Army MEPRS Program Office Newsletter

February 9, 2015

AMPO ★★★ Army MEPRS Program Office

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Welcome to February! The year is speeding by and critical issues continue to raise up that impact your organizations. It is important that each MEPRS Team member be able to communicate with their staffs on data quality issues, changes in MEPRS guidance, and accurate DMHRSi time reporting. If you have questions, please do not hesitate to contact your AMPO Analyst to ensure the correct information.

The Army Audit Agency performed a MEPRS audit of DMHRSi timecards and their accuracy. One of the findings, they found that many timekeeping specialist were performing both the timekeeping specialist role and the timecard approver role. This dual function should not be performed by one person. It lacks proper internal management control, decreases data quality of the personnel time reporting, and lacks the accuracy check that the system is relying on to occur.

A review of the GGA8 Ebola DMHRSi reporting shows poor use for capturing time to this Readiness "G" Code. Some medical treatment facilities have made major changes in preparation for Ebola support within their facilities (e.g. designating and staffing an Ebola Ward). MEPRS Office must ensure that personnel who support this readiness mission reports their DMHRSi time to the correct "G" code. Analysis of October 2014 shows that only 10 MTFs reported time for GGA8. Please review your reporting and ensure accurate readiness reporting.

Many thanks for all that you do. You are a critical point to ensuring MEPRS data quality. I appreciate your work and look forward to seeing many of you at the MEPRS Training in March 15. - dwb

BEST-OF-THE-BEST Data Reporting Month of November 2014

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

BROOKE AMC
SONJA KOONS & STAFF

C.R. DARNALL AMC
STACIE RITCHEY & STAFF

BEDDED

BASSETT ACH
BERNADETTE MEEK & STAFF

WEED ACH
VALARIE DEROSE & STAFF

IRWIN ACH
KATHRYN ALBRECHT & STAFF

WINN ACH
KRISTINE DEJOSEPH & STAFF

BRIAN ALGOOD ACH
KWANG PIL CHO & STAFF

UNBEDDED

LYSTER AHC
KATHY KELLEY & STAFF

GUTHRIE AHC
MARY YOTT & STAFF

BAVARIA MEDDAC
ROBERT KESLER & STAFF

FOX ACH
CATHY COLLINS & STAFF

FILE AND TABLE MAINTENANCE

File and Table Maintenance reviews must be completed at the beginning of every fiscal year per the OIP checklist. To complete this task you will need to reconcile the MEPRS/DMIS ID Code combinations on the EAS IV ASD Table, DMHRSi Task List, GFEBS Cost Center Report, 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.

Make sure you 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 to your Budget Chief, CHCS to your Database Administrator, etc.). If the appropriate changes are not made in a timely manner, elevate the issue through the proper Chain of Command.

If your source system data is not correct, the MEPRS data will not be correct and it could have a negative impact on your MTF. Data Quality is integral to assess your MTFs efficiency and productivity.

DMLSS

MEDCOM is working to reduce facility costs and right size its facility footprint. Facilities space utilization must be monitored to allow senior-level 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. Medical Expense and Performance Reporting System (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 personnel with ensuring accurate, up-to-date facility and room inventory data and customer/service mappings to MEPRs codes in DMLSS. Per OPORD 15-21, all data outlined in the tasks must be completed as outlined below:

(1) NLT 14 MAR 15, Resource Managers and Facility Directors coordinate with system administrators to ensure the MEPRS code for each facility customer/service is entered in the System Services of DMLSS. Only MEPRS codes that have been approved by MEDCOM HQ are authorized.
(2) NLT 14 MAR 15, Clinical leads, Resource Managers, and Facility Directors validate the accuracy of all facility Customer/Service with corresponding MEPRS codes are selected to properly link to the room inventories.
(3) NLT 14 MAR 15, 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.
(4) Monitor compliance, including periodic reviews of housekeeping contract reports and ensure all customers have MEPRS codes.

SUBMITTED STUCK TIMECARDS-EX-EMPLOYEES

When submitting your stuck timecard requests, please be sure and research to see whether the individual is a terminated employee. Per the MHS help desk, at the present time there is a bug with the R12 upgrade that will not kick off a workflow if the employee is terminated. The time must be batch entered for these types of timecards until this issue is resolved.

MEPRS TRAINING

The Army MEPRS Program Office (AMPO) is scheduled to provide training at Camp Robinson, Arkansas, 2-6 March 2015.

Each MTF was allotted two slots with emphasis on maximizing the utilization of both slots, which filled up quickly. Training will begin at 0800 hours on 2 March 2015 and end at 1200 hours on 6 March 2015. Please plan your arrival and departure accordingly; reminder there is no lodging cost for the training location. This training is for all levels of MEPRS knowledge and experience and is being provided in an effort to improve MEPRS data quality.

The agenda has not been finalized, we will send it out once it's finalized. Participants will need to arrive on Sunday, 1 March 2015. Participants will need to bring a laptop and ensure that Wi-Fi connectivity is enabled. Wi-fi connectivity and internet access will be required to have access to DMHRSi, EASi and GFEBS.

Training will include but not limited to the following topics:
-DMHRSi
-MEPRS Table Reconciliation
-WAM (Initialization/Generation, Datasets, Data Transfer and Exception reports)
-Workload Reconciliation
-PCMH/SCMH Set up and Sustainment
-Financial Reconciliation
-DMHRSi Data Check Tool
-Scenario driven training

Question: What DMHRSi Code/task should be used if a patient “no-shows”?

Answer: Time spent for clinic “downtime” such as patient no-shows, cancellations, or unbooked apointments should be reported under the appropriate clinic B***_DMIS* task, unless performing other duties with specifc designated DMHRSi tasks, i.e. training (FAL* or GBA*). Time should NOT be reported as E***_DMIS* task (admin). Reminder charting a patient record is patient care related, NOT administrative in nature, and is reportable to B***_DMIS task.

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
Crystal Garretson	Ft Hood, CRDAMC	25 Jan 2015
Tiffany Walden	Ft Benning, BMACH	29 Dec 2014
Candace Sims	Ft Benning, BMACH	26 Jan 2015
Sheronda Ujczo	Ft Lee, KAHC	11 Jan 2015

Farewell

Employee	Site	Date