



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



MCRM-ME (40)

3 January 2002

MEMORANDUM FOR Commanders, MEDCOM MEDCENs/MEDDACs

SUBJECT: Army Medical Expense and Performance Reporting System (MEPRS)
Functional Policy and Guidance for Fiscal Year (FY) 2002

1. Functional Cost Code (FCC) EBJ -- Service Medical Information Management/ Information Technology (IM/IT). Effective 1 October FY 02, a new FCC EBJ is activated. This FCC includes funding for non-centrally managed, Service Medical IM/Information Programs. This FCC will be reported against Program Element Code (PEC) 87781 and the Service Unit is Available Full-Time Equivalents. Enclosure 1 provides a detailed description of this FCC. For EAS IV allocation, EBJ assignment sequence is before FCC EBA. Communication items will not be included in this code.
2. PECs. Several new PECs have been established effective FY 02. These PECs include Base Communication Health Care, Facilities Restoration and Modernization, Base Operations (BASOPS) Health Care, and Facilities Sustainment. These PECs will be used with MEPRS Support Services "ED" functional cost codes. Enclosure 2 contains the PEC definitions. The medical treatment facility (MTF) Account Processing Code (APC) Master Tables must be updated to reflect the correct FCC with these PECs.
3. Army Management Structure Codes (AMSCOs). Several new AMSCOs have been established to capture expense and labor hours for Antiterrorism. Expense and labor in support of Physical Security will be used with FCC EDI*. Expense and labor in support of Terrorism Consequence Management/Response will be used with FCC GAB*. Enclosure 2 contains the AMSCO definitions.
4. Internal/External Resource Sharing. Resource Sharing continues to expand throughout the Military Health System (MHS). As MEPRS expense data is used for corporate decision-making, it is imperative that all MTFs comply with resource sharing reporting guidelines or state in the Monthly MEPRS Discrepancy report any non-compliance. Currently, the MHS only reports internal resource sharing. There is a Tri-Service Work Group defining business rules for external resource sharing. The Resource Sharing Activity Report is the source report for expense data associated with resource sharing. This monthly report is provided by the Lead Agent to each MTFs' Managed Care Office (Business Office). If the report is not available, contact the U.S. Army MEPRS Program Office (AMPO). Enclosure 3 provides the MEPRS reporting guidelines for resource sharing agreements.

MCRM-ME

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Functional Policy and Guidance for Fiscal Year (FY) 2002

5. Ambulatory Procedure Visits/Observation Visits. As inpatient workload decreases, the number of ambulatory procedure visits and observation visits increase. Each of these visits must reflect the cost of the ancillary support provided by the DG* based on the Service Unit. Enclosure 4 provides the MEPRS guidelines for reporting ambulatory procedure visits and observation visits. Guidelines for reporting nutrition care for these patients will be provided under separate cover.

6. Anesthesiology Services. Anesthesiology services are performed inside and outside the operating room. Therefore, it is important to reflect all minutes of service for inpatients and outpatients supported by the anesthesiology personnel.

NOTE: The care is to the patient and not the physical location. For example, anesthesiologist goes to an inpatient ward to prepare a patient for a procedure. The minutes of service are reported for the patient's FCC and not the ward.

7. Depreciation. The MEPRS depreciation threshold was raised in FY 99 to \$100,000. The AMEDD-PAS Consolidated High Dollar Depreciation Report is the source for depreciation information. Depreciation is a manual adjustment that requires manual entry in EAS IV. These adjustments are monthly. Enclosure 5 provides guidelines for entering manual adjustments in EAS IV.

8. EAS IV. The FY 02 EAS IV tables have been updated to reflect the new FCC, as well as updates to existing business rules. Enclosure 6 provides the FY 02 EAS IV Data Set Business Rules table updates. Any updates applied to the EAS IV Data Set Business Rules, Allocation Factor FCC3, or Service Unit Standard Tables will be applied to FY 01 data if/when the MTF performs reallocation. For example, the Service Unit Standard Table will reflect ambulatory visits with and without ancillary cost. If the MTF needs visit data with this information, MEPRS can rerun FY 01 allocations in EAS IV and the information will be available. NOTE: All table updates will be applied to your FY 01 data if reallocated; therefore, each user must review the enclosure and determine if the Account Subset Definition Dataset requires update. If you wish to see this information in the EAS IV Repository, then the allocation must be retransmitted.

9. EAS IV Repository. The EAS IV Repository Database Load, EAS IV Transmission and Workload Report, and Discrepancy Errors are updated on the AMPO web page weekly. Each facility must review the information. Any discrepancies not identified in the Monthly Items of Non-compliance/Narrative/Reconciliation must be reconciled. Reconciled data normally requires reallocation and retransmission to clear the discrepancies. Enclosure 7 provides an explanation of the EAS IV transmission and workload discrepancy reports that are provided for The Army Surgeon General's quarterly Review and Analysis. In addition, several corporate queries have been created in the repository to assist the users in data analysis. Procedures for accessing these reports are also provided in the enclosure.

