

**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, 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

DEPRECIATION - Depreciation is applied to equipment above the dollar threshold established by DoD Comptroller. Effective 1 October 1995 (FY96), the threshold is \$50,000. You will continue to depreciate those items \$25,000 and over until they no longer appear on the report. We are coordinating changes to the High Dollar Depreciation Report with our Property Accounting Office. Hopefully, these changes will also be in place by 1 October 1995.

DOD 6010.13-M - In the last newsletter, we asked you to submit any changes or additions you would like to see in the 6010.13. However, we received less than a few, so we assume most everyone is satisfied with the way it is currently written. We hope to get the manual to everyone by October 1995.

CHIROPRACTIC CLINIC - The sites that have an established Chiropractic Clinic will use the MEPRS Code BEZ. The sites previously given the MEPRS Code BLA will need to change it to BEZ. This change is effective 1 August 1995. The function description is at Enclosure 1.

TRICARE/MANAGED CARE ADMINISTRATION - Effective 1 October 1995 (FY96), you will use the MEPRS Code ELA to capture TRICARE/Managed Care Administration. The function description is at Enclosure 2.

PATIENT FOOD OPERATIONS/COMBINED FOOD OPERATION - Effective 1 October 1995 (FY96), the performance factor for EIA and EIB will change from patient rations/total patient rations to patient meal days and total meal days, respectively. This is a change in terminology only. A meal day and a ration are the same.

DEFENSE MEDICAL HUMAN RESOURCE SYSTEM - We are presently conducting our System Development Testing and things are going fairly well. We are planning to arrive at Fort Benning during the August-September 1995 timeframe for our site evaluation testing. After System Qualification and User Acceptance testing, we plan to begin deployment in April 1996.

SECTION II: ITEMS OF INTEREST

HAIL - We would like everyone to welcome MAJ Garnet Dale who replaced MAJ Shaw as our Chief, MEPRS Division on 5 July 1995. MAJ Dale comes to MEPRS via the AMEDD Office of the Chief, Information Officer from the Information Management Office, OTSG. MAJ Dale is a former MEDEVAC pilot who started her career in Resource Management as a Comptroller intern at Martin Army Community Hospital, Fort Benning, Georgia, in 1987. Subsequently, she served as the Assistant Chief, Resource Management at Landstuhl Army Medical Center in Germany followed by her assignment to OTSG. In addition to her duties as the Chief, MEPRS Division, she is also the Defense Medical Human Resource System (DMHRS) Project Officer.

ISSUE PROCESS - We encourage the submission of issues which contain suggestions for new business processes or software changes. However, before issues are forwarded to our office, please ensure the issues are as complete as possible. For example, when submitting an issue for establishing a new MEPRS code, you should coordinate the issue with the particular specialty group involved and develop a proposed function description and recommended MEPRS code. We, the MEDCOM MEPRS Division, will then coordinate the issue with our service specialty advisor/consultant and request he/she collaborate with the other service specialty advisors.

SAS 018 - Please ensure that you include the number of claims filed, not FTEs on SAS 018 for the MEPRS code EBHA. In the event that there may have been some confusion, number of claims filed has been and is the performance factor for EBHA.

MEPRS CONTACTS LISTING - Please note the following changes to the MEPRS Contacts Listing:

- a. Fort Leonard Wood: The number for Georgia Mowry should be 9277 instead of 9177. The number for Charlotte Henry should be 9177 instead of 9277.
- b. Fort Riley: Sylvia Villarreal is replaced by Connie Hazlett.
- c. WRAMC: Please correct Connie's name to "Hutcherson".

If you have any changes to the MEPRS Contacts Listing, please notify Doris. She will publish any corrections/changes to the list in this section of future issues of the MEPRS News Bulletin.

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

UCAPERS 03-30 RELEASE - The UCAPERS 03-30 is currently being tested and we are expecting to release it to the field in August 1995. It is a minor release and contains a modified/simplified clinician utilization worksheet and also a change in the sequence when performing TDY and APN reconciliation. You will be able to run Clinician/APN Reconciliation and TDY Reconciliation in the same cycle; if one aborts, it will not stop the other from running.

APN UTILIZATION/DEPARTMENTAL REPORT - Fort Riley and Fort Huachuca reported problems with the APN Utilization/Departmental Report reflecting personnel that are no longer assigned to the MTF. We have identified the cause and have corrected it at these MTFs. Once these MTFs have verified that the reports are accurate, we will transfer the file to all other sites.

