



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to Section 902 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required a report on the organizational structure of the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) and the TRICARE Management Activity (TMA).

This report was due April 26, 2010. We apologize for the late submission. It was delayed by our need to first complete a top-to-bottom review of headquarters functions to more accurately inform the report recommendations. We completed that organizational review only recently.

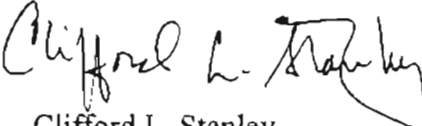
The report now provides (a) the organizational charts for the OASD(HA) and TMA organizations; (b) the position descriptions for all Senior Executive Service and flag officer billets; (c) identification of those positions that are filled by the same person in OASD(HA) and TMA; and (d) an assessment of whether the senior personnel of OASD(HA) and TMA are able to appropriately perform the discrete functions of policy formulation, policy and program execution, and program oversight.

Our assessment is that dual-capacity OASD(HA) and TMA senior executives decreases the requirement for senior personnel resources and allows policy-makers to oversee policy implementation ensuring intent is being met while simultaneously providing direct civilian oversight of the \$47 billion Unified Medical Program. The current fiscal environment demands that we optimize the skills of our executive management personnel to keep the organization as flat as possible. Although there are some risks with this management approach, we believe the

risks are properly mitigated and that this approach provides a more timely decision-making process for Department of Defense leadership.

Thank you for your interest in helping support our Service members and their families.

Sincerely,



Clifford L. Stanley

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

The Honorable Jim Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to Section 902 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required a report on the organizational structure of the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) and the TRICARE Management Activity (TMA).

This report was due April 26, 2010. We apologize for the late submission. It was delayed by our need to first complete a top-to-bottom review of headquarters functions to more accurately inform the report recommendations. We completed that organizational review only recently.

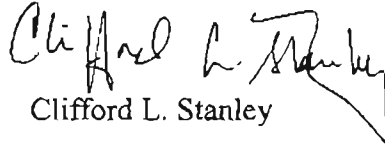
The report now provides (a) the organizational charts for the OASD(HA) and TMA organizations; (b) the position descriptions for all Senior Executive Service and flag officer billets; (c) identification of those positions that are filled by the same person in OASD(HA) and TMA; and (d) an assessment of whether the senior personnel of OASD(HA) and TMA are able to appropriately perform the discrete functions of policy formulation, policy and program execution, and program oversight.

Our assessment is that dual-capacity OASD(HA) and TMA senior executives decreases the requirement for senior personnel resources and allows policy-makers to oversee policy implementation ensuring intent is being met while simultaneously providing direct civilian oversight of the \$47 billion Unified Medical Program. The current fiscal environment demands that we optimize the skills of our executive management personnel to keep the organization as flat as possible. Although there are some risks with this management approach, we believe the

risks are properly mitigated and that this approach provides a more timely decision-making process for Department of Defense leadership.

Thank you for your interest in helping support our Service members and their families.

Sincerely,

A handwritten signature in black ink that reads "Clifford L. Stanley". The signature is written in a cursive style with a large, sweeping flourish at the end of the name.

Clifford L. Stanley

Enclosure:

As stated

cc:

The Honorable Lindsey O. Graham
Ranking Member



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Howard P. "Buck" McKeon
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to Section 902 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required a report on the organizational structure of the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) and the TRICARE Management Activity (TMA).

This report was due April 26, 2010. We apologize for the late submission. It was delayed by our need to first complete a top-to-bottom review of headquarters functions to more accurately inform the report recommendations. We completed that organizational review only recently.

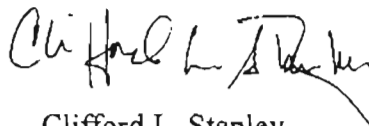
The report now provides (a) the organizational charts for the OASD(HA) and TMA organizations; (b) the position descriptions for all Senior Executive Service and flag officer billets; (c) identification of those positions that are filled by the same person in OASD(HA) and TMA; and (d) an assessment of whether the senior personnel of OASD(HA) and TMA are able to appropriately perform the discrete functions of policy formulation, policy and program execution, and program oversight.

Our assessment is that dual-capacity OASD(HA) and TMA senior executives decreases the requirement for senior personnel resources and allows policy-makers to oversee policy implementation ensuring intent is being met while simultaneously providing direct civilian oversight of the \$47 billion Unified Medical Program. The current fiscal environment demands that we optimize the skills of our executive management personnel to keep the organization as flat as possible. Although there are some risks with this management approach, we believe the

risks are properly mitigated and that this approach provides a more timely decision-making process for Department of Defense leadership.

Thank you for your interest in helping support our Service members and their families.

Sincerely,

A handwritten signature in black ink, appearing to read "Clifford L. Stanley". The signature is written in a cursive style with a large, sweeping flourish at the end.

Clifford L. Stanley

Enclosure:

As stated

cc:

The Honorable Adam Smith
Ranking Member



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Joe Wilson
Chairman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

The enclosed report responds to Section 902 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required a report on the organizational structure of the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) and the TRICARE Management Activity (TMA).

This report was due April 26, 2010. We apologize for the late submission. It was delayed by our need to first complete a top-to-bottom review of headquarters functions to more accurately inform the report recommendations. We completed that organizational review only recently.

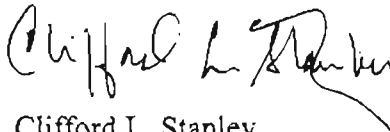
The report now provides (a) the organizational charts for the OASD(HA) and TMA organizations; (b) the position descriptions for all Senior Executive Service and flag officer billets; (c) identification of those positions that are filled by the same person in OASD(HA) and TMA; and (d) an assessment of whether the senior personnel of OASD(HA) and TMA are able to appropriately perform the discrete functions of policy formulation, policy and program execution, and program oversight.

Our assessment is that dual-capacity OASD(HA) and TMA senior executives decreases the requirement for senior personnel resources and allows policy-makers to oversee policy implementation ensuring intent is being met while simultaneously providing direct civilian oversight of the \$47 billion Unified Medical Program. The current fiscal environment demands that we optimize the skills of our executive management personnel to keep the organization as flat as possible. Although there are some risks with this management approach, we believe the

risks are properly mitigated and that this approach provides a more timely decision-making process for Department of Defense leadership.

Thank you for your interest in helping support our Service members and their families.

Sincerely,

A handwritten signature in black ink that reads "Clifford L. Stanley". The signature is written in a cursive style with a large, sweeping flourish at the end.

Clifford L. Stanley

Enclosure:

As stated

cc:

The Honorable Susan A. Davis
Ranking Member



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Daniel K. Inouye
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to Section 902 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required a report on the organizational structure of the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) and the TRICARE Management Activity (TMA).

This report was due April 26, 2010. We apologize for the late submission. It was delayed by our need to first complete a top-to-bottom review of headquarters functions to more accurately inform the report recommendations. We completed that organizational review only recently.

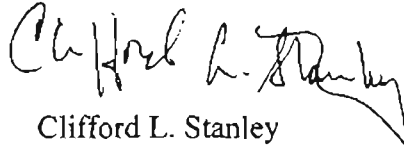
The report now provides (a) the organizational charts for the OASD(HA) and TMA organizations; (b) the position descriptions for all Senior Executive Service and flag officer billets; (c) identification of those positions that are filled by the same person in OASD(HA) and TMA; and (d) an assessment of whether the senior personnel of OASD(HA) and TMA are able to appropriately perform the discrete functions of policy formulation, policy and program execution, and program oversight.

Our assessment is that dual-capacity OASD(HA) and TMA senior executives decreases the requirement for senior personnel resources and allows policy-makers to oversee policy implementation ensuring intent is being met while simultaneously providing direct civilian oversight of the \$47 billion Unified Medical Program. The current fiscal environment demands that we optimize the skills of our executive management personnel to keep the organization as flat as possible. Although there are some risks with this management approach, we believe the

risks are properly mitigated and that this approach provides a more timely decision-making process for Department of Defense leadership.

Thank you for your interest in helping support our Service members and their families.

Sincerely,

A handwritten signature in black ink, appearing to read "Clifford L. Stanley". The signature is written in a cursive style with a large, sweeping flourish at the end.

Clifford L. Stanley

Enclosure:

As stated

cc:

The Honorable Thad Cochran
Vice Chairman



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Harold "Hal" Rogers
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to Section 902 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required a report on the organizational structure of the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) and the TRICARE Management Activity (TMA).

This report was due April 26, 2010. We apologize for the late submission. It was delayed by our need to first complete a top-to-bottom review of headquarters functions to more accurately inform the report recommendations. We completed that organizational review only recently.

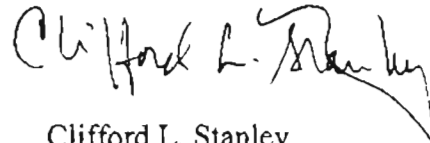
The report now provides (a) the organizational charts for the OASD(HA) and TMA organizations; (b) the position descriptions for all Senior Executive Service and flag officer billets; (c) identification of those positions that are filled by the same person in OASD(HA) and TMA; and (d) an assessment of whether the senior personnel of OASD(HA) and TMA are able to appropriately perform the discrete functions of policy formulation, policy and program execution, and program oversight.

Our assessment is that dual-capacity OASD(HA) and TMA senior executives decreases the requirement for senior personnel resources and allows policy-makers to oversee policy implementation ensuring intent is being met while simultaneously providing direct civilian oversight of the \$47 billion Unified Medical Program. The current fiscal environment demands that we optimize the skills of our executive management personnel to keep the organization as flat as possible. Although there are some risks with this management approach, we believe the

risks are properly mitigated and that this approach provides a more timely decision-making process for Department of Defense leadership.

Thank you for your interest in helping support our Service members and their families.

Sincerely,

A handwritten signature in black ink that reads "Clifford L. Stanley". The signature is written in a cursive style with a large, sweeping flourish at the end of the name.

Clifford L. Stanley

Enclosure:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member

DEPARTMENT OF DEFENSE



**A REPORT TO CONGRESS ON THE ORGANIZATIONAL STRUCTURE
OF THE OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
FOR HEALTH AFFAIRS AND THE
TRICARE MANAGEMENT ACTIVITY**

Table of Contents

I. Statutory Requirements	3
II. Assessment	4
III. Background	8
IV. Health Affairs and TRICARE Management Activity Positions: Roles and Responsibilities	10
Appendix A Organization Chart - Health Affairs	20
Appendix C List of Senior Executive Positions Filled by the Same Individual	22
Appendix D Senior Position Descriptions	24
DoD Directive 5136.01 Assistant Secretary of Defense for Health Affairs (ASD(HA)).....	25
PD: Principal Deputy Assistant Secretary of Defense for Health Affairs	32
PD: Principal Deputy Director, TMA.....	32
PD: DASD Clinical & Program Policy.....	35
PD: Chief Medical Officer.....	35
PD: DASD Health Budget & Financial Policy	39
PD: Chief Financial Officer	39
PD: DASD Force Health Protection and Readiness	44
PD: Director Force Health Protection and Readiness Programs	44
PD: Chief Human Capital Officer.....	49
PD: Director Financial Plans and Policy, HB&FP	53
Assistant, Mobilization and Reserve Affairs	59
Director, Defense Center of Excellence for PH/TBI	60
PD: President, Uniformed Services University of the Health Sciences.....	61
PD: MHS Chief Information Officer & Director IMT&R.....	63
Deputy Director, TMA.....	71
PD: Program Executive Officer (Joint Medical Information Systems)	73
PD: Deputy Director Force Health Protection and Readiness Programs.....	80
PD: Chief Health Plan Operations	86
Chief Pharmacy Operations	92
PD: Chief TRICARE Policy and Operations.....	98
PD: Chief Acquisition Management and Support	105
PD: Regional Directors: TRICARE Regional Office (North, South & West)	112
PD: TMA General Counsel.....	118

I. Statutory Requirements

National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, Section 902:
Organizational Structure of the Office of the Assistant Secretary of Defense for Health Affairs (HA) and the TRICARE Management Activity (TMA)

Section 902 of the NDAA for FY 2010 requires the Department of Defense to submit to the congressional defense committees a report on the organizational structure of the Office of the Assistant Secretary of Defense for HA and of the TMA.

The report required shall include the following:

- **ORGANIZATIONAL CHARTS** — Organizational charts for both the Office of the Assistant Secretary of Defense for HA and the TMA showing, at a minimum, the senior positions in such office and such activity.
 - **SENIOR POSITION DESCRIPTIONS** — A description of the policy-making functions and oversight responsibilities of each senior position in the Office of the Assistant Secretary of Defense for HA and the policy and program execution responsibilities of each senior position of TMA.
 - **POSITIONS FILLED BY SAME INDIVIDUAL** — A description of which positions in both organizations are filled by the same individual.
 - **ASSESSMENT** — An assessment of whether the senior personnel of the Office of the Assistant Secretary of Defense for Health Affairs (OASD/HA) and TMA, as currently organized, are able to appropriately perform the discrete functions of policy formulation, policy and program execution, and program oversight.
-

II. Assessment

Background

The Office of the Assistant Secretary of Defense (Health Affairs) has undergone several significant reorganizations and realignments over the past twelve years. The current organizational structure for Health Affairs and TMA has been substantially in place since 2006. This structure reflects the cumulative decisions of DoD officials over a number of years and the means by which they elected to manage medical affairs within their purview.

The Assistant Secretary of Defense (Health Affairs) has broad and specific responsibilities for exercising authority, direction and control over DoD medical personnel, budgets, facilities and policies related to the medical mission of the Department, and serves as medical advisor to the Secretary of Defense. The responsibilities are outlined in DoD Directive 5136.01. Under this directive, the ASD(HA) exercises authority, direction and control over the Director, TMA.

The charter for the TRICARE Management Activity (TMA) (DoD Directive 5136.12) was signed on May 31, 2001, by the Deputy Secretary of Defense and established the following mission:

- Manage TRICARE
- Manage and execute the Defense Health Program (DHP) appropriation and the DoD Uniformed Medical Program, and
- Support the Uniformed Services in implementation of the TRICARE Program and the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)

It is important to note in the context of this report that DoDD 5136.12 provides clear instruction that the Director, TMA is under the authority, direction and control of the ASD(HA). By DoD directive, it is clear the the ASD(HA) and the TMA are separate organizations; the ASD(HA) and Director, TMA have separate and distinct authorities; and they maintain separate resources. More complete summaries of the DoD directives are provided as additional background in Section III.

The activities of the Military Health System (MHS) are complex, but the missions are clear. Historically, the missions of the MHS were viewed through the prism of a readiness mission -- ensuring military forces are medically ready for combat, and a “peacetime” health mission -- supporting the readiness mission by maintaining the clinical skills of the military medical force through provision or coordination of health care to the 9.6 million beneficiaries. In 2010, the MHS adopted a more holistic and balanced strategy. Known as the Quadruple Aim, this model acknowledges that readiness is at the center of all that the MHS does —and is enveloped and supported by a system that improves the health of the population; enhances the patient experience of care; and carefully manages the per capita cost of care.

For more than 60 years there have been efforts aimed at a more effective organization for the Military Health System. Various proposals have recommended (1) a unified medical command, (2) a Defense Health Agency, consolidating medical personnel and activities under the Office of the Secretary of Defense, and (3) myriad hybrid models which have sought to balance the military medical readiness mission of the MHS (sustaining Service management and oversight of personnel and facilities) with the need to manage the significant growth in private sector care costs (e.g., providing central management of the TRICARE benefit).

Cost increases over the last 10 years have been particularly acute and can be attributed to several major factors: legislatively directed expansion of benefits (e.g., TRICARE Senior Pharmacy); legislatively directed expansion of new beneficiaries (e.g., Medicare-eligible military beneficiaries and active Reserve/Guard); growth in the active duty (and active duty family) population; general US health care cost inflation; increased per member utilization of health services, and a beneficiary cost-differential between private sector health insurance costs and TRICARE that has driven more military retirees to use TRICARE as their primary source of health coverage.

The organizational models that have been used or proposed to manage the medical readiness and health programs have not altered these underlying cost drivers, but rather were intended to enhance the Department's ability to manage and oversee the enterprise.

There have been two significant organizational changes to the MHS leadership and governance structure in the past 12 years.

The Defense Reform Initiative (DRI), introduced by Secretary Cohen in 1998, included the establishment of the TRICARE Management Activity (TMA), and led to the consequent reduction in OASD(HA) staff by more than 300 persons who were moved to the field activity, with 42 military and civilian positions remaining in Health Affairs. Thus, the organization entrusted with the policy, programming and oversight of an increasingly complex enterprise, simultaneously reduced its staffing by more than 85%.

In 2003, the ASD(HA) assumed the role of Director, TMA and established dual-hatted responsibilities for Deputy Assistant Secretaries within TMA. In their HA roles, the DASDs are responsible for policy development and program oversight. In their TMA roles, these same functional chiefs retain separate staffs, who support the dual-hatted leader and perform program implementation roles for the TRICARE program.

Specifically, the reorganization resulted in the following personnel being "dual-hatted" in both the Health Affairs (OSD-level) and TMA (field activity) offices:

- DASD (Force Health Protection and Readiness) dual-hatted as the Director, Force Health Protection and Readiness Programs
- DASD (Clinical & Program Policy) dual-hatted as the Chief Medical Officer for TMA

- DASD (Health Budgets & Financial Programs) dual-hatted as the Chief Financial Officer for TMA

In 2006, the Principal Deputy Assistant Secretary of Defense (Health Affairs) was also dual-hatted as the Principal Deputy Director, TMA.

The ASD(HA) decision to reorganize the supervisory relationships in the Health Affairs / TMA organization was entirely discretionary and driven by an understandable need to better integrate support to the Services and to establish greater responsibilities and accountabilities for senior officials in the Military Health System. In his reorganization memo, the ASD(HA) at the time stated that “the realignment...provides an improved focus on management of the entire Military Health System (including but not limited to management of the TRICARE health plan) and a reengineered staff capability to support that mission.” The ASD(HA) retains the ability to reverse this organizational decision.

At this time the five personnel in the dual-hatted positions continue to perform distinct HA and TMA roles. These individuals ensure that new policies and programs are supported and executed in a timely manner; complementing the Military Departments execution responsibilities. The Department is vigilant in its review of appropriations to ensure that respective OSD and TMA activities are supported through the correct appropriation account.

Program Assessment

Since the 2003 reorganization, the Department has conducted several internal analyses of the legal basis, the operational benefits and risks, and staff perceptions of the effectiveness of the current structure. These analyses have supported the legal basis for the structure. At the same time, previous analyses have highlighted potential risks inherent in any dual-hatted organizational model. Additionally, internal staff reviews have brought forward perceived pros and cons regarding the effectiveness of this structure.

The existing HA/TMA dual-hatted organizational structure has produced both advantages and disadvantages. The benefits include: enhanced the integration between policy development arm of Health Affairs and the execution arm of TMA; provided unity of effort in the OSD organizations, prompt and successful execution of senior policy decisions by the medical organizations under the purview of the ASD(HA).

The risks include the potential for not adhering to the separation of appropriations accounts in supporting respective functions. The absence of some written guidelines and standard operating procedures exacerbate the risk of misallocation of funds, but applicable requirements have been met. In addition, though intended to integrate management functions, the reorganizations may have blurred lines of organizational responsibility and accountability as oversight responsibilities previously handled by OSD were delegated to a field activity whose primary competency was in managing private sector health care programs.

Another perceived disadvantage of the current model is that it also increased friction with the Services' medical departments as TMA served as both overseer and competitor for health

resources. For example, in April 2009 testimony to the House Armed Services Committee, Subcommittee on Personnel, the U.S. Army Surgeon General, Lieutenant General Eric Schoomaker, noted that this dual-hat relationship “leads to the perception that TMA is an unequal stakeholder in the MHS, outweighing the influence of the Services...I am concerned that the role of the Services is diminished in many MHS forums because TMA is perceived as ‘first among equals.’” The Surgeons General of the Navy and Air Force expressed similar concerns with the organizational structure.

The Office of the Deputy Chief Management Officer (ODCMO) recently conducted a study of health information management and information technology programs. The study included an organizational assessment that reviewed the risks involved with executives in dual-capacity assignments. The ODCMO study revealed that combination of the policy and execution functions under a single official does cause some confusion to those outside the organization. On the other hand, it may improve communication and cooperation between the requirements-setting and executing entities. The study team heard examples of both conclusions in interviews.

It is our assessment that the current organizational structure has not impeded the effective execution of either policy or programs on behalf of the people served. In many ways, it has effectively utilized the talents and abilities of senior appointees and career executives in the Department, relative to the initial organizational construct from the late 1990s. Recognizing the advantages and disadvantages of the dual-hat model, the Department also recognizes that new opportunities and challenges may necessitate further review.

The continued, expansive growth in DoD medical costs; the various joint organizational constructs that arose after Congressional approval of the 2005 Base Realignment and Closure (BRAC) recommendations; the establishment of new centers of excellence; efforts to improve our Electronic Health Record (EHR); expectations for even greater collaboration with other federal health partners, particularly the Department of Veterans Affairs; and the increasing demands on our system as a result of support to wounded warriors have added to this need for a comprehensive organizational assessment.

The Department continues to assess potential improvements in organizational alignments for management of the Military Health System.

III. Background

Assistant Secretary of Defense for Health Affairs: The following description summarizes the most critical roles and missions as defined in DoD Directive 5136.01, Assistant Secretary of Defense (Health Affairs), dated June 4, 2008.

The ASD(HA) is the principal advisor to the Secretary of Defense and the USD(P&R) for all DoD health policies, programs, and force health protection activities. The ASD(HA) shall ensure the effective execution of the Department's medical mission, providing and maintaining readiness for medical services and support to: members of the Armed Forces including during military operations; their dependents; those held in the control of the Armed Forces; and others entitled to or eligible for DoD medical care and benefits, including under the TRICARE Program. In carrying out these responsibilities, the ASD(HA) shall exercise authority, direction, and control over the DoD medical and dental personnel authorizations and policy, facilities, programs, funding, and other resources in the Department of Defense, and shall:

- Develop policies, conduct analyses, provide advice, and make recommendations to the USD(P&R) and the Secretary of Defense, and issue guidance to the DoD Components on matters pertaining to the DoD MHS.
- Establish policies, procedures, and standards that shall govern management of DoD health and medical programs, including the clinical investigations program, patient movement, medical special pays, health professions accessions and training, graduate medical education, patient rights and responsibilities, medical quality assurance, medical records, health information privacy, organ and tissue donation, veterinary services, health promotion, medical materiel, and the Armed Services Blood Program.
- Review and evaluate DoD health and medical programs. Undertake management oversight activities as required to ensure health and medical policies, plans, programs, systems, and standards are compatible and support the Total Force objectives and requirements and enhance readiness.
- Serve as program manager for all DoD health and medical resources. Prepare and submit, in the DoD Planning, Programming, Budgeting, and Execution (PPBE) process, a DoD Unified Medical Program budget to provide resources for the DoD MHS. Consistent with applicable law, all funding for the DoD MHS, including operations and maintenance; procurement; and research, development, test, and evaluation shall be accounted for in the single DHP appropriations account. Funds for medical facility military construction shall be in a separate, single appropriations account. Present and justify the DoD Unified Medical Program budget throughout the PPBE process, including representations before the Congress.
- Serve as principal advisor to the USD(P&R) and the Secretary of Defense for the clinical health care aspects of DoD chemical, biological, radiological, and nuclear (CBRN) medical defense programs. Coordinate policy and provide program oversight related to the use of preventive and therapeutic medical countermeasures to CBRN threats, including all immunization policy. Serve as subject matter expert for Congressional inquiries on health issues related to medical countermeasures and represent the Secretary of Defense on these matters outside the Department of Defense.

- Serve as the principal advisor to the USD(P&R) and the Secretary of Defense on deployment matters as they pertain to force health in the Department of Defense, including aspects of policy, readiness, and medical research. Develop plans, policies, and programs to facilitate new or improved force health protection initiatives and support the investigation, information exchange, reporting, and archiving of pertinent health related information on past, present, or potential military deployments.
- In coordination with the Military Departments, establish medically-related physical standards for appointment, enlistment, and induction into the Armed Forces under the jurisdiction of the Department of Defense.
- Establish standards and procedures for mental health evaluations, combat stress control, and comprehensive health surveillance.
- Co-chair, with the Director of Defense Research and Engineering (DDR&E), under the Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L)), the Armed Services Biomedical Research Evaluation and Management Committee, which facilitates oversight of DoD biomedical research. Serve as advisor to the DDR&E on matters related to biomedical human subjects research.
- Make determinations on separation or retirement for physical disability or medical disqualification, as prescribed in section 1216 of Reference (a) and DoD Directive 1332.18 (Reference (e)).
- Exercise authority in accordance with section 300hh-11 of title 42, United States Code (Reference (f)), and according to DoD policy for participation in the National Disaster Medical System.
- Develop policies and standards to ensure effective and efficient results through the approved joint process for joint medical capabilities integration, clinical standardization, and operational validation of all medical materiel.

TRICARE Management Activity: The following description summarizes the most critical roles and missions as defined in DoD Directive 5136.12, TRICARE Management Activity (TMA) charter, dated May 31, 2001.

The mission of the TMA is to:

- Manage TRICARE;
- Manage and execute the Defense Health Program (DHP) Appropriation and the DoD Unified Medical Program; and
- Support the Uniformed Services in implementation of the TRICARE Program and the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

The Director, TMA, under the authority, direction, and control of the ASD(HA), shall:

- Organize, direct, and manage the TMA and all assigned resources.
- Manage the execution of policy issued by the ASD(HA) in the administration of all DoD medical and dental programs
- Issue program direction for the execution of policy within the MHS to the Army, Navy, and

- Serve as the program manager for TRICARE health and medical resources, supervising and administering TRICARE programs, funding, and other resources within the Department of Defense.
- Prepare and submit, together with and pursuant to policy guidance of the ASD(HA) and with Service input, for the Department's planning, programming, and budgeting system (PPBS), the DoD Unified Medical Program and budget to provide resources for all health and medical activities within the Department of Defense. Support the ASD(HA)'s presentation and justification of the DoD Unified Medical Program and budget throughout the PPBS process, including representations before the Congress.
- Manage and execute the DHP and DoD Unified Medical Program accounts, including Military Department execution of allocated funds, in accordance with instructions issued by the ASD(HA), fiscal guidance issued by the Under Secretary of Defense (Comptroller), and applicable law.
- Exercise oversight, management, and program direction of information management/information technology systems and programs as necessary to manage TRICARE and support the ASD(HA) in administration of all medical and dental programs,
- Develop such technical guidance, regulations, and instructions as required to manage TRICARE and to support the ASD(HA) in administration of all medical and dental programs
- Support the conduct of studies and research activities in the healthcare area to assist the ASD(HA), and others, as necessary, in support of their responsibilities and to support the management and implementation of health policies for the MHS issued by the ASD(HA).
- Contract for managed care support, dental support, other health programs, claims processing services, studies and research support, supplies, equipment, and other services necessary to carry out the TRICARE and support the MHS.
- Provide beneficiary and customer support and information services.
- Exercise oversight and program direction over each TRICARE Regional Office (TRO), to include defining the roles, functions, and responsibilities of the Lead Agents, to ensure consistent implementation and management of MHS policies and the uniform health benefit.
- Issue, through the head of the contracting activity (HCA), administrative contracting officer warrants, as the HCA deems appropriate, to TRO staff pursuant to a memorandum of agreement entered into between the HCA and each TRO Lead Agent for administration of TRICARE contracts.

IV. Health Affairs and TRICARE Management Activity (TMA) Positions: Roles and Responsibilities

Health Affairs/TMA Dual-Capacity Senior Positions

Assistant Secretary of Defense (Health Affairs)/Director TMA: As directed in DoDD 5136.01, the ASD(HA) is the senior health policy official in the Department of Defense. The ASD(HA) is appointed by the President, with advice and consent of the Senate. All DoD health policy matters and health program execution, are subject to the authority, direction and oversight of the ASD(HA). The ASD(HA) is charged to ensure the effective execution of the

Department's medical mission, providing and maintaining readiness for medical services and support. The ASD(HA) exercises authority, direction, and control over the DoD medical and dental personnel authorizations and policy, facilities, programs, funding, and other resources in DoD. In this regard, the ASD(HA) serves as program manager for all DoD health and medical resources, and prepares and submits the DoD Unified Medical Program budget to provide resources for the MHS. The TMA is a DoD Field Activity of the USD(P&R) and operates under the authority, direction, and control of the ASD(HA) and the Director TMA. The Director TMA manages the execution of policy issued by the ASD(HA), in the administration of all DoD medical and dental programs. The Director TMA issues program direction for the execution of policy within the MHS to the Army, Navy, and Air Force. The Director, TMA serves as the program manager for TRICARE health and medical resources, supervising and administering TRICARE programs, funding, and other resources within the DoD. The Director TMA contracts for managed care support, dental support, other health programs, claims processing services, studies and research support, supplies, equipment, and other services necessary to carry out the TRICARE program and support to the MHS. The Director TMA manages and executes the Defense Health Program and DoD Unified Medical Program accounts, including Military Department execution of allocated funds, in accordance with instructions issued by the ASD(HA), fiscal guidance issued by the Under Secretary of Defense (Comptroller), and applicable law. The Director TMA exercises oversight, management, and program direction of information management/information technology systems and programs as necessary to manage TRICARE and support the ASD(HA) in administration of all medical and dental programs authorized by law. The Director TMA is the Health Plan Manager for an integrated health care delivery system comprised of the direct care and private sector delivery systems of the DoD. The Director TMA ensures that policies and programs are designed and managed to improve standards of performance, economy, and efficiency and that TMA is attentive and responsive to the requirements of their organizational customers, both internal and external to the DoD.

