



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) 2003

- 1. Case Management.** Effective 1 Oct FY03, Functional Cost Code (FCC) ELA - TRICARE and Managed Care Administration will be used to also capture Case Management FTEs. See the MEPRS for Fixed Military Medical and Dental Treatment Facilities, DOD 6010.13-M, C2.5.12.1 for the detailed description of this FCC.
- 2. Data Set Business Rules/WAM Core Table.** For FY03, there is a change in the Expense Assignment System, Version IV (EAS IV) Business Rules include list for FCC's DDD, DDE, and DIA. The business rules will only allow the following FCCs: A, B, C, F and G in the include list. The Workload Assignment Module (WAM) Core Table has also been changed and will not allow "D" receiving account workload for the following FCC's, DDD, DDE and DIA.
- 3. "Z" Coding Conventions, DOD 6010.13-M, AP3.4.1.** Occasionally, an MTF will have a clinic or activity that does not fall into a standard FCC account. In such cases an interim or a "Z" code may be used at the third level. By convention, accounts that are "not elsewhere classified" are identified with a "Z" at the third level. Account codes with a "Z" in the third position (i.e., AAZ and ABZ) may be used for a limited time only to collect data for special circumstances while new permanent codes are established. Prior to use the MTFs are required to submit an issue paper along with a complete description for approval by the Army MEPRS Program Office (AMPO) and TRICARE Management Activity (TMA).
- 4. FY03, "E" account cost pools will not be used for Army.** EAS IV has experienced problems using "E" accounts cost pools; depending on the receiving accounts used, the cost pool may not fully allocate. Therefore use of "E" account cost pools is not approved for FY03. Any existing "E" account cost pools must be deactivated.
- 5. Assignment Sequence Number (ASN).** The FY03 ASN order has changed from that published for FY02. The EEA, EFA, EHA FCC's were changed in the ASN order to ensure allocation before EBJ. Correct ASNs are vital to ensure Allocation is performed correctly. Enclosure 1 is the ASN order.

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6. **Depreciation.** IAW DOD 6010.13-M the period of depreciation is eight years. Due to a current reporting problem with Defense Medical Logistics Supply System and Army Medical Department-Property Accountability System (AMEDD-PAS), the Army MEPRS Program Office is currently working with each of the Regional Medical Command Logistics offices to obtain the necessary depreciation information for each MTF. When all the data is complete, depreciation worksheets will be sent to the MTFs MEPRS Office. This is expected to be in practice for approximately one year, until changes to Defense Medical Logistics Supply System and AMEDD-PAS are completed to ensure accurate reporting. Enclosure 2 provides guidelines for entering manual adjustments in EAS IV.

7. **Uniform Chart of Accounts Personnel Utilization System (UCAPERS) Changes for Direct Care Professionals (DCPs).** Effective 1 Oct 02, Direct Care Professionals (DCPs), personnel skill type 2 in UCAPERS, will change from non-clinician-type weekly schedules to monthly clinician type utilization/survey. All DCPs utilizations/surveys will process through Expense Distribution the same as Clinicians and APN's. Enclosure 3 provides a description of the UCAPERS changes.

8. **Labor Hour Reporting.** Effective FY03, each MTF's in/out-processing procedures should ensure all labor in support of MTF activities are accurately reflected in MEPRS. MEPRS should be included on all MTF in/out-processing checklists. Sources of labor include: Borrowed (other Service, Army line units, foreign military or other Medical Treatment Facilities), contract, volunteer, reserve, military, civilian, and Non-Appropriated Fund personnel. Enclosure 4 provides guidelines and reporting requirements for AMEDD activities.

During a data pull for the following non-assigned duty status code, BMA and BME we found that sites are adding other DOD service personnel to the Master Personnel File (MPF) using BMA and BME for the duty status code. Please review the UCAPERS MPF and verify that you are using BMA and BME only for Army personnel. The process to correct the duty status for non-Army personnel is to change the duty status code on the MPF from either BMA or BME to OTH.

BMA - Borrowed Military from Other TDA Units (For Army only)

BME - Borrowed Military from other TOE Units (For Army only)

OTH - Other Military Personnel: Navy, Air Force, Marine, Coast Guard, and Foreign Military Personnel.

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**9. Data Quality Management Control (DQMC) Checklist.** Effective FY03, the Military Health System (MHS) DQMC committee added a question regarding the MEPRS Early Warning and Control System. The purpose of this question is to ensure MTFs are reviewing MEPRS Early Warning And Control System for data quality issues. The new FY03 Review List and Commander's Data Quality Statement is posted on the TMA DQ Website

[http://www.tricare.osd.mil/dataquality/downloads/Data\\_Quality\\_Management\\_Control.doc](http://www.tricare.osd.mil/dataquality/downloads/Data_Quality_Management_Control.doc). This is effective with the Dec 02 report, Oct 02 data month. Additionally, many MTFs submit positive responses to MEPRS questions on the DQMC without having performed reconciliation IAW MEPRS policy. Effective FY03, a Reconciliation Tracking Sheet must be received by AMPO before each monthly MEPRS transmission. The Reconciliation Tracking Sheet identifies key steps in each reconciliation process. If the Reconciliation Tracking Sheet is not received in advance of transmissions, it will be reported the MTF did not comply with MEPRS reconciliation procedures; therefore, the MTF will have a negative response for DQMC question C1, MEPRS data reconciliation compliance. The purpose of reconciliation is to minimize data quality issues/inconsistencies in data used for MHS decision-making initiatives. Enclosure 7 provides the suspense dates, reconciliation templates, and Enclosure 6 the Reconciliation Tracking Sheet for submission to the AMPO functional mailbox.

