



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

Fiscal Year

2017

Office of Medicare
Hearings and Appeals

*Justification of
Estimates for
Appropriations Committee*



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Medicare Hearings and Appeals
Office of the Chief Judge
5201 Leesburg Pike, Suite 1800
Falls Church, VA 22041

I am pleased to present the Office of Medicare Hearings and Appeals (OMHA) Fiscal Year 2017 Congressional Justification. This budget request reflects OMHA's strong commitment to providing an independent forum for the fair and efficient adjudication of Medicare appeals for beneficiaries and other parties.

Since beginning operations in July 2005, OMHA has been committed to continuous improvement in the Medicare appeals process through responsible stewardship despite significant increases in workload. This commitment continues to inspire OMHA's strategic plan. Given current resources and average receipt levels, OMHA is receiving more than one year's worth of work every nineteen weeks. With these receipt levels far exceeding the adjudication capacity of its 77 Administrative Law Judges (ALJ), OMHA is unable to issue Medicare decisions in 90 days as envisioned by statute.

The FY 2017 budget reflects OMHA's efforts to not only build upon the operational success achieved during its first eleven years, but to implement its multi-year strategy to balance resources with workloads and eliminate the backlog. The first of these is an Adjudication Expansion Initiative to respond to the agency's foremost challenge: the resulting backlog of appeals. OMHA has also taken a number of administrative actions to reduce the pending appeals workload such as settlement conference facilitations which offer alternative dispute resolution as an option for resolution of pending appeals. In addition, proposed legislative changes such as the Medicare Magistrate Program will help adjudicate more appeals at a lower cost.

Although OMHA recognizes that the improvements to the appeals process envisioned by administrative actions and proposed legislation must be a part of the solution, these changes alone will not enable OMHA to adjudicate the significant number of appeals already pending at OMHA or those which OMHA projects will be received in the coming years. Although the budget increase in FY 2016 allowed OMHA to add 15 additional ALJ teams, this number does not position the Agency to handle its current receipt levels or begin to reduce the pending backlog of appeals. In order to avoid collapse of the system, a significant funding increase is required. The FY 2017 budget request builds upon the FY 2016 increase and must serve as a baseline for future requests.

Above all, this FY 2017 budget reflects OMHA's efforts to focus on the agency's mission, by increasing efficiency and capacity by further enhancing service to the public.

