

# Army MEPRS Program Office Newsletter

**Bacon's Bits**

**November 4, 2013**

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It's hard to believe that so much time has flown by since our first newsletter back in June 2010. This is our 42<sup>nd</sup> edition of our newsletter and thought I would share some interesting facts about the number 42. The Titanic was travelling at a speed equivalent to 42km/hour when it collided with an iceberg. The three best-selling music albums – Michael Jackson's Thriller, AC/DC's Back in Black and Pink Floyd's The Dark Side of the Moon – last 42 minutes. Queen Victoria's husband Prince Albert died aged 42; they had 42 grandchildren and their great-grandson, Edward VIII, was abdicated at the age of 42, and (because I saw a beautiful little girl last night dressed up as Alice in Wonderland) Alice's Adventures in Wonderland has 42 illustrations. And speaking of dressing up, we have included our Halloween picture. Aren't we an attractive group?

Fortunately, a solution has been found for the issue that was affecting your ability to cost the October expenditures in DMHRSi. Run Distribute Labor Cost for PPE 05 October and 19 October for the new project number and then continue to run each pay period as it's received in DMHRSi.

The FY14 TDAs will start loading in DMHRSi sometime today or tomorrow. We will be sending out instructions next week so that you can start your FY14 validation.

Accountability for workload has been a long standing focus of MEDCOM; however, it's even more of one because of the increasing number of civilians who are retiring and the directive to cut further civilian positions in the next couple of years. Military positions are also at risk and it's imperative that you ensure you are capturing Borrowed Military Manpower (BMM) in DMHRSi and their associated workload. MEDCOM is developing a new tool that looks at workload, to include workload generated by BMM. Please read the Q & A article in the newsletter for further information.

This Veteran's Day let's remember the efforts of our proud and strong Veterans for they bravely struggled to achieve our country's liberty and freedom. From all of us at AMPO – Happy Thanksgiving.

Have a great month!



## **BEST-OF-THE-BEST Data Reporting Month of August 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-FY13 (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:**

**WINN ARMY COMMUNITY HOSPITAL  
MEPRS STAFF**

**CONGRATULATIONS!**

**UNBEDDED:**

**LYSTER ARMY HEALTH CLINIC  
KATHY KELLEY & STAFF**

**AWESOME JOB!**

## DAYLIGHT SAVINGS TIME - DMHRSi

### Civilian employees:

Civilian employees working on a tour of duty when daylight saving time goes into effect are credited with the actual number of hours worked on the tour of duty. The hour lost as a result of the change is charged to annual leave, compensatory time used, credit hour used, or leave without pay, whichever is applicable with the employee's request. Employees may be allowed to work 1 hour beyond the end of their shift. Employees should enter their DMHRSi man-hours IAW how the man-hours are entered in the civilian payroll system (DCPS) which will allow the DMHRSi timecard to reconcile with the payroll timecard.

### Military Employees:

Military employees working on a tour of duty when daylight saving time goes into effect will enter the total number of hours actually worked in DMHRSi. If that results in less than 80 hours in the two week period, enter the missing hour to the military other task. Costing of the military record is adversely affected if your assigned military personnel enter less than 80 hours for each two-week period.

## EXPECTED SUOC ERRORS FOR SEPTEMBER 2013 PROCESSING

The conversion of seven 68W SUOCs with ASI extenders to new MOSs (68B, 68C, 68CM3, 68F, 68L, 68N, 68U, and 68Y) was scheduled for 1 October 2013; however, these MOSs started coming into DMHRSi from the source system in September 2013. This will cause an error when the September file is imported to EAS. To correct this, the sites must manually change the 68W MOS in EAS only. **DO NOT** change these MOSs in DMHRSi. If a site needs to reprocess for any reason in the future, the table in EAS will be updated to reflect an activation date of 1 September 2013 to accept these MOSs.

## RECORDS CONVERTED TO NONMED IN EASi

Anyone who has worked within EASi to import and process the personnel file (DMHRSi) knows many records with an Occupation Code not on the current EASi Service Occupation Code (SUOC) Table will be converted to NONMED Skill Type 5. This conversion occurs automatically during the import process and the only way to have visibility of this conversion is to refresh the Personnel Audit Report by Fiscal Year and Month. AMPO is concerned that many of these records are not being researched and corrected. MTF MEPRS personnel must refresh the Personnel Audit Report by Fiscal Year and Month following the successful import of the DMHRSi file. This report will reflect all corrected actions taken on the Errors/Warnings during the import of the DMHRSi file. Review the report for any Medical SUOC's that were converted to NONMED where no corrective action has been taken. Ensure corrections are made in EAS for these SUOC's, as appropriate. Reminder, if it is a medical SUOC, it should also be submitted to AMPO to add to the SUOC table. There should be very few valid records imported with a nonmedical SUOC. There is a significant number of providers whose records are being converted to a NONMED Skill Type 5. As a result visibility of skill type 1 and 2 providers is being lost which does impact many metrics and staffing projections.



**Question:** Do all of the borrowed military personnel, working in my TMCs, need to put their man-hours in DMHRSi and do they need to be in DMHRSi by name? It's really hard to keep track of who is working when as they rotate constantly.

**Answer:** Yes. It's vital that you have all of the borrowed military in DMHRSi by name and that they accurately capture their man-hours. Under the Soldier Centered Medical Home/Patient Centered Medical Home concept, soldier primary care should be provided by the FORSCOM providers. Right now, the data shows that well over 50% of the care is being provided by the medical treatment facilities (MTF) and not FORSCOM. Ensure that your borrowed military personnel are capturing both the man-hours and workload when the care is being provided at an MTF location.

## *No Hail or Farewells for the month of November*



# Happy Halloween from AMPO!!