Principal Deputy Assistant Secretary of Defense (Health Affairs)/Principal Deputy Director TMA: The PDASD serves as the senior DoD medical representative in the absence of the ASD(HA), and will maintain the portfolio for external relationships with Congress, Office of Management and Budget (OMB), Centers for Medicare and Medicaid Services (CMS), beneficiary organizations and the media. All matters pertaining to the Department of Veterans Affairs, regardless of origin, will be coordinated through the PDASD. The PDASD also has responsibility for the overall strategic planning process in the Office of the ASD(HA), is the Principal Deputy Director TMA, and performs the role of Chief Operating Officer of the MHS headquarters, assisting the ASD(HA)/Director TMA in all matters. The PDASD may also discharge all duties in the absence of the ASD(HA) when the PDASD is serving as the Acting ASD. The Principal Deputy Director TMA, exercises authority, direction and control over the TMA staff to assist the Director TMA in health policy coordination and execution within TMA. The Principal Deputy Director TMA assists the Director TMA in all matters and serves as the Acting Director TMA, discharging all duties in the absence of the Director TMA.

Deputy Assistant Secretary of Defense (Health Budget and Financial Policy)/Chief Financial Officer, TMA: The DASD(HB&FP) is the principal staff advisor for oversight of health financing policy, strategy for DoD health budgets and programs, and monitoring of performance review. The DASD(HB&FP) is the senior resource advisor and agent of the

ASD(HA) in carrying out the responsibilities of financial policy, medical budgeting, and resource management oversight of all DoD health programs. The DASD (HB&FP) is also assigned in the dual capacity of TMA Chief Financial Officer, and reports to the Principal Deputy Director, TMA. Additionally, the incumbent:

- Provides oversight of TMA developed Budget Estimate Submissions (BES) and the President's Budget during the established OSD Planning, Programming, and Budgeting System (PPBS) review process
- Reviews TMA developed Program Objective Memorandum (POM) and Service POMs during the established OSD program review process for compliance with Defense Planning Guidance and Medical Planning Guidance
- Coordinates and develops policy, standards and programs, proponent for financial policy directives, guidelines and instructions, and provides, leadership, interpretation, guidance and directions on health financing policy, programs and strategy
- Coordinates the preparation of Departmental responses on issues related to health financing policy and programs and other related TRICARE initiatives
- Represents the Department in contact with external organizations and people on health financing policy, financial programs, and overall Defense Health Program performance.

As the TMA Chief Financial Officer, the DASD (HB&FP) coordinates and develops policy, standards, and programs; acts as a proponent for financial policy directives, guidelines and instructions; provides leadership, interpretation, guidance and directions on health financing policy, programs, and strategy; advises and assists the TMA Director in management, execution and capital investment of the Defense Health Program and DoD Unified Medical Program accounts; and administers a management control program to control waste, fraud, loss, mismanagement, inefficiency, and to promote accuracy and reliability in accounting and operating data.

Deputy Assistant Secretary of Defense (Force Health Protection and Readiness)/Director Force Health Protection and Readiness Programs, TMA: The DASD (FHP&R) is the senior advisor and agent of the ASD(HA) and in carrying out responsibilities directs Department-wide efforts to develop and implement policies and programs relating to DoD deployment medicine, force health protection, national disaster support, and medical readiness for 2.3 million Service members. The DASD (FHP&R) is also a dual-capacity function as the TMA Director, Force Health Protection and Readiness Programs and reports to the Principal Deputy Director TMA. Additionally, the incumbent:

- Guides and directs policy for provision of care in support of readiness and contingency operations and facilitates deployment of fully trained and equipped medical personnel and units
- Provides policy oversight for the Defense Health Board; Armed Services Blood Program Office; Defense Medical Readiness Training Institute; Armed Forces Health Surveillance

- Responsible for health management policies and initiatives in the direct care system and ensures feasibility and effectiveness, specifically with respect to structure, organization and management of systems, facilities and personnel for the continuing delivery of care
- Supports utilization and integration of new technologies to improve efficiency, effectiveness, and quality of the MHS.

As the TMA Director Force Health Protection and Readiness Programs, directs the identification, development, implementation, monitoring and evaluation of policies, procedures, and resources required for, but not limited to:

- The full spectrum of healthcare in support of contingency operations, including humanitarian and health missions
- The deployment of fully trained and equipped medical personnel, deployment systems reengineering, deployment technology assessment and integration, deployment health support
- Health science and military public health, medical logistics, surveillance, international activities, Domestic Medical Disaster Response Program.

Deputy Assistant Secretary of Defense (Clinical and Program Policy)/Chief Medical Officer, TMA: The DASD(C&PP) is principal advisor to the ASD(HA) for all DoD clinical policies, programs, and activities. C&PP develops standards of care, policies for patient care (Patient Centered Medical Home), and clinical reviews (new treatments, technology). The DASD (C&PP) also has dual-capacity as the TMA, Chief Medical Officer (CMO) and reports to the Principal Deputy Director, TMA. The CMO provides leadership and oversight for a range of quality assessment/quality improvement, patient safety, and population-based health management programs across the MHS, affecting both the direct care and purchased care components of TRICARE.

Additionally, the incumbent:

- Establishes policies, procedures, and standards which shall govern DoD medical programs, and serves as program manager for all DoD medical quality management programs
- Chairs the Flag Officers Committee on Graduate Medical Education (GME) which is charged with developing and implementing the strategic plan for GME
- Develops and oversees the implementation of policy concerning patient safety, women's health issues, mental health/combat stress issues, health promotion/disease prevention, and disease management, clinical informatics, concerning military public health issues

- As the TMA Chief Medical Officer, provides oversight and manages the division within the Office of the Chief Medical Officer covering areas of clinical quality, patient safety, population health medical management, and behavioral health.
- Provides consultative guidance for the TRICARE Medical/Surgical/Behavioral benefits and reimbursements development/validation processes and a range of special program affecting beneficiaries, particularly special needs beneficiaries.

Health Affairs Non-dual-Capacity Senior Positions

Director, Financial Plans and Policy: Primarily responsible to serve as the principal advisor to DASD(HB&FP) for fiscal aspects of health care issues within the Department and for devising plans, policies and procedures to implement efficient and cost effective operations for the Defense Health Program and the Unified Healthcare Budget. Specifically, the incumbent:

- Functions as principal advisor to the DASD(HB&FP) on all Defense health care financial management activities including program, budget and execution of financial resources; effective management controls and financial statement/audit activities, facility construction and management activities, TRICARE private sector care financial resource management; business planning; health metrics and measures; and special studies
- Instrumental in the OASD/HA coordination for development, review and issuance of POM Preparation Instructions and medical fiscal guidance ensuring their adequacy and relevance to OASD/HA programs and strategic plans
- Primary advisor to DASD(HB&FP) on policy and planning oversight of TMA-developed Budget Estimate Submissions (BES) and the President's Budget during the established OSD PPBS review process.

Chief, Human Capital Officer of the MHS: MHS CHCO serves as the principal advisor to the ASD(HA) for all human capital policies, programs, and activities relating to military, civilian, and contractor manpower and personnel policies, programs, and practices. Establishes policies, procedures, and standards, which shall govern medical human capital programs. The scope of responsibility covers the Total Force, including Active Duty, Guard and Reserve, Civilians, and Contractors. Additionally, the incumbent:

- Chairs the MHS Human Capital Steering Committee, which is charged with developing and implementing the strategic plan for medical human capital management consistent with the MHS Human Capital Strategy and Services human capital strategic plan
- Develops and oversees the implementation of policy concerning medical recruitment and retention initiatives, including medical special pays and medical special pay plans for civilians. Chairs Health Professions Incentive Integration Board and oversees the Health Professions Incentives Work Group
- Develops and oversees the implementation of policy regarding education and training of MHS personnel and reconciles Service-specific education and training missions and responsibilities. This includes the Uniformed Services University of the Health Sciences

- Supports PPBE of medical manpower across the Defense Health Program managed through the Office of the Chief Financial Officer, including Total Force requirements and military to civilian conversions.

Assistant, Mobilization & Reserve Affairs: Senior Reserve Advisor and assistant in the office of the ASD(HA), DASD(FHP&R). Functions as the senior reserve advisor to the DASD(FHP&R) on reserve health issues.

TMA Non-dual-Capacity Senior Positions

Director, Defense Center of Excellence for Psychological Health and Traumatic Brain Injury (DCoE): The DCoE Director has the responsibility for: developing clinical standards and practices for implementation; developing prevention and mission driven health methods to build resilience, mitigate vulnerabilities, and promote rapid recovery; direct DoD-wide program integration, evaluation, and quality assurance; management and funding of DoD Psychological Health/Traumatic Brain Injury (PH/TBI) research and development and education and training; and serving as a clearing house for educational & research materials. The DCoE Director reports to the Director, TMA, and executes its mission through collaboration with component centers/organizations and integrating councils of the DASD(FHP&R), DASD(C&PP) and Deputy Director, TMA.

President, Uniformed Services University of the Health Sciences: The USUHS (1) has a fully accredited four-year School of Medicine whose curriculum is expanded from that of civilian schools to provide instruction and training to its graduates to assure that they are prepared to meet wartime and disaster medical readiness requirements; (2) conducts research and investigation both to maintain academic standards and to meet military requirements; (3) has educational programs leading to the Ph.D. degree in the basic medical sciences and a Masters in Public Health; and (4) develops and implements a continuing medical education program for uniformed health professionals, emphasizing medicine.

The incumbent of this position serves as President and Chief Executive Officer of the organization under the policy guidance of the Secretary of Defense and the operational direction of the Assistant Secretary of Defense for Health Affairs in conjunction with the University's Board of Regents. The President is appointed by the Secretary of Defense with the advice of the Assistant Secretary of Defense for Health Affairs and the Board of Regents and serves at the pleasure of the Secretary. The President reports to the Director TMA.

Deputy Director, TMA: Serves as the principal advisor to, and acts at all times on behalf of, the TMA Director and Principal Deputy Director on all operational aspects of development and execution of TRICARE. Under the general supervision of TMA Director and Principal Deputy Director, the incumbent directs and manages TMA, a DoD field activity of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), operating under the authority, direction, and control of the ASD(HA). The Deputy Director's functions include:

- Manages health and medical resources of the TRICARE managed care benefit program; executes policy issued by the ASD(HA) in the administration of the DoD medical, dental and pharmacy programs.
- Issues program direction within the MHS to the Surgeons General of the Army, Navy, and Air Force
- Develops, maintains, and provides guidance for the integrated system for contracting and acquisition support for health care, dental, pharmacy, and other health programs, claims processing services, and other administrative functions to support TRICARE and the MHS;
- Develops new programs to provide expanded coverage to Reserve component, retirees, and others as directed by law.
- Directs and manages worldwide workforce of core military, civilian, and contract personnel.

MHS Chief Information Officer/Director, Information Management, Technology and Reengineering: Serves as the principal advisor to the TMA Director/Principal Deputy Director and the Deputy Director on IM/IT matters of strategic and operational importance to the MHS. Reports to the TMA Director in the capacity of MHS Chief Information Officer and the Deputy Director in the capacity of Director, Information Management, Technology and Reengineering. Additionally, the incumbent:

- Formulates policy, plans, goals, objectives, and standards to support the mission of military medical readiness and the Tri-Service Health Care Program mission of providing quality health care services to active duty forces, family members, and other beneficiaries
- Oversees execution of the MHS IM/IT Program to include program analysis, evaluation, and oversight of IM/IT initiatives; development and defense of the IM/IT portion of the Defense Health Program and the POM
- Oversees execution and management of the IT capital investment portfolio, Computer Electronic Accommodations Program (CAP), information security and DoD Business modernization and Management Program.

Program Executive Officer (Joint Medical Information Systems Office): The PEO is responsible for all medical IT programs within the MHS under the OASD/HA. The incumbent serves as the senior agency official responsible to oversee the integration and execution of all lifecycle program management activities performed by the Program Managers for designated MHS Automated Information Systems (AIS). Reports to the TMA MHS Chief Information Officer/Director, Information Management, Technology and Reengineering, with oversight of acquisition functions provided by the TMA Component Acquisition Executive.

Responsibilities consist of overseeing the execution and enforcement of acquisition policies, procedures, goals, and objectives established by the Component Acquisition Executive in accordance with DoD regulations and legislative acts; ensuring acquisition policy compliance; focusing on cost, schedules and performance; adopting innovative best practices and technologies; and directing the Program Managers in preparation of Milestone decisions for designated MHS information systems.

Deputy Director Force Health, Protection and Readiness Programs: The Deputy Director, FHP&RP, provides executive leadership and serves as a senior advisor for directing the identification, development, implementation, monitoring and evaluation of policies, procedures and resources, not limited to: the full spectrum of health care in support of contingency operations, including humanitarian and health missions; the deployment of fully trained and equipped medical personnel; deployment system reengineering; deployment technology assessment and integration; health science and military public health; medical logistics; international activities; the National Disaster Medical System; immunization; and Force Health Protection.

Chief, Health Plan Operations: The Chief, HPO, provides executive leadership on organizational, programmatic, operational, and policy matters pertaining to the worldwide management of TRICARE managed care, as well as TMA purchased care programs. The Chief HPO coordinates and integrates the activities of the HPO subordinate directorates to ensure achievement of the HA/TMA mission. The chief is responsible for ensuring that ongoing purchased care operations of the MHS are working smoothly and efficiently, that future needs are properly planned for, including policy for the introduction of new best business practices, technologies and approaches to existing and future programs. As the senior health plan expert, the employee regularly serves as acting Deputy Director TMA in the Deputy Director's absence. The Chief HPO reports to the Deputy Director TMA.

Chief, Pharmacy Operations: Serves as the senior executive pharmacy policy advisor to the Director TMA and reports to the Chief, HPO. (Management would like to formally ratify the current informal practice of the Chief of Pharmacy Operations being a direct report to the TMA Deputy Director. TMA would need to issue a new memorandum establishing Pharmacy Operations as a separate TMA sub-organization, with the Chief reporting to the TMA Deputy Director. Such a memo also would direct human resources to revise all position descriptions to reflect the re-organization.) The Chief, Pharmacy Operations, is responsible for the oversight of the management of the \$5 billion pharmacy benefit program managed through the following: military treatment facility pharmacies; retail network pharmacies, and the mail order pharmacy program. Responsible for management functions, including planning and integrating pharmacy policies, program planning and direction, staff supervision and development, and coordination with related programs, in executing the pharmacy function. Serves as the Director TMA's representative to the DoD Pharmacy Board of Advisors. Additionally, the incumbent:

- Is responsible for benefit management, and policy development and review for all DoD Pharmacy Operations, to optimize the delivery of the entire pharmacy benefit
- Provides executive level direction for developing and implementing worldwide integrated DoD pharmacy information systems for enhancing patient safety, monitoring drug utilization, and maximizing efficient delivery of DoD's pharmacy benefit.

Chief, TRICARE Policy and Operations: Focuses on short and long term initiatives for the MHS provides strategic executive leadership on organization, programmatic, operational. and policy matters pertaining to the TRICARE Program, transparency and Pay-for Performance initiatives, and the enhancement of the healthcare benefits for Reservists. The Chief,

TRICARE Policy and Operations, reports to the Chief, HPO. Additionally, the incumbent executes the following:

- Oversees the activities of the three divisions consisting of a total of ten branches. The incumbent provides senior executive direction over the development and execution of TRICARE policy, medical benefits and reimbursement systems, contract operations. program requirements, beneficiary and provider services
- Participates in the development, formulation, implementation, and advocacy of health operational policies, MHS transformation, and program objectives of critical importance to the goals of the Secretary of Defense
- Oversees the program management of six Designated Provider contracts that provide TRICARE-equivalent benefits to over 94,000 beneficiaries. Uses new or improved approaches to analyze, develop and implement new health care reform initiatives and/or policies.

Chief, Acquisition Management and Support: TRICARE Acquisitions, providing executive leadership and technical direction and guidance on organizational, administrative, and operational matters pertaining to the worldwide management of the TRICARE managed care contracts and non-purchased care contracts. Component Acquisition Executive and senior contracting official for TMA and provides executive direction over the development and execution of acquisition policy, the negotiation and administration of managed care support contracts, and issuance of operational or technical guidance, regulations, and instructions as are required in order for the TRICARE Regional Offices and contractors, to effectively administer and manage contractual aspects of TRICARE, and to support the acquisition of medical information systems and information technology. The Chief, Acquisition Management and Support, reports to the Chief, HPO. Additionally, the incumbent:

- Serves as the Head of Contracting Activity (HCA) for all contractual actions executed by TMA, within the Authority delegated by the Director, Defense Procurement Acquisition Policy (DPAP)
- Assures incorporation of Federal Acquisition Reform principles into agency contracting practices
- Procures and administers TMA contracts, which include health care services, claims processing, utilization review, and quality assurance services, studies and research, supplies, equipment, services and facilities as are necessary to carry out the TRICARE program.

Regional Director, TRICARE Regional Office (West)

Regional Director, TRICARE Regional Office (North)

Regional Director, TRICARE Regional Office (South)

The Regional Directors are assigned to TMA and report to the Deputy Director of TMA. The Regional Director has the authority and responsibility for management of the new TRICARE contracts worth more than \$2 billion per annum and is responsible for overall operations of the health plan administration within his/her purview. The health plan is designed to support the

military treatment facility commanders in their delivery of health care services and to provide management of health care services for those beneficiaries who are not enrolled to the military treatment facilities.

- The Regional Director is the determination official for the Health Care Services and Administration contract and is responsible for developing a single, integrated regional performance plan based on business plans and remote area information
- The Regional Director is responsible for staffing and managing the TRICARE Regional office to which they have been assigned.
- The Regional Director interacts with officials and representatives of Congressional committees, the Office of the Assistant Secretary of Defense for Health Affairs, Office of General Counsel, Service intermediate medical commanders, Department of Veterans Affairs, and other government and non-governmental agencies and organizations to ensure understanding, integration and implementation of DoD policy.

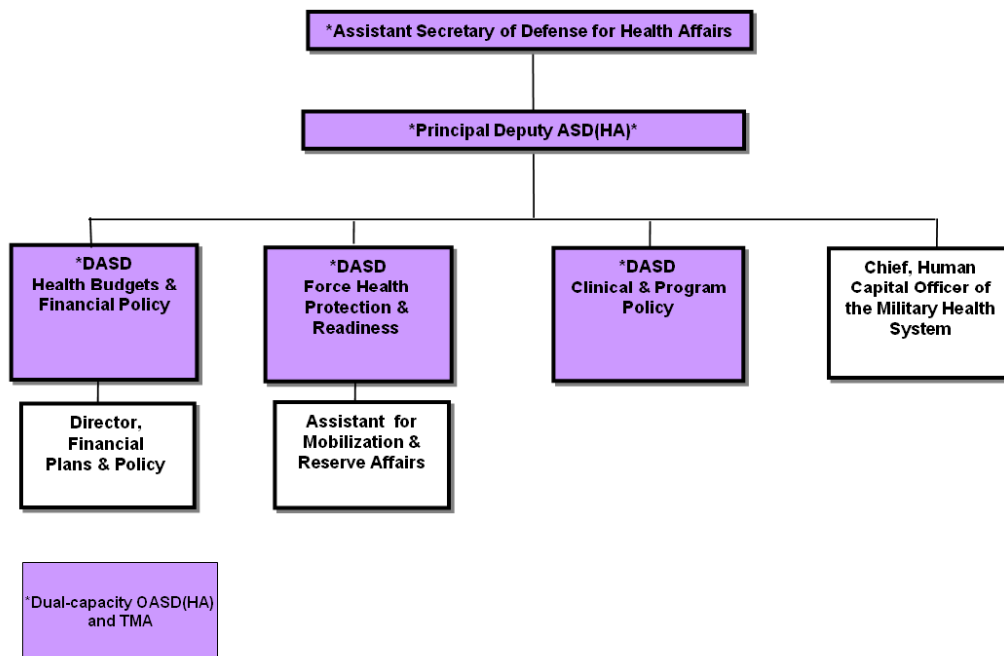
General Counsel: Serves as the General Counsel for TMA, providing legal counsel for the Director, TMA and staff, involving TMA management and execution of the TMA mission. The General Counsel for TMA is part of the Defense Legal Services Agency (DLSA) and reports to the General Counsel of the Department of Defense under the DLSA.

- Advises on questions of law and policy involved in the organization, direction and management of TMA as a DoD field activity and the management of TRICARE health and medical resources through execution of the Defense Health Program appropriations and the DoD Unified Medical Program. Determines legal compliance with DoD's fiscal policies and legal objectives in support of TMA's fiscal management and serves as the DoD Deputy Designated Agency Ethics Official in administration of the TMA ethics program
- Determines legal sufficiency and compliance of TMA operational policy with law and regulation governing TRICARE. Drafts and edits proposed legislation, regulations, and other policy documents in support of TRICARE administration. Administers the TRICARE appeals and hearing process ensuring due process to TRICARE beneficiaries in delivery of their health care benefits
- Provides legal support for TMA acquisition functions in execution of broad delegated authority as a DoD contracting activity. Determines legal sufficiency of technical and management functions involved in TMA's major acquisition programs involving the solicitation and selection of sources, award of contracts, contract financing, contract performance, contract administration, and contract close-out. Provides legal direction, advice, and representation for all litigation and administrative challenges involving TMA and TRICARE administration.

Appendix A Organization Chart - Health Affairs

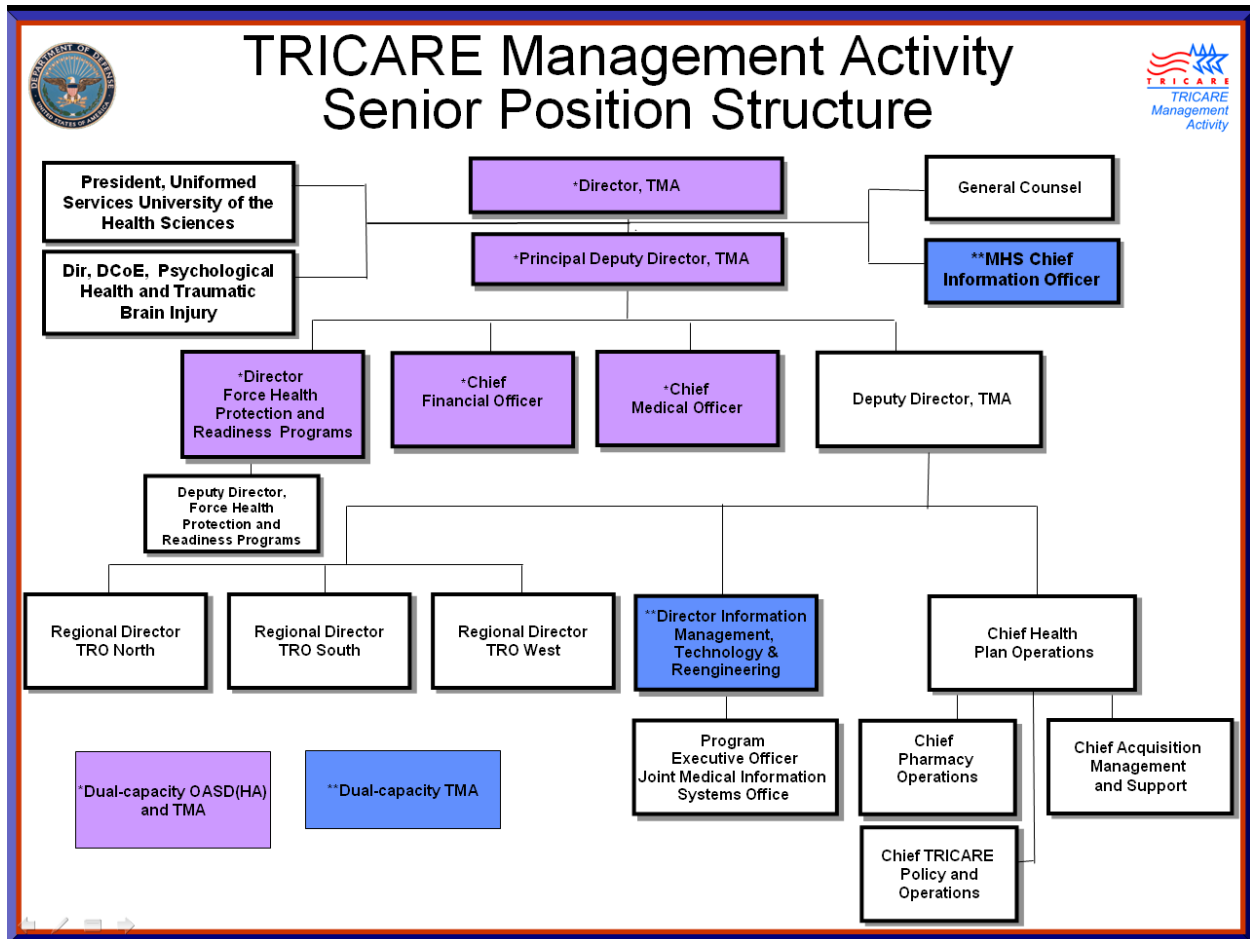


OASD (Health Affairs) Senior Position Structure



UNCLASSIFIED

Organization Chart - TMA



Appendix C List of Senior Executive Positions Filled by the Same Individual

Senior Executives Holding More Than One Position	Office of the Assistant Secretary of Defense for Health Affairs	TRICARE Management Activity	Career/ Non-Career
YES	Assistant Secretary	Director TMA	Presidential/Senate confirmation
YES	Principal Deputy Assistant Secretary	Principal Deputy Director TMA	SES (Non-Career)
YES	DASD Clinical & Program Policy	Chief Medical Officer	SES (Non-Career)
YES	DASD Health Budget & Financial Programs	Chief Financial Officer	SES (Career)
YES	DASD Force Health Protection and Readiness	Director Force Health Protection and Readiness Programs	SES (Career)
NO	Chief Human Capital Officer		SES (Career)
NO	Director, Financial Plans and Policy, HB&FP		SES (Career)
NO	Assistant, Mobilization & Reserve Affairs		FLAG (Reserve)
NO		Director, Defense Center of Excellence for PH/TBI	FLAG (Active Duty)
NO		President, Uniformed Services University of the Health Sciences	SES (Career)
NO		MHS Chief Information Officer/Director Information Management, Technology and Reengineering	SES (Career)
NO		Deputy Director, TMA	FLAG (Active Duty)
NO		Program Executive Officer (Joint Medical Information Systems)	SES (Career)
NO		Deputy Director Force Health Protection and Readiness Programs	SES (Career)
NO		Chief, Health Plan Operations	SES (Career)
NO		Chief Pharmacy Operations	Flag (USPHS)
NO		Chief, TRICARE Policy and Operations	SES (Career)
NO		Chief Acquisition Management and Support	SES (Career)
NO		Regional Director: TRICARE Regional Office (North)	SES (Career)

NO		Regional Director: TRICARE Regional Office (West)	FLAG (Active Duty)
NO		Regional Director: TRICARE Regional Office (South)	SES (Career)
NO		TMA General Counsel	SES (Career)

Appendix D Senior Position Descriptions

Highlighted and underlined text in the following senior position descriptions indicates requested updates that have not been officially approved in the position descriptions.

**Department of Defense
DIRECTIVE**

NUMBER 5136.01
June 4, 2008
DA&M

SUBJECT: Assistant Secretary of Defense for Health Affairs (ASD(HA))

References:

- (a) Title 10, United States Code
- (b) DoD Directive 5136.1, subject as above, May 27, 1994 (hereby canceled)
- (c) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (d) DoD Directive 5107.2, "Special Assistant to the Under Secretary of Defense (Personnel Readiness) for Gulf War Illness, Medical Readiness, and Military Deployments," November 9, 2000 (hereby canceled)
- (e) through (k), see Enclosure 1

1. PURPOSE

This Directive, consistent with section 138 of Reference (a):

1.1. Reissues Reference (b) under the authority of Reference (c), to update the responsibilities, functions, relationships, and authorities of the ASD(HA), under the Under Secretary of Defense for Personnel and Readiness (USD(P&R)).

