approximations of the average impact of inpatient professional services fees as well as DME and capital pass-throughs.

(4) It is important to note that the published CHAMPUS ASAs include costs which some patients would pay due to required co-payments. Thus, the overall cost to the government can be less than as reflected in the ASAs.

FY 1994 CHAMPUS ADJUSTED STANDARDIZED AMOUNTS

CATEGORY	PUBLISHED ADJUSTED STANDARDIZED AMOUNT (ASA)	ESTIMATED CAPITAL & DIRECT MEDICAL EDUCATION	TOTAL INCLUDING DME AND CAPITAL	ESTIMATED PROFESSIONAL SERVICE FEES	ADJUSTED TOTAL
National Large Urban Adjusted Standardized Amount Labor portion Non-labor portion	$3,240.36 2,294.82 945.54	$377.18	$3,617.54	$1,182.73	$4,800.27
National Other Urban Adjusted Standardized Amount Labor portion Non-labor portion	$3,187.67 2,257.51 930.16	$371.04	$3,558.71	$1,163.50	$4,722.21
National Rural Adjusted Standardized Amount Labor portion Non-labor portion	$3,213.45 2,430.33 783.12	$374.05	$3,587.50	$1,172.91	$4,760.41

Direct Care Adjusted Standardized Amount (ASA)

GOAL: Develop a centralized set of Adjusted Standardized Amounts (ASA) per Relative Weighted Product (RWP) for use in the Direct Care System in a manner comparable to procedures utilized by HCFA and CHAMPUS. These ASAs for FY 94 should include all expenses associated with Category III activities under capitation budgeting.

OVERVIEW OF DIRECT CARE PROCESS

- Start with FY 92 MEPRS-A inpatient expenses, remove selected MEPRS-E expenses and add selected MEPRS-F expenses to approximate Category III expenses as in the centralized DRG rate development. (Separate analysis for each of the three ASA application areas.)

- Standardize for indirect medical education based on ratio of number of interns and residents to number of beds. Formula developed by HCFA.

- Standardize for area wage rate differences. Area wage rate indices developed by HCFA.

- Charge to cost conversion not applicable to Direct Care.

- Compute average Category III cost per Category III Relative Weighted Product (RWP) - preliminary base period standardized amount.

- Adjust for inflation and the additional "burdening" of the MEPRS dollars exactly as in the centralized DRG method and the multiple service rate approach as shown before.

- Split into labor and non-labor portions based on published Medicare proportions.

- Standardize or adjust rates to apply to individual MTF, Health Services Regions, CHAMPUS/HCFA ASA groups, etc. as desired.

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- Approach to Development of Scoring Methodology for Measures of Merit
  - Use what we know to develop criteria measurement points
  - Define ranges, mean, standard deviation, and overall distribution of data. Develop rational scoring system using range and data distribution

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- Measures of Merit Worksheet consists of
  - Data Elements
    - What is to be measured
  - Source
    - Where to find it
  - Basis
    - How scoring methodology was developed
  - Calculation
    - Math required to score specific Measures of Merit

MEASURE OF MERIT WORKSHEET
P1: Population

COMMUNITY HOSPITALS

DATA ELEMENT: The number of active duty personnel and their families within a defined catchment area. The catchment area is defined as sets of zip codes emanating from the center of the MTF with a radius of 40 miles.

SOURCE: Defense Medical Information System (DMIS) - FY 93

Minimum = 3,024
Maximum = 115,994
Quartile 1 = 13,117
Median = 17224
Quartile 3 = 29,893
Mean = 25,639
STD Dev = 20558
n= 81

GME CENTERS

DATA ELEMENT: The number of active duty personnel and their families residing within the Lead Agent Region as defined by the July 93 Health Affairs Policy Guidance.

SOURCE: Defense Medical Information System (DMIS) - FY 93

Minimum = 117,172
Maximum = 562,254
Quartile 1 = 170,049
Median = 285,201
Quartile 3 = 487,209
Mean = 325,330
STD Dev = 157,296
n= 12

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS										
HOSPITAL	<5K	10K	15K	20K	25K	30K	35K	40K	45K	>50K
GME CENTER	<120K	160K	200K	260K	300K	360K	400K	460K	500K	>540K

MEASURE OF MERIT WORKSHEET
A1: Civilian Primary Care Physician Ratio

CLINICS & COMMUNITY HOSPITALS

DATA ELEMENT: The ratio of primary care civilian physicians to the total forty mile catchment area population.

BASIS: This ratio is based on the January 1993 Catchment Area Directory (CAD) using ratios defined in the HHS Federal Register, Sept, 1991. Primary care physicians are defined as general practice, family practice, internal medicine, obstetrics, gynecology, and pediatric general and subspecialty physicians.

SOURCE: Donnely Marketing Information Services

GME CENTERS

DATA ELEMENT: The ratio of primary care civilian physicians to the total population residing within the Lead Agent Region as defined by the July 93 Health Affairs Policy Guidance.

BASIS: This ratio is based on the January 1993 Catchment Area Directory (CAD) using ratios defined in the HHS Federal Register, Sept, 1991. Primary care physicians are defined as general practice, family practice, internal medicine, obstetrics, gynecology, and pediatric general and subspecialty physicians.

SOURCE: Donnely Marketing Information Services

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	1:1000	1:1250	1:1500	1:1750	1:2000	1:2250	1:2500	1:2750	1:3000	1:3500
HOSPITAL	1:1000	1:1250	1:1500	1:1750	1:2000	1:2250	1:2500	1:2750	1:3000	1:3500
GME CENTER	1:1000	1:1250	1:1500	1:1750	1:2000	1:2250	1:2500	1:2750	1:3000	1:3500

MEASURE OF MERIT WORKSHEET
A2: Civilian and VA Inpatient Acute Care Capability

CLINICS, COMMUNITY HOSPITALS, AND GME CENTERS

DATA ELEMENTS:

- # of acute care hospitals within the catchment area
- # of operating beds at each hospital
- Bed occupancy rate at each hospital
- JCAHO accreditation status at each hospital
- MTF operating beds

SOURCE: Donnely Marketing Information Services
DMIS for MTF operating beds

BASIS: This MOM measures the ability of local community acute care facilities to provide comprehensive health services to the eligible beneficiary population. Due to competition issues, this measure is viable only if there is more than two local community hospitals.

CALCULATION:

- If # of JCAHO acute care facilities < 2, then score = 10, else
- $\sum$ # of facilities (1-occupancy rate)(operating beds) + MTF operating beds = ratio of civilian acute care operating beds to MTF operating beds

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS										
HOSPITAL	5 : 1	4.5 : 1	4 : 1	3.5 : 1	3 : 1	2.5 : 1	2 : 1	1.5 : 1	1 : 1	<1:1
GME CENTER	5 : 1	4.5 : 1	4 : 1	3.5 : 1	3 : 1	2.5 : 1	2 : 1	1.5 : 1	1 : 1	<1:1

MEASURE OF MERIT WORKSHEET
F1: Condition Code

1ST Measure: **CLINICS, COMMUNITY HOSPITALS, AND GME CENTERS**

1st DATA ELEMENTS: Facility Condition Assessment Score.

SOURCE: MTF Commander

BASIS: This MOM reflects the summary score of the facility condition based on calculated weighted factors assigned to functional and building systems and then normalized to 100.

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
HOSPITAL	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
GME CENTER	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100

2D Measure: **CLINICS, COMMUNITY HOSPITALS, AND GME CENTERS**

2d DATA ELEMENT: Rating of the facility on a 1-3 scale by the installation engineer.

SOURCE: Installation Real Property Data Card

BASIS: This MOM reflects the condition of the facility as reported by the Base Engineer.

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	1				2					3
HOSPITAL	1				2					3
GME CENTER	1				2					3

MEASURE OF MERIT WORKSHEET
F2: AGE OF FACILITY

CLINICS, COMMUNITY HOSPITALS, AND GME CENTERS

DATA ELEMENTS:. Average Square Foot Age.

SOURCE: Real Property Data Card/DMIS

BASIS: Current MILCON planning procedures provide for a 25 year life cycle for medical facilities

CALCULATION: For each DMIS ID

$\sum$ (Chronological Building Age * Building Gross Square Feet)
+
$\sum$ Total Gross Square Feet = Average Square Foot Age

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	46-55	37-45	29-36	22-28	16-21	11-15	7-10	4-6	2-3	1
HOSPITAL	46-55	37-45	29-36	22-28	16-21	11-15	7-10	4-6	2-3	1
GME CENTER	46-55	37-45	29-36	22-28	16-21	11-15	7-10	4-6	2-3	1

MEASURE OF MERIT WORKSHEET
C1: COST OF MILCON

CLINICS, COMMUNITY HOSPITALS, AND GME CENTERS

DATA ELEMENTS:. Cost as described in DoD Medical MILCON Program over the Future Years Defense Program (FYDP)

SOURCE: Defense Medical Facilities Office, OASD (HA)

BASIS: MILCON projects range between $500,000 and $98,000,000 over the FYDP period.

Minimum =	$500,000
Maximum =	$98,000,000
Median =	$6,400,000
Quartile 1 =	$3,350,000
Quartile 3 =	$15,000,000
Mean =	$13,065,000
STD =	$17,212,000
n =	$174

IN MILLIONS OF DOLLARS

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	<26	26	15	10	8	6.5	4.5	3.5	2	<1
HOSPITAL	<26	26	15	10	8	6.5	4.5	3.5	2	<1
GME CENTER	<26	26	15	10	8	6.5	4.5	3.5	2	<1

MEASURE OF MERIT WORKSHEET
F3: Joint Commission on Accreditation of Health Care Organizations
Plant, Technology, and Safety Management

CLINICS, COMMUNITY HOSPITALS, AND GME CENTERS

DATA ELEMENTS:. Scores of most recent JCAHO accreditation surveys

SOURCE: Facility Commander

BASIS: Plant, Technology, and safety scores from the most recent JCAHO survey are summed and averaged. JCAHO evaluations encompass the following areas:

- Safety Management
- Life Safety Management
- Equipment Management
- Utilities Management

Scoring methods are as follows:

1 = Substantial compliance
2 = Significant compliance
3 = Partial compliance
4 = Minimal compliance
5 = No compliance

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS										
HOSPITAL	5		4		3			2		1
GME CENTER	5		4		3			2		1

CLOSE HOLD

CLOSE HOLD

MINUTES OF THE
MILITARY TREATMENT FACILITIES
AND GRADUATE MEDICAL EDUCATION
BRAC 95 JOINT CROSS SERVICE GROUP
MEETING OF MARCH 17, 1994

The seventh meeting of the Military Treatment Facilities and Graduate Medical Education (MTF/GME) BRAC 95 Joint Cross Service Group convened at 1500 hrs on March 17, 1994. The meeting was chaired by Dr. Edward D. Martin, Acting Assistant Secretary of Defense, Health Affairs.

The Chairman opened the meeting and informed the members that the minutes of the last meeting will be available at the next scheduled meeting.

A discussion related to inclusion of the medical training facilities as part of the Group's efforts ensued. The Navy representative objected to this and stated that it was not part of the Group's charter, was being handled separately by the Navy, and its inclusion is coming about too late in the process.

The Chairman stated that he would clarify the Group's charter with the Chairman of the BRAC 95 Steering Group. The Chairman also made the following observations regarding the inclusion of the training facilities in the Group's efforts:

1) The Inter-Service Training Review Organization (ITRO) has almost completed its review of the consolidation of the school curricula, etc.

2) Training site locations are greatly dependent on the location of hospitals.

3) Including training in the BRAC process is a logical undertaking.

4) The ITRO analysis is compatible with those of the Services.

The next item on the agenda was a discussion of the draft Internal Control Plan (ICP). It was noted that the ICP was reviewed by the BRAC 95 Steering Group at its last meeting. Several changes requested by the Steering Group members are being incorporated after which the ICP will go to the DoD IG and OGC for coordination.

A brief overview of the third part of the "733" study was then presented to the Group.

The last item was a review of the progress of the working group's development of the Measures of Merit (MoMs). The first item was the Population measure the working group had been asked to review. The Group discussed the alternatives and agreed upon option one.

MoMs for Contingency were presented, and after a short discussion, were agreed upon by the Group.

CLOSE HOLD

The draft report due to the BRAC 95 Steering Group on March 24 will be presented to the Group at the next scheduled meeting.

The meeting adjourned at 1630 hrs. The next meeting is scheduled for March 24.

Approved Edward D. Martin
Edward D. Martin, MD
Acting ASD(HA)

Attachments

CLOSE HOLD

BRAC 95
JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

SERVICE/AGENCY	NAME	PHONE#	ATTENDING 17 Mar 94
CHAIR (AASD(HA)	Dr. Martin	703-697-2114	X
ASD(HA) (Designate)	Dr. Joseph	703-697-2114	NO
DASD(ER/BRAC)	Mr. Bayer	703-697-1771	NO
TEAM LEADER	RADM Koenig	703-697-8973	NO
ARMY	BG Zajtchuk	703-756-5680	(COL Lyons)
NAVY	CAPT Golembieski	703-681-0461	X
NAVY	CDR Dilorenzo	703-681-0452	X
AIR FORCE	Maj Gen Buethe	202-767-4343	X
AIR FORCE	Brig Gen Hoffman	202-767-1849	NO
JCS	COL Moore	703-697-4346	(CAPT Edwards)
OASD (P&R)	Ms. St. Clair	703-696-8710	X
COMPT	Ms. Hiller	703-697-3101	X
PA&E	Mr. Dickens	703-697-2999	X
ODASD (ER/BRAC)	Mr. Miglionico	703-697-8050	X
DOD IG	Mr. Tomlin	804-766-3816	X
ODASD (HA)	Mr. Maddy	703-697-8979	NO
ODASD (HA)	Dr. Mazzuchi	703-695-7116	(COL Burkhalter)

OTHER ATTENDEES

SERVICE/AGENCY	NAME	PHONE #	ATTENDING 17 Mar 94
OASD (HA)	Ms. Watson	703-697-8973	NO
OASD (HA)	Ms. Giese	703-614-4705	X
OASD (HA)	Col Garner	703-614-4705	NO
OASD (HA)	CDR Bally	703-614-4705	X
OASD (HA)	LTC Ponatoski	703-614-4705	X
OASD (HA)	LTC McClinton	703-614-4705	NO
OASD (HA)	COL Baker	703-756-1918	X
ARMY	COL Barton	703-756-8319	NO
ARMY	COL Wilcox	703-756-5681	NO
ARMY	LTC Powell	703-697-3877	NO
ARMY	LTC McGaha	703-697-6388	NO
ARMY	MAJ Dudevoir	703-756-0286	X
ARMY	MAJ Parker	703-756-8036	X
ARMY	COL Lyons	703-756-0224	X
ARMY	MAJ Bond	703-256-8229	NO
ARMY	COL Cassimatis	703-756-8036	NO
NAVY	CAPT Buzzell	703-681-0475	NO
NAVY	Ms. Davis	703-602-2252	NO
NAVY	CDR DiLorenzo	703-602-0452	X
AIR FORCE	LtCol Silvernail	202-767-5550	X
AIR FORCE	LtCol Bannick	202-767-5066	X
AIR FORCE	Maj Costa	202-767-5066	X
AIR FORCE	Maj Pantaleo	202-767-5046	NO
AIR FORCE	Capt Purcell	202-767-5066	NO
LMI	Mr. Neve	301-320-7287	NO
LMI	Ms. Dahut	301-320-7408	NO
JS	LtCol Ferguson	703-697-4421	NO
COMPT	Ms. Kopperman	703-697-4517	NO
COMPT	Mr. Joseph Smith	703-697-4133	NO
OASD(P&R)	Mr. Monteleone	703-696-8710	X
DODIG	Mr. Armstrong	804-766-3816	NO
DODIG	Ms. Givan	804-766-3816	X

BRAC 95 JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

March 17, 1994
Room 4C266, 3:00 PM

• Review/approve minutes from previous meeting	Dr. Martin
• 733 Study Update	Mr. Dickens
• Medical Training Facilities	Dr. Martin
• Draft Internal Control Plan (Handout)	LTC Ponatoski
- Validation of Data Sources	
• Guidance on Draft Report	LTC Ponatoski
• Measures of Merit (Mom) Update	LTC Ponatoski
• Action items for next meeting	LTC Ponatoski
• Administrative Issues	Dr. Martin

NEXT MEETING MARCH 24, 2:00 PM

PENTAGON

- Adjournment

BRAC-95 STEERING GROUP

DISCUSSION ISSUES ON THE INTERNAL CONTROL PLAN FOR THE BRAC-95 JOINT CROSS-SERVICE GROUPS

The proposed Internal Control Plan for the Joint Cross-Service Groups makes the following points:

- The Joint Cross-Service Groups will not be gathering original data, but will specify the data required to be gathered by the Military Departments and Defense Agencies.

- Only the BRAC-95 Review Group and the Secretaries of the Military Departments are empowered to make specific closure or realignment recommendations to the SECDEF.

- The use of other DoD and Federal agencies, private sector contractors, or any other private or public organization to conduct such analyses will not be permitted unless specifically authorized by the BRAC-95 Review Group.

- The Joint Cross-Service Groups will coordinate their information requests with the respective BRAC-95 organizations of each Military Department and the Defense Agencies.

- In addition to the full and open access granted to the GAO, such access will be granted to the DoD Inspector General regarding records, data, information and other materials either collected or retained by the Joint Cross-Service Groups.

Internal Control Plan for Managing the Identification of DoD Cross-Service Opportunities as Part of the DoD 1995 Base Realignment and Closure Process (BRAC-95)

Background

The exclusive procedures by which the Secretary of Defense (SECDEF) may pursue realignment or closure of military installations inside the United States are contained in Part A, Title XXIX of Public Law 101-510, entitled as the Defense Base Closure and Realignment Act of 1990; as amended by Public Law 102-190 and Public Law 103-160; hereafter referred to as the Base Closure Act. The Base Closure Act also includes a provision for the President to appoint independent Base Closure and Realignment Commissions to review the Secretary of Defense's recommendations in calendar years 1991, 1993, and 1995.

The Deputy Secretary of Defense (DEPSECDEF), in a memorandum dated 7 January 1994, set forth guidance, policy, procedures, authorities and responsibilities for recommending bases for realignment or closure for submission to the 1995 Defense Base Closure and Realignment Commission. The DEPSECDEF guidance included a requirement for the establishment of BRAC-95 Joint Cross-Service Groups in six areas with significant potential for cross-service impacts in BRAC-95.

Five of the Joint Cross-Service Groups are functional areas encompassing Depot Maintenance, Test and Evaluation, Laboratories, Military Treatment Facilities including Graduate Medical Education, and Undergraduate Pilot Training. These functional groups shall, when operationally and cost effective, strive to: retain in only one Service militarily unique capabilities used by two or more Services; consolidate workload across the Services to reduce excess capacity; and assign operational units from more than one Service to a single base. A sixth Joint Cross-Service Group was formed as a Joint Economic Impact Group to establish guidelines for measuring economic impacts. The five functional area joint cross-service groups have been tasked by the DEPSECDEF to:

- determine the common support functions and bases to be addressed by each cross-service group:

- establish the guidelines, standards, assumptions, measures of merit, data elements and milestone schedules for DoD Component conduct of cross-service analyses of common support functions;

- oversee DoD Component cross-service analyses of these common support functions;

- identify necessary outsourcing policies and make recommendations regarding those policies;
- review excess capacity analyses;
- develop closure or realignment alternatives and numerical excess reduction targets for consideration in such analyses; and
- analyze cross-service tradeoffs.

The economic impact joint cross-service group has been tasked by the DEPSECDEF to:

- establish the guidelines for measuring economic impact and, if practicable, cumulative economic impact; to analyze DoD Component recommendations under those guidelines; and
- develop a process for analyzing alternative closures or realignments necessitated by cumulative economic impact considerations, if necessary.

The DEPSECDEF directed the BRAC-95 Joint Cross-Service Groups to complete the above analytical design tasks and issue guidance to the DoD Components, after review by the BRAC-95 Review Group, no later than 31 March 1994.

Purpose

The primary purpose of this Internal Control Plan is to provide a consistent set of management controls for all Joint Cross-Service Groups and to meet the requirements established by the DEPSECDEF regarding the DoD Component cross-service analyses of all assets within each category, as annunciated in his Memorandum of 7 January 1994. More specifically, the DEPSECDEF directed the Joint Cross-Service Groups to develop and implement an Internal Control Plan to ensure the accuracy of data collection for conducting base realignment or closure assessments. At a minimum this Internal Control Plan includes:

- Uniform guidance defining data requirements and sources;
- Systems for verifying the accuracy of data at all levels of command;
- Documentation justifying changes made to data received from subordinate commands;
- Procedures to check the accuracy of the analyses made from the data; and

- Assessment by auditors of the adequacy of this Internal Control Plan.

In addition to the above requirements, DEPSECDEF requires that the Internal Control Plan incorporate certification procedures required by the Base Closure Act. The Joint Cross-Service Groups will not be gathering original data, but will specify the data required to be gathered by Military Departments and Defense Agencies. Therefore, all data and information provided to the Joint Cross-Service Groups for purposes of analysis and decision making are required to be certified as accurate and complete by the Military Departments and Defense Agencies in accordance with their respective BRAC-95 Internal Control Plans.

Responsibilities

The BRAC-95 Steering Group will oversee implementation and adherence to this Internal Control Plan by the Joint Cross-Service Groups. The basic goal of this Internal Control Plan is to ensure consistency in the data gathered and used, application of selection criteria, methodology and reports to the SECDEF and subsequently to the 1995 Base Closure and Realignment Commission.

The Secretaries of the Military Departments, the OSD Secretariats, and the Directors of the Defense Agencies are responsible for providing staff resources to the Joint Cross-Service Groups. The Chairs of the individual Joint Cross-Service Groups are responsible for ensuring that the members of the Groups are fully aware of the management controls presented in this Internal Control Plan. Team members are responsible for implementing and adhering to the controls while also reporting to the Chairs any noted control violations or weaknesses identified during the collection and analysis of data. The Chairs of the Joint Cross-Service Groups are authorized to implement further guidance to control the functioning of their respective Groups in a way as to meet the intent of this Internal Control Plan.

Internal Control Mechanisms

The objective of the internal control mechanisms to be employed by the Joint Cross-Service Groups is to ensure the accuracy, completeness, and integrity of the information upon which the SECDEF recommendations for closures and realignments will be based. The two principal mechanisms are organization and documentation.

Organization Controls.

Under the oversight and guidance of the DEPSECDEF, there are four groups/organizations within the DoD which have primary responsibility for assisting the SECDEF to identify cross-service asset sharing opportunities. To ensure the integrity of the selection process, the four groups/organizations are to be separated by distinct functional

boundaries and levels of decision making authority. The Chair and membership for each Joint Cross-Service Group have already been determined and assigned by the DEPSECDEF. Individual members to the Groups have also been appointed by the OSD Secretariats, the Secretaries of the Military Departments and the Directors of the Defense Agencies.

BRAC-95 Review Group. The BRAC-95 Review Group is empowered to develop recommendations to the SECDEF regarding cross-service tradeoffs and asset sharing opportunities. Only the BRAC-95 Review Group and the Secretaries of the Military Departments are empowered to make specific closure or realignment recommendations to the SECDEF The BRAC-95 Review Group is responsible for ensuring that a fair and complete analysis was conducted for every cross-service tradeoff and asset sharing opportunity that results in a recommendation made to the SECDEF. This includes overseeing the work of the Steering Group and making decisions regarding definitions, assumptions, measures of merit, excess capacity, military value, return on investment, and other impacts deemed appropriate.

BRAC-95 Steering Group. The BRAC-95 Steering Group is a subordinate organization to the BRAC-95 Review Group. It will oversee the actions of the Joint Cross-Service Groups. The results of such direction and evaluations will be periodically reported to the BRAC-95 Review Group. The BRAC-95 Steering Group will rely on the Joint Cross-Service Groups to review analyses of potential cross-service tradeoffs, cross-service asset sharing and closure or realignment opportunities. The use of other DoD and Federal agencies, private sector contractors, or any other private or public organization to conduct such analyses will not be permitted unless specifically authorized by the BRAC-95 Review Group. This prohibition includes any analysis relating to capacity analysis, military value, return on investment, and other impacts that may eventually be provided to the BRAC-95 Review Group.

BRAC-95 Joint Cross-Service Groups. The basic purpose of the Joint Cross-Service Groups is to oversee and guide the Military Departments and the Defense Agencies in conducting fair cross-service analyses and in developing recommended alternatives for consideration by the DoD Components. The Joint Cross-Service Groups have been established to identify cross-service tradeoff opportunities that will maximize the military value and cost effectiveness of operating the entire DoD infrastructure of specified functional areas. The Joint Cross-Service Group are subordinate to the direction and guidance of the BRAC-95 Steering Group. Other OSD elements, Military Departments, or Defense Agencies will not direct any particular data collection or analysis effort for a Joint Cross-Service Group unless such direction has been authorized by a group. The Joint Cross-Service Groups may employ any internal organization or subgroups to accomplish their tasks, but such subgroups shall comply with the terms of this Internal Control Plan. The membership of any internal organizations or subgroups employed shall be documented in the official records of the Joint Cross-Service Groups. The Joint Cross-Service Groups are responsible for protecting the integrity of the BRAC-95 by preventing either the improper dissemination or collection of BRAC-95 data and information.

Inspector General, DoD. The Inspector General, DoD will advise the BRAC-95 Steering Group and the Joint Cross-Service Groups on the implementation of this Internal Control Plan. As such, auditors from the Office of the Inspector General, DoD will be available to review the activities of the Joint Cross-Service Groups to ensure such activities comply with the requirements of the Internal Control Plan.

Documentation Controls.

All significant events in the DoD BRAC-95 process will be recorded and clearly documented to ensure the integrity of the process performed by the Joint Cross-Service Groups. Furthermore, controls will be implemented to ensure that the information used by the Joint Cross-Service Groups to identify opportunities for cross-service tradeoffs or recommended alternatives is certified for accuracy and completeness, and that the information is used consistently throughout the BRAC-95 process. To protect the integrity of the BRAC-95 documentation prepared, handled, or processed by the Joint Cross-Service Groups the following control elements will be adhered to:

Data Collection. Information utilized for analyses and/or decision making by the Joint Cross-Service Group will be obtained from the Military Departments and the Defense Agencies. The mechanism for requesting data from the Military Departments and the Defense Agencies will be in the form of information requests issued to the Military Departments and Defense Agencies by the Joint Cross-Service Groups. The Joint Cross-Service Groups will coordinate their information requests with the respective BRAC-95 organizations of each Military Department and the Defense Agencies. The Military Departments and Defense Agencies will use their BRAC-95 internal control mechanisms for collecting the requested information and ensuring such information collected is certified for accuracy and completeness before it is submitted to the Joint Cross-Service Groups. Information used by the Joint Cross-Service Groups to establish measures of merit for assessments of military value, and determining methods for conducting capacity analysis is not required to be certified. However, only certified information will be used to make decisions on prospective basing alternatives to the Secretaries of the Military Departments.

Certification. The statutory requirements for certification were enacted by the Base Closure Act. More specifically, all information used to make closure and realignment recommendations submitted to the SECDEF and the 1995 Defense Base Closure and Realignment Commission must be certified as accurate and complete to the best of the certifier's knowledge and belief. The preparation of responses to the information requests by the Military Departments and the Defense Agencies will adhere to the BRAC-95 certification procedures and the internal control plans implemented for those entities.

Any electronic data files or magnetic media forwarded to the Joint Cross-Service by the Military Departments or Defense Agencies must be accompanied with a

complete certified "hard copy" document of the entire data file or magnetic media. The Joint Cross-Service Groups will verify that a complete certified copy is obtained from the Military Departments or Defense Agencies and make such documentation and electronic data available for independent audit validation.

Record Keeping. Minutes will be maintained of formal meetings of the Joint Cross-Service Groups and will record who was in attendance and a synopsis of items discussed and deliberated upon. Responsibility for producing and maintaining these minutes will be determined by the Chair of each Group. The Chairs will be responsible for overseeing and enforcing certification procedures to ensure that any information and data collected and used by the Joint Cross-Service Groups are certified for accuracy and completeness. The responsibility for safeguarding BRAC-95 information and data rests with the Chairs of the Joint Cross-Service Groups. Records of meetings of sub-working groups are not required as their work product must be presented and approved by the pertinent Joint Cross-Service Group.

Oral Briefings. From time to time, the Joint Cross-Service Groups may receive formal and informal briefings from inside and outside the Federal Government. To ensure a record of all information provided to the Joint Cross-Service Group is maintained, the content of all oral briefings must be captured in the minutes prepared for the meeting at which a particular briefing was presented. All briefing slides presented will be attached to the minutes recorded for the meeting.

Outside Studies. During the BRAC-95 process, studies and reports may be brought to the attention of a Joint Cross-Service Group that originated outside of the BRAC-95 process and address such things as assessment of facilities, military value, and/or capacity. While such studies may be useful in developing policies or suggesting methods for making measurements or evaluations, no recommendations regarding actions at specific installations may be entertained nor may data from such studies be accepted by the Joint Cross-Service groups.

Technical Experts. Technical experts may be used to support both the development and/or the refinement of the analytical efforts of the Joint Cross-Service Groups. When technical experts provide information or data that a Joint Cross-Service Group considers relevant and appropriate for analyses, the experts shall be requested to submit that information or data in writing with the required certification. The use of technical experts will be communicated, either orally or in writing, to the BRAC-95 Steering Group. Technical experts will be granted only limited access to BRAC-95 data and information that will allow them to assist the Joint Cross-Service Groups in the development and/or refinement of analytical efforts. Upon completion of their efforts, technical experts will be advised not to release or discuss any BRAC-95 data or information outside of the Joint Cross-Service Groups.

