# Army MEPRS Program Office Newsletter

**December 10, 2015**

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HAPPY HOLIDAYS! As the Christmas Season rapidly approaches, I want to update you on a number of MEPRS activities we are working here at the HQs. First, as you all are aware the DMHRSi timecard capabilities have been frustratingly and periodically operational. Immense efforts are occurring at Defense Health Agency (DHA) and Oracle to resolve those issues. After a lengthy stand-down, DMHRSi was operational yesterday (9 Dec 15). I know that errors have already been raised so please continue processing the DMHRSi timecards. If anyone encounters timecard errors, raise the error promptly through the normal channels so it can be worked. Please continue to read the DMHRSi System message updates.

Another major focus area is working the MEPRS guidance for the specialty services (Physical Therapy, Occupational Therapy, and Nutrition Care) in the Patient Centered Medical Home, Community Based Medical Home, and Soldier Centered Medical Home that are the Triad of the Army Medical Home. We are working with the specialty consultants and the Primary Care Service Line leaders to determine the updated guidance and the proper MEPRS reporting of these functions. Additionally, we continue to determine that many of the AMHs are not correctly established on our system tables in all our major systems (GFEBS, CHCS, DMLSS, DMHRSi, etc.) and other critical errors (lack of square footage, inconsistent naming convention, etc.) continue to hamper expense capture. I encourage you to conduct internal assessments to verify the proper setup of each AMC in all our source systems. Thank you.

We continue to develop products that will educate and train everyone on the use of F & G codes. It is important that we continue to stress the importance of capturing time accurately for the work performed. Please continue to provide information on the appropriate use of F & G codes. If you have questions, please raise them up to your AMPO Analyst.

Again, these are the current pressing issues. However I encourage you to continue your diligent work to close out the timecards. The timecard percentage for compliance will remain as established. I want to ensure that we have good data quality, and not rush to meet a suspense with poor, unusable data. Your reported data is used consistently by senior leaders to fight for resources (people, equipment, and supplies) from DHA, Department of the Army, Department of Defense, and Congress in order to meet our most critical mission – of a Ready Force and Delivery of Exceptional Healthcare.

It is my pleasure to introduce to you, Ms. Linda Williams. Ms. Williams has assumed the responsibilities of the MEPRS Chief. She is well experienced in MEPRS as she worked and supervised MEPRS activities at Heidelberg ACH. She is very knowledgeable in GFEBS and can bring an understanding of the financial side. Please welcome her to this great MEPRS Community.

In closing, I want to extend my deepest appreciation to each of you for the work you do, for the work your staff does, for the continuous training of the Health Readiness Platform staff to make them understand how critical capturing MEPRS expenses are to the delivery of health care. I applaud and respect each of you for your dedication, loyalty and duty as you strive to provide the best data (labor and non-labor expense) possible within the complexities of Army Medicine today. I look forward to a continuing relationship and remaining involved with this great community. I wish you and your family the bounty and happiness of the holiday season. Serving to Heal…Honored to Serve. - dwb

## BEST-OF-THE-BEST Data Reporting Month of September 2015

Army Medical Treatment Facilities (MTF) MEPRS Office personnel are known for their dedication and meticulous performance of their duties. This is evident when reviewing the compliance with requirements placed on them from within their commands along with those imposed by MEDCOM.

MTF Ranking is based on point values assessed for compliance with current FY EAS Timeliness, Defense Medical Human Resource System internet (DMHRSi) Timecard Compliance, Financial Reconciliation submission, Narrative submission, Discrepancies for FY09-FY15 (AMPO Discrepancies, and Unauthorized FTE's), and un-validated discrepancies on the Advice and Assist Reports generated as a result of MEWACS data population. Contact your AMPO analyst for additional details on the ranking methodology.

