

Army MEPRS Program Office Newsletter

June 8, 2015



Inside this issue:

- Best-of-The-Best
- Warrior Transition Unit (WTU) Reporting in MEPRS
- System Synchronization
- Hail & Farewells

Many thanks to the entire MEPRS Community for your continued work in processing your data timely. It is critically important that you capture the expenses in their proper location and time period. As we begin to hit the summer time, family vacations, trips and travel, it becomes increasingly important to start the EAS IV monthly close early. The time you spent upfront in preparation will reduce the risk of a late transmission. We (Army MEPRS Program Office) are preparing now for FY16 updates. We continue to visit MTFs and provide the training and assistance to the individual MEPRS Office staff. I appreciate the MEPRS staff dedication and expertise of the many professionals in this outstanding community.

As it has been some time since I last mentioned the need to appropriately code time spent in readiness and special program activities. If the staff (military or civilian) attend a school in a TDY and return status or if the Non-commissioned Officer functions on a promotion board it is important to report this time under the "G" MEPRS. Another major MEPRS focus area is the reporting accurate of square footage in EASIV. A current G-9 Facilities tasker requires the Facility Management Staff to conduct a complete inventory of rooms and validate assigned square footage. The tasker requires the Facility Management Staff to communicate and share this information with the MEPRS staff. The MEPRS staff must then update the EASIV with this new information.

If you need assistance, do not hesitate to contact your AMPO Analyst. Be safe in your summer activities and travels, prepare early, and submit your MEPRS on time. Best wishes to all. - dwb

BEST-OF-THE-BEST Data Reporting Month of March 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

C.R. DARNALL AMC
STACIE RITCHEY & STAFF

BROOKE AMC
SONJA KOONS & STAFF

TRIPLER AMC
ERNA TOLENTINO & STAFF

BEDDED

BASSETT ACH
BERNADETTE MEEK & STAFF

BAYNE-JONES ACH
JAMES SARVER & STAFF

KELLER ACH
REBECCA HACKER & STAFF

BRIAN ALLGOOD ACH
KWANG P. CHO & STAFF

IRWIN ACH
KATHRYN ALBRECHT & STAFF

MONCRIEF ACH
SEVERN JACKSON & STAFF

WINN ACH
MARY BOWMAN & STAFF

UNBEDDED

LYSTER AHC
KATHY KELLEY & STAFF

FOX AHC
CATHY COLLINS & STAFF

GUTHRIE AHC
FT DRUM MEPRS OFFICE

WARRIOR TRANSITION UNIT (WTU) REPORTING IN MEPRS

In an effort to clarify WTU reporting, AMPO is providing the following guidance.

1) Direct patient care performed by MTF personnel, seeing WTU patients within the MTF, will code their encounters and man-hours to the "B" MEPRS/FCC code of the clinic they are seen in.

2) Direct patient care performed by personnel assigned on the WTU TDA, in a "loaned" MTF location (due to space issues) or in the Warrior Transition Unit (WTU), seeing only WTU patients, will code their encounters and man-hours to the following "F" MEPRS/FCC codes:

WTU Social Work FASW

Case Management FCG2

Physical and Occupational Therapy FEDA

The "loaned" square footage/square footage cleaned will need to be added to the data sets in the respective "F" MEPRS/FCC code as appropriate.

3) Direct patient care performed by a mixture of WTU and MTF personnel, seeing WTU patients within the MTF, will code their encounters and man-hours to the "B" MEPRS/FCC code of the clinic they are seen in.

The majority of the WTU personnel have non-medical related service occupation codes; they are not performing direct patient care inside the fixed MTF. Historically, there has been great difficulty in obtaining accurate timecards for the WTU non-medical personnel who work outside the fixed MTF. For this reason, AMPO has developed a methodology to capture the man-hours of WTU clinical staff who contribute to the MTF direct patient care mission while moving non-clinical WTU staff to a non-MEPRS reporting organization within DMHRSi. Man-hours of all WTU personnel (clinical and non-clinical) who work in a clinic located within a fixed MTF (except for WTU clinics in the MTF utilizing "loaned" space) will be captured, regardless of skill type.

a. The technical guidance on how to eliminate the requirement to report man-hours for non-clinical WTU staff in DMHRSi is provided below:

- (1) MEPRS - Choose a start date. It should be the beginning of a future pay period.
- (2) Human Resource (HR) - Obtain a list of the WTU patient care personnel.
- (3) Manpower - Create local organization for your patient care personnel using the correct start date.

WARRIOR TRANSITION UNIT (WTU) REPORTING IN MEPRS cont.

(4) MEPRS – Make sure the organization is HR Organization enabled and Project Expenditure/Event Organization enabled.

(5) MEPRS – Add the Labor Cost Assignment (LCA) codes and the timecard approver.

(6) MEPRS - Make all current WTU organizations non-MEPRS reporting by going to the LCA codes, removing everything except CCNUM, Start Date, End Date, organization long title and make the classification Non-MEPRS

Reporting. Remember – organization LCA codes are not date tracked. Do not remove the timecard approver or the LCA codes until you have processed the last month where non-patient care personnel have approved timecards.

(7) Remove the check mark from Project Expenditure/Event Organization – do not remove this until you have processed the last month that includes timecards for non-patient care personnel.

(8) Remove the name listed under Timecard Approver - do not remove this until you have processed the last month that includes timecards for non-patient care personnel.

