

# Army MEPRS Program Office Newsletter

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**Bacon's Bits** **February 1, 2013**

Unfortunately, we are cancelling the MEPRS training class scheduled for March and given our current environment of fiscal uncertainty, I am not sure when we will reschedule the class. However, in lieu of the training class, we will be conducting DCO sessions. If there are any topics that you would like to receive training on, please contact your MEPRS analyst who will set up a DCO session. We will open the DCO sessions to the first 15 people who sign up for the on-line training.

I know some of you have already been sending messages to the Functional Mailbox; however, I wanted to make sure everyone knows the Functional Mailbox is now operational. The new address for the mailbox is USARMY JB San Antonio MEDCOM USAMITC Mailbox MEPRS Army Func Spt. I know what you're thinking (I actually said it) the length of the address is ridiculous, but we don't have a choice as the naming convention is DOD directed.

Patient Centered Medical Home (PCMH) is the foundation for the Operating Company Module in the AMEDD and a key strategic initiative that is now being implemented rapidly. 100% of our direct-care enrollees must be transitioned to the PCMH model NLT 30 September 2014. Fragmentary Order 5 to Operations Order 11-20 (Army PCMH) provides the somewhat aggressive timelines for the establishment of the PCMH 4th level MEPRS Code. This means we need to make sure your Attachment 3s are being processed IAW with those timelines. If you have not seen nor read, a copy of the FRAGO 5 is on our AMPO web page under medical home.

Have you ever wondered where the phrase "wear your heart on your sleeve" came from? In the Middle Ages, young men and women drew names from a bowl to see who their valentines would be. They would wear these names on their sleeves for one week. To wear your heart on your sleeve now means that it is easy for other people to know how you are feeling. Happy Valentine's Day and may you enjoy one (or more) of the 36 million heart-shaped boxes of chocolate and receive some of the 100+ million roses that are given for Valentine's day each year.

Thank you for all that you do and keep up the good work – it makes me look good!

Have a great month!



**BEST-OF-THE-BEST Data Reporting Month of November 2012**

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 FY08-FY12 (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:**

DARNALL ARMY MEDICAL CENTER  
DIANE PAPKE & STAFF

EXCEPTIONAL EFFORTS!

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**BEDDED:**

BASSETT ARMY COMMUNITY HOSPITAL  
BERNADETTEE MEEK & STAFF

CONGRATULATIONS!

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**UNBEDDED:**

LYSTER ARMY HEALTH CENTER  
KATHY KELLEY & STAFF

AWESOME JOB!

## NURSE CASE MANAGERS

Guidance for reporting Nurse Case Managers in DMHRSi requires these individuals to be classified as Skill Type/ Suffix 3E. Recently an MTF MEPRS POC requested assistance in determining who should be classified as 3E – Nurse Case Managers. AMPO, in coordination with the MEDCOM Executive Nurse, provided guidance that the MTF Executive Nurse, the Chief Nurse within the Department of Nursing, or Deputy Commander for Nursing (DCN) would be responsible for identifying the Nurse Case Managers.

Currently there are no certification requirements for classification as a Nurse Case Manager. The Human Resources POC at the MTF should contact one of the individuals identified above to get the listing of individuals who should be classified in DMHRSi as ST/S 3E – Nurse Case Managers.

## ADMINISTRATIVE DUTIES

Man-hour Coding for Administrative Duties (Extra Duties) - This is time spent performing Command administrative duties in the facility e.g., Command Duty Officer, Non-commissioned Officer of the Day, Field Officer of the Day, Administrative Officer of the Day. This person represents the MEDDAC/MEDCEN Commander in all administrative matters. This time is captured as available time to MEPRS Code/FCC (DMHRSi task) EBCA for assigned military, Reservists or borrowed military labor.

For example, if the staff member starts as Noncommissioned Officer of the Day at 1700 and pulls duty until 0700 the next day, they would enter 14 hours to MEPRS Code/FCC EBCA. If the next day is a "sleep day" it is non-reportable in DMHRSi.

