



# 10 U.S.C. Chapter 144A – Major Automated Information System (MAIS) Programs

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# Agenda



- 10 U.S.C. Chapter 144A establishes reporting regime
  - Enacted FY07 NDAA §816; amended FY09 NDAA §812, WSARA 2009 §101, and FY10 NDAA §817 and §841
    - §2445a – definitions (MAIS & other major IT investment programs)
    - §2445b – requires annual and quarterly reports
    - §2445c – Significant & Critical variance reporting
    - §2445d – SAR not required if reporting under Ch 144A
- Critical Change process
- Defense Acquisition Guidebook (DAG) online
- Back up slides contain an example MAR & MQR

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# Key Requirements

(10 U.S.C. Chapter 144A)



- Defines Major Automated Information System (MAIS) in statute
- Designates USD(AT&L) and Service Acquisition Executives as Senior Officials responsible for reporting regime
- Requires a **MAIS Annual Report (MAR)** to congressional defense committees (analogous to Selected Acquisition Report)
  - MAR establishes the Original Estimate (baseline)
- Requires Program Managers to submit **MAIS Quarterly Report** to the Senior Official **any** variance from the baseline
- Establishes **Significant and Critical Change** thresholds
- Imposes a reporting penalty program exceeds 5 years from Milestone A to Initial Operational Capability (IOC)
  - FY09 NDAA changed starting time to “funds first obligated” for program
- Requires communication to Congress
  - Significant Change → Notification letter
  - Critical Change → Report w/ certifications based on program evaluation (almost identical to Nunn-McCurdy)

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# MAIS Definition

(10 U.S.C. 2445a)



- Chapter 144A defines MAIS as a Department of Defense program for the acquisition of an automated information system (either as a *product or a service*) if—
  - “(1) the program is designated by the Secretary of Defense, or a designee of the Secretary, as a major automated information system program; or
  - “(2) the dollar value of the program is estimated to exceed—
    - (A) \$32,000,000 in fiscal year 2000 constant dollars for all program costs in a single fiscal year;
    - (B) \$126,000,000 in fiscal year 2000 constant dollars for all program acquisition costs for the entire program; or
    - (C) \$378,000,000 in fiscal year 2000 constant dollars for the total life-cycle costs of the program (including operation and maintenance costs).”

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# FY09 NDAA 812 Amended Ch 144A



- Adds “Other Major Information Technology Investment Program”
  - (1) An investment that is designated by the Secretary of Defense, or a designee of the Secretary, as a ‘pre-MAIS’ program
  - (2) Any other investment in automated information system products or services that is **expected to exceed a MAIS threshold**, but is not considered to be a MAIS program because a formal acquisition decision has not yet been made
- Changes 5-year development ‘clock’ to start ***when funds for program are first obligated*** for the program vice Milestone A
  - Programs submitting 2008 MAR will be grandfathered

Several current Pre-MAIS programs are at risk for a 5-year ‘clock’ Critical Change starting in 2010

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# MAIS Annual Report (MAR)

(10 U.S.C. 2445b)

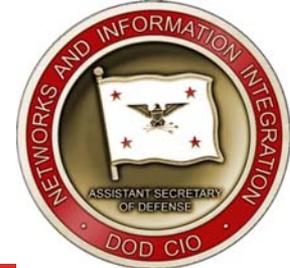


- Due annually to Congress 45 days after submission of the President's Budget (PB)
- The annual report must include the following
  - Schedule including estimates of milestone dates, full deployment decision, and full deployment
  - Estimates of development and life-cycle costs
  - Summary of key performance parameters
- The initial report constitutes the baseline for determining Significant and Critical Changes in the program
  - Baseline can only be changed if a Critical Change Report is sent to Congress
    - But report of amended baseline may await next MAR
  - Baseline is not changed by an updated Acquisition Program Baseline; must be reported in a MAR

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# MAR 2010 Preparation Events and Target Dates



Event	Responsible Agency	Target Date
Train-the-Trainer	OASD(NII)	16 Nov 09
Distribute updated 2010 MAR procedures	OASD(NII)	18 Dec 09
Submit final Draft MARs	Components	15 Jan 09
Review and provide feedback to NII	OSD staff	3 Feb 10
OSD/Component issue resolution teleconferences	OSD & Components	8-12 Feb 10
Submit Final MARs together with a transmittal memo	Components	25 Feb 10
Consolidate, staff, and submit MARs to Congress	OASD(NII)	19 Mar 10

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# MAIS Quarterly Report (MQR)

(10 U.S.C. 2445c)



- Once having submitted a MAR, the PM submits a quarterly report (MQR) to the Senior Official
  - Submitted on same schedule as Defense Acquisition Executive Summary (DAES)
- Report identifies any variances from baseline
  - Projected schedule
  - Acquisition or life-cycle costs
  - Key performance parameters
- MQR required even if no variance has occurred

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# Senior Official

(10 U.S.C. 2445c(b))



- 
- **SAE:** An AIS to be acquired for a military department
  - **USD(AT&L):** AIS acquired by a Component other than military dept and MDA has been retained by AT&L
  - **ASD/NII:** Any other AIS to be acquired for DOD or any Component (delegated from AT&L 18 Jul 07)

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# Determinations

(10 U.S.C. 2445c(c) and (d))



- The Senior Official must review the Program Manager's quarterly report, determine whether a Significant or Critical Change has occurred
  - Significant Changes, notify congressional defense committees of the change within 45 days after receiving the PM's report
  - Critical Changes, within 60 days after receiving PM's report, the Senior Official must -
    - Conduct an evaluation of the program, then
    - Submit a report and certification to the congressional defense committees through the Secretary of Defense
- The clock starts the date the MAIS Quarterly Report was received in the staff office of the Senior Official