**MEDCEN**

**TRIPLER AMC**
**ERNA TOLENTINO & STAFF**

**BROOKE AMC**
**SONJA KOONS & STAFF**

**BEDDED**

**GL WOOD ACH**
**MARSHA RIEDER & STAFF**

**BAYNE—JONES ACH**
**VALERIE GRAY & STAFF**

**MONCRIEF ACH**
**DEBRA MAJOR & STAFF**

**KELLER ACH**
**REBECCA HACKER & STAFF**

**BRIAN ALLGOOD ACH**
**KWANG PIL CHO & STAFF**

**IRWIN ACH**
**KATHRYN ALBRECHT & STAFF**

**WINN ACH,**
**MARY BOWMAN & STAFF**

**UNBEDDED**

**LYSTER AHC**
**KATHY KELLEY & STAFF**

**FOX AHC**
**CATHY COLLINS & STAFF**

**GUTHRIE AHC**
**MEPRS STAFF**

**BAVARIA AHC**
**ROBERT KESLER & STAFF**

## AMPO Staff Greetings

Hello and Happy Holidays. My name is Linda Williams and I am the new C, MEPRS for the Army MEPRS Program Office. I have worked for MEDCOM most of my federal career predominantly processing and analyzing MEPRS data. My first MEPRS position was with Bassett Army Community Hospital, Fort Wainwright, Alaska, in 1993. March 1997 I accepted a position with Heidelberg MEDDAC again working with MEPRS as a Management/Program Analyst and later worked as the Chief of the Management Branch. Like any growing child I left my home with MEDCOM in 2003 and went to work for United States Army Europe, G6 as a Program Analyst and moved onto HQ, 5th Signal command in May 2010 to August 2015 where I held the positions of Budget Analyst and Financial Management Analyst respectively. If Donald Brocker would have contacted me prior to my departure on 21 August 2015 to Pueblo Colorado Chemical Depot I would not have to tell you that I went there for a short stint prior to arriving at HQ MEDCOM, G8 on 2 November. That was just a small glitch in my travels and I am so happy to be working for MEDCOM once again.

I would like to also pay tribute to three analysts that mentored and grew me professionally in the MEPRS arena, Ursula Henry, Mona Bacon, and Sherry Stone. With a special thank you to Ursula for traveling from San Antonio to Fort Wainwright, Alaska in January of 1994 to provide much needed training to our newly assigned staff. This is quite memorable due to the -20 average daily temperatures compared to sunny San Antonio.

Last but not least I hope you won't mind that I plan to keep the title Bacon Bits it only seems appropriate and besides I hope you love Bacon Bits as much as I do!

We would like everyone to welcome Linda Thomas and Patricia Hammond to the Army MEPRS Program Office.

Patricia Hammond, Management Analyst, replaces Sherry Johnson. Patricia will be the primary manager of the DMHR-Si and EAS tables. She comes to us from the MEPRS Office at Dwight David Eisenhower Army Medical Center, Fort Gordon, GA. Patricia has three girls and one boy.

Linda Thomas replaces Diane Papke as our Lead MEPRS Management Analyst. Linda Thomas comes to us from Kirtland Air Force Base, Albuquerque, New Mexico. She has worked in Resource Management for 28 years in various positions and has over eighteen years of MEPRS experience. She has been married for 32 years, has three daughters and seven grandchildren.

## Flow of Approved Timecards to Expenditure Backlog

Recently access to DMHRSi was closed to users to allow the system to 'catch-up' on the timecard to PRC Import backlog. For time that has already moved to the expenditure table, some sites have reported seeing only a portion of the time entered for the pay period. It is not known if clearing the backlog will fix this issue. Sites will need to do a comparison of time entered on the timecards to what is in the expenditure tables for all pay period starting with pay period ending 17 Oct 15. If it is found that time is missing for an employee send the information to the AMPO Functional Mailbox and your AMPO Analyst. Please provide the following when reporting the issue:

Employees full name; Employees ID Number; Pay period affected

## Possible TDA Reload

There have been a number of issues with the FY16 TDA data in DMHRSi. Joanie Richwine is working with the Program Office data team at DHA to figure out why these issues arose and how we can keep it from happening in the future. The recommendation is to reload FY16 TDA's.

There are approximately 1500+ positions that did not load during the FY16 TDA load. There were a couple of reasons found for this:

Positions rejected during the load because they had a Job series (AOC, MOS, Civ OCC Code) that DMHRSi did not recognize because the Job Table in DMHRSi had not been updated (most significant were the new AOCs 66S and 66T)

Some of the FY15 Organizations have mistakenly been modified or end-dated when they should not have been. When the FY16 TDA loaded, it could not find a 'match' so it rejected that organization for load, which also meant that the positions under that organization did not load

There is no way to individual load positions; TDAs must be done at the parent UIC/CCNUM level. So the recommendation to fix the underlying issues with the data that caused the positions to reject then reload the TDAs.

The Program Office believes that there will be minimal to no impact on the sites. This will end date the existing EITs on the organizations and create new EITs with the new effective dates, and will copy information from the old to the new, so the sites should not see any difference. Sites can continue to slot personnel to current positions, and there should be no re-work.

At the time of writing this article, the recommendation is to reload the TDAs with an effective date of 1 January 2016. This will allow time to identify and fix the underlying issues that caused these positions to fail.

Sites will need to continue to work on the FY16 organization validation, but the suspense for completions of this validation has been suspended until further notice.

## Possible TDA Reload (Continued)

The new dental UICs have created a lot of issues within DMHRSi for FY16. In FY16 the Dental Command moved under the Medical Commands. The new UICs were uploaded into EMILPO but not DCPDS, thus creating a problem for all of the civilian employees.

