# Command Cost Model Document

# U.S. Army Medical Command (MEDCOM)

The Deputy Assistant Secretary of the Army Cost & Economics
(DASA-CE)
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Enterprise Resource Planning (ERP) Command Cost Model Document (CCMD) — Command Series

Reference No. » CCM—OA74

## *Version History*

| Version | Release date | Summary of Change | Revised By |
|---|---|---|---|
| Original | January 2015 | Initial Release | N/A |
| Rev1 | November 2025 | Refresh to reflect current status of MEDCOM's operations including new sections (e.g. Pain Points, Future Objectives). | DASA-CE Cost Management Team |
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## *Table of Contents*

# 1 Command Overview

The United States Army Medical Command (MEDCOM) is designated as a Direct Reporting Unit (DRU) of the U.S. Army that provides U.S. Army warfighters with a ready medical force, and a medically ready force. The MEDCOM is commanded by the dual hatted Surgeon General of the United States Army, who also serves as the MEDCOM Commander. The Surgeon General is also head of the U.S. Army Medical Department (the AMEDD) and TSG's roles are established in USC 10, and U.S. Army General Order Number One. The TSG serves as the strategic integrator across all Army Commands, the Defense Health Agency and DoW to ensure medical research, materiel development, acquisition, education and training personnel support U.S. Army missions. Additionally, TSG develops medical concepts, doctrine, and systems to support healthcare delivery by a ready medical force.

Other responsibilities formerly assigned to MEDCOM and transferred 1 October 2019 are Logistics and Materiel Research and Supply (LMRS), assigned to United States Army Materiel Command (AMC), and medical training, the responsibility of Training and Doctrine Command (TRADOC). The Army Medical Department Center & School (AMEDDC&S) has been renamed the Army Medical Center of Excellence. The Walter Reed National Military Medical Center, Bethesda, MD, was transferred to the direct control of the Defense Health Agency. Previous subordinate commands of MEDCOM also included the United States Army Dental Command, Fort Sam Houston, TX.

# 2 Cost Management Objectives

The current cost objective for MEDCOM is to ensure actual costs spent can be tracked and allocated to projects, then compared and analyzed against projected or "planned" costs including their funding obligations.

# 3 ERP & Non-ERP Systems

This section describes the command's usage of the various ERP systems (GFEBS, G-Army, DTS, etc.), and non-ERP systems including spreadsheets.

*Table 3—1: ERP & Non-ERP Systems*

| System Name | Purpose |
|---|---|
| Defense Automated Time Attendance and Production System (DATAAPS) | DATAAPS Labor results in one of two different types of backend accounting postings within GFEBS. Each DATAAPS transaction is processed using one of the two possible accounting posting methods. The DATAAPS transactions will vary slightly depending on the type of accounting posting that occurred in GFEBS. |
| cProbe/ Planning, Programming and Budgeting Business Operating System (PPB BOS) | Serves as the Army's authoritative resources database, including dollar, manpower and force structure information, and is designed to support the development of the Program Objective Memorandum (POM) and the President's Budget, Future Years Defense Program, which are submitted to the U.S. Congress and the President each year for signature.<br>cProbe also maintains systems interfaces with the Army execution system, General Fund Enterprise Business System, to both supply Army master data and to facilitate analytical analysis of resource projections and actual execution of Army programs, and OSD Comptroller and Cost Assessment and Program Evaluation for data submission requirements. |
| Defense Civilian Payroll System (DCPS) | The DCPS is a pay processing system used to pay DoD civilian employees and employees at several other Federal entities. |
| Defense Travel System (DTS) | DTS allows the traveler, if authorized, to select the Line of Accounting (LOA) to which his or her travel expenses will be charged. However, DTS is not an official accounting system. DTS can check travel targets loaded in the budget module and simplify the process of making cost estimates, but it is not designed to substitute for official accounting procedures. |
| Electronic Document Access (EDA) | Web based system used to provide secure online access, storage, and retrieval of various documents, including contracts and transaction records. |
| GFEBS/SAP | Houses all cost master data, execution of financial transactions, and extracting FI and CO data via exports or Business Intelligence (BI) reporting. |