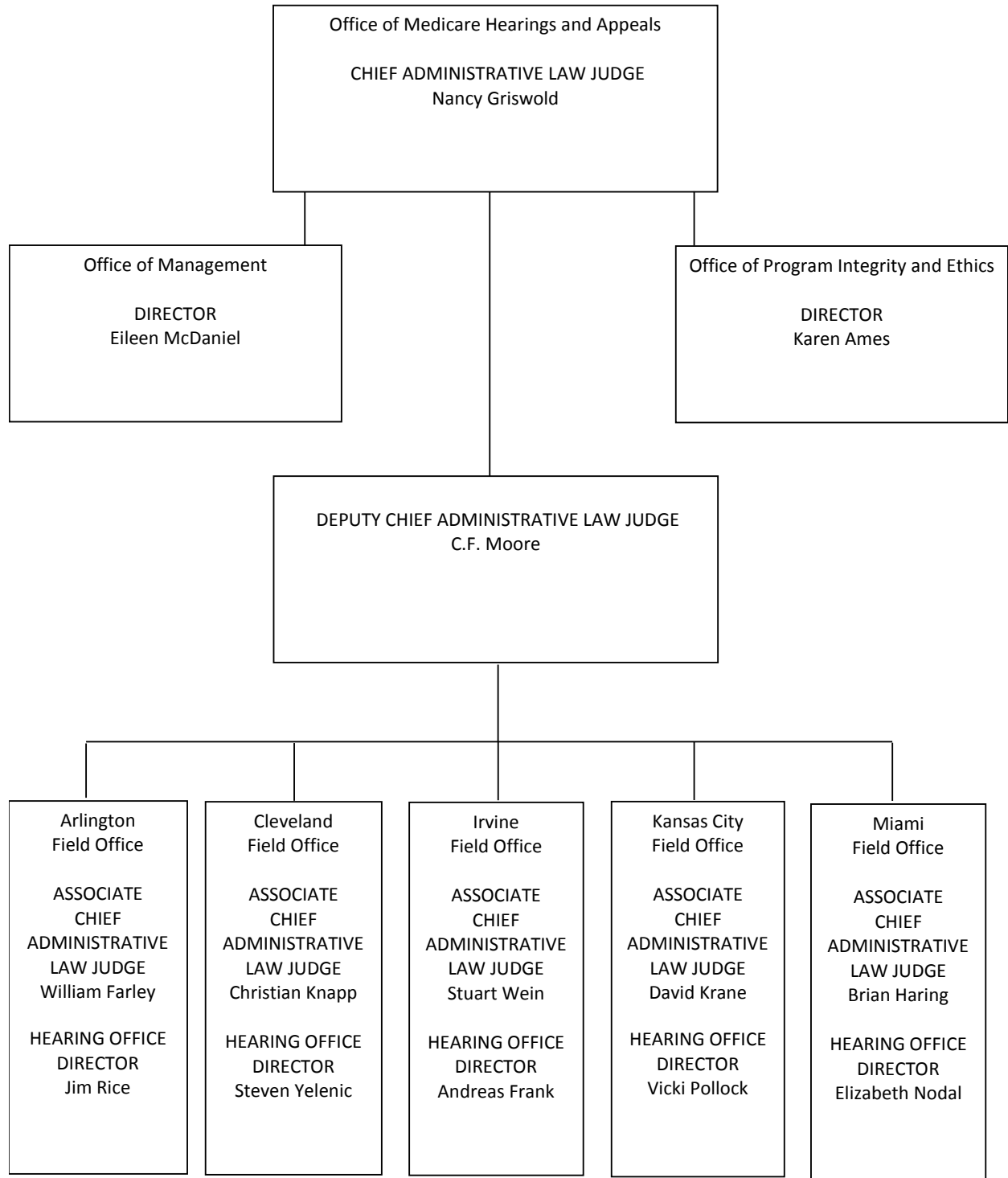
Sincerely,

Nancy J. Griswold
Chief Administrative Law Judge

Table of Contents

Organizational Chart	4
Organization Chart: Text Version	5
Introduction and Mission	6
Overview of Budget Request	7
Overview of Performance	8
All Purpose Table.....	10
Appropriations Language	10
Amounts Available for Obligation	10
Summary of Changes	11
Budget Authority by Activity - Direct	12
Authorizing Legislation.....	12
Appropriation History Table.....	13
Narrative by Activity.....	14
FY 2017 Budget Request	15
Outputs and Outcomes Table	17
FY 2017 Budget by HHS Strategic Objective	18
Budget Authority by Object Class	19
Salaries and Expenses	20
Detail of Full Time Equivalents.....	21
Detail of Positions	22

Organizational Chart



Organization Chart: Text Version

Office of Medicare Hearings and Appeals

- Chief Administrative Law Judge, Nancy Griswold
- Deputy Chief Administrative Law Judge, C.F. Moore

The following offices report directly to the Chief Administrative Law Judge:

- Director, Office of Management
 - Eileen McDaniel
- Director, Office of Program Integrity and Ethics
 - Karen Ames
- Arlington Field Office
 - Associate Chief Administrative Law Judge, William Farley
 - Hearing Office Director, Jim Rice
- Cleveland Field Office
 - Associate Chief Administrative Law Judge, Christian Knapp
 - Hearing Office Director, Steven Yelenic
- Irvine Field Office
 - Associate Chief Administrative Law Judge, Stuart Wein
 - Hearing Office Director, Andreas Frank
- Kansas City Field Office
 - Associate Chief Administrative Law Judge, David Krane
 - Hearing Office Director, Vicki Pollock
- Miami Field Office
 - Associate Chief Administrative Law Judge, Brian Haring
 - Hearing Office Director, Elizabeth Nodal

Introduction and Mission

The Office of Medicare Hearings and Appeals (OMHA), an agency of the U.S. Department of Health and Human Services (HHS), administers hearings and appeals nationwide for the Medicare program. OMHA ensures that Medicare beneficiaries, providers and suppliers have access to an independent forum and opportunity for a hearing conducted pursuant to the Administrative Procedures Act on disputed Medicare claims. By providing a timely and impartial review of Medicare appeals, OMHA encourages providers and suppliers to continue to provide services and supplies to Medicare beneficiaries. Such access to timely adjudication of disputes is essential to the integrity of the Medicare system. On behalf of the Secretary of HHS, the Administrative Law Judges (ALJs) within OMHA conduct impartial hearings and issue decisions on claims determinations appeals involving Medicare Parts A, B, C, D, as well as Medicare entitlement and eligibility appeals.