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Access to BRAC-95 Files

To protect the integrity of the DoD BRAC-95 process, all files, data and materials relating to that process are deemed sensitive and internal to DoD. Any dissemination of such data or other materials shall be made only upon the express authorization of the BRAC-95 Review Group. Pending the forwarding to the Defense Base Closure and Realignment Commission by SECDEF of his recommendations for closure or realignment of military installations, requests under the Freedom of Information Act for release of DoD BRAC-95 data and materials shall be denied on the basis that both are predecisional and are internal government memoranda.

The members of the Joint Cross-Service Groups are entrusted to have access to BRAC-95 information and data that originated from either the Military Departments or the Defense Agencies. Consistent with the organization controls set forth in this Internal Control Plan, access will not be granted to any individuals, to include technical experts, without the consent of either the BRAC-95 Review Group or the BRAC-95 Steering Group. Such access carries a responsibility for ensuring that BRAC-95 information and data is treated as sensitive and predecisional. The members of the Joint Cross-Service Groups are required to protect the BRAC-95 process from either improper or unofficial disclosures. The group members must also take precautions to prevent the acceptance of information that is not certified or may be forwarded to a Joint Cross-Service Group through channels other than the official DoD BRAC-95 process implemented by the OSD Secretariats, the Military Departments and the Defense Agencies.

Audit Access to Records.

The Base Closure Act includes a requirement that the SECDEF make available to the Comptroller General of the United States, the agency head of the General Accounting Office (GAO), all information and materials used by DoD in making recommendations for closure and realignment. To meet these requirements, the GAO is being provided full and open access to all official BRAC-95 records and documentation. In addition to the full and open access granted to the GAO, such access will be granted to the DoD Inspector General regarding records, data, information and other materials either collected or retained by the Joint Cross-Service Groups. Information requests forwarded by the Joint Cross-Service Groups to the Military Components and Defense Agencies for processing will be subjected to review by the audit agencies cognizant to the Military Components and the Defense Agencies. The audit agencies of the Military Departments, the DoD Inspector General, and the Defense Agencies will coordinate their efforts in a way to avoid audit duplication of the same information, data, and other materials.

Dissemination

Members of the BRAC-95 Review Group, the BRAC-95 Steering Group, and the Joint Cross-Service Groups must use every precaution to prevent the improper release of and/or access to BRAC-95 information and data. Not only is access restricted to those individuals officially approved to take part in the BRAC-95 Process, care must also be taken to avoid inadvertent dissemination through either facsimile "FAX" transmissions or electronic "E" mail. Any dissemination of information that is not discussed in this Internal Control Plan will only be made with the expressed documented approval of the BRAC-95 Review Group.

The Chairs of the BRAC-95 Joint Cross-Service Groups shall disseminate this Internal Control Plan as widely as possible throughout their organizations. The BRAC-95 Steering Group will be advised of any control violations or weaknesses that are identified through application of this Internal Control Plan or of any modifications that may be needed.

SAMPLE

JOINT CROSS-SERVICE CATEGORY

CRITERIA MEASURES OF MERIT/COMMON DATA ELEMENTS

MILITARY VALUE

CRITERION I: The current and future mission requirements and the impact on operational readiness of the Department of Defense's total force.

1. Measure of Merit/Factor/Common Data Element

   A. Data element (what to measure)

   B. Description crafted to get accurate answer/data for the measure

2. Measure of Merit/Factor/Common Data Element

   A. Data element (what to measure)

   B. Description crafted to get accurate answer/data for the measure

3. etc.

NOTE: Clearly show measures of merit/factors/common data elements and carefully crafted descriptions to support each DoD military value criterion (criterion 1-4). Include guidelines, assumptions, definitions needed by the user to respond accurately to the data call. If a common source or method is to be used to respond to a data element, specify the source or method.

CRITERION II: (etc.)

CRITERION III: (etc.)

CRITERION IV: (etc.)

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CRITERION II: (etc.)

CRITERION III: (etc.)

CRITERION IV: (etc.)

PROPOSED GUIDANCE ON JCSG PRODUCTS/DELIVERABLES

PURPOSE: To provide a framework for JCSGs to give clear guidance on the products/deliverables to be transmitted to the Military Departments in support of BRAC 95 joint cross-service analysis

PRODUCT 1: Category Scope/Size

- List installations/functions included in category/subcategory
  - -- By installation or by location and function/commodity
- Give rationale for and narrative description of each category/subcategory

Note: We need this to: describe the category scope to the Commission, Congress, and communities; give the Steering and Review Groups a chance for sanity check; and to provide confirmation to Military Departments on the scope of the joint cross-service categories which allows them to finalize the scope of their own data calls, categories, and analysis process.

PRODUCT 2: Excess Capacity

- Measure(s) of capacity (what to measure) by category/subcategory
- Measure(s) of workload (what to measure) by category/subcategory
- Clear descriptions of what is needed to collect information on the measures of capacity and workload
  - -- Include guidelines, assumptions, and definitions needed by the user for successful response to the data call
- Description of the analytic framework for calculating excess capacity by category/subcategory
- Milestones

PRODUCT 3: Selection Criteria Measures of Merit/Factors/Common Data Elements

- List (by criterion) the measures of merit/factors/common data elements which support each of the DoD military value selection criteria (criterion 1-4) for the category/subcategory (sample attached)
- Clear descriptions of what is needed to collect information on the measures of merit/factors/common data elements
  - -- Include guidelines, assumptions, and definitions needed by the user for successful response to the data call
- Description of the analytic framework for determining military value for category/subcategory. [Question remains on whether JCSG would specify weights for measures of merit]
- Milestones

SAMPLE

JOINT CROSS-SERVICE CATEGORY

CRITERIA MEASURES OF MERIT/COMMON DATA ELEMENTS

MILITARY VALUE

CRITERION I: The current and future mission requirements and the impact on operational readiness of the Department of Defense's total force.

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CRITERION II: (etc.)

CRITERION III: (etc.)

CRITERION IV: (etc.)

CLOSE HOLD

CLOSE HOLD

MINUTES OF THE
MILITARY TREATMENT FACILITIES
AND GRADUATE MEDICAL EDUCATION
BRAC 95 JOINT CROSS SERVICE GROUP
MEETING OF MARCH 31, 1994

The ninth meeting of the Military Treatment Facilities and Graduate Medical Education (MTF/GME) BRAC 95 Joint Cross Service Group convened at 0900 hrs on March 31, 1994. The meeting was chaired by Dr. Edward D. Martin, Principal Deputy Assistant Secretary of Defense, Health Affairs.

The Chairman opened the meeting and asked each of the members to review the minutes from the last two meetings (a copy of the minutes was passed around the table).

The Chairman informed the members that the BRAC 95 Review Group reviewed the MTF/GME Joint Cross Service Group's report the previous day. There are two issues that must be resolved before the report can be forwarded to the Military Departments. The first involves a concern raised at the meeting by the Deputy Director for Resource Analysis (PA&E), and the second was contained in a memorandum received by the Joint Process Group Chairman just prior to the Review Group meeting. The Chairman chose to address the later first.

The memorandum, from the Principal Deputy Under Secretary of Defense, Personnel and Readiness, recommended that the Measures of Merit (MoMs) include a screening criterion that would flag an MTF if the beneficiary population is less than 5,000. The memorandum stated that, given the proposed weighting system, the possibility existed that a new facility, with a relatively small beneficiary population, could escape consideration under the BRAC process.

The ODUSD (Personnel and Readiness) representative was reminded that <u>all</u> facilities were to be considered under BRAC. It was also pointed out that population, as a Measure of Merit, received approximately 10 times the weight that facility age did during the scoring process. These factors were considered by the working group during its deliberations and the resulting MoMs and weights were deemed to be appropriately balanced. The ODUSD (Personnel and Readiness) representative could not provide the group with a basis for the 5,000 (subsequently raised to 10,000) population criterion threshold.

Given the absence of a basis on which to support the inclusion of a population threshold criterion, the Chairman recommended that the Group decline to accept the proposal.

The members were polled: The members representing the Departments of the Army, Navy and Air Force, and the representatives from Health Affairs, DoD Comptroller, DoD Inspector General, Program Analysis and Evaluation, Joint Staff and Base Closure and Utilization voted against the proposed population threshold criterion. The member representing Personnel and Readiness voted in the affirmative.

The proposed population threshold criterion was rejected.

CLOSE HOLD

OTHER ATTENDEES

SERVICE/AGENCY	NAME	PHONE #	ATTENDING 31 Mar 94
OASD (HA)	Ms. Watson	703-697-8973	✓
OASD (HA)	Ms. Giese	703-614-4705	✓
OASD (HA)	Col Garner	703-614-4705	✓
OASD (HA)	CDR Bally	703-614-4705	✓
OASD (HA)	LTC Ponatoski	703-614-4705	✓
OASD (HA)	LTC McClinton	703-614-4705	
OASD (HA)	COL Baker	703-756-1918	
OASD (HA)	LTC Guerin	703-756-1918	
ARMY	COL Barton	703-756-8319	
ARMY	COL Wilcox	703-756-5681	
ARMY	LTC Powell	703-697-3877	
ARMY	LTC McGaha	703-697-6388	
ARMY	MAJ Dudevoir	703-756-0286	✓
ARMY	MAJ Parker	703-756-8036	✓
ARMY	COL Lyons	703-756-0224	✓
ARMY	MAJ Bond	703-256-8229	
ARMY	COL Cassimatis	703-756-8036	
NAVY	CAPT Buzzell	703-681-0475	
NAVY	Ms. Davis	703-602-2252	
NAVY	CDR DiLorenzo	703-602-0452	✓
AIR FORCE	LtCol Silvernail	202-767-5550	✓
AIR FORCE	LtCol Bannick	202-767-5066	
AIR FORCE	Maj Costa	202-767-5066	✓
AIR FORCE	Maj Pantaleo	202-767-5046	
AIR FORCE	Capt Purcell	202-767-5066	
LMI	Mr. Neve	301-320-7287	
LMI	Ms. Dahut	301-320-7408	
JS	LtCol Ferguson	703-697-4421	
COMPT	Ms. Kopperman	703-697-4517	
COMPT	Mr. Joseph Smith	703-697-4133	
OASD(P&R)	Mr. Monteleone	703-696-8710	✓
DODIG	Mr. Armstrong	804-766-3816	
DODIG	Ms. Givan	804-766-3816	✓

BRAC 95 JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

March 31, 1994
Room 2E385, 9:00 AM

• Review/approve minutes from previous meeting	Dr. Martin
• Review Report to the BRAC 95 Review Group	LTC Ponatoski
• Administrative Issues	Dr. Martin
• Adjournment	

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

MAR 29 1994

MEMORANDUM FOR PRINCIPAL DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)

SUBJECT: BRAC 95 Joint Cross-Service Group for MTFs and GME

I have reviewed the draft report produced by your committee on screening criteria for the BRAC process. It appears to be a thorough and well done document which takes into account the major issues revolving around facilities management in the medical community.

There is, however, one issue which I feel could be addressed better. I believe that the population served should be independent of the weighting criteria in the measures of merit. The weighting criteria, as they currently stand, leave open the possibility that a recently built or upgraded facility, in good condition, could rank high enough not to be considered even if it had a population reduction. A low population count, by itself, should be sufficient to flag a facility for BRAC review. I recommend that you include an additional screening criterion, whereby the MTF would automatically be flagged if the active duty population served is fewer than a specified number (for example 5,000). Then, other factors could be considered, such as isolation from other sources of care.

Al Conte

Albert V. Conte
Principal Deputy

MEASURES OF MERIT

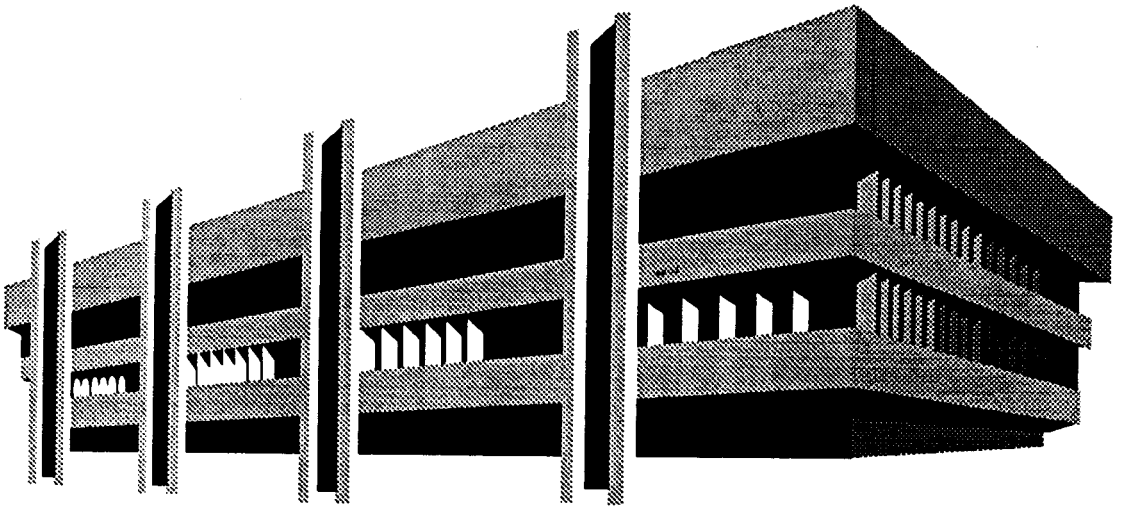
SUMMARY SHEET

	RAW MOM SCORE	MOM WEIGHT	WEIGHTED MOM SCORE		CRITERIA WEIGHT	WEIGHTED CRITERIA SCORE
CRITERIA 1 MISSION						
P1 POPULATION	0	70%	0			
A1 CIVILIAN PRIMARY CARE RATIO	0	15%	0			
A2 INPATIENT CAPABILITY	0	15%	0			
		TOTAL C1	0		40%	0
CRITERIA 2 FACILITIES						
F1 FACILITY CONDITION	0	15%	0			
F2 REAL PROPERTY	0	15%	0			
F3 AVERAGE WGT AGE	0	40%	0			
F4 SAFETY SCORES (JCAHO)	0	30%	0			
		TOTAL C2	0		20%	0
CRITERIA 3 CONTINGENCY						
MC1 AIR PROXIMITY	0	50%	0			
MC2 STUBBED BEDS	0	50%	0			
		TOTAL C3	0		20%	0
CRITERIA 4 COST/MANPOWER						
C1 COST INPATIENT CARE	0	100%	0			
		TOTAL C4	0		20%	0
				FACILITY	SCORE	0

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

Report to the BRAC 95 Review Group

March 31, 1994



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Introduction

The Deputy Secretary of Defense 1995 Base Realignment and Closures guidance memorandum of January 7, 1994, provided the authority for establishment of the Joint Cross Service Group for Military Treatment Facilities (MTFs) and Graduate Medical Education (GME). This group is also referred to in this report as the Joint Medical Group. The first meeting was held January 25, 1994. A Tri-Service Ad Hoc Working Group was also established to develop and recommend draft criteria and process proposals for consideration by the Joint Medical Group.

The primary objectives of the Joint Medical Group are to seek opportunities for cross Service asset sharing, single Military Department support, and opportunities for rightsizing of the military medical infrastructure. This report is submitted to the BRAC 95 Steering and Review Group in accordance with the DepSecDef guidance memorandum.

The report is divided into five sections.

Section 1 addresses the development of the overall analytic process. This includes the Group's action plan, study assumptions, roles of the Services and Joint Medical Group, and the conceptual analytic approach.

Section 2 describes the functional study categories and the associated definitions/rationale for each functional category selected.

Section 3 describes the development of capacity measures. These include measures for contingency/mobilization bed requirements and peacetime operating bed capacity.

Section 4 discusses common measures of merit, the data element(s) to be collected by the Services, the source(s) for each data element, and the methodology for weighting and scoring each of the measures. This section also describes the relationship between each measure of merit and the major BRAC criterion. Procedures for certification and validation of both DoD and commercial data sources are also outlined.

Section 5 provides supplementary guidance to the Services relating to rightsizing opportunities within the Services'

biostatistical activities, Inter-Service military school system, medical laboratories and research facilities, and GME.

Section 1 - Analytical Process Development

Action Plan and Milestones through March 31, 1994

Action Plans and Milestones were developed and approved by the Joint Medical Group in early February 1994. Chart 1 depicts the approved Action Plan through March 31, 1994. Checked items indicate completed tasks.

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

■ Action Plan & Timeline (thru 3/31/94)

➤ Agree on Statement of Principles	2/4 ✓
➤ Define role of Group & Services	2/4 ✓
➤ Develop Analysis Assumptions	2/11 ✓
➤ Determine Categories for Study	2/18 ✓
➤ Determine General Analytical Approach	2/18 ✓
➤ Review interim force structure plan	2/25 ✓
➤ Submit list of irreconcilable differences, if necessary, to USD (A&T)	2/28 ✓
➤ Define Measures of Merit & Data Sources	3/4 ✓
➤ Determine weights for Measures of Merit	3/11 ✓
➤ Complete Data Definitions	3/11 ✓
➤ Establish Data Internal Control Plan	3/17 ✓
➤ Draft report to Joint Group for review	3/17 ✓
➤ Final report to Steering Group	3/31 ✓

Chart 1. Action Plan and Milestones

Statement of Principles

One of the first efforts of the Joint Medical Group was achieving consensus on the Joint Declaration of Principles. This document established the purpose and focus of the Joint Medical Group's efforts. The Principles are shown below:

DECLARATION OF PRINCIPLES

1. The Joint Cross Service Group on Medical Facilities and Graduate Medical Education seeks to identify measures of merit (subcategories of the 8 BRAC criteria) data elements, and methodologies that will allow the DoD components to apply the DoD criteria in a uniform, fair,

reasonable, and consistent manner that complies with statutory and regulatory requirements and that adheres to the policy set forth in the January 7, 1994, DepSecDef memo, subject: 1995 Base Realignment and Closures (BRAC).

2. The Joint Cross Service Group on Medical Facilities and Graduate Medical Education recognizes the need for right-sizing, seeking opportunities for cross-Service asset sharing, and /or single military department support.

3. The measures of merit, data elements, and methodologies used to arrive at closure and realignment recommendations will be developed and approved by the Joint Cross Service Group on Medical Facilities and Graduate Medical Education by 31 March 1994. The approach developed should be easy to use, simple and straightforward, auditable, reproducible, and defensible.

Based on guidance from the March 15, 1994, Steering Group meeting, the Joint Cross Service Groups would only develop Measures of Merit for the Military Value criteria. The Services will be responsible for ensuring BRAC criteria 5-8 are addressed. These include Return on Investment, Economic Impact on Communities, Community Infrastructure, and Environmental Impact.

Major Analysis Assumptions

The Joint Medical Group developed four basic study assumptions as described in Chart #2. The most basic premise assumes that, in general, the MTF will close if the base or installation closes except when a significant active duty population remains after a base is closed. Another basic assumption is that the Joint Medical Group will focus primarily on peacetime requirements. The group also agreed to include organization with < 300 civilian full time employed personnel as part of the

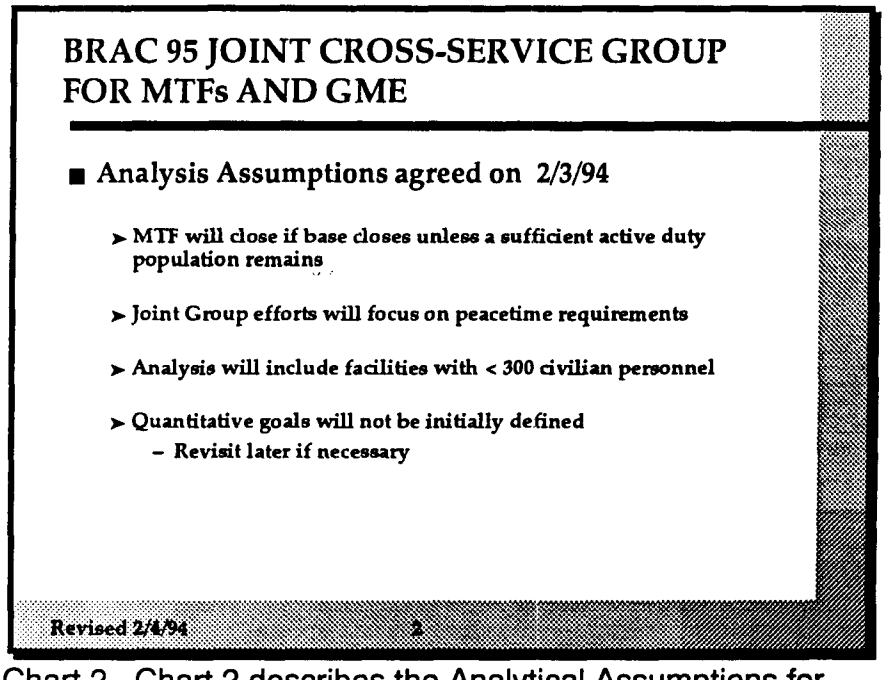

Chart 2. Chart 2 describes the Analytical Assumptions for the Joint MTF and GME Group.

overall analysis. The Joint Medical Group reached consensus on these assumptions on February 3, 1994.

Roles of Joint Medical Group and Services

The roles of the Military Departments and the Joint Medical Group were developed based on the DepSecDef guidance memorandum of January 7, 1993. The Group membership reached role consensus on February 3, 1994 (See Chart 3). The Joint Medical Group will develop the study design, general analytical approach, measures of merit, common data elements, and a methodology for weighting and scoring the measures of merit. The Military Services will be responsible for data collection and analysis, development of findings, and will evaluate alternative options recommended by the Joint Medical Group. The Department of the Navy expressed concerns that weighting done outside of the Military Departments' evaluative process is in conflict with the above statement. The Joint Medical Group recognize there are differences in the manner the Services approach their respective BRAC process. The Joint Medical Group's expectation is that the Services will consistently apply the methodology as outlined in this report; i.e., to collect data, score facilities , and weight the Measures of Merit and BRAC Military Value Criteria. The Group recognizes that each Military Departments will use its own methodology in making BRAC recommendations to the Secretary of Defense.

BRAC 95 JOINT CROSS-SERVICE GROUP FOR MTFs AND GME

- **Define Roles for Joint Group and Service**
  (Group consensus 2/3/94)
  - Joint Group will develop
    - Analysis assumptions
    - Categories for study and their definitions
    - General analytical approach and methodology
    - Internal Control Plan
    - Data definitions and measures of merit
    - Relative weights for measures of merit
    - Prepare alternative options, as appropriate, based on review of the Services' analyses
  - Services will
    - Collect and analyze data
    - Present findings to Joint Cross Service Group
    - Evaluate alternative options recommended by Joint Cross-Services Group

Revised 2/4/94 ##

Chart 3. Roles of Services and Joint Medical Group

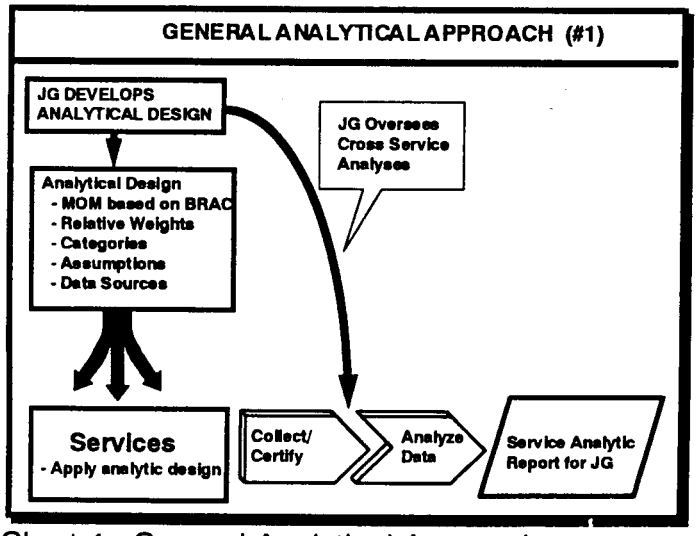

Chart 4. General Analytical Approach

General Analytic Concept

The conceptual description of the General Analytical Approach is shown in Charts 4 and 5. This concept is based on the DepSecDef Base Closure memorandum and the agreed upon roles of the Military Departments and the Joint Medical Group. Chart 5 depicts an iterative process where the Military Services will submit analyses and findings to the Joint Medical Group. The Joint Medical Group, in conjunction with the Services, will subsequently develop alternative option packages for Service consideration. The Services will evaluate the alternatives and submit their findings to the Joint Medical Group. Once the iterative process is completed, the process culminates in the Services making their BRAC recommendations to the Secretary of Defense and the Joint Medical Group submitting its report to the BRAC 95 Steering Group and Review Group.

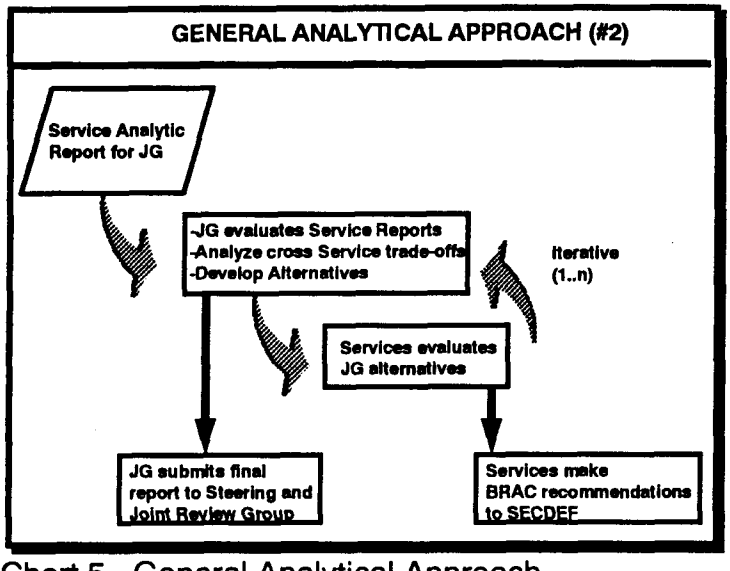

Chart 5. General Analytical Approach

Section 2 - Categories for Study

Three major categories were selected for study. They are stand alone health clinics, community hospitals, and medical centers . These categories were selected because they are the basic functional elements in the Military Health Services System (MHSS). A listing, by functional category, of all facilities is at Appendix A. MTFs closed or scheduled to close as a consequence of previous BRAC actions are not considered in this analysis. Only facilities located within the Continental United States (CONUS), Alaska, and Hawaii are included.

Health Clinics

This category encompasses a total of 43 facilities. Health Clinics are defined as health treatment facilities primarily staffed and equipped to provide ambulatory services to active duty and other beneficiaries. In some cases, the

facility may also be capable of providing emergency treatment. A clinic may also be staffed and equipped to provide physical examinations, immunizations, medical administration, and preventive medicine services. For purposes of this study, Health Clinics are considered stand alone and located on an installation without a hospital. Navy and Air Force Health Clinics are also characterized as having a Commanding Officer, their own funding source, and reporting directly to a major command.

Community Hospitals

This category totals 86 facilities. A community hospital is defined as an inpatient health treatment facility capable of providing diagnostic and therapeutic services in the fields of general medicine, surgery, preventive medicine services, and having the supporting facilities to perform its assigned mission and functions.

Medical Centers

This category contains 14 facilities. Medical Centers are defined as tertiary care facilities that include at least two Graduate Medical Education programs, provide a broad range of health services, and serve as a referral center with specialized and consultative support within the geographic area of responsibility.

Section 3 - Capacity Measures

Contingency/Mobilization Beds Requirements

The purpose of this measure is to ensure that any closure or realignment alternative will be greater than or equal to the minimum number of Contingency/Mobilization Beds required to conduct wartime operations. This measure is based on the mobilization requirements generated from 1995-1999 Defense Planning Guidance. Any proposed alternative must be compared to the USACOM COMPLAN 2730, The Integrated CONUS Medical Mobilization Plan. The Military Departments will collect this data from MTF Commanders based on the definition of expanded beds below:

> The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

Peacetime Operating Bed Capacity

This measure compares aggregate acute care operating beds to inpatient bed requirements generated by active duty personnel and their families. The total bed requirement will be compared to the aggregate number of CONUS based MHSS operating beds and aggregate Lead Agent Region capacity.

The total bed requirement for active duty and family members will be estimated by multiplying the total direct care and CHAMPUS bed requirement (Fiscal Year 1993 data) times the active duty and active duty family member population. This is based on the Fiscal Year 1993 bed requirement of 1.8 and 1.9 beds per thousand respectively. Chart 6 describes bed requirements for these beneficiary groups from Fiscal Year 1989 through 1993. Taking a conservative approach, the Joint Medical Group assumed the actual bed requirements would stabilize at FY 93 rates. The Services will collect operating bed data and active duty and family member population data during the data collection process. Operating bed data will be computed as of September 31, 1993.