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# Significant Change Defined

(10 U.S.C. 2445c(c))



- Schedule: a delay of more than six months but less than a year in any program schedule milestone or significant event from the baseline
- Cost: estimated program development cost or full life-cycle cost for the program has increased by at least 15 percent, but less than 25 percent, over the baseline
- Performance: a significant, adverse change in the expected performance of the major automated information system to be acquired
  - DoD has not defined a Performance Significant Change

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# Significant Changes

(as of September 30, 2009)



Program (in order received)	Reason for variance	Days to Prepare Notification	Date Sent to Congress
Defense Integrated Military Human Resources System (DIMHRS)	MS C and IOC schedule slips caused by reqmts definition, Army interface delays, and data conversion complexity	81	20-Oct-08
Global Command and Control System – Joint (GCCS-J)	FDD schedule slip due to technical challenges and need for infrastructure upgrades	56	24-Apr-09

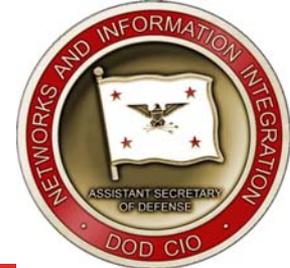
**# 2009 MARs = 42**

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# Critical Change Defined

(10 U.S.C. 2445c(d))



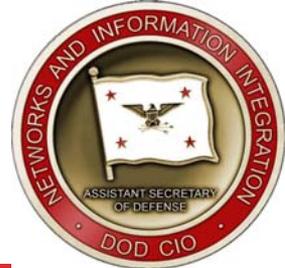
- Five-year to full deployment decision threshold: failure to achieve a full deployment decision within five years of when funds for program were first obligated (this was changed by FY09 & FY10 NDAA's)
- Schedule: a delay of one year or more in any program schedule milestone or significant event from the baseline
- Cost: the estimated program development cost or total life-cycle cost for the program has increased by 25 percent or more over the baseline
- Performance: a change in expected performance that will undermine the ability of the system to perform the functions anticipated in the original baseline
  - DoD has defined a failure to achieve a Threshold Key Performance Parameter as a Critical change

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# Critical Changes

(as of September 30, 2009)



<b>Program (in order received)</b>	<b>Reason for Variance</b>	<b>Days to Prepare Report</b>	<b>Date Report Sent to Congress</b>
<b>Common Aviation Command and Control System (CAC2S)</b>	<b>Schedule slip due to architecture not meeting emerging and future USMC needs</b>	<b>237</b>	<b>24-Apr-09</b>
<b>Global Combat Support System - Marine Corps (GCSS-MC)</b>	<b>Cost and schedule slips caused by grand design acquisition strategy</b>	<b>118</b>	<b>16-Jan-09</b>
<b>Theater Medical Information Program – Joint (TMIP-J)</b>	<b>Cost and schedule slips caused by new Wounded Warrior requirements and current combat experiences</b>	<b>175</b>	<b>24-Apr-09</b>
<b>Defense Integrated Military Human Resources System (DIMHRS)</b>	<b>MS C and IOC schedule slips caused by requirements definition, Army interface delays, and data conversion complexity</b>	<b>65</b>	<b>7-Apr-09</b>
<b>Integrated Strategic Planning and Analysis Network (ISPAN)</b>	<b>Cost increase due to inadvertent omission of operating and support costs in Original Estimate</b>	<b>69</b>	<b>10-Apr-09</b>
<b>Teleport Generation I / II (Teleport)</b>	<b>Schedule slip caused by delay in communications satellite launch</b>	<b>57</b>	<b>27-Mar-09</b>
<b>Navy ERP</b>	<b>Performance slip caused by deleting a KPP</b>	<b>89</b>	<b>28-Sep-09</b>

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# 5-Year to IOC – Funds First Obligated

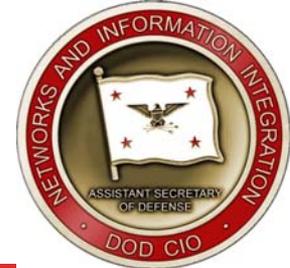


- The “funds first obligated” date is determined as follows:
  - If a Milestone A (MS A) has occurred, it is the MS A date
  - If a MS A has not occurred, or will not occur, it is the date the MDA approves or concurs with the preferred alternative for the program (i.e., selected alternative from the Analysis of Alternatives (AoA))
  - If the MDA is concerned that an IT investment is spending substantial funds before achieving MS A approval, the MDA may choose to designate the program as a pre-MAIS program and establish the date of that designation as the “funds first obligated” date

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# Significant and Critical Change Summary



	Significant	Critical
<b>Cost (program development cost or total life-cycle cost)</b>	<b>15-25% increase</b>	<b>≥ 25% increase</b>
<b>Schedule</b>	<b>&gt;6 month – 1 year delay</b>	<b>≥ 1 year delay</b>
		<b>Fail to achieve IOC within 5 yrs after funds were first obligated for the program”</b>
<b>Performance</b>	<b>“Significant adverse change in expected performance”</b>	<b>“Undermine the ability of the system to perform mission as originally intended” (miss a KPP)</b>
<b>Report to congressional defense committees</b>	<b>Notification due 45 Days after office of Senior Official receives MQR</b>	<b>Program Evaluation and Report due 60 days after office of Senior Official receives MQR</b>

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# Prohibition on Obligation of Funds

(10 U.S.C. 2445c(g))



- If the Senior Official does not submit the required report on Critical Changes within 60 days of receiving the PM's report, appropriated funds may not be obligated for any major contract under the program
  - For Chapter 144A purposes, the term "major contract" means any contract under the program that:
    - Is not a firm-fixed price contract,
    - Has target cost exceeding \$17M (FY00 constant dollars), or
    - Is the largest contract under the program.
  - Programs should not obligate funds during Critical Change Report (CCR) preparation
- The prohibition ceases to apply on the date on which Congress receives a report in compliance with the law