During the INFORMATICA data loads, Civilian employees are being moved to the organizational header record. Sites are finding that when they move the employees to the correct organizations, the next INFORMATICA data load, the civilian is moved back to the organizational header record. Until this issue is fixed, to keep from correct these records every two weeks sites should:

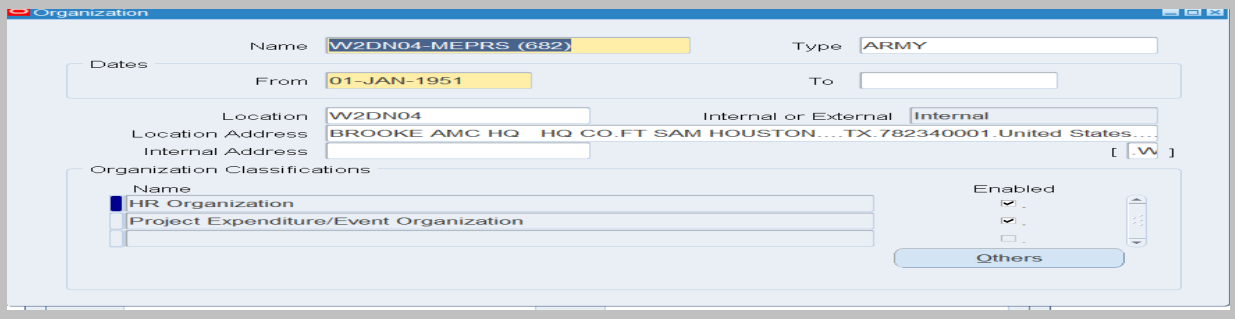
**LEAVE** the assigned organization as the organization that is fed in from the source system

Change only the people group organization to the organization with the new UIC's

The available hours will go to the MEPRS task code the employee enters.

As long as the parent DMIS ID is on the assigned organization, the people group organization, and the project number, non-available time will go to the MEPRS code of the people group organization.

Personnel can be assigned to a header record as long as the "HR Organization" under Organization Classification is "Enabled". Timecards can be created for personnel who are assigned to a header record as long as the "Project Expenditure/Event Organization" under Organization Classification is Enabled.




**DO NOT** add the LCA Data to the Header Record.

The Hierarchy Organization should be the only organization that also has the Project Task Owning Organization Enabled. If found on another organization, it needs to be unchecked.

**ONLY** the assigned organization should be the header record; the people group organization should be a valid organization or approved local organization.

Once this issue is fixed, the check by the Project Expenditure/Event Organization will need to be removed.

Sites need to make sure that there is only one LCA record open for each organization. If there is more than one open LCA record, there will be problems with costing.

There will be some issues that the sites need to be aware of with leaving the assigned organization as a header record.

## DMHRSi Training Symposium

The DMHRSi Training Symposium scheduled for 8-12Feb16 has been cancelled by the Camp Robinson event schedulers; the NGB has a higher priority training event, we have been pre-empted.

We are searching for an alternate location, the dates will change depending on availability of the location.

## Possible TDA Reload (Continued)

The assigned FTE calculation for EASIV uses the employee assigned organization. All other organization information for the employee is determined from the assigned Group. If there is no LCA data, then the assigned FTE record will be blank; meaning on the create file, anyone assigned to a header record will not have an assigned FTE.

| FCC | SUEE | SUPE | BSL | Skill typ | Suffix | SUIC | Per Cat | Dty Ind | SOF | avail Sa | nonava | Assg FT | Avail FT | sick/ho | LV FTE | Other F | Avail Hr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DFAA | 111F | 84770036 | 0130FREE | 1 | P | 602401 | C | BRD | D | 1377008 | 0 | 0 | 68 | 0 | 0 | 0 | 1150 |
| DFAA | 111F | 84770036 | 0130FREE | 1 | P | 602401 | C | BRD | D | 176096 | 0 | 0 | 7 | 0 | 0 | 0 | 120 |

There will be an issue with the creation of loaned time records. The loaned time record is generated from the assigned organization. Header records do not have the loaned time FCC filled out so the system will not generate this record.

An organization that is active in DMHRSi but has no LCA data will show the employee as borrowed. Header records do not have data. The only data on the Header records is the CCNUM, Start Date, classification, DMIS ID, Parent DMIS ID, and Long title).

| Emp Assign Organization Nam | Emp Asg U | Emp As | Emp As | Emp As |
|---|---|---|---|---|
| W2L604-SURGERY (200)-H | W2L604 | NULL | NULL | NULL |
| W2L604-SURGERY (200)-H | W2L604 | NULL | NULL | NULL |
| W2L604-SURGERY (200)-H | W2L604 | NULL | NULL | NULL |
| W2L604-SURGERY (200)-H | W2L604 | NULL | NULL | NULL |

| Duty In | Bsl | Suee | Avail Sal Exp SUM |
|---|---|---|---|
| BRD | 0130FREE | 111F | 13,770.08 |
| BRD | 0130FREE | 111F | NULL |
| BRD | 0130FREE | 111F | 1,320.72 |
| BRD | 0130FREE | 111F | 440.24 |

## DMHRSi Timecard Compliance

There is still an issue with the DoD Batch and Timecard Status Report. The program office has a fix and is working on applying the fix. There is no projected date of when it will be placed in production.

