

## MEPRS Code/FCC ACTIVATION BY RMC TOUCHPOINT MILESTONES

Health Affairs published a new policy in September 2009 regarding the creation of Patient Centered Medical Home (PCMH) Clinics. This policy is applicable to primary care settings at all Military Treatment Facilities (MTFs) and will be implemented across the Services.

### **Touch Point 1** – RMC Forwards Attachment 3 to the Army MEPRS Program Office (AMPO)

All Army Medical Home (AMH) Practices will consist of homes. Each home will be reported in a unique 4<sup>th</sup> level MEPRS Code/FCC with a “Z” at the third level (example “BGZA”). All requests to receive authorization to report Medical Home by 4<sup>th</sup> level MEPRS Code/FCC per home should be submitted by the MTF MEPRS Analyst to the RMC for review and approval utilizing the Attachment 3 request form developed by the Army MEPRS Program Office (AMPO). An Attachment 3 request is required for each community based, soldier centered and within the MTF. A copy of the Attachment 3 can be found at [www.ampo.amedd.army.mil](http://www.ampo.amedd.army.mil).

### **Touch Point 2** – RMC/MTF receive approved Attachment 3 from AMPO

The AMPO will review all Attachment 3 requests received by the RMCs to ensure compliance of the following:

- a. The AMH has authorized, required, assigned and dedicated Clinic Chief and support staff.
- b. A Child DMIS ID has been requested for an AMH Clinic located outside the main MTF.
- c. A copy of the proposed Table of Distribution and Allowances (TDA) structured has been submitted to MEDCOM Manpower Documentation Branch.
- d. A separate budgetary reporting for all personnel, supplies, contract labor, equipment, etc has been established in the General Fund Enterprise Business System (GFEBs) for each PCMH 4<sup>th</sup> Level MEPRS Code/FCC.
- e. Separate Contract Line Item Number (CLIN) lines have been established for all contracts.
- f. If a medical home is established in a leased building, a unique 4<sup>th</sup> Level MEPRS Code/FCC of EDF\* has been requested.
- g. The standard naming convention is used to name the “group” and “place of Care” in Composite Health Care System (CHCS).
- h. The standard naming convention has been created in Defense Medical Human Resource System-internet (DMHRSi) as the task name.
- i. A by-name and position listing of all personnel has been provided.

AMPO will either return an approved Attachment 3 to the RMC or return the Attachment 3 to the RMC for correction.

Once the MTF MEPRS staff receives the approved Attachment 3 document, they must forward a copy to Budget, CHCS, Managed Care Division, Clinical Support division and Business Operations Division.

The Managed Care Program Supervisor Training and Procedures Manual offers a complete step-by-step guide to the following Touch Points can be found at the MHS Learn website:  
<https://www.us.army.mil/suite/page/336433>

**Touch Point 3** – Is Clinic profile built and MHS Helpdesk work order for AHLTA mapping initiated?

Once the Attachment 3 is approved, the MTF will submit a request for activation to the CHCS Data Administer providing the approved 4<sup>th</sup> Level MEPRS Code/FCC, the name of the AMH, and the DMIS ID.

**Touch Point 4** – AHLTA Mapping Complete

The CHCS Data Administer will add the approved AMH 4<sup>th</sup> Level /FCC Code to the site definable table with the DMIS ID.

A clinic request form is sent the AMH POC for completion. The form will include the following to build the clinic in CHCS.

BLDG NUMBER  
TELEPHONE  
STREET ADDRESS  
ZIP  
CLINIC SPECIALTY  
WAIT LIST ACTIVATED: YES/NO  
MAXIMUM WAIT LIST DAYS: # of day(s)  
WAIT LIST PROVIDER MANDATORY: YES/NO  
WAIT LIST HOLD DURATION: # of day(s)  
AUTO WAIT LIST PROCESSING: YES/NO  
SCHEDULE HOLD DURATION: # of day(s)  
PROMPT FOR REQUESTING SERVICE: YES/NO  
PATIENT RECORD PULL: # of day(s)  
RADIOLOGY RECORD PULL: # of day(s)  
CLINIC TYPE: COUNT/NON-COUNT  
ROSTER PRODUCTION: # of day(s)  
AVAILABLE SCHEDULE: # of day(s)  
SELF-REFERRALS ALLOWED: YES/NO  
CLINIC APPT INSTRUCTIONS: Limited to 40 characters

The location is built in the Hospital Location File.

For sites external to the parent (Child DMIS) a Division Profile must be established.

### **Division Profile**

Each MTF (whether a parent or child) that performs processing on a CHCS host must have a Division Profile. A Division Profile contains data and flags that control processing options defaulted for all Places of Care in that Division. Processing defaults may be overridden by a user in the Place of Care Profile for the Place of Care. The Division Profile may be used to establish standard appointing processes within the Division and/or to save many keystrokes when building Place of Care Profiles.

