

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

The United States Army MEPRS Program Office, San Antonio, Texas, publishes and distributes the U.S. Army MEPRS News Bulletin to MEPRS administrators worldwide. We have designed the News Bulletin to enhance communication within the U.S. Army medical treatment facilities.

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ROMONA K. BACON

U.S. Army MEPRS Program Office

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ATTN: Resource Management

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SECTION I ITEMS OF INTEREST

1. Site Analysis Reports.

Recently each site received an in-depth analysis of their EASIV data. This report was provided to each site to assist with the data quality improvement efforts. The analysis consisted of reviewing the ASD (Account Subset Definition) to determine use of standard (default) Data Set IDs, the ASN (Assignment Sequence Number) to determine compliance with Army guidance for sequencing, and the MTF Data Set Table to identify changes that can be made to improve the FCC include/exclude lists. The Expense Reports were also reviewed to identify FCCs not fully allocating (Out of Balance Report was attached as supporting documentation) and to identify FCCs which did/did not report direct expenses each month of the FY. The Data Set Accepted Reports were reviewed to identify inconsistencies between months.

Currently, as data is transmitted to the EASIV Central Repository, an analysis of the data is completed and if problems are identified, a report is sent to the RMC and the individual MEPRS office. If Out of Balance FCCs (ancillary and support FCCs that did not fully allocate) are identified, you must correct the cause of the out-of-balance, re-run allocation, and re-transmit. Another problem was identified regarding expense data entered for an FCC after allocation but prior to transmission. We identified this type of inconsistency by comparing the expense accepted data with the expense allocated data. You must also correct this discrepancy by re-running allocation and re-transmitting data.

Please complete the attached survey pertaining to the Data Quality Site Summary Reports and return via e-mail to the MEPRS Functional Support Mailbox.

2. Monthly Narrative.

The narrative is a vital document used to validate the discrepancies (if any) on the EASIV Site Transmission and Discrepancy Report for FY03 & FY04, i.e. Workload with Zero Expenses, Zero Workload with Expenses Greater than \$500 or less than \$0. The use of the new narrative format was implemented with the October 2001 transmission.

As a reminder, each Army Parent Reporting facility is required to submit a Narrative for the monthly MEPR NLT 15 days after submission of the MEPR. You may download a copy of the sample narrative, which is available on the Army MEPRS Program Office (AMPO) web page. .

A change to Para 3 of the Narrative now requires a comment stating that the Financial Reconciliation has been completed and sent to the Army MEPRS Functional Mailbox in lieu of providing a snapshot of the financial reconciliation. This statement should indicate whether the financial data reconciled, if not reconciled which elements (218 & EAS IV Pure Recon, Month Net Personnel Recon, or EAS IV Final Recon) did not reconcile and when it was sent to the Army MEPRS Functional Mailbox,

NOTE: The Discrepancy Report is available on the AMPO web site, www.ampo.amedd.army.mil, click on EAS, which will take you to EAS page and click on Site Transmission Status.

3. Readiness "G" Account Financial Keys Business Rules.

The Readiness "G" Account Financial Keys Business Rules were developed and implemented to assure consistent reporting of expenses. The initial scrub of the rules was sent to all RMCs and MTFs for review and comment. Changes to these rules can be made and will require a justification from the requesting facility. These are the business rules by which compliance with data reporting will be determined. Only those financial data elements and associated combinations will be allowed to be reported in the Readiness Accounts.

Reprocessing of FY04 data based on these business rules is required; however FY03 data does not require reprocessing based on these new business rules. Deviations from these business rules will be identified and reported via the Data Quality Analysis Site Summary reports generated when data is transmitted or retransmitted.

Expense data moved from a readiness account to an ambulatory account should be reported in the monthly narrative (para G - Medical Readiness) with a short explanation. Example: Moved \$23,147.21 from GA AE to BHAA as a result of misreported contractor expense.

4. Assigned FTEs to Readiness "G" MEPRS FCC. Assigning personnel to a Readiness "G" MEPRS FCC is permitted. The stipulations to doing so require the individual to be working exclusively with readiness related issues. Some examples are: Weapons qualification (managing, scheduling, tracking), PT Program (managing, scheduling, tracking), or SRP; when an individual works exclusively on functions of this nature, that individual can be assigned to a Readiness "G" MEPRS FCC.