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# Reporting for MAIS-MDAPs

(10 U.S.C. 2445d)



- If a MAIS program reportable under Chapter 144A is also an MDAP reportable under Chapter 144, SecDef may designate that program as either a MAIS or MDAP
  - FY 10 NDAA § 817 makes MAIS and MDAP mutually exclusive
  - If program produces custom hardware → MDAP
  - If a program is software intensive → MAIS

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# WSARA 2009

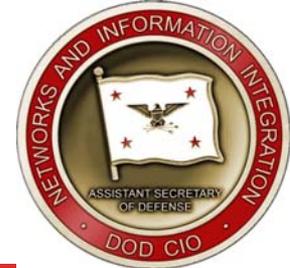
10 U.S.C. 2445c(f)(3)



- Conforming amendment changed Chapter 144A certification requirement #3 to read:  
“(3) the new estimates of the costs, schedule, and performance parameters with respect to the program and system or information technology investment, as applicable, ~~are reasonable~~ **have been determined, with the concurrence of the Director of Cost Assessment and Program Evaluation, to be reasonable;**”

Summary of D,CAPE Involvement with Ch 144A Critical Change Reports		
MDA	ICE Required?	C/S/P Concurrence?
USD(AT&L)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ASD(NII)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SAE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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# Critical Change Process

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# Critical Change Program Evaluation

(10 U.S.C. 2445c(e))



- An assessment of—
  - (1) the projected cost and schedule for completing the program if current requirements are not modified;
  - (2) the projected cost and schedule for completing the program based on reasonable modification of such requirements; and
  - (3) the rough order of magnitude of the cost and schedule for any reasonable alternative system or capability

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# Critical Change Report

(10 U.S.C. 2445c(f))

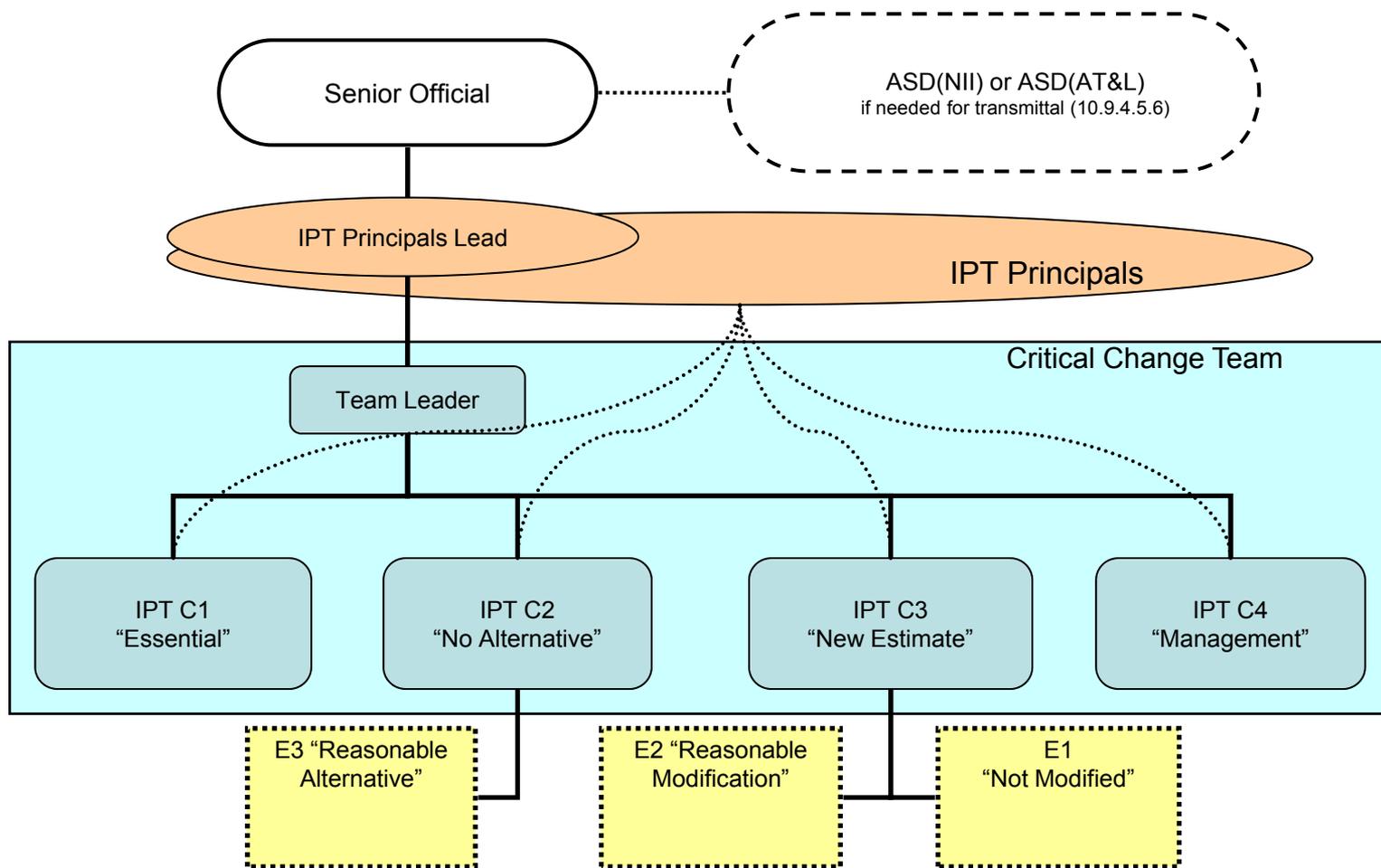
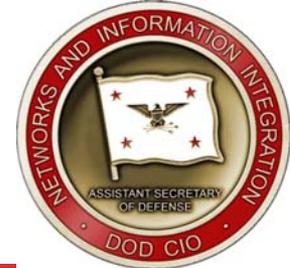


