



# **ARMY MEDICINE**

**Serving To Heal...Honored To Serve**

Budget  
Guidance -  
Annex C

October 1

**FY2017**

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U.S. Army Medical Command (MEDCOM)

**Defense Health Program (DHP),  
Medical Expense & Performance  
Reporting System (MEPRS)**

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## Reference

This guidance is based on the Department of Defense (DoD) Medical Expense and Performance Reporting System (MEPRS) Manual, DoD Manual 6010.13-M, dated 7 April 2008, Incorporating Change 2, Effective April 15, 2014. The DoD MEPRS Manual, Army-specific guidance is contained in this Fiscal Year (FY) 2016 Annex C, Army MEPRS Budget Guidance. This guidance is located on the Army MEPRS Program Office (AMPO) website. <http://ampo.amedd.army.mil/>. Where this guidance is different from or contradicts the DoD MEPRS Manual, this guidance takes precedence.

## Overview

Contained herein is the guidance for the FY17 MEPRS Program. The FY17 MEPRS Program Guidance provides information on new procedures or clarification of previous guidance to assist in the collection and reporting of health care cost data for the Defense Health Program (DHP). Do not assume that the guidance contained in this document is all inclusive of applicable laws, regulations, procedures, and policies necessary to execute the DHP appropriation properly.

## General Program Guidance

### AMPO Support

The AMPO staff at MEDCOM provides guidance, training, and site assistance. Forward requests for guidance or assistance to the designated AMPO Analyst with a courtesy copy to the Army Functional Support mailbox. [usarmy.jbsa.medcom-usamitc.mbx.meprs-army-func-spt@mail.mil](mailto:usarmy.jbsa.medcom-usamitc.mbx.meprs-army-func-spt@mail.mil)

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### Data Issues

MEPRS Functional Cost Codes (FCCs) are not intended to track workload, productivity, diagnosis, patient type, subspecialty or specialty, a type of provider, funding, etc., and should only be used to report standalone work centers in accordance with the DoD Manual 6010.13-M. The use of 4th level MEPRS FCCs for identifying subspecialty providers and separate functions/workload within a physical clinic or work center is not authorized or necessary, and does not comply with DHA MEPRS Policy. Request that MEPRS personnel at the Medical Treatment Facilities (MTFs) explain alternative solutions to MTF staff of using the direct care provider specialty codes and provider identification codes available in the Military Health System Mart (M2) and additional locations within Composite Health Care System (CHCS) to identify types of outpatient workload, patient type, diagnosis, special program, etc. If MTF MEPRS

personnel need assistance in developing alternative solutions for identifying and tracking a type of workload, specialty, patient, program, funding, etc., they should contact their designated AMPO Analyst for assistance.

## File and Table Maintenance

File and Table Maintenance reconciliation must be completed at the beginning of every fiscal year and/or as mission or policy dictates. To complete this task reconcile the MEPRS/Defense Medical Information System (DMIS) ID Code combinations on the source systems (Expense Assignment System (EAS) IV Account Subset Definition (ASD) Table, Defense Medical Human Resource System – internet (DMHRSi) Task List, General Fund Enterprise Business Systems (GFEBs) Cost Center Report, Work Breakdown Structure (WBS) Elements Report, and CHCS MTF Site Definable Table) for the current Fiscal Year to ensure that all systems report the same work center/cost center by MEPRS and DMIS ID Code.

Maintain a file copy (hard or electronic) of this reconciliation and any changes. These changes must be given to the source system POC (i.e. GFEBs Budget Chief, CHCS Database Administrator, etc.) If the appropriate changes are not made in a timely manner, elevate the issue through the proper chain of command.

If the source systems data are not reconciled, MEPRS data will not be accurate and will affect the MTF's proper costing. Data Quality is integral to assess your MTFs efficiency and productivity.

## Square Feet/Square Feet Cleaned Requires Coordination with Facilities

The AAA Audit concluded in November 2015 identified issues with costs allocated based on square footage and Housekeeping (square footage cleaned). AAA noted physical location changes to work centers identified in Defense Medical Logistics Standard Support (DMLSS) and Expense Assignment System-internet (EASi) varied from 14% to more than 100%. Work center space was overstated creating additional costs that should not have been associated with the work center. It was noted that EASi had not been updated in more than 2 to 5 years. The identified shortcomings were attributed to a lack of coordination between the Logistics, Facility Management, and MEPRS offices.