Mission

OMHA is a responsible forum for fair, credible and timely decision-making through an accomplished, innovative and resilient workforce. Each employee makes a difference by contributing to shaping American health care.

Vision

World class adjudication for the public good.

Statutory Decisional Timeframe

The Benefits Improvement and Protection Act of 2000 envisions that OMHA will issue decisions on disputed claims within 90 days after a request for hearing is filed.

Overview of Budget Request

The FY 2017 request for OMHA of \$250,000,000 represents a \$142,619,000 million increase over FY 2016. The request includes \$120,000,000 in budget authority and \$130,000,000 in program level funding from pending legislation to address the backlog of Medicare appeals. HHS estimates that enactment of the legislation would provide an additional \$125 million in Recovery Audit (RA) Collections, and an estimated \$5 million from a proposed filing fee. Overall, OMHA's budget request makes investments to support HHS Strategic Goals to Strengthen Healthcare and Ensure Efficiency, Transparency, Accountability and Effectiveness of HHS Programs. This will be accomplished by maximizing its organizational adjudicatory capacity to meet the needs of the public (i.e. Medicare beneficiaries, who are among our nation's most vulnerable populations, providers, suppliers and the tax-paying public).

The request positions OMHA to hear more Medicare appeals than ever before by expanding the agency's capacity from the projected 92 ALJ teams on-board by the end of FY 2016 to 193 ALJ teams nationwide by the end of FY 2017 including establishing five new field offices. After gaining 6 to 12 months of experience, these new ALJ teams will collectively adjudicate approximately 101,000 additional appeals annually. The additional funding also supports a Medicare Magistrate program proposed in the FY 2016 budget request which would address less complex cases. This alternate adjudication method will further increase OMHA's appeals resolution capacity at a significantly lower cost per appeal than the existing ALJ hearing process. The FY 2017 request will increase OMHA's adjudication capacity and provide for expanded administrative efficiencies which aim to mitigate the Medicare appeals backlog.

Overview of Performance

OMHA has remained committed to continuous improvement in the Medicare appeals process by implementing initiatives to enhance the quality and timeliness of its services. However, as workloads have grown dramatically, it has become impossible for the agency to achieve its goals. From FY 2009 to FY 2014, OMHA experienced an overall 1,222% increase in the number of appeals received annually, with the most dramatic growth in appeals workload occurring in the three-year period from FY 2011 through FY 2013. During these three years alone, workload grew by an unprecedented 545% (60,000 appeals in FY 2011 and 384,000 appeals in FY 2013). This dramatic increase in both Recovery Audit (RA) and non-RA appeals has had a predictably detrimental impact on the agency's performance. With the exception of beneficiary appeals, which are prioritized, OMHA has not been able to issue decisions in 90 days for the past five years. In FY 2015, OMHA adjudicated only 9.3% of its BIPA claims in 90 days, far short of the 15% performance target. In addition, the average processing time on closed workload in FY 2015 was 661 days. The average age of pending appeals at OMHA has risen at an even more alarming rate and measures nearly 800 days as of November 2015, indicating that processing times will continue to increase until the backlog of pending appeals has been resolved.

Through increased process efficiency and targeted addition of support staff, OMHA has streamlined the business process and has implemented a number of new initiatives to the maximum extent possible without sacrificing program integrity. Adjudication teams have more than doubled their productivity since 2009, with productivity hovering around the maximum sustainable levels of approximately 1,000 appeals per team annually. The only viable way for OMHA to fully address the receipt level and improve performance is to systematically add adjudicators over the next few years while concurrently implementing other short and long-term departmental and OMHA policy initiatives. Agency performance (ability to process BIPA cases within 90 days) will remain quite low until the backlog is fully resolved and OMHA is once again able to process appeals as they are received.

Although adjudication delays at OMHA have impacted all categories of appellants, OMHA is able to continue its support of the HHS objective to "Leave the Department Stronger" through the prioritization of beneficiary appeals which comprise its most vulnerable stakeholders. The average wait time to disposition for prioritized beneficiary appeals has decreased from 244 days in FY 2013 to 78 days for appeals filed in FY 2015.