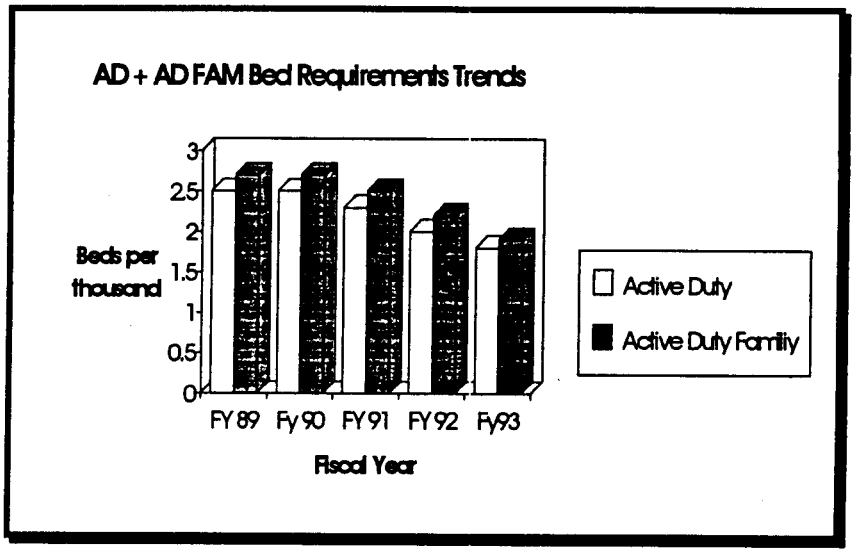

Chart 6 Active Duty and Active Duty Family Bed Requirements from Fiscal Year 1989 through Fiscal Year 1993.

Section 4 - Development of Measures of Merit

Weighting and Scoring Descriptions

The Joint Medical Group developed a total of 10 Measures of Merit in support of the Military Value BRAC criteria (# 1-4). Chart 7 describes the BRAC criteria and the associated measures of merit (MoMs) approved by the Joint Medical Group. Each MoM measures characteristics related to the viability of a given military treatment facility.

For each of the BRAC criteria and the Measures of Merit within those criteria, the Joint Cross- developed the following weighting and scoring methodology.

MoM	MoM WEIGHT	CRITERIA WEIGHT
CRITERIA 1 MISSION		40%
P1 - POPULATION	70%	
A1 - CIVILIAN PRIMARY CARE RATIO	15%	
A2 - INPATIENT CAPABILITY	15%	
CRITERIA 2 FACILITIES		20%
F1 - FACILITY CONDITION	15%	
F2 - REAL PROPERTY	15%	
F3 - AVERAGE QS FT AGE	40%	
F4 - SAFETY SCORES (JCAHO)	30%	
CRITERIA 3 CONTINGENCY		20%
MC1 - AIR HUB	50%	
MC2- STUBBED BEDS	50%	
CRITERIA 4 COST/MANPOWER		20%
C1 - COST OF INPATIENT CARE	100%	

Chart 7. BRAC military value criteria, Measures of Merit, and Weighting/Scoring System

Criterion 1: Mission

The current and future mission requirements and the impact on operational readiness of the Department of Defense total force.

P1 Population: *A factor that helps determine if an MTF is necessary in a given area.*

Data Element:

Clinics and Community Hospitals - The number of active duty personnel and their families residing within a defined catchment area. The catchment area is defined as sets of zip codes emanating from the center of the MTF with a radius of 40 miles.

Medical Centers - The number of active duty personnel and their families residing within the Lead Agent Region as defined by the July 93 Health Affairs Policy Guidance.

Source: The source for active duty and active duty family member populations will be obtained from the Defense Medical Information System (DMIS). Fiscal Year 1993 data will be used and incorporate results of BRAC 88, 91, and 93.

Description: The total population number for the specific MTF is compared to the various population ranges on the scoring table below. There are different population ranges for clinics, community hospitals and medical centers. Directly above the population range score is a corresponding score from one to ten which is the raw score for the MTF on this particular measure of merit. By way of example, a community hospital with a total active duty and active duty family population between 10,001 and 15,000 receives of score of three.

P1: Population

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	<1K	2K	3K	4K	5K	6K	7K	8K	9K	>10
HOSPITALS	<5K	10K	15K	20K	25K	30K	35K	40K	45K	>45K
MED CENTER	<120	160	200	260	300	360	400	460	500	>500

A1 Civilian Primary Care Physician Ratio: *An indicator of the availability of primary care physicians to provide services to the beneficiary population. This Measure is not applicable to Medical Centers.*

Data Element:

Clinics and Community Hospitals - The ratio of primary care civilian physicians to the total forty mile catchment area population. This ratio is based on the January 1993 Catchment Area Directory (CAD) using ratios defined in the Health and Human Services (HHS) Federal Register, Sept, 1991. Primary care physicians are defined as general practice, family practice, internal medicine, obstetrics, gynecology, and pediatric general and subspecialty physicians.

Source: The source for the number of civilian primary care physicians within a given catchment area will be obtained from Donnelly Marketing Services.

Description: The number of physicians will be divided by the total population (census data to include military and civilian population) which results in a physician per population ratio. This ratio is then compared to the various ratio ranges on the scoring

table below. The ratio ranges for clinics and community hospitals are the same. Directly above the ratio range score is a corresponding score from one to ten which becomes the raw score for the MTF on this particular measure of merit. By way of example, a community hospital with a ratio up to 1/1000 would receive a score of two. An MTF with a ratio form 1/1901 to 1/2200 would receive a score of six.

A1: Civilian Primary Care Ratio

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	1:700	1:1000	1:1300	1:1600	1:1900	1:2200	1:2500	1:2800	1:3100	1:3400
HOSPITALS	1:700	1:1000	1:1300	1:1600	1:1900	1:2200	1:2500	1:2800	1:3100	1:3400
MED CENTER										

A2 Civilian and VA Inpatient Acute Care Capability: *This MoM measures the ability of local community acute care facilities to provide comprehensive health services to the eligible beneficiary population. Due to competition issues, this measure is viable only if there are more than two local community hospitals. This measure is not applicable to Clinics and Medical Centers.*

Data Element:

Community Hospitals: Within each catchment area, determine the : 1) # of acute care hospitals; 2) # of operating beds at each hospital; 3) Bed occupancy rate at each hospital; 4) JCAHO accreditation status at each hospital; and 5) MTF operating beds

Source: The source for this measure is Donnelly Marketing Services.

Calculation:

- If # of JCAHO acute care facilities $\leq$ 2, then score = 10, else
- $[\sum$ (1-occupancy rate-$_i$)(operating beds$_i$)] ÷ MTF operating beds = ratio of civilian acute care operating beds to MTF operating beds

The sum is over the civilian facilities within the MTF catchment area

Description: The ratio of unoccupied civilian beds to MTF beds is compared to the various ratio ranges on the scoring table below. Directly above the ratio range score is a corresponding score from one to ten which becomes the raw score for the MTF on this particular measure of merit. By way of example, a community hospital with a ratio of five or more unoccupied civilian beds for each MTF bed would receive a raw score of one.

A2 Civilian and VA Inpatient Acute Care Capability:

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS (N/A)										
HOSPITALS	5 : 1	4.5 : 1	4 : 1	3.5 : 1	3 : 1	2.5 : 1	2 : 1	1.5 : 1	1 : 1	<1:1
MED CENTER										

Criterion 2: Facilities

The availability and condition of land, facilities, and associated airspace at both the existing and potential receiving locations.

F1 Facility Condition Assessment Score: *The condition code is an indication of plant condition. A low score indicates potential high maintenance and renovation costs. It further suggests that significant resources may be required to correct deficiencies.*

Data Element: Facility Condition Assessment Score

Source: MTF Commander.

Description: Scores range from 0-100 and are compared to the various ranges on the scoring table below. The ratio ranges for clinics, community hospitals, and medical centers are the same. Directly above the range score is a corresponding score from one to ten which becomes the raw score for the MTF on this particular measure of merit. By way of example, a community hospital with a score between 51-60 receives a raw score of six.

F1 Facility Condition Assessment Score:

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
HOSPITALS	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
MED CENTER	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100

F2 Installation Real Property Rating

Data Element: Rating of the facility on a 1-3 scale by the installation engineer.

Source: Installation Real Property Data Card (DODI 4165.14 Inventory of Military Real Property).

Description: This number is located on the Measure of Merit Worksheet for installation Real Property Rating (see table below) . A

score of 1 produces a raw score of one; a score of two produces a raw score of five.

F2 Installation Real Property Rating

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	1				2					3
HOSPITALS	1				2					3
MED CENTER	1				2					3

F3 Average Weighted Age: *This MoM develops an MTF age based on the age and square footage of various buildings that comprise the MTF.*

Data Element: The chronological age and building gross square feet for each of the medical facility buildings as of September 30, 1994. The scoring for clinics, community hospitals, and medical centers is identical.

Source: MTF Commander/Installation real property data card.

Description: The age is calculated in the following manner.

CALCULATION: For each Defense Medical Information System Identification number (DMIS ID)

$\sum$ (Chronological Building Age * Building Gross Square Feet) ÷
$\sum$ Total Gross Square Feet = Average Weighted Age

The calculated age score is compared to the various age ranges on the scoring table. Directly above the ratio range is the corresponding score from one to ten which becomes the raw score for the facility on this particular measure.

F3 Average Weighted Age:

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	46-55	37-45	29-36	22-28	16-21	11-15	7-10	4-6	2-3	1
HOSPITALS	46-55	37-45	29-36	22-28	16-21	11-15	7-10	4-6	2-3	1
MED CENTER	46-55	37-45	29-36	22-28	16-21	11-15	7-10	4-6	2-3	1

F4 JCAHO Life Safety Score

Important note: Some facilities will not have Joint Commission on Accreditation of Healthcare Organizations (JCAHO) life safety scores because they do not seek accreditation by the JCAHO. In those specific cases, the weighting normally associated with Life Safety Scores is absorbed in the Measure of Merit F3, the Average

Weighted Age. This measure takes on a weighted score of 70 percent rather than the 40 percent, when all four facility scores are available.

Data Element: The life safety score (measured from 1-5) from the medical facility's most recent JCAHO accreditation survey.

Source:. MTF Commander

Description: The accreditation survey score is located on the scoring table below. A score of 3 on the survey corresponds to a raw score of 5.

F4 JCAHO Life Safety Scores

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS (N/A)										
HOSPITALS	5		4		3			2		1
MED CENTER	5		4		3			2		1

Note: Programmed Military Construction (MILCON) covering the FY 95-99 period will be collected by the Military Departments. This data will not be scored or weighted. It is for information purposes only.

Criterion 3: Contingency/Mobilization

The ability to accommodate contingency, mobilization, and future total force requirements at both the existing and potential receiving locations.

MC1 Air Medical Evacuation Site: *This measure looks at the distance a facility is located from a aeromedical evacuation site as one measure of its ability to readily receive and treat casualties.*

Data Element: Distance an MTF is located from any military or civilian airfield that can accommodate a C-9 aircraft. This measure is applicable only for community hospitals and medical centers.

Source: MTF Commander

Description: The further a facility is located from a defined site, the lower the raw score. The distance score is located on the appropriate worksheet. Directly above the distance range is the corresponding score from one to ten which becomes the raw score for the facility on this particular measure.

MC1 Air Medical Evacuation Sites

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS (N/A)										
HOSPITALS	>130	120	110	100	90	80	70	60	50	≤40
MED CENTER	>130	120	110	100	90	80	70	60	50	≤40

MC2 Bed Expansion Capability

Data Element: . The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered. This measure is applicable only for community hospitals and medical centers.

Source: MTF Commander

Description: The fewer beds a facility has available to treat casualties, the lower the raw score. The facility bed number is located on the scoring table. Directly above the bed number range is the corresponding score from one to ten which becomes the raw score for the facility on this measure.

MC2 Bed Expansion Capability

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS (N/A)										
HOSPITALS	≤50	100	150	200	250	300	350	400	450	>450
MED CENTER	≤100	200	300	400	500	600	700	800	900	>900

Note: Data will be collected by the Services on percent of the MTF staff assigned to operational contingency/mobilization platforms. This data will not be scored or weighted. It is for information only.

Criterion 4: Cost

The cost and manpower implications.

C1 Cost of Inpatient Care: *This measure looks at MTF Inpatient Cost rate and compares it to the CHAMPUS Adjusted Standardized Amount (ASA). This measure is used to compare direct care inpatient costs to inpatient costs at local civilian hospitals and is expressed as a ratio of* ***CHAMPUS ASA rate / MTF rate.***

Data Element:

# of Dispositions
Expense Data
Operating Beds
Relative Weighted Product
# of interns/residents by facility
Wage rates

Source:

CHAMPUS hospital data
- CHAMPUS Master Provider File
- Metropolitan Statistical Area 93 File (MSAX.93)
- American Hospital Association 1993 Guide to the Health Care Field
- Federal Register, Vol 58, No 204, October 25, 1993

MTF Data
- Defense Medical Information Systems (DMIS)
- Unpublished FY 94 Direct Care Rates
- Medical Expense Performance Review System (MEPRS)
- Retrospective Case Mix Analysis System (RCMAS)
- Military Departments (# of interns/residents)
- Health Care Financing Administration (HCFA)

Description: The higher the direct care cost in comparison to the civilian cost, the lower the raw score. This measure is calculated as a ratio of ASA rate/MTF rate. The ratio is compared to the various ratio ranges on the scoring table. The ratio score is located on the worksheet below. Directly above the ratio range is the corresponding score from one to ten which becomes the raw score for the facility on this measure.

C1 Cost Inpatient Care (ASA rate/MTF rate)

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS (N/A)										
HOSPITALS	<.3	.45	.6	.75	.9	1.05	1.2	1.35	1.5	>1.5
MED CENTER	<.9	.95	1.0	1.05	1.1	1.15	1.20	1.25	1.3	>1.3

Summary Scoring Methods

Once all the data has been collected and the raw scores have been determined, the raw scores are transferred from the worksheets to the Measures of Merit summary sheet, as depicted in the sample sheet located in Chart 8.

Each raw score and weight are multiplied to produce a weighted Measure of Merit score. For each criterion, the weighted Measure of Merit scores are totaled. The criterion score and the criteria weights are multiplied to produce a weighted criteria score. These scores are totaled for the facility score.

	RAW MoM SCORE	MoM WEIGHT	WEIGHTED MoM SCORE	CRITERIA WEIGHT	WEIGHTED CRITERIA SCORE
CRITERIA 1 MISSION					
P1 POPULATION	9	70%	6.3		
A1 CIVILIAN PRIMARY CARE RATIO	5	15%	0.75		
A2 INPATIENT CAPABILITY	5	15%	0.75		
		TOTAL C1	7.8	40%	**3.12**
CRITERIA 2 FACILITIES					
F1 FACILITY CONDITION	8	15%	1.2		
F2 REAL PROPERTY	8	15%	1.2		
F3 AVERAGE QS FT AGE	6	40%	2.4		
F4 SAFETY SCORES (JCAHO)	10	30%	3		
		TOTAL C2	6.6	20%	**1.32**
CRITERIA 3 CONTINGENCY					
MC1 AIR HUB	9	50%	4.5		
MC2 STUBBED BEDS	5	50%	2.5		
		TOTAL C3	7	20%	**1.4**
CRITERIA 4 COST/MANPOWER					
C1 COST INPATIENT CARE	5	100%	5		
		TOTAL C4	5	20%	**1**
			FACILITY SCORE		**6.84**

Chart 8. Sample Summary Scoring Sheet

Appendix B contains a blank form of this summary sheet which can be used to record calculations.

Data Certification and Validation Process

Data certification and validation will be in accordance with the final "Internal Control Plan for Managing the Identification of DoD Cross-Service Opportunities as Part of the DoD 1995 Base Realignment and Closure Process (BRAC - 95)". As such, only certified data and validated data sources will be used by the Military Departments to make BRAC recommendations to the Secretary of Defense. All local data collected by the MTF Commander will be certified for accuracy and completeness, based on the respective Military Department's own BRAC95 internal control mechanisms. Data collected from centralized data sources will be validated for accuracy and completeness by an independent audit agency.

As an integral part of the data collection and validation process, the MTF Commander will be provided the relevant centralized data concerning his/her specific MTF and catchment area. The Commander will have the opportunity to surface any significant discrepancies he/she observes in the reported data. A

significant difference is defined as a difference effecting the overall score of the MTF. If there are significant differences, the MTF Commander will provide source data to the applicable audit agency for review, evaluation, and resolution.

Section 5 - Additional Service Guidance for Rightsizing Opportunities

The Services, in conjunction with the Assistant Secretary of Defense, Health Affairs, have consistently sought opportunities to achieve economies in the delivery of health services to our beneficiary population. The Air Force, in it's "Rightsizing Study", applied quantitative and qualitative approaches to realigning its medical infrastructure. As a consequence, 15 emergency rooms were realigned. The Air Force is currently implementing a hospital-to-health clinic realignment and considering realignment of two more facilities. Additionally, there have been a number of analyses focused on rightsizing of the Military Health Services System (MHSS). These include the Small Hospital Study and The Medical Facilities Operation Report.

There are numerous opportunities to achieve additional economies and efficiencies within the overall MHSS. These include consolidation of the Services biostatistical functions, consolidation of inter Service military school programs, consolidation of medical laboratories and research facilities, and consolidation of GME programs.

The Military Departments, as part of their overall BRAC process, are requested to strongly consider these opportunities for achieving significant economies. Each of these areas are discussed below.

Medical Laboratory and Research

The Armed Services Biomedical Research and Evaluation (ASBREM) Committee successfully negotiated the consolidation of several medical research programs which were subsequently incorporated into the Base Realignment and Closure Act of 1991 (BRAC91). As the Department of Defense (DoD) undertakes planning for the next round of base closures and realignments in the BRAC95 process, it is important that the ASBREM provide its recommendations and guidance for further collections and consolidations.

The ASBREM Secretariat will coordinate development of several concepts for additional programmatic collections and consolidations with his counterparts in the other Services. These concepts should delineate programmatic, management and other issues requiring resolution within and among the Services, as well as any assumptions upon which the successful implementation of the options might depend. The draft concepts should focus on maximizing efficiency of management and operations while sustaining the ability of the

biomedical research community to respond effectively to both Service-unique and Joint Service requirements in all mission areas under ASBREM oversight.

Graduate Medical Education

In assessing GME programs, a variety of items should be considered that may not necessarily be considered by MTFs which do not have GME programs. The following paragraphs cover many of the items, but the list is not all-inclusive.

Military unique education should be considered when determining their merit. Unlike civilian GME programs, military programs stress military unique problems that better prepare military physicians for wartime casualties. All interns attend the Combat Casualty Care Course and become certified in Advanced Trauma Life Support (ATLS). Lecture topics covered during residency training include the surgical management of battlefield injuries, unusual tropical and parasitic infectious diseases, management of nuclear, biological, and chemical casualties, military ethics, and military leadership.

GME programs must have a patient population sufficient to support the program. All GME programs are structured around providing patient care. For example, it is impossible to support a GME program for Family Practice without having a patient population with a wide spectrum of medical problems. The population must include older patients who suffer from atherosclerotic heart disease, younger patients who have otitis media, and all the patients in between. Without such a population base, it is impossible to sustain a GME program.

GME programs should support the training mission of the Services. The number of trainees and the number of GME programs should match the personnel and readiness requirements established by the Services. Training should not be in excess of the requirements. The Services should consider the known training requirements and ensure that the MTF being evaluated is not training in excess of the requirement.

A very important criteria is the accreditation status of the GME programs provided by the Accreditation Council for Graduate Medical Education (ACGME). Almost all military GME programs are fully accredited by the ACGME, but failure to be fully accredited is a significant factor that could lead to closure of the GME program. It should also be a significant factor in the BRAC 95 process.

Coincidentally, the accreditation status of the MTF by the JCAHO is also an important factor when evaluating a hospital with GME programs. It is a requirement of the ACGME that hospitals be fully accredited by the JCAHO if they want to enjoy the privilege of sustaining GME programs. JCAHO

accreditation is a sign of the quality of care provided at the MTF and ensures, to the degree humanly possible that the institution provides high quality care.

In evaluating the MTF, opportunities for consolidation, integration, elimination, or transfer to another MTF, of GME programs must be evaluated. As the configuration of DoD MTFs changes, and the population base that the MTFs support is altered, opportunities may arise to alter GME programs which would result in a stronger program. Wherever possible, these opportunities should be seized and developed.

Finally, the academic strength of the GME programs should be assessed during the BRAC 95 evaluation. Possible items to assess would include the Board-certification rate of recent graduates of the GME programs; the number and type of scientific publications by the GME program faculty and trainees; the number of active research projects; the quality of the lectures and other didactic sessions in the GME program; and the academic and clinical stature of the GME faculty.

Biostatistical Activities

This section develops a rationale and method for aligning biostatistical function processes, automated information support, and organizational structure requirements within the MHSS environment. The project will rely on the existing work of other related work groups. By including the producers and the users of biostatistic information, the project will establish a dynamic interface back to other work groups and Offices.

Health care delivery and management practices are evolving in the federal and civil sectors. Capitation budgeting, Lead Agent responsibilities, and TRICARE support contracts all require that consistent data be available to decision makers at all levels of the MHSS. The data must also be consistent with that used in other federal agencies and the civil sector to support valid comparisons and decisions.

Biostatistical data is a key component in the information that decision makers require. We must ensure the data gathered is consistent across the Services, the other federal agencies, and the civil sector to support MHSS decision making over the planning horizon. To ensure this, we must determine whether current business rules, automation, and organizational structures can support expected information requirements.

A focused analysis, building on previous work, is needed to implement a uniform business utility that will ensure the proper biostatistical data is gathered throughout the MHSS, in both the direct and indirect care systems; e.g., at risk contractors. The uniform biostatistic utility would include such things as consistent definitions of inpatient and outpatient episodes of care.

Military departments, beginning in April 1994, will strongly consider development of a uniform biostatistic utility for MHSS.

The process includes:

- Defining the biostatistic business environment over the planning horizon that would allow for the construction of unified business practices to support the future biostatistic business environment.

- Developing alternative means to implement the unified business rules.

- Evaluating the impact of the unified biostatistic utility and any implementation alternatives on resources and effectiveness.

TASK	ACTIVITY	PURPOSE
1.0	SCOPING AND ASSUMPTION SETTING EFFORT	■ To set framework of proposed future biostatistical function, business environment for work group activities, and provide "read-ahead." This document will provide the future biostatistic business vision definition to sufficient detail to provide the basis of the future biostatistic business analysis. The output of this project will be integrated within the MHSS environment. ■ To identify Stakeholders (both the producers and the users of biostatistic information, such as the Services, the Office of CHAMPUS, the Defense Medical Program Activity, etc), key resources, critical success factors, unified goals and objectives, strategies
2.1	ANALYZE THE ABILITY OF EXISTING "Biostatistic Information Infrastructure" (information flows, data structures, reporting requirements, etc) TO SUPPORT FUTURE BIOSTATISTIC BUSINESS ENVIRONMENT	■ To synthesize existing work group documents to perform analysis to identify changes to the biostatistic information flow and data structures needed to support the future biostatistic business environment in an efficient and effective way ■ To perform simulation modeling of resource and cost changes as a result of the changes in biostatistic information infrastructure ■ To document changes in financial results, and impacts on other resources and effectiveness in support of migration systems selection strategies and POM exercises
2.2	ANALYZE THE ABILITY OF EXISTING "Biostatistic Organization" TO SUPPORT FUTURE BIOSTATISTIC BUSINESS ENVIRONMENT	■ To use results from "Biostatistic Information Infrastructure" to develop alternative organizational implementations to deliver and support the Biostatistic Information Infrastructure improvements ■ To perform simulation modeling of resource and cost changes as a result of the changes in Biostatistic Organization ■ To document changes in financial results, and impacts on other resources and effectiveness to support POM exercises
3.0	EXECUTE IMPROVEMENT PLAN	■ To implement changes to both the Biostatistic Information Infrastructure and Organization identified ■ To monitor the success of the improvements using change management techniques

Inter-Service Medical Training

The Health Care Committee (HCC) of the Interservice Training Review Organization (ITRO) negotiated the consolidation and collocation of several courses for training enlisted personnel in medical skills. Currently, the HCC continues to conduct military medical training structure reviews as directed by the Chairman, Joint Chiefs of Staff.

The mission of the HCC is to develop a system for health care education and training that meets nationally accepted standards of quality, supports individual service requirements, and promotes fiscal responsibility. The HCC is developing a master plan for consolidation that includes Consolidated Training Centers of Excellence, sequencing, and use of civilian training contracts. As the medical community begins to plan for the BRAC 95 process, it is important to consider the work of the ITRO HCC for further consolidations and collocations.

The Services are requested to strongly consider the ITRO HCC's master plan in their overall BRAC 95 process. The analysis should include officer/enlisted training requirements, resource requirements, and alternatives for accomplishing consolidation. The review should address policy and operational/organizational changes required to make maximum use of common support assets. The review should evaluate core curriculums for consolidation; i.e., basic medical corpsman and dental technician training. Finally, the review should consider opportunities within the medical training community to reduce infrastructure consistent with the Defense Medical Programming Guidance and DoD's planned force reductions.

Appendix A - Facility Listing

STAND ALONE HEALTH CLINICS

SERVICE	STATE	INSTALLATION
ARMY	ALASKA	FT GREELY
ARMY	CALIFORNIA	OAKLAND ARMY BASE
ARMY	GEORGIA	FT MCPHERSON
ARMY	GEORGIA	HUNTER AAF
ARMY	MARYLAND	ABERDEEN APG
ARMY	MARYLAND	FT DETRICK
ARMY	MARYLAND	FT RITCHIE
ARMY	MASSACHUSETTS	NATICK R&D CENTER
ARMY	NEW YORK	FT DRUM
ARMY	NEW YORK	FT HAMILTON
ARMY	PENNSYLVANIA	CARLISLE BKS
ARMY	PENNSYLVANIA	FT INDIANTOWN GAP
ARMY	VIRGINIA	PENTAGON
ARMY	VIRGINIA	FT A.P. HILL
ARMY	VIRGINIA	FT MONROE
ARMY	VIRGINIA	FT MYER
ARMY	VIRGINIA	FT PICKETT
ARMY	VIRGINIA	FT STORY
ARMY	WASHINGTON, DC	FT MCNAIR
NAVY	CALIFORNIA	NMC LONG BEACH
NAVY	FLORIDA	NMC KEY WEST
NAVY	GEORGIA	NMC KINGS BAY
NAVY	HAWAII	NMC PEARL HARBOR
NAVY	LOUISIANA	NMC NEW ORLEANS
NAVY	MARYLAND	NMC ANNAPOLIS
NAVY	NEW HAMPSHIRE	NMC PORTSMOUTH
NAVY	VIRGINIA	NMC QUANTICO
USAF	ARKANSAS	EIELSON AFB
USAF	CALIFORNIA	LOS ANGELES AFS
USAF	COLORADO	PETERSON AFB
USAF	HAWAII	HICKAM AFB
USAF	KANSAS	MCCONNELL AFB
USAF	MASSACHUSETTS	HANSCOM AFB
USAF	MONTANA	MALMSTROM AFB
USAF	NORTH CAROLINA	POPE AFB
USAF	OKLAHOMA	VANCE AFB
USAF	SOUTH CAROLINA	CHARLESTON AFB
USAF	TEXAS	BROOKS AAFB
USAF	TEXAS	KELLY AFB
USAF	TEXAS	RANDOLPH AFB
USAF	TEXAS	GOODFELLOW AFB
USAF	WASHINGTON, DC	BOLLING AFB
USAF	WASHINGTON	MCCHORD AFB

COMMUNITY HOSPITALS

SERVICE	STATE	INSTALLATION	DMIS ID
ARMY	ALABAMA	FOX AH-REDSTONE ARSENAL	0001
ARMY	ALABAMA	NOBLE AH-FT MCCLELLAN	0002
ARMY	ALABAMA	LYSTER AH-FT RUCKER	0003
ARMY	ALASKA	BASSETT ACH-FT WAINWRIGHT	0005
ARMY	ARIZONA	BLISS AH-FT HUACHUCA	0008
ARMY	CALIFORNIA	WEED ACH-FT IRWIN	0131
ARMY	COLORADO	EVANS AH-FT CARSON	0032
ARMY	GEORGIA	MARTIN AH-FT BENNING	0048
ARMY	GEORGIA	WINN AH-FT STEWART	0049
ARMY	KANSAS	IRWIN AH-FT RILEY	0057
ARMY	KANSAS	MUNSON AH-FT LEAVENWORTH	0058
ARMY	KENTUCKY	BLANCHFIELD ACH-FT CAMPBELL	0060
ARMY	KENTUCKY	IRELAND AH-FT KNOX	0061
ARMY	LOUISIANA	BAYNE-JONES AH-FT POLK	0064
ARMY	MARYLAND	KIMBROUGH AH-FT MEADE	0069
ARMY	MISSOURI	WOOD AH-FT LEONARD WOOD	0075
ARMY	NEW JERSEY	PATTERSON AH-FT MONMOUTH	0081
ARMY	NEW YORK	KELLER AH-WEST POINT	0086
ARMY	NORTH CAROLINA	WOMACK ARMY MED CTR-FT. BRAGG	0089
ARMY	OKLAHOMA	REYNOLDS AH-FT SILL	0098
ARMY	SOUTH CAROLINA	MONCRIEF AH-FT JACKSON	0105
ARMY	TEXAS	DARNALL AH-FT HOOD	0110
ARMY	VIRGINIA	MCDONALD AH-FT EUSTIS	0121
ARMY	VIRGINIA	KENNER AH-FT LEE	0122
ARMY	VIRGINIA	DEWITT AH-FT BELVOIR	0123
NAVY	CALIFORNIA	NH CAMP PENDLETON	0024
NAVY	CALIFORNIA	NH LEMOORE	0028
NAVY	CALIFORNIA	NH TWENTYNINE PALMS	0030
NAVY	CONNECTICUT	NH GROTON	0035
NAVY	FLORIDA	NH PENSACOLA	0038
NAVY	FLORIDA	NH JACKSONVILLE	0039
NAVY	ILLINOIS	NH GREAT LAKES	0056
NAVY	MARYLAND	NH PATUXENT RIVER	0068
NAVY	NORTH CAROLINA	NH CAMP LEJEUNE	0091
NAVY	NORTH CAROLINA	NH CHERRY POINT	0092
NAVY	RHODE ISLAND	NH NEWPORT	
NAVY	SOUTH CAROLINA	NH CHARLESTON	0103
NAVY	SOUTH CAROLINA	NH BEAUFORT	0104
NAVY	TENNESSEE	NH MILLINGTON	0107
NAVY	TEXAS	NH CORPUS CHRISTI	0118
NAVY	WASHINGTON	NH BREMERTON	0126
NAVY	WASHINGTON	NH OAK HARBOR	0127
USAF	ALABAMA	AIR UNIVERSITY RGN HOSP-MAXWELL	0004
USAF	ALASKA	USAF HOSP ELMENDORF	0006
USAF	ARIZONA	832nd MED GRP-LUKE	0009
USAF	ARIZONA	836th MED GRP-DAVIS MONTHAN	0010
USAF	ARKANSAS	USAF HOSP LITTLE ROCK	0013
USAF	CALIFORNIA	814th STRAT HOSP-BEALE	0015
USAF	CALIFORNIA	323rd FTW HOSP-MATHER	0016