### Contributing Factors Identified

- MTF physical changes not reflected in DMLSS
- Misallocated housekeeping costs
- Inaccurate Sustainment Renovation Modernization (SRM) data in DMLSS

### Goals

- Reconcile DMLSS Org Structure with EAS ASD
- Reconcile DMLSS Facility Management (FM) module with MTF physical characteristics (SQ FT)
- Add housekeeping data into DMLSS FM and Automate Exhibit D
- Reduce Housekeeping Exhibit D errors and variation: <10%
- Eliminate late housekeeping contract submission costs: \$30K each

The MEDCOM Logistics Office issued Operation Order (OPORD) 15-21 for distribution to all MTFs. This OPOrd focuses on the reconciliation of the DMLSS Organization Structure and Room Inventory records,

and the Facility Management Organizational Structure, Physical Structure, and Housekeeping requirements, with the Expense Assignment System (EAS) Account Subset Definition Table MEPRS FCCs. The MTF MEPRS staff is responsible for identifying the appropriate MEPRS FCCs for the physical locations within the MTFs in conjunction with the DMLSS and Facility Management points of contact.

MEDCOM is working to reduce facility costs and right size its facility footprint. Facility space utilization must be monitored to allow senior leadership to make informed decisions on how to properly use facility resources. DMLSS will be used as a data source to perform capacity analysis and to determine how effectively facilities are being utilized. Future funding distribution will be based on the accuracy and completeness of data and the effectiveness of space utilization. MEPRS data in DMLSS will be compared to M2 data to ensure space is being utilized to maximize clinical performance when appropriate.

MEPRS personnel are required to assist DMLSS staff with ensuring accurate, up-to-date facility and room inventory data and customer/service mappings to MEPRS FCCs in DMLSS. Per OPOD 15-21, all data outlined in the tasks must be completed as outlined below.

- Resource Managers and Facility Directors coordinate with system administrators to ensure the MEPRS FCC for each facility Customer/Service mapping is entered in the System Services of DMLSS. Only MEPRS FCCs that have been approved by AMPO are authorized.
- Clinical Leads, Resource Managers, and Facility Directors validate the accuracy of all facility Customer/Service mappings with corresponding MEPRS FCCs are selected to properly link to the room inventories.
- Authenticate proper Defense Medical Information System (DMIS) IDs are supplied in the DMLSS FM room inventory module for each room/space. If the activity does not have a DMIS ID this is not required.
- Monitor compliance, including periodic reviews of housekeeping contract reports and ensure all customers have MEPRS FCCs.

### **Financial Reconciliation, Monthly Narrative Process, and DoD Batch and Timecard Status Report**

The FY17 Financial Reconciliation, Helpful Hints, and monthly narrative format are located on the AMPO website. <http://ampo.amedd.army.mil>

#### **Financial Reconciliation**

Before transmitting the monthly MEPRS report, a balanced and validated Financial Reconciliation must be submitted to the designated AMPO Analyst and the MEPRS Army Functional Support mailbox. [usarmy.jbsa.medcom-usamitc.mbx.meprs-army-func-spt@mail.mil](mailto:usarmy.jbsa.medcom-usamitc.mbx.meprs-army-func-spt@mail.mil)

## Electronic Signature

Electronic signature by the MTF Comptroller is required on all balanced and validated Financial Reconciliations to indicate review and approval. If the local MTF does not have electronic signature capability, then the typed name of the Comptroller with //original signed// should be entered on the signature block. When electronic signature is not available, the Comptroller should be included as a courtesy copy (cc) on the email when the financial reconciliation and monthly narrative are forwarded to the designated AMPO Analyst and the MEPRS Army Functional Support mailbox. [usarmy.jbsa.medcom-usamitc.mbx.meprs-army-func-spt@mail.mil](mailto:usarmy.jbsa.medcom-usamitc.mbx.meprs-army-func-spt@mail.mil)

## Monthly Narrative

Within 3 business days of transmission, a monthly narrative must be submitted to the designated AMPO Analyst and the MEPRS Army Functional Support mailbox. [usarmy.jbsa.medcom-usamitc.mbx.meprs-army-func-spt@mail.mil](mailto:usarmy.jbsa.medcom-usamitc.mbx.meprs-army-func-spt@mail.mil)

## DoD Batch and Timecard Status Report

Before transmitting the monthly MEPRS report, a DoD Batch and Timecard Status Report must be generated on the day of transmission and submitted to the designated AMPO Analyst and the MEPRS Army Functional Support mailbox. [usarmy.jbsa.medcom-usamitc.mbx.meprs-army-func-spt@mail.mil](mailto:usarmy.jbsa.medcom-usamitc.mbx.meprs-army-func-spt@mail.mil)

## Retransmitting MEPRS Data

Prior to retransmitting any fiscal year or month, the MTF will forward the following items to AMPO.