(9) HR – Move all patient care personnel from the WTU organization to the local organization using the agreed upon start date. Both the organization and group must be the local organization.

(10) MEPRS – Notify the personnel who are non-patient care personnel know that they are no longer required to enter a DMHRSi timecard.

b. HR will need to review the personnel assigned to this organization monthly. Recommend WTU forward an updated list of their patient care personnel monthly for validation. The source systems, E-MILPO and DCPDS, could move some of the personnel back to the WTU organization during the bi-weekly HR source file upload process.

c. MEPRS personnel do not need to reverse any hours that are already entered for the non-patient care providers in DMHRSi and do not need to resolve timecards for non-patient care personnel who have not entered a timecard for the past pay period. WTU patient care staff will be treated as assigned. These personnel will accrue an assigned FTE, account for all of their leave, etc. When the clinical WTU personnel perform non-patient care related WTU functions, this time should be reported in the MEPRS code of FEDA, (WTU, Medical Company, & CQ-M for Barracks).

d. Coordinate with Budget to change the MEPRS/FCC TO YWTU so that all financial data in GFEBs will be flagged as an ECU error and can be deleted for Expense Assignment System, Version IV (EASIV) processing. Any supplies and equipment used by staff who support direct patient care inside the MTF are already funded in other clinical MEPRS codes.

SYSTEM SYNCHRONIZATION

The synchronization of the following systems used by HR, Budget, Manpower, and MEPRS are instrumental when aligning manpower requirements, personnel and funding streams and in creating a Position Control Roster (PCR) or a working Table of Distribution & Allowances (TDA).

HR	- eMILPO/DMHRSi
Budget -	GFEBs, Cost Centers/WBS
Manpower	- PCR/TDA
MEPRS -	DMHRSi/EASi

The PCR provides enterprise-level visibility of unit staffing. The PCR serves as a tool for Commanders and management teams with implementing and restructuring using the force shaping initiatives to include the AMEDD Futures and Enhancing Army Medicine Performance. Personnel should be aligned to a work center (paragraph number). Within that work center, each person should be aligned to a requirement with an authorization. If there is no requirement with an authorization, then you would align the person to a requirement without an authorization. If neither exists on the current TDA, a local position must be created under the applicable work center. Local organizations and positions must be created when new requirements are validated through an approved model, study, or concept plan, and are documented on a future version of the TDA.

MEPRS collects and measures expenses for work centers in the MTF. When DMHRSi data is interfaced into EAS, it brings over the civilian pay and military pay, but because the contract expense is in GFEBs which is reported by WBS and MEPRS code, the contractual expense must interface from GFEBs. This is where it is important that all budgetary expenses be charged to the correct WBS and correct MEPRS code. When the GFEBs file is interfaced into EAS all of the expenses and obligations are already sorted by the MEPRS code that was on the Budget WBS used for expenditure.

Contract personnel should be entered into DMHRSi to the specific work center where they are working. If the contract expense is not charged to the correct WBS/MEPRS code, then MEPRS cannot calculate the correct cost of providing patient care in that work center. If the MEPRS cost is wrong, then the M2 cost is wrong, and both EAS and MEPRS data are used in all Business Case Analyses (BCAs), business decisions, etc. In short, anyone using the data will not be able to make a sound decision based on reported data from any system. This includes external sources that also make decisions based on reported data from these systems. Remember, if there is a change to the contract requirements (where the contractor is working), there must be a contract modification to allow for the change. It is possible to have one contract for nurses that work throughout the hospital, as long as there are multiple CLIN lines associated with multiple WBSs and each have valid MEPRS codes for the workcenters where the nurses are working. Each year there must be a reconciliation performed with Budget, Contracting and MEPRS to insure that costs are going to the proper workcenters in GFEBs and EAS. To understand the process, the personnel expenses reported in the GFEBs SOF remain in the EAS Financial Pure data. However, once the financial file is imported, validated and migrated into EASi, the personnel expenses are not utilized. The personnel expenses in EASi direct expenses and used during processing are those imported from DMHRSi. The only exception to this is the Contract expenses which are imported from GFEBs to the EAS Financial Pure.

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
Ana Baritto	Landstuhl, LPMC	18 May 15
Veronica Brown	Ft Benning, BMACH	1 June 15
Diane Papke	Ft Hood, CRDAMC	15 June 15
Cynthia McKenna	Ft Bragg, WAMC	8 Feb 15
Archita Graves	Ft Bragg, WAMC	19 Apr 15
Andre Fairley	Ft Bragg, WAMC	3 May 15
Christopher Woodley	Ft Gordon, DDEAMC	20 Apr 15
Rebecca Orr	Ft Leonardwood, GLWACH	4 May 15
Stephanie Kammerdiener	Ft Carson, EACH	17 May 15
Jonathan Hicks	Ft Carson, EACH	28 June 15

Farewell

Employee	Site	Date
Michelle Alexander	Ft Benning, BMACH	15 May 15
Diane Papke	Ft Sam Houston, MEDCOM	12 June 15
Stacie Ritchey	Ft Hood, CRDAMC	19 June 15
Philip Kaberline	Ft Leonardwood, GWLACH	31 May 15
Brian Martin	Ft Leonardwood, GWLACH	31 May 15
Jay Clark	Ft Carson, EACH	30 June 15
Heidi Mon	Ft Carson, EACH	17 May 15
Sherri Johnson	Ft Sam Houston, MEDCOM	26 June 15