USAF	CALIFORNIA	1st STRAT HOSP-VANDENBERG	0018
USAF	CALIFORNIA	AFSC HOSP-EDWARDS	0019
USAF	COLORADO	USAF ACADEMY HOSP	0033
USAF	DELAWARE	USAF HOSP DOVER	0036
USAF	FLORIDA	USAF RGN HOSP EGLIN	0042
USAF	FLORIDA	325th MED GRP-TYNDALL	0043
USAF	FLORIDA	56th MED GRP-MACDILL	0045
USAF	FLORIDA	AFSC HOSP-PATRICK	0046
USAF	GEORGIA	347th MED GRP-MOODY	0050
USAF	GEORGIA	USAF HOSP ROBINS	0051
USAF	IDAHO	366th MED GRP-MOUNTAIN HOME	0053
USAF	ILLINOIS	USAF MED CTR SCOTT	0055
USAF	LOUISIANA	2nd STRAT HOSP-BARKSDALE	0062
USAF	MARYLAND	MALCOLM GROW MED CTR-ANDREWS	0066
USAF	MISSISSIPPI	14th FTW HOSP-COLUMBUS	0074
USAF	MISSOURI	351st STRAT HOSP-WHITEMAN	0076
USAF	NEBRASKA	EHRLING BERQUIST RGN HOSP-OFFUTT	0078
USAF	NEVADA	554th MED GRP-NELLIS	0079
USAF	NEW MEXICO	USAF HOSP KIRTLAND	0083
USAF	NEW MEXICO	833rd MED GRP-HOLLOMAN	0084
USAF	NEW MEXICO	27th MED GRP-CANNON	0085
USAF	NORTH CAROLINA	4th MED GRP-SEYMOUR JOHNSON	0090
USAF	NORTH DAKOTA	842nd STRAT HOSP-GRAND FORKS	0093
USAF	NORTH DAKOTA	857th STRAT HOSP-MINOT	0094
USAF	OKLAHOMA	USAF HOSP TINKER	0096
USAF	OKLAHOMA	USAF HOSP ALTUS	0097
USAF	PENNSYLVANIA	WALSON-MCGUIRE AFB	0082
USAF	SOUTH CAROLINA	363rd MED GRP-SHAW	0101
USAF	SOUTH DAKOTA	812th STRAT HOSP-ELLSWORTH	0106
USAF	TEXAS	64th FTW HOSP-REESE	0111
USAF	TEXAS	96th STRAT HOSP-DYESS	0112
USAF	TEXAS	SHEPPARD TTC HOSP	0113
USAF	TEXAS	47th FTW HOSP-LAUGHLIN	0114
USAF	UTAH	USAF HOSP HILL	0119
USAF	VIRGINIA	1st MED GRP-LANGLEY	0120
USAF	WASHINGTON	92nd STRAT HOSP-FAIRCHILD	0128
USAF	WYOMING	90th STRAT HOSP-F.E. WARREN	0129

MEDICAL CENTERS

SERVICE	STATE	INSTALLATION	DMIS ID
ARMY	COLORADO	FITZSIMONS AMC	0031
ARMY	GEORGIA	EISENHOWER AMC-FT GORDON	0047
ARMY	HAWAII	TRIPLER AMC-FT SHAFTER	0052
ARMY	TEXAS	WILLIAM BEAUMONT AMC-FT BLISS	0108
ARMY	TEXAS	BROOKE AMC-FT SAM HOUSTON	0109
ARMY	WASHINGTON	MADIGAN AMC-FT LEWIS	0125
ARMY	WASHINGTON, DC	WALTER REED AMC	0037
NAVY	CALIFORNIA	NH SAN DIEGO	0029
NAVY	MARYLAND	NNMC BETHESDA	0067
NAVY	VIRGINIA	NH PORTSMOUTH	0124
USAF	CALIFORNIA	DAVID GRANT MED CTR-TRAVIS AFB	0014
USAF	MISSISSIPPI	KEESLER TTC MED CEN- KEESLER AFB	0073
USAF	OHIO	USAF MED CTR WRIGHT-PATTERSON AFB	0095
USAF	TEXAS	WILFORD HALL MED CTR-LACKLAND AFB	0117

Appendix B - Summary Score Sheet

	RAW MOM SCORE	MOM WEIGHT	WEIGHTED MOM SCORE	CRITERIA WEIGHT	WEIGHTED CRITERIA SCORE
CRITERIA 1 MISSION					
P1 POPULATION	0	70%	0		
A1 CIVILIAN PRIMARY CARE RATIO	0	15%	0		
A2 INPATIENT CAPABILITY	0	15%	0		
		TOTAL C1	0	40%	**0**
CRITERIA 2 FACILITIES					
F1 FACILITY CONDITION	0	15%	0		
F2 REAL PROPERTY	0	15%	0		
F3 AVERAGE WGT AGE	0	40%	0		
F4 SAFETY SCORES (JCAHO)	0	30%	0		
		TOTAL C2	0	20%	**0**
CRITERIA 3 CONTINGENCY					
MC1 AIR HUB	0	50%	0		
MC2 STUBBED BEDS	0	50%	0		
		TOTAL C3	0	20%	**0**
CRITERIA 4 COST/MANPOWER					
C1 COST INPATIENT CARE	0	100%	0		
		TOTAL C4	0	20%	**0**
				SCORE	**0**

Appendix C - Glossary

ADJUSTED STANDARDIZED AMOUNT (ASA): A term used to describe the method used by the Department of Health and Human Services, the Health Care Financing Administration and the Office of Civilian Health and Medical Program of the Uniformed Services to create payment amounts for hospitals.

ASA: See **ADJUSTED STANDARDIZED AMOUNT**.

BASE REALIGNMENT AND CLOSURE (BRAC): The BRAC process is an established procedure for closing and realigning military installations. The procedure is defined by the Defense Base Closure and Realignment Act of 1990 (Public Law 101-510), as amended.

CASE-MIX INDEX (CMI): Total Relative Weighted Products (RWPs) for an MTF or other levels of aggregation (e.g., beneficiary category, clinical area, etc.) divided by the total number of Biometrics dispositions less DRGs 469 and 470. The CMI is the average RWPs per disposition and is viewed as a measure of average case complexity.

CATCHMENT AREA: Inpatient catchment areas are defined as sets of ZIP codes having centroids within 40 miles of an MTF. Using rules to uniquely allocate beneficiaries who live within 40 miles of more than one hospital, and allow for natural barriers, each eligible beneficiary is assigned to a unique catchment area. Catchment area overlap summaries included in this document analysis are based upon the January 1993 Catchment Area Directory (CAD).

CATCHMENT AREA DIRECTORY (CAD): The official reference published by OASD(Health Affairs) that indicates MHSS catchment area assignments by 5-digit ZIP code. The CAD is published annually with quarterly updates and is used by MTF Health Benefits Advisors (HBAs) to determine Non-availability Statement (NAS) issuance at MTFs. The CAD is used for beneficiary-level data processing by the Office of the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS), CHAMPUS Fiscal Intermediaries (FIs), Defense Manpower Data Center (DMDC), and by the Defense Medical Information System (DMIS) for ZIP code-level data processing. The CAD is the basis for determining whether or not two or more catchment areas overlap.

CATCHMENT AREA OVERLAP: A flag that indicates whether or not the listed MTF's 40-mile catchment area overlaps with the 40-mile catchment area of any other MTF. See Catchment Area.

CHAMPUS: Civilian Health and Medical Program of the Uniformed Services. The program that serves as the principal means by which care is furnished by civilian institutional and professional providers to non-active duty MHSS beneficiaries.

CLINIC: An outpatient treatment facility that has a commanding officer, receives funds directly from the Service headquarters, and provides care to active duty and other beneficiaries.

COMMUNITY HOSPITAL: See **HOSPITAL**.

CONSTRUCTION REQUIREMENT: Total programmed Military Construction (MILCON) resources over all years in the FY95 to FY00 Program Objective Memorandum (POM).

CONUS: Continental United States including Alaska and Hawaii.

DIAGNOSIS-RELATED GROUPS (DRGs): DRGs, or diagnosis-related groups, were developed by Yale University under contract with the Health Care Financing Administration (HCFA). Based primarily on the principal diagnosis a case is assigned a Major Diagnostic Category (MDC). MDCs are classified based upon the major body system affected. The MDCs are partitioned into several hundred DRGs that are intended to group medically homogeneous conditions as defined by a set of attributes. These include the principal diagnosis, specific secondary diagnoses, operating room procedures, complications and morbidity, age, and discharge status. Each DRG represents a class of patients who are clinically similar and should have similar length of stay and resource requirement (cost) patterns.

DMIS: The Defense Medical Information System (DMIS) is a management information system used to support the formulation and execution of plans, programs, and policy within the Office of the Assistant Secretary of Defense (Health Affairs) and Service headquarters staffs.

DMIS ID: The unique numeric code assigned by the Defense Medical Information System (DMIS) to MTFs, clinics, and geographic areas that is used for MHSS data reporting and processing purposes.

EXPANDED BED CAPACITY: The number of beds that can be used in wards or rooms designed for patients' beds. Beds are spaced on 6-foot centers (approximately 72 square feet per bed), and include electrical and gas utility support for each bed. Space for beds used only in connection with examinations or brief treatment periods, such as in examining rooms or in the physical therapy department, is not included in expanded bed capacity. Nursery space is not included.

FACILITY CONDITION ASSESSMENT SCORE or FACILITY CONDITION SCORE: Refers to Military Treatment Facility (MTF) Condition Assessment Score assigned by the OASD(Health Affairs) Defense Medical Facilities Office (DMFO). The Facility Condition Assessment Score reflects the summary score of the facility calculated based on the weighted factors assigned to each assessment criterion and the condition of each facility reported by the Services. The total calculated weight factor of each facility is normalized to a standard score of 100 by providing due credit to the functions and/or systems non-applicable to that MTF. This normalization method allows for comparisons of physical conditions between facilities irrespective of their size and/or complexity.

FISCAL YEAR (FY): The 12-month accounting period used by the Federal Government (currently from 1 October to the next 30 September).

FORTY-MILE OVERLAPPING CATCHMENT AREA: See Overlapping Catchment Areas.

GRADUATE MEDICAL EDUCATION (GME): Full-time, structured, medically related training, accredited by a national body, e.g., the Accreditation Council for Graduate Medical Education, approved by The Commissioner of Education, and obtained after receipt of the appropriate doctoral degree.

GRADUATE MEDICAL EDUCATION TEACHING FACILITY: A hospital that conducts residency and fellowship training.

HEALTH CLINIC: See **CLINIC.**

HOSPITAL: A health treatment facility capable of providing definitive inpatient care. It is staffed and equipped to provide diagnostic and therapeutic services in the fields of general medicine and surgery, and preventive medicine services, and has the supporting facilities to perform its assigned mission and functions. A hospital may, in addition, discharge the function of a clinic.

LEAD AGENT: The lead agent is a person designated to develop a tri-service, regional health plan for beneficiaries of the MHSS, including the development of a single, integrated health care network for the Health Service Region. Lead agents are responsible for maximizing the use of all direct care assets in the region, then supplementing that health care through competitive contracts developed in coordination with OASD(HA).

JCAHO ACCREDITATION STATUS: Medical centers and hospitals that have been accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) within the past 3 years.

MEDICAL CENTER: A large hospital, which has been so designated, appropriately staffed, and equipped, that provides a broad range of health care services and serves as a referral center with specialized and consultative support for medical facilities within the geographic area of responsibility. Conducts, as a minimum, two graduate medical education programs. The definition includes those CONUS medical centers defined in OASD(Health Affairs) Health Services Operations (HSO)-Defense Medical Facilities Office (DMFO) Memorandum, 1 April 1992, Department of Defense Training Facilities (approved by OASD(Health Affairs) Health Services Operations (HSO), 3 April 1992).

MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM (MEPRS) FOR FIXED MILITARY MEDICAL AND DENTAL TREATMENT FACILITIES: A uniform reporting methodology designed to provide consistent principles, standards, policies, definitions, and requirements for accounting and reporting of expense, manpower, and performance data by DoD MTFs. Within these specific objectives, the Medical Expense and Performance Reporting System (MEPRS) also provides, in detail, uniform performance indicators, common expense classification by work centers, uniform reporting of personnel utilization data by work centers, and a cost assignment methodology. For specific details, see *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities*, DOD 6010.13-M, January 1991.

MILITARY TREATMENT FACILITY (MTF): A facility established for the purpose of furnishing medical and/or dental care to eligible individuals.

MHSS: Military Health Service System.

NUMBER OF ACUTE CARE HOSPITALS: The number of non-DoD hospitals in a catchment area is based on 1992 Donnelly Marketing Information Services

data, which include all reporting AHA members. Army, Navy, and Air Force hospitals have been excluded from the count of hospitals. The hospitals were linked to catchment areas based on the hospital ZIP code and include all hospitals within 40 miles of the MTF. Note that a hospital may be within 40 miles of more than one MTF and therefore will be linked to more than one catchment area. The mapping of civilian institutions to catchment areas was based on the January 1994 Catchment Area Directory (CAD).

OPERATING BED CAPACITY: Accommodation in a functioning military treatment facility that is currently set up and ready in all respects for the care of a patient. It must include supporting space, equipment, medical material, ancillary and support services, and staff to operate under normal circumstances. Excluded are transient patient beds, bassinets, incubators, labor beds, and recovery beds.

OUTPATIENT: An individual receiving health service for an actual or potential disease or injury that does not require admission to an MTF for inpatient care.

OVERLAPPING CATCHMENT AREAS: Overlapping catchment areas occur when the 40-mile catchment area of one MTF intersects with the 40-mile catchment area of another MTF. Thus, two MTFs with overlapping catchment areas may be up to 80 miles apart (i.e., two 40-mile circles with minimal overlap). Numerous areas exist within CONUS that fall into multiple MTF catchment areas. The Catchment Area Directory provides the basis for catchment area assignment as well as unique allocation to avoid double-counting MHSS catchment area beneficiaries and utilization.

PHYSICIAN-TO-POPULATION RATIO: The 1992 Donnelly Marketing Information Services data contains the civilian population and physician data, which can be searched to develop catchment area ratios. The physician providers information includes non-Federal primary care physicians only. Primary care physicians are defined as general practice, family practice, internal medicine, obstetrics, gynecology, and pediatric general and subspecialty physicians. The mapping of civilian physicians and population to catchment area is based on the January 1994 Catchment Area Directory (CAD).

POPULATION - ACTIVE DUTY & DEPENDENTS OF ACTIVE DUTY: This is the level the catchment area active duty and dependent of active duty population would reach if the Service-specific changes in active duty end-strength described in the FY92 Program Objective Memorandum (POM) were spread equally across all catchment areas, after base realignment and closure takes

place as specified for BRAC III. This reflects the best estimate of the catchment area's expected active duty and dependent of active duty population in FY97.

RELATIVE WEIGHTED PRODUCT (RWP): The sum of weighted dispositions computed by multiplying each disposition by the relative weight of the DRG assigned and adjusting for short and long stay outlier credit. RWPs are frequently summed over clinical service, diagnostic category, facility, etc. The sum of the RWPs divided by the number of dispositions for a given aggregation provides an average credit per disposition commonly referred to as the case-mix index (CMI). See Case-Mix Index (CMI).

STAND ALONE CLINIC: See **CLINIC**.

WAGE RATES: Wage rates are standard rates of pay computed for a specific geographical area by the Health Care Financing Administration in the Department of Health and Human Services, and used as indices to standardize area differences in wage rates. A formula is then applied to describe the method and amount of payment for health services.

YEAR CONSTRUCTED: The year in which the named MTF was constructed.

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MINUTES OF THE
MILITARY TREATMENT FACILITIES
AND GRADUATE MEDICAL EDUCATION
BRAC 95 JOINT CROSS SERVICE GROUP
MEETING OF JUNE 22, 1994

The tenth meeting of the Military Treatment Facilities and Graduate Medical Education (MTF/GME) BRAC 95 Joint Cross Service Group convened at 1300 hours on June 22, 1994. The meeting was chaired by Dr. Edward D. Martin, Principal Deputy Assistant Secretary of Defense, Health Affairs.

The Chairman opened the meeting by stating the two primary reasons the group was asked to meet. First, to discuss the status/progress of various efforts and, second, to discuss the optimization model and its applicability to the MTF/GME environment. The Chairman then asked each of the members to review the minutes from the last meeting (a copy of the minutes was passed around the table).

The Group was then briefed on the status of data collection. The DoD IG representative reported that the IG's validation of centralized data sources and the reliability of data bases was 90 percent complete and no problems are anticipated. With regards to the DoD data bases, the IG is looking at the data elements that will be used during the BRAC process and the ability to verify and certify this data. The IG anticipates completion by the end of August.

The next item was that of the optimization model. The Group was told of the request made by the ASD(Economic Security) for each of the Joint Cross-Service Groups to evaluate the model with regards to its applicability and utility for the Group's respective functional areas.

After some discussion it was agreed that with one exception, all of the data necessary to run the model was being collected. Collection of beneficiary data must be expanded to include the number of retirees and their dependents. It was recommended that the Group's response to the ASD(ES) should be that the model can accommodate our needs but a data call for retirees beneficiaries was necessary.

The representative from the OASD(Program Analysis and Evaluation) stated that the model should be run on wartime requirements also. After some discussion the Chairman agreed to evaluate a methodology for doing so if PA&E would devise one.

DRAFT

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The Chairman restated the Group's position on the optimization model: Given the peacetime requirements, and the data the Group originally planned to gather, the model will work. In the interim the working group will continue to evaluate the model and develop constraints for its application.

The meeting adjourned at 1400 hrs. The next meeting will be at the call of the Chairman.

Approved Edward D. Martin
Edward D. Martin, MD
PDASD(Health Affairs)

Attachments

DRAFT

BRAC 95 JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

June 22, 1994
Room 4E327 1:00 PM

• Review minutes from previous meeting	Dr. Martin
• Data Collection Update	LTC Ponatoski
• Validation of Centralized Data Sources Update	Mr. Jack Armstrong DoD IG
• Joint Cross Service Group Optimization Model	LTC Ponatoski
• Timeline and Milestone Update	LTC Ponatoski
• Closing Remarks	Dr. Martin
• Adjournment	

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
3300 DEFENSE PENTAGON
WASHINGTON, DC 20301-3300

ECONOMIC SECURITY

14 JUN 1994

MEMORANDUM FOR BRAC 95 JOINT CROSS-SERVICE GROUP CHAIRPERSONS

SUBJECT: Joint Cross Service Optimization Model

At the June 8, 1994, BRAC 95 Steering Group Meeting, we agreed that a team of Service and OSD representatives would evaluate and adapt the proposed optimization model by making it more flexible and therefore of more use as a common tool for each Joint Cross-Service Group. Each Joint Cross-Service Group would then individually evaluate the model, develop the necessary inputs to the model (functional capacity, functional value, policy imperatives) and report on its utility and how it would be employed to the Steering Group.

The Service/OSD team has completed its evaluation and incorporated Air Force improvements into the model that have resulted in a more flexible and useful tool. I ask that each Joint Cross Service Group perform its own evaluation of the resulting "Joint Cross Service Analysis Tool" (documentation attached) in order to determine how it will be employed and what specifications and assumptions will be needed for its operation. This evaluation can include "dry-runs" using notional data.

Dr. Ron Nickel is the Navy representative to the Tri-Department Team that will run the model on behalf of each Joint Cross-Service Group, based on direction of the group. Ron is standing by to work with each group. He can be reached at 681-0494. Please contact him to make arrangements to begin your evaluations. Due to security concerns, we have arranged for the model to be available for your evaluations only at the Center for Naval Analysis building in Arlington.

Finally, my staff will be in contact with your Study Team Leaders to arrange individual meetings to discuss the results of your evaluations. As further agreed to at the Steering Group meeting, I expect these meetings to be conducted late during the week of June 20-24.

Doug

Douglas B. Hansen
Executive Secretary
BRAC 95 Steering Group

Attachment

cc: Army, Navy & AF

Joint Cross-Service Analysis Tool

Executive Summary

Background

The integrity of the BRAC process will be enhanced if each of the Joint Cross-Service Groups (JCSG) uses a common analytical approach to assist in the generation of cross-service functional alternatives for consideration by the Military Departments. Defending base closure and realignment recommendations before the BRAC Commission, Congress, and the affected communities requires an analytical approach that can be audited, that generates results that can be reproduced, and that ensures compatibility across multiple JCSGs. This document describes an analytical tool that will aid the JCSGs in meeting these criteria.

DoD BRAC Goals

Goals of the DoD BRAC process include:

- elimination of DoD excess capacity,
- maintaining a high-quality infrastructure,
- making sure that required capabilities are retained, and
- being in compliance with all BRAC legislation and directives.

While it is true that the JCSGs are to focus on common support functions, it is also true that BRAC is about the closure and realignment of bases and installations. An analytical approach that does not give consideration to opportunities to close bases and installations is not likely to lead to any significant reductions in infrastructure. The shuffling of functions from one site to another does not, in general, require the burden of the BRAC process. The formulations described here will provide families of solutions for consideration by the JCSGs. Each solution will correspond to a different cross-service functional workload assignment.

Role of the Joint Cross-Service Groups

The JCSGs have been given the following responsibilities by the Deputy Secretary:

- Establish common data elements for analysis of assigned cross-service functions,
- Establish excess capacity reduction targets for their assigned functions, and
- Develop cross-service functional alternatives for consideration by the Military Departments. The JCSGs do not recommend installation or site closures.

Role of the Military Departments

The Military Departments have a number of responsibilities to support the work of the JCSGs. These include:

- Participate as members of each JCSG,
- Provide data as directed by the JCSGs,
- Provide analytical support to the JCSG such as running the analytical tool described here,
- Provide the JCSGs with the military value of their installations or sites, and
- Analyze cross-service functional alternatives within their BRAC process as directed by the JCSGs.

Analytical Approach

A standard resource allocation tool comprises the core of the analytical approach described in detail in the main body of this document . A standard tool used to find optimal solutions to complex allocation problems is the mixed-integer, linear program (MILP). Allocation of common support functional requirements to military department sites and activities is a complex allocation problem.

The MILP formulation described in the main body of this document can be used to generate cross-service functional alternatives. The data elements required for this approach are derived from the certified data available to the JCSGs. Policy imperatives agreed to by the members of the JCSGs and any other JCSG-unique considerations can be incorporated into a formulation in the form of additional constraints. This will allow the tailoring of the formulations to accommodate the unique perspectives of each JCSG.

While each JCSG will develop their model formulations independently, the structure of the analytical approach would allow the functional data and constraints from each JCSG to be combined into a single formulation that models all of the functions from all of the JCSGs. Without a common formulation, it is possible that cross-service functional alternatives generated from individual JCSG formulations will be inconsistent, i.e., one will be moving functions into a site or activity while the other is moving them out. If the outputs from different JCSGs are inconsistent, a common formulation could be run to resolve the inconsistencies.

The objective function for a formulation can be varied to obtain families of solutions. A solution defines a set of functional allocations and identification of sites or activities where cross-service functional workload could be assigned. An objective function that combines military value of sites and activities with functional values is discussed in the main body of this document. This particular objective function will tend to consolidate common support functions into high military value sites or activities. At the same time, this objective function will assign common support functions to sites having high functional values. The weighting between these two

goals can be parameterized to obtain families of solutions for further consideration by the JCSGs.

Other objective functions that the JCSGs may wish to consider in addition to the one mentioned above, include minimizing excess functional capacity or minimizing the total number of sites performing cross-service functions. This tool will also allow the JCSGs to explore the sensitivity of the optimal solution for a given formulation to particular model inputs.

The JCSGs will use the MILP formulation described in the body of this document as the basic analytical tool to generate cross-service functional alternatives to be assessed by the military departments.

Document Organization

An overview of the analytical process proposed in this document is presented in the next section. That section describes the products of the process. The section also discusses terminology relating to what a *site or activity* is relative to a *function.*

The next section describes the basic data elements that are used in the process. This section discusses the data elements in terms of what these elements are meant to represent. This section also discusses who would be responsible for determining how to calculate the data elements.

The different optimization problem formulations that the JCSGs may choose to use to explore alternatives are discussed in the next section. These include finding a small set of high military value sites or activities that can perform the functional requirement, minimizing excess capacity, and minimizing the number of sites. All of these formulations are parameterized in such a way that the JCSGs can explore trade-offs between different factors, such as military value or excess capacity, and assignments of functional requirement based upon functional value. This section also discusses the incorporation of policy imperatives in the optimization problem formulations.

The next section uses an example to demonstrate the application of each of these formulations. The last section identifies the commercial software product used to find the optimal solutions to the optimization example problems. Input files for this package used to prepare the examples are included in the appendices.

Analytical Process Overview

The optimization formulations described in this document require a set of data elements as inputs. All of the formulations require a functional value and functional capacity for each site capable of performing that specific cross-service function. The DoD requirement for each cross-service function is required. Some of the formulations will also require the military values for each site as determined by the Military Departments.

A preliminary formulation that allocates cross-service functional requirements based upon functional capacities and functional value will be conducted. The objective function of this formulation will assign the DoD requirement for each cross-service function to sites or activities having the highest functional value for each function. These assignments will only be constrained by the functional capacities at each site. This analysis will not require the military values for the sites.

The primary formulations optimize the assignment of cross-service functions based upon military values of sites, functional values, and capacities. These formulations are very flexible in that multiple objective functions and policy imperatives modeled as constraints may be used to explore different solutions.

A standard resource allocation tool comprises the core of the analytical approach. A standard tool used to find optimal solutions to complex allocation problems is the mixed-integer,

linear program (MILP). Allocation of common support functional requirements to military department sites and activities subject to constraints is a complex allocation problem.

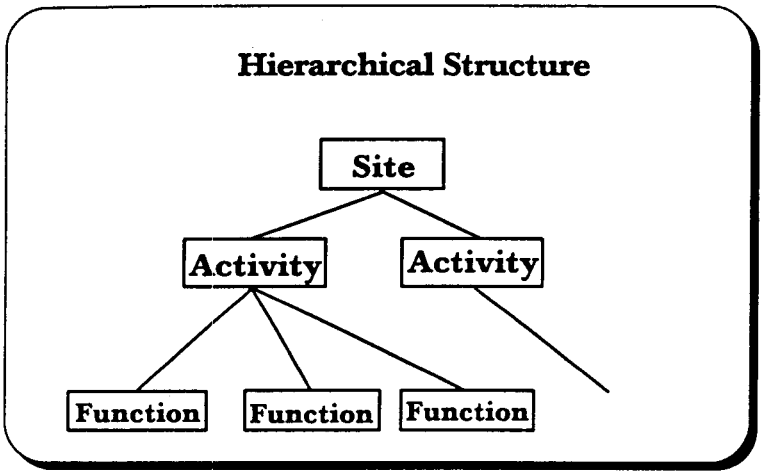
Process Products

The following table lists the various products of the analytical approach defined in this document.

Process products	Description
Capacity analyses	Develop methodology to measure the capacity of a site or activity to perform a function. Use data call responses to calculate capacities.
Requirements analyses	For each function, develop methodology to estimate the out-year DoD requirement to perform the function. Calculate the required capacity and identify excess capacity reduction goals.
Functional value (FV) assessments	Develop measures and weights for assessing the value of performing a function at a site or an activity based upon data call responses. Compute FV for all appropriate functions and site/activity combinations.
Optimize functional requirement allocations (preliminary formulation)	Find the best allocation of functional requirements to sites or activities based solely upon functional capacities and functional values.
Optimize allocations of functional requirements to high military value sites or activities (primary formulations)	Develop solutions based upon the first three products, above, and policy imperatives. Solutions will be developed using the optimization formulations described later in this document as a tool to explore alternatives.

Hierarchical Structure

The Office of the Secretary of Defense (OSD), the departments, and other groups all use different terms to describe the various components of infrastructure that are to be considered by the JCSGs. In this document a ***site*** refers to an installation, base, or station. An ***activity*** refers to a component of the site such as depot or test facility residing on the site. A site may have one or more activities. A ***function*** is the capability to perform a particular support action or produce a particular commodity. A common support function is a function. An activity includes a collection of functions. For example, a depot (an activity) may repair engines and airframes. These would be two functions performed at this activity. A function may be further broken down into subfunctions or facilities required to perform functions, but the approach described here does not consider the subfunctions or facilities. Subfunctions or facilities can be incorporated into the process described here if the appropriate data is available. The following diagram illustrates this hierarchical structure.



Data Elements

The analytical approach assumes that the following data will be available for all of the sites and functions under review by the JCSGs:

Data Elements	Description
mv_s	Military value of site s expressed as 3 (high), 2 (medium), or 1 (low).
fv_{sf}	Functional value for performing function f at site/activity s expressed as a number from 0 (low) to 100 (high).
cap_{sf}	Capacity of site/activity s to perform function f.
req_f	The total DoD requirement or goal to perform function f.