Despite the sharp workload increase, OMHA also continues its unwavering support of the HHS Strategic Goal 4 to Strengthen Program Integrity. OMHA continues to evaluate its customer service through an independent evaluation that captures the scope of the Level III appeals experience by randomly surveying selected appellants and appellant representatives. Measure 1.5 aims to ensure appellants and related parties are satisfied with their Medicare appeals experience regardless of the outcome of their appeal. The measure is evaluated on a scale of 1 – 5, 1 representing the lowest score (very dissatisfied) and 5 representing the best score (very satisfied). In FY 2015, OMHA achieved a 3.9 level of appellant satisfaction nationwide, exceeding the FY 2015 target of 3.4. However, if processing times are allowed to increase due to the pending workload, it is certain that appellant's frustration with increasing processing times will grow and that their level of satisfaction with the process will decrease. In fact, the overall level of appellant satisfaction has declined from a high of 4.3 recorded in FY 2010 prior to the formation of the backlog.

In addition, OMHA's Medicare Appellant Forum is a bi-annual event designed to inform and educate the appellant community on the challenges related to the appeals backlog, and measures it can undertake

to reduce inefficiencies in appeals processing. OMHA's Appellant Forums have included speakers from all levels of the appeals process and departmental leaders. A primary goal of this event has been to be as transparent as possible concerning the challenges faced by the appeals system and to keep appellants informed about current initiatives, pending pilots, demonstration projects and evolving plans designed to address the workload at all levels of appeal. OMHA held its first forum in February 2014, its second in October 2014 and its third in June 2015. The fourth forum will be held in the spring of 2016.

All Purpose Table

(Dollars in Thousands)

Office of Medicare Hearings and Appeals	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Discretionary Budget Authority	87,381	107,381	120,000	+12,619
Recovery Audit Collections	0	0	125,000	+125,000
Refundable Filing Fee	0	0	5,000	+5,000
Total OMHA	87,381	107,381	250,000	+142,619
FTE	526	642	1,308	+666*

*Includes 107 FTE for full year impact of FY 2016 hires and 559 FTE for FY 2017 hires

Authorizing Legislation:.....Title III of the PHS Act
 FY 2017 Authorization.....Indefinite
 Allocation Method.....Direct Federal

Appropriations Language

For expenses necessary for the Office of Medicare Hearings and Appeals, [\$107,381,000] \$120,000,000, to be transferred in appropriate part from the Federal Hospital Trust Fund and the Federal Supplementary Medical Insurance Trust Fund.

Amounts Available for Obligation

Detail	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Trust Fund Discretionary Appropriation	87,381,000	107,381,000	120,000,000
Subtotal, adjusted trust fund annual appropriation	87,381,000	107,381,000	120,000,000
Unobligated balance lapsing	162,538	-	-
Total Obligations	87,218,462	107,381,000	120,000,000

Summary of Changes

Budget Year and Type of Authority	Dollars	FTE
FY 2016 Enacted	107,381	642
FY 2017 President's Budget Authority	120,000	749
Net Change	+12,619	+107

Increases	FY 2017 FTE	FY 2017 Budget Authority	FY 2017 +/- FY 2016 FTE	FY 2017 +/- FY 2016 BA
Full-time permanent	749	59,692	107	2,685
Other personnel compensation	-	552	-	201
Civilian personnel benefits	-	19,400	-	2,436
Travel and transportation of persons	-	525	-	300
Rental payments to GSA	-	10,391	-	1,705
Communications, utilities, and misc. charges	-	3,697	-	190
Printing and reproduction	-	232	-	47
Other services from non-Federal sources	-	6,674	-	1,812
Others goods and services from Federal sources	-	11,360	-	3,292
Operation and maintenance of equipment	-	4,664	-	4,097
Supplies and materials	-	1,217	-	507
Total Increases				17,272

Decreases	FY 2017 FTE	FY 2017 Budget Authority	FY 2017 +/- FY 2016 FTE	FY 2017 +/- FY 2016 BA
Transportation of things	-	310	-	408
Operation and maintenance of facilities	-	708	-	3,232
Equipment	-	578	-	1,013
Total Decreases				4,653

Total Changes	FY 2017 FTE	FY 2017 Budget Authority	FY 2017 +/- FY 2016 FTE	FY 2017 +/- FY 2016 BA
Total Increases	749	120,000	+107	+12,619
Total Decreases	-	-	-	-
Total Net Change	749	120,000	+107	+12,619

Budget Authority by Activity - Direct

(Dollars in Thousands)