5. ELA2 - Case Management. ELA2 was established for reporting of Case Managers, Medical Processing Assistants, RN Case Managers, etc., who are involved in the Medical Board process for GWOT related post deployment soldiers and soldiers in Medical Hold.

6. Decontamination Training/Equipment. HQDA, Office of Security, Force Protection, and Law Enforcement (DAMO-ODL) provided funding and direction on the expenditure of funds for the use in obtaining decontamination training and equipment. The Army MEPRS Program Office provided, through e-mail on 3 May 04, the below guidance on the reporting of the expenses.

MEPRS FCC: GBA* - Readiness Training – Peacetime

AMSCO: 135197

EAS IV DoD PEC: 1XXXX

SEEC: 11.10 – Civilian Person
11.70 – Readiness Labor
11.71 – Reserve Personnel
11.72 – Military Personnel
25.65 – Other Misc Contract
26.20 – Other Supplies
31.20 – Other Equipment

7. Biosurety Program. *pending validation with consultant.** The Army Biological Surety Program is a Commander's program. This program is for RDTE laboratories and facilities that work with or store the following designated agents: Bacillus Anthracis (Anthrax), Clostridium Botulinum or its toxins (Botulism), Yersinia Pestis (Plague), Francisella Tularensis (Tularemia), Ebola Virus, Marburg Virus, and Variola Virus (Smallpox). (Note: No DOD facilities possess Smallpox Virus). This program is not related to Infection Control. As a result of this program and requests for guidance on how to capture the related expense and manhours, the AMPO has identified the use of EBB*. EBB* will be used to report the manhours expended providing management of the MTF Biosurety Program.

8. Financial Reconciliation.

Since FY01 the Army MEPRS Program Office has endorsed the policy of completing a financial reconciliation of MEPRS data. Currently there are two acceptable formats for financial reconciliation. Although both are currently acceptable because the data reconciles at the roll-up AMSCO level, and have proven to be auditable processes, the current Great Plains Regional Medical Command (GPRMC) financial reconciliation model will be the official financial reconciliation document effective 1 October 2004 (FY05). No other format of financial reconciliation will be accepted. The format and instructions can be downloaded from the AMPO webpage at the following weblink.

<http://www.ampo.amedd.army.mil/reconciliation/index>

The current document is titled Step-by-Step Financial Reconciliation Model FY04.

Effective immediately, the financial reconciliation documents must be signed by the MTF Resource Manager (RM) regardless of format used.

9. Reading of EKG's. When a physician is tasked to read/interpret all the EKG's performed in the MTF, the physician's time is reported to the EKG workcenter, DDA. There is no workload associated with the reading of the EKG. This methodology will allow the physicians to account for the time they spend in support of other workcenters and will assist in more accurate reporting of their patient care time in their own workcenter.

SECTION II

Uniform Chart of Accounts Personnel Utilization System (UCAPERS)

1. Readiness/Extra Duty Exception Codes for Non-Assigned Duty Status.

Reporting of Preparation Overseas Redeploy (POR) or Planning National Support (PNS) for Reserve (RES) and Borrowed Military from other TOE (BME) personnel is tantamount to reporting non-available time; during the periods RES and BME individuals are performing functions other than those associated with their primary workcenter they are not available to their workcenter.

Using Readiness Exception Codes of Preparation Overseas Redeploy (POR) or Planning National Support (PNS) for Reserve (RES) and Borrowed Military from other TOE (BME) personnel will cause UCAPERS to drop the hours; the hours will not be passed into EAS IV.

Personnel assigned to the Soldier Readiness Center (SRC) / Soldier Readiness Processing (SRP) should enter their hours on their weekly time schedule without the exception codes of POR or PNS; the hours reported will map to their assigned APC.

Personnel who are loaned to the SRC/SRP from another workcenter within the MTF should use the Loan Time Internal (LTI) Exception code; enter the Readiness APC for the SRC/SRP.