The military value of a site, mv_s, should measure the overall value of the site to the department in terms of the four DoD criteria: readiness, facilities, mobilization, and cost and manpower. Since sites that remain open after the BRAC process is complete will be the only resources available for many years into the future, it is imperative that this analytical process make the best use of those sites having the highest utility to the department. Each department should plan to band all of their sites under consideration by any joint cross-service group into three relatively equal-sized sets.

The JCSGs will develop methods to determine the functional value for performing functions at sites or activities. The methodologies must use data that is available in the joint data call responses. The Tri-Department BRAC Team will use the data call responses to calculate functional values. The military departments will provide the military value for each site.

The fv_{sf} functional value for performing function f at site (or activity) s should measure the capability and quality of performing work of type f at site (or activity) s. Since the two formulations described below consider capacity in the allocation of cross-service functions to sites or activities, functional capacity should not be an element of functional value. Capacity to

perform a specialized subfunction that is not one of the functions called out in the formulation can be considered in calculating functional value.

Optimization Formulations

The mixed integer linear programming (MILP) model formulations, that are described below, will serve as the basic analytical tools to be used by the JCSGs. The JCSGs may modify these formulations with the consent of all of the military departments. Modifications would include the incorporation of policy imperatives.[1]

Preliminary Formulation.

The preliminary formulation of the optimization problem will be solved once the initial data (fv_{sf}, cap_{sf}, req_f) are available. This formulation, called **MAXFV** will maximize the functional values weighted by the assigned workload with no constraints other than the functional capacities at each site and meeting the DoD requirement for each cross-service function. The output from this formulation will be provided to the JCSGs and the departments to be used at their discretion. This solution will serve as a baseline of what is possible if no other factors, such as military values of sites or costs, are considered.

For each function, this formulation will load as much of the functional DoD requirement as it can into the site or activity having the highest functional value for that function. If that site or activity does not have the capacity to accommodate the full requirement, the site or activity having the next highest functional value will be allocated any remaining requirement up to its capacity, and so on.

The mathematical description of this formulation follows:

$$\underset{l_{sf}}{Maximize}\ \Sigma_{s\in S}\Sigma_{f\in F}\, l_{sf}\times fv_{sf}$$

subject to :

$\Sigma_{s\in S}\, l_{sf} = req_f$: for all functions $f \in F$,

$\Sigma_{f\in F}\, l_{sf} \le o_s \times \Sigma_{g\in F}\, cap_{sf}$: for all sites $s \in S$,

$o_s \le \Sigma_{f\in F}\, l_{sf}$: for all sites $s \in S$,

$0 \le l_{sf} \le cap_{sf}$: for all functions $f \in F$ and sites $s \in S$;

$0 \le o_s \le 1$, *integer* : for all sites $s \in S$;

where

$S =$ The set of all sites under consideration by joint cross-service groups;

[1]A *policy imperative* is a statement that restricts the solutions that are acceptable and that can be modeled as a constraint in the formulation. An example of a policy imperative is included in one of the examples.

$F =$ The set of all functions under consideration by joint cross-service groups;

$o_s =$ 1 if any functional requirement is assigned to the site, and 0 otherwise;

Decision variable

$l_{sf} =$ amount of the DoD requirement for function f to be assigned to site s.

The o_s variables are included in this formulation only to keep count of the number of sites that actually have some functional requirement assigned to them. Their inclusion in the model does not affect the assignment of the functional requirement to sites or activities. The two constraints involving the o_s variables are used to ensure that these variables are set to the correct values.

Primary Formulations

These formulations will also be used by the JCSGs to explore potential cross-service functional alternatives. The basic formulation is shown below. Specification of the objective function, $f(o_s, l_{tg}, k_{uh})$, will create a different optimization problem.

$$\underset{o_s, l_{tg}, k_{uh}}{Minimize}\ f(o_s, l_{tg}, k_{uh})$$

subject to

$\Sigma_{s \in S}\, l_{sf} = req_f$: for all functions $f \in F$,

$\Sigma_{f \in F}\, l_{sf} \le o_s \times \Sigma_{g \in F}\, cap_{s,g}$: for all sites $s \in S$,

$o_s \le \Sigma_{f \in F}\, l_{sf}$: for all sites $s \in S$,

$0 \le l_{sf} \le k_{sf} \times cap_{sf}$: for all functions $f \in F$ and sites $s \in S$,

$0 \le o_s \le 1$, *integer* : for all sites $s \in S$,

$0 \le k_{sf} \le 1$, *integer* : for all sites $s \in S$ and functions $f \in F$,

where

$S =$ The set of all sites under consideration by joint cross-service groups;

$F =$ The set of all functions under consideration by joint cross-service groups;

Decision variables

$o_s =$ 1 if any cross-service functional requirements are assigned to the site or activity, 0 otherwise;

$l_{sf} =$ amount of the DoD requirement for function f to be assigned to site or activity s.

$k_{sf} =$ 1 if any DoD requirement for function f is to be assigned to site s, 0 otherwise.

Three different optimization formulations are discussed next that vary only in the specification of the objective function.

The MINNMV Formulation. This formulation will find a small number of sites having the highest military value that can accommodate the DoD required workload. In addition, it will assign the DoD requirement for each cross-service function to the retained sites (or activities) having the highest functional value for that function. The purpose of this formulation is to assign, to the extent possible, the cross-service functional requirements to sites or activities having high military value and high functional values. The rationale for this approach is that sites having high military value are the ones most likely to be retained by the military departments. The objective function for this formulation is as follows:

$$\underset{o_s, l_{tg}}{Minimize}\ f(o_s, l_{tg}, k_{uh}) = w \times \Sigma_{s \in S}\, o_s \times nmv_s - \Sigma_{t \in S} \Sigma_{g \in F}\, l_{tg} \times fv_{tg}$$

where

$w =$ weight parameter used to vary the emphasis between military value and functional value, and

$nmv_s =$ $4 - mv_s$.

This formulation will be referred to as the **MINNMV** model since it minimizes the sum of $4 - mv_s$ for retained sites or activities. Site or activities having a high military value (3) will have 1 as their value. Site or activities with low military value (1) will have 3 as their value.

The weight parameter, w, can be varied to change the emphasis the formulation gives to military value versus functional value. If $w = 0$, this formulation matches the preliminary formulation (**MAXFV**) as site military value would have zero weight. Conversely, if w was set to a very large value ($w = \infty$), functional value would have no weight. The **MAXFV** and **MINNMV** formulations are the same formulation, only differing in the parameter w . Varying w in the formulation allows the model to be used to create a family of solutions. These points are illustrated by an example in the next section.

The component of the objective function that addresses military value of sites, $\Sigma_{s \in S}\, o_s \times nmv_s = \Sigma_{s \in S}\, o_s \times (4 - mv_s)$, affects the optimal solution as follows. (For this discussion we will ignore the functional value component of the objective function, $-\Sigma_{t \in S} \Sigma_{g \in F}\, l_{tg} \times fv_{tg}$.) If there were no constraints in the formulation, i.e., satisfy the DoD requirement, the minimum value of the objective function would be achieved by setting $o_s = 0$ for all sites since $4 - mv_s \geq 1$ for all sites. Given that some sites have to be open, all else being equal, it is better to open a site with $mv_s = 3$ because it increases the objective function by the least amount.

The MINXCAP Formulation. If the parameter w is set to a large value, this problem formulation will find the set of retained sites having the smallest total functional capacity but still able to perform the DoD functional requirement. Depending on w, functional assignments are also optimized. The objective function for this formulation is:

$$\underset{o_s, l_{tg}, k_{uh}}{Minimize}\ f(o_s, l_{tg}, k_{uh}) = w \times \Sigma_{s \in S}\, o_s \times \left(\Sigma_{f \in F}\, cap_{sf}\right) - \Sigma_{t \in S}\, \Sigma_{g \in F}\, l_{tg} \times fv_{tg}$$

If $w = 0$, this formulation, like the **MINNMV** formulation, is also equivalent to the **MAXFV** formulation. If w is set to a large value, excess capacity is reduced as much as possible without regard to functional values.

The MINSITES Formulation. This formulation, depending on the value of w, will find the minimum-sized set of site or activities that can perform the DoD functional requirement. As in the previous formulations, if $w = 0$, this formulation is also equivalent to **MAXFV**. The objective function for this formulation is given by:

$$\underset{o_s, l_{tg}, k_{uh}}{Minimize}\ f(o_s, l_{tg}, k_{uh}) = w \times \Sigma_{s \in S}\, o_s - \Sigma_{t \in S}\, \Sigma_{g \in F}\, l_{tg} \times fv_{tg}$$

If w is set to a large value, the cross-service functional workload is assigned to the smallest possible number of sites regardless of functional values.

Policy Imperatives

A policy imperative is any statement that can be formulated as a constraint in the model. The model described here is very flexible in its capacity to handle imperatives. Examples of imperatives that can be modeled include:

- assigning functions in groups,
- increasing the average DoD military value of the sites assigned any cross-service functional workload,
- requiring the weighted functional value for a given common support function to be at least as great as some value,
- limiting the number of sites that have any cross-service functional workload assigned to them,
- requiring that each department's average military value is not allowed to go below some level,
- requiring a certain number of sites in a geographic area to remain open, and
- requiring the distribution of functional workload to follow a certain pattern, e.g., in one department, in one location, or on both coasts.

This is not an exhaustive list of the possibilities for policy imperatives. An example of a policy imperative added to the **MINNMV** formulation is given in the following section.

Consistent Alternatives

The functional data and constraints from all of the JCSGs may be combined into a single formulation since the functions of different JCSGs should be independent. In the event that two

JCSGs obtain solutions that are inconsistent in that the solutions have a site or activity receiving cross-service functional workload in one and losing all of its cross-service functional workload in the other, this capability can be used to resolve the inconsistency.

Optimization Examples

The following examples use representative, notional data to demonstrate the formulations. Three different departments, X, Y, and Z, each have 5 sites (A, B, C, D, and E). Six functions are considered: air vehicles, munitions, electronic combat, fixed-wing avionics, conventional missiles and rockets, and satellites. Table 1 shows the basic data for these sites.

Table 2 shows the DoD requirement by function and the percent of excess capacity. Percent excess capacity is calculated as

$$100 \times \left(\frac{\sum_{s \in S} cap_{sf}}{req_f} - 1 \right).$$

Preliminary Formulation (MAXFV).

Results for the **MAXFV** formulation are shown in table 3. If there is no functional requirement assigned to a site, the capacity for that function is shown as zero at that site even if the site has requirements for other functions assigned. Notice that, for this solution, *all sites have some cross-service functional workload assigned.*

The column in table 3 labeled *Wgt FV* shows the weighted functional value for each function. Wgt FV for function $f \in F = \frac{\sum_{s \in S} fv_{sf} \times req_{sf}}{\sum_{s \in S} req_{sf}}$. Wgt FV is an indicator of the quality of the cross-service allocation of the functional requirement across all sites and activities.

Primary Formulation (MINNMV).

Table 4 shows the data for the optimal solution to the **MINNMV** formulation. The number of sites having cross-service functional workload assigned has been reduced from 15 to six. Excess capacity is greatly reduced. The DoD military value average is increased by 21.2 percent. The military value averages for the departments have all been increased. The weighted functional value scores are not as good as the scores obtained from the (**MAXFV**) formulation.

The weight variable, w, was set to 100000 for this example. This value was chosen to make sure that military value of the sites dominates the functional allocations. The large value is necessary because, for this example, functional requirements are measured in thousands while the use or do not use variables, o_s, are either 0 or 1 and nmv_s is 1, 2, or 3.

Primary Formulation (MINNMV) with Policy Imperative

As an example of a policy imperative, consider the following. Suppose the JCSG responsible for the missile function determines that only three sites should perform the conventional missiles and rockets function. The optimal solution to the original **MINNMV** formulation assigned the missile function to six different sites. Modifying the **MINNMV** formulation such

that only three sites are allowed to perform the missile function results in the solution shown in table 5. The same six sites are shown as in use for cross-service functions, but the missile function is assigned to only three sites. Since the model has an additional constraint, the weighted functional value for the conventional missiles and rockets function has decreased compared to the original **MINNMV** formulation.

Parameterization of the MINNMV Formulation

Table 6 summarizes the results of varying the parameter w in the **MINNMV** formulation over the values 0, 300, 1,000, 5,000, 7,000, 8,000, 10,000, 20,000, 40,000, 60,000, and 100,000 . As is to be expected, the number of sites and activities with cross-service functional workload assigned, the percent of excess capacity, and weighted functional value decrease as w increases. With two exceptions, the decline in weighted functional value is not great compared to the significant decreases in excess capacity. Though these results pertain only to this particular example, they clearly illustrate qualitative differences between the **MAXFV** and **MINNMV** formulations.

This example illustrates how the parameter w can be used to generate a family of cross-service functional solutions. For instance, a JCSG with this table before it could decide that from this family of solutions, the solution obtained by setting $w = 20000$ is worth exploring further since the weighted functional values are very close to the best values obtained in the **MAXFV** formulation and the remaining excess capacity has been significantly reduced.

Figure 1 displays this information in graphical form. The figure shows the sharp decrease in the average functional value for conventional missiles and rockets when going from eight sites with any cross-service functional workload assigned to seven. The figure also displays the increase in average military value that is achieved by using the **MINNMV** formulation.

Primary Formulation (MINXCAP)

Table 7 shows the output of the **MINXCAP** formulation with $w = 100000$. As would be expected, this formulation produces a solution that greatly reduces excess capacity, but the weighted functional values have suffered.

Primary Formulation (MINSITES)

The results of using the **MINSITES** formulation are given in table 8. The w parameter was set to 100000. For this particular example, this formulation gives the same result as the **MINNMV** formulation.

Optimization Software

The solutions to these optimization problems were obtained using the commercially-available, IBM Optimization Subroutine Library (OSL)[2] interfaced with AMPL[3]. The text file

[2] *Optimization with OSL* by Ming S. Hung, Walter O. Rom, and Allan D. Waren, published by The Scientific Press.

describing these formulations in the AMPL format is contained in appendix A. Note that all of the different objective functions are defined in this single text file. The AMPL-format data file for the example is given in appendix B. These files are processed by the AMPL/OSL package to produce the outputs discussed in the examples section of this document.

[3] *AMPL: A Modeling Language for Mathematical Programming* by Robert Fourer, David M. Gay, and Brian Kernighan, published by The Scientific Press, 1993.

Table 1. Joint Cross-Service Groups Analysis Examples
Basic Data

Function	Department															Totals
	X					Y					Z					
	A	B	C	D	E	A	B	C	D	E	A	B	C	D	E	
Capacities																
Air vehicles	450	7000	2500	0	0	5000	500	0	0	0	3000	1200	0	2857	0	22,507
Munitions	850	200	4500	0	0	300	0	2000	0	0	1000	0	1000	0	0	9,850
Electronic combat	3000	0	0	0	0	1000	0	0	0	0	2000	0	0	1543	20	7,563
Fixed-wing avionics	0	0	250	3500	0	0	0	400	3500	0	1000	4000	0	2000	500	15,150
Conv. missiles/rockets	0	0	200	0	3000	0	0	200	100	2000	3000	700	200	300	200	9,900
Satelites	0	0	300	4000	0	0	0	500	0	0	250	50	0	300	2200	7,600
Function FV Scores																
Air vehicles	50	70	68	0	0	57	72	0	0	0	81	92	0	86	0	
Munitions	88	71	58	0	0	54	0	88	0	0	72	0	75	0	0	
Electronic combat	67	0	0	0	0	91	0	0	0	0	52	0	0	78	77	
Fixed-wing avionics	0	0	92	94	0	0	0	78	69	0	72	93	0	66	71	
Conv. missiles/rockets	0	0	62	0	89	0	0	59	93	92	56	59	50	65	91	
Satelites	0	0	71	58	0	0	0	64	0	0	85	61	0	73	93	
Department Military Value	3	3	3	2	1	2	1	3	2	1	3	3	2	3	1	

Table 2. Functional Requirement Data

Function	Requirement	Percent excess
Air vehicles	9,463	137.8
Munitions	5,503	79.0
Electronic combat	3,234	133.9
Fixed-wing avionics	3,775	301.3
Conv. missiles/rockets	3,743	164.5
Satelites	2,480	206.5

Table 3. MAXFV Model Output

Function	Department X A	X B	X C	X D	X E	Y A	Y B	Y C	Y D	Y E	Z A	Z B	Z C	Z D	Z E	Retained totals	Percent excess
Retain=1, Close=0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15	
Capacities																	
Air vehicles	0	7000	0	0	0	0	500	0	0	0	3000	1200	0	2857	0	14557	53.8
Munitions	850	200	4500	0	0	0	0	2000	0	0	1000	0	1000	0	0	9550	73.5
Electronic combat	3000	0	0	0	0	1000	0	0	0	0	0	0	0	1543	20	5563	72.0
Fixed-wing avionics	0	0	0	3500	0	0	0	0	0	0	0	4000	0	0	0	7500	98.7
Conv. missiles/rockets	0	0	0	0	3000	0	0	0	100	2000	0	0	0	0	200	5300	41.6
Satelites	0	0	0	0	0	0	0	0	0	0	250	0	0	300	2200	2750	10.9
Workload assigned																**Totals**	
Air vehicles	0	1906	0	0	0	0	500	0	0	0	3000	1200	0	2857	0	9463	
Munitions	850	200	453	0	0	0	0	2000	0	0	1000	0	1000	0	0	5503	
Electronic combat	671	0	0	0	0	1000	0	0	0	0	0	0	0	1543	20	3234	
Fixed-wing avionics	0	0	0	3500	0	0	0	0	0	0	0	275	0	0	0	3775	
Conv. missiles/rockets	0	0	0	0	1443	0	0	0	100	2000	0	0	0	0	200	3743	
Satelites	0	0	0	0	0	0	0	0	0	0	250	0	0	30	2200	2480	
Department average MV			2.4					1.8					2.4				
Percent change			-0.0					0.0					-0.0				
DoD average MV								2.20									
Percent change								0.0									

DoD weighted FVs	
Function	**Wgt FV**
Air vehicles	81.2
Munitions	79.6
Electronic combat	79.7
Fixed-wing avionics	93.9
Conv. missiles/rockets	90.8
Satelites	92.0

Table 4. MINNMV Model Output

Function	Department X A	X B	X C	X D	X E	Y A	Y B	Y C	Y D	Y E	Z A	Z B	Z C	Z D	Z E	Retained totals	Percent excess
Retain=1, Close=0	0	0	1	1	0	0	0	1	0	0	1	1	0	1	0	6	
Capacities																	
Air vehicles	0	0	2500	0	0	0	0	0	0	0	3000	1200	0	2857	0	9557	1.0
Munitions	0	0	4500	0	0	0	0	2000	0	0	1000	0	0	0	0	7500	36.3
Electronic combat	0	0	0	0	0	0	0	0	0	0	2000	0	0	1543	0	3543	9.6
Fixed-wing avionics	0	0	0	3500	0	0	0	0	0	0	0	4000	0	0	0	7500	98.7
Conv. missiles/rockets	0	0	200	0	0	0	0	200	0	0	3000	700	0	300	0	4400	17.6
Satelites	0	0	300	4000	0	0	0	500	0	0	250	50	0	300	0	5400	117.7
Workload assigned																**Totals**	
Air vehicles	0	0	2406	0	0	0	0	0	0	0	3000	1200	0	2857	0	9463	
Munitions	0	0	2503	0	0	0	0	2000	0	0	1000	0	0	0	0	5503	
Electronic combat	0	0	0	0	0	0	0	0	0	0	1691	0	0	1543	0	3234	
Fixed-wing avionics	0	0	0	3500	0	0	0	0	0	0	0	275	0	0	0	3775	
Conv. missiles/rockets	0	0	200	0	0	0	0	200	0	0	2343	700	0	300	0	3743	
Satelites	0	0	300	1080	0	0	0	500	0	0	250	50	0	300	0	2480	
Department average MV			2.5					3.0					3.0				
Percent change			4.2					66.7					25.0				
DoD average MV								2.83									
Percent change								28.8									

DoD weighted FVs	
Function	**Wgt FV**
Air vehicles	80.6
Munitions	71.4
Electronic combat	64.4
Fixed-wing avionics	93.9
Conv. missiles/rockets	57.8
Satelites	65.4

Table 5. MINNMV with Policy Imperative Model Output

Function	Department X A	X B	X C	X D	X E	Y A	Y B	Y C	Y D	Y E	Z A	Z B	Z C	Z D	Z E	Retained totals	Percent excess
Retain=1, Close=0	0	0	1	1	0	0	0	1	0	0	1	1	0	1	0	6	
Capacities																	
Air vehicles	0	0	2500	0	0	0	0	0	0	0	3000	1200	0	2857	0	9557	1.0
Munitions	0	0	4500	0	0	0	0	2000	0	0	1000	0	0	0	0	7500	36.3
Electronic combat	0	0	0	0	0	0	0	0	0	0	2000.	0	0	1543	0	3543	9.6
Fixed-wing avionics	0	0	0	3500	0	0	0	0	0	0	0·	4000	0	0	0	7500	98.7
Conv. missiles/rockets	0	0	0	0	0	0	0	0	0	0	3000	700	0	300	0	4000	6.9
Satelites	0	0	300	4000	0	0	0	500	0	0	250	50	0	300	0	5400	117.7
Workload assigned																**Totals**	
Air vehicles	0	0	2406	0	0	0	0	0	0	0	3000	1200	0	2857	0	9463	
Munitions	0	0	2503	0	0	0	0	2000	0	0	1000	0	0	0	0	5503	
Electronic combat	0	0	0	0	0	0	0	0	0	0	1691	0	0	1543	0	3234	
Fixed-wing avionics	0	0	0	3500	0	0	0	0	0	0	0	275	0	0	0	3775	
Conv. missiles/rockets	0	0	0	0	0	0	0	0	0	0	2743	700	0	300	0	3743	
Satelites	0	0	300	1080	0	0	0	500	0	0	250	50	0	300	0	2480	
Department average MV			2.5					3.0					3.0				
Percent change			4.2					66.7					25.0				
DoD average MV								2.83									
Percent change								28.8									

DoD weighted FVs	
Function	**Wgt FV**
Air vehicles	80.6
Munitions	71.4
Electronic combat	64.4
Fixed-wing avionics	93.9
Conv. missiles/rockets	57.3
Satelites	65.4

Table 6. Parameterization of the MINNMV Model

	Parameter w										
	0 MAXFV	300	1000	5000	7000	8000	10000	20000	40000	60000	100000 MINNMV
Sites/activities open	15	14	13	12	11	10	9	8	7	6	6
Percent excess											
Air vehicles	53.8	53.8	48.5	48.5	48.5	1.0	1.0	1.0	1.0	1.0	1.0
Munitions	73.5	73.5	73.5	73.5	73.5	69.9	51.7	51.7	51.7	36.3	36.3
Electronic combat	72.0	72.0	72.0	72.0	72.0	72.0	72.0	41.1	41.1	10.2	9.6
Fixed-wing avionics	98.7	98.7	98.7	6.0	6.0	6.0	6.0	6.0	6.0	6.0	98.7
Conv. missiles/rockets	41.6	38.9	38.9	38.9	17.6	17.6	17.6	17.6	22.9	22.9	17.6
Satelites	10.9	10.9	10.9	10.9	10.9	10.9	10.9	10.9	10.9	10.9	117.7
Weighted FV											
Air vehicles	81.2	81.2	81.1	81.1	81.1	80.6	80.6	80.6	80.6	80.6	80.6
Munitions	79.6	79.6	79.6	79.6	79.6	79.2	76.1	76.1	76.1	71.4	71.4
Electronic combat	79.7	79.7	79.7	79.7	79.7	79.7	79.7	72.3	72.3	64.6	64.4
Fixed-wing avionics	93.9	93.9	93.9	93.0	93.0	93.0	93.0	93.0	93.0	93.0	93.9
Conv. missiles/rockets	90.8	90.7	90.7	90.7	85.4	85.4	85.4	85.4	59.6	59.6	57.8
Satelites	92.0	92.0	92.0	92.0	92.0	92.0	92.0	92.0	92.0	92.0	65.4
DoD average MV	2.20	2.21	2.31	2.33	2.45	2.40	2.44	2.50	2.71	2.67	2.83

Figure 1. Comparison of Alternatives

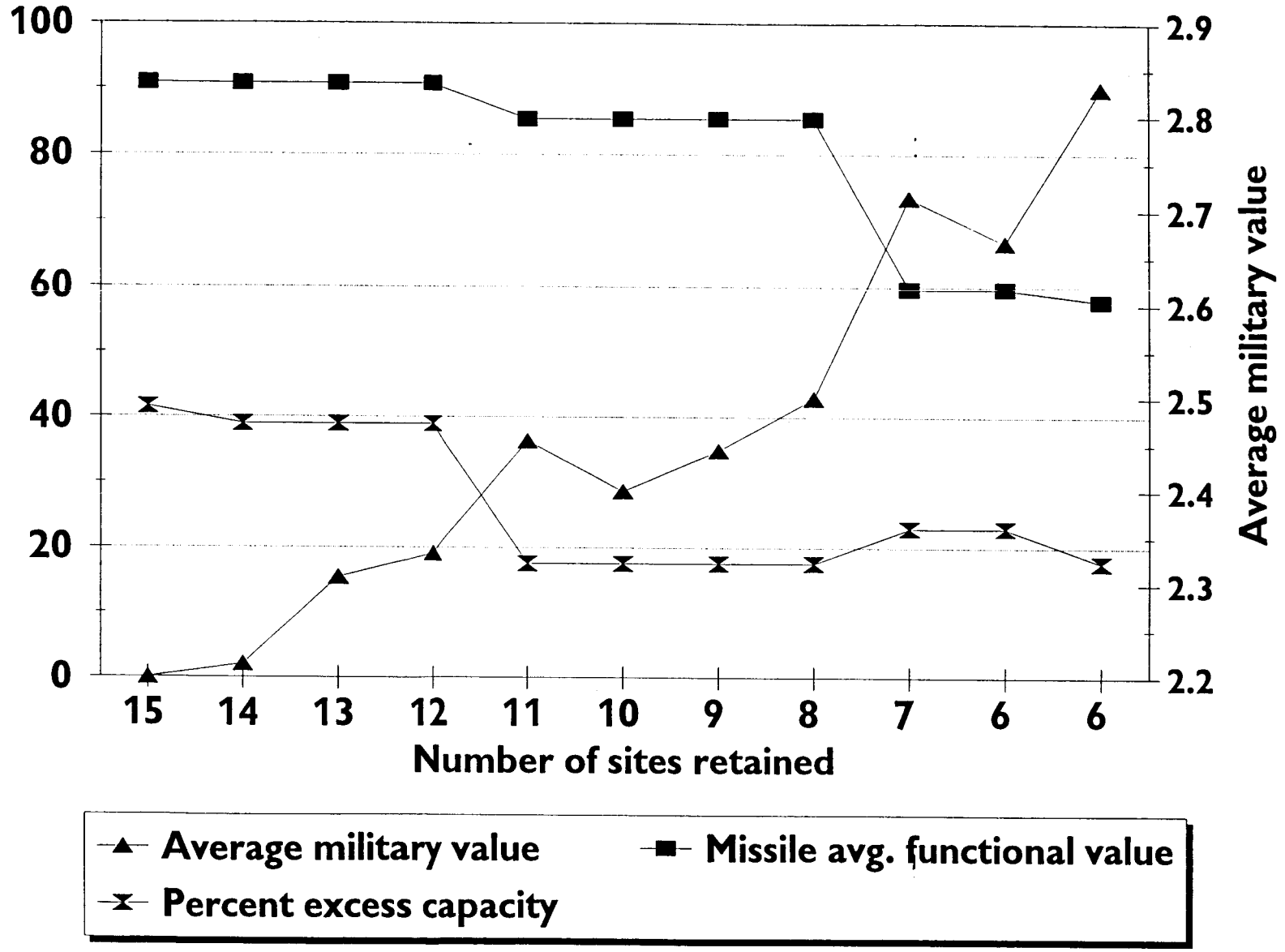


Table 7. MINXCAP Model Output

Function	Department X A	X B	X C	X D	X E	Y A	Y B	Y C	Y D	Y E	Z A	Z B	Z C	Z D	Z E	Retained totals	Percent excess
Retain=1, Close=0	1	0	1	0	1	1	1	0	0	0	0	1	0	0	1	7	
Capacities																	
Air vehicles	450	0	2500	0	0	5000	500	0	0	0	0	1200	0	0	0	9650	2.0
Munitions	850	0	4500	0	0	300	0	0	0	0	0	0	0	0	0	5650	2.7
Electronic combat	3000	0	0	0	0	1000	0	0	0	0	0	0	0	0	20	4020	24.3
Fixed-wing avionics	0	0	0	0	0	0	0	0	0	0	0	4000	0	0	0	4000	6.0
Conv. missiles/rockets	0	0	200	0	3000	0	0	0	0	0	0	700	0	0	200	4100	9.5
Satelites	0	0	300	0	0	0	0	0	0	0	0	0	0	0	2200	2500	0.8
Workload assigned																**Totals**	
Air vehicles	263	0	2500	0	0	5000	500	0	0	0	0	1200	0	0	0	9463	
Munitions	850	0	4500	0	0	153	0	0	0	0	0	0	0	0	0	5503	
Electronic combat	2214	0	0	0	0	1000	0	0	0	0	0	0	0	0	20	3234	
Fixed-wing avionics	0	0	0	0	0	0	0	0	0	0	0	3775	0	0	0	3775	
Conv. missiles/rockets	0	0	200	0	3000	0	0	0	0	0	0	343	0	0	200	3743	
Satelites	0	0	280	0	0	0	0	0	0	0	0	0	0	0	2200	2480	
Department average MV			2.3					1.5					2.0				
Percent change			-2.8					-16.7					-16.7				
DoD average MV								2.00									
Percent change								-9.1									

