



DEPARTMENT OF THE ARMY  
HEADQUARTERS, U.S. ARMY MEDICAL COMMAND  
2050 WORTH ROAD  
FORT SAM HOUSTON, Texas 78234-6000



MCRM-ME (40)

MEMORANDUM FOR Commanders, MEDCOM MEDCENS/MEDDACs

SUBJECT: Army Medical Expense and Performance Reporting System (MEPRS)  
Functional Policy and Guidance for Fiscal Year (FY) 2001

1. In an effort to standardize and provide more meaningful data for managing resources, some FCC/MEPRS codes have been inactivated, consolidated, or revised.

a. Functional Cost Code (FCC)/MEPRS Code DBC. Effective 1 October FY01 the FCC/MEPRS Code DBC (Blood Bank) is deactivated/deleted. The workload for Blood Bank will be included in Clinical Pathology against the FCC/MEPRS Code DBA. Sites using FCC/MEPRS code DBC must inactivate the code on the CHCS Hospital Location File, and CHCS MEPRS Site Definable Table. In addition, this action must be coordinated with your Pathology personnel so that all appropriate CHCS Lab Elements using FCC/MEPRS code DBC can be changed to reflect DBA. This change will not affect the workload for the Department of Defense (DOD) Military Blood Program captured against the FCC/MEPRS Code FAD.

b. FCC/MEPRS Codes GAX, GBX, GCX, GDX, GEX, GFX, and GGX. All Readiness "G" account cost pools are deactivated/deleted effective 1 October FY01. FCC/MEPRS codes GBA and GCA have been consolidated into one FCC/MEPRS code, GBA, titled: Readiness Training Peacetime. FCC/MEPRS codes GBB and GCB have been consolidated into one FCC/MEPRS code, GBB, titled: Readiness Training-Wartime. The functional descriptions for these revised codes are provided as Enclosure 1. APC (AHC/FMS) Table must be updated to reflect the appropriate readiness codes.

c. FCC/MEPRS Code BBZ5 is deactivated/deleted effective 1 October FY01 and replaced with FCC/MEPRS Code CAA5. Same day surgeries performed by the dental surgeons are captured in the dental workload system as weighted procedures; however, they were also being reported in CHCS as visits. This resulted in duplication of workload because visits were reported on SASs 002 and 003 and dental procedures were reported on SAS 004. Therefore, you will no longer report visits for oral surgery ambulatory procedures on SASs 002 and 003. FCC/MEPRS code CAA5 must be established as a non-count work center on the CHCS Hospital Location File. To ensure the appropriate workload is reported, you must coordinate with your dental personnel to identify the oral surgeon performing APV workload reported on the Monthly Dental Workload Report. FCC/MEPRS code CAA5 will be reflected on all ancillary SASs

MCRM-ME

SUBJECT: Army Medical Expense and Performance Reporting System (MEPRS)  
Functional Policy and Guidance for Fiscal Year (FY) 2001

supporting oral surgery ambulatory procedures. The cost per oral ambulatory procedure will be determined using the workload reported for FCC/MEPRS code CAA5 on SAS 004. UCAPERS and Expense Assignment System (EAS) tables must be updated to reflect manhours and the workload.

2. FCC/MEPRS Code FC has been revised. FCC/MEPRS code FCA, previously Supplemental Care is now titled Purchased/Referred Care. FCC/MEPRS code FCC, previously CHAMPUS Beneficiary Support, is now titled Support to non-Federal External Providers. The functional descriptions are provided as an Enclosure 2.