Division Profile Menu Path and Data Elements. Below is the menu path that gets the user to the Division Profile and the data elements that can be edited to control processing at the CHCS Division level. They are:

Menu Path: PAS → PROF Profiles → DPRO Division Profile

Once the division is built it is very important to remember to go into the Workload Assignment Module (WAM) Workload Assignment Module Menu. Option 5, System Definition Parameters and set WAM Functionality Activation to Yes.

### **Summary of the Steps to Build a Provider Group**

#### **Create the Place of Care Profile: (CPRO)**

In the Data Administration option (DAA) in the Hospital Location option (HOS), create core data for the Place of Care.

The Clinic Profile is built

A ticket is logged with the MSH Helpdesk for the AHLTA mapping

The Clinic is added to the list of Ambulatory Data Module (ADM) Clinics

WAM (MEPRS) will enter in their systems

When completed, in the Managed Care Program option (MAN), update the profile for the Place of Care with appointing parameters. Appointing parameters may be applied later to all providers belonging to the Place of Care.

#### **Create the Provider Group Profile**

In the MAN, create the Group, entering the Group's name, capacity, and other group data.

Add the applicable Places of Care to the Group. Do not add providers at this time.

#### **Create the individual provider: (PPRO)**

In the DAA, create core data for the Provider. Synchronize with DEERS. Credentialing usually is responsible for this task.

In the MAN, update the profile for the Provider with the Places of Care and appointing parameters including appointment types and reconfiguration. Appointing parameters including reconfiguration criteria may be defaulted from the Place of Care Profile.

The Managed Care Office completes the MCP piece by:

### **Assembling the Provider Group**

In the Managed Care Program, assign providers to the group and to the group's places of care, turn the Primary Care Manager (PCM) flag on for providers and verify the provider/group/place of care populate Defense Management Data Center (DMDC).

Through collaborative efforts between clinical and Managed Care staff determine clinic capacity based on provider clinical availability and in accordance with (IAW) current requirements outlined in the OPORD.

Set up provider appointing and enrollment profiles in the Place of Care for the group in particular the PCM data if not already done. Appointment types and reconfiguration may be entered or updated here.

If there are patients enrolled to providers in the old clinic, the managed care section will batch reassign patients to the same provider in the new clinic.

### **Preventing Appointing Errors**

The clinic POC should print out the existing schedules in the old clinic and build schedules in the new clinic starting with the day they plan on using the clinic.

Patients should be booked into the same slots in the new clinic.

Clinic POC should cancel the appointments in the old clinic and ensure that no additional appointments or telcons are created for providers in the old Clinic beyond the date the start date of the new clinic.

### **Touch Point 5 – Practice actions completed/MEPRS**

A detailed step-by-step guide for the following touch points can be found at:

<http://www.ampo.amedd.army.mil/>

Site MEPRS staff must complete the following steps in the Expense Assignment System-internet (EASi):

- a. Coordinate with MTF Budget to have Cost Centers established for each MEPRS Code/FCC where personnel will be assigned. Those include all “B”, cost pool (B\*X\*), ancillary (D), and support services (E).
- b. Each medical home MEPRS/FCC code will be added to the MTF Account Subset Definition (ASD) table within the EASi using the EXACT approved naming convention. This includes any approved B, D, E, or F MEPRS Codes/FCCs. Also, the “E” (support services) data set must be updated to include only the work centers supported by the support service.
- c. Ensure the DMIS ID includes list will list only the Child DMIS ID of the practice.
- d. The square footage and square footage cleaned datasets must be updated to include the MEPRS/FCC code of the work centers within the AMH Practice.
- e. MEPRS Codes/FCCs that are no longer being used must be deactivated.

Site MEPRS staff must complete the following steps in the DMHRSi

- a. Add tasks to DMHRSi project ensuring the exact naming convention is used as the task name and the correct format is used for the task number. Populate the task MEPRS Codes/FCCs, service Program Element Code (PEC), DMIS ID, Unit Identification Code (UIC) and Department Code (APC) field located in the task flex field.
- b. End date MEPRS Codes/FCCs that are no longer valid.
- c. Review MTF TDA structure and determine if local organizations need to be created. Coordinate with DMHRSi Manpower POC to create local organizations and populate the Labor Cost Assignment (LCA) codes.
- d. Review MTF TDA organizations, end dating current LCA codes for MEPRS that are no longer authorized and add newly approved MEPRS Codes/FCCs
- e. Coordinate with site Human Resources POC ensuring the following:
  1. Site HR POC coordinates with clinical staff to obtain the name of the employees that should be moved to the PCMH organizations.
  2. IAW FRAGO 7, HR POC will tag the employee records and the positions as PCMH.

**Touch Point 6** – AMH 4<sup>th</sup> Level MEPRS Codes are activated and visible in data systems

Once MEPRS Code/FCC and the clinic have been activated the RMC POC will validate data transfer to the TRICARE Operations Center (TOC), in DMHRSi, EASi and within M2.