DoD weighted FVs	
Function	**Wgt FV**
Air vehicles	64.9
Munitions	62.5
Electronic combat	74.5
Fixed-wing avionics	93.0
Conv. missiles/rockets	84.9
Satelites	90.5

Table 8. MINSITES Model Output

Function	Department X A	X B	X C	X D	X E	Y A	Y B	Y C	Y D	Y E	Z A	Z B	Z C	Z D	Z E	Retained totals	Percent excess
Retain=1, Close=0	0	0	1	0	0	0	0	1	0	0	1	1	0	1	1	6	
Capacities																	
Air vehicles	0	0	2500	0	0	0	0	0	0	0	3000	1200	0	2857	0	9557	1.0
Munitions	0	0	4500	0	0	0	0	2000	0	0	1000	0	0	0	0	7500	36.3
Electronic combat	0	0	0	0	0	0	0	0	0	0	2000	0	0	1543	20	3563	10.2
Fixed-wing avionics	0	0	0	0	0	0	0	0	0	0	0	4000	0	0	0	4000	6.0
Conv. missiles/rockets	0	0	200	0	0	0	0	200	0	0	3000	700	0	300	200	4600	22.9
Satelites	0	0	0	0	0	0	0	0	0	0	250	0	0	300	2200	2750	10.9
Workload assigned																**Totals**	
Air vehicles	0	0	2406	0	0	0	0	0	0	0	3000	1200	0	2857	0	9463	
Munitions	0	0	2503	0	0	0	0	2000	0	0	1000	0	0	0	0	5503	
Electronic combat	0	0	0	0	0	0	0	0	0	0	1671	0	0	1543	20	3234	
Fixed-wing avionics	0	0	0	0	0	0	0	0	0	0	0	3775	0	0	0	3775	
Conv. missiles/rockets	0	0	200	0	0	0	0	200	0	0	2143	700	0	300	200	3743	
Satelites	0	0	0	0	0	0	0	0	0	0	250	0	0	30	2200	2480	
Department average MV			3.0					3.0					2.5				
Percent change			25.0					66.7					4.2				
DoD average MV								2.67									
Percent change								21.2									

DoD weighted FVs	
Function	**Wgt FV**
Air vehicles	80.6
Munitions	71.4
Electronic combat	64.6
Fixed-wing avionics	93.0
Conv. missiles/rockets	59.6
Satelites	92.0

Appendix A
AMPL Model Input File

```
# JCSG Model Examples

# Ron Nickel
# 6-8-94

set X_sites;            # The set of Department X sites.
set Y_sites;            # The set of Department Y sites.
set Z_sites;            # The set of Department Z sites.

set SITE := X_sites union Y_sites union Z_sites;
                        # The set of all labs and T&E sites.

set FUNC;               # The set of functions.

param no_func := card(FUNC);    # The number of function types.

# Define the set performing missile functions.

set MISSLE_FUNC within {FUNC};

param missile_sites >= 0, default 15;
                        # Number of sites allowed to perform the
                        # missile function.  Used in the policy
                        # imperative example (missile_sites = 3).

param CAP {SITE,FUNC};  # The functional capacity at each site for each
                        # function.

param REQ {FUNC};       # The DoD requirement for each function.

param MV {SITE};        # Military value for each site.

param NMV {s in SITE} := 4 - MV[s];     # Negative MV scoring.

param FV {SITE,FUNC} >= 0.0;    # Functional value by site and function.

param WGT >= 0, default 100000; # Scaling weight for objective function.
                                # If WGT = 0, this formulation is equivalent
                                # to the MAXFV formulation.

#
# Decision variables
#

var OPEN {SITE} binary >= 0;    # Open or closed decision variable for
                                # each site.

var SITE_LOAD {s in SITE,f in FUNC} >= 0.0;
                        # Amount of the requirement for function f to
                        # be assigned to site s . Amount assigned
                        # is limited by capacity of site s to perform
                        # function f.

var SITE_FUNC {s in SITE, f in FUNC} binary;
                        # 1 if any assignment of workload for function
                        # f is made to site s; 0 otherwise.
```

```
#
# Objective Function.
#

# Minimize total open site negative military value and
# maximize the FV-weighted assignment of functional workload to sites.

minimize MINNMV:
        WGT * sum {s in SITE} OPEN[s]*NMV[s]
                - sum {t in SITE, g in FUNC} FV[t,g]*SITE_LOAD[t,g];

# Minimize the number of open sites and maximize the FV-weighted
# assignment of functional workload to sites.

minimize MINSITES:
        WGT * sum {s in SITE} OPEN[s]
                - sum {t in SITE, g in FUNC} FV[t,g]*SITE_LOAD[t,g];

# Minimize total capacity and maximize the FV-weighted assignment
# of functional workload to sites.

minimize MINXCAP:
        WGT * sum {s in SITE}  OPEN[s] *(sum {f in FUNC} CAP[s,f])
                - sum {t in SITE, g in FUNC} FV[t,g]*SITE_LOAD[t,g];

#
# Constraints
#

# The requirement for each function has to be met.

subject to func_assgn {f in FUNC}:
        sum {s in SITE} SITE_LOAD[s,f] = REQ[f];

# Cannot assign functional workload to a site unless
# the site is open for assignment of that function.

subject to func_open {f in FUNC, s in SITE}:
        SITE_LOAD[s,f] <= SITE_FUNC[s,f]*CAP[s,f];

# Sites with no functional requirement assigned
# are closed.

subject to site_closed {s in SITE}:
        OPEN[s] <= sum {f in FUNC} SITE_FUNC[s,f];

# Allocation of functional requirements cannot be made
# to sites that are not open.

subject to site_open {s in SITE}:
        sum {f in FUNC} SITE_FUNC[s,f] <= OPEN[s] * no_func;

# This constraint is an example of a policy imperative.
# Constrain the number of sites doing munitions work.

subject to missile_3 {f in MISSLE_FUNC}:
        sum {s in SITE} SITE_FUNC[s,f] <= missile_sites;
```

Appendix B
AMPL Data Input File

```
# Data file for JCSG optimization examples.

# Ron NIckel
# 6-8-94

set X_sites :=
        X_A
        X_B
        X_C
        X_D
        X_E;

set Y_sites :=
        Y_A
        Y_B
        Y_C
        Y_D
        Y_E;

set Z_sites :=
        Z_A
        Z_B
        Z_C
        Z_D
        Z_E;

set FUNC :=
        Air_Veh
        Mun
        E_Cmbt
        Avion
        Mis
        Sat;

# Used to model the policy imperative.

set MISSLE_FUNC := Mis;

param CAP:      Air_Veh Mun     E_Cmbt  Avion   Mis     Sat :=
X_A             450     850     3000    0       0       0
X_B             7000    200     0       0       0       0
X_C             2500    4500    0       250     200     300
X_D             0       0       0       3500    0       4000
X_E             0       0       0       0       3000    0
Y_A             5000    300     1000    0       0       0
Y_B             500     0       0       0       0       0
Y_C             0       2000    0       400     200     500
Y_D             0       0       0       3500    100     0
Y_E             0       0       0       0       2000    0
Z_A             3000    1000    2000    1000    3000    250
Z_B             1200    0       0       4000    700     50
Z_C             0       1000    0       0       200     0
Z_D             2857    0       1543    2000    300     300
Z_E             0       0       20      500     200     2200;

param FV:       Air_Veh Mun     E_Cmbt  Avion   Mis     Sat :=
X_A             50      88      67      0       0       0
```

```
X_B             70      71      0       0       0       0
X_C             68      58      0       92      62      71
X_D             0       0       0       94      0       58
X_E             0       0       0       0       89      0
Y_A             57      54      91      0       0       0
Y_B             72      0       0       0       0       0
Y_C             0       88      0       78      59      64
Y_D             0       0       0       69      93      0
Y_E             0       0       0       0       92      0
Z_A             81      72      52      72      56      85
Z_B             92      0       0       93      59      61
Z_C             0       75      0       0       50      0
Z_D             86      0       78      66      65      73
Z_E             0       0       77      71      91      93;

param REQ :=
Air_Veh 9463
Mun     5503
E_Cmbt  3234
Avion   3775
Mis     3743
Sat     2480;

# Banded military values for each site.
# 3 is good, 1 is bad.

param MV :=
        X_A     3
        X_B     3
        X_C     3
        X_D     2
        X_E     1
        Y_A     2
        Y_B     1
        Y_C     3
        Y_D     2
        Y_E     1
        Z_A     3
        Z_B     3
        Z_C     2
        Z_D     3
        Z_E     1;
```

Joint Cross Service Analyses

- There has been significant discussion on what form 2d stage Joint Cross Service Analyses would take.
- Goal of a common analytical tool for all JCSGs
- Linear Programming Model proposed late May
- Steering Group approval 8 June - JCSGs requested to evaluate model

Linear Programming (What is it?)

- A mathematical technique for finding the best uses of an organization's resources
  - Linear describes relationship between two or more variables
  - Programming refers to mathematical techniques to obtain the best possible solution involving limited resources

JCSG Proposed Linear Programming Model

- Allows for consistent and reproducible results
- Model based on Joint Cross Service Group inputs and Services' assessment of installation military value
- Model has value for MTF JCSG because it allows for tailoring of medical unique inputs and development of medical unique constraints
- Only a tool - There may be valid reasons not to accept results of model (Military Judgment)

Proposed Linear Programming Model

- **Data Required for Proposed Model**
  - Functional Values. The merit of performing a cross-service function at a given site or activity
  - Functional Capacities. The capacity at each site to perform a given function
  - Functional Requirements. The future requirement to perform the function at a given site
  - Military Value. The Military Department numerical assessment of the value of each site

Four Alternative Formulations

- **Maximize functional value**
  - Model will allocate requirements to sites which have the highest functional value
- **Minimize Negative Military Value**
  - Allocates requirements to a small number of sites having the highest Military Value that can accommodate the workload
- **Minimize Excess Capacity**
  - Allocates requirements to sites having the smallest total functional capacity, but still able to perform the DoD function
- **Minimize number of Sites**
  - Allocates based on the minimum number of sites that can perform DoD functional requirement

Proposed Linear Programming Model (cont)

- Functional value is obtained from scores of each MTF based on approved measures of merit and weighting system

Proposed Linear Programming Model (cont)

- **Capacity and Functional Requirements**
  - Can be based on our current wartime and peacetime capacity measure
    - » Projected aggregate health care bed demand
    - » Can be MTF specific
    - » Overlapping catchment areas
    - » By lead agent region
    - » Cumulative for entire system

Policy Imperative Constraints

- MHSS Policy Imperatives can be translated to constraints within the model. Possible examples include:
  - Aggregate inpatient beds $\geq$ Wartime bed requirements
  - Minimum of 2 acute care JCAHO accredited facilities in catchment area before realignment or closure consideration (unless base closes)

Recommendation

- Use Linear Programming Model to conduct Medical JCSG analyses
  - Model output provides additional information for management to further develop and evaluate alternatives
  - Will provide consistent and reproducible results
  - Adequate time to develop meaningful inputs

Steering Group Projected Timeline

TASK	WHO	WHEN
Develop methodology for inputs to model	JCSGs	July
Approve model inputs methodology	Joint Steering Gp	July
Provide Data to JCSGs	Mil Depts	July
Provide site Military Value input to JCSGs	Mil Depts	August
Develop Inputs to Model	JCSGs	August
Run Unconstrained Model	Tri BRAC Gp	August
Run Constrained Model	Tri BRAC Gp	September
Analyze Results	JCSGs	October
Analyze Alternatives	Mil Depts	Nov-Dec

As of 5/31/94

DRAFT

MINUTES OF THE
MILITARY TREATMENT FACILITIES
AND GRADUATE MEDICAL EDUCATION
BRAC 95 JOINT CROSS SERVICE GROUP
MEETING OF AUGUST 1, 1994

The eleventh meeting of the Military Treatment Facilities and Graduate Medical Education (MTF/GME) BRAC 95 Joint Cross Service Group convened at 1400 hours on August 1, 1994. The meeting was chaired by Dr. Edward D. Martin, Principal Deputy Assistant Secretary of Defense, Health Affairs.

The Chairman opened the session by reminding the members that the issue of wartime requirements was raised by the ODASD(PA&E) at the last meeting and that the working group and PA&E were to work together to resolve this issue.

The members were then briefed on the results of the working group's review:

- No changes were recommended to implementation of the facility score and integer program methodologies
- There would be no new data calls
- The Group should evaluate the ability of the remaining infrastructure to support the required wartime requirements, both by type and service (This proposal was subsequently approved by the members)

A comment was made that if we do {establish constraints} the optimization model correctly we should be at or near the wartime bed requirement floor. The importance of the geographic location of the beds was also raised. The Chairman agreed that geographic location was important, but an analysis at this time would be premature.

Minor adjustments to the Measures of Merit were presented to the Group and approved.

The Group was also asked to approve the removal of Health Clinics as a category for study under BRAC 95. After some discussion the proposal was approved. It was decided, however, that the working group should develop recommendations on how many active duty and dependents of active duty personnel should justify the presence of a health clinic.

A report on the progress of the working group's efforts vis-a-vis the optimization followed. Notional data was being run with output expected within a day or two. Proposed policy constraints were offered for the Group's consideration.

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Timelines for the remainder of the Group's BRAC 95 efforts were then discussed. It was noted that these may change based on input from other Groups, OSD, etc.

The Chairman restated the need to reduce the size of the Group once certified data is received.

The meeting adjourned at 1450 hrs. The next meeting will be at the call of the Chairman.

Approved Edward D. Martin
Edward D. Martin, MD
PDASD(Health Affairs)

Attachments

DRAFT

DRAFT

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Edward D. Martin, MD
PDASD(Health Affairs)

Attachments

DRAFT

BRAC 95 JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

August 1, 1994
Room 4E327, 2:00 pm

• Review/approve minutes from previous meeting	Dr. Martin
• Wartime Medical Considerations	Dr. Martin
• Measures of Merit scoring adjustments	LTC Ponatoski
- Facility Condition Code adjustment	
- ASA scoring adjustment	
• Health Clinics as a category for study	LTC Ponatoski
• Status of Linear Programming Model Development	LTC Ponatoski
- Model Development Issues	
- Proposed Policy Constraints	
• Closing Comments	Dr. Martin
• Adjournment	

Wartime Medical Considerations

- The current implementation of the facility score and integer program methodologies will continue as planned
- The JCSG will explicitly evaluate the ability of the facilities identified for retention to satisfy the wartime CONUS bed requirements

Wartime Medical Considerations (cont)

- Adjustments to the Section 733 wartime CONUS bed requirements will not be taken up during this validation process

- Wartime CONUS bed requirements based on current Defense Planning Guidance and Defense Medical Program Guidance - Approximate 733 numbers

Capacity Definitions

- Operating Beds - Beds that are set up, staffed, and equipped for patient care
- Expanded Beds - Spaced on 6 foot centers with embedded electrical and gas utility support

Condition Code Proposed Adjustments

- Codes are building specific
- Condition codes are summed by DMIS ID and averaged for each activity
- Revised methodology for computing condition code allows for greater degree of specificity

Condition Code Proposed Adjustments

Previous Scoring

F2 Installation Real Property Rating

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	1				2					3
HOSPITALS	1				2					3
MED CENTER	1				2					3

Proposed Scoring

F2 Installation Real Property Rating

SCORE	1	2	3	4	5	6	7	8	9	10
CLINICS	1	1.2	1.4	1.6	1.8	2.0	2.2	2.4	2.6	>2.8
HOSPITALS	1	1.2	1.4	1.6	1.8	2.0	2.2	2.4	2.6	>2.8
MED CENTER	1	1.2	1.4	1.6	1.8	2.0	2.2	2..4	2.6	>2.8

ASA Proposed Scoring Adjustments

- Minimal change from previous scale
- Neutral ratio (1:1) = score of 5
- Consistent Medcen and Community Hospital scale
- Allows for better discrimination between facilities

ASA Proposed Scoring Adjustments

Previous Scoring
Cost Inpatient Care (ASA rate/MTF rate)

SCORE	1	2	3	4	5	6	7	8	9	10
HOSPITALS	<.3	.45	.6	.75	.9	1.05	1.2	1.35	1.5	>1.5
MED CENTER	<.9	.95	1.0	1.05	1.1	1.15	1.20	1.25	1.3	>1.3

Proposed Scoring
Cost Inpatient Care (ASA rate/MTF rate)

SCORE	1	2	3	4	5	6	7	8	9	10
HOSPITALS	<.6	.7	.8	.9	1.0	1.1	1.2	1.3	1.4	>1.4
MED CENTER	<.6	.7	.8	.9	1.0	1.1	1.2	1.3	1.4	>1.4

Health Clinics as a Category for Study

- Continued evaluation of Clinics will not produce meaningful results
  - Ambulatory facilities will be maintained if active duty presence
  - Do not have meaningful measures for evaluation
  - No industry standard for ambulatory care evaluation
- Recommendation
  - Delete health clinics as a category for study
  - Ensure Services evaluate potential impact from "base" closures ?

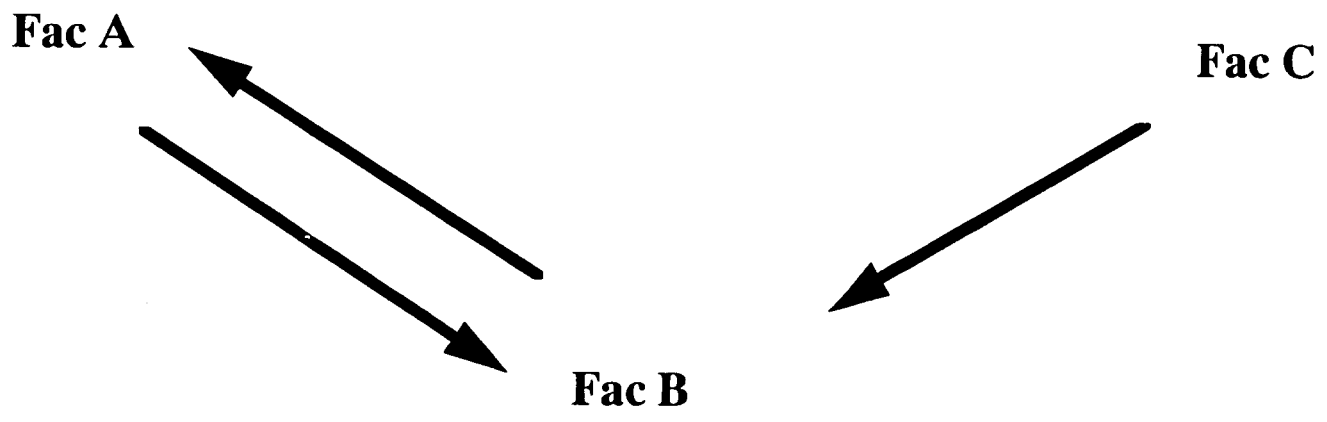
Model Development

- Services developed notional region and representative MTF/Medcen data
  - 2 Medcens
  - 11 MTFs
  - 2 overlapping catchment areas
- Results due by 2 August

Model Development (cont)

- Use 1.5 to 2.0 as operating bed rate for beneficiaries
- Model should allow for adequate dispersion factor ~.8
- Model will allow development of patient flows from MTF to MTF in overlapping catchment areas

Relationships may be established to allow for patient flow



Relationship for flow from A to B and B to A

Relationship for flow from C to A

No relationship for flow from B to C

No relationship for flow from A to C or C to A

Proposed Constraints

- Maintain MTF if considered underserved primary care area (unless base closes) 1:3000
- Maintain MTF if < 2 accredited community facilities (unless base closes)
- Maintain by Service and MHSS the aggregate number of expanded beds to meet wartime requirements

Proposed Constraints (cont)

- Maintain 1 Medcen per Lead Agent Region
- Maintain average functional value within the aggregate MHSS

Projected Timeline

TASK	WHO	WHEN
Develop methodology for inputs to model	JCSGs	Jul-Aug
Approve JCSG model inputs methodology	Steering Gp	24 Aug
Provide Data to JCSGs	Mil Depts	1 Sep
Provide site Military Value input to JCSGs	Mil Depts	15 Sep
Run Unconstrained Model	Tri BRAC Gp	1-15 Sep
Run Constrained Model	Tri BRAC Gp	15-30 Sep
Analyze Results	JCSGs	October
Analyze Alternatives	Mil Depts	Nov-Dec

* Timeline negotiations ongoing with Military Departments and ASD (ES)

MINUTES OF THE
MILITARY TREATMENT FACILITIES
AND GRADUATE MEDICAL EDUCATION
BRAC 95 JOINT CROSS SERVICE GROUP
MEETING OF NOVEMBER 29, 1994

The twelfth meeting of the Military Treatment Facilities and Graduate Medical Education (MTF/GME) BRAC 95 Joint Cross Service Group convened at 1330 hours on November 29, 1994. The meeting was chaired by Dr. Edward D. Martin, Principal Deputy Assistant Secretary of Defense, Health Affairs.

The Chairman reviewed the agenda. The attendance was intentionally limited to the principals because of the sensitivity of the discussions regarding proposed alternatives for Military Department consideration.

The utilization improvement factor was discussed first. The consensus was that the improvement factor was too aggressive and should be removed.

Also removed from the model were the Madigan and Bremerton overlap clusters. Significant geographical barriers made these overlap areas unrealistic.

The recently announced problems with the Pentium (computer) chip was discussed. According to Dr. Nichel, although there was some initial concern regarding the accuracy of the optimization model runs, the chip problems did not effect the results.

The group then reviewed the various alternative model formulations and their characteristics. The group concurred that formulation 2a, which uses operating beds as the capacity measure was the most appropriate. This formulation also recognizes the value in maintaining facilities with large active duty populations.

It was reported that since the model's objective is to reduce excess capacity, it has a tendency to reduce facilities with large differences in capacity to requirements. The model does, however, appear to retain MTFs with large differences if the MTF has a high functional value.

Having agreed upon the alternatives identified by the accepted model formulation, the Chairman announced that he would forward the list of alternatives to the Military Departments for consideration. The Military Departments are expected to evaluate these alternatives and provide feedback.

The Chairman adjourned the meeting and expressed his appreciation for everyone's efforts over the course of this process.

Approved E Martin
Edward D. Martin, MD
PDASD(Health Affairs)

Attachments

BRAC 95 JOINT CROSS SERVICE GROUP
FOR MILITARY TREATMENT FACILITIES AND
GRADUATE MEDICAL EDUCATION

November 29, 1994
Room 4E987, 1:30 pm

- **Welcome and overview of meeting objectives** — Dr. Martin
  - Review policy and data revisions
  - Review of most recent model output
  - Determine formulations for development of alternatives
  - Discuss draft alternative scenarios for Service consideration
- **Policy and data revisions incorporated into model** — LTC Ponatoski
  - Walter Reed and Brooke functional value changes
  - Removal of improvement factor
  - Removal of Madigan/Bremerton as an overlap area
- **Review of updated results** — LTC Ponatoski
  - Formulation 1a and 1b
  - Formulation 2a and 2b
  - Formulation 3a and 3b
- **Determine formulations for use in devlopment of alternatives** — Dr. Martin/Group
- **Discuss potential Scenarios** — Dr. Martin/Group
- **Action Items** — Dr. Martin
- **Adjournment**

Agenda for 11/29 Medical JCSG Meeting

- Policy and Data revisions
- Review of most recent model results
- Define formulations to use in development of alternatives
- Discuss potential scenarios
- Follow on actions

Model Revisions

- Brooke and Walter Reed understated regional populations - Functional values adjusted:
  - Walter Reed 6.12 to 7.78
  - Brooke 6.38 to 7.58
- Improvement Factor removed to reflect more conservative demand
  - FY 93 = 307 bed days/1000
  - FY 94 = 213 bed days/1000 with improvement factor
  - FY 94 = 260 bed days/1000 w/o improvement factor

Model Revisions (cont)

- Madigan and Bremerton cluster removed
  - Bremerton isolated
  - Bridge over Puget Sound subject to freezing
  - Hazardous road conditions in winter
- Intel Pentium Chip Issues
  - Chip is subject to errors in complex mathematical formulations
  - Did effect Medical formulations
  - 486 machines used to produce latest results

Formulations

- # 1a and 1b
  - Output with operating & available bed capacity measures
  - Presumption of direct care
  - Flows patients in overlap areas
- # 2a and 2b
  - Output with operating & available bed capacity measures
  - Adds binary constraint of 25K AD + ADFAM
  - Considers other constraints as community
  - Flows patients in overlap areas
- #3a and 3b
  - Output with operating & available bed capacity measures
  - No 25K AD + ADFAM constraint
  - Applies constraints to each hospital
  - Flows patients in overlap areas

Medical Centers Eastern U.S

Facility	FV	OP	AV	AC REQ
Eisenhower	8.25	346	757	44
WRAMC	7.72	694	718	33
Bethesda	7.40	342	459	69
Portsmouth	7.01	431	437	113
Wright Patt	5.58	160	175	38
Keesler	5.06	235	306	52
Totals		2208	2852	

Medcen bed demand East = 1491 - 68% of Operating Beds and 52% of Available Beds

Medical Centers Western U.S

Facility	FV	OP	AV	AC REQ
San Diego	7.84	422	617	254
Brooke	7.58	367	450	71
Willford Hall	6.74	585	1006	70
FAMC	6.35	174	335	36
MAMC	6.14	381	414	101
Beaumont	5.91	330	482	49
Travis	5.52	195	408	69
Tripler	4.52	423	439	119
Totals		2877	4151	

Medcen bed demand West = 1262 - 44% of Operating Beds and 30% of Available Beds

Wartime Bed Requirements

Army	6030
Navy	2600
Air Force	980

Model Results

- Model objective is to reduce excess capacity
- Has tendency to close facilities that have large excess capacity compared to requirement
- Does appear to retain many facilities with large difference in requirements to capacity if facility has high functional value

Results
of Closures

1 Operating

5 DoD
1 Army
0 Navy
4 AF
0 MC

1 Available

5Dod
3 Army
0 Navy
2 AF
1 MC (WRAMC)

Results
of Closures

2 Operating

17 Dod
- 9 Army
- 2 Navy
- 6 AF
- 2 MC (FAMC/Lack)
- 1 MC to CH (Travis)

2 Available

20 DoD
- 10 Army
- 3 Navy
- 7 AF
- 3 MC (WRAMC/Lack/FAMC)
- 1 MC to CH (Travis)

3 Operating

18 DoD
- 7 Army
- 3 Navy
- 8 AF
- 2 MC (MAMC/Lack)

3 Available

13 DoD
- 6 Army
- 1 Navy
- 6 AF
- 4 MC (FAMC/WRAMC Lack/Travis)

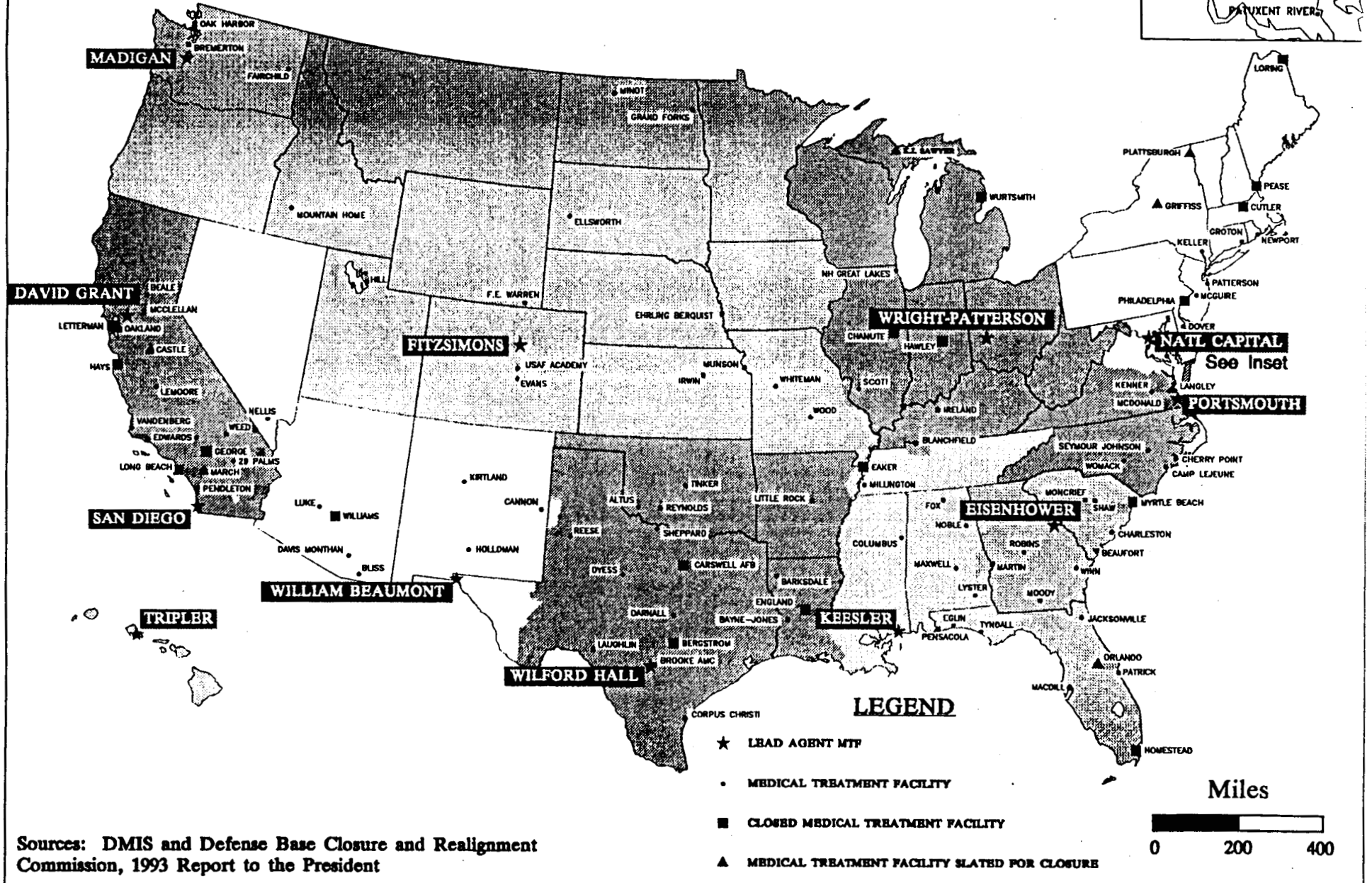
Form: 3 Beds: oper M1128F

NFV	1.0249
Flow clusters	1
Use civ beds	1
Min AD pop	226785
Oper beds	1
MC FV avg req	0
MC_flow	1
Wgt Pct	1