3. FCC/MEPRS Code DGE/DGA have been revised to provide a more comprehensive functional description. Two procedures for capturing Observation Care workload in CHCS and the revised functional descriptions are provided as Enclosure 3. Reviewing APV reporting procedures has revealed compliance deficiencies with requirements as set forth in the 4th Level MEPRS Coding Book. Some facilities are performing APVs within the clinic, but have not designated an area within the clinic as an APU. APVs are being reported by the clinics (B\*\*5, SAS 002, 003 & 059), but are not being reported as being performed in an APU (DGA\*, SAS 504-512).

a. Some facilities continue to utilize SAS 451, 489, and 496 for reporting # of cases in DGA\*. This was changed to utilize SAS 504-512 with DGA\* (reporting number of patients as raw count and minutes of service as weighted count) in the FY 2000 Fourth Level MEPRS Codes manual.

b. Additionally, some facilities are not reporting the "5" and "7" at the fourth level to identify clinical specialties utilizing the APU, such as "BAA5, BBA7, etc". More specifically, the "B\*\*5" codes are not being used on the SAS's (504-512) for the APUs.

c. DGA\* SAS's should include all workload performed in the APU.

d. At a minimum, DGA\* workload will be reported on DoD SAS 059, and service SAS's 504-512. To be reported on these SAS's, is "number of patients" for raw workload and "minutes of service" for weighted workload. Additionally, "B\*\*5" and "B\*\*7" will report "number of visits" on DoD SAS's 002 and 003, and SAS's 504-512 will record "number of patients" for raw workload and "minutes of service" for weighted workload.

4. MEPRS Manual DOD 6010.13-M is being updated to reflect the revised functional descriptions of the above FCC/MEPRS codes, as well as, Appendix F. Appendix F changes are provided as Enclosure 4.

5. New code for Dental Command. The Dental Command at each Dental activity will be coded to EBAN. Total FTE's for EBAN will be entered on SAS 018. The FTE's of

MCRM-ME

SUBJECT: Army Medical Expense and Performance Reporting System (MEPRS)  
Functional Policy and Guidance for Fiscal Year (FY) 2001

each dental clinic will be recorded on SAS 703 in order to stepdown the expenses of EBAN (Dental Command).

Example: SAS 703 Dental Command

CAAC 15

CAAD 10

Update the APC table in STANFINS, UCAPERS, and AHCFMS to reflect this change. All expenses and FTEs associated with the dental command must be reflected in the MEPRS code EBAN. The clinician survey for the dental commander needs to be updated. CAXA will no longer be used for dental command. The MEPRS codes CAAA and CAAB will be available in FY02 to identify specific clinics.

6. Workload Assignment Module (WAM). With implementation of the Expense Assignment System, Version IV (EAS IV) during FY01, WAM files must be initialized, regenerated, approved, and transmitted to EAS each month of FY01. This is not an option. The WAM files do not have to be merged into EAS III. These files will be used prior to EAS IV activation to assess data variances, and used in EAS IV functional training. Guidelines for WAM initialization are provided as an Enclosure 5.

7. EAS IV. Intelisys Technology Corporation (ITC) will complete the deployment of the EAS IV and installing the EAS IV application by January 2001. We have scheduled each facility to attend functional training. See Enclosure 6 for location and dates. As a reminder, each facility must make their own travel arrangements. In preparation for EAS IV activation, the following procedures must be performed prior to processing FY01:

a. Review the CHCS Hospital Location File, CHCS MEPRS Site Definable Table, UCAPERS APC Table, EAS ASD Table, and STANFINS APC Table listings to ensure that all work centers have the same MEPRS code and DMIS ID code. Deactivate/delete all unnecessary MEPRS codes. If DMIS ID codes are not correct, then coordination with your CHCS Database administrator is necessary to determine if DMIS Realignment Utility must be run in CHCS.

b. Review all other Files and Tables in CHCS. WAM sends data from CHCS to EAS IV with the following data elements: Requesting FCC/MEPRS code and DMIS ID, Performing FCC/MEPRS code and DMIS ID, CPT code and modifier, and Raw and Weighted Value. If any of the data elements are incorrect (table discrepancies), then EAS IV will reject the workload. It is important that CHCS files and tables are built correctly and updated to ensure that workload will be reflected in EAS IV. Such files as the CHCS Provider Profile File and the Hospital Location File determine how and if workload is reflected in WAM. The Radiology and Pathology CPT codes must be updated in CHCS after the CHCS CPT Code release is loaded to ensure all workload is reflected. Provided as Enclosure 7, are procedures for verifying Radiology File and

MCRM-ME

SUBJECT: Army Medical Expense and Performance Reporting System (MEPRS)  
Functional Policy and Guidance for Fiscal Year (FY) 2001

Table build, and an adhoc to review the CHCS Provider Profile File. These procedures must be done in concert with the CHCS Database administrator, radiology/pathology personnel, credentials verification personnel, and MEPRS personnel. Refer to the Data Quality Management Improvement Plan Outpatient Workload Reconciliation Workbook for guidelines in reviewing the Provider and Clinic Profile Files.