1.2. Cancels Reference (d) and incorporates the responsibilities and functions assigned to the Special Assistant to the Under Secretary of Defense for Personnel and Readiness for Gulf War Illnesses, Medical Readiness, and Military Deployments.

2. APPLICABILITY

2.1. This Directive applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense (hereafter referred to collectively as the "DoD Components").

2.2. This Directive also applies to the Commissioned Corps of the Public Health Service, under agreement with the Department of Health and Human Services, and the Commissioned Corps of the National Oceanic and Atmospheric Administration, under agreement with the Department of Commerce.

3. DEFINITIONS

3.1. Armed Forces. The United States Army, Navy, Air Force, Marine Corps, and Coast Guard.

3.2. Defense Health Program (DHP) Appropriation. A single appropriation consisting of operation and maintenance; research, development, test, and evaluation; and procurement funds designed to finance the non-military personnel requirements of the MHS.

3.3. DoD Military Health System (MHS). The DoD medical and dental programs, personnel, facilities, and other assets operating pursuant to Chapter 55 of Reference (a), by which the Department of Defense provides:

3.3.1. Health care services and support to the Armed Forces during military operations.

3.3.2. Health care services and support under TRICARE to members of the Armed Forces, their family members, and others entitled to DoD medical care.

3.4. DoD Unified Medical Program. A combination of the DHP appropriation, the medical military construction appropriation, the military personnel funds for military personnel supporting the MHS, and the estimated payments from the DoD Medicare-Eligible Retiree Health Care Fund.

3.5. Total Force. The organizations, units, and individuals that comprise DoD resources for implementing the National Security Strategy. It includes DoD Active and Reserve military personnel, military retired members, DoD civilian personnel (including foreign national direct- and indirect-hire, as well as non-appropriated fund employees), contractor personnel, and host-nation support personnel.

3.6. TRICARE. The DoD medical and dental programs operating pursuant to Chapter 55 of Reference (a), under which medical and dental services are provided to DoD health care beneficiaries. The term “TRICARE” includes all activities described in the definition of the term “TRICARE Program” under section 1072(7) of Reference (a).

4. RESPONSIBILITIES AND FUNCTIONS

4.1. The ASD(HA) is the principal advisor to the Secretary of Defense and the USD(P&R) for all DoD health policies, programs, and force health protection activities. The ASD(HA) shall ensure the effective execution of the Department’s medical mission, providing and maintaining readiness for medical services and support to: members of the Armed Forces including during military operations; their dependents; those held in the control of the Armed Forces; and others entitled to or eligible for DoD medical care and benefits, including under the TRICARE Program. In carrying out these responsibilities, the ASD(HA) shall exercise authority, direction,

and control over the DoD medical and dental personnel authorizations and policy, facilities, programs, funding, and other resources in the Department of Defense, and shall:

4.1.1. Develop policies, conduct analyses, provide advice, and make recommendations to the USD(P&R) and the Secretary of Defense, and issue guidance to the DoD Components on matters pertaining to the DoD MHS.

4.1.2. Establish policies, procedures, and standards that shall govern management of DoD health and medical programs, including the clinical investigations program, patient movement, medical special pays, health professions accessions and training, graduate medical education, patient rights and responsibilities, medical quality assurance, medical records, health information privacy, organ and tissue donation, veterinary services, health promotion, medical materiel, and the Armed Services Blood Program.

4.1.3. Review and evaluate DoD health and medical programs. Undertake management oversight activities as required to ensure health and medical policies, plans, programs, systems, and standards are compatible and support the Total Force objectives and requirements and enhance readiness.

4.1.4. Serve as program manager for all DoD health and medical resources. Prepare and submit, in the DoD Planning, Programming, Budgeting, and Execution (PPBE) process, a DoD Unified Medical Program budget to provide resources for the DoD MHS.

Consistent with applicable law, all funding for the DoD MHS, including operations and maintenance; procurement; and research, development, test, and evaluation shall be accounted for in the single DHP appropriations account. Funds for medical facility military construction shall be in a separate, single appropriations account.

4.1.5. Present and justify the DoD Unified Medical Program budget throughout the PPBE process, including representations before the Congress.

4.1.6. Serve as principal advisor to the USD(P&R) and the Secretary of Defense for the clinical health care aspects of DoD chemical, biological, radiological, and nuclear (CBRN) medical defense programs. Coordinate policy and provide program oversight related to the use of preventive and therapeutic medical countermeasures to CBRN threats, including all immunization policy. Serve as subject matter expert for Congressional inquiries on health issues related to medical countermeasures and represent the Secretary of Defense on these matters outside the Department of Defense.

4.1.7. Serve as the principal advisor to the USD(P&R) and the Secretary of Defense on deployment matters as they pertain to force health in the Department of Defense, including aspects of policy, readiness, and medical research. Develop plans, policies, and programs to facilitate new or improved force health protection initiatives and support the investigation, information exchange, reporting, and archiving of pertinent health related information on past, present, or potential military deployments.

4.1.7.1. In coordination with the Military Departments, establish medically-related physical standards for appointment, enlistment, and induction into the Armed Forces under the jurisdiction of the Department of Defense.

4.1.7.2. Establish standards and procedures for mental health evaluations, combat stress control, and comprehensive health surveillance.

4.1.8. Co-chair, with the Director of Defense Research and Engineering (DDR&E), under the Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L)), the Armed Services Biomedical Research Evaluation and Management

Committee, which facilitates oversight of DoD biomedical research. Serve as advisor to the DDR&E on matters related to biomedical human subjects research.

4.1.9. Serve on boards, committees, and other groups pertaining to assigned functional areas and represent the Secretary of Defense and the USD(P&R) on medical matters outside of the Department of Defense.

4.1.10. Make determinations on separation or retirement for physical disability or medical disqualification, as prescribed in section 1216 of Reference (a) and DoD Directive 1332.18 (Reference (e)).

4.1.11. Exercise authority in accordance with section 300hh-11 of title 42, United States Code (Reference (f)), and according to DoD policy for participation in the National Disaster Medical System.

4.1.12. Develop policies and standards to ensure effective and efficient results through the approved joint process for joint medical capabilities integration, clinical standardization, and operational validation of all medical materiel.

4.1.13. Ensure that ASD(HA) policies and programs are designed and managed to improve standards of performance, economy, and efficiency and that all Defense Agencies and DoD Field Activities under the authority, direction, and control of the ASD(HA) are attentive and responsive to the requirements of their organizational customers, both internal and external to the Department of Defense.

4.1.14. Establish policies and procedures for the DoD Drug Demand Reduction Program.

4.1.15. Perform such other duties as the USD(P&R) and the Secretary of Defense may prescribe.

4.2. The ASD(HA) may not direct a change in the structure of the chain of command within a Military Department or with respect to medical personnel assigned to that command.

5. RELATIONSHIPS

5.1. In the performance of assigned responsibilities and functions, the ASD(HA), under the authority, direction, and control of the USD(P&R), shall:

5.1.1. Report directly to the USD(P&R).

5.1.2. Exercise authority, direction, and control over:

5.1.2.1. The Director, TRICARE Management Activity, consistent with DoD Directive 5136.12 (Reference (g)), and all associated programs, resources, and functions, including the Uniformed Services University of the Health Sciences consistent with DoD Instruction 5105.45 (Reference (h)), the Armed Forces Radiobiology Research Institute, and the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury.

5.1.2.2. The Director, Armed Forces Institute of Pathology, except for those DoD Executive Agent responsibilities designated to the Secretary of the Army.

5.1.2.3. The Executive Committee (flag officer) Board and Director, Defense Medical Standardization Board.

5.1.2.4. The Director, Armed Services Blood Program Office, except for those DoD Executive Agent responsibilities designated to the Secretary of the Army.

5.1.2.5. Such other subordinate officials as may be assigned or such other organizations as may be established by the ASD(HA) within resources assigned by the Secretary of Defense.

5.1.3. As the principal advisor for the Department of Defense for health matters under the USD(P&R), as appropriate, coordinate with:

5.1.3.1. The Under Secretary of Defense (Comptroller)/Chief Financial Officer, Department of Defense (USD(C)/CFO) and the Director, Program Analysis and Evaluation, to ensure that medical PPBE activities are integrated with the DoD PPBE process, to include development and use of the DoD analytical process. The ASD(HA), subject to the direction of the USD(P&R) and in accordance with applicable law, shall instruct the USD(C)/CFO on the allocation and reallocation of the funds in the DHP account and the medical facility military construction account.

5.1.3.2. The Under Secretary of Defense for Policy (USD(P)) and the Assistant Secretary of Defense for Homeland Defense and America's Security Affairs, under the USD(P), to review operational and concept plans to ensure medical planning activities are integrated and consistent with existing DoD policy and programs.

5.1.3.3. The USD(AT&L); the Assistant to the Secretary of Defense for Nuclear and Chemical and Biological Defense Programs, under the USD(AT&L); the Secretary of the Army as the DoD Executive Agent for the DoD Immunization Program for Biological Warfare Defense under DoD Directive 6205.3 (Reference (i)); and other cognizant officials on issues concerning medical countermeasures to CBRN threats, including the research, development, acquisition, and use of such products, to assure the effective overall coordination and integration of the CBRN defense program and CBRN medical defense program.

5.1.4. Obtain submissions of the medical program needs of the Commanders of the Combatant Commands, through the Chairman of the Joint Chiefs of Staff. Obtain submissions from the Secretaries of the Military Departments of their proposed elements of the DoD Unified Medical Program and budget, and integrate those submissions, as appropriate.

5.1.5. Coordinate and exchange information with other OSD officials, the Heads of the DoD Components, and Federal officials having collateral or related functions.

5.1.6. Use existing systems, facilities, and services of the Department of Defense or other Federal Agencies, when possible, to avoid duplication and to achieve maximum efficiency and economy.

5.2. Other OSD officials and the Heads of the DoD Components shall coordinate with the ASD(HA) on all matters, under their purview, related to the responsibilities and functions assigned in this Directive.

6. AUTHORITIES

The ASD(HA) is hereby delegated authority to:

6.1. Issue DoD Instructions, DoD Publications, and one-time directive-type memorandums, consistent with DoD Instruction 5025.01 (Reference (j)), which implement policies approved by the Secretary of Defense or the USD(P&R) in areas of assigned responsibilities and functions.

Instructions to the Military Departments shall be issued through the Secretaries of the Military Departments. Instructions to the Commanders of the Combatant Commands normally shall be issued through the Chairman of the Joint Chiefs of Staff.

6.2. Obtain reports and information, consistent with DoD Instruction 8910.01 (Reference (k)), as necessary, in carrying out assigned responsibilities and functions.

6.3. Communicate with the Heads of the DoD Components, as necessary, to carry out assigned responsibilities and functions, including the transmission of requests for advice and assistance. Communications to the Military Departments shall be transmitted through the Secretaries of the Military Departments, their designees, or as otherwise provided in law or directed by the Secretary of Defense in other DoD issuances. Communications to the Commanders of the Combatant Commands normally shall be transmitted through the Chairman of the Joint Chiefs of Staff.

6.4. Develop, issue, and maintain regulations, with the coordination of the Military Departments, as necessary and appropriate, to fulfill the Secretary of Defense's responsibility to administer Chapter 55 of Reference (a).

6.5. Establish arrangements for DoD participation in non-defense governmental programs for which the ASD(HA) has been assigned primary coordination.

6.6. Communicate with other Government officials, representatives of the Legislative Branch, members of the public, and representatives of foreign governments, as appropriate, in carrying out assigned responsibilities and functions. Communications with representatives of the Legislative Branch shall be coordinated with the Assistant Secretary of Defense for Legislative Affairs or the USD(C)/CFO, as appropriate, and be consistent with the DoD Legislative Program.

7. RELEASABILITY

UNLIMITED. This Directive is approved for public release. Copies may be obtained through the Internet from the DoD Issuances Web Site at <http://www.dtic.mil/whs/directives>.

8. EFFECTIVE DATE

This Directive is effective immediately.

Enclosure

E1. References

E1. ENCLOSURE 1

- (e) DoD Directive 1332.18, "Separation or Retirement for Physical Disability," November 4, 1996
- (f) Title 42, United States Code
- (g) DoD Directive 5136.12, "TRICARE Management Activity (TMA)," May 31, 2001
- (h) DoD Instruction 5105.45, "Uniformed Services University of the Health Sciences (USUHS)," January 22, 2007
- (i) DoD Directive 6205.3, "DoD Immunization Program for Biological Warfare Defense," November 26, 1993
- (j) DoD Instruction 5025.01, "DoD Directives Program," October 28, 2007
- (k) DoD Instruction 8910.01, "Information Collection and Reporting," March 6, 2007

**PD: Principal Deputy
Assistant Secretary of
Defense for Health
Affairs**

**PD: Principal Deputy
Director, TMA**

SES

Non-Career

**PRINCIPAL DEPUTY ASSISTANT SECRETARY OF DEFENSE
FOR (HEALTH AFFAIRS)**

INTRODUCTION

This position is located in the Office of the Assistant Secretary of Defense for Health Affairs (ASD(HA)). The ASD(HA) is responsible for the effective execution of the Department's medical mission which is to provide, and to maintain readiness to provide health services and support to members of the Armed Forces during military operations, and to provide health services and support to members of the Armed Forces, their family members, and others entitled to DoD health care. In carrying out these responsibilities, the ASD(HA) shall exercise authority, direction, and control over the medical personnel, facilities, programs, and funding and other resources within the Department of Defense.

Additionally, the TRICARE Management Activity is a DoD Field Activity of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) and shall operate under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs (ASD(HA)) as the Director, TRICARE Management Activity. The Director shall manage the execution of policy issued by the ASD(HA), in the administration of all DoD medical and dental programs authorized by reference Title 10, United States Code, issue program direction for the execution of policy within the MHS to the Surgeons General of the Army, Navy, and Air Force. When issued to the Military Departments, program direction shall be transmitted through the Secretaries of those Departments.

The incumbent assists the ASD(HA)/Director, TRICARE Management Activity in all matters as the Principal Deputy Assistant Secretary of Defense (Health Affairs)/Principal Deputy, TRICARE Management Activity as a dual hated role. The PDASD/Principal Dep. Director will participate fully in formulating, developing, overseeing and advocating the policies of the Secretary of Defense, which implement the Administration's position. The incumbent must be attuned with the ASD's policies, goals and commitments and be aware of all aspects of the Administration's position on important matters. The incumbent must enjoy the personal trust and confidence of the ASD(HA), the USD(P&R), the Secretary of Defense, and the Deputy Secretary of Defense. The incumbent must also maintain a close and confidential relationship with other policy-making personnel within the Administration.

Because of the nature of duties expected of this position, the incumbent will also serve as the ASD(HA)'s principal point of contact in performing liaison with other government agencies including managing and coordinating all legislative and external activities.

DUTIES AND RESPONSIBILITIES

1. Serve as the Acting ASD(HA)/Acting Director, TRICARE Management Activity (TMA) in the absence of the ASD(HA).
2. Participate as a member of executive level Military Health System committees to assist in formulation of OASD(HA) policies.
3. Act as a liaison for the ASD(HA)/Director, TMA with other offices within OSD, the Military Departments, Congress, and other Executive Branch agencies to develop and coordinate policies, ensuring maximum integration of healthcare policies with departmental priorities and initiatives.
4. Oversee and coordinate Congressional and legislative activities for the OASD(HA).
5. Oversee and manage the OASD(HA) public affairs and TMA Communications Programs.
6. Oversee and manage the external beneficiary organizations and industry representation.
7. Manage strategic planning activities.
8. Assist the ASD(HA)/Director, TMA in development of strategies and priorities to achieve the health mission of the Military Health System.
9. Interface with Executive Branch officials, outside beneficiary groups, industry and professional organization representatives, and other interested parties to develop and communicate policies within the jurisdiction of the OASD(HA).
10. Serve as liaison to intergovernmental task forces.

Factor 1. Knowledge Required by the Position

This position requires an individual who is thoroughly familiar with the workings of Congress, has knowledge of the military health services system, has exceptional analytical skills, and progressively responsible work experience. The incumbent must be able to deal effectively with executive level personnel both within and outside the Department and with the media. The incumbent must have knowledge of government operations. The incumbent must have experience and expertise concerning Office of Management and Budget, the Department of Veterans Affairs Health programs and the center for Medicare Services. The incumbent must also be capable of working harmoniously with staff members of Congress and other federal agencies. Incumbent must have experience, success and proven ability in managing diversified activities involving a professional staff representing varied disciplines.

Factor 2. Supervisory Controls

The incumbent operates under the general direction of the Assistant Secretary of Defense for Health Affairs who establishes only the broadest guidelines within which the incumbent

receives minimum supervision. He or she is continually required to exercise independent judgment and initiative. In addition, the incumbent shall exercise authority, and control over the staff to assist the ASD(HA)/Director, TMA in health policy coordination and execution within TMA, and serve as direct oversight for Program Integration, DoD/VA Program Coordination, Strategic Management (with Human Capital Management) and Communications and Public Affairs.

Factor 3. Guidelines

The incumbent is required to be innovative in developing and executing policy for improving programs and in solving problems that may develop.

Factor 4. Complexity

Assignments are highly complex, involving the execution of senior management decisions in carrying out the Department's highly visible and politically sensitive health care reform efforts. The incumbent must continually analyze problems and help determine which solutions and approaches are the most suitable for the effective and efficient operation of these programs.

Factor 5. Scope and Effect

The incumbent is responsible for the overall policy and planning execution coordination of the Military Health System and the political sensitivities related to these activities as expressed by DoD, other federal agencies, the White House, Congress, and the civilian sector.

Factor 6. Personal Contacts

The incumbent will have regular contacts with officials at the senior executive and flag rank levels of the Department of Defense. The incumbent also interacts on a frequent basis with Congress, GAO, OMB, other federal agencies, and various national beneficiary and professional organizations on varied health issues.

Factor 7. Purpose of Contacts

Contacts are for the purpose of receiving and providing information to promote the efficient and effective delivery of health care within the Department. These contacts are necessary to advance the mission of the Office of the Assistant Secretary of Defense (Health Affairs) in support of the Military Health System.

Factor 8. Physical Demands

The work is generally sedentary requiring some local and overnight travel and attendance at meetings.

Factor 9. Work Environment The work is performed in a typical office setting.

**PD: DASD Clinical &
Program Policy**

**PD: Chief Medical
Officer**

SES

Non-
Career

**DEPUTY ASSISTANT SECRETARY OF DEFENSE
FOR
CLINICAL AND PROGRAM POLICY**

INTRODUCTION

This position is located in the Office of the Assistant Secretary of Defense for Health Affairs (ASD(HA)). The ASD(HA) is responsible for the effective execution of the Department of Defense (DoD) medical mission which is to provide, and to maintain readiness, medical services, and support to members of the Armed Forces during military operations, and to provide medical services and support to the Armed Forces, their family members, and others entitled to DoD medical care. In carrying out these responsibilities, the ASD(HA) shall exercise authority, direction, and control over the medical personnel, facilities, programs, and funding and other resources within the DoD.

The Deputy Assistant Secretary of Defense for Clinical and Program Policy (DASD(C&PP)) is responsible for all aspects of the clinical services functions of the Office of the ASD(HA). This requires management and oversight of the clinical quality management program and the alcoholism and mental health program; coordinator of the Department's medical research efforts with the Director, Defense Research and Engineering and with other Federal Agencies; policy development for disease prevention and health promotion programs; and, clinical and managerial oversight of the medical standards both for the accession into military and separation from the military for reason of medical disability. C&PP develops standards of care, policies for patient care (Patient Centered Medical Home), and clinical reviews (new treatments, technology).

DUTIES:

As DASD(C&PP) the incumbent serves as the principal staff assistant and advisor to the ASD(HA) for all DoD clinical policies, programs, and activities. The DASD (C&PP) is also dual-hatted as the TRICARE Management Activity (TMA), Chief Medical Officer and serves the Director, TMA. As the Chief Medical Officer (CMO) provides leadership and/or oversight for a range of quality assessment/quality improvement, patient safety, and population-based health management programs across the Military Health System (MHS), affecting both the direct care and purchased care components of TRICARE. Additionally, the incumbent:

1. Establishes policies, procedures, and standards which shall govern DoD medical programs.
2. Serves as program manager for all DoD medical quality management programs.

3. Chairs the Flag Officers Committee on Graduate Medical Education (GME) which is charged with developing and implementing the strategic plan for GME.
4. Develops and oversees the implementation of policy concerning patient safety.
5. Develops and oversees the implementation of policy regarding women's health issues.
6. Develops and oversees the implementation of policy regarding mental health/combat stress issues.
7. Revises as needed the DoD policy and procedures related to HIV/AIDS and serves as the DoD liaison to the Administration's AIDS Coordinator.
8. Develops and oversees the implementation of policy regarding health promotion/disease prevention.
9. Serves as the OASD(HA) representative to the Board of Directors of the Soldiers', Sailors', and Airman's Retirement Home.
10. Develops and oversees the implementation of policy regarding clinical informatics.
11. Serves as principal advisor to the ASD(HA) on all matters involving clinical policy.
12. Develops and oversees the implementation of policy regarding disease management.
13. Develops and oversees the implementation of regulations concerning separation and medical disability.
14. Develops and oversees the implementation of policy concerning patient advocacy and medical ethics.
15. Develops and oversees the implementation of policy concerning military public health issues.
16. Provides consultative guidance for the TRICARE Medical/Surgical/Behavioral benefits and reimbursements development/validation processes and a range of special program affecting beneficiaries, particularly special needs beneficiaries.
17. Provides oversight and manages the division within the OCMO covering areas of clinical quality, patient safety, population health medical management, and behavioral health. Incumbent must have experience and proven ability to manage successfully diversified activities involving a professional staff representing varied disciplines.

Factor 1. Knowledge Required by the Position.

This position requires an individual who is thoroughly familiar with the military health system, and who has exceptional analytical skills, and progressively responsible work experience in

program management. A medical degree is desirable. The incumbent must be able to deal effectively with executive level personnel both within and outside the Department, congressional members and staff, and with the media. An intimate knowledge of DoD direct care system, military medical readiness, the legislative process, manpower, and personnel management are required.

Factor 2. Supervisory Control.

The incumbent operates under the general direction of the ASD(HA) who establishes only the broadest guidelines within which the incumbent receives minimum supervision. The incumbent is continually required to exercise independent judgment and initiative. The incumbent has full authority to represent, speak, and act for the ASD(HA) in his or her absence.

Factor 3. Guidelines.

The incumbent has complete freedom in approach and method of executing assignments. Formal guidelines for this position are established by DoD Directives, Instructions, and Policy Memoranda in the areas of responsibility. The incumbent is required to be innovative in developing policy for improving programs and in solving problems that may develop. The incumbent is also responsible for recommending changes in the guidelines that govern medical readiness programs.

Factor 4. Complexity.

Assignments are highly complex, involving the execution of senior management decisions in carrying out the Department's highly visible and often politically charged access issues, readiness issues, compensation issues, and direct care planning and system efficiencies. The incumbent must continually analyze problems and determine which solutions and approaches are the most suitable for the effective and efficient operation of these programs.

Factor 5. Scope and Effect.

The DASD(C&PP) is responsible for the overall policy and guidance of clinical medical services of the Military Departments and the political sensitivities related to these activities as expressed by OSD, Congress, the White House, and the civil sector.

Factor 6. Personal Contacts.

Incumbent will have frequent contacts with officials at the senior executive and flag rank levels of the DoD, other federal agencies, congressional members and their representatives, with nationally recognized leaders in the health field, and with technical representatives of civilian contractors.

Factor 7. Purpose of Contacts.

Contacts are for the purpose of receiving and providing information for more efficient and operation of medical health care delivery, support of medical readiness, legislative interaction, medical manpower and personnel management, development of emerging medical technologies, resource allocation, and information management. The incumbent must be an expert in these areas and represent the ASD(HA) on inter and intra-agency committees to coordinate and improve programs. Persuasion is often required to gain from representatives of other agencies consideration of new methods or changes in established procedures.

Factor 8. Physical Demands.

The work is generally sedentary requiring both local and international travel, overnight travel, and attendance at meetings.

Factor 9. Work Environment.

The work is performed in a typical office setting.

**PD: DASD Health
Budget & Financial
Policy**

**PD: Chief Financial
Officer** SES

Career

**DEPUTY ASSISTANT SECRETARY OF DEFENSE
FOR
HEALTH BUDGETS AND FINANCIAL POLICY**

INTRODUCTION

This position is located in the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)). The ASD(HA) is the principal medical staff advisor and assistant to the Secretary of Defense, and is the principal program manager for all DoD health matters, including medical readiness, health care delivery and preventive medicine, medical military construction, and the procurement, development, training, and retention of medical military and civilian personnel. To fulfill these responsibilities, the ASD(HA) develops policies, reviews, evaluates, and modifies military medical programs, conducts analyses, provides advice, makes recommendations and issues guidance on Defense plans and programs; initiates programs, actions, and taskings to ensure adherence to DoD policies and national security objectives; develops the DoD medical program for the future years defense program (FYDP); and formulates the Defense Health Program (DHP) budget estimate submission and the DHP portion of the President's Budget.

The Deputy Assistant Secretary of Defense for Health Budgets and Financial Policy (DASD (HB&FP)) is the principal staff advisor, assistant to, and executive agent of the ASD(HA) for oversight of health financing policy, strategy for all DoD health resource programs involving budgets and programs, the monitoring of performance review in accordance with Government Performance and Results Act and evaluating health program activities throughout the Military Health System (MHS). The DASD(HB&FP) is the focal point for integrating financing strategy into the activities of the OASD(HA) to ensure all activities are consistent with the established or planned resource management objectives, and fully support the ASD(HA)'s responsibilities for program development, management, review, and evaluation of all DoD health resources. The DASD(HB&FP) has primary responsibility for oversight of the DHP appropriation budget and medical Program Objective Memorandum (POM) developed by the TRICARE Management Activity (TMA), and ensures integration within DoD and across agencies as well as representation with OMB and relevant appropriation committees.

DUTIES

The DASD(HB&FP) is the senior resource advisor and agent of the ASD(HA) in carrying out the responsibilities of financial policy, medical budgeting, and resource management oversight of all DoD health programs. The DASD (HB&FP) is also dual hatted as the TRICARE Management Activity (TMA), Chief Financial Officer, and serves the Director, TMA. As the TMA Chief Financial Officer, provides leadership, interpretation, guidance and directions on

management, execution and capital investment of the Defense Health Program and DoD Unified Medical Program accounts; and administers a management control program to control waste, fraud, loss, mismanagement, inefficiency, and to promote accuracy and reliability in accounting and operating data. Additionally, the incumbent:

- Serves as the HA focal point for development of detailed medical fiscal and POM Guidance.
- Advocates and developing program Budget Decisions and OSD strategy that seek cost-effective medical resource management in the Military Departments and field activities.
- Prepares OASD(HA) issues for presentation to the Senior Leadership Review Group.
- Reviews all action, decision, and information memoranda and all other correspondence which states or impacts on official Health Affairs resource management policy.
- Monitors the activities of all entities throughout Health Affairs in order to increase the effectiveness of management control program efforts.
- Provides the Deputariate's strategic policy and planning on health resourcing of programs and policy.
- Represents the ASD(HA) on a wide range of executive level DoD committees. The incumbent also serves as their representatives at numerous intergovernmental executive level meetings and conferences.
- Serves as the OASD(HA) coordinator for development, review and issuance of POM Preparation Instructions (PPI) ensuring their adequacy and relevance to OASD(HA) programs.
- Advocates and develops Program Budget Decisions that seek cost-effective medical resource management in the Military Departments and Defense agencies.
- Formulates alternatives for strategic resource allocation decisions.
- Responsible for oversight of all DoD military health resources and evaluation programs.
- Monitors military health program evaluation activities throughout the MHS.
- Recommends policy/program changes to improve the effectiveness of DoD health programs.
- Provides oversight of TMA developed Budget Estimate Submissions (BES) and the President's Budget during the established OSD PPBS review process.
- Reviews TMA developed Program Objective Memorandum (POM) and Service POMs during the established OSD program review process for compliance with Defense Planning Guidance and Medical Planning Guidance.
- Coordinates and develops policy, standards, and programs, proponent for financial policy directives, guidelines and instructions, and provides, leadership, interpretation, guidance and directions on health financing policy, programs and strategy.
- Coordinates the preparation of departmental responses on issues related to health financing policy and programs and other related TRICARE initiatives.
- Advises the ASD(HA) and other Departmental principals on the status and strategy of resourcing health programs within the Department.
- Conducts a MHS Strategic Resourcing Committee with the Military Departments and Director TMA to foster strategic departmental resource planning and to identify resourcing initiatives for TMA.