Man-hour Coding for Charge of Quarters (CQ-M) - This is time spent performing the duties of CQ-M are charged to the MEPRS Code/FCC FEDA. If the staff member gets the next day off as a "sleep day", that time is also non reportable in DMHRSi.

If any of the duties listed above are performed on a day that is not part of the staff members duty week, it is not reported in DMHRSi. For example, pulling duty on the weekend, when the weekend days are not normally scheduled duty days, you would not report the man-hours in DMHRSi.

Remember, Dental staff members do not pull CQ-D therefore, guidance for CQ does not apply.

## MEPRS CODE/FCC ACTIVATION/ IMPLEMENTATION PROCESS

AMPO is required to validate and monitor the setup of your Medical Homes within the MEPRS systems. One issue that has caused a lot of red flags are approved MEPRS codes/ FCCs being entered into DMHRSi and used by the site even though the MEPRS codes/FCCs has not been set up and/or activated in all systems (CHCS/ALTHA, GFEBs, EASi, DMHRSi). MEPRS codes/FCCs that are not set up properly causes errors and extra work when processing data for transmission to the repository. Sites should not expect to use a new MEPRS code/FCC right away. The MEPRS Analyst at the MTF is responsible for ensuring that the MEPRS code/FCC has been added to all of the MEPRS systems once it's available in CHCS/AHLTA.

Below is a brief description of the PCMH process:

1. RMC reviews clinic's completed attachment 3 document; forwards to AMPO
2. AMPO approves clinic's request, adds MEPRS code/ FCC to attachment 3; forwards to Health Plan Management (HPM)
3. HPM validates clinic's request and notifies AMPO of approval and/or requested corrections
4. AMPO notifies site/region of approval or items that require correction
5. Site MEPRS staff notifies MTF staff of approved MEPRS codes/FCCs; Site CHCS staff uploads codes, builds location in hospital location file, builds clinic profile, adds clinic to ADM file, ensures clinic and Manage Care Division/Clinical Support Division/Business Operation Division (MCD/CSD/BOD) are coordinating empanelment synch to new MEPRS code/FCC; opens ticket with the Military Health System (MHS) help desk
6. MHS Helpdesk performs Armed Forces Health Longitudinal Technology Application (AHLTA) mapping (requires 60-90 days)
7. MHS Helpdesk notifies Clinic when mapping has been completed; clinic adds appointment types and appropriate detail codes
8. Site the Composite Health Care System/Manage Care Division/Clinical Support Division/Business Operation Division (CHCS/MCD/CSD/BOD) determines if patients will be enrolled in new clinic (coordination through Clinic and Credentialing); if yes, site staff with PCM database access, coordinates PCM flag activation in CHCS for providers, and verifies provider/group/place of care to populate DMDC
9. Clinic builds new schedules for new clinic; implements using MEPRS code/FCC; site MEPRS staff uploads codes into DMHRSi and EASi
10. HPM validates through Tricare Operations Center (TOC) that new MEPRS code/FCC is operational and being used correctly (can take 30 days; occurs on the 1st of the month)
11. AMPO validates accuracy of new MEPRS Codes/ FCCs in GFEBs, EASi and DMHRSi



Question: AMPO has approved my MEPRS code/FCC request on the Attachment #3 for Patient Center Medical Home (PCMH). I need to deactivate one of the homes listed on the PCMH Attachment #3 and add it as a Soldier Center Medical Home (SCMH). What documents do I need to send to the Region and AMPO to make this change?

Answer: You will need to re-submit the Attachment #3 for the PCMH showing that you are deactivating the MEPRS code/FCC, and submit a new Attachment #3 for the SCM. They will both be reprocessed and sent back to your MTF for implementation.

## *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
Patricia Oliver	CRDAMC, FT Hood	28 January 2013
Mr. Chong, U Chun	MEDDAC-K, Korea	03 January 2013

### Farewell

Employee	Site	Date
Matt Wingard	IACH, FT Riley	25 January 2013