Activity	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Office of Medicare Hearings and Appeals (OMHA)	87,381	107,381	120,000
OMHA FTE	526	642	749
Total, Budget Authority	87,381	107,381	120,000
Total, FTE	526	642	749

Authorizing Legislation

(Dollars in Thousands)

OMHA	FY 2016 Amount Authorized	FY 2016 Appropriations Act	FY 2017 Amount Authorized	FY 2017 President's Budget
Office of Medicare Hearings and Appeals, Social Security Act, Titles XVIII and XI	Indefinite	\$107,381	Indefinite	\$120,000
Total Appropriation	-	\$107,381	-	\$120,000

Appropriation History Table

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2008	-	-	-	-
Trust Fund Appropriation	70,000,000	67,500,000	70,000,000	65,000,000
Rescissions (P.L. 110-161)	-	-	-	(1,136,000)
Subtotal	70,000,000	67,500,000	70,000,000	63,864,000
2009	-	-	-	-
Trust Fund Appropriation	65,344,000	-	63,864,000	64,604,000
Subtotal	65,344,000	-	63,864,000	64,604,000
2010	-	-	-	-
Trust Fund Appropriation	71,147,000	71,147,000	71,147,000	71,147,000
Subtotal	71,147,000	71,147,000	71,147,000	71,147,000
2011	-	-	-	-
Trust Fund Appropriation	77,798,000	-	77,798,000	71,147,000
Rescissions (P.L. 112-10)	-	-	-	(142,000)
Subtotal	77,798,000	-	77,798,000	71,005,000
2012	-	-	-	-
Trust Fund Appropriation	81,019,000	71,147,000	71,147,000	72,147,000
Rescissions (P.L. 112-74)	-	-	-	(136,000)
Subtotal	81,019,000	71,147,000	71,147,000	72,011,000
2013	-	-	-	-
Trust Fund Appropriation	84,234,000	-	79,908,000	72,010,642
Rescissions (P.L. 113-6)	-	-	-	(144,021)
Sequestration (P.L. 112-25)	-	-	-	(3,622,567)
Transfers	-	-	-	1,200,000
Subtotal	84,234,000	-	79,908,000	69,444,054
2014	-	-	-	-
Trust Fund Appropriation	82,381,000	-	82,381,000	82,381,000
Subtotal	82,381,000	-	82,381,000	82,381,000
2015	-	-	-	-
Trust Fund Appropriation	100,000,000	-	-	87,381,000
Subtotal	100,000,000	-	-	87,381,000
2016	-	-	-	-
Trust Fund Appropriation	140,000,000	-	-	107,381,000
Subtotal	140,000,000	-	-	107,381,000
2017	-	-	-	-
Trust Fund Appropriation	120,000,000	-	-	-
Subtotal	120,000,000	-	-	-

Narrative by Activity

Program Description and Accomplishments

OMHA opened its doors in July 2005 pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) which sought to respond to the delays in processing of Medicare appeals that existed at the Social Security Administration (SSA) by establishing a forum dedicated solely to the adjudication of Medicare appeals. According to the Government Accountability Office (GAO), SSA ALJs took on average 368 days to resolve appeals in 2003. While SSA had no statutory timeframe for case adjudication, the Benefits Improvement and Protection Act (BIPA) envisioned that most Medicare appeals would be decided by OMHA within 90 days of filing at OMHA. Furthermore, the MMA provided for the addition of ALJs and staff as needed to insure for the “timely action on appeals before administrative law judges,” (MMA § 931(c), 117 Stat. 2398-99). However, since 2010, OMHA has lacked sufficient funding to handle the volume of appeals being received and has developed a backlog of appeals awaiting disposition.

OMHA serves a broad sector of the public, including Medicare service providers and suppliers and Medicare beneficiaries who are often elderly and disabled and among the nation’s most vulnerable populations. Ensuring that providers and suppliers have a forum for independent and timely resolution of their disputes over Medicare payments also contributes to the security of the Medicare system by encouraging the provider and supplier community to continue to provide services and supplies to Medicare beneficiaries. OMHA administers its program in five field offices, including Miami, Florida; Cleveland, Ohio; Irvine, California; Arlington, Virginia; and Kansas City, Missouri.

At the time of OMHA’s establishment, it was envisioned that OMHA would receive a traditional Medicare Part A and Part B workload. However, OMHA has seen an increased caseload due to the expansion of its original jurisdiction to include areas not originally envisioned to be within its authority. Specifically, in 2006, OMHA began hearing appeals arising from the new Medicare Part D Prescription Drug Plan. In 2007, OMHA was also given additional responsibility for conducting hearings and issuing decisions in Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA) appeals.