Personnel on Utilization/Survey Worksheet must use TDY Mission and MEPRS personnel must ensure the hours are adjusted to report to the appropriate Readiness APC for the SRC/SRP.

UCAPERS does not process Readiness or Extra Duty Exception Codes for Non-Assigned Duty Status personnel.

Non-Assigned Duty Status Codes

BCA - Borrowed Civilian From Other TDA Units
BMA - Borrowed Military From Other TDA Units
BME - Borrowed Military From Other TOE
CON - Contract
OGP - Other Government Programs
OTH - Other Military Personnel
PNT - Patients/Prisoners/Holdees
RES - Reserve/National Guard
SCN - Student Civilian Non-Assigned
SEA - Seasonal Employees
SMN - Student Military Non-Assigned
VOL - Volunteers

IAW Appendix 7, DoD 6010.13-M, para AP7.3.5 Borrowed personnel will not report non-available time.

2. Extra Duty and Readiness Exception Code Mapping.

Maintaining current/updated Readiness and Extra Duty Exception Code mappings to the appropriate APCs is critical to the correct distribution of manhour reporting.

MTFs which do not have these codes mapped properly will result in flawed reporting of manhours. Review the UCAPERS APC listing for missing or outdated APCs mapped to Readiness and Extra Duty Exception Codes.

Example: If an APC is not established for the Readiness Exception code of MASS then the hours will not be reported to the appropriate FCC of EBGA.

If changes are required make sure that APC and AMS Code mapping are correct before changes to the Readiness and Extra Duty Code Tables are made. The attached document (Read Extra Duty Excpt Codes w AMSCO) provides guidance on the appropriate AMSCO/FCC (MEPRS) to map with the exception code.

The APC/AMS/MEPRS Table, Extra Duty Exception Code Table and Readiness Exception Code Table are maintained/updated within UCAPERS and can be found on File/Table Maintenance, Screen 13 - Local Tables.

Procedures to follow are:

- a. Review the current Exception Code Table.
- b. Identify any exceptions codes not on your current table and establish an APC/AMSCO.
- c. Add the missing readiness exception code to the Readiness Exception Code Table.
- d. Identify any incorrect mappings and update accordingly.
- e. Review the Extra Duty Exception Code Table.
- f. Identify any exceptions codes not on your current table and establish an APC/AMSCO.
- g. Add the missing readiness exception code to the Readiness Exception Code Table.
- h. Identify any incorrect mappings and make the appropriate correction.

3. Midwife AOC/ASI Clarification.

Conflicting information from the field has been reported regarding the correct Areas of Concentration (AOC) and Additional Skill Identifier (ASI) to be used for Nurse Midwife. Army Nurse (AN) Corps AOC changes effective 30 Sep 02 identified AOC for Nurse Midwife as 66H8D. AOC Structure Chart as of 1 Jan 03, updated Apr 03 identifies both 66H and 66G with ASI of 8D Midwifery. Army Nurse (AN) Corps, PERSCOM is currently tracking Nurse Midwife under 66G8D.

AOC/ASI 66H8D Nurse Midwife is still activated in the EAS IV Occupation Code Table, and will be deactivated effective October reporting FY05. The AOC/ASI was left on the EAS IV Occupation Code Table during FY04 to serve as a transition period for updating pertinent tables and personnel records.

Corrections should be made on the Master Personnel File (MPF) in UCAPERS, to reflect the correct AOC/ASI of 66G8D Nurse Midwife. This will prevent sites from having errors in the EAS IV.

SECTION III EXPENSE ASSIGNMENT SYSTEM (EAS) IV

1. Ambulatory Data Module (ADM) Data Extract.

The Ambulatory Data Module (ADM)/Expense Assignment System (EAS IV) Data Extract software was recently released to the CHCS System Administrators. The primary objective of the ADM/EAS IV Data Extract software is to transmit standardized outpatient workload data for military treatment facilities (MTFs) and dental treatment facilities (DTFs) to the EAS IV system. The ADM/EAS IV Data Extract User's Guide was provided along with the release. Please ensure the document is read by MEPRS personnel as it contains instructions for creating and sending the file to EAS IV via the CHCS Electronic Transfer Unit (ETU).