- A balanced and revalidated Financial Reconciliation
- A revised monthly narrative stating why the MEPRS data will be retransmitted and the date it will be retransmitted

## Readiness Physical Training – GFA\*

The DoD Manual 6010.13-M, Medical Expense and Reporting System for Fixed Medical and Dental Treatment Facilities, para C2.7.14. Readiness Physical Training: GF allows for the reporting of participation in physical fitness/training.

Readiness Physical Training is provided to collect time and expenses incurred at fixed MTF's for the physical training of personnel or subordinate units. Training should be organized, scheduled, and carried out during normal duty hours when such training takes personnel away from their scheduled work center duties. This account includes the regulated testing and evaluation of unit or individual physical fitness to include participated time and the time spent in organizing and supervising such testing.

**Update:** OTSG directed service members to report their individual and/or group physical training (PT) time regardless of the time of day the PT is performed.

General Rule: Reporting PT to GFA\* is restricted to 2 hours per day, 3 days per week.

- Military personnel participating in mandated PT are allowed 45 minutes (3/4 hour) recovery time that should be reported in the GFAA DMHRSi Task.
- Military personnel are restricted to reporting PT 2 hours per day, 3 days a week with the following exceptions:

**Exceptions:**

Military personnel detailed/selected to participate in "Service" (i.e., Army, Navy, Air Force, etc.) level sporting events (i.e. marathons, Olympic events, team sports) report PT time in the FCGA DMHRSi Task.

Military personnel detailed/selected to prepare for and participation in authorized "MTF" sporting events (i.e., marathons, fitness events, team sports) report PT time in the GFAA DMHRSi Task.

Military personnel detailed/selected to participate in Service/Organization level sporting events must provide the MTF DMHRSi Office approved documentation from their Officer in Charge (OIC) or Non-Commissioned Officer in Charge (NCOIC) reflecting the purpose/timeframe the service member will prepare for and participate in the sporting activity. Upon receipt of the approved document, the service member is exempt from the General PT Rule of 2 hours per day, 3 days per week for the time specified or until released from the detail/selection, whichever occurs first.

Army Physical Fitness Test (APFT) Testing Proctors and Evaluators report time planning for and conducting the APFT to the GFAA DMHRSi Task; time restrictions do not apply to this task. Per MEDCOM G3/5/7, military personnel participating in the APFT are allowed approximately 1-2 hours to take the APFT and 2-3 hours recovery time.

**MEPRS/DMHRSi Staff Guidance:** MTF MEPRS/DMHRSi staff are required to perform data quality checks to monitor personnel that report PT time in excess of 6 hours per week to GFA\*. The exceptions are military personnel preparing for/conducting the APFT, and service members that provide approved documentation from their OIC/NCOIC to prepare for/participate in Service/Organization level PT events (i.e. marathons, fitness events, team sports, etc.).

**Civilian Employees:** A MEDCOM policy does not currently exist that addresses civilian personnel selected for or volunteer to participate in MTF organized PT or sporting events. It is at the discretion of the MTF Command how this time is reported.

## Options:

- Employee must be approved for annual leave while participating in the sporting event
- Authorized Administrative Leave by the appropriate authority is reportable in DCPS as Admin Leave and in DMHRSi using the 02.01 – Civilian Leave task

## Physical Examinations

Capture all physical exams in the B MEPRS FCC of the work center where the physical is performed. Report time to GBAA when personnel assigned to the MTF/DTF leave the work center to have a physical exam.

## Misreporting of Collections, Credits from Turn-in of Equipment and Supplies, and Cost Transfer Account Mismatches Affecting Defense Health Agency (DHA) Funding of Medicare Eligible Retiree Health Care Fund (MERHCF)

While calculating MERHCF funding staff identified the reporting of collections, cost transfer of expenses, and processing of credits in the Defense Medical Logistics Standard Support (DMLSS) created negative expenses that adversely affected Army reimbursements resulting in large credit expenses reported in valid MEPRS FCCs.

