

S A M P L E

MTF NAME
MONTH AND FISCAL YEAR

DATE

ITEMS OF NONCOMPLIANCE/NARRATIVE/RECONCILIATION

1. ITEMS OF NONCOMPLIANCE.

Use these sections to describe those items not in compliance with either the DOD 6010.13-M or the Army MEPRS Program Office guidance. The information will include the reason for the non-compliance and the specific functional cost code involved.

a. INPATIENT CARE.

Example: ADAA - Dispositions without clinician salary. Patient specialty was reported based on the specialty of the clinician discharging the patient.

b. AMBULATORY CARE.

Example: Expenses without visits. BHAC - Primary care clinic was closed for a month but prescriptions were filled and charged to BHAC.

c. DENTAL CARE.

Example: Dental workload not available.

d. ANCILLARY CARE.

Example: No CPT code or beneficiary category. Data is not available from CHCS. All Pharmacy systems are not connected to CHCS for reporting purposes. Radiation Therapy Clinic is using CHCS Radiology System and reporting Clinic visits.

e. SUPPORT SERVICES.

Example: EDDA - Hours of Service are unavailable. Used the expense data to distribute.

f. SPECIAL PROGRAMS.

Example: FFHA - Vet workload not available.

g. MEDICAL READINESS.

Example: If there are no items of non-compliance, the response will be "none".

h. PERSONNEL.

Example: Clinician utilizations are not completed correctly. For clinicians, not completing the utilizations, a standard 8-hour day was reported.

i. FINANCIAL.

Example: Reimbursements to FCC of EICA are creating a minus expense. Resource Sharing expenses are not reported because the Resource Sharing Activity Report was not provided to the MEPRS office.

j. NARRATIVE. The Narrative portion will be used to highlight MTF unique situations; such as closing of clinics, establishment of new clinics, combining specialties, etc. Problem areas will be identified. Solutions found for problem areas will be described.

EXAMPLE: Emergency room was discontinued. Facility only authorized Urgent Care as of February 2001. Functional Cost Code (FCC) BIAA was inactivated as of January 2001. Established an Immediate Care Clinic FCC BHIA as of February 2001.

2. RECONCILIATION BETWEEN MEPRS AND THE CHCS:

a. OCCUPIED BED DAYS (OBD)	MONTH UNIQUE
EASIV OBD Data Set	330
CHCS Monthly MEPRS Activity Report	<u>330</u>
	0

OR IF MEANINGFUL DIFFERENCE (+ or - 5%)

	MONTH UNIQUE
EASIV OBD Data Set	330
CHCS Monthly MEPRS Activity Report	<u>550</u>
(Explain the difference)	
MED HOLD BEDS	+220

b. TOTAL VISITS

EASIV Total Visit Data Set	25,000
CHCS Monthly Statistical Report	<u>25,000</u>
	0

OR IF MEANINFUL DIFFERENCE (+ or - 5%)	
EASIV Total Visit Data Set	21,000
CHCS Monthly Statistical Report	<u>25,000</u>
(Explain the difference)	
NON COUNT VISITS REPORTED IN CHCS	+4,000

3. RECONCILIATION BETWEEN EASIV FINANCIAL AND THE STANFINS RCS CSCFA-218 (AVK-329) REPORT.

	Cumulative Expense	Cumulative Obligation
EASIV Financial Pure Data	10,000,000	11,000,000
STANFINS RCS CSCFA-218 (AVK-329)	10,000,000	11,000,000
EASIV Direct Expense Accepted (Financial)	<u>9,500,000</u>	<u>11,000,000</u>
Difference	-500,000	0

Base Operations dollars paid for one quarter, which were then distributed over three months in EASIV. The remainder of \$500,000 will be reported in the next two months at the rate of \$250,000 per month.

4. RECONCILIATION BETWEEN EASIV PERSONNEL AND UCAPERS EASIV DATA AUDIT REPORT.

	Available Salary	Non-Available Salary
EASIV Personnel Pure Data	2,000,500	150,000
UCAPERS EASIV Data Audit Report	2,000,500	150,000
EASIV Personnel Accepted	<u>2,000,500</u>	<u>150,000</u>
Difference	0	0

5. MEPRS TRANSMISSION: MEPRS suspense for this reporting period was mm/dd/yy. MEPR was transmitted mm/dd/yy.

6. MEPRS RE-TRANSMISSIONS: All re-transmissions subsequent of the original transmission must be annotated with a brief description explaining why the re-transmission was necessary.

RM SIGNATURE BLOCK