- Conducts congressional testimony review in preparation for hearings and other legislative initiatives in support of the ASD(HA).
- Provides input to the MHS Advisory Committee and MHS Executive Committee through the ASD(HA).
- Represents the Department in contact with external organizations and people on health financing policy, financial programs, and overall TMA/DHP performance.
- Serves a specific DASD role in concert with the CFO, Veterans Health Administration, to optimize Federal resources and serve as lead for the Financial Management workgroup.
- Serves as sponsor for Enterprise Wide Resource Planning to oversee requirements development for “manage the business” health care financial and human resource systems within the Department.
- Leads the Department’s MHS Performance Review and conducts review of CAAS studies.
- Performs such other functions as the ASD(HA) may prescribe.

Incumbent must have experience and proven ability to successfully manage diversified activities involving a professional staff representing varied disciplines.

Factor 1. Knowledge Required by the Position.

This position requires an individual who is thoroughly familiar with the federal budget process, knowledgeable about the MHS, has exceptional analytical skills, and has had progressively responsible work experience in program management. The incumbent must be able to deal effectively with executive level personnel both within and outside the Department and with the media. The incumbent must have knowledge of congressional and government operations and be cable of working harmoniously with staff members of congress, OMB, DoD, GAO, and other federal agencies. The incumbent must have experience and proven ability to manage successfully diversified activities involving a professional staff representing varied disciplines.

Factor 2. Supervisory Control.

The incumbent operates under the general direction of ASD(HA) who establishes only the broadest guidelines within which the incumbent receives minimum supervision. He or she is continually required to exercise independent judgment and initiative. The incumbent has the full authority to represent, speak, and act for the ASD(HA) in his or her absence.

Factor 3. Guidelines.

Incumbent has complete freedom in approach and method of executing assignments. Formal guidelines for this position are established by DoD directives, instructions, and policy memoranda in the areas of responsibility. The incumbent is required to be innovative in developing policy for improving programs and in solving problems that may develop. The incumbent is also responsible for recommending changes in the guidelines that govern medical readiness programs.

Factor 4. Complexity.

Assignments are highly complex, involving the execution of senior management decisions in carrying out the Department's highly visible and often politically charged medical efforts. The incumbent must continually analyze problems and determine which solutions and approaches are the most suitable for the effective and efficient operation of these programs.

Factor 5. Scope and Effect.

The DASD(HB&FP) is responsible for the overall policy and guidance of medical resource programs and budgets of the MHS and the political sensitivities related to these activities as expressed by OSD, Congress, the White House, and the civilian sector. Exercises direction and authority over Department of Defense medical resources. Historically, the Department has expended more than 28 billion dollars per year on these resources. These resources include over 134 thousand military and civilian personnel, and a beneficiary population of almost 8.7 million that generates over 409 thousand admissions and almost 44 million outpatient visits to almost 479 medical treatment facilities spanning the globe. The operational capabilities of the military forces are directly affected by the quality and scope of the Department's health care programs which are conducted under the cognizance of the ASD(HA) and managed by the incumbent who significantly influences their effectiveness and credibility.

Assigns, reviews, evaluates, and controls the work of assigned employees. Distributes the workload equitably among employees according to its difficulty, area of responsibility, and each employee's pending workload. Keeps employees apprised of the latest program developments and changes in program requirements, policies, and procedures. Determines overall operating guidelines and policies for the DASD(HB&FP) organization and employees. Establishes organizational structure and revises and/or establishes positions. Initiates removal actions, suspensions, and lesser disciplinary actions.

Factor 6. Personal Contacts.

Incumbent will have frequent contacts with officials at the senior executive and flag rank levels within the Department of Defense, Office of Management and Budget, General Accounting Office, the Congress, the Department of Veterans Affairs, other Federal Agencies, and with nationally recognized leaders in the health field and technical representatives of civilian contractors.

Factor 7. Purpose of Contacts.

Contacts are for the purpose of receiving and providing information to improve the effective and efficient operation of medical resources and programs. The incumbent functions as an expert in these areas and represents the ASD(HA) and the DASD(HB&FP) on inter- and intra-agency committees to coordinate and improve programs. Persuasion is often required to gain consensus or consideration, from representatives of other agencies, of new methods or changes in established procedures. Provides authoritative guidance and health policy as a representative of the ASD(HA). Works with the Services to develop tri-Service resourcing policy that supports the MHS.

Factor 8. Other Conditions.

Manages and integrates complex policy development and program oversight work (at the O-6 and GS-15 levels) in HB&FP. The nature of assignments is highly complex involving developing solutions to complicated problems for multi-year essential programs. These programs have extensive budgetary and financial relationships with other budgets and programs in other federal agencies, state or private sector. The incumbent must draw on his/her knowledge of laws, regulations, policies and procedures to modify long-range budgeting plans and to make independent decisions which will achieve policy and program objectives. The incumbent is expected to be able to deal with controversial matters that cut across many program lines in the Department of Defense and make decisions and recommendations requiring considerable analysis and impact on the substantive nature of the program.

Factor 9. Physical Demands.

The work is generally sedentary requiring both local and international travel, overnight travel, and attendance at meetings.

Factor 10. Work Environment.

The work is performed in a typical office setting.

**PD: DASD Force
Health Protection and
Readiness**

**PD: Director Force
Health Protection and
Readiness Programs**

SES Career

POSITION DESCRIPTION

SES – Tier Level 2

ES-301

Deputy Assistant Secretary of Defense for Force Health Protection and Readiness

Office of the Assistant Secretary of Defense (Health Affairs)

INTRODUCTION

This position is located in the Office of the Assistant Secretary of Defense for Health Affairs (ASD(HA)). The ASD(HA) is responsible for the effective execution of the Department of Defense (DoD) medical mission which is to provide, and to maintain readiness, medical services, and support to members of the Armed Forces during military operations, and to provide medical services and support to the Armed Forces, their family members, and others entitled to DoD medical care. In carrying out these responsibilities, the ASD(HA) shall exercise authority, direction, and control over the medical personnel, facilities, programs, and funding and other resources within the DoD.

The Deputy Assistant Secretary of Defense for Force Health Protection and Readiness (FHP&R) serves as the principal staff assistant and advisor to the ASD(HA) for all DoD deployment medicine policies, programs, and activities. In carrying out these responsibilities, the position is responsible for deployment related health policy, doctrine, the congressionally directed medical research program, theater information systems, system rightsizing, medical stability operations, and international agreements. The position is also responsible for directing the identification, development, implementation, monitoring and evaluation of policies, procedures and resources required for, but not limited to: the full spectrum of health care in support of contingency operations, including humanitarian and health missions; the deployment of fully trained and equipped medical personnel; deployment system reengineering; deployment technology assessment and integration; health science and military public health; medical logistics; international activities; the National Disaster Medical System; immunization; and Force Health Protection.

DUTIES

The DASD (FHP&R) is the senior advisor and agent of the ASD(HA) and in carrying out these responsibilities directs Department-wide efforts to develop and implement policies and programs relating to DoD deployment medicine, force health protection, national disaster support, and medical readiness for 2.3 million Service members. The DASD (FHP&R) is also dual hatted as the TRICARE Management Activity's (TMA), Director, for Force Health Protection and Readiness Programs, and advises the Director, TMA.

- Responsible for the overall policy and guidance for DoD deployment medical, Force Health Protection, national disaster medical support, and medical readiness policy, programs, and activities.
- Guides and directs policy for provision of care in support of readiness and contingency operations and facilitates deployment of fully trained and equipped medical personnel and units. The incumbent provides policy guidance and oversight of the Services' programs to facilitate medical support of contingency operations to the Military Departments through the Chairman of the Joint Chiefs of Staff.
- Provide policy oversight for the Defense Health Board; Armed Services Blood Program Office; Defense Medical Readiness Training Institute; Armed Forces Health Surveillance Center; DoD Nutrition Committee; DoD Dietary Supplements and other Self-Care Products Committee; and the Military Vaccine Agency.
- The incumbent is responsible for health management policies and initiatives in the direct care system and ensures feasibility and effectiveness, specifically with respect to structure, organization and management of systems, facilities and personnel for the continuing delivery of care. Develops policy to ensure efficient and effective transition to the DoD managed care programs and interacts with the TMA, the Services, and other sources in support of current ongoing operations.
- Support utilization and integration of new technologies to improve efficiency, effectiveness, and quality of the military health care system.
- Ensures full range of policy support for those issues which span both peacetime care and contingency support. Provides policy guidance and oversight in the functional areas of medical logistics, pharmaceuticals, manpower and personnel, resource methodologies and information systems.
- Chairs the Theater Functional Steering Committee, responsible for the development and approval of functional requirement for all Theater Capstone Requirements Documents and Operational Requirements Documents.
- Serves as the Readiness Champion for the following Theater Systems: Theater Medical Information Program, TRAC2ES, and the Medical Analysis Tool.
- Co-Chairs the Armed Services Biomedical Research Evaluation and Management (ASBREM) Committee.
- Oversees RDT&E funding that the FY 2000 National Defense Appropriation Act appropriation to the Defense Health Program for specific congressionally directed research programs and medical research activities through participation on the ASBREM.
- Provides leadership and policy advice regarding all Reserve Component Force Health Protection policies.

- Manages the DoD portion of the National Disaster Medical System (NDMS).
- Represents ASD(HA) with other federal departments and agencies (HHS/OEP, CDC, FDA, NIH, FEMA, Office of Homeland Security) for developing plans, programs, and actions to prevent and responds to chemical and biological threats on both the military and civilian populations of the United States.
- Performs such other functions as the ASD(HA) may prescribe.

Incumbent must have experience and proven ability to manage successfully diversified activities involving a professional staff representing varied disciplines.

FACTOR 1, KNOWLEDGE REQUIRED BY POSITION

This position requires an individual with a background in health policy, exceptional analytical skills, legislative experience, in-depth knowledge of the Department of Defense and progressively responsible work experience in program management. The incumbent must be able to deal effectively with executive level personnel both within and outside the Department, congressional members and staff, and with the media. An intimate knowledge of the DoD direct care system, military medical readiness, the legislative process, manpower, and personnel management are required.

A. Mandatory Technical Qualifications

1. Ability to build and sustain a healthy, fit and resilient fighting force, to include articulating and championing the necessity to support and sustain that force to key political and civilian leaders. This requires knowledge of the following: a) health promotion and outreach, b) psychological health and fitness, and c) human performance enhancement.
2. Knowledge of the requirements to medically protect deployed forces so they can conduct the full range of military operations against any threat in any environment.

B. Mandatory Executive Core Qualification

1. Leading Change: The demonstrated ability to develop and implement a technical and organizational vision which integrates key national and program goals, priorities, values, and other factors. Inherent to this is the ability to balance change and continuity to continually strive to improve customer service and program performance within the basic government framework; to create a work environment that encourages creative thinking; and the ability to maintain focus, intensity, and persistence, even under adversity.
2. Leading People: The ability to design and implement strategies which maximize employee and team potential and foster high ethical standards in meeting the organization's vision, mission, and goals.

3. Results Driven: The ability to make timely and effective decisions and product results through strategic planning and the implementation and evaluation of programs and policies.
4. Business Acumen: The ability to acquire and administer human, financial, material, and information resources strategically in a manner that instills public trust and accomplishes the organization's mission, and to use new technology to enhance decision making.
5. Building Coalitions/Communications: The ability to explain, advocate, and express facts and ideas in a convincing manner, and negotiate with individuals and groups within the organization and those outside the Agency. It also involves the ability to develop an expansive professional network with other organizations, and to identify the external politics that impact the work of the organization.

C. Other Requirements

1. Background Investigation – This position is designated as critical sensitive and requires that a background investigation be conducted and favorably adjudicated in order to establish eligibility for appropriate clearances.
2. Financial Disclosure – Members of the Senior Executive Service are required to comply with the provisions of the Ethics in Government Act, PL 95-521, which requires the submission of a financial disclosure statement (SF-278), upon assuming an SES position. This must be submitted annually and upon termination of employment.

FACTOR 2, SUPERVISORY CONTROLS

The incumbent operates under the general direction of the ASD(HA) who establishes only the broadest guidelines within which the incumbent receives minimum supervision. The incumbent is continually required to exercise independent judgment and initiative. The incumbent has full authority to represent, speak, and act for the ASD(HA) in his or her absence.

FACTOR 3, GUIDELINES

The incumbent has complete freedom in approach and method of executing assignments. Formal guidelines for this position are established by DoD Directives, Instructions, and Policy memoranda in the areas of responsibility. The incumbent is required to be innovative in developing policy for improving programs and in solving problems that may develop. The incumbent is also responsible for recommending changes in the guidelines that govern medical readiness programs.

FACTOR 4, COMPLEXITY

Assignments are highly complex, involving the execution of senior management decisions in carrying out the Department's highly visible and often politically charged access issues,

readiness issues, compensation issues, and direct care planning and system efficiencies. The incumbent must continually analyze problems and determine which solutions and approaches are the most suitable for the effective and efficient operation of these programs.

FACTOR 5, SCOPE AND EFFECT

The Deputy Assistant Secretary of Defense for Force Health Protection and Readiness is responsible for the overall policy and guidance for DoD deployment medicine, Force Health Protection, national medical disaster support, and medical readiness policy, programs, and activities and also, anticipates the political sensitivities related to these activities as expressed by OSD, Congress, the White House, and civil sector.

FACTOR 6, PERSONAL CONTACTS

Incumbent will have frequent contacts with officials at the senior executive and flag rank levels of the Department of Defense, other federal agencies, congressional members and their representatives, with nationally recognized leaders in the health field, and with technical representatives of civilian contractors.

FACTOR 7, PURPOSE OF CONTACTS

Contacts are for the purpose of receiving and providing information for more efficient and operation of medical health care delivery, support of medical readiness, legislative interaction, medical manpower and personnel management, development of emerging medical technologies, resource allocation, and information management. The incumbent must be an expert in these areas and represent the ASD(HA) on inter and intra-agency committees to coordinate and improve programs. Persuasion is often required to gain from representatives of other agencies consideration of new methods or changes in established procedures.

FACTOR 8, PHYSICAL DEMANDS

The work is generally sedentary requiring both local and international and overnight travel and attendance at meetings.

FACTOR 9, WORK ENVIRONMENT

The work is performed in a typical office setting.

**PD: Chief Human
Capital Officer**

SES Career

Page intentionally left blank.
See next page for PD

**MILITARY HEALTH SYSTEM
CHIEF, HUMAN CAPITAL OFFICER, OFFICE OF THE ASSISTANT SECRETARY
OF DEFENSE FOR HEALTH AFFAIRS (OASD(HA))**

INTRODUCTION

This position is located in the Office of the Assistant Secretary of Defense for Health Affairs (ASD(HA)). The ASD(HA) is responsible for the effective execution of the Department of Defense (DoD) medical mission which is to provide, and to maintain readiness, medical services, and support to members of the Armed Forces during military operations, and to provide medical services and support to the Armed Forces, their family members, and others entitled to DoD medical care. In carrying out these responsibilities, the ASD(HA) shall exercise authority, direction, and control over the medical personnel, facilities, programs, and funding and other resources within the DoD.

The Military Health System Chief Human Capital Management Officer (MHS CHCO) is responsible for all aspects of the human capital management of the Office of the ASD(HA). This requires management and oversight of the MHS human capital management program; coordinator of the Department's medical human capital efforts with the OUSD (Personnel & Readiness), Army, Navy, and Air Force Medical and Personnel Departments and Directorates, TRICARE Management Activity, and with other Federal Agencies; policy development for activities related to human capital lifecycle management to include medical education and training, recruitment, retention, development of performance-based management systems, strategic development of the Total Medical Force, information management related to human capital, and the development of adaptable human capital solutions to provide an interoperable and agile medical force to meet National Security Strategy requirements.

DUTIES

As MHS CHCO the incumbent serves as the principal staff assistant and advisor to the ASD(HA) for all DoD human capital policies, programs, and activities relating to military, civilian, and contractor manpower and personnel policies, programs, and practices.

1. Establishes policies, procedures, and standards which shall govern DoD medical human capital programs.
2. Serves as program manager for all DoD medical human capital management programs to include those activities that are enhanced by joint governance. Serves as member of the Senior Military Medical Advisory Council (SMMAC).
3. Serves as principal advisor to the ASD(HA) on all matters involving human capital management policy. The scope of responsibility covers the Total Force, to include Active Duty, Guard and Reserve, DoD Civilians, and Contractors.

The incumbent operates under the general direction of the ASD(HA) who establishes only the broadest guidelines within which the incumbent receives minimum supervision. The incumbent is continually required to exercise independent judgment and initiative. The incumbent has full authority to represent, speak, and act for the ASD(HA) in his or her absence.

Factor 3. Guidelines.

The incumbent has complete freedom in approach and method of executing assignments. Formal guidelines for this position are established by DoD Directives, Instructions, and Policy Memoranda in the areas of responsibility. The incumbent is required to be innovative in developing policy for improving programs and in solving problems that may develop.

Factor 4. Complexity.

Assignments are highly complex, involving the execution of senior management decisions in carrying out the Department's highly visible and often politically charged access issues, readiness issues, compensation issues, and direct care planning and system efficiencies. The incumbent must continually analyze problems and determine which solutions and approaches are the most suitable for the effective and efficient operation of these programs.

Factor 5. Scope and Effect.

The MHS CHCO is responsible for the overall policy and guidance of medical human capital services of the Military Departments and the political sensitivities related to these activities as expressed by OSD, Congress, the White House, and the civil sector.

Factor 6. Personal Contacts.

Incumbent will have frequent contacts with officials at the senior executive and flag rank levels of the DoD, other federal agencies, congressional members and their representatives, with nationally recognized leaders in the health field, and with technical representatives of civilian contractors.

Factor 7. Purpose of Contacts.

Contacts are for the purpose of receiving and providing information for more efficient and operation of medical health care delivery, support of medical readiness, legislative interaction, medical manpower and personnel management, development of emerging medical technologies, resource allocation, and information management. The incumbent must be an expert in these areas and represent the ASD(HA) on inter and intra-agency committees to coordinate and improve programs. Persuasion is often required to gain from representatives of other agencies consideration of new methods or changes in established procedures.

Factor 8. Physical Demands.

The work is generally sedentary requiring both local and international travel, overnight travel, and attendance at meetings.

Factor 9. Work Environment.

The work is performed in a typical office setting.

**PD: Director Financial
Plans and Policy,
HB&FP**

SES Career

SES

**Director, Financial Plans and Policy,
Health Budgets and Financial Policy**

Office of the Deputy Assistant Secretary of Defense (Health Budgets and Financial Policy)
Office of the Assistant Secretary of Defense (Health Affairs)

INTRODUCTION

This position is located in the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)). The ASD(HA) is the principal medical staff advisor and assistant to the Secretary of Defense, and is the principal program manager for all DoD health matters, including medical readiness, health care delivery and preventive medicine, medical military construction, and the procurement, development, training, and retention of medical military and civilian personnel. To fulfill these responsibilities, the ASD(HA) develops policies, reviews, evaluates, and modifies military medical programs, conducts analyses, provides advice, makes recommendations and issues guidance on Defense plans and programs; initiates programs, actions, and taskings to ensure adherence to DoD policies and national security objectives; develops the DoD medical program for the future years defense program (FYDP); and formulates the Defense Health Program (DHP) budget estimate submission and the DHP portion of the President's Budget.

The Deputy Assistant Secretary of Defense (Health Budgets and Financial Policy) (DASD(HB&FP)) is the principal staff advisor assistant to and executive agent of the ASD(HA) for management and coordination, program development, review and evaluation of all DoD health resource programs. The DASD(HB&FP) is the focal point for integrating the activities of the OASD(HA) to ensure all activities are consistent with the established or planned resource management objectives, and fully support the ASD(HA)'s responsibilities for program development, management review, and evaluation of all DoD health resources. The DASD (HB&FP) has primary responsibility for formulating the DHP appropriation budget and developing the medical Program Objective Memorandum (POM) and ensures integration within DoD and across agencies as well as representation with OMB and relevant appropriation committees.

DUTIES

The incumbent is a senior program director in the Financial Plans and Policy Directorate, and is primarily responsible to serve as the principal advisor to DASD(HB&FP) for fiscal aspects of health care issues within the Department and for devising plans, policies and procedures to implement efficient and cost effective operations for the Defense Health Program and the Unified Healthcare Budget. Specifically, the incumbent:

- Functions as principal advisor to the DASD (HB&FP) on all defense healthcare financial management activities including program, budget and execution of financial

- Serves as Acting Deputy Assistant Secretary of Defense (Health Budgets and Financial Policy) in the absence of the appointed incumbent.
- Coordinates, manages and oversees congressionally related DOD healthcare financial matters.
- Oversees, advocates and develops program Budget Decisions and OSD strategies that seek cost-effective medical resource management in the Military Departments and field activities.
- Manages action, decision, and information memoranda and all other correspondence which states or impacts on official Health Affairs resource management policy.
- Assists with monitoring the activities of all entities throughout Health Affairs in order to increase the effectiveness of management control program efforts.
- Key architect of HB&FP strategic policy and planning on health resourcing of programs and policies.
- Instrumental in the OASD(HA) coordination for development, review and issuance of POM Preparation Instructions (PPI) and medical fiscal guidance ensuring their adequacy and relevance to OASD(HA) programs and strategic plans.
- Accountable for oversight of DoD military health resources and evaluation programs.
- Oversees military health program evaluation activities throughout the MHS.
- Primary adviser to DASD(HB&FP) on recommendation(s) and strategy implementation of policy/program changes to improve the effectiveness of DoD health programs.
- Develops short and long range fiscal plans and policies for all health care resource related matters in support of the DoD Planning, Programming, and Budgeting System (PPBS).
- Primary advisor to DASD(HB&FP) on policy and planning oversight of TRICARE Management Activity (TMA) developed Budget Estimate Submissions (BES) and the President's Budget during the established OSD PPBS review process.
- Manages TMA developed Program Objective Memorandum (POM) and Service POMs during the established OSD program review process for compliance with Defense Planning Guidance and Medical Planning Guidance.
- Develops and coordinates policy, standards, and programs, proponent for financial policy directives, guidelines and instructions, and provides, leadership, interpretation, guidance and directions on health financing policy, programs and strategy.
- Coordinates the preparation of departmental responses on issues related to health financing policy and programs and other related TRICARE initiatives.
- Oversees the inspections, audits, and reports performed by external agencies, such as the GAO and the IG, DoD, for the ASD(HA);
- Primary advisor to DASD(HB&FP) on oversight and guidance of the system of management control in the OASD(HA) to help provide reasonable assurance that: obligations and costs are in compliance with applicable law; funds, property, and other assets are safeguarded against waste, loss, unauthorized use, or

- Manages the identification and analysis of MHS resource and budgetary policy issues, such as the cost and quality of MHS health care services, the equity of access to health care services, the health care benefit structure, and issues related to the TRICARE program.

FACTOR 1. KNOWLEDGE REQUIRED BY POSITION

Effective performance of the duties outlined requires proven senior executive level ability in the management and coordination of programs and policies of national significance, and/or wide public interest. Demonstrated experience in policy analysis/development and program management is required, and demonstrated senior executive level experience with the Military Health System is also required. Employee must have a high degree of senior executive level leadership experience, ability and creativeness, and have a superior ability to express ideas effectively, both orally and in writing.

The incumbent should have health care administrative leadership experience in either the military or civilian health care sectors, preferably in both. Military or civilian experience at the Military Department medical headquarters level is highly desirable. To perform effectively the duties described herein, an advanced degree in a health care management or business administration field is desired. Specific knowledge and experience are required in DoD programming and budgeting in financial management, and in the use of analytical techniques. Experience as a program or budget analyst at the OSD, the Military Department, or the Agency level is desirable.

A. Mandatory Technical Qualifications

1. Knowledge of the healthcare industry, with an understanding of one or more of the following: the Military Health System; managed health care operations; TRICARE operation; and /or senior leadership experience within a healthcare system in order to monitor performance, carry out a wide variety of analytical assignments, and make recommendations concerning policy and program.
2. Knowledge of the Federal legislative and regulatory procedures and processes as related to the laws pertaining to healthcare.
3. Ability to identify and apply appropriate program evaluation and measurement techniques in evaluating program accomplishments including new or modified legislation for projected impact on civilian and military healthcare programs or resources.

B. Mandatory Executive Core Qualification

1. Leading Change: The demonstrated ability to develop and implement a technical and organizational vision which integrates key national and program goals, priorities, values, and other factors. Inherent to this is the ability to balance change and continuity to continually strive to improve customer service and program performance within the basic government framework;

to create a work environment that encourages creative thinking; and the ability to maintain focus, intensity, and persistence, even under adversity.

2. **Leading People:** The ability to design and implement strategies which maximize employee and team potential and foster high ethical standards in meeting the organization's vision, mission, and goals.

3. **Results Driven:** The ability to make timely and effective decisions and product results through strategic planning and the implementation and evaluation of programs and policies.

4. **Business Acumen:** The ability to acquire and administer human, financial, material, and information resources in a manner that instills public trust and accomplishes the organization's mission, and to use new technology to enhance decision making.

5. **Building Coalitions/Communications:** The ability to explain, advocate, and express facts and ideas in a convincing manner, and negotiate with individuals and groups within the organization and those outside the Agency. It also involves the ability to develop an expansive professional network with other organizations, and to identify the external politics that impact the work of the organization.

C. Other Requirements

1. **Background Investigation** – This position is designated as critical sensitive and requires that a background investigation be conducted and favorably adjudicated in order to establish eligibility for appropriate clearances.

2. **Financial Disclosure** – Members of the Senior Executive Service are required to comply with the provisions of the Ethics in Government Act, PL 95-521, which requires the submission of a financial disclosure statement (SF-278), upon assuming an SES position. This must be submitted annually and upon termination of employment.

FACTOR 2. SUPERVISORY CONTROLS

The incumbent operates under the general direction of DASD(HB&FP) who establishes only the broadest guidelines within which the incumbent receives minimum supervision. He or she is continually required to exercise independent judgment and initiative. The incumbent has the full authority to represent, speak, and act for the DASD(HB&FP) in his or her absence.

FACTOR 3. GUIDELINES.

Incumbent has complete freedom in approach and method of executing assignments. Formal guidelines for this position are established by DoD directives, instructions, and policy memoranda in the areas of responsibility. The incumbent is required to be innovative in developing policy for improving programs and in solving problems that may develop. The incumbent is also responsible for recommending changes in the guidelines that govern medical readiness programs.

FACTOR 4. COMPLEXITY.

Assignments are highly complex; involving the execution of senior management decisions in carrying out the Department's highly visible and often politically charged medical efforts. The incumbent must continually analyze problems and determine which solutions and approaches are the most suitable for the effective and efficient operation of these programs.

FACTOR 5. SCOPE AND EFFECT.

The DASD(HB&FP) is responsible for the overall policy and guidance of medical resource programs and budgets of the MHS and the political sensitivities related to these activities as expressed by OSD, Congress, the White House, and the civilian sector. Exercises direction and authority over Department of Defense medical resources. Historically, the Department has expended more than 28 billion dollars per year on these resources. These resources include over 134 thousand military and civilian personnel, and a beneficiary population of almost 8.7 million that generates over 409 thousand admissions and almost 44 million outpatient visits to almost 479 medical treatment facilities spanning the globe. The operational capabilities of the military forces are directly affected by the quality and scope of the Department's health care programs which are conducted under the cognizance of the ASD(HA) and managed by the incumbent who significantly influences their effectiveness and credibility.

Assigns, reviews, evaluates, and controls the work of assigned employees. Distributes the workload equitably among employees according to its difficulty, area of responsibility, and each employee's pending workload. Keeps employees apprised of the latest program developments and changes in program requirements, policies, and procedures. Determines overall operating guidelines and policies for the DASD(HB&FP) organization and employees. Establishes organizational structure and revises and/or establishes positions. Initiates removal actions, suspensions, and lesser disciplinary actions.

FACTOR 6. PERSONAL CONTACTS.

Incumbent will have frequent contacts with officials at the senior executive and flag rank levels within the Department of Defense, Office of Management and Budget, General Accounting Office, the Congress, the Department of Veterans Affairs, other Federal Agencies, and with nationally recognized leaders in the health field and technical representatives of civilian contractors.

FACTOR 7. PURPOSE OF CONTACTS.

Contacts are for the purpose of receiving and providing information to improve the effective and efficient operation of medical resources and programs. The incumbent functions as an expert in these areas and represents the ASD(HA) and the DASD(HB&FP) on inter- and intra-agency committees to coordinate and improve programs. Persuasion is often required to gain consensus or consideration, from representatives of other agencies, of new methods or changes in established procedures. Provides authoritative guidance and health policy as a representative of

the ASD(HA). Works with the Services to develop tri-Service resourcing policy that supports the MHS.

FACTOR 8. OTHER CONDITIONS.