- Must include Senior Official's written certification (with supporting explanation) that—
  - (1) the automated information system to be acquired is essential to the national security or to the efficient management of the Department of Defense
  - (2) there is no alternative to the system which will provide equal or greater capability at less cost
  - (3) the new estimates of the costs, schedule, and performance parameters with respect to the program and system or information technology investment, as applicable, have been determined, with the concurrence of the Director of Cost Assessment and Program Evaluation, to be reasonable; and
  - (4) the management structure for the program is adequate to manage and control program costs

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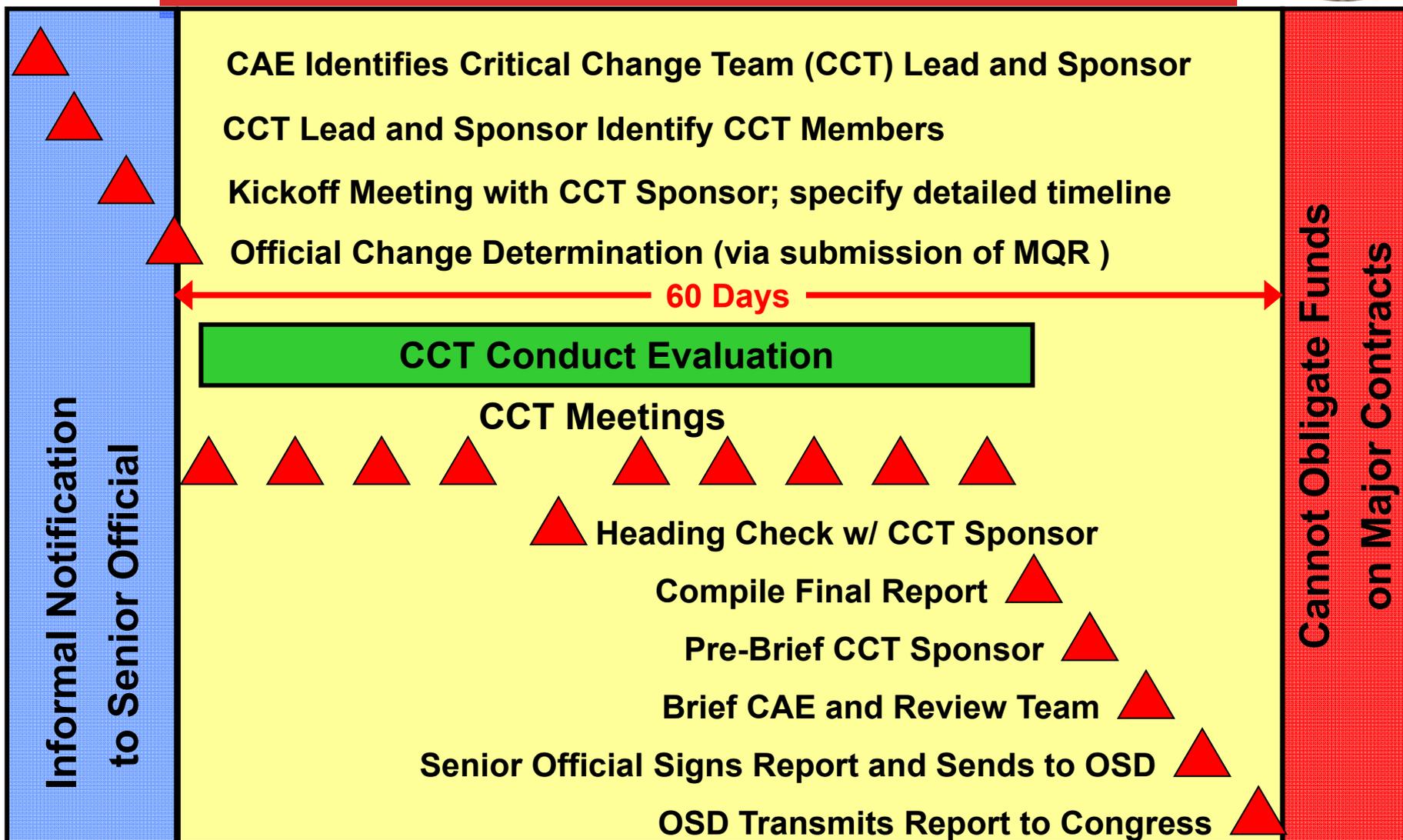
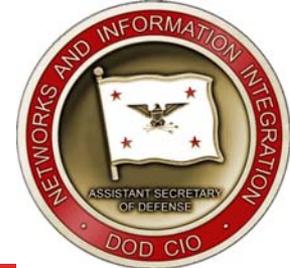
# Critical Change Team (CCT) Organization and Reporting Path



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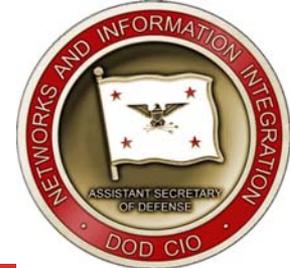


# Critical Change Process Timeline





# Progress in Implementing

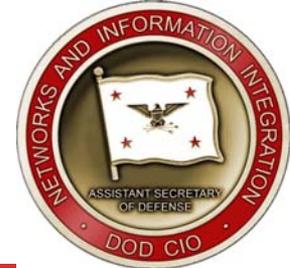


- 07/18/07 – AT&L MAIS Programs delegation memo
- 12/13/07 – Established MAR process and format
- 03/20/08 – Submitted 2008 MARs to Congress
- 04/22/08 – NII issued MAIS Quarterly Report Guidance
- 04/30/08 – 1<sup>st</sup> MAIS Quarterly Reports submitted
- 07/31/08 – 1<sup>st</sup> Significant Change (DIMHRS)
- 09/17/08 – 1<sup>st</sup> Critical Change (CAC2S)
- 12/12/08 – NII issued 2009 MAIS preparation instructions
- 01/16/09 – 1<sup>st</sup> Critical Change Report submitted to Congress
- Jun 09 – DAG Ch.144A section approved
- 06/18/09 – Submitted 2009 MARs to Congress
- 03/19/10 – 2010 MARs due to Congress

More Critical Changes coming!