| System Name | Purpose |
|---|---|
| Integrated Personnel and Pay System - Army (IPPS-A)/Oracle | The IPPS-A Enterprise Resource Planning (ERP) is an Oracle PeopleSoft Suite that integrates military personnel and pay functions for over 1.1 million Soldiers into a multi-component personnel and pay system to deliver Total Force visibility for Active Army, Army National Guard, U.S. Army Reserve, West Point Cadets, Reserve Officer Training Corps and Health Professional Scholarship Students in a single system. |
| MS Excel Spreadsheets | MEDCOM manually extracts data from GFEBS into MS excel spreadsheets for offline reporting and analysis purposes. |
| SharePoint Online | Provides the status of execution to the program by periodically executing reports out of GFEBS and uploading them to a SharePoint Online (SPO) site (within the TRADOC G-8 SPO site) for command-wide resource management community users. This site provides a variety of products (i.e., guidance, reports, analyses, and links) categorized by functional Directorate. |
| Defense Medical Logistics System (DMLS) | Handles all logistics for medical equipment within the DoD. Will be replaced by Logicol DMHRSi (Defense Medical Human Resources System – Internet) |
| Contract Requirements Tracker | Listing of requirements and their status: approved, unfunded, funded, etc. |
| The Enterprise Exceptional Family Member Program and Family Member Travel Screening (E-EFMP) | The system automates and processes the EFMP enrollment, update and disenrollment; EFMP Assignments Coordination Inquiry; overseas Family Member Travel Screening (FMTS); EFMP Family Support non-medical case management; and provides information and training for Soldiers, Family Members, Commanders and Staff on EFMP and FMTS. |
| Army Portfolio Management Solution (APMS) | The MEDCOM G6 uses the APMs to maintain compliance with Army fiscal and programmatic requirements for managing Defense Business Systems (DBS). He APMS is a key component for maintaining compliance with Ars 5-1, 25-1 & 25-2. |
| Information Technology Approval System (ITAS) | The ITAS is more of a process than an IT System; however, it is a significant component in tracking execution and maintaining compliance with DoD and Army requirements for technology acquisitions. |

# 4 Command Cost Master Data

## 4.1 Cost Centers: Command Usage

MEDCOM has both TDA and MTOE related Cost Centers with all Cost Center numbers beginning with a non-federated 74* series code (i.e., 74xxxxxxx). At the time of publication MEDCOM does not utilize GCSS-Army and therefore does not need federated cost centers. This also means that MEDCOM Cost Centers are individually created and uniquely numbered to align with their mission needs. Creating a new Cost Center requires a unique combination of the UIC-Paragraph on an approved Force Structure document or a structure Derivative UIC (DUIC) to reflect the MTOE units.

## 4.2 Activity Types: Command Usage

MEDCOM's main capacity is workforce; therefore, Labor-related Activity Types are utilized (i.e., Labor Hours). The transaction for associating the capacity consumed requires a quantity and a standard rate to exist for the Activity Type and Activity Type Rate. The coding logic is a hyphenated combination of both the Cost Center and Activity Type (e.g., 74xxxxx-14xxx).

- Civilian – MEDCOM does currently perform Time Tracking for Civilian Labor Hours, and as such Labor Activity Types are needed to support both the payroll and labor tracking processes.
- Military – MEDCOM does track time related to Military Labor Hours and outputs worked within GFEBS.
- Local National – MEDCOM does have Local National (LN) Payroll in Germany for Veterinarian Services and LN Activity Types are utilized.
- Contractor – MEDCOM does not currently track Contractor Labor Hours to outputs.
- Non-Labor Activity Types – MEDCOM does utilize Non-Labor Activity Types, such as 20402 – Panel Truck.