Most significantly, however, OMHA began receiving new cases as a result of the Centers for Medicare & Medicaid Services (CMS) Recovery Audit (RA) pilot program in 2007. This program included RA reviews of Medicare Part A and Part B claims on a post-payment basis, and reviews for Medicare Secondary Payer recoupments. In January 2010, the RA program became permanent and was expanded to all 50 States. As a result of this expansion, OMHA received nearly 433,000 RA appeals between FY 2013 and FY 2014, fifty percent of the total agency workload. Although the RA expansion legislation provided funding for the administrative costs of the program at CMS, OMHA’s administrative costs are not supported under current legislation.

Not only has the significant expansion of appeals from the RA workload exacerbated OMHA’s workload challenges, but OMHA’s non-RA workload has also increased significantly as CMS contractors, (for example Medicare Administrative Contractors and Zone Program Integrity Contractors) have increased pre- and post-payment reviews.

Recognizing the importance of timely resolution of Medicare disputes, OMHA has undertaken a number of initiatives focused on improving the quality and timeliness of its services. These include:

- A redefined five year strategic plan that codifies OMHA’s objectives and establishes the foundation for organizational performance
- Prioritization of beneficiary appeals to optimize timely adjudication of beneficiary appeals
- The development of OMHA’s Electronic Case Processing Environment (ECAPE) (The development contract was awarded on March 30, 2015)
- A national data standardization initiative to promote data quality
- An OMHA Case Policy Manual (OCPM) Initiative to develop OMHA-wide common business practices for the adjudicative process
- A National Substantive Legal Training Program for new Administrative Law Judges and attorneys
- A Centralized Operations initiative to establish a uniform case docketing process agency-wide
- A Statistical Sampling Pilot to resolve large groups of appeals
- A Settlement Conference Facilitation pilot as a less costly alternative to ALJ hearings
- A Senior Attorney screening program to assist with identification and resolution of appeals which can be resolved without a hearing

Funding History

Fiscal Year	Amount
FY 2012	\$72,011,000
FY 2013	\$69,444,054
FY 2014	\$82,381,000
FY 2015	\$87,381,000
FY 2016	\$107,381,000

FY 2017 Budget Request

The FY 2017 request for OMHA of \$250,000,000 million represents a \$142,619,000 million increase over FY 2016. The request includes \$120 million in budget authority, \$125 million in program level funding from proposed legislation that would authorize the Secretary to reimburse OMHA for administrative costs related to adjudicating Recovery Audit (RA) appeals and \$5 million from a refundable filing fee through proposed legislation. The requested funding will allow OMHA to implement Department-approved initiatives designed to reduce the backlog, improve processing time, reduce overall costs and narrow the gap between yearly appeals receipts and resources.

In FY 2015, OMHA implemented a number of administrative actions to reduce the pending workload. For example, OMHA piloted a settlement conference facilitation initiative which offers alternative dispute resolution as an option to resolve pending cases. These efforts resulted in the settlement of 2,401 appeals, or the equivalent of more than one year’s worth of work for two administrative law judge teams. While beneficial, administrative initiatives alone are insufficient and operationally challenging to reduce the pending backlog or manage incoming receipts.

Between FY 2009 and FY 2014, the agency’s workload increased by 1,222%. Even though the total number of incoming receipts did level off in FY 2015, due to a pause in the RA program, OMHA still has several years of work on hand for its 77 ALJs. Over 96% of the budget is dedicated to fixed costs such as labor and required operational costs such as rent. As a result the agency is unable to expand its staff to address this overwhelming workload. The FY 2017 requested funding level will support critical initiatives

and operational investments intended to reduce the backlog and improve the overall Medicare appeals process, including:

I. Adjudication Expansion Initiative (AEI)

Despite agency-wide initiatives to streamline business processes, ALJs have exceeded their sustainable capacity for case adjudication. The FY 2017 request will allow OMHA to increase its staffing levels for the AEI by 436 FTE above its planned FY 2016 staffing level to support five new field offices, the completion of a new field office to be established during FY 2016, and the augmentation of Headquarters operations necessary to support the expanded administrative, training, oversight and quality assurance requirements associated with the expansion.