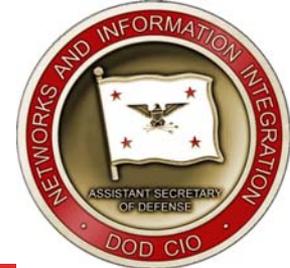


# For Additional Chapter 144A Guidance



**Section 10.9.4 Defense Acquisition Guidebook  
(<https://akss.dau.mil/dag/>)**

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For more information contact

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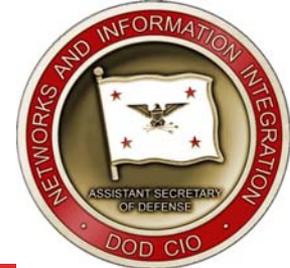
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# Backup Slides

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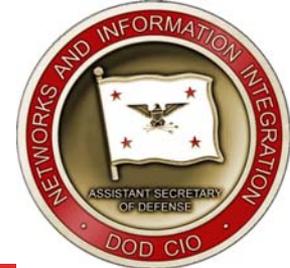
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# Example MAIS Annual Report

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# Example MAIS Annual Report



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## Defense Acquisition Management



### Major Automated Information System Annual Report

### Armed Forces Health Longitudinal Technology Application (AHLTA)

As of Date: December 31, 2007

#### Table of Contents

Program Information.....	2
Points of Contact.....	2
Program Description.....	3
Program Status.....	4
Schedule.....	5
Performance Characteristics.....	6
Cost.....	8

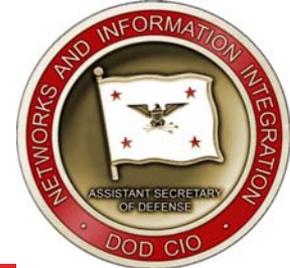
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Page 1 of 8

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## Program Information

### *Program Name (Acronym)*

Armed Forces Health Longitudinal Technology  
Application (AHLTA)

### *DoD Component*

TRICARE Management Activity

### *Approved Acquisition Program Baseline*

AHLTA  
February 26, 2008

## Points of Contact

### *Program Manager (PM) Information*

COL David Gilbertson  
Commercial Phone: 703-681-7143  
Defense Switched Network (DSN): 761-7122  
Skyline 4, Suite 701  
5113 Leesburg Pike  
Falls Church, VA 22041-3204

[David.Gilbertson@tma.osd.mil](mailto:David.Gilbertson@tma.osd.mil)

Date Assigned: July 10, 2006

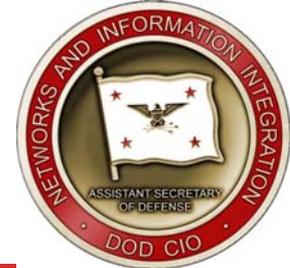
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Page 2 of 8

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## Program Description

AHLTA (formerly Composite Health Care System II), the Computer-Based Patient Record (CPR), supports care provided to Service members, retirees and family members. It provides a patient medical record, facilitating clinical decision support and rationale for care rendered. AHLTA is being implemented in four blocks of increasing functionality: Block 1, fully deployed, provides encounter documentation, order entry and results retrieval, encounter coding support, consult tracking, alerts and reminders, role-based security, a health data dictionary and a master patient index; Block 2 includes two distinct functions: optical ordering/management and Dental charting/documentation, which were successfully tested in FY05 and FY07 respectively, recently had an FY08 Full Deployment Decision Review (FDDR); Block 3 is planned to replace legacy ancillary capabilities of pharmacy, laboratory and anatomic pathology and radiology; Block 4 is being planned as a joint Department of Defense/Veterans Administration project to support primarily inpatient charting and documentation. This is the target system within the Military CPR (MCPR) initiative (0332).

Blocks 3 and 4 have not been baselined and thus are not described in this report.

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Page 3 of 8

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## Program Status:

**Original Report:** This is the first report to Congress for the Armed Forces Health Longitudinal Technology Application under the provisions of 10 U.S.C. Chapter 144A. The original schedule, cost and performance estimates outlined in this report constitute the baseline for Congressional reporting purposes as required by 10 U.S.C. Chapter 144A.

Compliance with 10 U.S.C. 2445o(d)(2)(A): Block 1 has been developed and fully deployed.

Milestone A for AHLTA Block 2 was not conducted. Program Initiation (Milestone B) occurred in January 2003; at that time IOC was defined for the entire four block program rather than by individual block hence Block 2 IOC was undefined. A Block 2 program evaluation and restructure was completed in February 2008. As part of the program evaluation, the schedule, performance, and cost were reviewed. As a result of the program evaluation, the AHLTA Block 2 program was rebaselined in February 2008 to a new performance, schedule, and cost. IOC for Block 2 of the rebaselined program is anticipated in April 2009.

