

**ARMY MEDICAL EXPENSE AND PERFORMANCE REPORTING  
SYSTEM (MEPRS) NEWS BULLETIN**

The Office of The Surgeon General, MEPRS Project Office, Falls Church, Virginia, and the U.S. Army Medical Command (PROV), MEPRS Division, Fort Sam Houston, Texas, publishes and distributes the Army MEPRS News Bulletin quarterly by fiscal year (FY) to MEPRS administrators worldwide. We have designed the Army MEPRS News Bulletin to enhance communication within the Army medical treatment facilities.

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## SECTION I: TRISERVICE HAPPENINGS

TRANSMISSIONS: In the very near future, Health Affairs will eliminate the windows for transmission! However, we still have a 45-day suspense in getting the data to Vector. We cannot stress enough how critical and important it is that you meet your suspenses. If your data is not received in 45 days, Health Affairs will send the status of each military treatment facility to The Surgeon Generals in a report card type format.

## SECTION II: ITEMS OF INTEREST

WELCOME: The PASBA MEPRS Division would like everyone to welcome Ms. Doris Walters as our new secretary. Doris' previous position was with the Defense Investigative Services, Department of Defense (DOD), here at Fort Sam Houston, TX. She is currently enrolled as a part-time student at San Antonio College. Doris and her husband, Robert, have a beautiful 3-year old daughter, Nikita.

We would also like to welcome Commander Patrick Kelley from the Navy to our MEPRS family. He is assigned to the MEPRS Office at Health Affairs and will be working with Kathy Reents.

DEFENSE MEDICAL HUMAN RESOURCE SYSTEM (DMHRS): The staff of the Office of the Secretary of Defense (Health Affairs) Medical Information Resources Management Advisory Group directed that the Services merge existing personnel systems into a single migratory system.

The Army is in the process of converting the Uniform Chart of Accounts Personnel Utilization System (UCAPERS) to an Informix-based, relational database to meet Open Systems Environment (OSE) requirements. The UCAPERS, the Medical Department Activity Personnel System, the Navy's Standard Personnel Management System Version II, the Medical Personnel Augmentation System, and the Personnel Subsystem of the Department of Defense Medical Expense and Performance Reporting System Version III, used by the Air Force, will merge into the DMHRS by the end of FY 97. The Army will redirect UCAPERS resources to support Army-DMHRS operations/maintenance as UCAPERS is phased-out and DMHRS phased-in. We will provide a working prototype of DMHRS to one Navy and one Army medical treatment facility in March 1995 for developmental and preliminary testing. We will field DMHRS during the 1st Qtr FY 96.

To ensure DMHRS meets the functional requirements of the Army Medical Department, we are holding requirements definition sessions. These are referred to as Joint Application Design (JAD) sessions. The Army will sponsor the first JAD session

27-30 June 1994 in San Antonio, Texas. We will conduct two separate sessions, one focusing on Personnel and one focusing on Manpower. The Navy will sponsor the Mobilization and Training and Education sessions 11-15 July 1994 in Bethesda, Maryland. During these sessions, functional experts in positions of management and daily use will determine the system requirements and functionality -- what DMHRS can provide to simplify day-to-day responsibilities. The Army will sponsor a final JAD session on 18 July 1994 in San Antonio, TX, to resolve any inconsistencies that exist between data or activities that were modeled from the multiple JAD planning sessions.

PERFORMANCE FACTOR AND AWU TABLES: The 6.2 Release gave you the capability of printing the Performance Factor Table and the AWU Table. They are located under Table Maintenance.

STANDARD EXPENSE ELEMENT CODE - FY 95: The Standard Element Expense Code (SEEC) will be a four position code, i.e., 25.1 will be 25.10.

THE BIO MEDICAL EQUIPMENT REPAIR REPORT: The Bio Med Report is systemically processed from the 15th of one month to the 15th of the next month. If you do not receive the report by the 20th of the month, contact your Logistics Division and request they re-print the report. Logistics can re-spool that month's report up until the 25th of the month. If waiting on this report will cause you to miss your suspense, use the prior month's report.

### SECTION III: ARMY HEALTH CARE FINANCIAL MANAGEMENT SYSTEM (AHCFS)

UCAPERS DATA REPORTS: What is the difference between the Pure Monthly Personnel DES By Skill Type, the Monthly Personnel DES by Skill Type and the Adjusted Monthly Report? The answer is -- the Pure Monthly Personnel DES is exactly how the data is received on the UCAPERS tape, the Monthly Personnel DES by Skill Type includes what is on the tape with any corrections made on the Error Correction Unit (ECU) Report and the Adjusted Monthly Report will include any manual adjustments that were made.

### SECTION IV: EXPENSE ASSIGNMENT SYSTEM, VERSION III (EAS III)

MEPRS SUMMARY REPORT: All of you should have loaded EASIII release 6.2. One noticeable improvement is in the MEPRS Summary Report. The information for the FTE/HOURS and DES Dollars are

now being calculated correctly and the report no longer truncates performance factors. Please provide the MEPRS Summary Report to all who should look at the data. It is an excellent tool to help you market MEPRS to managers.