(1) MTFs which attend the first or second class of functional training, will use STANFINS, CHCS, UCAPERS, WAM source files to import data into EAS IV. The term source file refers to files, which are sent directly to the EAS IV server without passing through the EAS III server; therefore, these files do not need to be converted. However, your ASD file must be converted from an EAS III to EAS IV format regardless of which class is attended. The Army MEPRS Program Office (AMPO) and/or Electronic Data Systems (EDS) will assist in the conversion process.

(2) MTFs which attend the third, fourth, or fifth class of functional training will use converted files from EAS III, until all months which were previously processed in EAS III for FY01 are processed in EAS IV. Once that goal is reached continue processing in EAS IV using source files.

(3) Please provide the IP address of the EAS IV server to Mr. Arnold Rendon at the OPLOC so you can receive the STANFINS file, and to your CHCS administrator for the WAM ASCII file, prior to processing in EAS IV.

8. EAS IV Repository. The EAS IV Repository provides the capability to query MEPRS data in detailed form and to formulate the data into a variety of reports. The EAS IV Repository replaces the functionality of MEPRS Executive Query System, Version III (MEQS III). However, MEQS III will remain operational for approximately five years, at which time sufficient data will be available in the EAS IV Data Repository to cease operation of MEQS III. Additional information on the EAS IV Repository is in Enclosure 8.

9. Visit Definition/Clarification. You can find the final definition of a visit on the following web site: <http://www.tricare.osd.mil/org/pae/ubu/default.htm>. Also, in Enclosure 9 are answers to questions submitted through the MEPRS Functional Mailbox in regards to the generation of workload and visit definition clarification. These answers were coordinated and approved through Mr. Ron James, Patient Administration Systems and Biostatistics Activity (PASBA).

10. Reconciliation.

a. The MEPRS Reconciliation/Data Validation are "living" guidelines, which will be modified/updated each year as necessary. The inpatient and outpatient reconciliations have discrepancies between the template and workbook regarding the number of records required for auditing. To clarify as a minimum, 4 outpatient and 3

MCRM-ME

SUBJECT: Army Medical Expense and Performance Reporting System (MEPRS)  
Functional Policy and Guidance for Fiscal Year (FY) 2001

inpatient records must be audited monthly. We are trying to simplify the financial reconciliation process by creating a STANFINS Query to summarize Budget's 218 report. In order to use the query, you must have access to ASIMS. Coordination with your budget officer is necessary to obtain access. The financial reconciliation procedures were provided to standardize the process and provide a means for auditing. The reconciliation procedures enclosed in the MEPRS Data Validation/Reconciliation guidance has been approved by the OTSG Auditor. Any procedures which deviate from the guidance must be approved by our auditor.

b. RMC Quarterly Reconciliation Process. Completion of this reconciliation brings awareness of expenses versus obligations differences. Reconciliation of total Operations and Maintenance (excluding depreciation and free receipts) expenses and obligations at the program element code level should result in corrections or valid explanations for differences, see Enclosure 10.

c. DATA TRANSMISSIONS - The suspense dates for data transmission (Data XMIT Suspense Date) from your MTF are provided.

OCTOBER	-	21 February
NOVEMBER	-	13 March
DECEMBER	-	2 April
JANUARY	-	24 April
FEBRUARY	-	15 May
MARCH	-	5 June
APRIL	-	26 June
MAY	-	17 July
JUNE	-	15 August
JULY	-	15 September
AUGUST	-	15 October
SEPTEMBER	-	15 November

The following should be complete prior to transmitting data on or before the "Data XMIT Suspense Date".