The adjusted dates for timecard compliance will not be sent out until this report has been fixed.

## Medical Readiness Transformation—
## Mobile Training Teams (MTT) and Training Attendance
## DMHRSi Tasks & MEPRS FCCs

The MEDCOM is transforming the methodology for classifying deployability of warfighters. The initial phase of this transformation will require training of the method to all HRP staff involved with the classification. In an effort to identify the man-hours and costs associated with this transformation a standardized MEPRS FCC has been identified for use by personnel providing the training and personnel attending the training.

A Mobile Training Team (MTT) is a group of people from different commands who will be conducting Train-the-Trainer sessions. The DMHRSi Task, FCGP, will be used by individuals of the MTT who are assigned to an HRP. They would enter the Project Number of their HRP and the FCGP_DMIS task on their timecard within DMHRSi when they are being trained and when performing their MTT mission. The MTT is representing the MEDCOM so the cost of the TDY and the man-hours while they are performing the MTT mission funded by MEDCOM would be captured in FCGP. My understanding is the MTT is performing the Train-the-Trainer mission; those individuals trained by the MTT will then go back to their Commands and conduct Train-the-Trainer sessions.

>FCGP (Spt to RHC, MEDCOM, OTSG, etc.): HRP assigned personnel being trained to perform the MTT mission will report time dedicated to this training using their HRP Project Number and FCGP.

AMPO came up with one MEPRS FCC for tracking of the Medical Readiness Transformation training performed at the HRP;

>MEPRS FCC - GBAT - Med Readiness Transf - collect time and expenses incurred by the fixed HRPs while providing and participating in training of the Medical Readiness Transformation. This would require a WBS at each HRP where there funds being expended and where there are trainers and training being conducted.

Aligning with the MEPRS FCC will be DMHRSi tasks for capture of man-hours associated with the Medical Readiness Transformation training;

DMHRSi task - GBAT_DMIS.01 - MRT Tng Tm - HRP trainers utilize this DMHRSi task to document hours expended performing the training function within their HRP.

DMHRSi task GBAT_DMIS.02 - MRT Tng Attendance - HRP Trainers and staff receiving training from MTT or HRP Trainers utilize this task while attending the training sessions conducted within their HRP.

In the event an individual from one HRP goes to another HRP to conduct or attend MRT Training; they would use the Project # and appropriate GBAT DMHRSi task of the HRP where the training is being conducted. For example, if an individual from Redstone goes to Gordon to attend the MRT training, then that individual would use the Ft Gordon Project # and the DMHRSi GBAT_0047.02 task. This then shows the individual from Redstone attended the MRT training at Gordon.

Ensure these tasks are added to DMHRSi and to the EAS ASD Table.

# Q & A

**Question:** How will the recent DMHRSi downtime affect the 45 day transmission suspense date?

**Answer:** The 45 day transmission suspense date will not be adjusted. HRP MEPRS staff should be working on the financial and workload data in preparation for allocation and transmission. When DMHRSi issues have been resolved, work on the personnel file. HRPs which will not meet the 45 day suspense will need to send the AMPO functional mailbox and their AMPO analyst an email requesting a "bye" on the IRIS penalty. The request will be reviewed and approved on a case by case basis. The request must have a projected date of when the HRP will transmit the data. Any request not having the projected date of transmission will not be approved.

# Hail & Farewells

*We welcome the following new members and bid farewell to those who have retired/ or embarked on new paths!*

**Hail**

| Employee | Site | Date |
|---|---|---|
| Linda Williams | MEDCOM RM, AMPO | 1Nov15 |
| Linda Thomas | MEDCOM RM, AMPO | 30Nov15 |
| Patricia Hammond | MEDCOM RM, AMPO | 30Nov15 |
| Elizabeth Smith | MEPRS, Ft Lewis | 14Dec15 |
| Christopher Bever | MEPRS, TAMC | 2Nov15 |
| Matthew DeMaro | MEPRS, West Point, NY | 14Dec15 |

**Farewell**

| Employee | Site | Date |
|---|---|---|
| Debra Major | MEPRS, Ft Jackson, SC | 10Dec15 |
| Elizabeth Rabe | MEPRS, TAMC | 25Sep15 |
| Kathleen Spain | MEPRS, Bavaria, GE | 11Dec15 |
| Lauren Haring | DMHRSi, Bavaria, GE | 14Dec15 |
| Patricia Hammond | MEPRS, Ft Gordon, GA | 29Nov15 |
| | | |