Refer to Table 4—1: Summary Utilization of Activity Types below for a summary of Activity Type utilized by MEDCOM.

*Table 4—1: Summary Utilization of Activity Types*

| Type | Area | Utilized |
|---|---|---|
| Labor | Civilians | Yes |
| Labor | Military | Yes |
| Labor | Local Nationals | Yes |
| Labor | Contractors | No |
| Non-Labor | Equipment Types | Yes |

Additional information regarding the AMTI related FY27 TDA OTSG and MEDCOM Functions / Activities provided in Appendix B.

## 4.3 Internal Orders: Command Usage

MEDCOM does not utilize Internal Orders within its Cost Model.

## 4.4 WBS Elements: Command Usage

The main cost collector for MEDCOM is the WBS Element in order to track the transparency, visibility and activity of the project efforts being supported.

MEDCOM uses WBS Elements for many reasons, some of which are:

- Collect any reimbursable costs for services provided
- Provide funding to other entities via the Direct Charge process
- Manage Official Representation Funding (ORF)
- Capture non-labor costs of organizations
- Track the costs of equipment and kits
- Manage the costs of specific research and development projects
- Handle miscellaneous collections processes

## 4.5 Statistical Key Figures (Non-Financial Measures): Command Usage

MEDCOM does not utilize SKF's for reporting and/or allocation purposes. SKF's represent an area of interest to EBS-C as this functionality has the potential to improve the level of detail available for reporting the full cost of

projects.

## 4.6 Cost Elements: Command Usage

MEDCOM does use Secondary Cost Elements as shown below in Table 4—2, to facilitate the movement of labor-related costs and materials and supplies detailing the movement from one cost object to another cost object. For example, from a Cost Center/Activity Type to a project (e.g., WBS Element), or charged out to another Command's Cost Center (e.g., reimbursable).

*Table 4—2: Secondary Cost Element Specific to Command Needs*

| Secondary Cost Element Code | Description |
|---|---|
| 9100.0100 | LABOR ALLOC - BR |
| 9100.C002 | INDIRECT SPT COST |
| 9300.01VR | LABOR VARIANCE |

## 4.7 Business Processes: Command Usage

MEDCOM Cost Model does not use Business Processes to track cross-functional business activities or activity-based costing.

## 4.8 Real Property: Command Usage

MEDCOM does not have Real Property (e.g. Building X or Land Y) and therefore this cost object is not present within MEDCOM's Command Cost Model.

## 4.9 Attributes (Custom Fields): Command Usage

MEDCOM is not using the Custom Attribute Fields added to the base SAP master data elements of Cost Centers, Internal Orders and WBS Elements.

# 5 Planning Execution

MEDCOM does not utilize Cost Planning capabilities.

# 6 Capturing Actuals

## 6.1 Payroll

MEDCOM is responsible for maintaining both the Faces-to-Spaces document identifying the association of Activity Types to Cost Centers and the calculations of the rates. Additionally, MEDCOM maintains the HR LOA within ERPs and requests updates to the FMDERIVE related business rules necessary for payroll to post against the correct funding. FMDERIVE – A custom table inside the ERP platforms that associates Cost Management master data with Funds Management master data.

Military Payroll comprises a portion of MEDCOM's supporting command's overall cost of operations. Payroll for Military (MILPAY) is managed and paid from a centralized HQ's account and will not be associated to the organization the Military is assigned to. For entities tracking labor hours of Military utilized, a non-budget

relevant imputed cost for Military payroll will eventually be aligned to the benefiting command to offset the labor costs charged from organizations to products/services.

## 6.2 Labor Tracking

MEDCOM does track Civilian labor hours daily to products/services within some areas .