MTF Monthly Financial Audit  
MTF Monthly Inpatient Workload Reconciliation  
MTF Monthly Outpatient Workload Reconciliation

The suspense dates for completing the RMC Qtrly Financial Audit and the MTF GME/GDE Internal Management Review are as shown below:

<u>QTR</u>	<u>SUSP DATE</u>
4 <sup>th</sup> Qtr, FY00	20Dec00 W

MCRM-ME

SUBJECT: Army Medical Expense and Performance Reporting System (MEPRS)  
Functional Policy and Guidance for Fiscal Year (FY) 2001

1 <sup>st</sup> Qtr, FY01	26Apr01	TH
2 <sup>nd</sup> Qtr, FY01	28Jun01	TH
3 <sup>rd</sup> Qtr, FY01	5Sep01	W
4 <sup>th</sup> Qtr, FY01	5Dec01	T

11. Graduate Medical Education/Graduate Dental Education (GME/GDE) Internal Management Review (IMR). Effective 1<sup>st</sup> Qtr FY01 all sites will implement the Quarterly Tri-Service GME/GDE IMR, at Enclosure 11. The objectives of this IMR is to establish a comprehensive system of management controls for the proper collection and reporting of GME/GDE student salary expense, hours, full-time equivalents (FTEs), and the related support staff work center expenses. This is in direct response to the DOD IG Report No. 97-147, Reporting GME Costs. The enclosure outlines in detail the guidelines and processes to be followed to ensure management control compliance, as well as clear guidelines on the assignment of the GME/GDE students during their academic program. A Tri-Service GME/GDE Checklist is also provided to document findings. This IMR must be incorporated into the MTF Internal Management Control Program.

12. Helpful Web Site Addresses:

<http://www.chcs-dm.com>

[http://www.tricare.osd.mil/ebc/rm/rm\\_home.html](http://www.tricare.osd.mil/ebc/rm/rm_home.html)

[http://www.tricare.osd.mil/ebc/rm\\_home/fai/mep/download/armyfinrecon.doc](http://www.tricare.osd.mil/ebc/rm_home/fai/mep/download/armyfinrecon.doc)

13. Base Support/Free Receipts. The FY00 guidance stated FCC/MEPRS code "EC" was inactivated and to report all Free Receipts Base Support using the "ED" accounts. This did not mean NOT to report non-reimbursable expenses. All MTFs will report both reimbursable and non-reimbursable Base Operations (BASOPS) as appropriate.

a. Reimbursables. Most of you have already instituted this policy; however, the preferred method of recording and reporting reimbursables requires interaction with your budget officer. The assumption here is that you have already developed a Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), or an Inter-Service Support Agreement (ISSA) with the post. The first step is to coordinate with your budget office to establish the necessary number of Account Processing Codes (APCs) with the associated "ED" FCC/MEPRS Codes for reporting reimbursable BASOPS at your facilities. The budget officer will then need to coordinate with the OPLOC to change the TA (Type Action) code from TA 23 to TA 21. The TA 21 will accrue an expense at the same time as the obligation. You will process the disbursement as a TA 41. This process will eliminate the need to manually adjust each time the MIPR is modified.

b. Non-reimbursables. It is recommended that the hospital establish an ISSA with post for non-reimbursable BASOPS expenses. The agreement normally states an

MCRM-ME

SUBJECT: Army Medical Expense and Performance Reporting System (MEPRS)  
Functional Policy and Guidance for Fiscal Year (FY) 2001

annual amount for non-reimbursable BASOPS costs and is updated as needed. For MEPRS purposes, the annual amount is divided by 12 to get a monthly figure. However, if this information is provided on a quarterly basis the amount would be divided by 3. The monthly figure is then reported on the Manual Direct Expense Schedule (DES) against SEEC 41.10 and the appropriate BASOPS AMSCO. However, in lieu of an ISSA, the methodology at Enclosure 12 is provided.