MTF	OPEN	MV	FV	MC FV	Bin	Oper b	Beds a	Exp be	AC bed	Patient	Civ bed	GME be	EVANS	USAFA
ALTUS	1	3	3.92		0	7	39	39	10	10	0			
SHAW	0	3	5.02		0	25	48	90	23	0	0			
ELLS	1	3	4.80		0	15	35	58	18	18	0			
REESE	0	3	3.18		0	4	10	20	7	0	7			
DYESS	1	3	4.26		0	15	35	100	18	18	0			
SHEPP	1	3	5.00		0	80	197	318	18	18	0			
LAUGH	1	3	3.72		1	5	28	40	4	4	0			
LACKLND	0	3	7.16	6.74	0	585	1006	1033	70	0	19	0		
HILL	1	3	5.88		0	25	42	55	27	27	0			
LANGLY	0	3	5.68		0	40	71	120	44	0	0			
FAIRCH	1	3	4.71		0	30	61	90	23	23	0			
WARREN	1	3	3.98		0	15	24	43	12	12	0			
FTDIX	1	3	6.07		0	20	350	350	56	56	0			
FOX	1	3	4.86		0	20	42	57	20	20	0			
NOBLE	0	3	4.90		0	48	100	106	19	0	19			
LYSTER	1	3	5.60		0	42	69	77	25	25	0			
BASSETT	1	3	5.02		1	43	74	100	17	17	0			
BLISS	1	3	5.51		0	30	103	107	18	18	0			
FITZSIM	1	3	5.37	6.35	0	174	335	375	36	36	0	138		
EVANS	0	3	7.62		0	149	195	212	70	0	51			
WREED	1	3	6.10	7.72	0	694	718	847	33	33	0	661		
IKE	1	3	7.59	8.25	1	346	757	757	44	44	0	302		
MARTIN	0	3	7.16		0	172	282	380	62	0	62			
WINN	0	3	7.06		0	114	148	165	51	0	51			
TRIP	1	3	7.94	4.52	1	423	439	617	119	119	0	304		
IRWIN	1	3	7.62		1	60	127	192	55	55	0			

Updated 9 May 1994
Prepared By OASD(HA) HSO/EAMS

TRICARE LEAD AGENTS AND HEALTH SERVICE REGIONS



Sources: DMIS and Defense Base Closure and Realignment Commission, 1993 Report to the President

Form: 1 Beds: oper M1129B

MINNFV	3.0307
Flow clusters	1
Use civ beds	0
Min AD pop	226785
Oper beds	1
MC FV avg req	0
MC_flow	1
Wgt Pct	1

MTF	OPEN	MV	FV	MC FV	Bin	Oper b	Beds a	Exp be	AC bed	Patient	Civ bed	GME be	EVANS	USAFAC	WREED	ANDRE	BETH	DEWIT	KIMB	BROOK	LACKL	SHAW	MONC	LANG	MCDE	PTSM			Total assigned
PEND	1	3	7.28		0	120	222	265	98	98	0																		98
LEMOORE	1	3	5.12		1	37	69	37	29	29	0																		29
SDIEG	1	3	8.48	7.84	0	422	617	583	254	254	0	168																	422
29PALMS	1	3	7.58		1	30	70	40	26	26	0																		26
GROTON	1	3	5.41		0	25	100	96	30	30	0																		30
PENS	1	3	7.19		0	104	221	161	69	69	0																		69
JAX	1	3	6.98		0	131	176	228	97	97	0																		97
GLAKES	1	3	6.48		0	136	228	718	54	54	0																		54
BETH	1	3	6.82	7.40	0	342	459	779	69	69	0	225			0	48		0	0										342
PAX	1	3	3.74		1	20	20	32	12	12	0																		12
LEJU	1	3	7.76		1	176	224	238	92	92	0																		92
CHPT	1	3	4.52		0	40	40	27	36	36	0																		36
CHAR	1	3	5.56		0	90	90	90	46	46	0																		46
BEAU	1	3	4.70		0	49	80	54	22	22	0																		22
MILL	1	3	4.37		1	66	102	106	20	20	0																		20
CORP	1	3	4.26		0	42	65	65	14	14	0																		14
PTSMTH	1	3	6.55	7.01	0	431	437	176	277	277	0	0												44	39				360
BREM	1	3	6.98		1	109	137	139	47	47	0																		47
OAKHAR	1	3	5.38		0	25	26	31	24	24	0																		24
MAXWELL	1	3	3.83		0	30	71	118	27	27	0																		27
ELM	1	3	6.03		0	75	139	32	33	33	0																		33
LUKE	1	3	5.02		0	40	60	100	50	50	0																		50
DMONTH	1	3	5.22		0	30	70	112	36	36	0																		36
LROCK	1	3	4.83		0	20	39	68	26	26	0																		26
TRAVIS	1	3	7.88	5.52	0	195	408	388	69	69	0	0																	69
BEALE	1	3	3.76		0	9	14	14	16	16	0																		16
MATHER	1	3	5.06		0	30	35	70	38	38	0																		38
VANBERG	1	3	5.00		0	20	48	46	14	14	0																		14
EDWARDS	1	3	3.82		0	10	30	33	17	17	0																		17
USAFAC	0	3	5.68		0	55	80	157	36	0	0		0																0
DOVER	1	3	4.69		0	20	39	60	21	21	0																		21
EGLIN	1	3	6.62		0	85	120	275	58	58	0																		58
TYNDALL	1	3	4.26		1	25	57	79	24	24	0																		24
MACDILL	1	3	5.35		0	50	69	142	60	60	0																		60
PATRICK	1	3	4.82		0	15	20	72	29	29	0																		29
MOODY	1	3	3.81		0	10	47	47	14	14	0																		14
ROBINS	1	3	4.24		0	15	31	32	21	21	0																		21
MHOME	1	3	5.92		1	20	31	31	18	18	0																		18
SCOTT	1	3	5.48		0	95	120	348	44	44	0																		44
BARKS	1	3	5.04		0	25	46	70	26	26	0																		26
ANDREWS	0	3	5.89		0	185	244	388	48	0	0				0		0	0	0										0
KEESLER	1	3	7.10	5.06	0	235	306	433	52	52	0	181																	233
COLMBS	1	3	3.24		0	5	17	17	7	7	0																		7
WHITEMN	1	3	4.04		0	15	26	29	11	11	0																		11
OFFUTT	1	3	5.85		0	50	107	123	40	40	0																		40
NELLIS	1	3	5.90		0	20	77	77	40	40	0																		40
KIRT	1	3	5.40		0	25	40	40	28	28	0																		28
HOLLOMN	1	3	4.68		1	8	30	28	21	21	0																		21
CANNON	1	3	4.87		1	15	29	36	18	18	0																		18
SJOHNS	1	3	4.45		0	15	44	48	21	21	0																		21
GFORKS	1	3	3.82		0	15	34	34	14	14	0																		14
MINOT	1	3	4.64		0	25	47	75	19	19	0																		19
WPATT	1	3	5.90	5.58	0	160	175	433	38	38	0	122																	160
TINK	1	3	4.76		0	25	65	90	41	41	0																		41

Form: 1 Beds: oper M1129B

MINNFV	3.0307
Flow clusters	1
Use civ beds	0
Min AD pop	226785
Oper beds	1
MC FV avg req	0
MC_flow	1
Wgt Pct	1

MTF	OPEN	MV	FV	MC FV	Bin	Oper b	Beds a	Exp be	AC bed	Patient	Civ bed	GME be	EVANS	USAFAC	WREED	ANDRE	BETH	DEWIT	KIMB	BROOK	LACKL	SHAW	MONC	LANG	MCDE	PTSM			Total assigned
ALTUS	1	3	3.92		0	7	39	39	10	10	0																		10
SHAW	0	3	5.02		0	25	48	90	23	0	0												0						0
ELLS	1	3	4.80		0	15	35	58	18	18	0																		18
REESE	1	3	3.18		0	4	10	20	7	7	0																		7
DYESS	1	3	4.26		0	15	35	100	18	18	0																		18
SHEPP	1	3	5.00		0	80	197	318	18	18	0																		18
LAUGH	1	3	3.72		1	5	28	40	4	4	0																		4
LACKLND	1	3	7.16	6.74	0	585	1006	1033	70	70	0	515								0									585
HILL	1	3	5.88		0	25	42	55	27	27	0																		27
LANGLY	0	3	5.68		0	40	71	120	44	0	0														0	0			0
FAIRCH	1	3	4.71		0	30	61	90	23	23	0																		23
WARREN	1	3	3.98		0	15	24	43	12	12	0																		12
FTDIX	1	3	6.07		0	20	350	350	56	56	0																		56
FOX	1	3	4.86		0	20	42	57	20	20	0																		20
NOBLE	1	3	4.90		0	48	100	106	19	19	0																		19
LYSTER	1	3	5.60		0	42	69	77	25	25	0																		25
BASSETT	1	3	5.02		1	43	74	100	17	17	0																		17
BLISS	1	3	5.51		0	30	103	107	18	18	0																		18
FITZSIM	1	3	5.37	6.35	0	174	335	375	36	36	0	138																	174
EVANS	1	3	7.62		0	149	195	212	70	70	0			36															106
WREED	1	3	6.10	7.72	0	694	718	847	33	33	0	661				0	0	0	0										694
IKE	1	3	7.59	8.25	1	346	757	757	44	44	0	302																	346
MARTIN	1	3	7.16		0	172	282	380	62	62	0																		62
WINN	1	3	7.06		0	114	148	165	51	51	0																		51
TRIP	1	3	7.94	4.52	1	423	439	617	119	119	0	0																	119
IRWIN	1	3	7.62		1	60	127	192	55	55	0																		55
MUNSON	1	3	4.49		0	20	65	65	30	30	0																		30
BLANCH	1	3	8.18		0	146	241	350	67	67	0																		67
IRELAND	1	3	6.30		0	84	172	333	47	47	0																		47
BJONES	1	3	5.83		1	96	169	169	30	30	0																		30
KIMB	1	3	6.76		0	36	68	170	61	61	0				0	0	0												61
LWOOD	1	3	7.51		1	122	480	670	40	40	0																		40
PATT	1	3	4.76		0	15	67	67	20	20	0																		20
KELLER	1	3	5.34		0	30	62	62	23	23	0																		23
WOMACK	1	3	8.52		0	226	272	454	139	139	0																		139
REYNOLDS	1	3	7.58		0	100	157	264	47	47	0																		47
MONCRF	1	3	7.55		0	96	432	435	48	48	0											23							71
BEAUMT	1	3	7.51	5.91	0	330	482	684	49	49	0	0																	49
BROOKE	1	3	7.50	7.58	0	367	450	651	71	71	0	296									0								367
DARN	1	3	8.36		0	203	241	359	111	111	0																		111
MCDEE	0	3	5.78		0	42	116	116	39	0	0													0		0			0
KENNER	1	3	5.43		0	49	67	87	27	27	0																		27
DEWITT	1	3	7.49		0	68	93	105	95	95	0				0	0	0												95
MADIG	1	3	8.22	6.14	0	381	414	622	101	101	0	145																	246
WEED	1	3	5.10		1	25	27	27	12	12	0																		12
									4347		0	2753																	7100

	DOD	Army	Navy	AF
Total sites =	99	32	19	48
Tot. retained =	94	31	19	44

	Total beds			Retained beds		
	Oper	Avail	Exp	Oper	Avail	Exp
USN	2395	3383	3865	2395	3383	3865
USAF	2538	4761	6501	2233	4318	5746
USA	4751	7464	9682	4709	7348	9566
DOD	9684	15608	20048	9337	15049	19177

	Before	After
Avg MV =	3.00	3.00
Avg FV =	5.72	5.72
Avg MC FV =	6.54	6.87

Form: 1 Beds: avail M1129A

MINNFV	4.7569
Flow clusters	1
Use civ beds	0
Min AD pop	226785
Oper beds	0
MC FV avg req	0
MC_flow	1
Wgt Pct	1

MTF	OPEN	MV	FV	MC FV	Bln	Oper b	Beds a	Exp be	AC bed	Patient	Civ bed	GME be	EVANS	USAFAC	WREED	ANDRE	BETH	DEWIT	KIMB	BROOK	LACKL	SHAW	MONC	LANG	MCDE	PTSM			Total assigned
PEND	1	3	7.28		0	120	222	265	98	98	0																		98
LEMOORE	1	3	5.12		1	37	69	37	29	29	0																		29
SDIEG	1	3	8.48	7.84	0	422	617	583	254	254	0	363																	617
29PALMS	1	3	7.58		1	30	70	40	26	26	0																		26
GROTON	1	3	5.41		0	25	100	96	30	30	0																		30
PENS	1	3	7.19		0	104	221	161	69	69	0																		69
JAX	1	3	6.98		0	131	176	228	97	97	0																		97
GLAKES	1	3	6.48		0	136	228	718	54	54	0																		54
BETH	1	3	6.82	7.40	0	342	459	779	69	69	0	316			33	41		0	0										459
PAX	1	3	3.74		1	20	20	32	12	12	0																		12
LEJU	1	3	7.76		1	176	224	238	92	92	0																		92
CHPT	1	3	4.52		0	40	40	27	36	36	0																		36
CHAR	1	3	5.56		0	90	90	90	46	46	0																		46
BEAU	1	3	4.70		0	49	80	54	22	22	0																		22
MILL	1	3	4.37		1	66	102	106	20	20	0																		20
CORP	1	3	4.26		0	42	65	65	14	14	0																		14
PTSMTH	1	3	6.55	7.01	0	431	437	176	277	277	0	148												0	12				437
BREM	1	3	6.98		1	109	137	139	47	47	0																		47
OAKHAR	1	3	5.38		0	25	26	31	24	24	0																		24
MAXWELL	1	3	3.83		0	30	71	118	27	27	0																		27
ELM	1	3	6.03		0	75	139	32	33	33	0																		33
LUKE	1	3	5.02		0	40	60	100	50	50	0																		50
DMONTH	1	3	5.22		0	30	70	112	36	36	0																		36
LROCK	1	3	4.83		0	20	39	68	26	26	0																		26
TRAVIS	1	3	7.88	5.52	0	195	408	388	69	69	0	0																	69
BEALE	1	3	3.76		0	9	14	14	16	16	0																		16
MATHER	1	3	5.06		0	30	35	70	38	38	0																		38
VANBERG	1	3	5.00		0	20	48	46	14	14	0																		14
EDWARDS	1	3	3.82		0	10	30	33	17	17	0																		17
USAFAC	0	3	5.68		0	55	80	157	36	0	0		0																0
DOVER	1	3	4.69		0	20	39	60	21	21	0																		21
EGLIN	1	3	6.62		0	85	120	275	58	58	0																		58
TYNDALL	1	3	4.26		1	25	57	79	24	24	0																		24
MACDILL	1	3	5.35		0	50	69	142	60	60	0																		60
PATRICK	1	3	4.82		0	15	20	72	29	29	0																		29
MOODY	1	3	3.81		0	10	47	47	14	14	0																		14
ROBINS	1	3	4.24		0	15	31	32	21	21	0																		21
MHOME	1	3	5.92		1	20	31	31	18	18	0																		18
SCOTT	1	3	5.48		0	95	120	348	44	44	0																		44
BARKS	1	3	5.04		0	25	46	70	26	26	0																		26
ANDREWS	0	3	5.89		0	185	244	388	48	0	0				0		0	0	0										0
KEESLER	1	3	7.10	5.06	0	235	306	433	52	52	0	177																	229
COLMBS	1	3	3.24		0	5	17	17	7	7	0																		7
WHITEMN	1	3	4.04		0	15	26	29	11	11	0																		11
OFFUTT	1	3	5.85		0	50	107	123	40	40	0																		40
NELLIS	1	3	5.90		0	20	77	77	40	40	0																		40
KIRT	1	3	5.40		0	25	40	40	28	28	0																		28
HOLLOMN	1	3	4.68		1	8	30	28	21	21	0																		21
CANNON	1	3	4.87		1	15	29	36	18	18	0																		18
SJOHNS	1	3	4.45		0	15	44	48	21	21	0																		21
GFORKS	1	3	3.82		0	15	34	34	14	14	0																		14
MINOT	1	3	4.64		0	25	47	75	19	19	0																		19
WPATT	1	3	5.90	5.58	0	160	175	433	38	38	0	137																	175
TINK	1	3	4.76		0	25	65	90	41	41	0																		41

Form: 1 Beds: avail M1129A

MINNFV	4.7569
Flow clusters	1
Use civ beds	0
Min AD pop	226785
Oper beds	0
MC FV avg req	0
MC_flow	1
Wgt Pct	1

MTF	OPEN	MV	FV	MC FV	Bln	Oper b	Beds a	Exp be	AC bed	Patient	Civ bed	GME be	EVANS	USAFAC	WREED	ANDRE	BETH	DEWIT	KIMB	BROOK	LACKL	SHAW	MONC	LANG	MCDE	PTSM			Total assigned
ALTUS	1	3	3.92		0	7	39	39	10	10	0																		10
SHAW	0	3	5.02		0	25	48	90	23	0	0												0						0
ELLS	1	3	4.80		0	15	35	58	18	18	0																		18
REESE	1	3	3.18		0	4	10	20	7	7	0																		7
DYESS	1	3	4.26		0	15	35	100	18	18	0																		18
SHEPP	1	3	5.00		0	80	197	318	18	18	0																		18
LAUGH	1	3	3.72		1	5	28	40	4	4	0																		4
LACKLND	1	3	7.16	6.74	0	585	1006	1033	70	70	0	520								0									590
HILL	1	3	5.88		0	25	42	55	27	27	0																		27
LANGLY	1	3	5.68		0	40	71	120	44	44	0														27	0			71
FAIRCH	1	3	4.71		0	30	61	90	23	23	0																		23
WARREN	1	3	3.98		0	15	24	43	12	12	0																		12
FTDIX	1	3	6.07		0	20	350	350	56	56	0																		56
FOX	1	3	4.86		0	20	42	57	20	20	0																		20
NOBLE	1	3	4.90		0	48	100	106	19	19	0																		19
LYSTER	1	3	5.60		0	42	69	77	25	25	0																		25
BASSETT	1	3	5.02		1	43	74	100	17	17	0																		17
BLISS	1	3	5.51		0	30	103	107	18	18	0																		18
FITZSIM	1	3	5.37	6.35	0	174	335	375	36	36	0	0																	36
EVANS	1	3	7.62		0	149	195	212	70	70	0			36															106
WREED	0	3	6.10	7.72	0	694	718	847	33	0	0	0				0	0	0	0										0
IKE	1	3	7.59	8.25	1	346	757	757	44	44	0	713																	757
MARTIN	1	3	7.16		0	172	282	380	62	62	0																		62
WINN	1	3	7.06		0	114	148	165	51	51	0																		51
TRIP	1	3	7.94	4.52	1	423	439	617	119	119	0	0																	119
IRWIN	1	3	7.62		1	60	127	192	55	55	0																		55
MUNSON	1	3	4.49		0	20	65	65	30	30	0																		30
BLANCH	1	3	8.18		0	146	241	350	67	67	0																		67
IRELAND	1	3	6.30		0	84	172	333	47	47	0																		47
BJONES	1	3	5.83		1	96	169	169	30	30	0																		30
KIMB	1	3	6.76		0	36	68	170	61	61	0				0	7	0												68
LWOOD	1	3	7.51		1	122	480	670	40	40	0																		40
PATT	1	3	4.76		0	15	67	67	20	20	0																		20
KELLER	1	3	5.34		0	30	62	62	23	23	0																		23
WOMACK	1	3	8.52		0	226	272	454	139	139	0																		139
REYNOLDS	1	3	7.58		0	100	157	264	47	47	0																		47
MONCRF	1	3	7.55		0	96	432	435	48	48	0											23							71
BEAUMT	1	3	7.51	5.91	0	330	482	684	49	49	0	0																	49
BROOKE	1	3	7.50	7.58	0	367	450	651	71	71	0	379									0								450
DARN	1	3	8.36		0	203	241	359	111	111	0																		111
MCDEE	0	3	5.78		0	42	116	116	39	0	0													0		0			0
KENNER	1	3	5.43		0	49	67	87	27	27	0																		27
DEWITT	1	3	7.49		0	68	93	105	95	95	0				0	0	0												95
MADIG	1	3	8.22	6.14	0	381	414	622	101	101	0	0																	101
WEED	1	3	5.10		1	25	27	27	12	12	0																		12
									4347		0	2753																	7100

	DOD	Army	Navy	AF
Total sites =	99	32	19	48
Tot. retained =	94	30	19	45

	Total beds			Retained beds		
	Oper	Avail	Exp	Oper	Avail	Exp
USN	2395	3383	3865	2395	3383	3865
USAF	2538	4761	6501	2273	4389	5866
USA	4751	7464	9682	4015	6630	8719
DOD	9684	15608	20048	8683	14402	18450

	Before	After
Avg MV =	3.00	3.00
Avg FV =	5.72	5.72
Avg MC FV =	6.54	6.93

Form: 2 Beds: oper M1129D

MINNFV	1.4456
Flow clusters	0
Use civ beds	1
Min AD pop	25000
Oper beds	1
MC FV avg req	0
MC_flow	1
Wgt Pct	1

MTF	OPEN	MV	FV	MC FV	Bin	Oper b	Beds a	Exp be	AC bed	Patient	Civ bed	GME be	EVANS	USAFAC	WREED	ANDRE	BETH	DEWIT	KIMB	BROOK	LACKL	SHAW	MONC	LANG	MCDE	PTSM			Total assigned
PEND	1	3	7.28		1	120	222	265	98	98	0																		98
LEMOORE	1	3	5.12		1	37	69	37	29	29	0																		29
SDIEG	1	3	8.48	7.84	1	422	617	583	254	254	0	168																	422
29PALMS	1	3	7.58		1	30	70	40	26	26	0																		26
GROTON	1	3	5.41		0	25	100	96	30	30	0																		30
PENS	1	3	7.19		1	104	221	161	69	69	0																		69
JAX	1	3	6.98		1	131	176	228	97	97	0																		97
GLAKES	1	3	6.48		1	136	228	718	54	54	0																		54
BETH	1	3	6.82	7.40	0	342	459	779	69	69	0	100			0	17		95	61										342
PAX	1	3	3.74		1	20	20	32	12	12	0																		12
LEJU	1	3	7.76		1	176	224	238	92	92	0																		92
CHPT	1	3	4.52		1	40	40	27	36	36	0																		36
CHAR	1	3	5.56		1	90	90	90	46	46	0																		46
BEAU	0	3	4.70		0	49	80	54	22	0	22																		0
MILL	1	3	4.37		1	66	102	106	20	20	0																		20
CORP	0	3	4.26		0	42	65	65	14	0	14																		0
PTSMTH	1	3	6.55	7.01	0	431	437	176	277	277	0	154												0	0				431
BREM	1	3	6.98		1	109	137	139	47	47	0																		47
OAKHAR	1	3	5.38		0	25	26	31	24	24	0																		24
MAXWELL	1	3	3.83		0	30	71	118	27	27	0																		27
ELM	1	3	6.03		1	75	139	32	33	33	0																		33
LUKE	1	3	5.02		0	40	60	100	50	50	0																		50
DMONTH	1	3	5.22		0	30	70	112	36	36	0																		36
LROCK	1	3	4.83		0	20	39	68	26	26	0																		26
TRAVIS	1	3	7.88	5.52	1	195	408	388	69	69	0	0																	69
BEALE	1	3	3.76		0	9	14	14	16	16	0																		16
MATHER	1	3	5.06		0	30	35	70	38	38	0																		38
VANBERG	0	3	5.00		0	20	48	46	14	0	14																		0
EDWARDS	1	3	3.82		0	10	30	33	17	17	0																		17
USAFAC	1	3	5.68		0	55	80	157	36	36	0		19																55
DOVER	1	3	4.69		0	20	39	60	21	21	0																		21
EGLIN	1	3	6.62		1	85	120	275	58	58	0																		58
TYNDALL	1	3	4.26		1	25	57	79	24	24	0																		24
MACDILL	1	3	5.35		0	50	69	142	60	60	0																		60
PATRICK	1	3	4.82		0	15	20	72	29	29	0																		29
MOODY	1	3	3.81		0	10	47	47	14	14	0																		14
ROBINS	1	3	4.24		0	15	31	32	21	21	0																		21
MHOME	1	3	5.92		1	20	31	31	18	18	0																		18
SCOTT	0	3	5.48		0	95	120	348	44	0	44																		0
BARKS	1	3	5.04		0	25	46	70	26	26	0																		26
ANDREWS	0	3	5.89		0	185	244	388	48	0	0				0		0	0	0										0
KEESLER	1	3	7.10	5.06	1	235	306	433	52	52	0	183																	235
COLMBS	1	3	3.24		0	5	17	17	7	7	0																		7
WHITEMN	1	3	4.04		0	15	26	29	11	11	0																		11
OFFUTT	1	3	5.85		1	50	107	123	40	40	0																		40
NELLIS	1	3	5.90		0	20	77	77	40	40	0																		40
KIRT	1	3	5.40		0	25	40	40	28	28	0																		28
HOLLOMN	1	3	4.68		1	8	30	28	21	21	0																		21
CANNON	1	3	4.87		1	15	29	36	18	18	0																		18
SJOHNS	1	3	4.45		0	15	44	48	21	21	0																		21
GFORKS	1	3	3.82		0	15	34	34	14	14	0																		14
MINOT	1	3	4.64		0	25	47	75	19	19	0																		19
WPATT	1	3	5.90	5.58	0	160	175	433	38	38	0	122																	160
TINK	1	3	4.76		0	25	65	90	41	41	0																		41

Form: 2 Beds: oper M1129D

MINNFV	1.4456
Flow clusters	0
Use civ beds	1
Min AD pop	25000
Oper beds	1
MC FV avg req	0
MC_flow	1
Wgt Pct	1

MTF	OPEN	MV	FV	MC FV	Bin	Oper b	Beds a	Exp be	AC bed	Patient	Civ bed	GME be	EVANS	USAFAC	WREED	ANDRE	BETH	DEWIT	KIMB	BROOK	LACKL	SHAW	MONC	LANG	MCDE	PTSM			Total assigned
ALTUS	1	3	3.92		0	7	39	39	10	10	0																		10
SHAW	0	3	5.02		0	25	48	90	23	0	0												0						0
ELLS	1	3	4.80		0	15	35	58	18	18	0																		18
REESE	1	3	3.18		0	4	10	20	7	7	0																		7
DYESS	1	3	4.26		0	15	35	100	18	18	0																		18
SHEPP	0	3	5.00		0	80	197	318	18	0	18																		0
LAUGH	1	3	3.72		1	5	28	40	4	4	0																		4
LACKLND	0	3	7.16	6.74	0	585	1006	1033	70	0	3	0								0									0
HILL	1	3	5.88		0	25	42	55	27	27	0																		27
LANGLY	1	3	5.68		0	40	71	120	44	44	0														0	0			44
FAIRCH	1	3	4.71		0	30	61	90	23	23	0																		23
WARREN	1	3	3.98		0	15	24	43	12	12	0																		12
FTDIX	1	3	6.07		1	20	350	350	56	56	0																		56
FOX	1	3	4.86		0	20	42	57	20	20	0																		20
NOBLE	0	3	4.90		0	48	100	106	19	0	19																		0
LYSTER	0	3	5.60		0	42	69	77	25	0	25																		0
BASSETT	1	3	5.02		1	43	74	100	17	17	0																		17
BLISS	0	3	5.51		0	30	103	107	18	0	18																		0
FITZSIM	0	3	5.37	6.35	0	174	335	375	36	0	36	0																	0
EVANS	0	3	7.62		0	149	195	212	70	0	51			0															0
WREED	1	3	6.10	7.72	0	694	718	847	33	33	0	630				31	0	0	0										694
IKE	1	3	7.59	8.25	1	346	757	757	44	44	0	302																	346
MARTIN	1	3	7.16		1	172	282	380	62	62	0																		62
WINN	1	3	7.06		1	114	148	165	51	51	0																		51
TRIP	1	3	7.94	4.52	1	423	439	617	119	119	0	304																	423
IRWIN	1	3	7.62		1	60	127	192	55	55	0																		55
MUNSON	1	3	4.49		0	20	65	65	30	30	0																		30
BLANCH	1	3	8.18		1	146	241	350	67	67	0																		67
IRELAND	1	3	6.30		1	84	172	333	47	47	0																		47
BJONES	1	3	5.83		1	96	169	169	30	30	0																		30
KIMB	0	3	6.76		0	36	68	170	61	0	0				0	0	0												0
LWOOD	1	3	7.51		1	122	480	670	40	40	0																		40
PATT	1	3	4.76		0	15	67	67	20	20	0																		20
KELLER	0	3	5.34		0	30	62	62	23	0	23																		0
WOMACK	1	3	8.52		1	226	272	454	139	139	0																		139
REYNOLDS	1	3	7.58		1	100	157	264	47	47	0																		47
MONCRF	1	3	7.55		0	96	432	435	48	48	0											23							71
BEAUMT	1	3	7.51	5.91	1	330	482	684	49	49	0	281																	330
BROOKE	1	3	7.50	7.58	0	367	450	651	71	71	0	229									67								367
DARN	1	3	8.36		1	203	241	359	111	111	0																		111
MCDEE	1	3	5.78		0	42	116	116	39	39	0													0		0			39
KENNER	0	3	5.43		0	49	67	87	27	0	27																		0
DEWITT	0	3	7.49		0	68	93	105	95	0	0				0	0	0												0
MADIG	1	3	8.22	6.14	1	381	414	622	101	101	0	280																	381
WEED	1	3	5.10		1	25	27	27	12	12	0																		12
									4347		314	2753																	6786