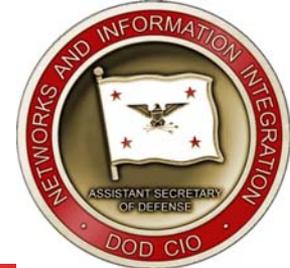
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Page 4 of 8

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## Schedule

Block 2 (NOTE 1)		
Schedule Milestone	Original Estimate	Current Estimate or Actual
Milestone B	Nov-02	Jan-03*
Milestone C (NOTE 2)	DELETED	N/A
Full Deployment Decision Review	Jan-08	Feb-08*
Initial Operational Capability	Apr-09	Apr-09
Full Operational Capability	Apr-11	Apr-11

\* Actual date achieved.

NOTE 1: Block 1 is fully deployed and in sustainment, thus not reported.

NOTE 2: Milestone C – Block 2 was deleted from the schedule during the April 2005 Overarching Integrated Product Team meeting. Members agreed there was no value added in holding a Milestone C decision review since the Milestone B – Block 2 Acquisition Decision Memorandum authorized operational testing which was nearly complete.

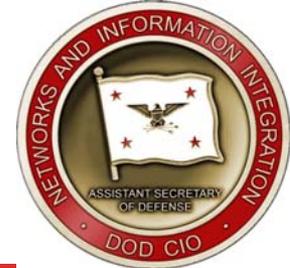
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Page 5 of 8

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# Example MAIS Annual Report



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## Performance Characteristics

Block 2 (NOTE 1)			
Key Performance Parameters	Original Estimate (Objective)	Original Estimate (Threshold)	Current Estimate or Actual
Standards Compliance	Same as Threshold.	Composite Health Care System II (CHCS II) used in the sustaining base will comply with Joint Technical Architecture standards.	Will meet Performance Threshold
Interoperability	100% of top level Information Exchange Requirements (IERs).	100% of top level critical IERs.	Will meet Performance Threshold
Security	Conform to Mission Assurance Category (MAC) II Controls for Integration and Availability of sensitive data. Handle data in accordance with Public Law 104-191. System must protect against unauthorized disclosure. Comply with DoD Public Key Infrastructure (PKI) standard.	Conform to MAC II Controls for Integration and Availability of sensitive data. Handle data in accordance with Public Law 104-191. System must protect against unauthorized disclosure. Comply with PKI when DoD implements PKI.	Will meet Performance Threshold
Medical Status Reporting	Monitor patient performance across the Military Health System (MHS); provide special readiness reports as defined by the Services.	Monitor individual performance measures; collect and report data from self-reporting tool to Medical Treatment Facility (MTF) providers. Provide a standard medical/dental readiness report for enrolled Active Duty members.	Will meet Performance Threshold
Clinical Documentation	Document medical information by multiple methods and in a format customized to the provider's specialty.	Document patient encounter information.	Will meet Performance Threshold
Coding	Coded data consistent with available Federal and Civilian standards.	Support accurate capture of International Classification of Diseases and Current Procedural Terminology codes.	Will meet Performance Threshold

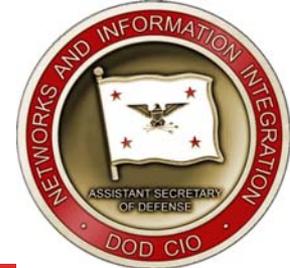
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Page 6 of 8

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Block 2 (NOTE 1)			
Key Performance Parameters	Original Estimate (Objective)	Original Estimate (Threshold)	Current Estimate or Actual
Enterprise Health Record	Provide access to all clinically relevant data pertaining to a patient throughout the DoD enterprise. Provide alerts and reminders for interventions based upon pre-established clinical parameters by Primary Care Manager, unit, MTF, or other organizational levels. Provide alerts 99% of the time when data indicates potential harmful conditions may exist for patient.	Provide access to medical documentation, and Legacy CHCS information pertaining to a patient at active sites. Provide alerts and reminders 99% of time for interventions. Provide alerts 99% of time when data indicates potential harmful conditions may exist for patient.	Will meet Performance Threshold
Unique Identifier	Same as threshold.	Use a unique and consistent identifier from Defense Enrollment Eligibility Reporting System. Comply with Health & Human Services regulations not later than required implementation date.	Will meet Performance Threshold
Order Entry	Authorized providers can enter laboratory, radiology, and pharmacy orders.	Authorized providers can enter laboratory, radiology, and pharmacy orders within a CHCS II site.	Will meet Performance Threshold
Monitoring	Authorized users can monitor, track, and retrieve laboratory, radiology, pharmacy, eyewear orders, evacuation requests, and requests for utilization review. Completed consults become part of patient's record.	Authorized users can monitor, track, and retrieve laboratory, radiology, and pharmacy consults. Completed consults become part of patient's record.	Will meet Performance Threshold
Patient Data Entry	Provide capability for patients to answer questionnaires electronically from remote locations.	Provide capability for patients to answer questionnaires from a workstation. Provide capability for authorized users to review all data.	Will meet Performance Threshold
Cost	Achieve Initial Operational Capability (IOC) in all Service-specified MTFs at a total cost not to exceed \$942M (\$ FY98).	Achieve IOC in all Service-specified MTFs at a total cost not to exceed \$97.1M (\$ FY98).	Met Performance Objective - \$726.8M (\$ FY98) actual

NOTE 1: The Key Performance Parameters are system-wide parameters that will be incrementally met by the increasing functionality of AHLTA. Block 1 is fully deployed and Insustainment, thus not reported.