The additional resources include 101 new ALJ teams nationwide above the projected 92 teams planned by the end of FY 2016. These new teams collectively will increase output by 101,000 additional dispositions a year (a 110% increase in adjudicatory capacity). This strategy will enable OMHA to expedite backlog reduction efforts and improve adjudication timeframes, while increasing staff towards a level that can address projected future receipts. The full impact of these additional ALJ teams will be realized in FY 2018 when the teams reach their full annual adjudication capacity.

II. Medicare Magistrate Program

A considerable portion of claims and coverage determinations appealed to OMHA involve an amount in controversy (AIC), or amount in dispute, that is below the cost to adjudicate the claim. Therefore, OMHA has sought authority for a Medicare Magistrate program in which senior attorneys would serve as independent adjudicators with binding decisional authority in cases with an AIC below the District Court judicial review threshold. These Magistrates would also address less complex claims, such as those involving whether a contractor dismissal was appropriate and dismissals of requests for hearing on jurisdictional grounds (untimeliness, no appealable decision, below AIC threshold).

Magistrates would adjudicate appeals based on a review of the record (in place of a hearing), allowing OMHA's ALJs to review appeals in which a hearing are necessary, and resulting in a significant reduction in the overall time and cost of adjudications. This initiative is an ideal model to better align and maximize the agency's most costly resource (ALJs) with workload demand. For example, OMHA estimates the additional resources of 123 FTE (including approximately 100 magistrates) would fund the adjudication of an estimated 75,000 appeals annually at a yearly cost of \$27 million. Resolving the same number of appeals using ALJs would be almost double the cost.

Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2016 Target	FY 2017 Target	FY 2017 Target +/- FY 2016 Target
Reduce the percentage of decisions reversed or remanded on appeals to the Medicare Appeals Council	FY 2015: 1.0% Target: 1.6% (Target Not Met)	1.0%	1.0%	Retain
Retain average results from appellants reporting good customer service on a scale of 1-5 at the Medicare Appeals level	FY 2015: 3.9 Target: 3.4 (Target exceeded)	3.4	3.4	Retain

FY 2017 Budget by HHS Strategic Objective

HHS Strategic Goals	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
1.Strengthen Health Care	58.19	71.51	166.25
1.A Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured	-	-	-
1.B Improve health care quality and patient safety	58.19	71.51	166.25
1.C Emphasize primary and preventive care, linked with community prevention services	-	-	-
1.D Reduce the growth of health care costs while promoting high-value, effective care	-	-	-
1.E Ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations	-	-	-
1.F Improve health care and population health through meaningful use of health information technology	-	-	-
2. Advance Scientific Knowledge and Innovation	-	-	-
2.A Accelerate the process of scientific discovery to improve health	-	-	-
2.B Foster and apply innovative solutions to health, public health, and human services challenges	-	-	-
2.C Advance the regulatory sciences to enhance food safety, improve medical product development, and support tobacco regulation	-	-	-
2.D Increase our understanding of what works in public health and human services practice	-	-	-
2.E Improve laboratory, surveillance and epidemiology capacity	-	-	-
3. Advance the Health, Safety and Well-Being of the American People	-	-	-
3.A Promote the safety, well-being, resilience, and healthy development of children and youth	-	-	-
3.B Promote economic and social well-being for individuals, families, and communities	-	-	-
3.C Improve the accessibility and quality of supportive services for people with disabilities and older adults	-	-	-
3.D Promote prevention and wellness across the life span	-	-	-
3.E Reduce the occurrence of infectious diseases	-	-	-
3.F Protect Americans' health and safety during emergencies, and foster resilience to withstand and respond to emergencies	-	-	-
4.Ensure Efficiency, Transparency ,Accountability and Effectiveness of HHS Programs	29.19	35.87	83.75
4.A Strengthen program integrity and responsible stewardship by reducing improper payments, fighting fraud, and integrating financial, performance, and risk management	29.19	35.87	83.75
4.B Enhance access to and use of data to improve HHS programs and to support improvements in the health and well-being of the American people	-	-	-
4.C Invest in the HHS workforce to help meet America's health and human services needs	-	-	-
4.D Improve HHS environmental, energy, and economic performance to promote sustainability	-	-	-
TOTAL	87.38	107.38	250.0

Budget Authority by Object Class

(Dollars in Thousands)