Manages and integrates complex policy development and program oversight work (at the O-6 and GS-15 levels) in HB&FP. The nature of assignments is highly complex involving developing solutions to complicated problems for multi-year essential programs. These programs have extensive budgetary and financial relationships with other budgets and programs in other federal agencies, state or private sector. The incumbent must draw on his/her knowledge of laws, regulations, policies and procedures to modify long-range budgeting plans and to make independent decisions which will achieve policy and program objectives. The incumbent is expected to be able to deal with controversial matters that cut across many program lines in the Department of Defense and make decisions and recommendations requiring considerable analysis and impact on the substantive nature of the program.

FACTOR 9. PHYSICAL DEMANDS.

The work is generally sedentary requiring both local and international travel, overnight travel, and attendance at meetings.

FACTOR 10. WORK ENVIRONMENT.

The work is performed in a typical office setting.

**Assistant,
Mobilization
and Reserve
Affairs**

Flag

Senior Reserve Advisor and assistant in the office of the Assistant Secretary of Defense for Health Affairs, Office of the Deputy Assistant Secretary Defense for Health Protection and Readiness (DASD(FHP&R)). Functions as the senior reserve advisor to the DASD(FHP&R) on reserve health issues. Special attention and emphasis is directed to pre-and post-mobilization health assessment and to force protection and TRICARE coverage issues. Responsible for chairing the Reserve Component Medical Readiness Work Group (RCMRWG), a committee chartered between the offices of the ASD(Reserve Affairs) and the ASD(Health Affairs) to address critical solutions to reserve service members health issues. Attends Force Health Protection Council which is chaired by the DASD(FHP&R). Represents the DASD(FHP&R) at meeting and conferences. Assists in coordinating solutions to medical issues between reserve components.

**Director, Defense
Center of Excellence
for PH/TBI**

Flag

The DCoE Director has the responsibility for: developing clinical standards and practices for implementation; developing prevention and mission driven health methods to build resilience, mitigate vulnerabilities, and promote rapid recovery; direct DoD-wide program integration, evaluation, and quality assurance; management and funding of DoD Psychological Health/Traumatic Brain Injury (PH/TBI) research and development and education and training; and to serve as a clearing house for educational & research materials. The DCoE Director reports to the Director, TMA. The DCoE Director's scope of influence includes but is not limited to: coordinating common data collection and surveillance for PH/TBI outcomes among regional counterparts including DoD, VA, private sector care providers; coordinating activities and research in the center's network; facilitating and implementing education and training programs for providers, Service members, and families; providing expert support to medical facilities in comprehensive patient centered recovery plans; and identifying and sharing best practices along the continuum of care.

**PD: President,
Uniformed Services
University of the
Health Sciences**

SES Career

**THE PRESIDENT OF THE UNIFORMED SERVICES UNIVERSITY
OF THE HEALTH SCIENCES**

I. INTRODUCTION

This position is located in the Uniformed Services University of the Health Sciences (USUHS), Department of Defense (10 U.S.C. § 2113, DoD Directive 5105.45). The incumbent of this position serves as President and chief executive officer of the organization under the policy guidance of the Secretary of Defense and the operational direction of the Assistant Secretary of Defense for Health Affairs in conjunction with the University's Board of Regents. The President is appointed by the Secretary of Defense with the advice of the Assistant Secretary of Defense for Health Affairs and the Board of Regents and serves at the pleasure of the Secretary. He/she serves as an ex-officio member of the Board of Regents (BOR), without vote, and attends all regular and special meetings of the BOR and its committees unless requested otherwise.

The USUHS: (1) has a fully accredited four-year School of Medicine whose curriculum is expanded from that of civilian schools to provide instruction and training to its graduates to assure that they are prepared to meet wartime and disaster medical readiness requirements; (2) conducts research and investigation both to maintain academic standards and to meet military requirements; (3) has educational programs leading to the Ph.D. degree in the basic medical sciences and a Master's in Public Health; (4) develops and implements a continuing medical education program for uniformed health professionals, emphasizing medicine.

II. MAJOR DUTIES AND RESPONSIBILITIES.

The President, USUHS, is responsible for the following functions:

A. Recommendation for appointment by Assistant Secretary of Defense for Health Affairs in conjunction with the Board of Regents of Vice Presidents, Deans, and other officers as necessary to assist him/her in carrying out the responsibilities of his/her position. Such officers to the University shall be under the general supervision of the President, carrying out such duties as may be prescribed by him/her and approved by the Assistant Secretary of Defense for Health Affairs.

B. Organization, direction, control and management of the USUHS and all subordinate activities.

- C. Establishment of the educational programs, both mandated by law and those authorized by law and approved by the Board of Regents and the Assistant Secretary of Defense for Health Affairs.
- D. Acquisition and management of all resources necessary to assure that the required research and educational programs are in place. These resources include those authorized by the Congress, the Department of Defense, as well as those from external grants, endowments, or voluntary donations. The implementation of these programs and utilization of resources is the direct responsibility of the Dean, School of Medicine.
- E. Compliance with applicable Federal statutes, regulations, and DoD directives. Responsible for implementation of and compliance with the Federal Managers Fiscal Integrity Act.
- F. Upon direction of the Secretary of Defense and Assistant Secretary of Defense for Health Affairs, is responsible for representation of the University before the Congress, within the Executive Branch and the Department of Defense.
- G. Interfacing with non-DOD health science centers/medical schools/activities to enhance academic credibility and with military activities to enhance military credibility.
- H. Providing consultation to the Assistant Secretary of Defense (Health Affairs) and The Surgeons General upon request and within resources availability.
- I. Compliance with Department of Defense Equal Employment Opportunity (EEO) requirements.

**PD: MHS Chief
Information Officer**

PD: Director, IMT&R

SES

Career

Page intentionally left blank.
See next page for PD

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)
TRICARE MANAGEMENT ACTIVITY**

**MILITARY HEALTH SYSTEM CHIEF INFORMATION OFFICER
AND
DIRECTOR, INFORMATION MANAGEMENT, TECHNOLOGY AND
REENGINEERING**

ES-301

INTRODUCTION

The position encompasses the duties of the Military Health Services (MHS) Chief Information Officer (CIO), and the Director, Information Management, Technology and Reengineering (IMT&R). The incumbent reports to the Director, TRICARE Management Activity (TMA), under the direction and authority of the Assistant Secretary of Defense (Health Affairs) (ASD (HA)). The ASD (HA) is responsible for all health policies, programs, standards, and activities with the Department of Defense (DoD). These responsibilities include effectively executing the medical readiness mission of the Armed Forces, providing quality health care services to 9.1 eligible beneficiaries, and serving as program manager for all DoD health and medical resources funded under the Defense Health Program.

The IMT&R Directorate is located within the TRICARE Management Activity (TMA), a field activity under the direction and authority of the ASD (HA). The incumbent, in the role of MHS CIO and Director, IMT&R is a principal advisor to the Director/Principal Deputy Director (PDD) TMA and the Deputy Director, TMA on all matters pertaining to MHS information management/information technology (IM/IT) strategic planning, IT capital planning and investment process, linking performance measures to OASD(HA)/TMA priorities and goals, emerging information technology, information management, data standardization, information assurance, functional integration, external coalitions and communications related to IM/IT, and computer/electronic accommodations for disabled persons.

MAJOR DUTIES

A. The incumbent, in the role of MHS CIO and Director, IMT&R serves as the principal advisor to the Director/PDD TMA/Deputy Director, TMA on IM/IT matters of strategic and operational importance to the MHS. The incumbent formulates policy, plans, goals, objectives, and standards to support the mission of military medical readiness and the Tri-Service Health Care Program mission of providing quality health care services to active duty forces, family members, and other beneficiaries. The incumbent oversees execution of the MHS IM/IT Program to include program analysis, evaluation, and oversight of IM/IT initiatives; development and defense of the IM/IT portion of the Defense Health Program and the Program Objectives Memorandum (POM). The incumbent also oversees execution and management of the IT capital investment portfolio, Computer/Electronic Accommodations Program (CAP), information security, and DoD Business Modernization and Management Program systems and capabilities. The incumbent ensures MHS IM/IT alignment with the Department of Defense (DoD) Business

Enterprise Architecture; Federal Health Architecture; MHS Enterprise Architecture; emerging information technologies; Office of the National Coordinator for Health Information Technology initiatives; academic and industry coalitions and communications; and other areas of MHS, defense, and national interest. The incumbent provides input in MHS strategic planning process.

1. Manages development of the IM/IT portion of the Department's Defense Health Program to include the current fiscal year execution plan, the President's budget, the POM, and the Future Years Defense Program (FYDP). Provides guidance and direction to the IMT&R Division Directors, the IM/IT Program Directors and the Military Medical Departments in preparing the fiscal program to support the overarching MHS IM/IT program. Presents and defends the IM/IT program to the Deputy Director, TMA, the PDASD (HA), the Deputy Surgeons General, Joint Staff, and other senior managers within the DoD.
2. Manages the MHS IM/IT program for the TMA. Develops the MHS Automated Information Systems (AIS) Strategic Plan to meet the goals of military health care across the operational continuum from peace to war.
3. Directs the formulation and promulgation of policies, procedures, and directives, related to functional/technical architectures, data standardization, emerging technologies, data security, and the strategic direction of the MHS IM/IT Program.
4. Establishes the Health functional and technical architecture within the framework of the Defense Information Infrastructure and the Common Operating Environment, directs integration of health information across the DoD enterprise, approves system plans and programs, and assigns tasks to ensure adherence to, and support of DoD health policy, national security objectives, and military readiness requirements.
5. Represents the Director/PDD TMA and the Deputy Director, TMA on committees, work groups, and in meetings with OSD offices, the Military Medical Departments, Defense Agencies, and external organizations such as Congressional Offices, the Office of Management and Budget (OMB), General Accounting Office (GAO), General Services Administration, the Department of Veterans Affairs (VA), the National Institute of Standards and Technology, private industry, and the public. Frequently meets with senior OSD, Joint Staff, and Military Medical Department personnel at the Flag Officer, General Officer, and SES level. Prepares and delivers briefings and presentations related to the MHS IM/IT mission, program, and accomplishments.
6. Develops and oversees execution of the Department's MHS AIS migration strategy and ensures its continued evaluation to document additional opportunities to consolidate the number of MHS AISs. Guides the Military Medical Departments in matters related to medical AISs and information management initiatives. Manages the elimination of redundant MHS legacy systems and oversees the development of MHS migration systems.
7. Directs the incorporation of innovative and emerging technologies into MHS system development, the health information systems architecture, the MHS integration and interoperability program, and the procedures for administering and managing the DoD medical

AIS migration plan. Recommends revisions to DoD instructions, policies, and regulations when necessary to implement advanced technology in medical AIS programs.

8. Serves as executive agent for the DoD CAP. Directs assistance to persons with disabilities in the Military Medical Departments and other DoD components through the provision of acquisition support, supplemental resources to obtain accommodations, and identification of adaptive devices to meet special needs of DoD employees with disabilities.

9. Serves as the Designated Approval Authority in accordance with DoD Directive 5200.28, "Security Requirements for Automated Information Systems." Responsible for accrediting MHS AISs and ensuring their compliance with DoD security requirements.

10. Exercises direction, authority, and control over the IM/IT staff, program and resources. Assigns new projects, provides personal guidance and formal training when required, and reviews completed work for accomplishment of objectives. Makes selections for vacancies, recommends promotions and awards, provides performance counseling, and prepares military and civilian ratings.

(60%)

The CAE role will be removed in an updated version of the position description

B. The incumbent serves in the role of **Component Acquisition Executive (CAE)** for IM/IT and is the authorized official responsible for oversight and management of all functions, funded by the Defense Health Program, in the areas of IT acquisition management. This authority is delegated by the Director/ PDD TMA and the Deputy Director, TMA. The CAE ensures compliance with legislation, DoD and other federal directives and regulations affecting stated areas of responsibility. The CAE manages and approves IT acquisition of services, acquisition program baselines, and milestone decisions. Oversight extends to the management of the MHS IM/IT investment portfolio and all designated ACAT IA or ACAT III programs in both development and sustainment. As CAE, the incumbent occupies a Critical Acquisition Position (CAP) as defined by AT&L. Additionally, for all TMA IM/IT procurement, the position is considered a Key Leadership Position (KLP).

1. Supports the Director/PDD TMA and the Deputy Director, TMA by exercising program oversight of the MHS IM/IT acquisition program. The MHS IM/IT acquisition program supports the IM and IT requirements of over 500 DoD hospitals and clinics, the TRICARE Regional Offices, intermediate commands, Military Medical Department Headquarters, and OASD(HA). Included are Major Automated Information programs such as the Composite Health Care System II, the Defense Medical Logistics Standard Support program, the Theater Medical Information Program, the TRANSCOM Regulating and Command and Control Evacuating System, and Tri-Service Infrastructure Management Program. The incumbent conducts program analysis and evaluation of all MHS IM/IT acquisition initiatives.

2. The CAE establishes policies, goals, procedures and processes that clarify and streamline acquisition management processes as allowed by DoD regulation or by law.

3. The incumbent has direct oversight responsibility to establish policies, strategies, performance standards, goals, procedures, processes and metrics for the Joint Medical Information Systems Office; Program Management Offices and, as applicable, the Military Medical Departments. Translating mission strategies and goals into executable programs, the CAE provides leadership of the highest order to subordinates in the attainment of objectives.
4. Working in a complex, dynamic environment, the incumbent leads people, builds coalitions, and serves as catalyst for change at the senior most levels in the MHS, defense, and federal government.
5. Chairs, or serves as a member of the **Source Selection Advisory Council** for major Defense IM/IT acquisitions.

(30%)

The Source Selection Advisory Council role will be removed in an updated version of the position description

C. The responsibilities of the MHS CIO and Director, IM/IT require the incumbent to develop long range plans and goals in concert with the MHS Strategic Plan: integrating, organizing, collaborating and communicating with stakeholders and public and private sector partners around the globe. The incumbent is responsible for interagency collaboration with other federal CIOs, CAEs and industry partners to improve agency practices related to design, acquisition, development, modernization, use, sharing and performance of federal government information resources. The incumbent collaborates with stakeholders to ensure that requirements are satisfactorily met and that problems are resolved thoughtfully and in a timely manner.

(10%)

FACTOR 1, KNOWLEDGE REQUIRED BY THE POSITION

Effective performance of the duties outlined requires proven senior executive level ability in the management and coordination of programs of national significance, and/or wide public interest. Demonstrated acquisition and program management experience is required. Incumbent must have a high degree of senior executive level experience, ability and creativeness and have a superior ability to express ideas effectively, both orally and in writing.

A. Mandatory Technical Qualifications

1. A broad knowledge of and executive level experience with health care and IT matters of national, federal, defense or private sector interest.
2. Knowledge of laws, policies, regulations, guidelines and business imperatives that govern acquisition activities related to developing, acquiring, deploying and maintaining IT products and services.
3. Preferred prior experience, sound judgment, and business acumen working as a CIO or Deputy CIO, or in a comparable executive level IT related position, successfully analyzing complex issues and translating organizational goals to executable programs.

4. Knowledge of laws, policies, regulations, guidelines and business constructs at the executive level regarding budget planning, programming, and execution; business process reengineering; information security and privacy; and enterprise architectures.

FACTOR 2, SUPERVISORY CONTROLS

The duties are performed under the broad guidance of the Director/PDD TMA and the Deputy Director, TMA. The incumbent exercises wide latitude for the use of independent judgment, policy and program recommendations, resource allocation, and individual initiatives within the broad guidance set forth by the Director/ PDD TMA and the Deputy Director, TMA. The incumbent collaborates with the Military Department Surgeons' General senior staff to ensure that products and services meet their stated requirements.

FACTOR 3, GUIDELINES

Guidelines include public law, DoD Directives, DoD Instructions, DoD Regulations, DoD Manuals, ASD (HA) Policy Memoranda, TMA Directives and Instructions, Congressional mandates, guidance from the Office of the Under Secretary of Defense (Personnel and Readiness), ASD (NII), DoD Comptroller, United States GAO and OMB. Guidelines are numerous and not always applicable to specific work assignments and require adaptation and/or interpretation for application to the MHS. The incumbent must use judgment, innovation and discretion to determine which guidance takes precedence, and adapt or improve to accommodate precedent-setting or unique situations.

FACTOR 4, COMPLEXITY

The responsibilities involve a wide array of activities that have far reaching implications for health care delivery at the defense and national level, military readiness, and ultimately mission accomplishment for the MHS and DoD. These responsibilities cut across the disciplines of strategic planning, health care policy administration, business modernization, acquisition management, program management, investment portfolio management, IT, information security, contract administration, budget and finance, test and evaluation, personnel management, enterprise architecture integration and implementation, audits and reviews, intra- and inter-agency affairs, coalition building, external communications, and congressional affairs. Interactions occur with CIOs, CAEs and senior executives in comparable federal organizations and civilian agencies and programs with differing perspectives, requirements, and priorities. The need for coordination with OASD (HA)/TMA and Surgeon's General occur frequently. Also required is an in-depth knowledge of major automated information acquisition processes, best practices, and strategic planning. The incumbent must integrate a wide variety of data to product cogent, succinct, and convincing results that will be applicable to the MHS, military Services and other federal agencies.

Convergence of constantly evolving and changing imperatives, creates a complex environment which requires that the incumbent quickly synthesize, adjust, organize, and communicate plans

and actions to senior leadership and subordinate directorates. The incumbent plays a vital role in ensuring the success of the MHS and DoD.

FACTOR 5, SCOPE AND EFFECT

The substantive missions and programs of the incumbent have worldwide impact and are vital to the health and welfare of 9.1 million beneficiaries.

The incumbent oversees and supervises multiple program offices that provide IT products and services that directly impact military health care delivery in peace and wartime throughout the world. The incumbent, working under the guidance of the Director/PDD TMA and the Deputy Director, TMA, influences national, federal, defense and state health and IT policies, directions, and business transformation successes by sharing experiences, products, and lessons learned. The responsibilities involve resolution of complex issues that cross organizational boundaries, such as the VA, academic centers of excellence and private industry.

The incumbent directs the Program Executive Officer who in turn manages Information Technology Program Management Offices; the Divisions within the IM/IT Directorate; the Director, Program Analysis and Evaluation; and the Chief Enterprise Architect. The incumbent oversees the development and validation of the Budget Estimate Submissions, the President's Budget, the POM, defends and justifies program requirements, and oversees execution of funds. The incumbent oversees the selection, development, and management of qualified personnel in key positions. The incumbent will manage a joint workforce of government, military and contractor personnel located worldwide.

The incumbent has full latitude and authority to make decisions and commitments in every area of operations, keeping the Director/PDD TMA and the Deputy Director, TMA apprised of decisions on key matters and providing guidance to the management and staff. Results of the work are considered authoritative and are evaluated only in terms of effective execution of the organization's responsibilities. The incumbent provides advice and recommendations that affect top management within the Army, Navy, Air Force Medical Departments and the DoD MHS. The incumbent also chairs the Information Management Proponent Committee (flag level) and Overarching Integrated Product Team for all ACAT III systems.

The incumbent must have extensive executive and operational level experience in health related IT, industry best practices, enterprise architecture, strategic health policy, acquisition management, information security, and change management to be effective.

FACTOR 6, PERSONAL CONTACTS

The incumbent regularly meets, collaborates and coordinates with, and makes independent recommendations to top level management to include the ASD (HA); Principal Deputy ASD (HA); Deputy Director, TMA; Congress; Military Department Surgeons General and Deputy Surgeons General; Department of Defense (DoD) Chief Information Officer; other DoD Component Acquisition Executives; senior military and civilian leaders in the Office of the Secretary of Defense; other Federal Agencies; and industry and private sector health care

executives. The incumbent accompanies other senior executives to meet with Congress, VA, GAO, other Federal Agencies/Departments, and professional and academic organizations regarding matters pertaining to MHS business transformation, enterprise architecture, acquisition management, information technology, and information assurance policies and activities. Contacts are in the form of formal and informal meetings, appointments, on-site visits, briefings, conferences, written reports and telephone calls.

Contacts include high and senior ranking military officers and civilian executives within DoD, TMA, the Armed Services (Army, Navy, Air Force, Marines and Coast Guard), and external federal and private sector agencies. These contacts require extensive preparation, knowledge, experience and communication skills for the incumbent.

FACTOR 7, PURPOSE OF CONTACTS

The purpose of the contacts is communicate, collaborate, defend, justify, problem solve and/or negotiate with top-level executives in the private and public sectors. Skill and diplomacy are required to articulate positions and concerns of strategic and operational importance to the MHS. The incumbent collaborates to resolve highly significant matters affecting MHS policy which have long-range implications and which may involve significant expenditures of resources.

FACTOR 8, PHYSICAL DEMANDS

The work is primarily sedentary with some walking, bending and carrying of light items. No special physical demands are required to perform the work.

FACTOR 9, WORK ENVIRONMENT

The work is performed in a typical office and conference room environment. Frequent travel is required.

Deputy Director, TMA Flag

Primary Mission: Serves as the principal staff assistant and advisor to, and acts at all times on behalf of, the TMA Director and Principal Deputy Director on administration, acquisition, performance, and oversight of the comprehensive health plans for the Department's medical, dental, pharmacy, claims management, and force readiness related programs valued at \$24B annually. Manages world-wide workforce of core military, civilian, and support contract team members located primarily in Washington, DC (Virginia), with support offices in Colorado, Texas, California, Germany, and Japan in support of 9.6 million beneficiaries worldwide.

Authority: The incumbent serves as the principal staff assistant and advisor to, and acts on behalf of, the TMA Director and Principal Deputy Director, on operational aspects of development and execution of TRICARE, the DoD medical and dental programs operating pursuant to chapter 55, title 10 U.S.C. under which medical and dental services are provided to the DoD health care beneficiaries and to non-DoD Uniform Services beneficiaries in the Commissioned Corps of the U.S. Public Health Service, Commissioned Corps of the National Oceanic and Atmospheric Administration, and the U.S. Coast Guard. Under the general supervision of the TMA Director and Principal Deputy Director, the incumbent directs and manages the daily operation of the TMA, a DoD field activity of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), operating under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs (ASD(HA)).

Functions: Manages health and medical resources of the TRICARE Managed Care benefit program; executes policy issued by the ASD(HA) in the administration of the DoD medical, dental and pharmacy programs; issues program direction within the Military Health System (MHS) to the Surgeons General of the Army, Navy, and Air Force; overseas deployment health programs and initiatives; develops, maintains, and provides guidance for the integrated system for contracting and contracting support for health care, dental, pharmacy, and other health programs, claims processing services, and other administrative functions to support TRICARE and the MHS; supports (fiscal, personnel, space, logistics, administration) non-health plan MHS corporate support functions and staff elements assigned. Develops new programs to provide expanded coverage to reserves, retirees, and others as directed by law. Provides infrastructure support to Centers of Excellence for evolving medical care and research.

Supervision/Coordination: The position operates under the general supervision of the TMA Director and Principal Deputy Director. Incumbent supervises eight Senior Executive Service and General Flag Officers and senior staff at the Director level; approximately 2,000 personnel are assigned to TMA worldwide. Responsible for the management and oversight of a \$1B annual core support budget. Coordinates principally within the USD(P&R), the Military Departments, the Congressional Oversight Committees, the Government Accountability Office, the Office of Management and Budget and externally with industry.

Knowledge/Experience: The position requires an individual thoroughly familiar with the DoD and Military Health System structures and missions, proven experience leading large, complex, Joint organizations. Must have experience applying advanced management and organizational practices along with a comprehensive knowledge of planning, programming, budgeting, acquisition, communications, and strategic planning.

**PD: Program Executive
Officer (Joint Medical
Information Systems)**

SES

Career

Page intentionally left blank.
See next page for PD

POSITION DESCRIPTION
PROGRAM EXECUTIVE OFFICER
JOINT MEDICAL INFORMATION SYSTEMS DIRECTORATE
TRICARE MANAGEMENT ACTIVITY, FALLS CHURCH, VIRGINIA
ES-0301

Introduction:

This position is located in the Joint Medical Information Systems (JMIS) Division within the TRICARE Management Activity (TMA), a field activity of the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)]. JMIS supports military medical readiness and quality health care services for 9.1 million military personnel, their families, and other beneficiaries. JMIS supports health care operations with Joint medical information technology (IT) systems and communication and computing infrastructures. This includes design, development, integration, testing, evaluation, deployment, sustainment and disposal phases of an information system's lifecycle. In addition, JMIS provides on-site support and help desk services to U.S. military Medical Treatment Facilities (MTFs). The Program Executive Officer (PEO) is responsible for the direction and total management of the directorate to include development and execution of IT acquisition strategies, goals, plans, processes and procedures for fulfilling the Information Management (IM) requirements of the Military Health System (MHS).

The primary purpose of this organization is to deliver customer-driven, high quality IT solutions on time and within cost; deliver efficient and effective IT services; and provide high quality, responsive support to the MHS and its worldwide beneficiaries.

The PEO reports through the Component Acquisition Executive (CAE) to the Milestone Decision Authority for all assigned MHS IT acquisition programs, projects, and systems.

The employee must be Defense Acquisition Workforce Improvement Act Level III certified in program management.

MAJOR DUTIES

The PEO is responsible for all medical IT programs within the MHS under the OASD(HA). The incumbent serves as the senior agency official responsible to oversee the integration and execution of all lifecycle program management activities performed by the Program Managers for designated MHS Automated Information Systems (AIS). Responsibilities consist of overseeing the execution and enforcement of acquisition policies, procedures, goals, and objectives established by the CAE in accordance with DoD regulations and legislative acts; ensuring acquisition policy compliance; focusing on cost, schedules and performance; adopting innovative best practices and technologies; and directing the Program Managers in preparation of Milestone decisions for designated MHS information systems. (40%)

The PEO provides authoritative input to the CAE on emerging technologies, systems architecture, and the development of policies, procedures, and guidance for MH SAIS systems. The PEO ensures that the MHS IT acquisitions comply with appropriate laws, regulations, directives and established requirements. (20%)

The PEO exercises direct supervisory control over six Program Offices: the Clinical Information Technology Program Office (CITPO), Defense Medical Logistics Standard Support (DMLSS), Executive Information Decision Support (EI/DS), Resources Information Technology Program Office (RITPO), Theater Medical Information Program (TMIP), and the Tri-Service Infrastructure Management Program Office (TIMPO). Provides executive leadership on organizational, acquisition, operational, and policy matters pertaining to the design, development, testing, evaluation, deployment, and sustainment of clinical, medical logistics, environmental, medical human resources, patient safety, force health protection, data warehousing, medical surveillance, billing, and scheduling software. (20%)

The incumbent is responsible for personnel management and acquisition training/certification tasks. Through subordinate supervisors, the incumbent supervises Federal employees in grades GS-05 to GS-15 and military officers and enlisted personnel of comparable rank and oversees multiple AIS contracts. The incumbent ensures that key managers in the program offices have the required acquisition education, training, and certifications. Analytical studies of the organization could lead to recommendations for realignment, expansion or consolidation of the organization to improve governmental medical IT acquisitions processes. Execution of organizational, personnel, and manpower changes could affect large numbers of people on a long-term basis. (15%)

The PEO interacts with officials and representatives of Congressional committees, the Office of the OASD(HA), Service Surgeons General, Service Medical Departments, Department of Veterans Affairs (VA), and other government and non-government agencies and organizations to ensure understanding, integration, and effective fielding of MHS IT systems. (5%)

Performs other comparable duties as assigned.

FACTOR 1, KNOWLEDGE REQUIRED BY THE POSITION

Effective performance of the duties outlined requires proven senior executive level ability in the management and coordination of programs of national significance, and/or wide public interest. Demonstrated acquisition and program management experience is required, and demonstrated senior executive level experience with the Military Health System is also required. Employee must have a high degree of senior executive level experience, ability and creativeness, and have a superior ability to express ideas effectively, both orally and in writing.

A. Mandatory Technical Qualifications

1. A broad knowledge of and executive level experience with health care and information technology matters of national, federal, defense or private sector interest.
2. Knowledge of laws, policies, regulations, guidelines and business imperatives that govern Department of Defense (DoD) acquisition activities related to developing, acquiring, deploying and maintaining information technology products and services.

3. Demonstrated executive-level information technology related experience as applied to successfully analyzing complex issues and translating organizational goals to executable programs.
4. Knowledge of laws, policies, regulations, guidelines and business constructs at the executive level in one or more of the following: budget planning, programming, and execution; business process reengineering; information security and privacy; and enterprise architectures.
5. Ability to coordinate the activities of multiple organizations with differing missions and often with differing views of issues. Ability to bring together divergent views for common solutions to complicated problems.

