

# Army MEPRS Program Office Newsletter

May 13, 2015



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Good day everyone. I hope that everyone has a great MEPRS day!

A couple of critical activities have risen to our attention. First, we have been working with several MTFs regarding FY14 negative credits affecting your expenses. What is occurring is that reimbursements are credited into a "Y" FCC however when the debit is made it is made into an "E" FCC. This entry is affecting the expense distribution and resulting in a negative credit for the "E" FCC. As a result, multiple FCCs have a negative expense or a credit by month. These negative credits accumulate over the year and dramatically will affect your costs. The same phenomena is seen on the direct side (e.g. E accounts) as a negative expense when viewed as a Net Month Expense.

The second major issue is the Primary Care Medical Home (PCMH) FCC setup. As we discussed during our training, it is essential that all the setup steps are completed to establish the PCMH in our source systems. Your efforts and synchronization with supporting offices to ensure that GFEBs, CHCS, DMHRSi, and EAS have the correct FCC linkages remain elusive. Please take the time to review your PCMH/CMBH/SCMH setup in the source systems. Once the setup is properly established, it will expedite the compliance, support the proper recognition of medical home expenses, and reduce the time required to make system corrections. Again, I appreciate the outstanding work each of you performs daily for MEPRS and Army Medicine. Best wishes - dwb

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

### BEDDED

BASSETT ACH  
BERNADETTE MEEK & STAFF

BAYNE-JONES ACH  
JAMES SARVER & STAFF

IRWIN ACH  
KATHRYN ALBRECHT & STAFF

BRIAN ALLGOOD ACH  
KWANG P. CHO & STAFF

### UNBEDDED

LYSTER AHC  
KATHY KELLEY & STAFF

FOX ACH  
CATHY COLLINS & STAFF

BAVARIA MEDDAC  
ROBERT KESLER & STAFF

GUTHRIE AHC  
FT DRUM MEPRS OFFICE

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## Army Audit Agency (AAA) MEPRS Audit

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The Army Audit Agency (AAA) completed their audit of the Medical Expense and Performance Reporting System (MEPRS) and published their findings on 27 April 2015. The AAA performed a sampling audit at Brooke Army Medical Center (BAMC) and William Beaumont Army Medical Center (WBAMC). They audited MEPRS allocations for direct and indirect expenses. Their audit objectives were to verify that MEPRS provided accurate performance data to managers responsible for healthcare delivery.

The final determination is that MEPRS didn't provide accurate performance data related to direct labor expense allocations to managers responsible for healthcare delivery. Medical provider timecards at the two sites contained erroneous time, workload, and leave information. Local hospital department staff used discretion in reviewing, inputting, correcting, and approving data recorded in various medical and financial systems. This resulted in an estimated loss of patient revenue of up to \$475,000 a year. Also, over 1,000 encounters without associated time charged in the Defense Medical Human Resources System internet (DMHRSi) overstated the efficiency of the clinics. Further investigation found that the DMHRSi Timekeepers and Timecard Approvers failed to ensure man-hours were reported correctly. As a result, the Auditors determined that MEPRS didn't provide accurate performance data related to direct labor expense allocations to managers responsible for healthcare delivery. Medical provider timecards at the two sites contained erroneous time, workload, and leave information. Local hospital department staff used differing methodologies, sometimes none, when reviewing, inputting, correcting, and approving data recorded in Various medical and financial systems. This resulted in an estimated loss of patient revenue of up to \$475,000 a year. Also, over 1,000 encounters without associated time charged in the Defense Medical Human Resources System internet (DMHRSi) overstated the efficiency of the clinics.

Indirect costs for MEPRS were generally accurate. The five different allocation processes from five different work centers at the two MTFs reviewed had defined processes to produce management information. Weighted factors for allocating pharmacy, diagnostic radiology, and materiel management were accurate. However, the auditors identified errors in the data tested for the source data used to support the allocation processes for ambulatory depreciation and housekeeping, resulting in two departments with assets understated by \$6.5 million. Additionally, the clinics didn't properly allocate housekeeping service costs, thus misrepresenting the clinics' costs in MEPRS for comparative oversight. However, there was no negative impact on housekeeping contract costs.

### Audit findings:

Recommended the Commander, U.S. Army Medical Command:

- Standardize timekeeping guidance and procedures across MTFs, requiring time entry and submission by individual personnel to the greatest extent possible.
- Provide additional, recurring DMHRSi training to all MTFs.
- Conduct periodic inspections of adherence to DMHRSi time administration procedures by an independent party.
- Require MTFs to identify and correct depreciation errors by ensuring the logistics capital asset amounts balance with the financial system.
- Direct facilities management to provide updates to square footage information reported into the MEPRS on a quarterly basis.

U.S. Army Medical Command generally concurred or provided alternatives to the reported recommendations. The Assistant Secretary of the Army (Manpower and Reserve Affairs) concurred in the official Army position.



**Question:** Can a skill type 2 report their time to the pure A MEPRS/FCCs? I'm being told the PT staff on the ISR will be reporting their time supporting inpatients to the A code of the attending/admitting service based on the changes in the coding guidelines. The skill type 2 staff will now report their time in DMHRSi to the pure A code of the attending physician when providing care on the ward?

**Answer:** Yes, this is correct. The PTs can no longer take the work they perform in the inpatient setting, when the work is part of the inpatient course of treatment, back to the clinic and report as a visit.

Due to coding changes, the PTs work is rolled up into the DRG and resulting RWP for the inpatient stay and is credited to the attending physician.

## *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

### Farewell

Employee	Site	Date
Rebecca Reveles-Jones	Sam Houston, BAMC	17 Apr 2015
Jesus Perez	Sam Houston, BAMC	1 May 2015
Raphael Connor	Eustis, MCAHC	1 May 2015