

Army MEPRS Program Office Newsletter

March 6, 2014

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As spring approaches, it seems to be the season for audits. Audits are currently being conducted by the U.S. Army Audit Agency. Audits are being performed on the MEPRS data and medical readiness training throughout our facilities.

Once the audits are complete, AMPO will have to address any findings. To date, most of the findings have focused on the inaccuracy of square footage and DMHRSi. If your site is one of the sites currently being audited, you would be aware and involved.

In the current audits, DMHRSi findings are the most significant. First, all facilities should ensure they have an adequate training plan. MEPRS is responsible for training timecard approvers, timekeeper specialists and employee self-service. The most efficient way to accomplish this is for MEPRS to train the approvers/specialists and empower them to train self-service. Training aids can be found on the AMPO web page.

Also, they are finding work centers that are entering what is referred to as crazy 4-2-2 instead of crazy 8s. They are entering 4 hours to the "B" MEPRS Code/FCC, 2 to inpatient and 2 to the administrative codes. Please evaluate your data and look for these trends.

Your training should include ensuring the person who is approving timecards has access to leave data, schedules, etc. and train the approvers/specialists on why accuracy is important. For assistance with this, contact your AMPO analyst.

Some facilities feel that if MEPRS controls everything, to include entering and approving timecards, the data will be more accurate. That's not true. MEPRS staff do not see these employees on a regular basis and should not be entering/approving the timecards. More and more emphasis is being put on the accuracy of the man-hour data. Your work centers are responsible for the data. If they don't want their employees to enter it, they must delegate that responsibility to someone else within the work center. This will ensure the MEPRS staff are not held responsible for the accuracy of the data.

Allocate time during each month to perform training and evaluate your DMHRSi data. Don't spend your time performing data entry, make it count — train your staff.



BEST-OF-THE-BEST Data Reporting Month of December 2013

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-FY14 (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 Army Medical Center
Sonja Koons & STAFF

EXCEPTIONAL EFFORTS!

BEDDED:

BASSETT ARMY COMMUNITY HOSPITAL
BERNADETTE MEEK & STAFF

CONGRATULATIONS!

UNBEDDED:

Fox Army Health Clinic
Cathy Collins & STAFF

AWESOME JOB!

RULES FOR ESTABLISHING THE 4TH LEVEL FCC FOR EMBEDDED BEHAVIORAL HEALTH (EBH)

An EBH team will be established with dedicated clinical and support staff in direct support of a Brigade (BDE) sized organization. The clinical infrastructure used will house the entire EBH team and will capture workload created from encounters with Soldiers assigned to the supported BDE. The EBH teams clinical and support staff will not be tasked with duties that support Soldiers assigned outside of the EBH system of care.

Work centers will ultimately be located out in the brigade areas where the soldiers are located. Some of the space will be re-modeled existing space and some of it will be new modular buildings. When the permanent location within the Brigade is established, a DMIS ID for the building(s) must be requested.

In the interim, when a site has an embedded behavioral health team established, that meets the definition of a standalone workcenter at the main facility, submit a request for AMPO to approve the use of the BFD4 MEPRS Code/FCC under the Parent DMIS ID.

Once a request is submitted to AMPO for consideration, AMPO will forward to the MEDCOM Embedded Behavioral Health Point of Contact (POC) for verification that the MTF has a valid EBH team. If the EBH POC validates that the MTF EBH team is valid the BFD4/Parent DMIS ID will be approved for use.

Upon occupancy of the final location within the Brigade, the MTF will submit a request for the use of BFD4 at the child DMIS ID location. AMPO will then forward the request to the MEDCOM Embedded Behavioral Health Point of Contact (POC) for verification that the MTF has a valid EBH team at the child DMIS ID location. If the EBH POC validates that the MTF EBH team at the child DMIS ID location meets the standards, BFD4/child DMIS ID will be approved for use.

The MTF cannot use the BFD4 MEPRS Code/FCC until they start seeing patients under the embedded behavioral health concept and sites are not authorized to use BFD4 unless they receive approval from AMPO.

CORRECTING OR ADJUSTING E0011 ERRORS-HOW TO ENTER IN AUTOMATED FINANCIAL RECONCILIATION

E0011 errors are generated and displayed in the Error Correction Unit (ECU) when an expense record exists for an FCC for the previous month but an expense record was not received for the current month.

There are three methods of correcting this error;

1 - Overriding the warning: Override a warning when the data generating the warning are valid.

2 - Using the Financial Detail window: Correct the warning through the Financial Detail window when an invalid code or amount generates the warning.

Or

3 - Adjusting data: Adjust data when a missing record in the data from the previous month generates the warning.

Overriding the error by accepting the record results in no data in the current month therefore no entry in the automated financial reconciliation is required.

Correcting the error by adjusting the record in the Financial Detail window will create a record in the Financial Audit Report reflecting an ECU "After" record only; there will be no "Before" record. When this occurs enter these records in the automated financial reconciliation as a Financial Addition. This is entered as an addition because as the error message indicates there is no financial data for this record during the current month, by adjusting the record in the financial Detail window you are adding a record to the current month's data.

Correcting the error by adjusting in the ECU will create a record in the Financial Audit Report reflecting an ECU "After" record only; there will be no "Before" record. When this occurs enter these records in the automated financial reconciliation as a Financial Addition. When the amount is adjusted to reflect an amount greater than the previous month this should be entered in the automated financial reconciliation as a Financial Addition. This is entered as an addition because as the error message indicates there is no financial data for this record during the current month, by adjusting the record in the financial Detail window you are adding a record to the current month's data.



Question: SHARP is now on our TDA, what MEPRS Code/FCC would this person be assigned to? We now have a Civilian Sexual Assault Response Coordinator (SARC) employee and/or Sexual Assault Nurse Examiner (SANE) person. What MEPRS Code/FCC should these employees (SHARP, SARC, SANE) use?

Answer:

- a. All man-hours spent working on a case whether it is spent coordinating with MEDDAC or Installation i.e. preparing Reports for police, to include forensic results, the man-hours will be charged to FCGA.
- b. Time spent training new SARC/UVA for Installation: FCGA.
- c. Man-hours spent conducting SHARP training within the MEDDAC or Dental—teaching/instructing—EBFB for MEDDAC personnel and EBFD for Dental personnel.
- d. Personnel attending the SHARP training would report this time to FALB.
- e. Man-hours spent collecting/processing forensic evidence with the patient present will be charged to the appropriate 'B' MEPRS Code of the clinic where the collection/processing is taking place.
- f. Man-hours spent accompanying a patient during the collection/processing of forensic evidence, but not performing the collection/processing will be charged to the appropriate 'B' MEPRS Code of the clinic where the collection/processing is taking place.
- g. When a team member is called upon to testify in court, time will be charged to FCGA.

Most FY14 TDAs show the position for this service in paragraph 720* - Clinical Support/Operations – MEPRS Code/FCC EBAAE. This will be the organization in DMHRSi where the individual is assigned.

Hail & Farewells

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

Hail

Farewell

Employee	Site	Date

Employee	Site	Date
Teresa Conway	MACH, Eustis	31 March 2014
Jeanie McCleary	MEPRS	31 March 2014
Brenda Cordell	MACH, Eustis	31 March 2014
Ann Butts	WAMC, BRAGG	28 March 2014