MEDCOM does track Military labor, however it is not billed out through this process even if the receiver is for a reimbursable WBS Element. These hours are tracked for Defense Health Agency (DHA) purposes. Military hours tracked to work efforts are associated with corresponding indirect costs related to supporting the Military resource's work efforts (e.g. computer/network costs, management oversight costs, etc.).

Secondary Cost Elements, either budget or non-budget related (i.e., 9400.0100 – CIV LABOR-NBR) are utilized to transfer the cost of labor from Cost Centers/Activity Type to WBS Elements.

## 6.3 Non-labor Resource

MEDCOM's non-labor resources refer to items such as equipment, fuel, software licenses, etc., and the individual initiating the budget execution action needs to indicate the organization and/or event (i.e., WBS Element) receiving the benefit of the non-payroll expense.

To ensure the multiple cost objectives, Non-Pay/Labor costs are tracked to multiple cost collectors as well based for Organizations, Facilities, and work effort.

## 6.4 Depreciation

MEDCOM does not record depreciation or other consumption of assets.

# 7 Perform Allocations/Cost Assignments

Various kinds of Allocations and Cost Assignments are supported within the cost model. MEDCOM does not utilize Costing Sheets to associate indirect costs to their final cost objects.

# 8 CM Data Load via an Interface

There are several Army-wide systems interfacing cost management data. Currently, MEDCOM uses DMLS to interface the medical logistics costs. In the future, DHA will direct the use of DMHRSi to replace DMLS and will need to be tracked for inclusion as an interfacing system for cost.

# 9 Reporting (Metrics & Performance)

Limited reports are associated with MEDCOM's Key Performance Indicators (KPIs). The following table includes some of the command's KPIs:

*Table 9—1: Key Performance Indicators*

| KPI Name | KPI Description | Associated Reports |
|---|---|---|
| Requirements Resourcing | Requirements vs. Validated Requirements; Validated Requirements vs. Total Obligation Authority; # of Emerging and Un-Financed Requirements Validated for Funding; | Requirements Tracker |
| Fiscal Execution Performance | Total Obligation Authority Execution: Commitment/Obligation vs. Spend Plans; Commitment/Obligation vs. Fiscal Year (FY) Targets (e.g., 80% OBL 31 JUL); Obligation vs. Disbursements (Expired Year unliquidated obligation (ULO) De-obligations); | DASA-FO Business Objects (BOBJ)/Business Intelligence (BI) template reports |
| Contracted Services | Number of contractor personnel (CFTEs), costs associated with travel, transportation, GFE, etc. | Contract Tracker |
| Civilian Hire Lag and Attrition Rate | Authorized vs. Onboard: Carried vacancies and under-executed civilian payroll TOA; underperformance of key functions (less hours worked by function/event); average time for assignment before reassignment or departure; average # of personnel departures per month/quarter/FY | Civilian hire lag manually calculated from BOBJ & DCPS |

## 9.1 Future Cost Objectives

The initial ERP fielding activities identified several other cost future objectives for MEDCOM. DASA-CE in conjunction with MEDCOM's review of the benefit of understanding the future cost opportunities are outlined below. The table below highlights the future objectives extracted from MEDCOM's SIPOC (Suppliers, Inputs, Processes, Outputs and Customers) workshops:

*Table 9—2: Future Objectives*

| Future Objective ID | Command Name | Cost Information | Description |
|---|---|---|---|
| MED_FO_001 | MEDCOM | Consolidation of Resourcing Information Management Systems | MEDCOM is capturing cost information various feeder systems ( DMLSS, FMS Web, DTS, AXOL, ATAAPS, Vantage, cPROBE, DCPDS) and GFEBS, but Army could see benefit from consolidating systems in order to eliminate or lessen the amount of manual reconciliation. Synch systems with EBSC...especially HR and RM systems. Request EBSC pull information from the authoritative system (example: HR data and GFEBS data are not synched; example, HR Mini-master Data File) |
| MED_FO_002 | MEDCOM | Resource Lifecycle Visibility | Current ERPs do not provide visibility of the entire appropriation lifecycle at the requirement level. (e.g., cPROBE Requirement >> cPROBE TOA >> Command Program Budget Guidance ( PBG) >> Command Spend Plans >> AFP/ALLT Execution (COED) >> Expired Year adjustments & appropriation cancellation/closure). Additional cost collector attributes requested in ERP/EBS-C. MEDCOM would like to see PBG distribution to subordinate commands and execution by program at the DRU level (cProbe). MEDCOM uses FMIS to capture spend plans and PBG data. |
| MED_FO_003 | MEDCOM | Capture the employee cost (military/civilian/contractor) per event. | Implementing a unified system to cost out all participants, including military, civilian, and contractors, facilitates to determine total personnel costs per event. This approach aids in future planning efforts by providing valuable insights from a cost perspective. |
| MED_FO_004 | MEDCOM | Capture contract information/data | Have to use Electronic Document Access (EDA) to get contract information to match what is showing in GFEBS when validating financials. Request EDA interface with EBSC so analyst does not have to go to EDA. Would like to have capability to pull contracts without having to set multiple variable fields (i.e. commitment item, PIIN, etc...); would like to see contacting system synched with EBSC (link all non-proprietary information) |
| MED_FO_005 | MEDCOM | Army Medical Readiness Costs | Costs related to keeping soldiers medically ready (All Compos) |
| MED_FO_006 | MEDCOM | Army Medical Soldiers Readiness | Costs related to training and maintaining readiness levels of Medical personnel (All Compos). Additionally MEDCOM would like to have the capability to identify when the mission cost and readiness cost overlap. |

### 9.1.1 Current/Near-Term (Current Environment) vs. Long-Term (EBS-C)

With GFEBS being live, some things can be enacted immediately to resolve current Pain Points (PP) and even future objectives. The following table identifies potential mitigation strategies, some of which can be implemented immediately, while others should wait for the EBS-C initiative to be completed.

**Pain Point Rating:**

- Must-Have (M): Essential elements that are non-negotiable and crucial for the product
- Should-Have (S): Important but not critical features that offer significant value
- Could-Have (C): Desirable features that, if omitted, would have a minimal impact
- Won't-Have (W): Features of little to no value at the current juncture, not considered a priority

**Type:**

- System
- User Interface
- Data-Availability
- Data-Accuracy
- Other

***Note:*** The mitigation strategy can include non-ERP actions to resolve.

*Table 9—3: Pain Points & Mitigation*

| Pain Point Control # | Command | Costing Pain Point | Explanation | Pain Point Rating | Type | Future Objective | Mitigation |
|---|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| MED_PP_001 | MEDCOM | G6 Systems | There are five data systems required to purchase IT equipment: ITAS, APMS, GFEBS, cPROBE and cDigital. If there are any disconnects between APMS and cPROBE, the unit receives errors and cannot get an approval until corrected. ITAS and APMS were created to help HQDA track IT purchases, however GFEBS requires cost categories that should provide this same function. The codes used in GFEBS need to be updated to reflect current technology. cDigital is being used now ISO the new DD Peg, but all applicable data had to be manually moved to cDigital. Not all IT requirements were moved into the DD Peg; therefore, we are still required to submit IT POM data into both. | Should Have (So) | Data Accuracy | MED_FO_001 | **CURRENT:** Funding distribution codes and cost collectors are established to track IT funding and costs in GFEBS. There are two (2) funding distribution codes (called Reason Codes) identified specifically when IT dollars are provided to the activity's Funds Center in GFEBS. These Reason Codes must be applied, as a Command Defined Field, to a Line of Accounting (LOA) used within GFEBS, these LOAs are applied within a specific record (Army Information Technology Record (AITR)) within APMS/cPROBE/ITAS.<br><br>Specific LOAs are established, for IT, when establishing a Cost Collector (Cost Center, WBS, Internal Order) which are aligned to the funding distribution Reason Code for IT. The LOAs are posted within APMS/cPROBE/ITAS. Establishing new cost codes is not needed if the assigned Capability Managers collaborate with the activity's G8/RM. |

