

# Army MEPRS Program Office Newsletter

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## Bacon's Bits

In the August edition of our newsletter, I mentioned upcoming training opportunities AMPO will provide; however, I also wanted to make you aware of the combined 2011 UBO/UBU/MEPRS educational conference. We will still have our TriService MEPRS Conference in 2012; however a MEPRS track has been added to the UBO/UBU conference. For those of you who do not know, the TRICARE Management Activity (TMA) Uniform Business Office (UBO) Program Staff is responsible for setting policy and providing program oversight for the Military Health System's (MHS's) three health care cost recovery programs and providing overall revenue cycle direction. The UBO offices focus on ensuring that billable services are identified, payer information is available, accurate and complete claims are generated, and appropriate collections are received. This combined conference is 14-17 March 2011 at the Lansdowne Conference Center (hold your enthusiasm). Although, the curriculum has not been finalized, some suggested topics for the MEPRS track include MEPRS and EAS IV Repository Orientation, how to navigate the EAS IV repository, MEWACS, how Six Sigma MEPRS Management Metrics (S2M3) fits into the Quality Process, and an introduction to the Consolidated Cost Report (CCR). As more information becomes available, we will certainly pass it on.

Please welcome Ms. Carolyn Rios who joined our AMPO staff in early September as our new Admin Assistant. Carolyn was previously working at BAMC and we are happy to have her join our team.

Although, all of you didn't make the suspense for July, I am still very proud of our record and all of you for your hard work and perseverance. In the words of Superman –“a hero is an ordinary individual who finds strength to persevere and endure in spite of overwhelming obstacles”. Thank you again.

Have a great month!



## BEST-OF-THE-BEST

Army 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, DMHRSi Timecard Compliance, Financial Reconciliation submission, Narrative submission, and Discrepancies for FY06-FY10 (AMPO, DQ, and Unauthorized FTE's). Contact your AMPO analyst for additional details on the ranking methodology.

### MEDCEN:

FT. SAM HOUSTON  
OUTSTANDING JEAN  
MOORE & STAFF

### BEDDED:

FT. POLK  
EXCEPTIONAL JAMES  
SARVER & STAFF

### UNBEDDED:

FT. LEAVENWORTH  
AWESOME LINDA HIXON &  
STAFF

## ***WMSN<sub>i</sub> Implementation***

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WMSN<sub>i</sub> was implemented on October 1, 2010; however, there will be a delay in the implementation and creation of the WMSN Upload file. The Department of Nursing and the WMSN<sub>i</sub> development team are in the process of modifying the file and business rules. The WMSN<sub>i</sub> Program Office has not given AMPO a date when these changes will be implemented. We anticipate it will be in the November-December timeframe. Currently, the WMSN Upload file can be obtained from the AMPO Helpdesk by contacting [greg.mitchell@us.army.mil](mailto:greg.mitchell@us.army.mil) and will be available on the 1<sup>st</sup> of the following month. For example, August will be available on 1 September. **DO NOT DELAY EAS TRANSMISSIONS FOR THE WMSN FILE**, continue processing even though you do not have the file.



The legacy server will be maintained for the CHCS interface which sends the information from the legacy application to the WMSN<sub>i</sub> application. The server will only be used for the interface. AMPO will disable all printer services and access to the WMSN-A application. All WMSN<sub>i</sub> processing and reporting will be accomplished in the WMSN<sub>i</sub> application. Once the interface is complete the server can be disposed of based on local equipment disposal regulations. AMPO will keep you informed of any changes to the WMSN<sub>i</sub> schedule.

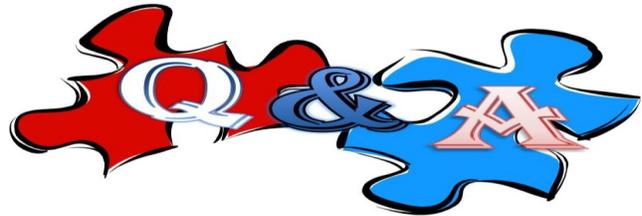


## ***Reporting of Residual Ancillary Support for ASAP***

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Prescription, or refills that were "originally" ordered using BFFA "ASAP" should be charged to the B MEPRS FCC of the provider who ordered the prescription. In most cases this will be BFA\* because the provider who originally ordered the prescription was or is assigned to BFA\* - Psychiatry

# Local Organizations in DMHRSi



Local organizations in DMHRSi must be manually managed by MEPRS. The automatic loading of the new TDA does not affect local organizations.

Each fiscal year, local organizations must be reviewed to see if they are still valid and if a local organization is listed on the new FY TDA, the local organization should be end dated. If they are valid, then the local organization MEPRS LCA Codes should be end dated effective 30 September and a new set added effective 1 October.

For questions regarding organizations, please contact your AMPO analyst.

**Q:** Can N/A Leave hours be transferred from one MEPRS FCC to another? If so, how?

**A:** Not in DMHRSi. When a person charges to a non-available task they are not charging to an FCC. When you choose a non-available task the system looks to see where the person was assigned when the hours were charged and charges the no available time against the FCC listed on that organization.

**Q:** How do we code the time for staff administering flu vaccinations given outside of the clinic with or without a provider present?

**A:** Immunizations should be reported in the MEPRS code of the privileged physician with oversight of the immunizations.