MEDCOM F&A Office reviewed how MTF Budget Offices report reimbursable debits and credits; they provided separate guidance to correct misreported data. The MEDCOM Budget Office created a job aid recommending MTF budget staff run the Non-Cumulative Status of Funds Report to determine the amount of obligations, expenses, and disbursements available for transfer.

## Implementation of Athletic Trainer (AT) Services – Forward Musculoskeletal Care for Initial Military Training

**Medical Expense and Performance Reporting System (MEPRS).** Report Athletic Trainer (AT) patient care time and workload in the Physical Therapist (PT) MEPRS FCC of the supervising therapists, BLA\*. Report AT work not performed in the MTF PT Clinic to FBBO (Soldier Athlete Performance Optimization) and the installation Administrative DMIS ID. Providers performing supervisory responsibilities for patient care within recognized clinical locations should code their time using their respective BLA\* FCC. Providers performing supervisory responsibilities for non-MTF PT locations should code their time using FBBO in the installation Administrative DMIS ID code.

**Defense Medical Human Resource System internet (DMHRSi).** Identify ATs in DMHRSi/MEPRS under the Service Occupation code “0636” Rehabilitation Therapy Assistant (RTA). Report ATs available time for work performed in the MTF to the PT MEPRS FCC BLA\*. AT work not performed within the MTF PT Clinic should be coded to FBBO (Soldier Athlete Performance Optimization) in the installation Administrative DMIS ID code.

## **Substance Use Disorder Clinical Care (SUDCC)**

Subordinate commands where SUDCC providers remain in IMCOM space after 1 OCT 16, must provide documentation to verify Joint Commission compliance. The documentation must be submitted to PASBA; POC: Ms. Christine Gerard, [christina.z.gerard.civ@mail.mil](mailto:christina.z.gerard.civ@mail.mil). The documentation supports the establishment of child DMIS codes for SUDCC space within IMCOM facilities.

When child DMIS codes are established for providers in IMCOM facilities, subordinate commands must apply for 4th level MEPRS codes through the AMPO standard MEPRS approval process **NLT 1 SEP 16**. The SUDCC MEPRS code for locations remaining in IMCOM space is BFFA.

SUD providers physically integrated into EBH/Multi-D clinics after 1 OCT 16 will utilize existing EBH and BH Multi-D MEPRS codes (BFD4 and BFD\* respectively).

## **DMHRSI Task FCGA\_DMIS.US – UNION REP/STEWARD DUTIES**

The DMHRSI Task FCGA\_DMIS.US is standardized for Army personnel to utilize when performing Union Representative and Union Steward duties during the scheduled duty day. The AMS/PEC associated with this task is 847714 (CONUS) and 847914 (OCONUS).

## **Nurse Advise Line (NAL)**

The Nurse Advice Line (NAL) enters CHCS referrals for network urgent primary care (UCC) when there is no MTF acute access within 24 hours. The FCC “FARA” is only authorized in the referral booking module in CHCS. NAL generated network urgent care referrals should not be reported in an A or B MEPRS code in the PAS. The FCC “FARA” will not generate direct care workload or expenses in EAS IV. A footnote will be added to the DoD 6010.13 MEPRS Manual that explains the purpose and intent of “FARA”.

CHCS File and Table set-up and MEPRS Coordinator instructions are attached. Use embedded link below:

<https://mitc.amedd.army.mil/sites/G89/Documents/Nurse%20Advice%20Line%20-%20CHCS%20File%20and%20Table%20Set%20Up.docx>

[https://mitc.amedd.army.mil/sites/G89/Documents/Release%20Notes%20-%20Workload%20Assignment%20Module%20\(WAM\).docx](https://mitc.amedd.army.mil/sites/G89/Documents/Release%20Notes%20-%20Workload%20Assignment%20Module%20(WAM).docx)

