

Army MEPRS Program Office Newsletter

May 1, 2014

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“Each problem has hidden in it an opportunity so powerful that it literally dwarfs the problem. The greatest success stories were created by people who recognized a problem and turned it into an opportunity.” ~ Joseph Sugarman

In today’s world of military healthcare, the complexities of ensuring an effective accounting of how we utilize our resources many times bring conflict of old methodologies colliding with a new practice of medicine. The essence to bring clarity for how we consume our resources raises multiple questions about data quality, timely data submission, and problems when an old process meets a new practice.

Problem resolution is a competency built on education and experience yet it is molded by common sense and personal values. Ensuring MEPRS data quality reflects how our resources are consumed whether it is equipment, supplies, or labor becomes instrumental to effective resource management. Data quality is essential to support good decision-making. Data quality fails when the data is untimely, incorrect, aligned inconsistently, or ill-defined. Our attitude of how we approach problem solving, is an opportunity to bring success by ensuring the data is right the first time.

Where is the stress when MEPRS reports are submitted timely, in the proper format, capturing the correct data, and contains all the needed data? To support a positive attitude relies on our planning ahead, starting early when possible, and focusing on the outcome. Our problems and stress are fed when we procrastinate, or avoid our tough problems until later. You can turn this difficult situation into opportunity by sharing the problem with people who can help, divide the problem/task up into small pieces, or approach the task with excitement and satisfaction of completing the task.

In military healthcare, we are in an active state of change and increasing complexity as we conduct our business operations, provide care for our patients, and strive for the best outcomes. The old processes collide quietly or maybe vehemently with new practices of medicine. How does MEPRS fit in with Patient-Centered Medical Home, for referrals, for delivery of quality patient care in our dynamic environment? We must look for these opportunities as we have quality staff, individual intelligence and creativity that shines brightly as a light to solve any problem and thus create success for you, the MEPRS community, and Army Medicine.

Stay focused, identify problems in your areas, work solutions with the MEPRS staff, commit to hard work with a positive attitude, and grow our opportunities into great successes. Thank you for all your work and your commitment to MEPRS and Army Medicine.



BEST-OF-THE-BEST Data Reporting Month of February 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-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:

DARNALL ARMY MEDICAL CENTER
DIANE PAPKE & STAFF

EXCEPTIONAL EFFORTS!

BEDDED:

BAYNE JONES ARMY COMM HOSPITAL
J.C. SARVER & STAFF

CONGRATULATIONS!

UNBEDDED:

FOX ARMY HEALTH CLINIC
Cathy Collins & STAFF

AWESOME JOB!

DMHRSi MAN-HOURS DURING LOCKDOWN

FOR PERSONNEL WHO ARE NOT ASSIGNED TO THE MTF WHERE A LOCKDOWN SITUATION OCCURRED:

Personnel who are not assigned to the MTF where the situation occurred, but who are assigned to other fixed MTFs and sent TDY to the MTF should code their DMHRSi man hours to MTF's DMHRSi project and task of where the situation occurred. When this is done, DMHRSi automatically codes these man hours to the losing facility in the MEPRS code of FCDA, Support to Another Fixed MTF. The Budget APC and TDY costs should also be reported in an APC with the same MEPRS code of FCDA so that the TDY costs align with the available man hours and salary expense within DMHRSi.

Once these same personnel arrive at the MTF where the situation occurred, they should report their man hours and/or workload in the existing MEPRS/task code of the MTF work center they support.

MTF personnel required to remain on post :

In this instance, civilians assigned to the MTF should report their time as overtime unscheduled (OU), if authorized by the MTF Commander, for payroll purposes in DCPS. In DMHRSi, the man hours should be reported in the existing MEPRS/task code of the work center they supported choosing the 'time type' of overtime in DMHRSi, when they were productive during the "lockdown". Military/Contractors should report their extended available man hours in the existing MEPRS/task code of the work center they supported choosing the 'time type' of Regular, when they were productive during the "lockdown". All personnel are allowed to report non-productive time during the "lockdown", regardless of their work center to FCGA.

MASCAL:

Any assigned MTF personnel who were directly involved in the MASCAL at the MTF during the tragedy should code their man-hours in DMHRSi to the MEPRS/task Code of GGA8, Peacetime Disaster Preparedness and NDMS. The same guidelines for reporting overtime for civilians and extended available man hours for Military/Contractors (as defined above) should be followed for MASCAL participation also.

EOC:

Personnel directed to operate the Emergency Operations Center during and following the incident until directed to stand down will report man-hours to GABB - MTF Emergency Operations Center.

Patient Care:

If during the incident and the following "lockdown" patient care was provided the man-hours and associated workload will be reported to the work center where the care was performed/ provided, i.e. ER = BIAA, Inpatient care to the appropriate A* MEPRS Code/FCC of the service providing the care (admission, disposition, etc.); clinical patient care provided in a clinical work center will be reported to the appropriate B* MEPRS Code/FCC where the patient care was provided.



REQUESTS FOR DMIS ID UPDATES

Ms Francie McQueeney retired from Civil Service following 38 years of dedicated service. She has given great support to the MEPRS community and the MEDCOM.

Ms. Christina Gerard will be taking over the reins of processing requests for and updates to DMIS IDs. Welcome Ms. Gerard, MEPRS looks forward to working with you. Questions pertaining to the requirements and processing of DMIS ID requests are to be directed to Ms. Gerard with courtesy copy of the requests submitted to the appropriate AMPO Analyst and the MEPRS Functional Mailbox.