14. Resource Sharing. The FY99 MEPRS Functional Policy and Guidance stated we will begin to report resource sharing expenses incurred by the Managed Care Support Contractor in MEPRS. You must ensure you receive the "Resource Sharing Activity Report" from your Lead Agents and input these cumulative expenses utilizing the EAS Manual DES for data entry using the following data elements:

APPROP	FRER
Reimbursement Indicator	S
SEEC	25.50
PEC	87700

It is also recommended that you reconcile your Resource Sharing Activity (RSA) contract man-hours to what has been reported by the work center and keyed into the Uniform Chart of Account Personnel Utilization System (UCAPERS). If there is a difference, you should contact your Managed Care Division to resolve the difference. If there is a change to UCAPERS, update the EAS Accumulator/EAS Uniform Staffing Methodology (USM) prior to processing EAS Input.

15. Guidance for FY01 Digital Imaging Network-Picture Archiving and Communications System (DIN-PACS). The Joint Information Management and Health Policy and Services Policy 25-00-02, states that no fictitious data may be intentionally introduced on a production system within the AMEDD. Policy 25-00-02 states how testing should be done to maintain data quality, at Enclosure 13.

16. UCAPERS Release 04-40. In addition to several table updates the new UCAPERS release 04-40 will include the following program updates:

a. Weekdays will be correctly displayed on the Labor and Delivery System and Post Anesthesia Care System.

b. The correct "Command" will be displayed on the header of the Departmental Reports.

c. Student part time hours on the EAS/Uniform Staffing Methodologies Listing has been corrected.

d. Create an exception report to identify missing salary records for EAS IV.

MCRM-ME

SUBJECT: Army Medical Expense and Performance Reporting System (MEPRS)  
Functional Policy and Guidance for Fiscal Year (FY) 2001

e. Correct the military average strength on Manpower Utilization Staffing Report for non-physicians.

f. Correct FTEs on the EAS Accumulator when some ID's have Loaned Time External hours.

g. Add borrowed labor data sets (SAS 900-930) to the EAS IV file.

17. Transition Leave. Terminal leave is handled just like annual leave for military. The time spent on terminal leave is charged as non-available time exception code LV to the primary work center. Although, the MTF is not benefiting from the service member, the member continues to occupy a TDA position until they are released from active duty. Therefore, the projected retirement/separation date is reflected on the Master Personnel file and the 'LV' exception reflected on the time sheets/utilizations.

18. UCAPERS UPDATE: Several new EASIV reports are now being generated by your UCAPERS system during SAS INPUT PROCESSING. These reports will be used when you transition from EASIII to EASIV and are there for historical purposes only at this time. The following is a listing of the reports with a short description:

EASIV DATA AUDIT REPORT – This report contains the data that will be sent to EASIV from your facility when it is activated. It includes salary and FTE data by MEPRS Code.

EASIV DETAIL DATA AUDIT REPORT – This report indicates the detailed information of the EASIV file before it is rolled up to create the EASIV Data Audit Report. In addition this report also indicates salary data for available and non-available FTE's. The double asterisk (\*\*) located under the WC (Work Center) column indicates that the individual has a Work Center Distribution record.

EASIV WORK CENTER DISTRIBUTION EXCEPTION REPORT – This report provides information for the salary of individuals with a Work Center Distribution record who have had information manually adjusted on the EAS Accumulator and not a corresponding adjustment on the EAS USM after the Expense cycle has been completed. The report shows the ID code of the individual with the missing salary and the APC affected. For example, If you delete or adjust an APC on the EAS Accumulator and not make a similar adjustment on the EAS USM, the report will identify the individual and APC affected along with the missing salary.

NOTE: This report is only for individuals with a Work Center Distribution record.

MCRM-ME

SUBJECT: Army Medical Expense and Performance Reporting System (MEPRS)  
Functional Policy and Guidance for Fiscal Year (FY) 2001

19. Point of Contact (POC): Questions or comments should be directed to Mona Bacon, U.S. Army MEPRS Program Office, (210) 637-2228, DSN 471-9720/9730, ext. 2228, or Sherry Stone, Office of the Surgeon General, (703) 681-3275, DSN 761-3275.

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14 UCAPERS

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