If the MEPRS Summary Report is compiled for FY 93, you may get an error message "Occ Code Not Found On FY 93 Table" in the manpower section, for occupation codes that were changed or are no longer valid (i.e., 68R, 67E). Remember, there was no occupation code table for FY 93, and the codes that were either changed or deleted will not appear on the FY 94 table. This message is misleading; however, it will no longer be there with the FY 95 release.

PERFORMANCE FACTORS: Before the cost per data will appear on the Detailed MEPR Part I for the "E", "F", and "G" accounts, you must have the MEPRS Codes and their associated workload on SASs 018 and 019 and 020, respectively.

BROADCASTING MESSAGES: For those of you who do not know, you can broadcast a message through UNIX. This will allow you to let all your users see information they may need in a timely manner. Please refer to the Systems Operations Guide, page 10-14.

ACCOUNT SUBSET DEFINITION: A question that is still asked is, "When is a MEPRS code physically deleted?" All deletes from the ASD are logical deletes and all logical deletes are effective the first day of the next month. There is one exception to this rule; if you delete a MEPRS code during October (processing month not calendar) and the MEPRS code was not used, the code is physically deleted from the ASD. The remainder of the MEPRS codes that you want to physically disappear from the ASD for the next FY have to be deleted NLT 30 September of the current FY. When you perform Initialize New Year, the deleted codes will not appear on the next FY's ASD. Of course, there is an exception to this rule. If you run ancillary cycles, all deletes must be done prior to the day you run the End of Month cycle for the month of August. This means that if you close the month of August as early as 5 September, that is the last day for you to delete a MEPRS code from the ASD and not have it show up on the next FY's ASD.

## SECTION V: UNIFORM CHART OF ACCOUNTS PERSONNEL UTILIZATION SYSTEM (UCAPERS)

CLINICIAN UTILIZATION: As we all are well aware, the new clinician utilization in the UCAPERS release 3.0 was not well

received. As a result, a Process Action Team (PAT) was formed to develop a viable strategy for improving the way we capture and report clinician man-hours. We have appointed several clinicians as members of the PAT. With everybody working together we should have a better end-product for everyone.

In the meantime, some examples on how to code some of the clinician time are listed below:

Accompanying a patient - If the patient is an inpatient, annotate the time against Inpatient Care.

Reviewing PA patients records - Teaching

Attending function in the community (such as county fairs) as the military representing the hospital in an emergency - Other (OTH)

The next UCAPERS release (03-10) will be installed at Fort Riley, KS, for Alpha testing on 1 July 1994. After successful Alpha and Beta testing, this release will be sent to all MTFs around 1 October 1994. Some of the major changes associated with this release are as follows:

#### *Assignment of Hours to MEPRS Codes*

This ECP modifies the way in which clinician hours recorded on the Clinician Utilization screen are mapped to MEPRS codes recorded on the Clinician Survey screen. Transparently, during expense distribution, certain hours entered against exception codes in the utilization are automatically mapped to a MEPRS code. For example, PT G E A A.

#### *ICU Hours of Service Daily Report*

Concerns have been raised about the accuracy of the ICU Hours of Service data currently captured by UCAPERS and reported to EAS III on a monthly basis. This ECP provides a daily report detailing the ICU Hours of Service to the individual patient level. This should facilitate the verification of monthly data passed to EAS III.

#### *Simplify online TDA Global Update*

Feedback was received that the current process used to make global changes to TDA paragraphs, lines, and positions using the TDA File Maintenance Screen is cumbersome and confusing. This ECP modifies the TDA global process to reduce the number of steps required and to streamline and simplify the process.

#### *Advance Practice Nurses*

This ECP adds an online screen for use by Nurse Practitioners to record schedule and workload information. This new screen is very similar to the current Clinician Utilization screen. One major difference is the addition of workload information. The number of inpatient visits, outpatient visits, home visits, etc. will be captured and reported by UCAPERS. Departmental and Commanders reports will be generated for Advance Practice Nurses in a format similar to the corresponding reports for clinicians.

## SECTION VI: BACK-UPS

Once upon a time there was an Army Medical Treatment Facility called "I Don't Want to Do Backups". The people at this MTF did not feel that they had the time to perform the required Monthly File System Backups. One day, the disk containing the EAS III file system began to have problems. Once the disk was repaired and it was time to restore the EAS III data, the site went through many days of working with the Help Desk to get as much of the data recovered as possible. Even after spending days going into weeks, they still had to manually re-enter some data.

At the same time, there was an Army Medical Treatment Facility called "I Do My Backups Regularly". The people at this MTF performed their backups every month and spaced them out so it did not require a large amount of down time. One day, the 3B2 experienced a failed disk on the root and /usr file system. The disk was replaced and within 5 hours the site was up and processing data.

The moral of the story is, "DO YOUR BACKUPS OR SUFFER THE CONSEQUENCES!" The sites mentioned above are real sites; the names are not listed to protect the innocent, but these events really happened. If good backups are not available when there are system problems, chances are data will be lost and will have to be re-entered by someone. The absolutely essential file systems that must be backed up every month are:

**/, /usr, /nac, /nacdata, /meprs**

If you have questions about backups, please call the Help Desk.