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Page 7 of 8

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# Example MAIS Annual Report



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## Cost

Block 1/Block 2 (NOTE 1 and 2) Appropriation/Category	BASE YEAR 1998 \$M		THEN YEAR \$M	
	Original Estimate	Current Estimate or Actual	Original Estimate	Current Estimate or Actual
<b>Acquisition Cost:</b>				
RDT&E	109.1	109.1	116.7	116.7
Procurement	428.6	428.6	468.0	468.0
MILCON				
Acquisition O&M	181.6	181.6	191.4	191.4
WCF-C				
WCF-O				
<b>Total Acquisition Cost</b>	<b>719.3</b>	<b>719.3</b>	<b>776.1</b>	<b>776.1</b>
<b>Operating and Support (O&amp;S) Cost</b>				
RDT&E				
Procurement	706.0	706.0	994.1	994.1
MILCON				
O&M	2361.3	2361.3	3187.2	3187.2
WCF-C				
WCF-O				
<b>Total Operating and Support (O&amp;S) Cost</b>	<b>3066.3</b>	<b>3066.3</b>	<b>4181.3</b>	<b>4181.3</b>
<b>Total Life Cycle Cost</b>				
<b>Life Cycle Cost</b>	<b>3785.6</b>	<b>3785.6</b>	<b>4957.4</b>	<b>4957.4</b>

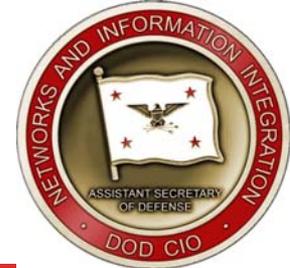
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Page 8 of 8

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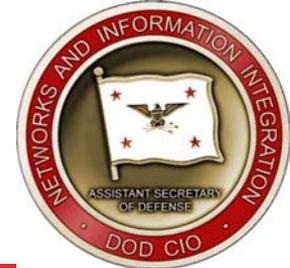
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# Example MAIS Quarterly Report

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## Defense Acquisition Management



### Major Automated Information System Quarterly Report

### Armed Forces Health Longitudinal Technology Application (AHLTA)

As of Date: April 25, 2008

#### Table of Contents

Program Information.....	2
Points of Contact.....	2
Program Description.....	3
Program Status.....	4
Schedule.....	5
Performance Characteristics.....	6
Cost.....	8

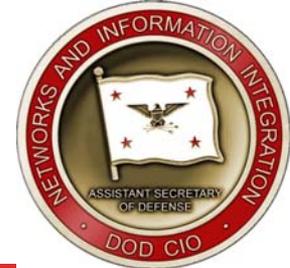
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Page 1 of 8

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## Program Information

### ***Program Name (Acronym)***

Armed Forces Health Longitudinal Technology  
Application (AHLTA)

### ***DoD Component***

TRICARE Management Activity

### ***Approved Acquisition Program Baseline***

AHLTA  
February 26, 2008

## Points of Contact

### ***Program Manager (PM) Information***

COL David Gilbertson  
Commercial Phone: 703-681-7143  
Defense Switched Network (DSN): 761-7122

Skyline 4, Suite 701  
5113 Leesburg Pike  
Falls Church, VA 22041-3204

[David.Gilbertson@tma.osd.mil](mailto:David.Gilbertson@tma.osd.mil)

Date Assigned: July 10, 2006

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Page 2 of 8

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## Program Description

AHLTA (formerly Composite Health Care System II), the Computer-Based Patient Record (CPR), supports care provided to Service members, retirees and family members. It provides a patient medical record, facilitating clinical decision support and rationale for care rendered. AHLTA is being implemented in four blocks of increasing functionality: Block 1, fully deployed, provides encounter documentation, order entry and results retrieval, encounter coding support, consult tracking, alerts and reminders, role-based security, a health data dictionary and a master patient index; Block 2 includes two distinct functions: optical ordering/management and Dental charting/documentation, which were successfully tested in FY05 and FY07 respectively, recently had an FY08 Full Deployment Decision Review (FDDR); Block 3 is planned to replace legacy ancillary capabilities of pharmacy, laboratory and anatomic pathology and radiology; Block 4 is being planned as a joint Department of Defense/Veterans Administration project to support primarily inpatient charting and documentation. This is the target system within the Military CPR (MCPR) initiative (0332).

Blocks 3 and 4 have not been baselined and thus are not described in this report.

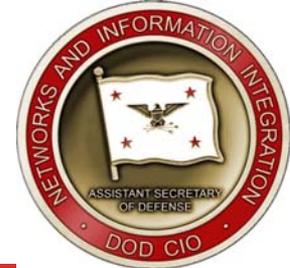
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Page 3 of 8

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## Program Status:

Quarterly Report as required by 10 U.S.C. Chapter 144A: The following pages reflect the current or actual estimates for cost, schedule, and performance as of April 25, 2008. None of the variances from the original estimates meets the Chapter 144A definition of either a Significant or a Critical change.

Compliance with 10 U.S.C. 2445c(d)(2)(A): Block 1 has been developed and fully deployed.

Milestone A for AHLTA Block 2 was not conducted. Program initiation (Milestone B) occurred in January 2003; at that time IOC was defined for the entire four block program rather than by individual block hence Block 2 IOC was undefined. A Block 2 program evaluation and restructure was completed in February 2008. As part of the program evaluation, the schedule, performance, and cost were reviewed. As a result of the program evaluation, the AHLTA Block 2 program was rebaselined in February 2008 to a new performance, schedule, and cost. IOC for Block 2 of the rebaselined program is anticipated in April 2009.

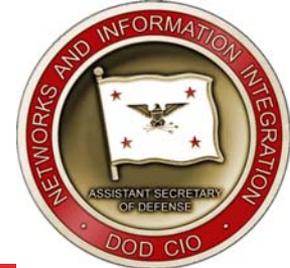
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Page 4 of 8

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## Schedule

Block 2 (NOTE 1)		
Schedule Milestone	Original Estimate	Current Estimate or Actual
Milestone E	Nov-02	Jan-03*
Milestone C (NOTE 2)	DEFERED	N/A
Full Deployment Decision Review	Jan-08	Feb-08*
Initial Operational Capability	Apr-08	Apr-08
Full Operational Capability	Apr-11	Apr-11

\* Actual date achieved.