**10. Financial Reconciliation.** In reviewing the Financial Reconciliation, it was noted that most of the sites are not completing the Final Reconciliation, which is reconciling the EAS IV Direct Expense Accepted Report to the EAS IV Financial Pure Data Report and the Manual Adjustments. This part of the reconciliation must be completed. EAS IV Monthly Financial Reconciliation Procedures are provided in Enclosure 5, page 6 of 7 for "Final Reconciliation" and the reconciliation worksheet in Enclosure 6. Select the reconciliation worksheet and select the tab for the 218 - reconciliation, go to line 68, for an example of the final reconciliation. Effective 1 Oct 02, monthly financial reconciliation will be e-mailed to the MEPRS Functional Support Mailbox, prior to EAS IV monthly transmission.

Reminder in EAS IV:

EASIV Expenses: Report for "Prior and Current Year".

EASIV Obligations: Only "Current Year Obligations"

**11. New Quarterly Review and Analysis Metric.** There will be a new metric which is to be reported at The Surgeon General's Quarterly Review and Analysis. This metric is to reflect the status of EAS IV Financial Reconciliation and Inpatient and Outpatient Workload Reconciliations. The status is to be reported as Green or Red indicating compliance with AMPO Guidance to complete the reconciliations prior to transmission of data to the EAS IV Consolidated Repository.

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a. AMPO Newsletter #17, Jul 02, Section III, Expense Assignment System, Version IV (EAS IV), established the monthly requirement to submit the completed EAS IV Financial Reconciliation to the AMPO Functional Mailbox. Guidance on how to complete the reconciliation was included in the same newsletter.

b. OASD(HA) Memo dated 21 Dec 99, established the requirement to complete Inpatient and Outpatient workload reconciliation. Workbooks and guidelines for completion of these reconciliations have been previously provided in the form of the Inpatient Reconciliation Workbook and Template and the Outpatient Reconciliation Workbook and Template.

(1) **Green** will indicate the three reconciliations were completed and received in the MEPRS Functional Mailbox prior to the date the EAS IV data transmission was received in the EAS IV Consolidated Repository.

(2) **Red** will indicate that the three reconciliations were not received in the MEPRS Functional Mailbox prior to the date the EAS IV data transmission was received in the EAS IV Consolidated Repository.

c. This requires each MEPRS Office to forward to the AMPO, via the MEPRS Functional Mailbox, a completed Reconciliation Tracking Sheets workbook.

d. The metric will be measured by comparing the date on which the completed Reconciliation Tracking Sheet was received in the MEPRS Functional Mailbox to the date the EAS IV data transmission was received in the EAS IV Consolidated Repository. Attached at Enclosure 6 is the required Reconciliation Tracking Sheets workbook.

**12. EASIV Site Transmit Report.** EAS IV Repository Database Load, EAS IV Transmission and Workload Report, and Discrepancy Errors, is updated on the AMPO web page on a weekly basis. These reports provide the sites with Zero Ambulatory, Ancillary and Inpatient Workload with expenses greater than five hundred (500) dollars or less than zero (0) dollars, Ambulatory, Ancillary and Inpatient Workload with Zero expenses. Each facility must review the information, reconcile the discrepancies, and when necessary reallocate and retransmit data. The MTFs must also provide detailed explanation(s) in the Monthly MEPRS Narrative and submit to the MEPRS Functional Mailbox. Those sites that have provided detailed explanation(s) in the Monthly MEPRS Narrative and submit to the MEPRS Functional Mailbox are coded as a V, Valid - Justified in narrative to AMPO; N, No Justification - justification not submitted on narrative to AMPO; and X - Discrepancy explained, justification not valid. The codes N and X will remain the same until the AMPO receives validation through the monthly or

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amended narrative. Data analysis from the discrepancy report is also provided to The Surgeon General Review and Analysis on a quarterly basis. The Workload - Discrepancies query has been created to assist MEPRS site personnel regarding these data analysis in Business Objects and can be retrieved from the corporate server.

13. **Facilities Management Personnel.** These personnel will be reported in EDC\* Maintenance of Real Property. Originally, personnel from post were detailed to the MTF to perform facilities management. In recent years, these personnel have been assigned to the MTF and the salaries paid for by the MTF. The guidance was to assign these personnel to Logistics EEA. This does not create a valid allocation since EEA is allocated by the cost of supplies and minor plant equipment issued. The FCC, EDC\* Maintenance of Real Property, is allocated using square footage which provides a more accurate cost allocation to the entire MTF. If the MTF has outlying clinics which do not receive support from the facilities management personnel, the data set for facilities management will identify the appropriate include/exclude FCC's.

14. **Workload Assignment Module (WAM).** The purpose of WAM is to automatically capture clinical workload performed in Composite Health Care System (CHCS) by beneficiary category and current procedural terminology (CPT) code for detailed costing. When workload in WAM is edited, the workload loses the detailed information (beneficiary category and CPT) associated with it. If CHCS files and tables are set up correctly, then it is not necessary to edit WAM workload. The AMPOs MEPRS policy does not support editing of clinical workload generated in CHCS except for those clinical systems that do not have a bi-directional interface with CHCS (anatomical). Any MTF editing or manually entering CHCS workload must annotate such on their monthly MEPRS narrative. In addition, the MTF must contact the Army MEPRS Program Office for assistance in resolving these issues.

15. New FCC EBCG for Plans, Training, Mobilization, and Security (PTM&S). For those sites that have a combine PTM&S.

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16. Our points of contact are Ms. Bertha Shepherd, U.S. Army MEPRS Program Office, Commercial (210) 637-2220 or DSN 471-9720/9730, ext. 2220, or Ms. Jenny Garcia, Office of The Surgeon General, Commercial (703) 681-5917 or DSN 761-59175.

FOR THE COMMANDER:

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//signed//  
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