B. Mandatory Executive Core Qualifications

1. **Leading Change:** The demonstrated ability to develop and implement a technical and organizational vision which integrates key national and program goals, priorities, values, and other factors. Inherent to this is the ability to balance change and continuity to continually strive to improve customer service and program performance within the basic government framework; to create a work environment that encourages creative thinking; and the ability to maintain focus, intensity, and persistence, even under adversity.
2. **Leading People:** The ability to design and implement strategies which maximize employee and team potential and foster high ethical standards in meeting the organization's vision, mission, and goals.
3. **Results Driven:** The ability to make timely and effective decisions and produce results through strategic planning and the implementation and evaluation of programs and policies.
4. **Business Acumen:** The ability to acquire and administer human, financial, material, and information resources in a manner that instills public trust and accomplishes the organization's mission, and to use new technology to enhance decision making.
5. **Building Coalitions/Communications:** The ability to explain, advocate, and express facts and ideas in a convincing manner, and negotiate with individuals and groups within the organization and those outside the Agency. It also involves the ability to develop an expansive professional network with other organizations, and to identify the external politics that impact the work of the organization.

C. Other Requirements

1. **Background Investigation** – This position is designated as critical sensitive and requires that a background investigation be conducted and favorably adjudicated in order to establish eligibility for appropriate clearances.
2. **Financial Disclosure** – Members of the Senior Executive Service are required to comply with the provisions of the Ethics in Government Act, PL 95-521, which requires the submission of a financial disclosure statement (SF-278), upon assuming an SES position. This must be submitted annually and upon termination of employment.

FACTOR 2, SUPERVISORY CONTROLS

Duties are performed under the broad guidance of the Component Acquisition Executive and the Milestone Decision Authority for MHS IT systems. Depending on the system involved, this requires the PEO to meet identified major program goals and objectives as set forth by the ASD(HA) or the ASD for Networks Information and Integration (NII). The PEO exercises wide latitude for the use of independent judgment, policy and program recommendations, and individual initiatives within the broad guidance set forth by the senior acquisition chain mentioned.

FACTOR 3, GUIDELINES

Guidelines include public law, DoD Directives, DoD Instructions, DoD Regulations, DoD Manuals, ASD(HA) Policy Memoranda, TMA Directives and Instructions, Congressional mandates, and guidance from the ASD for NII. Guidelines are numerous and not always applicable to specific work assignments and require adaptation and/or interpretation for application to JMIS issues. The incumbent must use judgment, innovation and discretion to determine which guidance takes precedence, and adapt or improvise to accommodate to precedent-setting or unique situations.

FACTOR 4, COMPLEXITY

The responsibilities involve a wide array of activities which cut across the disciplines of health care administration, program management, acquisitions, information technology, contract administration, budget and finance, test and evaluations, and civilian and military personnel management. Interactions occur with a variety of federal and civilian agencies and programs and involve a multitude of federal and state legal and regulatory requirements. The need for coordination within the TMA staff and Service representatives is required. Also requires an in-depth knowledge of major automated information systems acquisition processes, best practices, and strategic planning. The incumbent must integrate a wide variety of data to produce cogent, succinct, and convincing results that will be applicable to program offices throughout the JMIS Directorate, and meet the intent of TMA, the military Services and DoD.

As compared to other private and government health programs, MHS IT initiatives are one of

the more comprehensive and complex. The JMIS Directorate plays a vital and substantial role in developing, deploying, and maintaining the Department of Defense's MHS IT systems. These systems are vital to the efficient administration of healthcare in a field environment, military medical treatment facilities, and private practices supporting U.S. armed forces deployed throughout the world.

FACTOR 5, SCOPE AND EFFECT

The substantive missions and programs of the JMIS Directorate have worldwide impact and are vital to the health care welfare of over 9.2 million beneficiaries.

The incumbent oversees multiple acquisition program offices impacting military health care delivery in peace and wartime throughout the world to include the war on terrorism. The responsibilities involve highly complex information systems that manage medical issues involving support to the war fighter, the war on terrorism, clinical, logistics, environmental, data ware housing, credentialing, scheduling, and infrastructure issues.

The PEO directs six Colonel/O6-level program managers and is responsible for the total management of the organization's mission, to include development and execution of IT strategies, goals, plans, processes and procedures for fulfilling the IM requirements of the MHS. The JMIS Division is comprised of over 125 military and government civilian positions and a supporting contractor workforce of over 1,500 people.

The incumbent has full latitude and authority to make decisions and commitments in every area of operations, keeping the CAE apprised of decisions on key matters and providing guidance to IT management and staff. Results of the work are considered authoritative and are evaluated only in terms of effective execution of the organization's responsibilities. The incumbent provides advice and recommendations that affect top management within the Army, Navy, Air Force Medical Departments and the DoD MHS.

The incumbent's responsibility has extremely far reaching impact on the effectiveness of the MHS's goal to achieve savings and efficiencies through systems and IT infrastructure standardization. The incumbent is responsible for the overall systems modernization strategy that enables achievement of the strategic goals for the MHS. The PEO integrates developmental activities to ensure synergy and interoperability, mitigates risks across the entire spectrum of the IT modernization program and champions efforts to embrace commercial software and best business practices.

FACTOR 6, PERSONAL CONTACTS

In addition to those contacts described or implied above, the employee has frequent contact with the Congress and the executive leadership of OMB, DHHS, and the VA, private health insurance companies, medical and other professional societies, other Federal and state agencies, members of the Military Services, and other contractors.

FACTOR 7, PURPOSE OF CONTACTS

The purpose of contacts is to justify, defend, negotiate, or settle matters involving significant or controversial issues. Employee participates in conferences, meetings, hearings and presentations involving problems or issues of considerable consequence or importance. Interactions may frequently involve convincing or influencing DoD officials or leaders of major interest groups concerning the affect of proposals or approaches that affect agency policy, national policy, or precedent, and involve large expenditures of financial and other resources. In many instances, the concern is with long-range issues or problems.

FACTOR 8, PHYSICAL DEMANDS

The work is primarily sedentary. No special physical demands are required to perform the work.

FACTOR 9, WORK ENVIRONMENT

The work is performed in a typical office and conference room environment at the Falls Church, Virginia office. Frequent travel is required.

**PD: Deputy Director
Force Health Protection and Readiness
Programs** SES Career

POSITION DESCRIPTION

**SES – Tier Level 1
ES-301**

Deputy Director, Force Health Protection and Readiness Programs
TRICARE Management Activity
Falls Church, Virginia

INTRODUCTION

This position is located in the TRICARE Management Activity (TMA), a field activity of the Under Secretary of Defense for Personnel and Readiness (USD (P&R)), that is under the policy guidance and direction of the Assistant Secretary of Defense (Health Affairs) (ASD (HA)). The ASD(HA) is responsible for the effective execution of the Department of Defense (DoD) medical mission which is to provide, and to maintain readiness, medical services, and support to members of the Armed Forces during military operations, and to provide medical services and support to the Armed Forces, their family members, and others entitled to DoD medical care. In carrying out these responsibilities, the ASD(HA) shall exercise authority, direction, and control over the medical personnel, facilities, programs, and funding and other resources within the DoD.

The Deputy Assistant Secretary of Defense for Force Health Protection and Readiness (FHP&R) serves as the principal staff assistant and advisor to the ASD(HA) for all DoD deployment medicine policies, programs, and activities; and is dual-hatted in serving as the Director, Force Health Protection and Readiness Programs (FHP&RP). The Office of Force Health Protection and Readiness Programs is responsible for deployment related health policy, doctrine, theater information systems, system rightsizing, and international agreements.

In carrying out these responsibilities, the position is responsible for subject matter expert advice and executive leadership on deployment related health policy, doctrine, the congressionally directed medical research program, theater information systems, system rightsizing, medical stability operations, and international agreements. The position is also responsible for assisting in directing the identification, development, implementation, monitoring and evaluation of policies, procedures and resources required for, but not limited to: the full spectrum of health care in support of contingency operations, including humanitarian and health missions; the deployment of fully trained and equipped medical personnel; deployment system reengineering; deployment technology assessment and integration; health science and military public health; medical logistics; international activities; the National Disaster Medical System; immunization; and Force Health Protection.

DUTIES

The incumbent is a senior advisor to the Director, FHP&R and assists in carrying out the FHP&R mission. This includes directing the identification, development, implementation, monitoring and evaluation of policies, procedures and resources required for, but not limited to:

- The full spectrum of health care in support of contingency operations, including humanitarian and health missions
- The deployment of fully trained and equipped medical personnel
- Deployment systems reengineering
- Deployment technology assessment and integration
- Deployment health support
- Health science and military public health
- Medical logistics
- Surveillance
- International activities
- Domestic Medical Disaster Response Program

The incumbent will assist in developing policy and guidance for DoD deployment medical, Force Health Protection, national disaster medical support, and medical readiness policy, programs, and activities. Guides and directs policy for provision of care in support of readiness and contingency operations and facilitates deployment of fully trained and equipped medical personnel and units. The incumbent provides policy guidance and oversight of the Services' programs to facilitate medical support of contingency operations to the Military Departments through the Chairman of the Joint Chiefs of Staff. The incumbent will also assist in providing policy oversight for the Defense Health Board; Armed Services Blood Program Office; Defense Medical Readiness Training Institute; Armed Forces Health Surveillance Center; DoD Nutrition Committee; DoD Dietary Supplements and other Self-Care Products Committee; and the Military Vaccine Agency. Provides leadership and policy advice regarding all Reserve Component Force Health Protection policies.

The incumbent will assist in the development of health management policies and initiatives in the direct care system and ensures feasibility and effectiveness, specifically with respect to structure, organization and management of systems, facilities and personnel for the continuing delivery of care. Develops policy to ensure efficient and effective transition to the DoD managed care programs and interacts with the TMA, the Services, and other sources in support of current ongoing operations.

Provides executive direction to the FHP subordinate divisions, determining and defining long-range operating and management goals and objectives for program operations. Reviews and continuously evaluates results achieved by FHP&R. Aligns work of the FHP&R subordinate divisions to support annual goals and priorities as established by the Director, FHP&R, Deputy Director, TMA and the ASD(HA).

The incumbent will support utilization and integration of new technologies to improve efficiency, effectiveness, and quality of the military health care system. Serves as the Readiness Champion for the following Theater Systems: Theater Medical Information Program, TRAC2ES, and the Medical Analysis Tool.

Ensures full range of policy support for those issues which span both peacetime care and contingency support. Provides policy guidance and oversight in the functional areas of medical logistics, pharmaceuticals, manpower and personnel, resource methodologies and information systems.

The incumbent will participate in or assist with chairing various committees, such as the Theater Functional Steering Committee, responsible for the development and approval of functional requirement for all Theater Capstone Requirements Documents and Operational Requirements Documents, the Armed Services Biomedical Research Evaluation and Management (ASBREM) Committee, etc.

The incumbent will assist in overseeing RDT&E funding that the FY 2000 National Defense Appropriation Act appropriation to the Defense Health Program for specific congressionally directed research programs and medical research activities through participation on the ASBREM.

Assists in managing the DoD portion of the National Disaster Medical System (NDMS), a federally coordinated system that augments the Nation's medical response capability.

Represents the Director, FHP&R and ASD(HA) with other federal departments and agencies (HHS/OEP, CDC, FDA, NIH, FEMA, Office of Homeland Security) for developing plans, programs, and actions to prevent and responds to chemical and biological threats on both the military and civilian populations of the United States.

Performs other comparable duties as assigned.

FACTOR 1, KNOWLEDGE REQUIRED BY POSITION

This position requires an individual with a background in health policy, exceptional analytical skills, legislative experience, in-depth knowledge of the Department of Defense and progressively responsible work experience in program management. The incumbent must be able to deal effectively with executive level personnel both within and outside the Department, congressional members and staff, and with the media. An intimate knowledge of the DoD direct care system, military medical readiness, the legislative process, manpower, and personnel management are required.

A. Mandatory Technical Qualifications

1. Ability to build and sustain a healthy, fit and resilient fighting force, to include articulating and championing the necessity to support and sustain that force to key

2. Knowledge of the requirements to medically protect deployed forces so they can conduct the full range of military operations against any threat in any environment.

B. Mandatory Executive Core Qualification

1. **Leading Change:** The demonstrated ability to develop and implement a technical and organizational vision which integrates key national and program goals, priorities, values, and other factors. Inherent to this is the ability to balance change and continuity to continually strive to improve customer service and program performance within the basic government framework; to create a work environment that encourages creative thinking; and the ability to maintain focus, intensity, and persistence, even under adversity.
2. **Leading People:** The ability to design and implement strategies which maximize employee and team potential and foster high ethical standards in meeting the organization's vision, mission, and goals.
3. **Results Driven:** The ability to make timely and effective decisions and product results through strategic planning and the implementation and evaluation of programs and policies.
4. **Business Acumen:** The ability to acquire and administer human, financial, material, and information resources strategically in a manner that instills public trust and accomplishes the organization's mission, and to use new technology to enhance decision making.
5. **Building Coalitions/Communications:** The ability to explain, advocate, and express facts and ideas in a convincing manner, and negotiate with individuals and groups within the organization and those outside the Agency. It also involves the ability to develop an expansive professional network with other organizations, and to identify the external politics that impact the work of the organization.

C. Other Requirements

1. **Background Investigation** – This position is designated as critical sensitive and requires that a background investigation be conducted and favorably adjudicated in order to establish eligibility for appropriate clearances.
2. **Financial Disclosure** – Members of the Senior Executive Service are required to comply with the provisions of the Ethics in Government Act, PL 95-521, which requires the submission of a financial disclosure statement (SF-278), upon

FACTOR 2, SUPERVISORY CONTROLS

The incumbent operates under the general direction of the Director, FHP&R who establishes only the broadest guidelines within which the incumbent receives minimum supervision. The incumbent is continually required to wide latitude for the use of independent judgment; policy and program recommendations; and individual initiatives. The incumbent has full authority to represent, speak, and act for the Director, FHP&R in his or her absence.

FACTOR 3, GUIDELINES

The incumbent has complete freedom in approach and method of executing assignments. Formal guidelines for this position are established by DoD Directives, Instructions, and Policy memoranda in the areas of responsibility. The incumbent is required to be innovative in developing policy for improving programs and in solving problems that may develop. The incumbent is also responsible for recommending changes in the guidelines that govern medical readiness programs.

FACTOR 4, COMPLEXITY

Assignments are highly complex, involving the execution of senior management decisions in carrying out the Department's highly visible and often politically charged access issues, readiness issues, compensation issues, and direct care planning and system efficiencies. The incumbent must continually analyze problems and determine which solutions and approaches are the most suitable for the effective and efficient operation of these programs.

FACTOR 5, SCOPE AND EFFECT

The Deputy Director, FHP&R is responsible for assisting to oversee the overall policy and guidance for DoD deployment medicine, Force Health Protection, national medical disaster support, and medical readiness policy, programs, and activities and also, anticipates the political sensitivities related to these activities as expressed by OSD, Congress, the White House, and civil sector.

FACTOR 6, PERSONAL CONTACTS

Incumbent will have frequent contacts with officials at the senior executive and flag rank levels of the Department of Defense, other federal agencies, congressional members and their representatives, with nationally recognized leaders in the health field, and with technical representatives of civilian contractors.

FACTOR 7, PURPOSE OF CONTACTS

Contacts are for the purpose of receiving and providing information for more efficient and operation of medical health care delivery, support of medical readiness, legislative interaction, medical manpower and personnel management, development of emerging medical technologies, resource allocation, and information management. The incumbent must be an expert in these areas and represent the Director, FHP&R or ASD(HA) on inter and intra-agency committees to coordinate and improve programs. Persuasion is often required to gain from representatives of other agencies consideration of new methods or changes in established procedures.

FACTOR 8, PHYSICAL DEMANDS

The work is generally sedentary requiring both local and international and overnight travel and attendance at meetings.

FACTOR 9, WORK ENVIRONMENT

The work is performed in a typical office setting.

PD: Chief Health Plan SES Career
Operations

CHIEF, HEALTH PLAN OPERATIONS
TRICARE MANAGEMENT ACTIVITY
FALLS CHURCH, VIRGINIA
(SES)

Introduction:

This position is located in the TRICARE Management Activity (TMA), a field activity of the Under Secretary of Defense for Personnel and Readiness (USD (P&R)), that is under the policy guidance and direction of the Assistant Secretary of Defense (Health Affairs) (ASD (HA)). The ASD (HA) is responsible for overall supervision of the health and medical affairs of the Department of Defense (DoD), and serves as the principal advisor to the Secretary of Defense for all DoD health policies, programs, and activities, and exercises oversight of all DoD health resources. TMA is responsible for the effective execution and operation of the DoD medical mission, which is to provide medical and dental services and support to specified categories of individuals entitled to DoD healthcare benefits. Specifically, TMA is responsible for managing the TRICARE Program, administering and managing the Defense Health Program budget, and providing support to the Uniformed Services in the management and administration of TRICARE. TMA is geographically located in Falls Church, Virginia; Aurora, Colorado; and also at three geographically separated TRICARE Regional Offices that are located in the National Capital Area; San Diego, California; and San Antonio, Texas.

TRICARE is the DoD regionally-based managed health care plan for members of the Uniformed Services and their families, retired members and their families, and survivors. As a key element of the Military Health System (MHS), TRICARE brings together the health care delivery systems of each of the Military Services, as well as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and TRICARE For Life for the medicare-eligible beneficiaries, in an integrated effort to better serve entitled beneficiaries and to better use the resources available to military medicine.

An estimated 9.4 million individuals worldwide are eligible for TRICARE because of their relationship to one of the seven Uniformed Services: Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the U.S. Public Health Service, and the National Oceanic and Atmospheric Administration. By law and/or agreement, benefits may be extended to members of NATO States and their dependents.

The total annual TRICARE purchased care program budget is in excess of \$14.6 billion. A major component of TRICARE is a series of managed care support contracts that supplement the capabilities of regional and local military health care delivery facilities. The healthcare contracts

support three regions in the United States, plus claims processing for regions in Europe, Latin America Canada, and the Pacific. In addition, the TRICARE Program provides for an additional 1.5 million beneficiaries who are age 65 and older and who have Medicare as their primary payer by providing secondary payment on most, if not all, institutional and professional charges. The TRICARE Program also provides additional health care support services through a rich pharmacy benefit at very low cost under the TRICARE Pharmacy Program, two dental contracts, the National Quality Monitoring contract, and nine Uniformed Services Family Health Plan contracts.

Health Plan Operations (HPO) has the responsibility for providing the program, acquisition, and contract management for centralized purchased care contracts, and major program management responsibilities for developing managed care programs; administering healthcare benefit coordination between the direct and purchased care systems; coordinating and administering the MHS Dental Program; and developing operational healthcare policy and program options.

MAJOR DUTIES

The employee serves as the Chief, HPO, providing executive leadership on organizational, programmatic, operational, and policy matters pertaining to the worldwide management of TRICARE managed care and associated contracting functions as well as TMA purchased care programs. Coordinates and integrates the activities of the HPO subordinate directorates to ensure achievement of the HA/TMA mission. The employee is responsible for ensuring that on-going purchased care operations of the MHS are working smoothly and efficiently, that future needs are properly planned for, including policy for the introduction of new best business practices, technologies and approaches to existing and future programs.

As the Chief, HPO, the employee supervises three subordinate directorates: Acquisition Management and Support (AM&S), TRICARE Policy and Operations, and TRICARE Business Operations. The major healthcare contracting function for the TRICARE Program is accomplished within the AM&S Directorate. The employee will provide senior executive direction over the development and execution of TRICARE policies, healthcare benefits and reimbursement systems, TRICARE healthcare contract operations, TRICARE and other healthcare program requirements, beneficiary and provider services, and TRICARE acquisition management and support. The employee will serve as the Program Manager for the acquisition of major healthcare programs and initiatives and as such, will provide executive leadership for the acquisitions.

In addition, the employee participates in the development, formulation, implementation, and advocacy of healthcare operational policies, MHS transformation, and program objectives of critical importance to the goals of the Secretary of Defense.

The employee will be responsible for coordinating resolution of programmatic and operational issues raised by the three TRICARE Regional Offices and coordinating resolution of programmatic and operational overseas issues raised by the three TRICARE Area Offices along with coordinating the management of two overseas healthcare delivery contracts. In addition,

the employee will provide senior executive direction to address and resolve issues and requirements resulting from new or modified legislation and/or regulation that may impact the delivery of health care. These are complex in nature and may have long-range implications. They include policy, medical benefit, beneficiary eligibility, enrollment options, efficiencies, fees, and costs.

The employee will interact with senior HA and TMA staff; senior officials and representatives of Congressional committees; Office of Management and Budget (OMB); the Government Accountability Office (GAO); the Office of the Secretary of Defense; Office of General Counsel; Service Surgeons General, Service Military Departments; Department of Veterans Affairs; Department of Health and Human Services (DHHS); and other government and non-governmental agencies and organizations to ensure understanding, integration and implementation of DoD policy pertaining to health care delivery. Chairs or participates in various committees with representation by senior management officials from Federal, State or private sector organizations on DoD healthcare care policies.

Provides executive direction to the HPO subordinate directorates, determining and defining long-range operating and management goals and objectives for program operations. Reviews and continuously evaluates results achieved by the TRICARE program. Aligns work of the HPO subordinate directorates to support annual goals and priorities as established by the Deputy Director, TMA and the ASD(HA).

Performs other comparable duties as assigned.

FACTOR 1, KNOWLEDGE REQUIRED BY THE POSITION

Effective performance of the duties outlined requires proven senior executive level ability in the management and coordination of programs of national significance, and/or wide public interest. Demonstrated acquisition and program management experience is required, and demonstrated senior executive level experience with the Military Health System is also required. Employee must have a high degree of senior executive level experience, ability and creativeness, and have a superior ability to express ideas effectively, both orally and in writing.

A. Mandatory Technical Qualifications

1. In-depth knowledge of the healthcare industry, with broad experience and understanding of one or more of the following: the Military Health System management; managed health care operations; TRICARE operations; and/or senior leadership experience within a military or uniformed services healthcare facility.
2. Broad knowledge of the federal legislative and regulatory procedures and processes.
3. Familiarity with federal procurement and contracting policies and procedures, including knowledge and experience with the Federal Acquisition Regulation.

4. Familiarity with OMB and Congressional appropriation and budgetary processes, and related guidelines.
5. Experience in managing a large, multi-faceted healthcare organization or program.
6. Ability to coordinate the activities of multiple organizations with differing missions and often with differing views of issues. Ability to bring together divergent views for common solutions to complicated problems.
7. Ability to identify and apply appropriate program evaluation and measurement techniques in evaluating program accomplishments including new or modified legislation for projected impact on civilian and military healthcare programs or resources.

B. Mandatory Executive Core Qualifications

1. **Leading Change:** The demonstrated ability to develop and implement a technical and organizational vision which integrates key national and program goals, priorities, values, and other factors. Inherent to this is the ability to balance change and continuity to continually strive to improve customer service and program performance within the basic government framework; to create a work environment that encourages creative thinking; and the ability to maintain focus, intensity, and persistence, even under adversity.
2. **Leading People:** The ability to design and implement strategies which maximize employee and team potential and foster high ethical standards in meeting the organization's vision, mission, and goals.
3. **Results Driven:** The ability to make timely and effective decisions and produce results through strategic planning and the implementation and evaluation of programs and policies.
4. **Business Acumen:** The ability to acquire and administer human, financial, material, and information resources in a manner that instills public trust and accomplishes the organization's mission, and to use new technology to enhance decision making.
5. **Building Coalitions/Communications:** The ability to explain, advocate, and express facts and ideas in a convincing manner, and negotiate with individuals and groups within the organization and those outside the Agency. It also involves the ability to develop an expansive professional network with other organizations, and to identify the external politics that impact the work of the organization.

C. Other Requirements

1. Background Investigation – This position is designated as critical sensitive and requires that a background investigation be conducted and favorably adjudicated in order to establish eligibility for appropriate clearances.
2. Financial Disclosure – Members of the Senior Executive Service are required to comply with the provisions of the Ethics in Government Act, PL 95-521, which requires the submission of a financial disclosure statement (SF-278), upon assuming an SES position. This must be submitted annually and upon termination of employment.

FACTOR 2, SUPERVISORY CONTROLS

This position reports to the Deputy Director, TMA, and serves as the Chief, Health Plan Operations. Duties are performed under the broad guidance of the Deputy Director, TMA, who identifies major program goals and objectives. With an intimate knowledge of the policies, personal views, and organizational objectives of the Secretary of Defense and those of the Administration, the employee exercises wide latitude for the use of independent judgment; policy and program recommendations; and individual initiatives.

FACTOR 3, GUIDELINES

Guidelines include public law, Department of Defense (DoD) Directives, DoD Instructions, DoD Regulations (e.g., CHAMPUS/TRICARE Regulation: 32 Code of federal Regulations Part 199), Assistant Secretary of Defense for Health Affairs Policy Memoranda, TRICARE Management Activity Directives and Instructions, TRICARE Policy Manual, TRICARE Operations Manual, TRICARE Reimbursement Manual, TRICARE Automated Data Processing Manual, Congressional mandates and guidance from the Under Secretary of Defense (Personnel & Readiness) and the ASD(HA). Since guidelines are numerous, the employee must use judgment and discretion to determine which takes precedence, and adapt or improvise to accommodate to precedent-setting or unique situations. Also, the employee must be able to develop new guidelines and procedures as needed.

FACTOR 4, COMPLEXITY

The responsibilities involve a wide array of activities which cut across the disciplines of management, contract administration, budget and finance, and civilian and military health care administration. Interactions occur with a variety of federal and civilian agencies and programs and involve a multitude of federal and state legal and regulatory requirements. The need for coordination within the TMA staff and Service representatives is great. Complex management information systems are required to effectively manage this worldwide program through multiple fiscal intermediaries and other contractors. The diversity of programs, the complexity of their interrelationships, the development of health care policies and procedures, the public and beneficiary interests and interactions, constant changes in the dynamics of the healthcare arena, the education of providers and beneficiaries all contribute to the complexity of the position. Few decisions or problem solutions are straight forward and simple. Political considerations at high

levels within the Federal government often come into play. Consensus building is often necessary.

FACTOR 5, SCOPE AND EFFECT

As compared to other private and governmental healthcare programs, TRICARE is one of the most comprehensive and complex programs. The value of TRICARE Healthcare contracts is worth over \$32 billion over a five year period. The administration of these contracts represents the largest public health contracting effort in the nation. TRICARE and the work of TMA affect all components of the Department of Defense, and throughout law or agreement the program affects beneficiaries who are sponsored by the DHHS, the Department of Transportation, the Veterans Administration (VA), and the NATO States (countries).

The TRICARE program plays a vital and substantial role in fulfilling the Department of Defense's need to attract and retain high quality military personnel, thereby directly impacting on military readiness both in peacetime and in war.

The program covers a worldwide population affecting military members and their family members as well as providers on a global basis. The TRICARE program has high visibility both in Congress and the media around the world.

FACTOR 6, PERSONAL CONTACTS

In addition to those contacts described or implied above, the employee has frequent contact with the Congress and the executive leadership of OMB, DHHS, and the VA, private health insurance companies, medical and other professional societies, other Federal and state agencies, members of the Military Services, and other contractors.

FACTOR 7, PURPOSE OF CONTACTS

The purpose of contacts is to justify, defend, negotiate, or settle matters involving significant or controversial issues. Employee participates in conferences, meetings, hearings and presentations involving problems or issues of considerable consequence or importance. Interactions may frequently involve convincing or influencing DoD officials or leaders of major interest groups concerning the affect of proposals or approaches that affect agency policy, national policy, or precedent, and involve large expenditures of financial and other resources. In many instances, the concern is with long-range issues or problems.

FACTOR 8, PHYSICAL DEMANDS

The work is primarily sedentary. No special physical demands are required to perform the work.

FACTOR 9, WORK ENVIRONMENT

The work is performed in a typical office and conference room environment at the Falls Church, Virginia office. Frequent travel is required.

**Chief Pharmacy
Operations**

Flag

**POSITION DESCRIPTION
Chief, Pharmacy Operations
TRICARE Management Activity
ES-0601-00/00
DDES2570**

INTRODUCTION

This position is located in the TRICARE Management Activity (TMA), a field activity under the policy guidance and direction of the Office of the Secretary of Defense (Health Affairs) (OASD (HA)). The ASD(HA) is responsible for the overall policy and guidance of the medical services of the military departments and the political sensitivities related to these activities as expressed by OSD, Congress, the White House, and the civilian sector. TMA is responsible for the effective execution and operation of the DoD medical mission, which is to provide medical services and support to specified categories of individuals entitled to DoD medical care. Specifically TMA is responsible for managing TRICARE, administering and managing the Defense Health Program budget, and providing support to the Uniformed Services in the management and administration of TRICARE. TMA is geographically located in Falls Church and Arlington, Virginia, Aurora, Colorado, San Antonio, Texas, and San Diego, California.