MCRM-ME

SUBJECT: Army Medical Expense and Performance Reporting System (MEPRS)
Functional Policy and Guidance for Fiscal Year (FY) 2002

10. Data Quality Management Control Program (DQMCP). The overall objective of the DQMCP is to improve the quality of the MHS financial and clinical workload data. It is also a means for determining if/how MHS business processes are performed at the MTFs. Therefore, the DQMCP checklist is subject to audit. The five MEPRS questions in the DQMCP checklist were designed to ensure MEPRS data is accurate, complete, timely and IAW MEPRS guidelines. The transition from EAS III to EAS IV during FY 01 presented a challenge with the compliance in completing these questions. There was also confusion regarding which months to report for various questions on the Commander's Data Quality Statement. Enclosure 8 provides the FY 02 DQMCP/MEPR monthly processing suspense dates. The MEPRS responses to the DQMCP checklist must correspond to the MTFs MEPRS Items of Non-Compliance/Narrative/Reconciliation submitted monthly to the AMPO.

11. Financial Reconciliation. The EAS IV monthly reconciliation procedures are provided as Enclosures 9a and 9b. The reconciliation procedures involve processes from the receipt of source files (STANFINS and Uniform Chart of Accounts Personnel Utilization System (UCAPERS) through EAS IV allocation. NOTE: Effective 1 October 2001, it will be each site's responsibility to retrieve the STANFINS and DCPS files from the DFAS Corporate Server and place them in the correct directories for EAS IV processing. These files will not stay on the DFAS Corporate Server for more than 2 weeks. It will be each MTFs responsibility to retrieve the files as soon as they are available.

a. RMC Quarterly Reconciliation Process. Completion of this reconciliation brings awareness of expenses versus obligation differences. Reconciliation of total Operations and Maintenance (excluding depreciation and free receipts) expenses and obligations at the PEC level should result in corrections or valid explanations for differences. These procedures are being finalized by the AMPO and will be provided under separate cover.

b. Reimbursements. The recording of reimbursements has been a challenge for AMPO in trying to reflect the actual cost to the government in providing health care. Effective FY 02, the U.S. Army Medical Command (MEDCOM) Budget Office has provided guidelines for recording reimbursements that will minimize the impact on MEPRS reporting. Enclosure 10 is a copy of these guidelines.

12. Composite Health Care System (CHCS). The CHCS is undergoing many changes to improve data quality. Enhancements have been made to the Radiology module to ensure that the Workload Assignment Module (WAM) reports all radiology workload performed within CHCS. The CHCS Radiology reports are not the source for MEPRS reporting of radiology workload. These reports have not been verified or validated by the contractor or Service radiology POCs. Therefore, WAM must be used to import this workload into EAS IV.

MCRM-ME

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Functional Policy and Guidance for Fiscal Year (FY) 2002

a. Enclosure 11 contains the WAM FY 02 initialization guidelines. It is imperative that CHCS files and tables are correct so that workload can be provided to EAS IV by patient category and CPT code as applicable.

b. The CHCS World-Wide Workload Report has been updated to reflect Hearing Conservation workload as clinic visits. This change was reflected in CHCS Change Package 153. Coordinate with the MTF CHCS administrator to ensure FCC "FBN" has been assigned to the Hospital Location File and applicable clinics are scheduling/walking patients into a Hearing Conservation Clinic appropriately.

13. UCAPERS. The implementation of EAS IV has required several changes to UCAPERS. Enclosure 12 provides a description of the UCAPERS changes.

14. Intermediate Care Units. Many MTFs have established step-down, progressive, or immediate care units. There is a lack of standardization in how these work centers are established (inpatient wards versus intensive care units). Per MEDCOM, these units are inpatient work centers. In addition, many MTFs have consolidated mother/baby wards. Enclosure 13 provides the definition of intermediate care units, and procedures for setting up mother/baby wards on the UCAPERS APC Nursing Unit Table.

15. MEPRS Files Disposition. Reference, AR 25-400-2, and the MARKS manual.

a. File number 40-330c, MEPRS Data Source Files. Information and documents used in preparing MEPRS reports. Included are worksheets, expense reports, and other similar or related documents pertaining to the identification, collection, reporting, and analysis of cost, workload, personnel performance and productivity data. Disposition: Destroy 5 years after final report has been submitted or 3 years after external audit, whichever is first.

b. File number 40-330d, Health Care Cost, Workload and Performance Reports and Files. Information reflecting such information as health care costs, workload and performance data generated from the Department of Defense (DOD) MEPRS, Army Health Care Financial Management System, UCAPERS, Diagnosis Related Management Reporting System, Patient Care Expense Reporting System, Army Workload Management System for Nursing and Executive Query Systems. Also included are associated systems and programs, Health Care Resources Management components of DOD CIM initiative and the Patient Level Cost Accounting System. Disposition: (a) AMPO: Destroy after 15 years. (b) Other offices: Destroy after 5 years.

16. Base Support/Free Receipts. The FY 00 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 BASOPS as appropriate.

MCRM-ME

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17. Our point of contact are Ms. Sherry Stone, Office of the Surgeon General, Commercial (703) 681-3275 or DSN 761-3275, and Ms. Romona Bacon, AMPO, Commercial (210) 637-2228 or DSN 471-9720/9730, extension 2228.

FOR THE COMMANDER:

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//signed//
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