

Army MEPRS Program Office Newsletter

March 1, 2013

Inside this issue:

- Bacon's Bits
- Best-Of-The-Best
- The Medical Skills Reset (MSR) Training Program
- PCMH Huddles
- Worldwide Workload Report (WWR)
- Emails to AMPO
- Signature Blocks in Outlook
- Q & A
- Hail & Farewells

Bacon's Bits

Ah, the month of March where we have increasing daylight, warming temperatures and the rebirth of flora and fauna – Spring in other words, which this year is 20 March. Did you know, according to folklore, you can stand a raw egg on its end on the equinox? You should give it a try and see if it's actually true.

Patient Centered Medical Home (PCMH) has consumed a lot of our time here at AMPO and yours too I imagine. Please make sure you are reviewing your datasets that you have established for your 'E' account PCMH MEPRS Codes to ensure they are allocating only to the cost centers they are supporting. For example, we have found that some MTFs have established their 'EBC' PCMH MEPRS Code datasets to allocate to all work centers in the MTF and not just to the work centers the PCMH clinical administration is supporting. You should also pay close attention to the lease costs for your Community Based Medical Homes (CBMHs). The CBMH lease costs should only allocate to the CBMH work centers they support and you must have the CBMH MEPRS Codes on the square footage dataset (with the exception of cost pools). Also, please make sure you are following the dataset guidelines in establishing your 'D' account datasets for the CBMHs. Now, if you didn't understand any of the above, Houston, we have a problem.

Thank you to those who submitted topics that you wanted to discuss via a DCO session. We have scheduled two DCO sessions for 26 and 28 March. The session on 28 March is to accommodate the time differences in the Pacific and Europe regions. Both sessions will cover Understanding the EAS Summary Review Report and the Assigned Personnel Report. The sessions are scheduled for three hours and we will let you know soonest on the exact times.

The TMA MEPRS newsletter has evolved into a webzine and you can view it at <http://www.meprs.info/informer>. Please read the article on the EASIV Repository issues involving use of the DOD Occupation code and the Service Occupation code description and the temporary work around. Also, of interest is the article on the relief for report timeouts. The four dashboards I had mentioned in a previous newsletter are also displayed and the Army has approximately 20% more unresolved data anomalies than the other two services. We are getting better; however, please continue your hard work to get your data anomalies resolved.

Have a great month!



BEST-OF-THE-BEST Data Reporting Month of December 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!

BEDDED:

BAYNE JONES ARMY COMM HOSPITAL
JAMES SARVER & STAFF

CONGRATULATIONS!

UNBEDDED:

FOX ARMY HEALTH CLINIC
CATHY COLLINS & STAFF

AWESOME JOB!

THE MEDICAL SKILLS RESET (MSR) TRAINING PROGRAM

The Medical Skills Reset (MSR) training program is an NCO driven initiative to develop a medical skills sustainment program across all Army components (COMPOs). The program will enable soldiers in the 68-series occupation codes, not assigned to a Medical Treatment Facility (MTF), to update and sustain their clinical skills through annual training rotations at their local MTFs.

All MSR participants will in-process through their respective MTF per local SOP. At that time they will be entered into the Defense Medical Human Resources System-internet (DMHRSi) and MSR man-hours will be accounted for by the NCOIC of the appropriate functional areas. Please contact your AMPO analyst for additional

PCMH HUDDLES

The Daily PCMH Huddle is described as:

"A team meeting to ensure efficient patient visits by discussing patients on the day's schedule. A communication process may include email exchanges or messages in the medical record about the patient."

For MEPRS reporting, the time spent by the PCMH staff in the daily huddle will be coded to the "B" MEPRS Code/FCC of the PCMH Team.

WORLDWIDE WORKLOAD REPORT (WWR)

As we begin phasing out the Worldwide Workload Report (WWR), the MEPRS Management Improvement Group (MMIG) has agreed that we will use the Monthly Statistical Report (MSR) in lieu of the WWR as part of our workload reconciliation processes. The MEPRS Early Warning and Control System (MEWACS) and the Advice and Assist Report will use Appointments Kept to reconcile with the EAS Visits. AMPO will update the appropriate training and reference documents to reflect this change.

EMAILS TO AMPO

Please send separate emails for your Defense Medical Human Resources System-internet (DMHRSi) Timecards, DMHRSi Role requests, and login errors. Although this may seem easier for you to send them in one email message, we can monitor the issues/concerns that have been resolved better with separate emails. In addition, due to the volume of email traffic we receive from the sites, we are requesting each of you use standard subject lines so we are able to sort and process your concerns more quickly. For Locked and Stuck Timecards, please start your subject with "DMHRSi Timecard Stuck/Locked (Installation Name and DMIS ID)". For DMHRSi Role requests start your subject with "DMHRSi Role Request (Installation Name and DMIS ID)". For 401 errors, please start your subject with "DMHRSi 401 Errors (Installation Name and DMIS ID)". In addition, please type the employee's names and user names in all caps when entering their name on the forms or email, which makes it much simpler to paste into DMHRSi without us or the helpdesk having to retype to enter into DMHRSi reducing the number of possible typos. These are just a few procedures which will help us work your concerns/issues in a more efficient manner.

SIGNATURE BLOCKS IN OUTLOOK

Each of you is a valuable member of the MEPRS team; however, some of us at AMPO do not work with you on a regular basis. Without referring to a list, we sometimes can't recall which site you work at. With the different concerns emailed to us daily, we require different information about your site for different reasons. It would be helpful and a timesaver for us, if each of you could include certain items in your signature block without us having to refer to another document when working on an issue or concern for you. Please include the following in your signature block: First and Last Name:, Installation Name:, MTF Name and Abbreviation; Phone Number; DMIS ID; and MEPRS title so we can differentiate when the email is coming from a MEPRS staff member, another office at your site, or one of your employees.



Happy St.Patrick's Day !



Q: If the laboratory conducts DOD AIDS testing which would appear on the DBAA dataset as FAFB, should these tests be reported in the F-Raw dataset also?

A: The laboratory would report the DoD AIDS test performed by the requesting service FAFB. Report the Annual testing on both the DBAA dataset and on the F Accounts Raw Proc Dataset so that the laboratory can obtain credit.

Do not confuse the DOD AIDS testing/FAFB, which is conducted on an annual walk-in basis for military soldiers, with the AIDS testing performed for a physical exam. All physical exam testing will be reported in the DBAA dataset by the requesting B MEPRS Code/FCC service.

For further reporting guidance see DoD 6010.13-M, April 7, 2008 APPENDIX 1, and the FY FCC Reporting Components document.

*****The Question and Answer was contributed by MEPRS Analyst Kenya Abby from Munson Army Health Center (MACH) Ft Leavenworth, Kansas**

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
Elizabeth Rabe	TAMC, Hawaii	2 December 2012

Farewell

Employee	Site	Date
Jill Fraczek (Retiring)	GAHC, Ft Drum	31 March 2013