FIXED-COST RECONILIATION WORKFLOW PROCESS FOR CIVILIAN DUAL COMPONENT PERSONNEL

Timecard hours for DMHRSi Civilian dual component personnel will now be reconciled against Defense Civilian Payroll System (DCPS) payroll hours and process through to approval if hours match, or reject if hours do not match. This includes timecards with hours reported against civilian person type, zero hours reported against civilian person type, and missing hours. This fixes the issue with dual component civilian hours that previously skipped reconciliation and processed through to approval even if DMHRSi hours did not match DCPS hours reported. Civilian dual component personnel must now complete the timecard for both person types when not performing as a Civilian. The Civilian DMHRSi hours reported must match what was reported in DCPS. All established business rules for civilian timecard processing are now consistently applied to timecard reconciliation and approval processing. Note that this change does not impact the existing business rule allowing employees with occupation Codes 0602 and 0680 to bypass reconciliation to approval without matching DCPS hours for Available time.

DMHRSi LOG-IN ERRORS

The AMPO office continues to receive many requests for assistance with DMHRSi users having trouble logging into DMHRSi. Ever since the change in procedures of using the CAC to log into DMHRSi, the need to ensure Name, SSN, DOB, and EDIPNs are identical in DEERS and DMHRSi is essential. The EDIPN is not entered into DMHRSi by an individual. A file from DEERS with the EDIPN is loaded into the DMHRSi HR record once a week, usually Tuesday morning. Therefore, if an HR and DMHRSi user account is created for an employee on Tuesday or any day after the EDIPN load, the employee will be unable to CAC in to DMHRSi. True the password will work initially, but the CAC login will not work. The site must have the employee wait for the EDIPN to load into DMHRSi the following Tuesday morning. It is imperative that the Name, SSN, and DOB are identical. If an employee changes their name, or a new EDIPN is issued, the same procedures apply. The employee may not get past the username and password login screen or may receive an SQL error. If an employee is unable to get past one of those screens, the site should review when the HR account was created and if the EDIPN would have been loaded yet. If it has not, please ask the employee to wait until the EDIPN is loaded. The table on page 4 provides solutions to some of the errors the users may experience. If the DMHRSi Login Error and solution is not listed below, please send the user's name and information on [DMHRSi Log-in Error Form](#) to AMPO, attention Sherri Johnson, sherri.a.johnson.civ@mail.mil.

DMHR SI LOG-IN ERRORS (Continued from page 3)

Error	Solution
Your E-Business Suite Account Has Expired. Contact the System Administrator for assistance.	SAA should use DOD User Maintenance to re-activate the Account. Once process completed, the Details Message should say "Account successfully reset for user....." Once this has been completed, SAA should verify Employee has the DMHR Si Employee Self Service Role by attempting to grant the role. If the role is not available to grant for the employee, then the SAA should know the role is already active for the employee.
Error. An error has occurred due to failed SDQ statement execution. Please close your browser and try again. If you continue to have issues, please contact the MHS Help Desk, 800-600-9332. (If new HR account was created within the last 2 weeks)	New employees must wait for the EDIPN to load into DMHR Si before the CAC Login will work. See detailed comments on page 3. Please ask the employee to try logging in to DMHR Si late Tuesday morning or early afternoon. If the employee is still unable to access DMHR Si Send to AMPO, attention Sherri Johnson, sherri.a.johnson.civ@mail.mil
Register. Enter your user name and password to register your account. (If HR account has been created more than a month ago)	Send to AMPO, attention: Sherri Johnson (using the DMHR Si Log-in Error Form; ensure the EDIPN from the user's CAC card is listed.) sherri.a.johnson.civ@mail.mil
401 Unauthorized. Your account has been disabled. Please contact the system administrator	Send to AMPO, attention: Sherri Johnson (using the DMHR Si Log-in Error Form) sherri.a.johnson.civ@mail.mil
User does not have Navigation Screen and is unable to access DMHR Si Employee Self Service after logging into DMHR Si	To validate that the DMHR Si Employee Self Service is active, the SAA should use the "DOD Add User Responsibility" process. If a responsibility appears in the pick-list, it means the role has been end-dated or available for assignment. If the role does not appear it means it is already active. Additionally, if the employee logs into the application and the role does not appear they should check their "Preferences" at the top right hand side of the form and then select "Access Request". Here they will see all responsibilities associated with the user-account. Please make sure the responsibility appears and is marked "Assigned". This also applies if the employee logs into the application and by-passes the Navigator. They should select the "top hat" icon on the menu bar and then select the "DMHR Si Employee Self Service" responsibility. From here the employee should check their "Preferences" and make sure the "Start Page" section is blank.
Error Page. You have encountered an unexpected error. Please contact the System Administrator for assistance.	Please close all open IE browsers, then open a new IE browser to clear IE cache, clear SSL State, Refresh browser, clear Java cache, manually enter URL: https://dmhrsi.csd.disa.mil , click Update your Enterprise E-mail Address, choose the digital certificate that reads DOD E-mail, update your primary and alternate email, click on Update E-mail, and access DMHR Si account.



Question: I have a new employee who is unable to log in to DMHRSi, why?

Answer: For answer, refer to newsletter article above titled "DMHRSi Log-in Errors."

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
Gina Davis	MCACH, Eustis	6 April 2014

Employee	Site	Date
Loretta Sievers	BACH, Campbell	30 April 2014