## Revised Functional Description for the BDB Functional Cost Code (FCC)

**BDB - Outpatient Pediatric Subspecialty Clinic:** The function of the Multi-Disciplinary Pediatric Subspecialty Clinic includes the examination, diagnosis, and treatment of pediatric patients in an established Outpatient Pediatric Subspecialty Clinic that meets the criteria of a work center. The Multi-Disciplinary Pediatric Sub-specialist providers may include Pediatric Neonatology, Pediatric Developmental/Behavioral Health, Pediatric Hematology/Oncology, Pediatric Cardiology, Pediatric Adolescent Medicine, Pediatric Gastroenterology, Pediatric Endocrinology, Pediatric Infectious Disease, Pediatric Neurology, Pediatric Allergy/Immunology, Pediatric Intensivist/Critical Care, Pediatric Child Sexual Abuse Specialist, Pediatric Pulmonology, Pediatric Nephrology, and/or any other Pediatric Subspecialty identified by the American Board of Pediatrics Council of Pediatric Subspecialties.

Outpatient Pediatric Subspecialty Clinics are authorized to be established after work center criteria have been met per DoD 6010.13, Volume 1, Enclosure 3, Paragraph 2 guidelines. This Pediatric subaccount must include all expenses, manpower, available hours, workload, related statistical measurements, etc., incurred to operate and maintain the clinic. If a Pediatric Subspecialist does not perform patient care in an established Pediatric Subspecialty Clinic, the available hours, salary expenses, workload, statistical measurements, etc., should be reported in the FCC where the patient care was performed.

## Sexual Harassment and Assault Response & Prevention (SHARP)

All man-hours spent working on a case whether it is spent coordinating with MEDDAC or Installation i.e. preparing Reports for police, to include forensic results, the man-hours will be charged to FCGA.

Time spent training new SARC/UVA for Installation: FCGA.

Man-hours spent conducting SHARP training within the MEDDAC or Dental—teaching/instructing—EBFB for MEDDAC personnel or EBFD for Dental personnel.

Personnel attending the SHARP training would report this time to FALB, Medical Staff Training or FALD, Dental Staff Training.

Man-hours spent collecting/processing forensic evidence with the patient present will be charged to the appropriate 'B' MEPRS Code of the clinic where the collection/processing is taking place.

Man-hours spent accompanying a patient during the collection/processing of forensic evidence, but not performing the collection/processing will be charged to FEDE.

When a team member is called upon to testify in court, time will be charged to FCGA.

Most TDAs show the position for this service in paragraph 720\* - Clinical Support/Operations – MERPS Code/FCC EBAG. This will be the organization in DMHRSi where the individual is assigned.

## **Correction of Negative Net Month Expenses**

The Army MEPRS Program Office, in coordination with MEDCOM ACSRM Finance and Accounting, and Budget Offices developed a standardized process for correcting Net Month Negative Expenses reported in EASi. Net Month Negative Expense result from cost transfer transactions generated by the MTF Budget Office, expenditure/obligation adjustments, work centers/MEPRS FCCs deactivation, and MTF MEPRS staff manually adjusting financial data in EASi. Reporting of negative net month expenses impacts MEDCOMs ability to recapture Medicare Eligible Retiree Health Care Fund (MERHCF) funding.

MEDCOM Budget Office directed MTF Budget Officers to provide MTF MEPRS staff a monthly list identifying Cost Transfer transactions performed during the month NLT the 5<sup>th</sup> working day of the month.

## **Organization Inspection Program (OIP) Guidance**

The Army MEPRS Program Office developed a specialized MEPRS OIP Checklist to be utilized to inspect MTF's Resource Management MEPRS Programs. The checklist addresses DoD, DFAS, DA, MEDCOM, Resource Management, and MEPRS Policies and Procedures and assesses potential operational issues. The FY17 OIP is available on the AMPO website: <https://ampo.amedd.army.mil/>.

MTF MEPRS Offices are required to complete the AMPO self-assessment OIP checklist and forward it to their AMPO Analyst and the MEPRS Army Functional Support mailbox at [usarmy.jbsa.medcom-usamitc.mbx.meprs-army-func-spt@mail.mil](mailto:usarmy.jbsa.medcom-usamitc.mbx.meprs-army-func-spt@mail.mil), no later than **31 May 2017**.

## **DHA and AMPO Table Updates and FCC Reporting Component**

Table changes can be found at: <http://ampo.amedd.army.mil/>

## **FY17 Processing Timeline**

FY17 Processing Timeline has been loaded on our AMPO website: <http://ampo.amedd.army.mil/>