The ADM data extract will provide detailed patient encounter information such as Patient Category Codes, E&M Code, CPT Code, CPT weight, CPT raw and weighted statistical amounts.

ADM EASIV Extract comes from the ADM Module of CHCS that collects encounter procedure coding information from scheduled outpatient encounters done via the Patient Appointment and Scheduling (PAS) module of CHCS

Technical Assumptions:

- CHCS Host Sites must have ADM 3.0 & baseline 4.630 higher
- Will utilize the Electronic Transfer Utility (SY-ETU) Capability
- Files will be routed to the EAS IV Server established for WAM
- Single data extract file for Group/parent DMIS ID
- KG EAS IV Extraction Security Key Assignment must be performed
- Extracts Scheduled through CHCS Task Man
- Requires latest Version of Master CPT/HCPCS

2. EAS IV Release 2.5. EAS IV Release 2.5 was recently made available for download and installation to the EAS IV server and EAS IV client workstations. This release was developed to prepare the server and client workstations to enable the ADM data extract files to be accepted, validated, processed and report ambulatory information from the ADM Module of the CHCS system. Important: Sites should not load EAS IV, Software Release 2.5.0.2, until they are certain that the corresponding CHCS/ADM Change Package has been properly loaded on CHCS (CP number 232). Contact the AMPO if you have any questions on when to load EAS IV, Software Release 2.5.0.2.

3. New EAS IV Reports. With the activation of the ADM Data Extract, EAS IV will have a minimum of seven (7) new reports available for use to ensure all ADM data is accepted and summarized, and to provide improved information in support of management/leadership decision-making. The new reports are identified below.

a. EAS IV Error Correction Unit by Ambulatory Data Module (ADM) Data Source Report. This report will provide identification of a new error, E0090, reporting

invalid CPT codes during the import process of the ADM file within EAS IV. Print this report and provide a copy(ies) to the CHCS DBA and the source workcenter for correction in future months. This error must be deleted in EAS IV, it cannot be corrected.

b. ADM Accepted Report by FCC and Date Report. This document identifies all the valid Disposition Codes, E&M Codes (UOS), and CPT Codes (UOS) by Appointment Type and Patient Category Code which have passed the EAS IV validation checks and accepted for processing via the EAS IV system.

c. ADM Summary Report. This document provides the CPT Weight, Raw Statistical Amount, and the Weighted Statistical Amount for every valid CPT Code reported by MEPRS FCC.

d. Cost per Ambulatory CPT by DMIS and APV w/o Ancillary. This report provides the Cost per Weighted CPT (equivalent of a RVU), CPT Component Cost, Weighted Statistical Amount, and the Unit Cost for every valid ambulatory procedure visit CPT reported by DMIS ID. Essentially this report provides the cost per APV RVU by DMIS ID.

e. Cost per Ambulatory CPT by DMIS and Total Visits w/o Ancillary. These reports provide the Cost per Weighted CPT (equivalent of a RVU), CPT Component Cost, Weighted Statistical Amount, and the Unit Cost for every valid visit CPT reported by DMIS ID. Essentially this report provides the cost per RVU by DMIS ID.

f. Cost per Ambulatory CPT by DMIS/FCC and APV w/o Ancillary. This report provides the same data as the previous APV report, but also identifies the MEPRS FCC. Essentially this report provides the cost per APV RVU by MEPRS FCC.

g. Cost per Ambulatory CPT by DMIS/FCC and Total Visits w/o Ancillary. This report provides the same data as the previous visit report, but also identifies the MEPRS FCC. Essentially this report provides the cost per RVU by MEPRS FCC.

4. Ambulatory Procedure Visit (APV) Enhancements.

The APV Enhancements Release Notes and Installation Instructions dated 10Mar04 were sent out to all MTF by SAIC recently. Recommend that MEPRS Coordinators contact the CHCS Coordinator to determine if the APV Enhancements Release Notes are provided to personnel concerned. Offices and personnel who should be aware are Clinical, Patient Appointment & Scheduling, Managed Care, Patient Administration, and Data Administration (CHCS and WAM).