NOTE 1: Block 1 is fully deployed and in sustainment, thus not reported.

NOTE 2: Milestone C – Block 2 was deleted from the schedule during the April 2005 Overarching Integrated Product Team meeting. Members agreed there was no value added in holding a Milestone C decision review since the Milestone B – Block 2 Acquisition Decision Memorandum authorized operational testing which was nearly complete.

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Page 5 of 8

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## Performance Characteristics

Block 2 (NOTE 1)			
Key Performance Parameters	Original Estimate (Objective)	Original Estimate (Threshold)	Current Estimate or Actual
Standards Compliance	Same as Threshold.	Composite Health Care System II (CHCS II) used in the sustaining base will comply with Joint Technical Architecture standards.	Will meet Performance Threshold
Interoperability	100% of top level Information Exchange Requirements (IERs).	100% of top level critical IERs.	Will meet Performance Threshold
Security	Conform to Mission Assurance Category (MAC) II Controls for Integration and Availability of sensitive data. Handle data in accordance with Public Law 104-181. System must protect against unauthorized disclosure. Comply with DoD Public Key Infrastructure (PKI) standard.	Conform to MAC II Controls for Integration and Availability of sensitive data. Handle data in accordance with Public Law 104-181. System must protect against unauthorized disclosure. Comply with PKI when DoD implements PKI.	Will meet Performance Threshold
Medical Status Reporting	Monitor patient performance across the Military Health System (MHS); provide special readiness reports as defined by the Services.	Monitor individual performance measures; collect and report data from self-reporting tool to Medical Treatment Facility (MTF) providers. Provide a standard medical/dental readiness report for enrolled Active Duty members.	Will meet Performance Threshold
Clinical Documentation	Document medical information by multiple methods and in a format customized to the provider's specialty.	Document patient encounter information.	Will meet Performance Threshold
Coding	Coded data consistent with available Federal and Civilian standards.	Support accurate capture of International Classification of Diseases and Current Procedural Terminology codes.	Will meet Performance Threshold

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Block 2 (NOTE 1)			
Key Performance Parameters	Original Estimate (Objective)	Original Estimate (Threshold)	Current Estimate or Actual
Enterprise Health Record	Provide access to all clinically relevant data pertaining to a patient throughout the DoD enterprise. Provide alerts and reminders for interventions based upon pre-established clinical parameters by Primary Care Manager, unit, MTF, or other organizational levels. Provide alerts 99% of the time when data indicates potential harmful conditions may exist for patient.	Provide access to medical documentation, and Legacy CHCS information pertaining to a patient at active sites. Provide alerts and reminders 99% of time for interventions. Provide alerts 99% of time when data indicates potential harmful conditions may exist for patient.	Will meet Performance Threshold
Unique Identifier	Same as Threshold.	Use a unique and consistent Identifier from Defense Enrollment Eligibility Reporting System. Comply with Health & Human Services regulations not later than required implementation date.	Met Performance Objective
Order Entry	Authorized providers can enter laboratory, radiology, and pharmacy orders.	Authorized providers can enter laboratory, radiology, and pharmacy orders within a CHCS II site.	Will meet Performance Threshold
Monitoring	Authorized users can monitor, track, and retrieve laboratory, radiology, pharmacy, eyewear orders, evacuation requests, and consults for utilization review. Completed consults become part of patient's record.	Authorized users can monitor, track, and retrieve laboratory, radiology, and pharmacy consults. Completed consults become part of patient's record.	Will meet Performance Threshold
Patient Data Entry	Provide capability for patients to answer questionnaires electronically from remote locations.	Provide capability for patients to answer questionnaires from a workstation. Provide capability for authorized users to review all data	Will meet Performance Threshold
Cost	Achieve Initial Operational Capability (IOC) in all Service-specified MTFs at a total cost not to exceed \$942M (\$ FY98).	Achieve IOC in all Service-specified MTFs at a total cost not to exceed \$971M (\$ FY98).	Met Performance Objective - \$726.8M (\$ FY98) actual

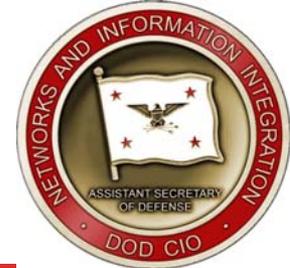
NOTE 1: The Key Performance Parameters are system-wide parameters that will be incrementally met by the increasing functionality of AH.TA. Block 1 is fully deployed and in sustainment, thus not reported.

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## Cost

Block 1/Block 2 (NOTE 1 and 2)				
Appropriation/Category	BASE YEAR 1998 \$M		THEN YEAR \$M	
	Original Estimate	Current Estimate or Actual	Original Estimate	Current Estimate or Actual
<b>Acquisition Cost</b>				
RDT&E	109.1	109.1	116.7	
Procurement	428.8	428.8	468.0	
MILCON				
Acquisition O&M	181.8	181.8	191.4	
WCF-D				
WCF-D				
<b>Total Acquisition Cost</b>	<b>719.3</b>	<b>719.3</b>	<b>776.1</b>	
<b>Operating and Support (O&amp;S) Cost</b>				
RDT&E				
Procurement	705.0	705.0	894.1	
MILCON				
O&M	2361.3	2361.3	3187.2	
WCF-D				
WCF-D				
<b>Total Operating and Support (O&amp;S) Cost</b>	<b>3066.3</b>	<b>3066.3</b>	<b>4181.3</b>	
<b>Total Life Cycle Cost</b>				
<b>Life Cycle Cost</b>	<b>3785.6</b>	<b>3785.6</b>	<b>4957.4</b>	

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