	DOD	Army	Navy	AF
Total sites =	99	32	19	48
Tot. retained =	82	23	17	42
	17	9	2	6

	Total beds			Retained beds		
	Oper	Avail	Exp	Oper	Avail	Exp
USN	2395	3383	3865	2304	3238	3746
USAF	2538	4761	6501	1548	3098	4278
USA	4751	7464	9682	4125	6372	8381
DOD	9684	15608	20048	7977	12708	16405

	Before	After
Avg MV =	3.00	3.00
Avg FV =	5.72	5.73
Avg MC FV =	6.54	6.64

Point: 2 Beds: avail MT1250

MINNFV	3.1318
Plow clusters	0
Use civ beds	1
Min AD pop	25000
Oper beds	0
MC FV avg req	0
MC_flow	1
Wgt Pct	1

MTF	OPEN	MV	FV	MC FV	Bln	Oper b	Beds a	Exp be	AC bed	Patient	Civ bed	GME be	EVANS	USAFAC	WREED	ANDRE	BETH	DEWIT	KIMB	BROOK	LACKL	SHAW	MONC	LANG	MCDE	PTSM			Total assigned
PEND	1	3	7.28		1	120	222	265	98	98	0																		98
LEMOORE	1	3	5.12		1	37	69	37	29	29	0																		29
SDIEG	1	3	8.48	7.84	1	422	617	583	254	254	0	363																	617
29PALMS	1	3	7.58		1	30	70	40	26	26	0																		26
GROTON	0	3	5.41		0	25	100	96	30	0	30																		0
PENS	1	3	7.19		1	104	221	161	69	69	0																		69
JAX	1	3	6.98		1	131	176	228	97	97	0																		97
GLAKES	1	3	6.48		1	136	228	718	54	54	0																		54
BETH	1	3	6.82	7.40	0	342	459	779	69	69	0	390			0	0		0	0										459
PAX	1	3	3.74		1	20	20	32	12	12	0																		12
LEJU	1	3	7.76		1	176	224	238	92	92	0																		92
CHPT	1	3	4.52		1	40	40	27	36	36	0																		36
CHAR	1	3	5.56		1	90	90	90	46	46	0																		46
BEAU	0	3	4.70		0	49	80	54	22	0	22																		0
MILL	1	3	4.37		1	66	102	106	20	20	0																		20
CORP	0	3	4.26		0	42	65	65	14	0	14																		0
PTSMTH	1	3	6.55	7.01	0	431	437	176	277	277	0	148												0	12				437
BREM	1	3	6.98		1	109	137	139	47	47	0																		47
OAKHAR	1	3	5.38		0	25	26	31	24	24	0																		24
MAXWELL	1	3	3.83		0	30	71	118	27	27	0																		27
ELM	1	3	6.03		1	75	139	32	33	33	0																		33
LUKE	1	3	5.02		0	40	60	100	50	50	0																		50
DMONTH	1	3	5.22		0	30	70	112	36	36	0																		36
LROCK	1	3	4.83		0	20	39	68	26	26	0																		26
TRAVIS	1	3	7.88	5.52	1	195	408	388	69	69	0	0																	69
BEALE	1	3	3.76		0	9	14	14	16	16	0																		16
MATHER	1	3	5.06		0	30	35	70	38	38	0																		38
VANBERG	0	3	5.00		0	20	48	46	14	0	14																		0
EDWARDS	1	3	3.82		0	10	30	33	17	17	0																		17
USAFAC	1	3	5.68		0	55	80	157	36	36	0		44																80
DOVER	1	3	4.69		0	20	39	60	21	21	0																		21
EGLIN	1	3	6.62		1	85	120	275	58	58	0																		58
TYNDALL	1	3	4.26		1	25	57	79	24	24	0																		24
MACDILL	1	3	5.35		0	50	69	142	60	60	0																		60
PATRICK	1	3	4.82		0	15	20	72	29	29	0																		29
MOODY	0	3	3.81		0	10	47	47	14	0	14																		0
ROBINS	1	3	4.24		0	15	31	32	21	21	0																		21
MHOME	1	3	5.92		1	20	31	31	18	18	0																		18
SCOTT	1	3	5.48		0	95	120	348	44	44	0																		44
BARKS	1	3	5.04		0	25	46	70	26	26	0																		26
ANDREWS	1	3	5.89		0	185	244	388	48	48	0				26		0	95	0										169
KEESLER	1	3	7.10	5.06	1	235	306	433	52	52	0	103																	155
COLMBS	0	3	3.24		0	5	17	17	7	0	7																		0
WHITEMN	0	3	4.04		0	15	26	29	11	0	11																		0
OFFUTT	1	3	5.85		1	50	107	123	40	40	0																		40
NELLIS	1	3	5.90		0	20	77	77	40	40	0																		40
KIRT	1	3	5.40		0	25	40	40	28	28	0																		28
HOLLOMN	1	3	4.68		1	8	30	28	21	21	0																		21
CANNON	1	3	4.87		1	15	29	36	18	18	0																		18
SJOHNS	1	3	4.45		0	15	44	48	21	21	0																		21
GFORKS	0	3	3.82		0	15	34	34	14	0	14																		0
MINOT	1	3	4.64		0	25	47	75	19	19	0																		19
WPATT	1	3	5.90	5.58	0	160	175	433	38	38	0	137																	175
TINK	1	3	4.76		0	25	65	90	41	41	0																		41

Form: 2 Beds: avail MT129C

MINNFV	3.1318
Flow clusters	0
Use civ beds	1
Min AD pop	25000
Oper beds	0
MC FV avg req	0
MC_flow	1
Wgt Pct	1

MTF	OPEN	MV	FV	MC FV	Bin	Oper b	Beds a	Exp be	AC bed	Patient	Civ bed	GME be	EVANS	USAFAC	WREED	ANDRE	BETH	DEWIT	KIMB	BROOK	LACKL	SHAW	MONC	LANG	MCDE	PTSM			Total assigned
ALTUS	0	3	3.92		0	7	39	39	10	0	10																		0
SHAW	1	3	5.02		0	25	48	90	23	23	0												25						48
ELLS	1	3	4.80		0	15	35	58	18	18	0																		18
REESE	1	3	3.18		0	4	10	20	7	7	0																		7
DYESS	1	3	4.26		0	15	35	100	18	18	0																		18
SHEPP	1	3	5.00		0	80	197	318	18	18	0																		18
LAUGH	1	3	3.72		1	5	28	40	4	4	0																		4
LACKLND	0	3	7.16	6.74	0	585	1006	1033	70	0	0	0								0									0
HILL	1	3	5.88		0	25	42	55	27	27	0																		27
LANGLY	1	3	5.68		0	40	71	120	44	44	0														27	0			71
FAIRCH	1	3	4.71		0	30	61	90	23	23	0																		23
WARREN	1	3	3.98		0	15	24	43	12	12	0																		12
FTDIX	1	3	6.07		1	20	350	350	56	56	0																		56
FOX	1	3	4.86		0	20	42	57	20	20	0																		20
NOBLE	0	3	4.90		0	48	100	106	19	0	19																		0
LYSTER	1	3	5.60		0	42	69	77	25	25	0																		25
BASSETT	1	3	5.02		1	43	74	100	17	17	0																		17
BLISS	0	3	5.51		0	30	103	107	18	0	18																		0
FITZSIM	0	3	5.37	6.35	0	174	335	375	36	0	36	0																	0
EVANS	0	3	7.62		0	149	195	212	70	0	26			0															0
WREED	0	3	6.10	7.72	0	694	718	847	33	0	0	0				0	0	0	0										0
IKE	1	3	7.59	8.25	1	346	757	757	44	44	0	713																	757
MARTIN	1	3	7.16		1	172	282	380	62	62	0																		62
WINN	1	3	7.06		1	114	148	165	51	51	0																		51
TRIP	1	3	7.94	4.52	1	423	439	617	119	119	0	0																	119
IRWIN	1	3	7.62		1	60	127	192	55	55	0																		55
MUNSON	1	3	4.49		0	20	65	65	30	30	0																		30
BLANCH	1	3	8.18		1	146	241	350	67	67	0																		67
IRELAND	1	3	6.30		1	84	172	333	47	47	0																		47
BJONES	1	3	5.83		1	96	169	169	30	30	0																		30
KIMB	1	3	6.76		0	36	68	170	61	61	0				7	0	0												68
LWOOD	1	3	7.51		1	122	480	670	40	40	0																		40
PATT	0	3	4.76		0	15	67	67	20	0	20																		0
KELLER	0	3	5.34		0	30	62	62	23	0	23																		0
WOMACK	1	3	8.52		1	226	272	454	139	139	0																		139
REYNOLDS	1	3	7.58		1	100	157	264	47	47	0																		47
MONCRF	0	3	7.55		0	96	432	435	48	0	23											0							0
BEAUMT	1	3	7.51	5.91	1	330	482	684	49	49	0	277																	326
BROOKE	1	3	7.50	7.58	0	367	450	651	71	71	0	309									70								450
DARN	1	3	8.36		1	203	241	359	111	111	0																		111
MCDEE	0	3	5.78		0	42	116	116	39	0	0													0		0			0
KENNER	1	3	5.43		0	49	67	87	27	27	0																		27
DEWITT	0	3	7.49		0	68	93	105	95	0	0				0	0	0												0
MADIG	1	3	8.22	6.14	1	381	414	622	101	101	0	313																	414
WEED	1	3	5.10		1	25	27	27	12	12	0																		12
									4347		301	2753																	6799

	DOD	Army	Navy	AF
Total sites =	99	32	19	48
Tot. retained =	79	22	16	41
	20	10	3	7

	Total beds			Retained beds		
	Oper	Avail	Exp	Oper	Avail	Exp
USN	2395	3383	3865	2279	3138	3650
USAF	2538	4761	6501	1881	3544	5256
USA	4751	7464	9682	3405	5243	7250
DOD	9684	15608	20048	7565	11925	16156

	Before	After
Avg MV =	3.00	3.00
Avg FV =	5.72	5.83
Avg MC FV =	6.54	6.75

Pcnt: 3 Beds: oper M1129F

MINNFV	1.1412
Flow clusters	1
Use civ beds	1
Min AD pop	226785
Oper beds	1
MC FV avg req	0
MC_flow	1
Wgt Pct	1

MTF	OPEN	MV	FV	MC FV	Bin	Oper b	Beds a	Exp be	AC bed	Patient	Civ bed	GME be	EVANS	USAFAC	WREED	ANDRE	BETH	DEWIT	KIMB	BROOK	LACKL	SHAW	MONC	LANG	MCDE	PTSM			Total assigned
PEND	1	3	7.28		0	120	222	265	98	98	0																		98
LEMOORE	1	3	5.12		1	37	69	37	29	29	0																		29
SDIEG	1	3	8.48	7.84	0	422	617	583	254	254	0	168																	422
29PALMS	1	3	7.58		1	30	70	40	26	26	0																		26
GROTON	1	3	5.41		0	25	100	96	30	30	0																		30
PENS	1	3	7.19		0	104	221	161	69	69	0																		69
JAX	1	3	6.98		0	131	176	228	97	97	0																		97
GLAKES	1	3	6.48		0	136	228	718	54	54	0																		54
BETH	1	3	6.82	7.40	0	342	459	779	69	69	0	130			0	48		95	0										342
PAX	1	3	3.74		1	20	20	32	12	12	0																		12
LEJU	1	3	7.76		1	176	224	238	92	92	0																		92
CHPT	1	3	4.52		0	40	40	27	36	36	0																		36
CHAR	0	3	5.56		0	90	90	90	46	0	46																		0
BEAU	0	3	4.70		0	49	80	54	22	0	22																		0
MILL	1	3	4.37		1	66	102	106	20	20	0																		20
CORP	0	3	4.26		0	42	65	65	14	0	14																		0
PTSMTH	1	3	6.55	7.01	0	431	437	176	277	277	0	113												41	0				431
BREM	1	3	6.98		1	109	137	139	47	47	0																		47
OAKHAR	1	3	5.38		0	25	26	31	24	24	0																		24
MAXWELL	1	3	3.83		0	30	71	118	27	27	0																		27
ELM	0	3	6.03		0	75	139	32	33	0	33																		0
LUKE	1	3	5.02		0	40	60	100	50	50	0																		50
DMONTH	1	3	5.22		0	30	70	112	36	36	0																		36
LROCK	1	3	4.83		0	20	39	68	26	26	0																		26
TRAVIS	1	3	7.88	5.52	0	195	408	388	69	69	0	126																	195
BEALE	0	3	3.76		0	9	14	14	16	0	16																		0
MATHER	1	3	5.06		0	30	35	70	38	38	0																		38
VANBERG	1	3	5.00		0	20	48	46	14	14	0																		14
EDWARDS	1	3	3.82		0	10	30	33	17	17	0																		17
USAFAC	1	3	5.68		0	55	80	157	36	36	0		19																55
DOVER	1	3	4.69		0	20	39	60	21	21	0																		21
EGLIN	1	3	6.62		0	85	120	275	58	58	0																		58
TYNDALL	1	3	4.26		1	25	57	79	24	24	0																		24
MACDILL	1	3	5.35		0	50	69	142	60	60	0																		60
PATRICK	1	3	4.82		0	15	20	72	29	29	0																		29
MOODY	1	3	3.81		0	10	47	47	14	14	0																		14
ROBINS	1	3	4.24		0	15	31	32	21	21	0																		21
MHOME	1	3	5.92		1	20	31	31	18	18	0																		18
SCOTT	1	3	5.48		0	95	120	348	44	44	0																		44
BARKS	1	3	5.04		0	25	46	70	26	26	0																		26
ANDREWS	0	3	5.89		0	185	244	388	48	0	0				0		0	0	0										0
KEESLER	1	3	7.10	5.06	0	235	306	433	52	52	0	163																	215
COLMBS	0	3	3.24		0	5	17	17	7	0	7																		0
WHITEMN	1	3	4.04		0	15	26	29	11	11	0																		11
OFFUTT	1	3	5.85		0	50	107	123	40	40	0																		40
NELLIS	1	3	5.90		0	20	77	77	40	40	0																		40
KIRT	1	3	5.40		0	25	40	40	28	28	0																		28
HOLLOMN	1	3	4.68		1	8	30	28	21	21	0																		21
CANNON	1	3	4.87		1	15	29	36	18	18	0																		18
SJOHNS	1	3	4.45		0	15	44	48	21	21	0																		21
GFORKS	1	3	3.82		0	15	34	34	14	14	0																		14
MINOT	1	3	4.64		0	25	47	75	19	19	0																		19
WPATT	1	3	5.90	5.58	0	160	175	433	38	38	0	122																	160
TINK	1	3	4.76		0	25	65	90	41	41	0																		41

Form: 3 Beds: oper M1129F

MINNFV	1.1412
Flow clusters	1
Use civ beds	1
Min AD pop	228785
Oper beds	1
MC FV avg req	0
MC_flow	1
Wgt Pct	1

MTF	OPEN	MV	FV	MC FV	Bln	Oper b	Beds a	Exp be	AC bed	Patient	Civ bed	GME be	EVANS	USAFAC	WREED	ANDRE	BETH	DEWIT	KIMB	BROOK	LACKL	SHAW	MONC	LANG	MCDE	PTSM			Total assigned
ALTUS	1	3	3.92		0	7	39	39	10	10	0																		10
SHAW	0	3	5.02		0	25	48	90	23	0	0												0						0
ELLS	1	3	4.80		0	15	35	58	18	18	0																		18
REESE	0	3	3.18		0	4	10	20	7	0	7																		0
DYESS	1	3	4.26		0	15	35	100	18	18	0																		18
SHEPP	1	3	5.00		0	80	197	318	18	18	0																		18
LAUGH	1	3	3.72		1	5	28	40	4	4	0																		4
LACKLND	0	3	7.16	6.74	0	585	1006	1033	70	0	19	0								0									0
HILL	1	3	5.88		0	25	42	55	27	27	0																		27
LANGLY	0	3	5.68		0	40	71	120	44	0	0														0	0			0
FAIRCH	1	3	4.71		0	30	61	90	23	23	0																		23
WARREN	1	3	3.98		0	15	24	43	12	12	0																		12
FTDIX	1	3	6.07		0	20	350	350	56	56	0																		56
FOX	1	3	4.86		0	20	42	57	20	20	0																		20
NOBLE	0	3	4.90		0	48	100	106	19	0	19																		0
LYSTER	1	3	5.60		0	42	69	77	25	25	0																		25
BASSETT	1	3	5.02		1	43	74	100	17	17	0																		17
BLISS	1	3	5.51		0	30	103	107	18	18	0																		18
FITZSIM	1	3	5.37	6.35	0	174	335	375	36	36	0	138																	174
EVANS	0	3	7.62		0	149	195	212	70	0	51			0															0
WREED	1	3	6.10	7.72	0	694	718	847	33	33	0	661				0	0	0	0										694
IKE	1	3	7.59	8.25	1	346	757	757	44	44	0	302																	346
MARTIN	0	3	7.16		0	172	282	380	62	0	62																		0
WINN	0	3	7.06		0	114	148	165	51	0	51																		0
TRIP	1	3	7.94	4.52	1	423	439	617	119	119	0	304																	423
IRWIN	1	3	7.62		1	60	127	192	55	55	0																		55
MUNSON	1	3	4.49		0	20	65	65	30	30	0																		30
BLANCH	1	3	8.18		0	146	241	350	67	67	0																		67
IRELAND	1	3	6.30		0	84	172	333	47	47	0																		47
BJONES	1	3	5.83		1	96	169	169	30	30	0																		30
KIMB	1	3	6.76		0	36	68	170	61	61	0				0	0	0												61
LWOOD	1	3	7.51		1	122	480	670	40	40	0																		40
PATT	1	3	4.76		0	15	67	67	20	20	0																		20
KELLER	1	3	5.34		0	30	62	62	23	23	0																		23
WOMACK	1	3	8.52		0	226	272	454	139	139	0																		139
REYNOLDS	1	3	7.58		0	100	157	264	47	47	0																		47
MONCRF	1	3	7.55		0	96	432	435	48	48	0											23							71
BEAUMT	1	3	7.51	5.91	0	330	482	684	49	49	0	281																	330
BROOKE	1	3	7.50	7.58	0	367	450	651	71	71	0	245									51								367
DARN	1	3	8.36		0	203	241	359	111	111	0																		111
MCDEE	1	3	5.78		0	42	116	116	39	39	0													3		0			42
KENNER	0	3	5.43		0	49	67	87	27	0	27																		0
DEWITT	0	3	7.49		0	68	93	105	95	0	0				0	0	0												0
MADIG	0	3	8.22	6.14	0	381	414	622	101	0	101	0																	0
WEED	1	3	5.10		1	25	27	27	12	12	0																		12
									4347		475	2753																	6625

	DOD	Army	Navy	AF
Total sites =	99	32	19	48
Tot. retained =	81	25	16	40
	18	7	3	8

	Total beds			Retained beds		
	Oper	Avail	Exp	Oper	Avail	Exp
USN	2395	3383	3865	2214	3148	3656
USAF	2538	4761	6501	1610	3212	4787
USA	4751	7464	9682	3770	6165	8005
DOD	9684	15608	20048	7594	12525	16448

	Before	After
Avg MV =	3.00	3.00
Avg FV =	5.72	5.72
Avg MC FV =	6.54	6.56

Form: 3 Beds: avail M1129E

MINNFV	3.0621
Flow clusters	1
Use civ beds	1
Min AD pop	226785
Oper beds	0
MC FV avg req	0
MC_flow	1
Wgt Pct	1

MTF	OPEN	MV	FV	MC FV	Bin	Oper b	Beds a	Exp be	AC bed	Patient	Civ bed	GME be	EVANS	USAFAC	WREED	ANDRE	BETH	DEWIT	KIMB	BROOK	LACKL	SHAW	MONC	LANG	MCDE	PTSM			Total assigned
PEND	1	3	7.28		0	120	222	265	98	98	0																		98
LEMOORE	1	3	5.12		1	37	69	37	29	29	0																		29
SDIEG	1	3	8.48	7.84	0	422	617	583	254	254	0	363																	617
29PALMS	1	3	7.58		1	30	70	40	26	26	0																		26
GROTON	1	3	5.41		0	25	100	96	30	30	0																		30
PENS	1	3	7.19		0	104	221	161	69	69	0																		69
JAX	1	3	6.98		0	131	176	228	97	97	0																		97
GLAKES	1	3	6.48		0	136	228	718	54	54	0																		54
BETH	1	3	6.82	7.40	0	342	459	779	69	69	0	390			0	0		0	0										459
PAX	1	3	3.74		1	20	20	32	12	12	0																		12
LEJU	1	3	7.76		1	176	224	238	92	92	0																		92
CHPT	1	3	4.52		0	40	40	27	36	36	0																		36
CHAR	1	3	5.56		0	90	90	90	46	46	0																		46
BEAU	1	3	4.70		0	49	80	54	22	22	0																		22
MILL	1	3	4.37		1	66	102	106	20	20	0																		20
CORP	0	3	4.26		0	42	65	65	14	0	14																		0
PTSMTH	1	3	6.55	7.01	0	431	437	176	277	277	0	148												0	12				437
BREM	1	3	6.98		1	109	137	139	47	47	0																		47
OAKHAR	1	3	5.38		0	25	26	31	24	24	0																		24
MAXWELL	1	3	3.83		0	30	71	118	27	27	0																		27
ELM	1	3	6.03		0	75	139	32	33	33	0																		33
LUKE	1	3	5.02		0	40	60	100	50	50	0																		50
DMONTH	1	3	5.22		0	30	70	112	36	36	0																		36
LROCK	1	3	4.83		0	20	39	68	26	26	0																		26
TRAVIS	0	3	7.88	5.52	0	195	408	388	69	0	69	0																	0
BEALE	1	3	3.76		0	9	14	14	16	16	0																		16
MATHER	1	3	5.06		0	30	35	70	38	38	0																		38
VANBERG	1	3	5.00		0	20	48	46	14	14	0																		14
EDWARDS	1	3	3.82		0	10	30	33	17	17	0																		17
USAFAC	1	3	5.68		0	55	80	157	36	36	0		0																36
DOVER	1	3	4.69		0	20	39	60	21	21	0																		21
EGLIN	1	3	6.62		0	85	120	275	58	58	0																		58
TYNDALL	1	3	4.26		1	25	57	79	24	24	0																		24
MACDILL	1	3	5.35		0	50	69	142	60	60	0																		60
PATRICK	1	3	4.82		0	15	20	72	29	29	0																		29
MOODY	1	3	3.81		0	10	47	47	14	14	0																		14
ROBINS	1	3	4.24		0	15	31	32	21	21	0																		21
MHOME	1	3	5.92		1	20	31	31	18	18	0																		18
SCOTT	1	3	5.48		0	95	120	348	44	44	0																		44
BARKS	1	3	5.04		0	25	46	70	26	26	0																		26
ANDREWS	1	3	5.89		0	185	244	388	48	48	0				26		0	95	0										169
KEESLER	1	3	7.10	5.06	0	235	306	433	52	52	0	102																	154
COLMBS	0	3	3.24		0	5	17	17	7	0	7																		0
WHITEMN	1	3	4.04		0	15	26	29	11	11	0																		11
OFFUTT	1	3	5.85		0	50	107	123	40	40	0																		40
NELLIS	1	3	5.90		0	20	77	77	40	40	0																		40
KIRT	1	3	5.40		0	25	40	40	28	28	0																		28
HOLLOMN	1	3	4.68		1	8	30	28	21	21	0																		21
CANNON	1	3	4.87		1	15	29	36	18	18	0																		18
SJOHNS	1	3	4.45		0	15	44	48	21	21	0																		21
GFORKS	0	3	3.82		0	15	34	34	14	0	14																		0
MINOT	1	3	4.64		0	25	47	75	19	19	0																		19
WPATT	1	3	5.90	5.58	0	160	175	433	38	38	0	137																	175
TINK	1	3	4.76		0	25	65	90	41	41	0																		41

Form: 3 Beds: avail M1129E

MINNFV	3.0621
Flow clusters	1
Use civ beds	1
Min AD pop	226785
Oper beds	0
MC FV avg req	0
MC_flow	1
Wgt Pct	1

MTF	OPEN	MV	FV	MC FV	Bln	Oper b	Beds a	Exp be	AC bed	Patient	Civ bed	GME be	EVANS	USAFAC	WREED	ANDRE	BETH	DEWIT	KIMB	BROOK	LACKL	SHAW	MONC	LANG	MCDE	PTSM			Total assigned
ALTUS	0	3	3.92		0	7	39	39	10	0	10																		0
SHAW	1	3	5.02		0	25	48	90	23	23	0												25						48
ELLS	1	3	4.80		0	15	35	58	18	18	0																		18
REESE	1	3	3.18		0	4	10	20	7	7	0																		7
DYESS	1	3	4.26		0	15	35	100	18	18	0																		18
SHEPP	1	3	5.00		0	80	197	318	18	18	0																		18
LAUGH	1	3	3.72		1	5	28	40	4	4	0																		4
LACKLND	0	3	7.16	6.74	0	585	1006	1033	70	0	0	0								0									0
HILL	1	3	5.88		0	25	42	55	27	27	0																		27
LANGLY	1	3	5.68		0	40	71	120	44	44	0														27	0			71
FAIRCH	1	3	4.71		0	30	61	90	23	23	0																		23
WARREN	1	3	3.98		0	15	24	43	12	12	0																		12
FTDIX	0	3	6.07		0	20	350	350	56	0	56																		0
FOX	1	3	4.86		0	20	42	57	20	20	0																		20
NOBLE	1	3	4.90		0	48	100	106	19	19	0																		19
LYSTER	1	3	5.60		0	42	69	77	25	25	0																		25
BASSETT	1	3	5.02		1	43	74	100	17	17	0																		17
BLISS	0	3	5.51		0	30	103	107	18	0	18																		0
FITZSIM	0	3	5.37	6.35	0	174	335	375	36	0	36	0																	0
EVANS	1	3	7.62		0	149	195	212	70	70	0			0															70
WREED	0	3	6.10	7.72	0	694	718	847	33	0	0	0				0	0	0	0										0
IKE	1	3	7.59	8.25	1	346	757	757	44	44	0	713																	757
MARTIN	1	3	7.16		0	172	282	380	62	62	0																		62
WINN	1	3	7.06		0	114	148	165	51	51	0																		51
TRIP	1	3	7.94	4.52	1	423	439	617	119	119	0	0																	119
IRWIN	1	3	7.62		1	60	127	192	55	55	0																		55
MUNSON	1	3	4.49		0	20	65	65	30	30	0																		30
BLANCH	1	3	8.18		0	146	241	350	67	67	0																		67
IRELAND	1	3	6.30		0	84	172	333	47	47	0																		47
BJONES	1	3	5.83		1	96	169	169	30	30	0																		30
KIMB	1	3	6.76		0	36	68	170	61	61	0				7	0	0												68
LWOOD	1	3	7.51		1	122	480	670	40	40	0																		40
PATT	1	3	4.76		0	15	67	67	20	20	0																		20
KELLER	1	3	5.34		0	30	62	62	23	23	0																		23
WOMACK	1	3	8.52		0	226	272	454	139	139	0																		139
REYNOLDS	1	3	7.58		0	100	157	264	47	47	0																		47
MONCRF	0	3	7.55		0	96	432	435	48	0	23											0							0
BEAUMT	1	3	7.51	5.91	0	330	482	684	49	49	0	277																	326
BROOKE	1	3	7.50	7.58	0	367	450	651	71	71	0	309									70							-	450
DARN	1	3	8.36		0	203	241	359	111	111	0																		111
MCDEE	0	3	5.78		0	42	116	116	39	0	0													0		0			0
KENNER	1	3	5.43		0	49	67	87	27	27	0																		27
DEWITT	0	3	7.49		0	68	93	105	95	0	0				0	0	0												0
MADIG	1	3	8.22	6.14	0	381	414	622	101	101	0	313																	414
WEED	1	3	5.10		1	25	27	27	12	12	0																		12
									4347		247	2752																	6852

	DOD	Army	Navy	AF
Total sites =	99	32	19	48
Tot. retained =	86	26	18	42
	13	6	1	6

	Total beds			Retained beds		
	Oper	Avail	Exp	Oper	Avail	Exp
USN	2395	3383	3865	2353	3318	3800
USAF	2538	4761	6501	1711	2907	4640
USA	4751	7464	9682	3647	5667	7697
DOD	9684	15608	20048	7711	11892	16137

	Before	After
Avg MV =	3.00	3.00
Avg FV =	5.72	5.72
Avg MC FV =	6.54	6.75