TRICARE is the DoD managed health care plan for members of the Uniformed Services and their families, and survivors and retired members and their families. TRICARE manages the health care delivery systems of each of the military services, as well as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), in a cooperative and supportive effort to better serve military beneficiaries and to better use the resources available to military medicine. TRICARE has three choices for their health care delivery: TRICARE Prime, an enrolled health maintenance organization (HMO) option; TRICARE Extra, which offers a preferred provider option with discounts; and, TRICARE Standard, a fee-for-service option (which is the same as standard CHAMPUS).

Medical care for the DoD's 9.1 million eligible beneficiaries is provided through the \$17 billion defense health program which includes contracted health care networks and military treatment facilities. TRICARE provides comprehensive, quality and accessible health care to members of the Uniformed Services: Army, Navy, Air Force, Marine Corps, Coast Guard and the Commissioned Corps of the U.S. Public Health Service and the National Oceanic and Atmospheric Administration. By law and/or agreement, benefits may be extended to member of NATO States and their dependents.

(If a reorganization memo is issued to shift direct reporting to the Deputy Director, this position description will be revised). This position reports to the Chief, Health Plan Operations, and has primary responsibility for the operational implementation of TRICARE pharmacy benefit to include benefits and policies through continuous management and oversight of the TRICARE pharmacy benefit, to ensure integration with the direct care system for accessible, high quality and cost effective delivery of pharmacy services to MHS beneficiaries during peacetime and wartime. The employee is responsible for ensuring that ongoing pharmacy programs of the Military Health System are working effectively and efficiently, and that future needs are properly planned for, including the introduction of new technologies, and to the integration of them into existing and future programs.

This employee is responsible for developing operational pharmacy programs and processes to ensure the pharmacy benefit for the Military Health System is designed and operated in a manner that supports Department of Defense (DoD) mission requirements, fosters system integration, ensures data quality, and complies with fiscal and regulatory requirements.

MAJOR DUTIES

The employee serves as the senior executive pharmacy policy advisor to the Director, TMA and is responsible for the oversight of the management of the \$5 Billion pharmacy benefit program through the development of specialized and sensitive operational issues relating to the unique problems and complexities of DoD pharmacy benefit management through its three components: Military treatment facility pharmacies; retail network pharmacies, and the mail order pharmacy program. Employee will be responsible for management functions to include planning and integrating pharmacy policies, program planning and direction, staff supervision and development, and coordination with related programs, in executing the pharmacy function.

The employee is responsible for benefit management, and policy development and review for all DoD Pharmacy Operations, to optimize the delivery of the entire pharmacy benefit.

Provides executive level direction for developing and implementing worldwide integrated DoD pharmacy information systems for enhancing patient safety, monitoring drug utilization, and maximizing efficient delivery of DoD's pharmacy benefit.

The employee is responsible for maintaining professional pharmacy practice standards throughout DoD.

Provides executive level oversight of activities related to development of new or improved approaches to analyze, and present new pharmacy benefit management initiatives. Employee will identify program evaluation and measurement techniques in evaluating operational program accomplishments including evaluation of content of new or modified legislation for projected impact on the Military Health System pharmacy programs and resources. Frequent contacts are made within and outside DoD to secure and exchange information that affects DoD pharmacy matters.

Interacts with senior level officials and representatives of Congressional committees, OMB, the Office of the Assistant Secretary of Defense for Health Affairs, Office of General Counsel, Service Surgeons General, Service Military Departments, Department of Veterans Affairs, and other government and non-governmental agencies and organizations to ensure understanding, integration, and implementation of DoD pharmacy policy.

Serves as primary spokesperson at meetings with senior personnel, on committees or panels within DoD, other governmental agencies, Congressional staff, and with the private sector. Chairs various committees with representation by senior management officials from Federal, State or private sector organizations on DoD healthcare care policies.

Performs other comparable duties as assigned.

FACTOR 1, KNOWLEDGE REQUIRED BY THE POSITION

Effective performance of the duties outlined requires proven senior executive level ability in the management and coordination of pharmacy benefit in healthcare programs of national significance, and/or wide public interest. This position requires an extensive background in pharmacy policy development and demonstrated senior executive level experience. The employee must have a high degree of senior executive level experience, and the ability to deal effectively with executive level personnel both within and outside the Department, and with the media. Must continually keep abreast of new developments in the field of pharmacology.

D. Mandatory Technical Qualifications

1. Knowledge of the pharmaceutical industry, with an understanding of one or more of the following: the Military Health System; the TRICARE pharmacy operations; and/or the pharmacy practice within a direct care system in order to monitor and carry out a wide variety of analytical assignments and recommend pharmacy program elements.
2. Knowledge of the Federal legislative and regulatory procedures and processes as related to the laws pertaining to pharmacy practice.
3. Ability to identify and apply appropriate program evaluation and measurement techniques in evaluating program accomplishments including new or modified legislation for projected impact on civilian and military pharmacy programs or resources.

E. Mandatory Executive Core Qualifications

1. **Leading Change:** The demonstrated ability to develop and implement a technical and organizational vision which integrates key national and program goals, priorities, values, and other factors. Inherent to this is the ability to balance change and continuity to continually strive to improve customer service and program performance within the basic government framework; and to create a work

2. **Leading People:** The ability to design and implement strategies which maximize employee and team potential and foster high ethical standards in meeting the organization's vision, mission, and goals.
3. **Results Driven:** The ability to make timely and effective decisions and produce results through strategic planning and the implementation and evaluation of programs and policies.
4. **Business Acumen:** The ability to acquire and administer human, financial, material, and information resources in a manner that instills public trust and accomplishes the organization's mission, and to use new technology to enhance decision making.
5. **Building Coalitions/Communications:** The ability to explain, advocate, and express facts and ideas in a convincing manner, and negotiate with individuals and groups within the organization and those outside the Agency. It also involves the ability to develop an expansive professional network with other organizations, and to identify the external politics that impact the work of the organization.

F. Other Requirements

3. **Background Investigation** – This position is designated as critical sensitive and requires that a background investigation be conducted and favorably adjudicated in order to establish eligibility for appropriate clearances.
4. **Financial Disclosure** – Members of the Senior Executive Service are required to comply with the provisions of the Ethics in Government Act, PL 95-521, which requires the submission of a financial disclosure statement (SF-278), upon assuming an SES position. This must be submitted annually and upon termination of employment.

FACTOR 2, SUPERVISORY CONTROLS

Duties are performed under the broad guidance of the Director, TMA, who identifies major program goals and objectives. With an intimate knowledge of the policies, personal views, and organizational objectives of the Secretary of Defense, and those of the Administration; exercises wide latitude for the use of independent judgment, policy and program recommendations, and individual initiatives.

FACTOR 3, GUIDELINES

Guidelines include public law, DoD Directives, DoD Instructions, DoD Regulations, Assistant Secretary of Defense for Health Affairs Policy Memoranda, TRICARE Management Activity Directives and Instructions, TRICARE/CHAMPUS Policy Manual, TRICARE

Operations Manual, Congressional mandates, and guidance from the Under Secretary of Defense (Personnel and Readiness). Since guidelines are numerous, the employee must use judgment and discretion to determine which takes precedence, and adapt or improvise to accommodate to precedent-setting or unique situations. Also, must be able to develop new guidelines and procedures as needed.

FACTOR 4, COMPLEXITY

The responsibilities involve a wide array of activities that cut across the disciplines of pharmacy benefit management, program integrity, contract administration, budget and finance, and civilian and military pharmacy benefit administration. Interactions occur with a variety of federal and civilian agencies and programs and involve a multitude of federal and state legal and regulatory requirements. The need for coordination with TMA staff and Service representatives is required. Complex management information systems are required to manage this worldwide program through multiple fiscal intermediaries and other contractors. The diversity of the pharmacy programs, the complexity of their interrelationship, the development of pharmacy policies and procedures, the public and beneficiary interactions, the education of providers and beneficiaries all contribute to the complexity of the position. The work requires originality and ingenuity which are very valuable assets in resolving administrative problems to attain an efficient and economical pharmacy program. Political considerations at high levels with the Federal government often come into play.

FACTOR 5, SCOPE AND EFFECT

As compared to other private and government pharmacy programs, the DoD's worldwide pharmacy benefit is one of the more comprehensive and complex programs. The value of the benefit is approximately \$5 billion annually, the largest public health pharmacy program after the VA. The work of TRICARE Pharmacy Operations and its pharmacy benefit affect all components of the Department of Defense, and through law or agreement the program affects beneficiaries who are sponsored by the Department of Health and Human Services (DHHS), the Department of Transportation, the Department of Veterans Affairs, and the NATO countries.

The TRICARE program, and specifically the pharmacy benefit, plays a vital and substantial role in fulfilling the Department of Defense's need to attract and retain high quality military personnel, thereby directly impacting on military readiness.

The program covers a worldwide population affecting military members and their dependents, as well as, providers on a global basis. The DoD pharmacy program has high visibility both in Congress and the media around the world.

FACTOR 6, PERSONAL CONTACT

The employee has frequent contacts with senior pharmacy leaders of the Uniformed Services, Congress, and the executive leadership of the VA, Office Management and Budget, private health insurance companies, pharmacy and other professional societies, other agencies, TRICARE Region Operations directors, and support contractors.

FACTOR 7, PURPOSE OF CONTACTS

The purpose of the contacts is to inform, justify, defend, negotiate, or settle matters involving significant or controversial issues. The employee participates in conferences, meetings, hearings and presentations involving pharmacy problems or issues of considerable consequence or importance. Interactions may frequently involve convincing or influencing DoD officials or leaders of major interest groups concerning the affect of proposals or approaches that affect agency policy, national policy, or precedent, and involve large expenditures of resources. In many instances, the concern is with long-range issues or problems.

FACTOR 8, PHYSICAL DEMANDS

The work is primarily sedentary with some walking, bending and carrying of light items. No special physical demands are required to perform the work.

FACTOR 9, WORK ENVIRONMENT

The work is performed in a typical office and conference room environment. Frequent travel is required.

**PD: Chief TRICARE
Policy and Operations**

SES

Career

Page intentionally left blank.
See next page for PD

**DEPUTY CHIEF, TRICARE POLICY AND OPERATIONS
TRICARE MANAGEMENT ACTIVITY, FALLS CHURCH, VIRGINIA
(SES)**

INTRODUCTION

This position is located in the TRICARE Management Activity (TMA), a field activity of the Under Secretary of Defense for Personnel and Readiness (USD (P&R)), under the policy guidance and direction of the Office of the Assistant Secretary of Defense (Health Affairs) (OASD (HA)). The ASD (HA) is responsible for overall supervision of the health and medical affairs of the Department of Defense (DoD), and serves as the principal advisor to the Secretary of Defense for all DoD health policies, programs, and activities, and exercises oversight of all DoD health resources. TMA is responsible for the effective execution and operation of the DoD medical mission, which is to provide medical services and support to specified categories of individuals entitled to DoD medical care. Specifically, TMA is responsible for managing the TRICARE Program, administering and managing the Defense Health Program budget, and providing support to the Uniformed Services in the management and administration of TRICARE. TMA is geographically located in Falls Church and Arlington, Virginia, Aurora, Colorado, Great Lakes, Illinois, San Antonio, Texas, and San Diego, California. Three overseas offices are located in Sembach, Germany; Okinawa, Japan, and Fort Gordon, Georgia to provide TRICARE management presence.

TRICARE is the DoD regionally-based managed health care plan for members of the Uniformed Services and their families, retired members and their families, and survivors. As a key element of the Military Health System (MHS), TRICARE brings together the health care delivery systems of each of the Military Services, as well as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and TRICARE For Life for the medicare-eligible beneficiaries, in an integrated effort to better serve entitled beneficiaries and to better use the resources available to military medicine.

An estimated 9.1 million individuals worldwide are eligible for TRICARE because of their relationship to one of the seven Uniformed Services: Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the U.S. Public Health Service, and the National Oceanic and Atmospheric Administration. By law and/or agreement, benefits may be extended to members of NATO States and their dependents.

The total annual TRICARE purchased care program budget is in excess of \$14.6 billion. A major component of TRICARE is a series of managed care support contracts that supplement the capabilities of regional and local military health care delivery facilities. The healthcare contracts support three regions in the United States, plus claims processing for regions in Europe, Latin America Canada, and the Pacific. In addition, the TRICARE Program provides for an additional 1.5 million beneficiaries who are age 65 and older and who have Medicare as their primary payer by providing secondary payment on most, if not all, institutional and professional charges. The TRICARE Program also provides additional health care support services through a rich pharmacy benefit at very low cost under the TRICARE Pharmacy Program, two dental contracts, the National Quality Monitoring contract, and nine Uniformed Services Family Health Plan

contracts.

Health Plan Operations (HPO) has the responsibility for providing the program, acquisition, and contract management for centralized purchased care contracts, and major program management responsibilities for developing managed care programs; administering healthcare benefit coordination between the direct and purchased care systems; coordinating and administering the MHS Dental Program; and developing operational healthcare policy and program options.

The TRICARE Policy and Operations Directorate is organized into three divisions which oversee the implementation of policies and program operations related to TRICARE and other Congressionally mandated programs.

MAJOR DUTIES

The employee serves as the Deputy Chief, TRICARE Policy and Operations, focusing on short and long term initiatives for the MHS. The employee will provide strategic executive leadership on organizational, programmatic, operational, and policy matters pertaining to the TRICARE Program, the support of Sustaining the Benefit, Transparency and Pay-for-Performance initiatives, and the enhancement of the healthcare benefits for Reservists.

The employee is responsible for studying current operational MHS requirements and developing policies and processes to ensure the MHS is designed and operated in a manner that supports Department of Defense mission requirements, fosters system integration, data quality, and complies with regulatory requirements.

As the Deputy Chief, TRICARE Policy and Operations, the employee will oversee the activities of the three divisions consisting of a total of ten branches. The incumbent provides senior executive direction over the development and execution of TRICARE policy, medical benefits and reimbursement systems, contract operations, program requirements, beneficiary and provider services. In addition, the incumbent participates in the development, formulation, implementation, and advocacy of health operational policies, MHS transformation, and program objectives of critical importance to the goals of the Secretary of Defense. The employee will also oversee the program management of six Designated Provider contracts that provide TRICARE-equivalent benefits to over 94,000 beneficiaries. The employee will use new or improved approaches to analyze, develop and implement new health care reform initiatives and/or policies.

Determines and defines long-range operating and management goals and objectives for program operations. Reviews and continuously evaluates results achieved by the TRICARE program. Conducts or contracts for studies and operational research activities in the health care area to assist in formulating policy and plans required to guide TMA in carrying out its programs.

The employee will provide senior executive direction to address and resolve issues and requirements resulting from new or modified legislation and/or regulation that may impact the delivery of health care. These are complex in nature and may have long-range implications. They include policy, medical benefit, beneficiary eligibility, enrollment options, efficiencies,

fees, and costs.

Serves as a primary spokesperson for TMA with officials and representatives of Congressional committees, the Office of the Secretary of Defense, the Office of General Counsel, Office of Management and Budget, Government Accountability Office, Service Military Departments, Department of Veterans Affairs, Department of Health and Human Services (DHHS) and other governmental and non-governmental agencies and organizations to ensure understanding, integration and implementation of DoD policy pertaining to health care delivery. Participates in various committees with representation by senior management officials from Federal, State or private sector organizations on DoD healthcare policies.

Performs other comparable duties as assigned.

FACTOR 1, KNOWLEDGE REQUIRED BY THE POSITION

Effective performance of the duties outlined requires proven senior executive level ability in the management and coordination of programs and policies of national significance, and/or wide public interest. Demonstrated experience in policy analysis/development, operations, and program management is required, and demonstrated senior executive level experience with the Military Health System is also required. Employee must have a high degree of senior executive level experience, ability and creativeness, and have a superior ability to express ideas effectively, both orally and in writing.

A. Mandatory Technical Qualifications

1. Knowledge of the healthcare industry, with an understanding of one or more of the following: the Military Health System; managed health care operations; TRICARE operations; and/or senior leadership experience within a healthcare system in order to monitor performance, carry out a wide variety of analytical assignments, and make recommendations concerning policy and program.
2. Knowledge of the Federal legislative and regulatory procedures and processes as related to the laws pertaining to healthcare.
3. Ability to identify and apply appropriate program evaluation and measurement techniques in evaluating program accomplishments including new or modified legislation for projected impact on civilian and military healthcare programs or resources.
4. Ability to coordinate the activities of multiple organizations with differing missions and often with differing views of issues. Ability to bring together divergent views for common solutions to complicated problems.

B. Mandatory Executive Core Qualifications

1. **Leading Change:** The demonstrated ability to develop and implement a technical and organizational vision which integrates key national and program goals, priorities, values, and other factors. Inherent to this is the ability to balance change and continuity to continually strive to improve customer service and program performance within the basic government framework; to create a work environment that encourages creative thinking; and the ability to maintain focus, intensity, and persistence, even under adversity.
2. **Leading People:** The ability to design and implement strategies which maximize employee and team potential and foster high ethical standards in meeting the organization's vision, mission, and goals.
3. **Results Driven:** The ability to make timely and effective decisions and produce results through strategic planning and the implementation and evaluation of programs and policies.
4. **Business Acumen:** The ability to acquire and administer human, financial, material, and information resources in a manner that instills public trust and accomplishes the organization's mission, and to use new technology to enhance decision making.
5. **Building Coalitions/Communications:** The ability to explain, advocate, and express facts and ideas in a convincing manner, and negotiate with individuals and groups within the organization and those outside the Agency. It also involves the ability to develop an expansive professional network with other organizations, and to identify the external politics that impact the work of the organization.

C. Other Requirements

1. **Background Investigation** – This position is designated as non-critical sensitive and requires that a background investigation be conducted and favorably adjudicated in order to establish eligibility for appropriate clearances.
2. **Financial Disclosure** – Members of the Senior Executive Service are required to comply with the provisions of the Ethics in Government Act, PL 95-521, which requires the submission of a financial disclosure statement (SF-278), upon assuming an SES position. This must be submitted annually and upon termination of employment.

FACTOR 2, SUPERVISORY CONTROLS

This position reports to the Chief, HPO. Duties are performed under the broad guidance of the Chief, HPO, who identifies major program goals and objectives. With an intimate knowledge of the policies, priorities, and organizational objectives of the Department, and those of the Administration; exercises wide latitude for the use of independent judgment, policy and program recommendations, and individual initiatives.

FACTOR 3, GUIDELINES

Guidelines include public law, Department of Defense (DoD) Directives, DoD Instructions, DoD Regulations (e.g., CHAMPUS/TRICARE Regulation: 32 Code of Federal Regulations Part 199), Assistant Secretary of Defense for Health Affairs Policy Memoranda, TRICARE Management Activity Directives and Instructions, TRICARE Policy Manual, TRICARE Operations Manual, TRICARE Reimbursement Manual, TRICARE Automated Data Processing Manual, Congressional mandates and guidance from the Under Secretary of Defense (Personnel & Readiness) and the ASD(HA). Since guidelines are numerous, the employee must use judgment and discretion to determine which takes precedence, and adapt or improvise to accommodate to precedent-setting or unique situations. Also, the employee must be able to develop new guidelines and procedures as needed.

FACTOR 4, COMPLEXITY

The responsibilities involve a wide array of activities which cut across the disciplines of management, contract administration, budget and finance, and civilian and military health care administration. Interactions occur with a variety of federal and civilian agencies and programs and involve a multitude of federal and state legal and regulatory requirements. The need for coordination within the TMA staff and Service representatives is great. Complex management information systems are required to effectively manage this worldwide program through multiple fiscal intermediaries and other contractors. The diversity of programs, the complexity of their interrelationships, the development of health care policies and procedures, the public and beneficiary interests and interactions, constant changes in the dynamics of the healthcare arena, the education of providers and beneficiaries all contribute to the complexity of the position. Few decisions or problem solutions are straight forward and simple. Political considerations at high levels within the Federal government often come into play. Consensus building is often necessary.

FACTOR 5, SCOPE AND EFFECT

As compared to other private and governmental healthcare programs, TRICARE is one of the most comprehensive and complex programs. The value of TRICARE Healthcare contracts is worth over \$32 billion over a five-year period. The administration of these contracts represents the largest public health contracting effort in the nation. TRICARE and the work of TMA affect all components of the Department of Defense, and through law or agreement the program affects beneficiaries who are sponsored by the DHHS, the Department of Transportation, the Veterans Administration (VA), and the NATO States (countries).

The TRICARE program plays a vital and substantial role in fulfilling the Department of Defense's need to attract and retain high quality military personnel, thereby directly impacting on military readiness both in peacetime and in war.

The program covers a worldwide population affecting military members and their family members as well as providers on a global basis. The TRICARE program has high visibility both in Congress and the media around the world.

FACTOR 6, PERSONAL CONTACTS

In addition to those contacts described or implied above, the employee has frequent contact with the Congress and the executive leadership of GAO, OMB, DHHS, and the VA, private health insurance companies, medical and other professional societies, other Federal and state agencies, members of the Military Services, and other contractors.

FACTOR 7, PURPOSE OF CONTACTS

The purpose of contacts is to justify, defend, negotiate, or settle matters involving significant or controversial issues. Employee participates in conferences, meetings, hearings and presentations involving problems or issues of considerable consequence or importance. Interactions may frequently involve convincing or influencing DoD officials or leaders of major interest groups concerning the affect of proposals or approaches that affect agency policy, national policy, or precedent, and involve large expenditures of financial and other resources. In many instances, the concern is with long-range issues or problems.

FACTOR 8, PHYSICAL DEMANDS

The work is primarily sedentary. No special physical demands are required to perform the work.

FACTOR 9, WORK ENVIRONMENT

The work is performed in a typical office and conference room environment at the Falls Church, Virginia office. Occasional travel is required.

**PD: Chief Acquisition
Management and
Support**

SES

Career

DEPUTY CHIEF, TRICARE ACQUISITIONS
TRICARE MANAGEMENT ACTIVITY, FALLS CHURCH, VIRGINIA
(SES)

INTRODUCTION

This position is located in the TRICARE Management Activity (TMA), a field activity of the Under Secretary of Defense for Personnel and Readiness (USD (P&R)), under the policy guidance and direction of the Office of the Assistant Secretary of Defense (Health Affairs) (OASD (HA)). The ASD (HA) is responsible for overall supervision of the health and medical affairs of the Department of Defense (DoD), and serves as the principal advisor to the Secretary of Defense for all DoD health policies, programs, and activities, and exercises oversight of all DoD health resources. TMA is responsible for the effective execution and operation of the DoD medical mission, which is to provide medical services and support to specified categories of individuals entitled to DoD medical care. Specifically, TMA is responsible for managing the TRICARE Program, administering and managing the Defense Health Program budget, and providing support to the Uniformed Services in the management and administration of TRICARE. TMA is geographically located in Falls Church and Arlington, Virginia, Aurora, Colorado, Great Lakes, Illinois, San Antonio, Texas, and San Diego, California. Three overseas offices are located in Sembach, Germany; Okinawa, Japan, and Fort Gordon, Georgia to provide TRICARE management presence.

TRICARE is the DoD regionally-based managed health care plan for members of the Uniformed Services and their families, retired members and their families, and survivors. As a key element of the Military Health System (MHS), TRICARE brings together the health care delivery systems of each of the Military Services, as well as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and TRICARE For Life for the medicare-eligible beneficiaries, in an integrated effort to better serve entitled beneficiaries and to better use the resources available to military medicine.

An estimated 9.1 million individuals worldwide are eligible for TRICARE because of their relationship to one of the seven Uniformed Services: Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the U.S. Public Health Service, and the National Oceanic and Atmospheric Administration. By law and/or agreement, benefits may be extended to members of NATO States and their dependents.

The total annual TRICARE purchased care program budget is in excess of \$14.6 billion. A major component of TRICARE is a series of managed care support contracts that supplement the capabilities of regional and local military health care delivery facilities. The healthcare

contracts support three regions in the United States, plus claims processing for regions in Europe, Latin America Canada, and the Pacific. In addition, the TRICARE Program provides for an additional 1.5 million beneficiaries who are age 65 and older and who have Medicare as their primary payer by providing secondary payment on most, if not all, institutional and professional charges. The TRICARE Program also provides additional health care support services through a rich pharmacy benefit at very low cost under the TRICARE Pharmacy Program, two dental contracts, the National Quality Monitoring contract, and nine Uniformed Services Family Health Plan contracts.

Health Plan Operations (HPO) has the responsibility for providing the program, acquisition, and contract management for centralized purchased care contracts, and major program management responsibilities for developing managed care programs; administering healthcare benefit coordination between the direct and purchased care systems; coordinating and administering the MHS Dental Program; and developing operational healthcare policy and program options.

The TRICARE Acquisitions Directorate is organized into four divisions which are responsible for the acquisition, contract management, and oversight of all healthcare and non-purchased care contracts.

MAJOR DUTIES

The incumbent serves as Deputy Chief, TRICARE Acquisitions, providing executive leadership and technical direction and guidance on organizational, administrative, and operational matters pertaining to the worldwide management of the TRICARE managed care contracts and non-purchased care contracts. The incumbent is the senior contracting official for TMA and provides executive direction over the development and execution of acquisition policy, the negotiation and administration of managed care support contracts, and issuance of operational or technical guidance, regulations, and instructions as are required to TRICARE Regional Offices and contractors, to effectively administer and manage contractual aspects of TRICARE, and to support the acquisition of medical information systems and information technology.

This position is the Head of Contracting Activity (HCA) for all contractual actions executed by TMA, within the authority delegated by the Director, Defense Procurement Acquisition Policy (DPAP). Assures incorporation of Federal Acquisition Reform principles into agency contracting practices. Contracts include health care services, claims processing, utilization review, and quality assurance services, studies and research, supplies, equipment, services and facilities as are necessary to carry out the TRICARE program. As the HCA, is responsible for the oversight of contract negotiation and implementation actions which are performed through a subordinate Division, which holds unlimited authority to enter into contract agreements for the Department of Defense.

Incumbent oversees ongoing TRICARE major acquisition programs, ensures program compliance and adequacy in the areas of policy interpretation and administration; ensures clearly defined lines of authority, responsibility and accountability are established for all assigned

programs; develops plans and policies and ensures review and maintenance of program milestones; prepares responses to Congressional concerns related to the acquisitions of programs; and updates senior executive leadership on program status.

The incumbent provides direction and support to the three TRICARE Regional Offices in the United States, plus the three TRICARE Area Overseas offices, relating to: procurement of health care through the acquisition process, contract awards, and their execution.

Ensures acquisition planning concepts are integrated within the TRICARE Program by providing technical expertise on acquisition planning and acquisition management related matters. Provides executive direction in determining and defining long-range operating and management goals and objectives for program operations. Reviews and continuously evaluates results achieved by the TRICARE program. Coordinates major projects carried out by the TRICARE Acquisitions Directorate. Conducts studies and operational research activities in the contracting area to assist in formulating policy and plans required to guide TMA in carrying out its programs. Keeps abreast of the rapidly changing problems in acquisition and contract administration as it affects TRICARE, recognizes the need for development of new or modified legislative proposals, and drafts or otherwise recommends such proposals.

Evaluates and controls the plans, operations and activities of the TRICARE Acquisitions Directorate to ensure the effective and efficient administration of the program. Monitors multi-regional managed care support and claims processing service contracts, as well as other medical and dental support contracts, to ensure that contractors are fulfilling their obligations.

Serves as a primary spokesperson for TMA with officials and representatives of Congressional committees, the Office of the Under Secretary of Defense Acquisition Technology and Logistics (AT&L), DPAP, the Office of the Secretary of Defense, the Office of General Counsel, Government Accountability Office, DoD Inspector General and other governmental and non-governmental agencies and organizations to ensure understanding, implementation, and compliance of DoD contracting policy. Participates in various acquisition panels and committees with representation by senior management officials from Federal, State or private sector organizations.

Performs other comparable duties as assigned.

FACTOR 1, KNOWLEDGE REQUIRED BY THE POSITION

This is an AT&L acquisition position, covered by the Defense Acquisition Workforce Improvement Act (DAWIA). This is a Critical Acquisition Position (CAP) and a Key Leadership Position (KLP). Level III certification in the Contracting career field and membership in the Defense Acquisition Corps is required.

Effective performance of the duties outlined requires proven senior executive level ability in the management and coordination of programs and policies of national significance, and/or wide public interest. Demonstrated experience in policy analysis/development, operations, and

program management is required, and demonstrated senior executive level experience with the Military Health System is also required. Employee must have a high degree of senior executive level experience, ability and creativeness, and have a superior ability to express ideas effectively, both orally and in writing.