The content of the EAS ASCII file now reports minutes of service (MOS) as weighted workload and occupied bed days (OBDs) as raw workload in the Inpatient Cost Pools Data Set ID (DSI). Also included is the Beneficiary Category (BeneCat) counts for DGA and DGE datasets.

5. EAS IV Release 3.0 (EASi)

EAS IV 3.0 is a centralized web application requiring that a client computer have sufficient internet access to reach the centralized web server via HTTPS.

Each site is responsible for obtaining the required hardware before installation. EAS IV requires laser printers to print application-generated and ad-hoc reports. The location and workstation to which the printers are connected is determined at the site based on space availability and convenience of use.

The following minimum client hardware or its equivalent is required for an EAS IV client workstation - EAS IV Desktop specific requirements are in italics:

Hardware Category	Description
Processor	Intel-based single CPU, Pentium class or faster <i>Pentium III class or faster for EAS IV Desktop</i>
Memory	64 MB or more <i>512 MB or more for EAS IV Desktop</i>
Disk storage	2.1 GB or more <i>4.1 GB or more for EAS IV Desktop</i>
Expansion slots	PCI/Extended Industry Standard Architecture (EISA)
Floppy disk drive	One 3.5-inch floppy disk drive
CD-ROM drive	One quad speed or faster
Graphics card	SVGA or better and at least 800x600 resolution
Network card	Site specific
Monitor	17-inch

The following software is required for the EAS IV Web product:

Software Category	Software	Manufacturer/Vendor
Client operating system	Windows 2000 or Windows XP	Microsoft Corporation
Client web browser	Internet Explorer 6.0 or greater	Microsoft Corporation
Client Reporting	BusinessObjects, Version 6.x	Business Objects, Inc.

In addition to the EAS IV Web requirements, EAS IV Desktop will also require:

Software Category	Software	Manufacturer/Vendor
Client virtual machine	Java Web Start (JRE 1.4.2)	Sun Microsystems
EAS IV Desktop application software	EAS IV Desktop, Software Release[current version]	PCS
Client Reporting	BusinessObjects, Version 6.x	Business Objects, Inc.

For those sites being notified the legacy Windows NT Servers (EAS IV) will be removed from the network by the end of 2004, please be advised that the AMPO and EAS Project Office are working diligently to field EAS IV 3.0 which will be web-based. Upon deployment of this release there will be no requirement to maintain an EAS IV server at each MTF.

6. EAS IV Hardware Problems. It has recently come to our attention that some sites having new servers with warranty are experiencing hardware problems, when hardware issues come up they are being handled by the sites directly with the manufacturer. Please advise MEPRS Technical Support and/or the AMPO when this occurs and/or if this turns into a lengthy process. It may be possible for data to be saved from time to time to prevent data loss in case of a full system crash before the hardware is fixed. One such site was experiencing problems with backups followed by a hard-drive crash. This site did not have a recent backup tape to use for rebuilding the server.

SECTION IV

Defense Medical Human Resource System – internet (DMHRSi)

1. Project Update. DMHRSi is currently undergoing SQT (3) at Winn Army Community Hospital. Full system testing should be complete NLT 1 July with limited rate deployment beginning July 2004. Once the system has successfully completed SQT at Winn, it will be deployed to the limited rate deployment sites which have been identified as Evans Army Community Hospital, Fort Carson and Keller Army Community Hospital, West Point. The full deployment decision is expected October 2004.

2. Status. As expected issues have been identified and are being worked. As issues are identified and reviewed, they are classified as business rule issues, system functionality issues or system defects. Business rule and system functionality issues we have been able to quickly resolve. System defects are still being worked. Positive feedback has been received from the site. Users find it quick and easy to enter their timecards. In DMHRSi, users enter the hours they worked and the task (MEPR code) where the work was accomplished. Users prefer this method to UCAPERS survey and percentages.

3. Conclusion. Timecard entry is going well at Winn although there is much more LCA functionality to test. Numerous improvements have been made to the system over the past year.