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|---|---|---|---|---|---|---|---|
| | | | | | | | **NEAR FUTURE:** Establish a command level DD PEG Executive with assigned Capability Manager/s to aid in coordinating requirements.<br><br>**EBS-C:** TBD |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| MED_PP_001-a | MEDCOM | G6 Systems | The other issue is related to the cost factors associated with the cost categories used in the Training Resource Model (TRM) for IT COTS. Every unit by UIC receives annual TRM dollars ISO of IT COTS for a percentage of their assigned soldiers. By regulation 25-1 the IT COTS programming is supposed to replace 20% every year. The cost per system in the TRM is unknown; therefore, an assessment is required to ensure the programmed funding matches the cost in the applicable FY. | S | Data Accuracy | MED_FO_001-a | **CURRENT:** Costs are developed either as a direct cost allocation based on current contracts/Purchase Orders, or unit costs provided through the CIO/CTO based on service catalogs. The current refresh cycle, established by the Army CIO, is a 20% annual allocation based on personnel on board (Military, Civilian, & Contractors); however, the cost factors are not the issue. The issue is the lack of Capability Managers within the Digital PEG, allowing the incorporation of their annual Programming Guidance to develop costs.<br><br>**NEAR FUTURE:** Establish a command level DD PEG Executive with assigned Capability Manager/s to aid in coordinating requirements.<br><br>**EBS-C:** TBD |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| MED_PP_002 | MEDCOM | Military/Contractor Cost Delineation | Unable to manage labor hours with GFEBS as it doesn't currently have Labor Time Tracking functionality. Splitting among Military /Contractor labor hours for example. | Could Have (Co) | System, Data Availability | MED_FO_005, MED_FO_006 | **CURRENT:** MEDCOM uses PowerBI to aid in the gathering of labor data (FMIS, GFEBS, etc.). But having the information directly in the ERP system would eliminate the need for multiple systems. **FUTURE:** Status Quo **EBS-C:** The intent of EBS-C is to consolidate these systems to enable one location for the data and analysis. |
| MED_PP_003 | MEDCOM | Lack of planning module in ERP | Current ERP is merely an execution system, vice a total business tool. It lacks the ability to plan for the future. For example; spend plans for DA, POM planning, reimbursable revenue, indirect costs, project workloads, etc. Also, "should costs" (difference between how events are planned, notionally validated and resourced in the POM and captured in GFEBS budget execution. | Must Have (Mo) | System, Data Availability | MED_FO_002, MED_FO_004 | **CURRENT:** Command has to manage cPROBE, GFEBS, ABO and DHA/DoD level requests all through various systems and manually in MS Excel. This manual work requires constant maintenance and reconciliation among the formats to meet leader intent and Command requirements. **FUTURE:** Status Quo **EBS-C:** The intent of EBS-C is to consolidate these systems to enable one location for the data and analysis. |