G. Mandatory Technical Qualifications

1. Extensive knowledge of contracting and procurement policies and procedures; and/or senior leadership experience within an acquisition organization in order to monitor performance, carry out a wide variety of analytical assignments, and make recommendations concerning policy and program acquisition execution.
2. Knowledge of the Federal legislative and regulatory procedures and processes as related to the laws pertaining to acquisition.
3. Ability to manage, coordinate, direct, and control a variety of contracting activities occurring concurrently. Knowledge of contract law and legal precedence is essential. Knowledge of disciplines related to contracting, to include finance and budget, and others is required. Knowledge of the interrelationships, authority and responsibilities of various Government agencies is required.
4. Ability to coordinate the activities of multiple organizations with differing missions and often with differing views of issues. Ability to bring together divergent views for common solutions to complicated problems.

H. Mandatory Executive Core Qualifications

1. **Leading Change:** The demonstrated ability to develop and implement a technical and organizational vision which integrates key national and program goals, priorities, values, and other factors. Inherent to this is the ability to balance change and continuity to continually strive to improve customer service and program performance within the basic government framework; to create a work environment that encourages creative thinking; and the ability to maintain focus, intensity, and persistence, even under adversity.
2. **Leading People:** The ability to design and implement strategies which maximize employee and team potential and foster high ethical standards in meeting the organization's vision, mission, and goals.
3. **Results Driven:** The ability to make timely and effective decisions and produce results through strategic planning and the implementation and evaluation of programs and policies.

4. **Business Acumen:** The ability to acquire and administer human, financial, material, and information resources in a manner that instills public trust and accomplishes the organization's mission, and to use new technology to enhance decision making.
5. **Building Coalitions/Communications:** The ability to explain, advocate, and express facts and ideas in a convincing manner, and negotiate with individuals and groups within the organization and those outside the Agency. It also involves the ability to develop an expansive professional network with other organizations, and to identify the external politics that impact the work of the organization.

I. Other Requirements

5. **Background Investigation** – This position is designated as non-critical sensitive and requires that a background investigation be conducted and favorably adjudicated in order to establish eligibility for appropriate clearances.
6. **Financial Disclosure** – Members of the Senior Executive Service are required to comply with the provisions of the Ethics in Government Act, PL 95-521, which requires the submission of a financial disclosure statement (SF-278), upon assuming an SES position. This must be submitted annually and upon termination of employment.

FACTOR 2, SUPERVISORY CONTROLS

This position reports to the Chief, HPO. Duties are performed under the broad guidance of the Chief, HPO, who identifies major program goals and objectives. With an intimate knowledge of the policies, priorities, and organizational objectives of the Department, and those of the Administration; exercises wide latitude for the use of independent judgment, policy and program recommendations, and individual initiatives.

FACTOR 3, GUIDELINES

Guidelines include public law, Federal and agency contract laws, regulations, and policies (i.e., Federal Acquisition Regulation (FAR), DoD FAR Supplements, etc.), and AT&L/DPAP guidance. Since guidelines are numerous, the employee must apply considerable judgment and discretion to determine which takes precedence, and adapt or improvise to accommodate to precedent-setting or unique situations. Work assignments are such that incumbent generates precedents and proposes changes to policy.

FACTOR 4, COMPLEXITY

The purpose of the work is to plan, develop, and execute critical Agency procurements while administering the existing TRICARE Program contracts. The responsibilities involve a wide array of activities which cut across the disciplines of contracting, management, budget and finance, and program administration. The work is critical for supporting the overall accomplishment of the TMA mission: providing healthcare for approximately 9.1 million active

duty personnel, active duty dependents, and retired military personnel (and their survivors), located throughout the world. The operational capabilities and readiness status of military forces are directly affected by the quality, scope, and accessibility of healthcare services offered by the DoD.

Interactions occur with a variety of federal and civilian agencies and programs and involve a multitude of federal and state legal and regulatory requirements. The need for coordination within the TMA staff and external stakeholders is great. Complex management information systems are required to effectively manage this worldwide program through multiple fiscal intermediaries and other contractors. The federal acquisition initiatives, diversity of program requirements, the complexity of their interrelationships, the development of health care policies and procedures, the public and beneficiary interests and interactions, and the constant changes in the dynamics of the healthcare arena all contribute to the complexity of the position. Few decisions or problem solutions are straight forward and simple. Political considerations at high levels within the Federal government often come into play. Consensus building is often necessary.

FACTOR 5, SCOPE AND EFFECT

As compared to other private and governmental healthcare programs, TRICARE is one of the most comprehensive and complex programs. The value of TRICARE Healthcare contracts is worth over \$32 billion over a five-year period. The administration of these contracts represents the largest public health contracting effort in the nation. TRICARE and the work of TMA affect all components of the Department of Defense, and through law or agreement the program affects beneficiaries who are sponsored by the DHHS, the Department of Transportation, the Veterans Administration (VA), and the NATO States (countries).

The TRICARE program plays a vital and substantial role in fulfilling the Department of Defense's need to attract and retain high quality military personnel, thereby directly impacting on military readiness both in peacetime and in war.

The program covers a worldwide population affecting military members and their family members as well as providers on a global basis. The TRICARE program has high visibility both in Congress and the media around the world.

FACTOR 6, PERSONAL CONTACTS

In addition to those contacts described or implied above, the employee has frequent contact with the Congress and the executive leadership of GAO, OMB, DHHS, and the VA, industry contractors, other Federal and state agencies, members of the Military Services, and other contractors.

FACTOR 7, PURPOSE OF CONTACTS

The purpose of contacts is to justify, defend, negotiate, or settle contractual matters involving significant or controversial issues. External contacts are to resolve contractual problems that have been escalated or to represent the Agency position on various acquisition-

related subjects. Employee participates in conferences, meetings, hearings and presentations involving problems or issues of considerable consequence or importance. Interactions may frequently involve convincing or influencing DoD officials or leaders of major interest groups concerning the affect of proposals or approaches that affect agency policy, national policy, or precedent, and involve large expenditures of financial and other resources. In many instances, the concern is with long-range issues or problems.

FACTOR 8, PHYSICAL DEMANDS

The work is primarily sedentary. No special physical demands are required to perform the work.

FACTOR 9, WORK ENVIRONMENT

The work is performed in a typical office and conference room environment at the Falls Church, Virginia office. Occasional travel is required.

**PD: Regional Directors:
TRICARE Regional
Office (North, South &
West)**

SES/Flag Career

Page intentionally left blank.
See next page for PD

Regional Director
TRICARE Regional Office North South & West
TRICARE Management Activity (TMA)
Office of the Assistant Secretary of Defense for Health Affairs

INTRODUCTION

The three Regional Director positions are located within the TRICARE Management Activity and are responsible for executing the regional governance plan for the Military Health System transformation effort. The Regional Director is key to managing the TMA organizational structure and business process initiated by the next generation of TRICARE procurements (a multi-billion-dollar initiative). TRICARE provides comprehensive, quality and accessible health care to members of the Armed Forces, military families, retirees, and other eligible beneficiaries. Medical care for 9.2 million eligible beneficiaries is provided through the \$23.7 billion defense health program which includes contracted health care networks and military treatment facilities. A Regional Director is responsible for all health care delivery in their assigned region (North, West or South). The Regional Director is located in one of the three TRICARE Regional Offices in the United States (Washington DC, Texas, and California). The employee serves as Regional Director, TRICARE Regional Office-North, TRICARE Management Activity, which is a Department of Defense (DoD) field operating activity under the Assistant Secretary of Defense for Health Affairs (ASD(HA)).

MAJOR DUTIES

The Regional Directors are assigned to TRICARE Management Activity (TMA) and report to the Deputy Director of TMA. The Regional Director has the authority and responsibility for management of the new TRICARE contracts - worth over \$2 billion per annum and is responsible for overall operations of the health plan administration under his/her purview. The health plan is designed to support the Military Treatment Facility (MTF) commanders in their delivery of health care services and to provide management of health care services for those beneficiaries who are not enrolled to the MTFs. The Regional Director is the fee determination official for the Health Care Services and Administration contract and is responsible for developing a single integrated regional business plan based on MTF business plans and remote area information.

The Regional Director's purview encompasses a multi-year transition effort as the Agency phases out the old TRICARE contracts as the new ones come on line. The employee is responsible for implementing a performance-based management oversight program with the requirements to measure program accomplishments, results, and effectiveness in compliance with program directives. The Regional

Director provides expert advice and assistance in the development of budgetary requirements for all aspects of the TRICARE region he/she is responsible for.

The Regional Director is responsible for staffing and managing the TRICARE Regional Office to which they have been assigned. The staff consists of professional, administrative, and technical personnel engaged in implementing and evaluating policies, standards, systems, and procedures necessary to provide healthcare to over eight million beneficiaries. This position has major program responsibility for enacting the new regional governance structure that supports the Secretary of Defense transformation efforts.

The Regional Director interacts with officials and representatives of Congressional committees, the Office of the Assistant Secretary of Defense for Health Affairs, Office of General Counsel, Service Deputy Surgeons General, Department of Veterans Affairs, and other government and non-governmental agencies and organizations to ensure understanding, integration, and implementation of DoD policy concerning the Military Health System (MHS) transformation and new regional governance structure.

FACTOR 1, KNOWLEDGE REQUIRED BY THE POSITION

This position requires an individual with an extensive background in health care policy development, exceptional analytical skills, and executive level work experience in managing health care programs. An advanced degree in health care, public, or business administration is highly desirable. The employee must be able to deal effectively with executive level personnel both within and outside the Department and with the media. Specific knowledge and experience is required in medical programming and budgeting in DoD.

Mastery of skills necessary to effectively and independently manage or conduct technical projects and monitor work products of subordinates.

Knowledge of government financing and considerable knowledge of administration of health care programs. Considerable knowledge of public and private activities related to the principles and administration of utilization review and cost containment programs.

Must have demonstrated human relations skills to direct and motivate subordinate staff and deal effectively with a variety of high level professional and administrative personnel.

Reference to DSGs will be removed in updated version of the position description, as Deputy Director TMA is the DSG Counterpart.

In-depth knowledge of the Military Health System to monitor and carry out a wide variety of analytical assignments and recommend and coordinate program elements. Prior experience in the MHS is desirable.

Must have a broad knowledge of the Federal legislative and regulatory procedures and processes. Ability to identify and apply appropriate program evaluation and measurement techniques in evaluating program accomplishments including new or modified legislation for projected impact on civilian and military healthcare programs or resources.

FACTOR 2, SUPERVISORY CONTROLS

Duties are performed under the broad guidance of the Deputy Director, TMA, who identifies major program goals and objectives. The employee must have an intimate knowledge of the policies, personal views, and organizational objectives of the Secretary of Defense, and those of the Administration; exercises wide latitude for the use of independent judgment, policy and program recommendations, and individual initiatives.

FACTOR 3, GUIDELINES

Guidelines include public law, DoD Directives, DoD Instructions, DoD Regulations, Assistant Secretary of Defense for Health Affairs Policy Memoranda, TRICARE Management Activity Directives and Instructions, TRICARE/CHAMPUS Policy Manual, TRICARE Operations Manual, Congressional mandates, and guidance from the Under Secretary of Defense (Personnel and Readiness). Since guidelines are numerous, the incumbent must use judgment and discretion to determine which takes precedence, and adapt or improve to accommodate to precedent-setting or unique situations.

FACTOR 4, COMPLEXITY

The responsibilities involve a wide array of activities that cut across the disciplines of management, program integrity, contract administration, budget and finance, and civilian and military health care administration. Interactions occur with a variety of federal and civilian agencies and programs and involve a multitude of federal and state legal and regulatory requirements. The need for coordination with TMA staff and Service representatives is required. Complex management information systems are required to manage this worldwide program through multiple fiscal intermediaries and other contractors in defining business-planning processes. The diversity of the programs, the complexity of a myriad of health care contracts, the development of health care policies and procedures, the public and beneficiary interactions, and the education of providers and beneficiaries all

contribute to the complexity of the position. Political considerations at high levels within the Federal government often come into play.

FACTOR 5, SCOPE AND EFFECT

As compared to other private and Government health programs, TRICARE is one of the more comprehensive and complex programs. The value of the TRICARE managed care support contracts alone is approximately \$37B, the largest public health contracting effort in the nation. The work of TRICARE Operations affect all components of the Department of Defense, and throughout law or agreement, the program affects beneficiaries who are sponsored by the Department of Health and Human Services (DHHS), the Department of Transportation, the Department of Homeland Security, the Department of Veterans Affairs (DVA), and the North Atlantic Treaty Organization countries.

The TRICARE program plays a vital and substantial role in fulfilling the Department of Defense's need to attract and retain high quality military personnel, thereby directly impacting on military readiness.

The program covers a worldwide population affecting military members and their dependents, as well as, providers on a global basis. The TRICARE program has high visibility both in Congress and the media around the world.

FACTOR 6, PERSONAL CONTACT

The employee has frequent contact with Congress and the executive leadership of Office of Management and Budget, DHHS, and DVA, private health insurance companies, medical and other professional societies, other agencies, military commands and installations, military treatment facilities, and support contractors.

FACTOR 7, PURPOSE OF CONTACTS

The purpose of the contacts is to justify, defend, negotiate, or settle matters involving significant or controversial issues. The employee participates in conferences, meetings, hearings and presentations involving problems or issues of considerable consequence or importance. Interactions may frequently involve convincing or influencing DoD officials or leaders of major interest groups concerning the effect of proposals or approaches that effect Agency policy, national policy or precedent, and involve large expenditures of resources. In many instances, the concern is with long-range issues or problems.

FACTOR 8, PHYSICAL DEMANDS

The work is primarily sedentary with some walking, bending and carrying of light items. No special physical demands are required to perform the work.

FACTOR 9, WORK ENVIRONMENT

The work is performed in a typical office and conference room environment. Frequent travel is required.

**PD: TMA General
Counsel**

SES

Career

GENERAL COUNSEL
TRICARE MANAGEMENT ACTIVITY
SUPERVISORY/GENERAL ATTORNEY
Position Description

1. NATURE AND PURPOSE OF WORK

A. Introduction: This position is located in the Defense Legal Services Agency (DLSA) and assigned to the Office of General Counsel, TRICARE Management Activity, a major operating field activity of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), operating under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs (ASD(HA)). The General Counsel operates under the direction, authority, and control of the General Counsel, DoD/Director, DLSA and is assigned to the Executive Director, TRICARE Management Activity, to provide all legal services to be performed within and involving the TRICARE Management Activity and its mission to manage the TRICARE, administer and manage the Defense Health Program (DHP) appropriations, support the Uniformed Services in the management and administration of the TRICARE Program, and administer the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

B. Duties:

(1) Serves as the legal counsel to the Executive Director, TRICARE Management Activity, a major operating field activity of the Department of Defense, and is responsible for advising on questions of law and administrative policy involved in the operations of the organization and in its contacts with the congressional members, the Uniformed Services, contractors, representatives of federal, state or local governments, program beneficiaries, health care providers, and the general public.

(2) Performs supervisory functions including planning, budgeting, directing, and controlling the technical and administrative operations of the Office of General Counsel, with office locations in Falls Church, VA and Aurora, CO. Evaluates performance of subordinates, gives advice, counsel or instruction to individual employees on both work and administrative matters. Interviews candidates for positions, making selections, promotions, or reassignments involving such positions, obtaining approval of the DoD General Counsel on positions above the GM-13 level. Resolves serious disciplinary cases, and hears and resolves complaints of employees.

(3) Performs difficult legal work involving extremely complex and controversial legal questions and factual or policy issues. Many of these cases pertain to implementation of

new laws or policy changes, and novel questions pertaining to existing laws and programs involving substantial sums of funds and impacting on large segments of the population. The legal effort involves drafting, interpretation or application of legislation, regulations, contracts, orders, decisions, opinions or other legal instruments, and requires a high degree of legal endeavor to obtain a reasonable balance of conflicting interests. While primary interest in these cases will be from the viewpoint of national defense and DoD precedents, the incumbent must be constantly aware of related areas such as political and social implications, national or local economy, and any international ramifications. Counsel and advice furnished by incumbent is considered to be authoritative and forms the basis for legal and administrative precedents.

(4) Determines legal sufficiency and compliance of operational policy with law and regulation governing the TRICARE, the TRICARE Program, and CHAMPUS. Analyzes and determines needs for changes and additions to operational policy to meet Federal law requirements, identifies and analyzes agency legal and operational conflicts with state law and recommends means of resolving them. Develops recommendations and proposals for the Executive Director, TRICARE Management Activity, for changes in operational policy and program policy based on the above.

(5) Drafts legislation or prepares comprehensive analytical reports of proposed legislation evaluating its foreseeable effect on agency programs, policies, procedures, regulations, methods of operation, extent of operation, and on existing legislation. Incumbent coordinates with policy and program officials on proposed legislation and plays a major role in developing the official agency position on legislation affecting the agency and its programs.

(6) Represents the TRICARE Management Activity in communications with members of the legal profession and in administrative proceedings when attorneys represent health care providers, beneficiaries, other branches and agencies of Government, contractors, and other organizations and persons addressing the TRICARE Management Activity and its operational management and administration. Establishes and monitors guidelines for the management staff in communicating with members of the legal profession.

(7) Administers the TRICARE/CHAMPUS administrative appeals and hearing system. Develops and initiates changes to the regulatory appeals and hearing system, as well as Program policy guidance, to ensure administrative due process for dissatisfied beneficiaries, participating providers of health care, providers of health care denied approval as TRICARE/CHAMPUS authorized providers, and providers of health care subject to administrative sanctions under TRICARE/CHAMPUS. Reviews, evaluates, and monitors implementation of the TRICARE/CHAMPUS appeals procedures by responsible contractors. Develops and implements quantitative and qualitative measurements of contractor performance under the TRICARE/CHAMPUS appeals system and recommends changes in contract provisions or policy guidance. Responsible for the TRICARE Management Activity level appeal process to ensure the accurate documentation of relevant facts; preparation of a written analysis of relevant facts and questions with accurate application of law, regulation, and policy guidelines; and, preparation of appeal decisions addressing and resolving relevant medical and legal issues. Administers the TRICARE/CHAMPUS hearing system, being responsible for selecting, training, and evaluating hearing officers who conduct hearings and issue recommended case decisions to

the agency; providing staff attorneys to present the case before the hearing officer; and reviewing the hearing file to ensure that all legal and medical issues are addressed and resolved. Ensures that decisions in cases appealed to the TRICARE Management Activity at both the appeal and hearing level are timely prepared, coordinated, and issued.

(8) Manages the administration of the TRICARE/CHAMPUS debt collection program implemented and operated under the statutory authority of the Federal Claims Collection Act. Participates in the TRICARE Management Activity long-range planning with respect to the operation of the debt collection program as it relates to the TRICARE Management Activity goals and objectives. Evaluates and recommends changes in the regulatory debt collection program, as well as TRICARE/CHAMPUS policy guidance issued implementing the regulation, necessary to ensure enforcement of the Federal government's statutory and common law rights to collection of debts arising out of the administration of TRICARE/CHAMPUS while ensuring due process for debtors. Acts as custodian of TRICARE Management Activity collection case files.

(9) Incumbent drafts or reviews proposed agency decisions by agency officials who exercise final authority in such matters (e.g., discretionary authority). Incumbent reviews and analyses case records including transcripts of testimony and documentary evidence, evaluates facts, determines questions of law, and recommends decisions for adoption and issuance by agency officials.

(10) Responsible for developing the material which, in effect, becomes the agency's justification for the conduct of litigation on behalf of TRICARE Management Activity and DoD by the Department of Justice. The complex factual or policy issues of these cases have an important impact on the TRICARE/CHAMPUS, requiring extensive research, analysis, and the obtaining and evaluating of expert testimony or information in controversial medical areas. The cases or problems can have the effect of substantially broadening or restricting benefits to TRICARE/CHAMPUS beneficiaries under the law amounting to millions of dollars annually. Reviews the case, development of case evidence and documentation, prepares the memoranda of fact and law with recommended action, directly coordinates the case with the appropriate United States Attorney or Department of Justice official, and provides backup and assistance, including presenting oral argument before the courts, for the Justice Department attorney responsible for the case.

(11) Reviews and provides legal advice in the investigation and development of suspected cases of fraud involved in the operation and administration of TRICARE/CHAMPUS. If, after investigation by the appropriate investigative agency, criminal or civil fraud litigation is indicated, coordinates the case with the appropriate prosecuting agency, marshaling agency resources necessary in support of the prosecution and providing legal backup and support for the prosecuting attorney. Whether or not criminal or civil fraud litigation is initiated, reviews all suspected fraud cases where application of the Program Fraud Civil Remedies Act (PFCRA) would be appropriate. Responsible for developing the material which becomes the agency's justification for initiating established administrative procedures under the PFCRA, including evaluation of the adequacy of evidence supporting the false claim action, identifying any exculpatory or mitigating circumstances known to the Government that may relate to the claim,

and determining if there is a reasonable prospect of collecting an appropriate amount of penalties and assessments which may result under the PFCRA. If incumbent recommends administrative action under the PCFRA, is the agency's representative and presents the Government's case before the presiding officer or administrative law judge appointed by the Department of Defense. Responsible for monitoring final disposition of the case to ensure compliance or enforcement of any decision issued under the PFCRA.

(12) Reviews and advises the Executive Director, TRICARE Management Activity, and the TRICARE Management Activity staff, on a wide range of management actions, varying from testimony before Congress to personnel issues. Advises the Executive Director and staff on proper application of statutes, regulations, and administrative directives related to the TRICARE/CHAMPUS and its worldwide operation. Advises, counsels, and represents the Executive Director in legal matters coordinated with top officials of the Department of Defense, other Federal and state agencies, private business, and the general public. Utilizes an extensive knowledge and experience in health insurance, health care delivery, and government contracts to provide opinions and facts as a member of the management team in reaching decisions and establishing and evaluating action plans and results. Directs and participates in rendering legal opinions concerning the interpretation and application of Federal and state laws and directives of a wide variety to contractors, advisors, and beneficiaries involving such matters as eligibility, application of benefits provided by other insurance, full payment concept, consent for medical care, pending and proposed legislation, waivers, taxes, and issues concerning Medicare. Overall TRICARE/CHAMPUS expenditures exceed sixteen billion dollars per year; individual decisions or opinions may involve millions of dollars when applied to a significant number of cases.

(13) Reviews and determines legal sufficiency of the activities of the Directorate of Acquisition Management and Support, TRICARE Management Activity, in performance of its responsibilities and functions as a DoD contract activity. Incumbent is responsible for ensuring that the contract acquisition and contract administration policies, procedures, and regulations are consistent with applicable law, contract regulations, Comptroller General decisions, and court decisions. Reviews contract activity and decisions to assure documented performance is consistent with established guidelines and standards. Advises contracting officer and Director, Acquisition Management and Support on legal developments affecting contract activity and procedures and on proposed contracts, as well as contract management and evaluation actions. Reviews requests for proposals, proposal evaluations and decisions, and contracts for legal sufficiency. Acts as principal attorney in charge of preparation and presentation of cases before administrative tribunals. Prepares briefs and represents the Directorate of Acquisition Management and Support on cases arising under the Disputes Clause before the Armed Services Board of Contract Appeals; prepares requests for deviations from contract regulations; prepares reports and represents the agency in any protest action before the General Accounting Office, and develops the material which, in effect, becomes the agency's justification for the conduct of litigation on behalf of TRICARE Management Activity and DoD by the Department of Justice

(14) Is appointed a Deputy Designated Agency Ethics Official (Deputy DAEO) for all personnel (enlisted, officer, and civilian) assigned to the TRICARE Management Activity with authority and responsibilities of a Designated Agency Ethics Official (DAEO) under applicable ethics and standards of conduct regulations of the Office of Government Ethics and DoD. Reviews Public Financial Disclosure Reports (SF 278) and manages the Public Financial

Disclosure Program. Reviews Confidential Financial Disclosure Reports (SF 450) and manages the Confidential Financial Disclosure Program. Develops and implements a training plan and ensures that everyone in the TRICARE Management Activity receives the required training. Appoints Ethics Counselors for the TRICARE Management Activity and renders advice and opinions on ethics and standards of conduct.

(15) Performs other duties as assigned.

NOTE: Incumbent in this position must file an initial and annual Confidential Financial Disclosure Report (SF 450) as required by 5 CFR Part 2634.

FACTOR 1 - KNOWLEDGE REQUIRED BY THE POSITION

Must be a graduate of a recognized law school (Bachelor of Law or Juris Doctor degree) and be a member in good standing at the Bar. Must have a thorough knowledge of Federal governmental operations and contract procedure. Must have sufficient legal experience to enable effective handling of complex legal issues in the absence of clearly defined precedents. Requires ability to plan, direct, and control the technical and administrative operations of the office consisting of approximately thirty attorneys, paralegals, and support staff. Must be able to communicate effectively, both orally and in writing, and be an effective spokesman for the TRICARE Management Activity and the Department of Defense, in all personal dealings. Provides legal advise and counsel to the Executive Director, TRICARE Management Activity; the Director; and members of their respective staffs in broad and diversified subject matter areas. Legal guidance and support are rendered on all subjects within the responsibilities and functions of the Executive Director, TRICARE Management Activity.

FACTOR 2 - SUPERVISORY CONTROLS

Most duties are performed under the general professional supervision of the General Counsel/Deputy General Counsel, Department of Defense; as the Director/Deputy Director of the Defense Legal Services Agency; and under the general administrative guidance of the Executive Director, TRICARE Management Activity, who furnishes broad executive direction in overall program objectives, policy, and priorities. Within this framework, the incumbent functions with broad latitude in directing operations of the Office of General Counsel and in developing and implementing decisions, reports, opinions, and related actions. Incumbent exercises independent technical and legal judgment and incumbent's recommendations are expected to be authoritative and final. Legal questions and issues impacting on the broader health mission of the Secretary of Defense are expected to be coordinated with the Office of the General Counsel, Department of Defense. Performance is evaluated in terms of overall adherence to the Code of Professional Responsibility, soundness of judgment, and effectiveness in fulfilling agency requirements for legal direction and initiative in achieving or contributing to the attainment of organizational goals and broad Government objectives

FACTOR 3 - GUIDELINES

Guidelines include statutes, legislation, regulations, administrative directives, orders, decisions, opinions, and other legal instruments requiring extensive interpretation as they pertain to TRICARE/CHAMPUS and the world-wide operations of the TRICARE Management Activity activities and functions. Incumbent must use judgment and ingenuity in interpretation to determine legal sufficiency and compliance of agency operational policy with law and regulations.

FACTOR 4 - COMPLEXITY

The Office of General Counsel provides legal advice and counsel to the Executive Director, TRICARE Management Activity; the Deputy Executive Director; the Directors; and their staffs, in exceptionally broad and diversified subject matter areas. Incumbent serves at a high level of independence and recognized professional competence in providing the full range of legal services within the responsibilities and functions of the Executive Director, TRICARE Management Activity.. Incumbent researches and investigates the facts involved; researches and interprets statutes, legislation, regulations, and legal precedents; defines the legal and factual issues; prepares the necessary legal documents; and develops conclusions and recommendations.

FACTOR 5 - SCOPE AND EFFECT

Provides legal services within and involving the full range of organizational and functional areas assigned to the TRICARE Management Activity. Impact of case or legal problems affects a significant segment of the general public (9 million potential beneficiaries). Overall agency expenditures exceed 16 billion dollars annually; and individual decisions or opinions can involve millions of dollars when applied to a significant number of cases.

FACTOR 6 - PERSONAL CONTACTS

Incumbent maintains liaison with numerous agencies; administrative personnel in agencies; private businesses; and state, local, and Federal governments on legal or policy issues. Work contacts include private attorneys representing individuals or organizations with claims or legal interests involving the administration of TRICARE/CHAMPUS, the Department of Justice, the Offices of the United States Attorneys, Federal and state courts and their staffs, administrative and regulatory boards, investigative agencies of the Department of Defense and the Uniformed Services, the Department of Veterans Affairs, staff of major insurance companies and third party payers, Government contractors, and staff members of the TRICARE Management Activity. Contacts also include program beneficiaries, health care providers, congressional staff, and the general public.

FACTOR 7 - PURPOSE OF CONTACTS

The purpose of the contacts is to assert, defend, negotiate, or settle legal matters relating to administration of TRICARE/CHAMPUS. Participates in conferences with legal officers and representatives of various contractors, insurance companies, and other Government agencies in regard to legal problems as related to the TRICARE Management Activity, particularly as they are affected by changes in statutes and regulations and policies of higher headquarters. May

represent the TRICARE Management Activity in conferences on policy matters and legal implications of the various policies and procedures. Provides assistance and advice, and drafts briefs and documents as may be required for attorneys representing the United States in litigation involving the TRICARE Management Activity and DoD. As necessary, serves as legal representative for the Executive Director, TRICARE Management Activity, provides legal advice and renders opinions to members of the staff on assigned phases of the legal operations of the TRICARE Management Activity.

FACTOR 8 - PHYSICAL DEMANDS

The work is sedentary. No special physical demands are required to perform the work. Frequent travel for temporary duty is involved.

FACTOR 9 - WORK ENVIRONMENT

The work is performed in an office setting.