SECTION IV: EXPENSE ASSIGNMENT SYSTEM VERSION III (EASIII)

EASIII 8.0 RELEASE - We are currently testing the EASIII 8.0 release and hope to field it to you during September 1995.

The following is a list of some of the highlights of the release:

a. **CPT CODES** - Radiology and Pathology Procedures tables changed from College of American Pathology (CAP) codes to Current Procedural Terminology (CPT) codes. Therefore, you must load the release prior to 1 October 1995 so your ancillaries can begin entering their workload against the CPT codes on 1 October 1995. Ancillary data input and processing for FY95 will still reference the FY95 tables and ancillary input and processing for FY96 will reference the new tables. For OCONUS it's business as usual, except for the Radiology Panel Explosion Table. This table is new for FY96 and allows you to build up to 99 panels.

b. **ANCILLARY PANEL EXPLOSION TABLES** - A radiology panel explosion table has been added to allow radiology to group procedures. There is no limit to the number of panels that you can build at a CONUS site. If you are using pathology explosion panels, you will need to re-build the panels using CPT codes.

COMPOSITE HEALTH CARE SYSTEM (CHCS) - Once a new CHCS release is loaded some sites are noticing additional MEPRS codes appearing on the MEPRS File and Table Report that were not added by the MEPRS Staff. We recommend that after each CHCS release you request a printout of all MEPRS codes to ensure it's accuracy.

SECTION V:

NEW REPORTS - There are two new reports in AHCFS in the 8.0 Release; the STANFINS Pure Year-to-Date 218 Report and the STANFINS Pure Year-to-Date Salary 218 Report. The purpose of these reports is to align the financial data in AHCFS to the data on the 218 Report. Due to the method that MUMPS uses to alphabetize, the reports are not identical to the 218; however, they are as similar as the system would allow. The STANFINS Financial and Salary Files now include a Limitation Field.

FUNCTION: The chiropractic clinic examines and treats patients with spine-related neuromusculoskeletal conditions who have passed a standard screening to rule out potentially serious medical conditions and/or have been referred by a physician on a consultative basis for chiropractic treatment. Treatment is performed by a contracted, licensed Doctor of Chiropractic according to privileges assigned under the Chiropractic Health Care Demonstration Program (CHCDP). Treatment consists of patient history, chiropractic physical exam, and the performance of standard osseous and soft tissue procedures consistent with chiropractic care.

COSTS: The chiropractic clinic work center account shall be charged with all operating expenses incurred in operating and maintaining the clinic.

PERFORMANCE FACTOR: Visit.

ASSIGNMENT PROCEDURE: This is a final operating expense account and shall not be reassigned during the stepdown process described in Chapter 3.

Enclosure 1

TRICARE/Managed Care Administration

ELA

FUNCTION: TRICARE/Managed Care administration accomplishes a variety of services that support the medical group health care operation to include

strategic planning and resourcing, business case analysis, management analysis, and utilization management. This function provides a range of services to support DoD beneficiaries to include health benefits counseling, plan enrollment, marketing and education, appointments outside the MTF, referrals (including aeromedical evacuation), patient advocacy, and clinic liaisons. It supports both in-house and outside providers to include network development, plan education, contracts, and other external affiliations. Ensures cost-effective patient management and integration with other activities that share common information such as provider profiling, metrics, and activities under the business case analysis. Additionally, for Army and Air Force MTFs this function prepares requests for medical and physical evaluation boards; acts as recorder and coordinates administrative matters for medical boards; initiates and prepares medical findings on line of duty requests; provides administrative support for patient care audit and utilization review functions; provides administrative support necessary for the movement of patients from one medical treatment facility to another; provides centralized appointment and rescheduling service, notifies record maintenance section and clinics of appointments and changes, and provides information to callers not desiring appointments; provides for reception of ambulatory patients and their referral to the various clinical services; determines eligibility for care and treatment of all categories of outpatients; maintains administrative control over active duty consultations referred to the facility and processes consultation requests; counsels and advises patients seeking information on health benefits as related to the CHAMPUS program; prepares non-availability statements, as directed; and collects, collates, and reports statistical information on health benefits, as required.

COSTS: TRICARE/Managed Care administration shall be charged with all operating expenses incurred in operating and maintaining the function. These costs include personnel costs, supplies, equipment and any other costs separately identified in support of TRICARE/Managed Care administration within the MTF.

PERFORMANCE FACTOR: Available FTE work-months.

ASSIGNMENT PROCEDURE: The aggregate expenses charge to TRICARE/Managed Care administration shall be assigned based on the ratio of each receiving accounts' available FTE work-months to the total available FTE work-months in all receiving accounts.

Enclosure 2