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|---|---|---|---|---|---|---|---|
| MED_PP_004 | MEDCOM | Payroll and Labor Posting Accuracy | 9300L is coded as Activity Type Labor. However, the field is being told ABO does not recognize this code as labor. The code must begin with 1***. ABO needs to recognize CI 9300L as a labor code. | Could Have (Co) | Other - Training | MED_FO_003. MED_FO_004 | **CURRENT:** When discrepancies arise, the team will discuss with the ABO counterpart the differences in expected vs actual execution and reconcile the understanding gap. **FUTURE:** Status Quo **EBS-C:** TBD |
| MED_PP_005 | MEDCOM | Travel System Reconciliation | Loss of data accuracy between the DTS interface and ERP. Actual funding levels are maintained in and controlled in GFEBS. Funding levels are not represented in DTS. So if units execute and consume funds allocated for travel, and then travel, the funds aren't available for the travelers and rejects occur and need to be manually corrected. There is no reservation of the funds applied to DTS label due to the FMZ process DTS is built upon. Additionally the Debt MGT manual and the process in conjunction with DFAS creates challenges for the users and the traveler. Consider new module in EBSC. | Must Have (Mo) | System, Data Availability, Data Accuracy | MED_FO_001 | **CURRENT:** DTS has its own budget for the various travel labels and it does not create a reservation of funds in GFEBS (Commitment) So funds could be consumed for other purposes and not leave enough budget for travel creating budget exceed errors due to the FMZ process. So MEDCOM is manually managing their travel budgets to ensure funds are protected for their intended purpose. **FUTURE:** Status Quo **EBS-C:** TBD |

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|---|---|---|---|---|---|---|---|
| MED_PP_006 | MEDCOM | Segregation of Duties, Roles and Responsibilities | There are instances where users outside the command and those without proper obligation authority have made adjustments to existing obligations. These have been done to DTS travel and broken the linkage between the two systems requiring a manual intervention. Also, this has happened to GPC billings where the command has created a PR/PO and another user from outside the command made adjusting entries (deobligations). Make sure roles are taken away when leaving the organization (outprocessing discipline) | Must Have (Mo) | System | N/A | **CURRENT:** Rare, but when it occurs the team is manually monitoring their SOF, and adjustments that are unplanned might be masked in volume, but once identified receive scrutiny and research so the item does not exist for long.<br>**FUTURE:** Status Quo<br>**EBS-C:** TBD |

# 10 Appendix A – References

*Table 10—1: Cost Management Supplemental Materials*

| File | Description | Link |
|---|---|---|
| Cost Management Handbook Glossary | Cost Management glossary of terms, definitions, and acronyms. | CM Handbook (CAC Required) |
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| | | |

# 11 Appendix B – AMTI related FY27 TDA OTSG and MEDCOM Functions / Activities

*Table 111—1: AMTI related FY27 TDA OTSG & MEDCOM Functions/Activities*

MEDCOM-Command and Control
MEDCOM-Health Services/Issues Advisory Role
MEDCOM-Coordinate Army Health Services and Delivery Worldwide
MEDCOM-Biomedical Management / Biosurety Program
MEDCOM-Human Research Oversight
MEDCOM-Public Health Services / Program
MEDCOM-Medical Logistics
MEDCOM-Materiel Management
MEDCOM-Medical Professional Management
MEDCOM-Medical Training and Doctrine
MEDCOM-Medical Information Systems/Operational Health IT
MEDCOM-Base Operation Support
MEDCOM-Medical Facility Acquisitions / Health Facility Planning
MEDCOM-Mobilization Support
MEDCOM-National Disaster Medical System
MEDCOM-Civilian Human Resources Policy and Management
MEDCOM-Develop and Direct Army PPBE for Defense Health Program
MEDCOM-Medical Manpower Programming
MEDCOM-Medical Contracting Support
MEDCOM-Army Pre-Hospital Emergency Medical Services
MEDCOM-Army Forensic Toxicology Program
MEDCOM-Army Blood Program
MEDCOM-Army Laboratory Program
MEDCOM-Army Pharmacy Program
MEDCOM-Army Family Advocacy Program
MEDCOM-Army Substance Use Disorder Clinical Care Program
MEDCOM-Army Exceptional Family Member Program
MEDCOM-Army Educational and Development Intervention Services Program
MEDCOM-Army HEAT Center
MEDCOM-Army Disability Evaluation System
MEDCOM-Army Brain Health Program
MEDCOM-Army Fisher House Program
MEDCOM-Army Aviation Medicine Program

MEDCOM-Army Veterinary Services Program / Food Protection and Animal Health (Joint and Interagency Spt)
MEDCOM-Army Recovery Care Program

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