Object Class Code	Description	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Personnel Compensation		-	-	-
11.1	Full-time permanent	57,007	102,563	45,556
11.5	Other personnel compensation	351	932	581
Subtotal	Personnel Compensation	57,358	103,495	46,137
12.1	Civilian personnel benefits	16,964	33,852	16,888
Total	Pay Costs	74,322	137,347	63,025
21.0	Travel and transportation of persons	225	2,878	2,653
22.0	Transportation of things	718	4,439	3,721
23.1	Rental payments to GSA	8,686	15,008	6,322
23.3	Communications, utilities, and misc. charges	3,507	4,940	1,433
24.0	Printing and reproduction	185	333	148
Other Contractual Services		-	-	-
25.2	Other services from non-Federal sources	4,862	19,774	14,912
25.3	Other goods and services from Federal sources	8,068	23,103	15,035
25.4	Operation and maintenance of facilities	3,940	22,993	19,053
25.7	Operation and maintenance of equipment	567	8,717	8,150
Subtotal	Other Contractual Services	17,437	74,587	57,150
26.0	Supplies and materials	710	2,283	1,573
31.0	Equipment	1,591	8,185	6,594
Total	Non-Pay Costs	33,059	112,653	79,594
Total	Budget Authority by Object Class	107,381	250,000	142,619

Salaries and Expenses

(Dollars in Thousands)

Object Class Code	Description	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Personnel Compensation		-	-	-
11.1	Full-time permanent	57,007	102,563	45,556
11.5	Other personnel compensation	351	932	581
Subtotal	Personnel Compensation	57,358	103,495	46,137
12.1	Civilian personnel benefits	16,964	33,852	16,888
Total	Pay Costs	74,322	137,347	63,025
21.0	Travel and transportation of persons	225	2,878	2,653
22.0	Transportation of things	718	4,439	3,721
23.3	Communications, utilities, and misc. charges	3,507	4,940	1,433
24.0	Printing and reproduction	185	333	148
Other Contractual Services		-	-	-
25.2	Other services from non-Federal sources	4,862	19,774	14,912
25.3	Other goods and services from Federal sources	8,068	23,103	15,035
25.4	Operation and maintenance of facilities	3,940	22,993	19,053
25.7	Operation and maintenance of equipment	567	8,717	8,150
Subtotal	Other Contractual Services	17,437	74,587	57,150
26.0	Supplies and materials	710	2,283	1,573
Subtotal	Non-Pay Costs	22,782	89,460	66,678
Total	Salaries and Expenses	97,104	226,807	129,703
23.1	Rental payments to GSA	8,686	15,008	6,322
Total	Salaries, Expenses and Rent	105,790	241,815	136,025
Total	Direct FTE	642	1,308	666

Detail of Full Time Equivalents

Detail	FY 2015 Actual Civilian	FY 2015 Actual Military	FY 2015 Actual Total	FY 2016 Estimate Civilian	FY 2016 Estimate Military	FY 2016 Estimate Total	FY 2017 Estimate Civilian	FY 2017 Estimate Military	FY 2017 Estimate Total
Direct	526	0	526	642	0	642	1,308	0	1,308
Reimbursable	0	0	0	0	0	0	0	0	0
Total FTE	526	0	526	642	0	642	1,308	0	1,308

Fiscal Year	Average GS
FY 2013	11/4
FY 2014	11/4
FY 2015	11/5
FY 2016	11/2
FY 2017	11/1

Detail of Positions

Detail	FY 2015 Actual	FY 2016 Enacted	FY 2017 Budget
ALJ-1	1	1	1
ALJ-2	6	7	12
ALJ-3	71	92	187
Subtotal	78	100	200
Total - AL Salary	12,184,016	15,859,181	31,896,000
Exec. Level	3	3	3
Subtotal	3	3	3
Total - SES Salaries	497,512	504,275	512,344
GS-15	14	15	22
GS-14	26	34	57
GS-13	33	69	193
GS-12	140	159	280
GS-11	66	68	78
GS-10	0	0	0
GS-9	19	47	323
GS-8	97	108	215
GS-7	21	21	24
GS-6	29	69	280
GS-5	1	5	17
GS-4	16	27	40
GS-3	0	0	7
GS-2	0	0	0
GS-1	0	0	0
Subtotal	462	622	1,536
Total – GS Salary	34,129,884	40,643,759	70,154,744
Total Positions	543	725	1,739
Total FTE	526	642	1,308
Average AL salary	156,205	158,592	151,506
Average ES Salary	165,837	168,092	170,781
Average GS Grade	73,874	65,344	64,871
Average GS Salary	11/5	11/2	11/1